HIV/AIDS Epidemiology Profile 2013

Memphis Transitional Grant Area

David Sweat, MPH
Chief of Epidemiology
Shelby County Health Department
HIV Disease and AIDS Surveillance Data

**HIV Disease:** represents all new diagnoses with HIV infection regardless of the stage of disease.

**AIDS:** persons with HIV disease who have one of the following:
- a CD4+ count less than 200 or
- CD4+ percentage less than 14% or
- one of the 27 AIDS-Defining Conditions

*HIV+ persons are reported to surveillance systems twice: once at initial diagnosis and again at AIDS diagnosis.*
27 AIDS-Defining Conditions

- Bacterial infections, multiple or recurrent*
- Candidiasis of bronchi, trachea, or lungs
- Candidiasis of esophagus†
- Cervical cancer, invasive§
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (>1 month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month
- Cytomegalovirus retinitis (with loss of vision)†
- Encephalopathy, HIV related
- Herpes simplex: chronic ulcers (>1 month's duration) or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (>1 month's duration)

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm
27 AIDS-Defining Conditions

- **Kaposi sarcoma**†
- Lymphoid interstitial pneumonia or pulmonary lymphoid hyperplasia complex**†
- Lymphoma, Burkitt (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain
- *Mycobacterium avium* complex or *Mycobacterium kansasii*, disseminated or extrapulmonary†
- *Mycobacterium tuberculosis* of any site, pulmonary,‡§ disseminated,† or extrapulmonary†
- *Mycobacterium*, other species or unidentified species, disseminated† or extrapulmonary†
- **Pneumocystis jirovecii** pneumonia†
- Pneumonia, recurrent‡§
- Progressive multifocal leukoencephalopathy
- *Salmonella* septicemia, recurrent
- Toxoplasmosis of brain, onset at age >1 month†
- Wasting syndrome attributed to HIV

* Only among children aged <13 years
† Condition that might be diagnosed presumptively.
§ Only among adults and adolescents aged ≥13 years.

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm
General Epidemiology: Incidence

Incidence: the number of new cases of HIV in a specified time period.
- ex. 380 HIV disease cases were diagnosed in the Memphis TGA in 2013.

Incidence rate: Number of new cases of HIV expressed per unit of population.
- ex. 28.9 HIV disease cases per 100,000 people were diagnosed in the Memphis TGA in 2013.

HIV incidence helps us understand how HIV is spreading now and how to more effectively focus prevention efforts.
**General Epidemiology: Prevalence**

**Prevalence:** the proportion of a population known to be living with HIV or AIDS.

- Typically expressed as a percentage of the population at a point in time.
- ex. **8,136** PLWHA in the Memphis TGA as of December 31, 2013 (**0.62%** of the total TGA population).
- PLWHA=“persons living with HIV or AIDS”

*Prevalence provides a snapshot of the burden of infection in a given population and helps us more effectively focus care efforts.*
General Demographics of the Memphis TGA Population

- County Populations
- Race/Ethnicity
- Poverty
- Educational Attainment
- Health Insurance Coverage
County Population, Memphis TGA, 2010 Census

- Tipton, TN
  - Population: 61,081 (5%)

- Shelby, TN
  - Population: 927,644 (70%)

- Crittenden, AR
  - Population: 50,902 (4%)

- DeSoto, MS
  - Population: 161,252 (12%)

- Marshall, MS
  - Population: 37,144 (3%)

- Tate, MS
  - Population: 28,886 (2%)

- Tunica, MS
  - Population: 10,778 (1%)

Data Source: United States Census Bureau, 2010 Decennial Census
Prepared by the Shelby County Health Department Epidemiology Section, 04/21/2014
Memphis TGA Residents by Race/Ethnicity, 2010 Census

<table>
<thead>
<tr>
<th>County</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelby</td>
<td>38.7</td>
<td>51.9</td>
<td>5.6</td>
</tr>
<tr>
<td>Fayette</td>
<td>68.2</td>
<td>28.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Tipton</td>
<td>76.7</td>
<td>18.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Crittenden</td>
<td>45.2</td>
<td>51.0</td>
<td>2.0</td>
</tr>
<tr>
<td>De Soto</td>
<td>70.4</td>
<td>21.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Marshall</td>
<td>48.9</td>
<td>46.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Tate</td>
<td>66.1</td>
<td>30.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Tunica</td>
<td>23.1</td>
<td>73.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Total TGA</td>
<td>46.2</td>
<td>45.5</td>
<td>5.0</td>
</tr>
</tbody>
</table>

46% of the Memphis TGA population is White, 45.5% Black and 5% Hispanic. Race and ethnicity varies by county.

