HIV Advocacy Needs Assessment:

Health Policy and Advocacy Opportunities for Black Communities in the South

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Foreword

In the Fall of 2018, with seed funding from the Emory University Rollins School of Public Health and the Southern AIDS Coalition, the Southern Black Policy and Advocacy Network (SBPAN) launched the organization's first initiative, the Southern Black HIV/AIDS Network to expand the capacity of Black HIV leaders and advocates to impact federal, state, and local HIV policy, programs, and research for diverse populations of Black communities in the South living with and impacted by HIV/AIDS. The work of the Southern Black HIV/AIDS Network has now culminated into this HIV advocacy needs assessment which has been designed to ensure that communities have the timely and important data they need in order to advance the end of HIV in the South.

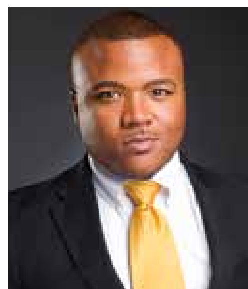
In addition to its data, this needs assessment is very centered on the Black experience and making information on Black communities in the South accessible. It details the health policy related issues for Black communities that must be addressed to get at the root causes of improving health inequities. My hope is that this HIV advocacy needs assessment becomes a tool to educate and embolden you to action. No matter your previous advocacy experience, you will find it useful for developing a more informed and better equipped engagement of systems affecting HIV health outcomes for diverse Black communities in the South.

SBPAN is not unique in its pursuit to accomplish this work for Black communities; we share with so many others in this beautiful struggle through a rich ancestral legacy and the bold efforts of several contemporaries who are building momentum toward advancing a racial justice HIV movement for the Black South. In fact, one such collective is the Racial Justice Framework Group who penned these remarkably clairvoyant sentiments

which I have excerpted from their document, *A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV Movement* to share with you. They note that:

> *. . . A racial justice lens for the HIV movement demands that we . . . center those communities most impacted by the epidemic in leadership and decision making. . . . It is our assertion that any response to the impact of HIV must be rooted in a racial justice framework. . . . We [further] assert that any response to the HIV epidemic is incomplete without leadership, active participation and guidance of Black and Brown people in all aspects of that response . . . [That is] meaningful involvement that is not and must not be limited to HIV status. . . .*

As a Black man, a same gender loving (SGL) man, a person living with HIV, and a person raised in the South; I stand on the shoulders of giants who fought social injustice, racism, homophobia, and slavery so that Black communities could have the opportunity to live in a world where they are treated with dignity and in an equitable manner. It humbles me to have the opportunity to continue that legacy of leadership through the work of the SBPAN and this needs assessment in the hands of powerful individuals like you.



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We also wish to extend gratitude to Carmarion D. Anderson, Gina Brown, Tori Cooper, Bambi Gaddist, DrPH, Aquarius Gilmer, Jasper L. Hendricks III, and Venita Ray, JD for their participation as key informants. Additionally, we would like to acknowledge the contributions of readers who provided edits: Kim Parker, PhD; Jordan J. White, MS; Bambi Gaddist, DrPH; Tonia Poteat, PhD; and Cory D. Bradley, PhD.

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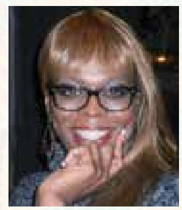
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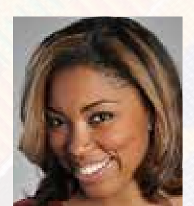
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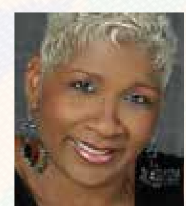
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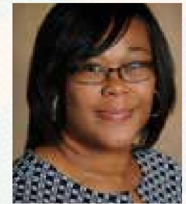
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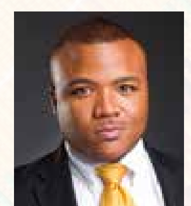
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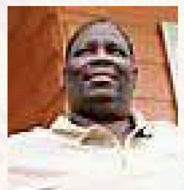
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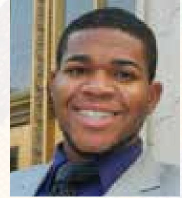
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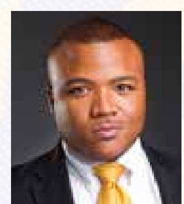
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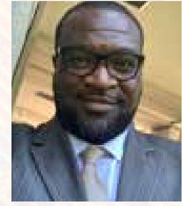
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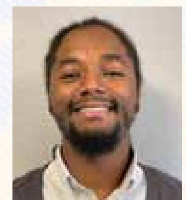
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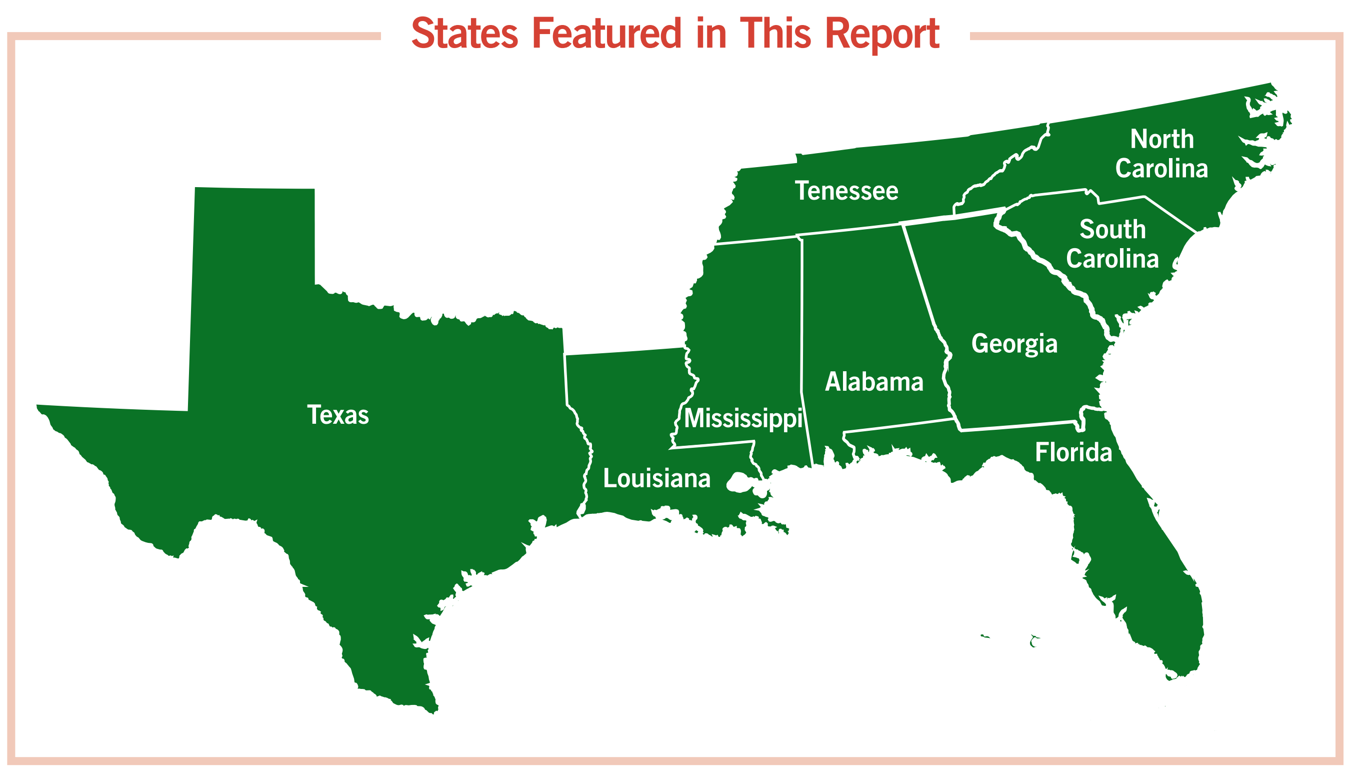
Executive Summary

This needs assessment was designed for the unique purpose of addressing a gap in knowledge regarding the current capacity for HIV/AIDS advocacy in Black communities in the South. The assessment is intended to expand the capacity of HIV leaders and advocates to impact HIV policy, programs, and research on behalf of diverse Black communities in nine states in the South deeply impacted by the HIV epidemic.

States Featured in This Report



In this needs assessment, we provide a snapshot of HIV/AIDS related data for each of the nine Southern states. More specifically, we have attempted to capture broad data points specific to Black communities where the data was available for that state. Overall, this assessment documents gaps and opportunities in HIV/AIDS advocacy for Black communities in the South, and provides an evidentiary basis for the development of state-based HIV/AIDS advocacy action plans. Our findings suggest HIV/AIDS advocacy in 2020–2021 should address priorities such as:

expanding Medicaid (or in the case of Louisiana, sustaining it),

ensuring the meaningful participation of Black communities in the development, implementation, and monitoring of the federal initiative to end the HIV epidemic by 2030, Ending the HIV Epidemic: A Plan for America (EHE),

expanding coverage of and access to pre-exposure prophylaxis (PrEP) to prevent HIV,

widespread expansion of syringe service programs, and

addressing social determinants of health.

