



**METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL**

Zoom  
Virtual Meeting  
May 19, 2022- 9:00 a.m.

**Planning Council Meeting**

**MINUTES**

**Attendees:**

<b>Bruce Garner</b> Planning Council Chair	<b>Daniel D. Driffin</b> Planning Council 1 <sup>st</sup> Vice-Chair	<b>Masonia Traylor</b> Planning Council 2 <sup>nd</sup> Vice-Chair
<b>Tim Young</b> Priorities Chair	<b>Anthony Merritt</b> Evaluations Vice-Chair	<b>Nicole Roebuck</b> Quality Management Chair
<b>Rhiannon Laramie</b> Assessment Vice- Chair	<b>Jeff Graham</b> Public Policy Chair	<b>Frederick Carter</b> DHE
<b>Barry Sermons</b> Evaluations & Vulnerable Populations Chair	<b>Jeff Cheek</b> DHE, Recipient	<b>Larry Lehman</b> Council Procedures Chair
<b>Darby Ford</b> DHE	<b>Bridget Harris</b> DHE	<b>Sandra Vincent</b> Project Officer
<b>W. Adolphus Liburd</b> Someone Cares, Guest	<b>Jeanette Nu'Man</b> Assessment Chair	<b>Moya Van Rossum</b> Administrative Coordinator
<b>Katherine Lovell</b> Membership Chair	<b>Zina Age</b> Aniz, Inc	<b>Bobbi Curry</b>
<b>Kenny Clement</b>	<b>Dorian Gillum</b> RW Office Part B	<b>Nechemyah D. Sullivan</b> NASEM, Inc.
<b>Brandon Pruitt</b> PC Member	<b>Milon Davis</b> Fulton County	<b>Pascale Wortley</b> DPH
<b>Jennifer Gilbert</b>	<b>Karen Cross</b> PIHC	<b>Julia Singleton</b> Janssen
<b>Joey Helton</b> PIHC	<b>Tina Adamson</b> AHF	<b>Deborah Bauer</b> Ryan White Part D
<b>Dana Bevan</b>	<b>Ronnie Bass</b> Someone Cares	<b>Quana Essence</b>
<b>Courtney Smith</b> Thrive SS	<b>Greg Smith</b> Here's to Life	<b>Jenetter Richburg</b>
<b>Carlos Saldana</b> Emory	<b>Stacey Coachman</b> FCBOH	<b>Nakeisa Jackson</b>
<b>A'Lexius Culpepper</b> AHF-Lithonia	<b>Damina Soares</b> Someone Cares	<b>Kenisha Washington</b>
<b>Leanne Bryant</b>	<b>Darie L.K. Wolfson</b> GMH	<b>Hermeyone Bell</b> PIHC
<b>Reginald Goddard</b> FCBOH	<b>Avery Wyatt</b> DHE	<b>Jonathan Harris</b> Georgia House District 139
<b>Lindsay T</b>	<b>Chanda Graves</b>	<b>Chris Dunn</b>
<b>Melissa Beaupierre</b>	<b>Stefanie R Sparks</b>	<b>LaTonya Morrissette</b>

GMH	Atlanta Legal Aid	AID Atlanta
<b>Jamil Facdol</b>	<b>Andrea Steward</b> St. Joseph's Mercy Care	<b>Jonathan Colasanti</b>
<b>Eric Paul Leue</b>	<b>Sanjay Sharma</b> Grady IDP	<b>Kennedi Lowman</b> Thrive SS
<b>Damon Johnson</b>	<b>Victoria Wilson</b>	<b>Eric Thompson</b> Emory
<b>Alan Bailey</b> Emory	<b>Melanie Thompson</b>	<b>Penny DeNoble</b>
<b>Tarai Kemp Brown</b> Open Hand Atlanta	<b>Morris Singletary</b>	<b>Katrina Barnes</b>
<b>Aleta McLean</b> Project Open Hand	<b>Gene Farber</b>	<b>Ila Ivery</b> Clayton County Health District
<b>Harvinder Makkar</b> DCA		

**Call to Order/ Opening Remarks- Bruce Garner, Chair**

The Planning Council Meeting of the Metropolitan Atlanta HIV Health Services Planning Council was called to order at 9:04 a.m. by Bruce Garner, Chair. In his opening remarks, Chair Garner requested a moment of silence in memory of those whose lives were lost due to the Coronavirus.

**Adoption of Agenda**

A motion was made to adopt the agenda and Jonathan Harris and Deborah Bauer seconded the motion. The motion carried.

**Approval of Minutes**

A motion was made to approve the minutes from the March 17, 2022 meeting by Jonathan Harris. Karen Cross seconded the motion. The motion carried.

**Moment of Silence for William Thomas Turner- Bruce Garner, Chair**

William Thomas Turner was born on August 16th, 1989, in Windsor Ontario Canada and passed away suddenly on March 28th, 2022. His last employment was with Fulton County Government in his dream job as a Community Engagement Specialist in the Department for HIV Elimination.

Chair Bruce Garner also requested a moment of silence for the 10 lives lost in Buffalo, New York due to a racist attack and prayed for peace.

**Planning Council Update - Sandra Vincent, Project Officer**

The Planning Council will be shown several data presentations at this meeting. When reviewing data, it all culminates with an actual decision which is made by the Priorities Committee. The Priorities Committee will take action on the allocation of funds later in the meeting. The only individuals who will be able to place a vote are voting members. While everyone is equally appreciated, for the purpose of the bylaws and structure, only the voting members will be allowed to vote. The names of those who are voting members will be reviewed and at the time that the vote is called for, the voting members will vote using the Zoom dashboard via the green or red circle with the white check mark. At the beginning of the agenda is a list of all of the voting members and on the third page, the top is marked "Training in Motion". Training in Motion is a tool that offers real-time training with the actions of the Planning Council. This meeting's focus is data and will teach how data is utilized to make decisions around allocation.

**Priorities Committee Presentation - Timothy Young, Priorities Committee Chair  
Action Item Reference Attachment A**

Tim Young Priorities Committee Chair advised that the Committee meets once per week for a week-long event during the year to establish priorities, review data and establish funding mechanisms for those with priorities. The Committee occasionally has some items that are out of the regular scope of the directives that the council sets for the recipient. The motioned items are as followed:

**MOTIONS from PRIORITIES COMMITTEE:**

Motion to reallocate \$1,028 from Referral - Health Insurance Navigation to Non-Medical Case Management – Patient Navigation.

***29 in Favor. No Opposition. Motion Carried.***

Motion to reallocate \$102,116 from OAHS – MAI to Non-Medical Case Management – MAI.

***28 in Favor. No Opposition. Motion Carried***

Motion to reallocate \$6,164 from Medical Transportation – MAI to Non-Medical Case Management – MAI.

***28 in Favor. No Opposition. Motion Carried.***

Motion to reallocate \$1,028 from Medical Transportation – MAI to Referrals for Health Care and Support Services – MAI

***28 in Favor. No Opposition. Motion Carried.***

Motion to establish the following priorities for **Non-MAI** Carryover Funds:

OAHS for labs and medications - 75%

Food Bank/Home-Delivered Meals - 25%

***28 in Favor. No Opposition. Motion Carried.***

Motion to establish the following priorities for **MAI** Carryover Funds:

OAHS for labs and medications

***30 in Favor. No Opposition. Motion Carried.***

***Please note that MAI funds can only be allocated within other MAI categories.***

**Needs Assessment Presentation - Assessment Committee**

**See attachment following Minutes**

The Assessment Committee gave a presentation on the Needs Assessment Data. The areas of discussion were Data Collection Process, Limitations of the Data, Respondents, Education, Finances and Employment. Also, other areas of data were Health Seeking Behaviors, Housing, Medical Regimens, Health Care Access, Health Care Support, Linkage to Care, Services needed and Services Accessed. The Planning Council Staff will send out the presentation slides to members as requested.

**Committee Chair Report and Work Plan Update - Daniel D. Driffin, 1<sup>st</sup> Vice-Chair**

**Assessment Committee- Rhiannon Laramie, Vice-Chair**

The Assessment Committee report was based on their Needs Assessment presentation. Please see attachment following the Minutes.

**Comprehensive Plan Committee- Led by the Planning Council Chairs, interim**

The Comprehensive Plan Committee is currently being led by the Planning Council Chairs, interim. They will be attending a webinar to discuss the next phase of the integrated care plan. The webinar is being hosted by Janssen and all were invited to attend.

**Consumer Caucus – Sandra Vincent for Timothy Webb, Chair**

Project Officer, Sandra Vincent gave an update that the Caucus had a presentation yesterday and they discussed U=U program and additional information is coming from the Caucus.

**Council Procedures Committee- Larry Lehman, Chair**

The Council Procedures Committee will be having a meeting with the Recipient, Planning Council Chair and Vice-Chair to discuss the agreement between both parties.

**Evaluations Committee- Barry Sermons, Chair**

Barry Sermons advised that the Vice-Chair is Anthony Merritt and together, they have a core of dedicated members who meet virtually on the last Monday of the month, each year. The Evaluations Committee meeting is scheduled from April through July and their evaluation cycle and they will be presenting July or August to the Planning Council after getting input from the Recipient's Office. The April meeting was canceled due to conflicting schedules. The May meeting may need to be rescheduled as it falls on Memorial Day. The Chair will work with staff to get on the agenda and schedule a June meeting. There they will assign roles and do introductions. They are looking for new members. For those that are new, the Evaluations Committee surveys the Administrative Mechanism and how well it works from the process where the Recipient receives the Federal grant and the subrecipients submit proposals. Next, they look at the process from the RFP which is the contract for services and payment of the services.

**Housing Committee- Eric Thompson, Chair**

Daniel Driffin advised that there are several conversations about the role of the Housing Committee and their next steps. Those that were interested in learning more were urged to contact Daniel Driffin or Sandra Vincent to be connected to other coalitions focused on housing.

**Membership Committee-Chair Kathrine Lovell**

The Chair, Katherine Lovell advise that the Committee are accepting Membership application throughout the year and the application links have been sent out by Sandra Vincent.

**Public Policy Committee- Jeff Graham**

The Planning Council Chair made a request that a written summary of the Public Policy report is sent out to the Committee.

Chair, Jeff Graham gave the Committee report. President Biden has released his budget for the federal fiscal year starting on October 1, 2022. Concerns: small decrease to Ryan White Part A, Part D and Part F: Dental; increase to HOPWA is well below the level needed to avoid cuts to Metro Atlanta area. Good news: full funding for the Ending the HIV Epidemic plan. Next Steps: Congress will begin debating this funding in committees over the next several months. Several members of the Georgia Congressional Delegation, as well as Senator Warnock have signed letters asking for increased funding levels (appropriations).

**State Issues:**

Governor signed into law important changes to the HIV Criminalization statute. These changes will make it almost impossible for PLWHA to be prosecuted. Please thank Rep. Sharon Cooper and Sen. Chuck Hufstetler for their work to pass this law.

Governor also signed into law increases of \$19.8 million to state funding for the AIDS Drug Assistance Program (ADAP) Bad news: Governor Kemp vetoed authorization to expand Medicaid to PLWHA who are not currently eligible. Next Steps: The Public Policy Committee is asking people (medical providers, advocates and PLWHA) to sign a letter to Dr. Toomey at the Dept. of Public Health asking her to expand the ADAP formulary to include essential anti-HIV medications that people in most other states already have access to.

**Local Issues: HOPWA**

The City of Atlanta has reported that they have spent all of the FY 2018 federal funds before they needed to be returned. Advocates have asked for a detail of how those funds were spent. It seems as though reimbursements are going better, but there are still some concerns that the instructions from the city are confusing and some agencies may still be owed money. There has not been movement to address the waiting list. Next Steps: None at this time.

**Priorities Committee- Tim Young-Chair**

The Priorities Committee is excited about the new data from the Needs Assessment as their Committee can use that information in June, July, and August for Priorities.

**Quality Management Committee- Nicole Roebuck**

**See Workplan attachment following Minutes**

The Quality Management Committee Chair went over the 6 goals for their Quality Management Work Plan. The Committee received a report from the Recipient concerning E2 Fulton after some delays and challenges with E2 Fulton. The Committee had some challenges in retention and medical care within the past 12 months. The Quality Management Committee meets the first Thursday of each month from 10 a.m. until noon.

*\* A motion was made by Jonathan Harris to extend the Planning Council Meeting for 30 minutes and seconded by Daniel Driffin. The motion carried. \**

**Vulnerable Populations Task Force- Barry Sermons**

The mission statement of the Vulnerable Populations Task Force is to utilize the results of the needs assessment, viral load suppression and other data points through the lens of vulnerable populations in an effort to make recommendations for improvement. The Committee will utilize the needs assessment to evaluate disparities and they will publish the findings at the end of FY22. The Task Force will also create a glossary of terms so people unfamiliar with the verbiage used can follow along. The Task Force met but did not reach quorum in their April meeting. To make effective use of time, they opted to have a work session. They are also recruiting members aged 20-34 to join the Task Force and train to become leaders and advocates. The Task Force is working with QM in their goal 3 performance measures to create a project that would obtain training information and then report it back to the agencies and also request someone from the assessment Committee to join Task Force meetings. The Chair invited all to attend the upcoming May 24<sup>th</sup> meeting.

**Oral Health Task Force- Dr. David Reznik**

The Oral Health Task Force will send an update via email.

**Recipient Update- Jeff Cheek, DHE Director**

The Recipient advised that DHE is currently hiring for 3 positions, a Fiscal Program Manager, Health Program Manager, and Quality Management Program Evaluation Specialist with a closing date of May 24<sup>th</sup>, 2022 to apply. He encouraged anyone who is interested and qualified to apply. Also, HRSA is having their virtual conference in the summer and anyone is welcome to register for the event.

**Grant-At-A-Glance- Frederick Carter, DHE Accountant  
Attachment B follows Minutes****Data Presentation- Darby Ford  
Attachment follows Minutes**

Darby Ford gave a data presentation based on FY21 on the Performance Measure Data, the items presented were Viral Load Suppression and Gap in HIV Medical Care based on age and race.

