

Reducing HIV-Related Health Disparities through HRSA's Ryan White HIV/AIDS Program

& HRSA Ryan White HIV/AIDS Program

Stacy Cohen, Miranda Fanning, Tracy Matthews, Antigone Dempsey, Heather Hauck, Laura Cheever Health Resources and Services Administration, HIV/AIDS Bureau

Introduction

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) is a comprehensive system of HIV primary medical care, medications, and essential support services for more than 500,000 people with HIV in the United States (1). The RWHAP is critical to ensuring that people with HIV are linked to and retained in care, are adherent to medication regimens, and remain virally suppressed. People with HIV can experience reduced morbidity and mortality and live longer, healthier lives by taking ongoing antiretroviral treatment and to reduce HIV viral load to undetectable In addition, people with HIV who take HIV medication as prescribed and reach and maintain a suppressed viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners (2).

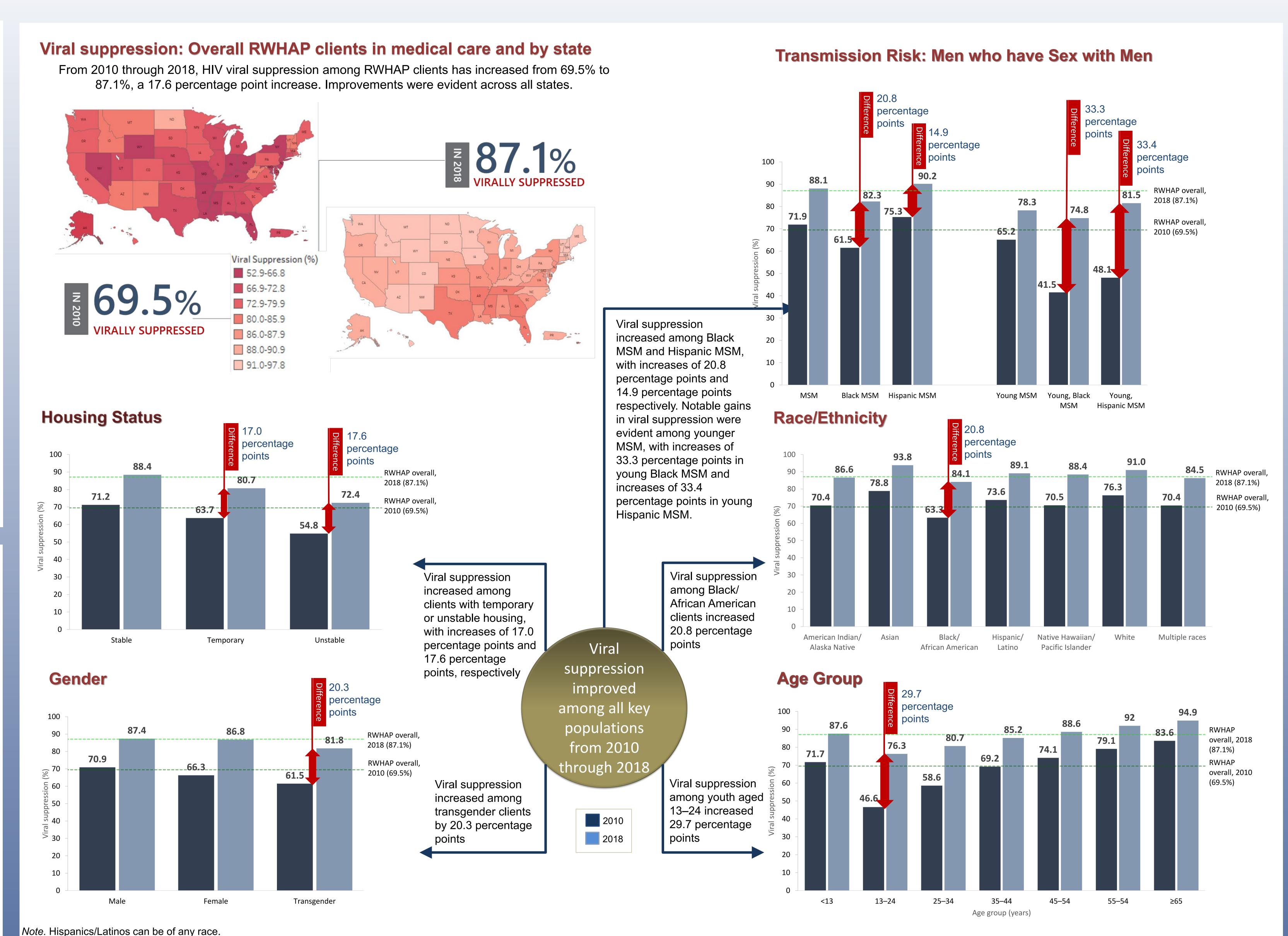
However, social determinants and other factors serve as barriers to HIV care and treatment, resulting in disparities in health and HIV-related outcomes. Analysis of 2010 and 2014 RWHAP client level data showed an increase in viral suppression for all clients and a reduction in disparities in viral suppression for some key populations, including Black/African American clients and adolescents and young adults (3). Subsequent analyses of 2010 and 2016 RWHAP client level data showed additional increases in viral suppression in key populations (4).

