

H I V and A I D S

A Spartanburg County Perspective



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A C K N O W L E D G E M E N T S

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Piedmont Care, Inc. is the nonprofit organization providing HIV and AIDS care, prevention and advocacy in our community. Donations to Piedmont Care, Inc. are tax-deductible. To make a donation, please contact:

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Thank you to the following organizations for making this document possible. Without them, Spartanburg County could not fight the AIDS epidemic.

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Piedmont Care, Inc.
Region II Public Health District
Spartanburg Alcohol and Drug Abuse Commission
Spartanburg County Community & Economic Development Department
Spartanburg County HIV/AIDS Committee
Spartanburg Regional Healthcare System

This report may also be viewed at the Spartanburg County Community & Economic Development Department website at <http://www.spartanburgcounty.org/govt/depts/ced/index.htm>.

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INTRODUCTION

This report examines the constantly growing impact of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) on Spartanburg County, South Carolina.

Since the last publication of this document in 2004, some issues surrounding HIV and AIDS have changed. In 2007, advances in the methodology of estimates of the HIV epidemic resulted in substantial changes in estimates of the number of people living with HIV/AIDS worldwide. In 2006, the Center for Disease Control and Prevention released revised HIV counseling and testing recommendations. Unfortunately, some things have remained the same. The stigma surrounding this disease continues to impair prevention and care efforts.

The Spartanburg County Community and Economic Development Department and the Spartanburg County HIV/AIDS Committee set several goals for this document. They are:

- Describe the impact of HIV/AIDS in Spartanburg County.
- Educate the community about HIV/AIDS.
- Make recommendations to Spartanburg County government.

EXECUTIVE SUMMARY

After twenty-five years fighting HIV and AIDS, we have a better understanding of the virus, but there is still no cure and no vaccine. The good news is that HIV infection can be prevented.

Spartanburg County, like communities worldwide, is impacted by the HIV/AIDS epidemic. The Health Resources and Services Administration (HRSA) recently labeled Spartanburg an “emerging community – a metropolitan area not eligible for a grant under Part A/Title 1 and for which there has been reported to the Director of the Center of Disease Control and Prevention a cumulative total of between 500 and 1,999 cases of AIDS for the most recent period of 5 calendar years for which data are available.”

HIV/AIDS is a global epidemic. According to the Kaiser Family Foundation, the HIV/AIDS epidemic has already claimed more than 25 million lives. HIV/AIDS has been reported in all regions of the world and HIV is among the leading causes of death worldwide.

- 33.2 million People worldwide are living with HIV/AIDS.
- There is an estimated 13 million orphans worldwide due to HIV/AIDS.
- Most people with HIV are unaware that they are infected.
- Every 13 seconds another person contracts HIV.

According to the Centers for Disease Control (CDC):

- An estimated 1.2 million people are living with HIV/AIDS in the U.S.
- Approximately 40,000 new HIV infections occur in the U.S. annually.
- Approximately 25% of people infected with HIV do not know it.

In a recent interview, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, was asked why Americans should care about HIV/AIDS. He stated, “There are several reasons why we should care – because we are part of a global community. Many people may not want to realize or admit that, but we are. The world is a place that is so interconnected that what happens in another part of the world will impact us. We know that, particularly now with economic globalization of trade, that what happens in another part of the world impacts us. There’s also the responsibility, which I think is a moral responsibility, for humanitarian considerations when other citizens of the world are suffering and dying in...ways that can be prevented, that we as a rich nation, we as a nation that is a powerful nation, and one of the leading nations in the world, we do have the moral responsibility to try to help those that are less fortunate. And when I say moral responsibility, I mean global responsibility, not just a responsibility to our own citizens.”

T H E F A C T S H I V & A I D S

The “*American Red Cross*” *Facts Book* provides the following facts about HIV/AIDS:

- HIV is the virus that causes AIDS (a result of HIV infection). HIV is an acronym for Human Immunodeficiency Virus. Currently, there is no cure for HIV.
- AIDS is an acronym for Acquired Immune Deficiency Syndrome. AIDS is a condition that results from HIV infection. The condition is caused by the weakening of the immune system as a result of the virus. Currently, there is no cure for AIDS.
- People can find out if they have HIV by getting counseled and tested. Using a sample of blood, urine, or fluid from the mouth, a test can show whether people have antibodies to HIV.
- People with AIDS or HIV often show no outward signs of infection. HIV can be active in the body before it starts to reveal symptoms. The only way to determine if a person has HIV is to be tested for signs of the virus.
- Good medical care can dramatically extend and improve the quality of life for people with HIV infection, including people with AIDS.
- HIV spreads through unprotected sex – vaginal, oral or anal – blood-to-blood contact with people who have HIV. HIV can also spread from a mother with HIV to her baby during pregnancy, birth, or through breast feeding.
- The body fluids that transmit HIV are blood, semen, vaginal fluid, breast milk and other body fluids containing blood.
- HIV cannot spread from person-to-person by casual everyday contact. People cannot get HIV from just being around someone with HIV or from sharing utensils, office space, bathrooms, handshakes or phones. In addition, the virus is not spread by hugs, touches, massages or even kisses on the cheek.
- Condoms are not 100 percent effective. However, when used correctly and consistently, latex or polyurethane condoms greatly reduce the spread of HIV and some other sexually transmitted diseases.
- HIV is not spread through mosquito or insect bites.
- The risk of becoming infected with HIV from a blood transfusion in the U.S. is extremely low. The blood supply has been tested for HIV since 1985.

