

Introduction

The Ryan White Care Act of 1990 [Pub. L. 101-381], as amended in 1996 [Pub. L. 104-146] and in 2000 [Pub. L. 106-345], sets forth specific duties for Planning Councils. Specifically, the planning council shall —

“(A) determine the size and demographics of the population of individuals with HIV disease;

(B) determine the needs of such population, with particular attention to—

(i) individuals with HIV disease who know their HIV status and are not receiving HIV related services; and

(ii) disparities in access and services among affected subpopulations and historically underserved communities;

(G) establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels...”

The 2004 Needs Assessment of the Newark EMA HIV Health Services Planning Council fulfills these responsibilities. The Epidemiological Profile and Trends in HIV and AIDS determine the size and demographics of the population of individuals with HIV disease living in the Newark EMA, using the most recent surveillance data published by the N.J. Department of Health and Senior Services, Division of HIV/AIDS Services. The section on Title I Service Utilization identifies current access to services and by relevant demographic groups. Parts 1, 2 and 3 provide considerable detail about the needs of individuals with HIV disease who know their status and may or may not be receiving HIV related services, and identify disparities in access and services among a minimum of eight affected subpopulations and historically underserved communities.

The 2004 Needs Assessment is a comprehensive examination of the needs of people with HIV, access to services, and service gaps. It serves as a baseline or snapshot of the EMA at a point in time. The results identify subpopulations, geographical areas, and services that warrant more in depth investigation in future studies and assessments of consumer needs. As the Council prepares its planning agenda for 2004-2005, these items can be prioritized with input from the affected communities, for development of more formal research plan(s) for the coming years.

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List of Abbreviations

ADDP	AIDS Drug Distribution Program (NJDHSS term for USDHHS AIDS Drug Assistance Program or ADAP)
HAB	[U.S.] HIV/AIDS Bureau within HRSA
HRSA	[U.S.] Health Resources and Services Administration
CDC	[U.S.] Centers for Disease Control and Prevention
CHAMP	Comprehensive HIV/AIDS Management Program
DHAS	Division of HIV/AIDS Services (of the NJDHSS)
DHHS	Newark Department of Health and Human Services
EMA	Eligible Metropolitan Area
HOPWA	Housing Opportunities for Persons With AIDS
HRSA	Health Resources and Services Administration
IDU	Injection Drug User
MMWR	Morbidity and Mortality Weekly
MSM	Men who have Sex with Men
NEMA	Newark Eligible Metropolitan Area
NIDU	Non Injection Drug User (substance abuser other than IDU)
NJCRI	North Jersey Clinical Research Institute
NJDHSS	New Jersey Department of Health and Senior Services
NJFC	New Jersey FamilyCare
NJHPCPG	New Jersey HIV Prevention Community Planning Group
PHS	[U.S.] Public Health Service
PLWHA	People Living with HIV/AIDS
RWCA	Ryan White CARE Act
SCHIP	State Children's Health Insurance Program
SES	Socio-Economic Status
SSD	Social Security-Disability
SSI	Supplemental Security Income
STD	Sexually Transmitted Disease
UMDNJ	University of Medicine and Dentistry of New Jersey
VA	Veterans' Administration
WOW!	Project WOW! Web Outreach Work

Newark EMA 2004 Needs Assessment Epidemiological Profile

The Newark EMA Epidemiological Profile for the 2004 Needs Assessment follows guidelines on epidemiological profiles recently issued by the U.S. Centers for Disease Control and Prevention (CDC). All surveillance data is from the New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services.

People Living with HIV/AIDS

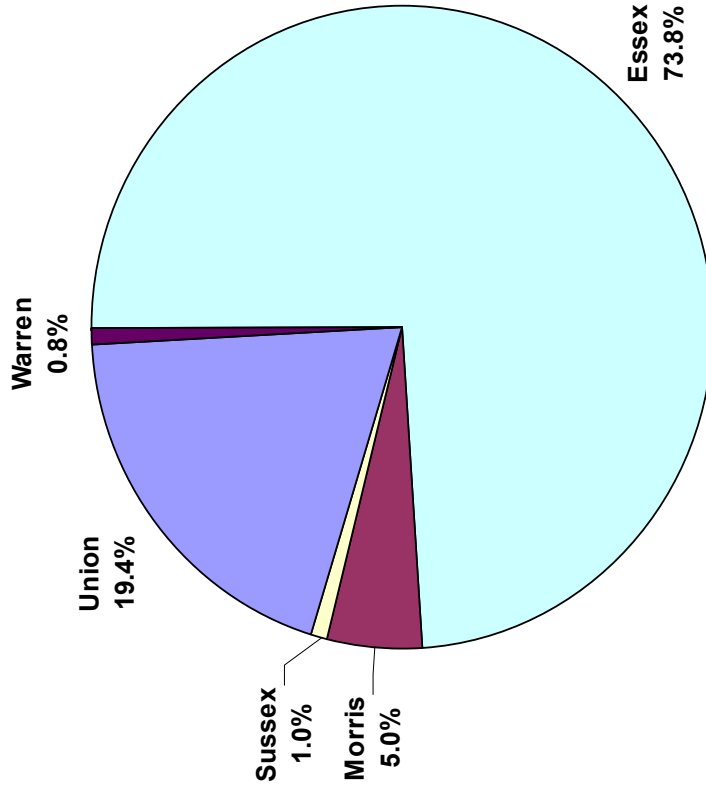
As of December 31, 2003, surveillance data of the New Jersey Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services (DHAS) show that there were 11,956 people living with HIV/AIDS (PLWHA) residing in the Newark EMA. This is an increase of 3% or 333 over the 11,623 as of December 31, 2002. Similarly, there were 31,320 PLWHA in New Jersey as of 2003, or a 4% increase over the 30,073 in 2002. The Newark EMA accounts for 38.2% of PLWHA in New Jersey. Table E-1.

Table E-1: People Living With HIV or AIDS as of December 31, 2003 - Newark EMA and New Jersey

County	PLWHA			%		%	
	AIDS	HIV	Total	AIDS	HIV	NEMA	NJ
Essex	4,447	4,375	8,822	50.4%	49.6%	73.8%	28.2%
Morris	341	254	595	57.3%	42.7%	5.0%	1.9%
Sussex	56	61	117	47.9%	52.1%	1.0%	0.4%
Union	1,339	986	2,325	57.6%	42.4%	19.4%	7.4%
Warren	48	49	97	49.5%	50.5%	0.8%	0.3%
Newark EMA	6,231	5,725	11,956	52.1%	47.9%	100.0%	38.2%
New Jersey	16,601	14,719	31,320	53.0%	47.0%		
Rest of NJ	10,370	8,994	19,364	53.6%	46.4%		
NEMA/NJ	37.5%	38.9%	38.2%				

Within the Newark EMA, most PLWHA (8,822 or 73.8%) reside in Essex County, followed by 2,235 (19.4%) in Union County. A total of 809 or 6.8% reside in the remaining three counties – 595 (5.0%) in Morris, 117 (1.0%) in Sussex, and 97 (0.8%) in Warren County.

