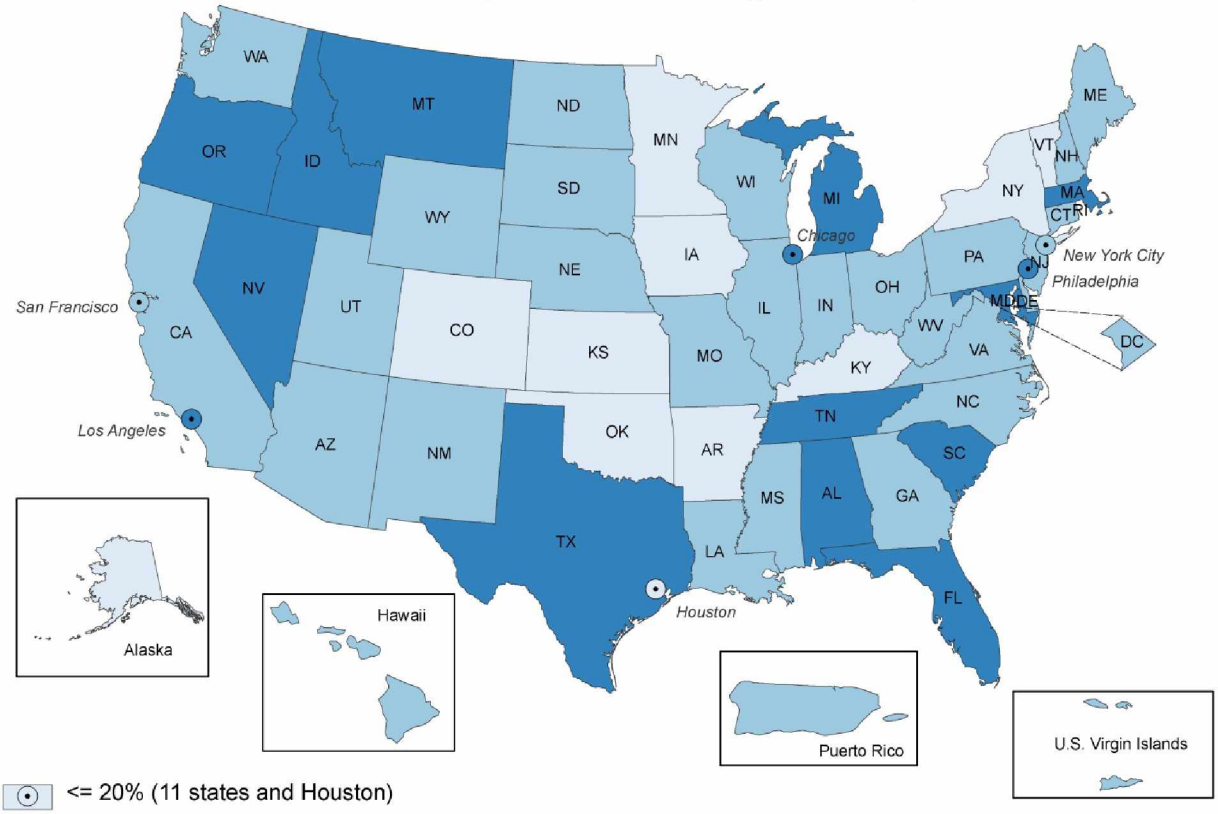
HIV Prevention Funding Allocations at CDC-Funded State and Local Health Departments, 2010

Reported Funding Allocations to HIV Testing in the United States, Puerto Rico, and the U.S. Virgin Islands, 2010



<= 20% (11 states and Houston)

20.1% - 40.0% (27 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, New York City, and San Francisco)

> 40.0% (12 states, Chicago, Los Angeles, and Philadelphia)

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

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On the Web: http://www.cdc.gov/hiv/topics/testing/reports

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Introduction

In 2010, the Centers for Disease Control and Prevention (CDC) budgeted approximately $580 million to address the domestic HIV and AIDS epidemic. These funds supported HIV surveillance, research, prevention, and evaluation activities (Appendix A). Of this amount, about $480 million was awarded by the National Center of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) to support HIV prevention program activities in state and local health departments (HDs). In 2010, 59 HDs (50 state HDs, 6 directly-funded city HDs[1], and HDs in the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) were funded under different funding opportunity announcements (FOAs) to deliver a wide range of HIV surveillance, prevention, and evaluation activities. Five FOAs were specific to HIV prevention activities (PS 10-1001, PS 10-10138, PS 10-10181, PS 10-10175, and PS 09-902). CDC provides an overall funding amount for HIV prevention to HDs and expects them to allocate their funds to interventions and other activities that focus on the populations at highest risk for acquiring HIV, based on epidemiological data. In addition, CDC expects that HDs have consulted with and obtained approvals from their HIV planning groups and that the funding allocation decisions are consistent with the general guidelines specified in each FOA. The allocation information is important for monitoring HIV prevention efforts at the national and local levels under these five FOAs and for planning the most effective distribution of prevention funds.

The primary objective of this report is to describe how HDs, given their budget constraints, allocated their CDC prevention funds across interventions and populations to decrease HIV incidence. HDs were asked to report how they allocated their funds from the five FOAs for HIV prevention during calendar year (CY) 2010, including HIV prevention program activities and prevention interventions designed for persons living with HIV (PLWH). HDs were also asked to provide allocations by

[1] Chicago, Houston, Los Angeles County, New York City, Philadelphia, and San Francisco

race/ethnicity and by HIV risk (referred to as "risk" in this document). Analyses of 2010 data were conducted and compared to findings from prior calendar years (2005-2009) to examine trends in funding allocations. A secondary objective of this report is to describe how the overall CDC HIV prevention funding allocations at the national level compared with the national HIV epidemic.

In addition, allocation information from 2010 may be used as a baseline estimate to assess the impact of the implementation of the U.S. National HIV/AIDS Strategy (NHAS), released by the White House in July 2010 (ONAP, 2010). NHAS is a comprehensive federal response to the domestic HIV epidemic with three primary goals: reduce new HIV infections, increase access to care and improve health outcomes for persons living with HIV (PLWH), and reduce HIV-related health disparities. Since its release, CDC's Division of HIV/AIDS Prevention (DHAP) has been working to achieve the NHAS goals and has developed the 2011-2015 DHAP Strategic Plan and the High-Impact HIV Prevention approach to guide all funding announcements from DHAP. In 2012, DHAP issued the 2011 Annual Report to highlight the first year under the High-Impact HIV Prevention strategy (DHAP Annual Report, 2011).

Methods

Budget allocation information was obtained through a data collection template distributed to the 59 HDs directly funded by CDC to support HIV prevention activities. Data collection was conducted from September 2011 to January 2012.

Data Collection Procedures

CDC collaborated with the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Urban Coalition on HIV/AIDS Prevention Services (UCHAPS) to prepare a data collection template named, *Budget Allocation Tables for HIV Prevention from All CDC Prevention Funds to Health Departments, Budget Year 2010*. The template was sent to all HDs for reporting their CY 2010 budget

allocations. Unlike previous budget table templates (CDC, 2009 and 2011) reporting budget allocations from 2006 through 2009 that focused on a single funding source from CDC, the 2010 data collection template was expanded to include budget allocations from the five FOAs specific to HIV prevention (see the data collection template in Appendix B). The 2010 data collection template was tailored to each HD in an effort to minimize the reporting burden and to improve the quality of reported data. More specifically, each HD was provided a data collection template with their total cooperative agreement amounts from the five FOAs (PS 10-1001, PS 10-10138, PS 10-10181, PS 10-10175, and PS 09-902) for CY 2010 (see Appendix B).

Multiple funding sources could have been used for allocations to HIV prevention activities within each HD's comprehensive HIV prevention program. HDs were asked to report their allocations from the five FOAs listed above to prevention interventions designed for PLWH and to the following HIV prevention program activities: HIV testing, partner services, health education/risk reduction (HE/RR), health communication/public information (HC/PI), HIV program planning, evaluation, and general operations or administrative activities (referred to as "program administrative activities" in this document). HIV testing activities included targeted, opt-in testing and routine, opt-out testing or screening. HDs were asked to report allocations to both targeted HIV testing and routine HIV testing/screening (Expanded Testing Program Overview, 2012).

HDs provided their allocations to targeted HIV testing and to HE/RR by race/ethnicity and by risk. Race/ethnicity categories were American Indian/Alaskan Native, Asian, Black (non-Hispanic), Hispanic, Native Hawaiian/Pacific Islander, White (non-Hispanic), and "other or not targeted by race/ethnicity." The "other or not targeted by race/ethnicity" category refers to persons of another race/ethnicity or to activities that were not targeted by race/ethnicity. Risk categories were men who have sex with men (MSM), injection drug users (IDUs), MSM/IDU, high-risk heterosexual contact, and

"other or not targeted by risk." The "other or not targeted by risk" category refers to persons having any other risk not listed on the data collection template or to activities that were not targeted by risk and includes Transgendered (Male to Female or Female to Male) persons.

Information from previously reported allocations for calendar years 2005-2009 (2005 Budget Table Report, 2006/2007 Budget Table Report, and 2008/2009 Budget Table Report) was used to examine trends in funding allocations. To compare CDC HIV prevention funding allocations at the national level with the pattern of the national HIV epidemic, CDC used the amounts reported for the 2010 budget table data as overall allocations. These allocations were compared with the percentages of the newly-diagnosed HIV cases obtained from HIV surveillance data from 46 states with confidential name-based HIV infection reporting systems (HIV Surveillance Report, 2010).

Data Quality Procedures

All 59 HDs submitted allocation data from multiple funding sources for CY 2010. Two types of data quality checks were conducted for each HD: (1) completeness – to assess whether HDs provided the required information requested in all the tables and (2) consistency – the total amount of reported allocations to prevention activities being equal to the total CDC cooperative agreement amount awarded for HIV prevention. For example, the sum of the reported allocations to HE/RR targeted by race/ethnicity and by risk should be equal to the total amount reported for HE/RR. Similarly, the sum of the reported allocations to HIV testing targeted by race/ethnicity and by risk should be equal to the total amount allocated to targeted, opt-in HIV testing. The reported allocations to routine, opt-out HIV testing/screening should be equal to the full funding amount from PS 10-10138 or to the portion of that funding amount that was dedicated to routine HIV testing. The sum of the reported allocations to targeted HIV testing and to routine HIV testing/screening should be equal to the total amount reported

for all HIV testing activities. CDC staff followed-up with grantees as necessary to resolve all data quality issues.

All HDs passed the data quality checks for completeness. However, 38 HDs initially failed the data quality checks for consistency in the amounts reported. All issues were resolved during the follow-up data quality calls with the HDs.

Results

NCHHSTP awarded $480 million in 2010 through five FOAs with 59 HDs for HIV prevention program activities. From this amount, grantees allocated $391 million to support various HIV prevention program activities. This amount includes allocations for HIV-related partner services from STD Prevention funds as reported by 23 of the 58 award recipients[2]. Appendix C shows the distribution of funds allocated to HIV prevention activities. The distribution of funds allocated to HIV prevention activities by funding source for each HD is shown in Appendix D.

Figure 1 in Appendix C shows the distribution of CDC prevention funds for HIV prevention by funding source in CY 2010. DHAP was the principal CDC funding source for HIV prevention, accounting for 97% of funds from three program announcements: PS 10-1001 (78%), PS 10-10138 (16%), and PS 10-10181 (3%). In 2010, 23 HDs allocated some of their STD (PS 09-902) funds to support integrated HIV and STD partner services, which accounted for 3% ($13 million) of CDC funds. Six HDs received PS 10-10175 funds to support the implementation of integrated approaches to service delivery of HIV, STD, viral hepatitis, and TB programs, which accounted for <1% ($2 million) of CDC funds.

[2] This allocated amount does not include HIV surveillance. The unaccounted $89 million represent unallocated funds from the STD Prevention award because grantees did not know how to allocate or because they were not able to make allocations to HIV-related partner services from this award.

Figure 2 in Appendix C shows the distribution of funds allocated to HIV prevention activities in CY 2010 for both HIV prevention services and HIV prevention support services. HDs allocated 73% of their CDC HIV prevention funds to the following HIV prevention services (HIV testing, partner services, HE/RR, and HC/PI). The highest percentages of the allocations to HIV prevention services were HIV testing (34%, $134 million), followed by HE/RR (23%, $90 million), partner services (13%, $49 million), and HC/PI (3%, $12 million). HDs allocated 27% of their CDC HIV prevention funds to HIV prevention support services[3] (HIV program planning, evaluation, program administrative activities, and "other"). The highest percentages of the allocations were to "other" activities (11%, $42 million), followed by program administrative activities (9%, $36 million), evaluation (4%, $17 million), and HIV program planning (3%, $11 million). The distribution of funds allocated to HIV prevention activities by HD are shown in Tables 1a (HIV prevention services) and 1b (prevention support services) of Appendix D, respectively. The percentage of funds allocated to HIV testing, partner services, HE/RR, and HC/PI and to HIV prevention support services in CY 2010 varied by HD.

Distribution of Funds Allocated to HIV Testing

HDs used two DHAP funding sources to provide allocations to HIV testing activities,[4] which include amounts to opt-in testing targeted to priority populations and to routine, opt-out testing/screening in two types of settings (non-health care and health care). Table 2 in Appendix D summarizes the distribution of allocations to HIV testing activities in CY 2010 by funding source. Of the $134 million allocated to HIV testing in 2010, $94 million (72%) came from PS 10-1001, and $40 million

[3] Allocations to "other" activities include amounts for capacity building, any activity not specified in the data collection template and amounts from PS 10-10175 and PS 10-10138 that could not be allocated by HDs. Arkansas did not allocate funds to HIV program planning activities in 2010. California did not allocate PS 10-10138 funds in 2010. Three HDs (Georgia, Maine, and Ohio) did not allocate funds to evaluation activities. Four HDs (Kentucky, Michigan, Nevada, and San Francisco) did not allocate funds for program administrative activities.

[4] Refer to the Glossary in Appendix B for the definition of HIV testing activities.

(28%) came from PS 10-10138. Table 2 also shows allocations to HIV testing from all funding sources. Of the $134 million allocated to HIV testing, nearly two-thirds (62%) supported targeted testing in non-health care settings; 22% of allocations supported routine testing/screening in health care settings; 11% of allocations supported targeted testing in both settings; and 6% of allocations supported routine testing in both settings.