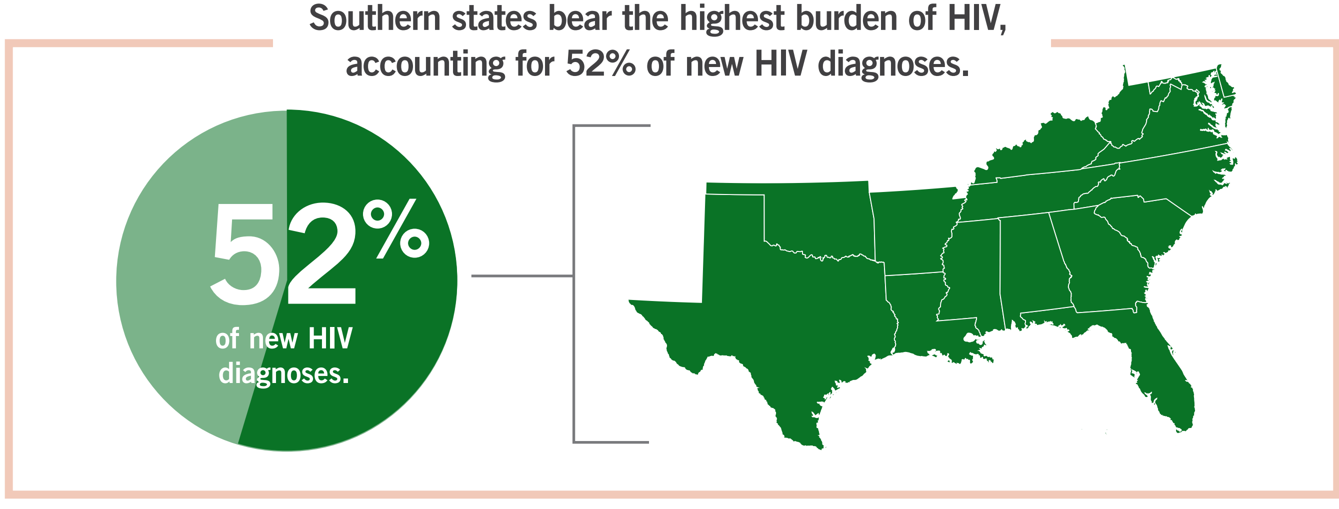
The disproportionate impact of HIV in the Black communities described in this needs assessment indicates a critical opportunity to expand HIV advocacy in these nine states. Capacity currently exists for multiple forms of community-based HIV advocacy in the nine states based on widespread recent experience with standard strategies of public policy advocacy.

Though this HIV advocacy needs assessment is by no means exhaustive in its first iteration, it compels us going forward to include a more rigorous emphasis of HIV advocacy issues for diverse Black communities in the South experiencing significant disparities who may not be as fully represented in these findings. Nonetheless, we maintain this needs assessment is available to support advocates in the nine states to further develop their own evidence-based plans tailored for their state and local context, and subsequently put them into action. Our findings confirm that those plans should continue to prioritize and shape strategies for and with Black communities in the South by advocating for: Medicaid expansion, expanding the availability of syringe exchange programs, promoting the uptake of PrEP among persons for whom PrEP is an effective approach to HIV prevention, a broader focus in HIV planning efforts and policy advocacy that adequately addresses vital contextual factors for the HIV epidemic in Black Southern communities (i.e. social determinants of health, housing, food insecurity, stigma) and opportunities for meaningful participation in planning, implementing, and monitoring Phase I EHE activities by Black communities in the South.

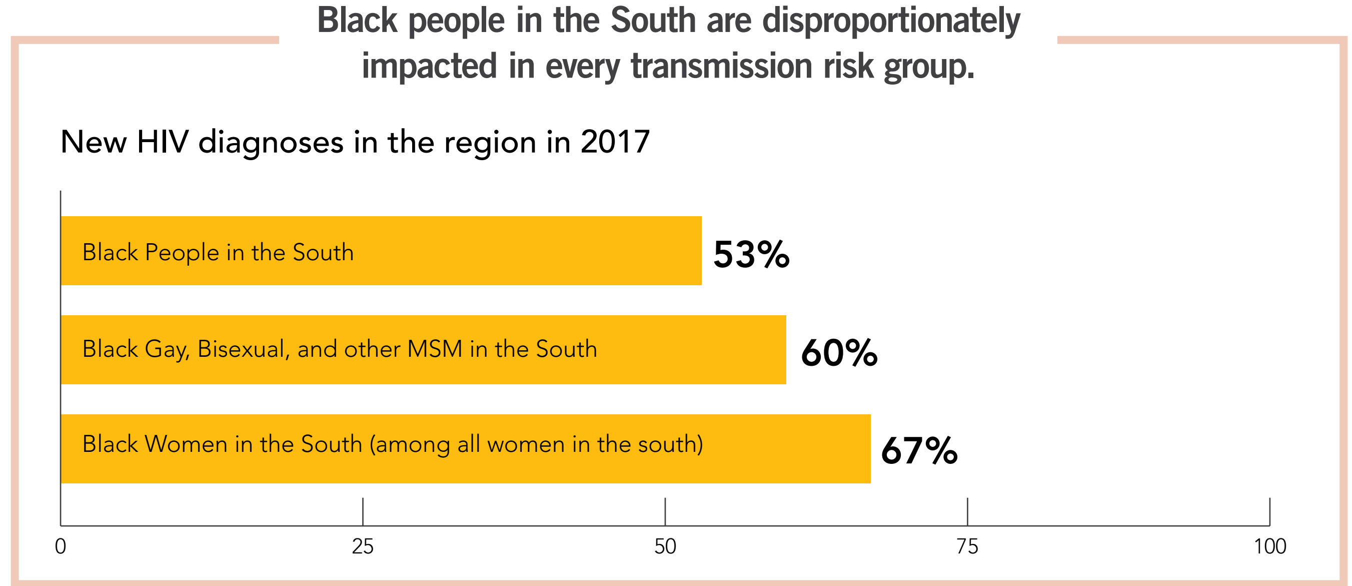
Introduction

The South currently experiences the greatest burden of HIV diagnoses and deaths of any U.S. region, and it generally lags behind other regions in key prevention and care outcomes such as knowledge of HIV status, viral suppression, and PrEP coverage.[2] An estimated 52% of new HIV cases occur in the South annually, even though just 38% of the U.S. population lives in the region.[3]

Black people in the South are disproportionately impacted in every transmission risk group accounting for 53% of new HIV diagnoses in the region in 2017. Black gay, bisexual, and other men who have sex with



[2] For the purpose of this introduction, the South is defined as the 16 states and the District of Columbia. All nine states highlighted in this assessment are included.
[3] Unless otherwise indicated, all sources for this section are National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention. *Issue Brief: HIV in the Southern United States.* September 2019.



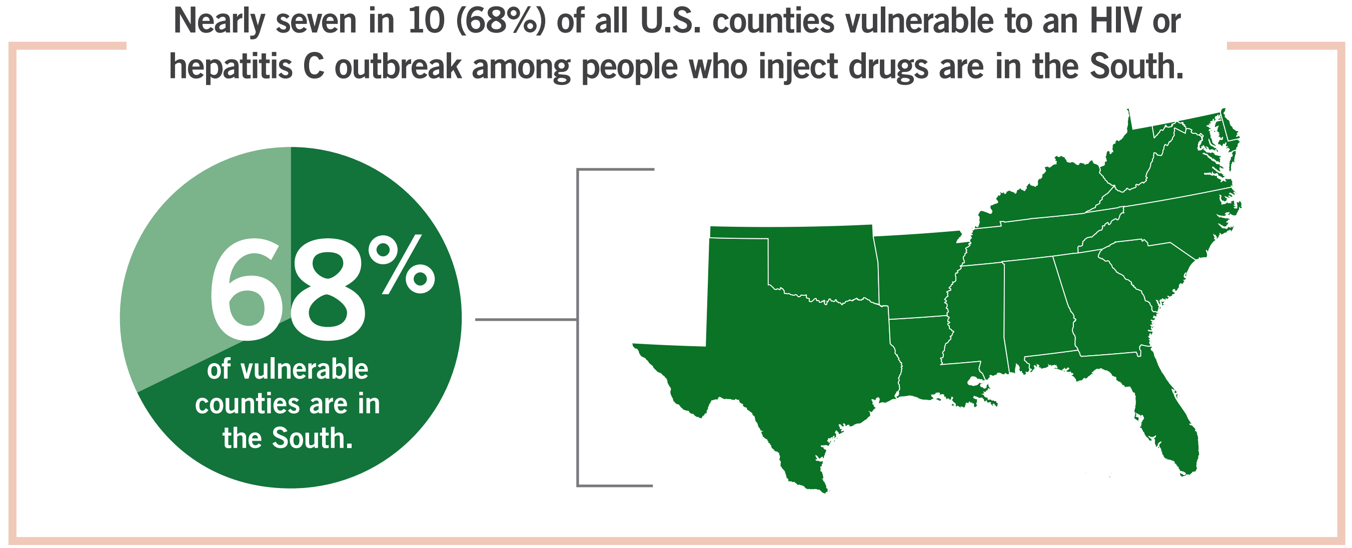
men (MSM) account for 6 out of every 10 new HIV diagnoses among African Americans in the South. Black women are also disproportionately impacted, accounting for 67% of new HIV diagnoses among all women in the South.[3,4]

Fewer people living with HIV in the South are aware of their HIV status compared with other regions in the U.S.[3] Consequently, they experience delays in access to medical care and HIV treatment that can make the amount of virus in the body very low (called "viral suppression" or "undetectable"). However, several studies as well as the U.S. Centers for Disease Control and Prevention have confirmed that people living with HIV who remain undetectable can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative sexual partner. It is this awareness when widely emphasized and celebrated that could provide so much hope to many Black individuals living in the South immobilized by fear and HIV stigma.

Uptake of pre-exposure prophylaxis (PrEP), a daily medication that is highly effective in preventing HIV, is a significant missed opportunity throughout the U.S. and especially in the South. In 2018, only 18.1% of the 1.2 million Americans who could benefit from PrEP were using it. Notably, Southerners accounted

"Fewer people living with HIV in the South are aware of their HIV status."