**Molecular Surveillance: Disparity Clusters - Dr. Pascale Wortley, DPH & Dr. Carlos Saldana, Emory  
See attached presentation following Minutes**

Dr. Wortley oversees HIV epidemiology for the Department of Health and Monitoring Clusters. She thanked the Committee and advised that they will be presenting information on cluster detection and response in the Metro Atlanta. Dr. Carlos Saldana, Emory advised that cluster indicates rapid transmission within a group or community which increases the cases diagnosed. Dr. Saldana highlighted that molecular clusters complement, and the analysis of similar HIV strains can provide the benefit of real-time detection and response comparison. Furthermore, Dr. Saldana discussed Keeping Track of HIV Information is Important because it Guides Public Health Response, Source Reallocation, Monitor Trends and Disparity, Ensure People are Receiving the Care that they Need and Help them Return to Care. The most mentioned challenges for Latino gay and bisexual men are accessing medical and social services, transportation, language barrier, material, forms are not in Spanish, not having Spanish-speaking or translators.

**Public Forum- Daniel Driffin, 1<sup>st</sup> Vice-Chair**

Katherine Lovell mentioned South Side Medical Center offers dental services for those who do not already receive dental service through their provider.

**Adjournment**

The meeting was called to adjourn at 11:34 am, motioned by Reggie Dunbar II and seconded by Zina.

**ADJOURNMENT**



**NEXT MEETING DATE/TIME:**

7/21/2022

**NEXT MEETING LOCATION:**

Via Zoom

**Attested by:**

*Bruce Harner*

**Minutes Approval Date:** 7/21/2022

METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

Bruce Garner, Chair  
Daniel D. Driffin, 1st Vice-Chair  
Masonia Traylor, 2<sup>nd</sup> Vice-Chair

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COMMITTEE CHAIRS AND VICE-CHAIRS

Jeanette Nu'Man  
Rhiannon Laramie  
Katherine Lovell  
Larry Lehman  
Bruce Garner  
Barry Sermons  
Anthony (Tony) Merritt  
Eric D. Thompson  
Nathan Townsend  
Jeff Graham  
Timothy Young  
Daniel Driffin  
Nicole Roebuck  
Katrina Barnes

Assessment - Chair  
Assessment - Vice-Chair  
Membership - Chair  
Council Procedures - Chair  
Council Procedures – Vice-Chair  
Evaluation - Chair  
Evaluation – Vice-Chair  
Housing - Chair  
Housing – Vice-Chair  
Public Policy - Chair  
Priorities - Chair  
Priorities – Vice-Chair  
Quality Management - Chair  
Quality Management – Vice-Chair

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CONSUMER CAUCUS AND TASK FORCES

Timothy Webb, Chair  
Nathan Townsend  
David Reznik  
Barry Sermons

Consumer Caucus - Chair  
Consumer Caucus – Vice-Chair  
Oral Health Task Force - Chair  
Vulnerable Populations - Chair

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PLANNING COUNCIL STAFF

Sandra Vincent, Health Program Manager  
Faith Miller, Administrative Coordinator  
Moya VanRossum, Administrative Coordinator

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ATTACHMENT A

**MOTIONS from PRIORITIES COMMITTEE:**

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- Motion to reallocate \$102,116 from OAHS – MAI to Non-Medical Case Management – MAI.
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- Motion to establish the following priorities for **Non-MAI** Carryover Funds:
  - OAHS for labs and medications - 75%
  - Food Bank/Home-Delivered Meals - 25%
- Motion to establish the following priorities for **MAI** Carryover Funds:
  - OAHS for labs and medications



# ATTACHMENT B

**GRANT-AT-A-GLANCE**  
 Ryan White Part A Grant FY 2021  
 Grant: March 1, 2021 February 28, 2022  
 Report Date: 05/10/2022

**Agency Expenditures as of April 2022**

Category	Budget	Expenditures	Unexpended Funds	Percent of Budget Spent	Percent of Unexpended Funds	Estimated Budgeted Expenditures	Estimated Percent Budgeted Expenditures	Estimated Budget Expenditures v/s Actual Budget Expenditures Difference	Estimated Budget Expenditures v/s Actual Budget Expenditures Percent Difference
Formula*	\$ 17,447,791.00	\$ 16,604,932.05	\$ 842,858.95	95.17%	4.83%	\$ 17,447,791.00	100.00%	\$ (842,858.95)	-4.83%
Supplemental	\$ 8,105,718.00	\$ 6,521,253.71	\$ 1,584,464.29	80.45%	19.55%	\$ 8,105,718.00	100.00%	\$ (1,584,464.29)	-19.55%
MAI	\$ 2,636,137.00	\$ 1,915,910.76	\$ 720,226.24	72.68%	27.32%	\$ 2,636,137.00	100.00%	\$ (720,226.24)	-27.32%
FY20 Formula Carryover	\$ 251,251.00	\$ 251,251.00	\$ -	100.00%	0.00%	\$ 251,251.00	100.00%	\$ -	0.00%
FY20 MAI Carryover	\$ 30,678.00	\$ 30,678.00	\$ -	100.00%	0.00%	\$ 30,678.00	100.00%	\$ -	0.00%
<b>Total</b>	<b>\$ 28,471,575.00</b>	<b>\$ 25,324,025.52</b>	<b>\$ 3,147,549.48</b>	<b>88.94%</b>	<b>11.06%</b>	<b>\$ 28,471,575.00</b>	<b>100.00%</b>	<b>\$ (3,147,549.48)</b>	<b>-11.06%</b>

**GRANT-AT-A-GLANCE**

COVID-19 Grant Budget Summary  
 Administrative Services  
 Report Date: 05/10/2022

**Agency Expenditures as of April 2022**

Category	Budget	Expenditures	Unexpended Funds	Percent of Budget Spent	Percent of Unexpended Funds	Estimated Budgeted Expenditures	Estimated Percent Budgeted Expenditures	Estimated Budget Expenditures v/s Actual Budget Expenditures Difference	Estimated Budget Expenditures v/s Actual Budget Expenditures Percent Difference
Subrecipient	\$ 950,000.00	\$ 950,000.00	\$ -	100.00%	0.00%	\$ 950,000.00	100.00%	\$ -	0.00%
Consultants	\$ 50,000.00	\$ 50,000.00	\$ -	100.00%	0.00%	\$ 50,000.00	100.00%	\$ -	0.00%
Contingency	\$ -	\$ -	\$ -	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%
<b>Total</b>	<b>\$ 1,000,000.00</b>	<b>\$ 1,000,000.00</b>	<b>\$ -</b>	<b>100.00%</b>	<b>0.00%</b>	<b>\$ 1,000,000.00</b>	<b>100.00%</b>	<b>\$ -</b>	<b>0.00%</b>

**GRANT-AT-A-GLANCE**

Ending the HIV Epidemic (EHE) FY21 Grant YR 2  
Administrative and Core/Support Services  
Report Date: 05/10/2022

**Agency Expenditures as of April 2022**

Category	Budget	Expenditures	Unexpended Funds	Percent of Budget Spent	Percent of Unexpended Funds	Estimated Budgeted Expenditures	Estimated Percent Budgeted Expenditures	Estimated Budget Expenditures v/s Actual Budget Expenditures Difference	Estimated Budget Expenditures v/s Actual Budget Expenditures Percent Difference
Admin/Planning & Evaluations	\$ 243,874.99	\$ 199,368.89	\$ 44,506.10	81.75%	18.25%	\$ 243,874.99	100.00%	\$ (44,506.10)	-18.25%
Initiatives & Infrastructure	\$ 811,517.00	\$ 447,026.32	\$ 364,490.68	55.09%	44.91%	\$ 811,517.00	100.00%	\$ (364,490.68)	-44.91%
EthE Quality Management	\$ 74,630.00	\$ 36,789.47	\$ 37,840.53	49.30%	50.70%	\$ 74,630.00	100.00%	\$ (37,840.53)	-50.70%
Planning & Evaluation	\$ 200,381.01	\$ 65,849.20	\$ 134,531.81	32.86%	67.14%	\$ 200,381.01	100.00%	\$ (134,531.81)	-67.14%
RWHAP Services	\$ 1,620,060.00	\$ 360,856.08	\$ 1,259,203.92	22.27%	77.73%	\$ 1,620,060.00	100.00%	\$ (1,259,203.92)	-77.73%
Infrastructure	\$ 362,659.00	\$ 256,399.16	\$ 106,259.84	70.70%	29.30%	\$ 362,659.00	100.00%	\$ (106,259.84)	-29.30%
<b>EHE FY 21 Grant Subtotal</b>	<b>\$ 3,313,122.00</b>	<b>\$ 1,366,289.12</b>	<b>\$ 1,946,832.88</b>	<b>41.24%</b>	<b>58.76%</b>	<b>\$ 3,313,122.00</b>	<b>100.00%</b>	<b>\$ (1,946,832.88)</b>	<b>-58.76%</b>
FY20 EHE Carryover	\$ 1,143,768.00	\$ 1,083,585.69	\$ 60,182.31	94.74%	5.26%	\$ 1,143,768.00	100.00%	\$ (60,182.31)	-5.26%
<b>EHE FY 21 Grant Total</b>	<b>\$ 4,456,890.00</b>	<b>\$ 2,449,874.81</b>	<b>\$ 2,007,015.19</b>	<b>54.97%</b>	<b>45.03%</b>	<b>\$ 4,456,890.00</b>	<b>100.00%</b>	<b>\$ (2,007,015.19)</b>	<b>-45.03%</b>

**GRANT-AT-A-GLANCE**

Ryan White Part A Grant FY 2022  
Grant: March 1, 2022 February 28, 2023  
Report Date: 05/9/2022

**Agency Expenditures as of April 2022**

Category	Budget	Expenditures	Unexpended Funds	Percent of Budget Spent	Percent of Unexpended Funds	Estimated Budgeted Expenditures	Estimated Percent Budgeted Expenditures	Estimated Budget Expenditures v/s Actual Budget Expenditures Difference	Estimated Budget Expenditures v/s Actual Budget Expenditures Percent Difference
Formula*	\$ 8,669,807.00	\$ 22,867.32	\$ 8,646,939.68	0.26%	99.74%	\$ 1,444,967.83	16.67%	\$ (1,422,100.51)	-16.40%
Supplemental	\$ -	\$ -	\$ -	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%
MAI	\$ 865,707.00	\$ -	\$ 865,707.00	0.00%	100.00%	\$ 144,284.50	16.67%	\$ (144,284.50)	-16.67%
FY21 Formula Carryover	\$ -	\$ -	\$ -	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%
FY21 MAI Carryover	\$ -	\$ -	\$ -	0.00%	0.00%	\$ -	0.00%	\$ -	0.00%
<b>Total</b>	<b>\$ 9,535,514.00</b>	<b>\$ 22,867.32</b>	<b>\$ 9,512,646.68</b>	<b>0.24%</b>	<b>99.76%</b>	<b>\$ 1,589,252.33</b>	<b>16.67%</b>	<b>\$ (1,566,385.01)</b>	<b>-16.43%</b>

**GRANT-AT-A-GLANCE**

Ending the HIV Epidemic (EHE) FY22 Grant YR 3

Administrative and Core/Support Services

Category

**Agency Expenditures as of April 2022**

Category	Budget	Expenditures	Unexpended Funds	Percent of Budget Spent	Percent of Unexpended Funds	Estimated Budgeted Expenditures	Estimated Percent Budgeted Expenditures	Estimated Budget Expenditures v/s Actual Budget Expenditures Difference	Estimated Budget Expenditures v/s Actual Budget Expenditures Percent Difference
Admin/Planning & Evaluations	\$ 128,134.00	\$ 1,856.85	\$ 126,277.15	1.45%	98.55%	\$ 21,355.67	16.67%	\$ (19,498.82)	-15.22%
Initiatives & Infrastructure	\$ 179,174.00	\$ -	\$ 179,174.00	0.00%	100.00%	\$ 29,862.33	16.67%	\$ (29,862.33)	-16.67%
EthE Quality Management	\$ 4,555.00	\$ -	\$ 4,555.00	0.00%	100.00%	\$ 759.17	16.67%	\$ (759.17)	-16.67%
Planning & Evaluation	\$ 37,557.00	\$ -	\$ 37,557.00	0.00%	100.00%	\$ 6,259.50	16.67%	\$ (6,259.50)	-16.67%
RWHAP Services	\$ 785,962.00	\$ -	\$ 785,962.00	0.00%	100.00%	\$ 130,993.67	16.67%	\$ (130,993.67)	-16.67%
Infrastructure	\$ 126,375.00	\$ -	\$ 126,375.00	0.00%	100.00%	\$ 21,062.50	16.67%	\$ (21,062.50)	-16.67%
<b>EHE FY 22 Grant Subtotal</b>	<b>\$ 1,261,757.00</b>	<b>\$ 1,856.85</b>	<b>\$ 1,259,900.15</b>	<b>0.15%</b>	<b>99.85%</b>	<b>\$ 210,292.83</b>	<b>16.67%</b>	<b>\$ (208,435.98)</b>	<b>-16.52%</b>
<b>FY21 EHE Carryover</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>
<b>EHE FY 22 Grant Total</b>	<b>\$ 1,261,757.00</b>	<b>\$ 1,856.85</b>	<b>\$ 1,259,900.15</b>	<b>0.15%</b>	<b>99.85%</b>	<b>\$ 210,292.83</b>	<b>16.67%</b>	<b>\$ (208,435.98)</b>	<b>-16.52%</b>



# Metropolitan Atlanta Needs Assessment Summary

Ryan White Part A Planning Council  
Assessment Committee



# Data Collection Process



The Assessment Committee collaborated with a previous contractor to create a tool



The tool was revised and reviewed with the current contractor



The tool was re-formatted by the contractor to accommodate an online format



The assessment was launched.....2021



Respondents were offered \$ gift card for completing the assessment

# Data Collection Process

There were over 1400 responses to the survey

Approximately 400 responses with only demographic information were eliminated

Suspected duplicate responses were eliminated by the contractor

# Data Management and Analysis

- With assistance from a contractor, Assessment Committee
  - Organized and cleaned the data
  - Conducted descriptive analysis
  - Prioritized responses



# Limitation of the Data

- Two primary limitations:
  - Outreach
    - Tool launched during COVID-19
    - Limitations to outreach means respondents were primarily in care with a RWA agency
    - Limited response from consumers with highest unmet needs – not currently in care
  - Assessment Tool
    - Limitations to the tool itself make some data points unreliable – met needs section doesn't separate no need from no response
    - Difficulties completing tool – slightly unwieldy with meta-questions at the end of the survey to gather opinion of tool