Of the 30 HDs[5] who received PS 10-10138 funding in addition to PS 10-1001 funding, 25 allocated about $67 million from PS 10-1001 funds to conduct targeted testing in non-health care settings, and 24 allocated about $30 million from PS 10-10138 funds to conduct routine HIV testing/screening in health care settings. Three HDs (Mississippi, New Jersey, and the District of Columbia) allocated their PS 10-1001 and PS 10-10138 funds to provide routine testing/screening in both settings. Two HDs (Florida and Puerto Rico) used their PS 10-10138 funds to conduct targeted testing in both settings. Of the 29 HDs who received only PS 10-1001 funds, 26 allocated $160 million PS 10-1001 funds to conduct targeted testing in non-health care settings. Three HDs (Arkansas, Kansas, and North Dakota) allocated a portion of their PS 10-1001 funds to provide routine testing in both settings.

Figure 3 in Appendix C shows targeted HIV testing allocations by race/ethnicity across all funding sources. More than $29 million (29%) of funds allocated to HIV testing was targeted to blacks/African Americans, followed by $22 million to non-Hispanic Whites (22%), $18 million to Hispanics (18%), and $2 million to Asians (2%). Less than $1 million (2%) of targeted HIV testing funds was allocated to American Indian/Alaska Native and Native Hawaiian/Pacific Islander groups. About $26 million (27%) of allocations

[5] Because California was restricted legislatively from using their PS 10-10138 funds to conduct routine HIV testing, they reported their PS 10-10138 allocations under "other" in calendar year 2010.

to targeted HIV testing were the "other"' race/ethnicity category, which included HIV testing targeted to persons of other races/ethnicities or to testing that was not targeted by race/ethnicity.

Figure 4 shows the targeted HIV testing allocations by risk across all funding sources. More than $39 million (39%) of allocations to targeted HIV testing was for persons having high-risk heterosexual contact, followed by $19 million (19%) for MSM, and $7 million (7%) for IDUs. About $34 million (34%) of allocations to targeted HIV testing were for the "other" risk category, which included HIV testing targeted to persons having some other risk or to testing that was not targeted by risk.

Distribution of Funds Allocated to Partner Services

Allocations to partner services include amounts from two CDC funding sources (PS 10-1001 and PS 09-902). Table 3 in Appendix D shows the distribution of allocations to partner services by funding source. Of the $49 million allocated to partner services in CY 2010, about $36 million (73%) was allocated from PS 10-1001, and $13 million (27%) was allocated from PS 09-902. Among the 59 HDs reporting allocations to partner services, 35 HDs allocated funds from only PS 10-1001 and the remaining 23 HDs allocated funds from both funding sources (PS 10-1001 and PS 09-902). One HD used non-CDC funds for HIV partner services.

Distribution of Funds Allocated to Health Education and Risk Reduction

Allocations to HE/RR include amounts from three CDC funding sources (PS 10-1001, PS 10-10138, and PS 10-10181). Table 4 in Appendix D shows the distribution of allocations to HE/RR by funding source. Of the $90 million allocated to HE/RR in CY 2010, $88 million (98%) was allocated from only PS 10-1001, and about $1.8 million (2%) was allocated from both PS 10-10138 and PS 10-10181. Among the 59 HDs reporting allocations to HE/RR, 51 HDs allocated funds from only PS 10-1001, and the remaining eight HDs allocated funds from PS 10-1001 and one additional funding source (either PS 10-10138 or PS 10-10181).

Figure 5 in Appendix C shows HE/RR allocations by race/ethnicity across all funding sources. More than $35 million (39%) of funds allocated to HE/RR was targeted for blacks/African Americans, followed by $20 million (22%) to Hispanics, and $16 million (18%) to non-Hispanic Whites. Less than $2 million (2%) was allocated to American Indian/Alaska Native, Asian, and Native Hawaiian/Pacific Islander groups. About $17 million (19%) of allocations were to the "other" race/ethnicity category, which included HE/RR programs targeted to persons of other races/ethnicities or to programs that were not targeted by race/ethnicity.

Figure 6 in Appendix C shows HE/RR allocations by risk across all funding sources. More than $33 million (37%) of funds allocated to HE/RR was targeted for persons having high-risk heterosexual contact, followed by $25 million (28%) to MSM, and $11 million (12%) to IDU. About $19 million (21%) were allocated to the "other" category, which included HE/RR programs targeted to persons having some other risk or to programs that were not targeted by risk.

Distribution of Funds Allocated to Health Communication/Public Information

Allocations to HC/PI include amounts from three CDC funding sources (PS 10-1001, PS 10-10138, and PS 10-10181). Table 5 in Appendix D summarizes the distribution of funds allocated to HC/PI by funding source. Of approximately $12 million allocated to HC/PI in CY 2010, about $11 million (93%) was allocated from only PS 10-1001 and about $0.8 million (7%) was allocated from both PS 10-10138 and PS 10-10181. Among the 59 HDs reporting allocations to HC/PI, 53 HDs allocated funds for HC/PI from only PS 10-1001, and the remaining 6 HDs allocated funds from PS 10-1001 and two more funding sources (PS 10-10138 and PS 10-10181).

Distribution of Funds Allocated to Prevention Interventions Designed for Persons Living with HIV

Allocations to prevention interventions designed for PLWH include amounts from three CDC funding sources (PS 10-1001, PS 10-10138, and PS 10-10181). Table 6 in Appendix D summarizes the distribution of funds allocated to prevention interventions designed for PLWH by funding source. Of the $31 million allocated to prevention interventions designed for PLWH in CY 2010, about $28 million (89%) was allocated from only PS 10-1001, and $3 million (11%) was allocated from both PS 10-10138 and PS 10-10181. Among the 59 HDs reporting allocations to prevention interventions designed for PLWH, 47 HDs allocated funds from only PS 10-1001, and the remaining 12 HDs allocated funds from PS 10-1001 and one additional funding source (either PS 10-10138 or PS 10-10181).

Trends from Calendar Years 2005 to 2010 and Comparison between National CDC HIV Prevention Funding Allocations and National HIV Epidemic

Figure 7 in Appendix C shows the proportions of prevention funding allocated to HE/RR and HIV testing and partner services combined program activities by HDs across all six years. Year-to-year proportions of prevention funds allocated vary across these two program activities. The proportion allocated to HE/RR decreased from 41% in 2005 to 39% in 2009 and then further decreased to 29% in 2010. The proportion allocated to testing and partner services combined increased from 31% in 2005 to 35% in 2009 and then further increased to 47% in 2010.

Many differences were found between the national HIV epidemic and the national-level allocations of HD HIV prevention funds from CDC. In 2010, MSM accounted for 61% of new HIV diagnoses, but only 19% of targeted HIV testing and 28% of HE/RR allocations, respectively (Figures 4, 6, and 8). Blacks/African Americans accounted for 46% of new HIV diagnoses, but only 29% of targeted HIV testing and 39% of HE/RR allocations, respectively (Figures 3, 5, and 8).

Discussion

Compared to prior annual budget allocation reports (CDC, 2009 and 2011), this report is the first to systematically document HD funding allocations for HIV prevention activities from multiple funding sources, and therefore produces a more accurate and comprehensive assessment of allocated funds from CDC. Findings indicate that HDs allocated funds from multiple CDC sources to support their main HIV prevention activities in 2010. They allocated more than half of their HIV prevention funds to HIV testing (34%) and HE/RR (23%) combined. Among the overall funds allocated to HIV testing, 72% went to targeted HIV testing in both health care and non-health care settings, and 28% went to routine HIV testing/screening in both health care and non-health care settings. Also, findings indicate that the largest proportions of funding allocations were for HIV testing and HE/RR in 2010 and that these proportions did not match reported HIV diagnoses by race/ethnicity and risk. Analyses of data by race/ethnicity from 2010 indicate that over one half of the funds for targeted HIV testing (51%) and HE/RR (64%) were allocated to racial and ethnic minority populations; however, the proportions allocated to blacks/African Americans for targeted HIV testing (29%) and HE/RR (39%) were much lower than the proportion of reported HIV diagnoses among this population group (46%). Similarly, the proportion of allocations for MSM was much lower than the proportion of reported HIV diagnoses among MSM. The targeted HIV testing and HE/RR analyses indicated 19% of the targeted HIV testing funds and 28% of the HE/RR funds were for MSM compared to 61% of reported HIV diagnoses among MSM. These differences and how to minimize them require additional investigation. It cannot be automatically assumed that the allocation of these funds should match precisely the national profile of the epidemic. The resources needed to reach members of a population vary based on the size of the population. Members of small populations (e.g., PLWH) may be able to receive prevention services multiple times for the same amount of funds needed to reach a much larger population. In addition, the

current analysis does not take into account other federal, state, and local sources of funds for these activities. Some HDs have reported that they differentially funded programs for MSM from other sources because of requirements placed on federally funded programs. Determining whether and to what degree programs are underfunded for MSM and African Americans is beyond the scope of this report and requires additional information to make an accurate assessment.

Additionally, allocation information from this report may be useful to assess the impact of the implementation of NHAS and CDC's High-Impact HIV Prevention strategy. Because CDC revised the algorithm for determining each HD's funds to better reflect the current geographic burden of the national HIV epidemic and issued a new health department FOA to ensure that beginning in January, 2012, at least 75% of a health department's funds would be spent on required activities (HIV testing, prevention with positives and their partners, condom distribution, and efforts to align public policies with optimal HIV prevention, care, and treatment), changes in budget allocations by HDs are expected. DHAP intends to assess the effect of the geographic shift given the new funding algorithm and the programmatic changes expected from the new guidelines on the funding allocations.

Limitations

These data and analyses are subject to at least three limitations. First, the analyses are based on allocated funds, which refers to the funding amount a HD allocated to a particular prevention activity and not how funds were actually expended. Despite being collected retrospectively, funding allocation information provides a proxy measure of the populations served and the services provided. However, HIV prevention programs are multi-faceted efforts. Whereas information about allocations of funds for designated programs such as HE/RR or HIV testing provides insight into the intended programmatic use

of cooperative agreement funds, this information does not necessarily correspond to actual costs of implementing and maintaining these designated programs.

Second, the analyses in this report use information representing only a part of the total HIV prevention funding that a HD may receive. Other federal, state, local, or private funds that are available to HDs for HIV prevention activities are not included in these analyses. Therefore, these data may not reflect the total resources associated with specific program areas (e.g., HE/RR or HIV testing) for a specific population (e.g., race/ethnicity or HIV risk).

Third, local planning and decision-making are fundamental to effective resource allocation. Local HIV-prevention plans should reflect the full details of specific programs in their jurisdictions. Important local planning decisions are not reflected in this national report.

Recommendations and Conclusions

Understanding funding allocations helps CDC make better policy decisions and helps stakeholders and HDs improve program implementation and better target resources. CDC should consider additional measures that determine specific allocations and evaluate their appropriateness (e.g., measures that can minimize the percentage of "other" or unspecified categories). To help assess whether the populations and risk groups most highly affected by HIV/AIDS are receiving the appropriate level of prevention services, more detailed data collection would be useful. Resource allocation methodologies (e.g., Lasry et al., 2010) provide an important tool for HDs to make optimal decisions to allocate HIV prevention resources. More importantly, to better assess if the highest risk groups are receiving sufficient and appropriate resources overall, it is necessary to evaluate all HIV prevention funds that are available to and allocated by HDs, not just prevention funds from CDC. In addition to allocations, documenting and reporting actual expenditures should be considered. Further assessment

is needed to determine whether there is a good match between the allocation of resources and the HIV epidemic and whether and to what extent programs may be underfunded for priority populations.

In conclusion, the analyses in this report describe how HDs allocated CDC prevention funds in their jurisdictions and provide a high-level summation across all of the 59 HDs that received these HIV prevention program awards. Continued analyses of this type are needed to monitor HIV prevention efforts and to track how prevention funding is being allocated. These national evaluation activities are useful for planning the most effective HIV prevention funding distributions.

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Appendices

Appendix A – CDC HIV prevention funding sources

Appendix B – Data collection template

Appendix C – Figures 1 to 6

Appendix D –Tables 1a to 6

Appendix A – CDC HIV prevention funding sources

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Program Announcement Name and Number	Number of grantees[1] receiving award in 2010
HIV Prevention Projects for State and Local Health Departments (PS 10-1001)	59
Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations (PS 07-768/ PS 10-10138)	30
Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (PS 10-10181)	12
Medical Monitoring Project (PS 09-937)	23
Enhanced HIV/AIDS Surveillance for Perinatal Prevention (PS 09-903)	15
HIV/AIDS Surveillance (PS 08-802)	59
National HIV Behavioral Surveillance System (PS 08-001)	21
Addressing Syndemics Through Program Collaboration and Service Integration (PS 10-10175)	6
STD Prevention (PS 09-902)[2]	58
Division of Adolescent and School Health (DP 08-80101)[3]	58

[1]Grantees include health departments in the 50 States, 6 directly-funded city health departments (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and San Francisco), and health departments in the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

[2] Of the 58 health departments that received STD prevention funding, 23 reported allocations from these funds for integrated HIV and STD partner services.

[3] In 2010, 58 state and local education agencies received Division of Adolescent and School Health funding for surveillance activities associated with the Youth Risk Behavior Survey (YRBS), which includes an HIV module.

The first seven funding sources in the table above are from DHAP; the eighth is specific to NCHHSTP; the ninth is from the Division of STD Prevention; and the tenth is from the Division of Adolescent and School Health. Five FOAs (PS 10-1001, PS 10-10138, PS 10-10181, PS 10-10175, and PS 09-902) are specific to HIV prevention activities, for which health departments (HDs) have the ability to make funding allocation decisions:

- FOA 10-1001 is the principal funding source to 59 HDs to support and enhance their ability to design, implement, and evaluate comprehensive HIV prevention programs that include activities such as HIV testing, partner services, health education and risk reduction, monitoring and

evaluation, prevention interventions designed for persons living with HIV, and collaboration and coordination with related programs.

- FOA 10-10138 provides funding to 30 state and local HDs to increase HIV testing among persons in populations disproportionately affected by HIV and to increase the proportion of persons living with HIV who are aware of their infection and linked to appropriate services.
- FOA 10-10181 provides funding to 12 metropolitan statistical areas with a high AIDS prevalence to facilitate the development and implementation of Enhanced Comprehensive HIV Prevention Plans (ECHPPs) that include strategies and interventions addressing HIV prevention, care, and treatment to reduce HIV risk and incidence in those areas.
- FOA 10-10175 provides funding to six HDs to plan and support the implementation of a syndemic approach to the prevention of HIV/AIDS, viral hepatitis, STDs, and TB through Program Collaboration and Service Integration activities. This strategy provides integrated approaches to service delivery, increasing efficiency and opportunities to screen, test and treat, and improving the health of persons disproportionally affected by multiple diseases.
- FOA 09-902 is the principal funding source to STD prevention programs in 58 state and local HDs that supports several prevention programs, including the Comprehensive STD Prevention Systems (CSPS) program. The CSPS program has eight essential functions, including partner services. Of the 38 HDs who received STD prevention funding to support HIV-related activities as part of the CSPS program in 2010, 23 reported allocations from these funds to support integrated HIV and STD partner services.

