

USING AIDSVU TO EXAMINE HIV PREVALENCE, ACCESS, AND SERVICE IN ATLANTA, GEORGIA AND HOUSTON, TEXAS

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EXECUTIVE SUMMARY

- The Emory COMPASS Coordinating Center partnered with AIDSVu to create maps to visualize the HIV epidemic in Atlanta, Georgia and Houston, Texas.
- The HIV epidemic in Atlanta and Houston is impacted by limitations in access to resources: both HIV burden and prevention and care services are geographically and racially segregated.
- The ZIP codes with the highest prevalence of HIV and the ZIP codes with the greatest risk of new HIV diagnoses do not have adequate access to HIV testing sites, PrEP (pre-exposure prophylaxis) service providers, or medical care service providers.
- The areas of highest prevalence and greatest risk of new diagnosis are also the areas with a majority Black population.
- Black people and communities in Atlanta and Houston are disproportionately impacted by the HIV epidemic through higher prevalence rates and lack of access to resources that mitigate the spread of HIV and provide support for people living with HIV.
- To address the HIV epidemic in Atlanta and Houston, ZIP codes with a high prevalence of people living with HIV and high risk of new diagnoses need more access to HIV testing centers, PrEP service providers, and medical care service providers.
- Increased access can be accomplished both by adding more HIV resources in these areas and by improving transportation options to reduce the burden of travel.
- Transportation access can be improved through strategies such as free or reimbursed rideshare options to an HIV treatment or prevention provider, expanded public transportation such as an increase of bus routes and increased frequency of buses on said routes, and subsidizing the cost of public transportation for people living with HIV.

THE HIV EPIDEMIC IN THE UNITED STATES

From 2020 to 2021, public health surveillance data documented disparities in the risk of HIV for men who have sex with men (MSM), Black/African American and Hispanic/Latino people, and people living in the Southern United States. In 2021, there were 36,136 new HIV diagnoses in the United States and dependent areas¹ and men accounted for nearly 8 in 10 new HIV diagnoses; most cases in men occurred among MSM. In addition to the higher prevalence and new diagnoses among men and MSM, Black/African American and Hispanic/Latino people continue to be disproportionately impacted by the HIV epidemic. Of the new HIV diagnoses, nationally, 40% were among Black/African American people (who compose 14% of the US population) and 29% were among Hispanic/Latino people (who compose 19% of the US population). The rate of new HIV diagnoses for Black/African American persons above 13 years was 7.9 times the rate of new HIV diagnoses for White persons above 13 years in 2021. By the end of 2021, 31% of MSM diagnosed with HIV were Black/African American. The Southern region of the United States² accounted for 52% of new HIV diagnoses in 2021, while comprising only a third of the United States population. The rate of diagnoses among people living in the South was 2.1 times the rate of diagnosis among people living in the Midwest³.

In addition to these new diagnoses data, in 2016 a research team at the University of Pittsburgh Graduate School of Public Health used predictive modeling based on HIV incidence rate to predict that if the incidence rate of HIV stayed consistent, 30.9% of Black MSM would be HIV positive by age 30 and 60.7% would be HIV positive by age 40.⁴ Together, these data describe the communities and people that continue to be disproportionately impacted by HIV in the United States: MSM, Black/African American MSM, Black/African American and Hispanic/Latino people, and people living in the Southern United States.

THE GILEAD COMPASS INITIATIVE®

In response to the HIV epidemic in the South, Gilead Sciences, Inc. established the Gilead COMPASS Initiative® in 2018 - an unprecedented more than \$100 million commitment over 10 years to support organizations working to address the HIV/AIDS epidemic in the Southern United States. This work is addressed through four coordinating centers (Emory University Rollins School of Public Health, Wake Forest University School of Divinity, Southern AIDS Coalition, and the University of Houston Graduate College of Social Work) and other collaborative partners (ETR, PRISM Health, GLAAD, Duke University, and AIDS United/SHIF). Each of the four coordinating centers and other implementing partners (GLADD, AIDS United/SHIF) work to build collaborative partnerships with community organizations to build organizational capacity and awareness, reduce HIV stigma, support trauma informed care, and build faith-based advocacy. This innovative initiative focuses on community and collaboration; recognizes the importance and impact of community partners; and works to support partners work and advocacy.

As part of the Gilead COMPASS Initiative®, the Emory COMPASS Coordinating Center serves as the lead center and provides tailored organizational capacity building training and technical assistance to HIV/AIDS service and community-based organizations across the South with more than 185 organizations receiving grant funding. The efforts of the Emory COMPASS Coordinating Center, have focused on

¹According to the CDC, United States dependent areas include American Samoa, Guam, Northern Mariana Islands, Puerto Rico, Republic of Palau, U.S. Virgin Islands.

²The CDC defines the South as including Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas Virginia and West Virginia.

³Centers for Disease Control and Prevention. HIV Surveillance Report, 2021; vol. 34. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023. Accessed 11/19/23

⁴Matthews DD, Herrick AL, Coulter RW, Friedman MR, Mills TC, Eaton LA, Wilson PA, Stall RD; POWER Study Team. Running Backwards: Consequences of Current HIV Incidence Rates for the Next Generation of Black MSM in the United States. *AIDS Behav.* 2016 Jan;20(1):7-16. doi: 10.1007/s10461-015-1158-z. PMID: 26267251; PMCID: PMC4718884.

⁵<https://www.gileadcompass.com/>

partnering with organizations that serve priority populations that are most impacted by the HIV epidemic, including Black and Latinx MSM, transgender women, and Black women. The HIV epidemic’s impact on Black people is showcased in Atlanta, Georgia, and Houston, Texas. Atlanta and Houston both have major populations in the South with high HIV burdens, high residential segregation, and are home to many COMPASS partner organizations that are working to end the HIV epidemic in the South.

