

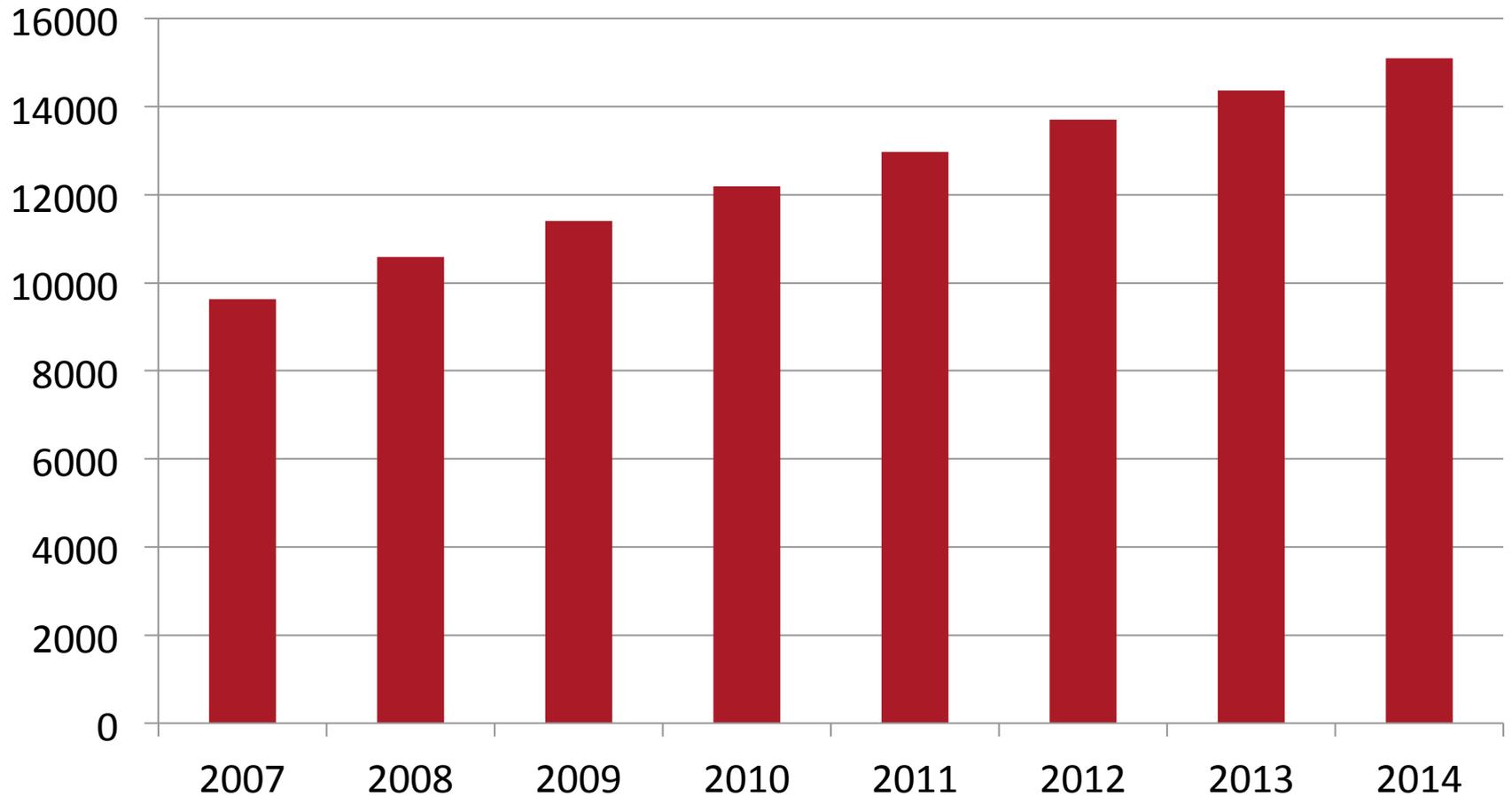


# Phase II Progress Report Building the Strategy to End AIDS in Fulton County Objectives & Actions

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

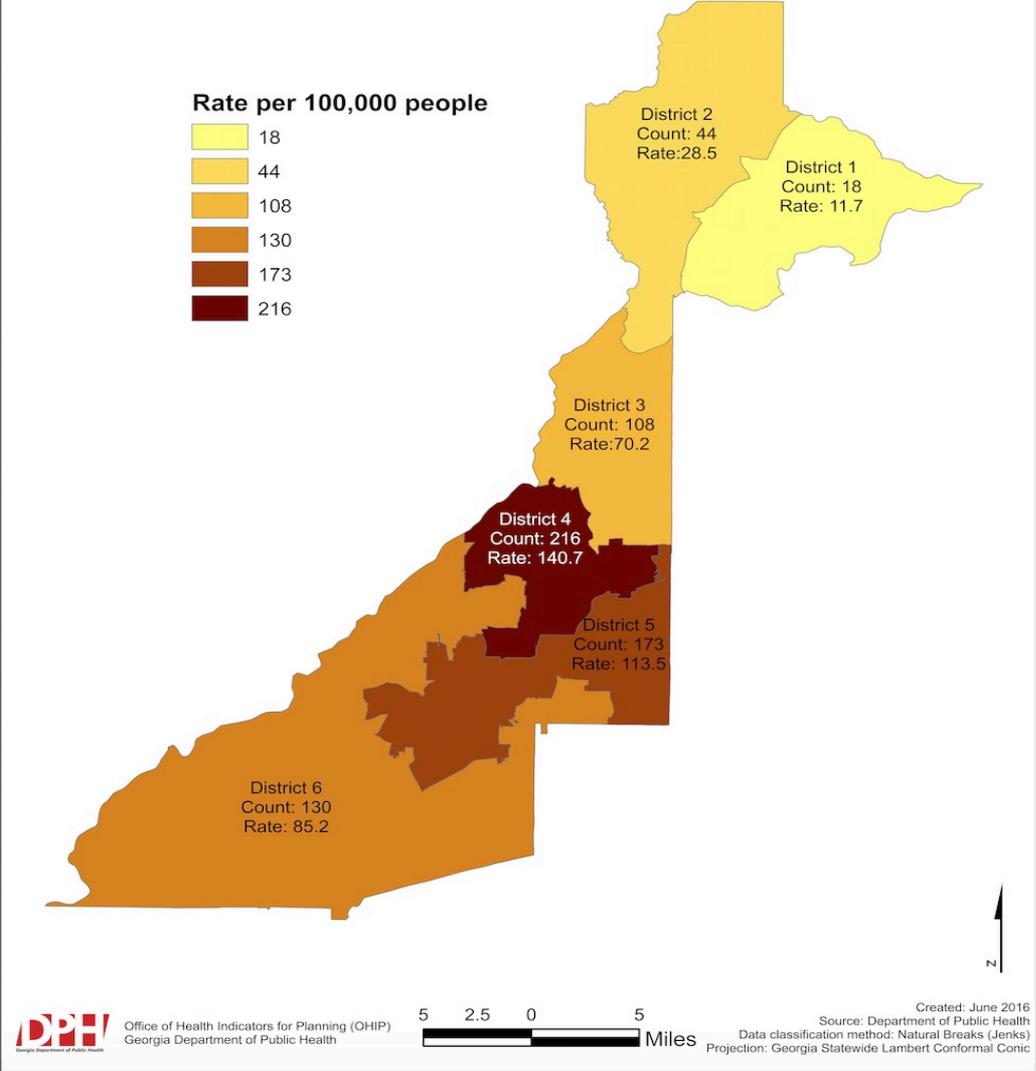
*OUR Time Is NOW*

# Persons Living with HIV, Fulton County, 2007-2014

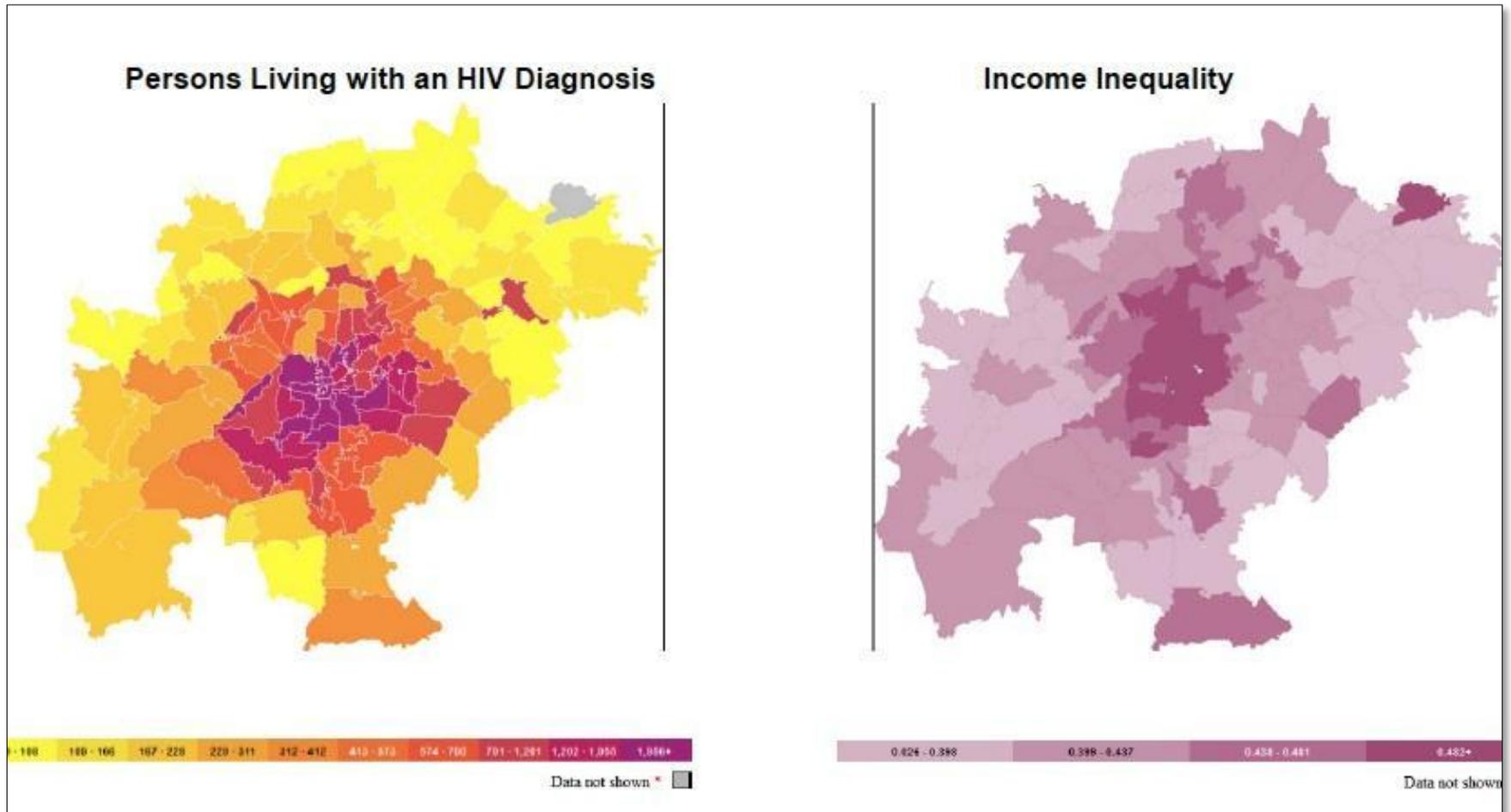


# HIV Diagnoses By District

### New HIV diagnoses and rates per 100,000 people by county commission district, Fulton County, GA, 2014

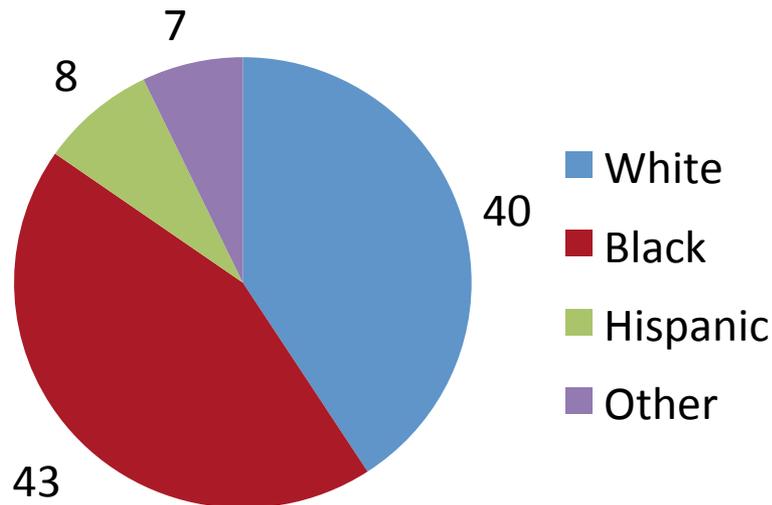


# HIV Mirrors Income Inequality

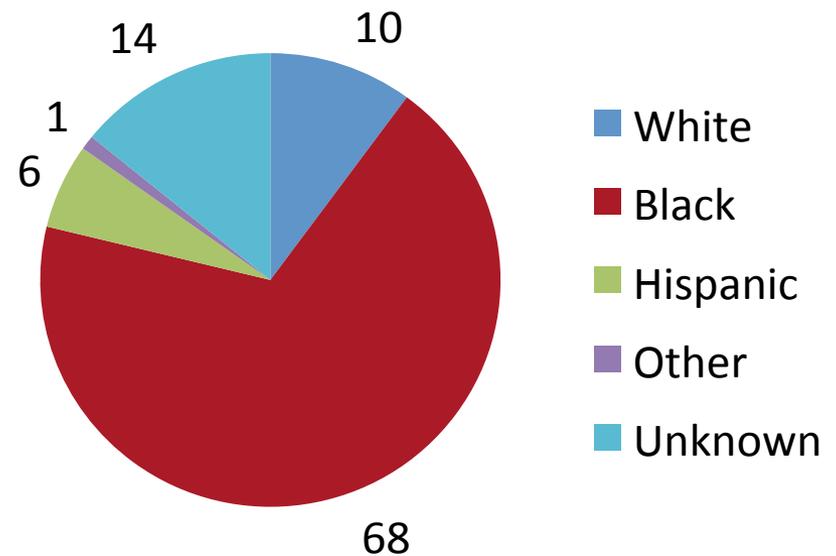


# Fulton County, HIV Health Disparity – 2013

## Fulton County Population by Race

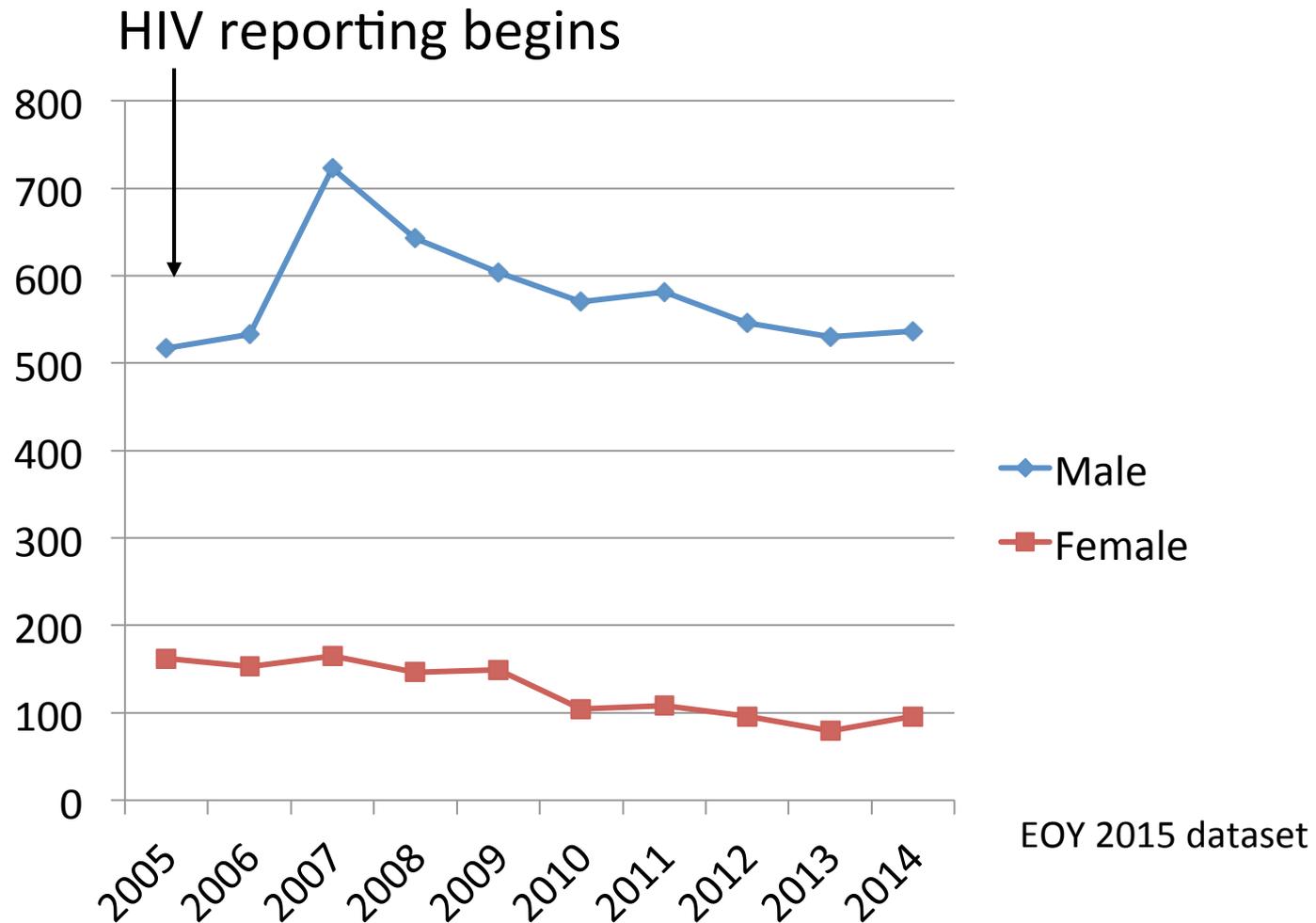


## New HIV Diagnoses by Race



Georgia Oasis: <https://oasis.state.ga.us/oasis/oasis/qryPopulation.aspx>

# New Diagnoses by Sex, Fulton County, 2005-2014

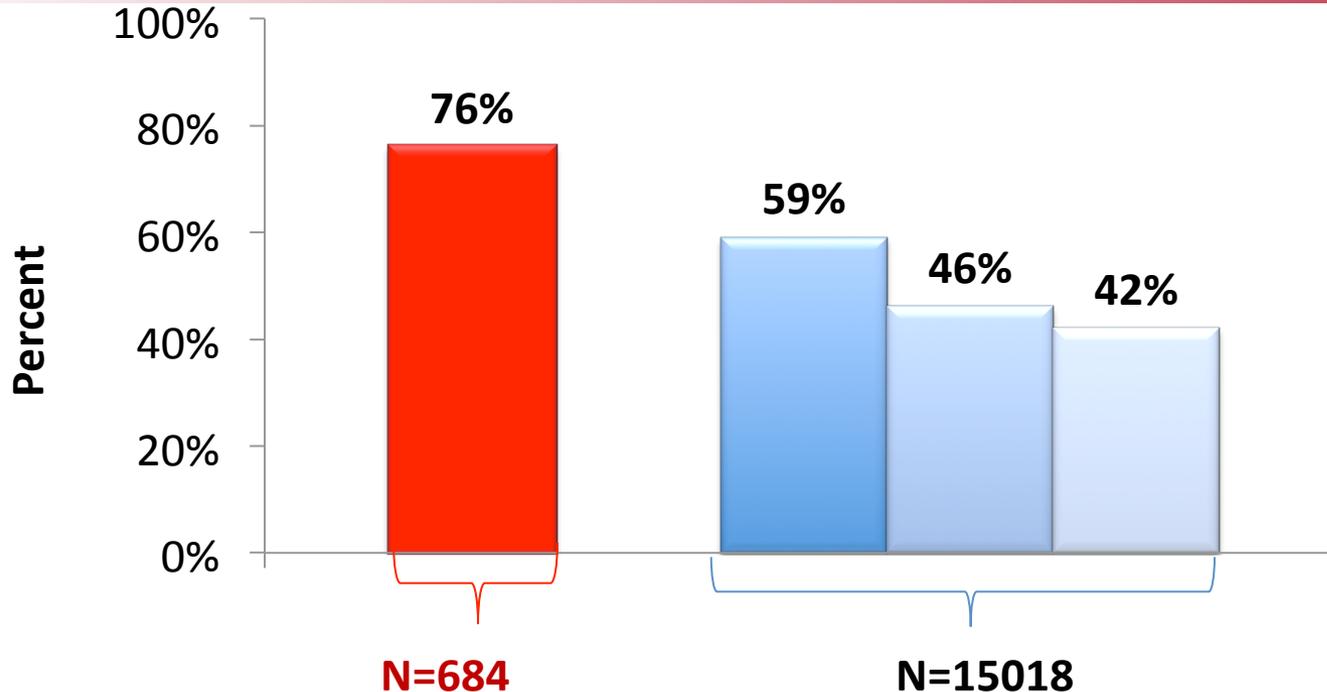


HIV Treatment

Is

HIV Prevention

# Adults and Adolescents Living with Diagnosed HIV Fulton County, 2014



■ **Linked to care within 30 days**  
 ■ **Any care**  
 ■ **Retained in care**  
 ■ **Virally Suppressed (VS)**

