

HIV/AIDS POLICY in GEORGIA

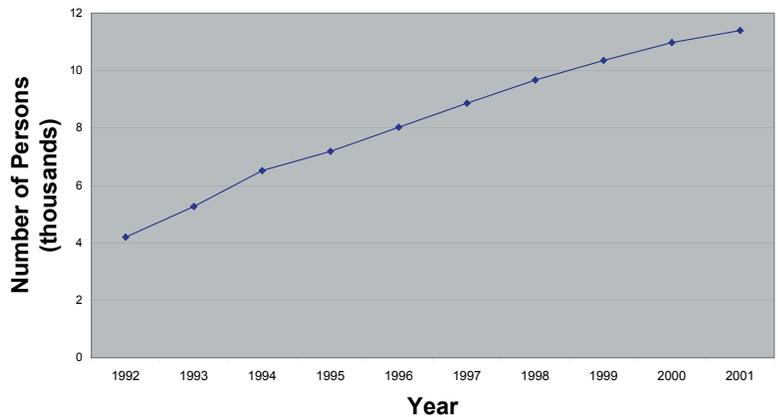
HIV/AIDS continues to be a major public health concern in the United States. There are major factors influencing the disparities in infection rates, treatment and care such as poverty, educational level, and health insurance. It is estimated the lifetime cost of care and treatment for one HIV-infected person is approximately \$154,402⁶. Georgia has the 8th highest number of cumulative AIDS cases (26,008)⁸ reported in any state and data reflects a continuing impact on the state¹.

FINANCE

Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from AIDS due to lack of access to drugs and appropriate therapies.

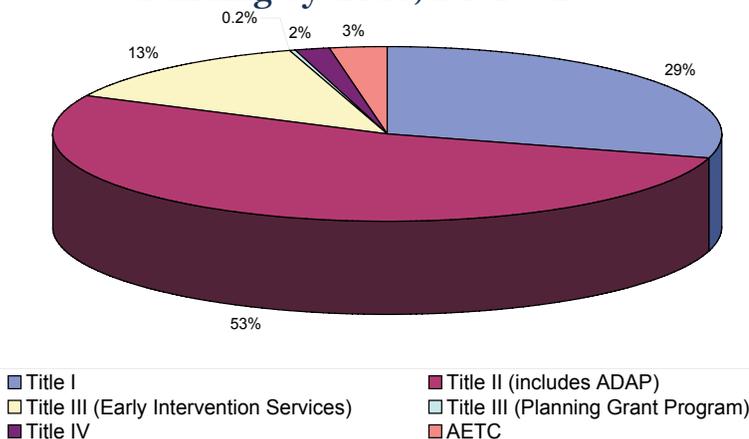
- Georgia Department of Human Resources currently has \$56,956,016 in total allocated toward HIV/AIDS initiatives. Federal funds account for approximately 78% of these funds (\$44,609,957) while State funds account for only 22% (\$12,346,059)².
- The AIDS Drug Assistance Programs (ADAP) receives \$26,831,910 and Prevention Services receives \$8,466,316³.
- Georgia's ADAP covers 50 drugs. Nationally, ADAPs range from covering 18 drugs in Colorado to 474 in New York. Combination therapy is expensive, estimated to cost \$10,000 to \$12,000 per person per year, and many people with HIV are unable to afford the recommended therapy⁵.

Persons Living With HIV/AIDS in Georgia by Year



- To help insure individuals with high medical costs, a Medicaid Program called the "Medically Needy" Program in Georgia covers those who "spend down" on medical payments when they reach qualifying income levels. However, budget cuts have jeopardized Georgia's Medically Needy program⁴.

Distribution of Ryan White CARE Act Funding by Title, FY 2002



Implications

- Pricing of pharmaceuticals and drug therapies will make it increasingly more difficult for individuals to receive assistance from ADAPs.
- Lack of funding and resources directly affects those more likely to be infected with HIV.
- Without proper allocation of monies, prevention and treatment efforts are destined to fail.
- Even though the HIV/AIDS epidemic represents a crisis, funding is consistently at the same level for the past four years with the number of infections continually increasing³.

PREVENTION

Researchers found that the enormous lifetime costs of caring for an HIV-infected individual are far greater than the funding needed to reach that same individual with preventive messages⁷. Furthermore, HIV prevention interventions targeted at high-risk populations have a greater effect on the number of new infections prevented⁷.

Georgia :

- mandates that public schools teach sex education, but only requires that abstinence be covered not comprehensive sexual education and contraception does not need to be covered or stressed statewide.
- mandates that STD and HIV education be taught; furthermore, the state requires that abstinence be covered in the curricula, but not contraception.
- parents are also allowed to withdraw their children from the sex education, STD and HIV classes.
- explicitly allows all minors to consent to contraceptive services.

Implications

- *Data need to be collected and analyzed to monitor the infection rate among young population to examine if Georgia policies and programs are effective (currently, Georgia does not require HIV infection reporting).*
- *Funding focused on abstinence only approaches must be applied equally to individuals in the heterosexual, gay, transsexual and bisexual members of our communities.*
- *Education efforts that lack focus on a comprehensive approach to sexuality and prevention can lead to further increases in rates of HIV and STD infection.*

EDUCATION

Poverty, educational level and health disparities are inherently linked with HIV/AIDS.

- There is a relationship between HIV mortality and education. Persons with less than a high school education (20 per 100,000) and high school graduates (13 per 100,000) had higher HIV death rates compared to persons with any college education (4 per 100,000)⁹.
- 35% of Georgians are low-income (under \$29,000 annually for a family of three) and 40% have never completed high school.
- People who are at risk of being infected with the virus often include those with co-morbidity factors such as substance abuse, mental health issues, childhood sexual abuse or other violence, and lack of access to health care.

Implications

- *Those individuals most at risk have other factors to deal with such as poverty and limited education, both of which are associated with poorer health.*
- *Preventive and coping measures are necessary in order to prevent infection.*

RECOMMENDATIONS

- ❖ Reform Medicaid and Medicare to cover those individuals who do not qualify for the AIDS Drug Assistance Program (ADAP).
- ❖ Create a stigma-free environment for HIV testing and treatment that recognizes diversity in sexual orientation.
- ❖ A focus on higher levels of educational attainment may be the best prescription to halt this deadly disease.

References

1. CDC, HIV/AIDS Surveillance Report, Vol. 14.
2. National Healthcare Quality Report
3. John Rogers and Rich Mandiol, Georgia Department of Human Resources
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5. Kaiser, AIDS Drug Assistance Programs (ADAPs), April 2003
6. David Holtgrave & Steven Pinketon, "Economic Implications of Failure to Reduce Incident HIV Infections by 50% by 2005 in the United States" Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, June 2003
7. National Alliance of State and Territorial AIDS Directors, "Cost Effectiveness of HIV Prevention"
8. CDC Annual HIV/AIDS surveillance report; Dec 2002
9. Source: (NVSS-M, 2000).

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The Institute for Health Policy critically analyzes the impact of major health legislation and policies existing and proposed at the national, state, and local levels, with a special focus on the health of minority and the underserved populations in Georgia.