EMORY COMPASS COORDINATING CENTER AND AIDSVU

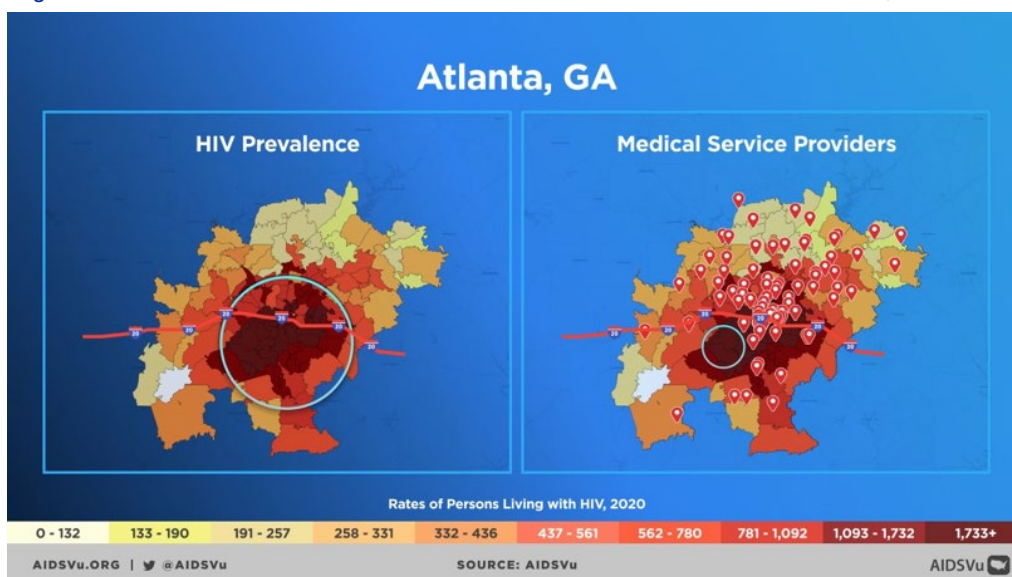
Emory COMPASS Coordinating Center partnered with AIDSVu to create maps illustrating the HIV epidemic and available care and prevention services in Atlanta and Houston. AIDSVu is a public resource that creates maps, visualizations, and datasets from HIV surveillance data and population data to inform local, state and national policy and decision making.⁶ AIDSVu’s mission is to make data widely available, easily accessible, and locally relevant to increase awareness and inform public health decision making. The visualizations and maps that AIDSVu creates help translate HIV surveillance data for community consumption.⁷

THE HIV EPIDEMIC IN ATLANTA, GA

HIV PREVALENCE IN ATLANTA

Figure 1 displays the prevalence of HIV in Atlanta ZIP codes. Areas with a high prevalence of HIV are areas where proximate HIV care and treatment facilities are especially important. The figure is composed of two ZIP code level maps of Atlanta bisected by Interstate 20 (red line). Varying prevalence of HIV is shown for each ZIP code using a color gradient from light yellow (lowest prevalence) to dark red (highest prevalence). The right map shows the locations of HIV care providers (red pins). The large circle on the HIV Prevalence map indicates ZIP codes with the highest prevalence of HIV. The small circle on the Medical Service Providers map highlight the areas of Atlanta that have high rates of people living with HIV and a lack of medical service providers nearby.

Figure 1: HIV Prevalence vs Location of Medical Care Service Providers in Atlanta, GA



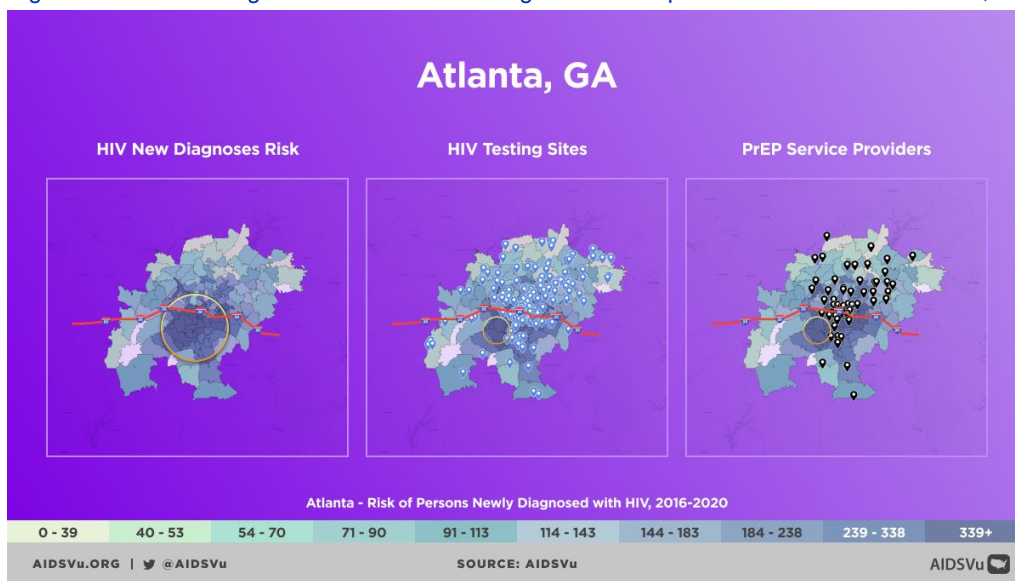
⁶ The location data for Medical Care Service Providers, HIV Testing Sites, and PrEP Service Providers in Atlanta and Houston is the Centers for Disease Control and Prevention, National Prevention Information Network (NPIN).

⁷ Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD, Do AN, Valdiserri RO, Bradley H, Jaggi C, O’Farrell D, Filipowicz R, Siegler AJ, Curran J, Sanchez TH. A Data Visualization and Dissemination Resource to Support HIV Prevention and Care at the Local Level: Analysis and Uses of the AIDSVu Public Data Resource. J Med Internet Res. 2020 Oct 23;22(10):e23173. doi: 10.2196/23173. PMID: 33095177; PMCID: PMC7654504.

