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. $26,605,664.59

a) General Demographics: The Atlanta Eligible Metropolitan Area (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. The EMA population is currently estimated at 5,439,177, comprising 54% of Georgia's population. Race: White, not Hispanic 65.90%; Black, not Hispanic 28.08%; Asian 3.50%; Two or more races 1.99%; and, other races 1.00 %< 8.40% of EMA residents are of Hispanic ethnicity. 14.53% are living below poverty level. Approximately 66% (3,594,925) of the EMA population reside in five of Georgia's most highly populated counties: Fulton (996,319), Gwinnett (877,922), Cobb (730,981), DeKalb (722,161), and Clayton (267,542).

b) HIV/AIDS Population Demographics: The Atlanta EMA ranked fifth among metropolitan areas in the nation in 2013 for its rate of new HIV diagnoses at 34.7. The 2014 prevalence was 33,267, an increase of 11% from 2012. Of the 33,267, 48% (15,932) were HIV non-AIDS cases and 52% (17,335) were AIDS cases; 79% (26,394) were male, 20% (6,792) were female, 1% were other or unknown (Georgia Department of Public Health is working to collect data for transgender women); 50% of cases had MSM exposure category, 12% had High Risk Heterosexual exposure, 33% had unknown exposure, and 4% all other; and, the 25-44 and 45-64 age groups each accounted for 45% of cases, 6% were among the 13-24 age group.

c) Geography: 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.[1] The prevalence rate of HIV 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.) Clustered tracts were associated with higher levels of poverty, lower density of multi-racial residents, injection drug use, men having sex with men, and MSM and IDU. 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 2015 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.

d) The Comprehensive System of Care: The EMA served 14,032 Ryan White Part A clients during 2014. Funding will help support the continuum of care through a comprehensive range of core services including: 1) outpatient ambulatory medical care (OAMC) provided by physicians and mid-level providers through 11 healthcare facilities and 3 satellite clinics; 2) preventative and restorative oral health; 3) Stop Gap Medications (OAMC); 4) health insurance premium support 5) medical case management services 6) mental health services and medications; 7) substance abuse counseling. Other essential support services which

1 *Journal of Urban Health, 02.2011; Vol. 88; No. 1: P. 129-141; Brooke A. Hixson; Saad B. Omer; Carlos del Rio; Paula M. Frew*

facilitate primary care access and retention include: peer support and counseling, medical transportation, legal assistance, food, and childcare. These various core and support services are often co-located within the primary care facilities.

e) Number of years the EMA has received Part A Funding: The EMA has received Part A funding for 25 years, and has been awarded MAI funding for the past 15 years.

f) 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. Part A has allocated funds for Health Insurance Premium Support to serve PLWH who are having difficulties making payments or meeting deductibles. Many clients wanted to stay with their current providers and agencies have worked diligently to accept, and bill, a variety of insurance plans.

g) 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. 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.