



**CO-COUNTY WELLNESS SERVICES
PROGRAM UNITS:
BERKS AIDS NETWORK
SCHUYLKILL WELLNESS SERVICES**

**ANNUAL REPORT OF THE EXECUTIVE DIRECTOR
JULY 2010 - JULY 2011**

June 5, 2011 marked 30 years since the Center for Disease Control (CDC) reported the first cases of Acquired Immune-Deficiency Syndrome (AIDS). Reflecting on this milestone, I am struck by the fact that our agency and our community have been responding – and responding well – to the pandemic for 26 of these 30 years.

It is still hard to fathom that it all began with five cases reported in that 1981 issue of the *Morbidity and Mortality Weekly*. I was fresh out of college then, and I can distinctly remember listening to the nightly news reports of this “mysterious disease” that was killing gay men. Who could have imagined what a tremendous toll this disease would take?

According to the CDC this global epidemic has resulted in the death of more than 33 million people. In the United States, to date, nearly 600,000 men, women and children infected with HIV have died. The PA Department of Health reports, in our community – Berks and Schuylkill counties combined – over 500 have lost their lives as a result of this disease . . . And a cure for HIV remains elusive.

But, 30 years into the fight against HIV we have changed the course of this deadly disease. HIV prevention efforts are estimated to have saved some 350,000 lives in the United States alone; new infections have fallen by more than two-thirds in this country since the height of the epidemic; and UNAIDS estimates that, globally, new infections have fallen by nearly 20% over the past 10 years. HIV treatment breakthroughs in the mid-1990s have led to longer and healthier lives for people living with HIV, resulting in dramatic declines in HIV-related deaths during the last fifteen years.

Our National HIV/AIDS Strategy, a single coordinated effort established in 2010 to address the domestic epidemic, provides hope that this progress will continue. Outlining three primary goals – reducing incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities – it is clear that this strategy requires a comprehensive public health approach that addresses related health issues, including other Sexually Transmitted Diseases (STDs).

More than two decades ago it was determined that individuals who are infected with STDs are two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus, and HIV-infected persons who are also infected with another STD are more likely to transmit HIV. (Wasserheit, 1992).

These other STDs, which are often overlooked, take a serious toll. According to the American Social Health Association (ASHA), the federal and state governments combined invest 83 cents per capita in STD

prevention. This weak commitment to STD prevention carries a financial price tag of \$49 per capita – or \$14.7 billion annually – in STD treatment costs, not to mention the personal and public health consequences.

- One in five people in the United States has an STD
- Two-thirds of all STDs occur in people 25 years of age or younger.
- One in four new STD infections occurs in teenager
- Cervical cancer in women is linked to HPV.
- STDs, other than HIV, cost about \$8 billion each year to diagnose and treat.
- One in five Americans have genital herpes; 90% are unaware they have it.
- At least one in four Americans will contract an STD at some point in their lives.
- More than 5 million people are infected with HPV each year.
- At least 15 percent of all infertile American women are infertile because of tubal damage caused by pelvic inflammatory disease (PID), the result of an untreated STD.

In the United States the incidence of new STD infections that occur each year is staggering. The tally is in the millions for HPV (6 million), Chlamydia (4 million), Trichomoniasis (3 million) and Gonorrhea (1.1 million). The numbers are no less disturbing for Genital Warts (750,000), Genital Herpes (500,000), Hepatitis B (300,000) and Syphilis (120,000).

Sobering statistics to say the least, but so much more than numbers.

At CCWS, be it for HIV or STDs, we meet the human beings behind the facts and the numbers and we serve their very real human needs. We recognize we cannot address one public health issue without addressing the other, and we understand that we cannot impact the numbers without genuinely caring about the people they represent.

The following is a brief summary about the people we have served during the last fiscal year. For a detailed look at our care & prevention service statistics please review the graphs that can be found at end of this report.

CARE SERVICES

Our care services consist of case management - a client centered service designed to link clients with medical care, psychosocial services and supportive resources through ongoing assessment and collaboration with other community providers. In FY 2010 - 2011, 245 clients (including 42 new) received 5,200 hours of case management services. In addition, 76 clients received 234 hours of Medication Adherence Education by one of our three AIDS certified RNs; 203 clients received over 4,300 meals; and 157 clients received harm and risk reduction services. Some other highlights from our client data show that our HIV/AIDS population is aging - 62% of our clients are between 45 and 64 and 35% are between 25 and 44. From a transmission mode perspective, 45% of our clients report contracting HIV through heterosexual contact, 29% through Injection Drug Use (IDU) and 22% through male-to-male sexual contact (MSM). With 66% of our clients living below the poverty level, it comes as no surprise that 21% of our client base is uninsured, only 8% carry private insurance, the majority (55%) are on Medical Assistance and 15% are on Medicare. People living with HIV now account for 65% of those we serve; the remaining 35% of our clients have an AIDS diagnosis.

PREVENTION SERVICES

Our prevention services target those most at risk for HIV/STDs while continuing to reach the general population with updated facts about these critically important public health issues. Whether the message is delivered to an individual or a group; on a college campus, in a high school, prison, drug rehabilitation facility or a community setting our primary focus is to meet people where they are with a message that is meaningful to them.

