IAS

International AIDS Society iasociety.org

SAC SOUTHERN AIDS COALITION

Community Education Group 30 YEARS

Day 1: Sunday 6 April

Person-Centred Care Advocacy Academy

Southern US edition, 2025

In partnership with

GILEAD Creating Possible

The Person-Centred Care programme of IAS – the International AIDS Society – is implemented with financial support from, and in collaboration with, Gilead Sciences. The IAS has full control over all the activities and decisions relating to, and forming part of, the Person-Centred Care programme.

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Today's programme (part 1)

Time	Session
2:00pm – 3:00pm	**Opening –welcome and introductions**
2:00pm – 2:15pm	**Welcome and overview of logistics**
2:15pm – 3:00pm	**Rapid fire introductions of faculty and fellows**
3:00pm – 4:00pm	**Session 1 – Core elements of person-centred care**
	• The whole and unique person is welcomed with respect • Enabling partnerships and respectful communication • Coordinated, integrated and holistic care • Shared decision making and discretionary power
4:00pm – 4:30pm	Refreshments break

IAS

Today's programme (part 2)

4:30pm – 4:50pm **Keynote address – Client advocate**

Perceptions From The Community, Daniel Driffin, HIV Vaccine Trials Network (HVTN)/D3 Consulti

4:50pm – 6:15pm **Session 2 – Case studies from local service providers**

- **Importance of Routine Syphilis Screening in Rapid Start ART for Newly Diagnosed Individuals, Brianna Harper**, A Vision 4 Hope, Inc.
- **Latonia Wilkins**, Project Red Paint
- **Real Talk & Research, Quinton Reynolds**, Game Changing Men
- **Healing Through The Highways "Eliminating Rural Barriers To Care for Black Trans Won in The South", Toi Washington**, Trans Women of Color Healing Project (no powerpoint)
- **The Ponce G.O.A.L. Clinic, Bruce Aldred & Syraja Minnis**, Grady Ponce De Leon Center
- **Status: Home – Housing, Healthcare, and the Power of Person-Centred Care, Maryum Phillips & Kenneth Gantt**, Status: Home
- **Healthy Loving is Healthy Living, Krystal Stewart & Kia James**, SisterLove, Inc.
- **El Camino to Equity for Latinos in the South, Edric Figueroa**, Latino Commission on AIDS
- **Access to injectable therapies as person-centred care, John Stanton**, Positive Impact Health Centers

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Session 1 – Core elements of person-centred care

Time	Activity
3:00pm – 3:30pm	**Four breakout groups will tackle a different topic!** **Explore enablers, barriers and good practice examples.** 1. The whole and unique person is welcomed with respect – David 2. Enabling partnerships and respectful communication – Dafina 3. Coordinated and holistic care – Toni 4. Shared decision making and discretionary power – Elvin
3:30pm – 4:00pm	**Report backs from breakout groups**

Tips!!

- Take notes on page 16 of workbook
- See also pre-meeting recap sections (pages 7 – 14 of workbook) for inspiration
- See also examples in session 6 (pages 28-33 of workbook) for extra inspiration!

Keynote address: Client advocate

Daniel Driffin,
HIV Vaccine Trials Network (HVTN)

Importance of Routine Syphilis Screening in Rapid Start ART for Newly Diagnosed Individuals

Case Study Presentation

Brianna Harper, MPH, CHES®
Lead Medical Case Manager
A Vision 4 Hope, Inc.
April 6th, 2025

AGENDA

- Background
- Purpose
- Person-Centred Care Definition
- Methodology
- Results
- Conclusions
- Acknowledgements
- Thank You

BACKGROUND

STI and HIV Co-Infection:

- HIV and syphilis co-infection is a growing issue, especially among young men who have sex with men (MSM).
- Syphilis rates have increased in recent years, which complicates HIV care and viral suppression.

Syphilis and HIV Interaction:

- Active syphilis increases systemic inflammation and immune activation.
- This can reduce the effectiveness of ART, leading to delayed viral suppression and worse health outcomes.

Significance of Routine STI Screening:

- Syphilis detection is often delayed, affecting HIV care timelines.
- Routine STI screening at the point of HIV diagnosis is essential to improving treatment outcomes.

PURPOSE

Objectives of the Case Study:

- To assess the impact of routine syphilis screening on the efficacy of Rapid Start ART in newly diagnosed HIV patients.
- To explore how early syphilis detection could potentially accelerate viral suppression and reduce ART-related delays.

Goals of the Intervention:

- Integrating STI screening (including syphilis) into the Rapid Start ART approach.
- Reducing the time to viral suppression by treating co-infections early.
- Demonstrating the public health benefits of preventing syphilis transmission and improving HIV outcomes.

PERSON-CENTRED CARE

"Person-centred care, at its core, means treating the individual as a whole. It's not just about addressing the disease – in this case, HIV – but also recognizing the patient's overall health, including any co-existing conditions, such as syphilis. In this case study, person-centred care means prioritizing the patient's entire health and wellbeing, addressing both HIV and syphilis from the moment of diagnosis."

Holistic Care Approach

- Address the patient's overall health, not just HIV
- Include co-infections like syphilis from the start

Incorporating STI Screening into HIV Care

- Treat HIV and STIs together for comprehensive care
- Tailor care to the patient's preferences and needs

Impact on Patient Engagement

- Full health consideration boosts ART adherence
- Encourages proactive engagement in care

METHODOLOGY AND APPROACH

Case: 23-year old Black gay male diagnosed with HIV August 4th, 2024 with a high viral load and untreated syphilis of unknown duration

Rapid Start ART Protocol:

- The patient began treatment with BYT-ART (Bictegravir/Emtricitabine/Tenofovir alafenamide) on the same day as their HIV diagnosis.
- This approach is consistent with best practice standards for early initiation of ART to achieve viral suppression quickly.

Comprehensive STI Screening:

- Alongside HIV testing, the patient was screened for syphilis as part of baseline assessments.
- Syphilis was identified and treated immediately, although at a later stage compared to ART initiation.

RESULTS

Despite significant viremia, the patient was clinically stable, with no opportunistic infections at presentation. Based on agency best practices, the patient was immediately initiated on BYT-ART (Bictegravir/Emtricitabine/Tenofovir alafenamide) on the same day as diagnosis.

Baseline Laboratory Results (August 2024)	3 Months Post-ART (November 2024)	6 Month Post-ART (February 2025)
VIRAL LOAD: 8,340,000 copies/mL	VIRAL LOAD: 150 copies/mL	VIRAL LOAD: <20 copies/mL

CONCLUSIONS

This case highlights why routine STI screening, particularly for syphilis, should be standard protocol for all newly diagnosed HIV participants.

1

Syphilis Co-Infection Can Delay HIV Suppresion

2

Baseline STI Screening Is Essential

3

Integrated STI & HIV Treatment Improves Health Outcomes

4

Public Health Impact: Reducing Community Transmission

ACKNOWLEDGEMENTS

Admin. Team

OAHS Provider

Case Managers

Patient Health Navigators

THANK YOU

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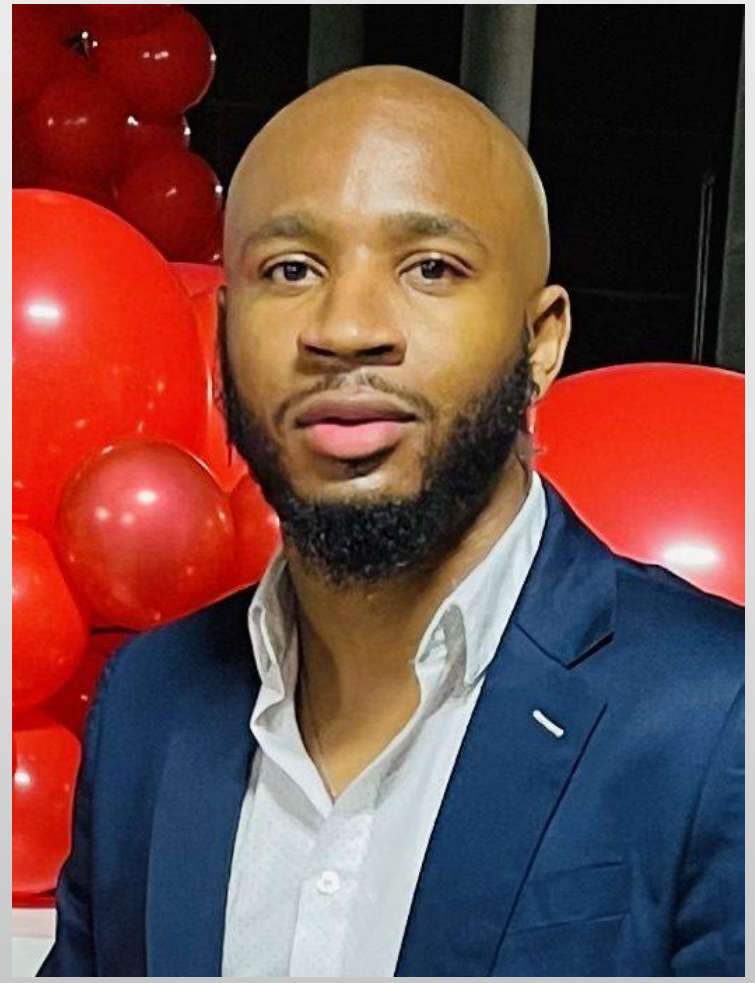
Atlanta, GA 30349

Project RED Paint

RESPECT EQUITY DIVERSITY

A Vision of Support and A Desire to Serve

In 2018, Darriyhan Edmond founded Project RED Paint, Inc. out of a deep commitment to empower individuals and organizations dedicated to serving those affected by HIV. Darriyhan's journey began with a recognition of the gaps in support and resources available to this community. He witnessed firsthand the challenges faced by individuals living with HIV and the vital role that education and peer support play in their lives. At Project RED Paint, the mission is to bridge these gaps by creating opportunities for capacity building and fostering connections among agencies and organizations. Darriyhan believes in the power of community to uplift and inspire, providing a platform where individuals feel valued and empowered to share their experiences. This work is driven by a clear vision. Together, Project RED Paint and its partners strive to create a supportive environment that transforms lives and strengthens collective efforts. Thank you for being part of this vital journey.



Project RED Paint
RESPECT EQUITY DIVERSITY

Project RED Paint

RESPECT EQUITY DIVERSITY

Our Mission

- To create a supportive space where individuals are empowered and educated to build resilience and improve their health and well-being. We are dedicated to enhancing quality of life through compassionate support, impactful training, and a commitment to inclusivity and wellness.

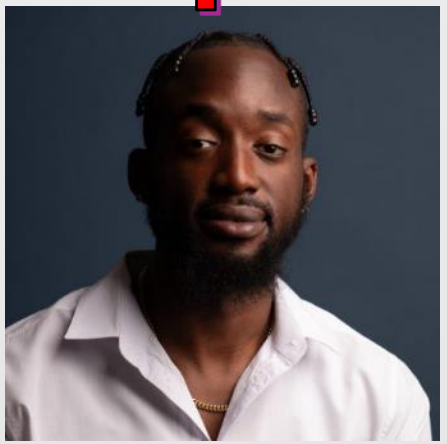
Our Vision

- For our members, their families, and extended communities to live a healthy life free of stigma, fear, inequities, and lack of support

Our Leadership Team

Darriyhan Edmond
Founder/Co-Executive Director

Latonia Wilkins
Co-Executive Director



Kenny Okafor
Board Chair

Calvin Battle
Vice Chair

Jasmine Ford
Board Secretary

Deirdre Speaks Johnson
Board Member

Dwain Bridges
Board Member

David Wiley Long
Board Member

Project RED Paint
RESPECT EQUITY DIVERSITY

Our Core Approaches

Peer Support & Empowerment

- Community members with lived experience trained to support peers.
- Safe spaces for healing, learning, and transformation.

Capacity Building & Consulting

Trainings for organizations on cultural humility, trauma-informed care, and HIV-centered equity work.

Community Platform Facilitation

Facilitation of community-driven discussions, CABs, and listening sessions to inform programs and policy.

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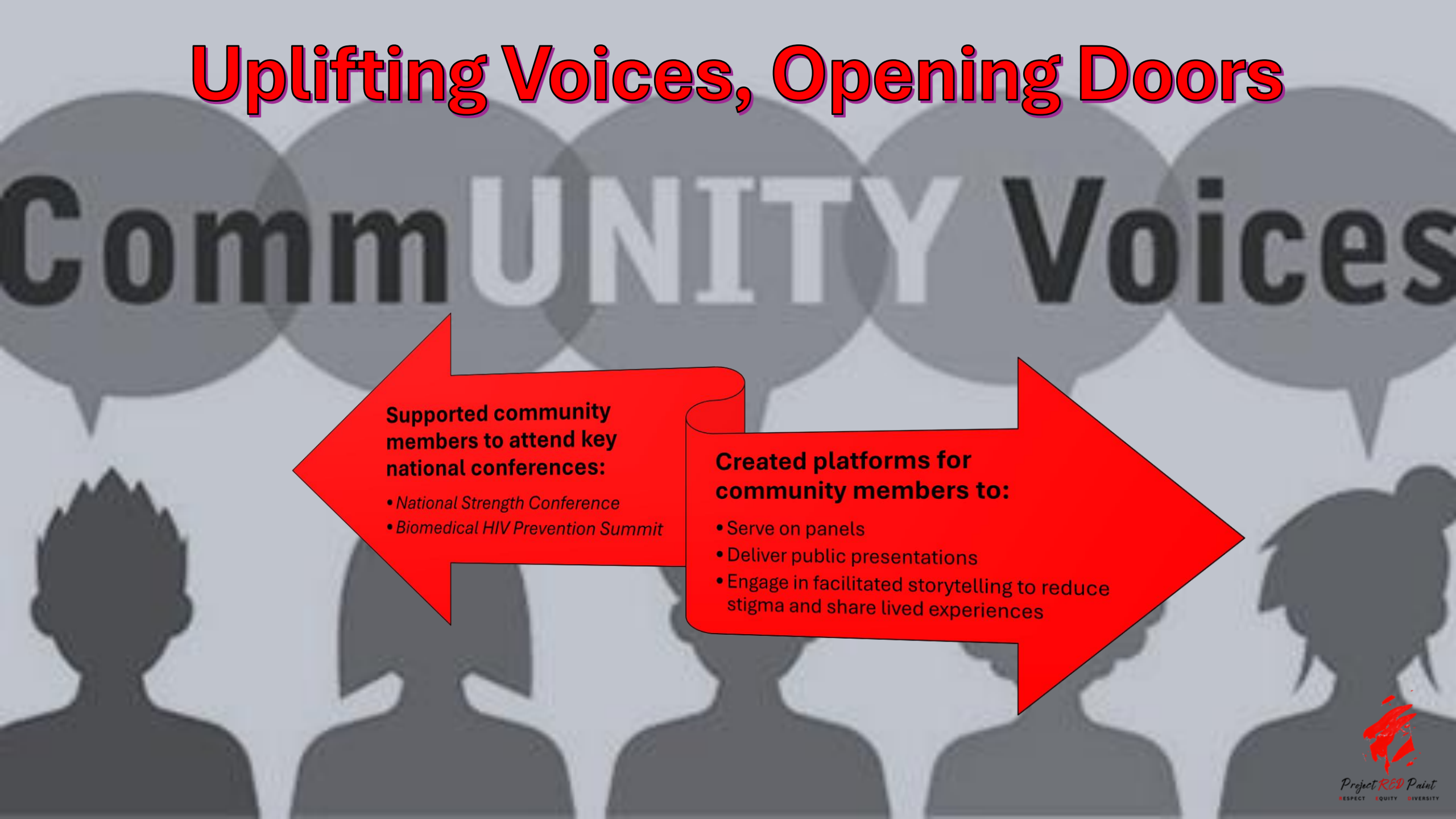
Uplifting Voices, Opening Doors



Supported community members to attend key national conferences:

- *National Strength Conference*
- *Biomedical HIV Prevention Summit*

Created platforms for community members to:

- Serve on panels
- Deliver public presentations
- Engage in facilitated storytelling to reduce stigma and share lived experiences

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Celebrating Culture, Honoring Community

Signature Events:

- National Black HIV/AIDS Awareness Day Gala
- World AIDS Day Award Ceremony

These events:

- Foster connection and joy
- Celebrate resilience and leadership
- Create space for education, honor, and visibility

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Building Collaborative Power

Facilitated meaningful partnerships with:

- Local health departments
- Community-based organizations
- Advocacy and arts groups

Used CAB meetings and listening sessions to:

- Co-create solutions
- Inform grant applications and policy
- Ensure accountability to community needs

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Looking Ahead

Future Goals:

Expand our Peer Support Training Program

Publish our community engagement and advocacy model

Deepen youth engagement and leadership opportunities

Continue building a movement rooted in dignity, care, and collaboration

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Linktree Info for Social Media and Donations:

Website:

https://www.projectredpaint.org/

We welcome opportunities for partnership and collaboration. We are also accepting ambassador applications. Join us in painting a more equitable path forward for communities impacted by HIV.

