Phase II Progress Report
Building the Strategy to End AIDS in Fulton County:
Top Priorities and Overview

Fulton County Task Force On HIV / AIDS
June 27, 2016

OUR Time Is NOW!
Introduction to Phase II of the Strategy to End AIDS in Fulton County

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At a time when new HIV diagnoses are dropping precipitously in other communities, and when only 302 persons were diagnosed with HIV in San Francisco in 2014 (SFDPH, 2015), Fulton County’s new diagnoses remain stubbornly above 600 per year. And the disparities we face are stunning. In 2014, 431 gay and bisexual men were newly diagnosed with HIV, amounting to approximately two-thirds of all new diagnoses. Four out of five of these men were black and over half of them were less than 30 years old. (Georgia Department of Public Health (GDPH) Epidemiology Unit, 2016) Data on transgender populations are sorely lacking, but there is every reason to expect unacceptable rates in these populations as well. Fortunately, new diagnoses in women are declining. But racial disparities are not. Making up only 44% of the county’s population, Blacks comprised 70% of new diagnoses in 2014. And while deaths of people with HIV are not necessarily from AIDS anymore, of the 200 deaths that occurred in 2014, approximately 75% were Black. (GDPH Epidemiology Unit, 2016). Even one death due to AIDS-defining opportunistic infections and malignancies is too many in 2016, when we know how to prevent AIDS.
So much is wrong with this picture. Why is our epidemic so entrenched, when others move toward gaining control? Why is the epicenter of the civil rights movement now an epicenter of HIV/AIDS? How have we tolerated such stark disparities for all these years without taking to the streets in favor of LGBTQ and racial equality? Do we really believe that #BlackLivesMatter, or that #GayLivesMatter or that #TransLivesMatter or that #WomensLivesMatter or that #HIVLivesMatter? And if so, what can we actually do to make a difference?

Our Southern HIV epidemic is mired in a stew of inequality, with Atlanta having the highest income inequality ratio in the nation (Berube, 2015). HIV never saw an inequality it didn’t like, or couldn’t exploit. Maps of HIV prevalence mirror maps of inequalities of all sorts. Historic vestiges of racism, homo- and transphobia, and stigma emanating from societal institutions including – perhaps especially – those of faith, mix in a cauldron with poverty, unstable housing, inadequate transportation infrastructures, high levels of unemployment and incarceration, and low levels of educational achievement to form the perfect poison that is our HIV epidemic. (AIDSVu.com Atlanta, 2012)

Meanwhile in our affluent northern suburbs, a new opioid epidemic brews with increasing heroin and fentanyl overdoses stealing the lives of high school youth, and threatening to become an Indiana-like epidemic just waiting for the first case of HIV or hepatitis C. Will we learn from past mistakes and rise up to avert another epidemic in our midst?

While these statistics, and the realities they represent, are disturbing, our community is resilient. In the face of the horrific LGBTQ massacre in Orlando, an interfaith vigil in one of our highest HIV prevalence zip codes drew 3000 people who vowed together that #LoveWins. Blacks and whites and Latino/Hispanic and Asian-Americans and Native Americans and Republicans and Democrats and gay and trans and straight and gender fluid and business executives and politicians and homeless people and stockbrokers and teachers and rabbis and ministers and imams came together on that day. As a single community, we cried and laughed and spoke truth about the need to unite, to seize the moment, to stand up against hate, violence, and stigma, and to put our differences aside.

And this is why we know that this community can win against HIV. We are a community with heart and an illustrious history of bending the moral arc of the universe toward justice.

