



Ryan White HIV/AIDS Program Orientation for People with HIV

2024 National Ryan White Conference on HIV Care and Treatment
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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant people, mothers and their families, and those otherwise unable to access quality health care

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.
- 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.9%ⁱ. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



Learning Objectives

- Describe the important role of people with HIV in the success of the RWHAP
- Describe the RWHAP Parts A, B, C , D, F and how each contributes to the HIV care and treatment system
- Identify workshops and other activities that will maximize your experience during the conference

Introductions

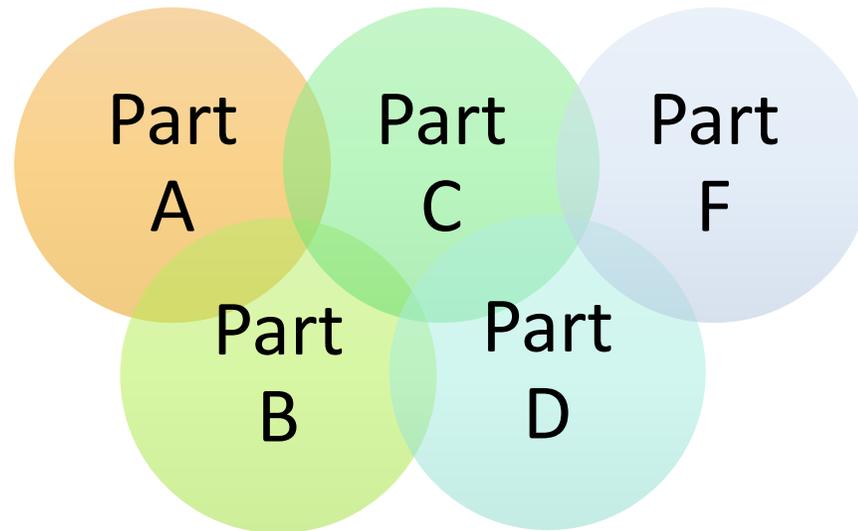
- Name
- Where you're from
- How long you've been involved with the Ryan White HIV/AIDS Program
- What you want to learn or take back with you from the conference

History of Involvement of People with HIV

- Denver Principles – Self empowerment manifesto
- Ryan White was 13 when he was diagnosed with AIDS after a blood transfusion in December 1984. He spoke out against AIDS-related stigma and discrimination
- The RWHAP was created in 1990 by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. HRSA manages the program, which is the largest HIV federal grant program
- Greater Involvement of People with HIV/AIDS policy signed in 1994 eventually transforms into Meaningful Involvement of People with HIV/AIDS policy in 1999



RWHAP Parts



Ryan White HIV/AIDS Program

Parts A (Cities), B (States), C (Community-based organizations), and D (Community-based organizations for women, infants, children, and youth).

Services include:

- Medical care, medications, and laboratory services
- Clinical quality management and improvement
- Support services including case management, medical transportation, and other services

Part F services include:

- Clinician training, dental services, and dental provider training
- Development of innovative models of care to improve health outcomes and reduce HIV transmission among people we have not yet successfully maintained in care



RWHAP Services

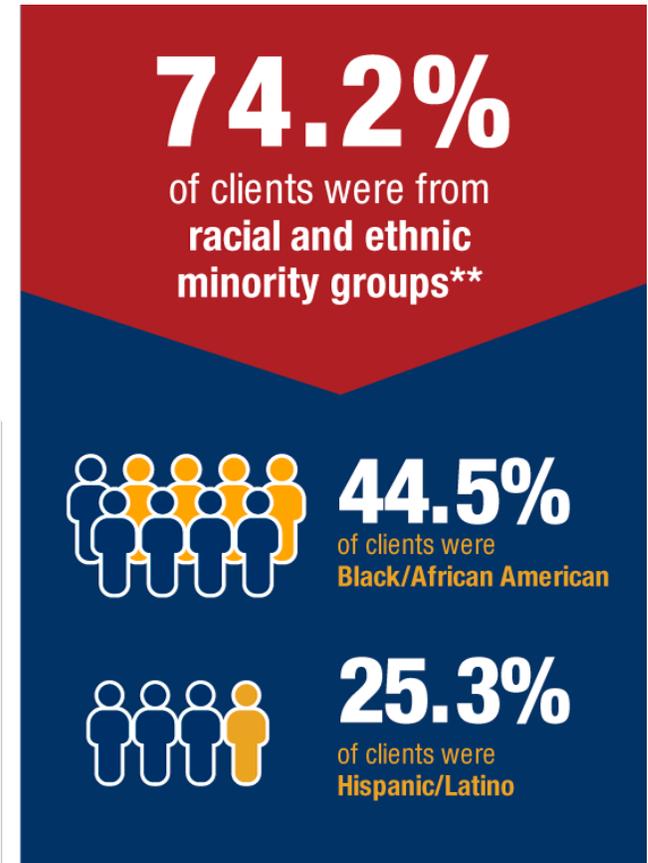
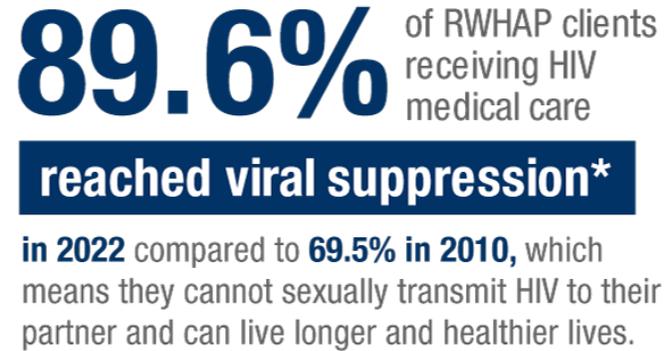
CORE MEDICAL SERVICES	SUPPORT SERVICES
Outpatient/Ambulatory Health Services	Non-Medical Case Management Services
AIDS Drug Assistance Program Treatments	Child Care Services
AIDS Pharmaceutical Assistance	Emergency Financial Assistance
Oral Health Care	Food Bank/Home Delivered Meals
Early Intervention Services (EIS)	Health Education/Risk Reduction
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Housing
Home Health Care	Other Professional Services
Home and Community-Based Health Services	Linguistic Services
Hospice Services	Medical Transportation
Mental Health Services	Outreach Services
Medical Nutrition Therapy	Psychosocial Support Services
Medical Case Management, including Treatment Adherence Services	Referral for Health Care and Support Services
Substance Abuse Outpatient Care	Rehabilitation Services
Respite Care	
Substance Abuse Services (residential)	



