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Rolling Stone Interview

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Jacob Levinson/ ROLLING STONE INTERVIEW

The article seems to be focused on minority populations in the rural south. His basic premise seems to be maldistribution of resources to low incidence areas for RWCA as well as Medicaid, Medicare. He is clearly taking an advocacy posture with the issue but seems realistic about the limitations of federal interventions over state domains.
The focus of the article seems to be in the post HAART era (after 1995). I have pulled some slides from CDC to demonstrate the relative paucity of cases since 1993, not to minimize the disparity.

Note that the cumulative cases ('81-99) are aprox 594,000 in large cities compared with only 40,000 in rural areas, with about 63,000 cases in moderate sized urban areas. (Look at the cumulative slide

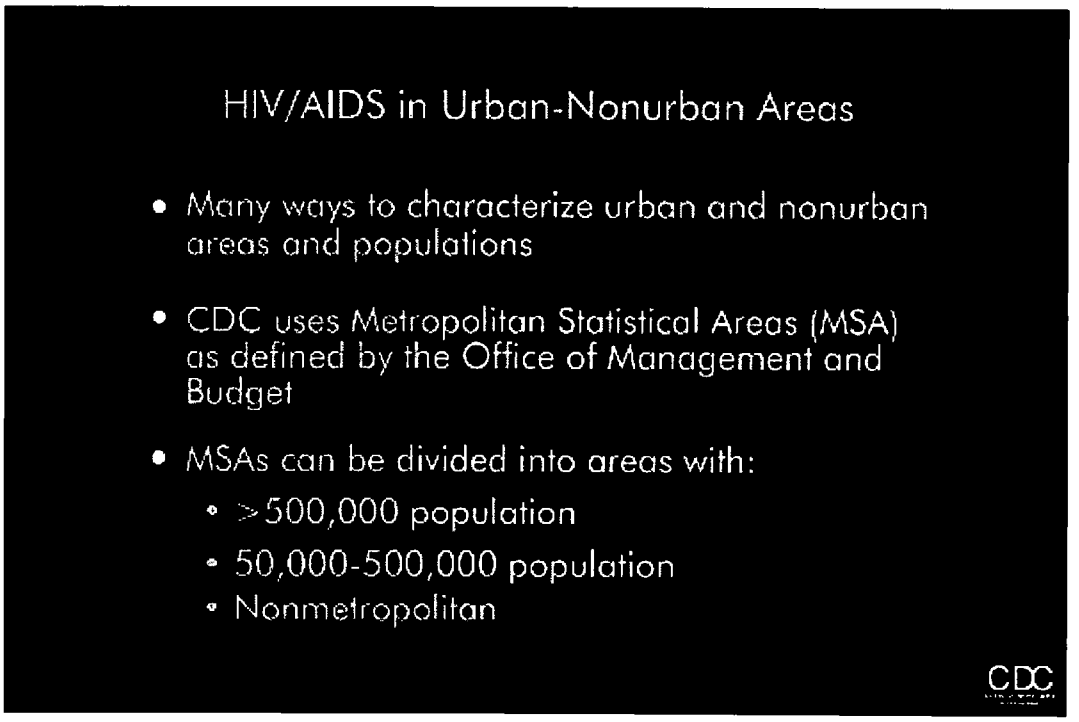
It is clear with the incidence of STD's (syphilis, gonorrhea and chlamydia), alcohol, substance abuse (crack cocaine), and teen pregnancies, the rural south is a time bomb waiting to explode. HIV rates peaked there in 1995, at which time HHS began an initiative to target this population (rural south/std focus out of CDC) for STD screening. The real reason we haven't seen a rapid rise in cases is more due to the fact that the HIV virus has not mixed in with this population. If mixing occurs we would still see the rapid rise in HIV cases.

