



2016-2021

GEORGIA STATEWIDE MSM STRATEGIC PLAN

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

02

CONTENT OUTLINE



Introduction: Strategic Plan Position Statement

Section One: Strategic Plan Overview

Section Three: Elevated Strategic Priorities

Section Three: What's Next?

Gay, bisexual, same-gender loving, two spirit, queer, and men who have sex with men have an unalienable right to “life, liberty, and the pursuit of happiness.” Included in this pursuit is the right to desires, consensual behaviors, and identities of their choosing. Constitutional and natural law grants men the right and means to engage in sex, intimacy, and to form attachments with other men, women, transgendered people and people who live a spectrum of gender expressions as well as sexualities. This strategy shall assist men who live beyond the boundaries of heteronormativity to achieve these unalienable rights in a context of self- and communal-care.

**STRATEGIC
PLAN
POSITION
STATEMENT**

The Office of HIV Prevention at the Georgia Department of Public Health has created elevated strategic priorities to support our ultimate vision and direction with the Georgia Statewide MSM Strategic Plan which is to reduce new 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, 2018, with an emphasis on young MSM 18-24.
- 2) Ensure that 90% of all MSM have access to condoms by December 31, 2018.
- 3) Link 90% of all positive MSM found through public health testing to medical care within 14 days by December 31, 2018.
- 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, 2020.

Three Moves Could Cut New HIV Cases Dramatically: Study Researchers say testing, treating and providing preventive drugs are crucial. (2016, January 7)
Retrieved from http://www.nlm.nih.gov/medlineplus/news/fullstory_156580.html

ELEVATED STRATEGIC PRIORITIES

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

STRATEGIC PRIORITY: USING EXISTING DATA SOURCES (AND ACCEPTABLE METHODOLOGICAL 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 Activities Coordinators will estimate how many MSM are estimated to live in Georgia's respective counties as well as health districts.

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 (IN PUBLICLY-FUNDED SETTINGS) 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 (in publicly funded settings) to identify where they socialize and potential locations for 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 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 population in rural areas. This intervention would also be used to link the MSM population to care by utilizing existing Linkage staff as testers for the Intervention.

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. Continued work with the social marketing campaigns and Southern Pride festivals to collaborate and organize testing stations in high prevalence Health Districts:
 - a) Using recruited and trained SpeakOut Georgia Ambassadors; to promote testing and Health Department activities, available services, and safer sex activities.
 - b) Increased 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 in PrEP and testing and counseling services [An alternate would be to mirror the Louisiana model by establishing LGBT health 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. Lastly, schedule 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, all Walgreens 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 and assist high-risk negative gay/ bisexual/MSM appropriate for PrEP gain access – HIV Testing Counselor conduct the initial screen, if the client is eligible they are referred to the Ryan White clinic for labs and prescription, the ADAP Enrollment Specialist helps them complete any patient assistance application for coverage.
6. Integration of 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 on 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 Clinic staff. This training will be inclusive of all staff including the front desk. We would also offer this service to private/hospital-based providers.

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. Administer 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, what their specific needs entails, and opinions about service providers.
6. Provide Technical Assistance to the Health District staff around the engagement of Gay, Bisexual, and MSM/LGBT community.
7. Work with DPH Medical Advisor to identify Residency/APRN/PA/RN/etc. Programs throughout the state to conduct Technical Assistance on Optimal Care for the Gay, Bisexual, 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 TO CARE WITHIN 15 DAYS.

1. Utilize a text-based phone app reminder system that can be used by the Testing Program, Ryan White Clinics, & 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 population in rural areas and directly link them with Regional Linkage Coordinators.

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 that 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 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 of 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 how/if they are not filling prescriptions and do 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. Use Condom Distribution as an Intervention Strategy
5. Educate the Health Districts through Toolkits, Webinars, In House Technical Assistance, and CDC CRIS Request
6. Promote the use of Medicine 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. 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. This Cohort program will provide individuals both young and new to Public Health an active, interactive, and dynamic setting for students to expand their knowledge and develop skills. Rather than the professor teaching student model of traditional learning, cohort programs bring students together to build community, foster creativity, build leadership skills, and encourage greater progress. The multimedia influenced curriculum will include a reading list and exercises that inclusive of HIV basics and an overview of the science, surveillance, history, art, organizational leadership, policy development, and professional development. The cohort would prepare leaders for job placement and internships in HDs, CBOs, ASOs throughout the State of Georgia.

Lead by cohort graduates the state would continue its Leadership Development efforts with Regional Educational Clusters. By teaming with local CBOs, ASOs, HDs, inter-related 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 Trans and Gender Non-Conforming people 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 Trans 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 the Trans and Gender Non-Conforming people.
- 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, & 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.**

