The HIV Care Cascade has become a visual representation of HIV care and outcomes. Analysis of the cascade demonstrates that patients fall off the care continuum at a variety of critical time-points, each representing a focus for intervention. Several studies have identified racial minorities, women, adolescents, drug users and the uninsured as patient groups who are more likely to have worse outcomes. These same groups are overrepresented among persons living with HIV/AIDS in the Southeast, the region that currently is the center of the US epidemic. In addition, other barriers to care including stigma, social capital, conspiracy beliefs, religion, poverty and education may play an important role in determining care outcomes. Development of interventions requires an in-depth understanding of the role these factors play in the local cascades of care as predictors of risk of falling off the continuum. Working in collaboration with the Georgia Department of Public Health the proposed study aims: 1) To build the cascade of care for each of three Emory CFAR-affiliated clinical sites (Atlanta VA, EUHM and Grady IDP); 2) To determine the magnitude of the population of patients who are identified in the cross-sectional analysis of the cascade of care as retained, but during subsequent years do not maintain continuous engagement in care or virologic suppression; 3) To identify patients who are linked but not retained or not continuously engaged and assess traditional and nontraditional factors which may influence failure to proceed to the next step along the continuum of care and 4) To determine the “community viral load” for the population of patients who have fallen off the care cascade compared to a clinic viral load. The activities outlined in this application will result in more detailed information regarding the care cascade for three large clinics serving the Atlanta EMA. These data will also aid in understanding the different performance characteristics at each clinic and identify steps along the cascade which represent the target for the design of future interventions. Furthermore, enhanced data about individuals who are not retained along the continuum will allow the development of tools to help identify those at risk of falling out of care.