

**New SASI Analysis: In the Deep South, Significant Percentages of
People Most Impacted by HIV Live Outside Large Urban Areas
Demonstrating a Need for Increased Federal Resources**

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INTRODUCTION |

The US Deep South¹ continues to experience a heavy HIV burden outside the large urban areas. According to the Centers for Disease Control and Prevention (CDC), overall in the South, twenty-three percent of new HIV diagnoses are in suburban (50,000 – 499,999 population) and rural (< 50,000 population) areas—more than any other region.² And according to previous analyses by the Southern HIV/AIDS Strategy Initiative (SASI), twenty-nine percent (29%) of persons living with HIV (PLWH) in the Deep South live in rural areas and smaller cities.³ In fact, some Deep South states bear a heavier HIV burden outside the large urban areas⁴ than within them. Examples are Alabama and Mississippi, where more than 60% of PLWH live outside a large urban area. Despite this, in recent years, the CDC has provided direct HIV prevention funding only to community-based organizations located in the large urban areas.⁵ Now, new analysis shows that this disparity is even starker when examining key populations most impacted by the epidemic – in particular Black/African American populations, Men who have Sex with Men/Same Gender Loving Men (MSM/SGLM), Women, Youth, and Injection Drug Users. In attempting to gain control of the HIV/AIDS epidemic in the South, there continues to be a need for increased federal funding to community-based organizations located outside the large urban areas in the Deep South.

DEMOGRAPHIC DRIVERS OF THE EPIDEMIC |

Although the initial HIV/AIDS epidemic was concentrated in large cities in the Northeast and Western coasts, the current state of the epidemic is disparately impacting the American South, and the Deep South in particular. The US Deep South region had a higher AIDS diagnosis rate (10.3 per 100,000) than the US overall (6.7 per 100,000) in 2016 and the highest number of individuals diagnosed with AIDS (7,942) compared to the other US regions.⁶ Although the South has only 38% of the nation’s population, more than half of new HIV diagnoses in 2016 were in the South.⁷ In some Southern states, people living with diagnosed HIV are 3 times as likely to die as those living with HIV in some other states. Of the 6,465 deaths attributed directly to HIV disease in 2015, 3,451 (53%) were in the South; 1,204 (19%) were in the Northeast; 1,109 (17%) were in the West; and 701 (11%) were in the Midwest.⁸ Especially in the Deep South, a significant percentage of persons affected by the HIV/AIDS epidemic are found outside the

¹ “Deep South” defined as AL, FL, GA, LA, MS, NC, SC, TN, TX.

² HIV in the United States by Geography; <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>

³ Deep South Continues to Have Significant HIV Burden Outside the Large Urban Areas Demonstrating a Need for Increased Federal Resources; <https://southernaids.files.wordpress.com/2018/06/deep-south-hiv-burden-outside-large-urban-areas2.pdf>.

⁴ The Office of Management and Budget (OMB) subdivides Metropolitan Statistical Areas (MSAs) as: (1) ≥ 500,000 population; (2) 50,000 – 499,999 population, (3) Nonmetropolitan (<50,000 population). For purposes of this policy brief, we define “large urban area” or “large MSA” as having ≥ 500,000 population.

⁵ [SASI Analysis of Funds Distributed in the United States by the Centers for Disease Control and Prevention \(CDC\) Pursuant to PS15-1502](#); [SASI Analysis of Funds Distributed in the United States by the Centers for Disease Control and Prevention \(CDC\) Pursuant to PS17-1704](#).

⁶ <https://www.cdc.gov/nchstp/atlas/index.htm>

⁷ <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>

⁸ <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>

major urban areas where the epidemic began - past SASI analysis found that twenty-nine percent (29%) of PLWH in the Deep South live in rural areas and smaller cities.⁹

Consistent with HIV diagnoses, there was a shift in the demographic characteristics of individuals diagnosed with AIDS over time, as the proportion of new diagnoses among African American MSM/SGLM increased from 2008-2014.¹⁰ As the overall diagnosis rates decrease, special attention must be paid to those demographic groups that still show increasing diagnoses. The proportion of HIV diagnoses that are Latino MSM has also risen in the Deep South and nationally. While we know that overall 29% of PLWH in the Deep South live in small cities and rural areas, those numbers may vary widely across demographic groups, and this report strives to make those variations clear.

