

## HIV/AIDS Atlas Questions & Answers

### 1. *Why was the HIV/AIDS Atlas developed?*

The HIV/AIDS Atlas (<http://www.MapHIV.org>) was developed to fill a fundamental gap in public access to HIV/AIDS information. It is a tool that communities can use to understand the reality of HIV/AIDS in the United States today. Mapping the disease is an important step in increasing awareness and stemming the tide of the disease.

### 2. *Who created the HIV/AIDS Atlas?*

The data for the HIV/AIDS Atlas were collected and analyzed by the National Minority Quality Forum staff, in partnership with the Department of Epidemiology and Biostatistics at the School of Public Health & Health Services of the George Washington University in Washington, D.C.

The National Minority Quality Forum (<http://www.nmqf.org>) was founded in 1998 as a nonprofit organization. Its mission is to strengthen national and local efforts to eliminate the disproportionate burden of premature death and preventable illness in racial and ethnic minorities and other special populations through the use of evidence-based, data-driven initiatives, including a series of health atlases (<http://www.z-atlas.com>).

### 3. *What does the HIV/AIDS Atlas show?*

For the first time, the Atlas presents county-level prevalence rates, based on the reported numbers of people living with HIV (non-AIDS) and AIDS in 2006\* in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and New York City. The Atlas depicts the intensity of the disease, rather than its magnitude.

### 4. *What is prevalence, and how is it used on the HIV/AIDS Atlas?*

The term *prevalence* is a percentage, defined mathematically as the number of individuals living with a disease in a geographic area divided by the total number of individuals living in that area, as defined by the 2000 U.S. Census. Essentially, it is the proportion of the population living with the disease. It is used in the HIV/AIDS Atlas to display the burden of disease in a geographic region.

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\*Note: While most states reported 2006 data to NMQF, Maine, Puerto Rico and Rhode Island provided 2005 data, and Kansas, Montana, New Hampshire and Washington provided 2007 data.

5. *Why do the prevalence ranges represented on the HIV map differ from those on the AIDS map?*

The National Minority Quality Forum used the Jenks method (as described in the “Methodology” section of the HIV/AIDS Atlas Executive Summary) to define six legend boundaries for each individual map. Because the HIV (non-AIDS) data are distinct from the AIDS data, the legend boundaries and prevalence rate ranges differ between the two maps.

6. *Who provided the data for the HIV/AIDS Atlas?*

The HIV/AIDS Atlas was developed from data provided by HIV/AIDS surveillance branches within state and territorial departments of health in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and New York City.

7. *Why do some states only provide state-level data?*

All data requests from the National Minority Quality Forum specified that if the state or territorial health department could not provide data at the county level, it should aggregate the data to a region or state level. The term *region* is used generically to refer to an aggregation of more than one county; the term *state* is used generically to refer to a state, the District of Columbia, a territory or New York City. The Forum requested data from 54 areas: 29 provided data at the county level, 12 provided data at the regional or district level and eight provided data at the state level. (The “Methodology” section of the HIV/AIDS Atlas Executive Summary includes a table showing which states provided state or regional data.)

8. *How is zip code-level data represented in the HIV/AIDS Atlas?*

At the time of launch, the New York City Department of Health and Mental Hygiene had provided zip code-level data that were incorporated into the HIV/AIDS Atlas. The National Minority Quality Forum plans to gather zip code-level data for as many geographic areas as possible to identify disparities with more precision and to guide and support service planning and prevention efforts.

9. *What do the gray areas represent on the Atlas?*

Several states that provided county-level data were unable to provide estimates for some counties due to the small numbers of persons living with HIV (non-AIDS) or AIDS in those areas; such counties are shaded gray and labeled “Not Reportable to NMQF.”

*10. How was the accuracy of the HIV/AIDS Atlas verified?*

The numbers of persons living with HIV (non-AIDS) and AIDS provided by each state were aggregated to the state level and cross-checked with the Centers for Disease Control and Prevention (CDC) *HIV/AIDS Surveillance Report*.<sup>1</sup> After the estimated prevalence from each state was calculated, the staff contacts at the participating department of health were asked to review the county-level maps for the state.

*11. How does the HIV/AIDS Atlas account for prison data?*

Some states were able to separate out prison data, whereas other states were not. The following states excluded prisoners from the data: Arkansas, District of Columbia, Florida, Illinois, Maine, Massachusetts, Michigan, Missouri, New Jersey, South Carolina, Texas, Wyoming, Maryland, New York, Ohio, Iowa and West Virginia.

*12. Are the maps based on where people lived at the time of diagnosis?*

Prevalence rates are based on the geographic area where people were tested, which does not always correspond with the geographic area of residence. Most states provided data on persons living with HIV (non-AIDS) and AIDS at any point in time during the year; however, some provided data on such persons who were alive as of the end of the year. Prevalence rates might be underestimated in these states due to deaths that occurred during the year, although the likely difference is relatively small (the Centers for Disease Control and Prevention estimate that deaths reported in 2006 among AIDS patients were less than four percent of the total living cases).

*13. Does the National Minority Quality Forum intend to update the HIV/AIDS Atlas?*

The National Minority Quality Forum plans to add additional data and information as they become available and plans to incorporate 2007 data for all states in the next iteration of the HIV/AIDS Atlas. As the Atlas evolves, its contents, utility and application will change and expand.

