



Keeping with the Pace 2011:
HIV in Florida

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The Epidemic in Florida, 2010

Population: 18.8 million →
 (4th in nation)

Cumulative AIDS cases: 121,161
 (3rd in nation)

Cumulative pediatric AIDS cases: 1,542
 (2nd in nation)

Cumulative HIV (not AIDS) cases: 46,795
 (since July 1997)

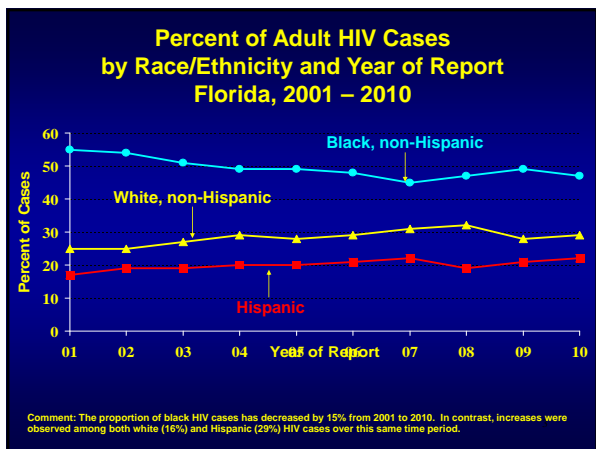
Persons living with HIV/AIDS: 95,335 →
 (reported cases)

HIV prevalence estimate: 135,000
 HIV incidence estimate: ~5,000 (2006 - 2009)

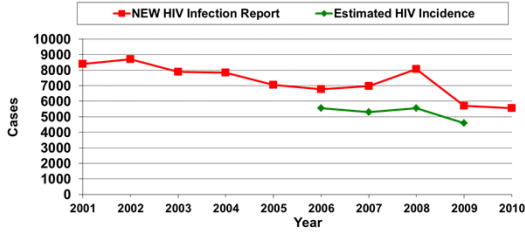
60% White
16% Black
21% Hispanic
3% Other*

30% White
49% Black
19% Hispanic
2% Other*

*Other = Asian/Pacific Islanders; American Indians/Alaskan Natives; multi-racial.



**HIV Cases and Estimated HIV Incidence,
Florida, 2001-2010**



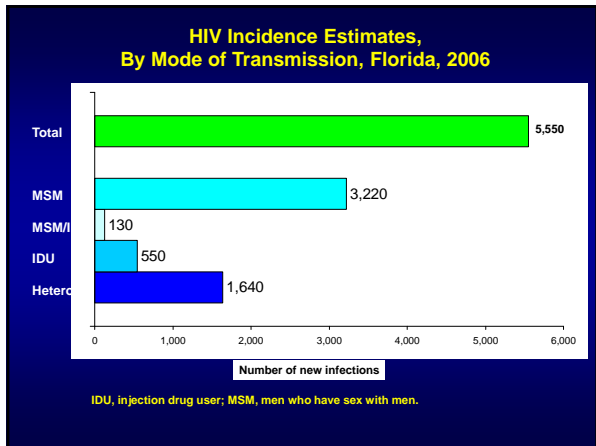
**Estimated HIV Incidence, by Race/Ethnicity
Florida, 2007-2009**

Race/Ethnicity	2007	2008	2009
White/Other*	1951 (37%)	1706 (31%)	1370 (30%)
Black	2210 (42%)	2582 (47%)	2087 (46%)
Hispanic	1146 (22%)	1252 (23%)	1120 (24%)
Total	5307	5540	4577

*Those of other race/ethnicity are combined with whites due to small numbers of infections.

**Estimated HIV Incidence, by Age at Infection
Florida, 2007-2009**

Age at Infection	2007	2008	2009
13-29	1668 (31%)	1632 (29%)	1608 (35%)
30-39	1528 (29%)	1425 (26%)	1257 (27%)
40-49	1410 (27%)	1579 (28%)	1204 (26%)
50+	700 (13%)	906 (16%)	507 (11%)
Total	5306	5542	4576



Estimated HIV Incidence Rates Among MSM and Other Males, Florida, 2006*

Race/Ethnicity	HIV Incidence Rate		
	MSM	Other Males	RR*
White	392.6	3.0	130.9
Black	2,154.2	47.5	45.4
Hispanic	767.4	8.1	94.7
Total	656.1	10.0	65.6

RR = rate ratio.
*Rate ratios compare MSM rates and other male rates (all p<0.001).
Rates are per 100,000 MSM or per 100,000 other males.
*Estimates from Lieb et al., JAIDS, 2010.
Note: estimates for MSM by race/ethnicity not available for 2007-2009.

