REGIONAL HIV/AIDS FUNDING

The quest for parity

Health officials statewide are striving to achieve equitable distribution of federal support funds for people with AIDS and HIV

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by Inga Sorensen

Health officials in Oregon are exploring ways to make AIDS funding more equitable across the state. The move is prompted in part by the recent infusion of federal dollars to the Portland metropolitan area in the form of Ryan White Comprehensive AIDS Resources Emergency Act Title I supplemental grants.

The purpose of Title I is to provide emergency assistance to areas that have been disproportionately affected by HIV and AIDS; not surprisingly, the money is directed toward urban areas, which carry heavy AIDS caseloads. While HIV/AIDS service providers in the Portland metropolitan area are pleased by the additional funding, some advocates for people with HIV and AIDS in rural areas are questioning whether they're getting their fair share of the funding pie.

"When the Title I supplemental funds came through, it seemed appropriate that the rural areas receive a bigger bulk of the Title II funds. Instead, it seemed like the Portland metro area also made a grab for the Title II funds," says Billy Russo, founder of Ruby House, an HIV/AIDS hospice in rural Douglas County. "So they get $2.4 million in Title I funds, plus a huge chunk of the Title II funds. It just doesn't seem fair to me."

This past December the Portland metropolitan area received $986,510 in Ryan White CARE Act Title I formula grants, which are awarded noncompetitively to metropolitan areas reporting 2,000 or more cumulative cases of AIDS. It marked the first time since the act's passage in 1990 that the area was eligible for Title I funds.

Up until then, Oregon had only received Ryan White Title II funds, which are issued to states to help them improve the quality and availability of existing health care organizations and support services for individuals with HIV and AIDS. Title II also supports home- and community-based care services, drug reimbursement, expensive pharmaceutical treatments and insurance continuation.

In February, federal health officials announced the allocation of an additional $174.7 million in supplemental Title I funds to help urban areas with the growing costs of care for uninsured or underinsured people with AIDS. The supplemental grants are awarded competitively based on evidence of unmet needs of each area's residents living with HIV. Nearly all of the $1.5 million in supplemental funds requested by AIDS funding advocates in the Portland metro area was granted.

"We knew we would be receiving some supplemental funds, but we didn't realize it would be this much," says Robert McAlister, PhD, HIV program manager for the Oregon Health Division. "This is prompting us to take a look at how we can adjust the level of financial support to other areas in order for them to be able to meet the needs of people with HIV and AIDS."

Larry Hill, OHD's HIV program client services coordinator, says the state has received an estimated $1.2 million in Title II funds for 1995-96, which will be divvied up statewide among eight designated regions (the Portland metropolitan area is Region 1, which covers Multnomah, Clackamas, Washington, Tillamook, Columbia and Clatsop counties).

In all, an estimated $2.4 million in Title I funds have also been granted to the area covering Multnomah, Washington, Yamhill and Columbia counties, as well as neighboring Clark County in Washington.

According to state health officials, Region 1 was initially scheduled to receive about a half-million dollars in Title II funds, significantly more than any other region. For example, Russo says, Region 5—which comprises Douglas, Coos and Curry counties—was initially slated to receive about $47,000 in Title II funds. Region 4—which covers Jackson and Josephine counties—was to receive about the same amount. Another $500,000 in Title II funds are earmarked for "statewide activities," including $290,000 to help people with AIDS pay for designated medications, as well as $16,000 specifically for Ruby House. The remaining Title II funds are distributed among the respective regions.

Dace Brown, a community health nurse for the Jackson County Public Health Services HIV program says: "There is a sense that there's a double dipping going on. Region 1 gets the Title I funds *and* the Title II funding, while the other regions only receive the Title II funds. The fact is there are a lot of free and low-cost services available to people in the metropolitan area that just aren't available to people with AIDS living in rural regions. It's more expensive for us to get people the services they need. There are transportation costs and housing costs. People in the metro area can easily get to the services they need. Our clients usually don't have those options."