We are limited by the State deciding who is or who is not eligible for ADAP funds (% above poverty in Alabama, Mississippi, Louisiana, Ark, Tex, are near or at the poverty line, thereby limiting access to eligibility and drugs. Alabama and Ark continue to have significant waiting lists, but this years appropriation will remedy that immediate problem. As you remember State legislatures define eligibility as well as matching funds for HCFA programs as well, and as a result you have doubly confounded issues around access to both RWCA related services and welfare.
Our ability to reach these populations is burdened by:

1. Stigma : especially in the AF-Am community; remains a major barrier (like early 80's for gay white men)
2. Poverty : self-perception of patients is one of "lack of entitlement" to services, so they endure long beyond the initiation of symptoms (std , HIV and other diseases)
3. Confidentiality in rural setting difficult to address
4. Distances to services without public transportation option
5. Pride: rural populations culturally carry their own burden without asking or expecting help, unlike some urban populations with the same demographics
6. Incarceration of Af.Am males: discrepancies in charges of drug possession (crack Vs powder cocaine; marijuana) has resulted in the removal of many Af.Am males in both urban and rural settings, leaving families without that income generating potential in addition to the personal loss of having a spouse in jail.

7. Acknowledge that we are not effectively capturing this population and begs the question that we need to re-evaluate the Federal approach to rural health problems in general. (Can say the same about urban problems). One of the innovative bright lights on the horizon is the rapid assessment methodology. Uses community and community resources to leave a durable capability. Rapid assessment also applies to multiple health related problems

HIV/AIDS Surveillance in Urban-Nonurban Areas
L206 slide series through 1999
Slide 1 of 14



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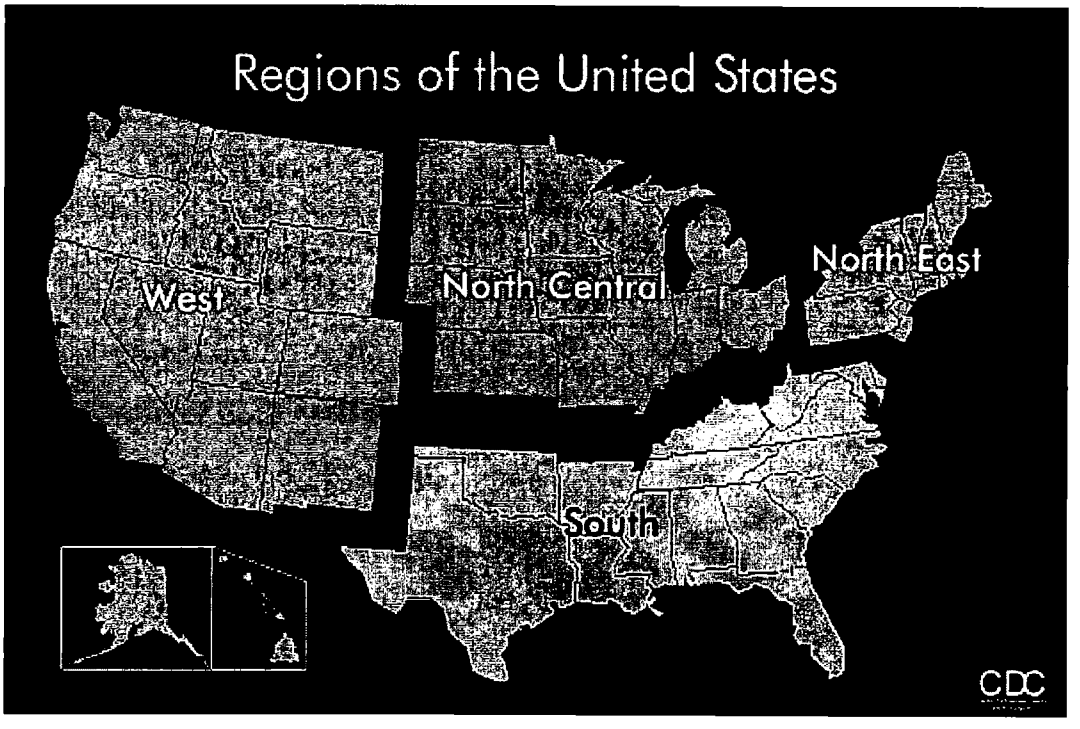
HIV/AIDS in Urban-Nonurban Areas

There are many ways to classify areas and populations into urban and nonurban categories. Although each classification system is slightly different, most places designated as urban by one system are also considered urban under the others. Some systems distinguish between larger and smaller metropolitan areas, some consider proximity to metropolitan areas, and others consider economic and social integration with a core area of high population. The Centers for Disease Control and Prevention uses the Office and Management and Budget system that designates metropolitan statistical areas (MSA). MSAs can be divided into areas of population greater than 500,000, 50,000 to 500,000, and nonmetropolitan.