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RESPECT EQUITY DIVERSITY

Real Talk And Research: V=P (Visibility = Prevention)

Presented by:
Game Changing Men
Quinton Reynolds & Derek Baugh

Agenda

Introduction

Group Agreements

Icebreaker

Visibility = Prevention

Real Talk On The Road Stats and Findings

Closeout: Q&A

Group Agreements

1) Take Care Of Your Needs
2) Limit Side Conversations
3) One Speaker – One Mic
4) Respect Each Other
5) Limit Larger Questions For Q&A

Icebreaker

What made us choose to title: Visibility = Prevention

Visibility and prevention extend far beyond being a visible transmasculine person

It is a statement for providers too:

- Welcoming Staff
- Media Commercials
- Basic Intake Forms
- Doctors, Physicians, Overall Clinical Staff

Why Visibility Matters

- Access
- Opportunity
- Representation

Check On Information

Access Is Crucial

-To learn about hiv prevention

-To learn about sexual health tools

-To speak on behalf of our needs and experiences

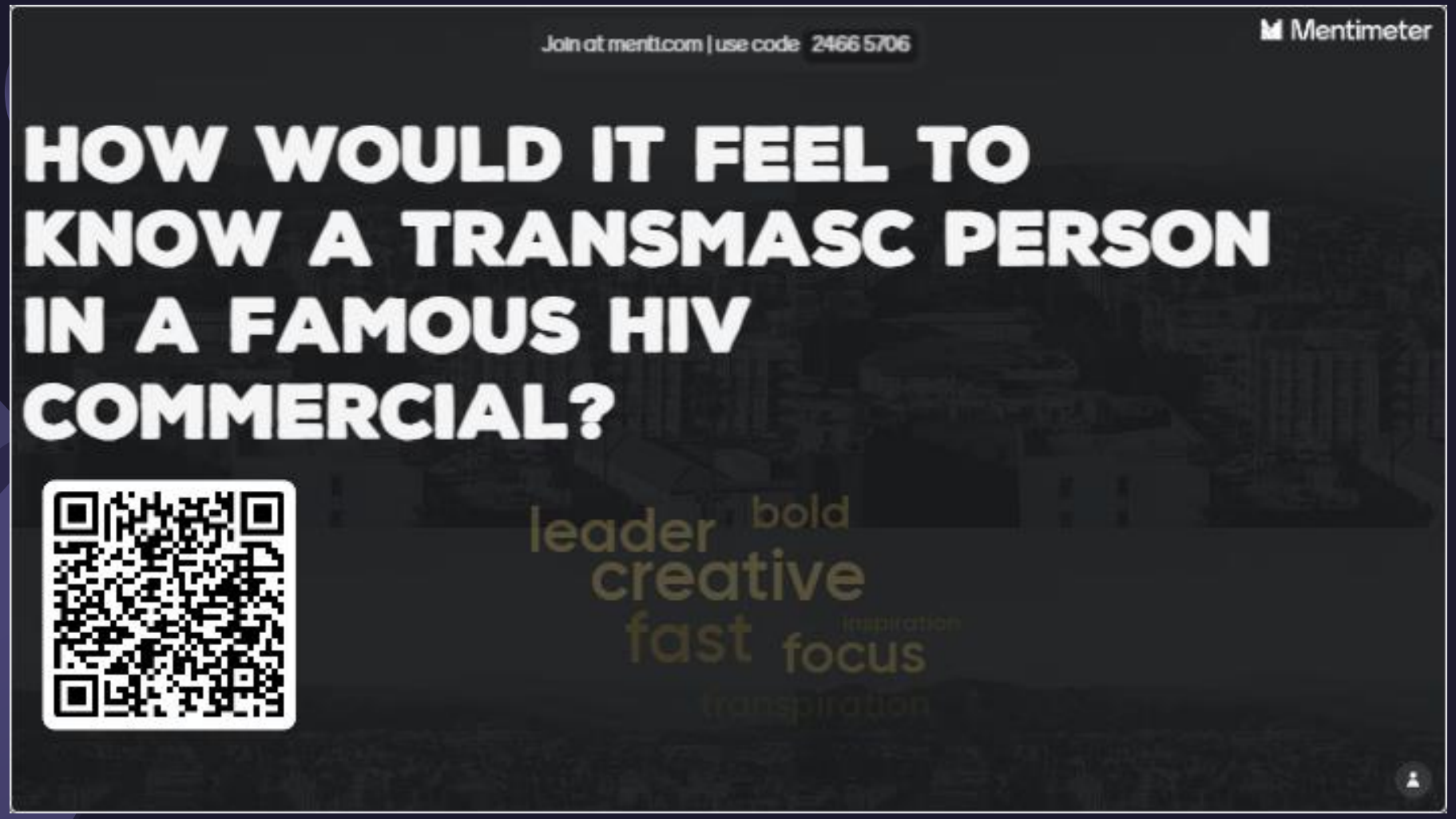
-To learn about available health care resources

Representation:

-People who look like you

-People who have shared experiences

-People who have similar struggles


Join at menti.com | use code 2466 5706
Mentimeter
HOW WOULD IT FEEL TO KNOW A TRANSMASC PERSON IN A FAMOUS HIV COMMERCIAL?
leader
bold
creative
fast
inspiration
focus

Community Support

Visible representation of transmasculine individuals within the HIV prevention movement can foster a sense of community and solidarity. This sense of belonging can encourage individuals to prioritize their sexual health and seek support from peers who understand their experiences.

Continued: How Does Visibility Aid in Prevention Within The Transmasculine Community

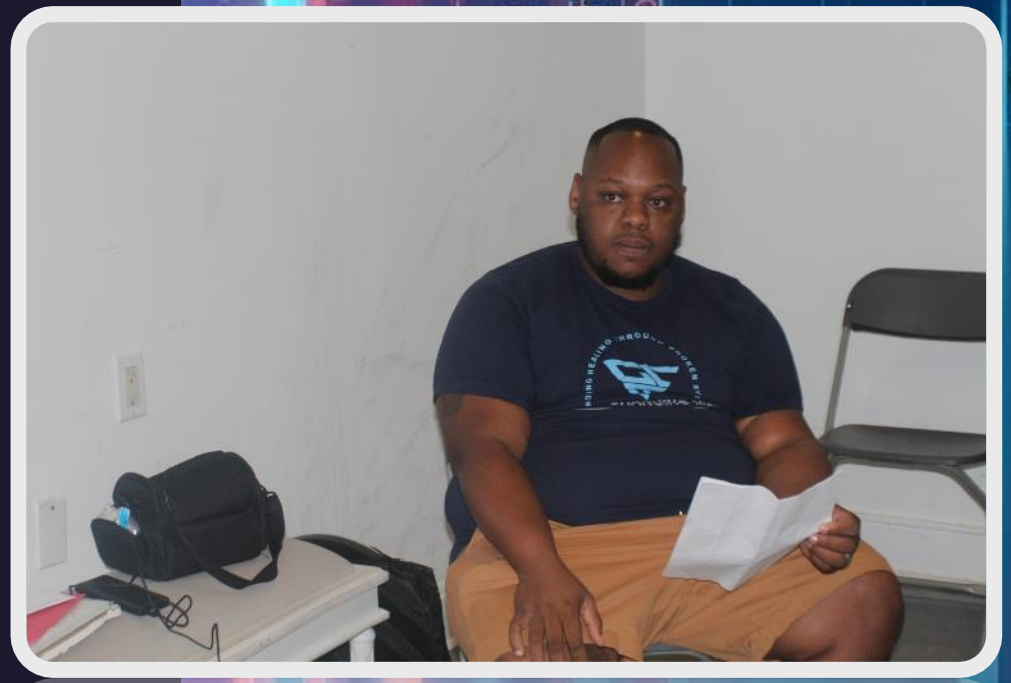
Advocacy & Policy Change

Visibility can empower transmasculine individuals to advocate for policies and programs that address their specific needs within the broader HIV prevention landscape. This may include advocating for research funding, policy changes to improve access to healthcare, and inclusion of trans perspectives in HIV prevention campaigns.

Recap

How Does Visibility Aid in Prevention Within The Transmasculine Community

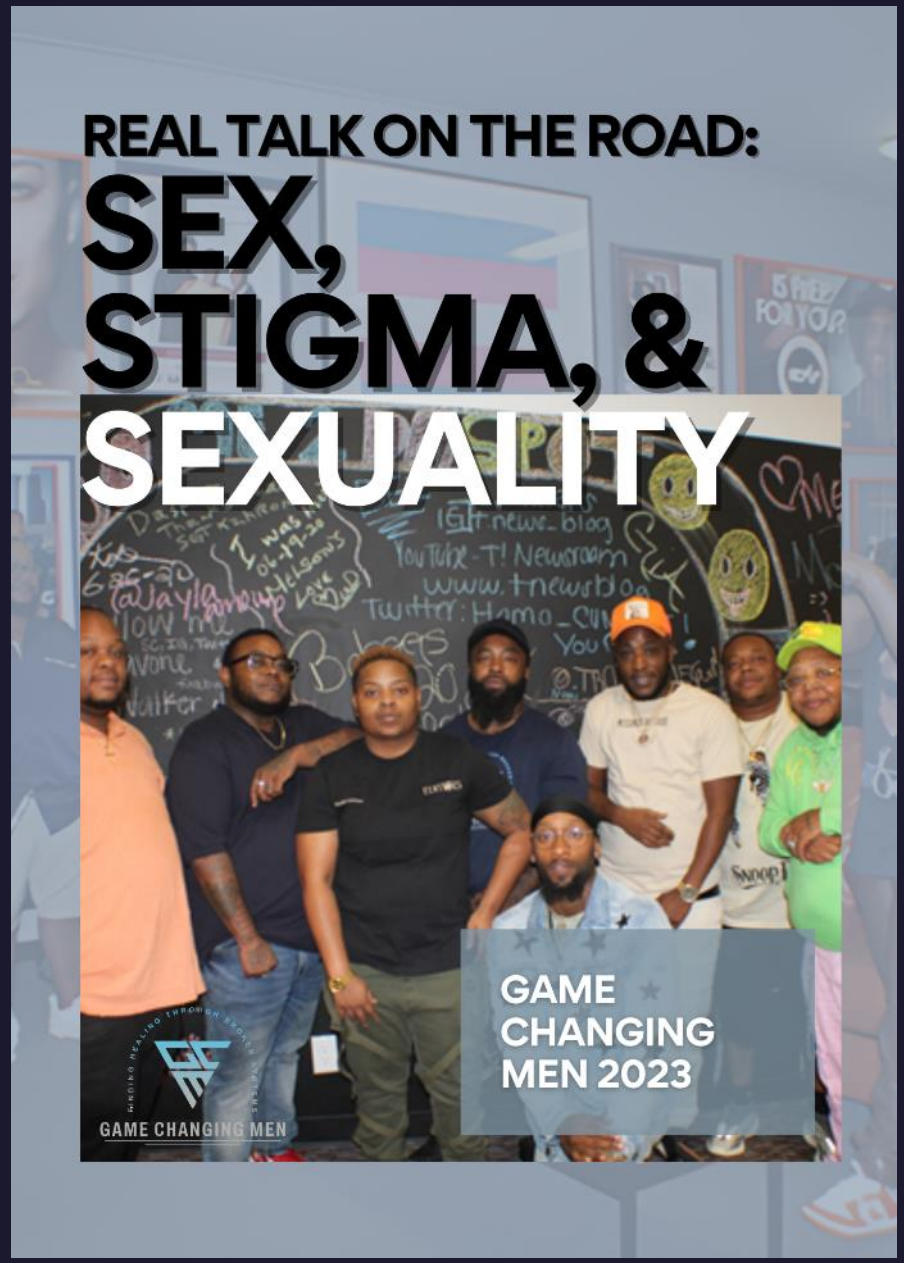
1) Access
2) Reducing Stigma
3) Access to Healthcare
4) Community Support
5) Advocacy & Policy Change



Real Talk On The Road

“Real Talk on the Road: Sex, Stigma, and Sexuality” Series

From June 9th to November 4th of 2023, Game Changing Men led the “Real Talk on the Road: Sex, Stigma, and Sexuality” series to address and mitigate the stigma surrounding sexual and reproductive health issues within the trans masculine community. GCM completed a tour across 11 states in the Southeast region, distributing surveys and conducting in-depth focus group discussions to explore the sexual and reproductive health outlooks of African American trans men/masc.



Campaign Goals

- To provide a platform for African American trans men/masc voices and insights surrounding sexual and reproductive health
- To expand the availability of critical health resources that are trans men/masc-inclusive.
- To collaborate and build a network of other community-based organizations (CBOs) or advocacy groups that are led by African American trans men/masc and AFAB individuals.
- To elevate public consciousness about the urgent need for sexual and reproductive health services aimed at trans men/masc.

Timeline

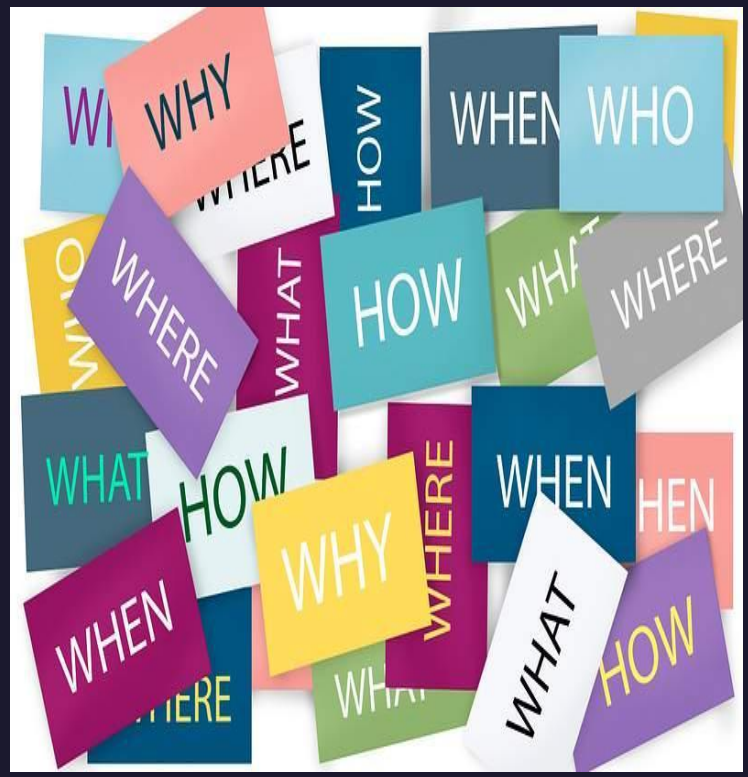
Date	City, State
June 9-10	Jackson, MS
July 14-15	Miami, FL
July 21-22	Little Rock, AR
Sept 1-2	Atlanta, GA
Sept 8-9	Washington, DC
Sept 15-16	New Orleans, LA
Sept 22-23	Dallas, TX
Sept 29-10	Memphis, TN
Oct 13-14	Montgomery, AL
Oct 27-28	Charlotte, NC
Nov 3-4	Columbia, SC

Methods

Outreach
To bolster outreach for the “Real Talk on the Road” series, Game Changing Men collaborated closely with CBOs in each state, who leveraged their respective established networks within the local trans men/masc communities. Most focus groups were conducted in LGBT community spaces and lounges to create an inclusive and comfortable environment.