Appendix B – Data collection template

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

INTRODUCTION

Accurate information from health department grantees regarding their allocations of HIV prevention funding received from the Centers for Disease Control and Prevention (CDC) is critical for DHAP's monitoring of, and accountability for, congressional funding and prevention efforts. DHAP appreciates all health department grantees for their timely responses in providing this budget table information in the past.

DHAP is again requesting budget table information from grantees for 2010. For the 2010 budget allocation data request, CDC is widening the scope of information requests from a focus on a single program announcement to include more comprehensive information from health department grantees regarding allocations of all HIV prevention funding received from CDC.

The revised budget allocation data collection template for budget year 2010 is enclosed. This document has been customized to each health department grantee. Table A, shown on the next page, lists the CDC program announcements and corresponding amounts that were awarded specifically to your health department during budget year (January 1st through December 31st , 2010), which may include funding from two CDC fiscal years, and a total of these award funds. Although most of the program announcement awards listed were provided to health departments through cooperative agreements with DHAP, some program announcement funds listed were awarded by other divisions within CDC. We understand that some grantees have combined their HIV, STD, TB, and Viral Hepatitis into a jurisdiction-specific integrated program, which may be challenging for reporting allocations by funding source and program activity. Additional guidance for instructions for completing the tables is provided throughout this document.

We would like to thank the National Alliance of State &Territorial AIDS Directors (NASTAD) and the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) for reviewing and providing meaningful input to this data collection template.

Please be as accurate as possible when reporting your allocations. If you have any questions related to completing the tables, please submit them by email to Argie Figueroa, **afigueroa@cdc.gov**. Please send your completed tables by email to the **PS10-1001@cdc.gov** mailbox on or before Friday, August 12, 2011.

Thank you for your cooperation and your continued commitment to HIV prevention. We will provide a summary report to you after the review process is complete.

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

Project Area

If your agency used funds from other PAs not listed in this table, then please use the last rows to insert the names and PA numbers in the left column and their associated funding amounts in the right column.

Table A. CDC Funding Sources to Health Departments for HIV Prevention Activities, 2010

Amount Based on CDC Funding for:	Budget Year 2010
HIV Prevention Projects (base award plus direct assistance) PA 10-1001	
Expanded HIV Testing PA 10-10138/ PA 07-768	
ECHPP PA 10-10181	
Medical Monitoring Project PA 09-937	
Enhanced HIV/AIDS Surveillance for Perinatal Prevention PA 09-903	
HIV/AIDS Surveillance PA 08-802 / PA 08-8020302 SUPP10	
National HIV Behavioral Surveillance System PA 08-801	
Addressing Syndemics through PCSI PA 10-10175	
STD Prevention PS 09-902	
Division of Adolescent and School Health (DASH) DP 08-80101	
Total CDC Funding Budget Amount	

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

GENERAL INSTRUCTIONS

The attached "Cooperative Agreement Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments" (budget tables) will be used to report your agency's budget year 2010 allocations of CDC resources applicable to HIV prevention activities. The document includes a series of tables (Tables 1 – 3) for reporting your 2010 HIV prevention program budget allocation information, broken down by categories of importance. **Budget year is defined as the 12-month calendar (January 1st through December 31st, 2010), which may include funding from two CDC fiscal years. Recognizing that not all program awards follow the same fiscal year, reporting will be based on allocations made during this 12-month time frame**.

As indicated in the Introduction, Table A, provided for your reference, lists the CDC award funding available to health departments for HIV prevention activities by funding sources. The table allows you to add any program awards to the list in case your agency uses funds from other program announcements not included in the table. **No further action is required from you on Table A.** The first seven funding sources listed on this table pertain to DHAP, the eighth source is specific to the National Center of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), the ninth source is specific to the Division of STD Prevention (DSTD), and the last source pertains to the Division of Adolescent and School Health (DASH). This table is included to provide you with comprehensive information describing the scope of CDC HIV prevention funding provided to health departments. For your information, CDC's DASH funds state, local, and territorial education agencies for development and implementation of effective HIV prevention and health education activities among youth.

We understand that your office may only manage the following DHAP funding sources to health departments: PA 10-1001, PA 10-10138/PA 07-768, and PA10-10181 (if any). It is possible that DHAP funds to health departments supporting surveillance activities may be managed by the surveillance program within your agency; that some NCHHSTP funding sources to health departments may be managed by your agency's STD prevention program; and that funding to health departments received from DSTD and DASH for HIV prevention activities may not be accessible to your agency's HIV prevention program. We are also aware that some agencies may have integrated their HIV, STD, TB, and Viral Hepatitis prevention programs into an overarching, jurisdiction-specific integrated program, which may pose some difficulties when reporting allocations by funding source and activity type. A set of guidelines for reporting allocations will be provided to these specific grantees on page 8.

If you have questions on the funding amount for each award listed in Table A as well as reporting requirements, please directly contact Argie Figueroa by email at afigueroa@cdc.gov or by phone at 404-639-8291.

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

SPECIFIC INSTRUCTIONS FOR TABLE 1

Table 1, shown on page 6, collects information on your best estimates of your agency's annual HIV prevention budget allocations to major HIV prevention activities. These activities are divided into two categories: prevention services and prevention support services. The prevention services category includes activities provided directly to clients served, such as HIV testing including counseling; partner services (PS); health education/risk reduction (HE/RR); and health communication/public information (HC/PI). Many of the DHAP awards are used to support these client-focused activities. The prevention support services category includes activities conducted that support the delivery of client services, such as community/HIV program planning, evaluation, surveillance, other activities, and general operations or administrative activities (i.e., indirect costs). Both DHAP and non-DHAP awards may be used to support these activities.

Because more than one CDC funding source may be used towards major activities, the table includes multiple program announcements and their corresponding amounts. This is in response to DHAP's interest in monitoring allocations from all HIV prevention funding received from CDC and not just from a single HIV prevention flagship funding source.

If your agency has an integrated HIV/STD/TB/Viral Hepatitis program, please skip this section and continue to page 8.

Amounts of DHAP funds supporting HIV surveillance activities and non-DHAP funds such as those from PA 10-10175, PS 09-902, and DP 08-80101 have been provided as pre-populated values in Table A for your reference and do not require further action from you. These amounts are carried over to Table 1. It is our assumption that any amounts allocated for general operations or administrative activities supporting HIV prevention programs will come from three program announcements (PA 10-1001, PA 10-10138, and PA 10-10181 if applicable). If your agency uses funds from other PAs not listed on the table, you can add rows to the table 1 to include additional PA numbers and their funding amounts for any of the activities within both the prevention services and the prevention support services categories. For purposes of quality assurance, the sum of the amounts from each entry (i.e., HIV testing, partner services (PS), health education and risk reduction (HE/RR), health communication/public information (HC/PI), community planning/HIV program planning, evaluation, surveillance, other, and costs for an agency's general operations/administrative activities) should equal the total annual agency budget amount. We provided a row called "Total CDC Funding Budget Amount" in the table for your quality assurance purposes.

Just a reminder, grantees have the ability of adding to Table 1 any relevant amounts from other program announcements not otherwise listed. For example, if a grantee funds a specific amount to support prevention activities not listed in Table A, a grantee can include the specific amount on the prevention service category (or categories) on Table 1 as applicable.

Please complete each cell (box) of Table 1 with the amount of CDC total funding for HIV prevention that you allocated for 2010 budget year period (January 1st through December 31st). It is our expectation that most funds are targeted. It is important that you estimate your allocations carefully so that it accurately reflects your projected expenditures. Some of the entries in this table will appear shaded or crossed out to indicate that your agency did not receive any funds from a particular program announcement.

Funding from STD prevention awards may be reported as allocations to support HIV testing, PS, or "Other" activities. If the exact amounts cannot be determined, please report your best estimate as "Other".

If your agency cannot separate the allocated amount under PS from that of under HIV testing, please leave both PS and HIV testing entries in Table 1 blank. Instead, use Table 1a on page 7 to report your allocations and refer to its brief instructions shown in paragraph A1. Please reply to the explanatory questions on page 7. These are aimed to provide additional context of your agency's setup.

The first question (A2) allows you to explain why your agency cannot provide separate allocations for HIV

testing/CTR and for partner services (PS). In the second question (A2a), you can indicate what percentage of the combined HIV testing/CTR and PS amounts, based on your experience, has typically been allocated to HIV testing/CTR only. In the third question (A2b), you can indicate what percentage of the HIV testing amounts, based on your experience, has typically been allocated to routine HIV testing only.

It may be possible for some grantees to use funds other than CDC awards to support PS activities. The question (A3) allows you to indicate the non-CDC funding source(s) used for PS, as applicable.

Question A4 provides grantees an opportunity to identify any limitations or caveats associated with the funding allocation information being reported in Table 1 or Table 1a.

A glossary is included to provide clarity and ensure reporting consistency across agencies. Please notice that the term Partner Services (PS) has been used in this document to represent either Partner Notification (PN) or Partner Counseling and Referral Service (PCRS).

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

Table 1: Budget Allocations for HIV Prevention by Major Funding Activities[1]

	Funding Source	Budget Year 2010 Funding Amount
Prevention Services		
HIV Testing	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181	$ $ $ **Subtotal $**
Partner Services (PS) [3]	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181 PS 09-902	$ $ $ $ **Subtotal $**
Health Education/Risk Reduction (HE/RR)	PA 10-1001 PA 10-10181	$ $ **Subtotal $**
Health Communication/Public Information (HC/PI)	PA 10-1001 PA 10-10181	$ $ **Subtotal $**
Prevention Support Services		
Community Planning (CP) / HIV Program Planning (HPP)	PA 10-1001	**Subtotal $**
Evaluation	PA 10-1001	**Subtotal $**
Surveillance	PA 09-903 PA 09-937 PA 08-801 PA 08-802/ 8020302 SUPP10	$ $ $ $ **Subtotal $**
Other [1]	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181 PA 10-10175 PS 09-902 DP 08-80101	$ $ $ $ $ $ **Subtotal $**
Agency's general operations/ administrative activities [1]	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181	$ $ $ **Subtotal $**
Total CDC Funding Budget Amount [2]		**$**

[1] See glossary for definitions
[2] Totals in Table 1 should match the grand total provided in Table A
[3] See (A1 through A4) for further instruction

If you added program announcement numbers to this table, please provide the award names associated with those numbers.

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments
Budget Year 2010

Please identify what prevention activities are included in the "Other" category on Table 1:

(A1). If your agency cannot separate the allocated amount under PS from that of under HIV testing, please provide the total allocated amount under HIV testing/CTR and PS on Table 1a, below, and leave the appropriate rows from Table 1 blank. However you report, the total after adding this amount and the amounts from Table 2b should match the total CDC funding amount for your agency, provided on page 2.

Table 1a: Budget Allocations for HIV Testing and PS Activities

	Funding Source	Budget Year 2010 Funding Amount
Award amounts allocated to HIV Testing/CTR and Partner Services (PS):	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181	$ $ $ **Subtotal $**

(A2). Please give an explanation regarding why your agency cannot separate the PS and HIV testing/CTR amounts:

(A2a). Please provide a rough estimate of the proportion (XX%) of the combined HIV testing/CTR and PS amounts that, based on your experience, have been allocated to HIV testing/CTR only.

(A2b). Please provide a rough estimate of the proportion (XX%) from A2a, based on your experience, have been allocated to routine HIV testing only.

(A3). If your agency did not use CDC funds for PS, then please identify the funding source used:

(A4). Please provide any additional information to explain funding allocation limitations or caveats that may be a concern to you in your report on Table 1 or Table 1a, if applicable:

Please skip to page 11.

Budget Allocation Tables for HIV Prevention from All CDC Funds
to Health Departments
Budget Year 2010

SPECIFIC INSTRUCTIONS FOR TABLE 1b (Integrated Prevention Programs)

This section provides additional guidance to health departments having jurisdiction-specific integrated HIV/STD/TB/Viral Hepatitis programs and for which determining the amounts allocated for prevention activities by funding source may pose a challenge. We believe the reason for integration is to leverage funds among prevention programs. Our expectation is that grantees will combine all awards into a single funding stream that will then be split into different funding buckets, i.e., funds for Prevention activities, funds for Surveillance activities, etc. For example, funds from within the Prevention bucket are allocated to support various HIV prevention activities, such as HIV testing, PS, or HE/RR. If a grantee with integrated programs receives base awards plus awards from other projects or initiatives such as the Expanded Testing Initiative, it is expected that HIV testing will be a required activity of these awards.

Table 1b, shown on the next page, allows for grantees with jurisdiction-specific integrated prevention programs to report their best estimates of their annual HIV prevention budget allocations to major HIV prevention activities. It provides more flexibility for indicating the possible PA funding sources used to create a pooled funding stream. A grantee receiving awards from multiple funding sources should report the lump sum allocated to each HIV prevention activity from their Prevention funding line item or bucket and then list all the possible funding sources (PAs) they pulled from to support this funding bucket.

Please complete each cell (box) of Table 1b with the amount of CDC total funding for HIV prevention that you allocated for 2010 budget year period (January 1st through December 31st). It is our expectation that most funds are targeted. It is important that you estimate your allocations carefully so that it accurately reflects your projected expenditures.

Funding from STD prevention awards may be reported as allocations to support HIV testing, PS, or "Other" activities. If the exact amounts cannot be determined, please report your best estimate as "Other".

If your agency cannot separate the allocated amount under PS from that of under HIV testing, please leave both PS and HIV testing entries in Table 1b blank. Instead, use Table 1c on page 10 to report your allocations and refer to its brief instructions shown in paragraph B1. Please reply to the explanatory questions on page 10. These are aimed to provide additional context of your agency's setup.

The first question (B2) allows you to explain why your agency cannot provide separate allocations for HIV testing/CTR and for partner services (PS). In the second question (B2a), you can indicate what percentage of the combined CTR and PS amounts, based on your experience, has typically been allocated to HIV testing/CTR only. In the third question (B2b), you can indicate what percentage of the HIV testing amounts, based on your experience, has typically been allocated to routine HIV testing only.

