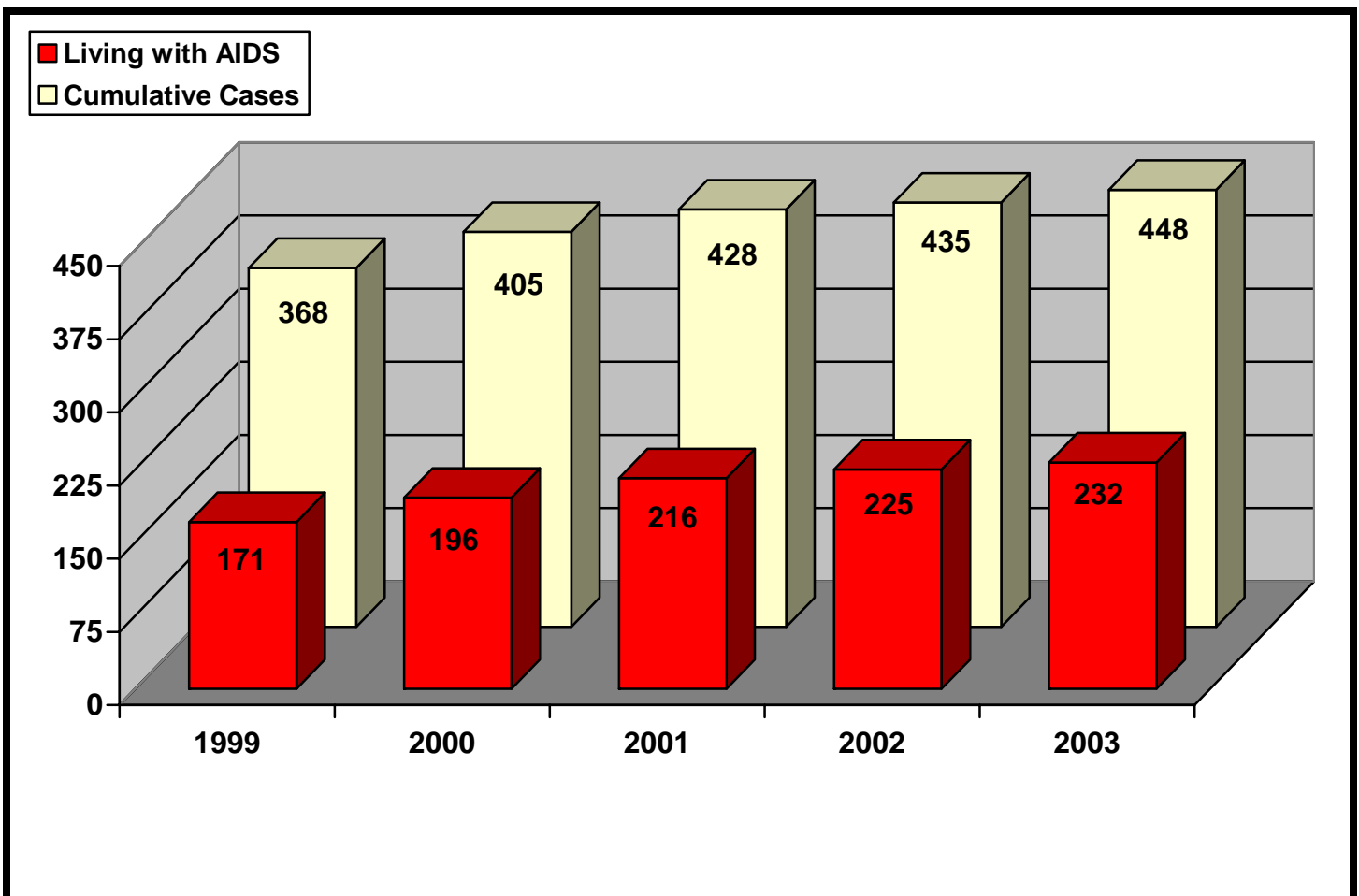


HIV/AIDS IN VERMONT

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 Vermont through year-end 2003:

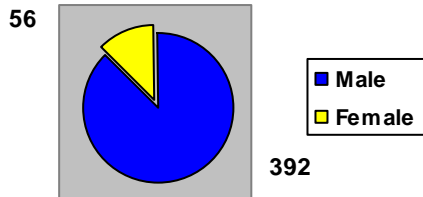
Total Reported AIDS Cases



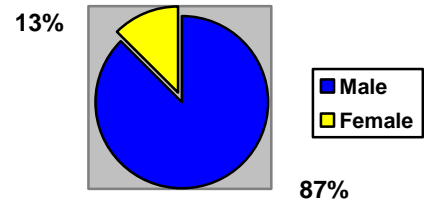
Demographic Trends

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



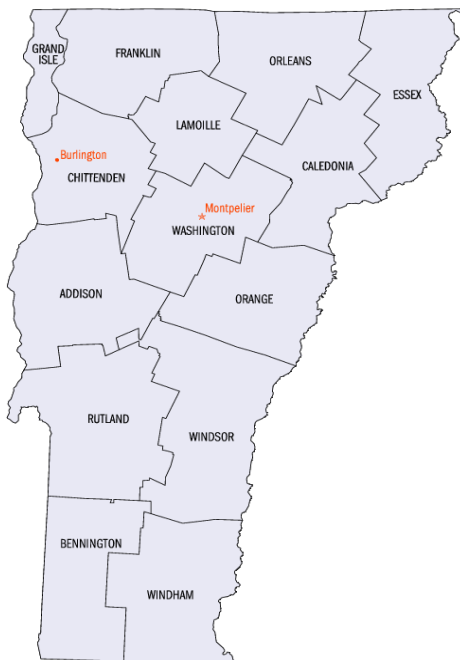
TOTAL REPORTED AIDS CASES BY RACE / ETHNICITY, 2003