Day 1: Meet and Greet
On the first day at each state, Game Changing Men welcomed attendees to an introductory session, designed to set a comfortable tone for the next day’s focus group discussions. These events served to build a sense of trust and community among attendees. An anonymous pre-focus group survey was administered to capture valuable demographic information. It also provided an opportunity for attendees to suggest additional topics of interest beyond the next day’s focus group agenda.

Day 2: Focus Group
On the second day, attendees who returned participated in focus group discussions, each lasting an average of 1.5 hours. The discussions took place in intimate settings that fostered a conducive atmosphere for open dialogue. By creating welcoming and safe spaces, Game Changing Men encouraged and facilitated insightful discussions on sexual and reproductive health among trans men/masc. In addition, a sense of community that emerged on the second day successfully benefitted from the comfort and rapport established among participants the previous day. A post-focus group survey was conducted to gather additional sexual and reproductive health information



Real Talk On The Road Demographics

Day one 274 attendees

A total of 161 day one of 59% attendees across the 11 states participated in the focus group on day two

91% of respondents identified as trans men/masc, male, gender nonconforming or nonbinary. It is critical to recognize that these identifications are self-determined and represent how individuals perceive their own gender identities

53% of respondents were between the ages of 25-31, followed by 25% from the 32-45 age group, and 17% within the 18-24 age group.

86%. Of respondents African American trans men/masc

Focus Group Analysis CODE FREQUENCIES

Using MAXQDA, a qualitative data analysis software, code frequencies were calculated to quantify the mentions of specific themes or topics by focus group participants. In this context, code frequencies refer to the number of times a particular topic or theme was highlighted or mentioned during the discussions. Calculating code frequencies showed how often specific themes or topics were mentioned, providing a clear picture of the most pressing issues for the group:

1 Provider Knowledge had the highest frequency with 38 (24%) mentions. This illustrated the critical need for healthcare providers to have a deep and nuanced understanding of the specific health needs and challenges faced by trans men/masc patients. The emphasis on provider knowledge highlighted a demand for more informed and sensitive sexual and reproductive health services that are attuned to the unique experiences of this group.

2 Clinical Spaces, with 37 (23%) mentions, was the second most discussed topic, indicating the importance of the environment in healthcare settings. This suggested that the trans men/masc place a high value on clinical spaces that are not only safe and welcoming but also affirming of their gender identities. The focus on clinical spaces points to a broader need for staff training, inclusivity, and respect within medical and clinical settings

3 Trans Visibility was mentioned 28 times (18%), reflecting the desire for greater representation and acknowledgment of trans men/masc, particularly in healthcare. This theme showed a need for increased awareness and understanding of trans issues among healthcare professionals and in the wider community.

4 Stigma was brought up 18 times (11%), highlighting the ongoing challenges of discrimination and negative societal attitudes faced by trans men/masc individuals. This frequent mention of stigma highlighted its pervasive impact on the health and well-being of the community, emphasizing the need for strategies to combat stigma and promote a more inclusive and accepting society

CODE INTERACTIONS

1. Provider Knowledge and Accessing Sexual-Reproductive Health Services was the most significant interaction, which was observed 33 times. This revealed issues such as a lack of competency and education among providers, a tendency to adopt a one-size-fits-all approach, assumptions concerning surgeries, and an overarching failure to recognize the unique health risks faced by trans men/masc.

2. Clinical Spaces and Accessing Sexual-Reproductive Health Services had the second most interactions (26), demonstrating the profound impact of trans men/masc interactions with clinical staff on their sexual and reproductive health seeking behaviors. Unfortunately, focus group participants reported negative encounters, detailing experiences of dismissiveness, misgendering, judgment, or a lack of understanding, which subsequently discouraged them from returning for further care.

3. Trans Visibility and Representation in Media had 19 interactions, illustrating the crucial role of accurate media representation of trans men/masc in shaping societal perceptions as well as their self-identity. These interactions displayed the need for diverse, accurate, and inclusive media portrayals, which significantly influence public understanding and acceptance of trans men/masc. Participants expressed that visual representation in media impacts their healthcare engagement and trust, in that inclusive media portrayals can break down stereotypes, fostering a more understanding environment in various societal contexts, including healthcare. Accurate representation in media is thus seen as key to improving societal narratives around trans identities and enhancing the overall well-being of trans men/masc.

4. Stigma and Accessing Sexual-Reproductive Health Services had 15 interactions, indicating that stigma is a pervasive barrier that impacts trans men’s/masc ability to access these services and the quality of care they receive.

Real Talk On The Road Findings

Sexual orientations:
Heterosexual representation led at 30%, 26% gay, 15% bisexual, 13% pansexual and 11% queer

Sex Partners Gender Identity:
Trans men (AFAB) 32% Cis women 24% Trans women (AMAB) 19% Cis men 9

Receptive Sexual Intercourse:
68% of participants reported engaging in sexual activity where they received oral, anal, or genital penetration. This statistic challenges some common assumptions held by healthcare providers about the sexual behaviors of trans men/masc.

Sexual & Behavioral Practices:
Had multiple sexual partners without prevention 20% Had sexual partner(s) with unknown HIV status 16% Been diagnosed with STIs 12% Used injection drugs 12% Been prescribed PrEP or PEP 9%

Proximity to TGNC-Specialized Health Care Facilities
37% of respondents reside 15-30 miles away, and 6% are even further, between 30-50 miles from a TGNC facility. This distance can present logistical challenges, acting as a deterrent for routine check-ups or timely care during emergencies. Another area of concern was: 9% of participants stated that they do not live in proximity to any facility tailored to their health care needs, and an additional 8% were unsure of their proximity to one. This combined 17% highlights both a potential knowledge gap about available resources and the stark absence of tailored health care options in certain states

Medical Misinformation
A concerning 37% of participants reported that during a medical visit in the past, they were ill-advised and told that they did not require HIV/STI prevention resources or contraceptives. This misinformation may stem from an underlying assumption that trans men/masc are engaged in sexual relationships exclusively with cis women.

Lessons Learned

1. Diverse Sexual and Behavioral Profiles: The series revealed a wide range of sexual behaviors and practices among trans men/masc, highlighting the need for healthcare providers to understand these diverse profiles to offer appropriate care.

2. Provider Knowledge Gaps: The data indicated gaps in provider knowledge regarding the unique sexual and reproductive health needs of trans men/masc, emphasizing the need for continuous training and awareness programs.

3. Misconceptions in Healthcare: There is a prevalent misconception among some healthcare providers that trans men/masc are at a lower risk for HIV/STIs, leading to inadequate provision of preventive resources.

4. Inclusivity in Medical Settings: While many trans men/masc feel recognized in medical settings, a significant number reported experiences of discrimination or discomfort, stressing the need for more inclusive and affirming healthcare environments.

5. Critical Role of Accessibility: Access to healthcare services, both geographically and qualitatively, was identified as a significant barrier for trans men/masc in seeking sexual and reproductive health services. This calls for a concerted effort to improve both the physical proximity and the appropriateness of the services offered

Recommendations

1. Adopt a Status Neutral Approach: Healthcare providers should treat all patients with equal concern regardless of their HIV/STI status, ensuring consistent testing and preventive measures for trans men/masc.

2. Foster Inclusive Healthcare Environments: There is a significant need to actively promote the creation of healthcare settings that are not only inclusive but also respectful and welcoming to trans men/masc.

3. The insights gained from the Game Changing Men “Real Talk on the Road: Sex, Stigma, and Sexuality” series illustrated the urgent need to integrate the voices and lived experiences of trans men/masc individuals into the fabric of sexual and reproductive health services

4. Resource Allocation Focus: An investment in and improvement of affirming social spaces and supportive resources readily accessible to trans men/masc is needed. This will address the critical need for safe and inclusive environments, ensuring that these spaces meet the specific requirements of the transmasculine community.

5. Ongoing Community Engagement: Continuously engaging with the transmasculine community to stay informed about their changing needs is key. This will ensure that healthcare programs and services are not just reactive but also anticipatory in meeting these evolving needs, thereby fostering a more dynamic and responsive healthcare environment

Summary

- How Does Visibility Aid in Prevention Within The Transmasculine Community
- Access: to education and the ability to raise awareness
- Reducing Stigma
- Access to Health care
- Community Support
- Advocacy & Policy Change

- Real Talk on the Road: Sex, Stigma, and Sexuality
- Urgent need to integrate the voices and lived experiences of trans men/masc individuals into the fabric of sexual and reproductive health services. This integration necessitates a nuanced approach that acknowledges and addresses the unique experiences.
- Emphasized proactive outreach, enhanced provider education, and the creation of affirming and inclusive healthcare environments. Incorporating the perspectives of trans men/masc into healthcare provision not only enriches the understanding of their needs but also ensures that services are tailored to effectively meet these needs. ongoing dialogue with the transmasculine community, actively employing their feedback to continuously refine and improve access to sexual and reproductive health services

Thank you

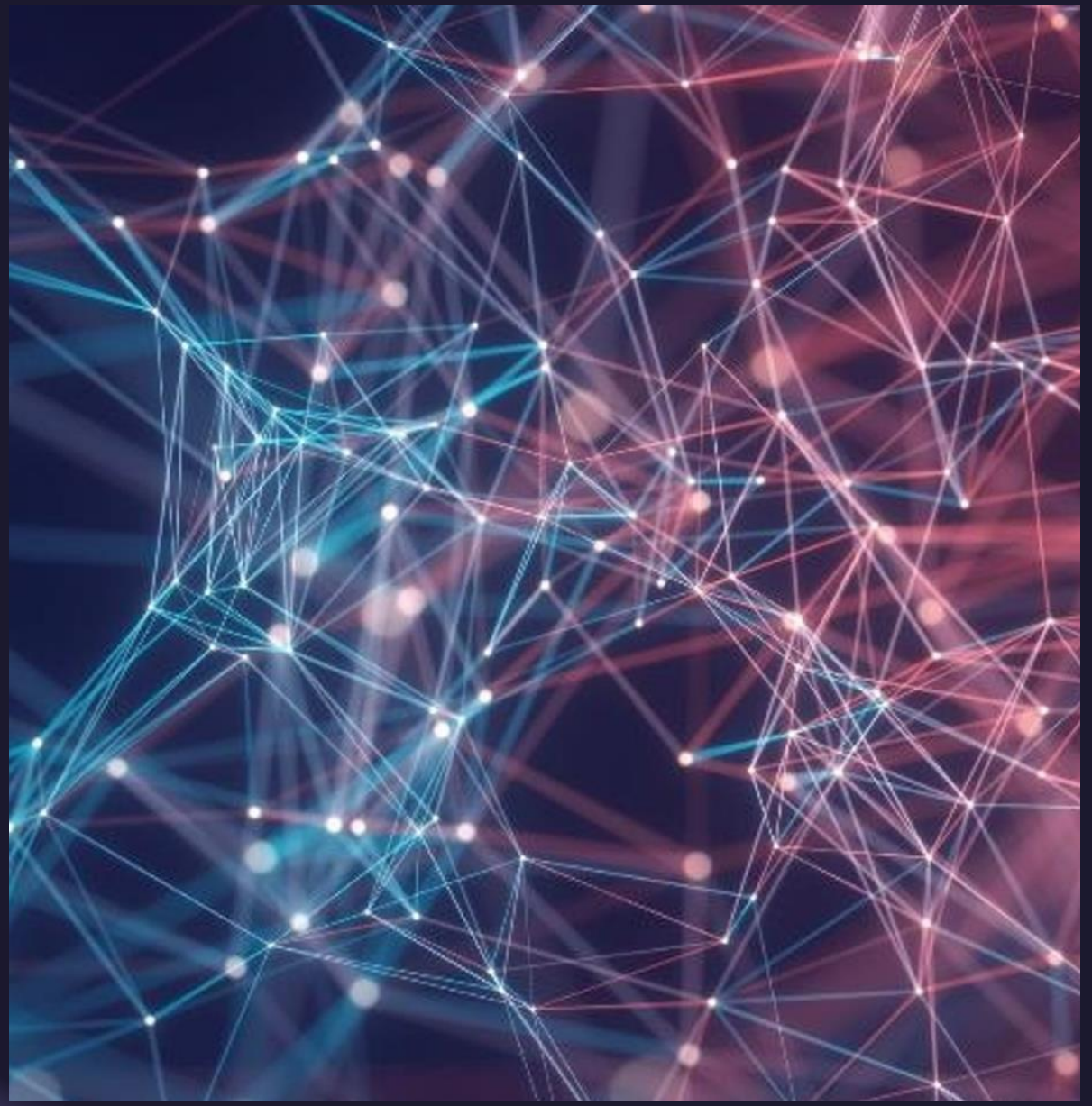
Gamechangingmen.com

Executive Director

Quinton Reynolds

Email: qreynolds@gamechangingmen.com

2023 Report



Healing Through The Highways "Eliminating Rural Barriers To Care for Black Trans Women in The South"

Toi Washington,
Trans Women of Color (TWOC) Healing Project

Low-Barrier HIV Care at Grady
The Ponce GOAL Clinic

Syraja Minnis & Bruce Aldred

"Everything is falling behind in my life..."

"Everything is falling behind in my life..."

- Mr P is a 42 y/o man living with HIV on and off ART since 2018 (CD4+ 421, VL log 4.16), recently-diagnosed DVT non-adherent to apixaban, R hip AVN, SUD (meth, tobacco), and neuropathy.

"Everything is falling behind in my life..."

- Mr P is a 42 y/o man living with HIV on and off ART since 2018 (CD4+ 421, VL log 4.16), recently-diagnosed DVT non-adherent to apixaban, R hip AVN, SUD (meth, tobacco), and neuropathy.
- He was diagnosed with HIV in 2018 and since then has had only brief periods of ART adherence. He first enrolled at Ponce in 2022 but in the following 1.5 years never achieved a suppressed viral load and missed 8 of 10 scheduled appointments. He has utilized Ponce Walk-In clinic 3 times and has sought care in the Grady ED 5 times.

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- Today, he is in clinic and notes it is hard for him to get med refills or attend clinic visits due to housing instability (has been couch-surfing at friends' homes or staying at Atlanta Baptist Mission), transportation limitations, and daily meth use.

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"Everything is falling behind in my life..."

- Mr P is a 42 y/o man living with HIV on and off ART since 2018 (CD4+ 421, VL log 4.16), recently-diagnosed DVT non-adherent to apixaban, R hip AVN, SUD (meth, tobacco), and neuropathy.
- He was diagnosed with HIV in 2018 and since then has had only brief periods of ART adherence. He first enrolled at Ponce in 2022 but in the following 1.5 years never achieved a suppressed viral load and missed 8 of 10 scheduled appointments. He has utilized Ponce Walk-In clinic 3 times and has sought care in the Grady ED 5 times.
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The Ponce GOAL Program

- "Get out and live"
- Started in late 2022
- Designed for the hardest-to-engage patients being failed by the traditional clinic model (evidenced by viremia + missed appointments)
- 3 afternoons a week (Tuesday/ Thursday/ Friday)
- Designed for walk-in visits
  - We also schedule appointments for the time interval when we'd like to see a patient back, but there is no penalty for missed appointments.
- Each session has an HIV provider, a Ponce Center for Well Being provider, the two GOAL patient navigators, and a medical assistant (CMA).