THE GLOBAL EPIDEMIC

HIV/AIDS is a global epidemic of catastrophic consequences that not only affects public health, but our social and economic well-being. HIV, the virus that causes AIDS, is infectious – can be passed from person-to-person. In this world of global transportation, migration and economy, Spartanburg County must care about the HIV epidemic worldwide.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, in cooperation with the World Health Organization (WHO), releases an annual report on the status of the global AIDS epidemic. According to their data, almost seven-thousand people become infected with HIV and almost six-thousand people die from AIDS every day.

The 2007 UNAIDS Report Estimated:

33.2 million People are living with HIV/AIDS worldwide.

2.5 million People were newly infected with HIV in 2007.

AIDS deaths in 2007 totaled 2.1 million.

AIDS remains the leading cause of death in Sub-Saharan Africa. Approximately 75% of the estimated number of global AIDS deaths in 2007 occurred in sub-Saharan Africa. Worldwide, HIV is primarily transmitted heterosexually, although risk factors vary within and across populations. Declines in global AIDS related deaths over the last couple years may be attributable to better access to antiretroviral treatment services.

The UNAIDS report lists the following encouraging elements for global AIDS:

- The global prevalence of HIV infection is remaining at the same level, although the global number of persons living with HIV is increasing.
- There is a localized reduction in prevalence in specific countries.
- A reduction in HIV-associated deaths.
- A reduction in the number of annual new HIV infections globally.

UNITED STATES

Every state in the nation is affected by the HIV/AIDS epidemic. Although the number of AIDS-related deaths are down, HIV infection continues to spread and there are signs that infection is on the rise in some populations. After years of declines in AIDS diagnoses due to advanced treatments, which have slowed the progression from HIV to AIDS, AIDS diagnoses have been on the rise since 2001 and increased by 3% between 2004 and 2005. (Kaiser 2007)

New Cases

According to CDC statistics, there were 37,331 new cases of HIV/AIDS diagnosed in the United States during 2005. This represents an increase of approximately 6 percent from the previous year (35,053 in 2004). Women account for a growing proportion of new AIDS cases rising from 8% in 1985 to about 27% in 2005. Women of color are particularly affected. Black women account for two thirds (66%) of new AIDS cases among women in 2005. Young adults and teens, under the age of 25, continue to be at risk and most are infected through sex. Racial and ethnic minorities now represent the majority of new AIDS cases (71%) and people living with AIDS (64%) in 2005. Blacks also have the highest AIDS case rates of any racial/ethnic minority. The AIDS case rate for Blacks was more than 9 times that of whites in 2005. (Kaiser 2007)

Risk Behaviors

According to CDC data, more than half of all newly diagnosed HIV infections (53%) in 2005 were among men who have sex with men. HIV exposure through heterosexual contact with a non-regular partner accounted for under one third (32%) of newly diagnosed HIV infections and AIDS cases. HIV exposure through intravenous drug use constituted about 18% of the cases.

HIV/AIDS Related Deaths

In 2004, HIV was the 6th leading cause of death for those aged 25-44, down from #1 in 1995. HIV was the 4th leading cause of death for Black men and 3rd for Black women, aged 25-44 in 2004. (CDC)

HIV/AIDS in the South

“The South has the greatest number of people estimated to be living with AIDS, AIDS deaths, and new AIDS diagnoses. Between 2001 and 2005 deaths decreased in all regions but the South.” (Kaiser 2007)

SOUTH CAROLINA

Like all southern states, South Carolina carries a heavy HIV/AIDS burden. South Carolina statistics mirror the epidemic nationwide.

The 2006 Epidemiological Profile prepared by South Carolina DHEC reports:

In South Carolina approximately 13,600 people are living with HIV/AIDS.

69% of persons diagnosed with HIV/AIDS are men.

31% of persons diagnosed with HIV/AIDS are women.

73% of persons diagnosed with HIV/AIDS are African American.

2% of persons living with HIV/AIDS are Hispanic.

24% of persons diagnosed with HIV/AIDS are white.

South Carolina ranks 9th among states for AIDS case rates.

South Carolina had a 79% increase in persons living with HIV/AIDS from 1995 to 2004.

Men are disproportionately affected by HIV/AIDS. They make up 49% of South Carolina's total population, but comprise 69% of persons living with HIV. African Americans are disproportionately impacted by HIV/AIDS in South Carolina. They comprise 30% of the state's total population, yet 73% of the total persons living with HIV. HIV-only diagnosed cases gives an estimate of more recent infections or potentially emerging populations. These data show an increasing proportion among females (38%) compared to the prevalence data (31%). The same data reflect a light decrease among white men and increase among African American women relative to the proportion of persons living with HIV.

Until 2008, South Carolina only contributed \$500,000 to HIV treatment (ADAP), far less than neighboring states with similar epidemics. ADAP provides free or low-cost medications to people living with HIV/AIDS; and this year South Carolina drew national media attention for its 550 person AIDS Drug Assistance Program (ADAP) waiting list – a list longer than all others in the United States combined. The S.C. HIV/AIDS Crises Task Force, a collaboration of AIDS service organizations, government agencies, and advocates, successfully led efforts to educate lawmakers about the issue. The 2007 legislature approved a \$4 million appropriation to S.C. ADAP. According to Lynda Kettinger, director of the state Department of Health and Environmental Control's STD/HIV division, "with an on-going epidemic in S.C. where nearly 800 persons are newly diagnosed each year, potential expanded HIV testing efforts, and increased annual costs to the ADAP program, DHEC must continue to monitor ADAP utilization and demand each year."

