

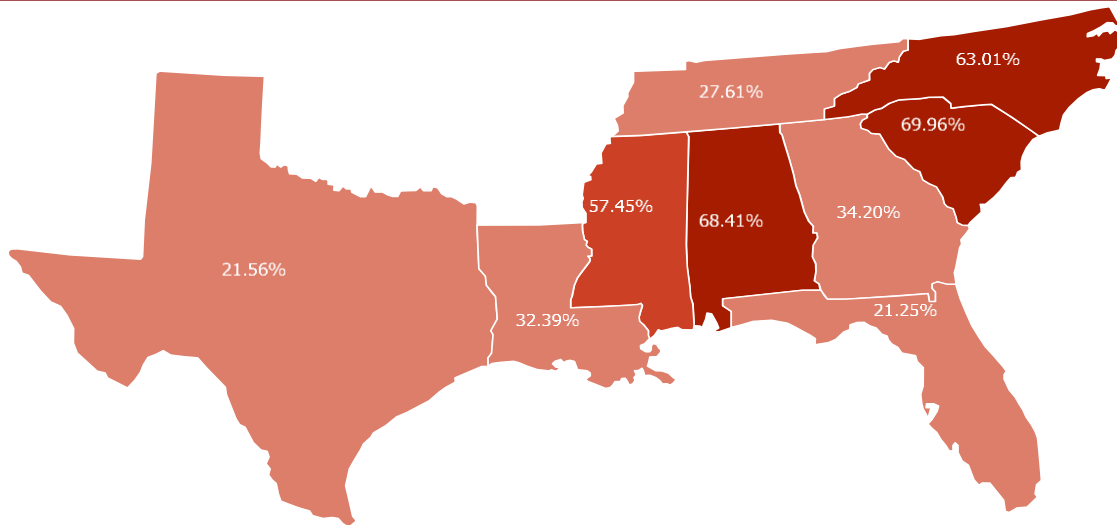
Impact of Recent CDC Funding on Southern CBOs

The most recent CDC funding announcement (CDC FOA PS15-1502) for community-based organizations (CBOs) providing HIV prevention services differs from previous CDC funding opportunities for CBOs (such as CDC FOA PS10-1003) in one key way—it categorically excludes CBOs from applying unless the CBO is located within a designated metropolitan statistical area. Although this shift is meant to concentrate federal funds in high-impact areas, PS15-1502 eliminates essential prevention funding in states whose HIV prevalence is not concentrated in metropolitan centers. The stakes are high—the CDC granted \$40,615,001 to 83 CBOs in the US pursuant to PS15-1502.

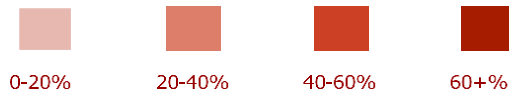
MSAs in the Southern States Eligible to Apply for Funding:

Atlanta-Sandy Springs (GA); Austin-Round Rock (TX); Baton Rouge (LA); Birmingham-Hoover (AL); Charlotte-Gastonia-Concord (NC-SC); Columbia (SC); Dallas (TX); Houston-Baytown-Sugar Land (TX); Jackson (MS); Jacksonville (FL); Memphis (TN-MS-AR); Miami (FL); Nashville-Davidson-Murfreesboro (TN); New Orleans-Metairie-Kenner (LA); Orlando (FL); Raleigh-Cary (NC); Richmond (VA); San Antonio (TX); Tampa-St. Petersburg-Clearwater (FL); Virginia Beach-Norfolk-Newport News (VA-NC); Washington D.C. (VA-MD-WV)

CDC FOA PS15-1502, at 37–38; Office of Management and Budget, OMB Bulletin No. 13-01.



Percent HIV+ Population Not Living in MSA



Where is the epidemic in the South?

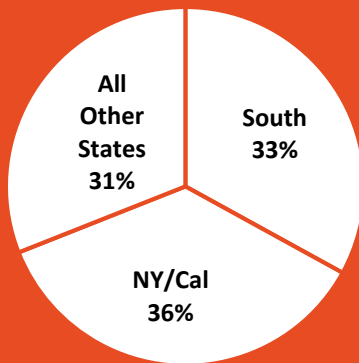
According to the CDC, 71% of people living with HIV (PLWH) are located in MSAs, which is consistent with the CDC's high-impact prevention approach that allocates prevention funding to areas of greatest need. In the South as a whole, 65.12% of PLWH are located in MSAs, which would also seem consistent with channeling federal funds to CDC-designated metropolitan centers. However, when the proportion of PLWH is disaggregated by state, it becomes evident that for many Southern states, restricting funds to MSAs significantly fails to allocate funds to areas most impacted by HIV—namely, areas that are not considered MSAs. For example, in North Carolina, a state that ranks in the top ten in the country in the number of people living with HIV and AIDS, 63% of people living with HIV do not live in a MSA eligible for CDC funding. This suggests that in the South, the greatest need for federal HIV funding is often outside of the designated MSAs.

Analysis of PS15-1502 Funding Distribution to CBOs in the United States.

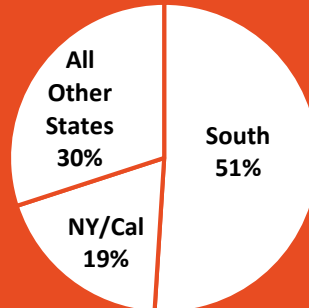
The PS15-1502 funding distribution is inconsistent with the geographic distribution of the epidemic. The South received 33% (\$13,483,383) of the total PS15-1502 funding distributed in the US, despite having 51% of all new HIV diagnoses and 43% of persons living with HIV in the US in 2013. In contrast, New York and California received a combined 36% (\$14,794,561) of the total PS15-1502 funding with only 19% of new HIV diagnoses and 27% of people living with HIV in 2013.

<http://www.cdc.gov/hiv/pdf/funding/announcements/ps15-1502/cdc-hiv-ps15-1502-funding--by-state-and-grantee.pdf>.

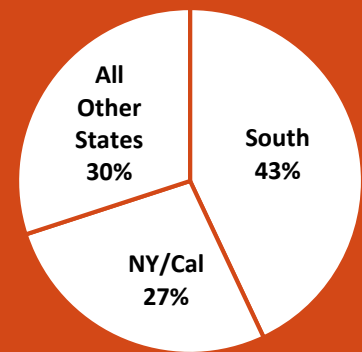
PS15-1502 FUNDING IN THE US



NEW HIV DIAGNOSES IN THE US



HIV PREVALENCE IN THE US



Region/State ¹	Total PS15-1502 Funding Amount Received	Percentage of Total US PS15-1502 Funding Received	Percentage of new HIV diagnoses in US (2013)	Percentage of People Living with HIV in US (year-end 2012)
United States	\$40,615,001.	100%	100%	100%
South	\$13,483,383.	33%	51%	43%
Deep South Region	\$10,683,383.	26%	40%	34%
Florida	\$1,050,000	3%	11%	11%
New York & California	\$14,794,561	36%	19%	27%

¹ Data taken from CDC HIV Surveillance Report, 2013. http://www.cdc.gov/hiv/pdf/g-l/hiv_surveillance_report_vol_25.pdf. Produced by the Southern HIV/AIDS Strategy Initiative (SASI); For more information, see <http://southernaidsstrategy.org/>