

Idaho's Statewide Coordinated Statement of Need 2009

Developed by Mountain States Group, Inc. in partnership with the
Family Planning, STD and HIV Programs of the
Idaho Department of Health and Welfare

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The Idaho 2009 Statewide Coordinated Statement of Need (SCSN) provides a collaborative way to identify and address significant issues related to the needs of people living with HIV/AIDS (PLWH/A) and to maximize coordination, integration and effective linkages across the Ryan White HIV/AIDS Program Parts B and C grantees and other state, federal and private funders.

The 2009 SCSN reflects input and approval of all Idaho Ryan White grantees and a variety of other participants from across the state. Input helped strengthen coordination of service systems and funding to ensure the most effective and efficient delivery of core and supportive services. Additionally, input was received from persons living with HIV/AIDS through an HIV positive survey, focus groups of PLWH/A in each of the seven health districts and a panel of HIV positive women.

The 2009 SCSN will address the following:

1. A discussion of the Ryan White resources available within the state for medical care, treatment and other services. This will include the amount of funding and the services supported by such funding.
2. A discussion of non-Ryan White resources available within the state for medical care, treatment and other services.
3. A description of the epidemiological data of people living with HIV/AIDS in Idaho.
4. A description of the needs of PLWH/A in Idaho.
5. A description of PLWH/A who know their status and are not receiving HIV-related medical care.
6. An overview of issues related to access to care.

This document will be utilized for Statewide HIV planning to set measurable objectives and inform resource allocation decisions to enhance HIV care and service delivery throughout the state of Idaho.

Ryan White HIV/AIDS Program Resources in Idaho

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, December 19, 2006) provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI flexibility to respond effectively to the changing epidemic. A fuller discussion of the Ryan White Treatment Modernization Act of 2006 is available at <http://hab.hrsa.gov/default.htm>. The U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program that funds several programs within Idaho.

See the table below for a summary of Idaho's Ryan White Grantees by type and district:

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RWPB Program provides funding via a grant to Idaho Department of Health and Welfare's Family Planning, STD and HIV Services.

District	Part B Case Management	Part B ADAP	Part C (HIV Services in Boise/Pocatello)	Part C (Community Health Association of Spokane)
1	X	X		X
2	X	X		X
3	X	X	X	
4		X	X	
5	X	X	X	
6	X	X	X	
7	X	X	X	

RWPB Program contracts with HIV Services Clinic to provide services in two additional sites. The first is in Health District 3, Caldwell, Idaho. The case management activities are funded by Part B, while the outreach activities are funded by Part C. In Southeastern Idaho, HIV Service's Clinic funds a clinic at Pocatello Family Medicine. RWPB funds .5FTA for the LPN position at the clinic, while Part C funds the remaining .5FTA. This position was created to fill in a gap in clinical services within the region and has proved to be imperative in the clinics ability to respond to the recent HIV outbreak in the area.

The coordinators of the Idaho Ryan White Part B and Part C programs meet on frequent basis to strategize, collaborate and coordinate delivery of services in Idaho. In December 2008, HIV providers and funders met to further the collaboration and coordination efforts. Present at this meeting were representatives from the following agencies and organizations:

- RW Part B/ADAP Programs
- RW Part C funded clinic
- Idaho HIV Medical Director
- Housing Opportunities for Persons with AIDS (HOPWA)
- Northwest AIDS Education and Training Center (AETC)
- Regional Planning Groups for Districts 4 and 5
- HIV Prevention Coordinator
- Health Districts
- Breaking Boundaries (private funding group)

All grantees agreed that HIV medical case management is available free of charge to all PLWH/A residing in Idaho upon request. Funding for case management services may come from a variety of sources depending on a client's income and location. PLWH/A requesting Ryan White Part B funds to pay for medical care and treatment including from the AIDS Drug Assistance Program (ADAP) must be enrolled in the HIV medical case management system.

The following chart compares the number of Idahoans living with HIV/AIDS compared to the number of PLWH/A enrolled in the statewide medical case management by district in 2007:

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District	Number Total Living	Number Enrolled in Medical Case Management/ Primary Care	% Enrolled in Medical Case Management/ Primary Care	Number Not Enrolled in Medical Case Management/ Primary Care	% Not Enrolled in Medical Case Management/ Primary Care
1	130	60	46%	70	54%
2	56	0	0%	56	100%
3	134	46	34%	88	66%
4 *	443	129	29%	49	71% (MCM)
4 **		265	60%		40% (PC only)
5	96	38	40%	58	49
6	85	31	36%	54	64
7	66	30	45%	36	55%
Totals	1,010	599	59.3%	411	40.7%

* Clients enrolled in Medical Case Management in District 4.

