



**Is Your City a**

# SHADOW CITY?

## What is a Shadow City?

**“A city, municipality or other jurisdictional area that is overshadowed, and thus overpowered by a larger city that is global in nature and possesses more resources such as expertise, enterprise, money, and national government investment.”**

—Marsha Martin (2011), *Get Screened Oakland, an initiative of the Office of the Mayor of Oakland*

Faced with challenges and crises similar to its neighboring communities, the Shadow City does not have the same level of infrastructure to respond. Very often the Shadow City lacks the resources of its neighbor such as wealth, commercial enterprise or the intellectual and/or human capital to respond as effectively to various issues including public health crises such as HIV/AIDS. This creates a problem for individuals, neighborhoods and agencies residing in Shadow Cities, as they are not given the systemic resources, visibility or community resources to address their dire health needs.

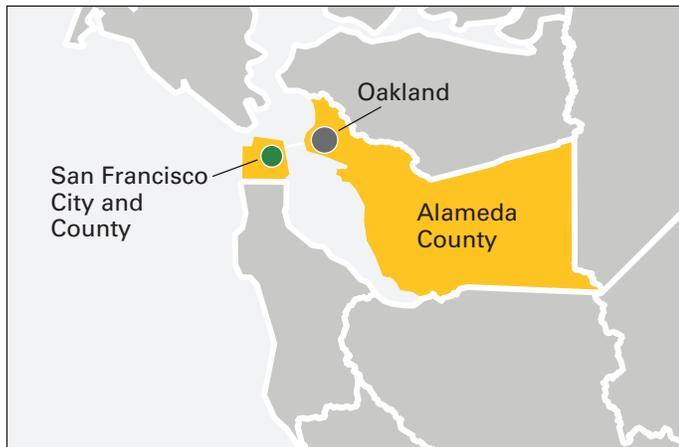
Many U.S. cities and jurisdictions have felt the impact of being a “Shadow City” for years. However, the consequences have been exacerbated in recent years following the release of the National HIV/AIDS Strategy, which directed federal agencies to maximize impact by targeting resources to geographic locations most impacted by the epidemic. For example, in 2010, the U.S. Centers for Disease Control and Prevention (CDC) funded a three-year demonstration project called the Enhanced Comprehensive HIV Prevention Planning (ECHPP) that funds 12 municipalities that encompass 44% of all U.S. AIDS cases. Colloquially known as the “12 Cities Project”, this initiative aims to improve HIV prevention efforts and amplify HIV surveillance efforts

in the most affected communities. While targeting in this way may have its merits, because overall resource allocation and funding has not increased to match true prevention and care need, such targeting simultaneously places an unbearable burden on already fragile systems of prevention and care serving marginalized communities.

## Why should you care about Shadow Cities?

It is well-demonstrated that the HIV epidemic tracks with social and economic inequity. Poverty, incarceration, lack of access to health care, and social stigmas including racism, sexism and homophobia perpetuate the HIV epidemic and contribute to poor health outcomes among people living with HIV. If we’re going to curb the epidemic, there is a need to move the issues out of the shadow and make them visible. Funding and policy priorities for public health crises like HIV/AIDS are often determined by rates of incidence and prevalence but if a city or region lacks the infrastructure to have strong epidemiological surveillance systems in place, the true rates of incidence and prevalence may not be represented. This is a cyclical problem that will continue as long as these shadow cities are unable to garner the funds necessary to augment their basic reporting and response infrastructure.

## A Shadow City Example in California: Oakland vs. San Francisco



Alameda County, where the city of Oakland is located, is not eligible for ECHPP funding even though, based on recent data analyses, it possesses similar epidemiological trends in HIV/AIDS cases. Therefore, the Oakland Transitional Grant Area and Alameda County lack the funding and the pursuant ability to have an infrastructure to manage the epidemic like that of San Francisco. Oakland is just to the east of San Francisco, a ten minute drive across the San Francisco / Oakland Bay Bridge. Although Alameda County exceeds the City and County of San Francisco in size (both population and geography), it lacks San Francisco's visibility as well as the public and private health infrastructure to address its HIV/AIDS epidemic, which is similar to that of San Francisco.

