

Really Unequal: Ryan White “Reforms” and Service Consolidation in NYC Slash Services to Blacks, Women, the poorest Boroughs and Increase Portion of Women’s AIDS Deaths

Chris Norwood, Health People Community Preventive Health Institute
552 Southern Boulevard, Bronx, NY 10455 (ChrisNorwood@Healthpeople.org)

Background: Federal policy changes in Ryan White funding — the major American AIDS care program — caused wide shutdowns of community-based support programs while requiring AIDS-impacted cities and states to use 75% of their allocated funds for a short list of “core” medical services starting in 2007. NYC — the largest Ryan White recipient, with \$110 million yearly from the federal government — started centralizing and “medicalizing” Ryan White services two years before the national funding switch. Trends evident in NYC, particularly decreased enrollment of blacks, women and of clients in Brooklyn and the Bronx, the city’s poorest boroughs, and an increase in the percentage of women’s HIV/AIDS deaths suggest that the impact of current Ryan White policy is discriminatory and denies equal services and an equal chance for longer life to the most vulnerable populations.

Methods: We examined multiple measures of service access/enrollment and mortality outcomes including service enrollment and deaths by borough, gender and race to determine the impact of Ryan White service “consolidations” and funding changes in NYC. Deaths by borough were compared for 2003 to 2005 and 2005 to 2007, the two years before and after “consolidation.” Enrollment and percentage of the HIV/AIDS deaths were compared by gender and for major racial/ethnic groups.*



Chris Norwood at the XVIII International AIDS Conference in Vienna, Austria

**We can only analyze services through 2007 because the NYC stopped publicly publishing annual reports detailing its distribution of Ryan White services and has not responded to two years of FOIL (Freedom of Information Law) requests for updated service data.*

Results: All measures show that the New York City Department of Health’s Ryan White “Consolidation”, which allocated some 60% of key funding to Manhattan based agencies and clinical centers, resulted in the most vulnerable populations — women and blacks and clients in the city’s poorest boroughs — losing services and losing an equal chance to live. Enrollment of blacks steadily decreased from 54.1% to 45.2% of New York Ryan White Clients from 2005-2007.

The impact on women was especially harsh; women decreased from 38% of city clients in federally supported AIDS programs to 33% while women’s deaths as a portion of New York City’s HIV/AIDS deaths increased from 30.4% to almost 34%

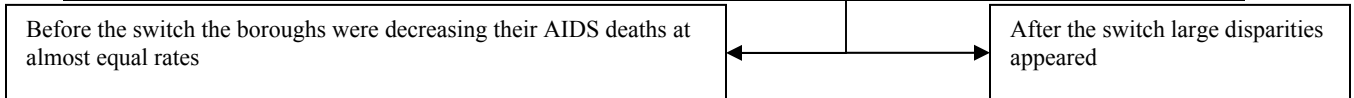
As Women's Services Decreased, Women's Portion of Deaths Increased.

Year	Women as % Ryan White Clients	Women as % NYC HIV/AIDS Deaths
2005	38.1	30.4←
2006	38.7	30.3←
2007	33.1	33.3←

Death rates among boroughs shifted significantly, with Manhattan deaths of people with HIV/AIDS now decreasing at twice the rate of Brooklyn and the Bronx, the city's poorest boroughs; before funding consolidation, deaths in these boroughs were decreasing at an equal rate.

Total NYC Deaths and Percentage Change for People Living HIV/AIDS

Borough	2003 Total # of Deaths	2005 # of Deaths	% Change 2003-2005	Funding Switch to Manhattan	2007 # of Deaths	% Change 2005-2007
Manhattan	772	651	-15.6%	↑	519	-20.2%
Bronx	673	571	-15.1%		514	-9.8%
Brooklyn	819	687	-16.1%		620	-9.7%



Conclusions: These broad trends, especially the decreased women's enrollment and their increased portion of deaths, strongly suggest that the "consolidation and medicalization" of Ryan White care since 2007 adversely impacts vulnerable populations. The community-based local services which were defunded were key to equal access to care.

As the Obama Administration forms its new national AIDS plan, the NYC trends underscore the urgency of carefully evaluating national results to formulate a true balance between community-based and hospital services that assures accessible Ryan White programs supportive of high need populations.

Ryan White Funding, despite the fact that it is by legislation targeted to low-income people with HIV/AIDS, can be used to reinforce disparities. Even with New York City, based on its overall caseload of some 110,000 people living with HIV/AIDS, receiving the nation's largest Ryan White allocation, the poorest boroughs of the city did not receive equal access to the federal millions that only existed because of HIV/AIDS cases in their boroughs.

AIDS advocacy groups, including those representing blacks, made little, if any public effort to redress these serious disparities.