

# **Report of the Governor's Advisory Council on HIV/AIDS**

## *Addressing HIV Issues in Spokane and AIDSNET Region 1*

On May 13, 2003, the Governor's Advisory Council on HIV/AIDS (GACHA) held an HIV Update Forum in Spokane. The focus of this forum was to ascertain HIV/AIDS issues and concerns in Eastern Washington, specifically in AIDSNET Region 1. The Forum specifically sought to determine what barriers to care and prevention currently exist, and how state programs might be improved. Testimony was taken from individuals living with HIV and AIDS, providers of HIV services, and the general public. This Spokane Forum was the third HIV Update Forum conducted by GACHA since November of 2000. Previous forums have explored issues of specific concern to western Washington, as well as women and minorities.

### **Summary of Findings**

One mixed urban/rural and eleven rural counties characterize AIDSNET Region 1. The demographics of HIV and AIDS infections within the region are similar to the state as a whole with the majority of cases being among white men who have sex with other men, but an increasing number of new infections are to be found in minority populations, and in women. Further, the numbers of new infections contracted through heterosexual contact is on the rise.

While infection demographics in Region 1 may be similar to the state as a whole, the geography and prevailing "community attitudes" of the region present unique challenges. The eleven rural counties are vast geographic areas where transportation issues are problematic and there exists local resistance to many prevention activities. The lack of prevention workers of color is also a barrier to providing culturally adequate prevention services.

Region 1 has been deeply affected by recent cuts in state funding. New funding formulas have further reduced the proportion of funding Region 1 receives. Further, new CDC priorities will result in additional cuts in future federal funding for testing and counseling in a majority of the rural counties. In those counties, current infection numbers are small. Still, unsafe behaviors are occurring in rural counties and further funding reductions may impact the ability to quickly monitor any introduction of the virus into new population groups.

As is the case statewide, individuals dependent on state/federal drug assistance emphasize the need for maintenance of current drug formularies. Further, case managers report low Medicare and Medicaid reimbursement rates are beginning to create significant and growing access problems for many patients with two-week to two-month waiting lists not uncommon for those few regional doctors offering specialized HIV care. While

Spokane has relatively good access to qualified HIV health care providers, continued support to rural providers with low HIV patient loads is needed. There are also significant problems in access to care, including a lack of qualified physicians, for people with dual diagnoses such as pregnancy, mental health problems, chronic illness (e.g. diabetes), and other conditions.

The “cascade curtain” effect is felt within Region 1’s gay community. Though there have been multiple applicants for GACHA membership, there has been only one GACHA representative from Region 1 for more than a year. Several forum attendees emphasized their consternation with the lack of response to repeated attempts to increase Region 1 representation.

There is a lack of adequate access to testing for incarcerated persons within local jail settings with jails seemingly delaying testing so as to not incur potential treatment costs. Further the cut of Corrections Outreach to Communities for Offenders with HIV/AIDS (COCOA) programs has all but eliminated any discharge planning from correction facilities.

## **Recommendations**

- **GACHA should oppose new CDC funding priorities that will reduce funding for testing and counseling in many of the state’s rural counties.**
- **State funding priorities should take into account the resources needed to provide adequate HIV prevention and services over vast geographic areas.**
- **Present funding levels for HIV prevention and care must be increased in order to maintain current prevention and care needs.**
- **Public and private agencies providing HIV services should be encouraged to review job requirements that might present barriers to the recruitment and hiring of more prevention workers and caseworkers of color and, where appropriate, make changes that take into account life experience equivalencies with appropriate follow-on training to ensure qualification so that prevention and care workers better reflect the diversity of the communities they serve.**
- **GACHA should complement the University of Washington AIDS Education Training Center (AETC) and the Madison Clinic on their continuing efforts to provide prevention and care support for rural physicians, while emphasizing the continuing need for such efforts in areas where physicians may have little HIV case experience. Further, training should emphasize the responsibility of MD's in prevention counseling efforts.**
- **More OB-GYNS need to be trained to treat HIV-positive women. Physicians from other specialties as well need to be trained and/or provided support to increase their competence in working with dually diagnosed HIV-positive persons.**
- **Efforts to identify successful adherence efforts need to be increased by ASO's and monitoring of those efforts should be strengthened.**
- **GACHA should appoint an internal task force to further ascertain the statewide impact of low Medicaid/Medicare reimbursement rates and the effects on HIV infected patients and others.**