The passion is there, and so is the knowledge. Now, so is the political will in the form of leadership from the Fulton County Board of Commissioners. We know how to end new HIV infections. We know how to stop babies from being born with HIV. We know how to help people with HIV live long and healthy lives. We know how to eliminate death from AIDS. But we need a blueprint to guide the way. We need a bold Strategy to End AIDS in Fulton County. Together, we are making this Strategy a reality. If we are ever going to do this, OUR Time is NOW!
Priorities of the Strategy to End AIDS in Fulton County

Setting and reevaluating priorities for the Strategy will be an ongoing process. Input for initial prioritization of objectives was obtained through community engagement sessions, face to face meetings with stakeholders and leaders providing direct HIV-related services and care, discussions with Task Force members and contributors, and responses to an online survey offered to Task Force contributors, the Metropolitan Atlanta HIV Health Services Planning Council (Ryan White Planning Council), the High Impact Prevention Program (HIPP) list serve, the HIPP Jurisdictional Prevention Planning Group, and employees working in HIV-related fields at Fulton County and the State of Georgia Department of Public Health. The Executive Committee was responsible for developing the initial Top Ten priorities listed below, based on this comprehensive input. Additional input from all communities will be collected and will assist in ongoing prioritization.

The following priorities are the guiding principles of this Strategy:

**Stigma Kills. Don’t Tolerate It.**
Eliminate stigma and discrimination associated with HIV, sexual orientation, gender identity and expression, race/ethnicity, gender, socioeconomic status, and mental health and substance use disorders from our healthcare settings, faith communities, educational institutions, government institutions, media coverage, and from all policies and laws.

**Make Care and Services Client-centered**
Re-focus HIV services and care systems on the holistic needs of those being served to create compassionate environments that are culturally competent, customer service-oriented and where meaningful patient feedback matters.

**Make it Easy to Get into Care Fast and Stay Healthy.**
Eliminate health system barriers that make it difficult to get into care, stay in care, access life-saving medications, and reduce the virus to undetectable levels.

**Everyone Should be Tested for HIV.**
Provide free, routine opt-out HIV testing in all healthcare settings and jails, and coordinate targeted (or risk-based) HIV testing so that people at highest risk of infection always have easy access to free, safe, and confidential screening.

**HIV is Preventable.**
Provide PrEP/PEP for people without HIV, syringe services for injection drug users regardless of HIV status, immediate access to HIV treatment for PLWHIV, and condoms and lubricants for all.
No More Babies Born with HIV.
Link pregnant women to prenatal care, test all pregnant women for HIV, and treat all HIV positive pregnant women with ART to ensure that no babies are born HIV positive.

Education is HIV Prevention.
Require scientifically accurate, evidence-based HIV and sexual health education in schools so that youth learn skills to protect themselves against HIV and other sexually transmitted infections, and pregnancy.

Housing is HIV Prevention and Treatment.
Provide immediate, barrier-free access to housing for PLWHIV who are unstably housed.

Mental Health and Substance Use Services are Care, Too.
Expand access to mental health and substance use services to prevent HIV transmission and improve care continuum outcomes.

Create Policies that Promote Health.
Close the current coverage gap that denies too many PLWHIV private insurance or Medicaid, advocate for adequate federal funding for HIV care and prevention, and reform HIV criminalization laws to further destigmatize HIV.

Achieving these priorities will require dramatic improvement in the “continuum of care” in Fulton County. Among all PLWHIV, the care continuum tracks, at a minimum, rates of serostatus awareness, linkage to care, retention in care, and viral suppression. Each of these landmarks is necessary to achieve optimal care outcomes and to decrease HIV transmission. The 2014 continuum for Fulton County, based on outcomes of persons diagnosed in 2013, shows three-quarters linked to care within 30 days (see definitions in the graph), 59% meeting minimal standards of engagement in care over a year, only 46% being retained in care, and 42% being virally suppressed. Clearly, there is a dramatic drop off between linkage and retention, translating to approximately 8710 patients known to have HIV who are not optimally engaged in care.
Reflecting these priorities, new key Care Continuum objectives were selected.

- **Decrease the number of new HIV diagnoses by at least 25% (NHAS Indicator 2)**
  - Reduce disparities in the rate of new dx by at least 15% in the following disproportionately affected populations: young black gay and bisexual men, gay and bisexual men regardless of race/ethnicity, black females, transgender women (NHAS Indicator 9 adapted).