It may be possible for some grantees to use funds other than CDC awards to support PS activities. The question (B3) allows you to indicate the non-CDC funding source(s) used for PS, as applicable.

Question B4 provides grantees an opportunity to identify any limitations or caveats associated with the funding allocation information being reported in Table 1b or Table 1c.

Question B5 requests your feedback to the approach taken for reporting guidance to grantees with integrated prevention programs.

A glossary is included to provide clarity and ensure reporting consistency across agencies. Please notice that the term Partner Services (PS) has been used in this document to represent either Partner Notification (PN) or Partner Counseling and Referral Service (PCRS).

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

Table 1b: Budget Allocations for HIV Prevention from Integrated Prevention Programs by Major Funding Activities[1]

Out of the total CDC awards, how much was allocated to:	Funding Source	Budget Year 2010 Funding Amount
Prevention Services		
HIV Testing	Indicate PAs supporting this activity	**Subtotal $**
Partner Services (PS)	Indicate PAs supporting this activity	**Subtotal $**
Health Education/Risk Reduction (HE/RR)	Indicate PAs supporting this activity	**Subtotal $**
Health Communication/Public Information (HC/PI)	Indicate PAs supporting this activity	**Subtotal $**
Prevention Support Services		
Community Planning (CP) / HIV Program Planning (HPP)	Indicate PAs supporting this activity	**Subtotal $**
Evaluation	Indicate PAs supporting this activity	**Subtotal $**
Surveillance	Indicate PAs supporting this activity	**Subtotal $**
Other [1]	Indicate PAs supporting this activity	**Subtotal $**
Agency's general operations/ administrative activities [1]	Indicate PAs supporting this activity	**Subtotal $**
Total CDC Funding Budget Amount		**$**

[1] See glossary for definitions

Please identify what prevention activities are included in the "Other" category on Table 1b:

(B1). If your agency cannot separate the allocated amount under PS from that of under HIV testing, please provide the total allocated amount under HIV testing/CTR and PS on Table 1c, below, and leave the appropriate rows from Table 1b blank.

Table 1c: Budget Allocations for HIV Testing and PS Activities

Award amounts allocated to HIV Testing/CTR and Partner Services (PS):	Funding Source	Budget Year 2010 Funding Amount
	Indicate PAs supporting this activity	**Subtotal $**

(B2). Please give an explanation regarding why your agency cannot separate the PS and HIV testing/CTR amounts:

(B2a). Please provide a rough estimate of the proportion (XX%) of the combined HIV testing/CTR and PS amounts that, based on your experience, have been allocated to HIV testing/CTR only.

(B2b). Please provide a rough estimate of the proportion (XX%) from B2a, based on your experience, have been allocated to routine HIV testing only.

(B3). If your agency used any funds other than CDC awards for PS, then please identify the funding source(s) used:

(B4). Please provide any additional information to explain funding allocation limitations or caveats that may be a concern to you in relation to Table 1b or Table 1c:

(B5). Please indicate if the approach taken on Table 1b is helpful to your allocation-reporting efforts and provide some feedback about it:

Please continue to the next section on page 11.

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

SPECIFIC INSTRUCTIONS FOR TABLES 2a AND 2b

Table 2a, below, collects information on your best estimate of allocations by race/ethnicity and exposure/ transmission risk for HE/RR from **all** CDC funding given to health departments (i.e., the subtotal amount provided by you in Table 1). If no funds were allocated to a particular category, write "0" in the box. Use the "Other" row when you cannot provide a good estimate by race/ethnicity or exposure/transmission risk or if your funds were not targeted by race/ethnicity or exposure/transmission risk. It is our expectation that most funds are targeted, so please try to estimate allocations as accurately as possible and use the "Other" row only when necessary.

The sum of the amounts from each race/ethnicity breakdown and those from each risk breakdown **should equal the amount allocated for HE/RR as noted on Table 1 or Table 1b**. We provided a row called "HE/RR Subtotal" in the table for your quality assurance purposes.

If your agency does not carry out HE/RR activities at all, please skip this table and continue to Table 2b.

Table 2a: Budget Allocations from All CDC Funding Sources for Health Education/Risk Reduction (HE/RR) by Race/Ethnicity and by Transmission Risk

Provide Allocations for HE/RR as Targeted by or for Race/Ethnicity

	Budget Year 2010
American Indian or Alaska Native	$
Asian	$
Black (non-Hispanic)	$
Hispanic	$
Native Hawaiian or Other Pacific Islander	$
White (non-Hispanic)	$
Other or not targeted by race/ethnicity	$
HE/RR Subtotal*	**$**

Provide Allocations for HE/RR as Targeted by or for Transmission Risk

	Budget Year 2010
Men Who Have Sex with Men (MSM)	$
Injection Drug Users (IDU)	$
MSM/IDU	$
High-Risk Heterosexual Contact	$
Other[1] or not targeted by HIV exposure / transmission risk	$
HE/RR Subtotal*	**$**

*These totals should match the HE/RR subtotal from Table 1 or Table 1b.
[1] This category includes Transgendered (Male to Female or Female to Male) persons

If your agency cannot provide a best estimate of how funds were allocated by race/ethnicity or exposure/transmission risk for HE/RR activities for 2010, please provide an explanation below:

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments Budget Year 2010

Table 2b, below, collects information on your best estimate of allocations by race/ethnicity and exposure/ transmission risk for targeted HIV testing activities from all CDC funding given to health departments. If no funds were allocated to a particular category, write "0" in the box. Use the "Other" row when you cannot provide a good estimate by race/ethnicity or exposure/transmission risk or if your funds were not targeted by race/ethnicity or exposure/transmission risk. It is our expectation that most funds are targeted, so please try to estimate allocations as accurately as possible and use the "Other" row only when necessary.

The sum of the amounts from each race/ethnicity breakdown and those from each risk breakdown **should equal the amount allocated for targeted, opt-in HIV testing**. We provided a row called "Targeted HIV Testing Subtotal" in the table for your quality assurance purposes.

If your agency cannot separate the allocated amount under PS from that of under HIV testing/CTR, please skip Table 2b and continue to page 13.

Table 2b: Budget Allocations from All CDC Funding Sources for Targeted, Opt-in HIV Testing by Race/Ethnicity and by Transmission Risk

Provide Allocations for HIV Testing Targeted by or for Race/Ethnicity

	Budget Year 2010
American Indian or Alaska Native	$
Asian	$
Black (non-Hispanic)	$
Hispanic	$
Native Hawaiian or Other Pacific Islander	$
White (non-Hispanic)	$
Other or not targeted by race/ethnicity	$
Targeted HIV Testing Subtotal*	**$**

Provide Allocations for HIV Testing Targeted by or for Transmission Risk

	Budget Year 2010
Men Who Have Sex with Men (MSM)	$
Injection Drug Users (IDU)	$
MSM/IDU	$
High-Risk Heterosexual Contact	$
Other[1] or not targeted by HIV exposure / transmission risk	$
Targeted HIV Testing Subtotal*	**$**

*The sum of these amounts should equal the amount allocated to support targeted HIV testing.
[1] This category includes Transgendered (Male to Female or Female to Male) persons

If your agency cannot provide a best estimate of how funds were allocated by race/ethnicity or exposure/transmission risk for targeted HIV testing for 2010, please provide an explanation below:

_____

_____

Please provide the total amount allocated for **routine, opt-out HIV testing/screening**: **$**_____

The sum of the targeted HIV testing subtotal amount (in Tables 2a and 2b) and the amount allocated for routine, opt-out HIV screening **equals** the amount allocated to HIV testing reported on Table 1 or 1b.

Budget Allocation Tables for HIV Prevention from All CDC Funds to Health Departments
Budget Year 2010

SPECIFIC INSTRUCTIONS FOR TABLE 3

Table 3, below, collects information on your best estimates of your agency's annual HIV prevention budget from all CDC sources allocated to prevention interventions designed for persons living with HIV. Given that more than one CDC funding source may be used for this program activity, Table 3 references each possible funding source and its corresponding amounts. The table can be expanded as needed to include additional funding sources and amounts when funded by more than two sources. For instance, your agency may allocate funds from various DHAP program announcements to fund prevention interventions designed for persons living with HIV.

Include the costs associated with programs or activities designed specifically to reduce transmission of HIV from persons living with HIV to their HIV-negative partners. This may include interventions delivered during the care of persons living with HIV and behavioral interventions delivered in other settings such as Healthy Relationships, Partnerships for Health, Together Learning Choices, and Comprehensive Risk Counseling and Services (CRCS).

There is no need to provide individual funding sources for interventions not intended for persons living with HIV.

We realize this may undercount the amount of your funding that supported all persons living with HIV who participated in your programs, but here we are focused only on prevention interventions designed for persons living with HIV.

Table 3: Budget Allocations for Prevention Interventions Designed for Persons Living with HIV[1]

Award amounts allocated to prevention interventions designed for persons living with HIV	Funding Source	Budget Year 2010 Funding Amount
	PA 10-1001 PA 10-10138/PA 07-768 PA 10-10181	$ $ $ **Subtotal $**

[1] See glossary for definitions

Glossary

The amount of total CDC funding for HIV prevention based on DHAP and other CDC Division funding, including supplemental funding, that was awarded in any fiscal year to support prevention services and prevention support services related to HIV prevention activities.

The allocated amount under the Prevention Services category includes the costs associated with service delivery of programs or activities designed specifically to screen persons for HIV and to reduce the transmission of HIV and behavior change. This includes amounts allocated under Counseling, Testing, and Referral (CTR), Partner Services (PS), Health Education/Risk Reduction (HE/RR), and Health Communication/Public Information (HC/PI).

The allocated amount under the Prevention Support Services category includes the costs associated with activities designed specifically to support the delivery of HIV prevention services and their infrastructure. This includes amounts allocated under Community Planning, Evaluation, Surveillance, Capacity Building, Outreach, and General Operations and Administrative Activities.

The allocated amount under Prevention Interventions designed for Persons Living with HIV includes the costs associated with programs or activities designed specifically to reduce transmission of HIV from persons living with HIV to their HIV negative partners. This may include interventions delivered during the care of persons living with HIV and behavioral interventions delivered in other settings such as Healthy Relationships, Partnerships for Health, Together Learning Choices, and Comprehensive Risk Counseling and Services (CRCS).

The allocated amount under Community or HIV Program Planning represents the costs associated with conducting the planning process (e.g., leadership, coordination, staff support, travel, meeting costs, reproductions or photocopying, and reimbursed costs). The amount should also include any costs associated with conducting planning tasks, such as developing an epidemiologic profile, conducting needs assessments, setting priorities, developing a comprehensive prevention plan, and enhancing membership recruitment. These activities may be conducted by agency staff or community planning group members, or these activities may be contracted to an outside source.

The allocated amount under Evaluation represents the costs associated with conducting evaluation of prevention programs and community planning. These efforts may include evaluation activities conducted by agency staff or contracted to an outside provider. The allocated amount should include routine quality assurance and program monitoring costs, costs for conducting special studies, and costs for staffing and administering evaluation projects, materials, and costs associated with data collection, processing and submission to CDC.

The allocated amount under HIV Testing includes the costs associated with conducting routine, opt-out HIV testing/screening in health-care (clinical) settings, and conducting targeted, opt-in HIV testing in non-health-care (non-clinical) settings. Health-care settings include hospital emergency departments, inpatient services, primary care settings, substance abuse treatment clinics, state and local jails, urgent care clinics, and public and community health clinics. Non-health-care settings include community-based organizations, outreach settings, and mobile vans. The allocated amount for HIV testing also includes the costs associated with targeted counseling and referral activities. All costs for health department staff and materials, including direct assistance involved in HIV testing including counseling, as well as allocations for prevention partners (contractors) will be included here. For example, costs for program administration, staffing, training, quality control, laboratory costs, and materials should be included in this allocated amount. Agencies receiving perinatal funds should include the amount of funds for HIV testing if there are allocations for HIV testing/CTR.

The allocated amount under Partner Services (PS) includes the costs associated with conducting HIV partner services activities. All costs for agency staff and materials, including direct assistance involved in PS, as well as allocations for prevention partners (e.g., contractors) should be included here. For example, costs for program administration, staffing, training, quality control, laboratory costs, and

materials should be included in this allocated amount. Agencies receiving perinatal funds should include the amount of funds for PS if there are allocations for PS.

The allocated amount under Health Education/Risk Reduction (HE/RR) includes the costs associated with carrying out HE/RR prevention interventions (for HIV-positive and HIV-negative persons) including individual-level interventions, group-level interventions, outreach, DEBIs, Comprehensive Risk Counseling and Services (CRCS), and other interventions such as community-level interventions. This amount does not include the costs associated with carrying out health communications and public information activities. All costs for agency staff and materials including direct assistance involved in HE/RR, as well as allocations for prevention partners (e.g., contractors), will be included here. For example, the costs for program administration, staffing, training, quality control, materials, incentives, equipment, collaboration, and coordination should be included in this amount. Agencies receiving perinatal funds should include the amount of funds for HE/RR if there are allocations for HE/RR.

The allocated amount under Health Communication/Public Information (HC/PI) includes the costs associated with carrying out HC/PI interventions that deliver HIV prevention messages (for HIV-positive and HIV-negative persons) including Public Information, electronic or print media, hotlines, clearinghouses, and presentations or lectures. This amount does not include the costs associated with carrying out health education and risk reduction activities. All costs for agency staff and materials including direct assistance involved in HC/PI, as well as allocations for prevention partners (e.g., contractors), will be included here. For example, the costs for program administration, staffing, training, quality control, materials, incentives, equipment, collaboration, and coordination should be included in this amount. Agencies receiving perinatal funds should include the amount of funds for HC/PI if there are allocations for HC/PI.

The allocated amount under Surveillance represents the costs associated with conducting HIV/AIDS surveillance activities. These efforts may include surveillance activities conducted by agency staff or contracted to an outside provider. The allocated amount should include routine quality assurance and surveillance monitoring costs, costs for conducting special studies, and costs for staffing and administering surveillance projects, materials, and costs associated with data collection, processing and submission to CDC.

The allocated amount under 'Other' includes all other costs not mentioned under prevention services or prevention support services. This category includes costs associated with capacity building and structural or policy interventions.