Figure E-1: PLWHA by County in Newark EMA - 12/31/03

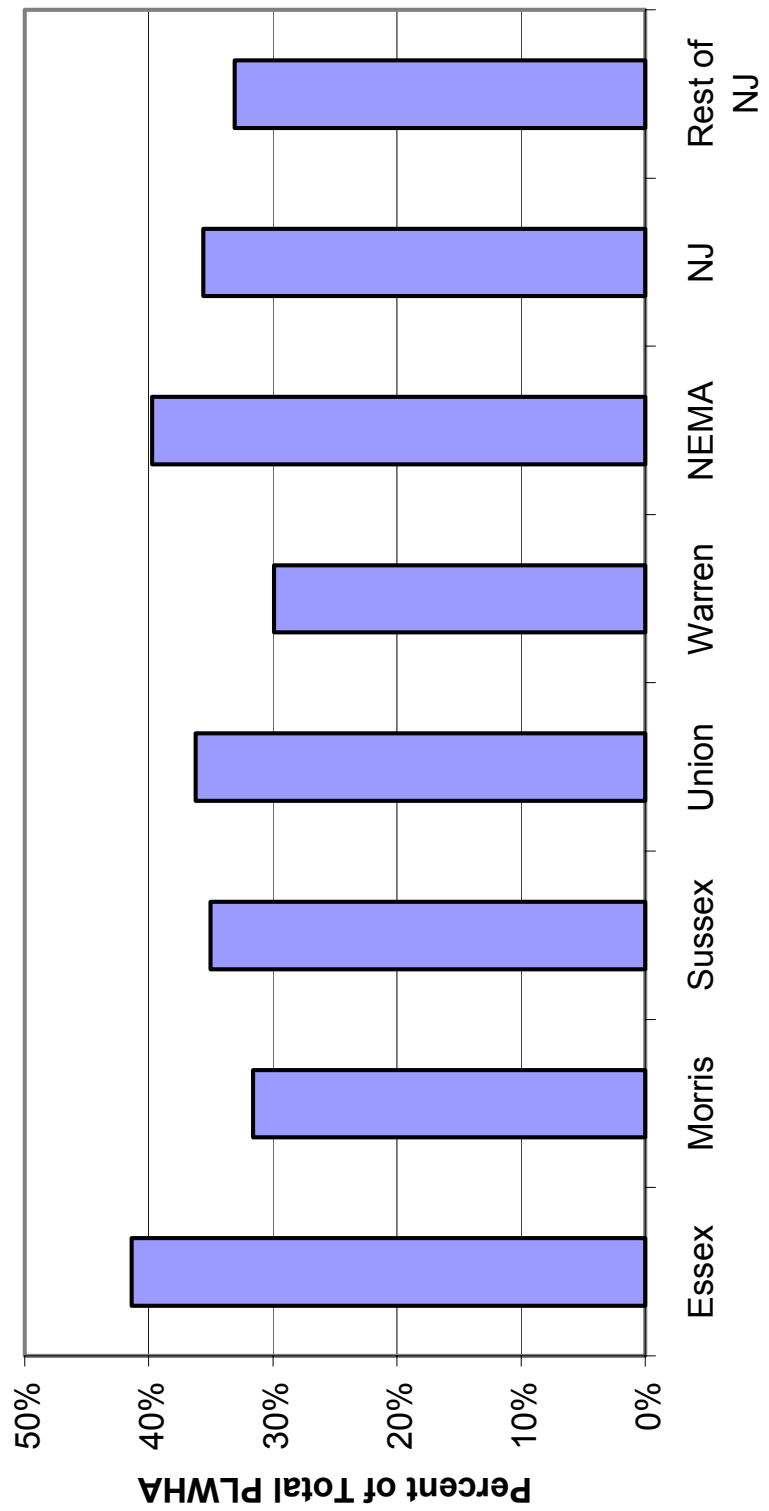


Gender

Of the total PLWHA, 60% or 7,207 are male and 40% or 4,749 are female. This reflects a change from the distribution in 2002, in which 61% were male and 39% were female. The epidemic among women in the Newark EMA directly affects the corresponding statewide epidemic. The percent of female PLWHA in New Jersey including the Newark EMA is 35.6%, but in the rest of New Jersey without the Newark EMA the percent of HIV+ women drops to 33.1% of cases. Within the Newark EMA, the highest percent of female PLWHA (41.4%) reside in Essex County, followed by Union County (36.2%) and Sussex County (35.0%). The lowest percent of female PLWHA reside in Morris County (31.6%) and Warren County (29.9%). Table E-2 and Figure E-2.

County	Number			Percent		
	Male	Female	Total	Male	Female	Total
Essex	5,173	3,649	8,822	58.6%	41.4%	100.0%
Morris	407	188	595	68.4%	31.6%	100.0%
Sussex	76	41	117	65.0%	35.0%	100.0%
Union	1,483	842	2,325	63.8%	36.2%	100.0%
Warren	68	29	97	70.1%	29.9%	100.0%
NEMA	7,207	4,749	11,956	60.3%	39.7%	100.0%
NJ	20,168	11,152	31,320	64.4%	35.6%	100.0%
Rest of NJ	12,961	6,403	19,364	66.9%	33.1%	100.0%
NEMA/NJ	35.7%	42.6%	38.2%			

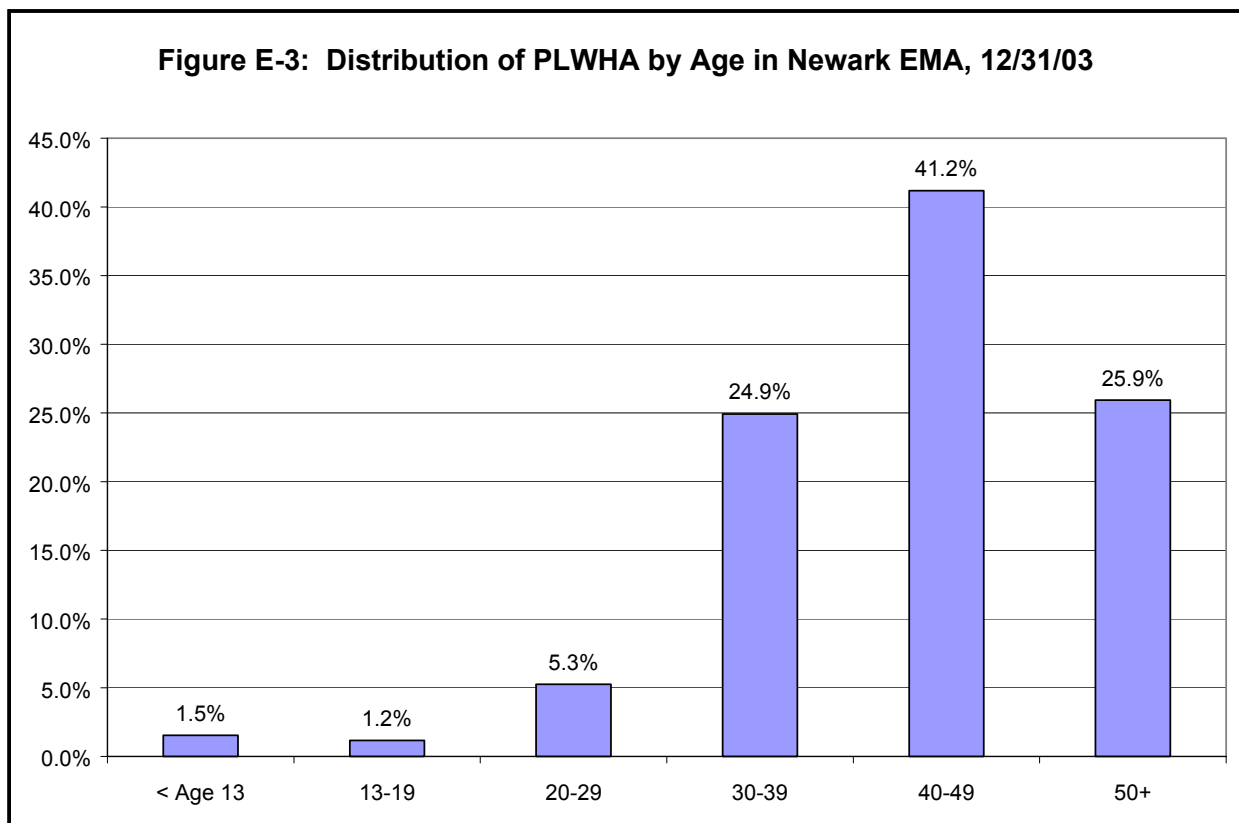
**Figure E-2: Percent of Female PLWHA within County, Newark
EMA, NJ - 12/31/03**



Current Age

With respect to current age, the highest number (4,924) and percent (41.2%) of PLWHA are age 40-49. The second highest age category is PLWHA age 50 and older (3,100 or 25.9%). The third highest category is individuals age 30-39 at 2,981 or 24.9%. In other words, two-thirds of PLWHA are age 40 and older. This contrasts to the epidemic prior to development of protease inhibitors and combination therapy (mid-1990's), during which time the largest number of PLWHA were young adults age 25-44. Table E-3 and Figure E-3.