[4] National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention. *Issue Brief: HIV in the Southern United States.* September 2019.



for only 13.6% of PrEP users in 2018, even though the region has more than half of new annual HIV cases nationwide.[5]

While the majority of HIV diagnoses in the South occur in urban areas, the South has a higher proportion of new diagnoses (24%) in suburban and rural areas compared with other regions in the U.S. In rural areas, people with or at risk for HIV face challenges in accessing consistent HIV prevention and treatment services such as lack of public transportation, longer travel time to receive care, and reduced availability of medical and social services compared to non-rural areas. Rural areas may also experience health care provider shortages and have fewer providers with expertise in treating HIV. Meanwhile, the nation's ongoing opioid crisis and overdose epidemic significantly increase the risk for transmission of HIV, hepatitis C, and exposure to other individual, family, and community harms. Nearly seven in 10 (68%) of all U.S. counties vulnerable to an HIV or hepatitis C outbreak among people who inject drugs are in the South.[6]

The heavy burden of HIV in the South, including all nine states in this study, is driven in part by socioeconomic factors such as poverty, unemployment, and lack of housing, generally known as the social determinants of health. Consistently, the South has the highest poverty rate and lowest median household income compared to other regions of the U.S. These factors are associated with poorer health outcomes and may contribute to a higher concentration of HIV and other chronic diseases such as diabetes and hypertension. And even though Medicaid is the largest source of health care for people with HIV in the U.S., the majority of states in the South have not expanded Medicaid under the authority of the Patient Protection and Affordable Care Act of 2010.

[5] Harris NS, Johnson AS, Huang YA, et. Al. *Vital Signs:* Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis—United States, 2013–2018. MMWR Morb Mortal Wkly Rep 2019;68:1117–1123.
[6] Van Handel MM, Rose CE, Hallisey EJ, Kolling JL, et al. County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States. *J Acquir Immune Defic Syndr.* 2016 Nov 1;73(3):323–331.

Cultural factors also play a key role in driving the HIV epidemic. HIV stigma is pervasive in the South; in addition, other stigmas associated with sexual orientation, substance use, poverty, and sex work restrict equity and limit consumer engagement with prevention and treatment services. Stigma discourages people to disclose their HIV status to their sexual partners and their doctors, and acts as a barrier to seeking HIV testing, care, and prevention services. Stigma functions by assigning a devalued status to an individual in society which thereby explicitly and implicitly conditions for whom and the manner in which services are provided. Stigma has been associated with lower or delayed access to care due to actual and perceived discrimination from healthcare providers.

Another significant cultural factor of the HIV epidemic with damaging consequences for Black communities in the South is the historical legacy of slavery and Jim Crow laws as well as the contemporary pervasiveness of racism and discrimination which negatively impacts multiple systems and sectors of life in the US South. Any strategy related to *Ending the HIV Epidemic in the US* will fail without critical and deliberative social policy analysis (i.e. applying a critical race theory lens); ongoing engagement in, support for, and involvement of the various Black activist and advocacy platforms; and ongoing data collection that reflects the public health realities and health consequences of racism and other related forms of discrimination.

Ending the HIV Epidemic: A Plan for America (EHE) is a proposed new multi-year initiative that aims to reduce new HIV cases in the United States by 75% in five years and by at least 90% in 10 years. Kicking off in 2020, the initiative will provide additional resources, technology, and expertise to expand HIV prevention and treatment activities based on available resources. Phase I of the initiative focuses on 48 counties, Washington, D.C. and San Juan, Puerto Rico, that together account for more than 50% of new U.S. HIV diagnoses, and seven states that have a substantial rural burden of HIV. All nine states in this study are EHE Phase I jurisdictions. Along with enhancing the local HIV workforce and addressing disparities, swift and effective implementation of the EHE initiative's core strategies is necessary.

"Ending the HIV Epidemic: A Plan for America is a proposed new multi-year initiative that aims to reduce new HIV cases in the United States by 75% in five years and by at least 90% in 10 years."

The Southern Black Policy and Advocacy Network

The Southern Black Policy and Advocacy Network (SBPAN) is a non-profit organization based in Dallas, Texas. Established in 2018, its mission is to improve health outcomes and reduce social, and economic disparities impacting Black communities in the U.S. South through training, education, advocacy, and mobilization. In 2019, with financial support through the Emory University Rollins School of Public Health from the COMPASS Initiative®, the Southern Black Policy & Advocacy Network focused its efforts on increasing the capacity of Black HIV leaders to engage in HIV policy and advocacy through the development of the Southern Black HIV/AIDS Network Advisory Council. The Southern Black HIV/AIDS Network was created in 2018 to respond to the need for representative advocacy to improve HIV prevention, care, and treatment efforts by educating decision-makers and policymakers and improving the practice and delivery of HIV services and healthcare targeting Black communities in the U.S. South. Direct and meaningful approaches to the outreach and mobilization of Black HIV leaders and advocates across the U.S. South are critical components to reducing the incidence and prevalence of HIV/AIDS in the South.

Methods

This needs assessment is based on data from three sources: (1) quantitative data publicly available from national sources to create a profile or snapshot of pertinent HIV data for each state; (2) primary data collected through a multi-item survey completed by 136 respondents with HIV advocacy experience in the 9 study states; and (3) 40-minute telephone interviews using a semi-structured interview method with 7 individuals serving as key informants who have expertise advocating for Black communities in the South.

SBPAN's email list of contacts was utilized to identify potential survey participants who then received an invitation to participate in the survey. Additionally, members of the Southern Black Policy & Advocacy HIV/AIDS Network Advisory Council (SBHAC) were invited to share the unique survey link with individuals in their network who identify as members of key populations living with HIV, HIV advocates, and/or are employed in the HIV health workforce.

Select State-Level HIV-Related Data

To set the context for assessing HIV advocacy capacity, SBPAN along with council members from SBHAC developed a list of relevant HIV data points to explore the extent to which HIV currently impacts Black communities in the nine states. State-level data were gathered across a range of domains, including HIV incidence (new diagnoses), HIV prevalence, use of pre-exposure prophylaxis, the HIV care continuum, and other factors such as Medicaid expansion and syringe access services. Sources used to compile state-level HIV-related data can be found in Appendix A.

Findings

Overview of State-Based Findings

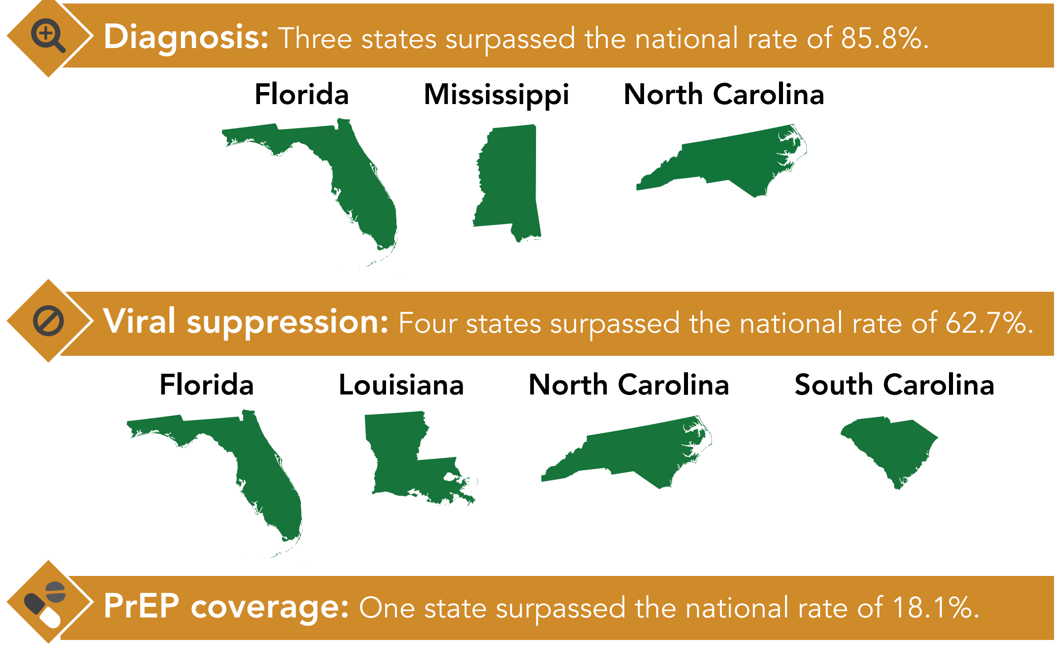
Even though transmission of HIV is preventable, approximately 38,000 new HIV infections occur in the U.S. each year. In 2018, 16,471 adults and children living in the nine study states were diagnosed with HIV infection. This represents 44% of all HIV diagnoses in the U.S. In 2017, an estimated 85.8% of infections in the U.S. were diagnosed. Among 854,206 persons with diagnosed HIV infection for whom data were available, 62.7% had a suppressed viral load.[7] Among an estimated 1.2 million persons with indications for PrEP, 18.1% had been prescribed PrEP in 2018.[8]

As previously noted, the federal Ending the HIV Epidemic (EHE) initiative was launched in 2019 with implementation funding available beginning in 2020. Among other strategies, EHE supports testing, treatment, and PrEP, a biomedical HIV prevention tool, to reduce new infections in the U.S. by 90% within 10 years. Specific 2030 targets are: 95% of persons with HIV receive a diagnosis, 95% of persons with diagnosed HIV infection have a suppressed viral load, and 50% of those at increased risk for acquiring HIV are prescribed PrEP. The table below shows (1) the percent of diagnosed new HIV infections, (2) viral suppression among persons with diagnosed HIV infection, and (3) prescription coverage of PrEP for persons with indications in all nine states.

[7] Data table includes all nine states discussed in this needs assessment.
[8] Harris NS, Johnson AS, Huang YA, et. Al. *Vital Signs:* Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis—United States, 2013–2018. MMWR Morb Mortal Wkly Rep 2019;68:1117–1123.

Percentage of Diagnosed HIV Infections in 2017, Viral Suppression among Persons with Diagnosed HIV Infection in 2017, and Prescription of PrEP for Persons with Indications in 2018, by State[7]

	Diagnose	Viral Suppression	PrEP Coverage
EHE Goal by 2030	**95%**	**95%**	**50%**
US	***85.8%***	***62.7%***	***18.1%***
Alabama	83.9%	57.3%	13.2%
Florida	87.0%	63.0%	11.1%
Georgia	82.0%	58.3%	15.2%
Louisiana	81.2%	64.7%	22.8%
Mississippi	87.9%	49.2%	12.9%
North Carolina	87.3%	63.2%	11.1%
South Carolina	84.1%	66.3%	11.7%
Tennessee	84.9%	57.6%	14.3%
Texas	81.1%	61.3%	14.3%



It is notable that the only state (of 9) that expanded Medicaid is also the only state to surpass the national rate of PrEP coverage.