Integrated Multidisciplinary Care

Real-Time In Clinic:

- Mental health conditions
- Substance use disorder

Team Rounds:

- Every-other-week team rounding.
- Focus on GOAL participants not achieving HIV virologic suppression, not engaging in care, having heavy emergency room usage, or simply for someone whom a GOAL team member feels it would be helpful discuss to try to design the best individualized plan to serve that person.

GOAL Patient Navigators

- Patient navigators and case manager assistance with:
  - Enrollment: Ryan White, ADAP, enrolling in marketplace insurance
  - Transportation: monthly MARTA cards*, MARTA passes or gas card for appt's
  - Food: Project Open Hand referrals*, Fresh Food Cart, more
  - Housing: Overseeing housing applications, substance-free housing, more
  - Medical supplies: Wound care supplies, diapers, mobility devices, more
  - Other: Phones, temporary assistance with utility bills, more
  - Visit reminders + monthly check-ins
  - Walk-in availability for GOAL patients 5 days a week

GOAL Eligibility

- **Essential referral criteria:**
  - Difficulty achieving HIV virologic suppression in a traditional clinic model
  - Missed appointments over previous 2 years
  - Patient willingness to leave their current PCP and join GOAL
- Additional factors that suggest someone is potentially a good fit for GOAL
  - Use of Ponce or Grady sporadically or in an unscheduled manner
    - (E.g. use of Ponce Walk-In Clinic or Grady ED)
  - Mental health disease or substance use disorder (SUD)
- Factors that are not part of our eligibility decision (but may be present):
  - Homelessness
  - Being labeled as a "difficult" patient

GOAL Program: Outcomes

	GOAL enrollment	Current
Virologic Suppression	5/ 123 = **4.1%**	

GOAL Program: Outcomes

	GOAL enrollment	Current
Virologic Suppression	5/ 123 = **4.1%**	69/ 123 (**56.1%**)

GOAL Program: Outcomes

	GOAL enrollment	Current
Virologic Suppression	5/ 123 = **4.1%**	69/ 123 (**56.1%**)
Retention in care	Low (<< 50%)	98/123 (**79.7**%)
Social determinants of health (SDOH) screening within past year	N/A	85/ 123 (**69.1%**)
MyChart status (active)	N/A	82/ 123 (**66.7%**)

- Impact on…
  - Housing status
  - Mental health disease management
  - Non-HIV medical diseases (BP, A1c, etc.)
  - Health maintenance/ age-appropriate screenings
  - ED visits/ hospitalizations

GOAL: Limitations of our current model

- Human and clinic resources:
  - Provider visits typically last 45-60 minutes/ patient (3-4 patients per provider per half-day)
  - The walk-in model makes it unpredictable how many people will attend
  - Patient navigators are stretched thin given a very high rate of SDOH needs.
    - This has limited GOAL clinic enrollment from an initial target of 200 to a revised cohort of 125 people.
- Less continuity of care (3 providers staff GOAL, with occasional substitutes)
- Our incomplete schedule (Tues/ Thurs/ Fri PMs)

Patient Case: Mr. P.

- Mr. P was referred to GOAL 9/2023. He had a warm hand-off and met Syraja the same day.
- He missed his first 'scheduled' GOAL visit later that month.
- He was seen in Ponce Walk-In in 10/2023 and was encouraged to stay for a GOAL provider visit, which he did.
- Over the coming 3 months, he attended 3 more walk-in GOAL visits, was arranged to go to Making A Way sober living, and he was provided with MARTA passes for monthly transportation to and from Ponce.

Patient Case: Mr. P.

Date	HIV viral load (copies/ mL)
9/2022	47, 504
6/2023	16, 260
7/2023	59, 686
9/2023	14, 380
11/2023	< 20
1/2024	< 20
4/2024	< 20
10/2024	< 20

Enrolled in GOAL

(No ART changes during this time; he has been prescribed Triumeq® throughout).

Patient Case: Mr. P.

- Neuropathic pain improved significantly following HIV virologic suppression
- Following with Ortho and underwent R hip replacement 1/2025.
- Adherent to anticoagulation (for unprovoked DVT)
- Immunizations up to date
- Housing status: Stabled housed
- 0 ED visits in the past year
- Meth use in sustained remission: entirely clean since 1/2024!

Special Thanks:

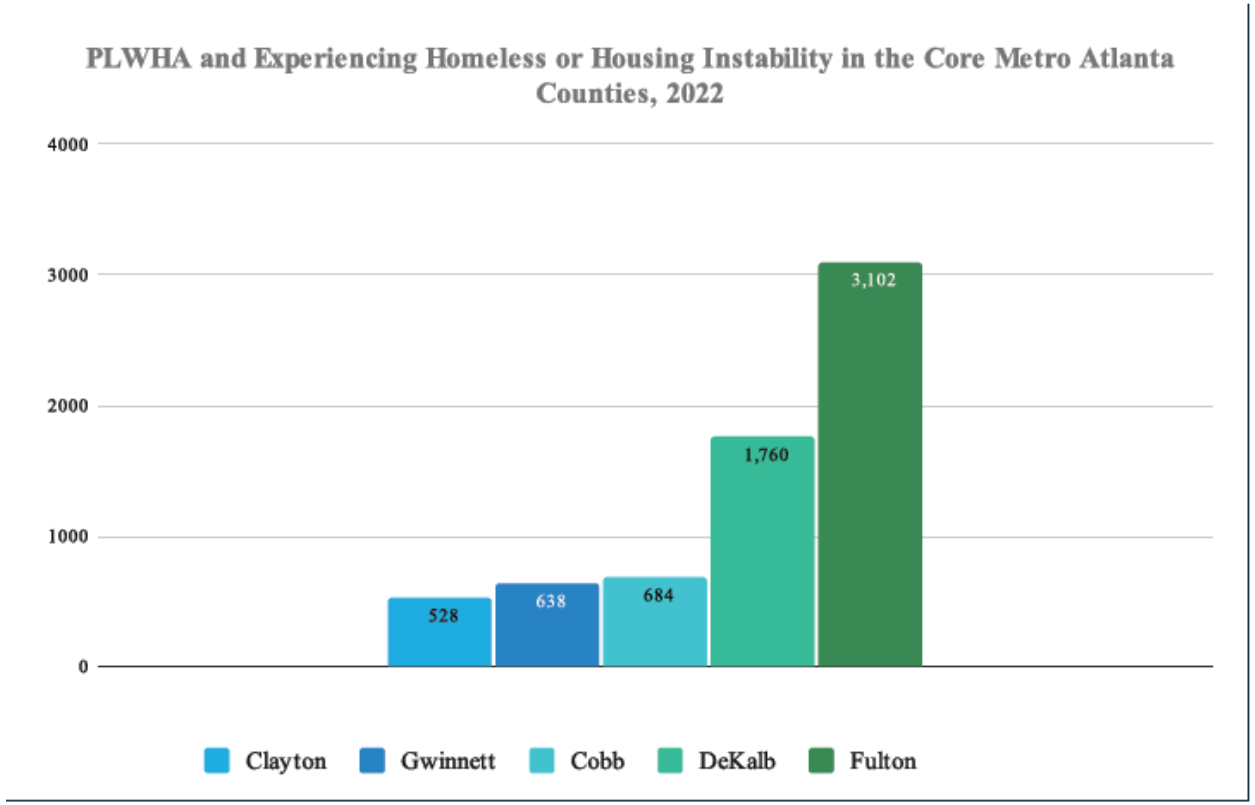
- GOAL visionaries: **Wendy Armstrong**, **Jonathan Colasanti, Carlos del Rio, Larisa Niles-Carnes, Jeri Sumitani, Gene Farber**
- Current provider team: **Delma Gomez-Adisa, Grace Helen Frankel**
- Program coordinator: **Marie Howard**
- Patient Navigators: **Syraja Minnis, Kellie Staten**
- Team alumni: **Ashley Urrutia, Britnay Ferguson, Santia Claxtie**
- **And many others!**

status:home

Status: Home – Housing, Healthcare, and the Power of Person-Centered Care

The Challenge: Housing Instability Among PLWH

- High rates of homelessness and unstable housing among people living with HIV (PLWH)
- Direct link between housing instability and poor HIV health outcomes
- Barriers: stigma, discrimination, lack of supportive systems



Here's Why - Housing Is Healthcare!

status:home

HIV Prevention: Housing stabilization can lead to reduced behaviors that may lead to HIV transmission or other health complications.

Improved treatment adherence and health: Persons living with HIV and experiencing homelessness provided HOPWA housing support demonstrated improved medication adherence and health outcomes.

Reduction in HIV transmission: Stably housed persons demonstrated reduced viral loads resulting in significant reduction in HIV transmission.

Cost savings for our community: Persons living with HIV experiencing homelessness or housing instability have more frequent interactions with high-cost hospital-based emergency or inpatient service providers and expensive crises systems such as shelters and jails.

Defining Person-Centered Care

Working Definition: *"A holistic, respectful, and individualized approach that recognizes housing as a fundamental part of health and dignity."*

status:home

Status: Home is Atlanta's oldest and largest provider of supportive housing for people living with HIV or AIDS.

We envision an Atlanta where every person living with HIV/AIDS has a safe and affordable home.

Status: Home Housing Tiers

We meet our residents where they are in their lives.

1

Vulnerable Adults

This location, owned by Status: Home, houses 23 adults living with AIDS and addresses the additional needs created by the diagnosis with onsite counseling and resident care coordinators.

2

Multi-Family

Status: Home owns five multi-family properties to house hundreds of individuals and families. These locations are throughout metro Atlanta and all residents have access to full case management and support.

3

Community-Based

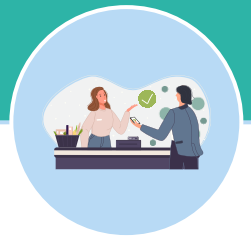
In this master-lease program, Status: Home holds the leases for apartments housing over a 100 individuals and families. Case management is provided, but not on site.

4

TBRA

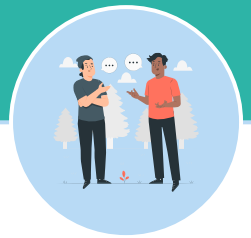
Individuals and families maintain rental leases in their own names with help from Tenant-Based Rental Assistance. Case management is provided, but not on site.

STATUS: HOME - ANNUAL REPORT OF PROGRAMS 2024



Number of Consumers Served:

477



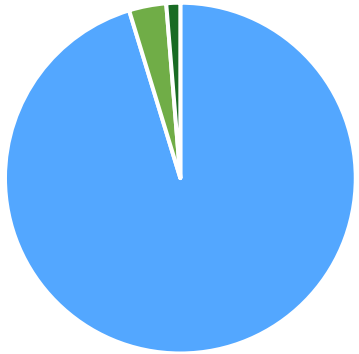
Number of Adults:

357

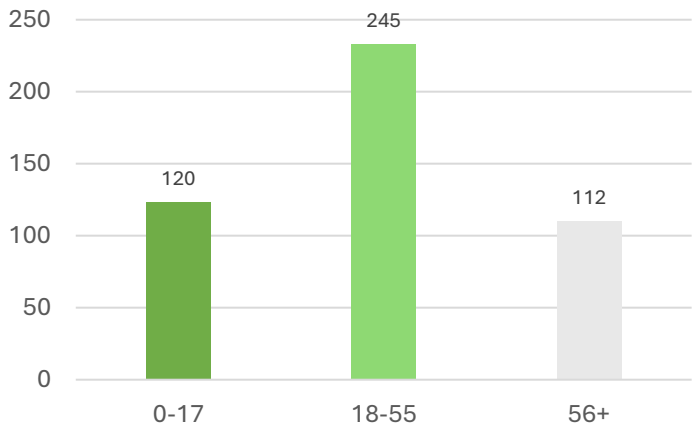
Number of Children:

120

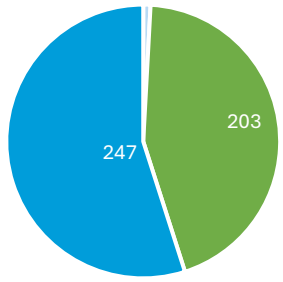
RACE



AGE

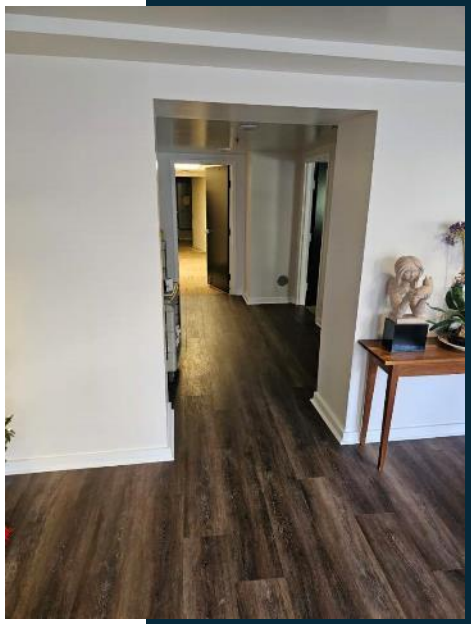


GENDER



status:home

Jerusalem House



Our original location which opened in 1988, located on Briarcliff Road in Atlanta, houses 23 individuals in efficiency apartments. In 2023 we completed several major improvements, including flooring, exterior painting, and new equipment and furnishings in common areas.

Our Current Footprint

status:home

What's Next?

SENIOR HOUSING

- Ground Up Development
- Partnership with Existing

ADVOCACY

- Seeking state/county/city level support
- Awareness of importance

PARTNERSHIPS

- Strategic collaborations to deepen impact
- Paths towards homeownership

status:home

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(404) 350-1633

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SisterLove

Healthy Loving is Healthy Living

IAS Person-Centered Care Case Study

4.6.25

Krystal Stewart, Program Director

Who We Are Who We Serve.

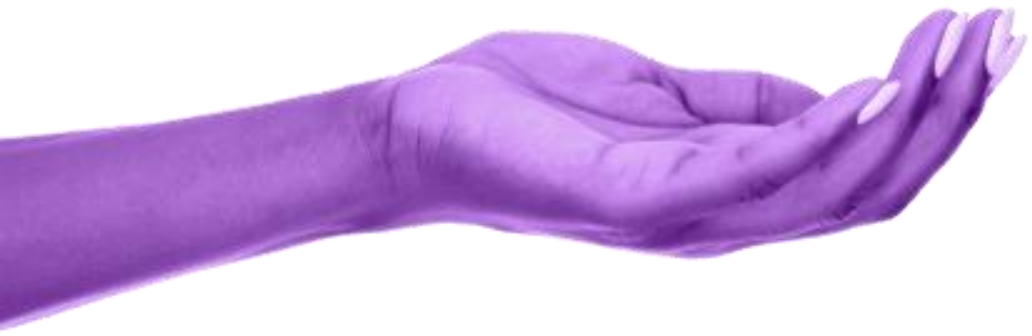
SisterLove, Inc. was founded in July 1989 as a volunteer group of passionate women committed to educating Atlanta, particularly women & their communities, about HIV prevention, self-help, & safer sex techniques. As the first women's HIV & Reproductive Justice organization in the southeastern United States, our groundbreaking initiatives continue to pave the way for progress.

EMPOWERING OUR COMMUNITY, CHANGING LIVES

Our vision is to create a world where everyone can live with human dignity, with equal rights and opportunities regardless of illness, disability, race, sex, class, sexual or gender identity, or other cultural, social, political, economic, or geographical distinctions. We achieve this vision by providing essential programs, advocacy, and support for those affected by HIV, sexual health issues, and reproductive injustices.

