



PUBLIC HEALTH
management corporation
260 South Broad Street
Philadelphia, PA 19102

Nonprofit Org.
U.S. Postage
PAID
Permit No. 1734
Philadelphia, PA
19102-5085

PHMC'S DIRECTIONS WINTER 2010-2011

Public Health Management Corporation (PHMC) is a nonprofit public health institute that builds healthier communities through partnerships with government, foundations, businesses and other community-based organizations. It fulfills its mission to improve the health of the community by providing outreach, health promotion, education, research, planning, technical assistance and direct services.

PHMC has served the region since 1972.

For more information on PHMC, visit **PHMC.ORG**

If you prefer to receive **DIRECTIONS** by email, know someone who would like to receive a copy or would like to request a change of address, please call 267.773.4346 or email communications@phmc.org.

Paul A. Dandridge, Esq
Chairman of the Board

Richard J. Cohen, PhD, FACHE
President and CEO

John G. Loeb, MSS
Senior Vice President

Marino Puliti, MBA
Chief Financial Officer

Dina Wolfman Baker
Vice President of Communications

PHMC provee servicios bilingües para nuestros clientes sin costo alguno.
A United Way of Southeastern Pennsylvania Community Partner | Donor Code: 2050
© 2010 Public Health Management Corporation



PLEASE RECYCLE
THIS ISSUE OF
DIRECTIONS



DIRECTIONS

Pioneering 20+ Years of **HIV Prevention, Care and Research**

For more than two decades, PHMC has stood at the forefront of the battle against HIV/AIDS. Our work has sought to reduce infections, increase access to care and address persistent disparities experienced by marginalized groups infected with HIV—all through intensive research and evidence-based initiatives.

A Tradition of Groundbreaking HIV/AIDS Research

PHMC has a long-standing commitment to community-based HIV/AIDS research and policy analysis. For the past 23 years, PHMC's Research and Evaluation Group has conducted and participated in a number of HIV prevention and intervention research studies that have influenced innovative outreach and education strategies across the country. "In 1987, we were among the first

nonprofit organizations to get involved in HIV/AIDS prevention research," says **Lisa Bond**, PhD, a senior researcher at PHMC and part of a multidisciplinary team of researchers whose backgrounds include psychology, sociology and social work.

From a National Institute on Drug Abuse research demonstration grant in 1987 focusing on HIV prevention among injection drug users, to a Centers for Disease Control and Prevention (CDC) project developing a new intervention for bisexual men that continues through 2012, PHMC's studies have assessed prevalence, risk behaviors and testing factors, and they have evaluated interventions to reduce HIV risk among high-risk populations. The results of many of these have been published in national journals, such as *American Journal of Public Health*; *Culture, Health & Sexuality: An Inter-*

national Journal for Research, Intervention and Care; and *Archives of Sexual Behavior*. Some studies serve as the framework for national models, such as the Women and Infants Demonstration Project led by **Jennifer L. Lauby**, PhD, senior research associate. The study led to the development of one of the CDC's model evidence-based interventions known as Real AIDS Prevention, now carried out in cities across the United States.

"Our HIV/AIDS research is an important example of how our work consistently deals with larger public health issues related to population groups that are disproportionately at risk for multiple health problems and face challenges with access to health care and other services," says PHMC's **Lynne Kotranski**, PhD, vice president of research and evaluation.

continued on page 7

PHMC IS UNIQUE IN THE WORLD OF HIV/AIDS

because programs and research are housed in the same place."

A MESSAGE from Our President & CEO

The people at PHMC talk frequently about our role as a trusted partner. I use the words “partnership” and “collaboration” quite a lot. But sometimes it can be hard to make the creative leap from the concept to what it means in practice. In this issue of **DIRECTIONS**, we take that leap with you.

Consider our cover story that—in addition to saluting World AIDS Day on December 1—explores the nearly 25 years of PHMC’s engagement in critical HIV/AIDS work. At every turn, that effort has been the result of key partnerships at local to national levels. Those collaborations have yielded results where they matter—in the lives of at-risk or infected individuals: prevention interventions across the US; social marketing that brings direct, effective, community-level safe sex messages to high-risk populations; and primary care for infected patients, integrated with direct access to a substance abuse treatment program.

As you read the story on our hepatitis C work, you’ll find that our ability to partner

with government has brought essential screening to nearly 1,300 Philadelphians and our capacity to leverage across PHMC spurs a key annual outreach event. Plus we work with a variety of community partners to ensure access to hepatitis C education in settings from homeless shelters to primary care.

Some of our least visible relationships are the ones that touch people at the most basic levels. It may be hard to imagine the effect of managing funds on behalf of city government, but as you’ll read it’s much more than bookkeeping. It’s how parents get the beds they need in order to reunite with their children.

In our Targeted Solutions feature, you’ll learn that when we deliver consulting services we view it not as a transaction but as a collaboration that helps our client serve their clients better.