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)

Engaged  $\geq 1$  CD4 or VL in 2014

Retained  $\geq 2$  cd4 or VL at least 90 days apart in 2014

Viral suppression(VS) = viral load  $< 200$  on last VL in 2014

Provisional data, 2014 deaths not yet included

# Fulton County Task Force on HIV/AIDS

- Created December, 2014
  - Resolution #14-1109 by Chairman Eaves and Commissioner Garner, adopted 12/17/14
- MISSION: End AIDS in Fulton County
- 14 appointed members; approximately 25 non-appointed contributors; unlimited committee members

# Goals of the Fulton County Strategy to End AIDS

1. Reduce new HIV infections
2. Increase **access to care** and **improve health outcomes** for people living with HIV
3. Reduce HIV-related **disparities and health inequities**
4. Achieve a more **coordinated local response** to the epidemic

# Community Input and Engagement

- Public Meetings
- Listening Sessions
  - Districts, NPUs
  - Issues
  - Organizations
- Web-based Survey
  - Specific and general recommendations
  - Prioritization



# Priorities

# Stigma Kills. Don't Tolerate It.

- Eliminate stigma associated with HIV, sexual orientation, gender identity and expression, race/ethnicity, gender, class, and mental health and substance use disorders
  - healthcare settings
  - faith communities
  - educational institutions
  - government institutions
  - media coverage
  - all policies and laws



# Make Care and Services Client-centered

- Re-focus services and care systems from the client's perspective
  - Assess all services for satisfaction and stigma
  - Train all staff to be culturally competent
  - Train all staff to be customer service-oriented
  - Incorporate ongoing meaningful patient feedback to continually improve services

# Make it Easy to Get into Care Fast and Stay Healthy

- Eliminate health system barriers that make it difficult to
  - Get in to see a medical provider fast
  - Stay in care
  - Access and stay on life-saving medications
  - Reduce the virus to undetectable levels

# Testing and Prevention

- **Everyone Should be Tested for HIV**
  - Routine opt-out HIV testing in all healthcare settings including jails
  - 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 exchange (services) programs for injection drug users regardless of HIV status
  - Immediate access to HIV treatment for PLWHIV
  - Condoms and lubricants for all

