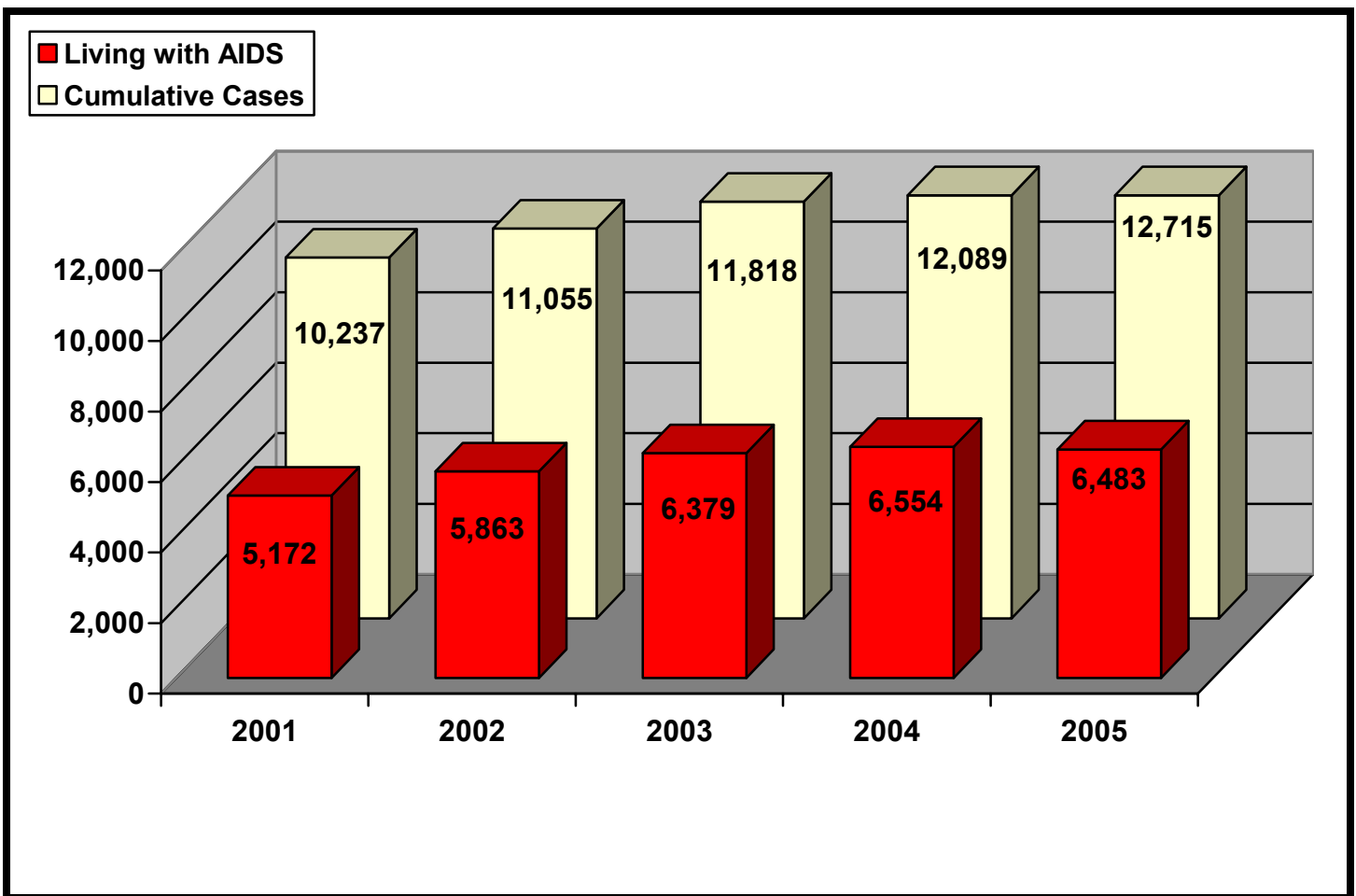


HIV/AIDS IN SOUTH CAROLINA

While the federal government's investment in treatment and research is helping people with HIV/AIDS live longer and more productive lives, HIV continues to spread at a staggering national rate of over 40,000 new infections per year. The following data represent the total reported AIDS cases in South Carolina through year-end 2005:

