Ending the HIV Epidemic in Atlanta: A Mixed-Methods Study to Support the Local HIV/AIDS Response

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Micah Piske[1], Bohdan Nosyk[1,2], Justin C. Smith[3,4], Bianca Yeung[1], Benjamin Enns[1], Xiao Zang[5], Patrick S. Sullivan[6], Wendy S. Armstrong[7,10], Melanie A. Thompson[8], Gaea Daniel[9], Carlos del Rio[7,10], Localized Economic Modeling team

[1] Centre for Advancing Health Outcomes, St. Paul's Hospital, Vancouver, Canada; [2] Simon Fraser University, Burnaby, Canada; [3] Positive Impact Health Centers, Atlanta, GA, USA; [4] Harvard T.H. Chan School of Public Health, Boston, MA, USA; [5] School of Public Health, University of Minnesota, Minneapolis, MN, USA; [6] Department of Epidemiology, Emory University, Rollins School of Public Health, Atlanta, GA, USA; [7] Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA, USA; [8] Thacker & Thompson, MD, Atlanta, GA, USA; [9] Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, USA; [10] Grady Health System, Atlanta, GA, USA

BACKGROUND

- Four counties within the Atlanta, Georgia 20-county eligible metropolitan area **(EMA)** are currently prioritized by the US 'Ending the HIV Epidemic' **(EHE)** initiative which aims for 90% reduction in HIV incidence by 2030.
- Disparities driving Atlanta's HIV epidemic warrant an examination of local service availability, unmet needs and organizational capacity to reach EHE targets.
- We conducted a mixed-methods evaluation of the Atlanta EMA to assess geographic HIV epidemiology and distribution of services, service needs, and organization infrastructure to implement or expand services for each pillar of the EHE initiative.

METHODS

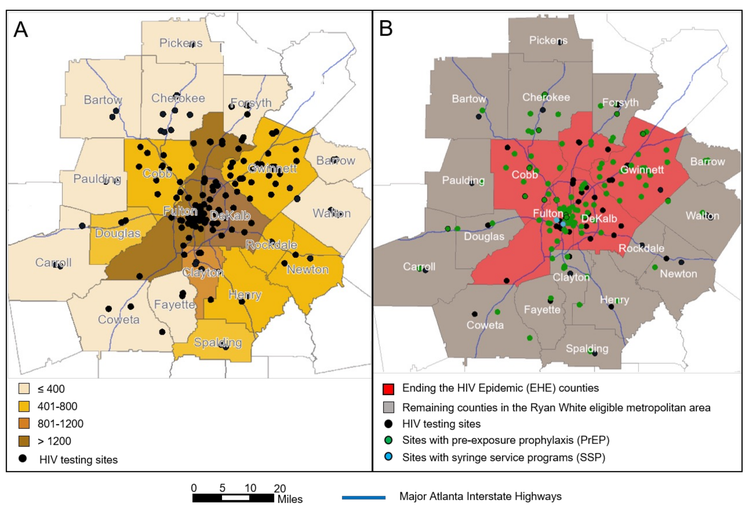
- We collected 2021 county-level data (during June 2022), from multiple sources including:
  - AIDSVu (HIV prevalence and new diagnoses)
  - The Centers for Disease Control and Prevention web-based tools (HIV testing and pre-exposure (PrEP) locations)
  - and the Georgia Department of Public Health (HIV testing, PrEP screenings, viral suppression, and partner service interviews)
- We distributed an online survey to key local stakeholders at major HIV care agencies across the EMA to assess availability of services, unmet needs, and organization infrastructure.
- The Organizational Readiness for Implementing Change (ORIC) questionnaire assessed organization climate for services in need of scale-up or implementation.
- We conducted a thematic content analysis of qualitative responses and identified key themes related to implementation barriers and recommendations to support local EHE efforts.
- Survey respondents (N=48) represented primary care staff (54%), community-based organization staff (35%), and state/county public health department or other organization staff (10%) (including community advocates and people living with HIV/AIDS (10%)).

This study highlights racial/ethnic and geographic disparities in HIV disease burden and inequities in access to HIV testing and PrEP, particularly in the southern Atlanta EMA. Service delivery - across all EHE pillars to prevent, treat, diagnose, and respond to HIV/AIDS - must substantially expand to reach EHE goals in metro Atlanta.

RESULTS

- As of 2022, Black/African American people represented **36%** of the Atlanta EMA population but accounted for **72%** of the EMA's new HIV diagnoses in 2021.
- Five counties not currently prioritized by the EHE initiative (Clayton, Douglas, Henry, Newton, and Rockdale) accounted for 16% of the EMA's new diagnoses but:
  - <9% of its 177 testing sites and <7% of its 130 PrEP sites (**Figure**).
- Survey respondents reported high unmet need for HIV self-testing kits, mobile clinic testing, HIV case management, peer outreach and navigation, integrated care, housing support, and transportation services.

Figure. Atlanta Eligible Metropolitan Area (**A**) Rate of people living with HIV per 100,000 county population in 2021 and facilities with HIV testing (N=177); (**B**) Ending the HIV Epidemic jurisdictions and sites with HIV testing, pre-exposure prophylaxis (N=130) and syringe service programs (N=2).



Credits: Atlanta Regional Commission; Atlanta Regional Commission | GA Dept. of Transportation (GDOT), Atlanta Regional Commission | Ministry of Health, April 2019; HIV service locations obtained from CDC Get Tested; CDC CAPUS; and North America Syringe Exchange Network (NASEN) websites (as of July 2022). Rate of PLHIV derived from AIDSVu 2021 data.

RESULTS (cont'd)

- Respondents additionally highlighted insufficient existing staffing and infrastructure to facilitate the necessary expansion of services, and the need to reduce inequities and address intersectional stigma.

CONCLUSIONS

- Reaching EHE goals in Atlanta will require increased resources across all EHE pillars to prevent, diagnose, treat and respond to HIV/AIDS.
- High-resolution geographic data on HIV epidemiology and service delivery with community input can provide targeted guidance to support local EHE efforts towards equitable access to HIV care.

ADDITIONAL KEY INFORMATION

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mpiske@advancinghealth.ubc.ca

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