## Respondents

75% born male

70% identify as male

- 20% female
- 5% MTF transgender
- 3% FTM transgender



# Respondents

86% Non-Hispanic

68% Black/African American

- 16% Caucasian
- 9% Other/Bi-racial

76% Stable Housing

- 18% Temporary Housing

55% Current Housing more than one



# Education and Finances

- Average respondent high school graduate
  - 55% graduated high school with some college
  - 20% four years of college
  - 11% some high school
  - 11% grade school or less
- Average income between \$19,139 and \$15,080
  - Largest number earn less than \$15,080 (48%)







# Employment

- 62% not working or working off and on
  - 46% Not Employed
  - 32% Employed Full Time
  - 20% Self-Employed
  - 18% Employed Part Time
  - 15% Employed Off and On

# Health Seeking Behaviors

78% Provider visit within 6 months

- 63% Within 3 months

21% No provider visit in 12 months

- 93% of those report being unable to get time off from work

58% Health Department or HIV Clinic for Care

- Majority (78%) receive care at HIV clinic or

priva  
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der

# Health Seeking Behaviors

Between 72% (CD4) and 74% (viral load) labs within last 6 months

- 53% CD4 >500 or between 350 and 500
- 59% Undetectable viral load or viral load <200
- 23% did not know lab results or getting lab work

35% Received Mental Health Care

- 87% One on One Counseling
- 45% Medication

- 38% Group Counseling

# Medical Regimens

- Keep up with Medical Care
  - Desire to Stay Healthy 623
  - Feel Better 340
  - Support from Health Care Provider 313
  - Support from Friends and Family 303
- Not taking Medications more than once monthly
  - 28% (240)
    - Forgot
    - Side Effects



0

# Medical Regimens

- Housing Related Difficulties
  - 56% report no difficulties related to housing
  - Of the 44% reporting difficulties caring for their health, most frequent responses:
    - Not Enough Money for Food or Rent  
294
    - No Safe or Private Room  
105
    - Afraid for Others to Know had HIV  
103



# Health Care Access

- 67% Use personal vehicle or public transportation to medical appointments
  - 42% Personal Vehicle
  - 24% Public Transportation
  - 14% Walk

# Health Care Access

65% No Health Insurance

35 % Health Insurance

- 62% Federally Funded Insurance
  - 35% Medicaid
  - 23% Medicare
  - 23% Employer Insurance/HMO
    - Very Small number reported problems obtaining medication (switching providers, trouble with co-pays, interruptions)
    - 64 received co-pay assistance
- 28% Insurance through Federal Marketplace
- 39% Aware of Co-Pay Assistance

- 39% Not Aware  
of Co-Pay  
Assistance

# Health Care Support

44% No Case Manager to Coordinate Care

39% Use Case Manager to Coordinate Care

16% Don't Know

Those with Case Managers

- 11% contacted in 12 months to check on them
- 46% knew how to contact case manager in emergency or need for additional support
- 12% needed a case manager for emergency or service need
- Most reporting not needing to contact a case manager for medication, support service, or other referrals



# Linkage to Care

## After diagnosis

- 325 were offered help to obtain care
- 300 were given an appointment
- 246 given a list of clinics
- 223 linked to care within 3 months
- None true for 264

## Average appointment after diagnosis between 6 months and 1 year

- 34% within one month
- 24% within 3 months

- 22% didn't know

# Linkage to Care

389 reported not seeking care after diagnosis

- 22% could not get time off
- 6% reported depression or not ready to deal with diagnosis
- 5% didn't feel sick or didn't know where to go

Assistance Accessing Care

- 29% Nobody
- 15% Doctor/Healthcare Provider



- 14% Friend

# Services Needed and Accessed

- 72% of individuals reporting a needed services were offered the service
  - 70% of those offered received the service
  - 78% of those receiving service reported the service met their needs

# Services Needed and Accessed Most Frequent

Service	Needed	Offered	Received	Met Needs
Medical Care	323	271 (84%)	177 (65%)	160 (90%)
Individual counseling with MH professional	250	198 (79%)	146 (74%)	124 (85%)
Emergency dental care	228	157 (69%)	112 (71%)	90 (80%)
Individual SU counseling	200	149 (75%)	103 (69%)	91 (88%)
Treatment adherence support	163	133 (82%)	78 (58%)	73 (93%)
Peer counseling/support	162	121 (75%)	77(64%)	62 (81%)
Medical case management	161	130 (81%)	97(75%)	83 (86%)
Medication Co-Pay Assistance	160	101 (63%)	71 (70%)	58 (82%)
Medical nutrition therapy	157	119 (76%)	77 (65%)	65 (84%)
Emergency financial assistance	155	100 (65%)	55 (55%)	44 (80%)



# Services Needed and Accessed Least Frequent

Service	Needed	Offered	Received	Met Needs
Linguistic services	35	21 (60%)	15 (71%)	9 (60%)
Childcare	43	27 (63%)	20 (74%)	12 (60%)
Harm Reduction	89	62 (70%)	46 (74%)	37 (80%)
Other professional services (legal)	100	56 (70%)	39 (70%)	31 (79%)
Non-emergency dental care	100	100 (100%)	74 (74%)	62 (84%)
Nutritional Supplements	101	54 (53%)	39 (72%)	29 (74%)
Crisis support (MH)	101	73 (72%)	56 (77%)	47 (84%)
Medical transportation assistance	116	78 (67%)	44 (56%)	35 (80%)
Group SU counseling (not 12 step)	120	88 (73%)	67 (76%)	57 (85%)
Patient navigation	124	85 (69%)	58 (68%)	47 (81%)



# Next Steps

- Improvements focus along the two areas identified in the limitations of the survey
  - Outreach
    - Improvements to increase respondents and broaden scope beyond RWA agencies to capture more in-need populations
  - Tool
    - Improvements to the tool and data capture process to improve consumer experience and quality of data







# Deeper Dive

- Outreach
  - New ideas and approaches to reach people living with HIV that are aware of their status and currently out of care
  - Partnership with recipient prevention and testing teams to improve capture and linkage





# Process Improvement

- Assessment Tool
  - Meta questions show a large number of respondents view the tool as too long and cumbersome
  - Nest questions so additional details are only captured when a respondent shows an unmet need – captures all the data needed without making the tool excessively long for all respondents
  - Assistance given completing the tool for persons living with HIV without reliable access to the internet and not currently receiving care at a RWA agency



**METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL  
 QUALITY MANAGEMENT COMMITTEE WORK PLAN  
 WORK PLAN MARCH 1, 2022-FEBRUARY 28, 2023  
 MAY 2022**

<b>Goal I: Maintain a Quality Management Plan for the purpose of guiding the formal evaluation and assessment of the quality of services provided in the Atlanta EMA.</b>					
<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
A. Review and update EMA QM Plan on an annual basis.	1. Develop Annual Work Plan for QM Committee  2. Annually Review EMA's QM Plan  3. Review and update QM Workplan at each QM Committee meeting.	QM Committee and Recipient Staff	QM Committee and Recipient Staff	1. February 2022  2. June 2022  3. March 2022 and monthly	1. Complete 2. Annual Plan is set to be reviewed in June 2022. 3. Workplan is reviewed monthly
<b>Goal II: Develop, maintain and monitor standards of care for the purpose of assuring minimum level requirements for the provision of funded services in the Atlanta EMA.</b>					
<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
A. Develop and review standards of care for funded services as needed and required.	1. Every 18 months, review and update (as needed) all Core and non-Core medical standards of care.	QM Committee and Recipient Staff	QM Committee and Recipient Staff	1. Every 18 months per category	Non MCM standards updated with changes and officially approved by the committee.

Integrated Plan references: 1) G1 Obj. 1.1, Str.2 2) G2, Obj.2.1, Str 1 3) G2, Obj. 2.2, Str 3					
B. Monitor EMA compliance with HRSA National Monitoring standards of HIV related care.	1. Utilize information from Site visit review; chart audits; data reviews to ensure agency compliance with standards of care. 2. Recipient to generate corrective action plans for those agencies needing compliance improvement.	Recipient	Recipient staff, QM Committee	1. Annually, February 2023 2. April 2023	Audits should be resuming in 2022, just no timeframes set as yet.
<b>Goal III. Develop and monitor quality performance measures for all Part A funded priority categories based on adopted standards of care.</b>					
<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
A. Develop, review and update performance measures for funded priority categories.  Integrated Plan references:  1) G3, Obj 3.2, Str 3 (Adherence support)	1. Develop FY 22 benchmarks for all HAB performance measures by required category (based on PCN 16-02 guidelines).	QM Committee; Recipient	Recipient, QM Committee	1. April 2022	Performance measures were reviewed, updated and set for 2022-23 FY.

<p>B. Monitor progress of EMA's performance on performance measures.</p> <p>Integrated Plan references:  1) G1, Obj 1.2, Str 1 (ARV Prescribed)  2) G2, Obj 2.2, Str 4 (Retention in Care)  3) G3, Obj 3.1, Str 1 (Retention: Disparate populations)  4) G3, Obj 3.1, Str 3 (MH Screenings)</p>	<p>1) QM Committee will review outcomes data provided from Recipient's QM reports on a quarterly basis.  2) Identify trends and patterns based on agency progress in meeting standards of care and indicators to identify performance gaps  3) Generate and implement recommendations to address identified performance gaps</p>	<p>Recipient; QM Committee</p>	<p>Recipient CAREWare/e2Fulton</p>	<p>1. June 2022 and quarterly  2. June 2022 and quarterly</p>	<p>DHE office were able to finally provide status updates on several CORE Measures. See portfolio information from DHE Office.</p>
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**Goal IV: Promote and foster continuous quality improvement initiatives across the EMA.**

<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
<p>A. Facilitate and implement EMA Wide Quality Improvement initiatives</p>	<p>1. Identify QI Initiatives  2. Document and report progress on QI initiative(s)  3. Communicate best practices and QI progress with community stakeholders on a regular basis.  4. Determine need for additional QI related studies</p>	<p>QM Committee; Recipient</p>	<p>Part A Recipient staff</p>	<p>1. July 2022  2. Quarterly  3. Ongoing  4. Ongoing</p>	<p>No additional updates were provided regarding due to E2Fulton data delays.</p>
<p>B. Ensure that QM trainings are offered to agencies and consumers in the EMA.</p>	<p>1. Determine training needs of consumers and agencies.  2. Provide Quality Improvement trainings</p>	<p>QM Committee</p>	<p>Part A Recipient Staff</p>	<p>1. Ongoing  2. 2<sup>nd</sup> Qtr  3. March 2022 and ongoing</p>	<p>DHE RW A Office QM team provided list of upcoming trainings for April 2022.</p>

	3. Provide additional e2Fulton trainings to agency representatives in the EMA. 4. Provide access to webinars and trainings online.			4. March 2022 and ongoing	
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**Goal V: Coordinate and collaborate across HIV Care and Prevention programs in planning Quality Management activities.**

<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
A. Engage other HIV funded programs in Quality Management planning and Improvement Initiatives.	1. HIV Care and Prevention program representatives will periodically attend joint QM Committee meetings and share QI data and best practices.	QM Chair; Recipient	Part A Recipient and QM Committee, HIV Care and Prevention programs	March 2022 and ongoing	Lisa Curtin, Deb Bauer and Melissa Beaupierre presented PDSA project from Part D regarding getting HIV+ women back into care Post-Partum after delivery. QI Project has been very successful.
B. Promote the coordination of prevention and care quality improvement activities.	1. Engage local prevention programs and health departments in QI activities.	QM Committee	Recipient; State and local Prevention program staff	March 2022 and ongoing	No update

**Goal VI: Ensure the comprehensive involvement of people living with HIV in the quality management process.**

<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>LEAD</b>	<b>STAFF/ RESOURCES</b>	<b>DEADLINE</b>	<b>PROGRESS NOTES</b>
1. Provide opportunities for consumer	1. Regularly integrate QM activities and updates during Consumer Caucus meetings	QM committee, Agencies, Consumer Caucus	Part A recipient, QM Committee	March 2022 and ongoing	QM presents at the No specific update.

involvement and input.	2. Provide QM specific trainings to consumers 3. Promote consumer engagement at agency level				
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# Planning Council Data

FY21 (3/1/21 – 2/28/22)

May 26, 2022

Darby Ford



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# Service Utilization Data

3/1/21 – 2/28/22 (FY21)





## FY21 EMA Client Utilization: 4th Quarter (As Feb 28, 2022)

Service Category		All Clients			Newly Enrolled			Newly Diagnosed		
		Mar 1/21 to Feb 28/22	Mar 1/20 to Feb 29/21	Mar 1/19 to Feb 28/20	Mar 1/21 to Feb 28/22	Mar 1/20 to Feb 29/21	Mar 1/19 to Feb 28/20	Mar 1/21 to Feb 28/22	Mar 1/20 to Feb 29/21	Mar 1/19 to Feb 28/20
Core	Outpatient/Ambulatory Health Services	16,176	16,504	16,501	1,851	1,621	2,851	497	565	900
	Oral Health Care	2,456	2,149	3,467	118	65	378	28	23	70
	Mental Health Services	2,247	1,923	2,462	267	164	570	72	56	137
	Medical Nutrition Therapy	840	868	912	83	95	206	16	11	23
	Medical Case Management	4,167	4,218	6,996	710	637	1,424	202	230	342
	Substance Abuse: Outpatient	1,126	1,095	1,271	110	109	300	17	36	59
Support	Food Bank/Home-delivered Meals	1,670	1,950	2,014	158	170	470	56	68	86
	Medical Transportation Services	2,388	2,345	4,456	315	259	904	66	90	251
	Child Care Services	107	64	92	14	5	20	1	2	3
	Psychosocial Support	930	2,617	3,637	256	477	961	80	184	295
	Referral: Health Care/Supportive	6,857	7,674	8,862	1,164	682	1,503	244	240	399
	Case Management (non-medical)	2,298	3,305	5,695	267	403	1,320	93	184	457
	Linguistics Services	348	281	316	44	21	52	17	14	24
	Other Professional Services	141	68	96	19	11	33	2	0	5
Total Unduplicated Clients		17,550	18,044	18,134	2,070	1,714	3,199	536	609	933



Data Source: e2Fulton, 5/5/22



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# Performance Measure Data

3/1/21 – 2/28/22 (FY21)