HIV/AIDS Surveillance in Urban-Nonurban Areas
L206 slide series through 1999
Slide 4 of 14



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Regions of the United States

This map shows which states are included in the four regions of the United States. Puerto Rico, the U.S. Virgin Islands and U.S. territories are not included in this regional classification system although they report AIDS cases to CDC.

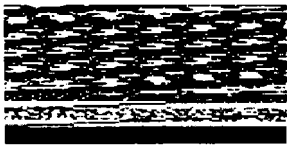


Table 29. Estimated deaths of persons with AIDS, by region of residence and year of death, 1993 through 1998, United States[1]

Region of residence[2]	Year of death					
	1993	1994	1995	1996	1997	1998
Northeast	14,017	15,829	15,837	11,590	6,749	5,235
Midwest	4,770	5,183	5,433	4,019	2,272	1,836
South	14,640	16,361	17,285	13,666	8,312	7,327
West	10,285	10,597	10,235	6,917	3,549	2,721
U.S. dependencies, possessions, and associated nations	1,559	1,750	1,699	1,548	969	722
Total	**45,271**	**49,719**	**50,489**	**37,739**	**21,850**	**17,840**

1. These numbers do not represent actual deaths of persons with AIDS. Rather, these numbers are point estimates adjusted for delays in the reporting of deaths, but not for incomplete reporting of deaths. Annual estimates are through the most recent year for which reliable estimates are available. See Technical Notes.
2. See Technical Notes for a list of states or U.S. dependencies, possessions, and associated nations which comprise each region of residence.

Table 30. Estimated deaths of persons with AIDS, by race/ethnicity and year of death, 1993 through 1998, United States[1]

Race/ethnicity	Year of death					
	1993	1994	1995	1996	1997	1998
White, not Hispanic	21,608	22,474	21,868	14,491	7,217	5,684
Black, not Hispanic	15,460	17,844	18,971	15,909	10,333	8,744
Hispanic	7,726	8,828	9,058	6,906	4,054	3,217
Asian/Pacific Islander	307	403	360	286	149	115
American Indian/Alaska Native	136	145	192	124	86	68
Total[2]	**45,271**	**49,719**	**50,489**	**37,739**	**21,850**	**17,840**

1. These numbers do not represent actual deaths of persons with AIDS. Rather, these numbers are point estimates adjusted for delays in the reporting of deaths, but not for incomplete reporting of deaths. Annual estimates are through the most recent year for which reliable estimates are available. See Technical Notes.
2. Totals include estimates of persons whose race/ethnicity is unknown.

Added on: June 09, 2000
Centers for Disease Control & Prevention
National Center for HIV, STD, and TB Prevention
Divisions of HIV/AIDS Prevention
Please send comments/suggestions/requests to: hivmail@cdc.gov

