Summer is officially over, but Fall is here! Let’s make way for the cups of hot chocolate, pumpkin carving and healthy habits for a safe season.

Fall marks the beginning of sweater weather and warmer scents. This Fall also marks the start of V104! We’re so excited and grateful to begin a new visit cycle and continue collaborating with all of you.

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 macswihscs@emory.edu.
Your dedication and commitment to the MWCCS over the past ten years have made the Atlanta site among the strongest in the nation. Every study visit you attend, every piece of information you offer, and each sample you provide makes a difference in the lives of people in our broader community.

The close to 100 peer-reviewed papers published in leading scientific journals each year from the data you provide during study visits are read all over the world – they influence healthcare decisions for people living with or at-risk for HIV at all levels of government, in board rooms, and among policymakers. We want you to be reminded that through your participation in this and other studies, you are giving back to your community, and you are making a huge difference not only in our immediate Atlanta community, but across the globe.

As you are aware, the MWCCS study visit occurs in waves. Shortly, we will begin a new wave, V104. During the V104 study period, we will continue to focus on the recruitment of new participants with the goal of bringing the MWCCS number at the Atlanta site to 500. Because people living with HIV are aging successfully due to effective HIV treatment (antiretroviral therapy [ART]) we are particularly interested in age-related disease conditions such as diabetes, hypertension, lung and liver diseases, certain types of cancer, and mental health and memory issues. We will therefore also be focusing on special tests and procedures that will help us understand these conditions during V104. These tests include echocardiogram or echo (imaging of the heart), pulmonary function test (to look at the lungs), CIDI and BRACE+ (to look at mental health and memory issues), and Fibroscan (to look at the liver).

Each one of you have been an incredibly helpful partner in the implementation of the MWCCS research effort. We will continue to count on you to make the V104 study period a success. We would count on you to show up for study visits and to do so on time, attend additional study visits for the special tests and procedures listed above, and refer your friends (particularly Black and Hispanic men) to enroll in the study as new participants. As PIs of this study, we have always regarded you and our community as partners in the effort to address the challenges confronting people living with HIV.

We thank you for your contributions and look forward to your continuing collaboration in V104 and beyond.

Igho Ofotokun, MD, MSc
Atlanta MWCCS Co-PI
COVID-19 & FLU

While catching the FLU can occur at any time, the Fall and Winter seasons are peak for the virus. COVID-19 cases are also rising in Atlanta and masking requirements are starting to return to many places such as schools and clinical settings.

Doing your part to be safe and keep others safe is strongly encouraged. The Centers for Disease Control and Prevention (CDC) have suggested the below tips and tricks for preventing infection:

- Get vaccinated
- Stay home if not feeling well
- Avoid close contact with people you know are sick
- Wash your hands with soap and water often

For more information, please visit:
bit.ly/amwccsflu
bit.ly/amwccscovid

(CDC, 2021; CDC, 2023)

Slow Cooker Turkey & Black Bean Chili or Vegetarian 3-Bean Chili

Ingredients:
- 2 pounds ground skinless turkey breast OR
- 2 15.5-ounce cans no-salt-added red kidney beans, rinsed and drained, and 2 15.5-ounce cans no-salt-added pinto beans, rinsed and drained (Vegetarian 3-Bean Chili)
- 2 15-ounce cans no-salt-added black beans, rinsed and drained
- 1 28-ounce can no-salt-added diced tomatoes, undrained
- 2 15-ounce cans no-salt-added tomato sauce
- 1 cup frozen whole-kernel corn
- 1 tablespoon ground cumin
- 1 tablespoon chili powder
- 2 teaspoons dried oregano, crumbled
- 2 teaspoons ground coriander
- 4 medium garlic cloves, minced,
- 1/2 teaspoon crushed red pepper flakes

Star all ingredients together in a large bowl. Add the mixture to a 3 1/2 to 4 quart slow cooker and cook covered on low for 6-8 hours or until beans are tender.

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

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.

