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 fix as likely as whites to be diagnosed
- Male-to-male sexual contact is the leading cause

Prevalence

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<tr>
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<th>SC</th>
<th>US</th>
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<tbody>
<tr>
<td>AIDS Prevalence Rate (Current cases): per 100,000</td>
<td>182.9</td>
<td>176.2</td>
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<tr>
<td>HIV Prevalence Rate (not AIDS): per 100,000</td>
<td>179.2</td>
<td>136.5</td>
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<tr>
<td>AIDS Incidence Rate (New diagnoses): per 100,000</td>
<td>15.7</td>
<td>14.0</td>
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What resources are available?
- Pharmacological company drug assistance programs
- Ryan White covers counseling by psychologist
- LowCountry AIDS Services
- Social worker at MUSC clinic

What are the major healthcare concerns of the population?
- Transportation barriers to care (Medicaid buses once a day)
- Facilitating adherence
- Complete ecology (uninvolved caregiver, lack of understanding, lack of trust, culture of the patient)

What are the areas needing improvement, especially for children?
- Children completely covered until the age of 18; after 18, the patient must enroll in ADAP (placed on a wait list)

METHODS

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 (30-40% of MUSC clinic patients)
- Ryan White Grant for routine health care
- ADAP covers medications; waiting list is about 450 people right now
- Many drug companies have assistance programs until patient can get ADAP

What are your biggest challenges?
- Lack of education (both patient and provider) about available resources
- Resources are exhausted very quickly—often gone by first quarter, no additional funding after
- Discrimination based on funding: often a reflection of socioeconomic status or lack of access to care
- Discrimination not seen much in hospital care

What are your patients’ biggest barriers to care?
- Insurance, Medications (access, side effects, compliance), Education (understanding the relationship between the virus and risks, the medications, and care decisions)

RESULTS

Life with HIV/AIDS—the Physician’s Perspective

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Life with HIV/AIDS—the Patient’s Perspective

- From the beginning of treatment, there was a strong dichotomy between good and bad doctor…treating HIV/AIDS is a great way to practice patient medicine.

Life with HIV/AIDS—the Patients’ Voice

- “I was in a much lonelier place…a modern-day leprosy” – 51 y/o WF

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Financial issues
- “There’s no middle of the road: no one knows how to bridge the gap from receiving your health to receiving your lifestyle, personal, psychological and social well-being.” – 41 y/o WM

Personal health care
- “People are scared…how do you get them to open up?” – ibid

Importance of the Health Care Provider
- “Like I was a leper…” – 56 y/o BF
- “[I was in a] much lonelier place…a modern-day leprosy” – 41 y/o WM

Need for broader care and greater education
- “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 [Dr. Cassandra] put me at ease from the beginning.” – 42 y/o White M

Recommendations for next Scholars
- “You’ve learned a lot…take our research info as a springboard and continue moving forward” – 46 y/o BF
- “Take our research info as a springboard and continue moving forward” – 56 y/o BF

Health Policy Recommendations
- Increased access to transportation
- More manpower especially in the use of case managers to guide patients in their first year of diagnosis
- Increased use of telemedicine to connect patients and healthcare providers with centers of excellence
- Increased anonymous testing with results provided over the telephone

Greatest emphasis on access to care for rural patients

Increased education among care providers and patients

Recommendations for next scholars
- Choose a specific topic to institute change
- Learn about topic first semester, take action second semester
- Take our research info as a springboard and continue moving forward