This year, thanks to the willingness of our staff to work outside normal business hours, we were able to continue offering an outreach and testing program at the Red Star – a gay bar in Reading. In the coming fiscal year we will be identifying additional opportunities to establish outreach testing services in high risk locations during non-office hours. With the support and approval of the Department of Health (DOH) this approach allows us to reach persons most at risk in settings that are comfortable for them – an important strategy in identifying new infections and reducing the spread of disease.

Because we recognize that prevention remains the only cure for HIV we place a strong emphasis on risk reduction counseling, supporting individuals in behavior change that will reduce their risk of transmission or infection. When someone tests positive for HIV at our agency we are the perfect resource to link them with the medical & psychosocial services that are critical to their well-being as identified in the National Strategy.

In the past fiscal year more than 12,300 individuals received over 3,300 hours of prevention services. Staff distributed over 40,000 prevention tools, pamphlets or promotional items. Our HIV testing/counseling program, offering traditional HIV tests through blood draws or OraSure(oral swab) and the OraQuick Rapid HIV test (in Berks County) reached a total of 571 tests with 2 new naive positives identified.

STD CLINICS

Our STD Clinics are extremely busy screening and treating patients for Syphilis Gonorrhea, Chlamydia, Trichomonas, Genital Warts, and Herpes as well as offering the traditional HIV test. The clinics conducted over 2,500 patient visits, pointing to the fact that the need for this service is high and those in need of this service are comfortable accessing it at our agency. A walk-in clinic day, every Monday at our Reading location is consistently filled to capacity, serving 10-15 patients each week. This new service provides an “emergency room alternative” for persons with acute symptomatic needs.

There is a trend of diagnosing more disease with each passing year that the clinics have been in operation. Comparing calendar year occurrence reports from 2008 and 2010 we treated 25 cases of Chlamydia versus 75; 100 cases of genital warts versus 189 and 7 cases of gonorrhea versus 16. The numbers for the first six months of 2011 indicate that we are continuing to discover and treat more disease.

The clinics are an important source of medical care for the uninsured and under insured in our community and yet they remain a significantly under-funded service. Since we opened the clinics in 2001 the state has, in essence, reduced reimbursements by defunding a number of the services and medications – all of which we continue to provide at no charge to our patients because we believe that they are critical to maintaining our community’s public health.

CONCLUSION

Thirty years of lessons learned in the field of HIV/AIDS show us very clearly that you can be both winning and losing a war at the same time. Impressive strides have been made, yet heartbreaking shortcomings remain – especially on a global level.

Global rates of new infections have fallen by more than 20 percent in the last decade. Over 5.2 million individuals are on life saving medications, up from just 700,000 in 2004, but still there are over 10 million people without access to treatment. For every person started on HIV treatment, two or three individuals become infected; at least 7,000 individuals become infected everyday; a newborn contracts HIV every minute and someone somewhere in the world dies an AIDS-related death every 25 seconds. (Worldpress, org, AIDS at 30: Lessons Learned, Chinua Akukwe; July 7, 2011)

In the United States, where 1.1 million people are living with HIV, the annual rate of new infections has remained stagnate (at 56,300) for more than a decade and over 8,600 individuals linger on AIDS Drug Assistance Program waiting lists (ADAP Advocacy Association). Inadequate funding for HIV and STD care, treatment and prevention thwarts our ability to implement best practices. And, perhaps most shocking of all, stigma continues to haunt us – an “HIV/AIDS at 30: Public Opinion Perspective” survey recently completed by the Kaiser Family Foundations reveals 45% of Americans say they would be uncomfortable having their food prepared by someone who is HIV+, 36% percent with having an HIV+ roommate, 29% having their child in a classroom with an HIV+ teacher and 18% working with someone with HIV.

So, it is clear that much work remains for Co-County Wellness Services as we strive to improve the public health of our community, merging the vision of the National HIV Strategy with our mission so that the Berks/Schuylkill community might become a place where new HIV and STD infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

In the coming fiscal year we will pursue this mission by making a major transition in the delivery of our prevention services, aggressively seeking resources that will support core services that have been threatened by numerous funding cuts, and embarking upon the implementation of a new strategic plan that is more clearly aligned with the National HIV/AIDS Strategy.

I want to recognize and thank our incredible staff – all dedicated to their work and willing to go above and beyond to get the job done. They make my job of having to implement almost constant change so much easier by their open attitudes and belief in our work. Our board & advisory board provide leadership in the community and help to raise awareness of the issues we face in accomplishing our mission. Together staff and board have united to truly make a difference in our Berks and Schuylkill communities.

Edwin Hubbell Chapin (1814-1880), Universalist minister, author, lecturer, and social reformer once said, “Every action in our lives touches on some chord that will vibrate in eternity.” I believe we can say, with confidence, that our collective actions touch a very positive chord that is surely vibrating on in eternity.

Respectfully Submitted,

Carolyn M. Bazik, MBA
Executive Director
July 26, 2011



