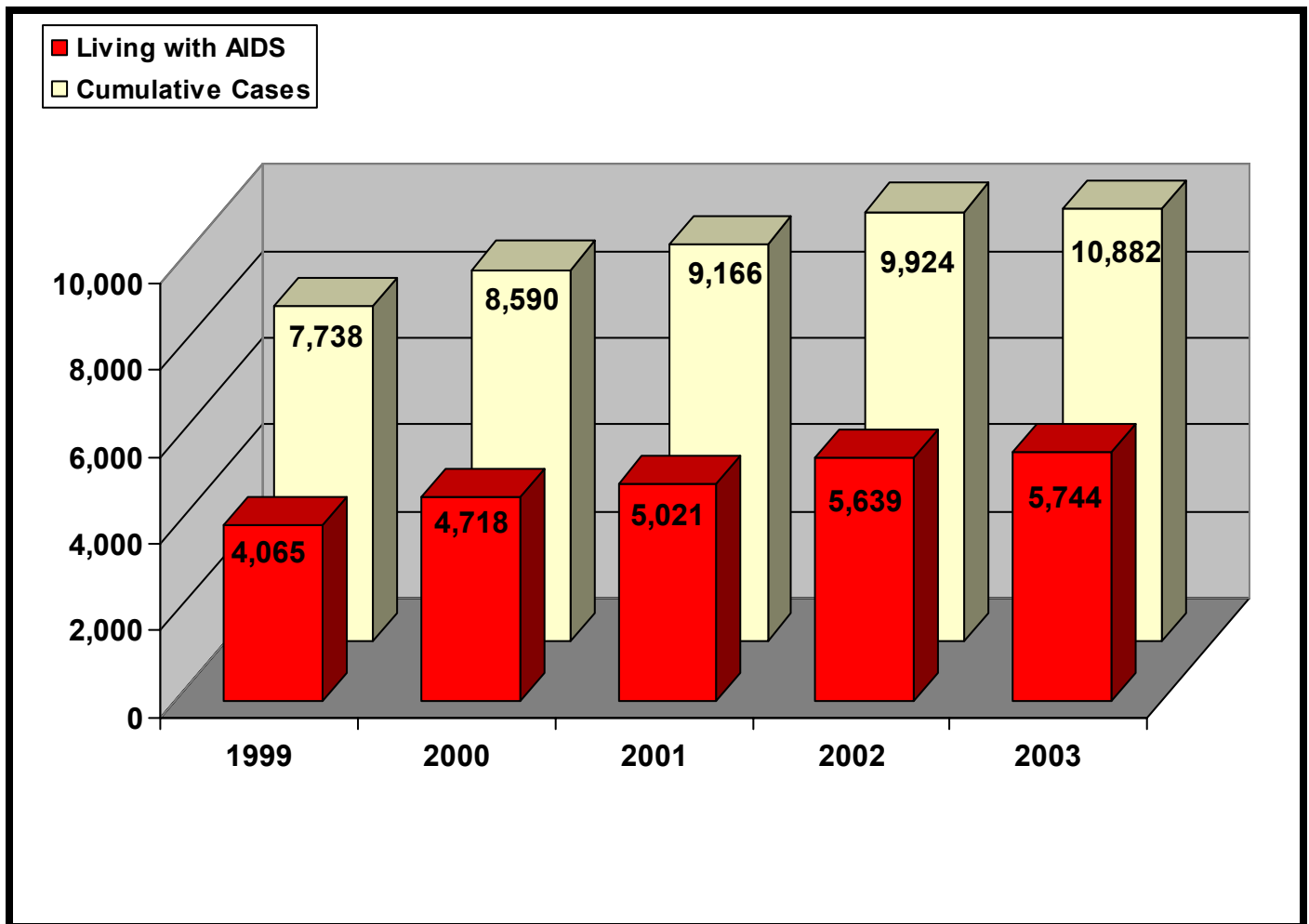


HIV/AIDS IN TENNESSEE

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 Tennessee through year-end 2003:

Total Reported AIDS Cases

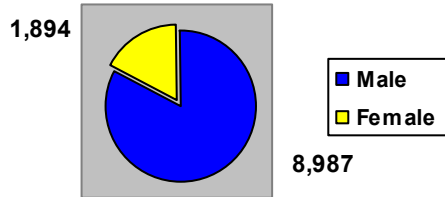
i



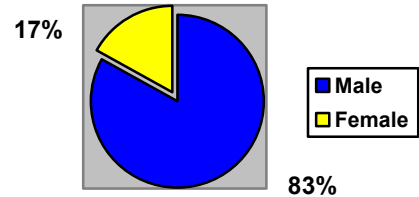
Demographic Trends

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 HIV 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, 2003