- **GACHA should further study the issue of HIV testing and care in local jail settings statewide.**
- **Greater emphasis should be placed on expanding public/private partnerships and increasing involvement by local governments in responding to the health needs of offenders leaving prisons. Further, the Department of Corrections and Department of Health should find resources to re-fund one such program, COCOA.**
- **GACHA should continue efforts with the Governor to increase Region 1 representation and to appoint a gay and/or HIV infected person from Region 1 to the Council.**
- **GACHA should improve its communications with Region 1's gay media outlet.**

### **Complete Findings**

#### Epidemiology

HIV cases in Eastern Washington from 1998-2002 were predominately male (83%). The proportion of males has significantly decreased from the percent diagnosed in 1982-89 (92%). The proportion of females has significantly increased from 8% in 1982-89 to 17% in 1998-2002. This trend is more significant in Region 2. Exposure through men having sex with men make up the highest proportion of HIV cases diagnosed in Eastern Washington. However, the percentage dropped significantly from 59% in 1982-89 to 47% in 1998-2002. Again, this trend is more significant in Region 2. HIV/AIDS cases are increasing among minorities in Eastern Washington from 12% of the cases in 1982-89 to 36% in 1998-2002. Once again the trend is more significant in Region 2.

#### Prevention Concerns

- As previously mentioned, Region 1 has been deeply affected by recent cuts in state funding when previous funding levels were previously proportionately smaller than in other regions. New funding formulas have further reduced the proportion of funding Region 1 receives. Two specific concerns were identified:
  1. General HIV/AIDS education and rural prevention will be unavailable,
  2. High-risk education will be cut as Region 1 spreads base funding throughout the region.
- New CDC priorities will result in funding changes for the region. No longer will funding be available for public walk-in clinics in areas where HIV currently has a low seroprevalance, which will effect funding reductions for testing and counseling in 10 of the region's 12 counties. All of these counties are rural. Unsafe behaviors are occurring in rural areas and while funding will be preserved for testing targeting known high-risk populations the overall funding reductions may impact the tracking of HIV in rural areas.
- Region 1 rural counties have specific challenges, notably coverage of vast geographic areas posing transportation problems for prevention workers **and** patients. Further, there is local resistance to many prevention activities. In some counties this has resulted in no needle exchange or methadone maintenance.

- No people of color are currently working as case managers or outreach workers.

#### Concerns related to Services

- Spokane has four qualified HIV health care providers, but in the rural counties continued support to providers (with low HIV patients' loads) is needed.
- The need to maintain current drug formularies intact was strongly emphasized. Several people emphasized cutting back even on non-anti viral medications would result in their early deaths and/or force them into crime to obtain medications. One provider testified any cutback in the program would be “a public health catastrophe.” Said another witness, “If I don’t get the ‘meds’ necessary for the side-effects, I’ll steal them, or kill myself, rather than live with the side-effects.”
- Recent cuts in Medicaid and Medicare are presenting significant access problems due to low reimbursement rates. One prevention worker testified, “Medicare reimbursement rates are killing us.” This is also a growing problem in referring HIV-positive patients to specialists.
- People with dual diagnoses of HIV and other conditions such as pregnancy, mental health problems, chronic illness (e.g. diabetes), and other conditions have more significant access problems.
- The lack of prevention workers of color is problematic in providing culturally adequate prevention.

## Other Concerns

- Local jails often delay HIV testing until people are released, thus eliminating their responsibility to provide services if people are found HIV positive. People with HIV also experience delays in accessing medications and care. Though jails are locally administered, testimony illustrated a need to address jail issues on a statewide level.
- Testing in DOC facilities is frequently inordinately delayed.
- The recent elimination of the COCO by DOH terminated HIV/AIDS release planning for DOC inmates. This has created major problems for HIV positive people being released from prisons.
- Several people raised the lack of GACHA representation in Region 1. Eastern Washington has NO representation of gay and/or HIV positive persons. This problem has existed for more than a year with no satisfactory resolution.
- With the massive amounts of paper work, services are sometimes sacrificed to comply with bureaucratic requirements.
- No problems were reported involving public health wanting, yet unable to detain or refer to the criminal justice system any individuals engaged in 'behaviors endangering public health.' In response to a direct query, no witness saw the need for any further detention authority.