2022 RWHAP Client-Level Data



HRSA's Ryan White HIV/AIDS Program By the Numbers: 2022

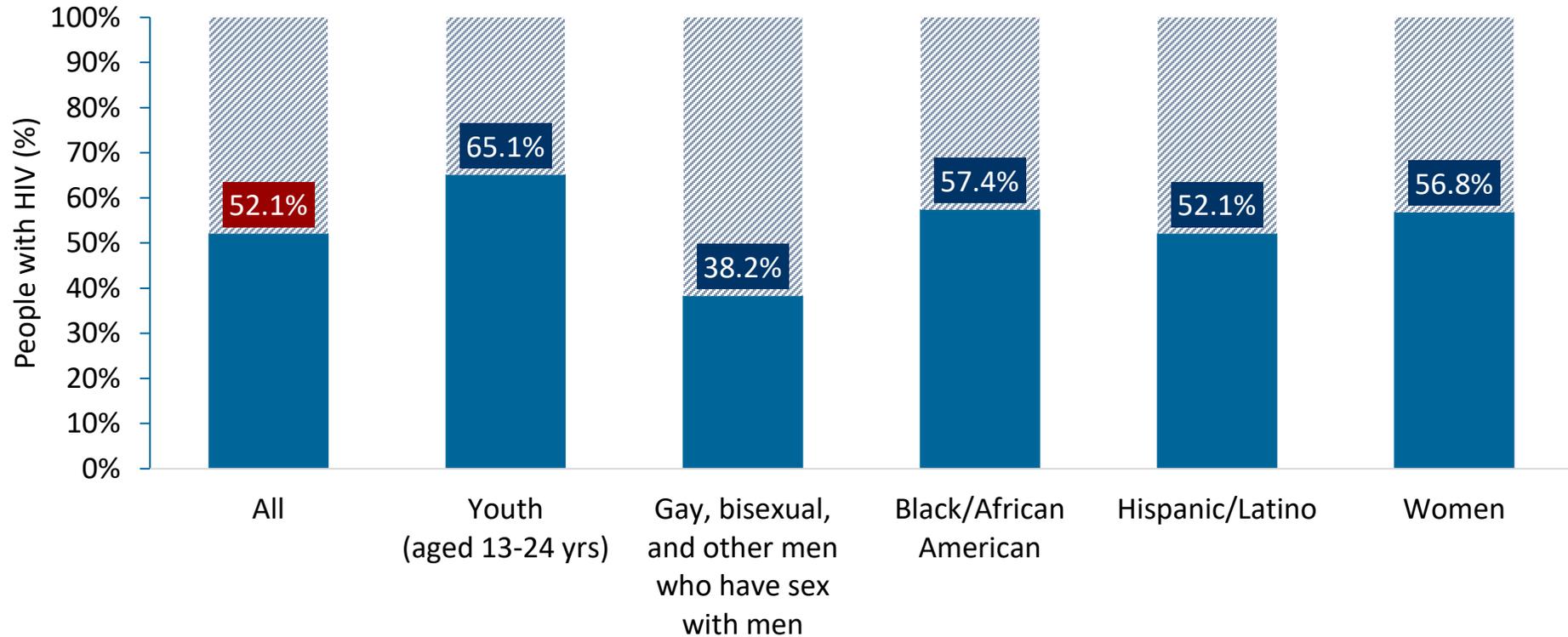


* Viral suppression is based on data for people with HIV who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.
 ** Clients self-identified as 25.8% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.
 Data sourced from 2022 Ryan White HIV/AIDS Program Annual Data Report.