Forging Partnerships that Foster Change

We foster strong partnerships with local and international organizations and networks, amplifying our impact and bringing us closer to the goal ending the epidemic and achieving reproductive justice for all.



AID ATLANTA

Georgia Tech

voice IN OUR OWN National Black Women's Reproductive Justice Agenda

Sister Song Women of Color Reproductive Justice Collective

ViiV Healthcare

if when how Lawyering for Reproductive Justice

AvitaCARE Atlanta

GILEAD

THE AFIYA CENTER

EMORY UNIVERSITY

URGE UNITE FOR REPRODUCTIVE & GENDER EQUITY

MERCK

AMPLIFY GEORGIA COLLABORATIVE

BLACK WOMEN'S HEALTH IMPERATIVE

Dázon Dixon Diallo

Founder & President of SisterLove, Inc

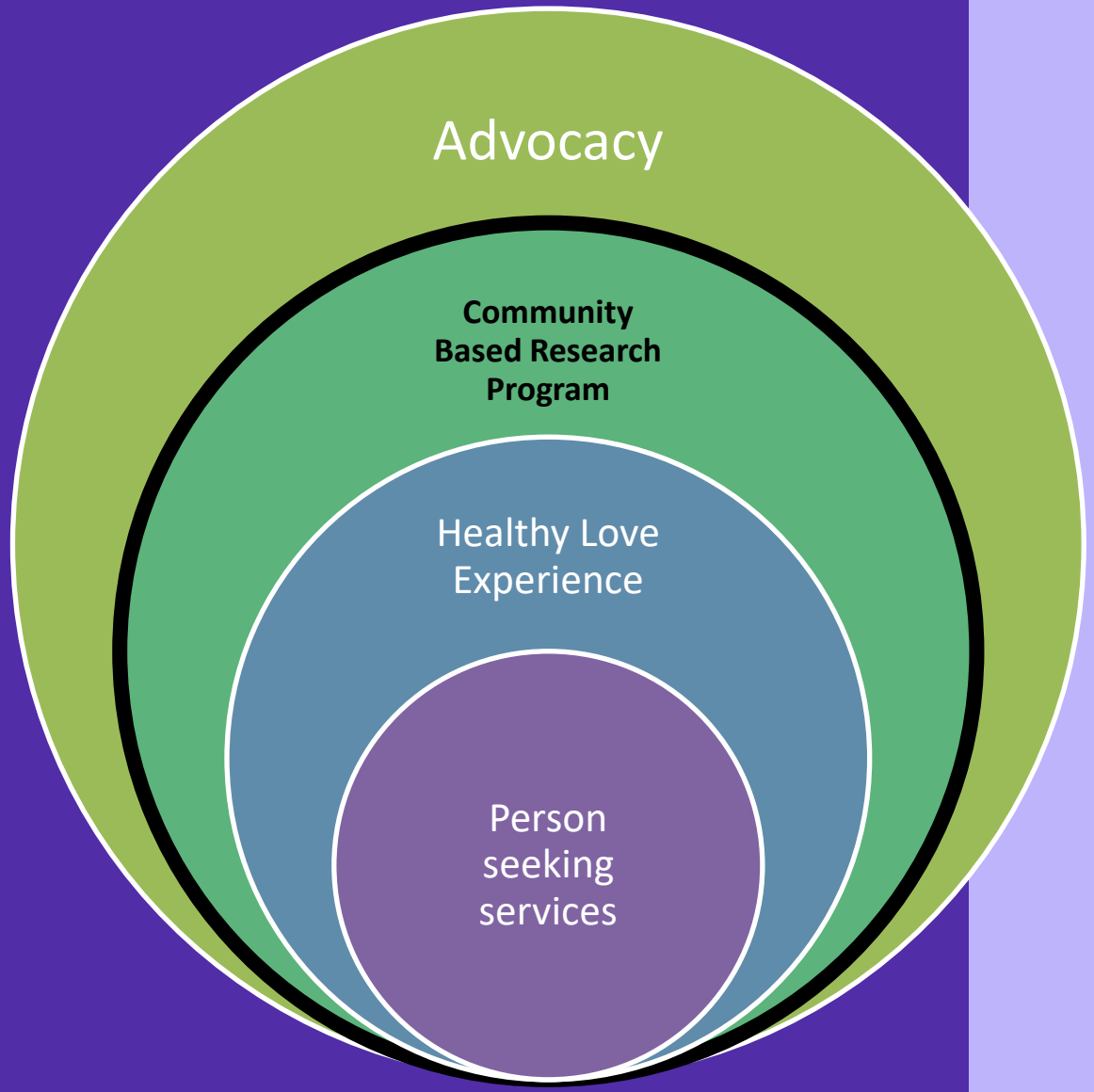
Dázon Dixon Diallo is Founder and President of SisterLove, Inc, established in 1989, the first women's HIV, Sexual and Reproductive Justice organization in the southeastern United States.

Dázon is also known for developing the seminal "Healthy Love Workshop", an education-based prevention intervention that is in the CDC's National Compendium of Effective Evidence-based HIV Prevention Interventions; establishing the first transitional housing program for HIV-positive women and children in the South; and engaging a long-term vision for HIV-positive women's leadership in the fight against HIV/STIs and in promoting women's human rights through the 20/20 Leading Women's Society.

SisterLove

HLE

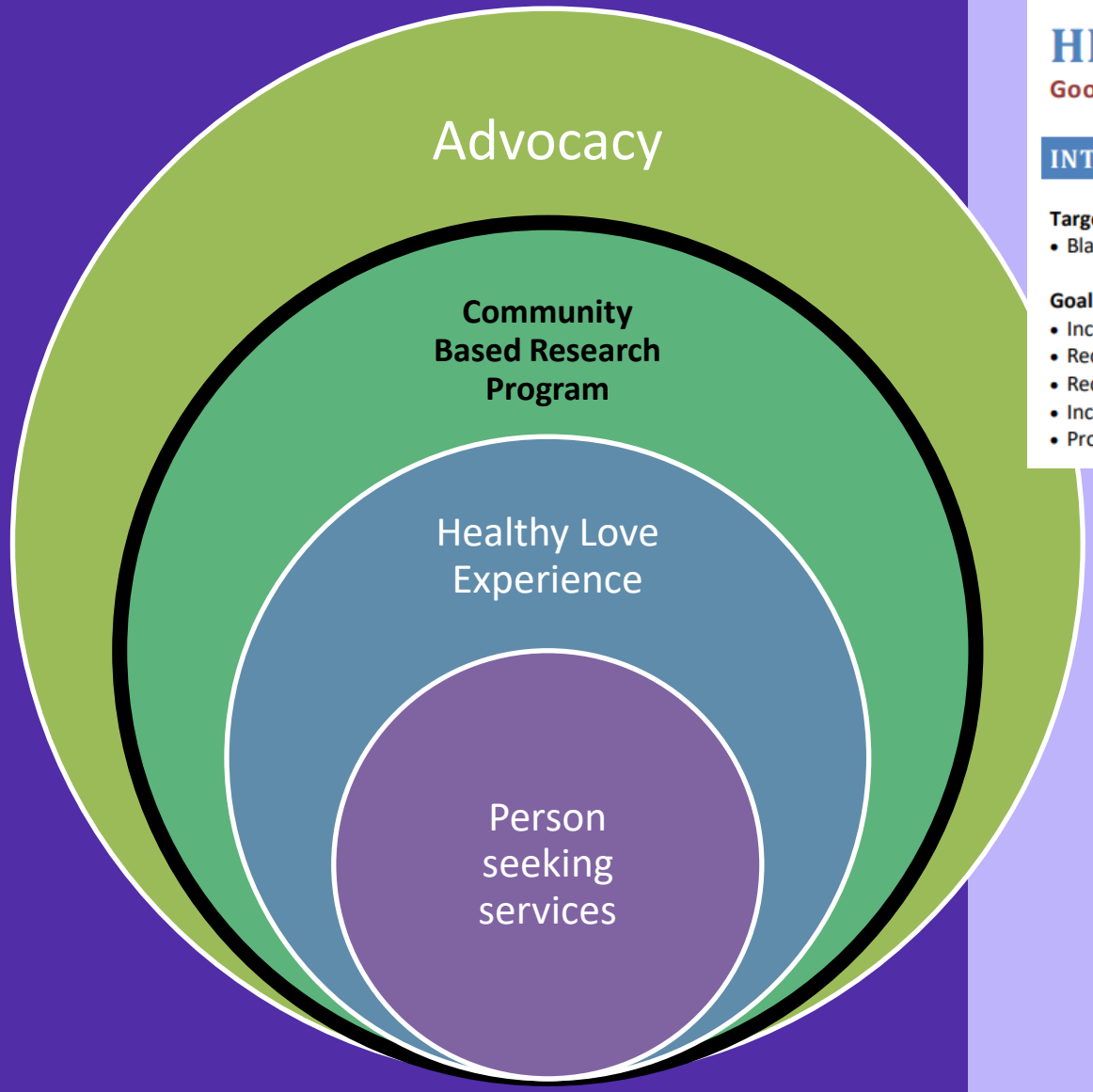
HLE bridges the gap in health inequities through an inclusive, community-based approach to preventative education, testing, and outreach that centers the intersectional needs of Black women, LBGTQIA+ communities, and all people who live with HIV and STIs.



CBRP

We focus on community-centered research related to HIV, sexual health, and reproductive justice, with the perspective of understanding and addressing challenges faced by women and marginalized communities.

We involve the communities we serve in every step of the research process to ensure that their intersectional needs are respected, and important medicines and public health initiatives reach those who need it most.



COMPENDIUM OF EVIDENCE-BASED INTERVENTION AND BEST PRACTICES FOR HIV PREVENTION

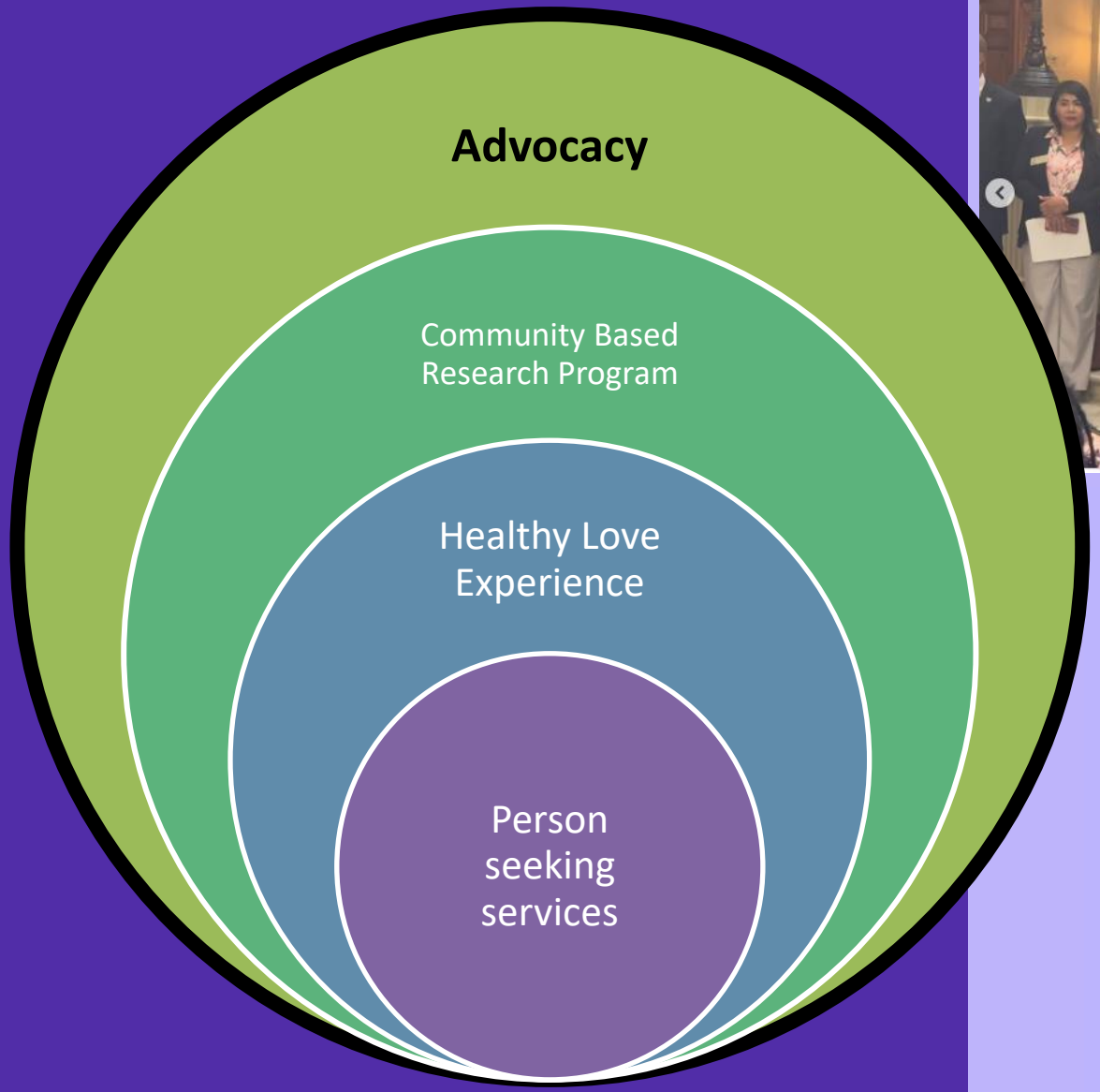
HEALTHY LOVE

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population
- Black women

Goals of Intervention
- Increase consistent condom use and other latex barriers
- Reduce unprotected sex with male partners
- Reduce number of sex partners
- Increase sexual abstinence
- Promote HIV testing and receipt of test results



Statements 5 min

The Attack on Trans and Gender Expansive Individuals

Fear-mongering is being used to justify dangerous anti-trans laws across Georgia and beyond...

Read more ›

Statements 5 min

The Attack On Trans And Gender Expansive Individuals

Fear-mongering is being used to justify dangerous anti-trans laws across Georgia and beyond...

Statements 6 min

Our Collective Fight For Reproductive Justice

On September 30, Judge Robert McBurney struck down Georgia's abortion ban...

Statements 4 min

All Women Are In Danger Of Dying Like Amber And Candi

Georgia's abortion ban led to...

SisterLove, Inc

1237 Ralph David Abernathy Blvd SW, Atlanta, GA 30310, United States

Write a review

4.7 ★★★★½ 17 reviews

✓ All | community 4 | information 2

Sort by

Most relevant | ✓ Newest | Highest rating | Lowest rating

Codie Weiler

★★★★★ 5 hours ago NEW

I never write reviews, but I just had to for SisterLove. Eronica made me feel so comfortable and was exactly the informative, patient and thorough person you'd hope for when receiving any type of medical care or testing. Any woman looking for a safe and comfortable place, this is it!

isaiah minner

6 reviews · 4 photos

★★★★★ 3 weeks ago NEW

I've been here twice and each time I was seen by the Lovely Ashley. I really liked her presence, she makes this whole tasting thing Bearable. As well as providing reassurance that this all is normal and it's nothing to be ashamed of.