There are multiple intersecting reasons why existing care models are not adequately impacting these groups, including poverty, unemployment and lack of health insurance; racial inequalities and bias; policies and laws that further HIV-related stigma and fear; and the regional culture that often displays intolerance of differences and remains closed to open dialogue regarding sexuality.¹¹ However, funding disparities between the South and the rest of the US, and disparities within the South (i.e. between urban areas and suburban/rural) only serve to increase disparities in access to care and frustrate the goals of the National HIV/AIDS Strategy.

METHODS |

This report focuses on demographic groups where a lack of direct CDC HIV prevention funding for community organizations in small cities and rural areas impacts a large percentage of PLWH in the Deep South and in particular states. We look at:

- Black/African American PLWH
- Hispanic/Latino PLWH
- Men who have Sex with Men/Same Gender Loving Men
- PLWH who were or are injection drug users¹²
- young people aged 13-24
- women

All data is taken from the CDC's Atlas database. Because of the limitations in obtaining county-level data, we were unable to analyze overlapping intersections of identity such as Black/African American + female + young – we could only analyze one group at a time. Additionally, the system allows counties to suppress data if the population denominator is less

⁹ Deep South Continues to Have Significant HIV Burden Outside the Large Urban Areas Demonstrating a Need for Increased Federal Resources; <https://southernaids.files.wordpress.com/2018/06/deep-south-hiv-burden-outside-large-urban-areas2.pdf>.

¹⁰ Reif, Susan; Safley, Donna; McAllaster, Carolyn; Wilson, Elena; & Whetten, Kathryn (2017). [State of HIV in the US Deep South](#). *J Community Health*, Vol. 42, Issue 5.

¹¹ Reif, Susan; Safley, Donna; McAllaster, Carolyn; Wilson, Elena; & Whetten, Kathryn (2017). [State of HIV in the US Deep South](#). *J Community Health*.

¹² NB: The "Injection Drug Use" data point refers to the method by which the individual contracted HIV, and does not necessarily refer to any current injection drug use.

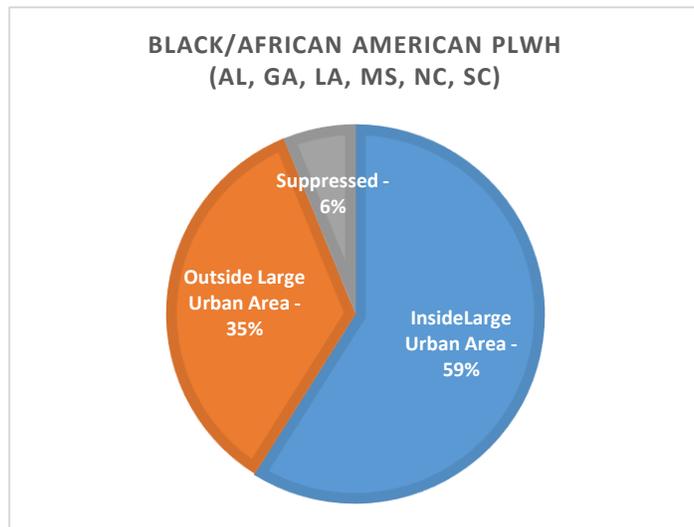
than 100 or the case total is less than 5. In low-population areas, this often resulted in large percentages of data being suppressed, which is reflected in our charts.¹³