Source: US Census Bureau, 2010 Decennial Census Estimates
Poverty among Memphis TGA Residents, 2010 Census

<table>
<thead>
<tr>
<th>Total TGA Population</th>
<th>19.10%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Under 18 years</td>
<td>27.60%</td>
</tr>
<tr>
<td>18 to 64 years</td>
<td>17.10%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>9.50%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17.20%</td>
</tr>
<tr>
<td>Female</td>
<td>20.80%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>9.60%</td>
</tr>
<tr>
<td>Black</td>
<td>28.60%</td>
</tr>
<tr>
<td>Hispanic (of any race)</td>
<td>38.60%</td>
</tr>
</tbody>
</table>

19% of all Memphis TGA residents are in poverty; residents under 18 years, females and Hispanic have the highest poverty rates.

Source: US Census Bureau, 2010 Decennial Census Estimates
15% of residents have less than a high school diploma, 29% have high school degree, 25% have bachelors or higher.

Source: US Census Bureau, 2010 Decennial Census Estimates
Almost 23% of all adults aged 18-64 years in the Memphis TGA do not have health insurance coverage.

Source: US Census Bureau, 2010 Decennial Census Estimates
Scope of the HIV Epidemic in the Memphis TGA

- Incidence
- Prevalence
- Deaths
- Co-Infections
- STDs
Memphis TGA has a low number of estimated new infections, but an HIV incidence rate equal to or higher than major urban areas. (Ranked 7 in metropolitan statistical area of residence—United States)

HIV disease diagnoses and AIDS diagnoses should never be added together. HIV disease diagnoses are based on year of initial disease diagnoses. AIDS diagnoses are based on the year of AIDS diagnosis.

Source: EHARS; data based on preliminary estimates and subject to change.
Less than five cases are routinely reported in Tate, Tunica and Marshall and Tipton. Cases have increased in Shelby Counties.

Source: EHARS; data based on preliminary estimates and subject to change.
New HIV Disease Cases by Gender, Memphis TGA, 2009-2013

In 2013, 76% of all new HIV diagnoses in the Memphis TGA were among males.

Source: EHARS; data based on preliminary estimates and subject to change.
In 2013, 87% of all new HIV diagnoses were among Non-Hispanic Black, 10% Non-Hispanic Whites, and 3% Hispanic.

Source: EHARS; data based on preliminary estimates and subject to change.
New HIV diagnoses are distributed among all age groups. In 2013, 59% of new diagnoses were among the adolescence young adults 15-34 years of age.

Source: EHARS; data based on preliminary estimates and subject to change.
In 2013, 35% of new diagnoses were among MSM, 25% attributed to heterosexual transmission and 40% had no reported/identified risk.

Source: EHARS; data based on preliminary estimates and subject to change.
8,136 PLWHA in the Memphis TGA as of 2013; 54% with HIV (4,357) and 46% with AIDS (3,779). PLWHA in Memphis TGA accounts for 42% of those in Tennessee (19083), in 2012.
PLWHA in the Memphis TGA, by County, as of 2013

Total: 8,136

Source: EHARS; data based on preliminary estimates and subject to change.
People living With HIV/AIDS by County, Memphis TGA, as of 2013

- Crittenden, AR: 244 (3%)
- Shelby, TN: 7,190 (88.6%)
- DeSoto, MS: 367 (4.5%)
- Tunica, MS: 69 (0.8%)
- Tate, MS: 30 (0.4%)
- Tipton, TN: 85 (1%)
- Fayette, TN: 74 (0.9%)
- Marshall, MS: 77 (0.9%)