AIDS Statistics*	Alameda County	San Francisco County
<b>Reported AIDS Cases</b>		
HIV Cases	1,488	5,917
Living AIDS Cases	3,488	9,495
<b>Persons Living with HIV/AIDS, 2010</b>		
	5,230	15,028

*Even though AIDS Services Organizations (ASOs) in Alameda County have to respond to one-third the number of reported HIV/AIDS cases that their San Francisco counterparts are dealing with, they do not receive one-third of the federal prevention and care funding San Francisco is given to do this.*

<b>Newly Diagnosed HIV/AIDS Cases in 2009</b>		
Male	266	370
Female	69	29
<b>Total</b>	<b>335</b>	<b>399</b>

*Both counties are dealing with approximately equivalent cases of newly diagnosed HIV/AIDS cases, yet they are not given the same amount of resources to do it.*

\*Based on California Department of Public Health, June 2011

## Funding Support

Oakland	San Francisco
CDC Division of HIV and AIDS Prevention funds awarded to Oakland in Fiscal Year 2011: <b>\$1.6 million</b>	CDC Division of HIV and AIDS Prevention fund awarded to San Francisco in Fiscal Year 2011: <b>\$16.8 million</b>
Ryan White Part A funding awarded Oakland in Fiscal Year 2010: <b>\$6.7 million</b>	Ryan White Part A funding awarded to San Francisco in Fiscal Year 2010: <b>\$26 million</b>

Despite having an epidemiological profile similar in scale and scope to that of San Francisco, Alameda County has not garnered equitable local or national resources to address its epidemic—one which disproportionately affects poor communities of color. *The lack of community support and national attention exacerbates the problem.*