*14. Who funded the creation of the HIV/AIDS Atlas?*

The National HIV/AIDS Atlas is a project of the National Minority Quality Forum, with support from Gilead Sciences, Inc.

15. Of the areas that provided county-level data, what counties have the highest AIDS prevalence rates (in alphabetical order by state)?

The following counties (n=72) are in the red or dark red zones for AIDS prevalence rates on the HIV/AIDS Atlas and have AIDS prevalence rates of 0.248 percent or greater. These counties represent the counties with the highest AIDS prevalence rates in the United States. Please see the “Methodology” section of the HIV/AIDS Atlas Executive Summary for additional information regarding the Jenks method, which was used to define six legend boundaries for each individual map.

**State County**  
(in Alphabetical Order by State)

CA	Marin (San Francisco)
CA	San Francisco (San Francisco)
CO	Denver (Denver)
CT	Hartford (Hartford)
CT	New Haven (New Haven)
DC	District of Columbia (District of Columbia)
DE	New Castle (Wilmington)
FL	Broward (Ft. Lauderdale)
FL	Duval (Jacksonville)
FL	Hillsborough (Tampa)
FL	Miami-Dade (Miami)
FL	Monroe (Key West)
FL	Orange (Orlando)
FL	Palm Beach (Miami)
FL	St. Lucie (Port St. Lucie)
GA	Baker (Albany)
GA	Bibb (Macon)
GA	Brooks
GA	Burke (Augusta)
GA	Butts (Atlanta)
GA	Chatham (Savannah)
GA	Clayton (Atlanta)
GA	Crisp
GA	DeKalb (Atlanta)
GA	Dooly
GA	Dougherty
GA	Evans
GA	Fulton (Atlanta)
GA	Glynn
GA	Johnson
GA	Marion (Columbus)
GA	Quitman
GA	Richmond (Augusta)
GA	Warren
GA	Wilcox
IL	Brown

**State   County**

*(in Alphabetical Order by State)*

IL	Johnson
IL	Livingston
LA	Allen
LA	East Baton Rouge (Baton Rouge)
LA	East Feliciana (Baton Rouge)
LA	Iberville (Baton Rouge)
LA	Orleans (New Orleans)
LA	West Feliciana (Baton Rouge)
MA	Suffolk (Boston)
MO	St. Louis (St. Louis)
NC	Hertford
NJ	Atlantic (Atlantic City)
NJ	Essex (Newark)
NJ	Hudson (New York City)
NJ	Passaic (New York City)
NJ	Union (Newark)
NY	Bronx (New York City)
NY	Kings (Brooklyn)
NY	New York (Manhattan)
NY	Queens (New York City)
NY	Sullivan
OR	Multnomah (Portland)
PA	Philadelphia (Philadelphia)
SC	Bamberg
SC	Clarendon
SC	Richland (Columbia)
SC	Sumter (Sumter)
SC	Williamsburg
VA	Alexandria (District of Columbia)
VA	Arlington (District of Columbia)
VA	Buckingham
VA	Greensville
VA	Norfolk (Virginia Beach)
VA	Petersburg (Richmond)
VA	Powhatan (Richmond)
VA	Richmond

16. Of the areas that provided county-level data, what counties have the highest HIV (non-AIDS) prevalence rates (in alphabetical order by state)?

The following counties (n=48) are in the red or dark red zones for HIV (non-AIDS) prevalence rates on the HIV/AIDS Atlas and have HIV (non-AIDS) prevalence rates of 0.38 percent or greater. These counties represent the counties with the highest HIV (non-AIDS) prevalence rates in the United States. Please see the “Methodology” section of the HIV/AIDS Atlas Executive Summary for additional information regarding the Jenks method, which was used to define six legend boundaries for each individual map.

**State   County**  
(in Alphabetical Order by State)

CA	San Francisco (San Francisco)
CO	Denver (Denver)
FL	Miami-Dade (Miami)
GA	Baker (Albany)
GA	Bibb (Macon)
GA	Bleckley
GA	Brooks
GA	Burke (Augusta)
GA	Butts (Atlanta)
GA	Calhoun
GA	Chatham (Savannah)
GA	Clayton (Atlanta)
GA	Clinch
GA	Crisp
GA	DeKalb (Atlanta)
GA	Dooly
GA	Dougherty (Albany)
GA	Evans
GA	Fulton (Atlanta)
GA	Johnson
GA	Lowndes
GA	Marion (Columbus)
GA	Mitchell
GA	Quitman
GA	Richmond (Augusta)
GA	Telfair
GA	Ware
GA	Wilcox
IL	Brown
IL	Johnson
LA	Allen
LA	Orleans (New Orleans)
MA	Suffolk (Boston)
MO	St. Louis (St. Louis)
NC	Hertford
NJ	Atlantic (Atlantic City)

**State** **County**

*(in Alphabetical Order by State)*

NJ	Essex (Newark)
NJ	Hudson (New York City)
NJ	Passaic (New York City)
NJ	Union (Newark)
NY	Bronx (New York City)
NY	New York (Manhattan)
VA	Alexandria (District of Columbia)
VA	Fairfax (District of Columbia)
VA	Greensville
VA	Norfolk (Virginia Beach)
VA	Petersburg
VA	Richmond (Richmond)

## Notes

<sup>i</sup> Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006*. Vol. 18. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008