PHILADELPHIA FIGHT
HEALTH CENTERS FOR ALL

STRATEGIC PLAN

FY2026 - 2031

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Introduction

Celebrating its 35th year anniversary, Philadelphia FIGHT Community Health Centers (FIGHT), a Federally Qualified Health Center (FQHC) located in Philadelphia, Pennsylvania, has continued to serve the region's most vulnerable community members. What began as an AIDS Service Organization in 1990 has grown into a community health system that is committed to serving all individuals who seek care, applying a no-barrier and welcoming approach.

Established as an FQHC in 2013, a strategic plan was published in 2019, focused on the development of a strong patient base and earned revenue, given the unpredictability of other funding sources. Expenses were outpacing revenue and financial solvency was at the heart of the plan.

Shortly after the plan was adopted, like all health systems, FIGHT's operations were severely impacted by the COVID pandemic. In response to building organizational resilience, a SWOT analysis (later adopted as FIGHT's revised strategic plan) was developed with the following areas of focus: **Reaffirming Mission, Vision, Values; Change Management & Organizational Culture/De-Siloing; and Strengthening & Maintaining Health Centers, Clinical Services, & Administrative Functions.**

Today, FIGHT finds itself in a transition. Its founder and long-time leader has retired. A new Chief Executive Officer and Board President are providing new direction and leadership. The current political landscape threatens government funding. The economic climate has made philanthropy uncertain and earned revenue unpredictable. The number of patients served by FIGHT has plateaued.

Philadelphia FIGHT's five-year plan focuses on its core functions: Clinical Operations, Education, Research, and Administration. Over the course of the plan, FIGHT will invest resources in and develop a capital program that enhances user-experiences, creates new and expanded client services, and improves processes and operational efficiency. FIGHT will work to meet its patients where they are and empower them to transform their lives. Staff and board members have received documents and additional guidance to support implementation of this plan.

NEEDS ASSESSMENT

Prior to the start of the strategic planning process, Philadelphia FIGHT completed a detailed needs analysis for their services. The Philadelphia FIGHT service area map shows the service area, the locations of the FIGHT health centers, and the locations of the other area Federally Qualified Health Centers (FQHC) and hospitals.[1] The review of the Uniform Data Service (UDS) reports that are required by Health Resources and Services Administration found that 77.9% of the 7,899 patients served in 2022, 75.6% of the 7,882 patients served in 2023, and 74.6% of the 7,803 patients served in 2024 resided in the Zip Codes in Philadelphia. These percentages are equal to or greater than the required 75% of patients. However, as indicated in this Strategic Plan, FIGHT should continue to expand its Philadelphia patient-base.

The 2023 US Census annual population and housing estimates[2] indicate that there are 1,538,247 people living in Philadelphia. The population has almost four times the proportion of Black/African American residents as the state, and about twice the proportions of Hispanics and Asians. The level of poverty is close to twice that of the state, as are the levels of children and elderly living in poverty. In spite of ongoing efforts to reduce the number of people who lack health insurance, the uninsured population in the City is significantly greater than that of the state.

	PHILADELPHIA	PENNSYLVANIA
Black/African American Residents	38.8%	10.5 %
Hispanic Residents	15.2%	7.9%
Asian Residents	7.7%	3.7%
Population Below 100% of Poverty	22.0%	11.8%
Population Below 200% of Poverty	41.5%	26.8%
Children Under 18 Living in Poverty	30.1%	16.0%
Number of Children Living in Poverty	100,193	NA
People 65+ Living in Poverty	16.9%	8.0%
Number of Elderly Living in Poverty	46,700	
People with Only a HS Education or Less	54.2%	37.7%
Women Giving Birth Below 200% of Poverty	41.5%	26.8%
% of Population Uninsured	7.2%	5.6%

This data and the complete Needs Assessment were considered in the development of the strategic plan.