# Zero HIV+ Babies; Better Education

- **No More Babies Born with HIV**
  - Prenatal care
  - Test all pregnant women for HIV
  - Treat all HIV positive pregnant women with ART
- **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 STIs, and pregnancy

# Housing, MH/SU

- **Housing is HIV Prevention and Treatment.**
  - Immediate, barrier-free access to housing for PLWHIV who are unstably housed
- **Mental Health and Substance Use Services are Care, Too.**
  - Access to MH/SU services to prevent HIV transmission and improve care continuum outcomes

# Healthy Policies

## **Create Policies that Promote Health.**

- Reform HIV criminalization laws
- Clarify that syringe exchange (syringe services) are legal and implement them
- Require cultural competency and sensitivity and anti-stigma training in Fulton County contracts.
- Close the current coverage gap
- Increase federal funding for HIV care and prevention



# Cross Cutting Issues

# Meaningful Involvement of People Living with HIV/AIDS

- Involve PLWHIV in substantial ways in all aspects of program planning, development, implementation, and evaluation for
  - Testing
  - Prevention
  - Care
  - And on the Fulton County Task Force on HIV/AIDS

# Access to Substance Use (SU)/Mental Health (MH) Services and Trauma-Informed Care

- POLICY: Require contracts for Fulton County behavioral health services, substance use and mental health, to include
  - routine opt-out HIV testing
  - HIV linkage to care plan with designated liaison with HIV care facilities
- Increase routine screening for SU/MH by providers
- Encourage co-location of SU/MH services with HIV medical services where possible
- Work with housing providers to improve access to housing for persons with SU/MH disorders
- Integrate trauma-informed care principles and practices into prevention and clinical services

# Increase Community Awareness and Education About HIV

- Multi-media 5-year community awareness and education plan focusing on HIV prevention and treatment
  - sexual health and wellness, anti-stigma framework
  - grounded in the experience of PLWHIV
- Involve marketing and advertising professionals but ensure target audiences and PLWHIV are involved throughout
- Funded Ambassadors Program and/or Speakers' Bureau of experts, including PLWHIV, to educate schools, businesses, faith institutions, and community gatherings
- Educate local media to encourage scientifically accurate coverage of issues pertaining to HIV/STI/viral hepatitis/TB
- Provide Spanish translation of materials and programs.

# Address Structural Issues Affecting Healthcare Access and Delivery

- Expand access to medical care for PLWHIV
  - POLICY: Close coverage gap by expanding Medicaid to improve access to care for PLWHIV and those at risk.
  - POLICY: Advocate for increased funding of the Ryan White Program, CDC's HIV/STI/Viral Hepatitis/TB prevention programs, and Housing Opportunities for Persons With AIDS (HOPWA)
- Expand access to support for premium, deductible, co-pay, and co-insurance through ADAP funding and the Health Insurance Continuation Plan (HICP)
- Expand the ability of Ryan White clinics to accept private insurance plans
- Increase accessibility of HIV medical services within underserved areas of high HIV prevalence: expanded hours and locations

# Boost the Provider Workforce

- Develop a workforce recruitment and retention plan to address provider and support staff shortages
- Provide greater flexibility in hours for HIV providers to attract and utilize part time staff
- Partner with medical and nursing schools to increase exposure to HIV medical care among medical students, residents, and physician assistant students, including rotations in HIV care facilities

# Improve Healthcare Communications

- Share data from CAREWare Part A and B across all Ryan White Clinics in Georgia to allow tracking of patients who are linking to care or moving from one care facility to another
- Create a secure online repository for patient-level documents required to qualify for Ryan White, AIDS Drug Assistance Program (ADAP), Health Insurance Continuation Program (HICP), housing and other necessary services



# Testing And Prevention

18.7% Are Not Aware of HIV Status  
(20.8% Among Gay & Bisexual Men)

Around 3000 Persons  
in Fulton County Have HIV  
But Do Not Know  
They Have It

# Overall Objectives

- *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%.*

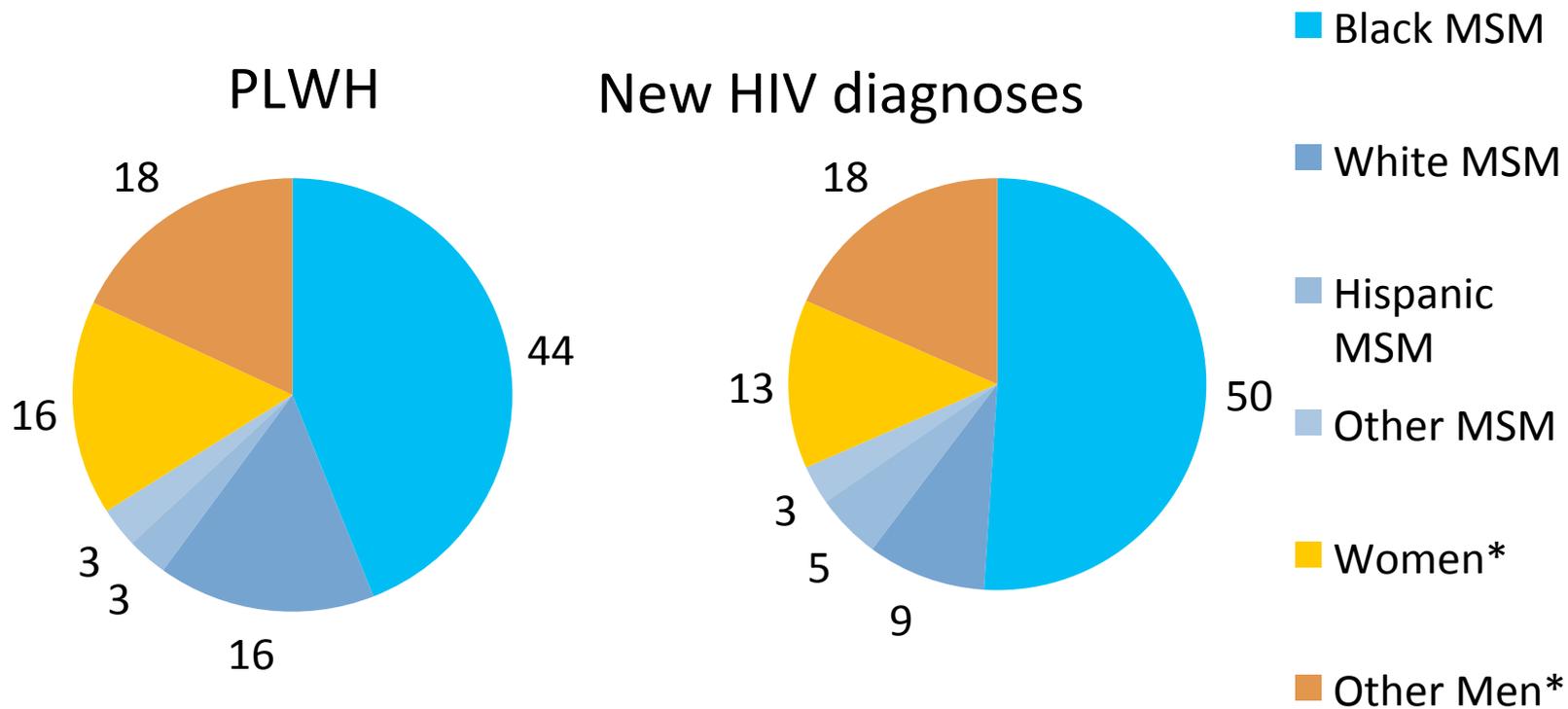
# Routine Opt-Out Testing in Healthcare Settings

- POLICY: County policies to require routine opt-out HIV testing in all healthcare settings under authority of Fulton County, including jails and behavioral health services.
  - Training to staff to instituting routine opt-out HIV screening within their facilities
  - Establish rapid linkage to care mechanisms for facilities instituting routine opt-out HIV screening
- Implement routine opt-out screening at
  - Federally Qualified Health Centers and Community Health Centers
  - Substance use and mental health treatment facilities
  - Internal Medicine, Family Practice, and OB-Gyn private practices
  - Urgent care clinics
- Create data systems for monitoring and evaluation of routine opt-out screening in health care facilities