SPARTANBURG COUNTY

The burden of HIV disease is evident in Spartanburg County which has 82% of the HIV/AIDS cases in the tri-county area of Spartanburg, Cherokee and Union counties and 50% of all infections in the Region II Public Health District which encompasses Spartanburg and Greenville counties (SC DHEC). According to the "*Appalachia III Epi Profile 2003*", Spartanburg, Cherokee, and Union counties had a 50% increase in the number of persons living with HIV from 1995 – 2002.

Data provided by S.C. DHEC, cumulative through March 31, 2007, shows that Spartanburg County reported 884 HIV and AIDS cases, an increase of 90 since 2004, with a population of 253,791. There is an increased burden on the care and prevention communities as HIV+ people are living longer and the number of HIV infections rise.

Census data from 2000 indicates that the population of Spartanburg County has increased nearly 12% since 1990. African Americans make up 21% of the population. Three percent of the population is Hispanic or Latino, which is slightly higher than the percentage for the state. It is estimated that approximately 12% of the county's residents and 18% of the county's children live in poverty. The median household income is estimated to be \$35,713.

Two organizations serving Spartanburg County residents living with HIV/AIDS are funded through the Ryan White Modernization Act, formerly the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Ryan White is designed to improve the quality and availability of care for individuals and families affected by HIV disease. Piedmont Care, Inc., the nonprofit organization providing HIV and AIDS care, prevention, and advocacy in our community, currently serves approximately 400 people living with HIV/AIDS. Approximately 75% of those reside in Spartanburg County. Since inception in 1994, Piedmont Care has served over 900 people living with HIV/AIDS and their families. The Spartanburg Regional Healthcare System Ryan White clinic serves approximately 350 people of which 79% reside in Spartanburg County.

COMMUNITY RESOURCES

American Red Cross – (864) 583-8000

The Piedmont Chapter of the American Red Cross serves Spartanburg, Cherokee, and Union counties. The American Red Cross HIV Education and Prevention programs help participants learn and apply HIV/AIDS prevention practices to their own behavior. Some sessions require the facilitator to take an instructor course. Other sessions can be presented by a leader who has basic understanding of HIV/AIDS facts. The American Red Cross makes available four (4) distinct HIV/AIDS training programs and two related programs:

- 1) Basic HIV/AIDS
- 2) African American HIV/AIDS
- 3) Hispanic HIV/AIDS
- 4) Programs for Youth

The two related programs include Bloodborne Pathogens: Prevention Disease Transmission and Family Caregiving: Caring for a Loved One With HIV/AIDS. While all programs provide basic factual information concerning HIV transmission and AIDS, the African American and Hispanic programs are designed to present the information in a culturally specific manner. Bloodborne Pathogens: Prevention Disease Transmission is directed at businesses which need to meet mandated training requirements under the Americans with Disabilities Act (ADA) and Bloodborne Pathogens Standard of the Occupational Safety & Health Administration (OSHA). Programs for Youth involve providing age-appropriate HIV/AIDS education from an early age through adolescence and young adulthood. Family Caregiving: Caring for a Loved One With HIV/AIDS is directed at family caregivers responsible for caring for someone with HIV/AIDS. The American Red Cross makes pamphlets and rents videos to interested individuals, as well as, trains instructors capable of providing community presentations. Also available is an African American and a Hispanic program that can be taught without going through a formal instructor certification course.

Community Long Term Care (DHHS) – (864) 587-4707

CLTC offers a waiver program for HIV/AIDS clients. After meeting Medicaid eligibility criteria, individuals with AIDS can be offered services including personal care aides, home delivered meals, counseling, private duty nursing, home management services, environmental modification, attendant care services, and foster care. Registered nurses complete the evaluation process to determine level of care, and functional and medical criteria. Social Workers serve as case managers to assist clients and caregivers coordinate needed services.

Mary Black Health System LLC (MBHS) – (864) 573-3000

Mary Black Hospital employs an infectious disease specialist who treats patients in both the inpatient and outpatient settings. In addition to serving hospital and office patients, the physician serves at the Spartanburg Regional Healthcare System Ryan White Title III clinic weekly.

Piedmont Care, Inc. – (864) 582-7773

Piedmont Care, Inc., an educational and advocacy organization, coordinates and provides medical, social and psychological services for individuals and families affected by or at risk for HIV.

Piedmont Care provides the following services:

- Case Management
- Dental care
- Food Bank
- Health education/risk reduction
- Housing assistance
- Insurance continuation
- Language services
- Medication assistance
- Nutritional supplements
- Outpatient medical care
- Prevention
- Transportation

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act federal funds were secured in 1994 to establish Piedmont Care, Inc. Piedmont Care, Inc. is the nonprofit organization providing HIV and AIDS care, prevention and advocacy in our community.

Social Security Administration – (864) 583-8223

Persons with HIV/AIDS may be eligible for Social Security, Supplemental Security Income, and Medicare. The Spartanburg County Department of Social Services offers Aid to Families with Dependent Children, Food Stamps, and Medicaid.

Spartanburg Alcohol and Drug Abuse Commission (SADAC) – (864) 582-7588

The mission of Spartanburg Alcohol and Drug Abuse Commission is to reduce human suffering from alcohol, tobacco and other drug use abuse and addiction by providing and promoting quality prevention, education, intervention and treatment services in Spartanburg County. SADAC's clinical treatment staff provides individual and group level counseling for drug users and other chemically dependent clients. Prevention staff provide HIV/AIDS education to clients in treatment and the general community. Referrals are made to support services.