HIV NEW DIAGNOSIS RISK

Figure 2 displays the 5-year risk of new HIV diagnoses at the ZIP code level using a color gradient; areas with a high risk of new HIV diagnoses are areas where HIV prevention and HIV testing are especially important. The ZIP codes with the highest risk of persons newly diagnosed with HIV are denoted with dark blue and the ZIP codes with the lowest risk of person newly diagnosed with HIV are denoted with light green/yellow. The middle map shows the location of the HIV testing sites and the map on the right shows the locations of PrEP service providers relative to the HIV new diagnosis risk. PrEP is an antiretroviral medication that is prescribed to at risk individuals to prevent the transmission of HIV in case of an HIV exposure. The larger circle on the far-left HIV New Diagnosis Risk map indicates ZIP codes with the highest risk of new diagnoses and the small circles on the (middle) HIV Testing Sites and (far right) PrEP Service Providers maps denote areas with the highest risk and no HIV testing sites or PrEP service providers. These maps demonstrate that people who live in some of the areas where they experience the highest risk for a new HIV diagnosis also have a lack of access to HIV testing sites and PrEP service providers in those areas.

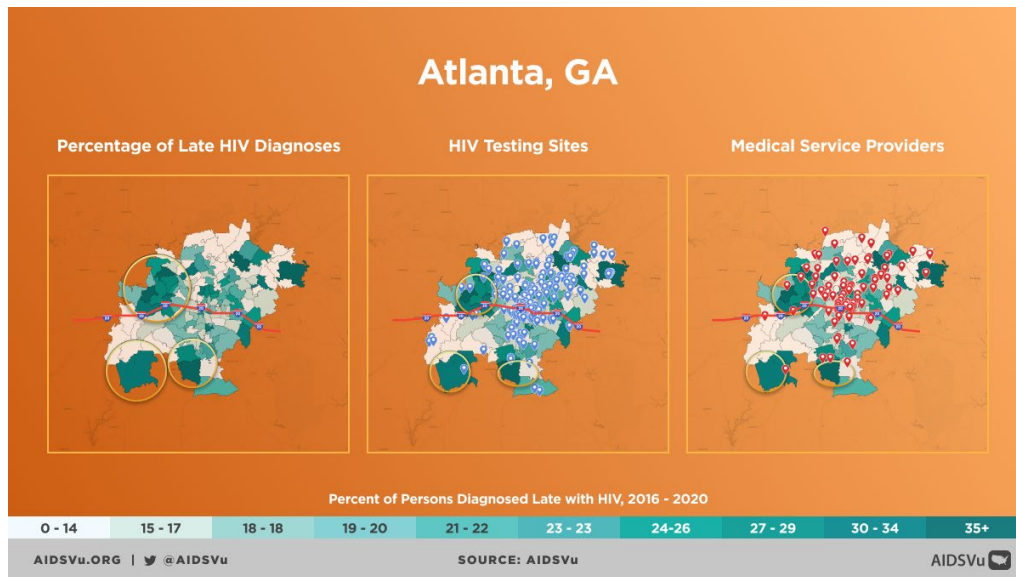
Figure 2: HIV New Diagnosis Risk vs HIV Testing Sites vs Prep Service Providers in Atlanta, GA



LATE HIV DIAGNOSIS

Figure 3 presents the percentage of people who had a late HIV diagnosis at the ZIP code level using color gradient; areas with high risk of late HIV diagnoses are areas where access to HIV testing sites is especially important. Dark teal signifies the ZIP codes with the highest percentage of late HIV diagnosis and light teal signifies the ZIP codes with the lowest percentage of late HIV diagnosis. The circled areas in the percentage of late HIV diagnosis map represent geographic areas with the highest percentage of people diagnosed late with HIV. The (middle) HIV Testing Sites map and the (far right) Medical Service Providers map both demonstrate the lack of HIV testing sites and medical care service providers in the areas with the highest rates of late HIV diagnoses, denoted with circles. Late diagnosis can be attributed to many factors but access to testing and medical care can greatly impact the rate of diagnosis and thus the perpetuation of the HIV epidemic in Atlanta and surrounding counties.

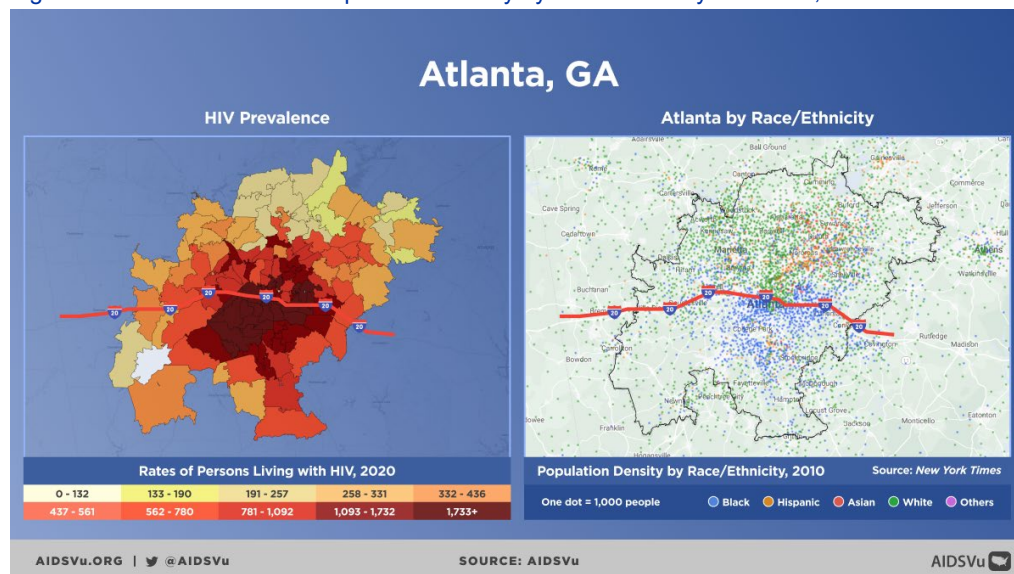
Figure 3: Late Diagnoses vs HIV Testing Sites vs Medical Care Service Providers in Atlanta, GA