The proportion of people with diagnosed HIV served by the RWHAP varied across populations

Overall, the RWHAP served more than **50%** of all people with diagnosed HIV in the United States



RWHAP Clients with HIV	566,846	18,394	237,281	248,574	141,214	142,469
Diagnosed Prevalence	1,088,769	28,267	620,421	433,293	271,212	250,857

Data Sources: RWHAP clients: HRSA. *RWHAP Annual Client-Level Data Report, 2022* [Table 1b]. Does not include AIDS Drug Assistance Program data. Diagnosed HIV Prevalence: CDC. *HIV Surveillance Report, 2021* [Table 15b]; vol. 34. Published May 2023. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-34/content/tables.html>

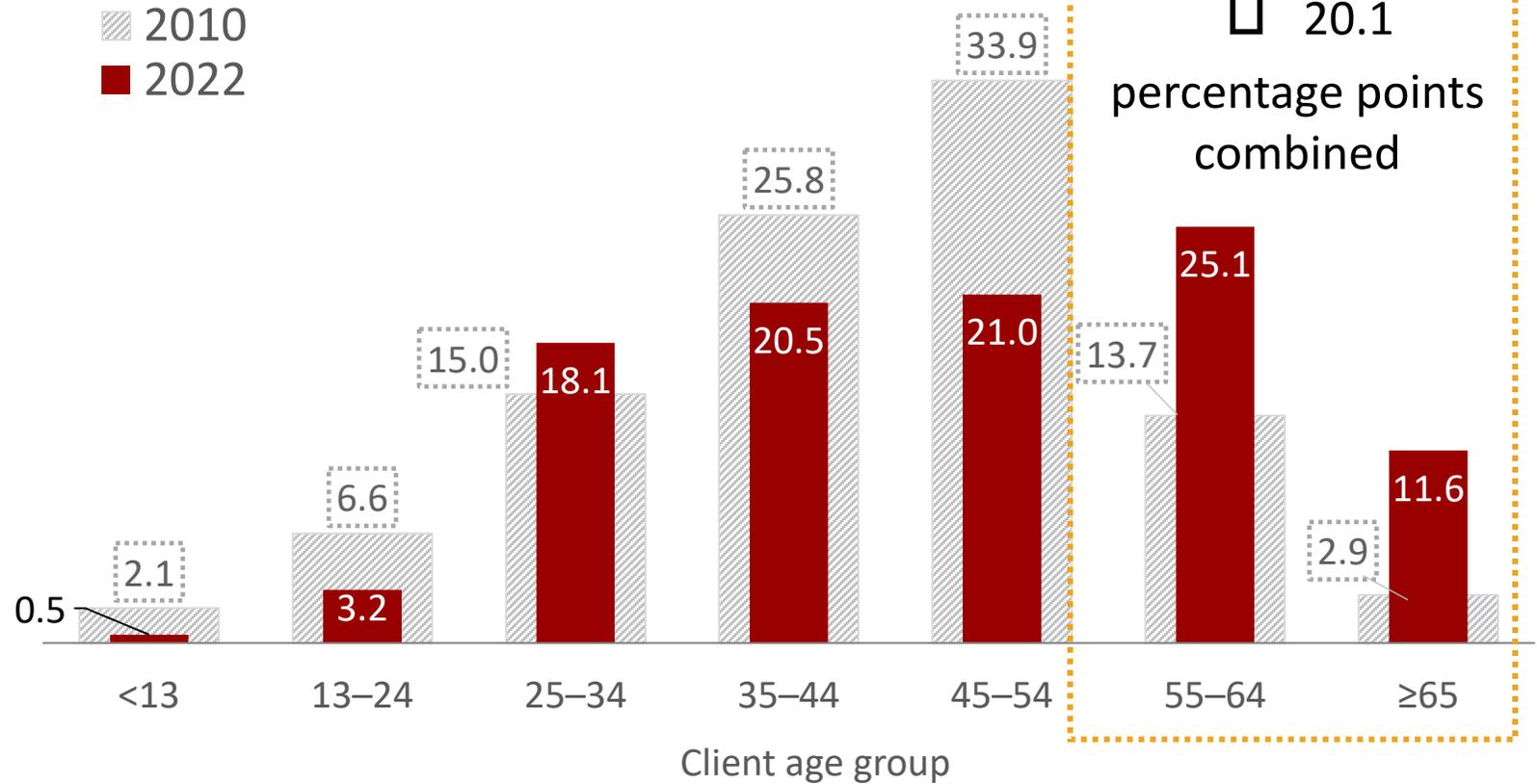


The RWHAP client population is aging: the percentage of clients aged 55 years and older grew by 20 percentage points from 2010 through 2022

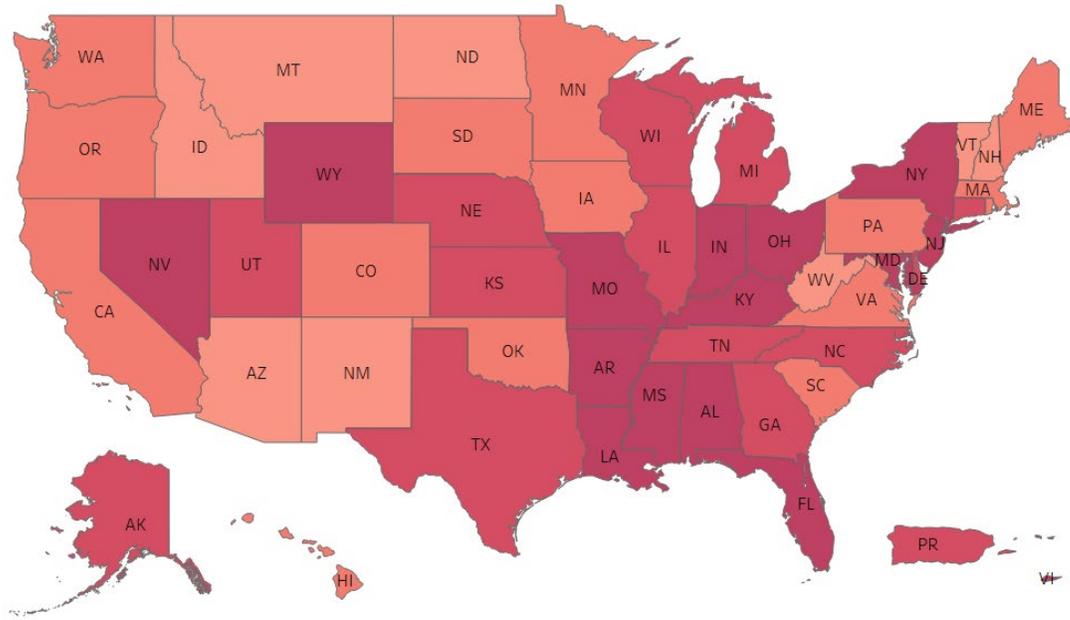


48.2% of RWHAP clients are aged 50 years and older.