## Why is there this discrepancy?

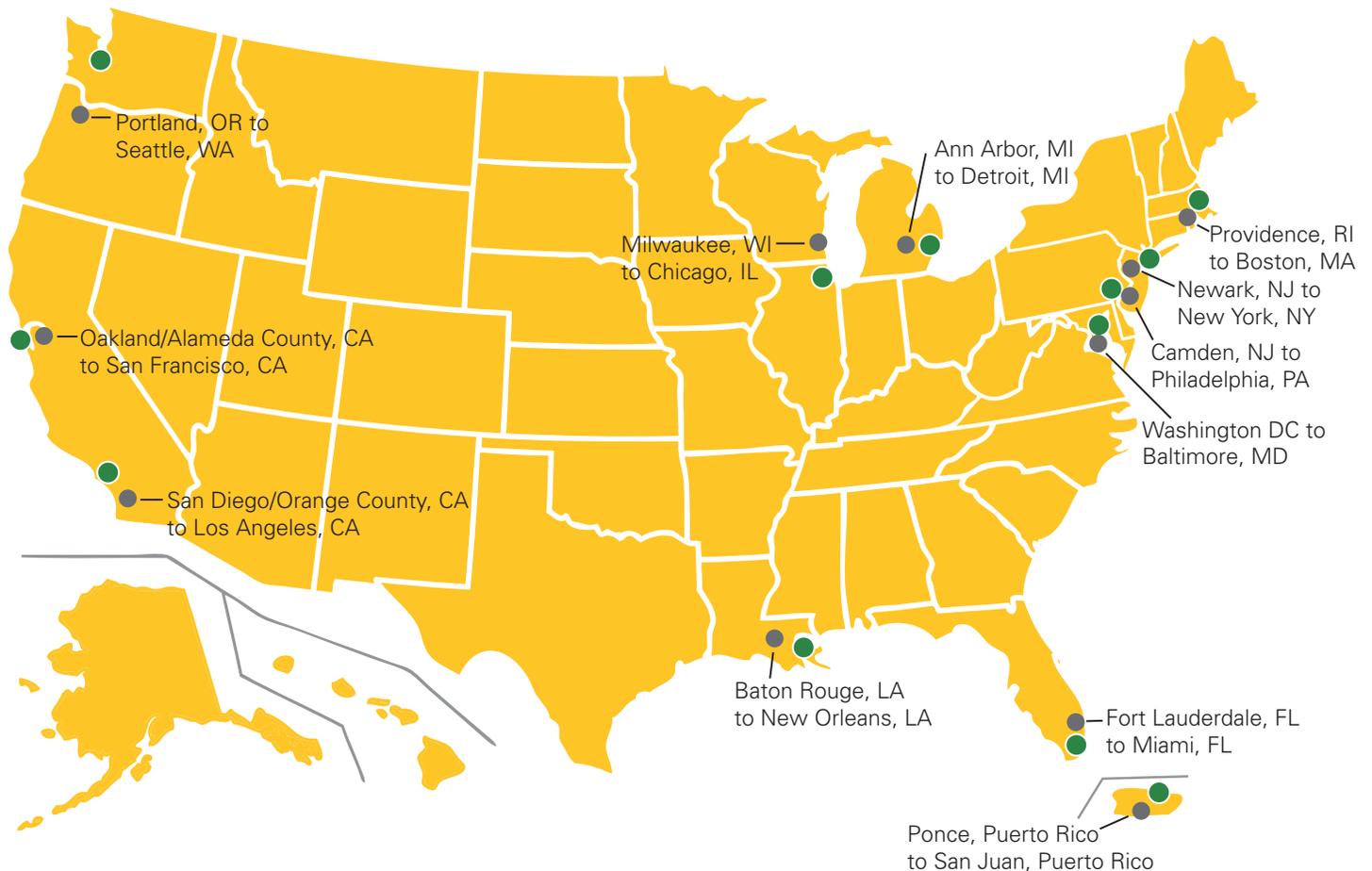
- A big part of San Francisco's economy and tax base includes the benefits from a high level of tourism, not found in Oakland or Alameda County. Therefore, the City and County of San Francisco is able to provide more tax dollars towards the fight against HIV/AIDS than Alameda County or the City of Oakland can afford.
- San Francisco's Health Department employs eleven HIV epidemiologists, whereas Alameda County can only afford to employ one.
- San Francisco was at the epicenter of the HIV crisis in the 1980's. The virus originally was concentrated amongst men who have sex with men (MSM). More privileged, whiter, and of higher socioeconomic status than today's epidemic, the MSM community was very effective in organizing

both prevention and treatment programs that have become models for other large cities. The HIV community in greater Oakland community is represented by the diverse population that is reflective of the general population of the greater Oakland / East Bay area. Communities of color, women, youth, and people living below the poverty level are disproportionately affected by HIV/AIDS in the East Bay.

- The HIV/AIDS population in the East Bay covers a much larger geographic area than San Francisco, which can lead to the fragmentation of the efforts to respond to the HIV/AIDS crisis in the East Bay.

*Such examples serve to show how neighboring communities have disparate resources to alleviate public health issues.*

## Some Examples of U.S. Shadow Cities with regards to the HIV Epidemic (Shadow City to Neighboring City)



## Is your city a Shadow City?

To determine if you live in a Shadow City, ask yourself:

- Is your community's epidemic not recognized due to:
  - Having a neighboring more well-known community, city or province?
  - Gender issues? (Having a population where women are disproportionately affected?)
  - Economic issues? (Having a population where people living below the poverty line are disproportionately affected?)
  - Race or ethnicity? (Having a population where people of color are disproportionately affected?)
- Does your city get its fair share of attention from the media?
- Does your city get its fair share of resources from funders?
- Does your city get its fair share of support from academic institutions and researchers?

**To join the conversation about Shadow City and receive relevant updates and resources, sign up for our mailing list at: <http://eepurl.com/m18Nf>**

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