



**CO COUNTY WELLNESS SERVICES
PROGRAM UNITS:
BERKS AIDS NETWORK
SCHUYLKILL WELLNESS SERVICES
ANNUAL REPORT OF THE EXECUTIVE DIRECTOR
JULY 2008 – JUNE 2009**

Globally, since the first cases were reported in 1981, HIV/AIDS has become one of the world's most serious health challenges with 25 million people dead, and another 33 million living with the disease. Sadly most people living with, or at risk for HIV do not have access to prevention, care, or treatment. According to Dr. Seth Berkley, professor of Public Health at Columbia University, for every two people we put on treatment worldwide, five people are newly infected. There is no cure, and despite years of research and trials, the best case scenario posits that an effective HIV vaccine will not be realized for a decade or more.

Around the world, the new HIV infections that occur each year are one piece of a larger epidemic of Sexually Transmitted Diseases. In the United States, the Centers for Disease Control and Prevention (CDC) estimates 9 million new STD infections occur per year. As with HIV, youth (ages 15-24); minority women and African-Americans are disproportionately impacted by this epidemic.

Hepatitis appears to be the most controlled infectious disease in our service spectrum, with 43,000 new Hepatitis B and a mere 17,000 new Hepatitis C infections estimated to occur in this country each year. However, the number of people living with HBV approximates that of HIV and the chronic disease burden for HCV, domestically, stands at an estimated 3.2 million people.

It is clear that, separately and in combination, these three epidemics are outpacing our ability to deal with them. It is important to remember, independently and collectively, these epidemics do not affect the health of individuals in isolation. They impact households and communities, as well as the development and economic growth of nations.

In many of the countries hardest hit by HIV and STDs, people struggle with the alphabet of viral Hepatitis (A,B,C,D,E,G), numerous other infectious diseases, food insecurity, political instability, severe poverty and other serious problems. Yet, faced with these challenges, there have been signs of success and promise. Global efforts have been mounted to address these epidemics, particularly in the last decade. Low cost pharmaceuticals have made it possible for more people to access treatment around the world. The World Health Organization seeks to address these issues in a variety of ways. The Leadership and Investment in Fighting an Epidemic (LIFE) initiative of former President Clinton focused on addressing HIV, along with STD treatment, in 14 African countries and India (1999). The passage of the President's Emergency Plan for AIDS Relief (2003, 2008), under former President Bush, brought significant attention and funding to combat the global HIV/AIDS, malaria and TB epidemics (Publication #3030-13 Kaiser Family Foundation).

The U.S. commitment to combating HIV and related pandemics, on the global front, is to be applauded. Unfortunately, it has become increasingly apparent, over the past 5 years, that we are not demonstrating the same level of intensity in our commitment to HIV and related epidemics here at home.

Earlier this month, I read with great interest an article by Kevin Robert Frost, CEO of the Foundation for AIDS Research (amfAR). In "The Challenge and Opportunity of a National AIDS Strategy" posted on www.huffingtonpost.com/kevin-robert-frost/the-challenge-and-opport, Frost noted that this year's clear-sighted response to the H1N1 flu outbreak was impressive, demonstrating the value of careful planning and a coordinated government response to a growing public health threat. It made me stop, and really think; where we might be today had the government mobilized the same type of response to the growing STD problem in the 1970s, HIV/AIDS epidemic when it emerged in the early 1980s, or the issue of Hepatitis C that surfaced in the early 1990s.

Then, I think about reality! Thinking, in the latter half of the twentieth century, that we had virtually eradicated infectious disease, we are now twenty-eight years into one of our country's most significant and enduring public health challenges: the HIV/AIDS epidemic. An epidemic that is complicated by a resurgence of syphilis, mutated strains of other STDs that are treatment resistant, and the emergence of Hepatitis C. Still, here at home, we have yet to develop and implement a comprehensive domestic strategy.

Current estimates about HIV and STD infections here in the U.S. are a warning bell for everyone. The CDC's revised HIV incidence rate, announced last summer, is at least 40% higher than previously estimated and translates into one new infection every nine and a half minutes. Today, there are more than 1.1 million Americans living with HIV in our country, 21% of these individuals are unaware of their infection, and over half do not have reliable access to medical care. Since the year 2000, new cases of syphilis have been on the rise nationally, and in 2007 the number of Chlamydia cases was the largest number ever reported for any condition – 1,108,374 – a startling statistic considering that it is estimated 50% of Chlamydia infections go unreported. In the absence of public health services surrounding HCV, uninsured and under-insured persons living with this disease have few, if any, options for care and treatment.

