ATLANTA MWCCS



NEWSLETTER

Happy Spring!

Roses are red
Violets are blue
Our participants are as beautiful
as flowers in bloom

Thank you for all that you do.
Your Atlanta MWCCS team appreciates you!

IN THIS ISSUE

Dates to Remember
ATLANTA CAB
Chef's Corner
ClinCard
UPDATES & FAQ
Research Roundup
Upcoming Visits
Resource Roundup

TALK TO US!

Are you interested in seeing something in the newsletter that you haven't? Would you like to be featured in the newsletter?

Let us know by telling any of the study staff or sending an email to *macswihsccs@emory.edu*.



Dates to Remember



MARCH 10

National Women and Girls HIV Awareness Day

#NWGHAAD



MARCH 20

National Native HIV/AIDS Awareness Day #NNHAAD



MARCH 22

Atlanta MWCCS invites you to join us for an evening of fun - **Movie Night**!



APRIL 10

National Youth HIV & AIDS Awareness Day #NYHAAD



APRIL 18

National Transgender HIV Testing Day
#NTHTD

MAY 18

National HIV Vaccine Awareness Day #NTHTD

MAY 19

National Asian & Pacific Islander HIV/AIDS Awareness Day

#APIMay19



The local Community Advisory Board serves as representatives of our participant population. Do you have any questions or concerns for your CAB members? Please email them to macswihsccs@emory.edu.

Lanell White Brown

Secretary National CAB Representative

Mashanda Burton

Local CAB Chair

Maritza "Mimi" DeJesus

Board Member

February Brown Hill

Board Member

Kelley Joseph

Board Member

D'Angelo Morrison

Local CAB Co-Chair National CAB Representative

Malcolm Reid

Board Member

Patsy Sarnor

Board Member





Broccoli Beef Stir-Fry





- 1 tablespoon cornstarch
- · 2 tablespoons sherry or wine
- 1 tablespoon soy sauce (lowest sodium available)
- 1/2 teaspoon honey
- 1/4 teaspoon sugar
- 1 pound lean sirloin steak, sliced across the grain quarter inch thick, then cut into pieces 2 inches long, all visible fat discarded
- 1 1/2 cups brown rice
- 5 tablespoons water
- 2 pounds broccoli, separated into florets and cut in half, or frozen broccoli florets
- Cooking spray
- 3 medium garlic cloves, minced
- 3/4 cup fat-free, low-sodium chicken broth

Directions

- 1. Put the cornstarch in a small bowl. Add the sherry, soy sauce, honey, and sugar, whisking to dissolve.
- 2. Put the beef in a resealable plastic bag or bowl. Pour in the marinade, turning the beef to coat. Let stand for 15 to 30 minutes.
- 3. Meanwhile, cook the rice using the package directions, omitting the salt and margarine. Cover to keep warm. Set aside.
- 4. Add the water to a large heavy skillet or wok. Bring to a boil. Add the broccoli. Bring to a boil. Reduce the heat. Cook, covered, for 5 minutes, or until the broccoli is crisp-tender. Transfer the broccoli and cooking liquid to a bowl.
- 5. Wipe the skillet with paper towels. Lightly spray the skillet with cooking spray.
- 6. Cook the beef with the marinade and garlic on medium-high heat for 1 to 2 minutes, or until the beef is almost cooked through, stirring constantly.
- 7. Stir in the broccoli and reserved cooking liquid. Cook for 1 minute, stirring constantly.
- 8. Pour in the broth. Bring to a boil. Reduce the heat and simmer for 3 to 5 minutes, or until the sauce starts to thicken, stirring frequently.
- 9. Serve over the rice.

Recipe courtesy of the American Heart Association. Find more on recipes.heart.org!

Chefin' it up? Let us see! Send pictures of your plates after making any of the Chef's Corner meals to macswihscus@emory.edu.



to participants for

A ClinCard is a reloadable, prepaid MasterCard given to participants for compensation throughout their time as an active participant in the study.

Important Reminders

- Treat this card like your identification or social security card
- Check your ClinCard's expiration date
- Check your ClinCard before leaving your visit to assure funds are available
- Bring the correct ClinCard to your visit. If in multiple research studies, use a permanent marker to write MWCCS on front of card

How We Can Help

- Add compensation
- Update you address, name, date of birth, and social security number on the account
- Reissue a new ClinCard when the current one is expired or damage

ClinCard Cardholder Support

- · Setting up an online account
- Reset pin

ClinCard

- Viewing transaction history
- A locked ClinCard
- · Report fraudulent activity.
- Any restrictions applied for use: Merchants/ATMs questions due to multiple declines

Frequently Asked Questions

- How do I activate my ClinCard?
 All cards are automatically activated once your first compensation is loaded.
- How do I create or change my PIN for my ClinCard?