So it’s true that my PHMC colleagues and I use the word “partnership” a lot. That’s because we know it means so much. As you read **Michael Pearson’s** rule for board involvement—to be sure you’re adding



value—know that we put the same requirement on ourselves at PHMC. We partner to add value. Because doing business this way is how we most effectively carry out our mission to improve the health of the community.

Yours in public health,

A handwritten signature in black ink that reads "Richard J. Cohen". The signature is fluid and cursive, written in a professional style.

*Richard J. Cohen, PhD, FACHE
President and CEO of PHMC*

ALL OF US AT PHMC

WISH YOU AND YOUR FAMILY THE BEST

DURING THIS HOLIDAY SEASON

AND THROUGHOUT 2011

HELP PROTECT AND IMPROVE THE HEALTH OF THOSE MOST IN NEED. GIVE A GIFT OF PHMC THIS HOLIDAY SEASON WITH A TRIBUTE DONATION AT PHMC.ORG/DONATE.

PHMC Combats Hepatitis C Infections

PHMC briefs

What disease has infected an estimated 200 million people worldwide—many of whom remain completely unaware of their infection? If you answered hepatitis C, you are right. Often referred to as a “silent killer,” the symptoms of hepatitis C can remain dormant for years. “You could get infected today and not develop symptoms for 20 years or so,” says **Teresa Lamore**, associate program director of PHMC’s **Philadelphia Hepatitis Outreach Project (P-HOP)**. “All the while, your liver may be adversely affected.” Spread by blood-to-blood contact, hepatitis C slowly deteriorates the liver of 85% of those infected, sometimes leading to liver cancer. “The number of people

screening through events sponsored by city-funded substance abuse treatment facilities and community events including an annual fair hosted by P-HOP in collaboration with PHMC’s **New Pathways for Women**. On average, in one screening event P-HOP staff counsel and screen as many as 150 people for hepatitis C.

In addition to offering screenings in city-funded substance abuse treatment facilities, P-HOP educates Philadelphia residents about hepatitis C and links infected patients to care. P-HOP works with a number of local community partners, such as the Philadelphia Housing Authority and the Office of Supportive Housing, to provide education to people in the city’s

“It’s our challenge to communicate the message that **HEPATITIS C CAN AFFECT EVERYONE.**”

infected versus the number of people who know they are infected is very disproportionate,” says Lamore. According to the Centers for Disease Control and Prevention, an estimated 4.1 million Americans have hepatitis C and an additional 19,000 people are infected each year. Although treatable through a 48- to 52-week drug regimen, many hepatitis C infected patients remain unaware of their need for treatment until their health deteriorates.

In 2007, Pennsylvania Department of Health’s Bureau of Drug and Alcohol Programs developed P-HOP in collaboration with PHMC with the goal of screening the Philadelphia area for undiagnosed hepatitis C infections. “There’s a stigma attached to hepatitis C,” says Lamore. “There’s a perception that it only happens to drug users. It’s our challenge to communicate the message that it can affect everyone.” The program reached close to 1,300 clients in fiscal year 2007, when it began actively

shelter system, and with the PHMC Care Clinic, to link clients to care (See story on page 9). Experts estimate that 35% of HIV-infected patients have hepatitis C. The two diseases, both blood-borne, often go hand-in-hand.

In the coming year, P-HOP hopes to expand services to target Latino, African immigrant and Caribbean communities and teens. To support these goals, P-HOP worked with PHMC affiliate **Health Promotion Council** in 2010 to offer hepatitis C education to the Mexican Consulate of Philadelphia. P-HOP staff also continues to develop techniques to reach younger populations. “We are always looking for ways to connect to teens,” says Lamore. “Tattooing among teens is growing in this area and it’s a mode of transmission.”

For more information on hepatitis C or P-HOP events, please contact Teresa Lamore at **215.731.2174** or **tlamore@phmc.org**.

New Grants and Contracts

In July, PHMC began serving as the new **Southeast Regional Key (SERK)** for the Pennsylvania Early Learning Keys to Quality program. An initiative of the Pennsylvania Department of Public Welfare’s Office of Child Development and Early Learning, the program provides services to childcare providers statewide and implements a system of program quality improvements and professional development supports for early childhood education. As one of six regional keys, PHMC provides technical assistance and professional development to childcare providers and evaluates providers to assess their quality levels based on the Keystone STARS system.



PHMC affiliate **Best Nest** received a \$30,000 grant from Philadelphia Foundation’s Edward M. Story Memorial Fund and Norman P. Hutson Fund to support its communication marketing plan and activities. Best Nest provides foster care, adoption and in-home protective services for medically fragile children, as well as parenting education.

In September, PHMC’s **Research and Evaluation Group** received a nearly \$1.5 million, three-year grant from the US Department of Health and Human Services Agency for Healthcare Research and Quality to undertake a study to be led by senior research associate Jennifer Lauby, PhD, titled “Adapting Hypertension and Diabetes Guides for Hard-to-Reach African-American Men.”

