

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

Appropriations for HIV/AIDS services and prevention have been drastically under-funded for fiscal year 2005. Details of the funding reductions can be found in Part One of this two-part edition of the Policy Brief on “A Growing Emergency.”

All of Ohio was affected by the cuts. This Policy Brief, however, outlines recommendations for Cleveland and Northeast Ohio. This is not to neglect the rest of Ohio, as these recommendations are germane to most local communities.

Recommendations: Alleviating the Crisis in HIV/AIDS Prevention Funding

- City of Cleveland Community Development Block Grant (CDBG) funds earmarked for HIV prevention are down by 55% since their peak in 1999. Given that the number of people living with HIV/AIDS in the region has increased, and that HIV case rates have begun to climb again in the United States, funding should be restored to 1999 levels – an annual allocation of \$850,000. And funds should be available for evolving community needs, as opposed to the current restriction that they be used *only* for HIV prevention – in any given year, for example, Cleveland may face a crisis in funding for food pantry services for people with HIV/AIDS, and flexible application of HIV-designated CDBG funds can best address community needs. Locally, the Cleveland City Council decides the amount and parameters of such funding.
- The Ohio Department of Health and the Ohio Department of Alcohol and Drug Addiction Services allocations for northeast Ohio need to reflect the growing number of cases in the region – and indeed, across the state. HIV prevention dollars are declining while infection rates are increasing. Ohio state legislators are in an especially important key position to ensure that prevention allocations keep pace with increases in the epidemic.
- Remember that proactively addressing HIV makes sense economically. Every dollar spent on prevention reduces the subsequent costs of medical care. A 2002 study found that for every five cases of HIV that education programs prevent, society saves nearly \$1 million in lifetime *medical* costs alone – costs that are typically supported through government assistance programs.¹

Recommendations: Alleviating the Crisis in HIV/AIDS Funding for Care and Services

- HOPWA (Housing Opportunities for People with AIDS) funds, which are managed by the federal Department of Housing and Urban Development (HUD), provide housing support to people with HIV/AIDS who are homeless, facing the threat of homelessness, or whose housing situation is critically unstable. Northeast Ohio HOPWA funds help pay direct housing costs, and underwrite direct food and nutrition services for people with AIDS. Next year, regional HOPWA funding may be reduced by over 12%. Ohio’s U.S. Congressional delegation is in a key position to advocate for increases in HOPWA funding that are proportionate to increased caseloads.
- Ryan White Title I funds support essential medical and non-medical social services for people living with HIV/AIDS in the six counties of northeast Ohio (Cuyahoga, Lorain, Medina, Lake, Geauga, and Ashtabula). While Title I funds are administered locally, decisions about funding allocations are made at the federal level. Federal Ryan White funds have been essentially flat-funded now for four years. Given that caseloads continue to increase across the U.S., flat-funding translates into reduced per-patient allocations. Again, Ohio’s Congressional delegation is in a key position to advocate for increases in Ryan White funding that are proportionate to caseloads.
- Ryan White Title II funds, which provide federal funds to states under formula grants, require a state contribution as well – Title II, therefore, is a federal-state partnership. Proposals now under consideration in Ohio may cut the state contribution to Title II drastically, resulting in a 25% reduction in Ohio funding used to pay for essential medication support and case management services for Ohioans living with HIV/AIDS. It is essential that Ohio maintain its share of the partnership, and reject funding cuts. Ohio’s Governor, Ohio State Representatives, and Ohio Department of Health Director Nick Baird, M.D. are all key parties in these funding decisions, and are urged to maintain Ohio’s commitment to adequate funding for medication assistance and case management.

A reasonable proposal: abstinence funding versus life saving medications

Current Title V guidelines for abstinence-only-until-marriage programs require that for every four federal dollars spent, three dollars must be matched by state, foundation, or private dollars. Ohio currently spends about \$500,000 tax payer dollars on abstinence education - this is not required. In half of all states that receive Title V funds, the match is supplied, at least partly, by subgrantee organizations. The AIDS Taskforce and many other nonprofit organizations are currently

¹ AIDS: The Official Journal of the International AIDS Society, *Reuters Health* reports, 11/25/02.

mandated to supply some matching of federal grants. Requiring Title V abstinence grantees to do the same implies an equal standard.

The AIDS Taskforce has proposed that Dr. Baird, Director of ODH, transfer that \$500,000 tax payer dollars from abstinence funding and allocate it to Title II ADAP funds. While prevention efforts are very important, abstinence funding in Ohio has reached \$7 million, and the programs have not proven effective in reducing the spread of STDs or HIV. Ohio's ADAP, unlike abstinence funding, is not as financially stable.

The debate is simple – funding programs that haven't proven beneficial to youth, families or society, or providing life saving medications to people living with a debilitating disease. Dr. Baird has this authority, and with considerable pressure, will likely sympathize with this proposal.

Northeast Ohio is not a microcosm of the AIDS crisis

What's happening in the Greater Cleveland area is reflected in every area in the country. All major urban areas in Ohio are faced with considerable budget cuts. In San Francisco, there has been a call to completely reconfigure the funding of AIDS services. Such efforts will require levels of dedication and creativity unparalleled in the past decade.

Of crucial importance in this time of emergency is demonstrated consensus on policy issues. Every AIDS activist, organization, community leader, politician, and stakeholder will have to collaboratively develop strategies to overcome drastic inadequacies. The fight to end AIDS has morphed many times since the early 1980s, and the next chapter has begun.

Let your Voice be heard!

Contact influential policy makers and let them know your concern about the state of AIDS funding in Ohio. Here are some important figures that need to hear from you.

Federal Representatives

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