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# Viral Load Suppression





## Data Definition: Viral Load Suppression

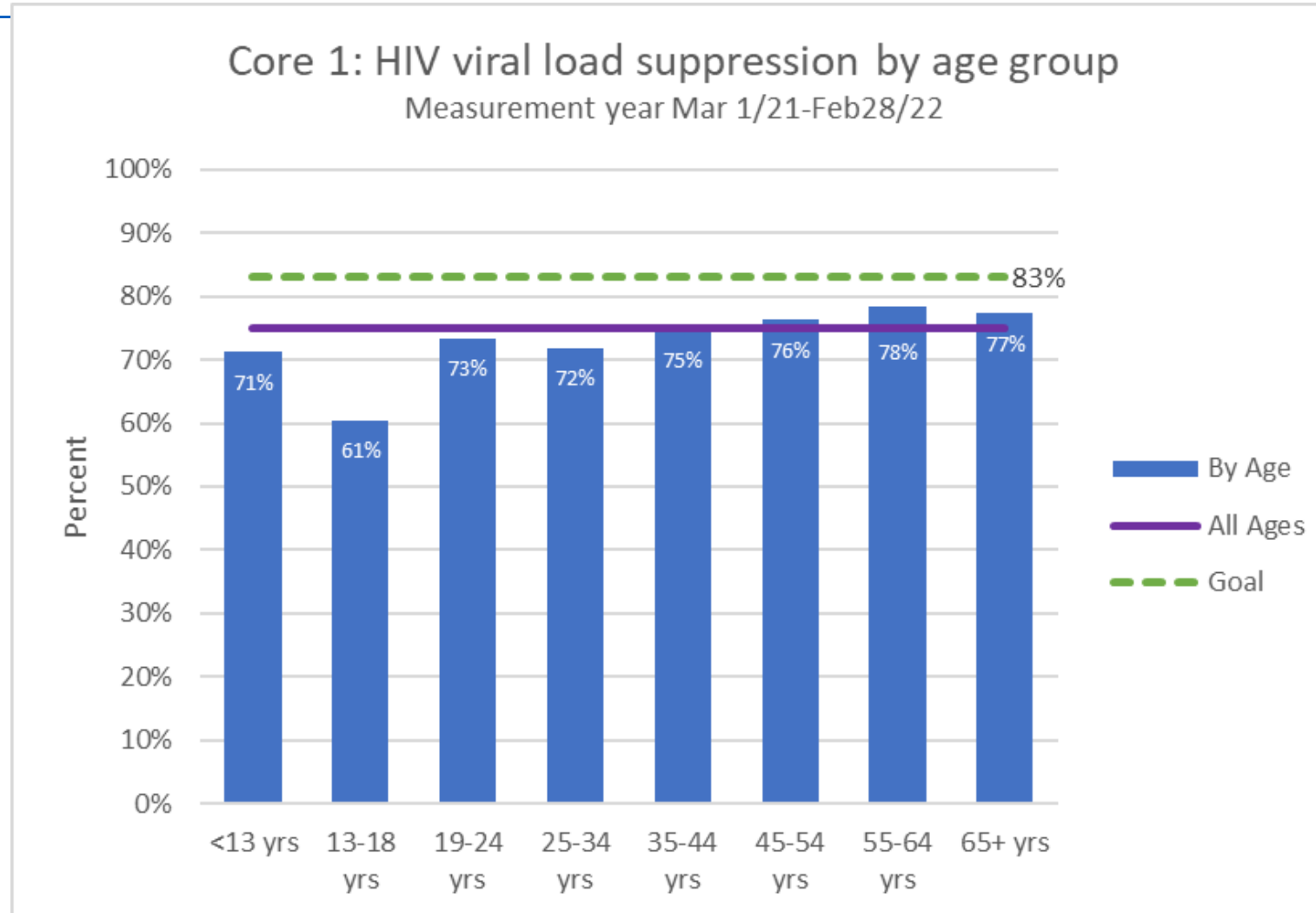
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- **Numerator:** Number of patients, in the denominator, with a HIV Viral Load less than 200 copies at last HIV Viral Load test during measurement year.
- **Denominator:** Number of patients, regardless of age, with HIV with at least 1 medical visit during the measurement year.





# VLS by age group

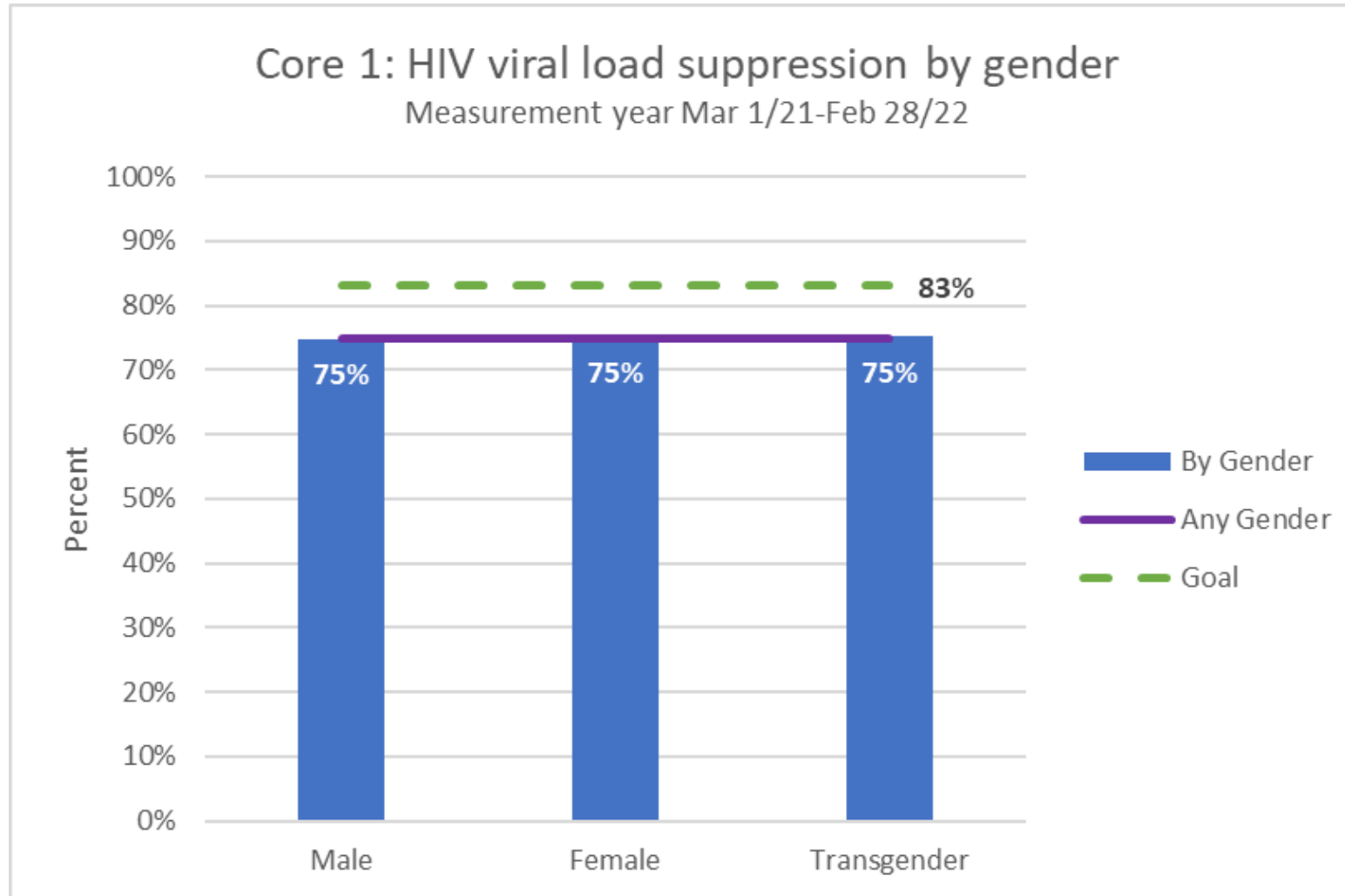




Data Source: e2Fulton, 5/9/22



# VLS by gender

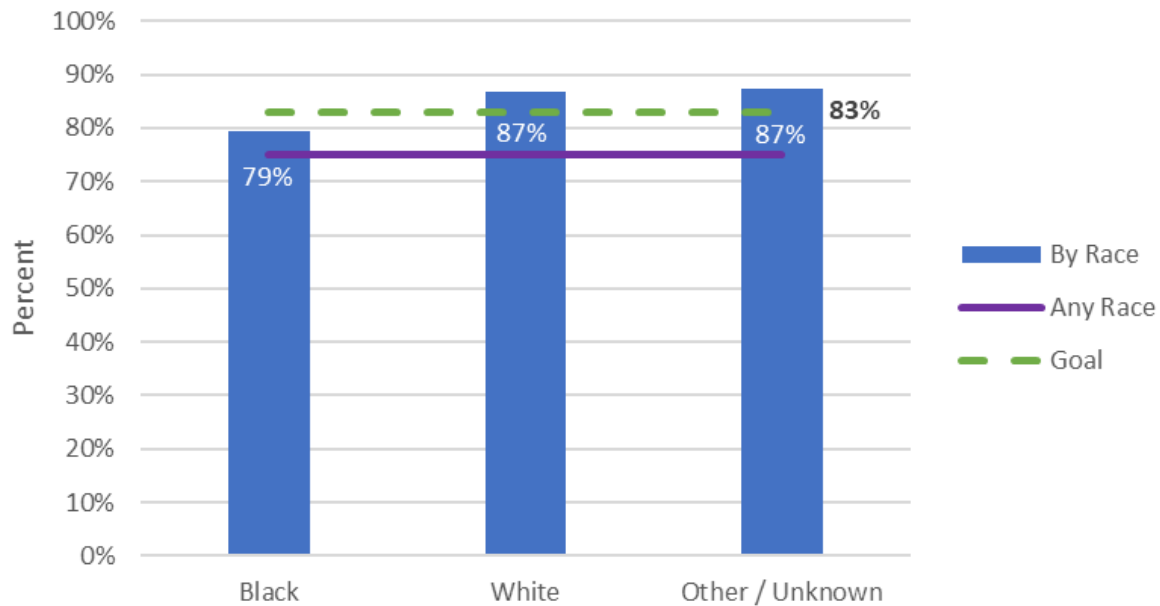


Data Source: e2Fulton, 5/9/22

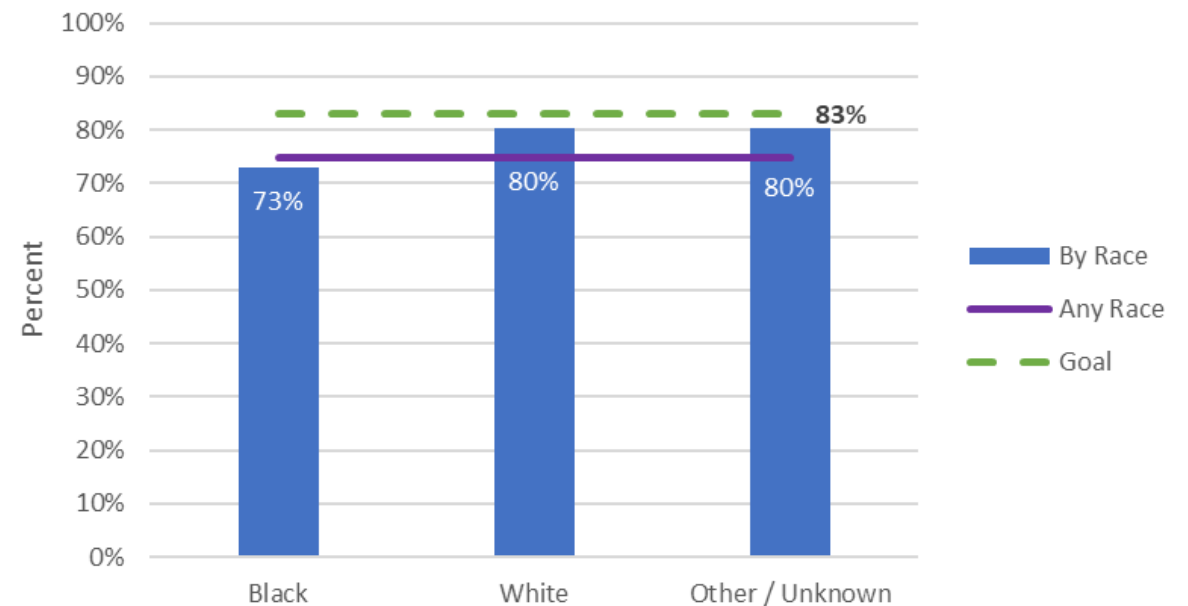


# VLS by race and ethnicity

Core1: HIV viral load suppression by race, ethnicity =  
Hispanic  
Measurement year Mar 1/21-Feb28/22



Core1: HIV viral load suppression by race, ethnicity =  
non-Hispanic  
Measurement year Mar 1/21-Feb28/22



Data Source: e2Fulton, 5/9/22



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# Prescription of Antiretroviral Therapy (ART)