ANIZ
Headquarters and Holistic Harm Reduction Integrated Care Clinic
236 Forsyth Street, Suite 300
Atlanta, GA 30303
www.aniz.org
(404) 521-2410

ASCENSA HEALTH
Alcohol and Substance Abuse Residential and Day Outpatient Services
139 Renaissance Parkway NE
Atlanta, GA 30308
www.ascensahealth.org
(404) 521-2410

Georgia Crisis and Access Line
Provides immediate access to routine or crisis services 24/7
(800) 715-4225

Social Calendar

National LatinX AIDS Awareness Day
October 15, 2023

World AIDS Day
December 1, 2023

ATLANTA MWCCS
Community Advisory Board
*listed alphabetically

Lanell White Brown
Secretary
National CAB Representative

Mashanda Burton
Local Executive Committee Chair

Maritza “Mimi” DeJesus
Board Member

February Brown Hill
Board Member

Kelley Joseph
Board Member

D’Angelo Morrison
National CAB Representative

Malcolm Reid
Board Member

Patsy Sarnor
Board Member
Longitudinal Relationship Between Food Insecurity, Engagement in Care, and ART Adherence Among US Women Living with HIV

Food insecurity is the limited or lack of access to safe and healthy foods. It is common among women living with HIV (WLWH) in the U.S.

Researchers wanted to know if there is a relationship between food insecurity and the ability to take antiretroviral therapy (ART) as prescribed (adherence). They also wanted to know if there is a relationship between food insecurity and regularly attending HIV medical appointments (engagement in care). Between 2013 and 2016, Women’s Interagency HIV Study (WIHS) participants completed the Food Insecurity Sub-Study. Food security was measured using the U.S. Department of Agriculture Household Food Security Survey Module, looking at the self-reported food security, diet quality, and ability to afford foods for the household. WIHS participants also answered questions on how often they took ART and how often they attended or missed medical appointments in the previous six months. 1646 WLWH answered questions about ART adherence. 1733 WLWH answered questions about engagement in care. Researchers found that lower food security was related to lower ART adherence. Additionally, lower food security was related to missing more routine HIV care visits, especially among WLWH not on ART. They concluded that a possible reason for these findings is that women may need to choose between spending money on food or spending money on their health. This decision is especially important when food is required for taking ART. This study highlights the importance of addressing food insecurity as part of HIV care.

To learn more, visit: bit.ly/mwccsFall2
Lung disease is associated with lower health-related quality of life (HRQoL), which is a measure of a person’s physical abilities and mental health status. Research shows that people living with HIV (PLWH) have more lung disease at younger ages than people living without HIV. However, we don’t know how lung function affects HRQoL or difficulty breathing in PLWH.

Researchers studied the lung function of more than 1000 men in the Multicenter AIDS Cohort Study (MACS), living with and without HIV. They wanted to understand if lower lung function is linked to lower HRQoL or difficulty breathing in PLWH compared to people living without HIV. Between 2017 and 2019, MACS participants completed pulmonary function (breathing) tests. They also completed surveys of HRQoL (36-Item Short Form Survey) and difficulty breathing (St. George’s Respiratory Questionnaire). The HRQoL asks about physical function, pain, general health perceptions, emotional problems, and social functioning. The St. George’s Respiratory Questionnaire asks about breathing symptoms, activity limitations due to breathing problems, and the impact of breathing problems on social functioning. Researchers found that men who had impairments moving oxygen from their lungs to their blood (diffusing capacity for carbon monoxide [DLCO]) rated their physical health lower than men with normal DLCO. Men who had both lower DLCO and difficulty exhaling air quickly during a forced breath (forced expiratory volume in one second [FEV1]) had more difficulty breathing. There were no differences between men living with HIV and men living without HIV. This study shows that lung disease can affect the quality of life for men living with and without HIV.

Researchers also found that although lung disease is more common in PLWH, there were no differences in the lung function of men with and without HIV.

To learn more, visit: bit.ly/mwccsFall3
PREP FOR UPCOMING VISITS

CORE (ANNUAL)/ BASELINE VISIT
3.5 - 4 hours

- Full Informed Consent or Reconsent, as needed
- Review and Update Contact Information (for study purposes and ClinCard)
- Blood Draw (up to 15 tablespoons of blood)
- Full or Targeted Physical Exam
- GYN Exam (AFAB only)
- Interviews - In Person or Computer Assisted
- 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.

SHORT VISIT
2.5 - 4 hours

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+)
- Interview - In Person or Computer Assisted
- Fibroscan of Your Liver (Liver Health) (as needed)

ECHOCARDIOGRAM (ECHO)
1 hour

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.