There are several reasons for this increase in current age of PLWHA. People are living longer with HIV disease due to life sustaining HIV medications. They are “aging into” these older age categories following a diagnosis at an earlier age. Also, more aggressive outreach and HIV testing and counseling efforts have resulted in higher numbers of older adults being tested for HIV, increasing their numbers.



Race/Ethnicity

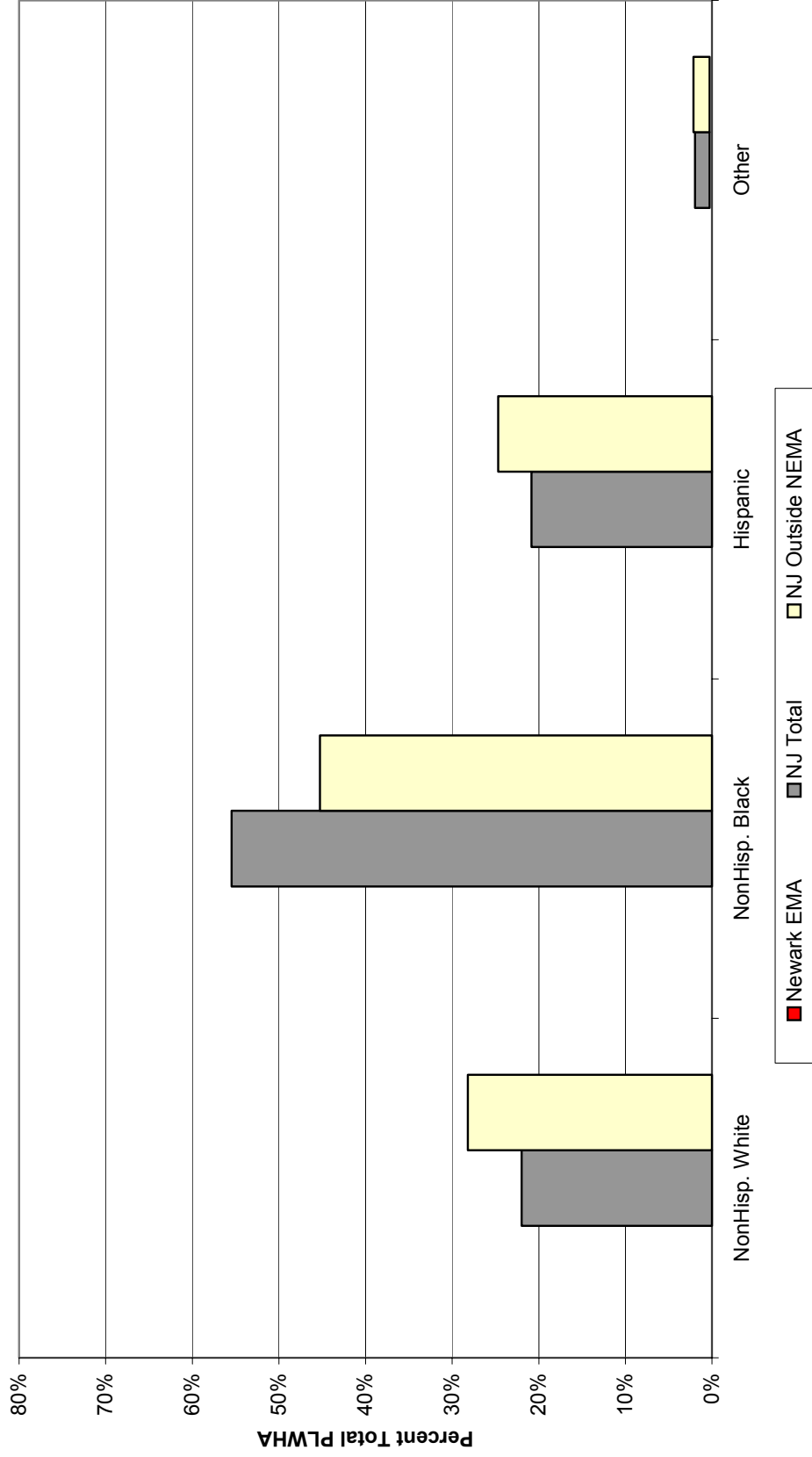
Within the Newark EMA, nearly three quarters of PLWHA (72% or 8,608) are Black, Not Hispanic. An additional 1,746 (14.5%) PLWHA are Hispanic and 1,432 (12%) are White, Not Hispanic. The remaining 170 PLWHA (1.4%) are of other races. Table E-4 and Figure E-4.

The racial/ethnic characteristics of the HIV epidemic in the Newark EMA are much different than the rest of New Jersey outside of the EMA. In both areas, the population most affected by HIV is NonHispanic Black. However, although African Americans comprise 72% of the EMA's epidemic, they comprise less than half (45%) of the epidemic in the rest of New Jersey. NonHispanic Whites outside of the Newark EMA are the second highest racial/ethnic category affected by HIV – at 28% of PLWHA – more than twice as high as the 12% in the Newark EMA. The HIV epidemic affects Hispanics outside of the EMA at rates greater than the Newark EMA – 25% of PLWHA are Hispanic in the rest of New Jersey versus 15% in the Newark EMA.

Although the Newark EMA accounts for 39% of PLWHA in New Jersey, half (50%) of the state's NonHispanic Black PLWHA reside in the Newark EMA and 40% of the state's African American PLWHA reside in Essex County.

Table E-4: PLWHA as of December 31, 2003 - Race/Ethnicity in Newark EMA and New Jersey					
County	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
Number					
Essex	549	7,009	1,160	104	8,822
Morris	342	144	94	15	595
Sussex	95	13	7	2	117
Union	376	1,427	475	47	2,325
Warren	70	15	10	2	97
NEMA	1,432	8,608	1,746	170	11,956
NJ	6,889	17,372	6,526	533	31,320
Rest of NJ	5,457	8,764	4,780	363	19,364
NEMA/NJ	20.8%	49.6%	26.8%	31.9%	38.2%
Percent within County and NJ					
Essex	6.2%	79.4%	13.1%	1.2%	100.0%
Morris	57.5%	24.2%	15.8%	2.5%	100.0%
Sussex	81.2%	11.1%	6.0%	1.7%	100.0%
Union	16.2%	61.4%	20.4%	2.0%	100.0%
Warren	72.2%	15.5%	10.3%	2.1%	100.0%
NEMA	12.0%	72.0%	14.6%	1.4%	100.0%
Rest of NJ	28.2%	45.3%	24.7%	1.9%	100.0%
NJ	22.0%	55.5%	20.8%	1.7%	100.0%