- **Increase the percentage of people living with HIV who know their serostatus to 90% (NHAS Indicator 1)**
  - Decrease the proportion of people with AIDS at the time of diagnosis to <10%.
  - Increase identification of persons with acute HIV infection.

- **Increase the proportion of newly diagnosed persons linked to care, defined as attending a medical provider visit within three days of diagnosis, to 85%**.

- **Increase the number of people retained in care to 90% of those diagnosed (NHAS Indicator 5)**
  - Decrease the number of persons who are out of care by 50%.
  - Reengage individuals identified as out of care within 3 days of contact.

- **Increase the proportion of persons with diagnosed HIV who achieve HIV RNA levels <200 c/ml to 80% (NHAS Indicator 6)**
  - Increase the proportion of persons with diagnosed HIV who achieve continuous RNA levels <200 c/ml to 80%.
  - Decrease the time from HIV diagnosis or reengagement in care to viral suppression to an average (mean) of 6 months.

Increasing serostatus awareness will likely result in increased numbers of new diagnoses before decreases are seen. Our aim is to decrease the number of new HIV diagnoses by at least 25% by 2020, and reduce disparities by at least 15% in young black gay and bisexual men, gay and bisexual men regardless of race/ethnicity, black females, and transgender women, although we do not yet even have a good baseline for transgender women. We also aim to increase serostatus awareness to 90%. A concentrated effort to implement routine opt-out testing and to target testing more effectively toward disproportionately affected populations and high prevalence geographic areas will be required to achieve this end. Saturation of testing will decrease rates of persons with AIDS at the time of diagnosis (to less than 10%), currently estimated at approximately one-quarter of new diagnoses, but higher in most vulnerable populations such as at the Grady Hospital Emergency Department where, in 2014, half of new diagnoses had AIDS. (Unpublished data GDPH, 2016)

Among the most challenging of the objectives are those that seek to link newly diagnosed or out of care patients to a medical provider visit within 3 days of diagnosis or contact with an out of care person. Attaining this objective will require entirely reevaluating and revamping current systems for care linkage and entry. Decreasing the number of out of care persons by 50% will bring as many as 4,400 additional patients into the care system. The objective for retention in care seeks to more than double the current rates of retention to 90% of those diagnosed. Achieving these last two objectives alone will require substantial expansion of health care system capacity, and increased numbers of care providers of all types. Achieving 80% viral suppression, especially 80% continuous viral suppression, will require changes in care systems to facilitate continuous access to antiretroviral drugs without interruption due to barriers in AIDS Drug Assistance Program (ADAP) recertification, inability to cover drug cost sharing, or delays due to prior authorization or quantity limits. Accomplishing all of this will greatly decrease the number of people progressing to and dying from AIDS, reduce community viral load, and, in turn, decrease new infections.
About the Fulton County Task Force on HIV/AIDS

In December 2014, Board of Commissioners Chairman John Eaves and District 4 Commissioner Joan Garner proposed resolution #14-1109 creating and establishing a Task Force on HIV/AIDS for Fulton County. The resolution, approved at the December 17, 2014 meeting of the Board, envisioned this entity would “provide input and recommendations in areas of public education, advocacy, treatment, prevention, housing and related issues pertaining to HIV/AIDS in Fulton County.” To accomplish the charge set forth by the Board, the Task Force recognized the necessity of developing a comprehensive, evidence-based “Strategy to End AIDS in Fulton County” which can then be implemented and monitored to assess progress.

The Task Force consists of 14 members who reside in Fulton County and who are appointed by the Board of Commissioners. The Board and the Task Force members recognized an effective strategy would require individuals with significant, wide-ranging content expertise, many of whom work but do not reside in Fulton, to address appropriately the many areas that require attention in a truly comprehensive plan. Therefore 25 non-appointed contributors also are members of the Task Force, along with other content experts who serve as consultants. The Director of the Fulton County Department of Health and Wellness (FCDHW), the Director of Part A of the Ryan White HIV/AIDS Program (RWHAP), and the Director of the High Impact Prevention Program (HIPP) are ex officio members of the Task Force as well. Co-Chairs of the Task Force were elected by the group and consist of an appointed member and a non-appointed contributor. The Executive Committee, consisting of the Co-Chairs and the Chairs of standing committees, is the leadership body of the Task Force.