Center for Integrated Prevention Practices

SADAC's Prevention Department provides the latest evidence/science-based curriculums that target alcohol, tobacco and other drug abuse, and HIV infection prevention. These programs have multiple sessions with pre/post testing that show knowledge gained and risk behavior changes. Available programs also include educational trainings to parents, school personnel, civic, religious and business groups.

Raymong C. Eubanks, Jr. (Detox Center/Crisis Stabilization for Dually ~Diagnosed)

This program provides assessment, individual and group services in a 305 day social setting (non-medical) detoxification program to physically stabilize, educate and motivate individuals for referral to appropriate treatment services (24-hour admission available.)

HIV Education and Risk Reduction Services

Individuals who use alcohol and other drugs are placing themselves at risk for becoming addicted and/or infected with diseases such as TB (tuberculosis), HIV and other STIs (Sexually Transmitted Infections). Alcohol, tobacco and other drug use reduces the body's ability to fight off diseases and impairs one's judgment and decision-making. Behaviors which are risky include unprotected sex, multiple sex partners, intravenous drug use and needle sharing. This program provides prevention and interventions through education and confidential HIV counseling and testing. These programs encourage personal development to lower risk of infectious diseases, encourage behavior change, and provide services to help people live a healthier lifestyle. These programs are science/evidence-based and are available to Spartanburg, Cherokee and Union County residents.

Spartanburg County Government – (864) 596-2500

Spartanburg County government has supported the HIV/AIDS Committee and other HIV/AIDS initiatives in the county in a variety of ways. The Spartanburg County Community and Economic Development Department is currently the primary source of support. The County has been actively involved in addressing housing issues, providing meeting space, and offering staff support to assist in communication and coordination of interested organizations. Minimal financial assistance is given for the publication of brochures and this document, "*HIV and AIDS: A Spartanburg County Perspective.*" Historically, Community and Economic Development has offered financial opportunities through Community Development Block Grant funds.

Spartanburg County Health Department – (864) 596-2227

The Spartanburg County Health Department has played a major role in the identification, prevention, and treatment of HIV/AIDS since the first case was identified locally. It has been involved in educational efforts through the media, speaking to various groups and organizations, distributing literature, and providing community outreach. It provides confidential testing and counseling and coordinates a partner notification (contact tracing) program. Referrals are made to other agencies and physicians. Private physicians and hospitals may order HIV testing on their patients. All positive results must be reported to S.C. DHEC. Test results are provided only in person to the client and are available only for data purpose (i.e. no names).

Other services include home health care and skilled nursing care for homebound patients. Personal care aide services and medical social work services are available to qualified persons who need help with personal care and daily living activities, including personal grooming, laundry, light housekeeping, shopping and meal preparation.

Spartanburg County HIV/AIDS Committee

The purpose of this committee is to focus attention on the issue of HIV/AIDS in our community with a county perspective. The Spartanburg County Health Planning Commission established the HIV/AIDS Committee in 1987. This committee has served as a coordination and communications entity among agencies and organizations and has been involved in a variety of activities including an HIV/AIDS forum, a college campus education initiative, a detention facility education program, establishment of housing, and the publication and updating of this report.

Spartanburg Regional Healthcare System (SRHS) – (864) 560-6806

SRHS has cared for those with HIV/AIDS since 1985. An Adult Infectious Disease Clinic was organized within the Regional Internal Medicine Clinic in 1990 to provide HIV specialty care. All patients are evaluated by house staff with physician supervision. A nurse practitioner was hired in 2002 to provide primary care to HIV infected individuals. Since 2002, SRHS has received federal funds through the Ryan White Remodernization Act (formerly the Ryan White CARE Act) to expand primary and HIV specialty care services provided to individuals living with HIV. Services provided through this program include outpatient medical treatment, oral healthcare services, mental health counseling, nutritional counseling, transportation services, and pharmaceutical assistance services.

Upstate Homeless Coalition – (864) 595-5304

A collaborative organization dedicated to ending homelessness through programming, advocacy, and building safe and affordable housing. The Upstate Homeless Coalition coordinates the programs and initiatives throughout a 13-county area, helping to find gaps in services for homeless people and develop strategies to close the gaps.

Other Services

Other major agencies that play a role in the provision of services to people with HIV/AIDS include the Spartanburg Area Mental Health Center, the Spartanburg County Housing Authority, local ministries, shelters, Piedmont Community Actions, Mobile Meals, the Salvation Army, and ReGenesis Community Health Center.

CRITICAL ISSUES

Economic Impact

Dr. Kent Stock, an infectious disease specialist practicing in Charleston, South Carolina recently completed a study of the economic impact of the HIV epidemic in South Carolina. “HIV disproportionately affects South Carolina. The state consistently ranks in the top 10 nationally in AIDS case rates per 100,000 people. While the demographic statistics are well-characterized, the economic impact of HIV is not well-known. In 2004, a study estimated the economic impact of HIV on the state. The findings suggested that the economic impact is substantial, and a crisis has emerged. Direct cost analysis suggested \$151 million was spent on behalf of 12,604 HIV-infected patients in 2002. \$72 million (48%) was spent on hospitalizations and Medicaid paid the largest percent of hospitalization charges (43%). A “cost of illness” estimate examines an epidemic’s true cost to society. HIV’s cost exceeded \$6.5 billion in 2002. The estimated foregone earnings of people living with HIV who were too ill to work exceeded \$5.7 billion in 2002. The data also suggested that HIV is adversely affecting our state’s gross state product – growth rate, wages, individual and household per capita income and worker productivity. Left unchecked, the HIV epidemic could drain the state’s hospital systems, particularly in rural areas, and weaken a work force vital to attracting new business to the state. The disease remains the single greatest public health threat to contemporary society and has the potential to financially cripple an economically vulnerable state such as ours. If we do not come together as a state and immediately address the health and economic issues precipitated by the HIV pandemic, we may bankrupt the future of a generation of South Carolinians.”