Note: Data as of 12/31/2013
Data Source: eHARS: TN, AR, MS
Prepared by the Shelby County Health Department Epidemiology Section
HIV/AIDS Service providers by County, Memphis TGA, 2013

Types of Service Providers:

+ : Outpatient Medical

♥ : Supportive service

Note: Data as of 12/31/2013
Data Source: eHARS: TN, AR, MS
Prepared by the Shelby County Health Department Epidemiology Section
PLWHA in Memphis TGA by Zip Code, as of 2013

Data Source: eHARS, TN, MS, AR
Rates (per 100,000) of HIV/AIDS Prevalence in Shelby County, as of 2013
Rates (per 100,000) of HIV/AIDS Incidence, Shelby County, in 2013
Rates (per 100,000) of HIV/AIDS Prevalence and Incidence, Shelby County, 2013
PLWHA in the Memphis TGA by Gender, as of 12/31/2013

Total: 8,136

5,574, 69%
2,562, 31%

69% of all PLWHA in the TGA are male, 31% are female.

Source: EHARS; data based on preliminary estimates and subject to change.
82% of all PLWHA in the TGA are non-Hispanic Black; a higher percent of males are non-Hispanic White (17%) than females (7%).

Source: EHARS; data based on preliminary estimates and subject to change.
PLWHA in the Memphis TGA by Age, 2009-2013

PLWHA aged 45+ decreasing while aged 15-24 years old cases increasing; 45% of all PLWHA at the end of 2013 were 45+ years old.

Source: EHARS; data based on preliminary estimates and subject to change.
As of 2013, among the HIV infected people, 1906 (26%) people living more than 15 years with HIV/AIDS, and almost half of them living more than 10 years with HIV/AIDS.

Source: EHARS; data based on preliminary estimates and subject to change.
The number of deaths due to HIV disease among Shelby County residents has declined over the past 6 years. (159 in 2008 to 55 in 2013)

*: preliminary estimates and subject to change.
Source: TN Vital Statistics; 2013 data based on preliminary estimates and subject to change.
HIV Deaths in Shelby County Residents, 2013

Total: 55 Death

Gender:
- Male: 37, 67%
- Female: 18, 33%

Race/Ethnicity:
- White, Not Hispanic: 6, 11%
- Black, Not Hispanic: 49, 89%

Age Distribution:
- 25 to 34: 8
- 35 to 44: 19
- 45 to 54: 12
- 55 to 64: 11
- 65+: 5

Source: EHARS; data based on preliminary estimates and subject to change.
The Memphis MSA (metropolitan statistical area) has the highest Chlamydia, Gonorrhea and P&S Syphilis rates among all MSAs in the nation.

TB rate is 12 times, Syphilis rate is 18 times, Gonorrhea rate is 3 times higher in PLWHA than in the general population. Chlamydia Rate is about the same in both PLWHA and the general population in 2013.
Rates (per 100,000) of HIV/AIDS Prevalence, Incidence, and Co-Infected with STD, Shelby County, 2013
Indicators of HIV Risk

- Race and Gender
- Risk Factors
- Black Women of Childbearing Age
- Hispanics
- Youth
- Incarcerated
- Homeless
Number and Percent of New HIV Disease Cases by Race & Gender, Shelby County, 2013

Black, Not Hispanic consists of 89% of HIV disease cases in 2013. 252 of 331 HIV disease cases were males (76%), while 79 were females (24%).

*Due to privacy concern, numeric values less than 5 have been suppressed.
Data Source: EHARS; data based preliminary estimates and subject to change.
Cases Unidentified Risk factors decreased from 54% in 2012 to 39% in 2013. However, 39% of the HIV disease cases risk factors are not reported.

Data Source: EHARS; 2013 data is based on preliminary estimates and subject to change.
Black Women of Childbearing Age

41 Congenital Syphilis cases were reported in Shelby County between 2009-2013

- 36 (88%) occurred among infants born to Black mothers
- 10 Perinatal HIV cases reported between 2009-2013, 9 were Black, not Hispanic children

Source: EHARS, PRISM
Hispanics
HIV Disease Incidence Rates by Race/Ethnicity, Shelby County Residents, 2008-2013

While Hispanics represent only 3% of new HIV diagnoses and the non-Hispanic Whites represent 10%, Hispanics have a higher incidence rate (21.2) than non-Hispanic Whites (7.5) in 2013.

