Preventing HIV in the Trump Administration: The South

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HIV IN THE SOUTH: THE NUMBERS . . . .
PERCENTAGE OF TOTAL NEW HIV & AIDS DIAGNOSES BY REGION IN 2015

New **AIDS** Diagnoses (2015)

- Northeast: 18%
- West: 17%
- Midwest: 12%
- South: 53%

New **HIV** Diagnoses (2015)

- Northeast: 16%
- West: 19%
- Midwest: 13%
- South: 52%

PERCENTAGE OF NEW HIV/AIDS DIAGNOSES IN THE DEEP SOUTH

New AIDS Diagnoses (2015)
- West: 17%
- Midwest: 12%
- Rest of South: 10%
- Deep South: 43%
- Northeast: 18%

New HIV Diagnoses (2015)
- West: 19%
- Midwest: 13%
- Rest of South: 10%
- Deep South: 42%
- Northeast: 16%

HIV DIAGNOSES 2015 - BLACK/AFRICAN-AMERICAN MSM

- Deep South: 51%
- Midwest: 15%
- West: 8%
- Rest of South: 13%
- Northeast: 13%
HIV DIAGNOSES AMONG BLACK/AFRICAN AMERICAN FEMALES (2015)

All Black/African Female HIV Diagnoses by Region (2015)

Deep South 48%
Midwest 12%
Northeast 19%
Rest of South 14%
West 7%

DEATHS DUE TO HIV AS UNDERLYING CAUSE

Deep South has the highest death rates where HIV was the underlying cause of death (2008-2015) (n=27,123)

http://wonder.cdc.gov/wonder/help/ucd.html
Top 15 States/Region: HIV as Underlying Cause of Death

HIV IN THE SOUTH: THE FUNDING.....
In 2015, the Deep South received $100 less in CDC funding per person living with HIV than the US overall and $82 less in 2014.

Ryan White funding per PLWH was comparable between the Deep South and US overall in 2015 (exception: RW Part B Supplemental).

The Deep South received $35 per PLWH in private foundation funding while the US average was $116 per PLWH in 2014.

FOCUS ON THE CDC.....
CDC PS15-1502 Funding

- **Direct funding** for Community-based Organizations (CBOs)

- **Restricted eligibility** for direct funding to CBOs to those located in designated metropolitan statistical areas; CBOs outside those areas were **not eligible** to apply for funding.

- Distributed only **33% of total funding** to the South (and 36% to NY and CA combined)
Percent HIV+ Population Living Outside Large Metropolitan Statistical Areas (≥ 500,000) 2013

- 0-20%
- 20-40%
- 40-60%
- 60+%
Southern region has more new diagnoses in rural or suburban areas than anywhere else in the US;

Poses unique challenges:

1. Limited access to health care
2. Providers may have limited experience with HIV and be less likely to provide testing or PrEP;
3. And be less equipped to provide quality HIV care
4. Public health infrastructure may be limited;
5. Higher levels of poverty and HIV-related stigma
Progress:

CDC funding for CBOS under PS17-1704

1. Funding for *HIV prevention projects* for *young men of color who have sex with men*, and *Transgender persons of color*;

2. Available and limited to *non-profit organizations*

3. Must operate in 1 of 33 states (includes Southern states)

4. Eligibility *not* limited to *large urban areas*. 
SASI ANALYSIS OF RECENT CDC FUNDING

PS17-1704—Funding for Community-based Organizations:

**CDC PS17-1704 Funding by Region**
- South: 48%
- Midwest: 18%
- Northeast: 17%
- West: 17%

**Percentage of Total HIV Diagnoses by Region (2015)**
- South: 52%
- Midwest: 13%
- Northeast: 16%
- West: 19%
PERCENTAGE OF PS17-1704 CDC FUNDING DISTRIBUTED TO LARGE URBAN AREAS

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage PS17-1704 Funding to CBOs in MSAs ≥ 500,000</th>
<th>Percentage PS17-1704 Funding to CBOs in MSAs of 50,000 – 499,999</th>
<th>Percentage PS17-1704 Funding to CBOs in Non-metropolitan areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>86%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>South</td>
<td>93%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Deep South</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Northeast</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Midwest</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>West</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
CDC primary means of addressing Southern challenges outside the large urban areas:

➢ Funding to state health departments;

➢ Encouragement for health departments to: “partner with rural CBOs and health care providers to close gaps in HIV prevention and care.”
HOW IS CDC FLAGSHIP FUNDING BEING SPENT?

