



South Carolina: ONE RURAL STATE AT THE CROSSROADS

The follow concerns have been repeated raised regarding National Policies on HIV/AIDS:

Prevention:

The Black AIDS Institute's recent work "Left Behind" indicates that if HIV AIDS infected African Americans were an African nation we would be number 7 in the list of PEPFAR funded nations. The national prevention goals have been repeatedly missed. There needs to be concerted effort to provide resources to fund effective (emphasis on effective) culturally competent prevention. Prevention has been grossly under funded for the past 10 years. With flat funding and recessions in the last 6 years. In the interim the incidents numbers have increased. Serious increases are needed in the southern states. Abstinence only policies are ineffective but remain the only funded method within southern states. Southern states desperately need a National Prevention strategy with measurable benchmarks to support critical prevention needs in southern states.

NASTAD's Prevention Blueprint can be considered as a starting point.

Prevention Fatalities: The Result of HIV/AIDS Stigma and Low Legislative Prioritization

Greater federal opportunities to ensure the provision of HIV/AIDS/STI prevention and intervention remain as a critical need, specially within southern, rural communities, where political leaders within the governors office and legislature deem HIV/AIDS prevention as a suspendable line item. Most recently Project F.A.I.T.H. (Fostering AIDS Initiatives That Heal), the ONLY HIV/AIDS prevention initiative in the state of South Carolina after 27 years of AIDS in America was eliminated. The initiative was three years old and provided direct funding, technical assistance, and capacity building training to 39 faith-based entities. Despite it's growing success in meeting both process and outcome objectives the legislature eliminated the program, while continuing its historical plan to fully fund abstinence only programs at the tune of 2 million dollars. This allocation supplements an additional federal award of 3.5 million to ensure the promotion of abstinence only programs in our predominately rural state.

Surveillance:

Surveillance is grossly underfunded. The under funding in surveillance sentences the health departments and the nation to chasing their tails. States are currently working with data that is at lease 2 years behind the epidemic.

Ryan White Reauthorization:

The national call is for an extension of the current authorization. Under the current authorization there has not been a clean 3 years. The call is for a 3 year extension with no changes. One more note, increasing state budget cuts may have a dramatic impact on states being able to meet federal dollars match. As a result some states may lose the ability to access federal dollars, creating a breeding ground for STD/HIV.

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South Carolina AIDS Drug Assistance Program (ADAP)

“Our clients: Our priority!”

Statement to HRSA

In August 2008, the Department of Labor announced that several states were experiencing shortfalls and were operating at a critical low with only a few months of unemployment benefits. South Carolina was one of those states. Although the national unemployment average holds steady at 6.1%, South Carolina's unemployment rate reached 7.6% in August 2008 which was the fifth highest in the nation. Even though the rate dropped to 7.3% in September, South Carolina is still amongst the top 10 states with highest unemployment rates. The South Carolina Employment Security Commission states that this decrease is not necessarily reflective of a decrease in unemployment, but merely that many individuals just gave up looking for a job. Midst the southern states, South Carolina ranks second only to Mississippi with high unemployment rates. According to the Insurance Journal, the South Carolina Employment Security Commission Chief, Ted Halley stated the benefit payout to those unemployed is expected to run out in January 2009.

In the South, more people are living and dying with AIDS than in any other region of the country. More than half of HIV prevalence or 52% and 41% of AIDS prevalence in the United States were in the South in 2006. In other words, 4 out of every 10 persons living with AIDS and approximately 5 out every 10 living with HIV reside in the South (Southern AIDS Manifesto, July 21, 2008). It is estimated that nationally the AIDS Drug Assistance Program (ADAP) will serve 20% of prevalence, according to 2007 data derived from National ADAP Monitoring Report. The South Carolina ADAP is currently serving 17%. If the SC ADAP were to serve 20% of prevalence, this would have a profound impact on the Program forcing the SC ADAP to implement a wait list.

Although many states are experiencing shortfalls, South Carolina is facing a critical impact due to the rising need for HIV/AIDS related services and the rising increase in unemployment. In June 2006, the SC ADAP was forced to implement a wait list due to increased need and stagnant funding. As a result, the community came together and formed the HIV/AIDS Care Crisis Task Force. This Task Force advocated for an increase in state funds for the SC ADAP. In September 2007, the SC ADAP was able to eliminate its wait list due to increased funding from state and an

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increase in federal funding through the ADAP Supplemental. The state allocation increased from \$500,000 to \$3 million with an additional \$1 million non-recurring allocation in FY 2007-2008. In FY 2008-2009, the SC ADAP received an additional non-recurring award of \$2.4 million. Recently, the Task Force has been advocating for the \$2.4 million in 2009 on a recurring basis.

While these advocacy efforts resulted in the elimination of the waitlist in FY 2007-2008 for the SC ADAP, South Carolina Economist are now projecting a \$500 million dollar deficit. As a result, the Legislature is currently implementing budget cuts to FY 2008-2009 budget to offset the projected deficit. With all the state budget cuts and shortfalls, there is a real possibility that the \$2.4 million dollars will not be allocated to the SC ADAP in 2009. Across the board, the state may experience decreases up to 16%. As part of these decreases, the SC ADAP may lose a percentage of the previous \$3 million dollar recurring award allocation from the state. Although the magnitude of the loss has not been confirmed, there is great concern that the potential reduction in funding will have a significant impact on the SC ADAP in 2009.

Despite the funding concerns and challenges, the SC ADAP continues to address unmet need through outreach and systems enhancements to bring and keep clients into care via treatment. In addition, the SC ADAP is coordinating cost-containment strategies to include: (1) establishing partnerships and coordinating services to decrease or eliminate treatment interruption, (2) improving quality and effectiveness of prescription services by tracking prescription patterns to ensure combinations are consistent with PHS Guidelines, and (3) by streamlining the administrative processes via information technology in order to better serve the SC ADAP population. Within the SC ADAP, we believe "Our clients are our priority!"

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