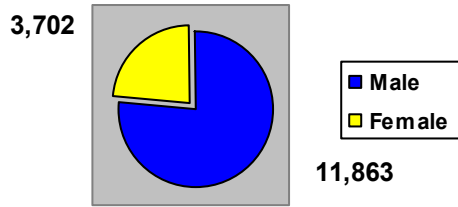
Total Reported AIDS Cases



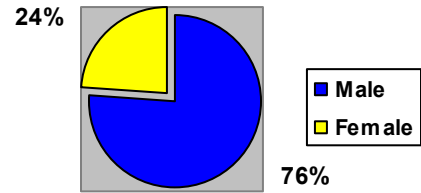
Demographic Trends

It is the position of AIDS Action that the current HIV/AIDS statistics represent only a portion of the epidemic in the U.S. The data below only captures the AIDS cases that were confirmed through testing and reporting; thus, it does not reflect the demography and size of the HIV positive population that has not yet been tested or reported.

TOTAL REPORTED AIDS CASES BY GENDER, 2005



PERCENTAGE OF TOTAL AIDS CASES REPORTED BY GENDER, 2005



TOTAL REPORTED AIDS CASES BY RACE / ETHNICITY, 2005

| | |
|--------------------------------|--------|
| White, Not Hispanic | 4,349 |
| Black, Not Hispanic | 10,893 |
| Hispanic | 260 |
| Asian/Pacific Islander | 34 |
| American Indian/Alaskan Native | 18 |

PERCENTAGE OF TOTAL REPORTED CASES BY RACE / ETHNICITY, 2005ⁱⁱ

| | |
|--------------------------------|------|
| White, Not Hispanic | 28 % |
| Black, Not Hispanic | 70% |
| Hispanic | 2% |
| Asian/Pacific Islander | <1% |
| American Indian/Alaskan Native | <1% |

SOUTH CAROLINA COUNTIES, 2005ⁱⁱⁱ



TOTAL REPORTED AIDS CASES BY MAJOR COUNTIES, 2005^{iv}

| | |
|-------------------|-------|
| Richland County | 2,357 |
| Charleston County | 1,496 |
| Greenville County | 985 |
| Sumter County | 572 |
| Spartanburg | 557 |
| Horry County | 522 |
| Florence County | 508 |
| Orangeburg County | 481 |
| Lexington County | 465 |

FISCAL YEAR 2005 FUNDING FOR HIV/AIDS IN SOUTH CAROLINA

At-A-Glance

| | Department | Agency | Amount |
|------------------------|-------------------------|-------------------------------------|--------------|
| HIV Prevention | Health & Human Services | Centers for Disease Control & Prev. | \$4,591,174 |
| Ryan White - Title I | Health & Human Services | Health Resources & Services Admin | \$0 |
| Ryan White - Title II | Health & Human Services | Health Resources & Services Admin | \$21,703,690 |
| Ryan White - Title III | Health & Human Services | Health Resources & Services Admin | \$3,504,704 |
| Ryan White - Title IV | Health & Human Services | Health Resources & Services Admin | \$339,005 |
| Ryan White - AETC | Health & Human Services | Health Resources & Services Admin | \$2,153,962 |
| Ryan White - Dental | Health & Human Services | Health Resources & Services Admin | \$0 |
| Ryan White - MAI | Health & Human Services | Health Resources & Services Admin | \$1,713,288 |
| Ryan White - SPNS | Health & Human Services | Health Resources & Services Admin | \$0 |
| HOPWA | Housing & Urban Dev. | Office of HIV/AIDS Housing | \$2,906,000 |

Prevention

The Centers for Disease Control and Prevention provided South Carolina with \$4,591,174 for HIV prevention programs. These funds were allocated to state and local health departments and community-based organizations to finance counseling and testing programs, public information and health education/risk reduction activities, and monitoring/surveillance programs.^v

Ryan White CARE Act

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990 and reauthorized in 1996, 2000, and 2006 is the centerpiece of the federal government's efforts to improve the quality and availability of care for medically underserved individuals and families affected by HIV/AIDS. The CARE Act, administered by the HIV/AIDS Bureau of the Health Resources and Services Administration, provides funding to states, territories, and other public and private nonprofit entities to develop, organize, coordinate, and operate more effective and cost-efficient systems for the delivery of essential health care and support services to people living with HIV/AIDS and their families.