HIV PREVALENCE AND POPULATION DENSITY BY RACE AND ETHNICITY

Figure 4 compares the HIV Prevalence map with an Atlanta by Race/Ethnicity map. The Atlanta by Race/Ethnicity map uses US Census data and colored dots to represent the population density by race and ethnicity. Each dot represents 1,000 people. The red, gold, green, and blue lines on the map denote the Metropolitan Atlanta Rapid Transit Authority (MARTA) lines in Atlanta. MARTA is the principal public transport operator in the Atlanta metropolitan area. The population density map shows that Atlanta is a highly segregated city with most of the Black population (blue dot) residing south of Interstate 20 and most of the White population (green dot) living north of Interstate 20. Historically, Atlanta has been significantly racially segregated. From the 1960s to the 1990s, racial segregation in Atlanta was maintained through architecture, landscape design, and housing planning.⁸ Even as Atlanta continues to diversify in the present day, it remains a highly segregated city.⁹

Figure 4: HIV Prevalence vs Population Density by Race/Ethnicity in Atlanta, GA



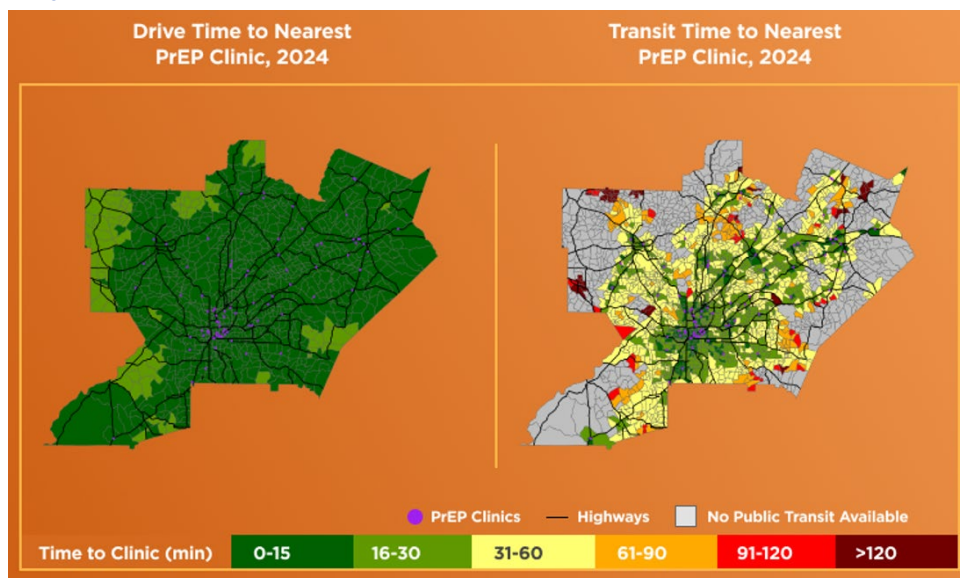
⁸ Lasner, M. G. (2020). Segregation by Design: Race, Architecture, and the Enclosure of the Atlanta Apartment. *Journal of Urban History*, 46(6), 1222-1260. <https://doi.org/10.1177/0096144217704316>
⁹ Strait, J.B., & Gong, G. (2015). The Impact of Increased diversity on the Residential Landscape of a Sunbelt Metropolis: Racial and Ethnic Segregation Across the Atlanta Metropolitan Region, 1990–2010. *Southeastern Geographer* 55(2), 119-142. <https://doi.org/10.1353/sgo.2015.0013>

The areas of Atlanta that have the highest prevalence of people living with HIV are also the locations where the population and communities are primarily Black. Figures 1 and 2 also demonstrate that the areas with the highest prevalence and largest Black populations also have a relative lack of HIV testing sites. Together, these maps demonstrate the HIV service and prevention desert that impacts Black Atlantans who are at the highest risk for a new HIV diagnosis. The Black community is already disproportionately impacted by the HIV epidemic in the United States and the lack of access and need for transportation to reach prevention and care service providers creates more barriers that perpetuate the HIV epidemic. The public transportation that is available in Atlanta (MARTA), denoted by the colored lines on the population density map, does not extend to the areas that are densely populated with high rates of HIV prevalence. The lack of public transportation in the areas and populations that are most affected by the HIV epidemic further burdens people living with or at risk for HIV by requiring private transportation.

TRAVEL TIME TO PREP CLINICS

Figure 5 demonstrates the travel time to reach the nearest PrEP clinic using drive-time (left map) and public (right map) transportation.¹⁰ The travel time is represented using color where dark green denotes the shortest travel time of 0-15 minutes, light green denotes 16-30 minutes, yellow denotes 31-60 minutes, orange denotes 61-90 minutes, red denotes 91-120 minutes, and dark red denotes the longest travel time, greater than 120 minutes. The purple dots represent the PrEP clinics, the black lines represent the highways, and the areas shaded in gray denote no public transit available.