# HIV/STI Testing for Students

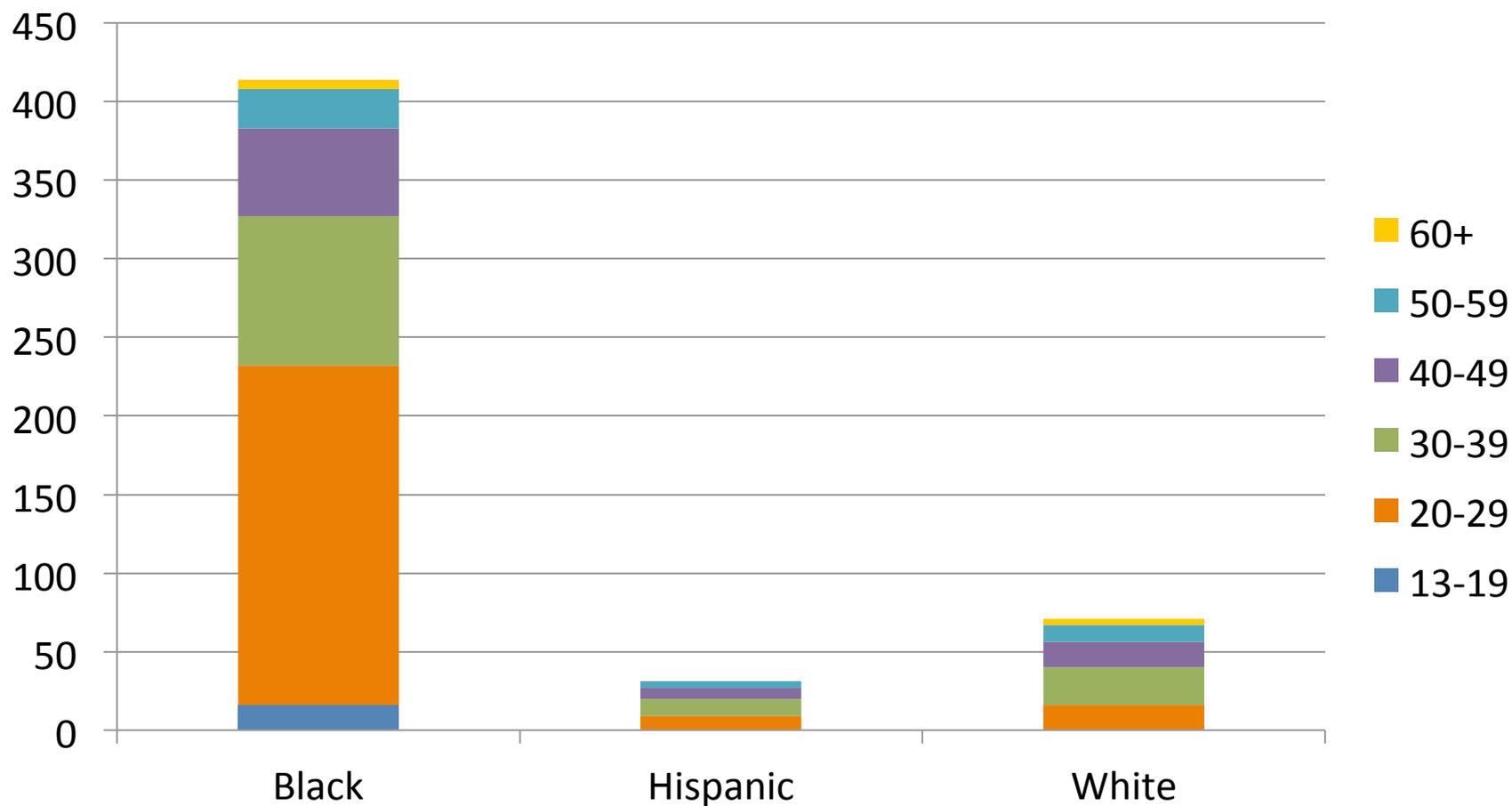
- Incorporate HIV/STI screening into school-based health programs in Fulton County and City of Atlanta high schools, and colleges and universities
- External opportunities for HIV testing in high schools, and colleges and universities
  - Train staff at student health services in HIV/STI testing, basic HIV/STI education, confidentiality and disclosure, cultural competency.
  - Create tailored linkage to care services for students diagnosed with HIV/STIs

# New HIV Diagnoses, Fulton County 2014



\*IDU, het  
contacts, NIR

# New Diagnoses among MSM, by Race/Ethnicity and Age Group, Fulton County 2014



# Targeted Testing for Disproportionately Affected Populations in Non-healthcare Settings

- Direct 90% of targeted HIV testing toward disproportionately affected populations and high prevalence geographic areas.
- Create an ongoing collaborative planning system among funded and non-funded agencies to coordinate targeted testing, including sharing of strategies and data and incorporation of geomapping.
  - Metro-wide geomapping group - monthly maps of HIV testing activities, new HIV diagnoses, acute HIV infections, location of testing services, to facilitate targeting of HIV testing and prevention services toward high prevalence geographic areas.
  - Include non-Fulton funded agencies, academic partners, mobile units
- Standardize protocols among agencies conducting HIV testing.

# Change the Culture of Partner Services

- Provide prevention services to partners of newly diagnosed and reengaging patients
- Require that all partner services staff receive ongoing cultural sensitivity and competency training, including HRSA health literacy training
- Explore implementation of online or text STI notification services [NYC Dept of Health, South Carolina; Florida]
- Recipients of partner service interventions should give feedback about their experience

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

- Obtain resources to ensure that HIPP-funded entities also offer screening for syphilis, chlamydia, gonorrhea, hepatitis C, and TB.
- Coordinate and collaborate with Metro Atlanta TB Task Force to ensure HIV testing is offered at all shelters and by outreach staff that offer TB testing.
  - Provide Rapid Entry linkage to unstably housed persons testing positive for HIV.
- Ensure FCDHW STI clinic offers HIV screening and offer of PrEP for appropriate individuals
- Provide immediate ART to those with HIV/TB coinfection

# Prevention

- Decrease the number of new HIV diagnoses by at least 25% (NHAS Indicator 2)
  - Reduce disparities by at least 15% (NHAS Indicator 9 adapted)
    - Young black gay and bisexual men
    - Gay and bisexual men regardless of race/ethnicity;
    - Transgender women
    - Black females

# Transgender: The Unknown Demographic

- Do not have good data to even count the number of HIV+ transgender persons in Fulton County, much less their care outcomes
- **WE NEED BETTER DATA!**

# PrEP and PEP



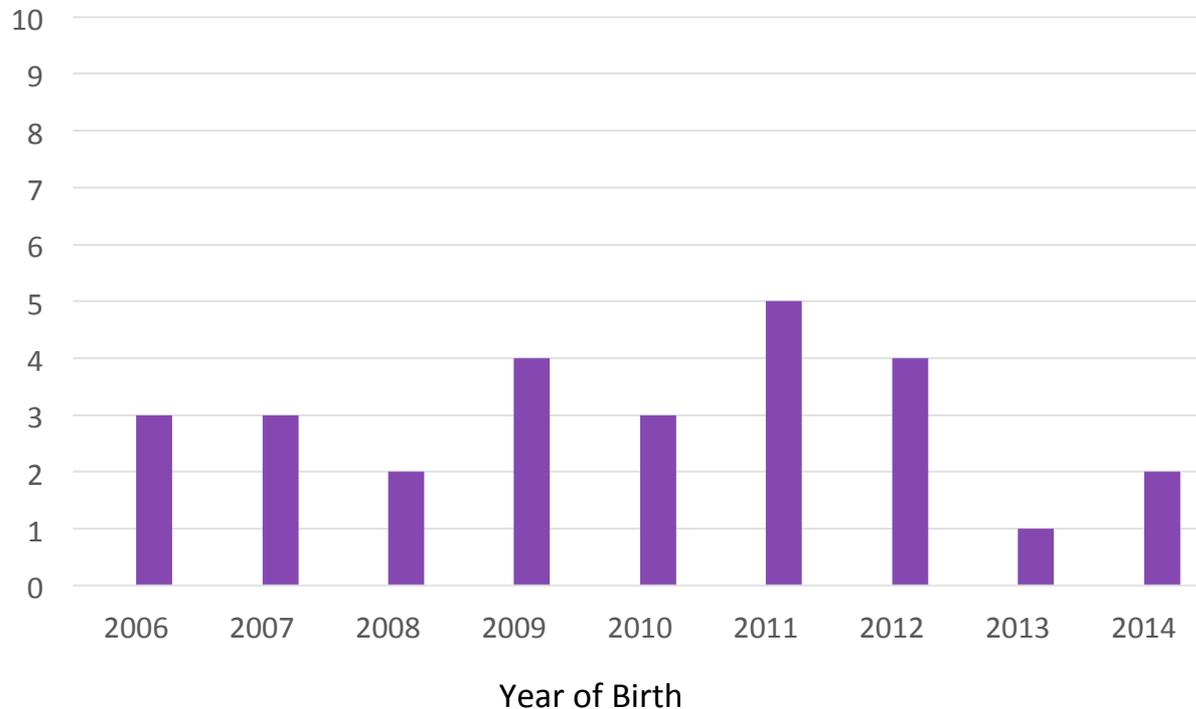
The time for debate on the effectiveness of PrEP is over.