Source: EHARS; data based on preliminary estimates and subject to change.
Incarcerated HIV Disease Cases among Shelby County Residents Identified in Correctional Facilities, 2007-2013

The number of new HIV disease cases diagnosed in correctional facilities has declined, 14 cases were identified in 2013.

Source: EHARS; data based on preliminary estimates and subject to change.
Chlamydia and Gonorrhea rates among Shelby County adolescents age 15-19 years are more than 2 times higher than Tennessee adolescents of the same age.

Source: PRISM;
References and Notes

• All 2013 data are preliminary and subject to revision. Use of preliminary data is restricted to planning purposes for the Ryan White Planning Council and may not be released to the general public or media.
• Prevalence estimates are based on current residence variable in EHARS.
• Questions? Need more data? Contact:

  David Sweat, MPH
  Chief of Epidemiology
  Shelby County Health Department
  901-222-9229
  David.Sweat@Shelbycountytn.gov

HIV/STD Data:

Shelby County Health Department, Epidemiology Section, 814 Jefferson Ave, Memphis TN 38103.

Arkansas Department of Health, HIV/AIDS Registry Section, 4815 W. Markham, Little Rock AR 77205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).

Mississippi Department of Health, STD/HIV Office, P.O. Box 1700 Jackson, MS 39215.

National STD Data:

Unmet Need and Unaware Data
2013

Memphis Transitional Grant Area

David Sweat, MPH
Chief of Epidemiology
Shelby County Health Department
Outline

• Level of unmet need among the PLWHA population in the Memphis TGA

• Estimated number of persons unaware of their HIV+ status in the Memphis TGA

• Identifying the Unaware
  – HIV testing data
  – Memphis TGA EIIHA (Early Identification of Individuals Living with HIV/AIDS) Strategy

• HIV Continuum of Care
### Unmet Need

<table>
<thead>
<tr>
<th>Not in Care</th>
<th>In Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of HIV Status</td>
<td>Fully Engaged in HIV Primary Medical Care (linked to care)</td>
</tr>
<tr>
<td>(never tested or never received results)</td>
<td></td>
</tr>
<tr>
<td>Know HIV Status</td>
<td>In and Out of HIV Care or Infrequent User</td>
</tr>
<tr>
<td>(not referred to care or didn’t keep referral)</td>
<td></td>
</tr>
<tr>
<td>May Be Receiving Other Medical Care But Not HIV Care</td>
<td></td>
</tr>
<tr>
<td>Entered HIV Primary Medical Care but Dropped Out (lost to follow-up)</td>
<td></td>
</tr>
</tbody>
</table>

PLWHA aware of their HIV+ status but not receiving “Primary Medical Care”
Definition of Unmet Need

• How many PLWHA are not receiving Primary Medical Care?

“Primary Medical Care” as defined by HRSA as having one of the following during a calendar year:

– CD4+ count or
– viral load or
– provision of ARVs
Unmet Need Data Sources and Limitations

Data Sources

- CD4 and viral load tests in eHARS
- CD4 and viral load tests in CAREWare
- Lists of persons receiving ADAP, IAP

Limitations:

- Collect and Integrate data
- Matching data

Persons not Ryan White eligible may not be included in the unmet need framework.
Unmet need has been decreasing since 2011, from 46% to 41% in 2013

Source: EHARS, CAREWare, TN ADAP/IAP,
The majority of PLWHA not receiving primary medical care are located in Shelby County (91%).

