

At a time when HIV infections are decreasing across the globe, Fulton County, and metro Atlanta, are epicenters of HIV in America. Ending our epidemic will require a community-wide response, and the Fulton County Task Force on HIV/AIDS is building a *Strategy to End AIDS in Fulton County* to guide that response. The full *Strategy* is due on June 27, 2016. The Goals of the *Strategy* align with those of the National HIV/AIDS Strategy (NHAS) and are:

- To reduce HIV incidence;
- To increase access to care and improve health outcomes so that 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.

In Phase I, the Task Force proposed the following draft Objectives. Phase II will refine the Objectives and develop Action Plans for accomplishing them. Community input is crucial to success and will occur through Community Listening Sessions, Community Engagement Surveys, and participation on Task Force Committees.

HIV Testing

Knowledge of HIV Status

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

Routine Opt-Out Testing in Healthcare Settings

4. Ensure that patients admitted to hospitals and treated at outpatient clinics under Fulton County's authority are offered routine opt-out HIV screening as per CDC and USPSTF recommendations.
5. Increase the number of healthcare sites not under Fulton County's authority offering routine opt-out HIV screening.
6. **POLICY:** Incorporate HIV and STI screening into student health services for Fulton County and Atlanta City high schools, as well as colleges and universities in Fulton County.
7. **POLICY:** Clarify Georgia law to ensure that it allows voluntary HIV testing of minors without parental consent, consistent with laws governing sexually transmitted infection (STI) screening.
8. **POLICY:** Advocate for routine HIV screening to become part of new and emerging "core" measure sets used by public and private payers, including incorporation into Meaningful Use requirements of the Centers for Medicare and Medicaid Services.

Targeted Testing for Disproportionately Affected Populations in Non-healthcare Settings

9. Ensure that 90% of targeted HIV testing is directed toward disproportionately affected populations and high prevalence geographic areas
10. Make couples' HIV counseling and testing available at all HIV testing facilities.
11. Increase cultural sensitivity and competency of HIV testing providers working with disproportionately affected populations, especially young black gay and bisexual men and transgender populations

Partner Services

12. Ensure that culturally competent testing, education, and linkage services are offered to sexual and needle-sharing partners of 95% of newly diagnosed persons.
13. Ensure that culturally competent testing, education, and linkage services are offered to sexual and needle-sharing partners of 95% of patients being reengaged in care.
14. Ensure that HIV partner services are fully integrated into comprehensive linkage and reengagement strategies throughout the jurisdiction.

Program Collaboration and Service Integration: HIV, STI, Viral Hepatitis, and TB

15. Increase access to testing for other STIs, viral hepatitis, and TB in disproportionately affected populations being tested for HIV.
16. Increase testing for HIV in persons with, and being tested for, STIs, viral hepatitis, and TB.
17. *POLICY: Work with funding partners to ensure that funding streams allow for incorporation of HIV, STI, VH, and TB testing and linkage for disproportionately affected populations.*

Systems Issues

18. Improve the timeliness and completeness of reporting to DPH of positive HIV diagnostic assays, HIV viral loads, and CD4 counts by hospitals in Fulton County.
19. Increase timeliness of data sharing between DPH and FCDHW to facilitate the use of surveillance data to improve linkage to and retention in HIV care.
20. Increase the use of surveillance data for improving the HIV care continuum, consistent with the CDC "Data to Care" initiative.

Preventing HIV Infection

21. Decrease the number of new diagnoses by at least 25%. (NHAS Indicator 2)
22. 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).

Biomedical Prevention: PrEP, PEP, TasP

23. Ensure access in order to increase use of PrEP for eligible persons at high risk of HIV infection.
24. Ensure access to PEP for eligible persons following occupational or non-occupational exposure to HIV.
25. Eliminate perinatal HIV transmission in Fulton County.

Prevention for People Who Inject Drugs

26. Increase access to safe, free, and confidential syringe exchange in Fulton County.
27. Increase access to substance use and mental health treatment for PWID.
28. *POLICY: Clarify the legality of syringe exchange for the legitimate medical purpose of preventing HIV, hepatitis B and C, and other blood-borne infections in Fulton County.*
29. *POLICY: Advocate for use of local, Federal and philanthropic dollars to support syringe exchange programs.*

Condom Distribution

30. Increase the number of condoms distributed to persons with HIV and high-risk seronegatives to 3.5 million units per year.
31. Improve the coordination of condom distribution and education in Fulton County to achieve appropriate targeting and consistent access by persons with HIV and disproportionately affected populations without HIV.

Care and Treatment for Persons Living with HIV**Linkage To Care**

32. Increase the proportion of diagnosed persons linked to care within three days to 85%.
33. Ensure that newly diagnosed persons in vulnerable populations (youth, those with mental health or substance use disorders, those with unstable housing, and those recently released from incarceration) receive linkage navigation services.

Retention and Reengagement in Care

34. Increase the number of people retained in care to 90% of those diagnosed (NHAS Indicator 5).
35. Decrease the number of persons who are out of care by 50%.
36. Reengage individuals identified as out of care within 7 days.

- 37. Reengage individuals identified as out of care through Health Information Exchange sites within 3 days of identification.
- 38. Increase cultural sensitivity and competence of healthcare workers delivering HIV, substance use, and mental health care.

