

Executive Summary

Demographics:

The demographic information for Indiana used throughout this report are based on the 2008 Census Bureau estimates, that extrapolate the census data from 2000 and provide periodic updates before the next population census is taking place in 2010. Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,376,792 people, as of July 2008. The majority of the population (88.0%) is White and Non Hispanic, followed by Blacks (9.1%). The rest is comprised of people of Asian/ Pacific Islander and American Indian/Alaskan Native origin. The population is predominantly Non Hispanic (94.8%), with a small, but fast growing Hispanic minority. According to the 2008 Census Estimates, 5.2% of the population selected Hispanic as their Ethnicity.

Prevalence:

By the end of December 2008, a total of 9,282 people were diagnosed with HIV/AIDS in the state of Indiana, up from 8,851 diagnosed people by the end of 2007. The disease continues to be male dominated, with the number of diagnosed males almost four times higher than that of females. The rate of infection was at 237.8 for males and 55.9 for females per 100,000 people of the general population. The majority of diagnosed persons are in their middle ages, ranging from 40 to 49 years of age by the end of 2008. However, the majority of people are diagnosed for the first time at the ages of 30 to 39 years of age. More than a third of all diagnosed people are Black (34.8%), while about six out of ten people with HIV/AIDS were White (55.9%). Based on the smaller numbers of Blacks in the general population, the infection rate of that racial group (559.1/100,000) is exceeding the rate of the Hispanic (188.1/100,000) and White group (92.4/100,000). HIV/AIDS continues to affect Black males disproportionately more than their White counterparts.

Each diagnosed person is associated with a risk category of how they most likely were diagnosed with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate of 145.8 per 100,000 people of the population is between six to 10 times higher than the other risk categories for all diagnosed people. It is the single largest category of risk for all race and ethnicity groups, and it is especially pronounced for Blacks.

Geographically, the vast majority of diagnosed people that were diagnosed in Indiana are also living here (82.1%). Within the state of Indiana, most diagnosed people are concentrated in the urban areas of the state. A majority is living in Health Region 6, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 257.8 per 100,000 diagnosed people. Other regions with large numbers of HIV/AIDS diagnosed people include Region 1 (175.3/100,000) which corresponds to the northwest part of the state adjacent to Chicago, and Regions 2 (Marshall, Starke, Pulaski, Fulton), 5 (Kokomo and Muncie/Anderson area), 7 (Vanderburgh and Evansville) and 10 (South Region, Jefferson, Crawford, Floyd, Clark, etc.).

New Diagnosis:

The number of newly diagnosed persons in Indiana was 483 for the calendar year 2008, down from 2007, which had 509 newly diagnosed persons. The diagnosis rate also decreased from 8.1 per 100,000 in 2007 to 7.6 per 100,000 in 2008. The highest rates of new diagnosis (11.9) in 2008 occurred among males between the ages of 25 to 29 years of age. Males continue to outrank females more than three times. The male diagnosis rate of 11.9 in 2008 is lower than the rate of 12.5 in 2007. The female new diagnosis rate also decreased to 3.4 in 2008 from 3.7 per 100,000 from the previous year.

Among the new diagnosis with HIV/AIDS in 2008, Blacks continue to have a rate (36.2) that is almost twice the rate of their Hispanic counterparts (12.9), and more than seven times that of Whites (4.2). New diagnosis among males is predominant for all racial and ethnic groups. The rate of new diagnosis with HIV/AIDS among Black males (54.3) is especially high, compared to their Hispanic (18.9) and White (6.2) counterparts. The majority of new diagnosis is to be found in the MSM risk category, whose new diagnosis rate of 7.2 per 100,000 is outranking all other risk categories. The main contributors are Blacks (26.3/100,000) and Hispanic (10.6/100,000).

Geographically, nearly four out of ten newly diagnosed persons live in Health Region 6 in Central Indiana, while the second largest group of more than 14.9% of all newly diagnosed persons was located in Region 1 in northwestern Indiana. Within the leading regions, Marion county and Lake county had the most new diagnosis in the reported time period.