** Clients receiving only Primary Medical Care at Part C clinic in District 4.

FY 2008 funding in Idaho for Ryan White allowed services to PLWH/A is an estimated \$1,844,932. This amount excludes the costs of Administration, Planning and Evaluation and Quality Management activities. Of this, 89% of the funds are spent on “core medical services” as defined by the Ryan White HIV/AIDS Treatment Modernization Act of 2006. Funding for cores services exceeds the requirement that grantees receiving funds under Parts B and C (formerly called Titles II and III) must spend at least 75 percent of funds on “core medical services.”

Service Category	Funding	%
Core	\$1,639,334	89%
Supportive	\$60,560	3%
Other	\$145,038	8%
TOTAL	\$1,844,932	100%

The combined funding from all Ryan White grantees by service for 2008 is provided below.

CORE SERVICES	\$	%	SUPPORT SERVICES	\$	%
Outpatient Medical Care	486,079	26.3%	Case Management (non-medical)	22,348	1.21
Medications (ADAP)	791,753	43%	Linguistics	1,000	0.05
Local Drug Assistance	10,000	1%	Medical Transportation	21,000	1.14
Oral Health	77,500	4.2%	Outreach	5,000	0.27
Early Intervention Services	40,859	2.2%	Psychosocial Support	8,400	0.44
Medical Nutrition Therapy	6,000	.3%	Treatment Adherence Counseling	2,812	0.15
Medical Case Management	205,544	11%	Subtotal (supportive)	\$60,560	3.26%
Mental Health Substance Abuse Services (outpatient)	21,600	1%			
Subtotal (core)	\$1,639,335	89%	TOTAL	1,699,895	92.26%

Although not a provider of HRSA-defined core or supportive services, another Ryan White funded program in Idaho is the Northwest AIDS Education Training Center (NWAETC). NWAETC provides statewide HIV medical training to providers.

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Resources of non-Ryan White Resources in Idaho

Ryan White funding provides only a portion of the resources available for PWLH/A in Idaho. Other programs such as Medicaid, Medicare, Private Insurance and programs funded by state general revenue along with other federal grants provide the following services dedicated to PWLH/A. Such programs include the following:

- Disability payments (SSI or SSDI) through Social Security;
- Medicare A, B and D costs for PLWH/A not enrolled the HIV medical case management system;
- Services within Medicaid such as food stamps, medical transportation and oral health services. These Medicaid services do not typically require a medical diagnosis code to access thus expenditures data is not available for PLWH/A;
- Other public housing available in local communities such as HUD Section 8;
- Low Income Heating Energy Assistance Program (LIHEAP) administered by community action agencies; and
- Services provided through local agencies, real or in-kind.

Additionally, privately funded organizations fund services for PLWH/A. These organizations include Breaking Boundaries (designed to serve needs of PLWH/A in southeast Idaho), Jerry Swett (provides funds for any type of emergency for PLWH/A throughout the state) and Jimmy Moore (funds medical emergencies for PLWH/A throughout the state).

Through a collaborative partnership between Idaho State University/Boise; El Ada Community Action Partnerships; and the Idaho Family Planning, STD and HIV Program, Idaho has been able to provide mobile HIV testing/health screenings for some of our most difficult to reach, at-risk populations in Districts 3 and 4 since August 2007. The at-risk populations identified have been homeless/transient individuals and individuals in day shelters, women and children's shelters, and teenage gathering places. Individuals within these groups may have previously identified as HIV+, but may not be in care due to a lack of resources or information. Besides rapid testing, all mobile users are given resource information, educational packets, and free blood pressure checks and glucose screenings. They are referred to the closest health care provider for further care.