[1] US DHHS, HRSA, https://geocarenavigator.hrsa.gov/, obtained March 2025
[2] US Census Bureau, https://data.census.gov/advanced, obtained March 2025

THE PLANNING PROCESS

The planning process encompassed robust discovery and stakeholder engagement which included the following:

- A comprehensive review of governance documents, budgets, audits, past strategic plans, annual reports, board minutes, marketing/communications materials and plans, compliance/risk management documents, and results of patient and staff satisfaction surveys was completed.
- Fifty-three (53) individual interviews took place with FIGHT's senior staff, Board of Directors, community partners/peer agencies, and funders.
- Site visits of all health centers and programs, including additional informal interviews with staff took place.
- Focus groups were conducted with FIGHT staff and the Community Advisory Board.
- Peer research was conducted with local FQHC's to understand local best practices.

The discovery and stakeholder engagement process occurred in Fall 2025.

Simultaneously, FIGHT's board of directors and senior staff were engaged to analyze and revise its current mission and develop new vision and values statements. FIGHT's new **history, mission, vision, and values** statements follow.

Armed with the information gained from the discovery process, an **organizational assessment** was completed.

Strengths and weaknesses, those things within FIGHT's control, were listed and graded to determine whether the organization managed its internal resources effectively.

Likewise, opportunities and threats, those things outside of FIGHT's control, were delineated and ranked to determine if a growth or defensive strategy was most appropriate.

The assessment concluded that FIGHT's staff and financial resources should be redeployed to better position the organization, as its internal weaknesses considerably outweighed its strengths. However, the assessment also concluded that FIGHT's external opportunities outweighed its threats, albeit marginally, indicating that a moderate growth strategy is appropriate.

The strategic initiatives outlined in this plan were developed with FIGHT senior staff to speak to its revised mission and vision and to improve FIGHT's resource allocation, while taking advantage of its external environment.

MISSION, VISION, & VALUES

History:

FIGHT was founded during a period when the government willfully neglected the HIV epidemic and those living with AIDS. FIGHT stepped into a void to serve those no one else was willing to serve and to fight for the most marginalized. Over the past decades, **largely because of FIGHT's research,** the world's understanding and treatment of the disease has changed dramatically. But HIV taught us to be better providers and **our commitment to those that have been marginalized is unwavering.**

Mission:

FIGHT transforms patients' lives through healthcare, education, and research.

Vision:

FIGHT is working towards becoming the most accessible health center in the region, eliminating health disparities and creating an HIV-free world through its research.

Values:

Everyone is treated with RESPECT

Responsibility. We are responsible for people's lives and hold ourselves and our co-workers responsible for our actions.

Equity. No one is more important than anyone else.

Safety. We are committed to the physical and psychological well-being of our staff, patients, and community members.

Patient-centered. Everything we do is for our patients.

Efficiency. Productivity allows us to help more patients and supports the overall organization.

Communication. We actively listen to others and share information in a way everyone can understand.

Transparency. Our decisions are shared and disagreements are open.

STRATEGIC INITIATIVES

Critical Health Theory :

Critical health theory is an approach within health studies that examines how social, economic, and political factors influence health outcomes and healthcare systems. It challenges traditional biomedical models by emphasizing the role of power structures, inequality, and social justice in shaping health experiences. This theory advocates for the recognition of marginalized voices, questions dominant narratives in health policy, and promotes transformative action to address health disparities. By integrating perspectives from sociology, ethics, and public policy, critical health theory aims to create a more equitable and inclusive understanding of health and healthcare.

FIGHT's programs work to integrate critical health theory into each of their operations, recognizing that health outcomes are affected by a multitude of factors.



Clinical Operations

FIGHT strives to create positive health outcomes for every client that walks through its door. Whether providing quality primary care, cutting edge HIV treatment, dental services, pediatric care, or mental health support, FIGHT is committed to improving their clients' well being.

Sam Morales Community Health Center. In March 2026 FIGHT opened the Sam Morales Community Health Center to serve the needs of returning citizens. Recognizing the unique health and access challenges that this population faces, the new health center will provide vital health resources and access to social service supports and referrals.

Access to Care. Recognizing the challenges that its patient population faces and as demonstrated by the Needs Assessment, FIGHT will improve access to its primary care and pediatric clinics by expanding hours, increasing the number of Spanish-speaking providers, partnering with social service providers to provide FIGHT healthcare, and developing mobile clinics to meet people where they are.