White, Not Hispanic	387
Black, Not Hispanic	38
Hispanic	20
Asian	≤ 3
Legacy Asian/Pacific Islander	≤ 3
American Indian/Alaskan Native	≤ 3
Native Hawaiian/ Pacific Islander	≤ 3
Multi-race	≤ 3

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

White, Not Hispanic	86 %
Black, Not Hispanic	8 %
Hispanic	4 %
Asian	<1 %
Asian/Pacific Islander	<1 %
American Indian/Alaskan Native	<1 %
Native Hawaiian/ Pacific Islander	<1 %
Multi-race	<1 %

VERMONT COUNTIES, 2003ⁱⁱⁱ



TOTAL REPORTED AIDS CASES BY MAJOR COUNTIES, 2003^{iv}

Chittenden County	162
Windham County	50
Windsor County	42
Rutland County	36
Washington County	34
Bennington County	22
Caledonia County	20
Orange County	16
Franklin County	18
Lamoille County	13

FISCAL YEAR 2003 FUNDING FOR HIV/AIDS IN VERMONT

At-A-Glance

	Department	Agency	Amount
HIV Prevention	Health & Human Services	Centers for Disease Control & Prev.	\$1,527,157
Ryan White - Title I	Health & Human Services	Health Resources & Services Admin	\$0
Ryan White - Title II	Health & Human Services	Health Resources & Services Admin	\$883,059
Ryan White - Title III	Health & Human Services	Health Resources & Services Admin	\$514,896
Ryan White - Title IV	Health & Human Services	Health Resources & Services Admin	\$0
Ryan White - AETC	Health & Human Services	Health Resources & Services Admin	\$1,950,000
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	\$368,445

Prevention

The Centers for Disease Control and Prevention provided Vermont with \$1,527,157 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. Vermont qualified for \$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. Vermont received \$883,059 in CARE Act Title II funds, which includes \$381,740 for ADAP and \$0 for emerging communities, as well as \$1,319 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. Vermont received \$514,896 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. Vermont received \$0 in Title IV funds.^{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: \$1,950,000^x

Regional Center

New England AETC
 Office of Community Programs
 University of Massachusetts Medical School
 23 Miner Street, Floor G
 Boston, MA 02215-3318
 Donna Gallagher, MS, RNC, ANP, FAAN,
 Director & Principal Investigator
 Phone: 617-262-5657
 Fax: 617-262-5667
 Email: aidsed@neaetc.org
 Website: <http://www.neaetc.org>^{xi}

Local Performance Site(s)

Vermont AETC
 Fletcher Allen Health Care
 Burlington, VT
 Comprehensive Care Clinic
 Burlington, VT

Located in: Massachusetts

Serves: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

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 Reimbursement 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 Vermont with \$0 in formula grants under the HOPWA program in 2003.^{xiv} Vermont also received \$0 in SPNS funding and a \$368,445 permanent housing renewal grant for The Burlington Housing Authority. Vermont received \$0 in technical assistance funding.^{xv}

HOPWA Grant Type	Funding Amount
Formula	\$0
Competitive- SPNS	\$0
Competitive- Permanent Housing	\$368,445
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.

- Vermont uses **code-based** reporting of HIV infections.^{xvi}
- Total number of adults living with HIV infection through December 2003: 193
- Total number of children \leq 13 years old living with HIV infection through December 2003: 3^{xvii}

State AIDS Director

Kurt Kleier

Director,

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E-mail: kkleier@vdh.state.vt.us^{xviii}

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: Vermont Department of Health. HIV/AIDS Surveillance. *Vermont quarterly HIV/AIDS report, through December 31, 2002*, Requested May 2003.

2003 data: Pettengill, Matthew. Vermont Department of Health. Special data report per AIDS Action request, Received October, 2004.

ⁱⁱ Pettengill, Matthew. Vermont Department of Health. Special data report per AIDS Action request, Received October, 2004.

ⁱⁱⁱ U.S. Census Bureau. *Vermont County Selection Map*. http://quickfacts.census.gov/qfd/maps/vermont_map.html. (Retrieved November 29, 2004).

^{iv} Pettengill, Matthew. Vermont Department of Health. Special data report per AIDS Action request, Received October, 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 (HRSA) *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 Health care, 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. *HRSA 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} Pettengill, Matthew. Vermont Department of Health. Special data report per AIDS Action request, Received October, 2004.

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