Figure 5: Travel Time to the Nearest PrEP Clinic in Atlanta, GA



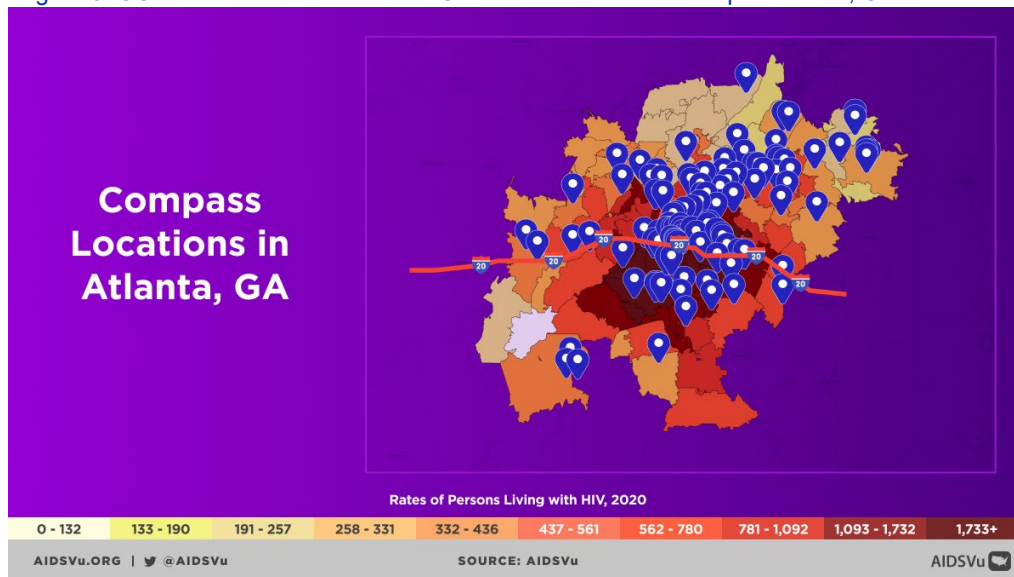
The map on the left shows that when private transportation is available the drive time to PrEP clinic is usually 0-15 minutes and no more than 16-30 minutes. This is contrasted with the travel time required to reach the nearest PrEP clinic using public transportation displayed on the map on the right. Using public transportation requires more travel time and is not available in all neighborhoods in Atlanta. The disparity between private and public transportation drive times disadvantages people without access to private transportation and creates more barriers to receiving HIV prevention services. The increased burden of travel influences people’s adaptation of prevention behavior and further perpetuates the HIV epidemic in communities with fewer resources.

¹⁰ All clinics in Georgia were included in the analysis and the travel time is measured from the nearest PrEP clinic to the centroid of each zip code.

COMPASS ADDRESSING SERVICE DESERTS IN ATLANTA

Figure 6 is a map of the COMPASS Partner locations overlaid on an HIV prevalence map. The map shows the number of COMPASS partners in Atlanta and more importantly where those partners are located. COMPASS partners in Atlanta provide services such as HIV testing, HIV support groups, harm reduction, HIV education, support programs for people living with HIV, counseling, linkage to care, stigma and bias reduction, and advocacy among other services. Partners are located across most of Atlanta with the majority being concentrated in the center of the city. There are 10+ partners located and working in the areas with the highest rates of persons living with HIV. Our partners are providing support to people living with HIV in areas with little to no medical care or preventative services. Supporting these partners in these high-risk areas is an important aspect of the work the COMPASS Initiative® is doing to end the HIV epidemic in Atlanta and the U.S. South.

Figure 6: COMPASS Partner Locations Overlaid on Prevalence Map in Atlanta, GA



ATLANTA CONCLUSION

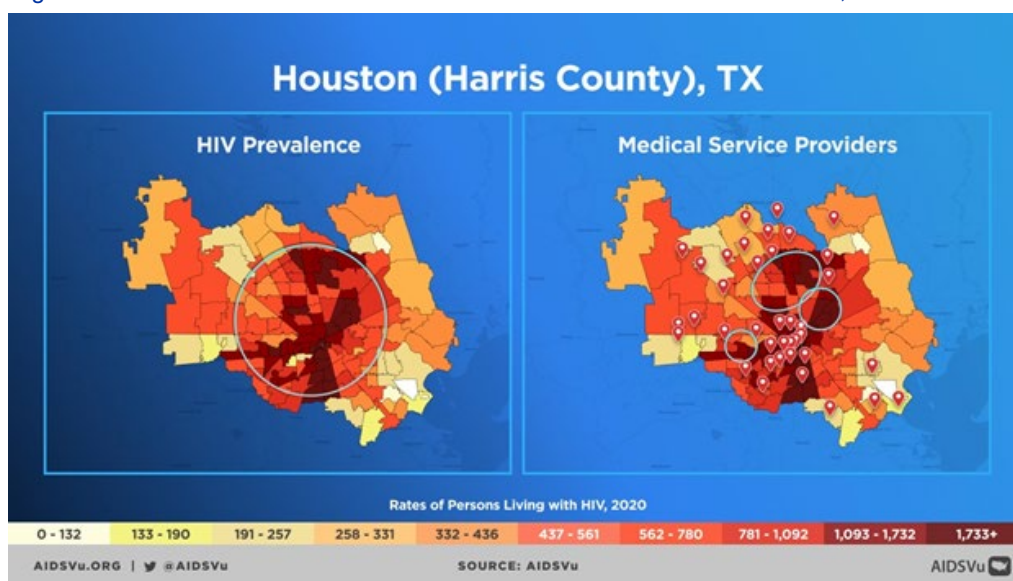
In Atlanta, the people at the greatest risk of an HIV diagnosis live in ZIP codes without access to medical care providers, testing, or prevention. To access these services, residents must travel outside of their home ZIP code, which decreases the likelihood of resource utilization and increases the burden of care. MARTA public transportation lines in Atlanta do not extend to ZIP codes with high rates of HIV prevalence and thus require private transportation to reach services. This burden puts more stress on Black persons and communities that are already experiencing racial segregation, discrimination, and poorer treatment by the healthcare systems. To make a greater impact on the HIV epidemic in Atlanta, places with high prevalence of HIV and high risk of HIV transmission need more access to testing, PrEP, and medical care services as well as support systems for people living with HIV. Access can be facilitated through increasing the number of services in high prevalence areas and increased transportation options to established service providers outside of communities with high HIV prevalence.

THE HIV EPIDEMIC IN HOUSTON, TX

HIV PREVALANCE IN HOUSTON

Figure 7 displays the prevalence of HIV in Houston ZIP codes. Areas with a high prevalence of HIV are areas where proximate HIV care and treatment facilities are especially important. The figure is composed of two ZIP code level maps of Houston. Varying prevalence of HIV is shown for each ZIP code using a color gradient from light yellow (lowest prevalence) to dark red (highest prevalence). The right map shows the locations of HIV care providers (red pins). The large circle on the HIV Prevalence map indicates ZIP codes with the highest prevalence of HIV. The small circles on the Medical Service Provider map highlight the areas of Houston that have high prevalence of HIV and no access to medical service providers.