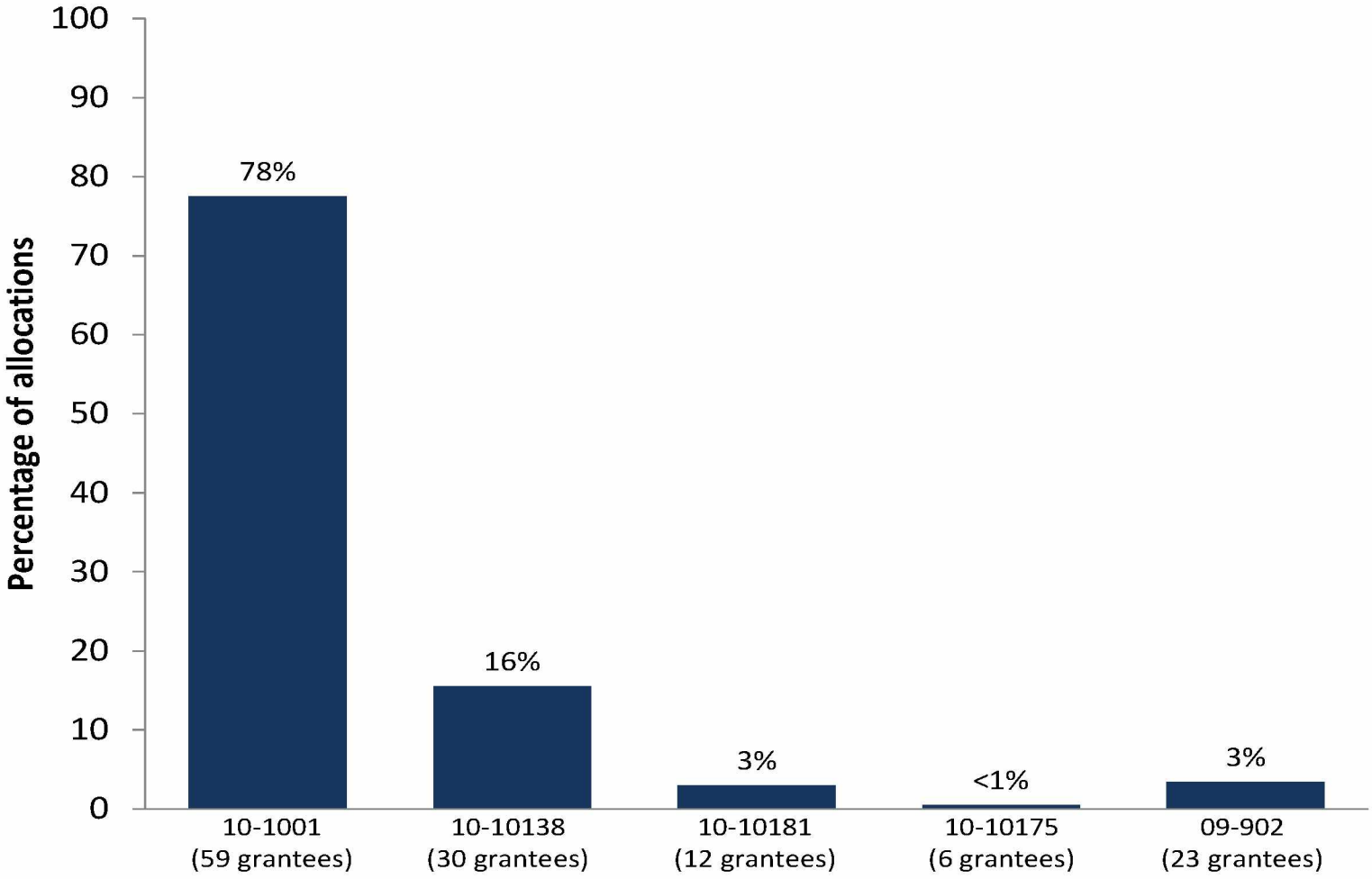
The allocated amount under Agency's general operations/administrative activities refers to costs not directly attributable to a specific program but necessary for the support of that program and the operations of the organization.

The award amount under the Addressing Syndemics through PCSI program announcement of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) includes the costs used to plan and support the implementation of a syndemic approach to the prevention of these diseases through Program Collaboration and Service Integration (PCSI) activities. NCHHSTP funding award subtotals are included in the list of program announcements addressing HIV prevention activities under the prevention support services category.

The award amount under the Division of Adolescent and School Health (DASH) of CDC's National Center for Chronic Disease Prevention and Health Promotion consists of two streams of funding; one is provided to state and local education agencies for HIV prevention activities and another for surveillance activities associated with the Youth Risk Behavior Survey (YRBS), which includes an HIV module. DASH funding award subtotals are included in the list of program announcements addressing HIV prevention activities under the prevention support services category.

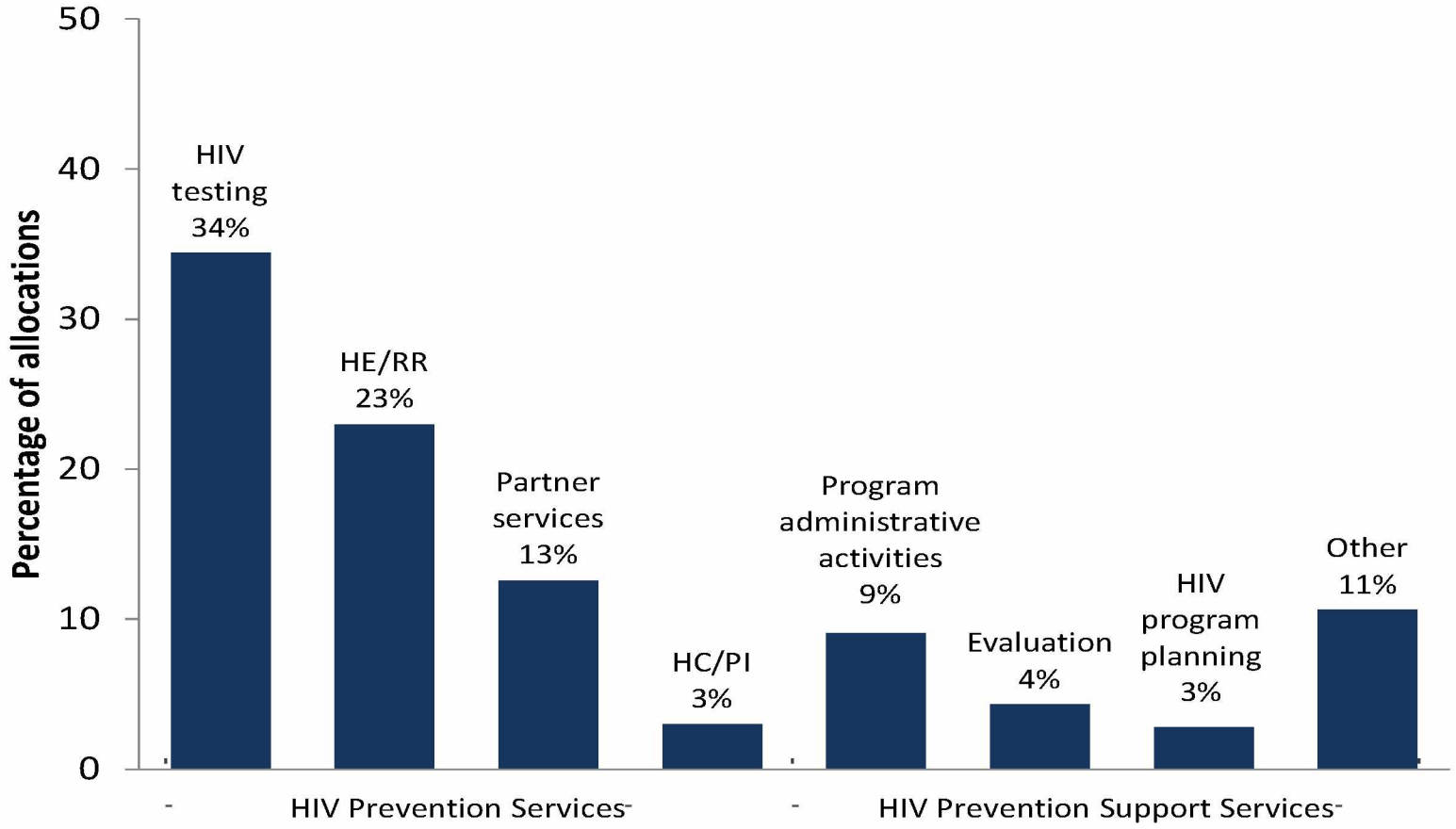
Appendix C – Figures 1 to 8

Figure 1. CDC Prevention Funds for HIV Prevention by Funding Source, CY 2010*
$390,509,428



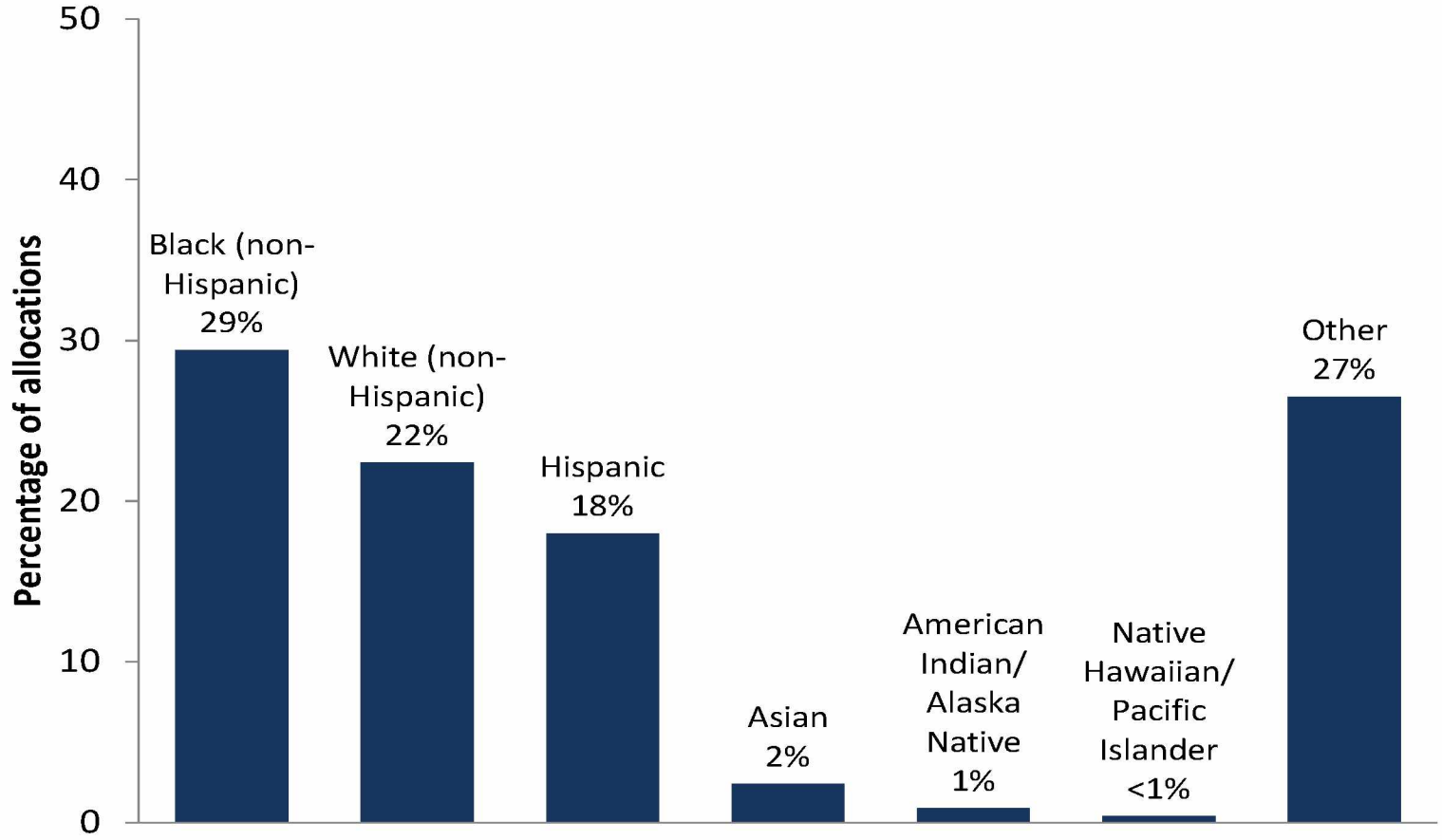
*Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC. Funding from the STD Prevention award is based on the 23 grantees that allocated funds from this FOA to support HIV-related partner services.