From the Board Room:

Q&A with PHMC Board Member Michael K. Pearson

DIRECTIONS editorial staff recently interviewed **Michael K. Pearson**, a board member of PHMC and of its newest affiliate **Philadelphia Health Care Trust**, to discuss the importance of effective board members and learn why he chose to sit on PHMC's boards. Pearson is founder and president of Union Packaging, LLC, a Yeadon, PA-based paperboard packaging manufacturer that makes food containers for McDonald's Corporation, Burger King Corporation and Wendy's International, Inc. He participates in many civic and business associations throughout the region and nation. In August, *Philadelphia Business Journal* named Pearson one of its 2010 Minority Business Leaders.

Q Who inspires your decision to give back?

A My parents remain my most important influence. Despite their humble middle-class standing and five children, Mom and Dad miraculously found time to volunteer and money to donate. While working at Pfizer, I learned that world-class businesses promote corporate cash giving and encourage employees to donate time.

Q As a successful entrepreneur, what qualities do you bring to the board of a nonprofit?

A In business, the most effective entrepreneurs manage with a laser focus on goals. The best nonprofits work in much the same way. I have been blessed to be part of successful leadership teams in both worlds. As a businessman, I make sure that my teams have diverse skills that complement the areas in which I may not be as proficient. The teams that I work with are results-driven by bottom-line goals. The [PHMC] board works well because we aspire to be a socially respon-

sible team driven by our desire to see our clients receive the best and most fiscally responsible service.

Q What convinced you to join PHMC's board?

A Board service at PHMC allows me to continue a family tradition of influential social stewardship. When I was approached, we reviewed PHMC's scope of services and how important the health services are for more than 100,000 clients. PHMC manages to employ fiscal controls similar in spirit to those adopted by my business, but without compromising its nonprofit mission. The board focuses on the big picture, which has helped us tackle problems in a very difficult economy. Board priorities remain clearly established and we do not spend time on trivial concerns.

Q What, in your opinion, are some of the biggest challenges facing nonprofits?

A At some point every nonprofit organization, and its board of directors, faces the dilemma of growing or expanding its

mission in the wake of diminishing financial resources. Larger organizations, like PHMC, also have different challenges than smaller organizations, such as managing growth and being nimble in a changing environment. A struggling, small nonprofit usually can't afford outside consultants or training for staff, and often lacks the network to access funds to carry out its mission. PHMC has the resources—even in this current environment—to partner with smaller organizations that share its public health mission.

Q What are some of your current initiatives with the PHMC board?

A As a less tenured member of the board, my first year has been committed to learning the inner workings of PHMC and the committees associated with the board. Going forward, I hope to contribute in two ways. First, align with the committees charged with assisting PHMC meet its mission through sound fiscal management. Second, help with the full integration of Philadelphia Health Care Trust into the PHMC affiliate family.



Three things Pearson says every board member needs to successfully serve an organization:

1. A creative and inquisitive mind, particularly at committee and board meetings. the mission of the organization though introductions to decision makers.
2. The commitment to advance the good works of the organization to friends, family and even foes through "friend-raising," devoting your time and financial resources to furthering
3. The assurance that you are adding value to the organization. Constantly ask yourself whether you are; if you're not, get active or give that seat to someone else.

Behind the Scenes: Supporting Local Children and Families

The mission of Philadelphia's Department of Human Services (DHS) is "to provide and promote safety, permanency, and well-being for children and youth at risk of abuse, neglect and delinquency." As a trusted intermediary, PHMC has helped DHS fulfill its mission in a variety of ways. "One of the reasons the city turns to us as a trusted and valuable provider is that we move quickly to address emerging needs," says **John Loeb**, senior vice president of PHMC.

coordinator of the DHS Parenting Collaborative. To participate in the Collaborative, parent education agencies must submit written proposals and take part in a competitive review process. PHMC provides a fiscal analyst and three program monitors, all master degree level staff, to support the Collaborative with contractual compliance and quality assurance. "We help the parent education agencies with the contractual, hands-on, nuts-and-bolts part of the Collaborative in

and subsidized legal guardianship. "We buy a lot of beds," says **Amy Friedlander**, PHMC vice president for Management Services and Special Initiatives. "Lack of funds to purchase a bed and similar items sometimes can be the only thing standing in the way of a child's reunification with his or her family. We also write a lot of checks for rent security deposits and utilities."

Tom Sheaffer, deputy director of financial policy for the Managing Director's Office at

"One of the reasons **THE CITY TURNS TO US AS A TRUSTED AND VALUABLE PROVIDER** is that we move quickly to address emerging needs."

In 2001, PHMC helped to establish the **DHS Parenting Collaborative** with funding from the department's Community-Based Prevention Services unit. A citywide network of 43 parent education agencies, the DHS Parenting Collaborative seeks to decrease the likelihood of child abuse—and thereby the need for DHS involvement in the home—by educating parents. The DHS Parenting Collaborative addresses several objectives: raising parents' awareness of abuse and neglect; improving their ability to manage feelings; and increasing their knowledge of positive, nurturing, and responsive parenting, as well as child development and the educational needs of their children.