SisterLove

THANK YOU

@sisterloveinc

sisterlove.org

El Camino to Equity for Latinos in the South

Edric Figueroa,
Latino Commission on AIDS

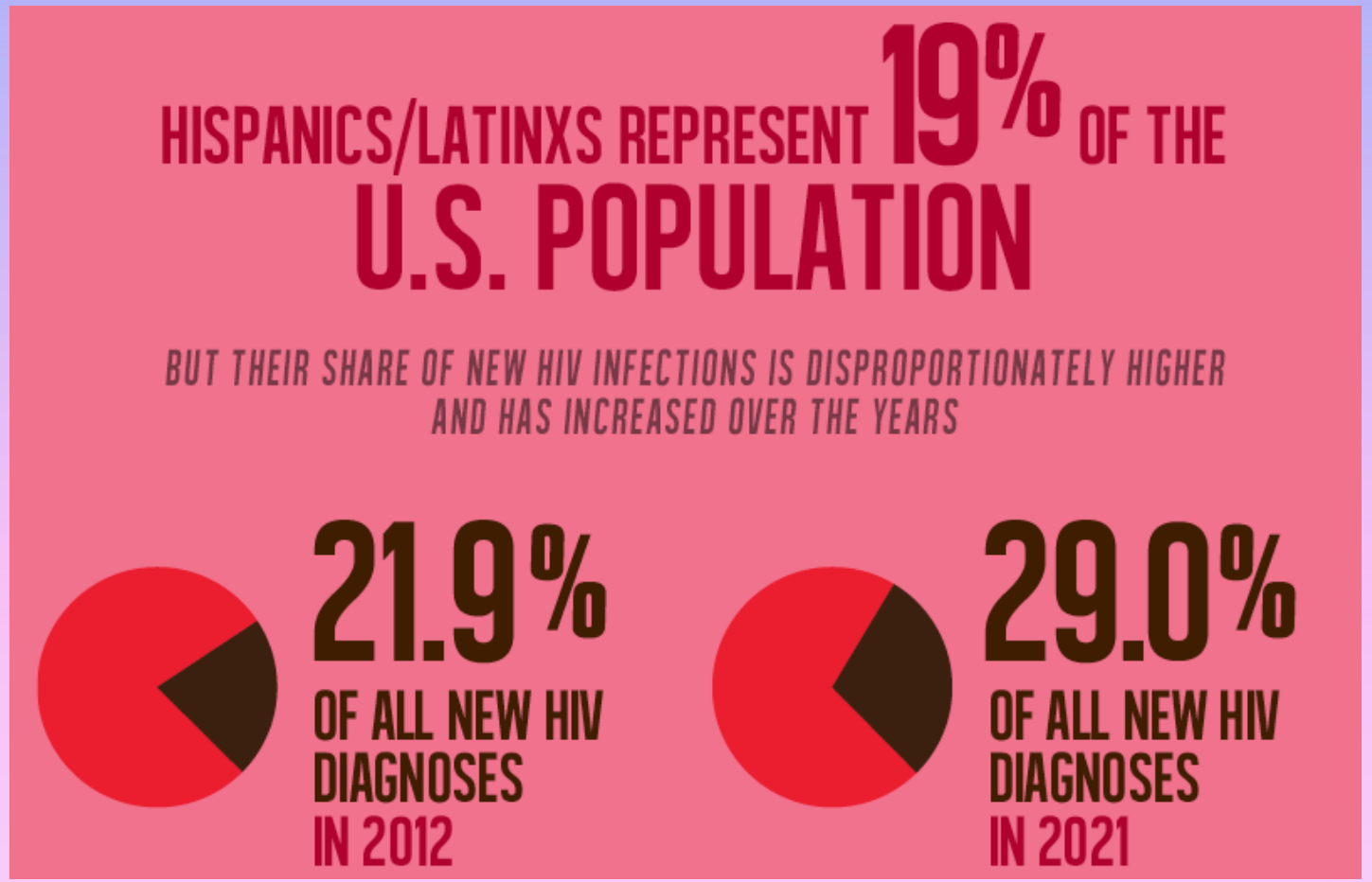
LATINOS IN THE SOUTH

LATINO COMMISSION ON AIDS

Facilitated by:

Edric Figueroa

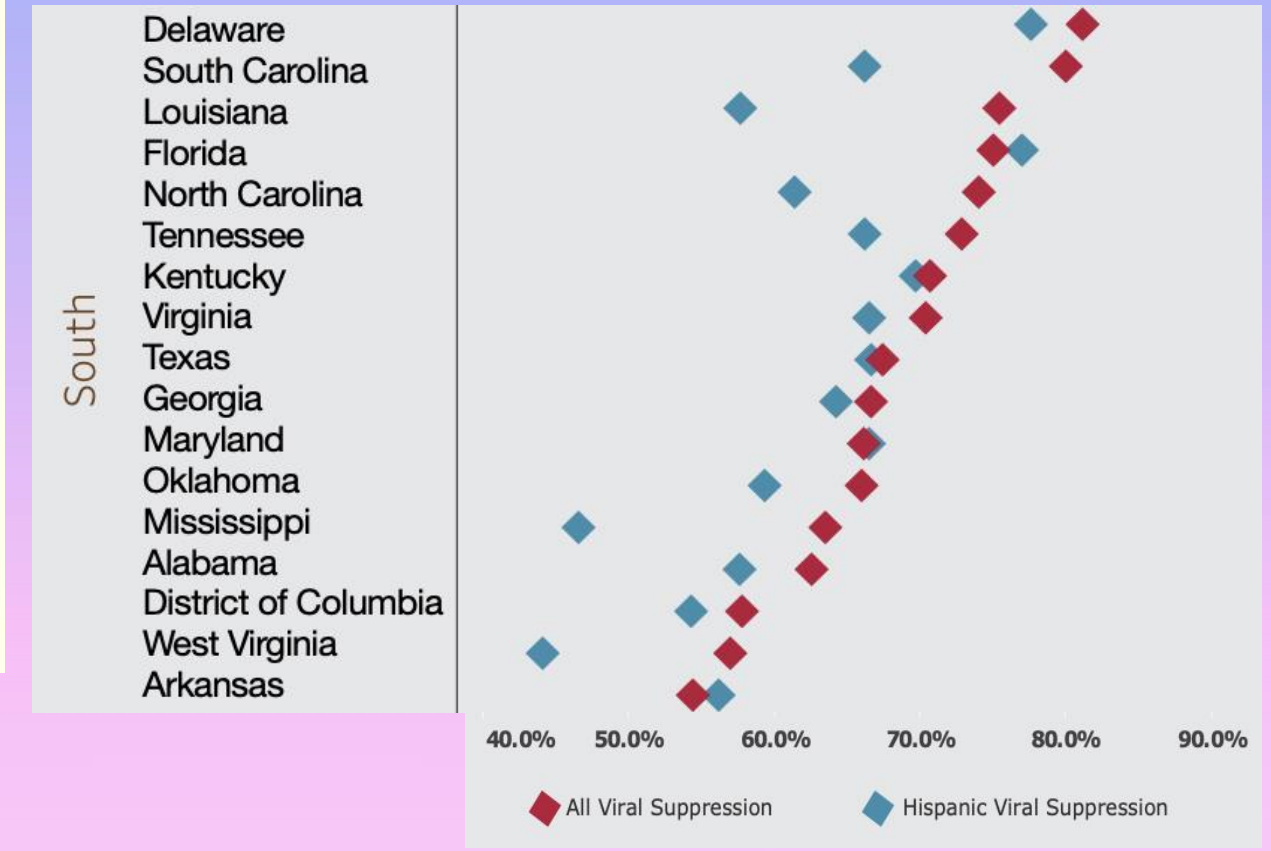
THE BIG PICTURE



- **62.1 Million Latines** living in the US.
- **Latines have the highest uninsured rates**
- **71.1% speak a language other than English at home.**
- **Make up the largest undocumented immigrant population in the US.**

Distribution of new HIV diagnoses among Hispanics per region, 2012 & 2021		
U.S. Region	**2012**	**2021**
Midwest	6.8%	6.9%
Northeast	21.1%	15.5%
South	35.8%	42.2%
West	29.0%	31.5%
Puerto Rico	7.2%	3.9%

HIV viral suppression in the U.S. by state, 2021



LATINO COMMISSION ON AIDS

HISPANIC HEALTH NETWORK

“IMMIGRANT”

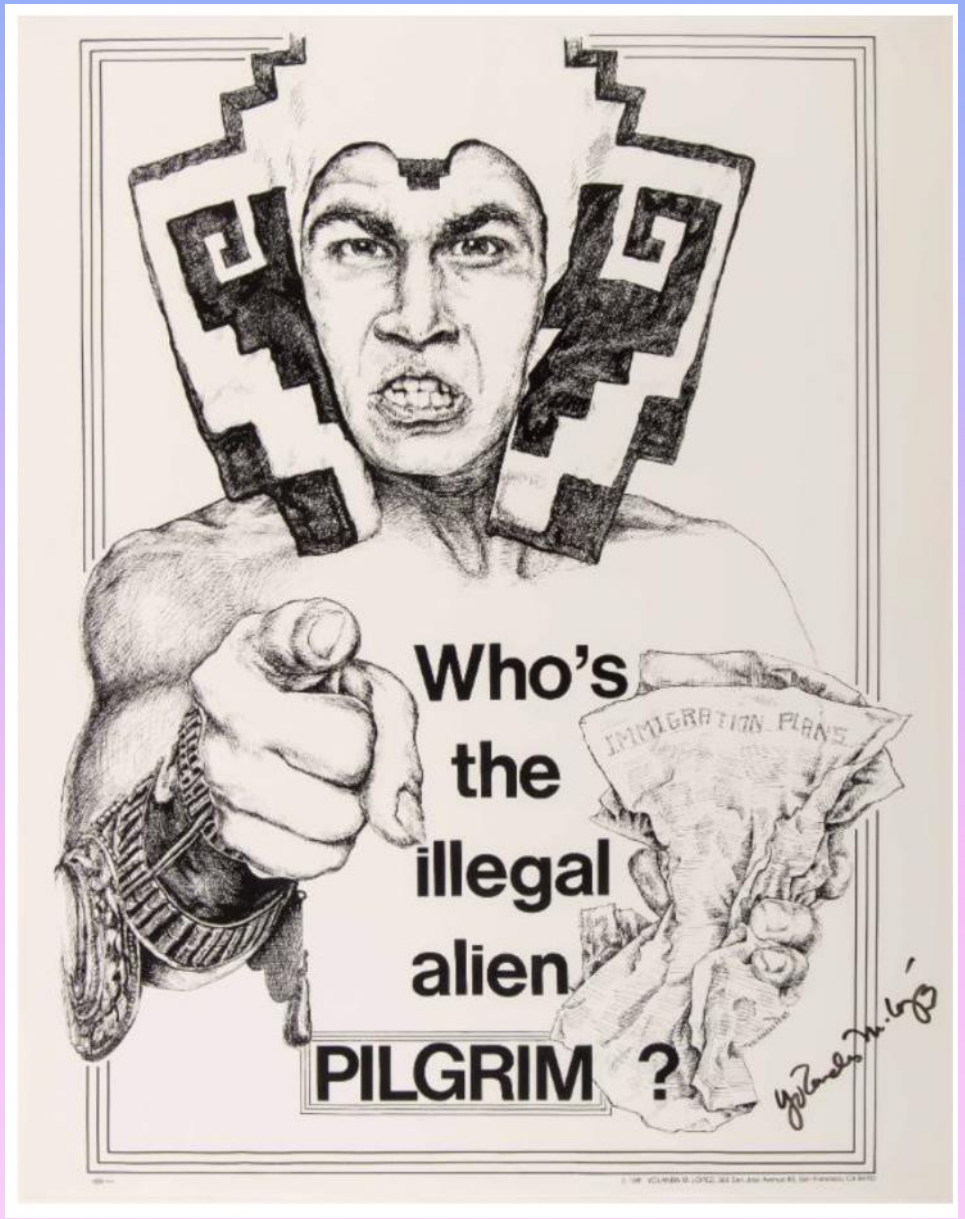
Naturalized Citizens

Permanent Residents

Refugee/Asylees

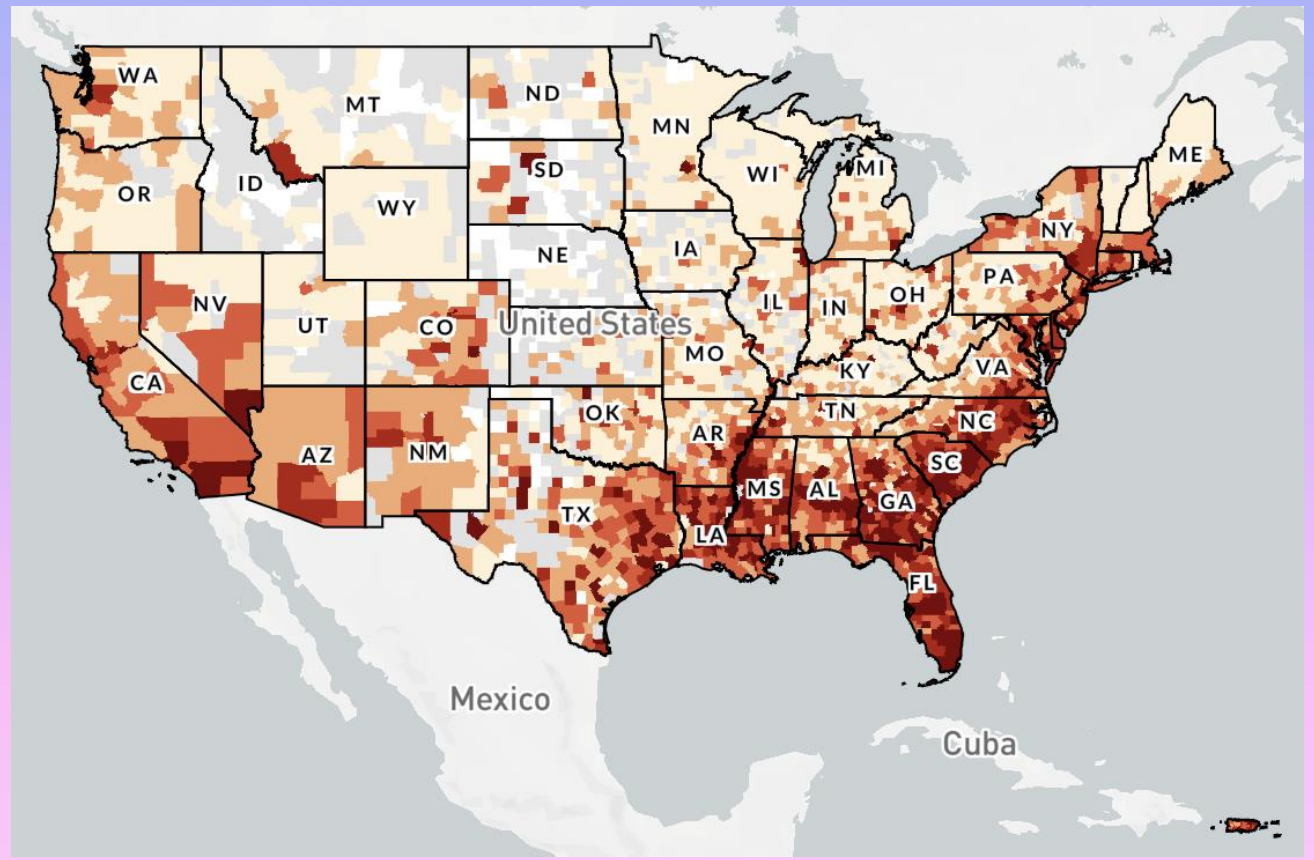
Twilight Statuses

“Unauthorized” individuals



Yolanda M. López (San Diego, California, 1942–San Francisco, California, 2021)