Figure 2. CDC Prevention Funds by HIV Prevention Activities, CY 2010*
$390,509,428



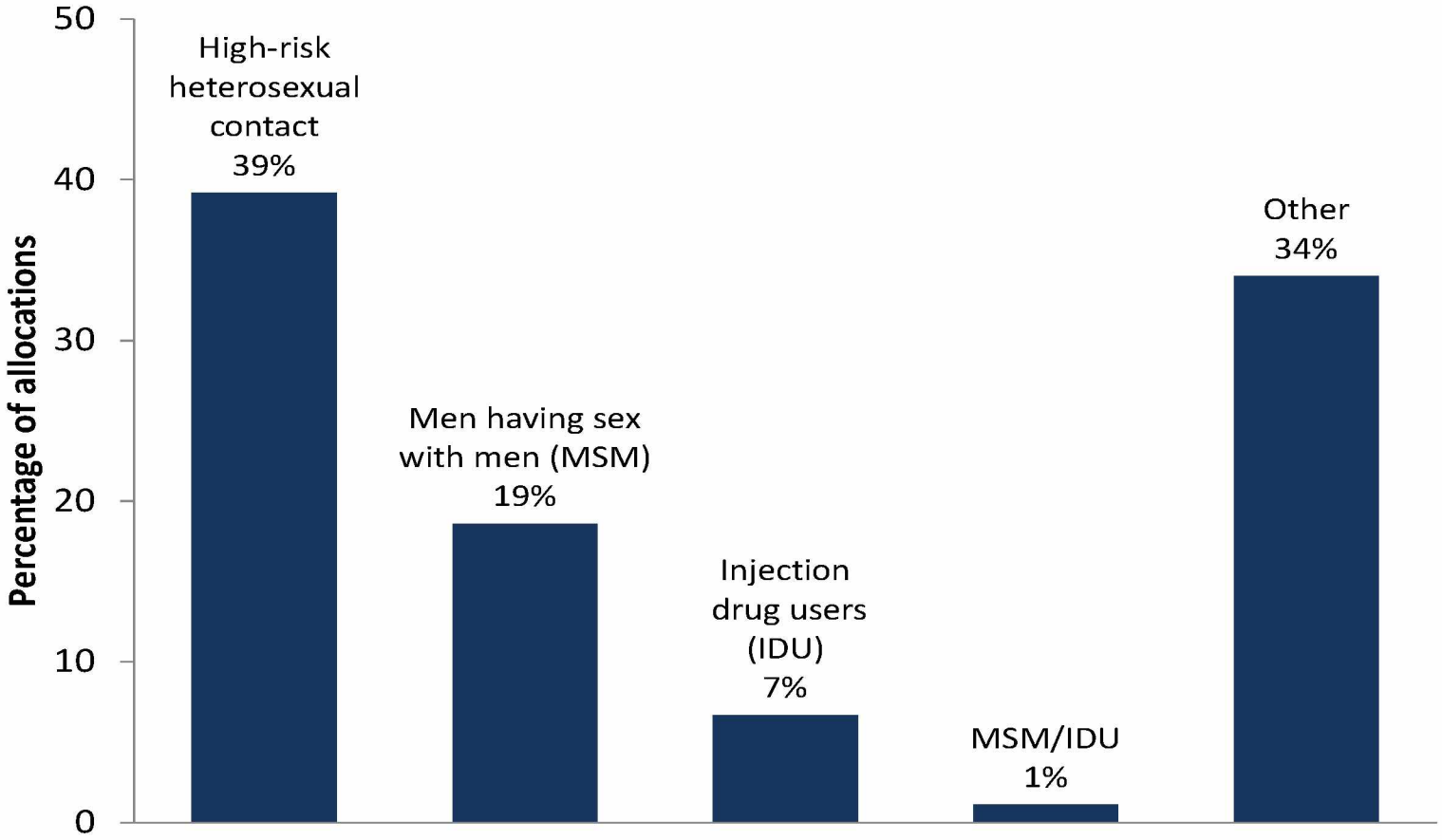
*The proportions of the prevention funding for HIV prevention activities were reported by 59 health departments. Program administrative activities include allocations to costs necessary for the support of programs and operations of the health department. "HE/RR"=Health education/Risk reduction. "HC/PI"=Health communication/Public information. "Other" includes allocations for capacity building and unallocated amounts from 10-10138 and 10-10175. Percentages may not total 100% due to rounding. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 3. CDC Prevention Funds for Targeted HIV Testing by Race/Ethnicity, CY 2010* $97,258,122 (N=59)



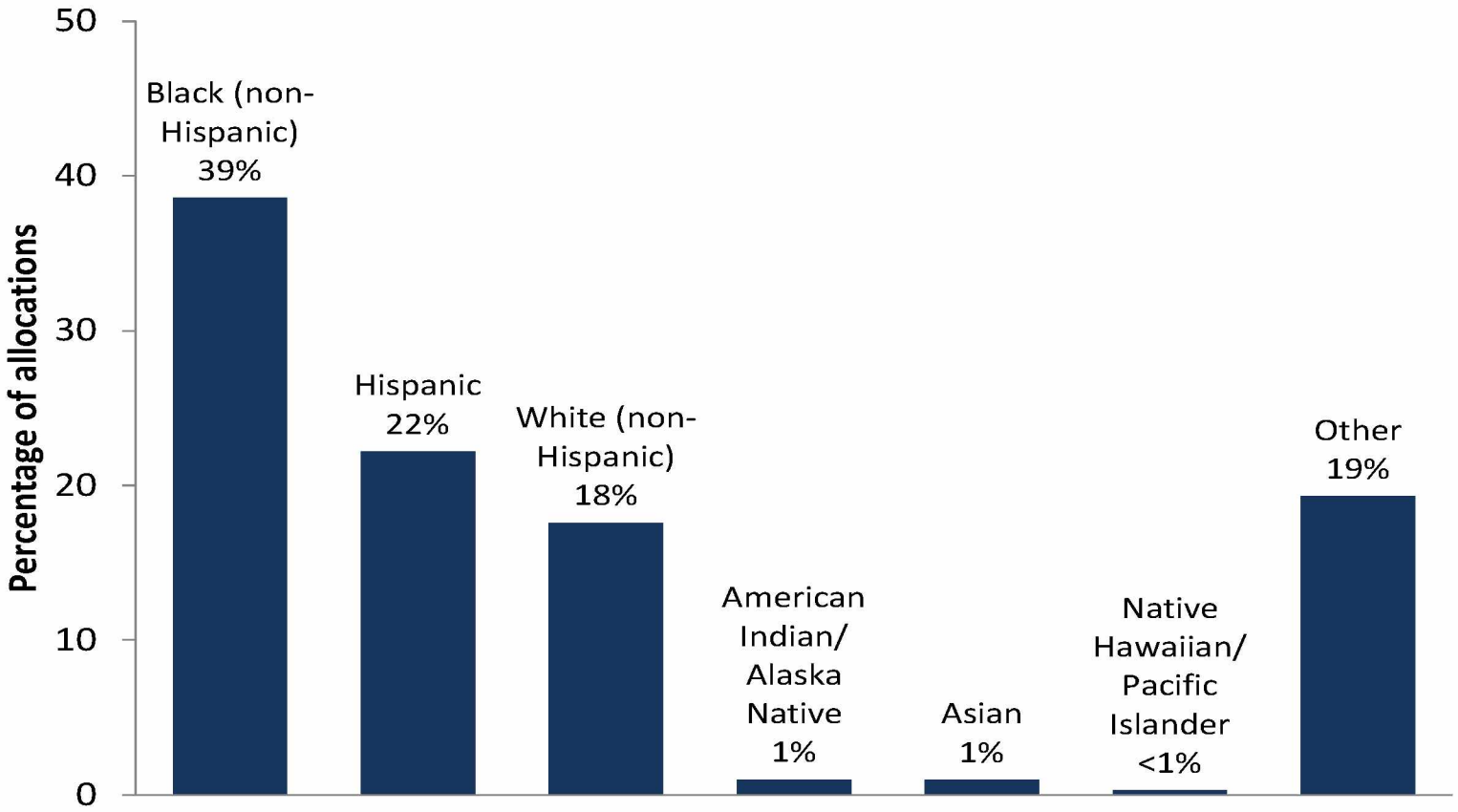
*The proportions of the prevention funding for targeted HIV testing by race/ethnicity were reported by 59 health departments. Percentages may not total 100% due to rounding. Other refers to HIV testing targeted to persons of other races/ethnicities or to testing that was not targeted by race/ethnicity. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 4. CDC Prevention Funds for Targeted HIV Testing by Risk Group, CY 2010* $97,258,122 (N=59)



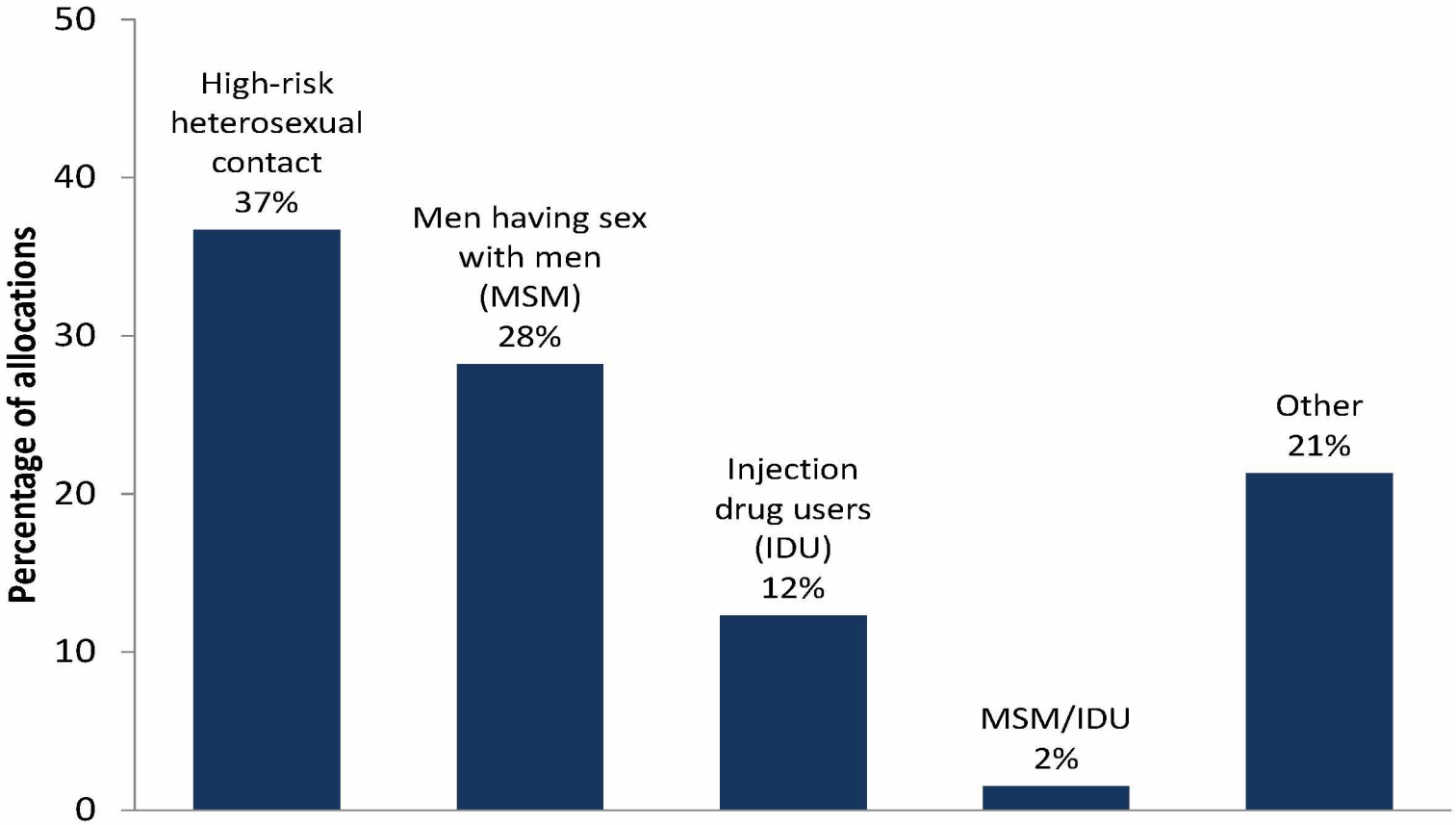
*The proportions of the prevention funding for targeted HIV testing by risk group were reported by 59 health departments. Percentages may not total 100% due to rounding. Other refers to HIV testing targeted to persons having some other risk or to testing that was not targeted by risk and includes Transgendered (Male to Female or Female to Male) persons. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 5. CDC Prevention Funds for Health Education/Risk Reduction by Race/Ethnicity, CY 2010*
$90,012,360 (N=59)



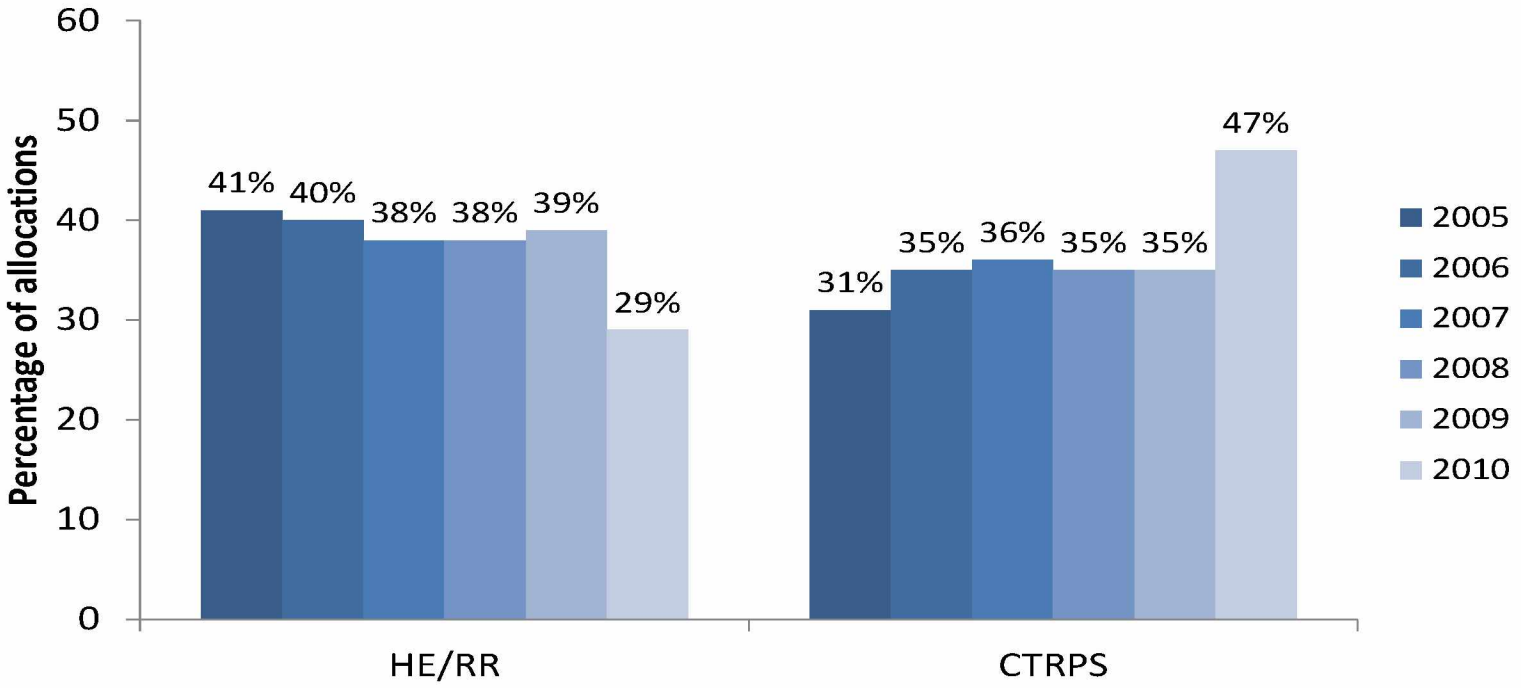
*The proportions of the prevention funding for HE/RR by race/ethnicity were reported by 59 health departments. Percentages may not total 100% due to rounding. Other refers to HE/RR programs targeted to persons of other races/ethnicities or to HE/RR programs that were not targeted by race/ethnicity. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 6. CDC Prevention Funds for Health Education/Risk Reduction by Risk Group, CY 2010*
$90,012,360 (N=59)