"PHMC and DHS work together as a team to ensure that parents are getting the quality support they need," says **Jeanne Ciocca**,

in addition to programmatic issues related to enrollment, retention and curriculum implementation," says Ciocca. "By doing both, we ensure that DHS clients receive quality service and that public funds are well spent." In fiscal year 2010, the DHS Parenting Collaborative served 7,000 parents in the Philadelphia area by offering parenting classes in both English and Spanish.

In addition to the DHS Parenting Collaborative, PHMC has administered the DHS Emergency Fund in collaboration with DHS and provider agencies for the last nine years and created a database that supports the program. Funds can support one of three goals: preventing a child's placement in the DHS system; facilitating family reunification; and achieving permanency through adoption

DHS, serves as the DHS project manager for the city's **Out-of-School-Time (OST)** initiative, for which PHMC began to act as intermediary in July 2008. OST provides after-school and summer programs to more than 20,000 Philadelphia children. "The city looks for administrative soundness, expertise and timeliness when it comes to finding a good intermediary," say Sheaffer. "In the role that PHMC plays as intermediary for us, they monitor for compliance and continue to offer programmatic technical assistance." According to Friedlander, "DHS shares its vision with us and we implement that vision by monitoring and tracking clients, processing invoices and helping to manage contracts for DHS. Adds Friedlander, "We make sure things are happening the way they are supposed to happen." ●



PHMC Welcomes New Affiliate

On July 1, 2010, **Philadelphia Health Care Trust** (the foundation) joined PHMC as its newest affiliate. The foundation's

newly appointed board of directors consists of six members whose backgrounds span the areas of health care, law and business. The affiliation will enable the foundation to

continue and enhance its charitable mission of fostering health care delivery, research and education in the greater Delaware Valley region since 1996. ●

Targeted Solutions

Deeper Capacity Building + Trusted, Targeted Solutions = Maximum Impact

For years, PHMC's Targeted Solutions has been a trusted partner, helping other nonprofits build their capacity to serve the community.

As a direct service provider with over three decades of experience tackling challenges similar to those faced by our clients, Targeted Solutions has the unique ability to develop concrete, practical, actionable solutions to traditional nonprofit issues.

We do not simply solve our clients' problems; we increase our clients' ability to solve the problems on their own.

What Our Clients Say:

"This was a great service. **The consultant was very understanding and flexible.**"

"**Somebody finally listened and understood exactly what we were trying to say...** Targeted Solutions got it—and now we have a comprehensive marketing strategy to help others get it as well."

In 2010, Targeted Solutions:

- Assisted five organizations in developing outcomes measurement systems, including training for staff, development of outcomes measurement tools and recommendations for information systems tools for tracking data.
- Provided 10 organizations with customized database solutions, which are currently being used to manage daily program tracking and billing functions.
- Delivered specialized training in key consulting areas such as marketing and outcomes measurement to individuals from more 100 local organizations.

- Helped five organizations develop and implement concrete marketing strategies for their organizations.
- Engaged in individualized consulting services to more than 25 nonprofit agencies.

The Impact*:

- 100% of clients reported an increase in their capacity to address the issues for which they received consulting services.
- 88% of clients surveyed six months after project completion reported that the increase in capacity was sustained past the project period.

100% of clients reported an increase in their capacity to address the issues for which they received consulting services.

*Based on results of Targeted Solutions client evaluation surveys.



Targeted Solutions, the consulting practice of Public Health Management Corporation, helps nonprofit organizations in the region address many of the challenges of today's changing health and human services environment. From improving communications with funders and donors to carrying out mission-critical initiatives and increasing operating efficiencies, PHMC's Targeted Solutions offers practical, strategic, proactive consulting services and products tailored to meet the needs of client organizations. For a full list of Targeted Solutions products and services, please contact Farrah Parkes at fparkes@phmc.org or 267.765.2343.

Pioneering... *continued from page 1*

Collaboration and community focus are hallmarks of PHMC's research. "A strength of PHMC's HIV prevention research has always been its strong ties to communities affected by HIV and its commitment to engaging community partners and community members in our research efforts," says Bond.

Last year, "Black Men Who Have Sex with Men and the Association of Down-Low Identity with HIV Risk Behavior," a study led by Bond and colleagues at PHMC, the CDC, and Hunter College of Social Work in New York City, was published in the *American Journal of Public Health* and received national print and broadcast coverage. The groundbreaking study analyzed interviews with more than 1,100 gay-, bisexual- and heterosexual-identified men of color who have sex with men. It found that down-low identification does not mean greater HIV risk—men who have sex with men and women and identify themselves as "on the down-low" engage in the same level of risk as men who do not identify themselves as on the down-low—and that such labeling undermines prevention and research efforts.