Figure 7: HIV Prevalence vs Location of Medical Service Providers in Houston, TX

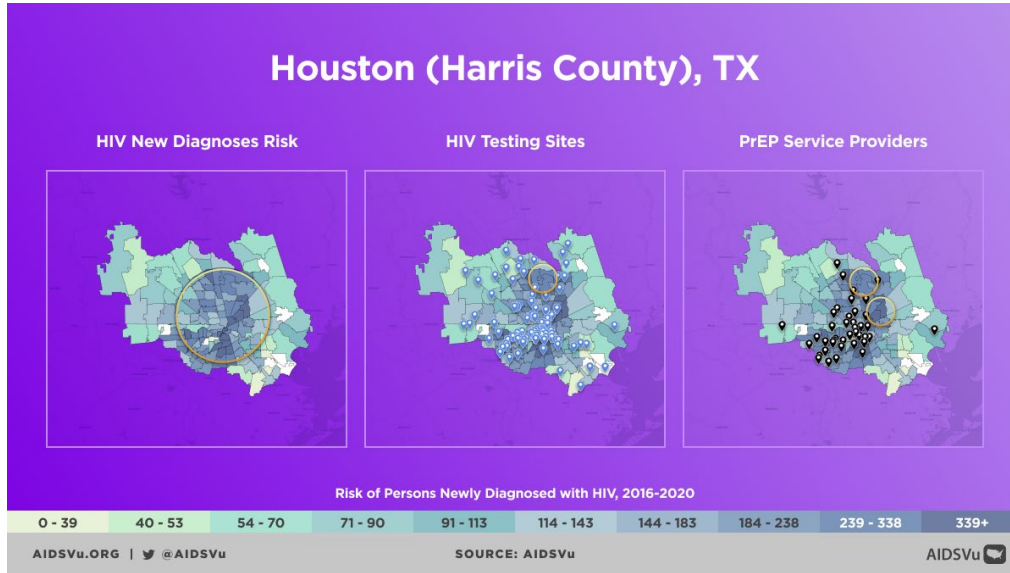


In Houston, three areas with high prevalence of HIV have no access to medical care services. Residents who need care in these ZIP codes must travel to places where they can receive care. The requirement of travel places additional burdens to access care and creates barriers to preventing the transmission of HIV that in turn perpetuates the high levels of prevalence in these ZIP codes. Houston is missing medical care service providers in areas with moderate to low rates of persons living with HIV. While these areas are not as dire as areas with higher prevalence, access to HIV medical care service providers is still important and necessary to end the HIV epidemic.

HIV NEW DIAGNOSIS RISK

Figure 8 compares the HIV 5-year new diagnosis risk with the availability of HIV testing sites and PrEP service providers in Houston. The areas with the highest risk of new HIV diagnoses are denoted with dark blue and the areas with the lowest risk are denoted with light green/yellow. The color gradient demonstrates the varying amount of risk across Houston. The large circle on the (left) HIV New Diagnoses Risk map encircles the area with the highest risk throughout Houston.

Figure 8: HIV New Diagnosis Risk vs HIV Testing Sites vs Prep Service Providers in Houston, TX

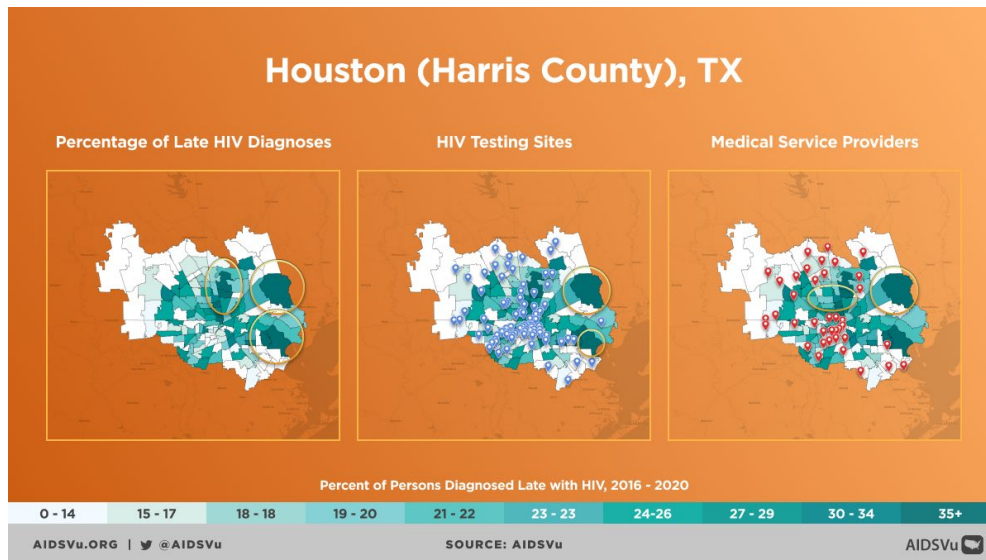


As shown in the smaller circles on the middle and right maps, there are some ZIP codes, especially in northern Houston, that are high risk and do not have access to testing or PrEP service sites. Residents who live in this area of greater risk are experiencing a lack of resources and a need for transportation to access healthcare. This places an inequitable burden on residents who are already living in a higher risk area. This lack of access needs to be addressed to mitigate and prevent the perpetuation of the HIV epidemic in Houston.

LATE HIV DIAGNOSIS

Figure 9 compares the percentage of late HIV diagnoses in Houston at a ZIP code level with HIV testing sites and medical care service provider locations. The percentages are represented using a color gradient with the areas with 35 percent or more of persons with HIV diagnosed late are represented with dark teal and the areas the lowest percent (0-14 percent) of persons with HIV diagnosed late represented with white.