Both the HIV and STD epidemics continue to have disproportionate impact among men who have sex with men, African Americans, Latinos and youth. It is painfully obvious that profound racial and economic disparities characterize HIV/AIDS in our country. In spite of our best efforts to make progress locally, it seems like we are losing the battle because nationally treatment efforts, funding levels, and governmental responses have not kept pace with scope of the epidemic. Increased need for public HIV/AIDS programs along with chronic underfunding of HIV services at the state and federal levels has created a growing crisis. Due to the current ongoing economic realities states, cities and counties are all experiencing record deficits and as a result are drastically reducing or eliminating funding for state and local health departments' HIV, STD and viral hepatitis programs.

We simply cannot effectively address these epidemics with the largely uncoordinated, patchwork like response that has been flat funded for too many years and is too often derailed by politics and moral judgments.

It is, therefore, refreshing that President Obama has made a commitment to both develop and begin to implement a National HIV/AIDS Strategy within his first year in office. The President has said that the strategy will focus on three primary goals: lowering HIV incidence; increasing access to care; and reducing health disparities in the epidemic. A well developed strategy that fully addresses these three goals will, undoubtedly, have some impact on the incidence of STDs and Hepatitis as well.

Although it may be a while before we can measure our progress, this commitment from the Oval Office provides us with a chance to use the lessons learned, over the last 28 years, to develop a National HIV/AIDS Strategy of significant potential. Whether this strategy is implemented as a stand alone effort, or

as part of the larger national healthcare reform effort, one thing is clear – the stakes are too high to avoid asking the tough questions, facing the political challenges, and taking action to make a difference.

Now is the time to advance evidence based policies, and develop fresh approaches to prevention. These approaches must include enhanced HIV and STD diagnosis along with prevention and treatment campaigns targeting the highest incidence areas. Federal resources should be used to bring the best interventions to scale and allow them to be adapted in a way that matches the dynamics of local needs.

If we are to increase access to care we must ensure that the Ryan White Care Act program is fully funded because it provides life extending healthcare, drug treatment and critical support services to over a half-million low-income, uninsured and under-insured individuals and families affected by HIV/AIDS every year.

And, finally, we have a responsibility to do all we can do to reduce the severe disparities that exist in our society, resulting in some segments of our population being disproportionately affected by these epidemics. As an organization, we were rewarded for our efforts in this regard with a GlaxoSmithKline IMPACT award in the spring of this year. One of only ten agencies in the Greater Philadelphia region to receive this award, we were honored to be recognized for our dedication to Innovation, Management, Partnership, Achievement, Community focus and Targeting needs.

Turning our attention, briefly, to a few statistics from the last fiscal year we see that the face of HIV and other STDs, in Berks and Schuylkill counties, mirrors the statewide, national and global pictures. This data also reflects our commitment to our mission of promoting health and wellness by providing accessible prevention and compassionate care, serving individual and community health needs.

The highlights of our Care, Prevention and STD services over the last year include:

CARE SERVICES

Our care services consist, primarily, of case management – a client centered service designed to link clients with medical care, psychosocial and other supportive services through on-going assessment, development of a client centered plan and collaboration with other community providers.

In the past fiscal year 273 clients received 5,789 hours of ongoing case management service. In addition, 65 clients received 259.75 hours of medication adherence education; 62 clients attended over 44 support or life-skills group sessions; and 222 enjoyed over 5,300 nutritious meals served through our peer-prevention advocate program.

Of the 273 unduplicated clients served by the agency, 67% were males and 33% were females; 71% were HIV+ and 29% had been diagnosed with AIDS; 32% were white; 19% were black; 48% were Hispanic and 1% were other. The top three primary modes of transmission reported were 44% heterosexual; 31%; intravenous drug use; 22% men who have sex with men.

Forty-five (45) of the 273 unduplicated clients were new to the agency; 74% were male and 27% were female; 33% were white; 20% were black; and 47% were Hispanic.

In keeping with previous trends, this year 51% of our clients were on medical assistance; 27% carry no medical insurance at all; 13% are on Medicare and only 9% have private insurance or are covered by the Veterans Administration.

Finally, 41% of our clients are between the ages of 25 – 44; and 56% are between the ages of 45 - 65. This data reflects the fact that our population is slowly aging. The good news is, we have no clients under the age of 12 and only 4% are between the ages of 13 and 24.

PREVENTION SERVICES

Our prevention services are designed to target those most at risk for HIV/STDs while continuing to reach the general public with updated, accurate, factual information about these important public health issues. Whether delivered to individuals or in groups; in schools, churches, prisons, or other community settings the programs are designed to meet people where they are with a message that they can understand.