Percentage of all RWHAP clients

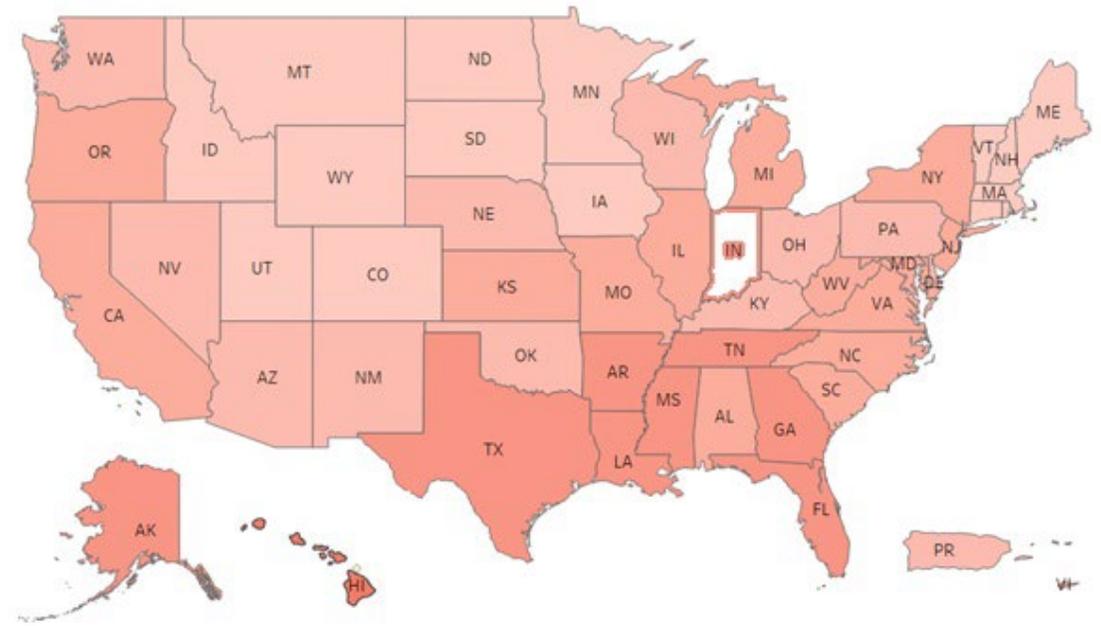


Viral suppression increased from 2010 to 2022 among RWHAP patients receiving medical care



IN 2022

89.6%
VIRALLY SUPPRESSED



IN 2010

69.5%
VIRALLY SUPPRESSED

Viral Suppression (%)

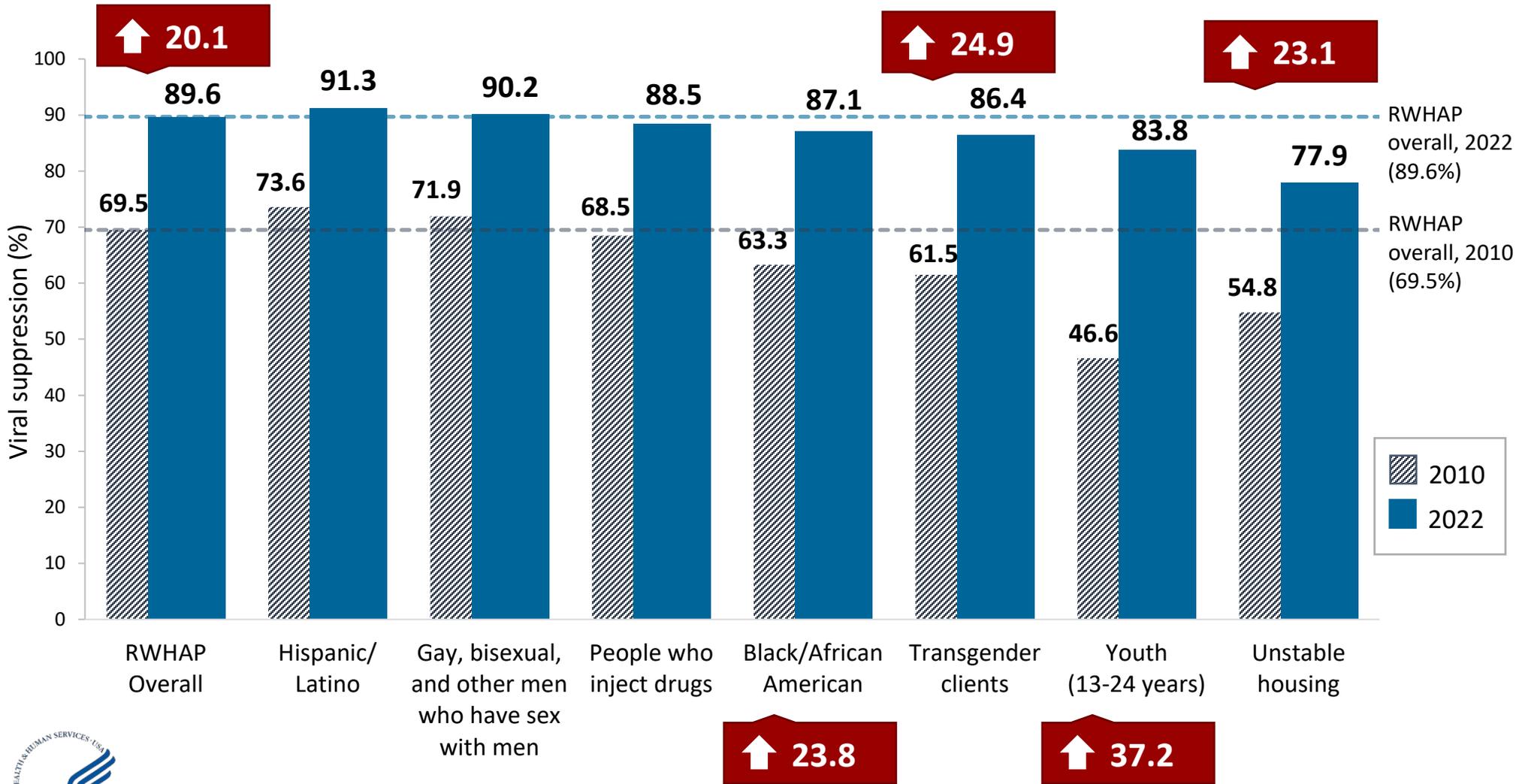
- 52.9-66.9
- 67.0-72.9
- 73.0-79.9
- 80.0-88.9
- 89.0-90.9
- 91.0-92.9
- 93.0-95.5