Lab Services. Lab services will be merged into a share-service provider across all clinics.

Chronic Illness. To address chronic illnesses and in partnership with FIGHT's education department, FIGHT will develop wellness clinics that focus on weight management, smoking cessation, diabetes management, and other long-term health conditions.

Doctor Supports. FIGHT will support its healthcare providers by developing and piloting a program that adds a patient provider to the clinics with high demand and limited capacity whose primary focus is supporting other providers. This position will see fewer scheduled patients daily and assist other providers on difficult cases, walk-ins, and other needs to ease capacity demands, improving both patient care and decreasing provider burn-out.

HIV Services. FIGHT's history is rooted in its commitment to fight HIV. That commitment remains strong and FIGHT will continue to expand its PrEP program by fully integrating its services into the Jonathan Lax Health Center (Lax) and creating a PrEP coordinator at the Lax, Sam Morales, and Broad Street Love health centers to better support high-risk populations. HIV and other testing services will be expanded to ensure FIGHT can provide services to those that need them as quickly as possible.

Dentistry. FIGHT's dental clinics will merge into one location, creating efficiencies.

Behavioral Health. Behavioral health services will also increase its capacity and improve services to each of the medical clinics. Support groups will expand and FIGHT will take steps to provide medication assisted treatment and other substance use disorder services.

Patient Care Teams. Case management services will become patient care teams, serving all FIGHT's clinics, helping patients navigate social services and insurance requirements.

Pharmacy. FIGHT will make the necessary capital investments to open its own pharmacy and to centralize its operations at its Chestnut Street location, increasing revenue opportunities and creating service efficiencies.

Partnerships. Finally, recognizing several transitions in the social service market place, FIGHT will explore new partnerships with like-minded organizations and even potential mergers with organizations that could enhance FIGHT's services and improve its outcomes.


Education, Hospitality, and Outreach

FIGHT's education programs were initially born from its commitment to battling HIV. When others were afraid or unwilling to talk about HIV, FIGHT developed Project TEACH, giving people living with HIV information about treatment, prevention, and the history of AIDS activism within a safe and empowering learning environment.

Today, FIGHT's programs still work with clients that have been marginalized by society. HIV education is still necessary but FIGHT's programs will evolve to align with their clients' most pressing needs. With Critical Health Theory as its foundation, FIGHT will actively address the following:

Chronic Illness. In partnership with medical providers, its education programs will align with healthcare outcomes by addressing weight management, diabetes, smoking cessation, and wellness programs. All of these programs – and its written material – will be developed at a 3rd grade reading level in multiple languages to improve access.

Hospitality Services. Hospitality services will deepen its partnership with Broad Street Love and other social service providers. Hospitality services are often the first touchpoint vulnerable populations have with FIGHT. Ensuring that these services provide an onramp for greater patient engagement and service provisions is important to FIGHT's mission.

Education Portal. FIGHT's education portal will integrate with its patient portal, providing vital resources to patients based on their individual diagnoses.

Project TEACH. While HIV treatment has changed dramatically since Project TEACH was first created, much of the stigma associated with HIV remains and education programs in Philadelphia and beyond are still necessary. Project TEACH will develop a training model for regional and national partners that prepares attendees to implement Project TEACH in their own communities.

Research

FIGHT's history as an AIDS service organization provided a unique opportunity to develop its research capacity. In a desire to provide its patients with the same cutting edge treatments as patients in other cities, FIGHT built a research apparatus that has become world renowned.

FIGHT's research has significantly advanced the treatment for HIV and AIDS. FIGHT has participated in dozens of clinical trials; authored significant articles featured in the New England Journal of Medicine, the Journal of American Medical Association, and others; and presented its research at multiple prestigious conferences. FIGHT is recognized internationally for its role in developing today's standards for HIV-care.

Federally qualified health centers offer a distinct opportunity for clinical research. FQHCs often serve unique populations missed by traditional research. FQHCs specialize in serving the underserved. However, while the research community recognizes the importance of FQHCs in clinical research, many FQHCs struggle developing the expertise and capacity to participate.

FIGHT is uniquely positioned as an FQHC that developed its clinical care in parallel with its research capacity.