See the following two tables which provide information regarding the funders of the core and supportive services:

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CORE SERVICES:

PROVIDER	Outpatient/Ambulatory	AIDS Drug Assistance Program (ADAP)	AIDS Pharmaceutical Assistance (local)	Oral Health	Early Intervention Services (EIS)	Health Insurance Premium & Cost Sharing Assistance	Home Health Care	Home and Community-based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Medical Case Management Services	Substance Abuse Services
RW Part B (<i>statewide</i>)	Funds	Funds	NA	Funds	Does not fund	Does not fund	Does not fund	Does not fund	Does not fund	Funds	Does not fund	Funds	Does not fund
HIV Services Clinic (<i>S. ID</i>)	Funds & provides	Helps clients access through Part B	NA	Funds and makes referrals	Funds and makes referrals	None	Does not provide or fund	Does not provide or fund	Does not provide or fund	Funds and makes referrals	Funds and makes referrals	Funds & provides	Funds and makes referrals
CHAS (<i>Northern ID</i>)	Funds & provides	Provides Access to Idaho ADAP	Funds for additional meds not on Idaho ADAP	Funds & provides	Funds and Provides	Unknown	Does not provide, can make referral	Unknown	Unknown	Funds and may provide	Funds and provides	Funds & provides	May fund with referral
Medicaid (<i>statewide</i>)	Funds	NA	NA	Funds some basic care	NA	NA	Funds	Funds	Funds	Funds	Funds	NA	Funds
Medicare (<i>statewide</i>)	Parts A&B fund	Part D	Part D funds	Parts A&B fund	NA	NA	Parts A&B fund	Parts A&B fund	Parts A&B fund	Parts A&B fund	Parts A&B fund	NA	In Patient Only
Breaking Boundaries (<i>D 6 & 7</i>)	Funds gaps	Funds gaps	NA	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps
HOPWA (<i>Statewide</i>)	Funds gaps	Funds gaps	NA	Funds	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps
SNAP	Funds	No	No	Funds	No	Funds	No	No	No	No	No	No	No

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SUPPORT SERVICES:

PROVIDER	Case Management (non-medical)	Child Care Services	Pediatric Developmental Assessment and Early Intervention Services	Emergency Financial Assistance	Food Bank/ Home-Delivered Meals	Health Education/ Risk Reduction	Housing Services	Legal Services	Linguistics Services	Medical Transportation	Outreach Services	Permanency Planning	Psychosocial Support Services	Referral for Health Care/ Supportive Services	Rehabilitation Services	Respite Care	Treatment Adherence Counseling
RW Part B (statewide)	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No
HIV Services Clinic (S.ID)	Funds and provides	No	No	No	No	Funds	Makes referrals to HOPWA	No	Some staff bilingual and interpreters available	Funds and provides	Funds and provides	NO	Funds and provides	Funds and provides	No	No	Funds and provides
CHAS (N.ID)	Funds	Does not fund	No	No	Yes with Referral	Yes Funded by Prevention	Referrals to HOPWA	No	No	Provides Gas Vouchers	Provides	No	No	No	No	No	No
Medicaid (statewide)	No	No	No	Yes	Food Stamps	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Some	NO
Medicare (statewide)	No	No	No	No	No	No	No	No	No	Yes	No	No	No	Yes	Yes	Some	Mp
Breaking Boundaries (D 6 & 7)	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps	Funds gaps
HOPWA (Statewide)	Funds	No	No	Funds	Funds	No	Funds through referral of CM	No	No	Yes	No	No	Yes	Yes	No	No	No
SNAP (Statewide)	No	No	No	Funds	Funds food vouchers	No	Funds	No	Funds at last resort	No	No	No	No	No	No	Funds as last resort	No

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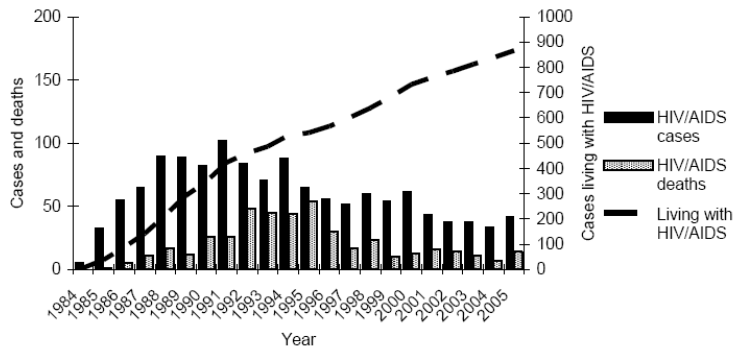
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Epidemiologic Data

The Ryan White system in Idaho is primarily focused on providing access to timely HIV/AIDS medical care and treatment. Further details regarding the Epidemiology of HIV disease in Idaho are available at the following website:

http://www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tabID__3563/DesktopDefault.aspx

As shown in the chart below, the number of persons living with HIV disease (includes HIV and AIDS status) have continued to increase year by year in Idaho. The most recently documented increase was from 720 in 2003 to 866 in 2005.