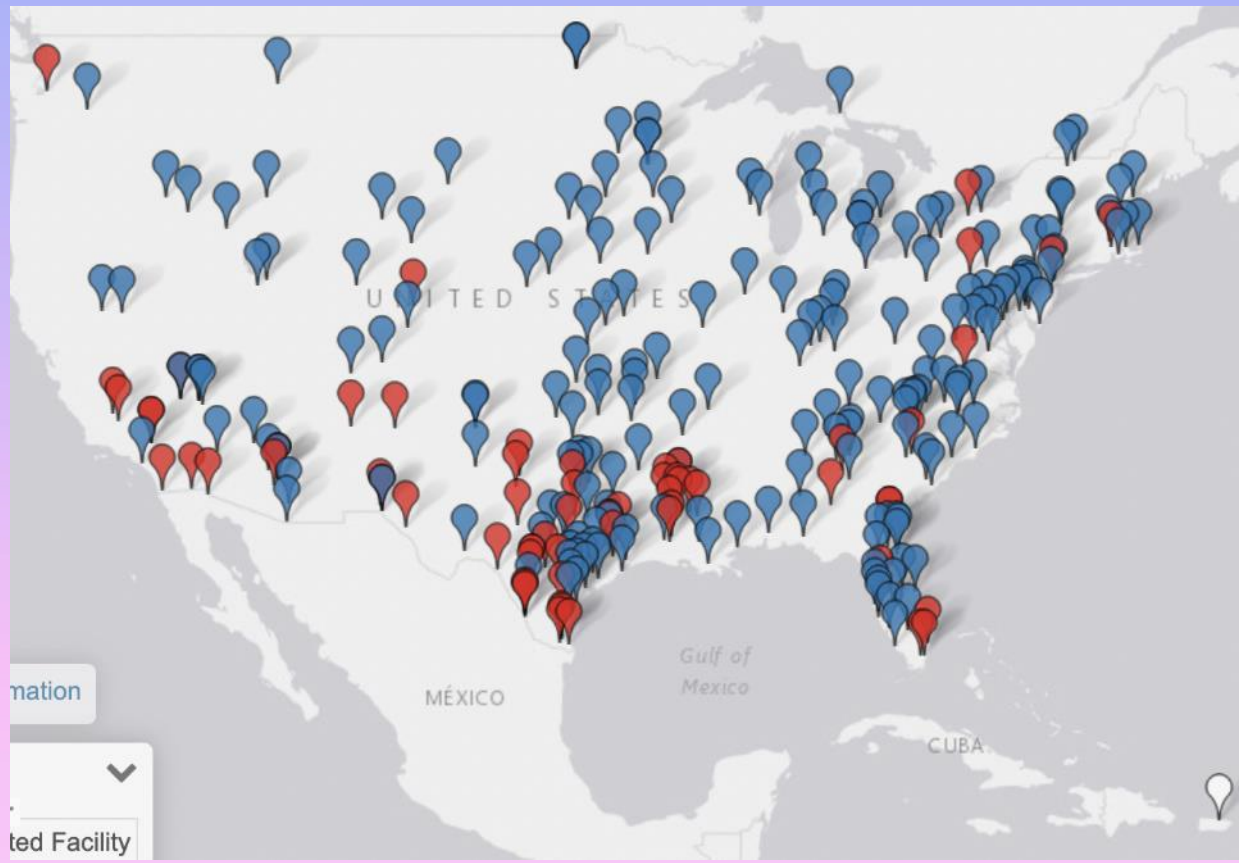
AIDSVu



Rates of Persons Living with HIV per 100k, 2022

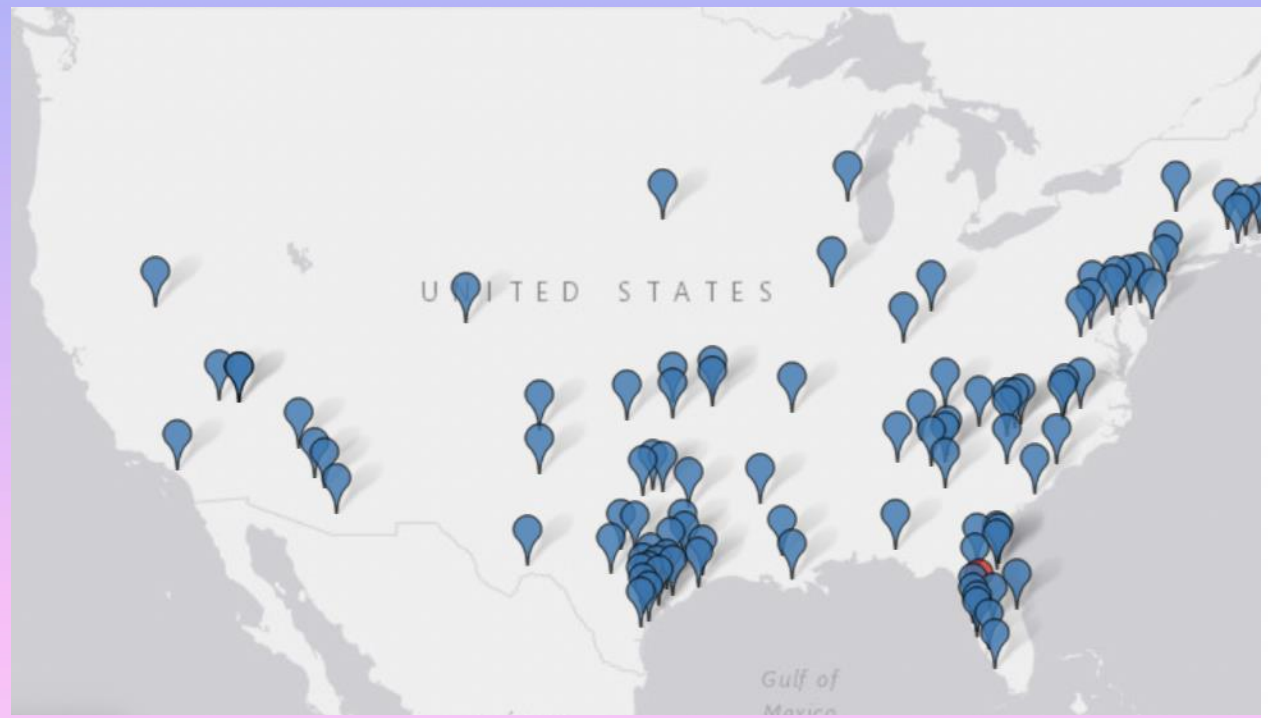
12 114 200 304 428

FREEDOM FOR IMMIGRANTS

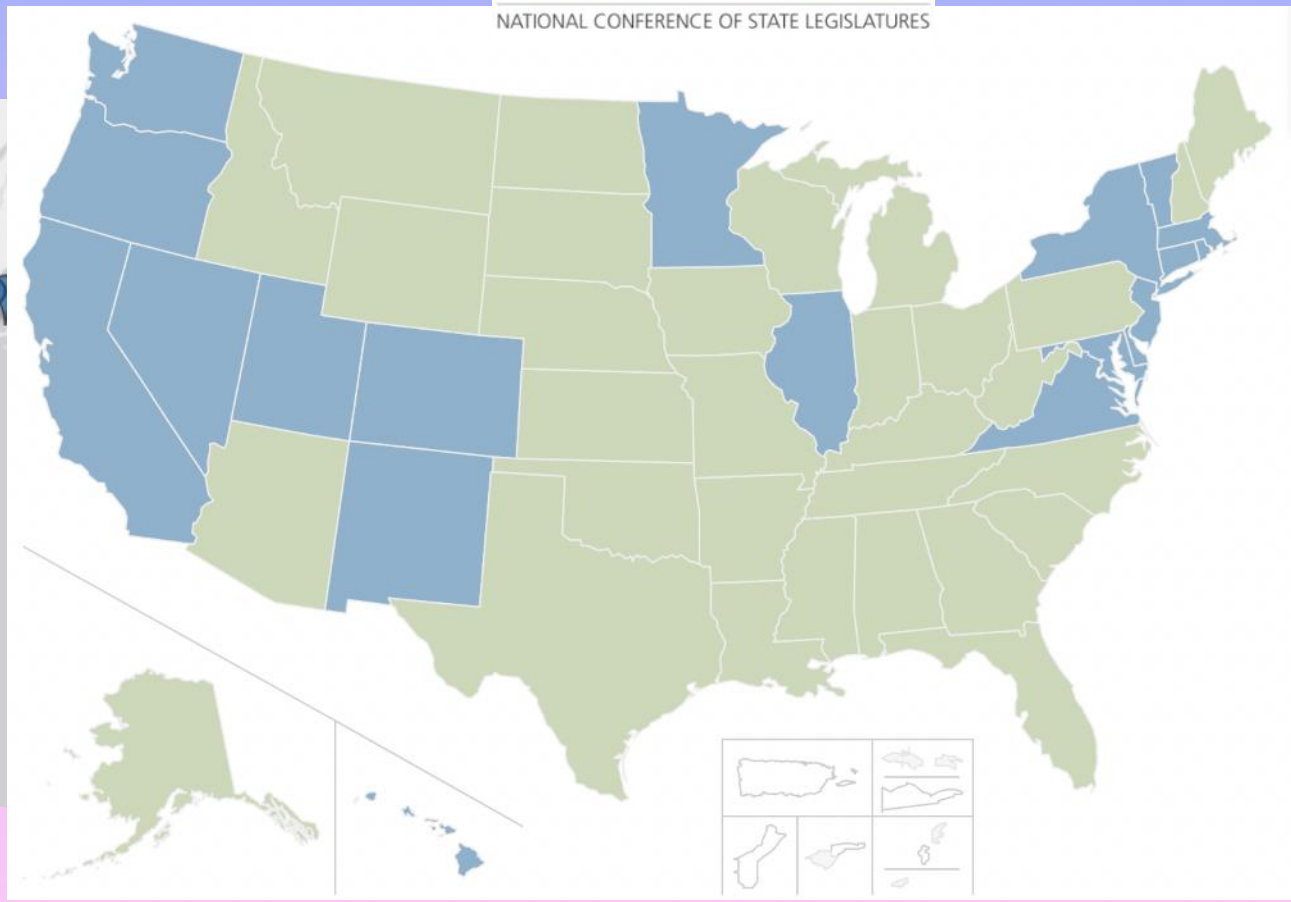


Interactive Map - U.S. Immigration Detention

FREEDOM FOR IMMIGRANTS



NCSL
NATIONAL CONFERENCE OF STATE LEGISLATURES

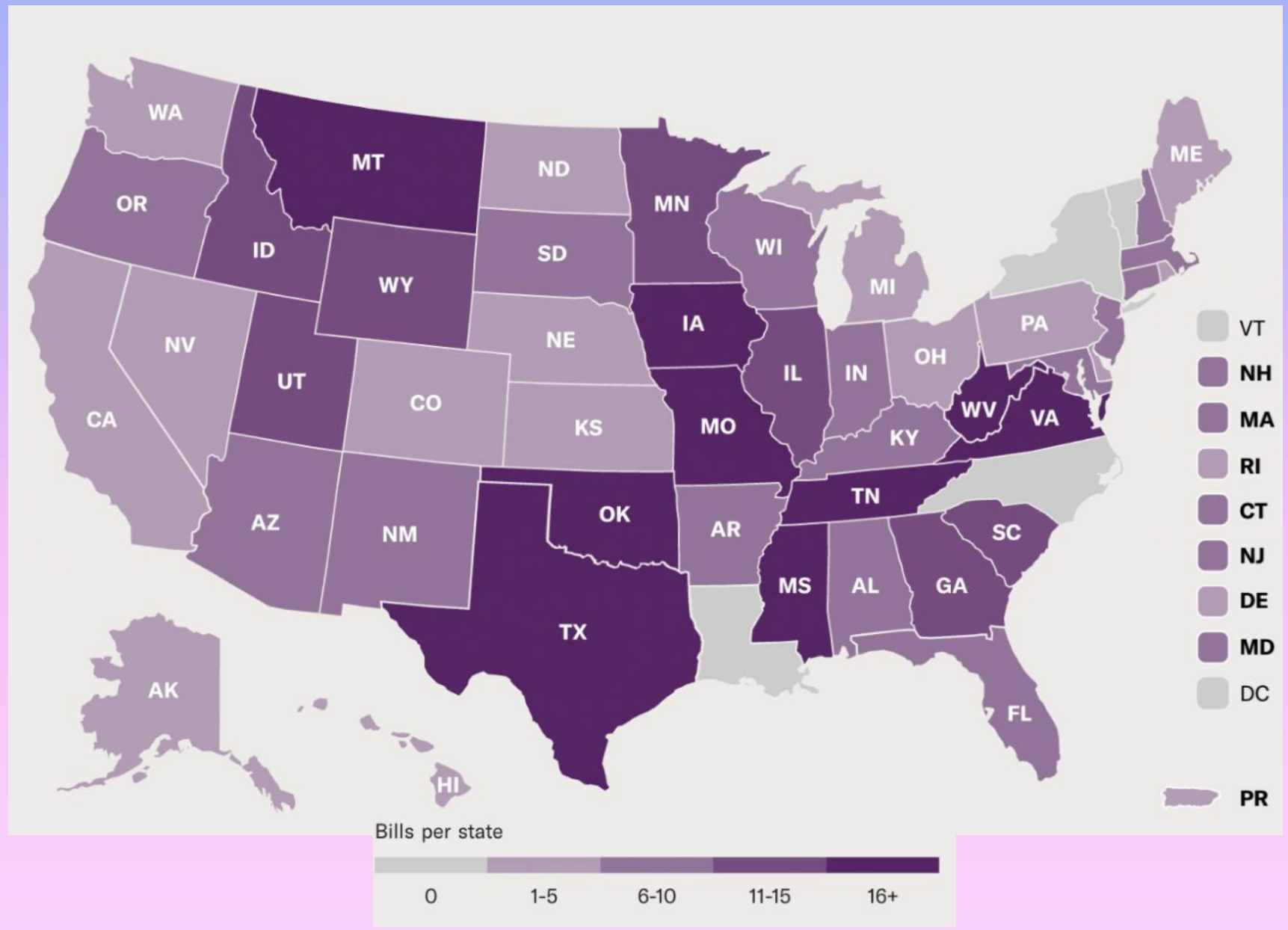


287g Agreements

GREEN = **UNABLE to obtain drivers license w/o verifying citizenship**

BLUE= **ABLE to obtain drivers license w/o verifying citizenship**

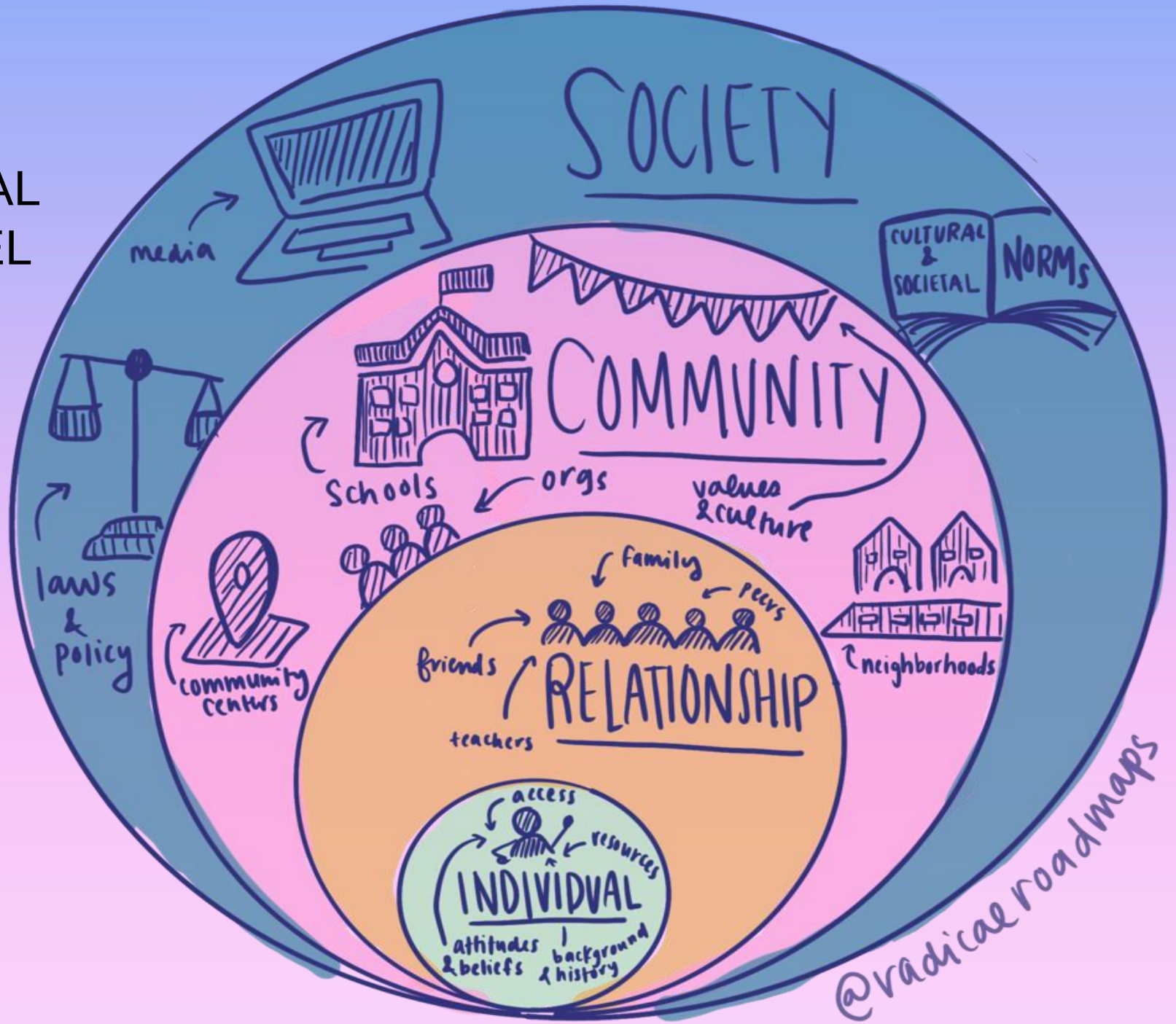
THE ACLU IS TRACKING 527 ANTI-TRANS BILLS