- PrEP = preexposure prophylaxis
  - A pill (Truvada<sup>®</sup>) taken daily by HIV negative persons to prevent HIV infection
  - Over 90% effective if taken daily
- PEP = postexposure prophylaxis
  - A complete 3-drug ART regimen taken for a month AFTER an exposure has occurred
  - Should be started within 72 hours of exposure

# Increase Access to PrEP and PEP

- Increase community and provider awareness and education about PrEP and PEP
- Ensure adequate staffing for the FCDHW PrEP Clinic
- Create multiple access points for PrEP throughout Fulton County,
  - College and university health services
  - FQHCs
  - Pharmacies and urgent care clinics
  - Community-based organizations
  - Grady neighborhood health centers
  - OB-Gyn, Internal Medicine, and Family Practice providers
- Increase access points for PEP in Emergency Departments, non-HIV clinics and private practice providers
- Investigate opportunities for PrEP/PEP funding, including foundations, community fundraising, and government grants.

# Perinatal HIV Infections Diagnosed in Infants Born in Fulton County, by Year of Birth



Data as of 3/2016

# ZERO Perinatal Transmission

- Staffing to provide comprehensive perinatal prevention and services for HIV-infected pregnant women.
- Collaborations with medical provider societies, especially in obstetrics and gynecology
  - training in the care of HIV positive pregnant women.
  - HIV prevention campaigns directed at practicing obstetrician and obstetric nurses
- Increase enforcement of the Georgia HIV/Syphilis Pregnancy Screening Act of 2015.
- Expand the HIV Health Information Exchange to identify out of care HIV positive pregnant women when they present for obstetric care at Grady

# Prevention for People Who Inject Drugs

- POLICY: Clarify the legality of syringe services programs for the legitimate medical purpose of preventing HIV, hepatitis B and C, and other blood-borne infections in Fulton County and the State of Georgia.
  - Mobile units and Ryan White clinics
  - Linkage to HIV/HCV care and SU/MH services
  - Offer HIV and HCV screening.
- Ensure access to naloxone for PWID and others with opioid use disorders in Fulton County
- Increase access to substance use and mental health treatment for PWID and others with opioid use disorders

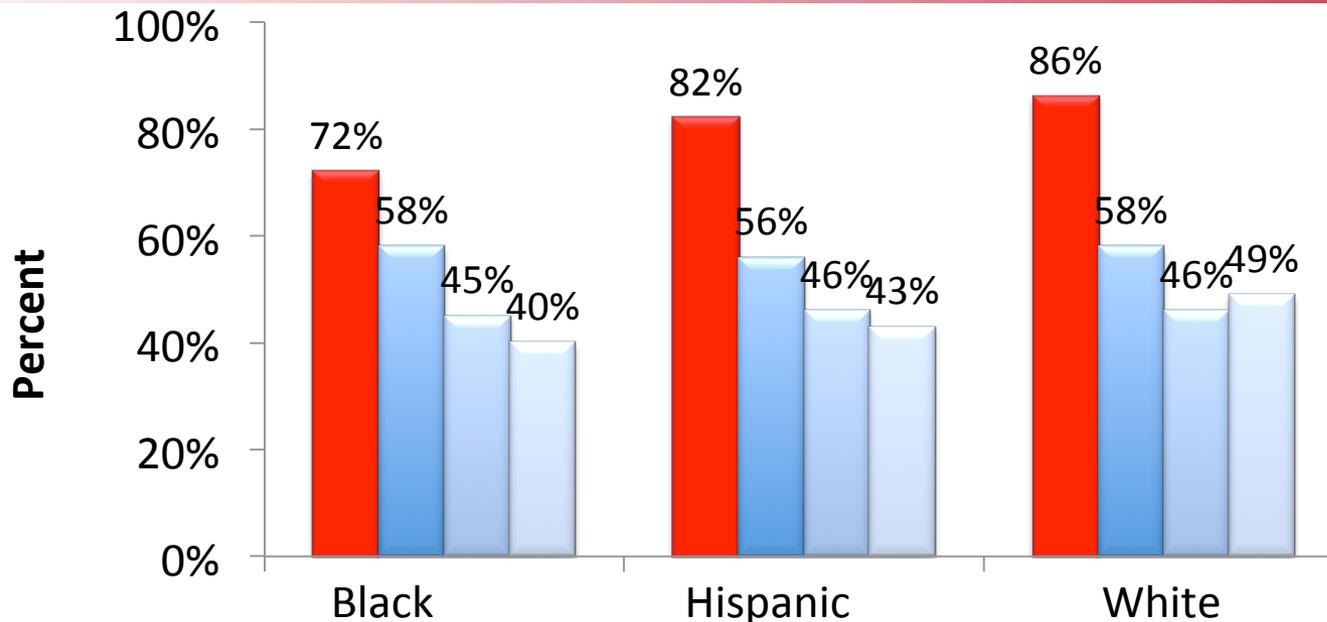
# Better and More Condom Distribution

- Increase the number of condoms distributed to persons with HIV and high-risk seronegatives to 3.5 million units per year.
- 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.
  - Local bars and sex clubs.
  - All HIV care sites.
  - Pilot mailing of condoms and lube through online requests



# Care and Treatment

# Adults and Adolescents Living with Diagnosed HIV, by Race/Ethnicity, Fulton County, 2014



■ **Linked to care within 30 days**     
 ■ **Retained in care**     
 ■ **Virally Suppressed (VS)**

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)