Figure 9: Late Diagnoses vs HIV Testing Sites vs Medical Care Service Providers in Houston, TX

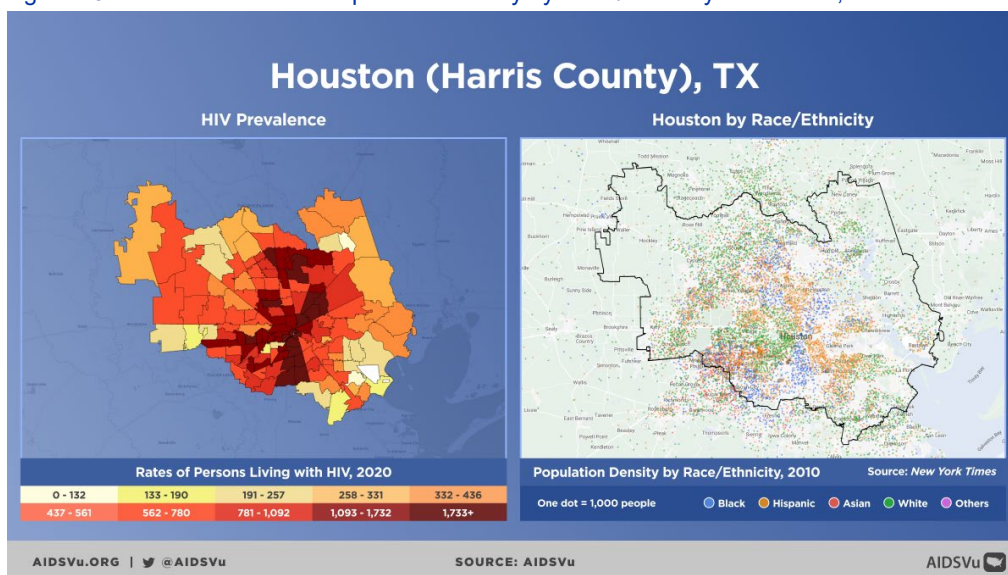


The three circles on the Percentage of Late HIV Diagnoses map surround the three areas in Houston with the highest percent of persons diagnosed late with HIV. In two of these similar areas, there are no HIV testing sites and in one of these areas in east Houston, there are no medical care service providers. A lack of HIV testing sites and medical care service providers make it more likely that persons living with HIV will be diagnosed later. If residents must travel farther distances to reach testing centers or medical care services, it places an increased burden on their access to healthcare. Residents must seek out care and may not know they are at an increased level of risk. To address this service desert, more testing and medical care sites need to be established to reduce the percentage of late diagnosis.

HIV PREVALENCE AND POPULATION DENSITY BY RACE AND ETHNICITY

Figure 10 compares the HIV prevalence rate in Houston (left map) with the population density by race and ethnicity (right map). Each dot on the map represents 1,000 people and the colors represent the race and ethnicity of the persons living in Houston in 2010. The population density map shows the areas of Houston with a majority Black population (blue dots) are the areas with the highest HIV prevalence.

Figure 10: HIV Prevalence vs Population Density by Race/Ethnicity in Houston, TX

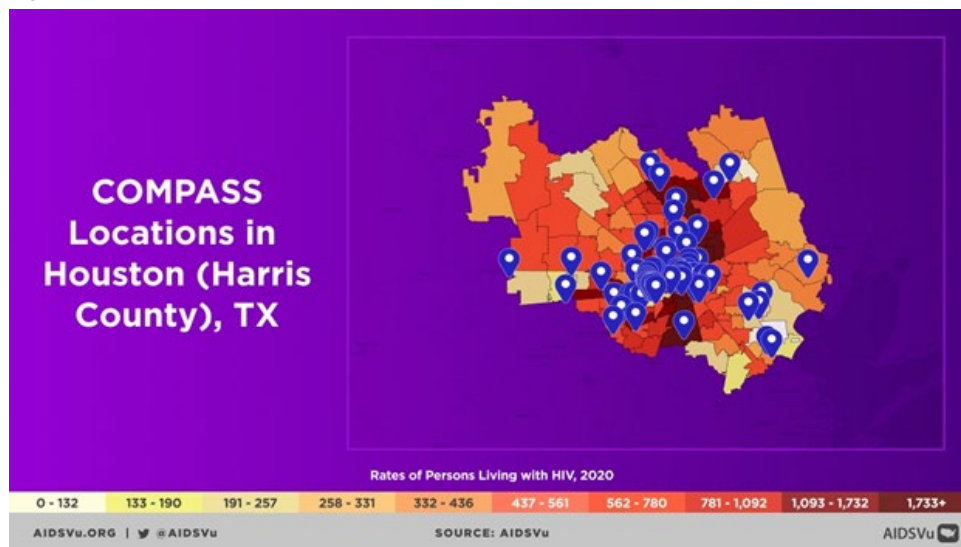


Looking back to the previous Houston figures, these communities do have some access to medical care services, testing services, and PrEP service locations, but they are still experiencing the highest rates of people living with HIV. These communities are being disproportionately impacted by the HIV epidemic and need more robust support and resources to mitigate the HIV epidemic in Houston. Houston is taking important steps towards addressing the HIV epidemic, but Black Houstonians are still disproportionately impacted.

COMPASS ADDRESSING SERVICE DESERTS IN HOUSTON

Figure 11 shows the locations of COMPASS’s Houston partners overlaid on the HIV prevalence map. The map clearly shows the amount of COMPASS partners in Houston and the concentration of these partners in the south central part of the city and in high prevalence locations. COMPASS partners in Houston provide emergency support services, linkage to care, emergency housing, community organizing, support groups, HIV education, employment assistance services, HIV testing, and advocacy, among many other services.

Figure 11: COMPASS Partner Locations Overlaid on Prevalence Map in Houston, TX



By supporting and working with our partners in Houston, COMPASS is directly impacting the areas of the city that are currently most impacted by the HIV epidemic. Continued support and capacity building for our partners is important to the HIV prevention and care efforts in Houston, and clearly supports the populations most impacted by the HIV epidemic.