Consistently, PHMC carries out its HIV prevention research in partnership with other agencies and organizations in the region that serve HIV-affected communities. Most recently, the Research and Evaluation Group has partnered with Mazzoni Center, a local health and wellness center for lesbian, gay, bisexual and transgender communities and the oldest AIDS service organization in Pennsylvania. They collaborated on **Get Real**, a social marketing, community-level intervention program that uses the narratives of young, local men to facilitate frank discussions about safe sex, HIV/AIDS risk and general health and well-being. Get Real targets substance-using men who have sex with men through media communications and interpersonal networking. The program seeks to change risk behavior and social norms that contribute to HIV risk.

"We have a strong track record of partnering with community organizations,"

says Lauby. Several Research and Evaluation Group staff members serve on PHMC's Community Advisory Board (CAB) on LGBT research, which we created five years ago to ensure that the work of PHMC's Research and Evaluation Group remains responsive to the needs and concerns of the diverse LGBT communities of Philadelphia. CAB provides input from community members at each stage of the research process: study design, recruitment, results dissemination and protection of study participants. "We need help from the community to plan and implement our research," says Lauby. "We partner with the community; we don't do our research isolated from community involvement," says Bond. CAB helps to inform researchers of local issues or concerns that can affect the conduct and successful implementation of research studies, particularly in the area of HIV prevention.

Both Bond and Lauby agree that attitudes towards HIV/AIDS remain a barrier to an understanding of the epidemic. Says Bond, "People think that if we can get others to change their behavior we could end the epidemic. But effective HIV prevention is about much more than changing personal behaviors." Lauby agrees. "Many factors influence HIV transmission," she says, "such as relationships, community norms,

access to health care and local laws. We know from research that an effective approach to the epidemic requires that we address it on multiple levels, including working with individuals, families, communities and larger systems like health care, housing and corrections. When these factors get addressed, we are more likely to see a positive, sustained impact."

Taking It to the Streets: HIV/AIDS Outreach Work in the Community

In the 1980s, public health officials realized that the drug culture—with its frequent needle-sharing—was a contributing factor to the HIV/AIDS epidemic. In response, PHMC formed the **Philadelphia HIV Prevention Street Outreach Project**, recruiting people to go out on the streets in pairs to engage with active drug users and provide counsel, education and referral to services. PHMC community health outreach worker **Sam Tiru** says, "We're just people from the community helping other people from the community."

Outreach workers meet every morning and fill bags with HIV and HCV (hepatitis C virus) prevention materials, including bleach kits and condoms, and head out onto the streets. Bleach kits help reduce

continued on page 8



The PALMS (Preventing AIDS through Live Movement and Sound) Project, a community-based HIV prevention program, uses theater to teach young people the importance of HIV/AIDS prevention. Through multisession, group-level interventions, trained peer actors provide youth with HIV risk reduction education and strategies designed to increase their self-efficacy to practice safer sex behaviors.

Developing a Uniform Case Management System Model of HIV/AIDS Patients

PHMC's role as a pioneer in providing services for those with HIV/AIDS was established through the development of a uniform case management system. From 1988 to 1991, PHMC served as the lead agency for the AIDS Services Demonstration Project, funded by the Health Resources and Services Administration, which served the eight-county Philadelphia Metropolitan Statistical Area in Pennsylvania

and New Jersey. As lead agency for the project, PHMC maintained a county-based, centralized, coordinated case management system designed to improve the access of persons infected by HIV to an appropriate continuum of services. PHMC worked alongside case management providers, early intervention counseling agencies and medical and social service providers throughout the entire eight-county

area. Through a data management information system and data collection instruments developed by PHMC, providers were able to track services for individual clients and document any barriers to care. Later, this system was incorporated into the regional Ryan White AIDS services plan, which coordinated a five-county regional AIDS case management system administered from 1991 to 1994.

Pioneering... *continued from page 7*

the risk of HIV transmission by cleaning needles. "We're not about promoting drug use," says Tiru, "but there can be as many as 10 to 15 people in a shooting gallery using the same syringe."

For the past 21 years, Tiru has walked the city's streets educating intravenous drug users on the ways they can reduce their risk of HIV transmission. He says the challenges of HIV/AIDS outreach have changed over the years. "A lot more people nowadays are educated about HIV/AIDS, but back then people were scared of dying. Back then, HIV/AIDS was a death sentence. Now people say, 'Well, there are pills' and continue to engage in risky behavior." However, Tiru notes that other advancements in technology have helped move outreach work forward. "Having HIV/AIDS is still consid-

ered taboo. Many people still don't want to get tested. But rapid testing helps. Back in the day, it would take three to six weeks to get results back. Now it's a lot faster."

Part of Tiru's passion for outreach comes from seeing the affect of the epidemic firsthand. "I never thought when I got into this field that someone I knew would be infected," he recalls. Then a family friend, a Vietnam War veteran who was also an active drug user, was diagnosed with AIDS. "We brought him home to die," says Tiru. "It took six months." Today, Tiru continues to fight against HIV/AIDS despite the risks of getting in the middle of a drug raid, shootout or fight. "Now drugs are more recreational," says Tiru. "Drug culture has changed and gone underground. But the need for direct outreach remains."

