GEORGIA STATEWIDE MSM STRATEGIC PLAN

2016-2021

GEORGIA DEPARTMENT OF PUBLIC HEALTH APPROACH TO ADDRESSING HIV/AIDS AMONG YOUNG AND ADULT GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN

DPH
Georgia Department of Public Health

CONTENT OUTLINE

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To end the transmissions of HIV infections among Georgia's gay, bisexual and men who have sex with men and provide superior health care and support services for those who become HIV positive.

STRATEGIC PLAN POSITION STATEMENT

ELEVATED STRATEGIC PRIORITIES

The Georgia Department of Public Health (DPH) and the Office of HIV Prevention have created elevated strategic priorities to support the vision and direction of the Georgia Statewide MSM Strategic Plan, which is to reduce new HIV infections, improve access to care and enhance standards of care. These priorities will guide decision making, the allocation of resources and clarify the office's overarching plan of action to address the needs of men who have sex with men in Georgia.
The elevated strategic priorities are as follows:

1) Ensure that 50% of MSM are tested every year by December 31, 2022, with an emphasis on young MSM 18-24.

2) Ensure that 90% of all MSM have access to condoms by December 31, 2021.

3) Link 90% of all positive MSM found through public health testing to medical care within 14 days by December 31, 2020.

4) Increase the percentage of at risk MSM in GA taking PrEP to 50% (with an emphasis on the 18-24 age group) by December 31, 2022.

Three Moves Could Cut New HIV Cases Dramatically: Study Researchers say testing, treating and providing preventive drugs are crucial. (2016, January 7)
Retrieved from https://medlineplus.gov/aboutmedlineplus.html

GOAL A: ESTIMATE THE NUMBER OF MEN WHO HAVE SEX WITH MEN IN GEORGIA

STRATEGIC PRIORITY: ***USING EXISTING DATA SOURCES (AND ACCEPTABLE METHODICAL APPROACHES), ESTIMATE HOW MANY MSM RESIDE IN EACH COUNTY AS WELL AS HEALTH DISTRICTS THROUGHOUT GEORGIA.***

Using Grey et al. (forthcoming - 2016), Lieb et al. (2009), Purcell et al. (2012), and Oster et al. (2015) along with population data for Georgia's 159 counties, the MSM/LGBT coordinators will estimate how many MSM live throughout Georgia.

STATEWIDE KEY POPULATIONS

Gay, bisexual and other men who have sex with men of all races and ethnicities continue to be the priority at the Georgia Department of Public of Health, Office of HIV/AIDS. DPH will emphasize the following throughout the continuum of this plan:

1.) The highest burden of HIV has been identified in Black gay and bisexual men
2.) Rates of HIV are continually rising among Black and Latino gay men
3.) There is a high burden of youth, ages 18-24 who are unaware of their HIV status

GOAL B: INCREASE THE PERCENTAGE OF GAY, BISEXUAL AND MSM WHO KNOW THEIR SEROSTATUS TO AT LEAST 90% (BASED ON NHAS INDICATOR 1)

STRATEGIC PRIORITY 1: ***IDENTIFY STRATEGIES NECESSARY TO INCREASE HIV TESTING BY 50% AMONG MSM, WITH AN EMPHASIS ON THOSE 18-24 YEARS OF AGE.***

STRATEGIC PRIORITY 2: ***ENSURE 50% OF MSM ARE TESTED ANNUALLY; FOCUSING ON MSM 18-24 YEARS OF AGE.***

1. Survey gay, bisexual and MSM to identify where they socialize and potential locations for targeted outreach.

2. Produce a media campaign specifically for dating applications and websites that informs its membership on how to link to local testing and treatment sites (e.g. the CAPUS Resource Hub and/or the HIV/AIDS Hotline).

GOAL B: *INCREASE THE PERCENTAGE OF GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN WHO KNOW THEIR SEROSTATUS TO AT LEAST 90% (BASED ON NHAS INDICATOR 1)*

3. Ensure that all gay, bisexual and MSM who test positive for HIV are provided partner services and that 90% of all identified partners receive follow-up testing and care.

4. Address any DPH barriers that prevent contract agencies from utilizing online sites.

5. Develop an at-home testing intervention that will target the gay, bisexual and MSM/LGBT populations. This intervention would also be used to promptly link the MSM population to care.