HOUSTON CONCLUSION

In Houston, the Black population is experiencing the highest rates of persons living with HIV. This burden of HIV in Houston is being addressed by COMPASS partners, but more resources and access are needed. While central Houston has relatively good access to medical care and preventative HIV services, there are several service deserts in the northern and eastern areas of the city that are being greatly impacted by the HIV epidemic without access to testing, PrEP services, or medical care services. These areas need more access to healthcare and more support to effectively end the HIV epidemic in Houston. Access and having to travel outside of their home ZIP code decreases resources utilization and increases the burden of care. In Houston, this additional burden puts greater stress on Black persons and communities that are already impacted by racial segregation, discrimination, and poor health outcomes in healthcare systems.

STRUCTURAL RACISM

Structural racism, or the ways in which societies perpetuate racial discrimination through systems like housing, education, health care, criminal justice, and so on, reinforce stigma and discrimination which leads to poorer health outcomes. Residential segregation of Black people and communities results in inequitable access to resources like healthcare and service providers and is associated with higher levels of pollutant exposure and increased risk of chronic disease.¹¹ Both Atlanta and Houston have clear areas of residential segregation and in those same areas, we see the highest levels of HIV prevalence and the lowest levels of HIV service providers.

THE TRENDS ACROSS BOTH ATLANTA AND HOUSTON

Atlanta and Houston both experience a **scarcity of HIV testing sites, PrEP service providers, and medical care service providers in the areas that are most impacted by HIV**. These areas have the highest HIV prevalence rates, the greatest risk of new HIV diagnoses, and most late HIV diagnoses. In addition to an inadequate number of resources for people living with HIV in these areas of the cities, these areas encompass communities where the population are primarily Black. In both cities, Black people and communities are being disproportionately impacted by the HIV epidemic in the U.S. South through higher prevalence rates, a scarcity of resources in their ZIP code that make it more difficult to get access to care, and a higher burden of seeking care that requires more travel, cost, and time to receive care. All these factors perpetuate the HIV epidemic in Atlanta and Houston.

KEY FINDINGS

In Atlanta:

- The areas with the highest prevalence of HIV have a scarcity of HIV care resources creating barriers to care and perpetuating the high prevalence of HIV.
- The areas with the highest risk for new HIV diagnoses lack access to HIV testing sites and PrEP service providers.
- There is an absence of HIV testing sites and medical care service providers in the areas with the highest rate of late HIV diagnoses.
- The areas with the highest HIV prevalence, lack of medical service providers, PrEP service providers, and HIV testing sites are also areas where the population and community are primarily Black. The Black community is already disproportionately impacted by the HIV epidemic in the United States and the lack of access and need for transportation to reach service providers created more barriers that perpetuate the HIV epidemic.
- COMPASS Initiative® partners are providing support to people living with HIV in areas with little to no medical or preventative services.

¹¹ Structural Racism and health Inequity- Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. Lancet. 2017 Apr 8;389(10077):1453-1463. doi: 10.1016/S0140-6736(17)30569-X. PMID: 28402827

In Houston:

- There are areas with high HIV prevalence rates and no medical care or PrEP service providers.
- There are several ZIP codes in northern Houston that are high risk for new HIV diagnoses and have no access to HIV testing or PrEP service providers.
- Two of the three areas with the highest percentage of late HIV diagnosis do not have any HIV testing sites and in one of the three areas there are no medical care service providers.
- The areas with majority Black communities are also the areas with the highest rates of people living with HIV.
- COMPASS Initiative® partners are concentrated in the south-central part of the city and other HIV prevalence locations. By supporting and working with our partners in Houston, COMPASS is directly impacting areas of the city that are currently most impacted by the HIV epidemic.

RECOMMENDATIONS

To address and make a greater impact on the HIV epidemic in Atlanta, Houston, and the South as a whole and help the US achieve the Ending the HIV Epidemic (EHE) goal of ending the HIV epidemic in the United States by 2030, places with a high prevalence of HIV and high risk of HIV transmission need more access to testing, PrEP, and medical services. People living with HIV in these areas need more access to support systems and resources. To create greater access for people living with HIV, there needs to be more resources created in the areas of high prevalence, more transportation policies that support people living with HIV, and more transportation systems or networks to facilitate access to existing resources. The maps created by the Emory COMPASS Coordinating Center and AIDSvu can help inform HIV prevention and care resource distribution and facilitate access to prevention and care service.

Recommendations for consideration:

- **Creative transportation solutions** and partnerships to expand prevention and care access (e.g., partnerships with ride-share companies, faith-based organizations with vans)
- **Free or reimbursed rideshare** options to an HIV treatment or prevention provider.
- **Expanded public transportation** through increased number of bus routes and increased frequency of buses on said routes.
- **Subsidize the cost of public transportation** for people living with HIV.
- Expand opportunities **for pharmacies to fill care gaps** by offering of HIV testing and PrEP services and subsidizing transportation to drop off or pick up prescriptions.
- **State, federal, and philanthropic agencies using maps and AIDSvu** data to inform distribution of funding and prevention and care resources and the types of programs funded including increased efforts and funding for mobile service, telehealth, mail-based testing and PrEP, and cross-sector partnerships than support transportation to resources.

Recommendations for consideration:

- **Expansion of service to COMPASS organizations** near and around service deserts to improve access to care and services through increased transportation services and subsidized transportation.
- **More programs like the Gilead COMPASS Initiative®** that are dedicated to ending the HIV epidemic in the South through the support and capacity building for community and community-based non-profits particularly in areas most impacted by the HIV epidemic. This includes concentrating funding and resources for programs that provide transportation in urban and rural areas and nontraditional organizations looking to provide transportations services for people living with or impacted by HIV.
- **Funding best practice transportation models** in service deserts and rural communities to increase access and address structural systems and inequalities.
- **Investigating, piloting, and funding non-traditional models of transportation** and partnership to increase access.