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May 7, 2015

Mr. Douglas Brooks, Director  
Office of National AIDS Policy  
The White House  
Washington, DC 20502

Re: Revisions to the National HIV/AIDS Strategy

Dear Mr. Brooks:

The undersigned 76 organizations call on the White House Office of National AIDS Policy (ONAP) to expand the National HIV/AIDS Strategy (NHAS) to add the following critical actions necessary to further reduce HIV infections and to achieve an AIDS-free Generation in the United States:

- Adopt a more effective and nuanced approach to HIV Prevention by ensuring that:
  - HIV prevention resources are also targeted to rural and suburban, under-served areas with high HIV diagnosis rates, high death rates, and low survival rates, among people diagnosed with HIV or AIDS;
  - HIV prevention efforts in rural and suburban areas are informed by the epidemic profile of each state and tailored geographically by the social and cultural context in each state;
  - HIV prevention efforts targeted to rural and suburban areas support and evaluate capacity to provide HIV prevention and care at the state, local and community-based organization levels.

We are concerned that the Centers for Disease Control and Prevention's (CDC's) HIV High Impact Prevention funding policy creates a "one size fits all" approach that does not adequately address the HIV prevention needs in parts of the country with large rural (non-metropolitan)

and suburban (metropolitan areas of 50,000 to 499,000 population) HIV epidemics. For example, the CDC's recent decision to restrict eligibility for direct prevention funding for community-based organizations (CBOs) to those located in designated metropolitan statistical areas (MSAs) removes crucial funding from the Deep South,<sup>1</sup> a region that has experienced disproportionately high HIV diagnosis and death rates and low survival rates.<sup>2</sup>

CDC's recent funding announcement, PS15-1502, was designed to maximize funding effectiveness by "reach[ing] those areas with the greatest need for HIV prevention services targeting the selected population."<sup>3</sup> While we support the allocation of significant HIV prevention resources to the large urban areas where the HIV burden is highest, we are concerned about going too far in a one-size-fits-all approach that leaves insufficient funding to address critical prevention needs in other, less urban areas of our country. When the data is examined on a state level, several Deep South States have a significantly higher percentage of their HIV burden in rural and suburban areas, as shown by the map below. Overwhelmingly, these are areas that are ineligible for direct CBO funding under PS15-1502. According to recent research by the Southern HIV/AIDS Strategy Initiative (SASI), PS15-1502 will have a disparate impact on prevention funding in the Deep South States, creating a funding shortfall that is not sufficiently counterbalanced by increased prevention funding to state health departments.<sup>4</sup>

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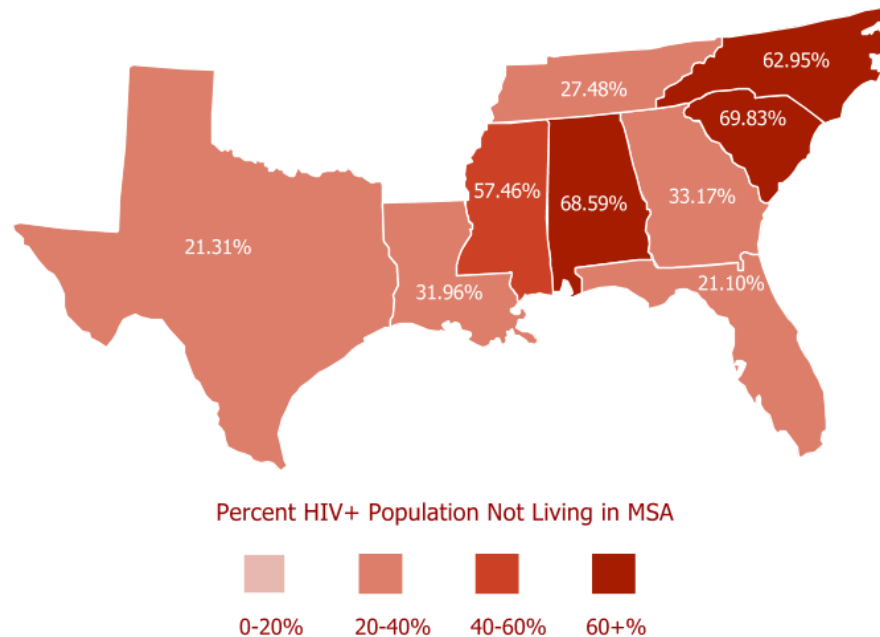
<sup>1</sup> Deep South is defined in research by the Southern HIV/AIDS Strategy Initiative (SASI) as including nine states: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas.

<sup>2</sup> Susan Reif, Brian Wells Pence, Irene Hall, Xiaohong Hu, Kathryn Wetten & Elena Wilson, *HIV Diagnoses, Prevalence and Outcomes in Nine Southern States*, 39(6) J. COMM. HEALTH, <http://southernaidsstrategy.org/research/>, December. 2014.

<sup>3</sup> Centers for Disease Control & Prevention, FOA PS15-1502, at 39.

<sup>4</sup> McAllaster & Fang, *ONE SIZE DOES NOT FIT ALL: What Does High Impact Prevention Funding Mean for Community-Based Organizations in the Deep South?* <http://southernaidsstrategy.org/>, March 2015.

