



SUMMARY RESULTS

Impact of State General Revenue Cuts in HIV/AIDS and Viral Hepatitis Programs April 2009

Thirty-seven jurisdictions completed a survey in February 2009 to determine the impact of state general revenue cuts. States responding included Alaska, Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Maine, Michigan, Missouri, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming.

PURPOSE AND DESCRIPTION OF SURVEY

The survey was designed to gather information on state HIV/AIDS programs funding decreases. For the purposes of the survey, state funding referred to state general fund or other state funding. Federal funds are not included in this analysis. HIV/AIDS, surveillance and viral hepatitis programs under the purview of the AIDS director are referred to as the "program."

BUDGET

- Approximately **54 percent of state programs reported a decrease in state funding in FY2009** with nearly 86 percent of the reductions directed by an administrative authority (e.g., health department, governor's office, etc.) and cutting a pre-determined amount from state budgets.
 - Almost 64 percent of HIV/AIDS care and treatment (Ryan White Part B) programs have experienced or will experience funding decreases in FY2009.
 - Fifty percent (50%) of ADAP programs have experienced or will experience funding decreases in FY2009.
 - Fifty-five percent (55%) of HIV prevention programs have experienced or will experience funding decreases in FY2009.
- Of the states whose FY2009 budgets are final, decreases to state budgets range from \$8,500 to \$56,000,000. **The total anticipated FY2009 state budget decrease is \$84,185,552.**
- For states whose final FY2009 cuts are known, decreases range from less than one percent to 50 percent with an **average decrease of 14 percent**. It is still unknown to many states by what percentage their program's FY2009 state budget will decrease in comparison to FY2008 as cuts are still occurring.
- **Fifty-nine percent** of the reported program reductions were in administrative costs (e.g., eliminated positions, frozen administrative travel, etc.). Approximately 41 percent were reductions or eliminations of certain state-operated programs.
- **Seventy-one percent (71%) of states reported anticipating a decrease in state funding in FY2010.** The majority of states anticipate decreases directed by an administrative authority (e.g., health department, governor's office, state legislature, etc.) to cut a pre-determined amount from their state budgets.
 - Approximately **48 percent of HIV/AIDS care and treatment** (Ryan White Part B) programs anticipate experiencing funding decreases in FY2010.
 - **Forty-four percent of HIV/AIDS prevention** programs anticipate funding decreases in FY2010.
 - **Thirty-three percent (33%) of ADAP** programs expect funding decreases in FY2010 as well.
- The majority of states are unsure if or how much their program's FY2010 state budget will decrease in

comparison to FY2009. Decreases to FY2010 state budgets which are already identified range from less than one percent to 100 percent with an **average decrease of 15 percent**.

- Anticipated decreases to state budgets in FY2010 which are already identified range from \$140,000 to \$4,500,000. **The total anticipated FY2010 state budget decrease is \$17,812,947.**

STAFF CAPACITY

- There are approximately **293 open FTEs (Full Time Equivalents) within state AIDS programs, with an average number of open FTEs at 7.9.**
- As a result of reductions in funding:
 - Almost 66 percent of states have instituted hiring freezes;
 - Almost 46 percent have eliminated positions;
 - Approximately 22 percent have instituted staff furloughs;
 - Sixteen percent have experienced employees seeking early retirement; and
 - Approximately seven percent (7%) have experienced staff lay-offs.These actions have resulted in a **loss of 138 positions** in HIV/AIDS and viral hepatitis programs across states.
- It is still unknown to almost 41 percent of states if additional staff cuts will be necessary during FY2009. As well, it is unknown to almost 54 percent of states if additional staff cuts will be needed in FY2010.

ADDITIONAL INFORMATION

- As a result of state budget situations, programs or health departments have created efficiencies and/or collaboration across programs. Some examples include:
 - Employing electronic meeting technologies, including teleconference, webinars, and video conference (five states).
 - Consolidation of multiple programs into a single program (e.g., TB, STD, and HIV surveillance into the existing HIV prevention, hepatitis, care, and housing program). (Three states).
 - Reduction in travel, including vanpooling clients to medical treatment centers (two states).
 - Combining trainings with annual conferences, reducing travel costs (one state).
 - As funding shrinks in one program area, staff are assigned to work in two or more program areas to address workload problems caused by vacancies and to avoid layoffs (one state).
- State HIV/AIDS/STD/Viral Hepatitis programs may potentially benefit from economic stimulus or other increased funding in the coming months. If programs were to receive such funding, some examples of what programs would consider implementing or augmenting include:
 - Increasing access to HIV testing (18 states).
 - Implementing social marketing campaigns (14 states).
 - Restoring and creating viral hepatitis programs (11 states).
 - Increasing access to care, treatment, and ADAP programs (seven states).
 - Hiring additional FTEs, including DIS (six states).
 - Increasing evaluation and data management capacity (six states).
 - Assisting CBOs (five states).
 - Building HIV prevention activities (five states).
 - Replenishing funding losses (four states).
 - Improving IT (four states).
 - Strengthening STD and TB programs (three states).
 - Increasing HCPI (health communications and public information) and HERR activities (two states).
 - Supporting immunization programs (two states).
 - Increasing partner services (two states).
 - Improving linkages to care (one state).
 - Improving infrastructure (one state).
 - Creating projects to assist incarcerated individuals (one state).
 - Implementing a media campaign (one state).