## Data Definition: Prescription of ART

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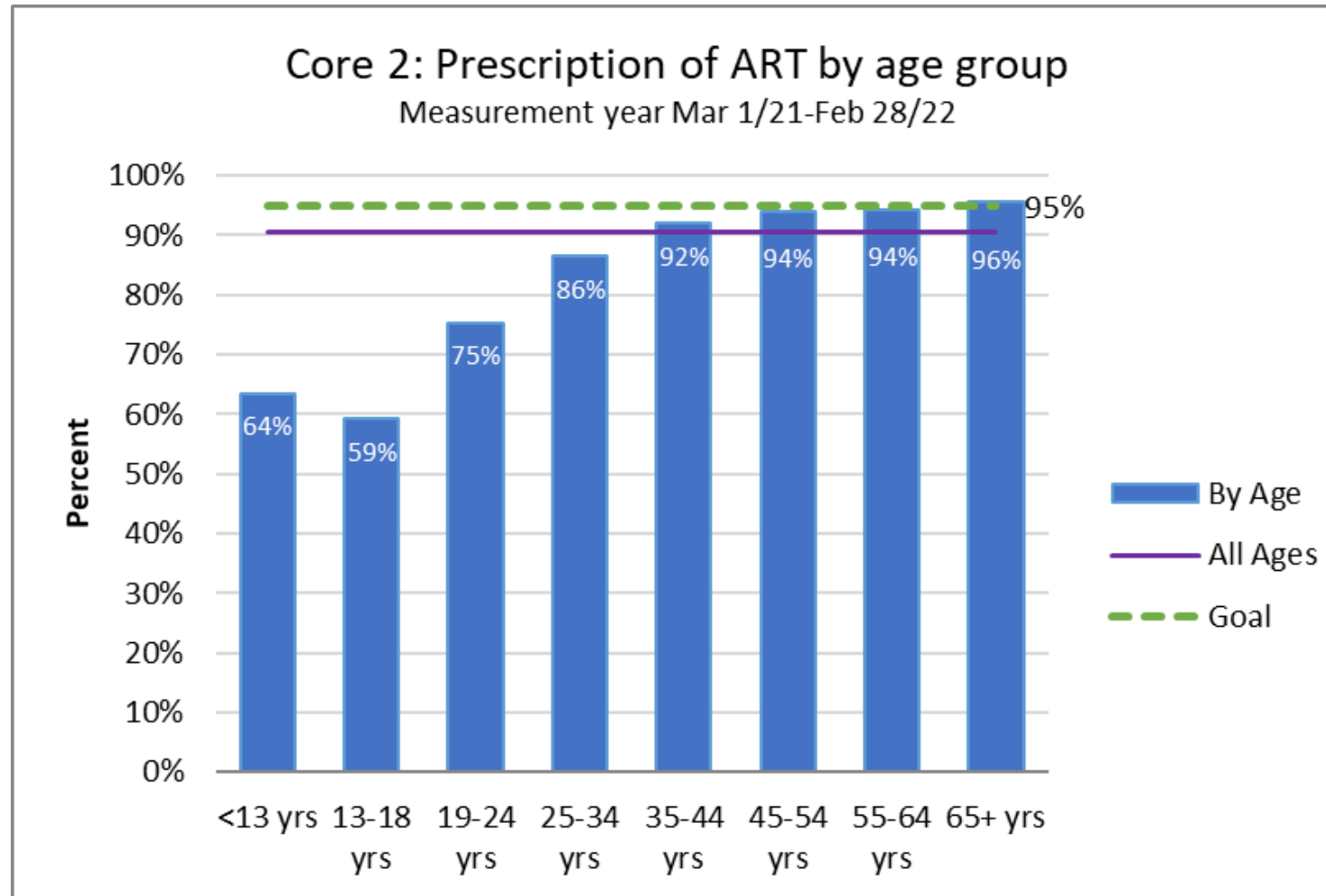
- **Numerator:** Number of patients, in the denominator, prescribed HIV antiretroviral therapy during the measurement year.
- **Denominator:** Number of patients, regardless of age, with HIV with at least 1 medical visit during the measurement year.







# Prescription of ART by age group

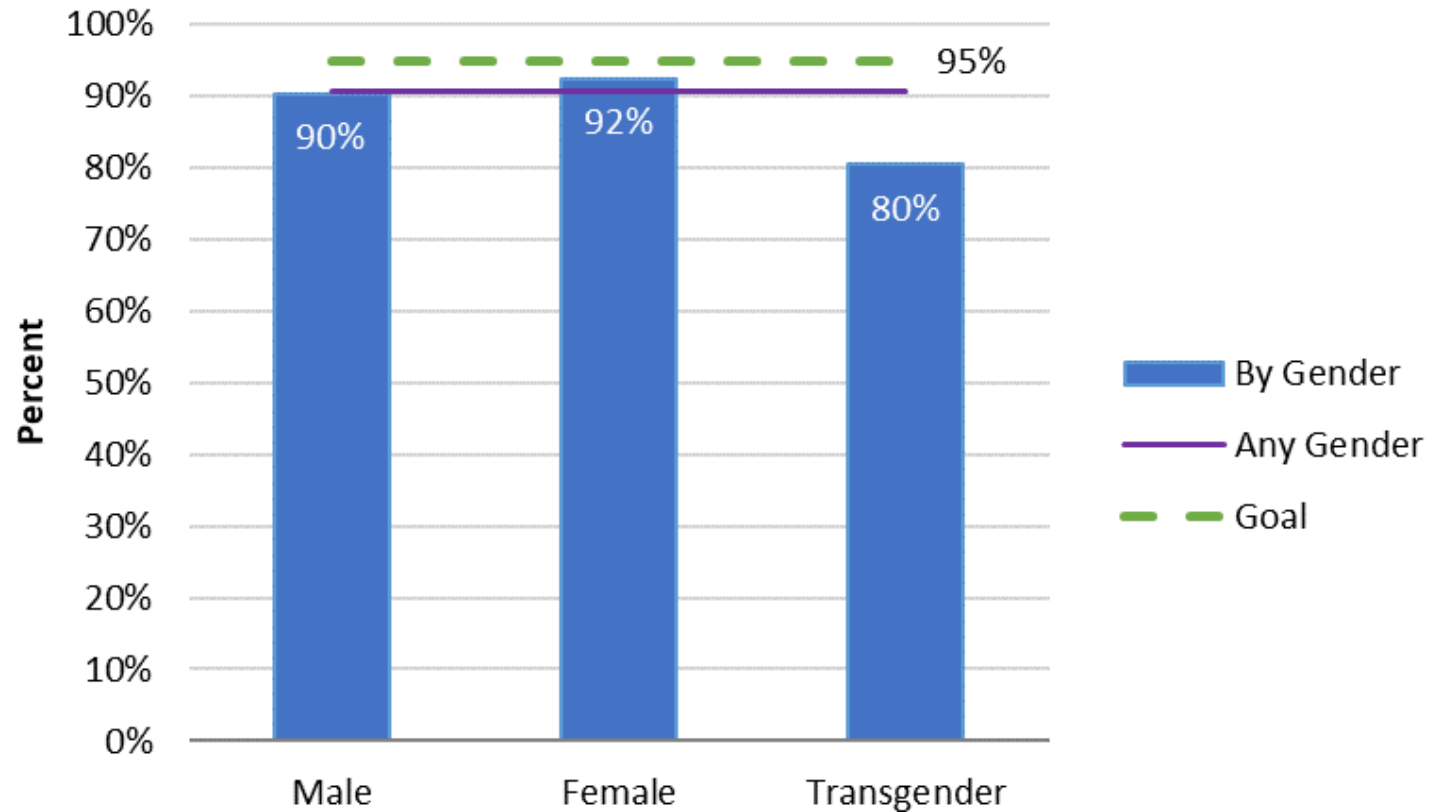


Data Source: e2Fulton, 5/9/22



# Prescription of ART by gender

Core 2: Prescription of ART by gender  
Measurement year Mar 1/21-Feb 28/22



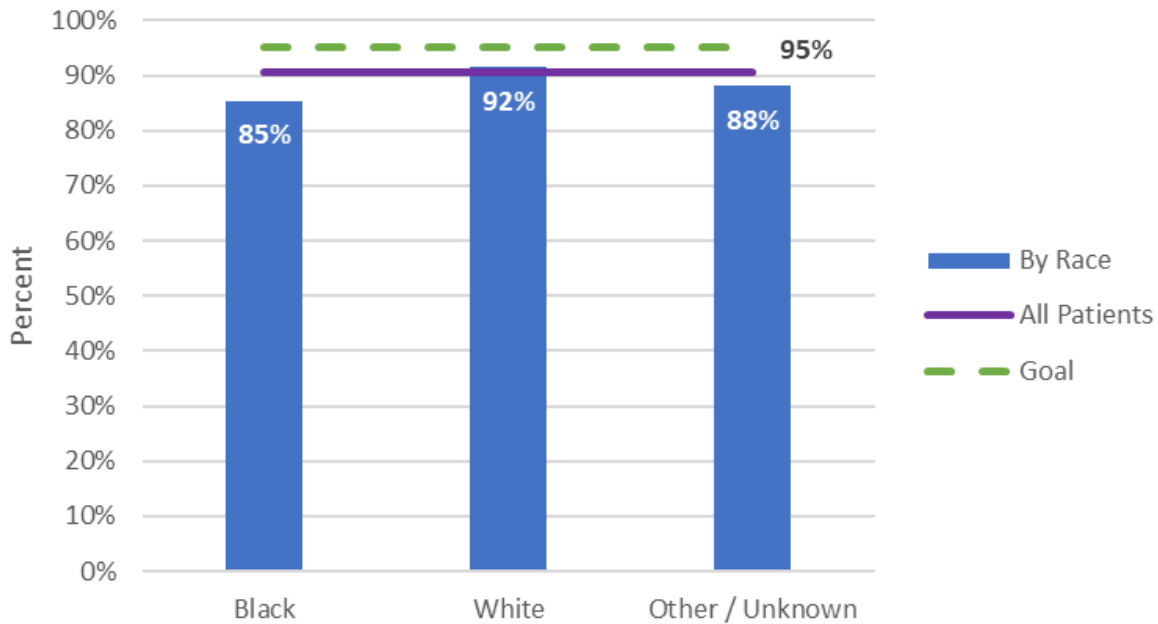
Data Source: e2Fulton, 5/9/22



# Prescription of ART by race & ethnicity

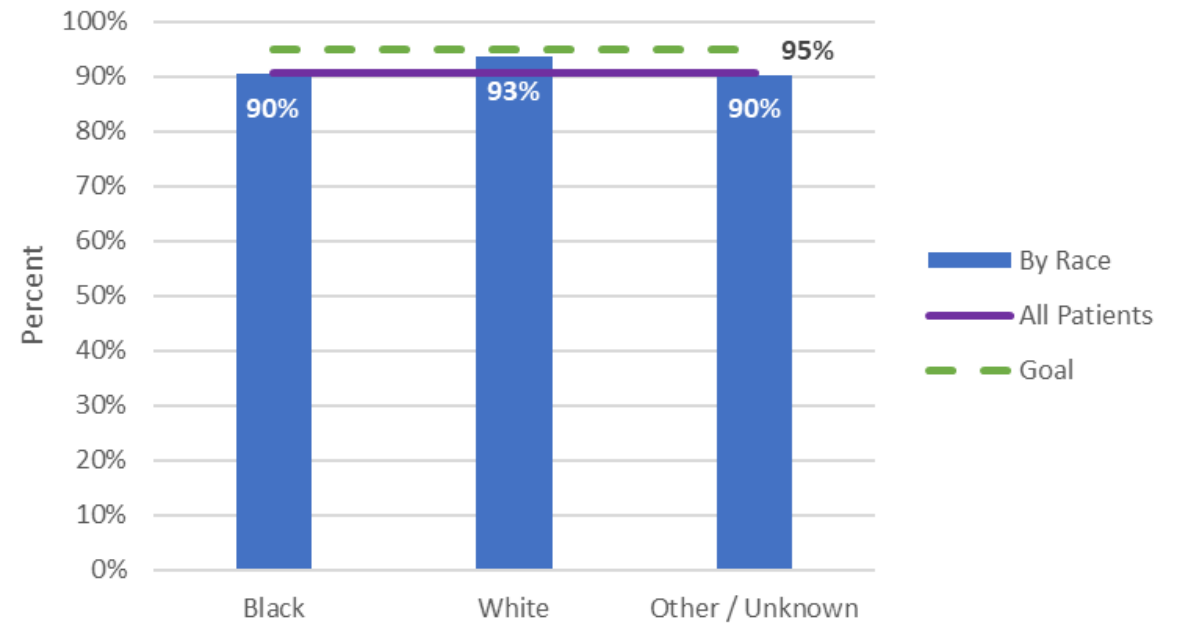
Core 2: Prescription of ART by race, ethnicity = Hispanic

Measurement year Mar 1/21-Feb 28/22



Core 2: Prescription of ART by race, ethnicity = non-Hispanic

Measurement year Mar 1/21-Feb 28/22



Data Source: e2Fulton, 5/9/22



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# Gap in HIV Medical Care







## Data Definition: Gap in HIV Medical Visits

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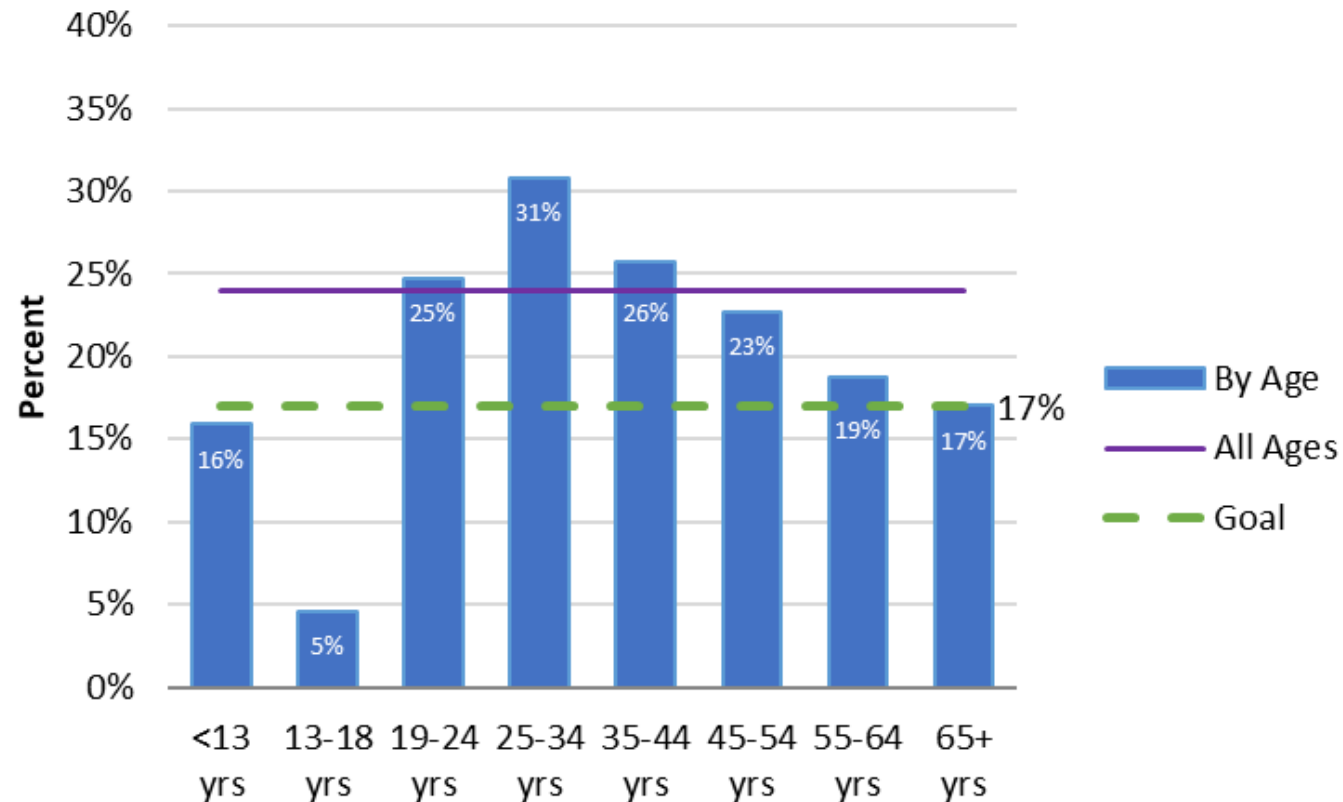
- **Numerator:** Number of patients, in denominator, who did not have a medical visit in the last 6 months of the measurement year.
- **Denominator:** Number of patients, regardless of age, with a diagnosis of HIV who had at least 1 medical visit in the first 6 months of measurement year.
- **Exclusions:** Clients with a Vital Status equal to deceased at any time during the 24 month

measurement period



# Gap in Medical Visits by age category

Core 4: Gap in HIV medical visits by age group  
Measurement year Mar 1/21-Feb 28/22



