



Southern AIDS Coalition

2006 Prevention Policy Statement

- Congress must proportionately appropriate \$450 million in prevention funds to more adequately fight the spread of HIV in the United States.
- At current funding levels—the Northeast and the South require \$19.2 million additional dollars to match the case counts used for distribution of Ryan White dollars.
- CDC Prevention funds in 2003 to the South were 26% of the total Prevention Budget — 41% of the living AIDS cases are in the South.
- 45% of the new AIDS cases in 2003 are in the South—34% of the nation's population is in the South
- Without focus of prevention dollars in areas where the epidemic is most severe, HIV infections will continue to disproportionately increase.
- Increased targeted prevention funds are mandatory to stop the epidemic.

Prevention dollars must be awarded based on the need based on proportion of HIV/AIDS Cases

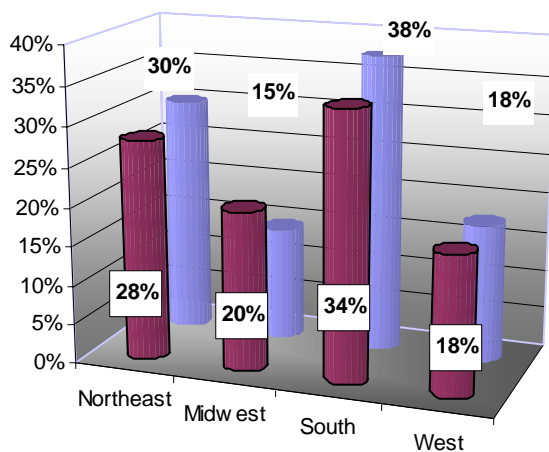
The Southern AIDS Coalition represents 14 Southern States and the District of Columbia. SAC is comprised of grassroots advocates, government agencies, persons living with HIV disease, and other vested partners from across the Country. The burgeoning membership struggles with the HIV/AIDS plague in an atmosphere of increasing cases and shrinking resources—in part due to formula approaches to CDC funding.

Effective prevention strategies have existed for some time; focus on those living with HIV is the place to start. The existing levels of funds for prevention activities — **and the federal restrictions on how those funds can be used**—lead to high levels of new infections.

While abstinence-based educa-

tion is **the critical place to start**, high levels of teenage pregnancy, sexually transmitted diseases, and lack of access to care continue to place the South as the region with the highest rates of sexually transmitted diseases.

Funds must be targeted to regions of the country with less potential access to healthcare, and where HIV continues to plague our communities—especially in the South. The South has fewer large metropolitan centers than other regions of the country with a larger percentage who live in rural areas. This results in a shortage of high quality healthcare personnel because professionals often choose to practice in large cities. The scarcity of qualified providers is especially acute in rural areas where transportation to care can be a major service barrier.



This chart includes Maryland and Delaware in the Northeast region—the Kaiser Family Foundation and the CDC count these two states in the South.

The chart to the right indicates the distribution disparity of CDC prevention dollars. These are the 2003 prevention dollars awarded across the Country (\$320 million) compared with the current HRSA 10-year weighted case counts. As can be seen, the South receives 4% (\$12.8 million) and the Northeast 2% (\$6.4 million) less than the actual case counts. In order to achieve parity, Congress must appropriate \$19.2 million supplemental prevention dollars to the South and Northeast at current funding levels. However, SAC believes prevention funds should be appropriated at a \$450 million level based on weighted case counts across the United States to more adequately fight increases in HIV infection.

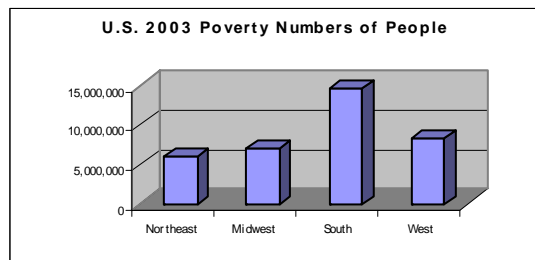
■ % of 10-year AIDS weighted case count of persons—HRSA ■ % of CDC 2003 Prevention Awards

Poverty & Access to Care in the South

The only region in the United States with a poverty rate increase between 2002 and 2003 was in the South—to 18% of all Southerners. Sadly—the South also has the highest regional rates of poverty and unemployment.

Estimates from the Centers for Disease Control and Prevention indicate at least 20% (50,000) of those

known to be living with HIV disease in the Southern region are not in care. **Access to systems of care has three kinds of challenges:** 1) **geography**—the transportation to available systems is not always possible; 2) **service availability** shortages—few locations where care is available; and 3) **financial**—our systems are sorely **taxed due to a lack of adequate funding across the country.** The South and other regions in shortage deserve their equitable share of the federal funding that is made available to prevent, care for, and house those living with HIV disease.



HIV/AIDS in the South

State	Population	Living with AIDS	Living with HIV	TOTAL Living with HIV or AIDS
Alabama	4,500,752	3,940	5,896	9,836
Arkansas	2,725,714	2,067	2,294	4,361
District of Columbia (3)	563,384	8,848	15,485	24,333
Florida	17,019,068	43,223	32,449	75,672
Georgia (3)	8,684,715	14,023	24,540	38,563
Kentucky (3)	4,117,827	2,359	4,128	6,487
Louisiana	4,496,334	7,592	7,773	15,365
Mississippi	2,881,281	2,875	4,375	7,250
North Carolina	8,407,248	6,545	11,204	17,749
Oklahoma	3,511,532	2,633	2,085	4,718
South Carolina	4,147,152	6,379	6,970	13,349
Tennessee	5,841,748	5,817	6,678	12,495
Texas	22,118,509	21,125	30,043	51,168
Virginia	7,386,330	9,242	7,735	16,977
West Virginia	1,810,354	645	690	1,335
Total	98,211,948	137,313	162,345	299,658

34% of US Population ♦ 41% of US Living with HIV/AIDS Population

Disproportionate Disease for Persons of Color

- **Women of color in the South are 26 times more likely to be positive than white females.**
- **Blacks comprise 12.1% of the population—the CDC indicates 47% of those living with HIV/AIDS at the end of 2003 are Black, non-Hispanic.**
- **More than 50% of the new infections in 2003 were in African Americans.**
- **Of over 525,000 deaths, 56% (more than 293,000) have occurred in people of color.**
- **The South has lost more people to AIDS than any other region in the Country—over 200,000 have died.**

The South has 34% of the nation's population and yet accounts for 41% of the living AIDS cases. These are the folks who need a higher level of care but are provided less federal resources because of the existing distribution methodology.



Collaborative Solutions hosts the Southern AIDS Coalition. Please visit us at

www.southernaidscoalition.org

Resources

- *Institutes of Medicine "Measuring What Matters: Allocation, Planning and Quality Assessment for the Ryan White CARE Act."*
- *Population data from the U.S. Census Bureau*
- *The Living with AIDS cases is from a CDC supplementary report and covers through 12/31/03*
- *(3) The cases living with HIV are all from the same CDC report except for District of Columbia, Georgia, and Kentucky. Those numbers are derived from the average of 175% more people living with HIV than AIDS at the end of 2003. This percentage was used to calculate the estimated living HIV cases at the end of 2003.*