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands. *2022 data for Indiana are unavailable.



Significant progress has been made in viral suppression among priority populations, 2010 and 2022



Inequities remain among priority populations:

- Blacks/African Americans
- Transgender people
- Youth (13–24 years)
- People with unstable housing



New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021



ADAP CLIENTS SERVED AND DEMOGRAPHICS

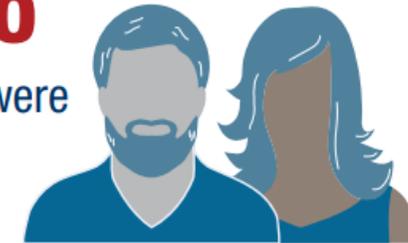
In **2021**,
ADAPs
served **289,289**
people with HIV

70.0%
of ADAP clients were
racial and ethnic
minorities



46.1%

of ADAP clients were
aged 50 years
and older

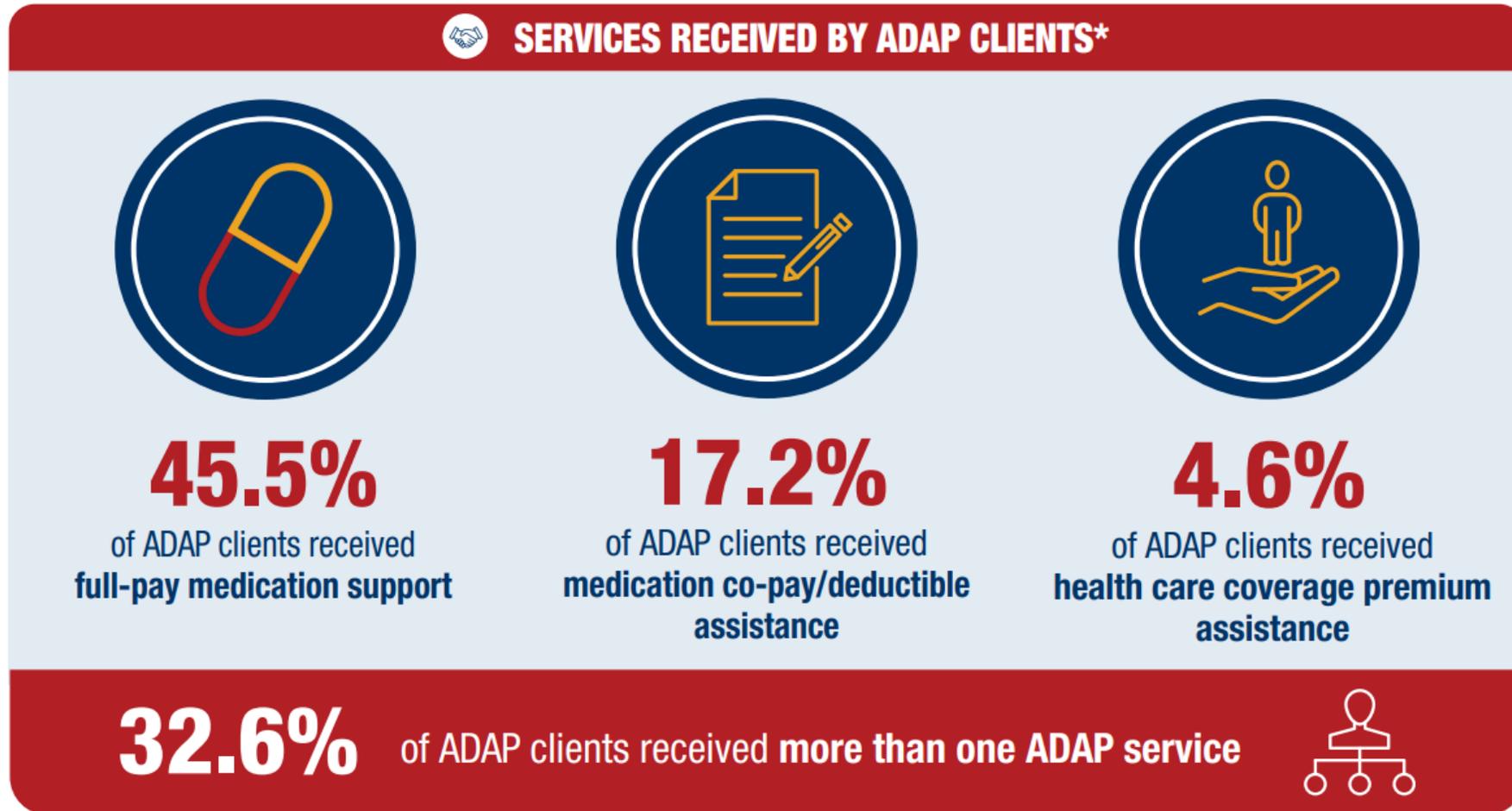


46.9%

of ADAP clients
lived at or below 100% of
the Federal Poverty Level



New Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Data Infographic: 2021 (cont.)



Quality of Life Framework



Ending the HIV Epidemic in the U.S. (EHE) Initiative



EHE Background

Ending the HIV Epidemic in the U.S. (EHE) initiative began in FY2020.

- This is a ten-year initiative to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030.
- Reducing new infections to this level will essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic.



Four Pillars of Ending the HIV Epidemic

75%
reduction
in new
HIV
diagnoses
in 5 years
and a
90%
reduction
in 10
years.



Diagnose

All people with HIV as early as possible.



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



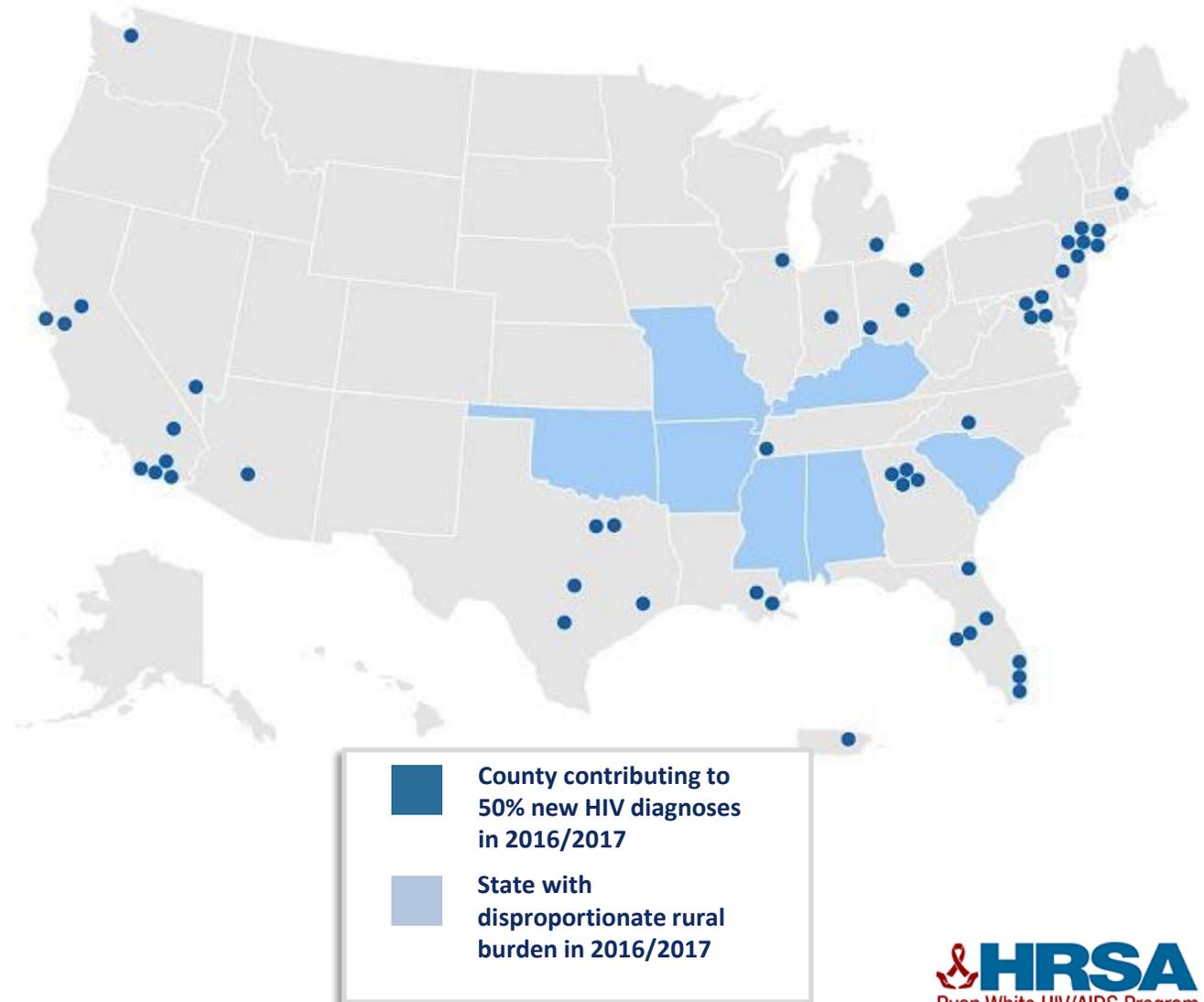
Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Geographic Locations of the Initiative