Building the Fulton County Strategy to End AIDS: Methodology

The primary undertaking of the Task Force is to develop and monitor a comprehensive Strategy to End AIDS in Fulton County. The Strategy, when complete, will consist of clear goals and objectives, and achievable action plans that can subsequently guide promotion, implementation, monitoring and reassessment over time.

The Strategy aligns with the primary goals of the 2020 National HIV/AIDS Strategy (NHAS):

- To reduce new HIV infections
- To increase access to care and improve health outcomes so people living with HIV/AIDS can lead healthy, long lives
- To reduce HIV-related health care disparities
- To achieve a more coordinated response to HIV/AIDS

The Strategy is being built in three phases. To balance the urgent need for such a Strategy with the necessity of careful thought, data collection and broad-based input, the first phase, released on World AIDS Day 2015, included only draft objectives. This Phase II document contains objectives and recommended actions for achieving the objectives. Phase III will include resource analysis and gap analysis for the objectives and actions, including timelines and annual targets, where appropriate. The Phase III Strategy, including SMART objectives and specific action plans with metrics and targets will be released in December 2016 in association
with World AIDS Day. The Task Force created four committees and an Executive Committee, each charged with evaluating needs and developing objectives and action plans in areas of critical importance for the Strategy. Co-Chairs of the Task Force appointed the Committee Chairs. As part of this process, each committee is charged with conducting an inventory of current HIV/AIDS resources and activities in the area of focus and a gap analysis. The committees are as follows:

1. **Prevention and Care**
   The Prevention and Care Committee is responsible for developing recommendations regarding HIV testing, prevention and care. Those recommendations include cross cutting structural issues related to the delivery of healthcare for persons at risk for and living with HIV in Fulton County and the role of the FCDHW in HIV care and prevention in Fulton County.

2. **Social Determinants of Health**
   The Social Determinants of Health Committee is responsible for developing recommendations regarding services that impact health but are not traditionally considered direct health services, such as housing and transportation.

3. **Data and Evaluation**
   The Data and Evaluation Committee is responsible for identifying data sources and developing and advising on pragmatic and scientifically sound metrics for the objectives in the Strategy. The Committee also identifies areas where data systems need strengthening or enhanced coordination.

4. **Policy**
   The Policy Committee is responsible for identifying policy needs to facilitate implementation of the Strategy, to reduce stigma and health care disparities and otherwise promote the health and wellbeing of persons with and at risk for HIV infection.

**Community Input and Engagement**

Policies and programs work best when they are based on the experiences of the people they are meant to serve. The Task Force encouraged feedback by creating many opportunities to engage in discussion and receive feedback. All meetings were open to the public, including monthly Task Force meetings and half-day Face-to-Face meetings focusing on key topics such as testing, prevention, linkage to and reengagement in care, retention in care, viral suppression, housing, food insecurity, job training, and stigma. Targeted meetings explored topics such as perinatal transmission, issues involving adolescents, and HIV and the Ballroom community. Beginning in 2015, dozens of listening sessions occurred with different population groups, including black gay and bisexual men and transgender women, people who use drugs or are in recovery, veterans, and women, and with general populations in diverse settings, such as Neighborhood Planning Units, the Alpharetta Public Library, and a church health fair. Two rounds of online surveys were distributed, one to identify key objectives, and one to assist in prioritizing them.
**Implementation, Monitoring and Evaluation**

Evaluation will require annual targets and metrics for measuring progress toward meeting objectives and implementing actions. During the process of building the Strategy, the Data and Evaluation team found that some data sources are entirely lacking or incomplete for measuring outcomes of objectives and actions. No baseline data are available for some objectives, while for others, including many of the social determinants data, are outdated and only available for selected populations (usually, persons receiving services supported by Ryan White Part A funding). In these cases, development of data sources and accumulation of baseline data become action items. A full evaluation plan will accompany Phase III of the Strategy.