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HIV PREVENTION:

*UNDERCOUNTED ESTIMATES, UNDERFUNDED EFFORTS,
AND A GROWING U.S. EPIDEMIC*



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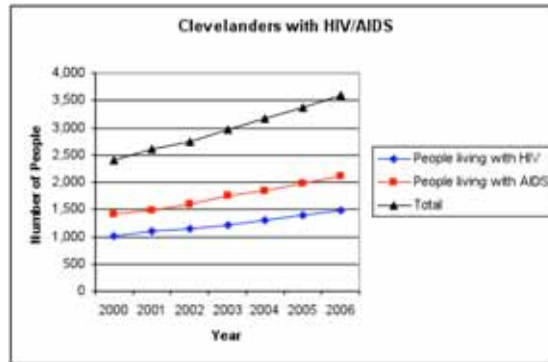
Underestimated

“Results indicate that approximately 56,300 new HIV infections occurred in the U.S. in 2006...roughly 40% higher than the CDC’s former estimate”.

Introduction

On August 6, 2008, the *Journal of the American Medical Association* (JAMA) published a report written by the Centers for Disease Control and Prevention (CDC) stating that the actual number of new U.S. HIV/AIDS cases in 2006 was much higher than expected: 56,300, as opposed to the earlier estimate of 39,400 new U.S. cases annually.¹ The new estimate is 40 percent higher than previously confirmed by the CDC. These revised estimates combined with a preliminary funding analysis point to the urgent need for a new strategic direction that advocates for increases in federal funding which support evidence-based HIV prevention efforts amongst at-risk populations.

HIV/AIDS & Cleveland



In 1984, three years after the first diagnoses in the United States, there were over 8,000 reported cases of HIV/AIDS across the country.ⁱⁱ Now, the United States suffers from one of the highest HIV infection rates in the developed world, accounting

for an estimated 1.2 million of the 2.0 million people living with HIV in North America, and Western and Central Europe combined in 2007.ⁱⁱⁱ Within Cleveland in 2000, there were 2,412 cases of HIV/AIDS; by 2006, there were 3,601 individuals living with HIV/AIDS, as noted in the graph above.^{iv} Cleveland-area HIV prevalence increased at an average annual rate of almost 7 percent between 2000 and 2006 (Appendix A).

The AIDS Taskforce of Greater Cleveland (ATGC) recognizes that now, more than ever before, there is a critical need for national, state and local collaboration to implement the best, evidence-based prevention strategies available, and to fully fund those efforts. Of greatest concern is availability of *federal* resources: without a firm national commitment, state and local health departments and nongovernmental agencies will be unable to make real progress in slowing down HIV infection, resulting in more human tragedy and societal costs.

Retrospective Funding Trends

This analysis examines patterns of decreased funding for HIV prevention for at-risk populations by three governmental entities: the Centers for Disease Control and Prevention (CDC), which funds prevention programs in Ohio with resources that pass through the State Health Department to local jurisdictions; the Community Development Block Grant program (CDBG); and the Alcohol and Drug Addiction Services Board of Cuyahoga County (ADASBCC). It should be clearly stated, at the outset, that local funding is entirely dependant on the availability of federal resources, since in most cases; funds originate at the national level. For example, the ADASBCC is *not* the body that makes the decision about the amount of funds that will be budgeted for HIV prevention for at-risk populations; the ADASBCC simply allocates local funds based on what is made available to the ADASBCC.



Funding through these three bodies constitutes the majority of public sector funds made available locally for HIV prevention for at-risk populations, and is therefore the subject of this analysis. Currently funded services include HIV/AIDS awareness programs, sexual health education, implementation of CDC evidence-based curricula, and anti-drug-abuse campaigns. For prevention programs to be effective at minimizing infection transmission, resources must be forthcoming in a way that is compatible with scientifically-defined levels of need.

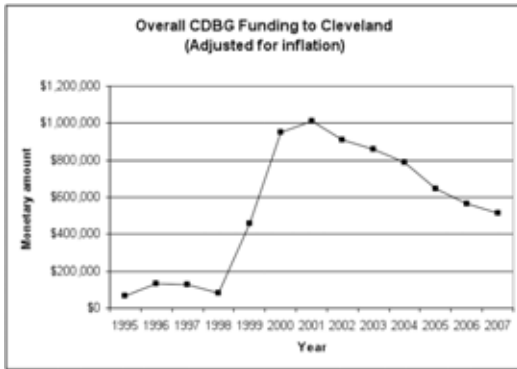
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Centers for Disease Control and Prevention (CDC)



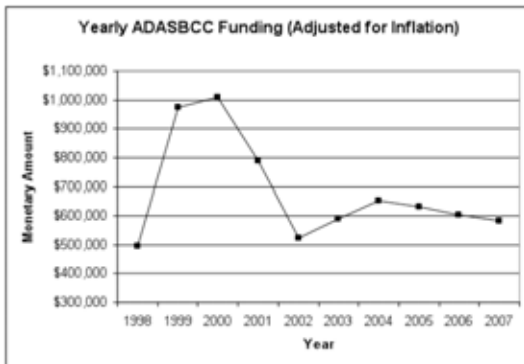
The CDC is an essential source of funding for HIV prevention for at-risk populations. Though overall CDC pass-through funding to Cleveland increased significantly between 1995 and 1999, spending on prevention for at-risk populations steadily decreased from 1999 to 2008. Since its peak year in 1999, federal funding through the CDC has declined 23% in the Cleveland area.