The following table summarizes some of the key data points from the Epidemiologic Profile:

Demographic Group/Exposure Category	Presumed Living HIV and AIDS cases in 2007			Presumed Living HIV and AIDS cases in 2006		
	#	% of Total	Rate Per 100,000	#	% of Total	Rate Per 100,000
<i>Race</i>						
Hispanic	106	10%	76.5	103	11%	74.3
American Indian/Alaska Native	24	2.2%	140.4	22	2.4 %	128.7
Asian/Pacific Islander	5	.4%	29.2	4	0.4%	23.4
Black/African American	56	6%	629.2	46	5%	516.9
White	814	81%	60.4	745	81%	55.2
Multi Race	3	.2%	9.4	-	-	-
Not Specified	2	.2%	-	2	.2%	-
Total	1010	100%	69.0	922	100%	1.46
<i>Gender</i>						
Male	823	81%	1121.3	751	81%	1023.2
Female	187	19%	256.9	171	19%	234.9
Total	1010	100%	691.8	922	100%	630.2

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Demographic Group/Exposure Category (Continued)	Presumed Living HIV and AIDS cases in 2007 (Continued)			Presumed Living HIV and AIDS cases in 2006 (Continued)		
	#	% of Total	Rate Per 100,000	#	% of Total	Rate Per 100,000
<i>Age at First Diagnosis</i>						
<13 years	12	1.2%	NA	9	1%	NA
13-19 years	17	1.6%	NA	16	2%	NA
20-29 years	281	28%	NA	255	27.5%	NA
30-39 years	398	39%	NA	374	40.5%	NA
40-49 years	235	23.2%	NA	208	22.5%	NA
Over 49 years	67	7%	NA	60	6.5%	NA
Total	1010	100%	NA	922	100%	NA
<i>Exposure Category</i>						
Men who have sex with men (MSM)	451	45	NA	421	45.6%	NA
Injection drug users (IDU)	149	14.7	NA	134	14.5%	NA
MSM/IDU	114	11.2	NA	91	10%	NA
Other/Hemophilia/blood disorder	22	2	NA	22	2%	NA
Heterosexual contact	138	13.7	NA	131	14.7%	NA
Unknown/Unreported	128	12.7	NA	118	12.5%	NA
Pediatric- Mother with/at risk for HIV infection	8	.7	NA	7	.7%	NA
Pediatric- Unknown/Unreported	0	-	NA	0	-	NA
Total	1010	100%	NA	922	100%	NA

Rates determined by using population data from ACS Demographic and Housing Estimates: 2005-2007 from U.S. Census Bureau. As age ranges available on the Census report differ between those collected by the Department of Epidemiology, rates for "Age at First Diagnosis" were unattainable.

Based upon the latest "Idaho Reported Sexually Transmitted Disease, 2007" report, prevailing HIV/AIDS trends continue. The reported HIV/AIDS data continues to show that males account for the majority of infection rates in the state of Idaho. Males account for 81 percent to females 19 percent of the total 1,010 HIV/AIDS cases ever reported within the state. In addition, non-Hispanic whites continue to be the majority of cases with the next highest rates among Hispanic ethnicity. The exposure risk categories have remained relatively stable from 2006 to 2007 with MSM and IDU exposure categories remaining the top two risk factors. Although HIV (not AIDS) diagnosis reports among Hispanics decreased from 2006—2007, the proportion of total reports was 14%, much higher than Idaho's population proportion. Hispanic AIDS cases were reported at the same proportion. While the rates of HIV are continuing to increase, there was a -55% change in AIDS case reports from 2006-2007. Reasons for this are unclear at this time.

More cases of both HIV and AIDS that were reported in Idaho were reported among MSM than any other mode of exposure during 2005—2007. Both heterosexual and MSM/IDU modes of exposure are increasing in the 2 most recent years. A marked proportion (13 percent for HIV and 21 percent for AIDS) of reports were "risk not specified" mode of exposure for the three-year period. "Risk not Specified" in Idaho is usually the category marked when the risk or HIV status of heterosexual partners is not known in non-MSM sexual exposure reports. Inability to assess the mode of exposure for a person may also occur due to death or the refusal of the patient to disclose risk.

