

HIV/AIDS

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase or Decrease
INDIAN HEALTH SERVICE				
Total Program Level....	\$3,649,000	\$3,770,000	\$3,930,000	+\$160
(FTE).....	(15)	(15)	(15)	0

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>
Risk Assessment & Prevention			
Surveillance			
1. HIV Surveys.....	\$947,000	\$985,000	\$1,030,000
Information & Education/Preventive Services			
1. High Risk or Infected Persons			
a. Hlth. Educ./Risk Reduction ..	535,000	535,000	535,000
b. Counseling, Testing & Partner Notification.....	<u>213,000</u>	<u>222,000</u>	<u>232,000</u>
Subtotal, High Risk or Infected Persons.....	748,000	757,000	767,000
2. Special Minority Initiatives....	748,000	773,000	820,000
3. School and College Aged Youth			
a. Program Devel. & Training. .	213,000	222,000	232,000
4. General Public & Special Prog.			
a. Regional, State, & Local.....	781,000	812,000	850,000
5. Health Care Workers & Providers			
a. Other Types of Training.....	213,000	222,000	232,000
Subtotal, Info. & Educ./ Preventive Services.....	<u>2,703,000</u>	<u>2,785,000</u>	<u>2,900,000</u>
Total.....	<u>\$3,649,000</u>	<u>\$3,770,000</u>	<u>\$3,930,000</u>

PURPOSE AND METHOD OF OPERATION

The Public Health Service (PHS) mission for addressing Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) epidemic is to prevent further spread of infection; to provide effective therapies for those already infected; to enhance the capacity of the Nation's public and private organizations at the national, state, and local levels to deliver effective prevention, treatment, and related health care programs to all

citizens. To achieve the PHS HIV/AIDS mission, the IHS has implemented programs that include components of risk assessment, education, and prevention to health care workers and Indian communities, and treatment of HIV infected persons.

ACCOMPLISHMENTS

Surveillance

As of June 1999, the IHS has reported 2,722 AIDS/AIDS cases in AI/ANs. New HIV infection cases average 120 per year. The surveys of prenatal, sexually transmitted diseases (STD), and alcohol and drug abuse treatment programs have proved the presence of the virus in remote Indian communities. The CDC blinded seroprevalence survey in prenatal clinics revealed rates of 4/10,000.

Each Area Office has one HIV/AIDS Coordinator that networks with their respective State epidemiologist regarding HIV/AIDS in AI/ANs. All programs must meet State reporting requirements. Information is shared with the States and the Centers for Disease Control and Prevention.

IHS has one National AIDS Coordinator in Headquarters. Each Area Office has appointed permanent full-time Area AIDS/HIV Coordinator to enhance surveillance, prevention and treatment efforts.

High Risk or Infected Persons

More than 2,000 health care workers in IHS and tribal programs are trained as HIV counselors. This includes substance abuse counselors and mental health program staff.

Risk assessment behavior screening is continuing among women seen in prenatal and other clinics. Similar screening is being done on STD and tuberculosis patients.

With the increased public awareness of the AIDS/HIV virus, more individuals are seeking counseling and requesting HIV testing. IHS is providing 5,000 voluntary confidential tests annually.

Prevention Services

The IHS AIDS Program is focusing prevention activities in special groups, such as women, tribal leaders, school age youth, community leaders at specific community events such as feasts, pow-wows, schools, health fairs, and rodeos.

Special Initiatives - Urban Prevention Program

The Urban Indian Health programs received a special appropriation of \$646,000 in FY 1993 for AIDS education and prevention services. Urban Indian programs now provide testing for high risk individuals. Some continue to participate in the IHS surveillance.

The programs have developed culturally appropriate HIV/AIDS Prevention materials, and have identified available resources for care. Initially, the

34 urban Indian programs limited their activities to public awareness campaigns, but are now involved in part-time AIDS/HIV outreach, intervention, and referral activities for high risked persons.

School and College Age Youth

Limited data suggest that Indian youth continue to engage in unprotected sex at an early age. Surrogate data such as teen pregnancy and STD rates support this position. IHS provides AIDS Prevention/Risk Reduction services to all reservation based schools, school boards, and educators, as well as Teen Clinics, Youth Substance Abuse Treatment Centers, and other youth organizations. Regular training sessions are offered to the Bureau of Indian Affairs school administrators, teachers, and school board members. IHS personnel are participating in school health programs and curriculum development.

Local Programs - Community Awareness

The IHS has provided AIDS Prevention/Risk Reduction services to all Indian communities. Nearly all of the IHS service population has heard or seen an AIDS education message. Communities have established local task forces to encourage greater community involvement and to assist lifestyle changes.

Health Care Workers

The IHS AIDS Activities offices have distributed copies of the Behavior Modification Plan and Case Management Plan, a collection of current preventive and treatment AIDS information for IHS providers.

The local service units maintain continuing medical education programs on AIDS/HIV prevention for all health care workers. The IHS also provides training on universal precautions and implementation of 076 protocols for prevention of vertical transmission of infected mothers to uninfected newborn.