Figure E-4: PLWHA by Race/Ethnicity within Newark EMA, NJ Total, NJ Outside NEMA



Exposure Category/Mode of Transmission

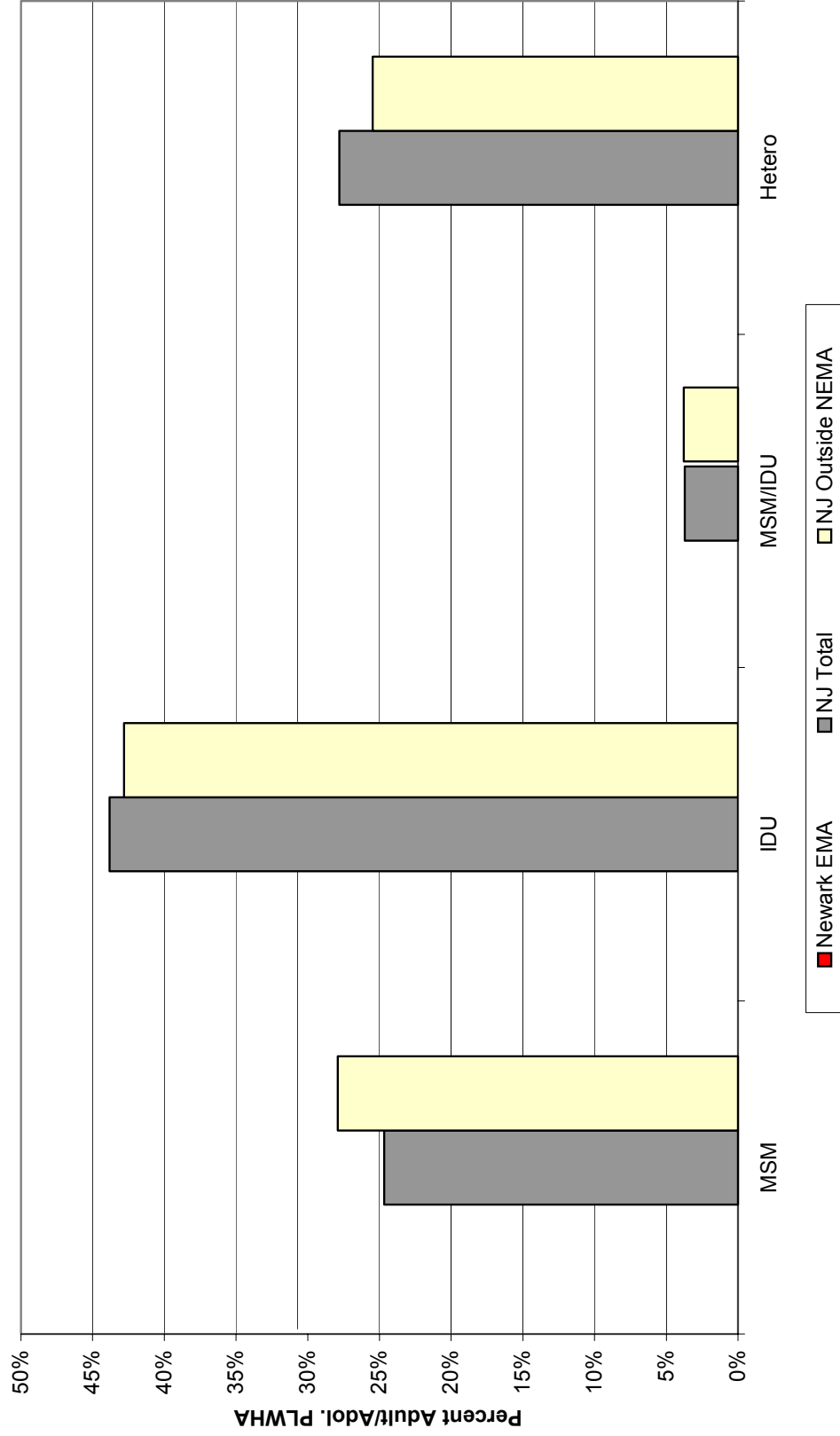
Exposure category or mode of transmission is tabulated separately for Adult/Adolescent exposure categories and Pediatric exposure. Within the Newark EMA, Injecting Drug Use (IDU) continues to be the leading exposure category among adult/adolescents, at one third of all diagnoses. Heterosexual transmission is the second leading cause of HIV infection, at 23% of PLWHA. Men Having Sex with Men (MSM) is the third leading cause at nearly 14% of PLWHA. MSM/IDU is the fourth exposure category, at 3% of all HIV infection. The leading cause of pediatric HIV is a parent infected with HIV (94%). Table E-5.

IDU is the leading cause of HIV infection for the rest of New Jersey as well. Outside of the Newark EMA, however, MSM is the second leading cause of HIV infection at 22% of PLWHA. Heterosexual transmission is a close third at 20% of HIV. MSM/IDU is fourth at 3% of HIV.

Within New Jersey, the Newark EMA accounts for more than its proportionate share of two exposure categories – heterosexual transmission (41.5% of NJ HIV) and pediatric HIV infection (47%).

The “Other Risk or Unknown Risk” category reflects individuals who do not report the cause of their HIV infection. This category accounts for one quarter of PLWHA – from 22% outside of the EMA to 29% of PLWHA within the Newark EMA. To better display the relative proportions of adult/adolescent exposure category, Figure E-5 shows the percent distribution of PLWHA among the four adult exposure categories. From this figure, the differences between the Newark EMA and rest of New Jersey are more evident in the exposure categories of MSM and heterosexual contact.

Figure E-5: PLWHA by Adult/Adolescent Exposure Category (Estimated by removing Unknown) - Newark EMA, NJ, NJ outside of NEMA



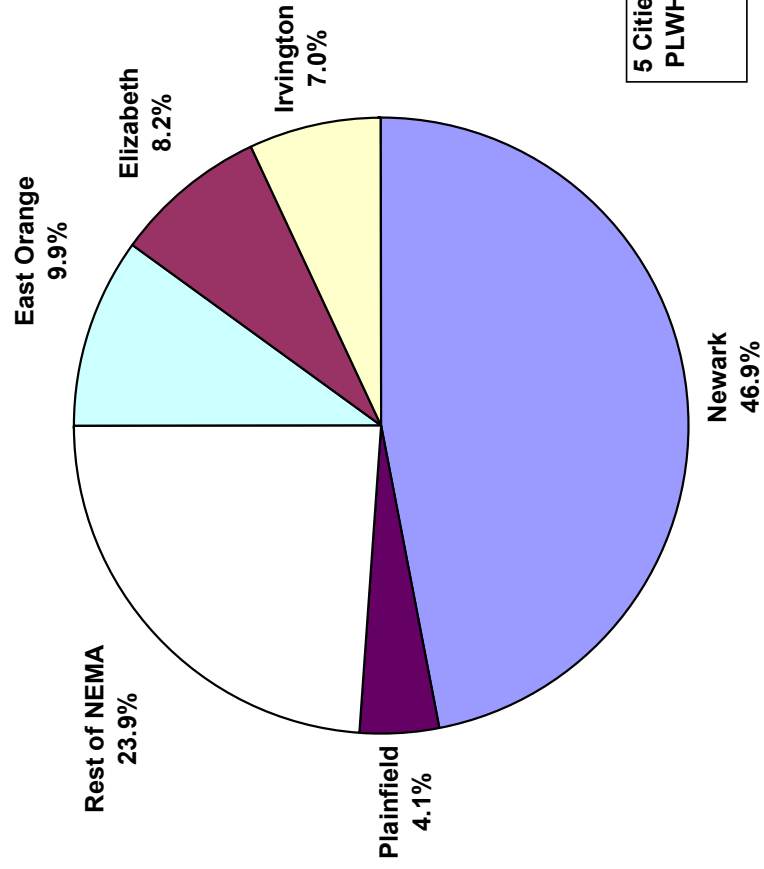
Geographical Distribution

In addition to county of residence, the Newark EMA HIV epidemic is further concentrated in its five largest cities – East Orange, Irvington and Newark in Essex County and Elizabeth and Plainfield in Union County. Over three fourths (76%) of PLWHA reside in these five cities. With 5,603 PLWHA, Newark accounts for 47% of PLWHA in the EMA and 18% of PLWHA in New Jersey. Table E-6 and Figure E-6.