ALABAMA

In 2017, Alabama had the 11th highest rate of new diagnoses in the U.S. Almost 84% of Alabamans were aware of their HIV-positive status in 2017. At least 2,200 people living with HIV in Alabama are undiagnosed and therefore not receiving the care they need. Nearly 70% of RWHAP non-ADAP clients in Alabama were Black/African American. More than 57% of Alabamans diagnosed with HIV were virally suppressed. In 2018, the rate of PrEP coverage in Alabama was 13.2%.

	General Population		
1	How many people live in the state?	4,887,871	
2	What proportion of the total population in the state are Black/ African American?	26.8%	
	HIV Incidence (New Diagnoses)	**US**	**AL**
3	How many people were diagnosed with HIV in 2018?	37,377	575
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in AL)*	16,008	410 (71.3%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	11.8
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	38.4
	HIV Prevalence (All Individuals Living with HIV)	**US**	**AL**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	13,124
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in AL)*	413,471	8,278 (63.0%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	320.5
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	777.9

ALABAMA

"In 2017, Alabama had the 11th highest rate of new diagnoses in the U.S."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	374	1,260	796	868	658
Injection drug use	7	41	97	205	319
Male-to-male sexual contact and injection drug use	8	32	40	87	96
Heterosexual contact	79	413	817	913	852
Other[a]	42	16	4	3	11

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum		
11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	6,312
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	69.3%
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	80.9%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	12.8%
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	86.3%

ALABAMA

	HIV Care Continuum	
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	82.8%
17	What proportion of the national AIDS Drug Assistance Program (ADAP) clients were Black/African American in 2017?	39.5%
18	What proportion of the state's ADAP clients were Black/African American in 2017?	65.5%
19	What proportion of national ADAP clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's ADAP clients were living at >400% of the federal poverty level in 2017?	0
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	32.3%

	Other	
23	What is the number of syringe exchange programs in the state in 2018?	0
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	No
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	Yes
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	223,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	36%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

FLORIDA

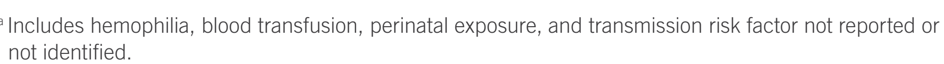
In 2017, Florida had the 3rd highest rate of new diagnoses in the U.S. At least 87% of Floridians were aware of their HIV-positive status in 2017. An estimated 19,200 people living with HIV in Florida are undiagnosed and therefore not receiving the care they need. Nearly half (49%) of RWHAP non-ADAP clients in Florida were Black/African American. Nearly two-thirds (63%) of Floridians diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Florida was 11.1%.

General Population			
1	How many people live in the state?	21,299,325	
2	What proportion of the total population in the state are Black/African American?	16.9%	
HIV Incidence (New Diagnoses)		**US**	**FL**
3	How many people were diagnosed with HIV in 2018?	37,377	4,698
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in FL)*	16,008	1,853 (39.4%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	22.1
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	68.7
HIV Prevalence		**US**	**FL**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	110,034
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in FL)*	413,471	49,943 (45.4%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	612.3
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,881.7

FLORIDA

"In 2017, Florida had the 3rd highest rate of new diagnoses in the U.S."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	1,106	3,789	2,722	3,651	2,979
Injection drug use	14	127	461	1,389	2,477
Male-to-male sexual contact and injection drug use	20	110	175	441	560
Heterosexual contact	440	3,061	6,224	8,828	9,851
Other[a]	614	402	21	22	65



[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum		
11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	27,072
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	49.7%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	72.8%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	10.8%

FLORIDA

HIV Care Continuum		
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	80.1%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	81.2%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	42.4%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.1%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	68.6%
Other		
23	What is the number of syringe exchange programs in the state in 2018?	2
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	2 local jurisdiction plans
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	7 EHE Phase I counties
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	837,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	22%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

GEORGIA

Georgia had the 2nd highest rate of new diagnoses in the U.S. in 2017. At least 82% of Georgians were aware of their HIV-positive status in 2017. At least 9,600 people living with HIV in Georgia are undiagnosed and therefore not receiving the care they need. More than three-fourths (78%) of RWHAP clients in Georgia were Black/African American. More than 58% of Georgians diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Georgia was 15.2%.

General Population			
1	How many people live in the state?	10,519,475	
2	What proportion of the total population in the state are Black/African American?	32.4%	
HIV Incidence (New Diagnoses)		**US**	**GA**
3	How many people were diagnosed with HIV in 2018?	37,377	2,558
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in GA)*	16,008	1,825 (71.3%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	24.3
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	67.2
HIV Prevalence		**US**	**GA**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	52,528
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in GA)*	413,471	35,974 (68.5%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	608.8
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,348.8

GEORGIA

"Georgia had the 2nd highest rate of new diagnoses in the U.S. in 2017. "

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	1,394	6,074	4,305	4,695	2,656
Injection drug use	25	172	391	958	1,567
Male-to-male sexual contact and injection drug use	25	150	189	414	443
Heterosexual contact	259	1,464	2,654	3,608	3,303
Other[a]	248	103	11	20	39

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	17,727
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	78.0%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	80.9%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	21.8%
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	86.3%

GEORGIA

HIV Care Continuum

#	Question	Answer
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	82.8%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	76.0%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.1%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	100.0%

Other

#	Question	Answer
23	What is the number of syringe exchange programs in the state in 2018?	1
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	1 local jurisdiction plan
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	4 EHE Phase I counties
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	457,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	41%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

LOUISIANA

In 2017, Louisiana had the 4th highest rate of new diagnoses in the U.S. More than 81% of Louisianans were aware of their HIV-positive status in 2017. At least 4,300 people with HIV in Louisiana are undiagnosed and therefore not receiving the care they need. Nearly 70% of RWHAP non-ADAP clients in Alabama were Black/African American. More than 64% of Louisianans diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Louisiana was 22.8%.

General Population			
1	How many people live in the state?	4,659,978	
2	What proportion of the total population in the state are Black/African American?	32.7%	
HIV Incidence (New Diagnoses)		**US**	**LA**
3	How many people were diagnosed with HIV in 2018?	37,377	987
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in LA)*	16,008	692 (70.1%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	21.2
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	57.0
HIV Prevalence		**US**	**LA**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	20,424
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in LA)*	413,471	13,940 (68.3%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	527.9
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,150.4

LOUISIANA

"In 2017, Louisiana had the 4th highest rate of new diagnoses in the U.S."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	582	1,690	1,076	998	717
Injection drug use	10	78	260	479	637
Male-to-male sexual contact and injection drug use	7	71	78	181	143
Heterosexual contact	216	1,209	1,980	1,698	1,364
Other[a]	93	24	6	14	20

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	6,312
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	69.3%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	80.9%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	12.8%

LOUISIANA

HIV Care Continuum		
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	86.3%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	82.8%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	65.5%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.0%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	32.3%
Other		
23	What is the number of syringe exchange programs in the state in 2018?	0
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	No
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	Yes
26	Has the state expanded its Medicaid program?	Yes
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	223,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	36%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

MISSISSIPPI

In 2017, Mississippi had the 8th highest rate of new diagnoses in the U.S. Nearly 88% of Mississippians were aware of their HIV-positive status in 2017. An estimated 1,400 people with HIV in Mississippi are undiagnosed and therefore not receiving the care they need. At least 82% of RWHAP non-ADAP clients in Mississippi were Black/African American. Nearly half (49%) of Mississippians diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Mississippi was 12.9%.

General Population			
1	How many people live in the state?	2,986,530	
2	What proportion of the total population in the state are Black/African American?	37.8%	
HIV Incidence (New Diagnoses)		**US**	**MS**
3	How many people were diagnosed with HIV in 2018?	37,377	479
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in MS)*	16,008	352 (73.5%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	16.0
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	38.8
HIV Prevalence		**US**	**MS**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	9,399
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in MS)*	413,471	6,884 (73.2%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	379.1
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	760.7

MISSISSIPPI

"Mississippi had the 8th highest rate of new diagnoses in the U.S. in 2017."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	342	924	674	781	486
Injection drug use	2	33	104	226	239
Male-to-male sexual contact and injection drug use	2	19	35	81	66
Heterosexual contact	83	402	741	871	689
Other[a]	46	22	8	6	15

a Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum		
11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	3,386
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	82.0%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	79.4%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	5.1%

MISSISSIPPI

HIV Care Continuum		
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	82.8%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	81.7%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	78.6%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.0%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	100.0%

Other		
23	What is the number of syringe exchange programs in the state in 2018?	0
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	No
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	Yes
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	163,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	52%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

NORTH CAROLINA

In 2017, North Carolina had the 13th highest rate of new diagnoses in the U.S. More than 87% of North Carolinians were aware of their HIV-positive status in 2017. At least 5,300 people living with HIV in North Carolina are undiagnosed and therefore not receiving the care they need. Nearly two-thirds (64%) of RWHAP non-ADAP clients in North Carolina were Black/African American. More than 63% of North Carolinians diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in North Carolina was 11.1%.

