



Ryan White HIV/AIDS Program Part C

An Essential Access Point for Quality HIV Care and Treatment,
Providing Health Care to People Living with HIV/AIDS in Underserved Communities

The CAEAR Coalition FY2018 request for Part C is **\$225.1 million**.

Community Health Centers Deliver High-Quality Healthcare

More than 24 million people—1 in 13 nationwide—receive direct healthcare services at health centers. Health centers advance a model of coordinated, comprehensive, and patient-centered medical, dental, behavioral, and patient services. Today, nearly 1,400 health centers operate over 10,400 service delivery sites and provide affordable health care services to patients in every state, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and the Pacific Basin.

Ryan White Part C: Early Intervention

Part C of the Ryan White Program supports life-saving HIV medical services for underserved and uninsured people living with HIV/AIDS across the country. The Part C program provides grants to 346 faith- and community-based health centers and clinics that deliver primary health services including comprehensive HIV medical care and behavioral health services. Part C-funded Community Health Centers are essential service sites and are well distributed in 49 states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands. The program targets the most vulnerable, low-income communities and populations, including people of color, farming, and underserved urban, suburban and rural areas.

Part C-funded health centers and clinics provide treatment and care to over 255,000 people with HIV/AIDS annually. Seventy percent of those served are people of color and 29 percent are female. Part C clinics also provide HIV counseling and testing to more than 750,000 people each year. Many Part C grantees also rely on funding from Part A, Part B, and Part D to provide care.

HIV Care and Treatment

HIV treatment is one of the most effective medical interventions available today and has transformed HIV disease from an acute to a chronic condition for those with ongoing access to medical care.

Management of HIV disease requires a hybrid of specialty and primary care expertise and services to effectively suppress the virus; address serious treatment side effects; and treat the co-occurring conditions common among many with HIV. A survey of Ryan White Part C programs found that on average 37 percent of Part C patients had a serious mental illness; 35 percent had a substance abuse disorder and 23 percent had hepatitis B or C. Thirty-seven percent of new Part C patients already have AIDS.

Part C is the primary method for delivering HIV care to rural areas. Approximately half of Part C providers serve rural communities. Frequently, Part C providers are the only means by which many persons receive HIV testing and care.

Seventy percent of Part C programs report increasing caseloads with a mean increase of 29 percent over the last three years or 112 new patients a year.

Serving as Medical Homes

Medical homes take a patient-centered approach to providing ongoing comprehensive and well-coordinated care. With Ryan White Program funding, Part C clinics have developed programs that treat the whole person by providing the range of services that their patients need to stay healthy. This approach has been critical to retaining patients in care; supporting adherence to their daily treatment regimen; and treating co-occurring conditions. Services are delivered by a multi-disciplinary team led by an experienced HIV medical provider and often include nurses, nutritionists, social workers, case managers, pharmacologists and adherence counselors. Services not available on site are provided through referral. Many of the programs have developed state-of-the-art quality improvement systems to evaluate and monitor the effectiveness of their interventions as well as the cost of care.

Medical Care for the Underserved

Ryan White Part C programs provide a range of health care services designed to identify people with HIV and provide access to medical care and services. Seventy-five percent of Part C grants must be spent on core medical services. Services provided include:

- Medical assessment and on-going medical care
- Laboratory testing related to antiretroviral therapies
- Antiretroviral therapies and adherence support
- Prevention and treatment of HIV-related opportunistic infections
- Mental health services
- Outpatient substance abuse treatment
- Oral health care
- Care for co-morbidities, including tuberculosis and Hepatitis B and C
- Medical case management to ensure access to services and continuity of care
- Nutritional and psychological services
- Risk-reduction counseling to prevent HIV transmission
- HIV counseling and testing

Planning and Capacity Building

Planning and capacity building grants (48 grants were awarded in FY2016) are critical tools for communities to explore the financial and program implications of starting or expanding primary health services. Planning grants are limited to one year and provide organizations with resources to plan for the provision of new, high quality comprehensive HIV primary health care services in rural, suburban or urban under-served areas and communities of color. One-year capacity building grants support efforts to strengthen organizational infrastructure and enhance program capacity to improve or expand high quality HIV primary health care services.

Funding Mechanism

The HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) awards Part C funds directly to service providers through competitive grants in three categories: early intervention services, planning, and capacity building. Eligible Part C grantees include:

- Community Health Centers, Migrant Health Centers, and Health Care for the Homeless sites funded under Section 330 of the Public Health Service (PHS) Act
- Family planning grantees (other than states) funded under Section 1001 of the PHS Act
- Comprehensive Hemophilia Diagnostic and Treatment Centers
- Federally Qualified Health Centers (FQHC) funded under Section 1905(1)(2)(b) of the Social Security Act
- City and county health departments providing primary care
- Out-patient primary care programs at community hospitals and medical centers
- Current public or private not-for-profit providers of comprehensive primary care for populations at risk for HIV.