OVERALL RESULTS |

Generally, Deep South states that were overall more urbanized had demographic distributions that tracked with the CDC's national assumptions. Three states of the nine had consistently high proportions of PLWH in large urban areas – Florida, Tennessee, and Texas. The other six states¹⁴, in the aggregate, had a much higher proportion of PLWH outside of large urban areas. Mississippi and Alabama were repeatedly the states with the highest percentages of PLWH in small cities and rural areas, apart from the transmission-related indicators (MSM/SGL and injection drug use) where high levels of data suppression made totals impossible to calculate. The remaining states (Georgia, Louisiana, North Carolina, and South Carolina) tended to cluster around the average, with no clear pattern or ranking. Individualized state reports highlighting which demographic indicators are most pressing for each state have been released concurrently with this analysis. Most states had between a quarter and a third of PLWH in each demographic indicator living outside of well-funded large urban areas. However, some outlier states and indicators had a majority of PLWH living in underfunded small cities and rural areas, and we have emphasized instances where this more extreme disparity occurs. Taken together, the data suggests a need for a more nuanced approach to funding distribution in those six states where the HIV/AIDS epidemic does not follow the familiar urban-centric nationwide pattern.

Black/African American Persons Living With HIV

Overall in the South, more than a quarter of Black/African American PLWH live outside of large



urban areas, away from funding. Some states are worse off than others – in Alabama, 67% of Black/African American PLWH live outside of large urban area, with only 32% living inside. Mississippi was the other state where a majority of Black/African American PLWH live outside a large urban area – 53%. The next most affected states, with at least a third of Black/African American PLWH living outside a large urban area, were South Carolina, Louisiana, and North Carolina. **In the six target Deep South states, 35% of PLWH live outside a large urban area.**

¹³ The data are additionally aggregated or suppressed “to preclude arithmetic calculation of a suppressed cell,” so we did not undertake mathematical estimation of the suppressed data. In all states surveyed, there were more suppressed counties in the non-MSA regions than in the MSA regions, as would be expected from general population distributions.

¹⁴ AL, GA, LA, MS, NC, SC referred to as the “target states” in this Report.

Table 1: Black/African American Persons Living with HIV

State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Alabama	32%	67%	1%
Florida	76%	24%	<1%
Georgia	66%	23%	11%
Louisiana	66%	34%	<1%
Mississippi	45%	53%	2%
North Carolina	60%	33%	7%
South Carolina	56%	41%	3%
Tennessee	84%	9%	7%
Texas	84%	14%	2%
OVERALL	69%	27%	4%
Six Target States	59%	35%	6%

Hispanic/Latino Persons Living With HIV

The aggregate data on Hispanic/Latino PLWH in the Deep South was some of the data most subject to being skewed by Florida and Texas demographics, and the most subject to suppression due to low population numbers in rural counties. There is a jump of more than ten percentage-points in Hispanic/Latino PLWH living outside a large urban area when excluding Florida and Texas from the total – from 14% to 25%. The states with the highest suppression were also the states with the highest fraction of Hispanic/Latino PLWH in suburban or rural counties – Mississippi (47% outside of a large urban area, 27% suppressed) and Alabama (60% outside of a large urban area, 16% suppressed). The next most affected states, with over a quarter of Hispanic/Latino PLWH outside of large urban areas, were South Carolina (32%), North Carolina (29%), and Louisiana (28%). **In our six target Deep South states, 26% of Hispanic/Latino PLWH live outside of a large urban area.**