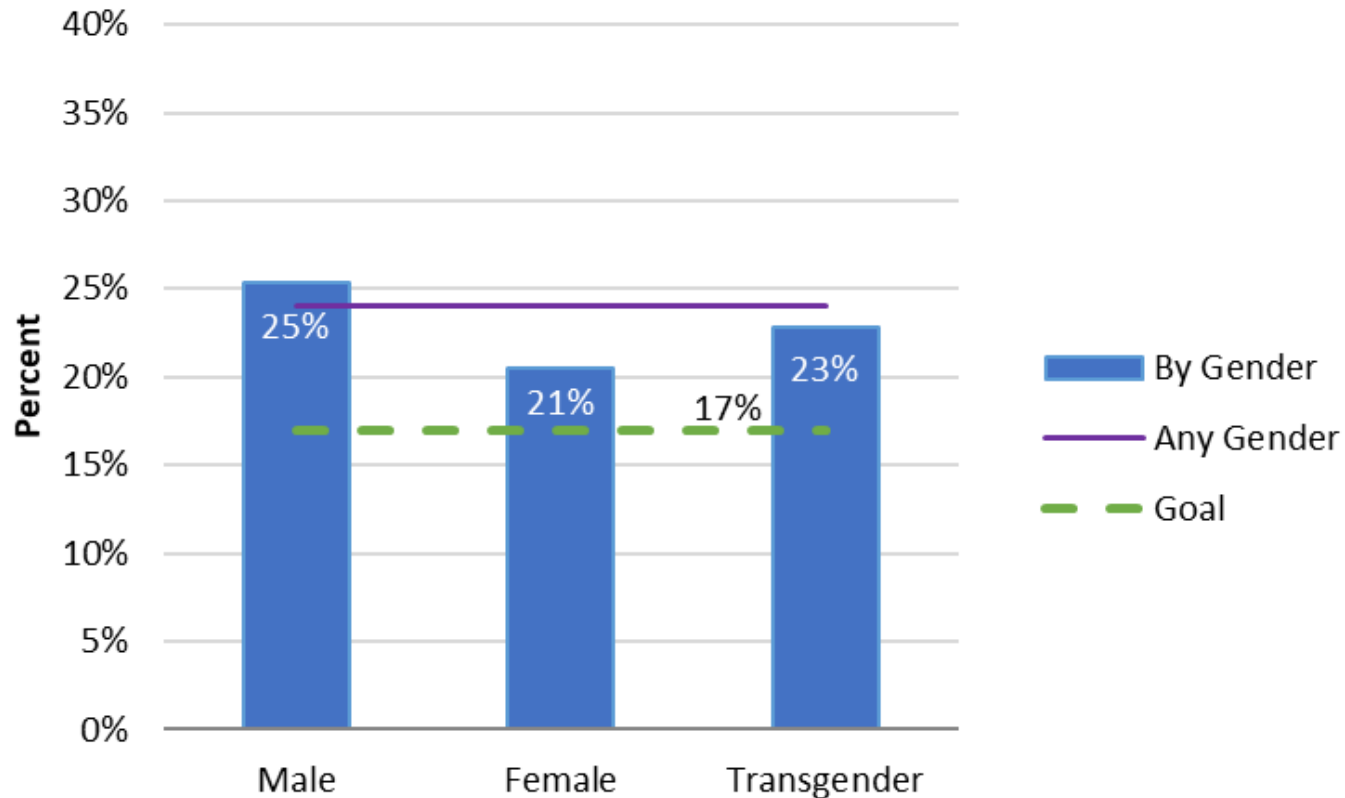
Data Source: e2Fulton, 5/9/22



# Gap in Medical Visits by gender

## Core 4: Gap in HIV medical visits by gender

Measurement year Mar 1/21-Feb 28/22



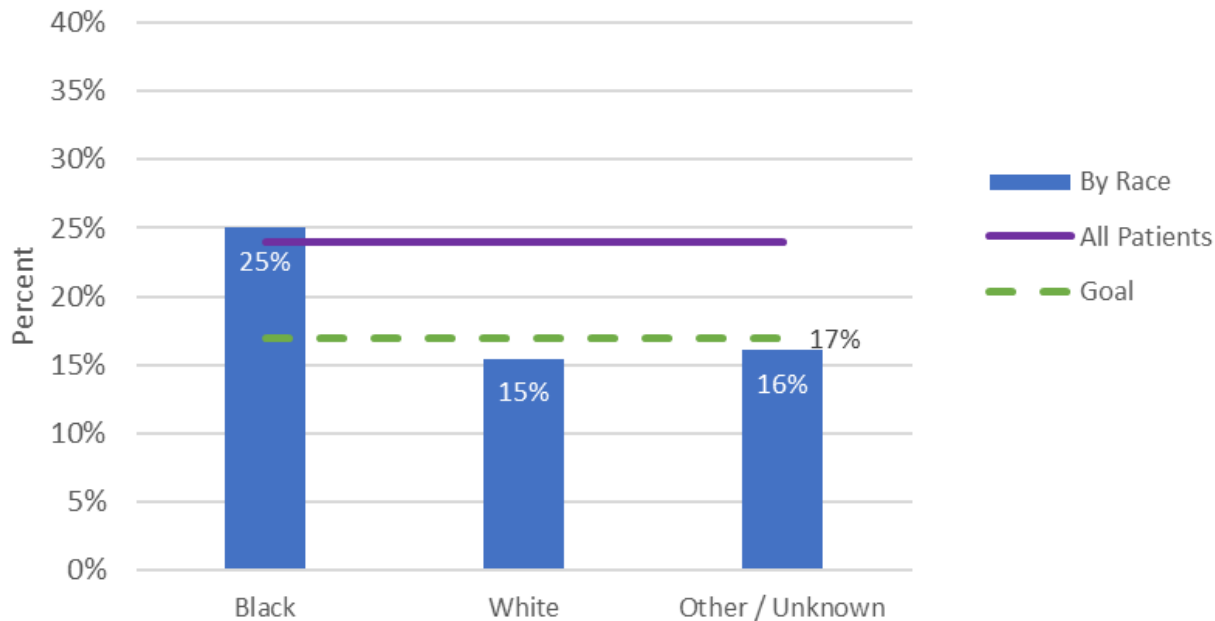
Data Source: e2Fulton, 5/9/22



# Gap in Medical Visit by race & ethnicity

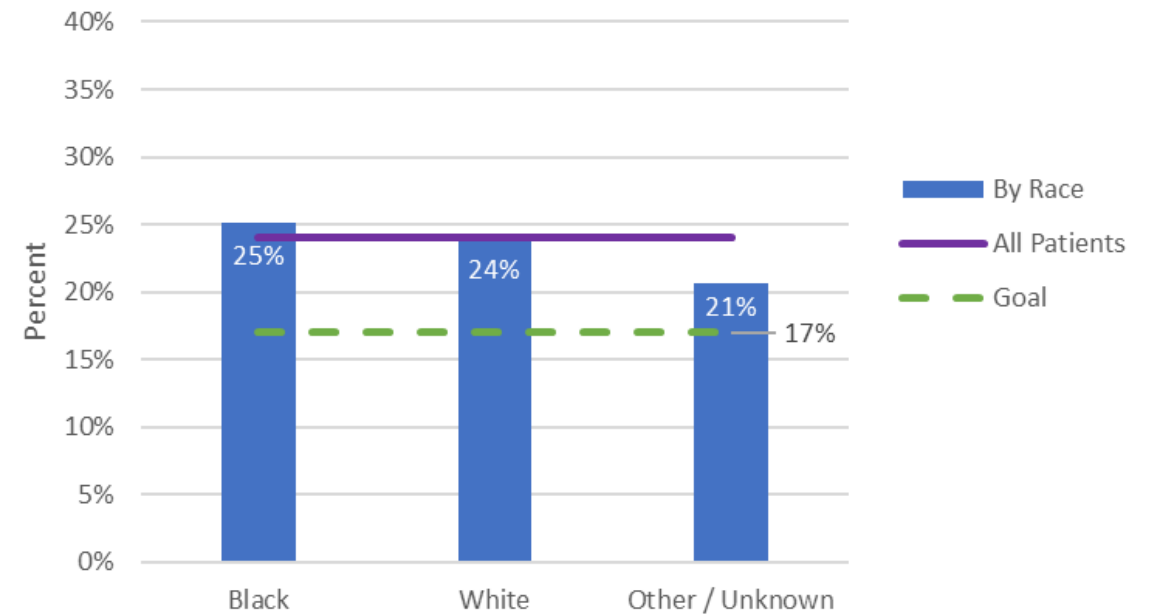
Core 4: Gap in HIV medical visits by race, ethnicity = Hispanic

Measurement year Mar 1/21 - Feb 28/22



Core 4: Gap in HIV medical visits by race, ethnicity = non-Hispanic

Measurement year Mar 1/21 - Feb 28/22





Data Source: e2Fulton, 5/9/22

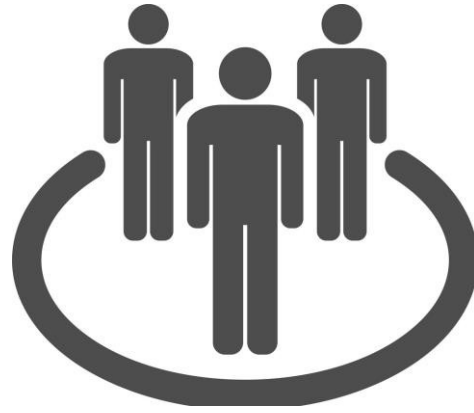


# HIV *CLUSTER* DETECTION AND RESPONSE IN GEORGIA

Dr. Carlos S. Saldana (he/him)

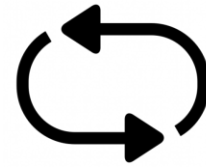
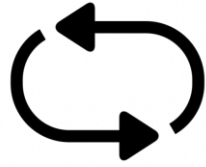
Emory University School of Medicine  
Fulton County Board of Health

# What is Cluster **Detection** and Response (CDR)?



1) Providers / HD Staff

2) Time / Space Cluster



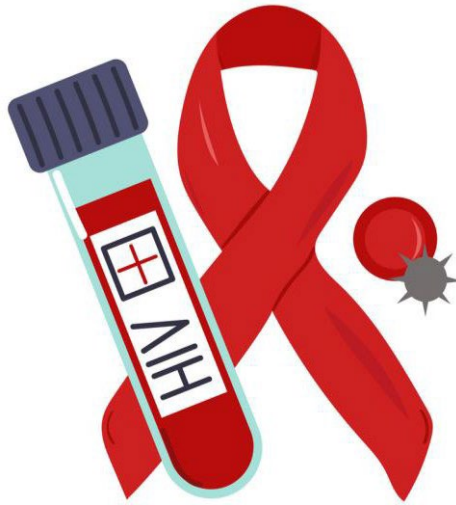
3) Analysis of similar HIV strains through HIV drug resistance testing / Molecular cluster.



# How is the CDR information obtained ?



1. Diagnostic test
2. Stage of HIV
3. Controlled/Uncontrolled
4. Drug resistance testing



HIV laboratory test are ALSO helpful for Public Health



How is our community

bein

g

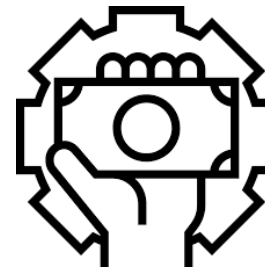
affected?



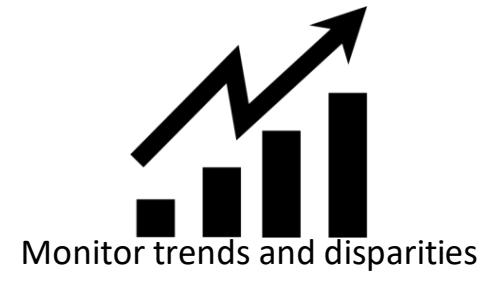
# Keeping track of HIV information is important ?