PERCENTAGE OF TOTAL AIDS CASES REPORTED BY GENDER, 2003



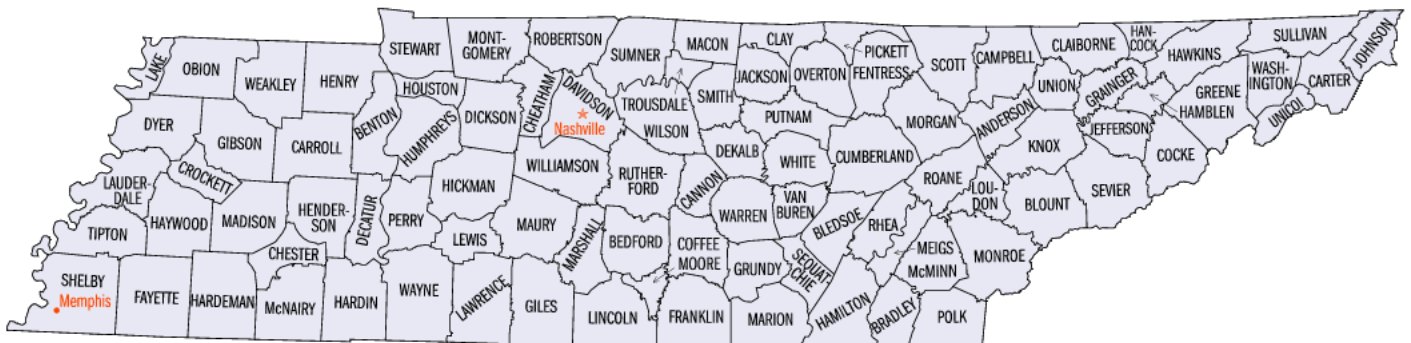
TOTAL REPORTED AIDS CASES BY RACE / ETHNICITY, 2003

White, Not Hispanic	5,270
Black, Not Hispanic	5,380
Hispanic	176
Asian/Pacific Islander	21
American Indian/Alaska Native	10
Unknown/Multiple Race	24

PERCENTAGE OF TOTAL REPORTED CASES BY RACE / ETHNICITY, 2003ⁱⁱ

White, Not Hispanic	48 %
Black, Not Hispanic	49 %
Hispanic	2%
Asian/Pacific Islander	<1%
American Indian/Alaska Native	<1%
Unknown/Multiple Race	<1%

TENNESSEE COUNTIES, 2003ⁱⁱⁱ



TOTAL REPORTED AIDS CASES BY CONSORTIA REGIONS, 2003^{iv}

Consortia Region	Total Cases	Consortia Region	Total Cases
Chattanooga/Hamilton	1,053	East	1,405
Jackson/Madison	132	Knoxville/Knox	658
Middle	3,953	Nashville/Davidson	2,865
Memphis/Shelby	3,925	Southeast	966
Southwest	4,009	Sullivan	106
West	492		

FISCAL YEAR 2003 FUNDING FOR HIV/AIDS IN TENNESSEE

At-A-Glance

	Department	Agency	Amount
HIV Prevention	Health & Human Services	Centers for Disease Control & Prev.	\$4,091,135
Ryan White - Title I	Health & Human Services	Health Resources & Services Admin	\$0
Ryan White - Title II	Health & Human Services	Health Resources & Services Admin	\$21,178,234
Ryan White - Title III	Health & Human Services	Health Resources & Services Admin	\$2,270,999
Ryan White - Title IV	Health & Human Services	Health Resources & Services Admin	\$1,413,650
Ryan White - AETC	Health & Human Services	Health Resources & Services Admin	\$2,050,000
Ryan White - Dental	Health & Human Services	Health Resources & Services Admin	\$0
Ryan White - SPNS	Health & Human Services	Health Resources & Services Admin	\$0
HOPWA	Housing & Urban Dev.	Office of HIV/AIDS Housing	\$2,680,000

Prevention

The Centers for Disease Control and Prevention provided Tennessee with \$4,091,135 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 2000, 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. Tennessee received \$0 in Title I funding.^{vi}
 - 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. Tennessee received \$21,178,234 in CARE Act Title II funds, which includes \$9,927,566 for ADAP and \$5,000,000 for emerging communities (Nashville and Memphis), as well as \$109,106 to support educational and outreach services to help disproportionately impacted communities of color improve their participation in ADAP through the Minority AIDS Initiative.^{vii}

- **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. Tennessee received \$2,270,999 in Title III funds.^{viii}
- **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. Tennessee received \$1,413,650 in Title IV funds in 2003.^{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 AETC Funding: \$2,050,000^x

Regional Center

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}

Local Performance Site(s)

Tennessee AETC
 Comprehensive Care Center
 Nashville, TN

Located in: Georgia

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

Dental Reimbursement Program

The Ryan White Care Act Dental Reimbursement program provides reimbursement to dental schools, postdoctoral dental education programs, and dental hygiene programs for oral health care of individuals living with HIV.

Total Dental Reimbursements Funding: \$0^{xii}

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^{xiii}

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. Ninety percent of funding is provided through “formula grants” to qualified states with the largest number of AIDS cases, and the remaining ten percent is provided 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 and their families, and technical assistance projects.