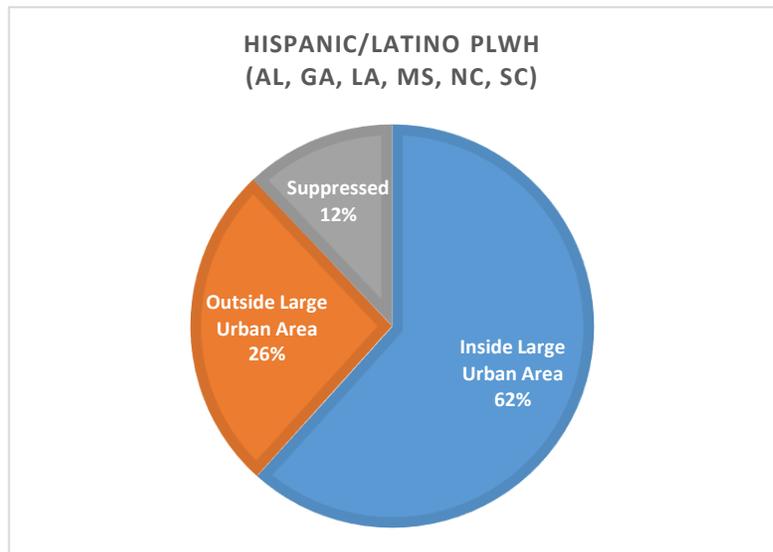
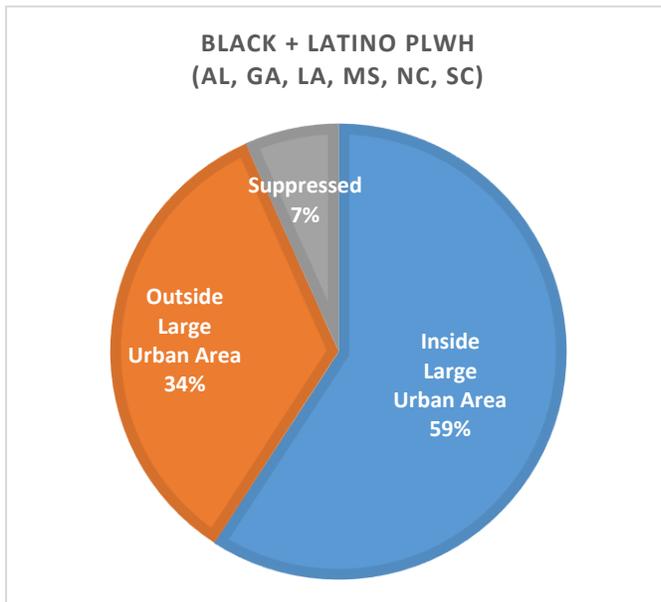


Table 2: Hispanic/Latino People Living with HIV

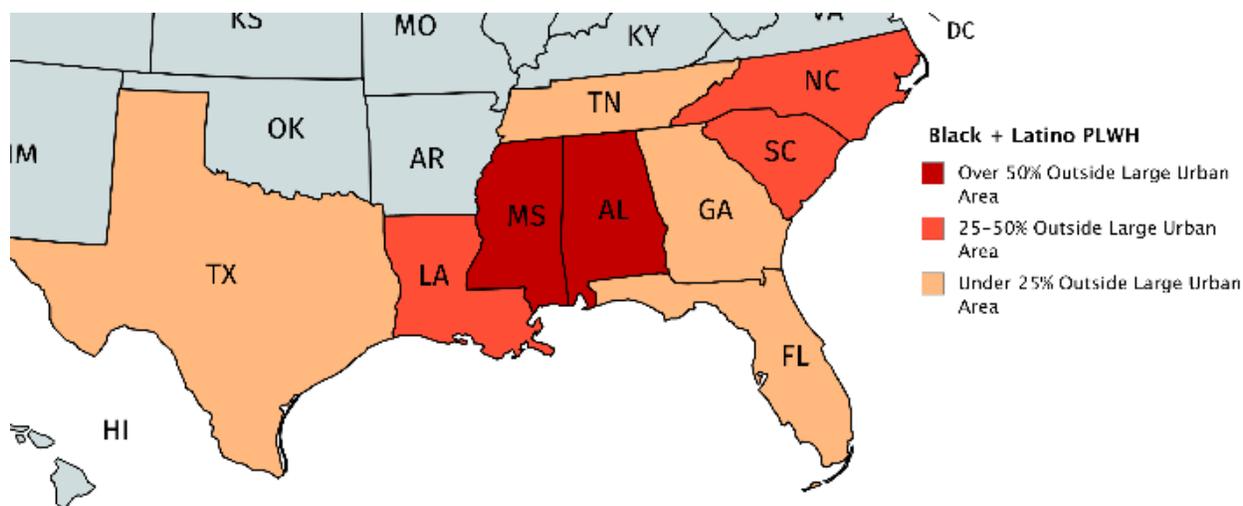
State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Alabama	24%	60%	16%
Florida	91%	9%	<1%
Georgia	68%	17%	15%
Louisiana	63%	28%	9%
Mississippi	26%	47%	27%
North Carolina	63%	29%	8%
South Carolina	60%	32%	8%
Tennessee	70%	13%	17%
Texas	82%	16%	2%
OVERALL	83%	14%	3%
Six Target States	62%	26%	12%