PHMC's **New Pathways** and **New Pathways for Women** projects also serve active substance users in the Philadelphia community, in part through HIV/AIDS awareness, education and prevention resources. "It's really important that an outreach program cater to the whole person," says **Eugenia Argires**, program director with PHMC's Health Promotion and Service Systems component. "We are working to expand our programs to be more holistic, including embedding HIV/AIDS prevention into a larger framework of project services promoting wellness." New Pathways for Women responds to a growing need. "The face of the epidemic is changing, with HIV/AIDS now the third leading cause of death among African-American women ages 25 to 44," says Argires. "The epidemic has shifted, and we're here to meet that need."

HIV Timeline

View the expanded timeline at PHMC.org/directions.

1959

Scientists discover what later researchers believe to be the earliest form of AIDS.

1982

The term AIDS, for "acquired immune deficiency syndrome," is used for the first time.

1985

The FDA approves the first HIV antibody test that screens for HIV. The first International Conference on AIDS is held in Atlanta. Popular film star Rock Hudson dies of AIDS.

1988

PHMC coordinates development of an eight-county AIDS case management system and initiates HIV prevention services targeting drug users in North Philadelphia. December 1, 1988 marks the first World AIDS Day.



The United States prohibits HIV-infected immigrants and travelers from entering the country.

PHMC becomes one of the first organizations in Philadelphia involved in HIV/AIDS research, receiving a research demonstration grant from the National Institute on Drug Abuse.

Providing Quality Primary Care

In addition to providing HIV/AIDS prevention and research, PHMC also offers direct care through the **PHMC Care Clinic**, formerly located at St. Joseph's Hospital and managed by North Philadelphia Health System. Since 1992, the clinic has provided primary care, including medical treatment, case management, education and risk reduction, to the HIV/AIDS community in North Philadelphia. It was one of the first in the city to cater exclusively to the HIV/AIDS community in that area. "The population that we serve is at high risk for being lost to care and in the past ended up in the hospital with illnesses that could have been prevented," says **Anne Kelly**, MSW, MEd, program director of the PHMC Care Clinic. "We provide services, such as support groups, outreach and nutrition counseling for our patients, many of whom may not go for such services in a traditional office setting." PHMC Care Clinic staff routinely follow up with patients through phone calls and mailings to ensure they stay connected to care.

In March 2010, the clinic moved to a larger location at 1200 Callowhill Street, where they expanded their services to include family planning, pediatric care and much more. "We're still doing outreach and specialized services here," says Kelly. "In addition to adding services for our HIV patients, we provide primary care for other

vulnerable populations such as homeless patients in our new setting." HIV patients also have direct access to substance abuse treatment services at CHANCES, a PHMC outpatient and intensive outpatient substance abuse treatment program for women housed in the same building.

Prevention Programs for the Future

PHMC continues to implement programs to meet the needs of new and changing populations that require HIV/AIDS prevention services. According to a 2006 report by the Philadelphia Department of Public Health, while the overall rate of HIV infection in the US is estimated at 23 infections per 100,000, the rate of HIV infection in Philadelphia is estimated to be 114 infections for every 100,000—five times the national rate. Furthermore, the majority (89%) of all heterosexually acquired HIV infections in adolescents occur in girls and HIV/AIDS remains the leading cause of death for African-American women between the ages of 18 and 35. "Right now, the city of Philadelphia has no HIV prevention program specifically focused on reaching sexually active African-American adolescent girls," says **Akil Pierre**, project coordinator of the **Preventing AIDS through Live Movement and Sound (PALMS) Project**. "The lack of targeted interventions designed to reach this vulnerable group highlights the

urgent need for effective gender-specific, culturally relevant HIV prevention interventions geared toward this population."

Pierre recently applied for and received funding from the CDC to spearhead a new program at PHMC targeting African-American adolescent females. "The intervention is designed to celebrate the strengths of African-American women while building African-American girls' capacities to consistently practice HIV risk reduction strategies in the context of race and gender-based inequalities," says Pierre. The first component, called **Sisters Informing Healing Living Empowering (SIHLE)**, uses peer-led group sessions to reduce HIV sexual risk behaviors among sexually active African-American girls ages 14 to 18, while also highlighting cultural and gender pride. SIHLE provides participants with free testing, referrals and counseling services. In addition, PHMC will partner with the Women's Anonymous Test Site of the Health Federation of Philadelphia to provide on-site confidential rapid HIV counseling, testing and referral services to SIHLE participants. The second component, called **Young Sisters Take Charge (YSTC)**, features a bi-monthly, multiservice, intergenerational program that reaches out to African-American women ages 14 and older and their female relatives. It provides counseling, testing and referral services for HIV. Both programs are scheduled to begin in February 2011. ●



1999

PHMC launches an HIV/AIDS prevention program to help people reduce risk through substance abuse recovery. 18,491 recorded deaths from AIDS in the United States.