Viral Suppression

- 39. Increase the proportion of persons with diagnosed HIV who achieve HIV RNA levels <200 c/mL to 80% (NHAS Indicator 6).
- 40. Increase the proportion of persons with diagnosed HIV who achieve continuous HIV RNA levels <200 c/mL to 80%.

Quality of Care

- 41. Reduce the death rate among persons with diagnosed HIV infection by at least 33%. (NHAS Indicator 8)
- 42. Improve linkage to mental health and substance use treatment program.
- 43. Assure that HCV treatment is accessible for HIV co-infected patients.

Structural Issues Affecting Healthcare Access and Delivery

- 44. Increase the HIV provider workforce and decrease provider attrition across care sites in Fulton County.
- 45. Expand the use of telemedicine to support HIV care in Fulton County.
- 46. Improve communications among healthcare providers across and within healthcare systems to enhance continuity of care for persons with HIV.
- 47. *POLICY: Expand Medicaid to create expanded access to care.*
- 48. *POLICY: Advocate for continued and increased funding of the Health Resources and Service Administration's Ryan White, CDC's HIV/STI/Viral Hepatitis/TB prevention programs, and Housing and Urban Development's Housing Opportunities for Persons With AIDS program.*

Structural Issues Affecting Fulton County Government, Including Fulton County Department of Health and Wellness

- 49. Ensure transparency regarding the use of federal, state, and county funds impacting HIV, STIs, viral hepatitis, and TB by FCDHW.
- 50. Improve Program Collaboration and System Integration among HIV, STI, viral hepatitis, and TB programs for prevention and care at FCDHW.
- 51. Ensure that structural changes affecting Communicable Diseases and Ryan White programs at FCDHW include a transparent and public process for input from program staff and stakeholders, and collaborative planning.
- 52. Evaluate and address hiring processes that impede timely implementation of HIV, STI, viral hepatitis, and TB initiatives at FCDHW.
- 53. Evaluate and address contracting processes that impede timely implementation of HIV, STI, viral hepatitis, and TB initiatives at FCDHW.
- 54. Ensure that FCDHW is accountable for actions and outcomes designated as their responsibility in the Strategy to End AIDS in Fulton County.

Social Determinants of Health

- 55. *HOUSING: Address suboptimal housing such that <5% of people with HIV are unstably housed. (NHAS Indicator 7 – adapted)*
- 56. *TRANSPORTATION: Reduce unmet need for affordable transportation to HIV and support services.*
- 57. *FOOD INSECURITY: Reduce unmet need for access to food and nutritional programs among people with HIV.*
- 58. *CHILDCARE: Reduce unmet need for childcare among people with HIV.*
- 59. *INCARCERATION*

- A. Increase the provision of HIV prevention resources for incarcerated persons, including condom distribution, health and PrEP education.
 - B. Ensure linkage to care and uninterrupted antiretroviral treatment for PLWHA upon release from incarceration.
 - C. Ensure that incarcerated persons receive HIV treatment according to current DHHS Antiretroviral Guidelines.
 - D. Provide condoms along with HIV-related referrals including for housing, mental health and substance use services, employment readiness and income support to HIV positive persons who are newly released from Fulton County jails.
 - E. Require evidence based sexual and HIV education, including about HIV criminalization, for all incarcerated persons.
 - F. *POLICY: Offer opt-out HIV testing upon entry at Fulton County jails.*
 - G. *POLICY: Eliminate policies or actions that stigmatize incarcerated people with HIV.*
 - H. *POLICY: Provide access to condoms for all incarcerated persons.*
60. VIOLENT TRAUMA INCLUDING INTIMATE PARTNER VIOLENCE: Implement trauma-informed care systems within HIV care sites to identify IPV and other trauma and to provide appropriate linkage to services.
61. EDUCATION
- A. Improve health literacy among agencies providing HIV prevention and care in Fulton County.
 - B. Improve HIV health and treatment literacy among PLHIV receiving care and services.
 - C. Implement evidence-based comprehensive sex and sexuality education for youth (ages 10-17) in Fulton County schools.
 - D. Increase evidence-based community health literacy programming aimed at youth (ages 10-17).
 - E. Implement evidence-based comprehensive sex and sexuality programs aimed at reaching persons 18-28 through community-based approaches.
62. JOB TRAINING AND READINESS: Increase partnerships between organizations providing locally relevant job training and HIV-service or healthcare agencies in order to provide employment opportunities for PLHIV and persons at high risk of HIV acquisition.
63. STIGMA AND DISCRIMINATION
- A. Increase access to resources/interventions including peer support groups, counseling and education for persons with and at high risk for HIV infection, in order to reduce individual and interpersonal HIV stigma.
 - B. Reduce individual, interpersonal HIV stigma and discrimination among communities with, and at highest risk for, HIV infection.
 - C. Reduce the experience of stigma and discrimination based on gender identity and expression, sexual identity and expression, race/ethnicity, and socioeconomic status among PLWHA in
 - Healthcare institutions
 - Educational institutions
 - Criminal justice systems
 - Faith institutions
 - Government institutions
 - D. *POLICY: Reform HIV criminalization laws to align with current HIV science and advance best public health practices for HIV prevention and care.*
64. SEX WORK: Increase HIV prevention programming tailored to the unique needs of sex workers, including education on HIV transmission routes and risk, and information on how to access prevention technologies, such as condoms and PrEP.