McAlister says, "There is no doubt that there is a constant tension between the urban and rural areas. People in rural areas say: 'How can you continue to take so much money while we get so little?' And the folks in the metropolitan areas say: 'Yes, we do take the bulk of the money, but we also have the majority of cases.' It makes for a difficult situation."

According to OHD officials, decisions about how to allocate Title II dollars are made using a consensus model. Title II requires the establishment of HIV care consortia, which are designed to provide assistance and assure the continuity of health care to people with AIDS. Consortia members include representatives from health care, public and nonprofit support service providers, regional representatives, those involved in community-based organizations, and people with HIV.

"All of these people bring their thoughts and proposals to the table and they're discussed at length. The consortia comes up with [funding] recommendations which are then put before a group of local health officials [known as the Conference of Local Health Officials]. It's not as though only a few people are making these decisions," says Hill. "Everybody has input." Russo has attended these meetings, as have representatives of other rural regions.

"These meetings are almost always held in Portland. It makes it very difficult for the rest of us to get there," Russo says. "Not only that, but [Region 1] attracts the people with the most political savvy. They're well educated. It can be intimidating for people from rural areas."

Hill doesn't buy that argument: "Everybody has a place at the table here. People in rural areas are no less educated or concerned with these issues."

He adds: "When the Title I supplemental funds came through, Region 1 decided to turn back the $74,000 increase in Title II funds it was supposed to receive. They wanted the money to go to the other regions. Because they did that, the other regions will likely see increases in their Title II allotments."

Region 5, for instance, could get more than double the amount it was initially set to receive when the Title II funds are reallocated.

Jeanne Gould, HIV services planning manager for the Multnomah County Health Department says, "I had asked the consortia to consider a parity model that would ensure equitable distribution of funds a year ago, but the rural areas didn't want to do that.

"All of a sudden when we got the supplemental grants, Billy decided he wanted to switch over to the parity model. He also wanted all the Title II money handed over. By then we were already in the very late stages of planning how the Title II funds would be spent. Commitments had been made."

She adds: "What Region 1 did was say we wouldn't take the $74,000 increase coming our way. We also handed over other unspent funds so other regions could use them."

And let's not forget, says Gould, that Region 1 has the majority of AIDS cases. "Seventy percent of the AIDS cases in Oregon are in Region 1," she says.

Jackson County's Brown, who has attended the HIV care consortia meetings for the past three years as a Region 4 representative, agrees: "While we need money badly in rural Oregon, the reality is that most of the cases are in [Region 1], and if you look at the dollars per AIDS case, [Region 1] has been shorted in the past."

According to OHD, through 1994 Region 1 had 971 people living with AIDS, while Region 5, for example, had 35. Using Hill's breakdown, that would mean $528 in Title II funds per living AIDS case for Region 1, compared with $1,352 per case for Region 5.

"Region 1 has always had far fewer dollars per AIDS case than other regions. In some cases, rural regions were getting $4,000 per AIDS case compared with $400 per AIDS case in Region 1," says Gould.

Even when the Title I funds are factored in—and after the Title II funds are reallocated to the other regions—Gould says Region 1 still falls short in dollars per AIDS case when compared to nearly all of the other regions. (The numbers are fluid, but Region 5 is estimated to receive $3,422 per AIDS case, while Region 1 would receive roughly $2,474 per case.)

Gould admits, however, that Multnomah County officials have allocated close to $500,000 in general funds for HIV/AIDS services. She says that money has not been factored into the Region 1 estimates because it stays directly in Multnomah County and does not extend to other counties in Region 1.

"I think the Multnomah County Board of Commissioners is the only county commission that has allocated substantial general funds for HIV/AIDS services. I'd like to see other counties do the same."

McAlister says, "This is a very tough process. I don't know at this point whether parity is possible. What I do know is that we are going to be working very hard to make [HIV/AIDS] funding as equitable statewide as we can."

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