2010

Greater Than AIDS, a national movement and coalition of public and private sector partners, responds to the HIV/AIDS crisis in the United States with a national, multiplatform media campaign to elevate the public's knowledge and understanding of HIV/AIDS and confront the stigma surrounding the disease. Although national in scope, the effort is targeted to African Americans and other communities heavily affected by HIV/AIDS.

1992

PHMC begins administering the **Direct Emergency Financial Assistance Program**, which works exclusively with HIV/AIDS patients to help with housing, including mortgage, rent and utilities, as well as with medical treatment and equipment related to HIV/AIDS.



2005

The HIV/AIDS Care Clinic, formerly managed by St. Joseph's Hospital, joins Public Health Management Corporation and takes the name **PHMC Care Clinic**. 16,000 recorded deaths from AIDS in the United States.

Measuring the Correlation between Social Connectedness and Health

How connected are you to your social network? When was the last time you picked up the phone to talk with a friend? Joined a softball team? Chatted with your neighbor who lives across the street? For years, sociologists have studied people's connectedness to their communities, termed "social capital." Social capital—usually defined as social networks, social participation, trust and reciprocity—is widely considered to influence health. The more researchers study and measure social capital, the more apparent it becomes that relationships and connections to one's larger community can play a positive role in personal health. Since 2002, PHMC's Household Health Survey has included several measures of community connectedness.

The social capital data from the 2008 Household Health Survey shows that most Southeastern Pennsylvania adults (87%) feel a sense of belonging in their neighborhoods. Half of the adults in the region (52%) participate in at least one club, organization or group in their neighborhoods, including parent teacher groups, religious groups, political organizations, and social and athletic clubs. Fifty-nine percent indicated that their neighbors have, at some point, worked together on a community project and well over three-quarters of adults in SEPA (81%) feel they can trust their neighbors.

The Trust Factor

Data show that an association between health and trust does exist; many adults who feel they can trust their neighbors also have better health. However, researchers are still exploring the correlation between the two. In SEPA, 84% percent of adults who feel their neighbors can be trusted also report being in excellent or good health, in contrast to 70% of those who do not feel they can trust their neighbors reporting that level of health.

- Older adults are more likely to trust their neighbors than younger adults (91% and 71%, respectively).
- Adults living below the Federal Poverty Level* in SEPA are less likely to report trusting their neighbors. Eighty-four percent of adults living above the Federal Poverty Line and 59% of adults living below it trust their neighbors.
- Adults living in Philadelphia are least likely to trust their neighbors (65%) compared with those in suburban SEPA counties (92% Montgomery, 91% Bucks, 89% Chester, 87% Delaware).

Working with Neighbors to Build Communities

The more connected you feel to your immediate neighborhood, the better your health and the better your community. More than half of adults in SEPA (57%) believe that their neighbors are willing to help each other, and even more have worked on projects together in their communities.

- African-American adults in SEPA were more likely than were white adults to say that their neighbors worked together on a project (71% and 57%, respectively).
- Philadelphia residents were more likely than residents of suburban counties to report that their neighbors worked together on a project in their community. Two-thirds of city residents (67%) indicated that their neighbors had done this, compared with 57% in Chester County, 55% in Delaware County, 54% in Montgomery County and 53% in Bucks County.
- Within Philadelphia, neighbors working together varied by neighborhood. Three-quarters of adults in the Germantown/Chestnut Hill and West Philadelphia sections of Philadelphia stated their neighbors had worked together on a project (77% and 75%, respectively), while in the Roxborough/Manayunk and Upper

Northeast areas of the city just over half of adults reported that their neighbors worked together on a community project (55% and 51%, respectively).

