

# North Carolina Community AIDS Fund

PHILANTHROPY  
PROFILE

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**A**lthough the number of new HIV cases in the United States has declined since its peak in the 1980s,<sup>1</sup> we are still faced with an increasing number of people living with HIV.<sup>2</sup> An estimated 21% of those living with HIV do not know they are positive,<sup>3</sup> and there is a shift in the populations being infected.<sup>1</sup> In North Carolina, the rate of HIV infections has been increasing since 2000 with approximately 2,000 new infections annually and 32,583 people living with HIV in the state as of 2007.<sup>4</sup> In North Carolina, as is true across the country, it is racial minorities that are disproportionately impacted by this disease, representing 71% of those diagnosed with HIV in 2007, with the highest rate of infections among black males.<sup>4</sup> However, it is black females that experience the greatest disparity with a rate of infection 16 times higher than white women.<sup>4</sup>

North Carolina reflects the southeastern United States in new infections, where the HIV epidemic seems to be hitting the hardest. According to 2001 and 2006 Centers for Disease Control and Prevention Surveillance Reports, while the US has seen new infections decrease, the South's infection rate has increased 2% with the rural southeastern states seeing a 36% increase.<sup>5</sup> The rate of HIV infection in North Carolina is 40% higher than the national rate.<sup>5</sup>

North Carolina is also faced with additional unique barriers to HIV prevention and care. Twenty-five percent of our HIV cases are in rural areas,<sup>5</sup> creating significant difficulties accessing medical care. Public school health education teaches an abstinence-based curriculum limiting access for students to comprehensive sex education and prohibiting the distribution of contraceptives, including condoms, on school properties.<sup>a</sup> In 2006-2007 the rates of uninsured for nonwhites in North Carolina exceeded the national average, in the case of Latinos by 20%.<sup>6</sup>

We know HIV transmission is the result of behavioral factors, many of which are highly stigmatized behaviors related to sexual activity or substance use. But we also know that poverty, trauma, inadequate access to health care, and economic disparities are engines which drive the dramatic health disparities we see in regard to HIV.

It was against this backdrop that a group of funders began discussions in early 2008 to change the response to HIV in North Carolina. While our state benefits from a multitude of medical and research institutions, many great AIDS service providers, and strong state leadership from our Department of Health and Human Services, our response to the HIV epidemic has left much of our population behind in terms of access to HIV prevention and care. A new approach was needed.

By the fall, five funders had come together to create the North Carolina Community AIDS Fund (NC CAF). Blue Cross and Blue Shield of North Carolina Foundation, Kate B. Reynolds Charitable Trust, National AIDS Fund, North Carolina Health and Wellness Trust Fund, and The Duke Endowment all committed funds while the Center for Health Policy at Duke University was chosen as the convener.

The goal of this collaborative is to increase the capacity of communities across the state to respond to the HIV epidemic by funding creative approaches to prevention and care, working with nontraditional partners to bring HIV prevention messages to all populations within the state, working to target rural areas across North Carolina, and working with the agencies providing these services to strengthen their programs and operations so they can do their work better.

North Carolina, with our unique HIV epidemic, needs to find creative solutions that work with our populations, geography, and institutions. Equally, while there has been strong leadership on HIV issues in the state, that leadership has been concentrated, with minimal independent voices advocating for increased HIV services on a state and national level. With this in mind, the North Carolina Community AIDS Fund has three program areas that will help us address these challenges: grantmaking, technical assistance, and AmeriCorps.

Five agencies across the state have received grants for these programs: Chatham Social Health Council, Metropolitan Community Health Services, Student Action with Farmworkers, Western North Carolina AIDS Project, and Women's Center of Wake County. The populations these projects reach out to include: African Americans; people who are lesbian, gay,

a North Carolina GS 115C-81 Basic Education Program.

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bisexual, or transgender; Latino youth; African American women; migrant farm workers; and sex workers. These populations are often hardest to reach and in greatest need of HIV prevention education. NC CAF aims to work with these funded projects to develop replicable models and tools that work in our state and which can be shared with others interested in doing similar work.

NC CAF recognizes that it's not only important to have strong programs in the community; the agencies providing those programs must also be strong. The North Carolina Community AIDS Fund will coordinate technical assistance for agencies providing HIV prevention and care services to improve their program development and evaluation—seeking to always increase the level of services provided to the community, as well as organizational capacity building to strengthen the organizations' boards, fundraising ability, networking, accounting procedures, and oversight. We believe that healthier organizations can both focus more attention on their programs and bring more resources into the state to serve our residents.

Finally, the National AIDS Fund AmeriCorps Caring Counts Program will be coming to the greater Triangle area in fall 2009. A team of five people seeking to make an impact in the HIV epidemic will dedicate 11 months to serving our community. These members will increase the capacity of the agencies in which they work but also contribute to the whole community through weekly community service.

NC CAF sees a great need to not only increase the quality of services provided and the capability of those service providers, but understands that true systemic improvements cannot happen without advocacy. Throughout the HIV epidemic in North Carolina, much of the vision around prevention and care has been provided by the Communicable Disease Branch (formerly the HIV/STD Prevention and Care Branch) and the AIDS Care Unit. Led by Evelyn Foust, this relatively small number of dedicated and hard working individuals has often been forced to shoulder the burden of developing and spreading HIV messages across each of the diverse regions of the state and throughout the country. North Carolina has not been as

successful at sustaining a community-level advocacy movement to act as a counterbalance to the efforts of our state level policymakers. There are many reasons that this community-level response has been slow to develop and difficult to sustain. The continuing stigma of HIV in North Carolina continues to make disclosure difficult. HIV care providers are overstretched and underresourced in comparison to the needs their clients face. The majority of HIV funding in North Carolina is funneled through the state, creating some hesitation for the community dependent on that funding to invest too heavily in advocacy-related activities. The shift of the HIV epidemic into the most marginalized and disenfranchised populations in North Carolina has created a patient population which in many ways is less equipped towards advocacy than was the largely gay white male cadre of AIDS activists in the 1980s and early 1990s.

This does not mean that advocacy efforts are hopeless or unworthy of effort. In fact, there is a need to redouble our efforts towards developing community-based capacity to engage in advocacy across the wide continuum of related activities and to involve strong yet diverse collaboratives, both old and new. It requires creative thought and patience as we support those new to advocacy work to become engaged, and as we develop diverse routes through which those who are infected and affected can safely participate. The NC CAF is seeking through its work to support communities in a number of ways, all of which will ultimately lead to an increased capacity of these communities to develop and engage in advocacy-related work.

While North Carolina has developed a strong network to serve those at risk of and living with HIV, we have left behind many of those in greatest need of our services. This collaboration is an opportunity to fill in the gaps in services, to address the needs that are hardest to meet and the populations hardest to reach, to increase the capacity of our service delivery system to both provide better services and to become stronger organizationally, and to expand the leadership roles within our state, turning the tide on the HIV epidemic in North Carolina. **NCMJ**

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## REFERENCES

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