i. Project Abstract: HIV Emergency Relief Grant Program Part A: Atlanta EMA. Fulton County Government, 141 Pryor Street, SW, Atlanta, GA 30303. Jeff Cheek, Project Director. Phone: 404/612-0789, Fax: 404/730-0191. Jeff.Cheek@fultoncountyga.gov. Jeff.Cheek@fultoncountyga.gov, www.fultoncountyga.gov/ryan-white-home. $29,889,667.

General Demographics: The Atlanta EMA is comprised of 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton covering 6,209 square miles. The EMA population is currently estimated at 5,279,951, comprising 54% of Georgia's population. Race: White 57.0%; Black/African American 34.6%; Asian 6.0%; and, other races 4.8%; 10.7% of EMA residents are of Hispanic ethnicity. 15.3% are living below poverty level. 17% are uninsured. Females represent 51.5% of the population. Approximately 66.1% (3,489,517) of the EMA population reside in five of Georgia's most highly populated counties: Fulton (967,100), Gwinnett (842,091), Cobb (708,920), DeKalb (707,185), and Clayton (264,221). The median household income is $56,637. Healthcare costs averaged $9,673; 39% could not access a doctor due to cost. Unemployment is at 7.86%.

HIV/AIDS Population Demographics: The 2015 prevalence was 37,631, an increase of 19% from 2013. Of the 37,631, 48% (17,910) were HIV non-AIDS cases and 52% (19,721) were AIDS cases; 79% (29,846) were male, 21% (7,711) were female, 1% were other or unknown (Georgia Department of Public Health is working to collect data for transgender women); 63% of cases had MSM exposure category, 20% had High Risk Heterosexual exposure, 11% had injection drug use exposure; 6% had unknown exposure; and, 43% were 25-44 and 45% were 45-64, 4% were among the 13-24 age group.

Geography: In 2014, 90% of the EMA's prevalent cases were located in the urban core of the EMA with Fulton at 44.53% (15,597), DeKalb at 23.90% (8,373), Cobb 7.89% (2,765), Gwinnett 7.58% (2,655), and Clayton 6.19% (2,169). Henry 1.54% (540), and Douglas with 1.25% (437) were the only remaining counties with a prevalence >1% with the others ranging from Pickens with 0.08% (27 cases) to Cherokee at 0.87% (305).The HIV epidemic in metro Atlanta is concentrated primarily in one downtown section of Fulton and DeKalb Counties. This area, consisting of 157 census tracts, has 60 percent of the metropolitan area's HIV cases. The prevalence rate within the cluster is 1.34 percent and is compatible with what the World Health Organization would describe as a "generalized epidemic". (In comparison, outside the cluster the HIV prevalence is 0.32 percent.) Of Atlanta HIV service organizations identified, 42 percent were located in the cluster (including the provider of Minority AIDS Initiative services), and average travel time was 13 minutes by car. The Atlanta EMA funded 17 service providers in FY 2016 including one agency with MAI funds. While the majority of service providers are located in Fulton and DeKalb, HIV/AIDS core and support services are geographically dispersed and accessible to HIV/AIDS clients throughout the EMA.

The Comprehensive System of Care: The EMA served 14,510 Ryan White Part A clients during 2015. Funding supports the continuum of care through a comprehensive range of core services including: 1) outpatient ambulatory health services through 12 healthcare facilities and 3 satellite clinics; 2) preventative and restorative oral health; 3) medical case management services 6) mental health services and medications; 7) substance abuse services; and, medical nutrition therapy. Other essential support services which facilitate primary care access and retention include: peer support and counseling, medical transportation, legal assistance, food, and child care. These various core and support services are often co-located within the primary care

facilities. Minority AIDS Initiative funds are directed to outpatient ambulatory health services to improve health outcomes for persons of color with a particular emphasis on young African American MSM and African American women.

The care system helps further the goals of the National HIV AIDS Strategy:

Reduce new HIV infections through a system designed for rapid enrollment into OAHS and provision of HIV medications; setting the framework for expanded access to sterile syringes and other injection equipment to minimize infections from injection drug use; access to PrEP; and, insurance enrollment.

Increase access to care and improve health outcomes through: the provision OAHS at a number of sites including a new clinic in a historically underserved geographic area; access to HIV medications, adherence counseling, medical case management and insurance navigators; services that promote retention in care including funding of mental health, substance abuse, food, and oral health services; mobile clinic staffed with prevention and care staff; Rapid Entry Clinics; and, reducing barriers to access care and retention through policy revisions.

Reduce HIV-related health disparities: Steps are in place to move towards the NHAS goals through normalizing HIV screening, targeting HIV tests using spatial epidemiology, and care and treatment activities. Efforts to reduce disparities include: addressing cultural issues (through methods such as CLAS Standards, *The Roots of Health Inequity*, Title VI compliance) to engage specific populations and promote evidence-based approaches for HIV treatment and through the provision of integrated services to help address the underlying social determinants which lead to disparities; syndemic approach to addressing co-morbidities and inequitable social determinates of health; targeting prevention and treatment efforts to populations most impacted and areas with highest prevalence; anti-stigma campaign; and greater focus on Black/AA MSM and women.

Number of years the EMA has received Part A Funding: 26 years. MAI: 16 years.

Changes to Part A program as a result of ACA: Part A has allocated FY16 funds to support insurance navigators with expertise on the needs of people with HIV to connect PLWH with insurance plans.

Challenges and/or success implementing the HIV Care Continuum: Some successes that the EMA has experienced in implementing the HIV Care Continuum are the integration of medical home models to support clients as they move along the HIV Care Continuum and planned programs to improve linkage to care via rapid entry clinics. In FY13 prior to the roll-out of marketplace insurance, five Part A clients (0.04%) had private-individual insurance. In FY14, that number increased to 509 people (3.6%). In FY15, that number increased to 697 (4.8%).

Challenges have primarily been in developing the systems to capture the appropriate data to properly evaluate the populations along each stage. For example, lab data serve as proxies to determine if people are in care and virally suppressed in the EMA but do not provide information on whether a patient has been prescribed ART. Another challenge is that three of the nine carriers that currently offer exchange plans in Georgia will exit the exchange at the end of 2016. A more pressing challenge for our EMA is all six carriers have requested to raise their rates in 2017, which in turn will impact PLWH being able to afford health insurance provided by the exchange.