Efforts are focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



Expectations of Recipients

- Implement activities that reduce new HIV infections, increase access to care, reduce HIV health disparities, and achieve a more coordinate response
- Use initiative resources in conjunction with the RWHAP Parts A and B systems of HIV care and treatment
- Develop, implement, and/or enhance innovative approaches to engaging people with HIV who are newly diagnosed, not in care, and/or not virally suppressed
- Provide rapid access to a comprehensive continuum of high-quality care and treatment services
- Encouraged to assess the outcomes of their programs along the continuum of care
- Work with their community and public health partners



Achieving the Initiative's Goals

People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

People with HIV in care

- Improve viral suppression rates
- Decrease disparities

People with HIV out of care

- Expand re-engagement in care
- Improve retention in care

HRSA HAB EHE Initiative Appropriations

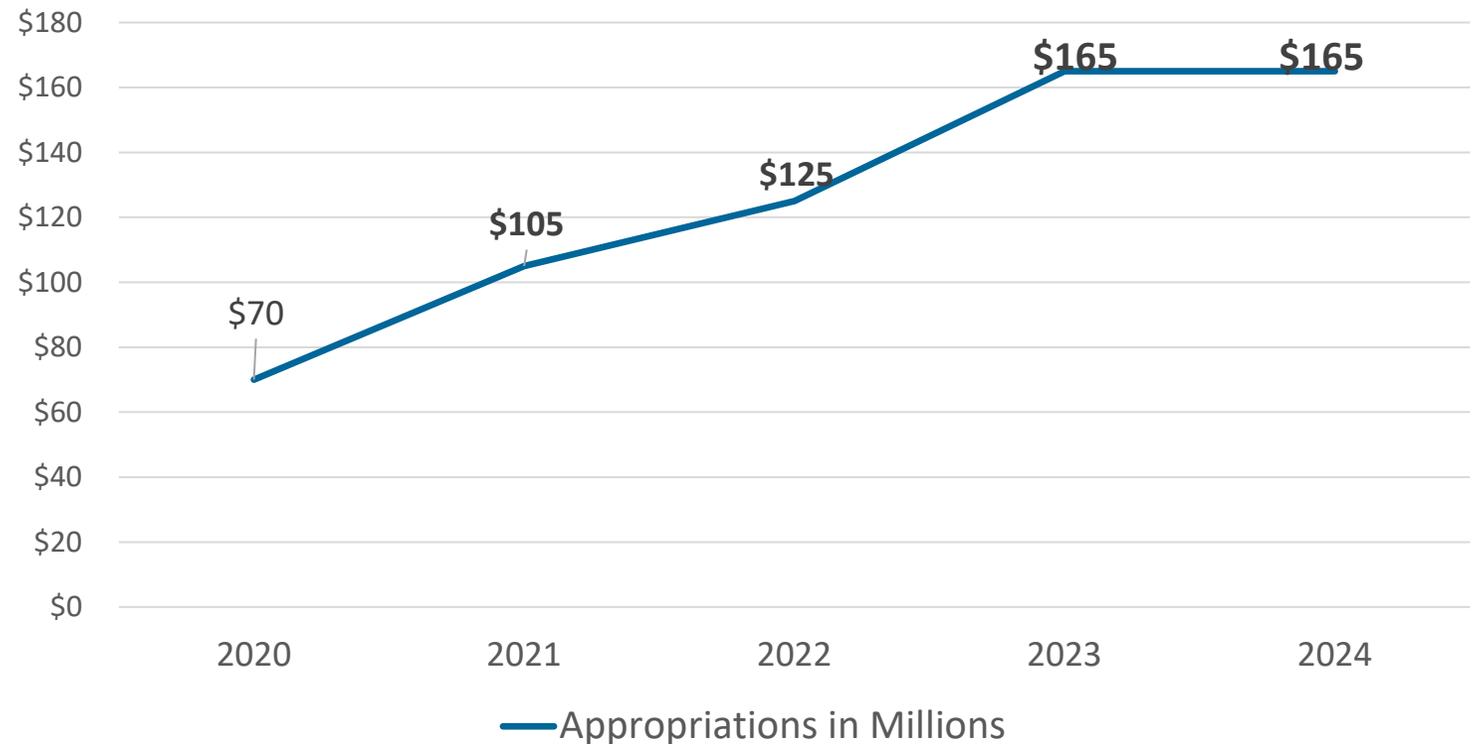
JURISDICTIONS

COMMUNITY
ENGAGEMENT

SYSTEMS
COORDINATION

TA AND CAPACITY
BUILDING

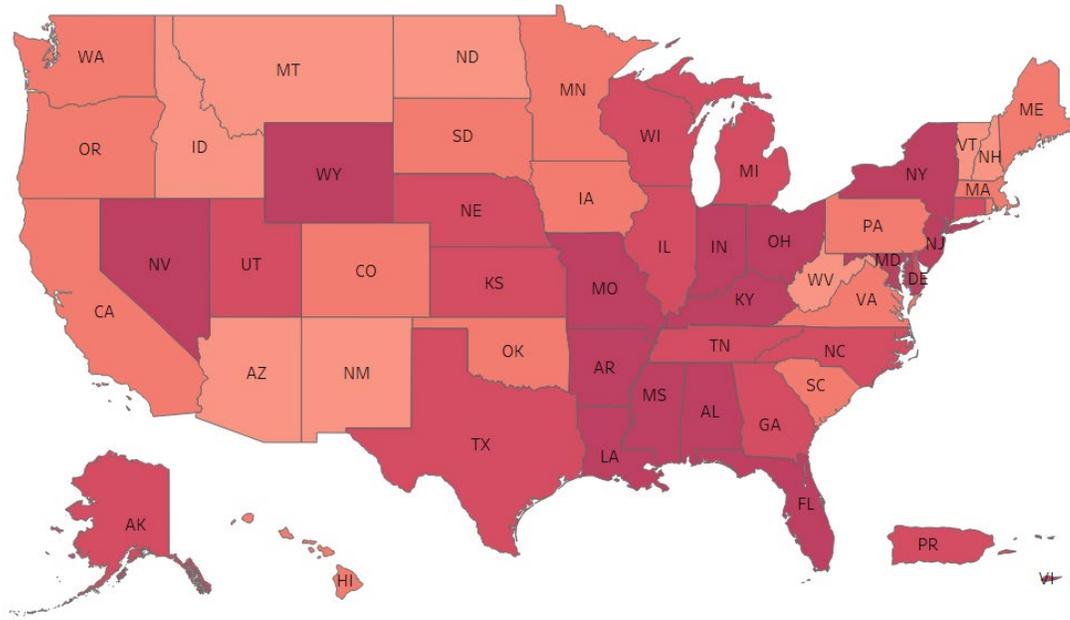
FY 2020-2024 HAB Ending the HIV Epidemic in the U.S. (EHE) Initiative Appropriations



Ryan White Program 2030

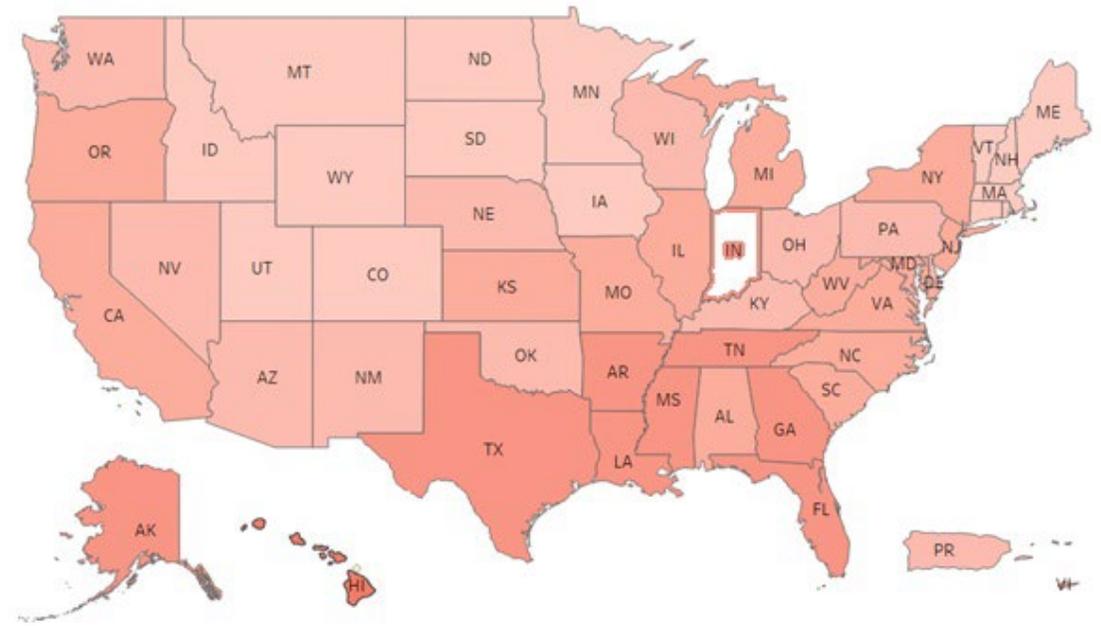