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In March 2008, a cluster of HIV infection was detected in a small town in southeast Idaho. Through November 2008, there have been 5 newly diagnosed HIV positive individuals linked to the cluster. Three are females; 2 are males; median age is 26 years. Exposures were reported to be MSMW, WSMW, and IDU. Two had chlamydia coinfections near the time of HIV diagnosis. In addition to the 5 HIV positives, 22 exposed partners were named, and an additional 24 partners of HIV-negative individuals were named. The median age of all individuals identified with epidemiologic links to the cluster was 22 years.

Beginning September 2008, a separate outbreak of HIV infection was detected in southeast Idaho. No epidemiologic link to with the earlier HIV cluster has been discovered. By November 2008, epidemiologic investigation led to identification of 11 HIV positive individuals, 10 of whom were newly diagnosed with HIV, and several of these had evidence of recent HIV seroconversion. One had chlamydia/gonorrhea/HIV coinfection at diagnosis. All HIV newly diagnosed individuals related to this outbreak are males and young. The primary mode of exposure is sex with males. All are 30 or younger, with a median age of 23 years. Geographically, newly diagnosed HIV positives are in population centers within 50 miles of each other across 2 public health districts.

Apart from the 11 HIV positive individuals in the outbreak, 42 exposed partners were named (20 were documented HIV negative by rapid test, 2 were self-reported HIV negative and 20 of whose HIV status is unknown as of November 2008). Forty-one of these partners are male; 1 is female. Exposed partners have been named in 2 neighboring states and across 3 public health districts.

The investigation of these outbreaks continues, and it is likely more HIV positive individuals will be diagnosed. These HIV infection reports represent a very large increase in the expected number of reports. In the prior 5 years, the maximum number of reports of new HIV diagnoses was 6. Through far in 2008, 19 have been reported: a 216% increase if no other reports are made.

In Idaho, there are PLWH/A in urban and rural counties throughout the state. Please see the table below for the distribution of PLWH/A in the seven health districts of Idaho.

District	N	%	Rate/100,000 People
1	130	13%	62.4
2	56	5.5%	54.7
3	134	13%	55.1
4	443	44%	105.8
5	96	9.5%	55.2
6	85	8.5%	52.2
7	66	6.5%	34.8
TOTAL	1,010	100%	67.4

PLWH/A are concentrated in District 4, which is the urban regions near the state capital, Boise. The second most populous district for PLWH/A is District 3, which is near to Boise. The third most populous district for PLWH/A is District 1 which is in the northernmost part of Idaho.

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District 1 is rural, however, near to the urban city of Spokane, Washington. Districts 2, 4, 5, 6 and 7 are all rural districts.

Needs of PLWH/A in Idaho

During the past three years, RWPB Programs in collaboration with the Idaho Advisory Council on HIV and AIDS (IACHA) have engaged in various activities to determine the needs of PLWH/A in Idaho. These activities are described in the table below.

DATA COLLECTION ACTIVITY	RESPONSIBLE PARTY and DATE
Survey of RWPB Services Utilized (in Spanish and English)	<ul style="list-style-type: none"> - Conducted by the RWPB Programs in Fall 2008 - To be reviewed by IACHA during the February 2008 meeting
Needs Assessment of Each of the Seven Health Districts (using focus groups of PLWH/A and MSM)	<ul style="list-style-type: none"> - Conducted by Idaho State University through contract with RWPB Programs in Fall 2007 - Reviewed and analyzed by IACHA in January 2008
Development of Strategic Plans for Each of the Seven Health Districts	<ul style="list-style-type: none"> - Conducted by Idaho State University through contract with RWPB Programs in Spring 2008 - Reviewed and analyzed by IACHA in October 2008
Panel of Women with HIV	<ul style="list-style-type: none"> - Presented during the October 2007 IACHA meeting - Summarized by IACHA during the October 2007 meeting
Funders and Providers Coordination Meeting	<ul style="list-style-type: none"> - Meeting held in December 2008
Clearwater Research, Inc Needs Assessments	<ul style="list-style-type: none"> - High Risk Heterosexual Needs Assessment in 2005 - MSM Needs Assessment in 2004 - IDU Needs Assessment in 2003

Based on input from the above mentioned data collection activities, the following were the most commonly mentioned concerns in regards to care of PLWH/A in Idaho:

1. Stigma
2. Availability of Medical Providers
3. Payment for Services/Medications
4. Provider Education and Capacity Building
5. Community HIV Education

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In the 2008 RWPB Services Utilized, clients were asked to rank the core and support services in order of importance to them. While there are some limitations to this information, the data provides important insight into the services most valued by Idaho's HIV+ who are in care.