Mothers with HIV:

The number of reported cases of children of HIV positive mothers in Indiana was 698, up from 649 in 2007. More than half of all children are Black (51.6%), less than one in four is White (30.9%), and the remaining is Hispanic (8.6%). In 2008, three new cases of pediatric diagnosis were reported. Of all the children that were born to diagnosed mothers, more than two thirds were definitely not diagnosed (62.6%), while 8.6% tested positive for HIV and 10.9% were diagnosed with AIDS. Please note that these numbers are cumulative and include all children, including those that were born before medication to prevent the spread of the HIV virus from mother to child was available.

Mortality:

The number of people that died of HIV/AIDS-related complications in Indiana peaked around the year 1995 and started to drop sharply thanks to the widespread availability of antiretroviral medications. However, in 2007, the number of persons that were diagnosed with HIV/AIDS and that died was 210, up from 121 in 2006. The Office of Clinical Data and Research completed a death match in early 2008. The Vital Statistics department provides information on any deaths of persons for a given time period which is used to match against the surveillance data base to identify persons with HIV/AIDS that have deceased. This may account for the increase in deaths associated with persons that have HIV/AIDS. In 2008, the number dropped to 133 deaths. This decrease may in part be due to the development of a new Vital Records system established in early 2009. Many submitters are back logged with submittal of mortality reports. It remains to be seen if 2007 is the beginning of a new trend towards rising mortality numbers or an exception to a trend. The majority of diagnosed people that died were males (76.7%). Among the racial and ethnic groups defined the death rate was highest for Hispanics (2.7/100) followed by Blacks

(1.4/100), and Whites (1.3/100). The highest number of deaths occurred among persons in the age of 40 to 49 (absolute number of 43). The majority of deaths are connected to the MSM and Hetero risk group, with mortality numbers of 49 and 25 respectively. Geographically, the highest mortality numbers occurred in Regions 6 (Central Indiana) at 65 deaths.

Mobility:

Of the total number of diagnosed people in Indiana, a relatively small number has migrated. At the end of 2008, a total of 632 persons that were diagnosed with HIV/AIDS in Indiana and were still alive had moved out of the state, compared to 478 in 2007. At the same time a total of 1,664 people had moved to Indiana that were diagnosed with the disease in another state and that were alive at the time of this report, compared to 1,455 persons in 2007. Of the diagnosed persons that moved into the state in 2008, the majority were White (56.2%), compared to 56.6% in 2007. Over one-third of all persons that moved to Indiana in 2008 were Black (33.4%), virtually unchanged from 36.2% in 2006. Diagnosed persons of Hispanic ethnicity remain stable as a percentage of all persons moving to Indiana. They comprised 7.3% in 2008, compared to 7.7% in 2007. Of those that moved to Indiana, more than a third (37.9%) settled in central Indiana's Health Region 6, similar to the previous year. The rest was distributed more or less equally among the other health regions of the state.

Counseling and Testing:

In 2008, a total number of 30,503 HIV/AIDS tests were administered in Indiana by the state, federally funded sites, compared to 31,553 in 2007. Out of those 30,503 tests, 212 (0.7%) had a positive result, similar to the numbers of 2007 (222 or 0.7%) and 2006 (288 or 0.9%). Slightly more tests were administered to males (55.2%) than to females (44.7%). In addition, thirty eight tests were administered to Transgender persons in 2008. The positive test results for males (9.6/1,000) were almost two times the number of female test results (positive rate of 3.4/1,000). Blacks had the largest positive rate per 1,000 of 9.2, compared to Whites (5.6) and Hispanics (5.3). The largest number of positive results came from the 20-29 year old range (85) with 30-39 year olds (58) in second place.