## Percentage of HIV-Positive Individuals in the Deep South States Living Outside an MSA Eligible for CBO HIV Prevention Funding.<sup>5</sup>



If the PS15-1502 MSA eligibility criteria had been applied to previous CBO funding announcements, southern CBOs would have lost out on a total of \$3.8 million in 2004 and \$2.5 million in 2010 in direct CDC HIV prevention funding. Because the disease burden in several Deep South States is located outside eligible MSAs, many CBOs that had previously received direct prevention funding nationwide are currently barred from applying for funding under PS15-1502. Although CBOs may also receive some CDC funding indirectly through their state health departments, this funding does not make up for the shortfall created by PS15-1502.

Recent research by SASI and the CDC found that living outside a large urban area at the time of diagnosis significantly predicted greater death rates among persons living with HIV in the Deep South region.<sup>6</sup> Reduced prevention funding for CBOs, groups that are uniquely positioned to reach communities at risk for HIV, will only serve to increase the HIV burden in regions outside the large urban areas where the HIV diagnosis rates and death rates are high.

The undersigned encourage the ONAP to include language in the NHAS that specifically supports the allocation of HIV prevention resources to address the HIV epidemic in suburban and rural regions where HIV diagnosis and death rates are high and survival rates after an HIV

<sup>5</sup> Based on eligible MSAs in FOA PS15-1502; data taken from 2012 CDC Surveillance Report.

<sup>6</sup> Susan Reif, Brian Wells Pence, Irene Hall, Xiaohong Hu, Kathryn Wetten & Elena Wilson, *HIV Diagnoses, Prevalence and Outcomes in Nine Southern States*, 39(6) J. COMM. HEALTH <http://southernaidsstrategy.org/research/>, December 2014.

or AIDS diagnosis are low. We encourage the NHAS to specifically call for targeted HIV prevention efforts in rural and suburban areas that are informed by the epidemic profile of each state and tailored geographically by the social and cultural context in each state. Finally we request that the NHAS recognize the importance of HIV prevention efforts targeted to rural and suburban areas that support and evaluate the capacity to provide effective HIV prevention and care at the state, local and community-based organization levels.

Thank you,

**National Organizations:**

ADAP Advocacy Association (aaa+)  
Advocates for Youth  
The AIDS Institute  
AIDS Healthcare Foundation  
The American Academy of HIV Medicine  
Association of Nurses in AIDS Care  
Community Access National Network  
Center for Women Policy Studies  
HealthHIV  
HIV Medicine Association  
HIV Prevention Justice Alliance  
Human Rights Watch  
International Community of Women Living with HIV, North America  
Latino Commission on AIDS  
National Minority AIDS Council  
National Working Positive Coalition  
Positive Women's Network-USA  
Poz Vets USA INTL  
Racial and Ethnic Health Disparities Coalition  
SERO Project  
Treatment Access Expansion Project  
Treatment Action Group  
U.S. PLHIV Caucus

**Regional, State, and Local Organizations:**

Acadiana CARES (LA)  
Access Network (SC)  
AIDS Action Baltimore  
AIDS Alabama  
AIDS Alabama South  
AIDS Athens (GA)

AIDS Action Coalition (AL)  
AIDS Foundation of Chicago  
AIDS Resource Center Ohio  
AIDS Services Coalition (MS)  
Aletheia House (AL)  
BASIC NWFL, Inc.  
Birmingham AIDS Outreach (AL)  
BOOM!Health (NY)  
Careteam, Inc. (SC)  
Cascade AIDS Project (OR)  
Central Alabama AIDS Resource & Advocacy Center (AL)  
Chatham CARE Center (GA)  
Georgia AIDS Coalition  
GO CARE (LA)  
Hartford HIV/AIDS Commission (CN)  
Health Services Center, Inc. (AL)  
HIV/AIDS Alliance for Region Two, Inc. (LA)  
International AIDS Empowerment (TX)  
Legal Services of Southern Piedmont (NC)  
Medical AIDS Outreach of Alabama  
Medical Univ. of SC/Lowcountry AIDS Services Consumer Advisory Board  
Medprime, LLC (FL)  
Memphis Center for Reproductive Health  
Mississippi Center for Justice  
Morehouse School of Medicine  
Nashville CARES  
NO/AIDS Task Force  
North Carolina AIDS Action Network  
North Carolina Harm Reduction Coalition  
Okaloosa AIDS Support & Informational Services, Inc. (OASIS)  
PeterCares House (MD)  
Phoenix Project (GA)  
Positive Champions Speakers Bureau, Inc. (FL)  
Project Inform (CA)  
Regional AIDS Interfaith Network (NC)  
Roper St. Francis Ryan White Wellness Center (SC)  
Rural Women's Health Project (FL)  
Selma AIR (AL)  
Sisterlove, Inc. (GA)  
South Carolina HIV/AIDS Council  
South Carolina HIV Task Force  
Southern AIDS Coalition (SAC)  
Southern HIV/AIDS Strategy Initiative (SASI)  
Unconditional Love Incorporated (FL)

Unity Wellness Center (AL)  
West Alabama AIDS Outreach  
Western North Carolina AIDS Project

cc: Dr. Eugene McCray, Director, Division of HIV/AIDS Prevention, CDC  
Dr. Ronald Valdiserri, Deputy Assistant Secretary of Health for Infectious Diseases, HHS