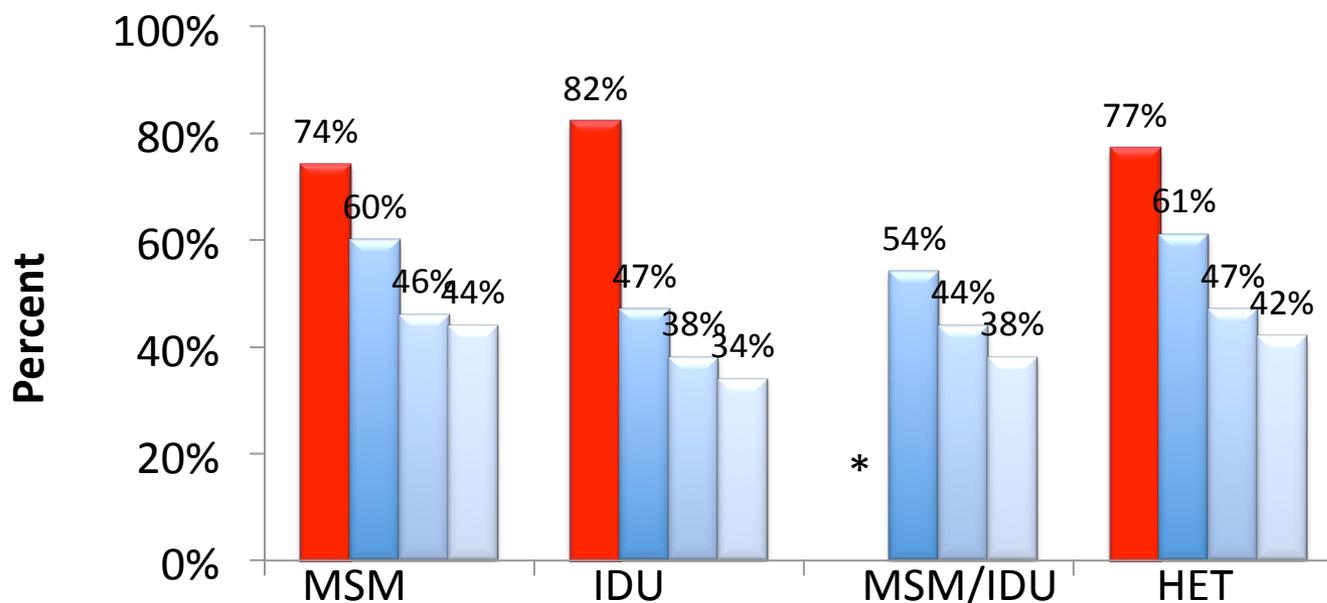
Engaged  $\geq 1$  CD4 or VL in 2014

Retained  $\geq 2$  cd4 or VL at least 90 days apart in 2014

Viral suppression(VS) = viral load  $< 200$  on last VL in 2014

Provisional data, 2014 deaths not yet included

# Adults and Adolescents Living with Diagnosed HIV, by Transmission Category, Fulton County, 2014



■ **Linked to care within 30 days**

■ **Retained in care**

■ **Virally Suppressed (VS)**

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)

Engaged  $\geq 1$  CD4 or VL in 2014

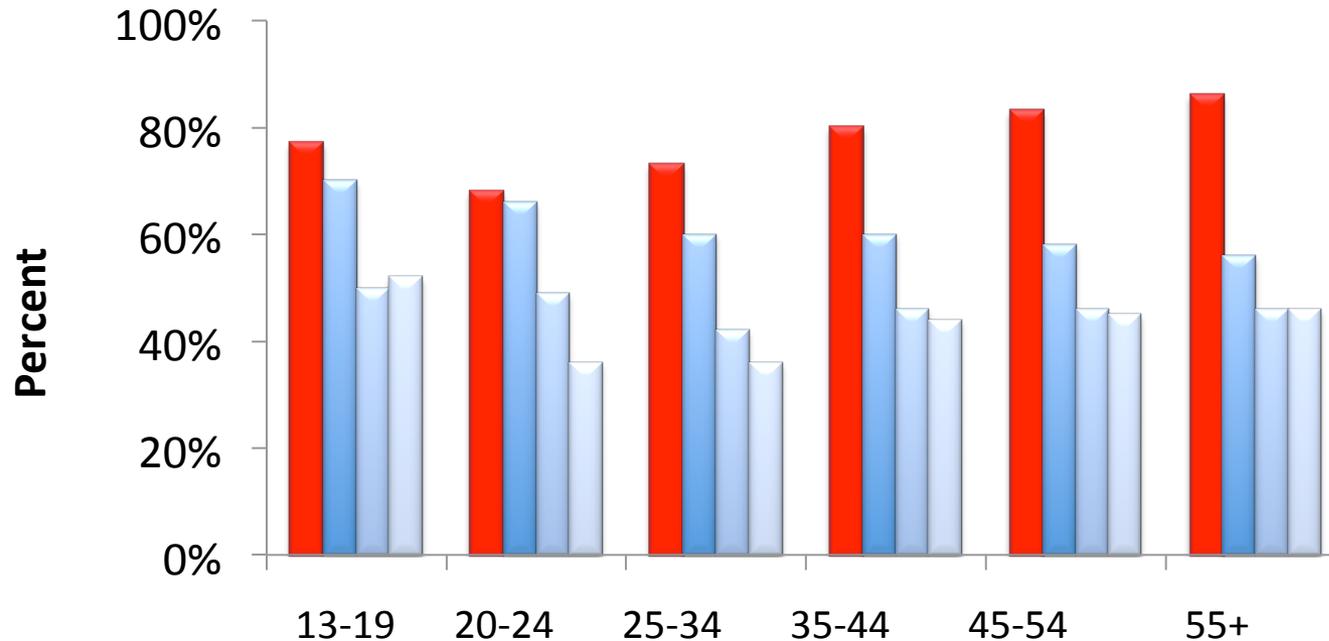
Retained  $\geq 2$  cd4 or VL at least 90 days apart in 2014

Viral suppression(VS) = viral load  $< 200$  on last VL in 2014

Provisional data, 2014 deaths not yet included

\*insufficient number

# Adults and Adolescents Living with Diagnosed HIV, by Age Group, Fulton County, 2014



■ **Linked to care within 30 days**     
 ■ **Retained in care**     
 ■ **Virally Suppressed (VS)**

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)

Engaged  $\geq 1$  CD4 or VL in 2014

Retained  $\geq 2$  cd4 or VL at least 90 days apart in 2014

Viral suppression(VS) = viral load  $< 200$  on last VL in 2014

Provisional data, 2014 deaths not yet included

# Linkage To Care = 3 Days!

- Provide a medical provider visit within 3 days of diagnosis for 85% of newly diagnosed persons
- Assess and reinvent linkage resources, staffing, training, capabilities, and processes
  - Prioritize most vulnerable populations (youth, MH/SU disorders, unstable housing, released from incarceration) to receive intensive linkage navigation services.
- Eliminate barriers to patient entry at Ryan White clinics.
  - Create and implement Rapid Entry pathways to ensure initial medical visit within 3 days of diagnosis
- Evaluate synergies between allowable CDC HIPP and Ryan White activities to maximize linkage resources and decrease duplication of effort

# Dramatically Improve Retention in Care

- Increase the number of people retained in care to 90% of those diagnosed (NHAS Indicator 5)
  - Create welcoming clinics
  - Individualized retention plans including navigators
  - Reminders for visits and medication refills, including online platforms
  - Follow up on missed visits during the same day
  - Develop mechanisms for obtaining and maintaining accurate contact information
  - Decrease long clinic wait times
  - Simplify and synchronize Ryan White, ADAP, and HICP recertification

# Reengagement in Care

- Decrease the number of persons who are out of care by 50%.
- Reengage individuals identified as out of care within 3 days of contact.
- Assess and reinvent reengagement resources, staffing, training, capabilities, and processes
  - Use surveillance data to improve care reengagement
  - Pilot test a community health worker program for locating and assisting out of care individuals
  - Use mobile vans, including the Fulton testing van to do outreach and medical visits
  - Develop a mechanism by which providers can query the DPH Health Information Exchange (HIE) to verify whether an individual is out of care or receiving care elsewhere; Expand the HIE
  - Individualized patient-centered reengagement plans including transportation, housing, communication, SU/MH

# Increase Viral Suppression to 80%

- Decrease the time from HIV diagnosis or reengagement in care to viral suppression to an average (mean) of 6 months
- Educate: ART is for all persons regardless of CD4 count.
- Optimize systems for immediate and continuous access to ART for all persons
  - In-house and ADAP pharmacies should communicate with patient and provider immediately when prescription not picked up
- Enroll in HICP to enhance access to medical care and ART through health insurance
  - POLICY: Advocate against adverse tiering, quantity limits and prior authorization
- Expedite ADAP process: track turnaround times and address reasons for delays in processing
- Address adherence and provide adherence support to vulnerable populations beginning or reinitiating ART

# Quality of Care

- Reduce the AIDS-related death rate among persons by at least 33%. (NHAS Indicator 8)
- Improve linkage to mental health and substance use treatment programs within one month of assessment
- Ensure that all patients receive HIV care consistent with current HIVMA and DHHS Guidelines
- Ensure that patients coinfectd with HIV/HCV receive HCV treatment.