The cost of treating HIV/AIDS is staggering and would impoverish most individuals. There are an estimated 47 million Americans without health insurance coverage. The Kaiser Family Foundation reports, “Combination therapy alone costs between \$10,000 and \$12,000 per patient per year depending on the regimen and payer. When additional medical expenses for doctor’s visits, laboratory tests, and drugs to prevent or treat HIV-related opportunistic infections are taken into account, average annual costs rise to approximately \$18,000 to \$20,000 per patient, with even higher expenses for those with more advanced HIV-related illness.” “According to recent research, three-drug combination therapy for AIDS, in spite of its expense, is a cost-effective use of resources. If states offered more instead of less generous ADAP benefits – for example, few or no limits for drug prescriptions per patient, total monthly costs would fall a significant 30%. Much of the decline in costs could be attributed to a reduction in average hospitalization costs from \$750 to \$395.” (Manifesto)

Since half of all new infections occur in people under the age of 25, the HIV/AIDS epidemic will impact our population during the most productive years of their life. “*The Southern States Manifesto*” states, “Combination therapy was associated with a near doubling in life expectancy for patients with advanced AIDS thereby reducing the average cost of potential life lost. This leads to a figure of \$23,000 per quality-adjusted year of life saved, a measure of the costs to improve and extend life.” According to The Kaiser Family Foundation, U.S. federal funding for HIV/AIDS was expected to total \$22.8 billion in 2007 an increase of 4 billion from 2004. Of this, 57% was designated to care, 12% to research, 9% to cash and housing assistance, 4% to prevention and 17% to combating the international epidemic.

Economic Impact (continued)

Based on data presented in this document, the Spartanburg County HIV/AIDS Committee estimates that approximately \$1.6 million could be spent annually in Spartanburg County to provide HIV/AIDS treatment to HIV+ people (884 people at \$18,000 each). This cost estimate reflects **medical care only and does not include psychological and support services** such as case management, transportation, counseling, and housing.

Housing

Several housing issues came to the forefront through research accomplished in partnership with the City of Greenville and AIDS Housing of Washington. “*The HIV/AIDS Housing Plan*” was the result. Participants in the development of this Plan included residents, advocates, and leaders in Spartanburg County. The Plan comprises data collection, analysis, and recommendations.

The consumer (person living with HIV/AIDS) survey portion of the Plan revealed the following:

- Respondents were most likely renting.
- The median income of respondents was 74 percent of the poverty threshold.
- The majority of respondents paid more than half of their income for housing costs each month.
- Respondents were most likely to be denied access to housing based on poor credit history or inability to pay move-in costs.
- More than a quarter of respondents have experienced homelessness.
- Consumer (person living with HIV/AIDS) focus group key findings from the same report:
 - Stigma and discrimination significantly influence how, where, and when people living with HIV/AIDS reach out for assistance, particularly those living in rural areas.
 - Quality, affordable housing in safe neighborhoods is difficult to secure and maintain for people living on limited incomes, especially for those living with HIV/AIDS seeking to stabilize their health.
 - A diverse range of housing assistance, financial support, and support services would be most helpful to people living with HIV/AIDS.

“*The HIV/AIDS Housing Plan*” makes the following recommendations to improve the housing status of people living with HIV/AIDS and their families:

- Solicit county and city officials to take a leading role in addressing issues through policy formulation/adoption of the Plan.
- Solicit and secure state HOME Investment Partnership Program grant funds.
- Develop and implement strategies to reach the broader community.
- Identify specific services provided throughout the region that could be streamlined.
- Expand AIDS service group membership to include non-traditional service providers.
- Develop partnerships with HIV/AIDS mainstream housing service providers.
- Publish resource directory for distribution to providers.
- Investigate the possibility of creating the state’s first care facility.
- Develop partnerships and obtain funding for two new skilled nursing facilities.

Medical Care ~ Early Treatment

Treatment advances have substantially reduced AIDS-related mortality. In addition, treatment has extended the lives of many and in some cases improved their quality of life. Current treatments are not a cure and may not work for all HIV+ people. Treatment with powerful HIV/AIDS drugs can have a dramatic impact on the disease, including slowing the progression of HIV to AIDS.

The powerful new treatments may come with debilitating side effects impacting the ability to work and take care of day to day living. There are many drugs available to treat HIV which have been approved by the Food and Drug Administration (FDA).