New Partnerships and Research Focus. FIGHT will build on its history, expertise, and unique position by developing new partnerships with academic research institutions that are exploring conditions most relevant to their patient base. These partnerships will continue the long established HIV research but will also include weight management, diabetes, smoking cessation, and other identified conditions that may improve health outcomes.

Expanded Capacity. These expanded functions may require new staff, research equipment, or facilities. FIGHT will continue to monitor its current workload, capacity, and opportunities for growth.

FIGHT's clinical practitioners are an important part of its research capacity. Ensuring that all providers – primary care, specialty care, pediatrics, behavioral health, and dentistry – are effectively trained and certified as subinvestigators will allow FIGHT's research to develop holistically.

ADMINISTRATION

FIGHT's growth is dependent on internal supports that better align its resources with its outcomes.

Operations. Each program will develop key performance indicators, which include but go beyond government mandated metrics. These KPIs will be regularly monitored, developing a culture of continuous improvement. Patient feedback will be captured quickly through new tools such as text surveys, and a patient's user experience will be mapped to identify service bottlenecks. With additional data, FIGHT will be well positioned to make decisions quickly and efficiently. A more robust compliance department will limit risk and exposure.

Finances. FIGHT will work to develop a 6-month fiscal reserve. Developing reserves requires fiscal discipline across all departments, which may necessitate new programmatic budgeting tools. It will also require a diversified revenue stream that includes earned and contributed income. To help support these goals, FIGHT will upgrade our financial management software.

Capital Planning. FIGHT's capital assets require monitoring and planning. An asset replacement schedule will contribute to the annual capital plan and FIGHT will regularly monitor its net to gross asset ratio to measure deferred maintenance. The annual capital improvement plan will include investments in FIGHT's information and technology systems.

Electronic Medical Record (EMR). To better support providers, the current Electronic Medical Records system will be upgraded and/or replaced, and users will receive continuous training on the system's capabilities.

Customer Service Levels. Work order systems for IT and facilities will be implemented and used regularly so that requests can be tracked and customer service levels established and measured.

Staff Support. Staff have challenging jobs. Creating mechanisms to better support staff is vital for employee retention, attraction, and service quality. FIGHT has embarked on a compensation study and will install a salary structure that best provides internal equity and market pricing for all its jobs. FIGHT will develop a robust training program that includes leadership skills, management, programs on fairness and belonging, and other identified needs. Lunch and learns will be established to break down existing silos and improve information sharing across the agency. Credentialing will be centralized under Human Resources. Each department and program will develop succession plans. A whistleblower hotline will be established and policies will be enacted that support employees and ensure that complaints are investigated fully, no matter against whom the complaint is made.

Community Outreach. FIGHT does not exist on an island and formal outreach is required to FIGHT's neighbors like Washington West Civic Association and Midtown Village, and to their partners like William Way, the Attic, and others. Outreach teams will be deliberate in targeting vulnerable populations.

External Communications. FIGHT will update its website, brand, and other materials to be consistent with its new mission, vision, and strategic direction. Creating consistent and intentional stakeholder, government relations, and development communications plans is vital.

Governance. FIGHT's Board of Directors will continue its high engagement in support of the organization, adopting policies that support FIGHT's health outcomes. Additionally, the board is committed to serving the organization in the most optimal way and will review its committee structure to ensure a deeper focus on areas of organizational need, a review and revision of its bylaws, and a more robust talent management approach to board recruitment, based on FIGHT's current needs.

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www.fight.org

Conclusion:

FIGHT's future is grounded in its history: serving marginalized communities that have been left behind by traditional support systems. By embracing Critical Health Theory, FIGHT will continue to wrap its arms around its patients while striving for more equitable outcomes. To be successful, though, FIGHT must align all its programs around patient outcomes. While it expands and fortifies its healthcare offerings, FIGHT's education, hospitality and outreach programs will support its patients' healthcare journeys. Simultaneously, FIGHT's world-class research will continue, expanding beyond HIV-related care and finding new ways to support its patient population. Finally, FIGHT's internal structures will be recast to support its staff, develop new skills, strengthen its systems, and provide the right information at the right time to make critical decisions in an uncertain political and economic environment.

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