Table E-6: PLWHA as of December 31, 2003 - 5 Cities, Newark EMA and NJ

City	#			%		Distn in 5 Cities	% 5 Cities of	
	AIDS	HIV	Total	AIDS	HIV		NEMA	NJ
East Orange	629	550	1,179	53.4%	46.6%	13.0%	9.9%	3.8%
Elizabeth	574	411	985	58.3%	41.7%	10.8%	8.2%	3.1%
Irvington	435	404	839	51.8%	48.2%	9.2%	7.0%	2.7%
Newark	2,845	2,758	5,603	50.8%	49.2%	61.6%	46.9%	17.9%
Plainfield	275	216	491	56.0%	44.0%	5.4%	4.1%	1.6%
Total 5 Cities	4,758	4,339	9,097	52.3%	47.7%	100.0%	76.1%	29.0%
NEMA	6,231	5,725	11,956	52.1%	47.9%			
Rest of NEMA	1,473	1,386	2,859	51.5%	48.5%			
NJ	16,601	14,719	31,320	53.0%	47.0%			
Cities/NEMA	76.4%	75.8%	76.1%					

Figure E-6: PLWHA by 5 Cities in Newark EMA - 12/31/03



Disproportionate Impact

Disproportionate impact means that the HIV/AIDS epidemic affects the total population of the Newark EMA or subpopulations within the EMA at proportions greater than the distribution of the total general population or these subpopulations. Disproportionate impact is important because it indicates where the HIV/AIDS epidemic is affecting residents more seriously.

The following areas indicate a disproportionate impact of HIV/AIDS in the Newark EMA.

- The entire Newark EMA is disproportionately impacted by the HIV epidemic – with 38% of the state’s PLWHA, but only 24% of New Jersey’s total residents.
 - Among counties in the EMA, Essex County is most impacted with 74% of the EMA’s PLWHA but only 39% of the EMA’s general population.
 - All five cities are disproportionately impacted with 76% of PLWHA, but only 28% of the EMA’s total residents. However, Newark bears with greatest burden with 47% of the EMA’s PLWHA but only 13% of its population, and 18% of New Jersey’s PLWHA but only 3% of the state’s population.
- Women in the Newark EMA are most affected by HIV, at 40% of PLWHA. As of June 30, 2003, the CDC reported that the Newark EMA contains the highest percent (36.31%) of women, infants, children and youth living with AIDS among the 51 EMAs in the United States.
 - Women represent a higher proportion of the HIV epidemic in urban areas – Essex County (41%) and three cities of Irvington (46%), East Orange (43%) and Newark (41%).
- HIV disproportionately affects African Americans in the Newark EMA. African Americans account for 22% of the EMA’s general population but 72% of its HIV.
- Exposure to HIV via heterosexual contact continues to increase disproportionately in the EMA compared to the rest of New Jersey. The increase is concentrated in the five large cities within the EMA, and Irvington has the highest percent.
- Children in the Newark EMA continue to be disproportionately affected by HIV – the EMA accounts for 47% of New Jersey’s PLWHA under age 12 exposed by an HIV-infected parent.

HIV Prevalence

Prevalence of HIV disease, or number of PLWHA per 100,000 population, is another means of assessing the impact of HIV on a population and geographic area. It is computed by dividing PLWHA by the population divided by 100,000, and can be adapted to total populations and populations within a geographical area.

HIV prevalence in the Newark EMA is 588 PLWHA per 100,000 population, or nearly twice as high as the rest of New Jersey with a rate of 303 PLWHA per 100,000 population. Within the EMA, HIV prevalence is highest in Essex County, at 1,112 PLWHA per 100,000 population, nearly three times as high as the next county, Union, at 445 PLWHA per 100,000 population. The remaining three counties have much lower HIV prevalence rates. PLWHA are spread out over larger geographical areas, which presents additional challenges in ensuring access to medical care and other services. Table E-7.

HIV prevalence rates demonstrate the disproportionate impact of HIV disease on racial/ethnic minority populations within counties of the EMA. Table E-7 and Figure E-7.

NonHispanic Blacks are affected by HIV at high rates. Within the EMA, HIV prevalence of 1,904 NonHispanic Black PLWHA per 100,000 African American residents is three times greater than the EMA-wide rate for all residents. HIV prevalence among Blacks in Essex County is the highest, at 2,135 per 100,000, followed by Union at 1,326 per 100,000 and Morris County at 1,139 per 100,000.

Hispanics are also disproportionately affected by HIV in the EMA. The EMA-wide rate of 645 Hispanic PLWHA per 100,000 Hispanics/Latinos residing in the EMA, is higher than the rate for the rest of New Jersey at 565 per 100,000. Essex County also has the highest HIV prevalence rates among Latinos at 945 per 100,000. The remaining counties have lower rates.

The HIV epidemic in the EMA does not ignore NonHispanic Whites. The EMA's NonHispanic Whites are affected by HIV at the same rates as the rest of New Jersey – 118 PLWHA per 100,000 population compared with 123 in the rest of New Jersey.

Within the EMA's five cities, the impact of HIV described above is more dramatic. HIV prevalence for the total of the five cities is 1,589 per 100,000 residents, nearly three times as high as the EMA-wide rate, and eight times as high as the rest of the EMA. HIV prevalence rates for all racial and ethnic categories in the five cities (total) exceed those of the rest of the EMA. Table E-8 and Figure E-8.

Table E-7: HIV/AIDS Prevalence as of 12/31/03 - Newark EMA and NJ

PLWHA by Race/Ethnicity as of 12/31/03

	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
Essex	549	7,009	1,160	104	8,822
Morris	342	144	94	15	595
Sussex	95	13	7	2	117
Union	376	1,427	475	47	2,325
Warren	70	15	10	2	97
NEMA	1,432	8,608	1,746	170	11,956
Rest of NJ	5,457	8,764	4,780	363	19,364
NJ	6,889	17,372	6,526	533	31,320

General Population, 2000 Census*

	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
Essex	304,939	328,361	122,347	37,986	793,633
Morris	389,110	12,642	36,626	31,834	470,212
Sussex	135,716	1,466	4,822	2,162	144,166
Union	288,104	107,636	103,011	23,790	522,541
Warren	95,183	1,888	3,751	1,615	102,437
NEMA	1,213,052	451,993	270,557	97,387	2,032,989
Rest of NJ	4,421,288	666,817	846,634	446,622	6,381,361
NJ	5,634,340	1,118,810	1,117,191	544,009	8,414,350

HIV/AIDS Prevalence Rates (per 100,000 population) as of 12/31/03

	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
Essex	180	2,135	948	274	1,112
Morris	88	1,139	257	47	127
Sussex	70	887	145	93	81
Union	131	1,326	461	198	445
Warren	74	794	267	124	95
NEMA	118	1,904	645	175	588
Rest of NJ	123	1,314	565	81	303
NJ	122	1,553	584	98	372

**Other" includes American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander. Persons who reported two or more races in the 2000 Census are apportioned to one of the three categories (NonHispanic White, NonHispanic Black, Hispanic).