Types of proposed legislation

- barriers to IDS
- free speech bans
- healthcare restrictions
- public accommodation bans
- restricting student & educator rights
- weakening civil rights

SOCIAL-ECOLOGICAL PREVENTION MODEL



Individual

STI HIV TESTING
HIV CARE
PREP NAVIGATION
MENTAL HEALTH
SUBSTANCE USE SERVICES

Oasis
Community Pride Center

Relational


ZERO HOMOPHOBIA
MAY 16-20
WEEK AGAINST HOMOPHOBIA
I CHOOSE LOVING...
oasis
Latinx L.G.B.T.Q. Wellness Center
DAY 3: ... LOVING OUR LOVE STORIES
MAY 18, 2022
1 PM - 2:15 PM EST
featuring:
Olga & Glory Chapman-Miranda
Ashley Najar & Bevie Stitch


encuentro
20 24
LEGACY OF LOVE
ELEVATING LGBTQIA LATINX HEALTH


EL AMOR HACE UNA FAMILIA
LOVE MAKES A FAMILY
oasis
PFLAG

Community


ZERO
TRANSPHOBIA
WEEK AGAINST
TRANSPHOBIA
www.oasiscenter.nyc/zero
I WILL NOT
CENSOR


NYC CITY HALL RALLY
ZERO
TRANSPHOBIA
NOVEMEMBER @10

Societal


ZERO TRANSFOBIA
#YOELIJOAMAR
JUSTICIA PARA LAS COMUNIDADES TRANS EN AMERICA LATINA
bit.ly/ZT22
Day4
11.17.2022
1PM- 2:15 PM
EST
Moderator: Paty Betancourt
Gahela Tseneg Cari Contreras
Denisse Valverde Iturralde
Karina Torres Rosado
Anthony J. Falcón


NATIONAL
HISPANIC/LATINX
HEALTH LEADERSHIP SUMMIT
May 6-7, 2024, Washington D.C.
A federal
health policy summit
on the impact of HIV, STIs,
hepatitis, substance use and mental health
on the Hispanic/Latinx communities in the U.S. and territories.

STAY IN TOUCH: efigueroa@latinoaids.org

Sources:

- Office of Minority Health Resource Center, 2023 (https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64),
- Center for Disease Control, 2022 (https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html),
- Wilson, B.D.M., Mallory, C., Bouton, L., & Choi, S.K. (2021). Latinx LGBT Adults in the U.S. Los Angeles, CA: The Williams Institute, UCLA School of Law.
- Rueda S, Mitra S, Chen S, et al Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses BMJ Open 2016;6:e011453. doi: 10.1136/bmjopen-2016-011453
- The National Conference of State Legislatures: https://www.ncsl.org/immigration/states-offering-drivers-licenses-to-immigrants
- Freedom for Immigrants: https://www.freedomforimmigrants.org/map

PATIENT CENTERED CARE AND OFF-LABEL USE OF INECTABLE THERAPY IN PLWH

POSITIVE IMPACT HEALTH CENTERS

CHAMBLEE · DECATUR · DULUTH · MARIETTA

Presented by John Stanton, DNP, MPH, AGPCN-BC, AAHIVS

Nurse Practitioner and ECHO Co-Director

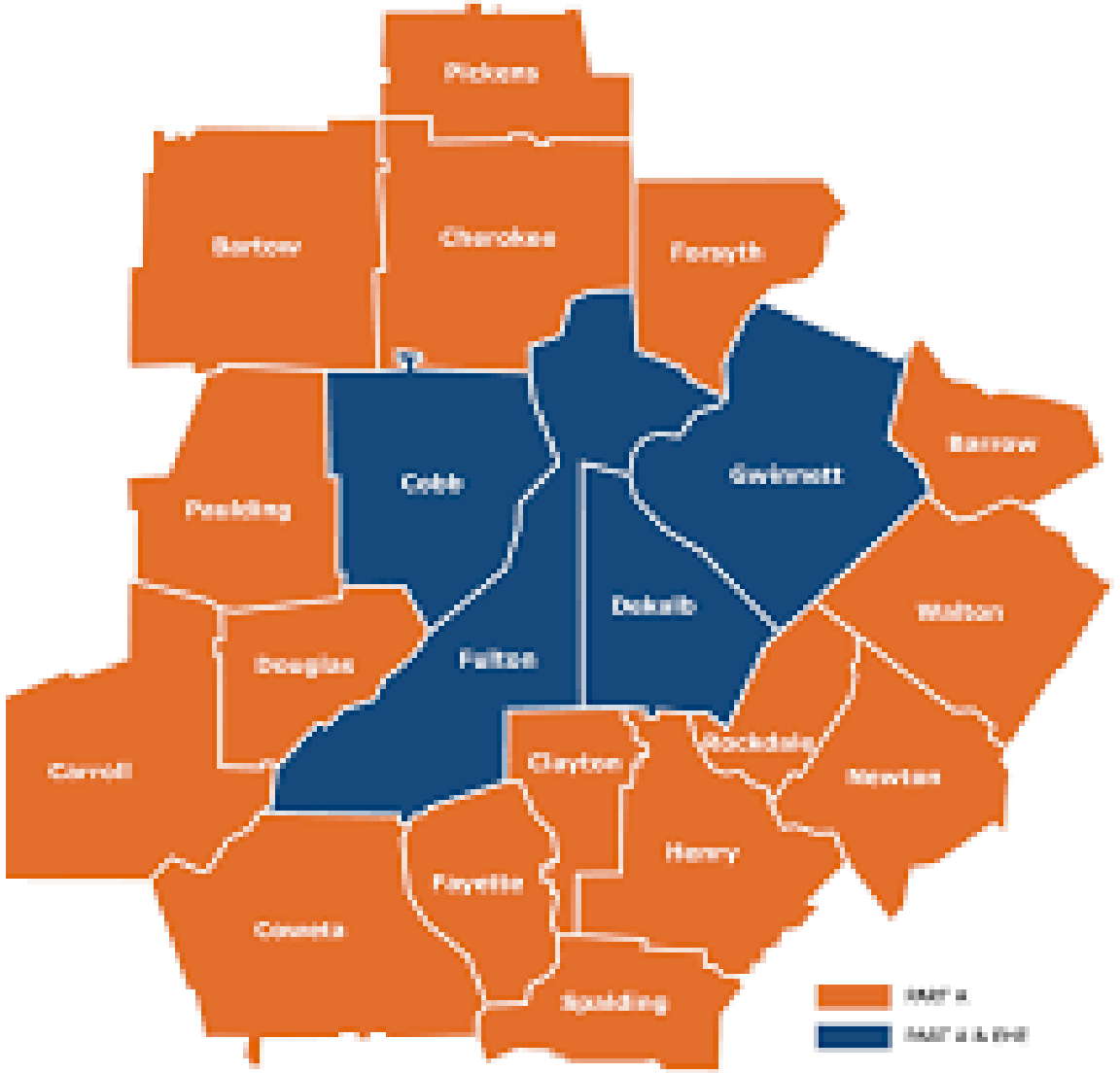
IAS-PCC | April 6, 2025, Atlanta, GA

ABOUT US

Mission:
Client-centered care for the HIV community to have a life worth loving for the HIV

Goal:
To reach 15,000 patient's in care by 2026

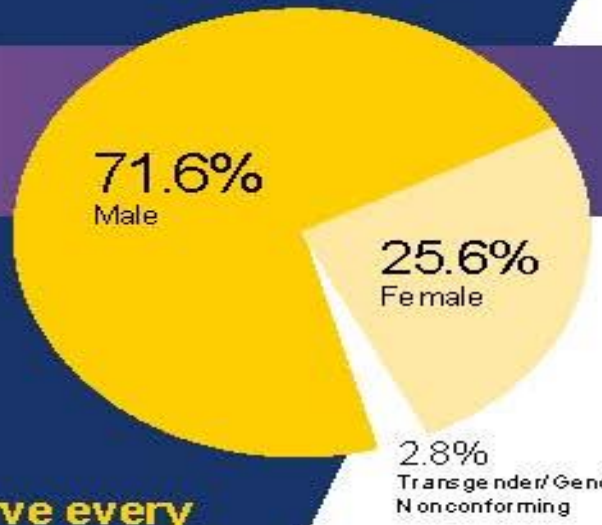
4 locations + 20 counties



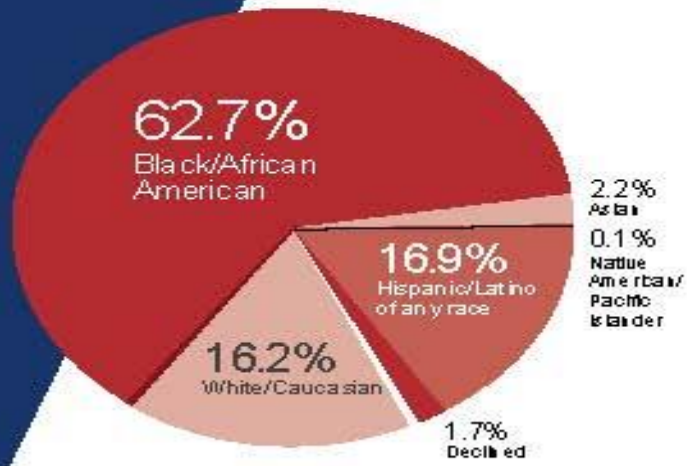
Patient Centered Medical Home

- **Integrated teams** of medical, behavioral health providers, recovery professionals, pharmacists, social workers, and community advocates to care for each patient in an affirming and supportive environment.
- Improves quality of care and the patient experience while **reducing socioeconomic disparities** in health and healthcare costs.
- **We believe patient-centered care is an evidence-based solution.**
- One of the ways we apply this approach is through **Project ECHO – extending community health outcomes**.

Positive Impact Health Centers provides accredited, nationally recognized HIV Care.



We serve every individual and every community.



Medical Care
- Physical Exams
- On-Site Labs
- Ongoing HIV Treatment
- Hep C Treatment
- Medication Assistance
- Referrals to Specialists
- Oral Health

Prevention & Testing
- HIV PrEP & PEP
- Doxy PrEP & PEP
- HIV Testing
- STI Screening and Treatment
- Linkage to Care
- Condom Distribution
- At-home HIV Testing
- Drive-up HIV Testing
- Condoms By Mail

Recovery/Addiction Treatment
- Intensive Outpatient Treatment
- Harm and Risk Reduction
- Medication Assisted Treatment
- Peer Support
- Substance Use and HIV Prevention

Supportive Services
- Housing
- Insurance Navigation
- Nutrition Counseling
- Case Management
- Patient Navigation
- Food & Food Vouchers
- Transportation Assistance

Wellness/Mental Health
- Individual Couple and Group Counseling
- Psychiatric Care and Medication Assistance

Pharmacy
- Medication Synchronization
- Reminder Call Program
- Donated Drug Repository
- Drug Take-Back/Disposal Site
- Patient Assistance Program Enrollment
- Medication Financial Assistance
- Contract Pharmacy Services
- Prior Authorization Support

Patient antiretroviral prescription rate **99%** ARV

18% were unstably housed

42% had a mental health diagnosis

Accreditations

CARF ASPIRE to Excellence ACCREDITED
ADDICTION SERVICES

Platinum Transparency 2023 Candid.

Platinum Transparency 2024 Candid.

NCQA RECOGNIZED PATIENT-CENTERED MEDICAL HOME

Affiliation

United Way of Greater Atlanta

Services Provided in 2023

10,667 patient's seen
- **7,152** patient in HIV treatment
- **2,738** patient in PrEP care

8,722 case management visits for 2,510 patients
- **274** clients helped with translation services in 11 languages
- **1,879** patients enrolled in health insurance
- **7,877** transportation trips provided for 1,177 patients
- **5,773** food vouchers provided
- **121** patients received housing assistance

14,442 emotional wellness and recovery visits for 1,190 clients

5,229 HIV tests conducted

POSITIVE**IMPACT**
HEALTH CENTERS

OVER 200 PATIENTS RECEIVING

Long-acting Injectables

Offering injectable Apretude™ for HIV prevention and CABENUVA™ for HIV treatment in 2021.

HRSA demonstration site for ALAI UP - helping clinics develop injectable HIV treatment programs with the goal of addressing inequity in health outcomes.

Advancing Long-Acting Injectable Therapy For Underserved Populations

PCC MEDICAL CASE

POSITIVE IMPACT HEALTH CENTERS

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Prescribing Guidelines

Patient Info

44 y/o male who is an active injection drug user – 24 year history of injecting methamphetamine. Not ready for change.

Diagnosed HIV+ 2018 and was naïve when started on Biktarvy.

Never suppressed and never able to adhere to oral regimen.

Labs of 02/17/2024

- CD4 53/8%
- Viral load 444,000 copies/mL
- No other pertinent health concerns.
- No Genotype on File.
- Prognosis 1-3 years with high risk of mortality from opportunistic infection at any time.

CABENUVA
cabotegravir 200 mg/mL; rilpivirine 300 mg/mL
extended-release injectable suspensions

For the treatment of HIV-1 infection in to replace the current antiretroviral regimen in those **who are virologically suppressed (HIV-1 RNA <50 copies/mL)** on a stable antiretroviral regimen with no history of treatment failure and with **no known or suspected resistance** to either cabotegravir or rilpivirine.

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Patient Centered “Compassionate” Care

- Patient prognosis likely death without treatment
- Although there are no RTCs at this time, some studies have shown promising results for off-label in viremic patients with suppression rates between 80-99%
- Shared decision making, informed consistent should guide ethical practice.
  - Ensuring patient understands risk of uncovered resistance
  - Monthly v. every two month dosing
  - Intensive case management support

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Patient Outcome

- Patient was started on 07/25/2024 with monthly dosing of CABENUVA
- Has not missed an appointment; however presented 6+ days outside treatment window for one injection.
- Patient virally suppressed < 20 copies after 3 month of therapy and remain suppressed.
- Last CD4 244/24%.

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Questions can be directed to the presenter by John Stanton, DNP, MPH, AGPCN-BC, AAHIVS at John.Stanton@pihcga.org

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