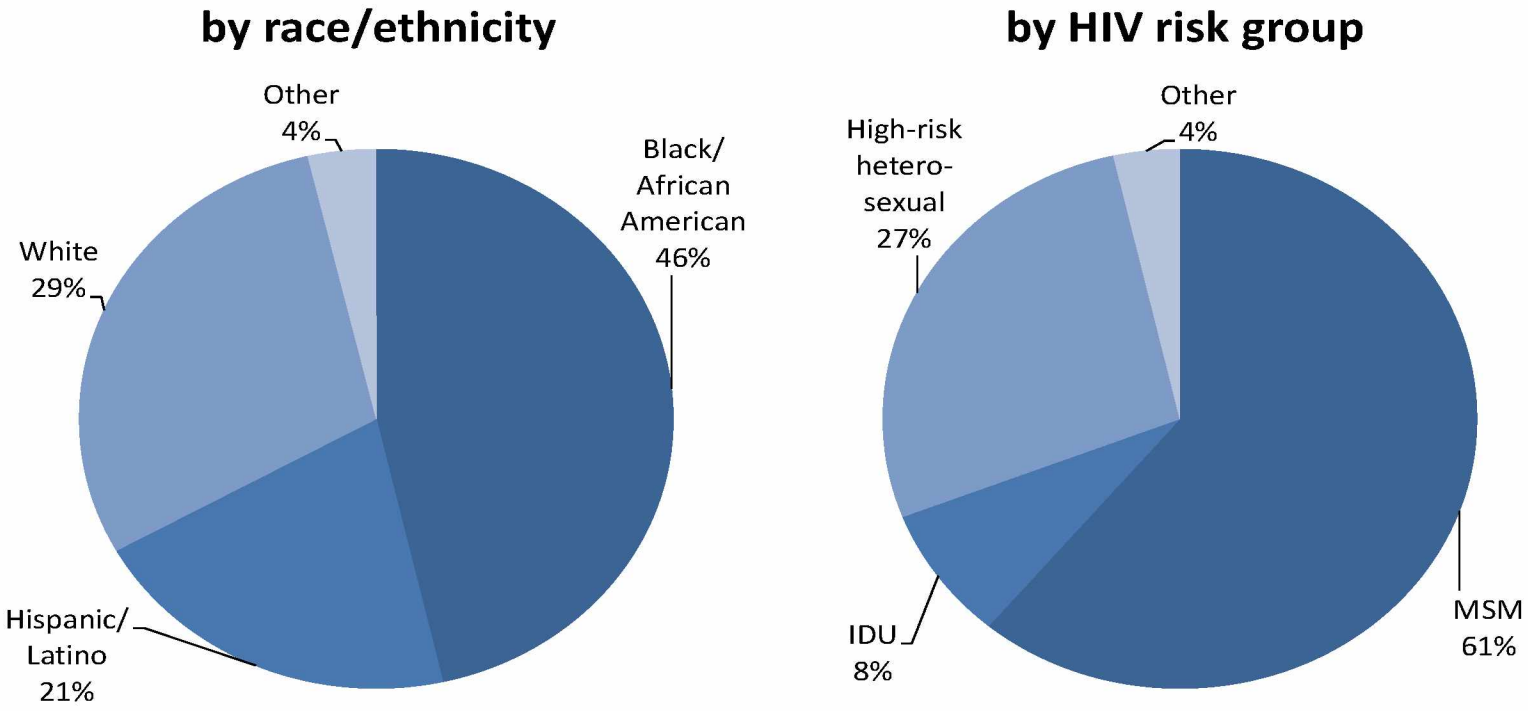
*The proportions of the prevention funding for HE/RR by risk group were reported by 59 health departments. Percentages may not total 100% due to rounding. Other refers to HE/RR programs targeted to persons having some other risk or to testing that was not targeted by risk and includes Transgendered (Male to Female or Female to Male) persons. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 7. CDC Prevention Funds for Health Education/Risk Reduction and HIV Testing and Partner Services Combined by Calendar Year 2005-2010* (N=59)



*All 59 health departments reported the proportions of the prevention funding for HIV prevention activities from the flagship HIV prevention program announcement 04012 (predecessor to 10-1001) from 2005 to 2009. In 2010, the proportions of the prevention funding for HIV prevention activities are based on multiple CDC funding sources. Calendar year estimates differ from the federal fiscal year estimates typically reported by CDC.

Figure 8. Estimated HIV Diagnoses in 2010*
(N=46 states with confidential name-based HIV infection reporting)



* The number of reported HIV diagnoses totaled 39,867

Source: HIV Surveillance Report, 2010; vol. 22. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012.

Appendix D – Tables 1a to 6

Table 1a. Distribution of Funds Allocated to HIV Prevention Services by Health Departments, CY 2010

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Testing ‡		Partner Services ‡		Health Education/ Risk Reduction ‡		Health Communication/ Public Information ‡	
	$	$	%	$	%	$	%	$	%
Alabama	4,122,857.00	1,796,928.00	43.6	818,824.00	19.9	341,439.00	8.3	180,812.00	4.4
Alaska	1,508,586.00	234,049.00	15.5	291,574.00	19.3	304,007.00	20.2	56,750.00	3.8
Arizona	3,956,378.00	1,076,505.00	27.2	262,541.00	6.6	1,138,000.00	28.8	-	
Arkansas	1,985,065.00	263,750.00	13.3	565,407.00	28.5	334,009.00	16.8	10,260.00	0.5
California (excluding Los Angeles and San Francisco)	17,834,146.00	6,187,197.30	34.7	1,026,424.00	5.8	3,818,505.00	21.4	1,559,671.25	8.7
Los Angeles	15,371,859.00	6,333,731.00	41.2	272,193.00	1.8	3,373,981.00	21.9	285,490.00	1.9
San Francisco	11,384,221.00	3,445,026.00	30.3	399,125.00	3.5	3,261,722.00	28.7	242,698.00	2.1
Colorado	4,487,264.00	780,098.00	17.4	933,334.00	20.8	988,117.00	22.0	-	
Connecticut	7,459,530.00	2,568,546.00	34.4	571,318.00	7.7	2,530,171.00	33.9	35,150.00	0.5
Delaware	2,152,823.00	443,525.00	20.6	587,985.00	27.3	215,207.00	10.0	586,142.00	27.2
District of Columbia	9,136,124.00	2,863,887.00	31.3	297,048.00	3.3	1,865,000.00	20.4	43,766.00	0.5
Florida	28,424,874.00	11,665,350.00	41.0	4,866,693.00	17.1	7,079,315.00	24.9	537,829.00	1.9

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Testing ǂ		Partner Services ǂ		Health Education/ Risk Reduction ǂ		Health Communication/ Public Information ǂ	
	$	$	%	$	%	$	%	$	%
Georgia	11,759,634.00	3,257,415.00	27.7	866,722.00	7.4	2,179,523.00	18.5	172,000.00	1.5
Hawaii	2,015,984.00	764,257.00	37.9	40,000.00	2.0	713,530.00	35.4	56,000.00	2.8
Idaho	914,401.00	369,539.00	40.4	53,807.00	5.9	182,809.00	20.0	35,000.00	3.8
Illinois (excluding Chicago)	5,371,769.00	1,932,508.00	36.0	214,759.00	4.0	780,499.00	14.5	209,994.00	3.9
Chicago[1]	8,477,002.00	3,848,543.00	45.4	637,876.00	7.5	802,465.00	9.5	42,235.00	0.5
Indiana	2,596,252.00	699,250.00	26.9	460,250.00	17.7	532,038.00	20.5	56,885.00	2.2
Iowa	1,848,740.00	325,083.00	17.6	468,689.00	25.4	616,794.00	33.4	9,462.00	0.5
Kansas	1,902,193.00	373,205.00	19.6	276,158.00	14.5	706,347.00	37.1	20,675.00	1.1
Kentucky	2,092,354.00	194,489.00	9.3	266,124.00	12.7	1,572,841.00	75.2	37,921.00	1.8
Louisiana	7,532,733.00	2,627,619.00	34.9	1,976,915.00	26.2	894,956.00	11.9	33,815.00	0.4
Maine	1,620,343.00	643,808.00	39.7	152,437.00	9.4	183,600.00	11.3	-	
Maryland	13,399,921.00	5,987,747.00	44.7	1,327,413.00	9.9	3,374,330.00	25.2	420,166.00	3.1
Massachusetts	9,737,148.00	4,679,906.00	48.1	449,325.00	4.6	2,378,912.00	24.4	24,500.00	0.3
Michigan	7,747,764.00	4,719,761.00	60.9	714,244.00	9.2	1,218,850.00	15.7	307,328.00	4.0

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Testing ǂ		Partner Services ǂ		Health Education/ Risk Reduction ǂ		Health Communication/ Public Information ǂ	
	$	$	%	$	%	$	%	$	%
Minnesota	3,506,728.00	702,312.00	20.0	694,320.00	19.8	535,275.00	15.3	146,881.00	4.2
Mississippi	2,946,550.00	860,827.00	29.2	630,490.00	21.4	420,542.00	14.3	188,114.00	6.4
Missouri	4,945,160.00	1,912,541.00	38.7	1,170,857.00	23.7	1,195,065.00	24.2	20,135.00	0.4
Montana[2]	1,427,694.00	593,854.00	41.6	-		400,071.00	28.0	80,122.00	5.6
Nebraska	1,324,012.00	413,790.00	31.3	11,648.00	0.9	459,404.00	34.7	65,008.00	4.9
Nevada	2,713,662.00	1,655,334.00	61.0	705,552.00	26.0	325,639.00	12.0	-	
New Hampshire	1,738,260.00	382,166.00	22.0	192,122.00	11.1	264,557.00	15.2	-	
New Jersey	15,055,221.00	3,279,225.00	21.8	1,255,383.00	8.3	6,144,728.00	40.8	200,345.00	1.3
New Mexico[3]	2,378,890.00	922,640.00	38.8	230,660.00	9.7	659,506.00	27.7	22,800.00	1.0
New York State (excluding New York City)	29,695,608.00	5,606,563.00	18.9	2,571,115.00	8.7	11,889,557.00	40.0	1,720,170.00	5.8
New York City	30,380,064.00	11,383,457.00	37.5	2,637,042.00	8.7	8,311,943.00	27.4	1,291,140.00	4.2
North Carolina[4]	7,459,108.00	2,598,396.00	34.8	1,500,712.00	20.1	540,000.00	7.2	60,000.00	0.8
North Dakota	756,811.00	254,076.00	33.6	93,012.00	12.3	56,582.00	7.5	56,582.00	7.5

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Testing ǂ		Partner Services ǂ		Health Education/ Risk Reduction ǂ		Health Communication/ Public Information ǂ	
	$	$	%	$	%	$	%	$	%
Ohio	8,239,353.00	2,429,857.00	29.5	3,435,000.00	41.7	692,344.00	8.4	117,550.00	1.4
Oklahoma	2,845,931.00	542,158.00	19.1	669,416.00	23.5	578,221.00	20.3	-	
Oregon	3,266,489.00	1,333,743.00	40.8	578,909.00	17.7	386,595.00	11.8	21,058.00	0.6
Pennsylvania (excluding Philadelphia)	6,089,239.00	2,394,251.00	39.3	447,546.00	7.3	206,389.00	3.4	355,060.00	5.8
Philadelphia	9,498,921.00	4,079,307.00	42.9	473,529.00	5.0	1,687,048.00	17.8	112,580.00	1.2
Puerto Rico	7,318,425.00	2,826,885.00	38.6	1,112,114.00	15.2	232,883.00	3.2	301,431.00	4.1
Rhode Island	1,733,641.00	155,101.00	8.9	110,172.00	6.4	606,266.00	35.0	-	
South Carolina	6,329,321.00	2,622,055.00	41.4	1,016,089.00	16.1	728,624.00	11.5	72,752.00	1.1
South Dakota	708,553.00	226,066.00	31.9	75,355.00	10.6	104,500.00	14.7	15,115.00	2.1
Tennessee	5,731,930.00	2,495,174.00	43.5	1,572,971.00	27.4	1,118,735.00	19.5	43,853.00	0.8
Texas (excluding Houston)	21,239,968.00	8,975,436.00	42.3	4,638,302.00	21.8	4,302,819.00	20.3	526,674.00	2.5
Houston	8,151,602.00	1,603,332.50	19.7	1,464,548.30	18.0	1,292,854.00	15.9	481,103.00	5.9
Utah	1,152,718.00	406,933.00	35.3	33,692.00	2.9	375,943.00	32.6	134,286.00	11.6
Vermont	1,526,647.00	257,730.00	16.9	8,277.60	0.5	643,550.00	42.2	33,000.00	2.2

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Testing ‡		Partner Services ‡		Health Education/ Risk Reduction ‡		Health Communication/ Public Information ‡	
	$	$	%	$	%	$	%	$	%
Virginia	6,434,891.00	1,724,107.00	26.8	829,748.00	12.9	2,075,515.00	32.3	333,843.00	5.2
U.S. Virgin Islands	642,408.00	176,731.00	27.5	68,167.00	10.6	156,181.00	24.3	29,495.00	4.6
Washington	4,823,088.00	1,879,932.00	39.0	1,318,906.00	27.3	820,934.00	17.0	15,504.00	0.3
West Virginia	1,878,247.00	619,122.00	33.0	430,290.00	22.9	287,781.00	15.3	48,022.00	2.6
Wisconsin	2,856,944.00	722,787.00	25.3	544,593.00	19.1	1,075,204.00	37.6	159,271.00	5.6
Wyoming	873,379.00	220,085.00	25.2	61,188.00	7.0	50,138.00	5.7	85,000.00	9.7
Total	**390,509,428.00**	**134,337,695.80**	**34.4**	**49,378,910.90**	**12.6**	**90,012,360.00**	**23.0**	**11,701,443.25**	**3.0**

Note: A cell with '-' means the grantee reported zero ($0) allocations to a particular HIV prevention activity.

* Awards from cooperative agreements PS 10-1001, PS 10-10138, PS 10-10181, PS 10-10175, and PS 09-902

‡ Allocations from cooperative agreements PS 10-1001, PS 10-10138, PS 10-10181, PS 10-10175, and PS 09-902

* Total allocation amount for HIV testing consists of two parts: allocations to targeted HIV testing ($97,258,122) and allocations to routine HIV testing ($37,079,574)

[1] Chicago could not separate their HIV Testing allocations from those to partner services from 10-1001. The amounts reported reflect allocations from 10-10138 and 10-10181 funds to targeted and routine HIV testing.

