



Washington AIDS Partnership Public Policy Position Statement

November 3, 2008

General Policy Positions

The Washington AIDS Partnership (the Partnership) is a collaboration of grantmaking organizations that leads an effective private-sector response to the HIV/AIDS epidemic in the region through strategic grantmaking, technical assistance, public policy initiatives, and investment in youth development through an AmeriCorps program. The Partnership believes that every individual living in the region should have access to comprehensive and appropriate HIV/AIDS prevention, testing, and care services. The following positions support that view:

- Full funding of HIV/AIDS prevention, testing, and care needs should be a priority for local governments, in combination with increased and continued support from local philanthropy.
- Every young person should have access to age-appropriate, medically accurate, comprehensive sexuality education.

Priorities

The Partnership works collaboratively with public officials, service providers, and philanthropic representatives to improve the local response to the HIV/AIDS epidemic. Current priorities include:

HIV/AIDS Services and Funding Needs in the Region

Improve HIV/AIDS prevention, testing, and care services and increase local government funding for HIV/AIDS needs in D.C., suburban Maryland, and Northern Virginia. Policy work includes:

- Continued support for implementation of the Partnership-commissioned DC Appleseed Center *HIV/AIDS in the Nation's Capital* Report and its recommendations.
 - The report released recommendations for improving the system of HIV/AIDS prevention, testing, and care in the District, and has been followed up by “report cards” evaluating the District’s efforts.
 - The Center, its stakeholders, and the Partnership will continue to focus on areas needing improvement such as syringe access, prevention services, and HIV testing. Buy-in of D.C. government officials is a key part of this ongoing effort.
- Developing a regional system of HIV/AIDS prevention, testing, and care that ensures full access to comprehensive and appropriate services for all residents, with particular attention to vulnerable populations.
 - Building upon a previously funded Northern Virginia assessment, support research and analysis focused on generating specific priorities and actionable recommendations for improving HIV/AIDS prevention, testing, and care services in Suburban Maryland and Northern Virginia.

Reaching Vulnerable Populations

Increase government funding and improve HIV/AIDS prevention, testing, and care services for vulnerable populations who are at high risk for HIV/AIDS and who often have limited access to appropriate care and

education. Policy work includes:

- Supporting age-appropriate, medically accurate, comprehensive sexuality education for District youth. Working directly with local providers, this includes:
 - Working with D.C. public schools to make sure K-12 health learning standards and curriculum are age-appropriate, medically accurate, and non-biased.
 - A broader focus in ensuring city-wide HIV/AIDS programming, including prevention, testing and care services, that is accessible, youth-driven, and focused on the needs of young people.
 - Building collaborative relationships with the school system, the D.C. Council, the Mayor, the D.C. Department of Health, and the D.C. HIV/AIDS Administration to make sure efforts to address this issue move forward.
 - Successes and lessons learned from this work will have applicability in suburban Maryland and Northern Virginia which will be a likely focus in the future.
- Supporting the removal of the congressional prohibition on using local public funding to support the distribution of sterile syringes in the District and increased D.C. government support for health services for injection drug users such as HIV testing and drug treatment referrals. The Partnership is leading a public-private collaboration which includes local providers and the D.C. government, and the group is focused on advocacy and education on this issue.

Underlying Principles

To truly address the HIV/AIDS epidemic in our region, local government investment is crucial. Philanthropic dollars cannot begin to meet the need for funding for HIV/AIDS prevention, testing, or care; core funding must come from the public sector. Therefore, the Partnership's policy work is based on two principles:

1. **Leveraging:** The Partnership works to leverage our investment along with local philanthropic and government funding.
2. **Collaboration:** Improved public policy and increased funding can best be accomplished through collaboration with local government, service providers, philanthropy, and the larger nonprofit community. The Partnership works to maintain strong relationships with these stakeholders so that the policy decision-making process is better informed and to ensure an integrated and effective response to HIV/AIDS.

Background

HIV/AIDS is one of the most urgent health problems facing the Washington, D.C. metropolitan region. As of December 2006, the most recent data available, 17,561 AIDS cases have been reported in the District of Columbia and over 31,000 AIDS cases in the Washington, D.C. metropolitan area.¹ Northern Virginia has 28.9% of living HIV/AIDS cases in Virginia² and Montgomery and Prince George's counties have 24.4% of living cases in Maryland.³ Communities of color and women are increasingly at risk for HIV/AIDS, especially in D.C. which has been disproportionately impacted by the epidemic. From 2001-2006, African Americans accounted for 84.3% of HIV/AIDS cases while only accounting for 55.4% of the D.C. population.⁴ African American women represent 90% of new female HIV cases.⁵ Of newly reported HIV cases, the leading modes of transmission are heterosexual contact (37.4%), men who have sex with men (25.8%), and injection drug use (13.2%).⁶ This highlights the change from primarily a male disease to increasing numbers of women becoming infected. Another area of concern is HIV/AIDS among youth. Over 20% of newly diagnosed HIV cases occur among ages 13-29 and this number could be larger as D.C. residents are typically tested and diagnosed later in their disease progression than nationally.⁷

¹ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. 2006; 18: 29-34.

² VA HIV/AIDS Surveillance Quarterly Report. First Quarter 2008: 3.

³ Maryland HIV/AIDS Epidemiological Profile. December 2007.

⁴ District of Columbia HIV/AIDS Epidemiology Annual Report. 2007: 19.

⁵ District of Columbia HIV/AIDS Epidemiology Annual Report. 2007: 2.

⁶ District of Columbia HIV/AIDS Epidemiology Annual Report. 2007: 21.

⁷ District of Columbia HIV/AIDS Epidemiology Annual Report. 2007: 2, 21.