Guide Public Health  
Response



Guide resource allocation

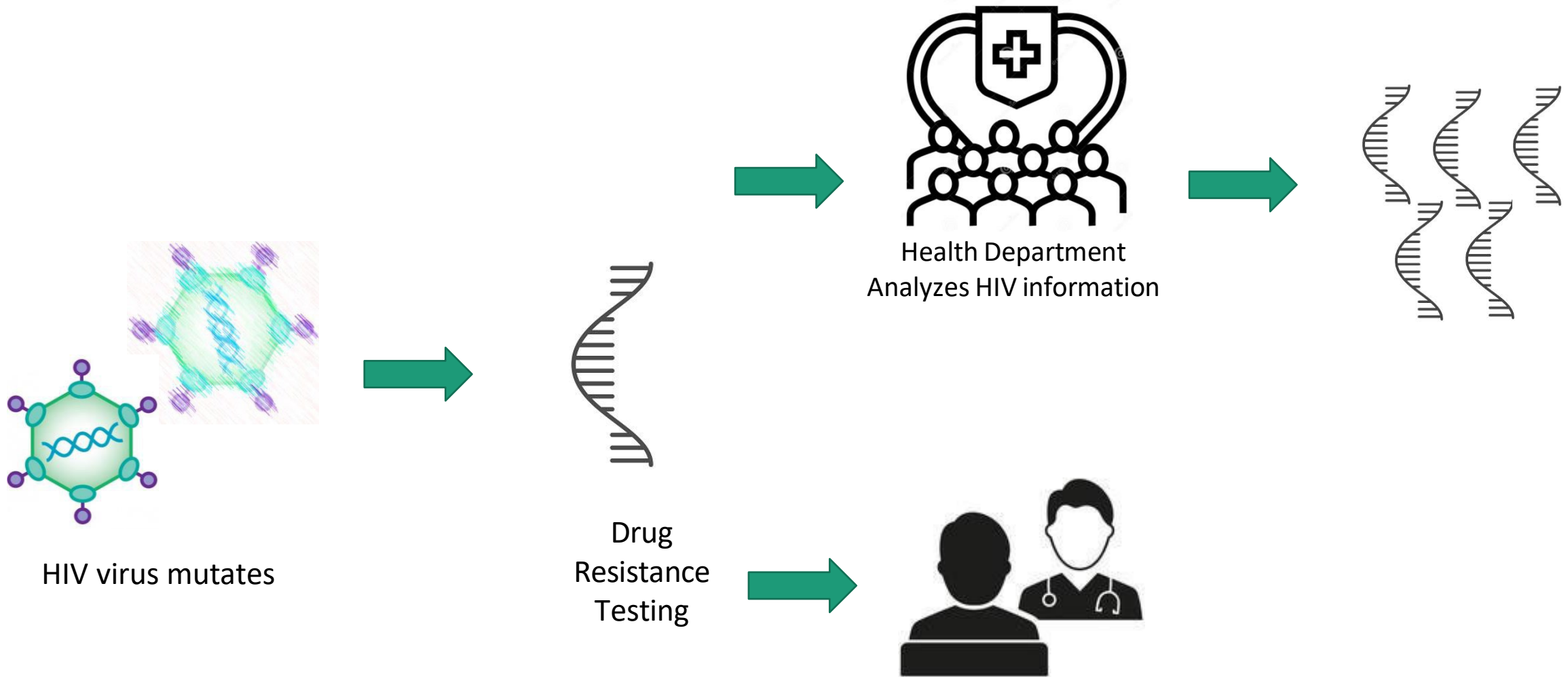


Ensure people are receiving the care they need



Return to care

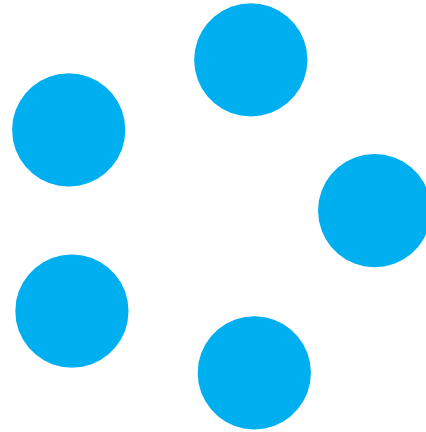
# Transmission networks of very similar HIV strains



People with  
similar HIV  
strains are  
identified,  
indicating  
rapid  
transmission

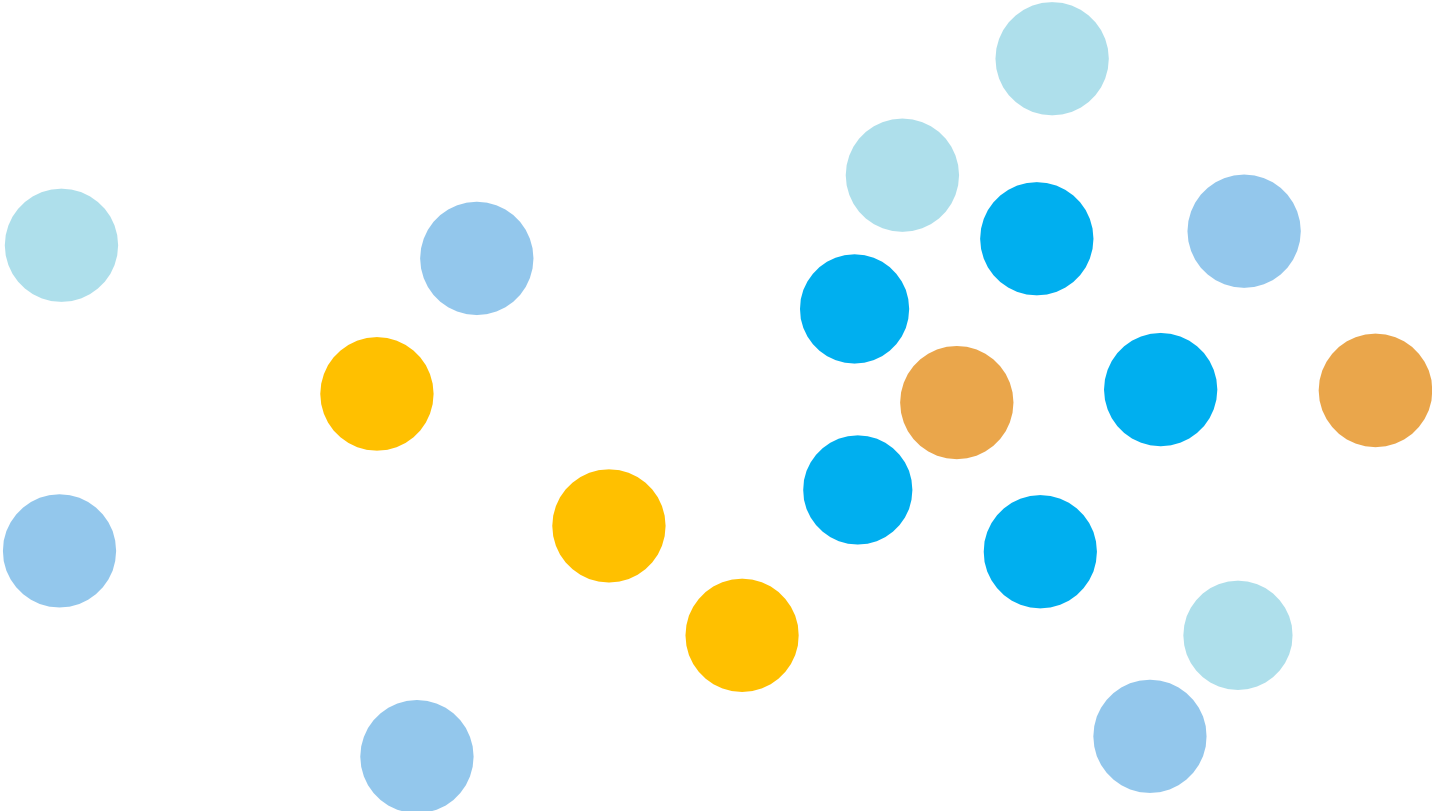
# A Starting Point...

5 or more people diagnosed with HIV with similar strains in a 12 month period.





# ...But Not The Entire Picture





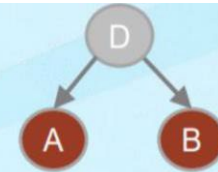


# What we CANNOT do by analyzing drug resistance testing.

Determine directionality of transmission



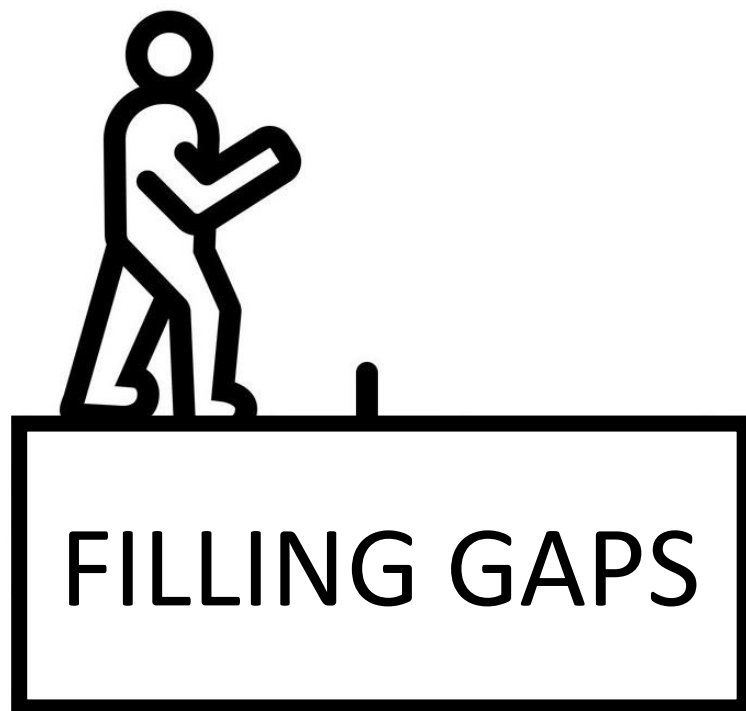
Determine direct transmission



Assess the patient's own genetic material



# What happens next?



Who are the communities being affected?  
Why are these communities experiencing rapid HIV transmission?

What are possible barriers in these communities to access services?

What are the gaps in care?

# Our experience in Georgia...

A

42 members  
41 males  
76% MMSC  
14% IVDU  
20-39 77%  
Latino 41%

Gwinnett 15 (36%)  
Fulton 8 (19%)  
DeKalb 5 (12%)  
Cobb 5 (12%)  
Other 9 (21%)

B

12 members  
All male  
92% MMSC  
No IVDU  
13-29 77%  
Latino 100%

Gwinnett 8 (67%)  
DeKalb 3 (25%)  
Fulton 1 (8%)

C

7 members  
All male  
100% MMSC  
No IVDU  
20-39 77%  
Latino 72%

Gwinnett 5 (72%)  
DeKalb 1 (14%)  
Missing 1 (14%)

D

5 members  
All male  
100% MMSC  
No IVDU  
30-59 100%  
Latino 100%

Cobb 2 (40%)  
DeKalb 2 (40%)  
Gwinnett 1 (20%)



Identifying gaps and barriers to care

Rapid qualitative assessment took place March and April



Service Provider  
Interviews



Hispanic/Latino  
GBM  
Interviews



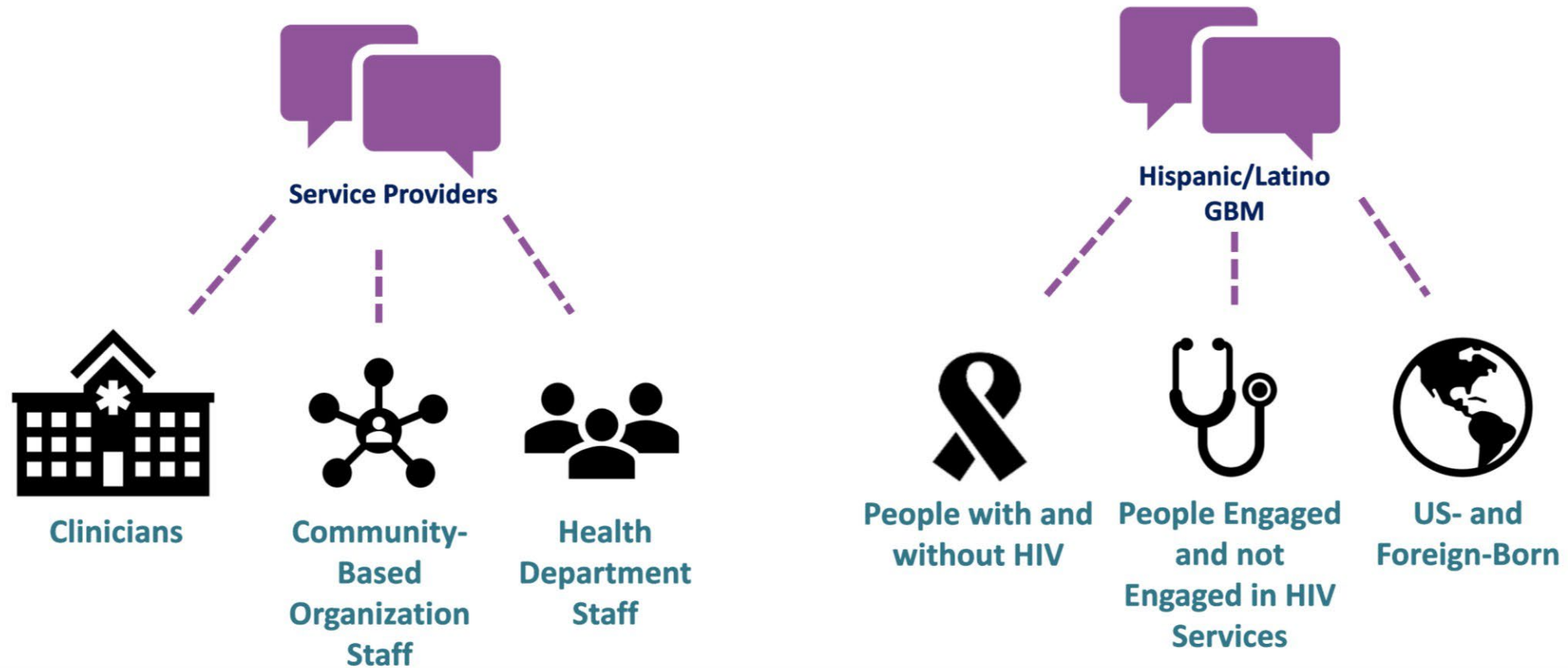
Site  
Observations

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH





# Conducted Qualitative Interviews with 65 Service Providers and 29 Hispanic/Latino GBM & Observations at 11 Service Agencies/Outreach Events



Slide courtesy: CDC, Rebecca Hershov PhD, MSPH



# Key Findings

Major takeaways from interviews with service providers, interviews with Hispanic/Latino gay and bisexual men, and site observations.

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

# Sexual and Drug Use Behavior

I use [a condom] if it's going to be a random person or if the person is not comfortable [with my HIV status], then I use a condom.