Black/African American and Hispanic/Latino Persons Living with HIV



Overall, the data on PLWH among racial minorities basically mirrors that of the data on Black/African American PLWH, due to the low population numbers of Hispanic/Latino PLWH. Alabama had the largest disparity, with 66% of Black and Latino PLWH living outside a large urban area, whereas Tennessee saw only 9% living in the small cities and rural areas. Mississippi was another state with a majority of this demographic outside the large urban areas – 52% of Black/Latino PLWH in Mississippi live in small cities and rural counties. **Throughout the Deep South, nearly a third of racial minorities with HIV/AIDS live in underfunded**

counties, and in our six target states, 34% live in those small cities and rural counties not receiving direct CDC funds. The map below illustrates the states where the Black and Latino population is most affected by these geographic disparities.



• *Figure 1: Map of Black + Latino Persons Living With HIV Distribution*

Men who have Sex with Men/Same Gender Loving Men Living with HIV

The data on men who contracted HIV through having sex with men, who may often identify as Same-Gender-Loving Men (MSM/SGLM) in the Deep South also suffered from suppression issues in low-population areas. Mississippi suppressed all of its data on transmission demographics, and Alabama suppressed data from all but one county – 70% of cases were suppressed overall. All data from suburban and rural Alabama counties was suppressed. As such, the overall totals are best calculated without Alabama and Mississippi. Across the Deep South as a whole, 77% of MS/SGLM live in large urban areas, whereas 19% live outside. **In our target states that were reporting data, only 66% of PLWH lived in large urban areas, and 26% were located in small cities and rural areas.** South Carolina and Louisiana had the largest percentages of MSM/SGLM living in small cities and rural areas – 35% each. Florida was the least affected state, with only 17% of MSM/SGLM living in small cities and rural areas – but no state dipped to single-digit percentages outside large urban areas, unlike other demographic indicators.

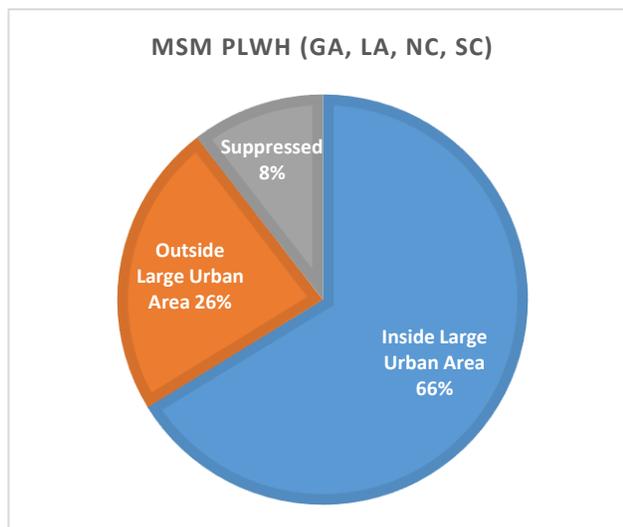


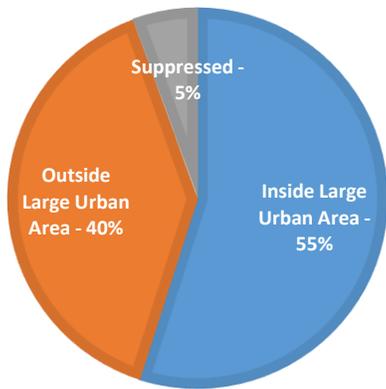
Table 3: Men Who Have Sex with Men/Same Gender Loving Men Living With HIV