	General Population		
1	How many people live in the state?	10,383,620	
2	What proportion of the total population in the state are Black/African American?	22.2%	
	HIV Incidence (New Diagnoses)	**US**	**NC**
3	How many people were diagnosed with HIV in 2018?	37,377	1,203
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in NC)*	16,008	755 (62.8%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	11.6
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	40.8
	HIV Prevalence	**US**	**NC**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	30,953
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in NC)*	413,471	19,100 (61.7%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	358.5
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,045.7

NORTH CAROLINA

"North Carolina had the 13th highest rate of new diagnoses in the U.S. in 2017."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016

Transmission Category	Age Range				
	13–24	25–34	35–44	45–54	55+
Male-to-male sexual contact	735	2,483	1,572	1,978	1,324
Injection drug use	10	89	235	802	1,303
Male-to-male sexual contact and injection drug use	9	58	75	217	250
Heterosexual contact	96	725	1,570	2,462	2,479
Other[a]	151	80	10	13	35

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	10,851
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	64.3%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	72.5%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	6.1%

NORTH CAROLINA

	HIV Care Continuum	
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	82.3%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	84.5%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	64.4%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.0%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	78.9%
	Other	
23	What is the number of syringe exchange programs in the state in 2018?	24
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	1 local jurisdiction plan
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	No
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	211,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	39%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

SOUTH CAROLINA

In 2017, South Carolina had the 8th highest rate of new diagnoses in the U.S. More than 84% of South Carolinians were aware of their HIV-positive status in 2017. An estimated 3,100 people living with HIV in South Carolina are undiagnosed and therefore not receiving the care they need. Nearly three-quarters (73%) of RWHAP non-ADAP clients in South Carolina were Black/African American. Two-thirds (66%) of South Carolinians diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in South Carolina was 11.7%.

General Population			
1	How many people live in the state?	5,084,127	
2	What proportion of the total population in the state are Black/African American?	27.1%	
HIV Incidence (New Diagnoses)		**US**	**SC**
3	How many people were diagnosed with HIV in 2018?	37,377	719
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in SC)*	16,008	460 (64.0%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	14.1
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	41.2
HIV Prevalence		**US**	**SC**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	16,858
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in SC)*	413,471	11,485 (68.1%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	398.5
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,035.7

SOUTH CAROLINA

"South Carolina had the 8th highest rate of new diagnoses in the U.S. in 2017."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
Transmission Category	**Age Range**				
	13–24	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	428	1,457	896	1,260	874
Injection drug use	5	35	124	394	679
Male-to-male sexual contact and injection drug use	7	33	42	128	134
Heterosexual contact	72	447	1,021	1,627	1,653
Other[a]	81	51	8	10	19

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	8,288
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	73.0%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	68.5%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	3.9%

SOUTH CAROLINA

HIV Care Continuum		
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	85.3%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	83.9%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	70.8%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	5.0%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	40.7%
Other		
23	What is the number of syringe exchange programs in the state in 2018?	1
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	No
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	Yes
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	211,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	39%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

TENNESSEE

In 2017, Tennessee had the 17th highest rate of new diagnoses in the U.S. Nearly 85% of Tennesseeans were aware of their HIV-positive status in 2017. At least 3,000 people living with HIV in Tennessee are undiagnosed and therefore not receiving the care they need. More than 60% of RWHAP non-ADAP clients in Tennessee were Black/African American. More than 57% of Tennesseeans diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Tennessee was 14.3%.

	General Population		
1	How many people live in the state?	6,770,010	
2	What proportion of the total population in the state are Black/African American?	17.1%	
	HIV Incidence (New Diagnoses)	**US**	**TN**
3	How many people were diagnosed with HIV in 2018?	37,377	763
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in TN)*	16,008	448 (58.7%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	11.3
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	48.4
	HIV Prevalence	**US**	**TN**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	16,612
8	How many Black/African American adults and adolescents were living with HIV in 2017? *(Proportion of PLWH in TN)*	413,471	9,224 (55.5%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	295.0
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,005.4

TENNESSEE

*"Tennessee had the **17th** highest rate of new diagnoses in the U.S. in 2017."*

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016

Transmission Category	Age Range				
	13–24	25–34	35–44	45–54	55+
Male-to-male sexual contact	345	1,321	876	1,075	690
Injection drug use	3	21	90	263	321
Male-to-male sexual contact and injection drug use	3	22	34	81	80
Heterosexual contact	62	539	1,061	1,135	911
Other[a]	45	27	10	8	11

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	8,309
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	60.9%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	64.4%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	12.3%

TENNESSEE

	HIV Care Continuum	
15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	83.7%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	79.6%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	57.0%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	1.3%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	31.8%
	Other	
23	What is the number of syringe exchange programs in the state in 2018?	2
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	1 local jurisdictional plan
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	1 EHE Phase I county
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	207,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	22%

[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

TEXAS

Texas had the 7th highest rate of new diagnoses in the U.S in 2017. More than 81% of Texans were aware of their HIV-positive status in 2017. At least 18,300 people living with HIV in Texas are undiagnosed and therefore not receiving the care they need. About 44% of RWHAP non-ADAP clients in Texas were Black/African American. More than 61% of Texans diagnosed with HIV were virally suppressed in 2017. In 2018, the rate of PrEP coverage in Texas was 14.3%.

General Population			
1	How many people live in the state?	28,701,845	
2	What proportion of the total population in the state are Black/African American?	12.8%	
HIV Incidence (New Diagnoses)		**US**	**TX**
3	How many people were diagnosed with HIV in 2018?	37,377	4,489
4	How many Black/African Americans 13 years of age and older were diagnosed with HIV in 2018? *(Proportion of New Diagnoses in TX)*	16,008	1,569 (35.0%)
5	What was the rate per 100,000 population of new diagnoses of HIV among people 13 years of age and older in 2018?	11.4	15.6
6	What was the rate per 100,000 population of new diagnoses of HIV among Black/African Americans age 13 years and older in 2018?	47.5	55.7
HIV Prevalence		**US**	**TX**
7	How many adults and adolescents were living with HIV infection in 2017?	1,001,718	88,099
8	How many Black/African American adults and adolescents were living with HIV in 2017? (*Proportion of PLWH in TX*)	413,471	31,915 (36.2%)
9	What was the rate per 100,000 population of people living with HIV infection in 2017?	367.7	382.9
10	What was the rate per 100,000 population of Black/African Americans living with HIV in the state in 2017?	1,240.2	1,156.8

TEXAS

"Texas had the 7th highest rate of new diagnoses in the U.S. in 2017."

HIV Prevalence by Age Group and Transmission Category, Black/African Americans, 2016					
	Age Range				
Transmission Category	**13–24**	**25–34**	**35–44**	**45–54**	**55+**
Male-to-male sexual contact	1,303	4,640	2,942	3,141	1,998
Injection drug use	33	264	769	1,331	1,568
Male-to-male sexual contact and injection drug use	29	135	278	521	464
Heterosexual contact	316	1,910	3,487	3,272	2,446
Other[a]	266	94	12	16	26

[a] Includes hemophilia, blood transfusion, perinatal exposure, and transmission risk factor not reported or not identified.

HIV Care Continuum

11	How many Black/African Americans in the state were Ryan White HIV/AIDS Program clients (non-ADAP) in 2017?	18,789
12	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state were Black/African American in 2017?	43.4%
13	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) in the state lived at between 0 to 138% of the federal poverty level in 2017?	75.8%
14	What proportion of Ryan White HIV/AIDS Program clients (non-ADAP) lived in temporary or unstable housing in the state in 2017 compared to the national rate of 12.9%?	18.3%

TEXAS

HIV Care Continuum

15	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were retained in care in 2017 compared to the national rate of 80.2%?	73.5%
16	What proportion of Black/African American Ryan White HIV/AIDS Program clients (non-ADAP) in the state were virally suppressed in care in 2017?	76.9%
17	What proportion of the national AIDS Drug Assistance Program clients were Black/African American in 2017?	39.5%
18	What proportion of the state's AIDS Drug Assistance Program clients were Black/African American in 2017?	38.0%
19	What proportion of national AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?[b]	3.1%
20	What proportion of the state's AIDS Drug Assistance Program clients were living at >400% of the federal poverty level in 2017?	0.2%
21	What proportion of ADAP clients in the U.S. received full-pay medication support in 2017?	48.4%
22	What proportion of ADAP clients in the state received full-pay medication support in 2017?	87.2%

Other

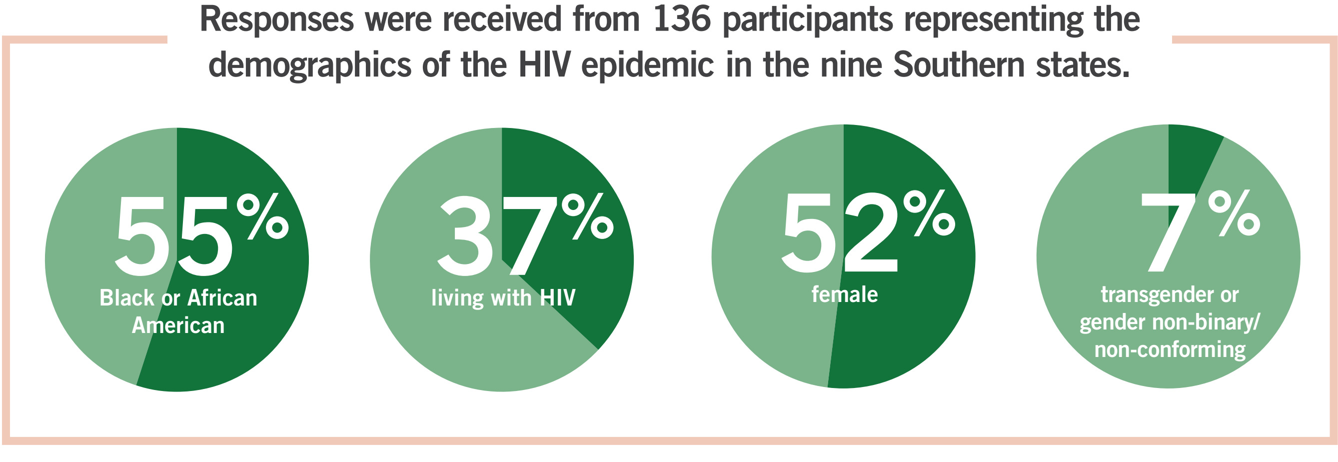
23	What is the number of syringe exchange programs in the state in 2018?	0
24	Prior to the federal Ending the HIV Epidemic initiative, did the state have a plan to end the HIV epidemic?	Yes and 2 local jurisdictional plans
25	Is the state a Phase I jurisdiction in the federal Ending the HIV Epidemic by 2030 initiative?	5 EHE Phase I counties
26	Has the state expanded its Medicaid program?	No
27	How many non-elderly uninsured adults would be eligible for coverage if the state expanded Medicaid?	1,400,000
28	What proportion of the state's Black non-elderly adult population would become eligible for coverage if the state expanded Medicaid?	14%