 Call ClinCard Cardholder Support at (866) 952-3795 and follow the prompts. You may also create and/or change your PIN through the ClinCard cardholder website and My ClinCard mobile app.
- How do I check the available balance on my ClinCard? Call ClinCard Cardholder Support at (866) 952-3795.
- How do I get cash or check my balance at an ATM?
 To withdraw cash, insert your ClinCard into an ATM, select Checking, and select Withdrawal. To check the balance, insert your ClinCard into an ATM and select Balance Inquiry.

 Please note, there may be convenience or surcharge fees for some AMT transactions, except at Fifth Third Bank ATMs.



Menopausal Hormone Therapy and Subclinical Cardiovascular Disease in Women With and Without Human Immunodeficiency Virus

Peters BA et al. Clinical Infectious Diseases 2023;76(3):e661-670

BACKGROUND (WHY THIS STUDY WAS DONE)

Estrogen-based menopause hormone therapy (HT) is used early in menopause to improve hot flashes and other menopause symptoms. An early study found higher risks of cardiovascular disease (heart disease) in older women taking HT, but more recent studies found HT to improve heart disease if taken within 10 years of menopause. Previous studies did not look at the effects of HT on heart disease in women living with HIV (WLWH).

WHAT

Researchers want to know if HT use among WLWH will affect their arteries (*blood vessels*) and/or immune system?

WHO

609 postmenopausal Women's Interagency HIV Study (WIHS) participants with and without HIV aged 40 years old and older who either used HT, currently or in the past, or never used HT, between 2004 to 2013.

HOW

Women had an ultrasound taken of their right carotid (*neck*) arteries to look at the thickness of artery walls and any plaque buildup. Follow-up ultrasounds were completed every 2-3 years. Researchers then looked at the relationship between HT and carotid artery wall thickness and plaque.

RESULTS

Less than a quarter (23%) of women had ever used HT, and only 8% were currently using HT. Women who had used HT, currently or in the past, had an average of about 43% less buildup on their artery walls compared to those who never used HT. Women who took HT, currently or in the past, had lower increase in artery wall thickness over time.

TAKEAWAYS

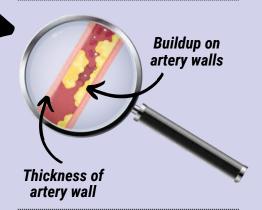
HT use among WLWH is low, but HT can be beneficial for WLWH. It may lower their risks for heart disease in addition to treating menopausal symptoms.

To learn more, visit: bit.ly/amwccsspring1

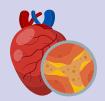
Menopause occurs after a woman has stopped menstruating for 12 months in a row.



Menopausal Hormone Therapy (oral, patch or vaginal) is prescribed to women to treat menopause symptoms. It works by replacing the estrogen the body naturally stops producing during menopause.



Buildup and thickness of artery walls over time can increase risk for:



Heart attack and stroke



Substance Use Treatment Utilization Among Women With and Without Human Immunodeficiency Virus

Fujita AW et al. Open Forum Infectious Diseases 2023;10(1):ofac684

BACKGROUND (WHY THIS STUDY WAS DONE)

Many people living in the United States with HIV have reported substance use (SU) or substance use disorder (SUD) (addiction). SU and SUD can lead to less engagement in HIV care and lower adherence to antiretroviral therapy (ART). Recent studies of SU/SUD and opportunities for treatment have not included WLWH.

WHAT

What are the trends of SU/SUD, barriers to treatment, and opportunities to encourage SU/SUD treatment use among WLWH?

WHO

2,559 WIHS participants, 1,802 with and 757 without HIV, enrolled from 2013 to 2020.

HOW

Participants self-reported types of substances used, the last time of use (prior, recent, current), and any kind of SU treatment they currently or previously used. Researchers then looked at demographic, socioeconomic, social, and behavioral factors associated with SU treatment.

RESULTS

14% of WIHS women were currently using substances, most frequently crack/cocaine and opioids. Depression, transactional sex, unemployment, alcohol/tobacco use, and jail history were associated with SU/SUD. 42% of those with SU were treated, which is higher than the national average. Women from Southern WIHS sites, women who used alcohol, and women living with HIV were less likely to receive SU treatment. The most common methods used to treat SU were methadone (medication used to treat opioid use disorder), Narcotics Anonymous, and inpatient detoxification programs.

TAKEAWAYS

SU treatment uptake among WIHS women with SU was higher than expected. To reach even more women, especially WLWH, SU treatment should be included in HIV and primary care settings.

To learn more, visit: bit.ly/amwccsspring2

Substance use (SU) was defined as nonmedical drug use in this substudy, excluding marijuana (because research shows use does not impact engagement in HIV care).



Self-reported by WIHS women.