State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Florida	82%	17%	1%
Georgia	71%	17%	12%
Louisiana	64%	35%	1%
North Carolina	61%	32%	7%
South Carolina	62%	35%	3%
Tennessee	77%	16%	7%
Texas	86%	13%	1%
OVERALL	77%	19%	4%
Target States	66%	26%	8%

Females Living With HIV

One of the more surprising data points we examined was female PLWH in the Deep South. Although the epidemic among women is improving nationwide, women in the South bear a disproportionately high burden of HIV/AIDS, particularly Black women. In the Deep South, five of the nine states surveyed had at least 35% of women living with HIV/AIDS located in small cities or rural counties – Alabama (69%), Mississippi (54%), South Carolina (44%), Louisiana (35%), and North Carolina (35%).

FEMALE PLWH (AL, GA, LA, MS, NC, SC)



The states with the highest percentages of women living with HIV in large urban areas were Texas (81% urban area/17% outside) and Tennessee (78% urban area/13% outside). Overall, 27% of women living with HIV/AIDS were located outside of a large urban area. **In our six target states, the percentage of women LWH outside a large urban area rose to 40%, the highest aggregate disparity of any demographic group we studied.**

Table 4: Females Living with HIV

State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Alabama	29%	69%	2%
Florida	79%	21%	<1%
Georgia	59%	32%	9%
Louisiana	65%	35%	<1%
Mississippi	42%	54%	4%
North Carolina	58%	35%	7%
South Carolina	53%	44%	3%
Tennessee	78%	13%	9%
Texas	81%	17%	2%
OVERALL	69%	27%	3%
Six Target States	55%	40%	5%

PLWH: Injection Drug Use Transmission

The data on injection drug use transmission in PLWH in the Deep South suffers from many of the same suppression issues as the data on MSM/SGLM transmission. Mississippi suppresses all of its data again, and Alabama has 76% suppression, including all small cities/rural counties. Without those states, the overall rate of PLWH reporting injection drug use related transmission is under two thirds in large urban areas, and 23% in small cities or rural counties. In three of the seven Deep South states that reported at least some data, over a quarter of this population was living outside a large urban area – South Carolina (30%), North Carolina (29%), and Louisiana (28%). Two states, Florida and Texas, barely missed the cutoff at 23% and 24% respectfully. The disparity here moves beyond our target states - the Florida and Texas demographics no longer follow the heavily urban distribution evident in other indicators. Tennessee is by far the state with lowest percentage of injection drug use transmission PWLH outside of large urban areas (8%), but they also have the highest suppression rate (29%). The state with the next lowest rate (Georgia, 18%) also has the second highest suppression rate (26%).