- **Lack of transparency** on the part of funded state health departments:
  - Difficult to obtain detailed information from some states on how they are spending their CDC flagship grant;
  - No requirement by CDC in the past to provide that information;
  - Difficult to then identify the gaps in funding, especially outside large urban areas.
CDC FLAGSHIP FUNDING: PS18-1802

- **Flagship** 5-year Health Department Funding
- **Integrated** HIV surveillance and prevention funding

**Priorities:**
- **Increase** individual knowledge of HIV status
- **Prevent** new infections among HIV-negative persons
- **Reduce** transmission from PLWH
- **Strengthen** interventional surveillance

**Eligibility**
- Health Departments in all 50 states, D.C., Puerto Rico, and the Virgin Islands
- Local health departments in Baltimore, Chicago, Fulton County (Atlanta), Houston, Los Angeles, Philadelphia, New York City, Philadelphia
Positives:

- **Integrates** HIV Surveillance and Prevention Programs for the first time;
- Funding is based on the **number of people living with diagnosed HIV** (as of 2014);
- And funding is based on the **most recent known address for each PLWH** (rather than residence at time of first diagnosis);
- **Minimum allocation** for each eligible jurisdiction of **$1 million** ($150,000 for surveillance and $850,000 for prevention activities);
- Funding for **demonstration projects**.
PS18-1802 funding analysis: Focus on the Deep South*

(*figures taken from NASTAD analysis)

<table>
<thead>
<tr>
<th>State</th>
<th>Funding Floor</th>
<th>Change from 2016</th>
<th>% change from 2016</th>
<th>Funding Ceiling</th>
<th>Change from 2016</th>
<th>% change from 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$4,566,023</td>
<td>$9,658</td>
<td>0%</td>
<td>$5,046,657</td>
<td>$490,292</td>
<td>11%</td>
</tr>
<tr>
<td>Florida</td>
<td>$36,957,944</td>
<td>($2,980,715)</td>
<td>-7%</td>
<td>$40,848,254</td>
<td>$909,595</td>
<td>2%</td>
</tr>
<tr>
<td>Georgia</td>
<td>$10,978,513</td>
<td>$4,553,474</td>
<td>71%</td>
<td>$12,134,146</td>
<td>$5,709,107</td>
<td>89%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>$6,881,478</td>
<td>($659,193)</td>
<td>-9%</td>
<td>$7,605,844</td>
<td>$65,173</td>
<td>1%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$3,331,562</td>
<td>($358,236)</td>
<td>-10%</td>
<td>$3,682,253</td>
<td>($)7,545</td>
<td>0%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>$10,412,964</td>
<td>$1,512,990</td>
<td>17%</td>
<td>$11,509,066</td>
<td>$2,609,092</td>
<td>29%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$5,809,344</td>
<td>($395,988)</td>
<td>-6%</td>
<td>$6,420,854</td>
<td>$215,522</td>
<td>3%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$5,898,659</td>
<td>($472,384)</td>
<td>-7%</td>
<td>$6,519,571</td>
<td>$148,528</td>
<td>2%</td>
</tr>
<tr>
<td>Texas</td>
<td>$19,732,557</td>
<td>$1,823,083</td>
<td>10%</td>
<td>$21,809,669</td>
<td>$3,900,195</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Net Gain/loss</strong></td>
<td><strong>$3,032,689</strong></td>
<td></td>
<td></td>
<td><strong>$14,039,959</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PS18-1802 funding analysis: Focus on the Deep South*

(*figures taken from NASTAD analysis)

- Georgia gains between 71% - 89% in overall state health department funding but Fulton County loses between 21% and 12% in funding.
- Net Gain to the Deep South: between $1,574,197 and $13,932,055.

<table>
<thead>
<tr>
<th>City</th>
<th>Funding Floor</th>
<th>Change from 2016</th>
<th>% change from 2016</th>
<th>Funding Ceiling</th>
<th>Change from 2016</th>
<th>% change from 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlanta (Fulton County)</td>
<td>$5,832,473</td>
<td>($1,527,318)</td>
<td>-21%</td>
<td>$6,446,417</td>
<td>($913,374)</td>
<td>-12%</td>
</tr>
<tr>
<td>Houston</td>
<td>$6,929,293</td>
<td>$68,826</td>
<td>1%</td>
<td>$7,734,763</td>
<td>$805,470</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Net Gain/loss</strong></td>
<td></td>
<td>($1,458,492)</td>
<td></td>
<td></td>
<td>($107,904)</td>
<td></td>
</tr>
</tbody>
</table>
Support for community-level HIV Prevention Activities:

- Requires **capacity building assistance** to HIV prevention service providers and other prevention agencies and partners;

- Requires a **mechanism to share relevant HIV data** with community partners and planning groups.

- Requires **documentation and tracking of training and TA** to CBOs or other service organizations.
CDC PS18-1802 FUNDING

ADDRESSING HIV OUTSIDE LARGE URBAN AREAS

- FOA gives health departments discretion to “align resources to better match the geographic burden of HIV infections within their jurisdictions…”
- Requires the establishment of working relationships between health departments and other CDC awardees (e.g. directly funded CBOs—most of which are in urban areas;)
- Allows but does not require collaboration with organizations not funded by CDC.
- Doesn’t change the status quo re: funding for CBOs outside large urban areas.

TRANSPARENCY

- Contains no requirement that health departments share the details of how they spend/distribute CDC funding within each state (internally and to CBOs and other organizations.)
SOME RECOMMENDATIONS

➢ That the CDC in its Program Guidance for PS18-1802 require transparency by state and local health departments detailing how they are distributing the funding in their states or regions;

➢ That the CDC engage in a targeted initiative focused on supporting community-based organizations outside the large urban areas in the Deep South in their HIV/STI/Viral Hepatitis prevention work.
THANK YOU