The Department of Housing and Urban Development (HUD) provided Tennessee with \$2,680,000 in formula grants under the HOPWA program in 2003.^{xiv} Tennessee also received \$0 in SPNS funding and a \$0 permanent housing renewal grant. Tennessee received \$0 in technical assistance funding.^{xv}

HOPWA Grant Type	Funding Amount
Formula	\$2,680,000
Competitive- SPNS	\$0
Competitive- Permanent Housing	\$0
Competitive- Technical Assistance	\$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. Each state can use one of three forms of HIV reporting: name-based, code-based, or name-to-code-based. In name-based reporting, the individual who tests positive is identified by name. In code-based reporting, unique identifier codes are used in place of names. In name-to-code-based reporting, HIV cases are initially identified by name and are later switched to code. The CDC only accepts data for its surveillance reports from states that use name-based reporting for HIV.

- Tennessee uses **name-based** reporting of HIV infections.^{xvi}
- Total number of adults living with HIV infection through December 2003: 6,812
- Total number of children < 13 years old living with HIV infection through December 2003: 85^{xvii}

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ⁱ 1999-2001 data: Centers for Disease Control & Prevention Division of HIV/AIDS Prevention. *HIV/AIDS surveillance report* Volumes 11-13, Tables 1 and 2. <http://www.cdc.gov/hiv/stats/hasrlink.htm>. (Retrieved March 2003).

2002 data: Centers for Disease Control & Prevention Division of HIV/AIDS Prevention. *HIV/AIDS Surveillance Report*. Volume 14. <http://www.cdc.gov/hiv/stats/hasr1402.htm>. (Retrieved November 2004).

2003 data: Tennessee AIDS Centers of Excellence. *Tennessee EPI Profile 2003, Statewide Aggregate Data*. 2003. <http://www.coetenn.com/IndexTNHIVdata.htm>. (Retrieved December 14, 2004).

ⁱⁱ Tennessee AIDS Centers of Excellence. *Tennessee EPI Profile 2003, Statewide Aggregate Data*. 2003. <http://www.coetenn.com/IndexTNHIVdata.htm>. (Retrieved December 14, 2004).

ⁱⁱⁱ U.S. Census Bureau. *Tennessee County Selection Map*. http://quickfacts.census.gov/qfd/maps/tennessee_map.html. (Retrieved December 22, 2004).

^{iv} Tennessee AIDS Centers of Excellence. *Tennessee EPI Profile 2003*. <http://www.coetenn.com/IndexTNHIVdata.htm>. (Retrieved December 14, 2004).

^v Kaiser Family Foundation. *State Health Facts*. <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?>. (Retrieved October 13, 2004).

^{vi} Health Resources and Services Administration. *HHS Awards \$600 Million for AIDS Care in Major Urban Areas*. March 19, 2003. <http://www.hhs.gov/news/press/2003pres/20030319.html>. (Retrieved October 6, 2004).

^{vii} Health Resources and Services Administration Newsroom. *HHS Awards \$1 Billion to Help States Provide Healthcare, Services and Prescription Drugs for People with HIV/AIDS*. April 10, 2003. <http://www.hhs.gov/news/press/2003pres/20030410.html>. (Retrieved November 8, 2004).

^{viii} Malik, Noreen. Health Resources and Services Administration HIV/AIDS Bureau. Special data report per AIDS Action request, Received October 13, 2004.

^{ix} Ibid.

^x Frank, Linda. National Association of AIDS Education and Training Centers. Special data report per AIDS Action request, Received November 3, 2004.

^{xi} AETC National Resource Center. *AETC AIDS Education & Training Centers Directory 2004 Edition*. <http://www.aidsetc.org/pdf/about/AETC-2004-Directory.pdf>. (Retrieved November 8, 2004).

^{xii} Health Resources and Services Administration Newsroom. *HSA Awards Nearly \$10 Million to Provide Oral Health Services for People Living with HIV/AIDS*. September 29, 2003. <http://newsroom.hrsa.gov/releases/2003/hivdental.htm>. (Retrieved October 5, 2004).

^{xiii} Tinsley, Melinda J. Health Resources and Services Administration HIV/AIDS Bureau. Special data report per AIDS Action request, Received October 5, 2004.

^{xiv} Department of Housing and Urban Development. *FY 2003 HOPWA Formula Allocations*. <http://www.hud.gov/offices/cpd/aidshousing/programs/formula/grants/2003.pdf>. (Retrieved November 8, 2004).

^{xv} Department of Housing and Urban Development. *FY2003 HOPWA Competitive Awards*. <http://www.hud.gov/offices/cpd/aidshousing/programs/competitive/grants/fy03/index.cfm>. (Retrieved October 6, 2004.)

^{xvi} Kaiser Family Foundation. *HIV Name/Code-Based Reporting Policies, 2004*. January 2004. <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&category=HIV%2fAIDS&subcategory=HIV+Testing&topic=Name%2fCode%2dBased+Reporting>. (Retrieved November 8 2004).

^{xvii} Centers for Disease Control & Prevention Division of HIV/AIDS Prevention. *HIV/AIDS Surveillance Report*. Volume 15. <http://www.cdc.gov/hiv/stats/2003SurveillanceReport.pdf>. (Retrieved November 2004).

^{xviii} National Alliance of State and Territorial AIDS Directors. Special data report per AIDS Action request, Received October 28, 2004.