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Diagnosing and Linking People with HIV to Effective Care is Critical for Preventing New Transmissions

HIV Transmissions in the United States, 2016

% of People with HIV	Status of Care	Accounted for X% of New Transmissions ^a
15%	Didn't know they had HIV	38%
23%	Knew they had HIV but weren't in care	43%
11%	In care but not virally suppressed	20%
51%	Taking HIV medicine and virally suppressed	0%

8 in 10
NEW INFECTIONS COME FROM
PEOPLE WHO ARE NOT IN HIV CARE.

^a Total does not equal 100% because of rounding. Source: CDC.²⁹

RYAN WHITE PROGRAM 2030: VISION

HRSA HAB's vision of optimal HIV care and treatment for all to end the HIV epidemic in the U.S. calls us to focus on:

REACHING PEOPLE WITH HIV WHO ARE OUT OF CARE



Questions

Who has attended this conference before?

What do you wish you knew before attending a National Ryan White Conference?



How to maximize your time at the conference

- Different levels of the workshops offered
- Think about your learning goals for the conference to help you narrow down what to attend
- If you're here with a team, strategize about who will attend which sessions to gather the information you want
- What other tips do you have?

Contact Information

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Learn more about our program at our new website:

ryanwhite.hrsa.gov



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHHSRSA/signup/29907>

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