Early HIV care and treatment keeps people healthier, working longer, prevents new infections, lengthens and improves lives, and saves money. Care and support services can increase productivity through fewer sick days due to untreated HIV. Keeping people in care can prevent the development of drug-resistant strains of HIV. HIV medications can reduce the amount of the virus in the body, which reduces the level of infectiousness, and the transmission of the disease to others. Early treatment for pregnant women almost eliminates mother-to-child transmission. (Task Force)

Access to Medications

The South Carolina AIDS Drug Assistance Program, a part of the South Carolina Department of Health and Environmental Control's HIV/STD division, provides free/low-cost HIV/AIDS medications to eligible individuals, including measures for the prevention/treatment of opportunistic infections. During 2004, ADAP served 2,791 clients, 815 of whom were new. In 2006, this program had a waiting list of approximately 600 people, the largest in the country. Federal funds for HIV care and treatment in South Carolina were cut over \$1 million in 2006. South Carolina only contributed \$500,000 for HIV treatment during 2006, far less than neighboring states with similar epidemics. In 2007, the South Carolina legislature pledged \$3 million in recurring funds and an additional \$1 million in one-year funds. However, the estimated need for this program was \$8 million.

"Proper treatment is essential for suppression of the virus. ADAP shortfalls can lead to restrictions such as stiffer eligibility requirements, stricter clinical requirements, limited formularies, waiting lists and gaps in coverage. These restrictions can lead to dangerous treatment interruptions, which encourage drug resistance and discourage patient retention in care, both of which have profound effects on public health. Since near perfect adherence to drug regimens are required for successful treatment, it is important to ensure the consistency of state ADAPs." (T2CANN)

Mental Health

Mental illnesses affect more than 57 million Americans. They can strike individuals from all walks of life no matter what age, race, education, gender or income. They can affect the person's ability to think clearly, their behavior and how they relate to others. Mental illnesses are medical illnesses just like diabetes, high blood pressure or heart disease and today, according to ongoing research, 80- 90% of people with mental illnesses will improve or recover if they get appropriate treatment. An accurate diagnosis by a doctor or mental health professional is critical. According to research by the American Psychiatric Association, HIV prevalence among people with severe mental illness is greater than the general population and HIV risk behaviors are common among people with severe mental illness.

Mental Health (continued)

A high adherence rate to advanced therapy for HIV, HAART, is required to adequately suppress the virus, limit drug resistance, and reduce transmission. Mental health issues, such as depression, can make adhering to a complicated medication regimen extremely difficult. “Like other serious illnesses such as cancer, HIV often can be accompanied by depression, an illness that can affect mind, mood, body and behavior. Treatment for depression helps people manage both diseases, thus enhancing survival and quality of life...Although as many as one in three persons with HIV may suffer from depression, the warning signs of depression are often misinterpreted...Some of the symptoms of depression could be related to HIV, specific HIV-related disorders, or medication side effects...Whatever its origins, depression can limit the energy needed to keep focused on staying healthy, and research shows that it may accelerate HIV’s progression to AIDS.” (National Institute of Mental Health)

Prevention

The CDC estimates that 850,000 to 950,000 persons in the United States are living with HIV and of those an estimated 25% are unaware of their infection. Evidence suggests that as many as two thirds of the estimated 40,000 new HIV infections each year occur through transmission from persons who are unaware of their HIV positive status. HIV education raises fundamental issues and addresses taboo subjects such as sex, drugs, and death. HIV/AIDS educators are often limited in the information they can provide making accurate information difficult to access. The goals of HIV prevention are:

- to decrease those persons who are at a high risk for acquiring HIV,
- to change and maintain behaviors to keep them uninfected,
- to provide skills for a behavioral change and
- to prevent new infections by working with persons diagnosed with HIV.

According to the South Carolina Statewide Coordinated State of Need developed in January 2006, men who have sex with men (MSM), high risk heterosexuals, and injecting drug users (IDU) should be primary target populations for prevention efforts.

Each new infection involves someone already infected with HIV. If a person knows their HIV status they can access the benefits of treatment before symptoms emerge. Early testing also allows people to take necessary precautions to prevent spreading HIV to others. The earlier the start of treatment, the greater the delay in the onset of serious complications associated with HIV/AIDS.

In 2006, the Centers for Disease Control and Prevention issued new guidelines for HIV testing. These recommendations represent a shift in the standard approach to HIV testing in the United States. These new guidelines promote routine HIV testing of patients 13 to 64 years of age in all healthcare settings. These guidelines also include an opt-out strategy, meaning the patient will be informed that the test will be performed; unless he/she declines the test. Because early detection is crucial in maintaining health, these new guidelines are meant to identify and bring in to treatment the estimated \$250,000 Americans living with undiagnosed HIV infection. (Johnson)

Confidential HIV counseling and testing is available at the Spartanburg County Health Department and the Spartanburg Alcohol and Drug Abuse Commission. Piedmont Care recently became certified to provide HIV counseling and testing and expects to introduce this service in 2008.

Stigma

United Nations Secretary General, Ban Ki-moon, in his World AIDS Day 2007 message stated, “Overcoming stigma remains one of our biggest challenges. It is still the single biggest barrier to public action on AIDS. It is one of the reasons why this epidemic continues to wreak its devastation around the world.” The negative consequences of belonging to a stigmatized group leads to the call for strict confidentiality measures in both HIV testing and care. Confidentiality is a primary concern for people living with HIV/AIDS. In a recent Piedmont Care focus group, clients pointed to the need for confidentiality and the fear of discrimination as their top concerns. The fear of becoming “known” can prevent HIV positive people from seeking care, both physical and emotional. Stigma may also prevent those who are at-risk for infection from seeking testing and counseling.