- **Title I – Eligible Metropolitan Areas (EMAs):** Title I provides funding to eligible metropolitan areas disproportionately affected by the HIV epidemic. South Carolina qualified for \$0 in Title I funding.
 - EMAs: None
- **Title II – States:** Title II helps state health departments improve the quality, availability, and organization of HIV health care and support services. This title also contains the AIDS Drug Assistance Program (ADAP), which provides medications to individuals with low income and supplemental grants for emerging communities, which are defined as cities reporting between 500 and 1,999 AIDS cases in the past five years. South Carolina received \$21,703,690 in CARE Act Title II funds, which includes \$14,002,564 for ADAP and \$1,197,479 for emerging communities.^{vi}
 - Emerging Communities: Greenville-Spartanburg-Anderson, Columbia, Charleston^{vii}

As of 11/15/2006, South Carolina's ADAP had 308 persons on the waiting list.^{viii}

- **Title III – Early Intervention Services and Planning:** Title III supports competitive grants to provide medical treatment and medical support services for people living with HIV including HIV testing, early intervention services, risk reduction counseling, case management, outreach, oral health, nutrition, and mental health services. Title III supports Early Intervention Services (EIS) grants that provide services for HIV positive individuals with low income who are uninsured or underinsured as well as grants for planning and capacity building to help rural or underserved communities develop high-quality HIV primary care. South Carolina received \$3,504,704 in Title III funds.
- **Title IV – Women, Infants, Children, and Youth:** Title IV focuses on the operation and development of primary care systems and social services for women and youth, two groups that represent a growing share of the epidemic. South Carolina received \$339,005 in Title IV funds.^{ix}
- **Other CARE Act Funding Programs:**

AIDS Education and Training Centers (AETC) Program

AETCs provide training, consultation, and information to HIV health care providers through a network of 11 regional centers, each of which serves between two and ten states and/or territories; four national centers (the AETC National Resource Center, the National HIV/AIDS Clinicians’ Consultation Center, the National Evaluation AETC, and the National Minority AETC); and over 130 local performance sites across all 50 states, the District of Columbia, and the U.S. territories.

Funding is allocated to each of the 15 national and regional centers, which then distribute resources to local performance sites in each state.

Total Southeast AETC Regional Funding: \$2,153,962^x

| Regional Center | Local Performance Site(s) |
|---|--|
| Southeast AETC Department of Family and Preventive Medicine Emory University School of Medicine 735 Gatewood Road, N.E. Atlanta, GA 30322-4950 Ira K. Schwartz, MD, Director and Associate Professor Phone: 404-727-2929 Fax: 404-727-4562 Email: seatec@emory.edu Website: http://www.seatec.emory.edu ^{xi} | South Carolina HIV/AIDS Clinical Training Center USC School of Medicine Columbia, SC |

Located in: Georgia
Serves: Alabama, Georgia, Kentucky, North Carolina, South Carolina, Tennessee

Dental Program

The Ryan White Care Act Dental program provides funding to both a community-based dental program, to increase access to oral health care services for HIV-positive individuals while providing education and clinical training for dental care providers as well as a reimbursement program which reimburses dental schools, postdoctoral dental education programs, and dental hygiene programs for oral health care of individuals living with HIV.

Total Dental Funding: \$0

| | |
|--------------------------------|-----|
| Community-based Dental Program | \$0 |
| Dental Reimbursement Program | \$0 |

Minority AIDS Initiative (MAI)

The Minority AIDS Initiative (MAI) was created by the United States Department of Health and Human Services (HHS) and the Congressional Black Caucus (CBC) in 1998 in response to the HIV/AIDS health crisis facing racial and ethnic minorities in the United States. The program funding is channeled through several federal HIV/AIDS programs and across all titles of the Ryan White CARE Act. MAI funds target programs to enhance effective HIV/AIDS efforts that directly benefit racial and ethnic minority communities. The Minority AIDS Initiative is part of HHS' larger initiative to eliminate racial and ethnic health disparities by the year 2010.

Total MAI Funding: \$1,713,288

Special Projects of National Significance (SPNS)

SPNS is the research and development aspect of the Ryan White CARE Act. SPNS is responsible for assessing the effectiveness of certain care models, providing support for innovative models of HIV/AIDS service delivery and for assisting the replication of effective models across the nation.

Total SPNS Funding: \$0^{xii}

Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons with AIDS Program (HOPWA) provides housing assistance and related supportive services for HIV positive persons with low income and their families. HOPWA funds are awarded as “formula grants” to states and metropolitan areas. Grants are also awarded to specific projects on a competitive basis through three grant programs: Special Projects of National Significance (SPNS), projects that address permanent housing and service challenges for persons with HIV/AIDS and their families, and technical assistance projects.