AIDS Insurance Continuation Program

<ul style="list-style-type: none"> Florida's AIDS Insurance Continuation Program (AICP) has assisted approximately 8,184 persons through December 2010 in maintaining their healthcare coverage Current enrollment is approximately 1,757 clients AICP pays premiums up to \$750.00, and over the past twelve years, the program obtained nearly \$5 in private medical care and services for every dollar spent Past AICP 2010-2011 funding was \$13,804,903; \$6,454,951 in General Revenue and \$7,349,952 in Ryan White Current AICP 2011-12 funding is \$12,166,234; \$6,454,951 in General Revenue and \$5,711,283 in Ryan White A wait list has been created with 289 applicants as of July 31, 2011. 	<h4>Demographics</h4> <ul style="list-style-type: none"> 84% of clients are male 16% of clients are female 69% of clients are white 17% of clients are Hispanic 14% of clients are black 43% of clients are diagnosed as AIDS 53% of clients are diagnosed as HIV or HIV symptomatic Average age of an AICP client is 45 Average monthly premium paid is \$468.25
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Due to current budget and attrition, since September 2010, approximately 290 applicants have been removed from the waitlist and enrolled in AICP.

Waiting List

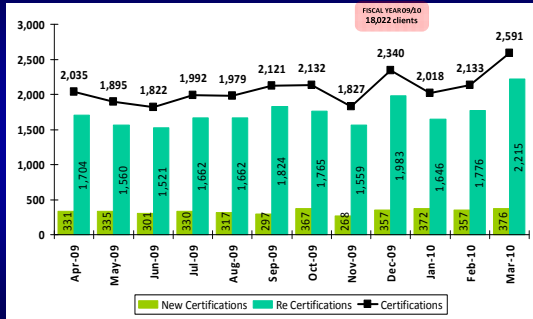


Contributing Factors

- Ongoing Recession
- Federal Funding Remaining Flat
- GR Reduction: \$1 Million
- AICP Waiting List
- Expansion Of Counselling And Testing
- NIH Guideline Changes: Early Treatment
- Increase In Drug Costs
- Increase In Demand For Services

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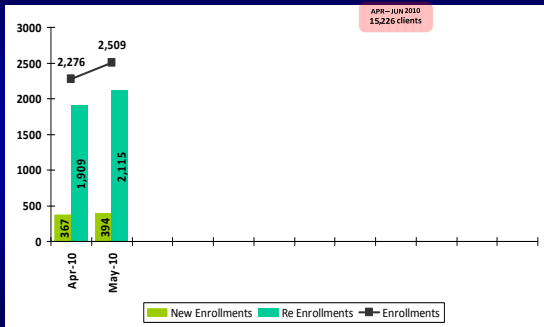
Total Enrollments FY 09/10



Reported on April 15, 2010.
* For the total number of clients, we considered active clients who picked up at least once during the given timeframe.

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Total Enrollments FY 10/11



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Health Care Reform and HIV

The previous patchwork system of HIV/AIDS programs and services leaves too many people behind

- Of the estimated 1.1 million people in the U.S. living with HIV/AIDS, as many as 500,000 lack access to needed healthcare services.
- The current patchwork of health programs and services is inefficient, inhumane, costly, and fails to achieve optimal outcomes for people living with and at risk for HIV/AIDS.
- New HIV infections remain unacceptably high. The HIV incidence estimates from 2007-2009 for the U.S. were approximately 50,000 per year.

Healthcare Reform Architects have Included Provisions Specifically in Support of the Fight Against HIV/AIDS

- Allow states to immediately extend Medicaid coverage to thousands of low-income people with HIV who currently cannot obtain Medicaid benefits because they are considered too healthy for assistance but too poor to purchase coverage on their own.
- Help states maximize the number of people who benefit from ADAP by strengthening coordination between ADAP and Medicare.
- Increase access to voluntary HIV testing and other preventative services through the Prevention and Wellness provisions.

Major Issues in 2011-2012

1. Ongoing state budget challenges
2. Impact of health reform on public health programs
3. Development of a national HIV/AIDS strategy
4. Testing – Counseling – Linkage – and Treatment
5. Use of new media and Internet-based strategies
6. Increased push towards integrated and/or holistic programs
7. More state and local HIV/AIDS workforce challenges
8. Prevention fatigue vs. PrEP
