

HIV and Ryan White in Arkansas April 2015

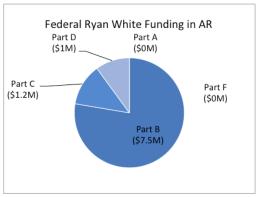
Over 2,000 people in Arkansas depend on Ryan White to provide life-sustaining HIV treatment and prevention services that they could not otherwise access.

HIV in Arkansas, by the numbers.

- 5,006: the number of Arkansans living with diagnosed HIV/AIDS in 2012.1
- Tied for 26th: in the nation for death rate among persons living with HIV in 2012.2

Arkansans depend on Ryan White.

- An estimated 2,042 Arkansans received services through Ryan White in 2012.3
 - o 64.3% were living at or below the poverty line.
 - Since Ryan White is legally required to be the "payer of last resort," these people did not have other access to these medical and support services.
- Overall, Arkansas received \$9.6 million in federal Ryan White funds in 2014.4
 - \$4 million went to ADAP.
 - \$3.1 million went to Part B Base, which enables states to fund services from outpatient health and mental health to case management.⁵
 - No urban areas were eligible for Part A funding. As a result, Part B funding (for states) is particularly important in Arkansas.



Ryan White services keep HIV-positive individuals in treatment and care.

- When people with HIV receive treatment, they can live active, healthy lives.
- When they are disconnected from care, they can develop resistance to medications that were
 working for them and experience a rise in viral load that makes it much easier to transmit
 HIV. Moreover, HIV is still deadly without treatment.⁶
- Ryan White addresses this by providing services across the "treatment cascade:"

HIV Diagnosis: HIV testing to identify people with HIV

Linkage to Care: outreach to connect diagnosed individuals to care

Retention in Care: case management to keep people in care, transportation to doctors' appointments, which is particularly important in the rural South

On Anti-Retroviral Therapy: life-sustaining medications through the AIDS Drug Assistance Program (ADAP)

Viral Suppression: treatment adherence counseling



With its unique set of services, RYAN WHITE WORKS.

 While only 30% of people nationwide have a viral load that is effectively suppressed as of 2011,⁷ 72.6% of HIV-positive clients who had received at least one Ryan White funded medical care visit have achieved viral suppression.⁸

After health reform, Arkansas will need to rely on Ryan White more than other states.

- Ryan White wraps around other resources and provides care that works for people with HIV.
 For example, treatment adherence counseling is one of many Ryan White services not covered by most private insurance plans.⁹
- With Arkansas not expanding Medicaid, many of the lowest-income individuals living with HIV be left out of coverage available in other states.¹⁰ They will continue to rely solely on Ryan White.

No other program provides the same set of gap-filling services or care as Ryan White. Even after health reform, Ryan White remains crucial for Arkansas.

For more information, visit our website at http://southernaidsstrategy.org.

¹ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), *Diagnosis of HIV Infection in the United States and Dependent Areas, 2013, HIV Surveillance Report*, http://www.cdc.gov/hiv/pdf/g-l/hiv_surveillance_report_vol_25.pdf.

² NCHHSTP Atlas, CDC, 2012 Rates of HIV Diagnoses, http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html. Rates are per 100,000 of adults and adolescents and include the 50 states, the US Territories, and DC.

³ HRSA, 2012 State Profiles, Ryan White HIV/AIDS Program, Client Characteristics, http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx. 2012 figures are the most recent available.

⁴ HRSA, *HHS Awards* \$2.2 *Billion in Grants for HIV/AIDS Care and Medications*. http://www.hrsa.gov/about/news/pressreleases/141029ryanwhite.html. Part-by-part breakdowns are linked to the source. Total excludes AIDS Education and Training Centers Program Grants under Part F, which are broken down by region, not by state.

⁵ HRSA, Program Fact Sheets: January 2013, Ryan White Part B, http://hab.hrsa.gov/abouthab/files/partbfacts2012.pdf.

 $^{{}^{6}\,\}text{CDC}, \textit{National HIV Prevention Progress Report, 2013}, \\ \text{http://www.cdc.gov/hiv/pdf/policies_NationalProgressReport.pdf}.$

⁷ CDC, Fact Sheet: Understanding the HIV Care Continuum, Dec. 2014, http://www.cdc.gov/hiv/pdf/DHAP_Continuum.pdf.

⁸ Laura Cheever, Harold Phillips & Steven Young, HIV/AIDS Bureau, Health Resources Services Administration (HRSA), U.S. Department of Health and Human Services, *HIV Care Continuum and Ryan White HIV/AIDS Program Services*,

https://careacttarget.org/sites/default/files/supporting-files/2_USCA%202014%20HCC%20Workshop_FINAL.pdf.

⁹ Center for Health Law and Policy Innovation of Harvard Law School and the Treatment Access Expansion Project, *State Health Reform Impact Modeling Project, South Carolina*, Jan. 2013, http://southernaids.files.wordpress.com/2012/11/south-carolina-modeling-report-final.pdf.

¹⁰ Snider et al., Nearly 60,000 Uninsured And Low-Income People With HIV/AIDS Live In States That Are Not Expanding Medicaid, Health Affairs, Mar. 2014, http://content.healthaffairs.org/content/33/3/386.abstract.