The Department of Housing and Urban Development (HUD) provided South Carolina with a total of \$2,906,000 in HOPWA funding. South Carolina received \$2,906,000 in formula grants^{xiii} and \$0 in competitive grants under the HOPWA program.^{xiv}

| HOPWA Grant Type | Funding Amount |
|------------------|----------------|
| Formula | \$2,906,000 |
| Competitive | \$0 |

Serostatus Reporting

States require that cases of AIDS be reported to local and state health departments, and since 2004, all states require that cases of HIV infection be reported as well. **The data below include the number of persons reported with HIV infection who do not have an AIDS diagnosis.** As of 2007, all states will use name-based reporting. In name-based reporting, the individual who tests positive is identified by name. The CDC only accepts name-based data for its surveillance reports.

- South Carolina began name-based reporting of HIV infections in 1986.^{xv}
- Total number of adults living with HIV infection through December 2005: 6,331

- Total number of children ≤ 12 years old living with HIV infection through December 2005: 54^{xvi}

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Director

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ⁱ2001-2005 data: Centers for Disease Control & Prevention Division of HIV/AIDS Prevention. *HIV/AIDS Surveillance Report* Volume 13-17. <http://www.cdc.gov/hiv/stats/hasrlink.htm>. Retrieved January 2007.

ⁱⁱ South Carolina Department of Health and Environmental Control. *South Carolina's STD/HIV/AIDS Data*.

http://www.scdhec.net/health/disease/stdhiv/docs/HIVSTD%20Surveillance%20Report_12312005.pdf. Retrieved January 12, 2007.

ⁱⁱⁱUS Census Bureau. *South Carolina County Selection Map*. http://quickfacts.census.gov/qfd/maps/alabama_map.html. Retrieved January 16, 2007.

^{iv}South Carolina Department of Health and Environmental Control. *South Carolina's STD/HIV/AIDS Data*.

http://www.scdhec.net/health/disease/stdhiv/docs/HIVSTD%20Surveillance%20Report_12312005.pdf. Retrieved January 12, 2007.

^vNational Alliance of State and Territorial AIDS Directors. *CDC HIV Prevention Funding for State and Local Health Departments*. http://www.nastad.org/Docs/Public/Publications/2007131_CDC%20Prevention%20Historical%20Funding.xls. (Retrieved February 7, 2007).

^{vi}Health Resources and Services Administration. *State Profiles: The Ryan White CARE Act 2006 Edition*. <http://hab.hrsa.gov>. Retrieved January 2007.

^{vii}Health Resources and Services Administration. *HHS Awards Almost \$1.7 Billion for HIV/AIDS Care*. March 2, 2005.

<http://www.hhs.gov/news/press/2005pres/20050302.html>

^{viii} National Alliance of State and Territorial AIDS Directors. *The ADAP Watch*. December 12, 2006. www.nastad.org. Retrieved October 2006.

^{ix}Health Resources and Services Administration. *State Profiles: The Ryan White CARE Act 2006 Edition*. <http://hab.hrsa.gov>. Retrieved January 2007.

^x Frank, Linda. National Association of AIDS Education and Training Centers. Special data report per AIDS Action request, Received February 8, 2007.

^{xi} AETC National Resource Center. *AETC AIDS Education & Training Centers Directory 2005 Edition*.

<http://www.aidsetc.org/pdf/about/AETC-2004-Directory.pdf>. (Retrieved October 31, 2004).

^{xii}Health Resources and Services Administration. *State Profiles: The Ryan White CARE Act 2006 Edition*. <http://hab.hrsa.gov>. Retrieved January 2007.

^{xiii} Department of Housing and Urban Development. *FY 2005 HOPWA Formula Allocations*.

<http://www.hud.gov/offices/cpd/aidshousing/programs/formula/grants/fy05/2005.pdf>. Retrieved January 22, 2007

^{xiv}Department of Housing and Urban Development. *FY 2005 HOPWA Competitive Awards*.

<http://www.hud.gov/offices/cpd/aidshousing/programs/competitive/grants/fy05/>. Retrieved January 22, 2007.

^{xv} South Carolina Department of Health. Special data report per AIDS Action request, Received November 6, 2006.

^{xvi}Centers for Disease Control & Prevention Division of HIV/AIDS Prevention. *HIV/AIDS Surveillance Report* Volume 17.

<http://www.cdc.gov/hiv/stats/hasrlink.htm>. January 2007.

^{xvii}National Alliance of State and Territorial AIDS Directors. http://www.nastad.org/About/res_state_Directory.aspx. Retrieved October 31, 2006.