Our prevention staff spent 3,573.75 hours delivering at least one of four primary prevention interventions (interventions delivered to groups, to individuals, health communication public information and outreach), reaching almost 13,000 community members during the last fiscal year. In total, 57% of prevention participants were male and 43% female; 15% were black; 59% were white; 24% were Hispanic and 2% were Asian or other. Almost 30% of those served were seen more than one time. Over 40,000 prevention tools, pamphlets or promotional materials were distributed.

Our HIV counseling and testing program continued to offer traditional HIV tests, through blood draws or Orasure (oral swab), and the OraQuik Rapid HIV test (in Berks) for a total of 668 tests conducted (186 rapid tests, 445 blood draws, 37 Orasures) with a 0.45% positivity rate. Recognizing prevention as the only cure, we continue to place a strong emphasis on risk reduction counseling in an effort to support individuals in behavior change that will lower their risk of infection. We are also looking for ways to outreach and engage high risk populations to ensure that they are aware of our testing services. We remain an excellent point of entry into the system for someone newly diagnosed with HIV, as we are able to enroll these individuals in our case management services, creating life saving linkages with medical care and other critical services.

STD CLINICS

Our clinics screen for and treat Syphilis, Gonorrhea, Chlamydia, Trichomonas, Genital Warts, and Herpes as well as offering traditional HIV testing. The clinics serve a population that looks much like the care & prevention clients of our agency. The typical clinic patient is impoverished, largely uninsured or underinsured, and has a racial/ethnic profile similar to those described in the care and prevention sections. In the past year our clinics conducted 2,015 patient visits – 1,022 (51%) were males and 993 (49%) were females. This number, consistent with previous year's data, shows that the need for this services remains high and that those in need feel comfortable accessing the services of our agency.

This year, working with a community coalition of providers, our clinic and prevention staff participated in a screening outreach that targeted the Latino/Latina population. Held during Cinco de Mayo week, this project was coordinated by Maternal Family Health Services and the Department of Health in response to concerns about the high rates of Gonorrhea and Chlamydia in the local Latino population. Efforts to further develop this project, in the new fiscal year, are underway.

CONCLUSION

Arthur Schopenhauer once said that all truth passes through three stages: First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident. I feel that perhaps that quote says it all in terms of the response the world has had to HIV and STDs. The issues were largely ignored, some might say "covered-up" and ridiculed, in the 20th century. Through the first decade of this century we have witnessed sometimes violent opposition to a comprehensive care and prevention approach. Finally, we

hope, after years of three steps forward and ten steps back we have reached a time when we can no longer deny the impact of the "truth" that a proactive national strategy of prevention and care is in the best interest of our society.

As we face our day to day struggles, it is increasingly apparent that Co-County Wellness Services must remain flexible and adaptive. Just as a virus or bacteria mutates, it is fitting that we, too, be continually open and responsive to change. As we embark on implementation of a new three year strategic plan, we will draw upon this strength, asking ourselves the tough questions about the way we do business and how we can best prepare for our future.

The coming fiscal year will be difficult, as the realities of our current economic climate translate into further funding cuts or, at best, flat funding for the critical services we provide free to those in need of them. The handwriting on the wall for public health programs, like poorly executed graffiti is not pretty. In order to sustain ourselves through these tough times we will continue to explore ways to do more with less and invite more private funding partners to our family. I am proud of all we have accomplished, and particularly proud that we have been able to maintain small cash reserves and access to an operational line of credit (not used since 2003). This fiscal foresight will most certainly help us withstand state budget impasses and payment delays which have a definite impact on our cash flows.

Over my fourteen years as your Executive Director, I continue to be humbled by the dedication of our staff, the board and the growing support that, together, we have developed in our community. Our formula of sound planning, fiscal conservatism, willingness to embrace change and remain focused on mission must be working because in October of this year we will mark our 24th year of continuous service to the community.

Peter Drucker once said that, "Whenever you see a successful business, someone once made a courageous decision"; and Ralph Waldo Emerson once said, "Whatever course you decide upon, there is always someone to tell you that you are wrong. There are always difficulties arising which tempt you to believe that your critics are right. To map out a course of action and follow it to an end requires ... courage."

I believe that Co County Wellness Services is a shining, living example of a board and staff that has, for close to 24 years, committed to a mission, made many courageous decisions, and repeatedly defied the temptation to believe our critics.

Thank you, your courage has resulted in a remarkable and valuable service to our community.

Carolyn M. Bazik, MBA
Executive Director
28 July 2009

Sources:

Kaiser Family Foundation Publication #3030-13

Centers for Disease Control

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