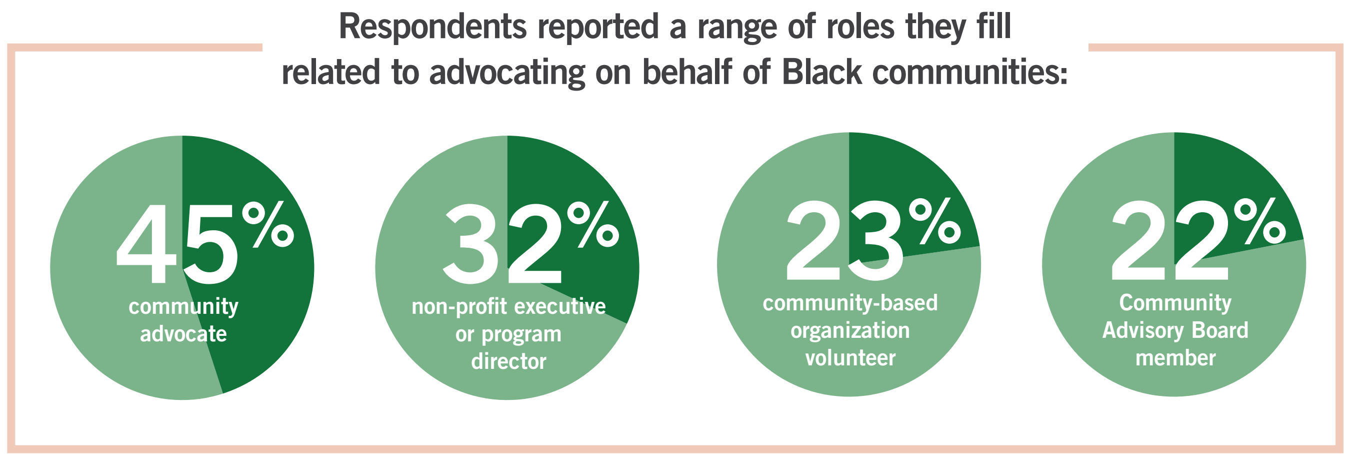
[b] Income levels for 2019 Federal poverty level: $12,490 for individuals, $16,910 for a family of 2, $21,330 for a family of 3, $25,750 for a family of 4, $30,170 for a family of 5, $34,590 for a family of 6, $39,010 for a family of 7, and $43,430 for a family of 8.

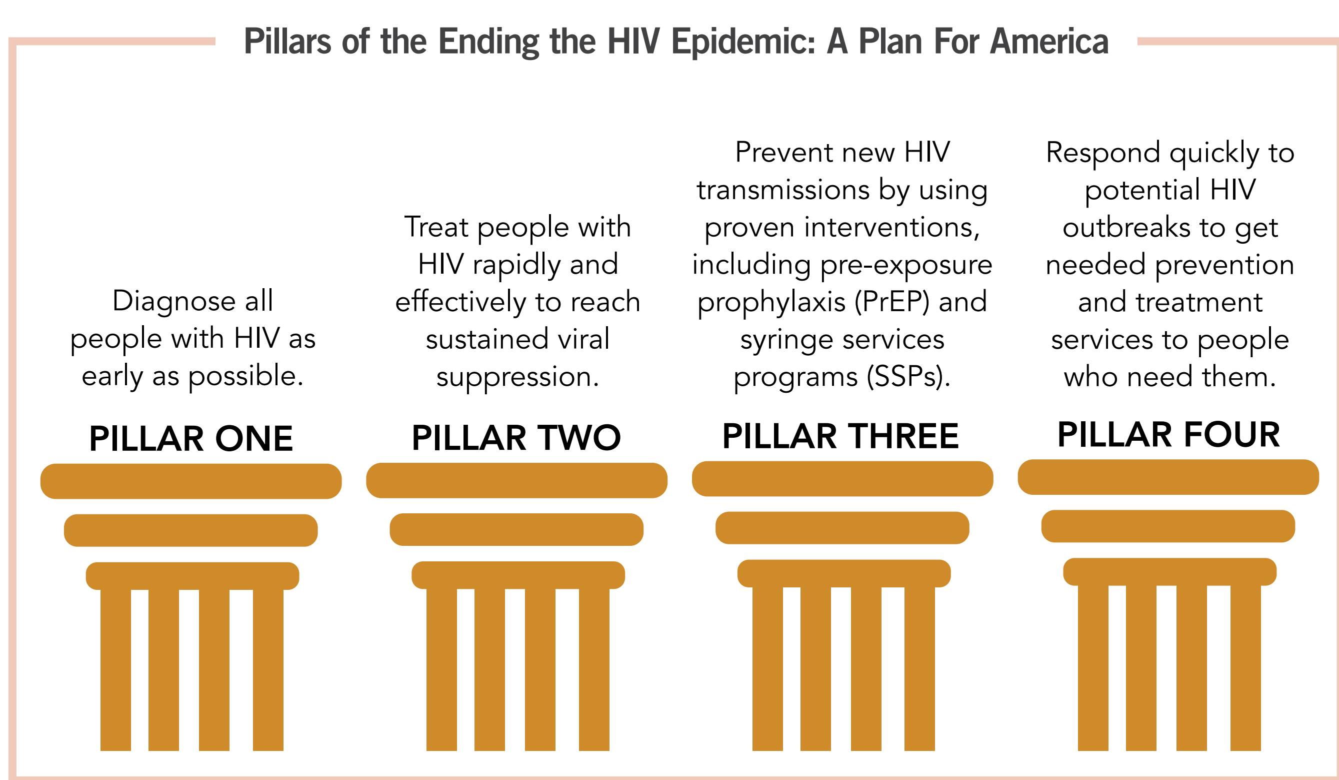
Online Survey Findings

Demographics of survey respondents

Responses were received from 136 participants representing the demographics of the HIV epidemic in the nine Southern states. More than half (55%) described themselves as Black or African American and 37% identified themselves as a person living with HIV. More than half (52%) identified as female, and 7% identified as transgender or gender non-binary/non-conforming. Overall, familiarity with HIV/AIDS as a health topic in Black communities was evident for all nine states with greater perceptions of awareness in Black communities reported by participants from Florida (35%), Texas (24%), and Mississippi (20%). Respondents also reported a range of roles they fill related to advocating on behalf of Black communities, including community advocate (45%), non-profit executive or program director (32%), community-based organization volunteer including Board of Director role (23%), and Community Advisory Board member (22%). Nearly 60% of respondents reported being extremely or very engaged personally or professionally in HIV advocacy benefitting Black communities in their state; less than 5% are not at all engaged.







EHE Initiative for Black Southern Communities

Respondents ranked their perception of the potential for key strategies/pillars of the Ending the HIV Epidemic (EHE) initiative to reduce new infections for Black communities in their state. Respondents' rankings revealed the perception that **"Diagnosing"** all people with HIV as early as possible has the greatest potential for reducing new infections for Black communities in their state.

Subsequent rankings follow: 2nd ranked—**"Treat"** people with HIV rapidly and effectively to reach sustained viral suppression; 3rd ranked—**"Prevent"** new HIV transmissions by using proven interventions, including PrEP & syringe services programs (SSPs); and last, participants ranked the **"Respond"** pillar with the least potential for reducing new infections in the Black community.

The **"Respond"** pillar focuses on health departments' capacity to quickly respond to potential HIV outbreaks by directing needed prevention and treatment services to people who need them through new laboratory methods and epidemiological techniques that assist in characterizing where HIV may be spreading most rapidly; resources are then deployed to stop chains of transmission, and get those impacted into appropriate care and treatment. Given the CDC seeks to work with impacted communities to ensure that resources are available for this particular strategy, its low ranking may suggest a need for greater communication and collaboration from the CDC and jurisdictional health departments with Black communities in the South. On the other hand, its ranking may reflect a perceived lower relevance and prioritization among Black communities in the South. Additional insights from key informants regarding perceptions of the EHE strategy for diverse Black communities in the South are discussed later in the report.

Engagement of Black Southern Communities in HIV/AIDS Advocacy

Respondents also reported on the extent to which they perceived (1) Black communities in their state, and (2) Black people living with HIV in their state are engaged currently in HIV-related public health policy and programs—a key indicator for HIV/AIDS advocacy capacity. About 11% of respondents felt that Black communities were generally engaged in advocacy. Interestingly, only 17% of respondents believe Black PLWH are *extremely or very engaged* in advocacy; thus, facilitating more robust engagement in HIV policy advocacy among Black people living with HIV in the South might be a critical advocacy goal given that HIV policy is particularly and directly consequential for PLWH. Two-thirds of respondents (66%) perceived Black communities as somewhat engaged and 62% of Black PLWH, somewhat engaged in HIV advocacy. Moderate levels of recent engagement in HIV health policy and program advocacy indicate potential for states and community partners to expand suboptimal levels of engagement of Black communities in HIV advocacy.

"About 11% of respondents felt that Black communities were generally engaged in advocacy."

Capacity for HIV Advocacy Strategies among Black Southern Communities

Respondents also reported the extent of their experience with a range of specific advocacy strategies.[9] Reflecting the prevalence of active advocates among respondents, the majority reported experience with most strategies, much of it recent. The top three strategies that respondents reported using in the past 24 months were public education (62%), communications/messaging (55%), and media advocacy (55%). The top three strategies that respondents reported no experience were model legislation (39%), champion development (34%), and public will campaigns (32%). The implications of respondents' levels of experience with standard advocacy strategies is discussed later in the report. Tabulated results of strategies from the highest to the lowest proportion of any experience are shown on the next page.