**Figure E-7: HIV/AIDS Prevalence by Race/Ethnicity and County within Newark
 EMA as of 12/31/03**

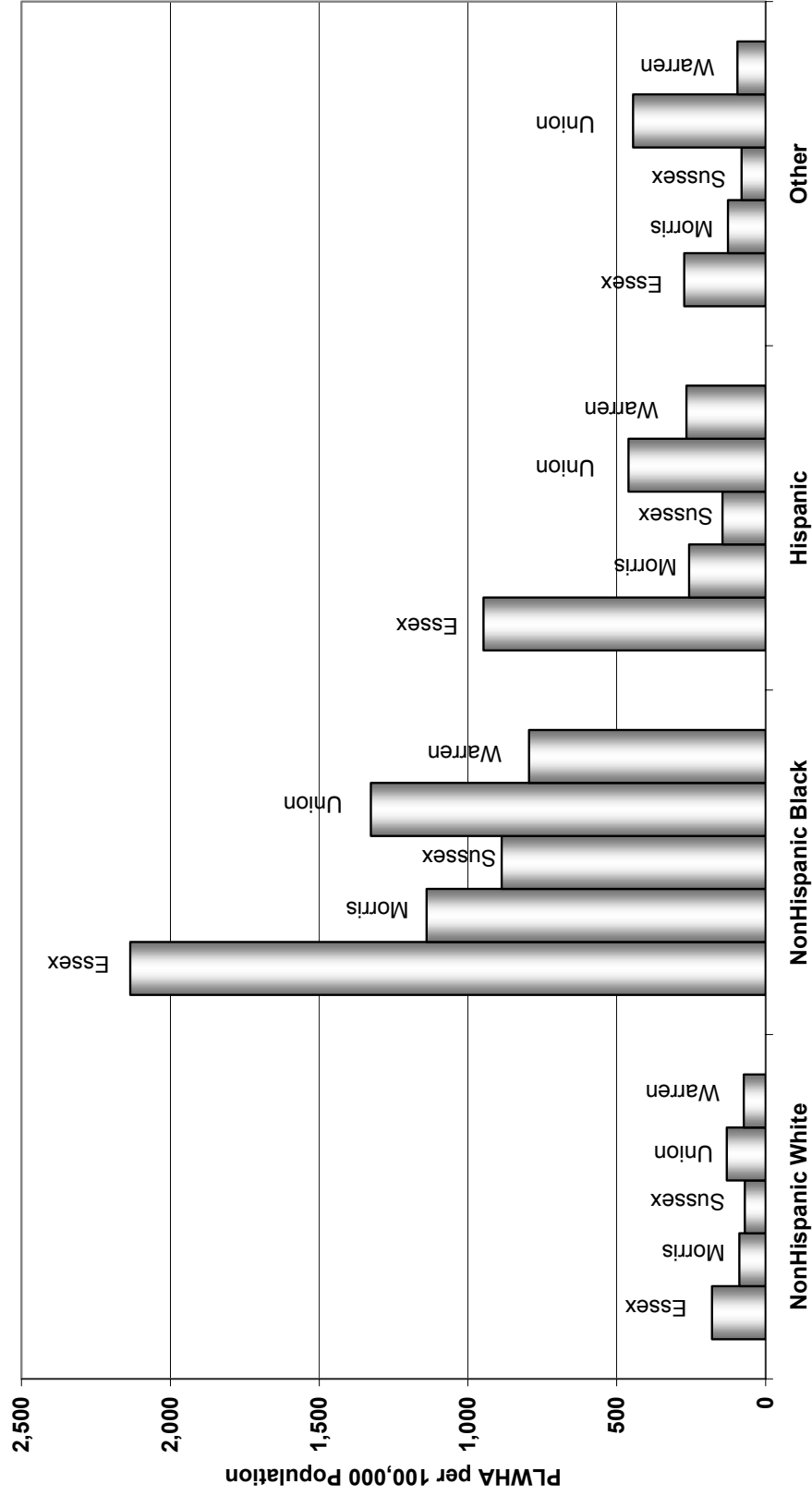


Table E-8: HIV/AIDS Prevalence as of 12/31/03 – Five Cities in Newark EMA

PLWHA by Race/Ethnicity as of 12/31/03

	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
East Orange	23	1,103	34	19	1,179
Elizabeth	110	512	349	14	985
Irvington	22	770	36	44	839
Newark	196	4,423	940	11	5,603
Plainfield	49	384	48	10	491
Total 5 Cities	400	7,192	1,407	98	9,097
Rest of EMA	1,032	1,416	339	72	2,859
NEMA	1,432	8,608	1,746	170	11,956

General Population, 2000 Census*

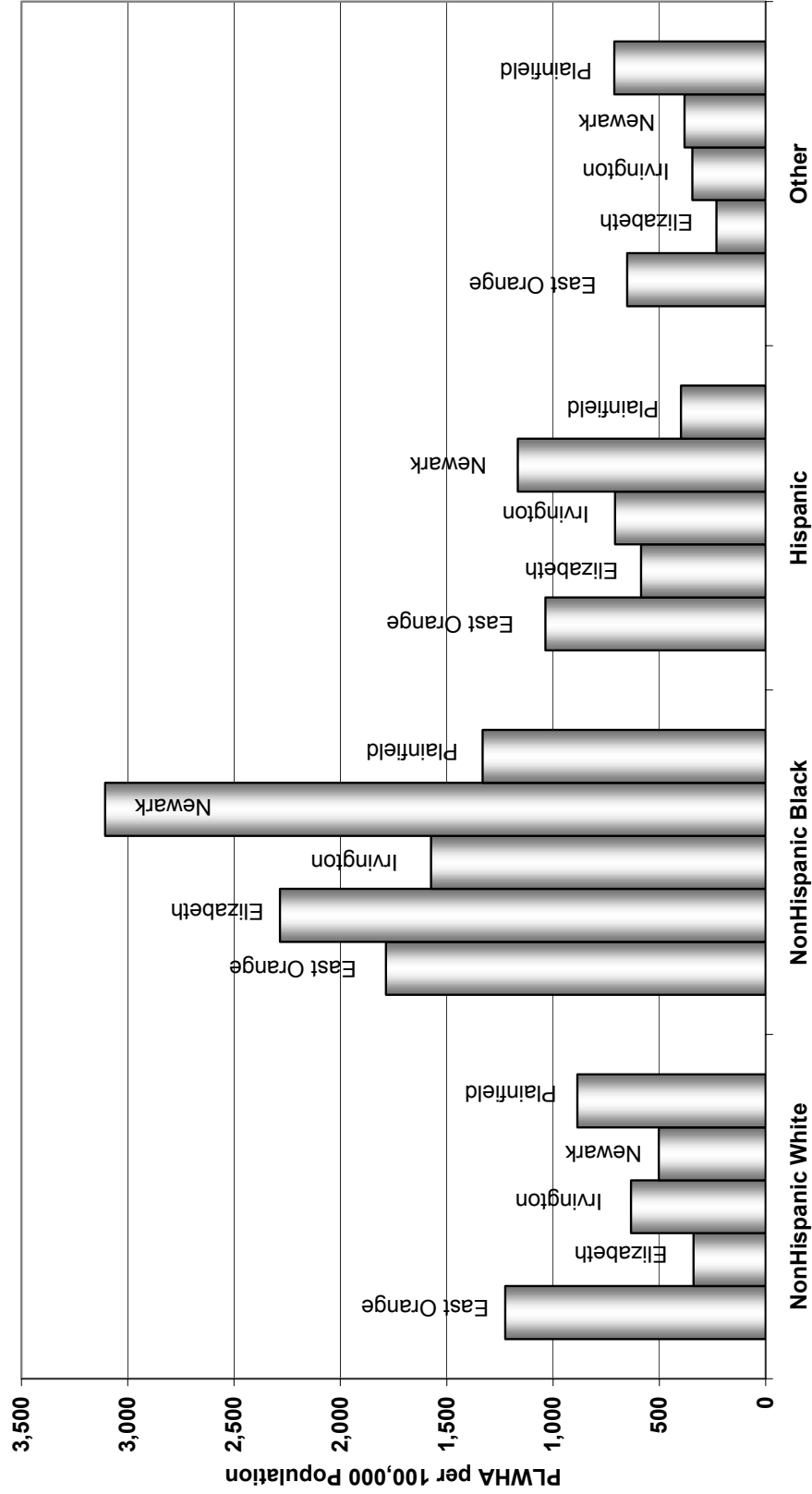
	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
East Orange	1,878	61,743	3,284	2,919	69,824
Elizabeth	32,459	22,412	59,627	6,070	120,568
Irvington	3471	48938	5,086	3,200	60,695
Newark	39,024	142,353	80,622	11,547	273,546
Plainfield	5,538	28,853	12,033	1,405	47,829
Total 5 Cities	82,370	304,299	160,652	25,141	572,462
Rest of EMA	1,130,682	147,694	109,905	72,246	1,460,527
NEMA	1,213,052	451,993	270,557	97,387	2,032,989

HIV/AIDS Prevalence Rates (per 100,000 population) as of 12/31/03

	NonHispanic White	NonHispanic Black	Hispanic	Other	Total
East Orange	1,225	1,786	1,035	651	1,689
Elizabeth	339	2,284	585	231	817
Irvington	634	1,573	708	344	1,382
Newark	502	3,107	1,166	381	2,048
Plainfield	885	1,331	399	712	1,027
Total 5 Cities	486	2,363	876	390	1,589
Rest of EMA	91	959	308	100	196
NEMA	118	1,904	645	175	588

*"Other" includes American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander. Persons who reported two or more races in the 2000 Census are apportioned to one of the three categories (NonHispanic White, NonHispanic Black, Hispanic).