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

- Transparency regarding federal, state, and county funds impacting HIV, STIs, viral hepatitis, and TB
- Transparency and public process, and collaborative & inclusive planning
  - for integration of FCDHW with GDPH
  - for input on structural changes affecting Communicable Diseases and Ryan White programs at FCDHW
- Address hiring and contracting processes that impede timely implementation of HIV, STI, viral hepatitis, and TB initiatives
- BOC should appoint at least one person to the reconfigured Fulton Board of Health who is an expert in HIV prevention, treatment and policy.



# Social Determinants of Health

# Unstable Housing in <5% of PLWHIV

- Adopt a “Housing First” approach.
- Centralized online repository for documents needed to qualify for services
- Online resource portal for housing resources
- Standardize rules and applications across housing providers.
- Collaborate with HOPWA to decrease housing barriers for PLWHIV.

# Improve Access to Transportation

- Contract with a limited number of transportation vendors to provide transportation for all Ryan White clients
- Use mobile van to provide medical visits to remote locations with inadequate transportation
- Encourage opening satellite clinics in areas with underserved transportation infrastructure

# Reduce Food Insecurity

- Screen for food insecurity and other nutritional needs and SNAP eligibility among clients presenting for services or care
- Collaborate with existing food programs to ensure access to nutrition services
- Explore establishing food banks within high volume Ryan White clinics
- Expand Ryan White food voucher program to include farmers markets participating with Wholesome Wave where purchase value doubles for fresh fruits and vegetables

# Provide Childcare

- Screen for childcare during entry to care and periodically thereafter, especially for women.
- Educate about the availability of childcare support in Ryan White clinics
- Assess the barriers to uptake of childcare support services in Ryan White clinics, implement awareness measures accordingly, and tailor childcare support services to reduce barriers to uptake of childcare services.

# Criminal Justice Pipeline

## Policing and Courts

- Incorporate HIV education, trauma-informed practices, and cultural competency training into recruit training courses and existing staff for APD and Fulton County Sheriff's Department
- Collaborate with APD and Fulton County Sheriff's Department to conduct an anti-stigma campaign within their departments.
- Work with courts to increase diversion programs for appropriate drug and sex offenses, including HIV prevention education in these programs

# Criminal Justice Pipeline

## Incarceration

- POLICY: Offer routine opt-out HIV testing upon entry at Fulton County jails.
- Provide HIV education, training on trauma-informed practices, and cultural competency training for jail administration and staff
- Provide evidence-based sexual health and HIV education, including on HIV criminalization, and condoms to all inmates and pre-release planning for PLWHIV
- Ensure that incarcerated persons receive HIV treatment according to current DHHS Antiretroviral Guidelines.
- POLICY: Eliminate policies or actions that stigmatize incarcerated people with HIV.

# Education: Comprehensive Health and Sex Education and Health Literacy

- Implement evidence-based comprehensive sex and sexuality education for youth in Fulton County and City of Atlanta schools.
- Improve health literacy among staff at agencies providing HIV care and services and among PLWHIV
- Increase age-appropriate evidence-based community health literacy programming
- Make all materials available in Spanish and other languages as needed

# Improve Job Training and Readiness

- Partner with Job Corps and Atlanta Regional Commission Workforce Development to increase job training opportunities for PLWHIV.
- Partner with employment agencies to provide temporary employment opportunities for PLWHIV.
- Identify sources of funding to subsidize GED classes for PLWHIV.
- Create resource portal for clothing banks, job training opportunities, GED classes.
- Create flexible clinic hours to facilitate attendance for those who are employed 9am-5pm.

# ZERO Stigma And Discrimination

- POLICY: Reform HIV criminalization laws to align with current HIV science and advance best public health practices for HIV prevention and care.
- Implement anti-stigma campaign in Fulton County and City of Atlanta, including faith-based institutions
- Ongoing training in cultural competency and sensitivity for government employees and service and care providers
- Implement tools for assessing stigma within agencies and clinics, and across the broader community.
- Adopt policies and procedures supporting the meaningful involvement of PLWHIV across all HIV services
- Orient client services for PLWHIV long-term self-sufficiency to reduce dependency on public support systems.



**Policy**

# Requests of BOC

**Stigma:** Reiterate BOC's strong public stance against stigma and discrimination associated with HIV, sexual orientation, gender identity and expression, race, sex, socioeconomic class, or religion

- Resolution sponsoring an **HIV Awareness and Anti Stigma Campaign** for all Fulton County agencies, including corrections
- Add **HIV Criminalization Law Reform** to the legislative docket for 2017

**Routine Opt-Out HIV Testing in Fulton County Facilities:** Resolution requiring routine opt-out testing policies with evaluation and monitoring of outcomes, in all healthcare settings under jurisdiction of the BOC, including

- All facilities providing outpatient medical, substance use, and mental health services
- Medical intake at jails
- Emergency departments
- Hospitals
- Evaluation and monitoring methodology to be determined by FCDHW

# Requests of BOC

## **Routine Opt-Out HIV Testing, Education, Pre-release Planning in Fulton County Jails**

- Convene a meeting with the Fulton County Sheriff and jail administration to create a plan for implementing these services, under the supervision of FCDHW

## **Comprehensive HIV and Sexuality Education; HIV/STI Testing in Fulton Schools:** Convene meeting with superintendent Fulton County schools to discuss

- Comprehensive evidence-based sexual health curriculum for schools including HIV/STI and substance use education
- Voluntary HIV/STI testing in school health programs

## **Promote Establishment of PrEP Clinics in Colleges/Universities**

- Include **HIV/STI testing** in student health services (necessary for PrEP)
- Conduct **anti-stigma campaigns**, in collaboration with FCDHW HIPP

# Requests of BOC

**Syringe Exchange (Syringe Services Programs):** Support resolution recognizing the legitimate medical purpose of syringe services programs and increasing access throughout Fulton County

- Work with county attorney's office, Director of FCDHW, and FCTFHA to develop an ordinance to define syringe exchange as a legitimate medical purpose to address HIV and opioid abuse epidemics in Fulton County.
- Add update of O.C.G.A. § 16-13-32 to allow for syringe exchange as a "legitimate medical purpose" to county legislative docket.

**Substance Use and Mental Health:** Require outsourced Behavioral Health contracts to contain the following:

- All sites will offer routine opt-out HIV/STI testing for client
- All sites will have a relationship with HIV clinics and a mechanism for linkage to care within 3 days of a positive test result (new diagnosis or reengaging in care)
- All administration and staff at funded sites will receive annual cultural competency, anti-stigma training, approved by FCDHW

# Requests of BOC

**Perinatal:** Commit to ending perinatal HIV transmission

- Outreach to OB-Gyns to educate about HIV testing and treatment resources
- Provide HIV education and testing through WIC programs

**Adequate Funding for the Ryan White HIV/AIDS Program** and education for legislators regarding program

- Support membership in the Communities Advocating Emergency AIDS Relief (CAEAR Coalition) and support travel to send the Ryan White Grantee Director to meetings in Washington, DC.

**Policy:** Recommend that Chairman Eaves & Commissioners convene a special briefing on the Strategy and its policy goals for members of the Fulton County legislative delegation.



# Next Actions

# On to Phase III

- Share Phase II report broadly
- Work with elected officials in Fulton and City of Atlanta to implement local policy requests
- Continue implementation of actions
- Continue community feedback
- Phase III – December 2016
  - Develop accountability and timelines for actions
  - Develop resource and gap assessment
  - Develop cost analyses for targeted actions



Q & A

Do We Have the  
Political Will?

Yes, We Do!

We DO Have the  
Political Will!

We CAN Do This.

And We Will!

**OUR Time is Now!**

# Contact the Task Force!

[Jewell.Martin@fultoncountyga.gov](mailto:Jewell.Martin@fultoncountyga.gov)

[drmt@mindspring.com](mailto:drmt@mindspring.com)

On Twitter: @HIVTaskForceFC

On Facebook: Fulton County HIV  
Task Force (NEW! Like Us!)



# Phase II Progress Report Building the Strategy to End AIDS in Fulton County Objectives & Actions

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

*OUR Time Is NOW*