The Community Development Block Grant Program (CDBG)



The second key source of funding for HIV prevention for at-risk populations comes through local Community Development Block Grant (CDBG) dollars. CDBGs provide federal funding for locally initiated improvement projects that meet urgent community needs, and in Cleveland, a small portion of CDBG funds have been designated for HIV prevention.^v National CDBG allocations overall have declined in recent years, and local CDBG support for HIV prevention has consequently dropped by 49% in the Cleveland area over the last seven years.

Alcohol and Drug Addiction Services Board of Cuyahoga County (ADASBCC)



The amount of federal funding allocated to the Alcohol and Drug Addiction Services Board of Cuyahoga County (allocated to states, and "passed-through" to designated counties) is represented in the corresponding graph. ADASBCC administers federal, state and local funding^{vi}, but has distributed fewer dollars per HIV/AIDS case over the past decade. Cuyahoga County's ADASBCC HIV funding declined 42% between 2000 and 2007.

Overcoming Unmet Needs

Reduced federal funding for the prevention of HIV among at-risk populations through the CDC, CDBG, and the ADASBCC has resulted in fewer dollars per new HIV infection than at the start of the current decade, despite steady increases in the number of new cases each year.

Despite their resolve, the efforts of health departments and community-based organizations to combat the spread of this epidemic in the Cleveland area have been challenged by recent federal funding decisions. To efficiently reduce infection rates and save lives, financial resources must be available for the implementation of truly comprehensive evidence-based HIV prevention strategies.

In the recent *JAMA CDC* report, the authors note that “condoms are highly effective in preventing the sexual transmission of HIV infection”.^{vii} However, without adequate funding for proven efforts to educate at-risk populations on the importance of condom use and other evidence-based prevention methods, HIV rates are likely to continue rising. The recent CDC reporting on revised rates of new HIV infections add an even greater urgency to the need for a stronger federal commitment and increased resources, as well as state-of-the-art national monitoring to ensure that resources are allocated as effectively and strategically as possible. The consequences of inaction are enormous: lives are at stake.

Decreased funding has frustrated local and state governments, as well as community-based organizations, in their efforts to implement and utilize the most current technologies and best

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practices geared toward HIV prevention amongst at-risk populations. State and local governments, the intermediaries of federal HIV prevention funding, are currently unable to meet the prevention demands created by the new CDC estimates, as long as federal funding trends continue to run counter to such demands.

The prevention needs of at-risk populations in the Cleveland area are of particular importance: the city has not only witnessed the increases in HIV transmission that are reflected in the CDC's report, but the Cleveland Department of Public Health has also published an analysis that documents significant increases in syphilis and chlamydia in the greater Cleveland area amongst at-risk populations. According to this report, new syphilis cases doubled from 2006-2007.^{viii}

Simultaneously, federal funding for programs that lack scientific validity, particularly abstinence-only-until-marriage models, has increased substantially in recent years.^{ix} While the "toolkit" of interventions with strong evidence of effectiveness continues to grow, and the effectiveness of condoms in reducing HIV rates is well documented, federal dollars continue to flow toward programs (such as abstinence-only) that have been rigorously studied, but found to result in *no* effective reduction of sexually transmitted disease (including HIV) or unintended pregnancy.

The combination of regressive funding and an expanding HIV epidemic signals a critical moment in the U.S. response to HIV/AIDS, and demands a new direction. Such a shift must generate the financial resources the public and nonprofit sectors need to realistically and successfully provide evidence-based preventative interventions to at-risk groups in the Cleveland area, and across Ohio. The CDC's alarming findings about infection rates forecast a range of future inevitabilities that can only be avoided with prompt, appropriate action. In light of both the CDPH and the CDC's recent reports, the obligation of the federal government to invest meaningfully in the prevention of HIV for at-risk populations is both morally urgent, and economically imperative.

Recommendations

This report advocates for a reorientation of federal funding that utilizes evidence-based prevention for at-risk populations and supports programs which demonstrate proof of effectiveness. This will require increased and sustained federal investments in HIV prevention funding that are compatible with the scientific evidence on what constitutes best practices.