Compare '99 to '97

Note - this is

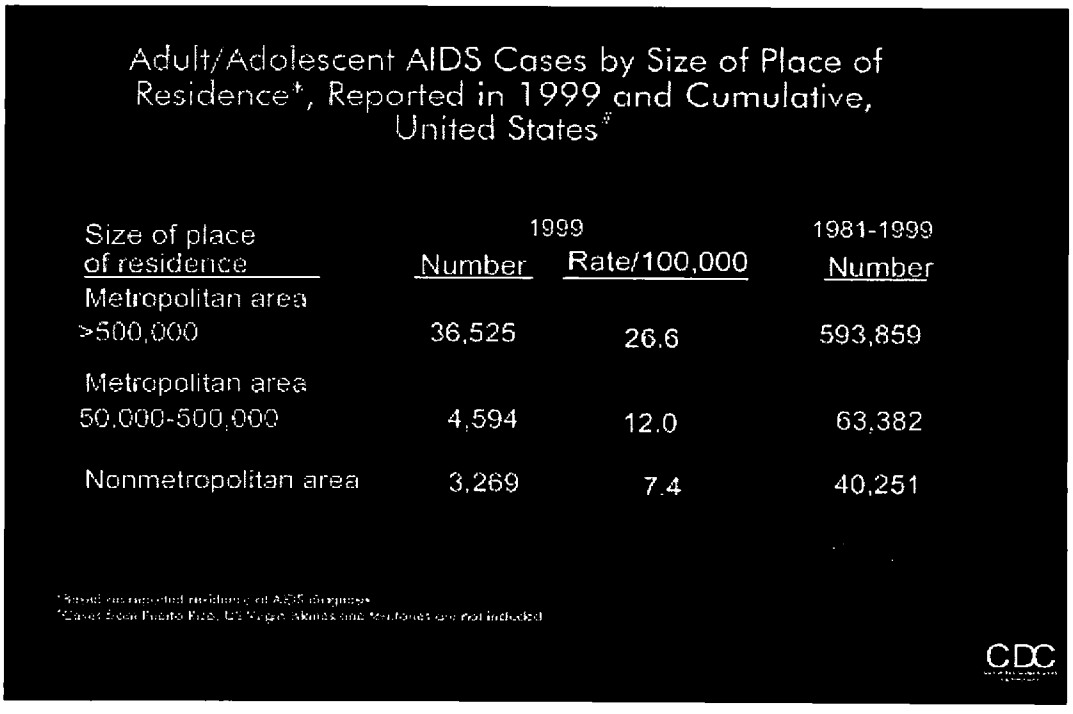
not HIV cases

just AIDS

Jacob

HIV/AIDS Surveillance in Urban-Nonurban Areas
L206 slide series through 1999
Slide 2 of 14

Cumulative 81–99



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Adult/Adolescent AIDS Cases by Size of Place of Residence, Reported in 1999 and Cumulative, United States

The distribution of AIDS cases, recently reported and cumulatively since 1981, shows the majority of persons reported with AIDS (82% and 85%, respectively) resided in large urban areas at the time of diagnosis. Approximately 10% of persons were reported from metropolitan areas with population 50,000 to 500,000; 7% of persons reported with AIDS in 1999 were from nonmetropolitan areas. In comparison, 62% of the general adult population in the United States lives in large metropolitan areas, 17% in medium sized metropolitan areas, and 20% of the population resides in nonmetropolitan areas.

1999 only

HIV/AIDS Surveillance in Urban-Nonurban Areas
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Adult/Adolescent AIDS Cases by Size of Place of Residence* and Sex, Reported in 1999, United States*

Size of Place of Residence

Sex	Metropolitan area >500,000 Number	Metropolitan area >500,000 Rate per 100,000	Metropolitan area 50,000 - 500,000 Number	Metropolitan area 50,000 - 500,000 Rate per 100,000	Nonmetropolitan area Number	Nonmetropolitan area Rate per 100,000
Male	27,902	42	3,549	19	2,554	12
Female	8,623	12	1,045	5	715	3

*Place of residence is based on reported residence at AIDS diagnosis.
†Cases from Puerto Rico, US Virgin Islands and territories are not included.

CDC

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Adult/Adolescent AIDS Cases by Size of Place of Residence and Sex, Reported in 1999, United States

The majority of AIDS cases reported are among men, regardless of the size of the place of residence at diagnosis. The rate per 100,000 population for men is 3 to 4 times higher than the rate for women in each of the categories of size of place of residence.

'99 Only

HIV/AIDS Surveillance in Urban-Nonurban Areas
L206 slide series through 1999
Slide 5 of 14

Adult/Adolescent AIDS Cases and Rate per 100,000, by Size of Place of Residence* and Region, Reported in 1999, United States#

Region	Metropolitan area >500,000		Metropolitan area 50,000 - 500,000		Nonmetropolitan area	
	Number	Rate	Number	Rate	Number	Rate
Northeast	12,671	38	807	17	411	9
North Central	3,408	12	510	5	376	3
South	13,375	32	2,792	17	2,187	11
West	7,071	21	485	7	295	5

*Based on reported residence at AIDS diagnosis
#Cases from Puerto Rico, US Virgin Islands and territories not included

CDC

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Adult/Adolescent AIDS Cases and Rate per 100,000 Population, by Size of Place of Residence and Region, Reported in 1999, United States

In each region of the United States, the majority of persons reported with AIDS are from large metropolitan areas, followed by smaller metropolitan areas, and the fewest from nonmetropolitan areas. The South has the largest proportion of cases reported from nonmetropolitan areas, and the highest rate in those places. Although the large metropolitan areas have the most AIDS cases, the smaller metropolitan and nonmetropolitan areas, especially in the South, also share a significant burden of the AIDS epidemic. These places may face different challenges than the larger areas to provide adequate care and services to the affected populations.