

The purpose of HIV community planning is to create a seamless continuum of services for those at risk for and infected with HIV. It has been established that local decision making and monitoring is the best way to respond to the local needs of HIV prevention and care. In 1993, the Centers for Disease Control and Prevention (CDC) mandated that any state receiving federal funding for HIV/AIDS prevention must develop a HIV community planning group to develop a Comprehensive HIV Prevention Plan. The plan examined the epidemic within respective states and reviewed the needs of populations infected and at risk for contracting HIV/AIDS. The plan also included specific prevention activities that worked effectively for each population.

Similarly, regarding care requirements, the Ryan White Care Act of 1990 required states to form community consortia to assist community involvement in the allocation federal funding. Consortia are also required to work with local providers, PLWHA and those affected, as well as those who have a stake in HIV services to determine what services are most needed within a jurisdiction.

Since 1994 Georgia has followed the requirements of our federal partners to provide community planning as an ongoing process that intended to improve the effectiveness of state, local, and territorial health departments for HIV prevention programs. During this time there was the Georgia Community Planning Group (GCPG) who operated as a single statewide body that planned HIV prevention needs across the state. Through integrated effort

The Georgia Department of Public Health, Office of HIV/AIDS began the process of planning for integrated prevention and care activities along with creating one comprehensive statewide integrated planning group in 2014. This transition lead to the sunset of the previous prevention only planning body (GCPG) and the establishment of one statewide integrated body.

Georgia's statewide integrated planning council known as The Georgia Prevention and Care Council (G-PACC) is comprised of 44 members. An important objective was to foster an integrated planning process that encourages parity, inclusion, and representation among all community members. The Georgia Prevention and Care Council planning activities include: 4 face to face meetings, presentations, conference calls, and webinar. Members of the Georgia Prevention and Care Council reflect the epidemic in Georgia while simultaneously involving stakeholders who reflect the comprehensive need to address service delivery systems, unmet needs and gaps in care, and perceived barriers.

Georgia Prevention and Care Council Membership Categories.

African American Female	Health Department	Hepatitis	Youth	HIV Surveillance
Ryan White Part A	ADAP Pharmacy	Infectious Disease Research	Outreach	HOPWA
Ryan White Part B	Emerging Populations	Consumer	Agency Representatives	HIV Prevention
Ryan White Part C	Perinatal	MSM- Latino	MSM- African American	MSM – White
Ryan White Part D	Heterosexual Male	Hospital	Academia	STD
Infectious Disease Medicine	Federally Qualified Health Center	Faith Based	City of Atlanta Jurisdictional Planning Group	Mental Health
Corrections	Senior Citizen	Veteran Affairs	Medicaid	Public Health Policy

Georgia Prevention and Care Council (G-PACC) Committees

Through its role providing review and feedback of the integrated planning, the GPACC subcommittees will have the responsibility ensuring the level of services delivered across the continuum represent equity when examined across the jurisdictions and regions. With particular focus on the following:

1. Support broad-based community participation
2. Identify priority HIV Prevention and Care across jurisdictions
3. Ensure that HIV Prevention and Care resources target *priority populations*
4. Ensure that HIV Prevention and Care resources target *appropriate activities*

Stakeholders Committee

Role: The Stakeholder/Engagement committee will use surveillance data to engage providers, key stakeholders, and special populations who are in need of awareness as well as, assist with coordination of engagement sessions, create mechanisms to document and evaluate the engagement session

Goals:

1. Identify a network of statewide stakeholders and create a more solid line of communication between GPACC and this network.
2. Determine priority populations based on GPACC objectives and target one of the top three (3) populations for outreach during our local meetings.
3. With an emphasis on the pre-determined priority populations the committee will work to

increase membership recruitment and overall GPACC awareness with a specified focus on contacting Ryan White consortiums, CAPUS database, AAOI, and key contacts guide.

Care Continuum

Role: This Committee will focus on the Care and Prevention needs of PLWHA and populations at risk for HIV infection from an overarching perspective. This committee will also examine the interventions that currently exist to address needs and service gaps of where needs are not being met. The Care Continuum Committee will also focus on HOPWA/HUD, Medicaid, Veteran Affairs, Medication Adherence, and Linkage to Care, High Risk Factors/Safer Sex/Prevention Education, and work with the state to establish baselines – develop benchmarks and identify processes/activities to help the respective jurisdictions reach those baselines, guided by the integrated plan.

Goals:

1. Increasing Access to Care and Improving Health Outcomes for PLWH.
2. In order to increase access and to improve outcomes, we will develop a tool that can be used by the GPACC to review and monitor the performance of the Georgia Continuum of Care in the areas of Access and Quality of Care.

Comprehensive Plan

Role: The Comprehensive Plan Committee will work together with the State Office to Provide strategies for action in the development of a coordinated system of care for PLWHA in accordance with the Integrated Plan. It will review and revise the Integrated Plan to ensure there are clear goals, objectives and approaches for action as well as mechanisms for assessing progress. The Comprehensive Plan Committee should comprise of vested stakeholders who can provide expertise in organizing planning information in a logical format to best help decision making about HIV Continuum of Care in alignment with HRSA, CDC, and jurisdictional priorities.

Goals:

1. Assist in the development of the Integrated Plan, ensuring GPACC goals and objectives align with the National HIV/AIDS Strategy (NHAS), Health Resources and Services Administration (HRSA) and Center for Disease Control and Prevention (CDC) guidelines
2. Develop processes to measure and report on the goals and objectives outlined in the Integrated Plan
3. Continually review and develop recommendations for the Integrated Plan as NHAS, HRSA, CDC, and jurisdiction guidelines and policies evolve.