GOAL B: *INCREASE THE PERCENTAGE OF GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN WHO KNOW THEIR SEROSTATUS TO AT LEAST 90% (BASED ON NHAS INDICATOR 1)*

6. Continue work with social marketing campaigns and Southern Pride festivals to collaborate and organize testing stations in high prevalence health districts:

a) Use recruited and trained SpeakOut Georgia Ambassadors; to promote testing and health department activities, available services and safer sex activities.

b) Increase presence of SpeakOut Ambassadors throughout the health districts to decrease the stigma associated with HIV testing.

7. Establish a mobile unit that travels across Georgia targeting gay, bisexual and MSM/LGBT gathering spots to distribute condoms, enroll individuals in PrEP and provide testing and counseling services. An alternative would be to mirror the Louisiana model by establishing LGBT wellness centers in key locations (e.g. HIV/STD high prevalence areas).

GOAL C: ***REDUCE THE NUMBER OF NEW DIAGNOSES BY AT LEAST 25% AMONG GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN (BASED ON NHAS INDICATOR 2)***

STRATEGIC PRIORITY 1: ***ENSURE 90% OF MSM HAVE ACCESS TO CONDOMS.***

STRATEGIC PRIORITY 2: ***ESTIMATE THE NUMBER OF MSM IN GEORGIA TAKING PREP ****

STRATEGIC PRIORITY 3: ***DEVELOP A STRATEGY TO INCREASE PREP USAGE AMONG YOUNG (18-24 YEARS OF AGE) MSM BY 50%.***

1. Every ADAP enrollee will receive an opt-out condom kit at every visit;

2. Update and distribute revised PrEP and Condom Distribution Toolkit. Educate health districts by providing webinars on both condom distribution and PrEP/nPEP. Host a Twitter Town Hall to relaunch the PrEP Toolkit.

GOAL C: *REDUCE THE NUMBER OF NEW DIAGNOSES BY AT LEAST 25% AMONG GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN (BASED ON NHAS INDICATOR 2)*

3. Establish a reporting system to track agencies prescribing PrEP.

4. Recruit ADAP contract pharmacies as condom distribution sites through the ADAP Network; as well as, commercial pharmacies that have healthcare clinics.

5. Facilitate the use of the medicine adherence interventions at ADAP/Ryan White Clinics to promote healthy outcomes and viral suppression; enhancing one's lifespan and reducing the risk of transmission to partners.

6. Educate high-risk negative gay/bisexual/MSM about PrEP and help them gain access to HIV testing.

7. Integrate PrEP programs within health districts.

GOAL D: *REDUCE THE PERCENTAGE OF YOUNG GAY AND BISEXUAL MEN WHO HAVE ENGAGED IN HIV-RISK BEHAVIORS BY AT LEAST 10 % (BASED ON NHAS INDICATOR 3)*

1. Continue to expand the development of the MSM Symposiums (rural/metro) as well as community engagement opportunities to foster self-acceptance, communal development and the reduction of stigma within the community.

2. Operate an inclusive anti-stigma group consisting of gay/bisexual/MSM that will develop activities to foster self-acceptance, communal development and the reduction of stigma within the community.

3. Provide cultural humility/sensitivity sessions to health department and Ryan White Clinics and private/hospital-based providers. This training will be inclusive of all staff including the front desk.

GOAL D: *REDUCE THE PERCENTAGE OF YOUNG GAY AND BISEXUAL MEN WHO HAVE ENGAGED IN HIV-RISK BEHAVIORS BY AT LEAST 10 % (BASED ON NHAS INDICATOR 3)*

4. Facilitate empowerment sessions to HIV positive gay/bisexual/MSM.

5. Conduct a needs assessment specifically for the LGBT community to assist the health districts with understanding who they are serving and what their specific needs entail.

6. Provide technical assistance to the health district staff around the engagement of gay, bisexual and MSM/LGBT community.

7. Identify existing programs throughout the state that will benefit from technical assistance on providing optimal care for the gay, bisexual and transgender/MSM community.

8. Integrate PrEP in standard health care services via health departments.

GOAL E: ***INCREASE THE PERCENTAGE OF NEWLY DIAGNOSED GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN LINKED TO HIV MEDICAL CARE WITHIN ONE MONTH OF THEIR HIV DIAGNOSIS TO 85% (BASED ON NHAS INDICATOR 4)***

STRATEGIC PRIORITY: ***FACILITATE LINKAGE TO CARE AMONG 90% OF MEN WHO HAVE SEX WITH MEN IDENTIFIED AS LIVING WITH HIV WITHIN THE PUBLIC HEALTH SYSTEM'S TESTING PROGRAM WITHIN 15 DAYS.***

1. Utilize a text-based phone app reminder system that can be used by local testing programs, Ryan White Clinics and ADAP pharmacies.