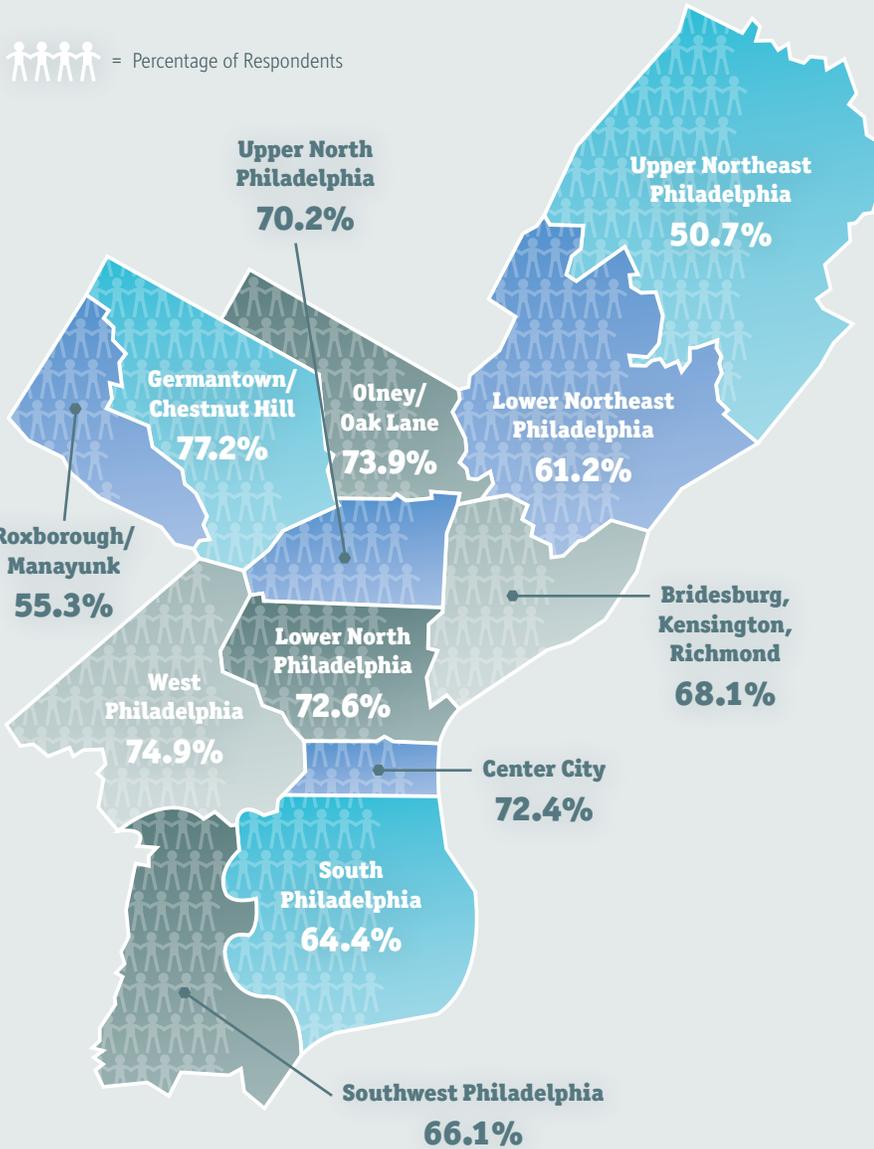
A Feeling of Belonging and Well-Being

How comfortable and welcome you feel in your neighborhood could affect your health. Happily, most adults in SEPA—approximately 2,525,800 people or 87%—feel they belong in their neighborhood, and 82% of those same adults report being in excellent or good health. However, only 71% of adults who feel like they do not belong in their neighborhoods indicated the same health status.

- While adults of all ages expressed a sense of belonging in their neighborhoods, older adults were more likely to make this statement. Ninety-four percent of adults 75 and older said they felt they belonged in their neighborhoods, compared with 83% of 18 to 39 year olds.
- White adults were more likely than African-American adults to report that they felt they belonged in their neighborhoods (90% and 81%, respectively).
- Within Philadelphia, residents of the Roxborough/Manayunk and Center City Planning Analysis sections were most likely to indicate a sense of belonging (90% and 89%, respectively), while residents of Southwest Philadelphia, Upper North Philadelphia and Bridesburg/Kensington/Port Richmond were least likely to report a sense of belonging (76%, 77% and 78%, respectively).

With the growing recognition of the social determinants of health, social capital is an increasingly important concept in public health research. For more information on our social capital data and the linkages of social capital and health in our region, contact research associate **Rose Malinowski-Weingartner** at rweingartn@phmc.org. 

Figure 1. Percentage of Philadelphia Adults Who Have Ever Worked with Their Neighbors on a Community Project, by Neighborhood[†]



Data in Action

“The Enterprise Center CDC is a neighborhood-based nonprofit that fosters neighborhood renovation in West Philadelphia. We have been using CHDB for a couple years—mostly in gathering data for our grant proposals and generally using it to learn about needs and opportunities for services and improvement in West Philadelphia. This year we started using CHDB more intensively. We applied for and received a three-year grant from PHMC affiliate Health Promotion Council for the Philadelphia Urban Food and Fitness Alliance. As part of that grant, we’ll be working in three zip codes in West Philadelphia to assist community members with accessing healthier food.

“We also used CHDB to do a lot of research about the health status of people in our target areas of West and Southwest Philadelphia. For example, using CHDB data, we were able to find the rate of people diagnosed with diabetes, the number of children who came from families living below the poverty line and the percentage who were not able to eat the required number of fruits and vegetables each day. CHDB data has really informed our work.”

Imanni Wilkes

Managing Director, Community Empowerment,
The Enterprise Center Community Development Corporation

The Community Health Data Base (CHDB) Southeastern Pennsylvania Household Health Survey is one of the largest regional health surveys in the nation, covering Bucks, Chester, Delaware, Montgomery and Philadelphia Counties, and now Schuylkill, Lancaster, Berks and Centre Counties. It has been conducted every two years since 1994. The Pew Charitable Trusts, the William Penn Foundation, United Way of Southeastern Pennsylvania and over 350 local agencies from the health, government, nonprofit and academic sectors help to support CHDB. For more information on CHDB, visit chdbdata.org.

* Poverty level is defined as 100% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$22,050 in 2009 was considered living in poverty.

[†] Source: PHMC’s Community Health Data Base, Southeastern Pennsylvania Household Health Survey, 2008.