Substances reportedly used:

- Crack/Cocaine
- Methamphetamines
- Other amphetamines
- Opioids
- Tranquilizers
- Other drugs (hallucinogens, inhalants, and other club drugs
- Tobacco
- Marijuana
- Alcohol

of women who self-reported SU/SUD used any SU treatment.

Treatments reportedly used:

12% Inpatient Detoxification

6.8% Outpatient Treatment

3.5% Halfway House

0.8% Prison/Jail-Based Treatment

12.3% Narcotics Anonymous

6% Alcoholics Anonymous

26.7% Methadone

2.5% Buprenorphine/Naloxone

1.9% Other

UPCOMING VISITS Another Gossoning year

—— Baseline/Annual Visit ——

BEFORE YOUR VISIT:





No food or drinks after midnight the day before your visit, **except water**. Drink plenty of water!

- Full Informed Consent or Reconsent, as needed
- Review and Update Contact Information (for study purposes and ClinCard)
- Blood Draw

Up to 23 tubes of blood

- Full or Targeted Physical Exam
- GYN Exam (assigned female at birth only)
- In Person or Computer-Assisted Interview
- Frailty Assessment (if you are 40 years old or older)
- Neuropathy Assessment (nerve damage test)
- Dental Exam with Photograph of Teeth
- BrainBaseline Assessment of Cognition and Everyday Function (BRACE completed on iPad)
- Pulmonary Function Test (PFT) (Lung Health requires additional time and offered if not completed at short visit)
- Computerized Adaptive Test for Mental Health (CAT-MH) (test for mood disorders and behavioral health completed on iPad)

Contact information is reviewed and updated at each in-person visit.

You will schedule your short visit and possibly the CIDI interview by the conclusion of your Baseline/Annual Visit.



UPCOMING VISITS Another flossoming year

-----Short Visit -------

Your short visit will occur 4 - 8 months after your core visit.

- · Full informed consent or reconsent, as needed
- PFT (Lung Health)
- BRACE+ (completed on iPad)
- Blood draw (only if you do a PFT and/or BRACE+)
- In Person or Computer-Assisted Interview
- Fibroscan of Your Liver (Liver Health) (as needed)

— Echocardiogram (ECHO) —

You will schedule your ECHO at your core visit.

An echocardiogram (or ECHO) is an ultrasound of the heart. This test takes a closer look at your heart, using sound waves to create pictures of the heart, showing how the heart is beating and pumping blood. It will be done one-time only.

Composite International Diagnostic Interview (CIDI) 1.5-3 hours

CIDI interviews will be scheduled sometime between your core and short visit.

Some MACS/WIHS CCS participants will be asked to complete a CIDI interview based on length of time in study. The CIDI interview is a one-time, in-depth mental health evaluation completed separate from the core and the short visits.

No blood draws or physical exams are needed at this visit.



Resource Roundup

HOUSING, CARE & PREVENTION, SUBSTANCE USE TREATMENT, MENTAL HEALTH SERVICES

GRADY FRESH FOOD CART AT THE PONCE DE LEON CLINIC

Every 3rd Wednesday of the month in the parking lot of the Grady Ponce de Leon Center, patients of the clinic are welcome to attend the Fresh Food Cart event which is an opportunity to access healthy foods. The Grady Fresh Food Cart at the Ponce Center, supported by the Atlanta Community Food Bank and Open Hand Atlanta, is hosted 9:00AM to 2:00PM.

WORKSOURCE ATLANTA

WorkSource Atlanta, formerly known as the Atlanta Workforce Development Agency, is an organization that offers the following *free services*: career counseling, career assessment testing, job readiness and interview skills training, computer skills training, resume workshops, funding for job training, paid and unpaid internships, job placement assistance, summer training and employment program from youth, and additional services through referral. In addition, WorkSource Atlanta has the following *free support services*: childcare assistance, clothes closet (access to professional clothing for job seekers), transportation assistance, and work-related training fees.

818 Pollard Boulevard SW, Atlanta, GA 30315 (404) 546-3000 worksourceatlanta.org

AID ATLANTA

A community-based AIDS service organization providing a variety of HIV/AIDS-related services, care, and education. AID Atlanta has offices in Midtown and Newman.

Midtown 1438 W. Peachtree Street NW Atlanta, GA 30309-2955 (404) 870-7700

> Newnan 770 Greison Trail Newnan, GA 30263 (770) 252-9418 aidatlanta.org

EMPOWERMENT RESOURCE CENTER

A non-profit, community-based organization providing health-related programs and services (prevention education, substance abuse treatment and recovery services, mental health therapy, and more!) for persons living with HIV and impacted by HIV.

230 Peachtree Street NW Suite 1800 Atlanta, GA 30303 (678) 679-9938 info@erc-inc.org

REMINDER: IRS REPORTING REGULATIONS

If you participate in one or more research studies, you are <u>required</u> to report income that totals \$600 or more in a calendar year on your IRS Form 1099-MISC, Miscellaneous Income.