Figure E-8: HIV/AIDS Prevalence by Race/Ethnicity and City within Newark EMA
 as of 12/31/03



Newark EMA

2004 Needs Assessment

Trends in HIV/AIDS

This section examines the number of people living with HIV Only versus those whose disease has progressed to AIDS. The disease initially starts as HIV infection, and can progress to AIDS, defined by the CDC as a CD-4 count of under 200. The importance of comparing people living with HIV only versus AIDS is that it gives an indication of the following items.

- New infections and diagnoses (people living with HIV) versus older infections/diagnoses (people living with AIDS).
- A higher percent of people living with HIV may indicate that testing is more effective, because people are being diagnosed at earlier stages in the disease.
- A higher percent of people living with HIV may indicate the effectiveness of medical care – that more people are getting necessary and appropriate treatment and medications on a regular basis – such that HIV is not converting to AIDS.
- The percent of people living with HIV versus AIDS has implications for the cost of medical care and related support services. The cost of medical care for people living with AIDS is higher (including the cost of inpatient care), and support services are related to serious stages of the illness. The cost of medical care for people living with HIV may not be as high (primary medical visits and medications) but the types and levels of “quality of life” support services which enable consumers remain healthy and in medical care may be more diverse and utilized at higher rates.

Trends in HIV and AIDS from 1999 to 2003

Surveillance data of the New Jersey Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services (DHAS) show the total number of people living with HIV disease and AIDS annually as of December 31, 1999 through 2003. Trends in HIV and AIDS were computed from these data. It is important to note, however, that DHAS revised its reporting of HIV cases starting in January 1, 2002 to include only confirmed cases of HIV. As a result of this change, it appeared that there was a reduction in total number of HIV cases. It was most noticeable among infants (whose mothers have HIV/AIDS) and pediatric HIV cases, but affected all people with HIV. Thus the data from 2001 to 2002 appear to show a decline in HIV, which is actually a reporting adjustment. Trends from 2002 to 2003 continued to show increases in people living with HIV.

Within the Newark EMA, the percent of people living with HIV versus those with AIDS was approximately equal from 1999 to 2001. With the change in HIV reporting in 2002, the relative

percent of people living with AIDS increased to 52% versus 48% of people living with HIV in both 2002 and 2003. In the rest of New Jersey outside of the EMA, the percent of people living with AIDS was higher, ranging from 52% to 54% from 1999 through 2003. The percent of people living with HIV was lower at 46% to 48% by the end of 2003. Table E-9 and Figure E-9.

Trends in HIV and AIDS vary within the five EMA counties. In Essex County in 1999, slightly more people were living with HIV (51%) than AIDS (49%), which was reversed by the end of 2003 (51% AIDS and 49% HIV). Since Essex contains three quarters of the EMA's PLWHA, the EMA reflects the Essex distribution of HIV/AIDS. With the second highest number of PLWHA, Union County shows a much higher prevalence of AIDS than HIV. In 1999, 55% of PLWHA in Union County were living with AIDS and 45% with HIV, which increased to 58% AIDS and 42% HIV as of the end of 2003. Morris County showed similar differences, with 59% AIDS and 41% HIV in 1999 and 58% AIDS and 42% HIV in 2003. In Sussex and Warren counties, the proportion of people with AIDS and those with HIV was relatively equal. In both counties, more than half of PLWHA were living with HIV by the end of 2003. Figure E-11.

Within the EMA's five largest cities – East Orange, Elizabeth, Irvington, Newark, Plainfield - the distribution of people with HIV and AIDS also varies, but not as much as the counties. In 1999 within the five cities (total), 51% of people were living with HIV and 49% with AIDS. By the end of 2003, 48% were living with HIV and 52% with AIDS. Figure E-10. By the end of 2003, each of the five cities reflected the HIV/AIDS distribution of their counties. The Essex County cities of Newark, East Orange and Irvington had 51%-53% people living with AIDS and 47%-49% people living with HIV. The Union County cities of Elizabeth and Plainfield showed greater differences, at 56%-58% AIDS and 42%-44% HIV. Figure E-12.

**Newark EMA HIV Health Services Planning Council
2004 NEEDS ASSESSMENT
Trends in HIV/AIDS**

Table E-9: Persons Living With HIV and AIDS in the Newark EMA and New Jersey from 1999 - 2003

Disease Category	12/31/1999		12/31/2000		12/31/2001		12/31/2002		12/31/2003	
	#	%	#	%	#	%	#	%	#	%
Newark EMA										
AIDS	5,493	50%	5,849	51%	6,093	51%	6,093	52%	6,231	52%
HIV	5,444	50%	5,546	49%	5,961	49%	5,530	48%	5,725	48%
Total	10,937		11,395		12,054		11,623		11,956	
Essex County										
AIDS	4,005	49%	4,268	50%	4,415	49%	4,380	51%	4,418	51%
HIV	4,243	51%	4,320	50%	4,613	51%	4,230	49%	4,320	49%
Total	8,248		8,588		9,028		8,610		8,738	
Morris County										
AIDS	285	59%	305	59%	316	57%	332	58%	338	58%
HIV	202	41%	209	41%	234	43%	244	42%	247	42%
Total	487		514		550		576		585	
Sussex County										
AIDS	44	49%	44	48%	45	46%	54	50%	56	47%
HIV	46	51%	47	52%	52	54%	53	50%	62	53%
Total	90		91		97		107		118	
Union County										
AIDS	1,121	55%	1,193	56%	1,276	56%	1,283	57%	1,325	58%
HIV	918	45%	931	44%	1,016	44%	955	43%	961	42%
Total	2,039		2,124		2,292		2,238		2,286	
Warren County										
AIDS	38	52%	39	50%	41	47%	44	48%	47	49%
HIV	35	48%	39	50%	46	53%	48	52%	48	51%
Total	73		78		87		92		95	

Source: N.J. Dept. Health & Senior Services, Division of HIV/AIDS Services.

Note: As of 2002 NJDHSS changed reporting of HIV disease to confirmed cases of HIV.

Table E-9: Persons Living With HIV and AIDS in the Newark EMA and New Jersey from 1999 – 2003 (Cont.)

Disease Category	12/31/1999		12/31/2000		12/31/2001		12/31/2002		12/31/2003	
	#	%	#	%	#	%	#	%	#	%
5 Cities - East Orange, Elizabeth, Irvington, Newark, Plainfield										
AIDS	4,108	49%	4,365	50%	4,621	50%	4,583	52%	4,758	52%
HIV	4,301	51%	4,358	50%	4,656	50%	4,285	48%	4,339	48%
Total	8,409		8,723		9,277		8,868		9,097	
New Jersey										
AIDS	14,116	51%	15,130	52%	15,837	52%	16,017	53%	16,601	53%
HIV	13,484	49%	13,708	48%	14,698	48%	14,056	47%	14,719	47%
Total	27,600		28,838		30,535		30,073		31,320	
Rest of New Jersey Outside of EMA										
AIDS	8,623	52%	9,281	53%	9,744	53%	9,924	53%	10,370	54%
HIV	8,040	48%	8,162	47%	8,737	47%	8,526	47%	8,994	46%
Total	16,663		17,443		18,481		18,450		19,364	

Source: N.J. Dept. Health & Senior Services, Division of HIV/AIDS Services.