Youth Risk Behavior Survey:

The Youth Risk Behavior Survey (YRBS) surveys the health-risk behaviors of young people every two years in six domains: (1) behaviors which facilitate unintentional injuries and violence, (2) tobacco use, (3) alcohol and drug uses, (4) sexual behaviors related to pregnancy and sexually transmitted diseases, (5) unhealthy dietary behaviors, and (6) physical inactivity and being overweight. The information gathered from the YRBS reveals that three-quarters of adolescents have used alcohol and nearly half have used marijuana. Almost half of adolescents in Indiana (44.5%) have had sexual intercourse, while about a third is currently sexually active. An encouraging 92% of Indiana adolescents have been taught about HIV and AIDS infection in school, yet only 62.6% used a condom during the last sexual intercourse.

Behavioral Risk Factor Surveillance System:

Assessing the indicators of risk for HIV/AIDS in Indiana, a survey was conducted in 2006 that asked specific questions to a representative group of Indiana residents. In 2006, only 29.3% of all interviewees have ever been tested for HIV, down from 32.7% in 2005. Of those tests, the majority were done in a hospital or a drug treatment facility. Blacks have the largest share of

HIV tests among all racial and ethnic groups with 51.9%. In contrast to previous surveys, high risk situations, including using intravenous drugs or having unprotected sex, have been omitted from the 2006 questionnaire.

STD:

Chlamydia continued to be the most frequently reported sexually transmitted disease in Indiana, with 21,744 cases reported in 2008, 20,578 cases in 2007, and 20,283 in 2006. Gonorrhea was reported for 8,489 in 2008 and 8,788 cases in 2007. Primary and Secondary Syphilis was reported to be 140 in 2008, up from 53 cases reported the year before. Females continued to outnumber males for both Chlamydia and Gonorrhea while Syphilis was more prevalent among males. Both Blacks and Whites make up the majority of all STD cases in the last year.

In 2008, Indiana had 29 cases of acute Hepatitis B, down from 62 in 2007. The total number of chronic Hepatitis C infections for the state was reported to be 5,903 cases in 2007. Finally, 118 cases of Tuberculosis (TB) were reported in Indiana in 2008, down from 129 in the previous year. Of those 118 TB cases four persons were also HIV positive.

Care Issues:

In the fiscal year that ran from April 1, 2008 to March 31, 2009, the funding for Title II of the Ryan White CARE Act added up to a total of \$12,994,329.00. The majority of that budget (87.4%) financed the Health Insurance Assistance Programs (HIAP), while the rest was used for other medical and social services.

Of the 355 persons enrolled in the medical and social service programs called ADAP (AIDS Drug Assistance Program) in 2008, more than two-thirds (59.2%) were White. The share of Blacks among ADAP recipients grew from 21.5% in 2007 to 29.0% in 2008. The majority of recipients (60.8%) continued to select MSM as their main risk category. In 2008, 1,384 persons were enrolled and received assistance through the Health Insurance Assistance Program (HIAP), up from the year before, where 1,304 persons were enrolled.

Unmet Needs are defined as service needs and gaps for diagnosed individuals who know their HIV positive status and are not receiving primary care. In 2005, a Needs Assessment Survey was given to 520 clients that received HIV services in Indiana. The majority of clients resided in Region 6 (Central Indiana 27.3%), followed by Region 3 (11.2%) and Region 1 (11.0%). Most of the respondents were White (71%), African American (19.4%) and Hispanic (6.2%). More than 80% had been enrolled in the Care Coordination Services for more than 12 months. More than 40% of the survey respondents (214) rely on ISDH programs to pay for medical expenses, followed by Medicaid 157 or 30%). Of those in Care Coordination, only a minority of 3.5% is able to pay for these expenses out of pocket.

The barriers most often mentioned by respondents were “Access to HIV Medication” (40.4%), “Access to Specialty Medical Care” (33.6%), “Housing” (29%), and “Basic HIV Medical Care” (29%). Please note that the survey respondents had the option of selecting several services. Therefore the percentages do not add up to 100%.