[2] Montana allocated CDC funds for HIV testing only. State funds were used to support partner services.

[3] New Mexico indicated they could not separate their allocations to HIV testing from those to partner services. The amounts reported reflect allocations from 10-1001 funds to non-targeted HIV testing, as reported by the grantee.

[4] North Carolina has an integrated HIV/STD/Viral Hepatitis/TB program and reported their allocations to HIV prevention activities as proportions of the overall CDC funding for HIV prevention programs.

Table 1b. Distribution of Funds Allocated to HIV Prevention Support Services by Health Departments, CY 2010

	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Program/ Community Planning‡		Evaluation‡		Program Administrative Activities‡		Other‡	
Health Department	**$**	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**
Alabama	4,122,857.00	323,869.00	7.9	258,572.00	6.3	221,601.00	5.4	180,812.00	
Alaska	1,508,586.00	75,553.00	5.0	47,359.00	3.1	413,239.00	27.4	86,055.00	5.7
Arizona	3,956,378.00	200,093.00	5.1	106,400.00	2.7	944,180.00	23.9	228,659.00	5.8
Arkansas	1,985,065.00	-		56,518.00	2.8	175,547.00	8.8	579,574.00	29.2
California (excluding Los Angeles and San Francisco)	17,834,146.00	92,012.00	0.5	746,551.28	4.2	651,502.69	3.7	3,752,282.00	21.0
Los Angeles	15,371,859.00	548,117.00	3.6	730,919.00	4.8	1,063,443.00	6.9	2,763,985.00	18.0
San Francisco	11,384,221.00	408,868.00	3.6	241,594.00	2.1	359,987.00	3.2	3,025,201.00	26.6
Colorado	4,487,264.00	171,695.00	3.8	446,001.00	9.9	388,395.00	8.7	779,624.00	17.4
Connecticut	7,459,530.00	407,733.00	5.5	544,453.00	7.3	731,317.00	9.8	70,842.00	0.9
Delaware	2,152,823.00	56,562.00	2.6	79,078.00	3.7	76,470.00	3.6	107,854.00	5.0
District of Columbia	9,136,124.00	997,781.00	10.9	202,548.00	2.2	2,506,094.00	27.4	360,000.00	3.9
Florida	28,424,874.00	178,502.00	0.6	214,715.00	0.8	685,316.00	2.4	3,197,154.00	11.2

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount* $	HIV Program/ Community Planning‡ $	%	Evaluation‡ $	%	Program Administrative Activities‡ $	%	Other‡ $	%
Georgia	11,759,634.00	155,202.00	1.3	-		1,312,871.00	11.2	3,815,900.85	32.4
Hawaii	2,015,984.00	107,000.00	5.3	82,000.00	4.1	103,197.00	5.1	150,000.00	7.4
Idaho	914,401.00	109,357.00	12.0	44,099.00	4.8	103,402.00	11.3	16,388.00	1.8
Illinois (excluding Chicago)	5,371,769.00	394,277.00	7.3	216,809.00	4.0	326,844.00	6.1	1,296,079.00	24.1
Chicago	8,477,002.00	493,195.00	5.8	143,529.00	1.7	1,673,292.00	19.7	835,867.00	9.9
Indiana	2,596,252.00	111,310.00	4.3	99,338.00	3.8	507,643.00	19.6	129,538.00	5.0
Iowa	1,848,740.00	75,455.00	4.1	138,307.00	7.5	214,950.00	11.6	-	
Kansas	1,902,193.00	8,550.00	0.4	57,135.00	3.0	179,692.00	9.4	280,431.00	14.7
Kentucky	2,092,354.00	15,950.00	0.8	5,029.00	0.2	-		-	
Louisiana	7,532,733.00	66,772.00	0.9	114,390.00	1.5	1,503,020.00	20.0	315,246.00	4.2
Maine	1,620,343.00	86,323.00	5.3	-		475,573.00	29.4	78,602.00	4.9
Maryland	13,399,921.00	425,713.00	3.2	675,427.00	5.0	195,293.00	1.5	993,832.00	7.4
Massachusetts	9,737,148.00	85,000.00	0.9	110,000.00	1.1	1,073,864.00	11.0	935,641.00	9.6
Michigan	7,747,764.00	51,062.00	0.7	84,462.00	1.1	-		652,057.00	8.4

	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Program/ Community Planning‡		Evaluation‡		Program Administrative Activities‡		Other‡	
Health Department	**$**	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**
Minnesota	3,506,728.00	108,713.00	3.1	177,554.00	5.1	1,141,673.00	32.6	-	
Mississippi	2,946,550.00	21,080.00	0.7	15,000.00	0.5	773,672.00	26.3	36,825.00	1.2
Missouri	4,945,160.00	388,597.00	7.9	84,826.00	1.7	63,510.00	1.3	109,629.00	2.2
Montana	1,427,694.00	36,435.00	2.6	49,247.00	3.4	267,965.00	18.8	-	
Nebraska	1,324,012.00	93,155.00	7.0	66,721.00	5.0	174,706.00	13.2	39,580.00	3.0
Nevada	2,713,662.00	9,769.00	0.4	17,368.00	0.6	-		-	
New Hampshire	1,738,260.00	91,088.00	5.2	237,521.00	13.7	289,377.00	16.6	281,429.00	16.2
New Jersey	15,055,221.00	316,866.00	2.1	2,427,591.00	16.1	204,170.00	1.4	1,226,913.00	8.1
New Mexico	2,378,890.00	21,850.00	0.9	142,340.00	6.0	379,094.00	15.9	-	
New York State (excluding New York City)	29,695,608.00	621,032.00	2.1	2,466,273.00	8.3	4,037,526.00	13.6	783,372.00	2.6
New York City	30,380,064.00	524,350.00	1.7	1,082,131.00	3.6	2,193,309.00	7.2	2,956,692.00	9.7
North Carolina	7,459,108.00	60,000.00	0.8	1,400,000.00	18.8	1,300,000.00	17.4	-	
North Dakota	756,811.00	102,316.00	13.5	39,002.00	5.2	155,241.00	20.5	-	

Health Department	Total CDC Cooperative Agreement for HIV Prevention Amount* $	HIV Program/ Community Planning‡ $	%	Evaluation‡ $	%	Program Administrative Activities‡ $	%	Other‡ $	%
Ohio	8,239,353.00	5,000.00	0.1	-		1,374,602.00	16.7	185,000.00	2.2
Oklahoma	2,845,931.00	19,355.00	0.7	81,750.00	2.9	228,475.00	8.0	726,556.00	25.5
Oregon	3,266,489.00	157,762.00	4.8	74,847.00	2.3	442,438.00	13.5	271,137.00	8.3
Pennsylvania (excluding Philadelphia)	6,089,239.00	521,223.00	8.6	154,919.00	2.5	729,847.00	12.0	1,280,004.00	21.0
Philadelphia	9,498,921.00	364,499.00	3.8	209,243.00	2.2	439,426.00	4.6	2,133,289.00	22.5
Puerto Rico	7,318,425.00	206,367.00	2.8	133,786.00	1.8	459,109.00	6.3	2,045,850.00	28.0
Rhode Island	1,733,641.00	117,484.00	6.8	115,000.00	6.6	519,618.00	30.0	110,000.00	6.3
South Carolina	6,329,321.00	112,567.00	1.8	162,619.00	2.6	1,073,016.00	17.0	541,599.00	8.6
South Dakota	708,553.00	175,255.00	24.7	5,253.00	0.7	36,745.00	5.2	70,264.00	9.9
Tennessee	5,731,930.00	97,826.00	1.7	107,634.00	1.9	295,737.00	5.2	-	
Texas (excluding Houston)	21,239,968.00	391,706.00	1.8	550,476.00	2.6	967,072.00	4.6	887,483.00	4.2
Houston	8,151,602.00	128,697.00	1.6	608,971.40	7.5	532,202.00	6.5	2,039,893.80	25.0
Utah	1,152,718.00	15,273.00	1.3	50,481.00	4.4	97,648.00	8.5	38,462.00	3.3

	Total CDC Cooperative Agreement for HIV Prevention Amount*	HIV Program/ Community Planning‡		Evaluation‡		Program Administrative Activities‡		Other‡	
Health Department	**$**	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**
Vermont	1,526,647.00	53,108.22	3.5	91,197.10	6.0	297,572.72	19.5	142,211.36	9.3
Virginia	6,434,891.00	123,343.00	1.9	593,529.00	9.2	384,294.00	6.0	370,512.00	5.8
U.S. Virgin Islands	642,408.00	25,060.00	3.9	13,872.00	2.2	132,981.00	20.7	39,921.00	6.2
Washington	4,823,088.00	318,889.00	6.6	57,484.00	1.2	234,454.00	4.9	176,985.00	3.7
West Virginia	1,878,247.00	59,916.00	3.2	68,169.00	3.6	184,171.00	9.8	180,776.00	9.6
Wisconsin	2,856,944.00	123,514.00	4.3	100,271.00	3.5	67,799.00	2.4	63,505.00	2.2
Wyoming	873,379.00	19,188.00	2.2	13,440.00	1.5	280,210.00	32.1	144,130.00	16.5
Total	**390,509,428.00**	**11,077,234.22**	**2.8**	**16,843,748.78**	**4.3**	**35,644,392.41**	**9.1**	**41,513,642.01**	**10.6**

Note: A cell with '-' means the grantee reported making zero ($0) allocations to a particular HIV prevention activity.

* Awards from cooperative agreements 10-1001, 10-10138, 10-10181, 10-10175, and 09-902

‡ Allocations from cooperative agreements 10-1001, 10-10138, 10-10181, 10-10175, and 09-902

Table 2. Distribution of Funds Allocated to HIV Testing by Funding Source, CY 2010

Funding source	# of HD grantees receiving CDC awards	Routine testing in health care settings	Routine testing in health care and non-health care settings	Targeted testing in non-health care settings	Targeted testing in non-health care and health care settings	Total
10-1001 funds	10-1001 HDs allocating 10-1001 funds (N=29)		$515,325 (N=3)[1]	$16,040,288 (N=26)		**$16,555,613**
	10-10138 HDs allocating 10-1001 funds (N=30)		$2,676,384 (N=3)[2]	$66,725,599 (N=25)	$7,898,598 (N=2)[3]	**$77,300,581**
10-10138 funds	10-10138 HDs allocating 10-10138 funds (N=30)[4]	$29,560,283 (N=24)	$4,327,582 (N=3)[2]		$6,593,637 (N=2)[3]	**$40,481,502**
Total		**$29,560,283**	**$7,519,291**	**$82,765,887**	**$14,492,235**	**$134,337,696**
Percentage		**22%**	**6%**	**62%**	**11%**	

Note: Total allocation amount for HIV testing consists of two parts: allocations to targeted HIV testing ($97,258,122) and allocations to routine HIV testing ($37,079,574)

[1] Arkansas, Kansas, and North Dakota allocated a portion of their 10-1001 funds to conduct routine testing in both settings.

[2] Mississippi, New Jersey, and the District of Columbia allocated all funds from both sources to conduct routine testing in all settings.

[3] Florida and Puerto Rico allocated all funds from both sources to conduct targeted testing in all settings.

[4] California did not allocate any 10-10138 funds to any kind of HIV testing because they were restricted legislatively from using their 10-10138 funds in 2010. As such, they reported $0 allocations for HIV testing. The amount from 10-10138 for CA ($3,752,282) was reported as being allocated to "other" HIV prevention activities for calendar year 2010.

Table 3. Distribution of Funds Allocated to Partner Services by Funding Source, CY 2010

Funding source	# of HD grantees receiving CDC awards	HIV partner services	Integrated HIV/STD partner services	Total
10-1001 funds	10-1001 HDs allocating 10-1001 funds (N=35) [1]	$21,979,706		**$21,979,706**
	09-902 HDs allocating 10-1001 funds (N=23)	$13,956,269		**$13,956,269**
09-902 funds	09-902 HDs allocating 09-902 funds (N=23)		$13,442,936	**$13,442,936**
Total				**$49,378,911**

[1] Montana used non-CDC funds for partner services, thus reporting $0 allocations for partner services.

Table 4. Distribution of Funds Allocated to Health Education/Risk Reduction by Funding Source, CY 2010

Funding source	# of HD grantees receiving CDC awards	Total
10-1001 funds	10-1001 HDs allocating 10-1001 funds (N=51)	**$63,605,541**
	10-10138 & 10-10181 HDs allocating 10-1001 funds (N=8)	**$24,607,108**
10-10138 funds	10-10138 HDs allocating 10-10138 funds (N=1)	**$105,000**
10-10181 funds	10-10181 HDs allocating 10-10181 funds (N=7)	**$1,694,711**
Total		**$90,012,360**

Table 5. Distribution of Funds Allocated to Health Communication/Public Information by Funding Source, CY 2010

Funding source	# of HD grantees receiving CDC awards	Total
10-1001 funds	10-1001 HDs allocating 10-1001 funding (N=53)	**$8,668,291**
	10-10138 & 10-10181 HDs allocating 10-1001 funds (N=6)	**$2,191,459**
10-10138 funds	10-10138 HDs allocating 10-10138 funds (N=1)	**$246,872**
10-10181 funds	10-10181 HDs allocating 10-10181 funds (N=3)	**$356,893**
10-10138 & 10-10181 funds	10-10138 & 10-10181 HDs allocating both 10-10138 and 10-10181 funds (N=2)	**$237,928**
Total		**$11,701,443**

Table 6. Distribution of Funds Allocated to Prevention Interventions Designed for Persons Living with HIV by Funding Source, CY 2010

Funding source	# of HD grantees receiving CDC awards	Total
10-1001 funds	10-1001 HDs allocating 10-1001 funding (N=47)[1]	**$13,036,613**
	10-10138 & 10-10181 HDs allocating 10-1001 funds (N=12)	**$14,812,897**
10-10138 funds	10-10138 HDs allocating 10-10138 funds (N=8)	**$2,090,785**
10-10181 funds	10-10181 HDs allocating 10-10181 funds (N=4)	**$1,184,487**
Total		**$31,124,782**

[1] Houston, Nebraska, Nevada, and the U.S. Virgin Islands did not use CDC funds to support these activities, relying instead on collaborations with Ryan White programs in their jurisdictions for the provision of prevention intervention activities for persons living with HIV. As such, they reported $0 allocations for prevention interventions designed for persons living with HIV.