Based on a preliminary analysis of funding declines and revised CDC estimates, this report strongly recommends a shift toward the following strategies in the prevention of HIV amongst at-risk populations:

- **Immediate increases in federal funding in order to implement coordinated, multi-faceted, strategic prevention initiatives for at-risk populations.**
- **A reorientation of federal funding toward evidence-based prevention for at-risk populations and programs that demonstrate proof of effectiveness.**
- **Federally-supported expansion of family planning services, including access to condoms and other contraceptives, known to improve sexual health and reduce rates of HIV and other STDs, and unplanned pregnancy.**
- **Immediate suspension of funding for initiatives that have not, despite rigorous study, been shown to result in the desired outcomes of reduced HIV/STDs, or reduced unplanned pregnancy rates—such as abstinence-only-until marriage programs funded through Title V of the Social Security Act, and through other revenue streams such as the Community Based Abstinence Education program, and the Healthy Marriage Initiative.**

Appendix A

HIV/AIDS Cases in Greater Cleveland^x

People living in Greater Cleveland with HIV/AIDS						
Year	HIV Cases	Percent Change	AIDS Cases	Percent Change	Total (HIV + AIDS) Cases	Percent Change
2000	1,001	N/A	1,411	N/A	2,412	N/A
2001	1,108	10.69%	1,491	5.67%	2,599	7.75%
2002	1,141	2.98%	1,605	7.65%	2,746	5.66%
2003	1,223	7.19%	1,744	8.66%	2,967	8.05%
2004	1,311	7.20%	1,851	6.14%	3,162	6.57%
2005	1,388	5.87%	1,986	7.29%	3,374	6.70%
2006	1,490	7.35%	2,111	6.29%	3,601	6.73%
Mean Average		6.88%		6.95%		6.91%

Appendix B-1



CDC Funding Tables*

Ohio's Funding for Prevention of HIV/AIDS from CDC: Money Allocated From the Federal Government ^{xi}				
Year	Total Award	Percent change from previous year	Award adjusted for inflation	Percent change from previous year
1997	\$5,087,184	N/A	\$6,571,881	N/A
1998	\$5,070,758	-0.323%	\$6,450,191	-1.85%
1999	\$5,012,024	-1.158%	\$6,237,714	-3.29%
2000	\$5,226,206	4.273%	\$6,292,753	0.88%
2001	\$5,701,970	9.103%	\$6,675,651	6.09%
2002	\$5,769,412	1.183%	\$6,649,480	-0.39%
2003	\$5,722,537	-0.812%	\$6,448,491	-3.02%
2004	\$5,742,062	0.341%	\$6,302,650	-2.26%
2005	\$5,352,428	-6.786%	\$5,682,453	-9.84%
2006	\$5,190,425	-3.027%	\$5,338,259	-6.08%
Change in funding between 1997 and 2001			2.3%	
Change in funding between 2001 and 2006			- 20%	

*CDC funding is first distributed from the federal to state governments, and then transferred to the local level. In this case, funding was traced first from the federal level to Ohio, and then from Ohio to Cleveland.

Appendix B-2



CDC Funding Tables*

CDC Money Distributed From the State of Ohio to the City of Cleveland				
Year	Total Award given	Percent change from previous year	Award, adjusted for inflation (2007=base year)	Percent change from previous year
1997	\$706,862	NA	\$913,160	NA
1998	\$757,267	7.13%	\$963,272	5.49%
1999	\$878,532	16.01%	\$1,093,377	13.51%
2000	\$878,532	0.00%	\$1,057,820	-3.25%
2001	\$878,532	0.00%	\$1,028,552	-2.77%
2002	\$878,532	0.00%	\$1,012,544	-1.56%
2003	\$817,656	-6.93%	\$921,383	-9.00%
2004	\$817,656	0.00%	\$897,482	-2.59%
2005	\$817,656	0.00%	\$868,072	-3.28%
2006	\$817,656	0.00%	\$840,945	-3.13%
2007	\$837,988	2.49%	\$837,988	-0.35%
Change in funding between 1997 and 2001				13%
Change in funding between 2001 and 2006				- 18%

* CDC funding is first distributed from the federal to state governments, and then transferred to the local level. In this case, funding was traced first from the federal level to Ohio, and then from Ohio to Cleveland.