The following excerpt is from *HRSA CARE Action*, a publication of the U.S. Health Resources and Services Administration: “The well-known social anthropologist Erving Goffman pioneered the study of stigma. In his landmark book *Stigma: Notes on the Management of Spoiled Identity*, Goffman described stigma as ‘an attribute that is deeply discrediting within a particular social interaction.’ According to Goffman, a person who is stigmatized is ‘reduced in our minds from a whole and usual person to a tainted, discounted one.’” Goffman went on to explain the characteristics of diseases which receive the highest degree of stigma. First, the person infected is at fault. Blame is a crucial factor. Second, the disease is progressive and incurable. Third, the public does not understand the disease. Fourth, symptoms cannot be hidden. HIV fits these criteria. The stigma of HIV manifests itself through fear and apprehension, expressions of negative attitudes toward the social groups perceived to be affected, and even impacts people who are connected to the issue, but are not infected. Some of the consequences of stigma are:

- Deterioration of interpersonal relations
- Rejection of the HIV antibody test
- Stress related to the hiding of the condition
- Anxiety
- Depression
- Guilt
- Loss of support
- Isolation
- Difficulties with family dynamics
- Emotional or physical violence
- Deterioration of relations with health care providers.

A review of international studies on stigma showed several things can reduce stigma:

- Information
- Counseling
- Coping skills acquisition
- Contact with an HIV-infected person

PROJECTIONS AND TRENDS

HIV/AIDS does not lend itself easily to projections, particularly in an area as small as Spartanburg County. The Spartanburg County HIV/AIDS Committee is comfortable making the following statements which may relate to Spartanburg County:

- A. Costs are expected to rise with the overall cost of health care. Increasingly effective treatments and early intervention with resultant increases in longevity will contribute to the increases in health care costs.
- B. There will be an increasing impact on business, industry, and government in terms of costs and productivity.
- C. New drugs to treat HIV/AIDS will continue to be developed.
- D. Community awareness will increase as more people become personally acquainted with someone with HIV/AIDS.
- E. HIV/AIDS will continue to spread into schools and colleges demonstrating the need for strong prevention education programs.
- F. Staffing needs will grow in response to the epidemic.
- G. Housing, including long term care, temporary shelters, residential care facilities, foster care will continue to be needed.
- H. Transportation and mental health services for low income clients will continue to be an urgent need.
- I. A growing proportion of HIV/AIDS patients will be medically indigent and the public sector will bear an increasing proportion of the cost of their care.
- J. The debate over abstinence based education versus abstinence only education will continue.

RECOMMENDATIONS

The Spartanburg County HIV/AIDS Committee recommends that Spartanburg County government adopt the Southern AIDS Coalition Policy Statements distributed November 2003 as follows:

Prevention

The Southern AIDS Coalition believes that, in order to reduce the spread of HIV/AIDS and the diseases commonly associated with it such as sexually transmitted diseases and hepatitis, and to improve the health status of those already infected by these diseases, all persons living in the United States, regardless of their geographic location, must have access to culturally-and linguistically-appropriate community-based services, including: outreach and prevention services; testing and counseling opportunities; and linkages to healthcare. Therefore,

- 1) We call upon the Federal Government to develop program policies to ensure greater equity in the provision of comprehensive and appropriate HIV/AIDS prevention services within all states, and specifically within all areas of the South.
- 2) We call upon State and Local Governments within the South to increase human and financial resources directed to communities bearing a significant and disproportionate impact of HIV/AIDS as determined by epidemiological data and community assessments. Communities of color and men who have sex with men are disproportionately affected; addressing these disparities requires focused efforts and the dedication of special resources.

Care

The Southern AIDS Coalition believes that all persons living with HIV/AIDS across the United States, regardless of their geographic location or income, must have access to appropriately trained HIV-specific primary medical care providers, to services necessary to sustain medical care, and to medication formularies consistent with United States Public Health Service guidelines. This goal is consistent with the vision of a compassionate society, and contributes to the prolongation and improvement of peoples' lives, facilitates their positive contributions to family and society and helps to reduce the further spread of this pandemic.

- 1) It is imperative that the Federal Government provides emergency funding to assure the availability of HIV-related medical care services and medications for persons living in the South. Federal policy must be modified/adopted to assure that funds are used to establish and support a basic "standard of care" for all states and territories. This "standard of care" must assure that all eligible individuals (i.e., those who are HIV+, whose income is at/below 300% of the federal poverty level and who have no other third party source to pay for these medications), have access to a basic HIV/AIDS medication formulary which includes all FDA-approved anti-retrovirals and an adequate selection of medications for the prevention and treatment of opportunistic infections and co-infections.

Care (continued)

- 2) It is similarly imperative that the Federal Government support and fund the availability of safe, affordable and otherwise appropriate housing – consistently demonstrated to be one of the most critical support services to facilitate improved health status and successful health care outcomes – for all people living with HIV requiring such assistance.

The Spartanburg County HIV/AIDS Committee recommends that Spartanburg County government work with service providers to fulfill the following recommendations:

A. Services

- 1) Support adequate state funding for S.C. ADAP.
- 2) Continue to market the availability of HIV counseling and testing.
- 3) Establish a volunteer legal services program.
- 4) Develop a continuum of housing alternatives.
- 5) Continue the HIV/AIDS Committee's initiative to improve coordination.
- 6) Improve access to mental health services and transportation for low-income individuals.

B. Education & Awareness

- 1) Focus local education initiatives on risk reduction.
- 2) Continue the public education program.
- 3) Seek funding for education and prevention efforts.
- 4) Develop and implement an education program for public officials. Involve them to the extent possible on HIV/AIDS program boards and committees.
- 5) Establish awareness focal points in heavily traveled areas throughout the County drawing attention to the growing number of AIDS cases. Feature a simple prevention message.
- 6) Continue the HIV/AIDS multi-campus awareness program. Recruit college students to assist with community education initiatives.