-- Community member with HIV

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

## Language Barriers

**“Trust is lost in translation.”**

**-- HIV provider**



Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

# Other Structural Barriers

- **Fear of deportation**
- **Transportation**
- **Work/family responsibilities**
- **Lack health insurance**
- **Affordability**
- **Lack of compassionate care & adequate customer service**

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

**“More than anything, I want to be here [in the US]. I don’t want to return to my country. I am from Guatemala, they are very ‘machistas,’ my father would not accept me, my mother even less so...If they know, they won’t accept me.”**

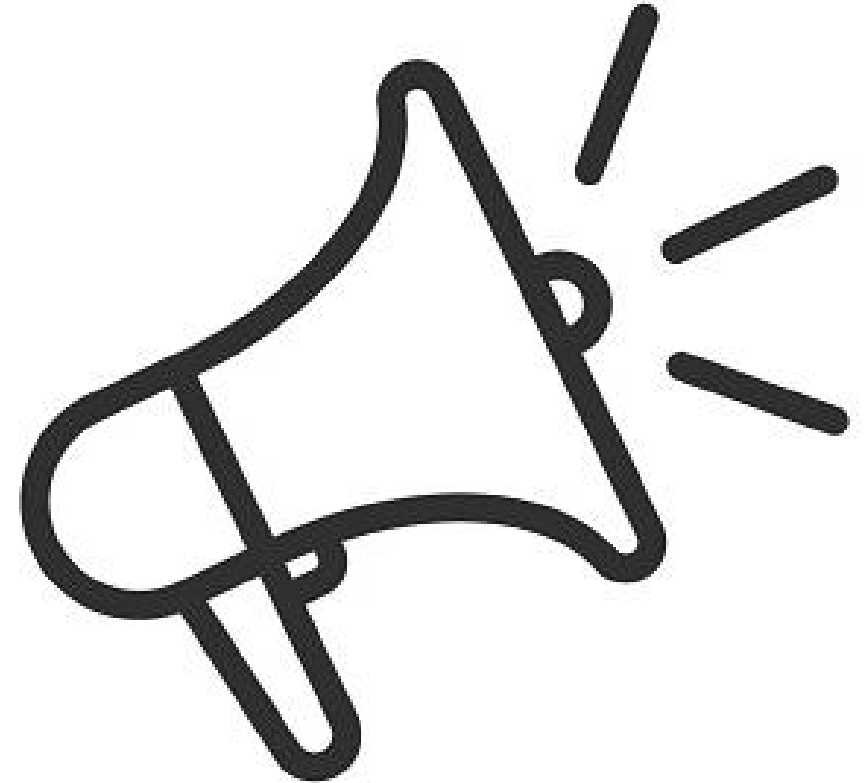
**– Community member, HIV-negative**





# Low HIV/STD Awareness

- **Low primary care access**
- **Limited HIV screening and counseling in primary and urgent care**
- **Limited community outreach and marketing**





# Barriers to PrEP

- **Indication of promiscuity**
- **Misinformation**
- **Concern about side effects**
- **Ongoing visits and labs**
- **Low perceived HIV risk**
- **HIV stigma**

I think like a lot of the speculation at times it's like people who are on PrEP are very promiscuous people, so I mean, there is kinda a negative connotation.

-- Community member without HIV



Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

# Barriers to HIV Treatment



- **Difficulties completing Ryan White paperwork**
- **Delays in linking to care due to limited appointment availability & bureaucratic processes**
- **Navigating US health care system**

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

## Marginalization of Hispanic/Latino GBM

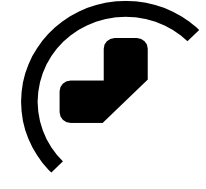
**“Our population cannot continue to live in the shadows.”**

**-- CBO staff member**

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

# Participants Suggested Expanding Access to Comprehensive Services

- LGBTQ-friendly
- Spanish-speaking staff & Spanish materials



Health Insurance Enrollment

Slide courtesy: CDC, Rebecca Hershow PhD, MSPH

Legal/Immigration Services



Mental Health Services

Social Services

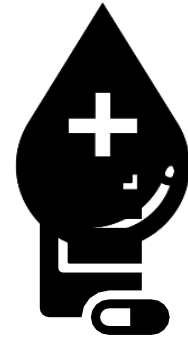


Transportation

**Primary Care**

**HIV/STD Testing**

**Linkage to PrEP and HIV/STD  
Care**



A top-down view of several hands of various skin tones and ages holding a large, bright yellow circle. The hands are positioned around the perimeter of the circle, with some pointing towards the center. The background is a plain, light color. The text "Need to Expand Community Outreach" is centered within the yellow circle in a bold, black, sans-serif font.

**Need to  
Expand  
Community  
Outreach**





## Views on Partner Services

I think of [partner services] as humane. I would want to know. It's almost like putting a mask on for COVID, but it's not a call you want to receive.

-- Community member, HIV-negative

Slide courtesy: CDC, Rebecca Hershov PhD, MSPH

## Views on HIV Public Health Services

The more tools we have, the better the care we can provide.

-- Family medicine clinician

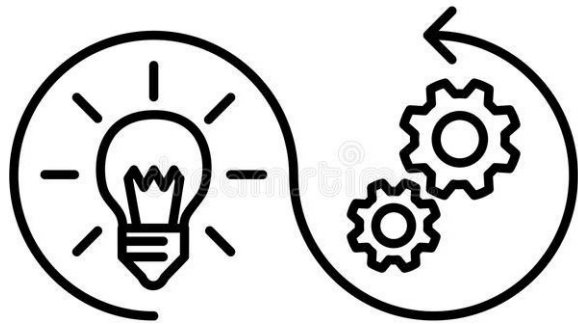
Slide courtesy: CDC, Rebecca Hershov PhD, MSPH



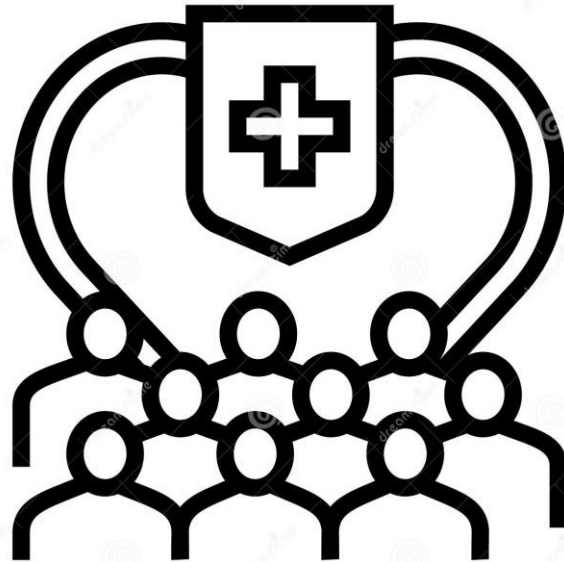
## **Preliminary Recommendations**



# Note on preliminary recommendations



**Implementation  
Feasibility**



**Implementation  
Levels (HD, healthcare  
institutions, CBOs)**



**Sharing experiences**





# 1. Language justice



Intentional hiring of bilingual staff



Translation of information and

materials



Positive Impact Health Centers  
@PIHC\_Atlanta



Services

We have open Bilingual Positions.  
Apply Today! [#bilingual](#) [#HR](#) [#jobhunt](#)  
[#Jobopenings](#) [#bilingualjobs](#)



# Bilingual Positions

APPLY NOW

- Bilingual Clinic Office Associate
- Bilingual Prevention Specialist CTL
- Bilingual Medical Case Manager
- Bilingual ADAP/HICP Enrollment Specialist
- Bilingual Telehealth Coordinator
- Bilingual Mental Health Substance Abuse Counselor
- Bilingual Benefits Eligibility Specialist
- Billing Specialist Front Office Supervisor

7:00 PM · 4/23/22 · Hootsuite Inc.



## Obtén acceso a servicios de prevención, detección y tratamiento contra el VIH en Atlanta.

La prueba del VIH es fácil, rápida y está disponible en toda la área metropolitana de Atlanta.

También puedes acceder a los servicios locales de prevención y tratamiento del VIH en los condados de Fulton, DeKalb, Cobb y Gwinnett. Los servicios son 100% seguros y confidenciales.

¿Qué servicio buscas?

Pruebas

Prevención (PrEP)

Tratamiento

# 2. Partnerships



With Hispanic/Latino-serving medical and social service organizations and public health staff



Community outreach efforts



Share surveillance reports and develop cluster response activities



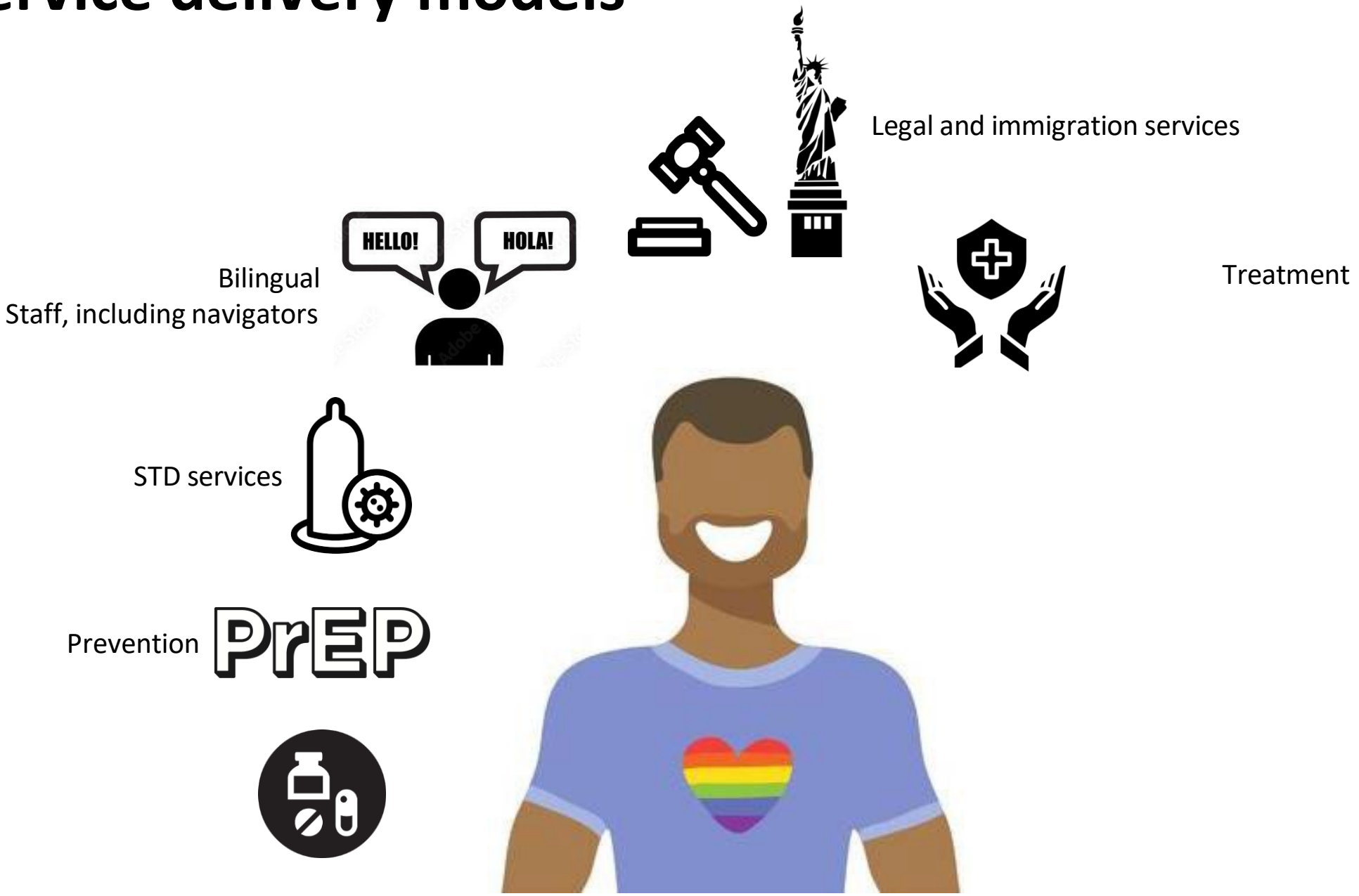


**The time is now.**

| Ending  
| the  
| HIV  
| Epidemic



# 3. Service delivery models





Insurance  
enrollmen  
t

Mental health services



Financial support



Transportation  
services



# 4. HIV Prevention and Treatment Messaging



**Bienvenidos**  
**a América**



¿Cuánto

# Preliminary Recommendations

- **Increase access to culturally and linguistically appropriate services** through hiring of bilingual staff and Spanish translation of information, materials, and forms across medical, social, and public health service agencies.
- **Establish partnerships and maintain engagement with Hispanic/Latino-serving medical and social service organizations and public health staff** to strengthen community outreach efforts, share HIV surveillance updates, and develop HIV cluster response activities.
- **Expand LGBTQ-friendly comprehensive services through low-barrier, one-stop shop models with bilingual staff** that offer primary care, prevention and treatment for HIV and STDs, mental health, health insurance enrollment, financial support, transportation, and legal/immigration services.
- **Disseminate culturally sensitive information on HIV prevention and treatment** and other available services in Spanish at **venues and on online platforms** that Hispanic/Latino communities access.



# Response activities that have taken place...

Fulton	Gwinnett	Dekalb	Cobb
Participated in Epi Aid	Participated in Epi Aid	Participated in Epi Aid	Participated in Epi Aid
Enhanced HIV services advertising in Spanish	Substantial community outreach to communities, venues and education in school	Spanish PrEP commercial	Intentional outreach events to Hispanic/Latinx events
Leading bilingual website StopHIVATL.org	Provider outreach, conducting education about PrEP. Prioritizing clinics that serve un/under insured patients in the zip codes affected by rapid transmission	Staff training in CDR	Spanish Community health working intense hiring efforts
Established new partnerships with CBOs (LCF, Latino LinQ)	Mobile engagement nurse and outreach work	Provider education for clinic	Have translated materials for providers in Spanish
Applying for grants dedicated to enhance services to Hispanic/Latinos	Enhancing condom subscription programs.	Have created a cluster response protocol	Social media post in Spanish, including Trivia games

Intentional hiring of bilingual staff  
(educators and CDS)

Social media campaigns in Spanish

Outreach events to Plaza Fiesta.

And now the concerns..



Confidentiality



Modernization in HIV Law



No immigration repercussion



Based on HIV status

QUESTIONS?