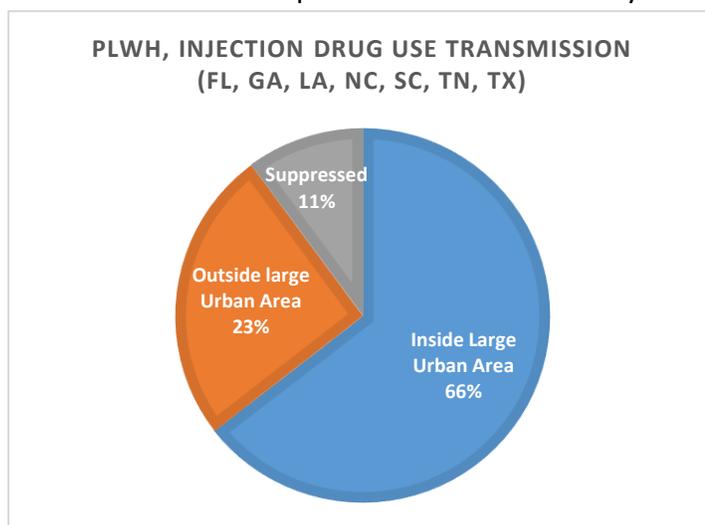
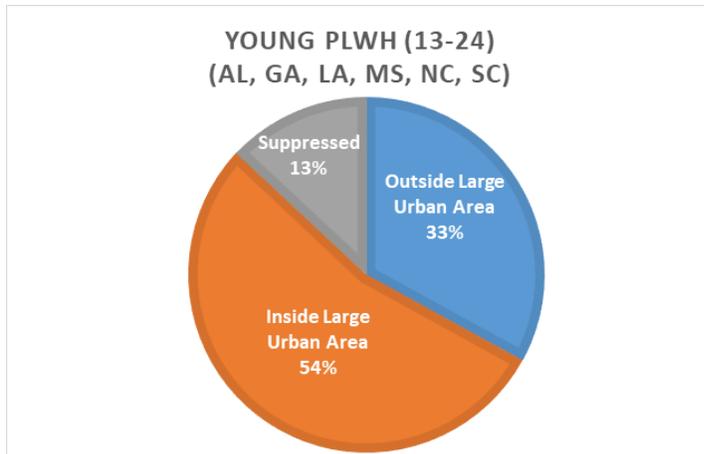


Table 5: Persons Living With HIV, Injection Drug Use Transmission

State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Florida	75%	23%	2%
Georgia	56%	18%	26%
Louisiana	63%	28%	9%
North Carolina	53%	29%	18%
South Carolina	54%	30%	16%
Tennessee	63%	8%	29%
Texas	70%	24%	6%
OVERALL	66%	23%	11%

Young People Living With HIV (13-24)

Young people are one of the most at-risk groups for HIV/AIDS transmission. The CDC estimates that 1 in 2 young PLWH did not know they were living with HIV¹⁵, making transmission much



more likely within this group. Testing outreach and linkage to care are essential for young PLWH. Overall, however, nearly a quarter of young people ages 13-24 living with HIV throughout the Deep South live outside major urban areas where community organizations receive direct CDC funding - only 68% overall live in large urban areas. Four of the nine Deep South States report that 35% or more of young PLWH are living outside those large urban areas – Alabama (66%),

Mississippi (39%), South Carolina (37%), and Louisiana (35%). The states with the highest levels of young PLWH in large urban areas were Texas (83%), Tennessee (80%), and Florida (76%). **In our six target states, only 54% of young PLWH live in large urban areas, whereas 33% live in underfunded small cities and rural counties.**

¹⁵ <https://www.cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf>

Table 6: Young PLWH (13-24)

State	% In Large Urban Area	% Outside Large Urban Area	% Suppressed
Alabama	24%	66%	10%
Florida	76%	22%	2%
Georgia	62%	21%	17%
Louisiana	59%	35%	6%
Mississippi	40%	39%	21%
North Carolina	58%	29%	13%
South Carolina	55%	37%	8%
Tennessee	80%	7%	13%
Texas	83%	13%	4%
OVERALL	68%	24%	8%
Six Target States	54%	33%	13%

CONCLUSION |

On every metric we studied in our six target states, significant percentages of PLWH were located outside of the large urban areas where community organizations currently receive direct CDC HIV prevention funding. These demographic groups are disproportionately affected by HIV/AIDS, and experience the most difficulty accessing healthcare services across the board. The data shows that the national assumptions on population distribution do not hold for these locations and these most vulnerable groups. In order to achieve equity in HIV/AIDS outreach and achieve the goals of the National HIV/AIDS strategy, a more nuanced funding distribution should be used for these Deep South States.