G L O S S A R Y

Acquired Immune Deficiency Syndrome (AIDS)

AIDS can affect the immune and central nervous systems and can result in neurological problems, infections, or cancers. It is caused by the human immunodeficiency virus (HIV).

Antiretroviral Therapy

Treatment with drugs designed to prevent HIV from replicating in HIV infected persons. Highly active antiretroviral therapy (HAART) is an antiretroviral regimen that includes multiple classifications of antiretroviral drugs.

Confidentiality

Pertains to the disclosure of personal information in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the original disclosure.

Confidential HIV Test

An HIV test for which a record of the test and the test results are recorded in the individual's chart.

ELISA

Enzyme-linked immunosorbent assay. A commonly used screening test to detect antibodies to HIV.

High-Risk Behavior

Those behaviors that increase the chance of harm to one's body including the chance of being infected by the AIDS virus.

Human Immunodeficiency Virus (HIV)

The virus that causes AIDS. It destroys the immune system by invading and attacking T-cells, the white blood cells that attack infection.

IDU

Risk factor category for HIV infection representing "injection drug use."

Injection Drug User

Someone who uses a needle to inject drugs into his or her body.

MSM

Risk category for HIV-infection representing "men who have sex with men."

Risk factor

Behavior or other factor that places a person at risk for disease.

Ryan White Treatment Remodernization Act

(Formerly the Ryan White CARE Act) The Federal Ryan White Program was enacted in 1990 to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV disease.

REFERENCES

American Civil Liberties Union (ACLU), ACLU AIDS Project. HIV & Civil Rights, “A Report from the Frontlines of the HIV/AIDS Epidemic.” September 2003.

American Red Cross. The American Red Facts Book 2004.

Arnold, William E. T2 CANN, A Beginner’s Guide to the AIDS Drug Assistance Program Crisis. March 2006

Ban Ki-moon. United Nations - Secretary-General, Message on World AIDS Day. December 2007.

Centers for Disease Control and Prevention (CDC) Fact Sheet. June 2007.

City of Greenville, Community Development Department. The HIV/AIDS Housing Plan. 2004.

Fauci, Dr. Anthony. CNN.com. Fauci: Despite AIDS fatigue, Americans should care. December 2007

Health Resource Services Administration (HRSA). HRSA Care Action, “HIV/AIDS Stigma.” August 2003.

Johnson, Kristine MD and Emily Erbeling MD, MPH. The Hopkins HIV Report, “Update on HIV from the IDSA 44th Annual Meeting in Toronto.” January 2007.

Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: The HIV/AIDS Epidemic in the United States. July 2007.

Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: The Global HIV/AIDS Epidemic. November 2007.

Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: U.S. Federal Funding for HIV/AIDS. February 2006.

Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: The Ryan White Program. March 2007.

Kaiser Family Foundation. State Health Facts Online. 2007.

Kaiser Family Foundation. HIV/AIDS Policy Issue Brief. May 2004.

National Institute of Mental Health, “Depression and HIV/AIDS”. May 2002.

S.C. HIV/AIDS Care Crisis Task Force, Fact Sheets. 2006.

REFERENCES

(continued)

South Carolina Department of Health and Environmental Control, Bureau of Disease Control STD/HIV Program. S.C. Coordinated Statement of Need. January 2006.

South Carolina Department of Health and Environmental Control, Bureau of Disease Control STD/HIV Program. South Carolina 2006 Epi Profile. 2007.

South Carolina Department of Health and Environmental Control, Bureau of Disease Control STD/HIV Program. HIV/AIDS Surveillance Report. March 2007

South Carolina Department of Health and Environmental Control, Bureau of Disease Control STD/HIV Program. Ryan White Comprehensive Plan. January 2006

Spartanburg Alcohol and Drug Abuse Commission. Fact Sheet. November 2007

Stock, Dr. Kent. Piedmont Care Newsletter, “Economic Impact of HIV/AIDS”. 2007.

Southern State AIDS/STD Directors Work Group. Southern States Manifesto: HIV/AIDS And STDs in the South: A Call to Action. March 2003.

The P.A.C.E. Center. “Learn More About Mental Illnesses”. 2007

UNAIDS – WHO. AIDS Epidemic Update. December 2007

World Health Organization. The World Health Report 2007: A Safer Future: Global Public Health Security in the 21st Century. 2007.

INTERNET RESOURCES

American Foundation for AIDS Research: www.amfar.org

Centers for Disease Control and Prevention: www.cdc.org

Doctors of the World – USA: www.doctorsoftheworld.org

Joint United Nations Programme on HIV/AIDS: www.unaids.org

Kaiser Family Foundation: www.kff.org

Kaiser Network: www.kaisernetwork.org/dailyreports/hiv

National Association of People with AIDS: www.napwa.com

National Minority AIDS Council: www.nmac.org

Piedmont Care: www.piedmontcare.org

S.C. Department of Health and Environmental Control: www.state.dhec.sc.us

The Body: An AIDS and HIV Information Resource: www.thebody.com

The Pandemic: Facing AIDS project: www.pandemicfacingaids.org

U.S. Department of Health and Human Services: www.dhhs.gov

U.S. Health Resources and Services Administration: www.hrsa.gov

U.S. Surgeon General: www.surgeongeneral.gov/AIDS

World Health Organization: www.who.org

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