2. Implement a data-to-care system to enhance a variety of services between prevention and care.

3. Implement the at-home testing intervention that will target the MSM/LGBT population and directly link them to PrEP or care.

GOAL E: *INCREASE THE PERCENTAGE OF NEWLY DIAGNOSED GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN LINKED TO HIV MEDICAL CARE WITHIN ONE MONTH OF THEIR HIV DIAGNOSIS TO 85% (BASED ON NHAS INDICATOR 4)*

4. Test & Treat: At diagnosis, the testing counselor will walk the person to the HIV clinic/provider (if at the same location). The newly diagnosed should be seen the same day for an initial assessment (a more complete exam can occur within 30 days). If the clinic is not on-site, the test counselor will call the site and ask for the next available appointment (within 5 business days), at which point the testing counselor can transfer the client to a linkage coordinator, patient navigator or the Ryan White Clinic staff for follow-up (to ensure someone is remaining in contact). This activity would require the following:

a.) The addition of staff in districts where the need has been identified;
b.) Capacity Building for policy change in regards to infrastructure;
c.) Develop strategies to increase job satisfaction and employee retention.

GOAL F: *INCREASE THE PERCENTAGE OF GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN WITH DIAGNOSED HIV INFECTION WHO ARE VIRALLY SUPPRESSED TO AT LEAST 80% (BASED ON NHAS INDICATOR 6)*

1. Conduct small group health literacy sessions with gay, bisexual and MSM on ADAP and being seen at Ryan White Clinics.

2. Incorporate medical adherence strategies during ADAP enrollment/ recertification appointments, during all Ryan White Clinic appointments and at the time of medication pick-up.

3. Policy Development-the standardization of clinicians to run monthly reports noting which Ryan White clients are not on ADAP to determine if they are not filling prescriptions and whether they need assistance in remaining adherent – offer support through the Ryan White Clinic.

GOAL F: *INCREASE THE PERCENTAGE OF GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN WITH DIAGNOSED HIV INFECTION WHO ARE VIRALLY SUPPRESSED TO AT LEAST 80% (BASED ON NHAS INDICATOR 6)*

4. Implement condom distribution as an intervention strategy.

5. Educate the health districts through toolkits, webinars, in-house technical assistance and CDC technical assistance requests.

6. Promote the use of medication adherence interventions in Ryan White Clinics and health departments.

GOAL G: *REDUCE DISPARITIES IN THE RATE OF NEW DIAGNOSES BY AT LEAST 15% AMONG GAY AND BISEXUAL MEN, BLACK GAY AND BISEXUAL MEN AND PERSONS LIVING IN THE SOUTHERN UNITED STATES (BASED ON NHAS INDICATOR 9)*

1. Organize and facilitate statewide MSM Symposiums, webinars, workgroups and dissemination of information.

GOAL G: *REDUCE DISPARITIES IN THE RATE OF NEW DIAGNOSES BY AT LEAST 15% AMONG GAY AND BISEXUAL MEN, BLACK GAY AND BISEXUAL MEN AND PERSONS LIVING IN THE SOUTHERN UNITED STATES (BASED ON NHAS INDICATOR 9)*

2. Develop the Georgia Same Gender Loving (SGL) Public Health Leadership Cohort, a structured educational learning model. The program will provide individuals new to public health an interactive and dynamic setting to expand their knowledge about HIV basics, surveillance, policy, public health policy and professional development.

Led by cohort graduates, DPH would continue its leadership development efforts with regional educational clusters and teaming with local CBOs, ASOs, Health Districts, colleges/universities, specialized schools and research organizations. Cluster members would be able to combine their efforts and resources to test promising developments, pilot innovative projects, and impact their own community.