1. HIV/AIDS Medications/ADAP
2. Medical Visits (including HIV monitoring and screening labs)
3. HIV Specialty Care Clinics
4. Dental Care
5. Case Management
6. Emergency Financial Assistance
7. HIV/AIDS support group

Ryan White funding provides resources to address identified service gaps, enabling PLWH/A without other payer sources to access medical care and other services not available through other programs.

Idaho has a significant gap in care services in Health District 2, where case management services are not available, clients must travel 2 hours to receive primary care at CHAS, and stigma is extremely high. In 2008, Idaho's Family Planning, STD and HIV Programs released a request for proposal to solicit potential providers of HIV Medical Case Management in Health Districts 1 and 2. A provider responded for District 1, but despite attempts from program staff and Idaho's Housing Opportunities for Persons with AIDS (HOPWA) was unable to locate an agency in District 2 willing to submit a proposal in response to the request for proposals.

A second issue that arises when talking about care is the lack of available support groups for HIV+ persons. Recruitment and retention in groups is difficult at best. The lack of success of support groups may well include all of the barriers to care identified by PLWH and providers in some proportion. Individual health districts may have differing levels of barriers than other health districts. As was noted in the recruitment and information gathering phase of the statewide needs assessments, some areas of the state had a great deal more difficulty recruiting PLWH and MSM for the focus groups.

Although much of Idaho's system of care is linked together in some form, still the majority of data regarding care are still unavailable to providers who need the information. Idaho still uses stand alone data systems for the majority of case management sites. While the state is working on linking the systems together and upgrading to a real-time data system, in the meantime it is extremely difficult and time consuming to ensure that all who use the data have access to it.

Ryan White Grantees in Idaho have developed a system to minimize the overlap in services and funding. During the last three years, Part C and Part B staff have focused on identifying funding streams and allocating payment to allow the most efficient use of available funding for uninsured PLWH in Idaho. This process will continue to develop with annual providers meeting to be sponsored by Ryan White Part B Program.

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PLWH/A Not Receiving HIV-Related Medical Care

Medical care and treatment reduces deaths due to AIDS and substantially improves the health of and increases the life expectancy of PLWH/A. While PLWH/A with early-stage HIV disease may be seen at 3-month intervals for routine medical evaluation, those receiving medications or with more advanced disease may be seen more frequently. Clients enrolled in HIV medical case management use a variety of payer sources for medical care and treatment.

*2007 Health Care Coverage of PLWH/A enrolled in Idaho
HIV Medical Case Management System*

Type of Coverage	#	%
Uninsured (Ryan White)	212	35%
Medicaid	97	16%
Medicare	108	18%
Other public	12	2%
Private Insurance	168	28%
Unknown	2	1%
Total	599	100%

Gaining access to medical care may be initially challenging for PLWH/A, but maintaining access requires more than identifying payer sources. Many others barriers to maintaining access to medical care exist, including, but not limited to, transportation, insurance (public or private), cost of co-pays/deductibles, stigma, confidentiality, child care, availability of providers, employment issues with scheduling time from work and understanding the complexity of using other payer sources. Medical case managers work diligently with clients to overcome these barriers.

Formula to Measure Unmet Need in Idaho:

Living PLWH/A - Reported CD4/Viral Load reported for Living PLWH/A (CY 06) = Unmet Need

Of the 46% (422) who are HIV+/aware and not receiving specified medical care services, 40% (178) of Persons Living With AIDS are not in care and 52% (244) of Persons Living With HIV (not AIDS) are not in care.