[9] Coffman, J. & Beer, T. (2015). The Advocacy Strategy Framework: A tool for articulating an advocacy theory of change. Center for Evaluation Innovation.

Extent of Experience with Standard Advocacy Strategies[9]

Strategies	Description
Public Education	Telling the public (or segments of the public) about an issue or position, and about its broad or impassioned support.
Influencer Education	Telling people who are influential in the policy arena about an issue or position, and about its broad or impassioned support.
Media Advocacy	Pitching to the print, broadcast, or electronic media to get visibility for an issue with specific audiences.
Stronger Coalitions	Unifying advocacy voices by bringing together individuals, groups, or organizations that agree on a particular issue or goal.
Public Forums	Group gatherings and discussions that are open to the public and help to make an advocacy case on an issue.
Communications and Messaging	Transmitting information to target audiences to influence how an issue is presented, discussed, or perceived.
Policymaker Education	Telling policymakers and candidates about an issue or position, and about its broad or impassioned support.
Community Organizing	Working with people in communities to develop the capacity to advocate on their own behalf.
Advocacy Capacity Building	Using financial support, training, coaching, or mentoring to increase the ability of an organization or group to lead, adapt, manage, and technically implement an advocacy strategy.
Leadership Development	Increasing the capacity (through training, coaching, or mentoring) of individuals to lead others to take action in support of an issue or position.
Regulatory Feedback	Providing information about existing policy rules and regulations to policymakers or others who have the authority to act on the issue and put change in motion.
Community Mobilization	Creating or building on a community-based groundswell of support for an issue or position.
Policy Analysis and Research	Systematically investigating an issue or problem to better define it or identify possible solutions.
Political Will Campaign	Communications (in-person, media, social media, etc.) to increase the willingness of policymakers to act in support of an issue or policy proposal.
Public Will Campaign	Communications to increase the willingness of a target audience (non-policymakers) to act in support of an issue or policy proposal.
Champion Development	Recruiting high-profile individuals to adopt an issue and publicly advocate for it.
Model Legislation	Developing a specific policy solution (and proposed policy language) for the issue or problem being addressed.

Key Informant Interviews

Seven key informant interviews were conducted by telephone. Informants were identified by SBPAN for their state-specific HIV advocacy experience or transgender community expertise; additionally, recruitment was targeted for participants from the states that had less than 10% of survey responses. The structured interview tool, designed with input from SBPAN staff and SBHAC members, included questions about (1) the HIV/AIDS advocacy environment, (2) engagement of the Black community in HIV/AIDS advocacy, (3) and the Ending the HIV Epidemic initiative. A subset of key informants with the appropriate expertise were asked additional questions specific to advocacy on behalf of the transgender community. Key informant interview responses are summarized below.

The Environment for HIV/AIDS Advocacy

Key informants were asked to identify recent HIV/AIDS-related policy successes and setbacks impacting Black communities in the South. Recent successes mentioned include expansion of Medicaid in Louisiana in 2016, increased funding for ADAP, and the creation of needle exchange programs in some communities. Regarding setbacks, key informants mentioned the lack of progress in legislation to decriminalize HIV; the lack of employment and transportation in rural communities, expansion of voter suppression efforts through such tactics as district gerrymandering and voter identification laws; and proliferation of policies driven by issue-driven extremism pursuing public policies such as those that limit access to family planning and a woman's right to choose abortion, mandates on public bathroom use, and anti-LGBT legislation, to name a few.

Key informants cited their familiarity with a range of upcoming advocacy priorities including:

expanding Medicaid

decriminalization of HIV and disclosure laws

expansion of syringe exchange programs

restoring access to comprehensive healthcare for women including reproductive health services

restoration of voting rights

care and treatment for persons with HIV upon release from prisons and jails

addressing needs for HIV testing and care for incarcerated persons at risk for or living with HIV

mobilizing community participation in the 2020 U.S. Census and de-politicization of Congressional redistricting which follows the census

Key informants identified a range of advocacy challenges including the ongoing failure of elected officials and public institutions, including departments of health, to meaningfully engage Black communities in policy decision-making; need for increased civic engagement and participation in voting; and overcoming apathy and distrust when engaging with elected and appointed officials, activists, and institutions that have been historically hostile to addressing the needs of Black communities.

Engagement of the Black Community

Key informants had mixed opinions about the status of engagement in policy and advocacy in the Black community. Informants reported that Black people in some communities are engaged and have seats at the table, but at the same time efforts to expand the pool of Black participants at this level of participation is lacking. Key informants also cited inadequate outreach and education targeting Black communities as a root cause of low engagement. When asked about barriers to greater engagement, key informants pointed to the lack of adequate resources to support engagement in Black communities, stigma and shame, discrimination, low voter turnout, lack of access to basic needs like healthcare, housing, and food security, lack of effort to build meaningful working relationships with decision-making bodies and personnel. **Finally, key informants uniformly emphasized the need for increased resources and education to better engage Black communities, Black legislators and allied organizations outside the HIV arena.**

EHE Initiative

Key informants noted minimal engagement of Black communities in the Ending the HIV Epidemic initiative planning process so far. **When asked to consider the initiative's four strategies (knowns as "EHE pillars"), most key informants feel the pillars themselves do not adequately address vital contextual factors for the HIV epidemic in Black Southern communities, such as poverty and housing, in a meaningful way.** For this reason, some informants expressed doubt that EHE as designed will be sufficient to end the HIV epidemic in Black communities. Informants assert that in order to end the HIV epidemic, health and social disparities long endured by Black communities in the South must be resolved through means such as fully addressing social determinants of health, eliminating stigma, engaging in criminal justice reform, and expanding policy research on specific needs of the Black community.

"Key informants uniformly emphasized the need for increased resources and education to better engage Black communities, Black legislators and allied organizations outside the HIV arena."

Transgender Communities

Transgender communities in the South were regarded as the least engaged among all Black communities. Informants noted that transgender persons of color generally suffer greater health and socioeconomic disparities than the overall Black population; namely, Black transgender persons living in the South experience higher levels of stigma, discrimination, micro-aggressions, and violence including bodily harm and death merely due to their gender identity. Key informants emphasized the urgent need to engage persons identified as transgender in all areas of HIV/AIDS policy and advocacy and more specifically noted the need for increased transgender-specific policies and resources.

When asked about the extent to which information regarding Black transgender persons is available to support policy development, key informants noted the absence of data about even the most fundamental issues related to health and well-being among Black transgender communities in the South. Among the most formidable knowledge gaps is understanding and intervening on the social and economic barriers that keep transgender persons from seeking healthcare and support; among the most visible issues are decriminalization of sex work and the murders of Black transwomen which too often go unsolved. On the other hand, informants observed that some progress in closing the transgender data gap is occurring. For example, increasingly provider agencies are expanding their gender identity options to include "transgender" in data collection forms and analysis.

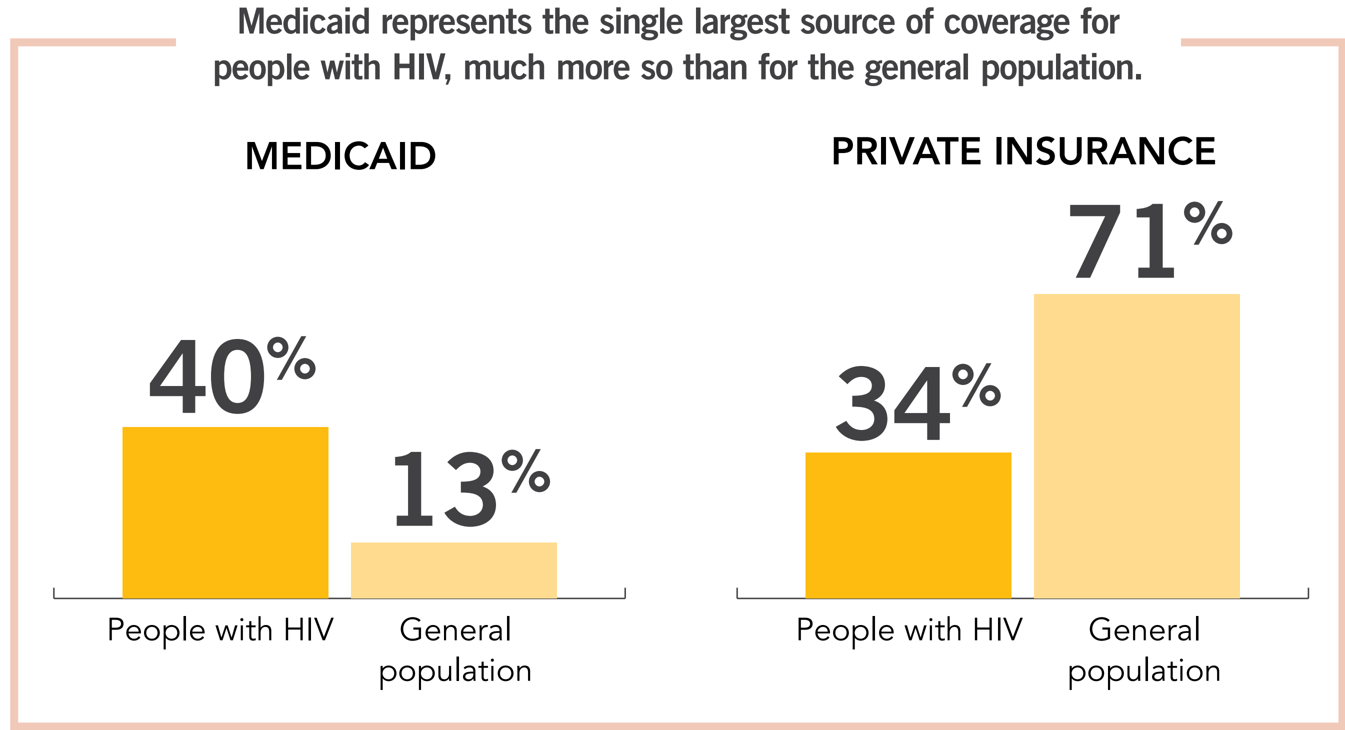
"On the other hand, informants observed that some progress in closing the transgender data gap is occurring. For example, increasingly provider agencies are expanding their gender identity options to include "transgender" in data collection forms and analysis."

