DISPARITIES IN THE HIV/AIDS POPULATION IN THE US AND SOUTH CAROLINA

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INTRODUCTION

Target Population

AIDS (acquired immunodeficiency syndrome) was first reported in the United States in 1981 and has since become a worldwide epidemic. AIDS is caused by HIV (human immunodeficiency virus). By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections and certain cancers.

Demographics:

- Ages 35-39 have the highest prevalence
- In South Carolina (SC), African Americans are 9x as likely as whites to be diagnosed
- Male-to-female sexual contact is the leading cause

Prevalence

Through December 2005

<table>
<thead>
<tr>
<th>SC</th>
<th>US</th>
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<tbody>
<tr>
<td>Total HIV/AIDS Infections</td>
<td>38,500</td>
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<tr>
<td>New HIV diagnoses</td>
<td>12,000</td>
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<tr>
<td>AIDS cases</td>
<td>21,000</td>
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Evidence of Health Disparities

- 1993: A study reported that 60% of dentists refused treatment once learning their patient was HIV positive.
- 2000: minorities comprised 78% of HIV-infected women and 80% of HIV-infected pediatric patients
- 2005: HIV/AIDS patients reported being discriminated against by physicians, dentists, nurses, and staff.
- HIV/AIDS disproportionately affects people of a lower socioeconomic status
- In rural SC, many healthcare providers lack resources & knowledge to effectively treat their patients
- NH spend $10% of its nearly $1B budget on research for an AIDS vaccine, however, the AIDS Drug Access Program (ADAP) has a 3 month waiting list in SC.

METHODS

Comparison of Costs Across Racial Groups for Treating versus Non-Treated

- 10 of 11 required a case worker to coordinate care
- 9 of 11 received Medicaid and/or Medicare
- 8 of 11 requested greater information about the disease and its treatment
- 5 of 11 requested treatment assistance from a peer counselor (though all in different states)
- 5 of 11 had a history of substance abuse
- 5 of 11 endorsed instances of perceived lesser care due to their HIV status
- 5 of 11 indicated receiving assistance from a peer counselor (though all in different states)
- 5 of 11 received greater financial information about the disease and its treatment
- 5 of 11 cited receiving assistance from a peer counselor (though all in different states)
- 5 of 11 requested some form of peer counseling for themselves
- 5 of 11 expressed desire for more personal health care
- 5 of 11 had a history of substance abuse
- 5 of 11 cited difficulties with transportation
- 5 of 11 cited faith/perspective as intrinsic to their living with HIV
- 5 of 11 had been put on a waiting list for ADAP and was temporarily unable to receive treatment
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Life with HIV/AIDS—the Physician’s Perspective

- How do most of your patients get coverage? How are medications paid for?
  - Insurance—especially Medicaid or Medicare (30-45% of MUSC clinic patients)
  - ADAP for routine health care
  - ADAP covers medications; waiting list is about 450 people right now
  - Many patients complain of having assistance programs until patient can get ADAP
  - 5 of 11 reported instances of perceived lesser care due to their HIV status
  - 5 of 11 endorsed instances of perceived lesser care due to their HIV status

RESULTS

Life with HIV/AIDS—the Patients’ Perspective

- "From the beginning of treatment, there was a strong dichotomy between good doctors and bad doctors... Treating HIV/AIDS is a great way to practice excellent medicine." - 41 y/o WM

Financial issues

- There’s no middle of the road... no one knows how to bridge that gap from receiving your health to receiving your lifestyle, personal, psychological, and social well-being.

Health Policy Recommendations

- Increased access to transportation
- Increased treatment of comorbid conditions such as depression and expression

Personal health care

- "People are so generic, they can’t talk to the individual... look at me, don’t look at your system." - 42 y/o WM

- "If I feel isolated, don’t contact me. I didn’t know what to do..." - 46 y/o BF

- "People are scared... how do you get them to open up?" - 80 y/o WM

- "I was in a situation where I was living with my mother... I was in a much lower place... a much—depression..." - 41 y/o WM

Importance of the Health Care Provider

- "I would have been scared to death if I didn’t have access to health care.

- "I’m not afraid to live here... it’s like a Catch-22 situation" - 55 y/o WM

Need for broader care and greater education

- "If I only had the Infectious Disease clinic, I’d still be a mess..." - 46 y/o BF

- "There’s more that can be done..."

- "My hero" - 56 y/o BF, speaking of her Infectious Disease doctor

- "I think I’ve just been lucky... having a doctor who was so proactive... And he worked with on what I wanted... He became a friend." - 53 y/o WM

- "I would have been scared to death without the doctor’s counsel." - 50 y/o WM

- "[I’m moving back to France] because I can’t live with HIV here... I can’t afford to live here..." - 55 y/o WM

SELECTED REFERENCES

- NIH spends ~10% of its nearly $1B budget on research for an AIDS vaccine, however, the AIDS Drug Access Program (ADAP) has a 3 month waiting list in SC.