GOAL H: *ADDRESSING HIV/AIDS AMONG TRANSGENDER AND GENDER NON-CONFIRMING COMMUNITY*

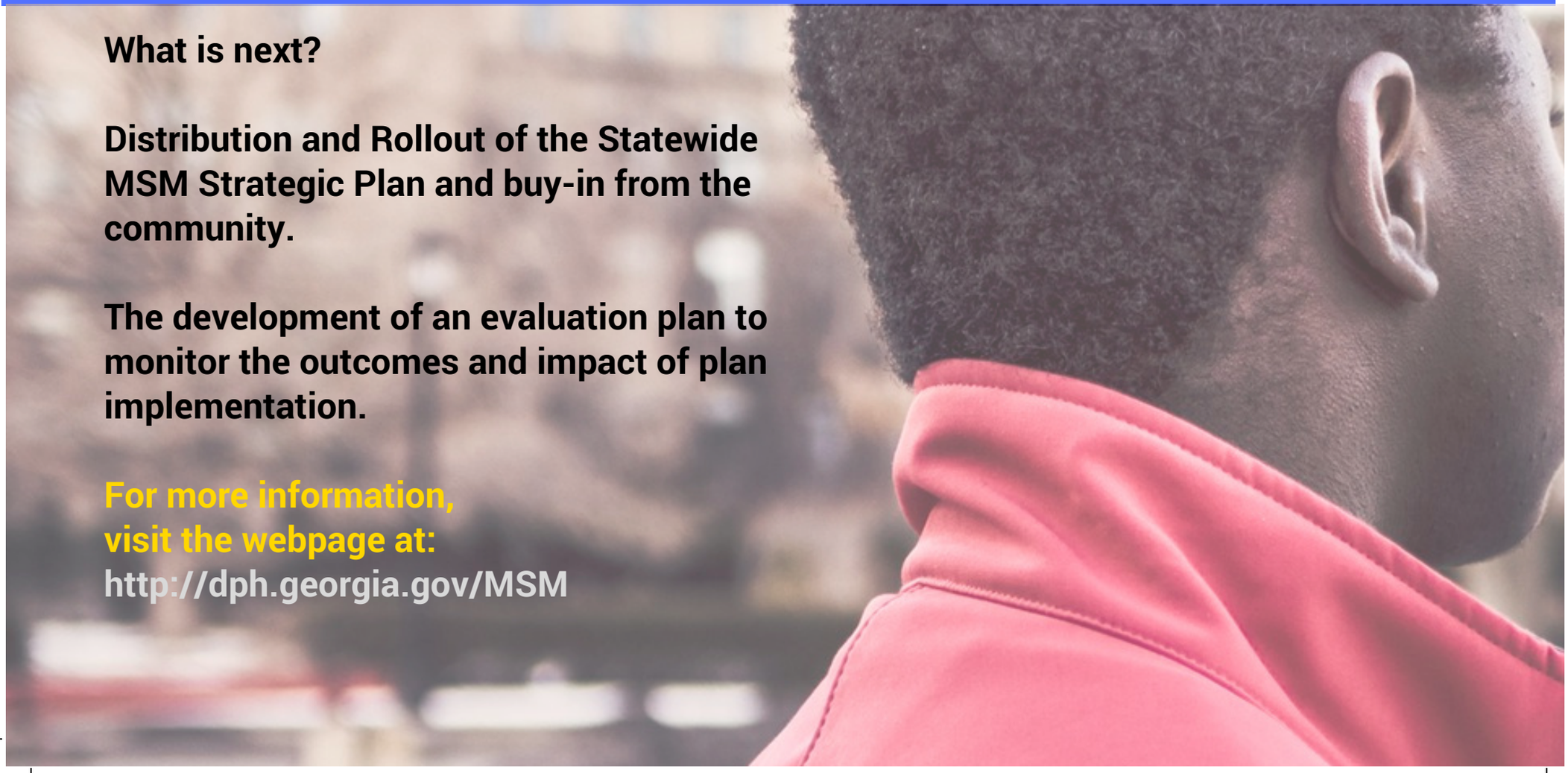
By eliminating health care disparities that face Transgender and Gender Non-Conforming communities in the state of Georgia through education and collaborating with members of the state/ local health departments and health providers:

1.) Ensure effective and dignified health care for Transgender and Gender Non-Conforming communities in the state of Georgia.

2.) Provide guidance and support to state and community surveillance teams on the importance of data collection methods for Transgender and Gender Non-Conforming communities.

3.) Developing and adapting Effective Behavioral Interventions to address social and technical skills building, reinforce proper and consistent condom use, distinguish between healthy and unhealthy relationships and promote supportive social networking (i.e. TWILLOW, 3MV, GED Programs and Statewide workgroups).

THANK YOU!



What is next?

Distribution and Rollout of the Statewide MSM Strategic Plan and buy-in from the community.

The development of an evaluation plan to monitor the outcomes and impact of plan implementation.

For more information, visit the webpage at:
http://dph.georgia.gov/MSM