



HIV and Ryan White in Tennessee February 2017

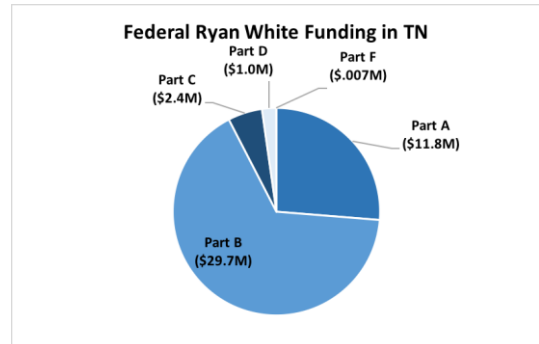
Over 11,500 people in Tennessee depend on Ryan White to provide life-sustaining HIV treatment and prevention services that they could not otherwise access.

HIV in Tennessee, by the numbers.¹

- **16,163**: the number of Tennesseans living with diagnosed HIV/AIDS in 2014.
- **13th**: in the nation for deaths among persons living with HIV in 2014.
- **17th**: in the nation for rate of HIV diagnoses in 2015. In 2015 alone, 712 were newly diagnosed.

Tennesseans depend on Ryan White.

- An estimated **11,509 Tennesseans** received services through Ryan White in 2014.²
 - **60.9%** 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, Tennessee received **\$44.9 million in federal Ryan White funds** in 2015.³
 - \$14.1 million went to ADAP.
 - \$11.8 million went to Memphis and Nashville, the state’s two cities eligible for Part A funding for urban areas.



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.⁴
- Ryan White addresses this by providing services across the HIV Care Continuum.

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 2011,⁵ **81.4%** of HIV-positive clients who had received at least one Ryan White funded medical care visit have achieved viral suppression.⁶

After health reform, Tennessee 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.
- With Tennessee not expanding Medicaid, an estimated **2,000 of the lowest-income people with HIV** will be left out of coverage available in other states.⁷ 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 Tennessee.**

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

¹ CDC Atlas Data, <http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas>.

² HRSA, 2014 State Profiles, Ryan White HIV/AIDS Program, Client Characteristics, <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx>. 2014 figures are the most recent available.

³ HRSA, *HHS Awards \$2.2 Billion in Grants for HIV/AIDS Care and Medications*. <http://www.hhs.gov/about/news/2015/10/21/hhs-awards-22-billion-grants-hivaids-care-and-medications.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.

⁴ CDC, *National HIV Prevention Progress Report, 2013*, http://www.cdc.gov/hiv/pdf/policies_NationalProgressReport.pdf.

⁵ CDC, *Vital Signs: HIV Care Saves Lives*, Nov. 2014, <https://www.cdc.gov/vitalsigns/pdf/2014-11-25-vitalsigns.pdf>.

⁶ [Ryan](#) White HIV/AIDS Program by the Numbers, HRSA, 2014 Ryan White Services Report, <https://hab.hrsa.gov/sites/default/files/hab/Publications/infographics/generalaudiencegraphic.pdf>.

⁷ 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>.