Appendix C



CDBG Funding Tables^{xii}

Cleveland's Funding for Prevention of HIV/AIDS from CDBG				
Overall Funding (Funding Year)				
Year	Total Award given	Percent change from previous year	Total funding, adjusted for inflation (2007=base year)	Percent change from previous year
1997	\$100,000	0.00%	\$129,185	-2.24%
1998	\$65,000	-35.00%	\$82,682	-36.00%
1999	\$369,099	467.84%	\$459,362	455.77%
2000	\$791,476	114.44%	\$952,998	107.47%
2001	\$862,456	8.97%	\$1,009,730	5.95%
2002	\$791,079	-8.28%	\$911,750	-9.70%
2003	\$761,000	-3.80%	\$857,539	-5.46%
2004	\$720,000	-5.39%	\$790,292	-7.84%
2005	\$607,500	-15.63%	\$644,957	-18.39%
2006	\$549,650	-9.52%	\$565,305	-12.35%
2007	\$511,650	-6.91%	\$511,650	-9.49%
Change in funding between 1997 and 2001			6.8%	
Changes in funding between 2001 and 2006			- 44%	

Appendix D



ADASBCC Funding Tables^{xiii}

Funding for Prevention of HIV/AIDS from ADASBCC				
Overall Funding (Funding Year)				
Year	Total Award given	Percent change from previous year	Total funding, adjusted for inflation (2007=base year)	Percent change from previous year
1998	\$390,801	N/A	\$497,113	N/A
1999	\$781,601	99.9 %	\$972,741	95.68%
2000	\$838,771	7.31%	\$1,009,944	3.82%
2001	\$675,247	-19.50%	\$790,553	-21.72%
2002	\$454,553	-32.68%	\$523,890	-33.73%
2003	\$524,405	15.37%	\$590,930	-12.80%
2004	\$594,256	13.32%	\$652,272	10.38%
2005	\$594,257	0.00%	\$630,898	-3.28%
2006	\$588,315	-1.00%	\$605,071	-4.09%
2007	\$582,372	-1.01%	\$582,372	-3.75%
Change in funding between 1998 and 2001:			59%	
Change in funding between 2001 and 2006:			- 23%	

Footnotes

- i "Estimates of New HIV Infections in the United States". CDC Report, August 2008. <http://www.cdc.gov/nchstp/Newsroom/docs/Fact-Sheet-on-HIV-Estimates.pdf> Accessed September 10, 2008.
- ii Cichoki, Mark. The History of HIV/AIDS: Where have we been... where are we going? 23 July 2007. Available at <http://aids.about.com/od/newlydiagnosed/a/hivtimeline.htm>. Accessed July 31, 2008.
- iii UNAIDS http://www.unaids.org/en/CountryResponses/Regions/NAmerica_WCEurope.asp Accessed August 22, 2008.
- iv Cleveland Department of Public Health. (March 2007). *Prevalence of HIV/AIDS in the Greater Cleveland Area*. Accessed August 18 2008. Available at <http://www.clevelandhealth.info/Members/db/export-db/prevalence-of-hiv-aids-in-the-greater-cleveland-area>
- v City of Cleveland. <http://www.city.cleveland.oh.us/government/departments/commdev/cdblockgrantprog.html> Accessed on September 11, 2008.
- vi Alcohol and Drug Addiction Services Board of Cuyahoga County. "Our Mission Statement". Accessed August 12, 2008. Available at <http://www.adasbcc.org/>.
- vii H. Irene Hall. "Estimation of HIV Incidence in the United States." *Journal of American Medical Association*. 300(5):520-529. 6 August 2008, Accessed August 24, 2008. Available at <http://jama.amaassn.org/cgi/content/full/300/5/520?maxtoshow=&HITS=60&hits=60&RESULTFORMAT=1&andorexactitle=&andorexactitleabs=&andorexactfulltext=&searchid=1&FIRSTINDEX=120&sortspec=relevance&fdate=8/1/2008&resourcectype=HWCIT>
- viii Cleveland Department of Public Health, Office of Biostatistics. "Chlamydia, Gonorrhea and Syphilis incidence for Cuyahoga County, 2007. Accessed on September 11, 2008. Available at <http://www.clevelandhealth.info/Members/db/export08/stdsummary2007>
- ix Cleveland Department of Public Health, Office of Biostatistics. "Chlamydia, Gonorrhea and Syphilis incidence for Cuyahoga County, 2007. Accessed on September 11, 2008. Available at <http://www.clevelandhealth.info/Members/db/export08/stdsummary2007>
- x Cleveland Department of Public Health. (March 2007). *Prevalence of HIV/AIDS in the Greater Cleveland Area*. Accessed August 18 2008. Available at <http://www.clevelandhealth.info/Members/db/export-db/prevalence-of-hiv-aids-in-the-greater-cleveland-area>
- xi National Alliance of State and Territorial AIDS Directors. (2007). *CDC HIV Prevention Funding for State and Local Health Directors*. Accessed August 18, 2008. Available at http://www.nastad.org/Docs/Public/Resource/200788_CDC%20Prevention%20Historical%20Funding.pdf.
- xii Administrative Ordinance Summary: Community Development Block Grant.
- xiii Personal Communication (July 2008) with Vivian Catchings-EI, Senior Program Planning Specialist for Alcohol and Drug Addiction Services Board of Cuyahoga County.

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