The Estimation Method used a non-adjusted dataset from HARS that generated an estimated number of PLWH/non-AIDS/aware. The reason that we chose this method is because Idaho has had named HIV reporting since 1988 and previous validation studies show near 100% completeness of reporting of HIV infection. Given these factors, the Idaho Department of Health and Welfare is satisfied that the number of cases in HARS is a reliable estimate for the number of PLWH/non-AIDS/aware. The estimated number of PLWA was calculated in the same manner. Estimates for the number of persons who received primary HIV medical care were generated from CAREWare from CD-4 and/or viral loads test dates in 2006. State law requires

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reporting of HIV positive results to IDHW, Office of Epidemiology but does not require all CD4/Viral Load results be reported. Therefore, Idaho has chosen to use CAREWare data for estimating the number of PLWH/A in care. Limitations of this method of estimation include accurate and timely entry of data into the CAREWare dataset.

Overview of Issues Related to Care

The Idaho SCSN identifies a number of significant issues that were perceived statewide as well as a number that were more specific to certain geographical areas. The following is a non-prioritized list of these.

1. Stigma

Issue: Stigma is a statewide barrier reflecting the stigma clients have identified in focus groups. Fear of being known as the “HIV doctor” prevents dentists from providing care for people with HIV. Additionally, due to stigma, clients may not seek medical care, thus preventing access to care.

Goals:

- 1) Lobby state legislature for funding for statewide HIV campaign
- 2) Keep regional planning groups intact by providing funding

2. Availability of Medical Providers

Issue: As there are only two HIV specialists for the state of Idaho and few primary care doctors who are willing to treat HIV+ clients, many HIV positive clients are unable or have difficulty accessing specialty HIV care. Additionally, some providers do not have prescribing knowledge regarding HIV medications and are not trained in HIV mental health needs, thus are unable to properly diagnose mental health problems.

Goals:

- 1) Engage in recruiting outside sources for care
- 2) RFP for services (case management in Southwest and Southeast Idaho)
- 3) Continue to educate clinicians (through NWAETC)
- 4) Make access to HIV medical/case manager education easier with statewide tele-health networking
- 5) Get to know providers and issues at the local level and fund regional planning groups

3. Payment for Services/Medications

Issue: Idaho has not been immune to the economic downturn experienced by the majority of the country. Without adequate insurance coverage, many more clients will be forced to access care through public funds. If clients lack proper insurance coverage, providers may be leery of providing services. Additionally, Idaho’s ADAP has a very limited formulary which does not meet all of the medication needs of an uninsured HIV+ person. Coordination of payment sources is critical

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Goals:

- 1) Incorporate other private funders into mix
- 2) Continue to research and provide data to state legislature move toward purchasing insurance coverage with ADAP money
- 3) Address coordination of payor sources on an ongoing basis

4. Provider Education and Capacity Building

Issue: There is simply a lack of providers trained in the specific needs of PLWH throughout Idaho. This includes not only HIV specialty care, but also case managers, dentists, mental health counselors, among others. While there may be providers willing to see HIV+ clients, they may not always have adequate training to provide quality care. Of the providers who do work with PLWH, many times agencies or clinics are underfunded, and understaffed, which can often lead to burnout and turnover in staff. Staff turnover can create fragmented systems of care and frustration for clients attempting to access quality care and resources.

Goals:

- 1) Continue to educate clinicians and support staff (through NWAETC)
- 2) Continue to work on building capacity of available providers
- 3) Streamline available funding sources and data systems to reduce staff workload

5. Community HIV education

Issue: There is limited HIV education available in public schools and in communities in Idaho. Focus groups indicate a desire for consistent messages regarding HIV.

Goals:

- 1) Get representation from the Department of Education on IACHA
- 2) Support and provide funding for efforts of regional planning groups
- 3) Seek funding for statewide media campaign from state legislature

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Resources for Qualitative and Quantitative data used in the development of the 2009 Statewide Coordinated Statement of Need include the following:

CDC

HIV Infection: Detection, Counseling and Referral Guidelines
<http://www.cdc.gov/std/treatment/2006/hiv.htm>

HRSA-HAB

Description of Ryan White Modernization Treatment Act programs
<http://hab.hrsa.gov/about/>

Idaho Department of Health and Welfare

2007 Epidemiologic Profile
Quality Management Plan for HIV Services
HIV/AIDS Reporting System (HARS)
HIV Positive Client Survey
2007 RW HIV/AIDS Program Data Reports
2007 RWPB and Part C Allocations/Budgets
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 1
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 2
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 3
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 4
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 5
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 6
Needs Assessment for HIV Prevention and Care Planning in Idaho: District 7

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