This analysis examines disparities in viral suppression among RWHAP clients comparing 2010 and 2018, to better understand overall changes in viral suppression and changes among key populations.

Methods

Client-level data are submitted to HRSA annually in the RWHAP Services Report (RSR) for clients receiving HIV care, treatment, and support services from over 2,000 RWHAP providers. Data are from 50 states, the District of Columbia, and 3 U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). Data from the AIDS Drug Assistance Program (ADAP) are not included; however, clients in the RSR may also receive ADAP services. Client-level data include demographic information, service utilization, and clinical information for clients receiving RWHAP services in the calendar year. Viral load test result data are submitted by RWHAP-funded medical providers for all RWHAP-eligible clients who received a medical visit (i.e., RWHAP-funded outpatient ambulatory health services)

Viral suppression was calculated among clients with ≥1 medical visit and ≥1 HIV viral load test reported during the measurement year (years 2010 and 2018). Viral suppression was defined as the most recent viral load test result in the calendar year <200 copies/mL. Viral suppression in 2010 was compared to 2018 for all clients, with focused analyses on some key populations including youth, transgender clients, clients with housing instability, and black men who have sex with men (MSM).



Conclusions

- Substantial progress has been made toward reducing HIV-related disparities and improving overall HIV-related outcomes among RWHAP clients
- Viral suppression has increased among the most disproportionately impacted populations receiving care through the RWHAP; however, clients with temporary and unstable housing, as well as young, Black MSM continue to have lower percentages of viral suppression compared to their counterparts.
- These continued disparities present HRSA with the opportunity to continue its focus on select populations in order to make a greater impact.
- HRSA has employed a data-driven approach to identifying disparities in client outcomes, and uses an implementation science framework to identify and implement evidence-informed interventions and strategies that support improved linkage to care, engagement or re-engagement in care, and viral suppression for populations disproportionately impacted by HIV.
- Recent initiatives include:
- Special Projects of National Significance (SPNS) Initiative: HIV Care & Housing – Using Data Integration to improve Health Outcomes along HIV Care Continuum
- Minority HIV/AIDS Fund initiative: Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services
- SPNS Initiative: Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV:
- Improving HIV health outcomes for transgender women and black MSM
- Integrating behavioral health with primary medical care for PLWH
- Identifying and addressing trauma among PLWH
- SPNS Initiative: Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex With Men
- Building Futures: Supporting Youth Living with HIV
- SPNS Initiative: Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum

- 1. HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. Available at: http://hab.hrsa.gov/data/data-reports. Published December 2018.
- Bavinton BR, Pinto AN, Phanuphak N, et al. Viral suppression and HIV transmission in serodiscordant male couples: an international, prospective, observational, cohort study.
- 3. Doshi RK, Milberg J, Jumento T, et al. For Many Served By The Ryan White HIV/AIDS Program, Disparities In Viral Suppression Decreased, 2010-14. Health Affairs
- 4. Mandsager P, Marier A, Cohen S, et al. Reducing HIV-Related Health Disparities in the Health Resources and Services Administration's Ryan White HIV/AIDS Program. Am J Public Health 2018 Nov:108(S4):S246-S250.

Contact Information

Stacy Cohen – Chief – Evaluation, Analysis, and Dissemination Branch, HRSA HAB – scohen@hrsa.gov