A Growing Emergency: Ohio Funding for HIV/AIDS Care and Services
Part One of Two Parts

Recent news of possible cuts in Ryan White Title II funds at the State level have added to the growing consensus that HIV/AIDS funding is fast approaching a state of emergency. Possible cuts in Title II funds – which are used to support AIDS drug assistance programs or ADAPs (medication for poor people with AIDS), and HIV case management – would have immediate and tangible effects on the lives and health of Ohioans.

This news came on top of a recent series of continuing cuts that have, over time, profoundly affected almost every area of HIV services and prevention across Ohio. While nearly every major city has been affected, this policy brief focuses largely on northeast Ohio as a representative example.

HIV/AIDS Prevention Funding in Greater Cleveland

First, the situation in HIV prevention funding:

- Cleveland Community Develop Block Grant (CDBG) funding, which supports HIV prevention programs, may be reduced to $475,000 next year. This is **down** from a 1999 high of $850,000 when CDBG dollars were first set aside for HIV prevention. In other words, the 2005 allocation could be 55% of what it was in 1999.
- Ohio Department of Health (ODH) prevention funding for our region was **reduced** by $80,000 two years ago, and has remained at that level since. Available funding in this area is therefore 7% less than what it was three years ago.
- Funds from Ohio's State Drug Board, which support HIV prevention in 11 Ohio counties (including Cuyahoga), have **decreased** from $3.1 million in 2001, to $1.8 million this year – a 42% decrease.

Taken together, the decreases in local and state funding for HIV prevention mean that **in northeast Ohio, we are working to stem the growing tide of the HIV epidemic with only 56% of the public resources we had just five years ago**.

While some institutions, such as the AIDS Funding Collaborative (AFC) in northeast Ohio, have attempted to fill the gap, new resources don't even come close to making up the difference. Given that every prevented case of HIV saves society hundreds of thousands of dollars in unexpended future medical, social services, and pharmaceutical costs, a failure to adequately fund HIV prevention efforts affects not merely those individuals and families devastated by the disease, but all Ohioans as well.

Funding is down, cases are up

HIV/AIDS Services Funding in Greater Cleveland

The picture in HIV/AIDS **services** isn't much better. People with HIV/AIDS need access to good medical care, and they often need help to pay for the life-extending medication now available. But they usually need more. Good medical care doesn't help if you can't get to the doctor, and many people with HIV/AIDS are either too poor or too sick to get to a clinic without transportation assistance. Many of the medications now available won't work effectively without adequate food and nutrition, which is why most AIDS service organizations provide such services to clients. A homeless person with AIDS can't comply with pharmaceutical regimens if – as is the case – some medications need to be refrigerated, so safe, stable housing is a critical concern in the provision of HIV/AIDS services. In other words, if a viable network of social supports for people with HIV/AIDS is no longer available, all the medical advances in HIV/AIDS will do little good. But it is precisely those networks that are in jeopardy. For example:

- Housing Opportunities for People with AIDS (HOPWA) funds for northeast Ohio will likely be **reduced** by $100,000 next year, a 12% decrease. These funds support housing and nutrition services for poor people living with HIV/AIDS.
- Ryan White Title I funding at the federal level has been essentially flat-funded for four years now – and flat funding, in the face of increased caseloads and inflation, represents **reduced** funding, especially when the medical consumer price index is factored in.
- The Ohio Department of Health may reduce its overall budget by 5%, and the AIDS services section of ODH may need to absorb 40% of the 5% the ODH needs to "find." This means AIDS services could be **reduced** by 25%.

In 19 states across the United States, there are now waiting lists for low-income people to access state-supported ADAPs, which help pay for needed medication. Already, in some states, individuals have begun to die while sill waiting to receive medications. To date, Ohio has not been one of those states – but without a change in direction, that may soon change.

The Whole Picture: Rising Caseloads and Shrinking Resources

The true picture of the growing crisis does not become fully clear until the increase in HIV/AIDS cases across the state – and the growing caseloads at AIDS service organizations – is factored in. At the AIDS Taskforce of Greater Cleveland alone, for example, client caseloads have **increased from 718 in 1999 to over 2,300 today – a 220% increase**. Consistent and sometimes significant increases in client caseloads have been reported by AIDS organizations in Akron, Youngstown, Canton, Toledo, Dayton, Columbus, and Cincinnati as well – and in rural parts of the state. In other words, there are fewer available funds to support a growing number of cases.

One Exception

The only area of funding where there has been a consistent **increase** in recent years is in abstinence-until-marriage programs. In Ohio, such programs now receive over $7 million a year, though the data on whether they actually reduce the rate of unwanted pregnancy and STDs such as HIV are not readily available or consistent. Abstinence-until-marriage programs in Ohio are largely funded with federal grants, though the State of Ohio contributes some funds – currently, about $500,000 per year. Continued funding of abstinence-until-marriage programs with state funds, when HIV/AIDS medications are faced with a 25% cut, has been criticized by some public health officials as a misplaced priority.

The "AIDS Emergency": Overstating the Concern?

In *Webster's New World Dictionary*, one definition of "crisis" is "the turning point in a disease, when it becomes clear whether the patient will recover." Such a crisis is not imminent; it is already here.

- Last March 16, the main AIDS service organization in Toledo announced that it would close its doors for good because of growing financial difficulties. Concerted efforts by local and state providers and officials were able to preserve some, but not all of the services offered by the agency.

- In Cincinnati, the city's main AIDS organization will lose a portion of critical dollars used to fund case management services – which could mean that social workers will be increasingly forced to focus only on the most urgent cases. Such triaging of care could result in longer-term challenges as patients face mounting barriers in their efforts to secure medical assistance.

- In Cleveland, it is highly likely that some services will be eliminated or sharply reduced if cuts go through as planned. Housing and nutrition services are especially vulnerable – and once again, if people with HIV/AIDS cannot maintain adequate food and housing support, medical care will suffer.

And Ohio is only one state; the crisis of funding for AIDS care, prevention and services is national in scope. As already indicated, waiting lists for medication, and the closure of food, transportation, and housing programs by AIDS service organizations – as a result of decreased funding – have become more and more commonplace. We *are* at a turning point, and it is not at all clear what new difficulties the coming months and years will bring. Only a concerted effort will stem the crisis, one that involves local, county, and state governments working in partnership with community clinics, AIDS service organizations, researchers, and the public. The cost of any delay in that effort – in both human and societal terms – will be incalculable.

Research and writing, Nathan Schaefer
Editing, Brooke Willis