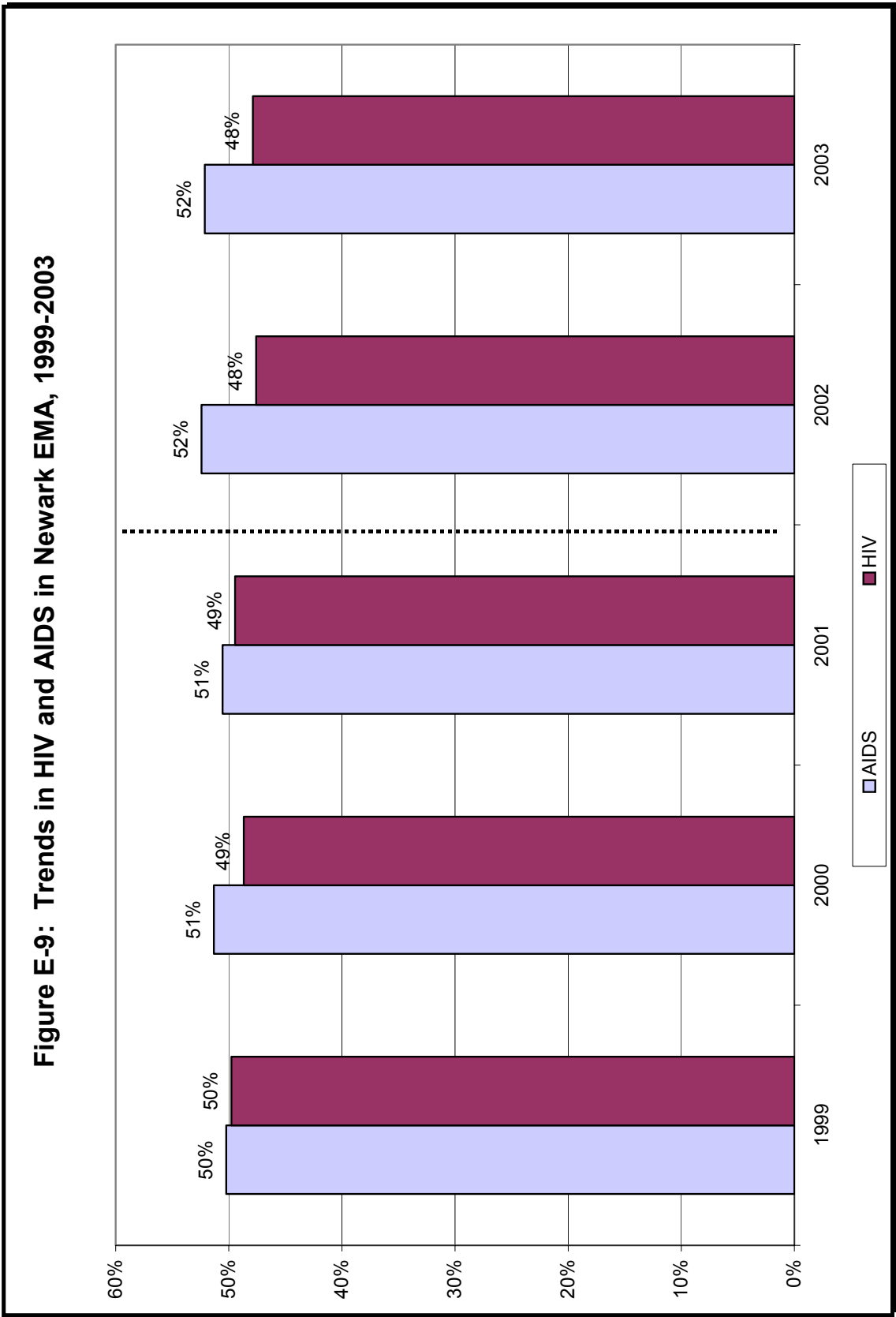
Note: As of 2002 NJDHSS changed reporting of HIV disease to confirmed cases of HIV.

Table E-10: Percent of New Jersey People With AIDS and HIV in Newark EMA

Disease Category	12/31/99	12/31/00	12/31/01	12/31/02	12/31/03
	%	%	%	%	%
AIDS	39%	39%	38%	38%	38%
HIV	40%	40%	41%	39%	39%
Total	40%	40%	39%	39%	38%

Source: N.J. Dept. Health & Senior Services, Division of HIV/AIDS Services.

Note: As of 2002 NJDHSS changed reporting of HIV disease to confirmed cases of HIV.



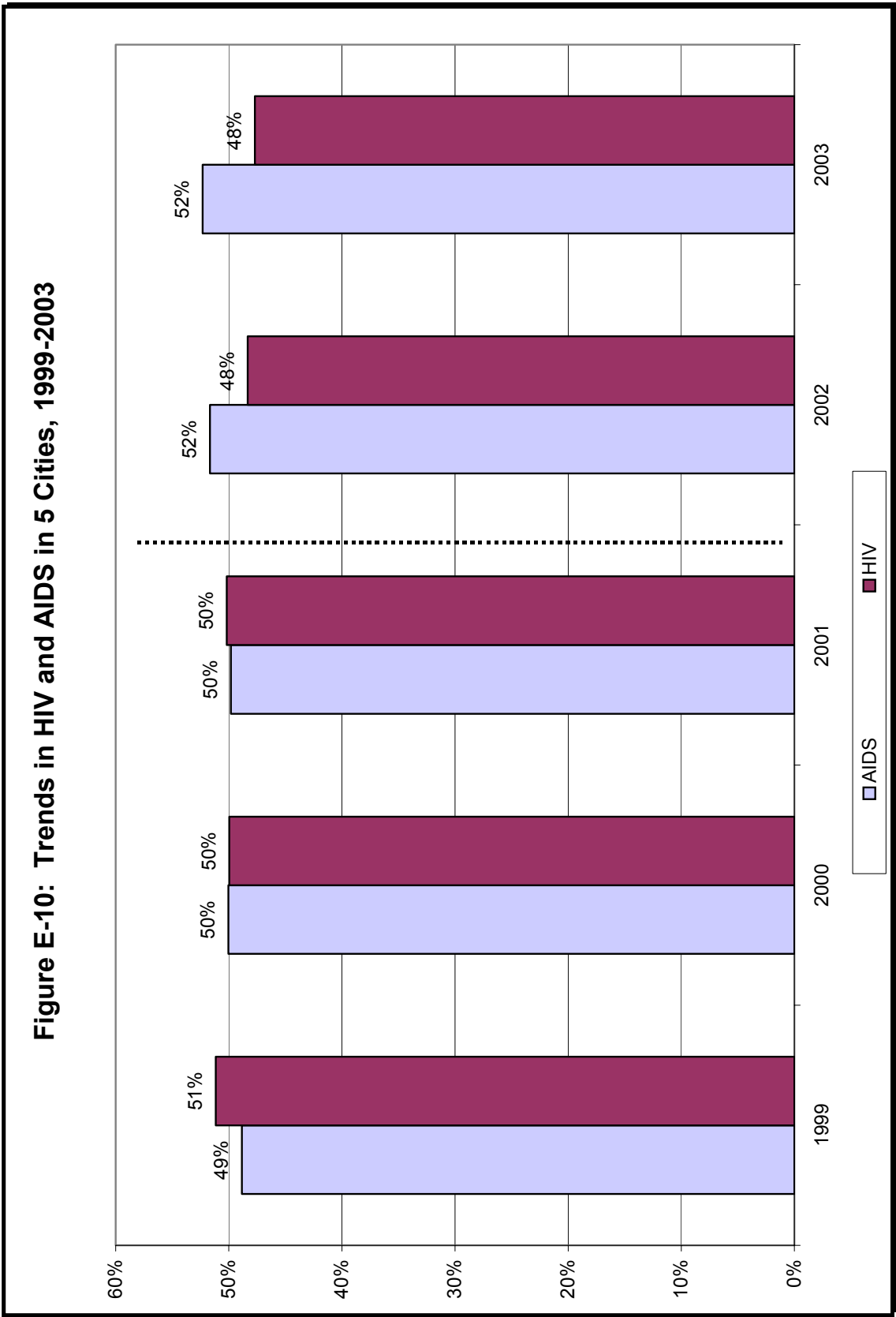


Figure E-11: Distribution of People Living with HIV or AIDS by County in Newark EMA, 12/31/03

