

Prescription for Ending AIDS in Black America

Written by Freddie Allen

Wednesday, 13 February 2013 00:00



A new study by the Black AIDS Institute says that the end of the AIDS epidemic is within reach, but to get there it will cost the federal government roughly \$300 million, a tough sell at a time when a fractured Congress stumbles toward the next fiscal deal.

The report, titled “The Light at the End of the Tunnel: Ending AIDS in Black America,” showed that infection rates have slowed nationally, but the Black community still has an HIV infection that is eight times higher than the rate for Whites.

The report states: “Black women are 15 times more likely to be living with HIV than white women. And new infections among young Black gay and bisexual men rose 48% from 2006 to 2009.”

The Black AIDS study outlines five key strategic goals:

Ensure that at least 95 percent of Black Americans living with HIV know their HIV status;

Eliminate gaps in the HIV treatment cascade for Black Americans living with HIV;

Deliver high impact prevention services to all Black Americans at risk of HIV;

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Invest in strategic HIV-related research to accelerate the end of AIDS in Black America and

Build the capacity needed in Black communities to accelerate the end of AIDS.

Reaching the five strategic goals will ultimately lead to 80 percent viral suppression among the 515,000 Blacks living with HIV by 2017, according to the report

Viral suppression is crucial in stemming the flow of the AIDS epidemic, because it not only extends the life of the HIV-positive person but it also reduces the chances that they will spread the virus.

Still, the price tag estimated at just south of \$300 million for the ambitious plan on top of the `id="mce_marker"`4.8 billion the U.S. is projected to spend treating people living with HIV in 2013 (if last year's spending numbers hold).

“With every new case of HIV infection representing lifetime treatment costs that exceed \$600,000, it is a no-brainer that programs that prevent new infections before they occur represent a sound investment for American taxpayers,” the report states.

Recognizing the current political climate, the Black AIDS Institute suggested a parallel plan of action to be implemented under current fiscal constraints. The plan includes pushing for better HIV treatment, educating grassroots organizations on the benefits of biomedical and behavioral interventions and pushing for the full implementation of the Affordable Care Act.

The report called the Affordable Care Act “one of the most important pieces of legislation ever enacted for people living with HIV,” especially Blacks living with HIV. Blacks who continue to struggle with unemployment rates that often double the rate that Whites face have a harder time accessing traditional health insurance plans through work.

“More than one in five Black Americans have no health coverage, a rate that is almost twice as

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high as for whites,” stated the report.

Although the report says that the ACA has the potential to close gaps in the care of people living with HIV, it also may usher in the decline of smaller Black AIDS organizations across the nation that depended largely on government subsidies to serve their communities.

According to the report the Centers for Disease Control and Prevention (CDC) also plans to decrease funding to Black groups that focused solely on HIV prevention, education and outreach.

The Black AIDS Institute said that it will assist those organizations in navigating the new health care landscape dominated by ACA regulations in some cases connecting them with local clinical providers in an effort to expand their original missions.

The Ending AIDS report showcased Harlem United, an AIDS nonprofit based in New York City. Harlem United grew from a small grassroots organization to a \$40 million dollar expansive health services organization that provides adult health care programs, housing services for at risk clients. Last year, Harlem United managed 586 units and reduced the number of emergency room visits for their clients by 8 percent.

According to the report: “Harlem United was among the first AIDS service organizations to venture into the delivery of adult day health care services, and the agency took early steps to diversify its funding by creating Medicaid-reimbursable services.”

Harlem United CEO Steven Bussey said that the risks for smaller AIDS organizations are real but avenues exist for them to remain relevant even as state and federal governments are pressured to reduced costs.

“This is going to force people to explore strategic alliances, joint ventures, and consolidation,” said Bussey. “It’s going to be harder and harder for agencies to survive when they are providing only one service.”

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