Overall Discussion

The assessment's HIV surveillance and health outcome data show the disproportionate impact of HIV in Black communities in all nine study states as recently as 2017, including higher HIV prevalence and incidence as well as lower rates of viral suppression among Blacks living with HIV. The need for widespread PrEP coverage in the South especially for patients with clinical indications,[10] lack of Medicaid expansion and syringe exchange programs are significant gaps in resources addressing the HIV epidemic identified in the study states.

PrEP is considered by the federal government as a central pillar of the effort to end HIV by 2030. As indicated in the table showing PrEP coverage for each of the states in this study, coverage is significantly below the 50% goal set by the EHE initiative for 2030. As PrEP indications have expanded to include adolescents and cis-gender women, barriers to accessing PrEP services for those populations have unique contexts for Black communities in the South that must be addressed. Moreover, attention to the social determinants of health, including access to health insurance to maintain engagement in care, contribute to issues with adherence and persistence that require policy advocacy for Black communities in the South. A new federal program created by the Department of Health and Human Services—called Ready, Set, PrEP[11]—supplies PrEP to patients not enrolled in Medicaid, the Veterans Health Administration or any other federal health program. Through the program, patients lacking health insurance can apply for free HIV prevention drugs.

[10] Clinical indications for PrEP refers to guidelines for prescribing PrEP for individuals with higher risk for HIV transmission for whom the risk for acquiring HIV is reduced.
[11] More information on the Ready, Set, PrEP program can be accessed at **https://www.getyourprep.com**



Medicaid represents the single largest source of coverage for people with HIV, much more so than for the general population (40% compared to 13%). People with HIV are much less likely to be covered by private insurance than the population overall (34% compared to 71%). A main factor driving increased coverage for people with HIV has been the Affordable Care Act's Medicaid expansion. Among expansion states sampled, the share of people with HIV who are uninsured is significantly lower (5% v. 19%) and rates of Medicaid coverage significantly higher (48% v 29%), compared to non-expansion states.[12] Medicaid expansion has not occurred in 8 of the 9 states (Louisiana expanded in 2016). If other states expanded Medicaid, approximately 3.9 million non-elderly uninsured adults would be eligible for coverage, including a significant number of Blacks living in the U.S. South. While overall viral suppression rates do not vary by coverage type, sustained viral suppression was significantly higher among those with private insurance and Medicare, compared to the uninsured. In addition, those who relied on the Ryan White HIV/AIDS Program were significantly more likely to have sustained viral suppression, driven in particular by those with both Ryan White and Medicaid which also happen to be highly utilized by Black US citizens in those states (see state profiles).

Based on recent trends in HIV epidemiology, a primary concern is widespread injection drug use, which now accounts for 6% of new diagnoses and contributes to an additional 3% of new diagnoses among men who have sex with men who report injection drug use.[13] This concern is deepened by the existing national opioid epidemic, also highly evident among southern states,[14] and presents even greater challenges for rural states and localities as rises in infection rates shift from major metropolitan centers to smaller rural communities. An

[12] Dawson L and Kates J. *Data Note: An Update on Insurance Coverage Among People with HIV in the United States.* Kaiser Family Foundation, May 2019.
[13] US Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2017. HIV Surveillance Report 2018. Available at: http:// www.cdc.gov/hiv/library/reports/hivsurveillance.html. Accessed December 20, 2019.
[14] Community Education Group (2019). Mobilizing Communities to Address Health Inequities in the American South: A report from the Equitable Access Coalition.

increase in injection opioid abuse in rural American communities has increased the risk for HIV transmission in populations distinctly different from previously identified higher-risk groups.[15] The lack of syringe services programs is a gap in all states except North Carolina; Florida and Tennessee operate two programs each. In Georgia and South Carolina each state operates one syringe services program, while Alabama, Louisiana, Mississippi, and Texas have no programs active or pending. Except for the 24 syringe services programs in North Carolina, only 6 other programs exist in the 8 other study states. The need for syringe exchange programs and related policy advocacy for communities in the South has also been emphasized by the Equitable Access Coalition (EAC), an alliance of organizations and people working on the ground in communities hardest hit by HCV and HIV throughout the southern United States (see their report "Mobilizing Communities to Address Health Inequities in the American South.")

Limitations of the Report

Several limitations of the assessment are important to keep in mind. Data on transgender persons is generally not even collected, reflecting the long-standing gaps in understanding of and knowledge about this community. Note also that data systems to describe the use of pre-exposure prophylaxis (PrEP) are emerging. Use caution in the interpretation of PrEP-related data until the methods for collecting and understanding it are better developed and validated over time.

We also note that response rates to the online survey from participants from Alabama, Louisiana, South Carolina and Tennessee were less than ten percent of all responses received. This limitation was addressed by emphasizing recruitment of key informant interview participants from these four states. A small percentage (5%) of survey respondents identified as transgender. All were transgender women. This limitation was addressed by emphasizing recruitment of transgender persons.

[15] Lerner, A.M. & Fauci, A.S. (2019). Opioid injection in rural areas of the United States: A potential obstacle to Ending thet HIV Epidemic. *Journal of the American Medical Association, 322:*1041–1042.

Conclusion

The disproportionate impact of HIV in the Black communities described in this assessment indicates a critical opportunity to expand HIV advocacy in the nine states in the U.S. South. Capacity exists for multiple forms of community-based HIV advocacy in the nine states based on widespread recent experience with the standard strategies of public policy advocacy. To support these diverse Black communities in the South and their advocacy goals, future needs assessments should delve more deeply into the lived experiences as well as the political realities and opportunities of specific communities that may not have been as fully reflected in this inaugural report.

This needs assessment will be available for advocates in the nine states to further develop their own evidence-based plans and put them into action. Priorities are likely to include advocating for Medicaid expansion, expanding the availability of syringe exchange programs, promoting the uptake of PrEP among persons for whom PrEP is an effective approach to HIV prevention, a broader focus in HIV planning efforts and policy advocacy that adequately addresses vital contextual factors for the HIV epidemic in Black Southern communities (i.e. social determinants of health, housing, food insecurity, stigma) and opportunities for meaningful participation in planning, implementing, and monitoring Phase I Ending the HIV Epidemic activities by Black communities in the South.

Suggestions for Maximizing the Usefulness of This Assessment

- **Use it to educate and engage** the public, stakeholders, colleagues, and peer advocates aligned with ending the HIV epidemic.
- **Use the data and findings from this assessment to describe the HIV epidemic in Black communities** in your state when advocating to elected officials and other policy decision-makers.
- **Present the state data and findings** of the assessment to your jurisdiction's HIV planning bodies and other types of planning groups, particularly those involved in planning Phase I activities of the federal Ending the HIV Epidemic (EHE) initiative.
- **Identify opportunities for Phase I EHE jurisdictions** to invite technical assistance that will broaden their capacity to implement advocacy-related policy priorities and subsequent action steps based on the report's findings.
- **Collaborate with local organizations** that have health-related or social justice-centered advocacy expertise, especially to implement advocacy strategies for which a community or region expresses less resource capacity.
- **Take the bold action to prioritize advocacy efforts within your state** with respect to the needs of Black communities leading to a more tailored state-based advocacy plan.
- **Build action strategies and assign individuals and organizations** in community coalitions and networks to lead HIV advocacy planning, thereby augmenting meaningful engagement in your state or jurisdiction.
- **Create awareness campaigns that mobilize community support** for HIV-related advocacy on behalf of Black communities based on the issues identified in the state reports.
- **Build strategic alliances with non-traditional partners** whose policy advocacy is aligned with the recommended strategies.
- **Conduct asset mapping** to inform the development of policy advocacy needs, assets, and action strategies.
- **Dialogue with cross-interest Black community groups** such as Black faith communities and other social organizations and coalitions to identify overlapping issues and the specific ways their constituencies can amplify advocacy thereby building power to end the HIV epidemic in Black communities.

Appendix A

Sources of Data for State-Based Findings

General Population

U.S. census data accessed at **https://www.census.gov/quickfacts**

HIV Incidence (New Diagnoses) and HIV Prevalence

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the U.S., 2010–2016 accessed at **https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-24-1.pdf**

Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Preliminary); vol. 30. **https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html**. Published November 2019.

Centers for Disease Control and Prevention. NCHHSTP AtlasPlus accessed at **https://www.cdc.gov/nchhstp/atlas/index.htm**

PrEP

Harris NS, Johnson AS, Huang YA, et. Al. *Vital Signs:* Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis—United States, 2013–2018. MMWR Morb Mortal Wkly Rep 2019;68:1117–1123.

HIV Care Continuum

HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017 accessed at **http://hab.hrsa.gov/data/data-reports**

Other

Syringe Exchange Programs: Kaiser Family Foundation accessed at **https://www.kff.org/hivaids/state-indicator/syringe-exchange-programs/**

Ending the HIV Epidemic plans: NASTAD accessed at **https://www.nastad.org/maps/ending-hiv-epidemic-jurisdictional-plans**

Ending the HIV Epidemic Phase I Jurisdictions: HIV.gov accessed at **https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf**

Medicaid Expansion States: Kaiser Family Foundation accessed at **https://www.kff.org/medicaid/fact-sheet/uninsured-adults-in-states-that-did-not-expand-who-would-become-eligible-for-medicaid-under-expansion/**

Appendix B

List of Acronyms and Common Terms

List in formation

ADAP	AIDS Drug Assistance Program
COMPASS	Gilead Sciences Commitment to Partnership Addressing HIV/AIDS in Southern States Initiative®
EHE	Ending the HIV Epidemic: A Plan for America
MSM	men who have sex with men
nPEP	nonoccupational postexposure prophylaxis
PrEP	pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SBHAC	Southern Black HIV/AIDS Advisory Council
SBHAN	Southern Black HIV/AIDS Network
SBPAN	Southern Black Policy & Advocacy Network