Source: EHARS, CAREWare, TN ADAP/IAP
Unmet Need in Tennessee

- 2005 Unmet Need Estimate in **Tennessee=53.6%**
  - Tennessee Department of Health Integrated Epidemiologic Profile, 2005¹

- 2012 Unmet Need Estimate in Nashville **TGA=41%**
  - Part A Nashville TGA Needs Assessment, 2013²

- 2013 Unmet Need Estimate in Memphis **TGA=40.6%**
  - (Preliminary Unmet Need from 2013 eHARS data)

*These estimates do not include TennCare data, which likely accounts for the higher estimates when compared to Memphis TGA.*
Where HIV Prevention and Care Services come together. We must identify those unaware of their status as soon as possible to ensure timely linkage to care and prevention of new positives.

<table>
<thead>
<tr>
<th>Unaware of HIV Status (never tested or never received results)</th>
<th>Know HIV Status (not referred to care or didn’t keep referral)</th>
<th>May Be Receiving Other Medical Care But Not HIV Care</th>
<th>Entered HIV Primary Medical Care but Dropped Out (lost to follow-up)</th>
<th>In and Out of HIV Care or Infrequent User</th>
<th>Fully Engaged in HIV Primary Medical Care (linked to care)</th>
</tr>
</thead>
</table>

**Unaware Estimate**
Unaware Estimate

• Extended Back Calculation Method uses Memphis TGA prevalence as of 2013
  • Based on national proportion of persons not diagnosed = 21%

Total number undiagnosed = \((0.21)/(0.79)\)*(total number PLWHA in Memphis TGA)
\[(0.21/0.79)*8,136=2,163\]

Source: TN Department of Health, HIV/STD Section  (2013 data is subject to change)
Identifying the Unaware

• HIV Testing Data
• Memphis TGA EIIHA Strategy
  (Early Identification of Individuals Living with HIV/AIDS)
Number HIV Tests Conducted at Prevention/Expanded Sites 2009-2013

*Provisional Data, MS data is missing.
Source: TN Department of Health, HIV/STD Section  (2013 data is subject to change)
HIV Test Positivity and Linkage at Prevention and Expanded Testing Sites in Memphis TGA, 2013

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of tests</strong></td>
<td>43,992*</td>
</tr>
<tr>
<td><strong>Number positive</strong></td>
<td>623(1.4%)</td>
</tr>
<tr>
<td><strong>Number previously positive (self-report)</strong></td>
<td>243</td>
</tr>
<tr>
<td><strong>Number new HIV infections</strong></td>
<td>380</td>
</tr>
<tr>
<td><strong>Number linked to Care in Shelby Co.</strong></td>
<td><strong>234 (69%)</strong></td>
</tr>
</tbody>
</table>

*Prevention and expanded test sites include Shelby Co. Health Dept., LeBonheur HIV Community Network, Greater Memphis Planned Parenthood, Partnership to End AIDS Status (PEAS), Friends For Life, Children and Family Services, Tipton, Critenden Co. AR.

*Of the 380 new HIV infections identified, 234 (69%) cases were linked to care, using state definition of documented CD4 count or viral load in eHARS.*

*Provisional Data, MS data is missing  
Source: TN Department of Health, HIV/STD Section (2013 data is subject to change)
HIV Test Positivity at Prevention and Expanded Testing Sites, 2013

<table>
<thead>
<tr>
<th>Test Sites</th>
<th>Total Tests</th>
<th># Positive</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelby Co. Health Department</td>
<td>22,893</td>
<td>480</td>
<td>2.1%</td>
</tr>
<tr>
<td>LeBonheur HIV Community Network</td>
<td>14,214</td>
<td>94</td>
<td>0.7%</td>
</tr>
<tr>
<td>Greater Memphis Planned Parenthood</td>
<td>3129</td>
<td>8</td>
<td>0.3%</td>
</tr>
<tr>
<td>Partnership to End AIDS Status (PEAS)</td>
<td>636</td>
<td>8</td>
<td>1.3%</td>
</tr>
<tr>
<td>Friends For Life</td>
<td>739</td>
<td>9</td>
<td>1.2%</td>
</tr>
<tr>
<td>Children and Family Services, Tipton</td>
<td>2134</td>
<td>19</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: TN Department of Health, HIV/STD Section

Health Dept. sites reported the highest positivity rates, followed by LeBonheur HIV Community Network and CBO/outreach sites.
Clients Tested at Prevention and Expanded Test Sites by Demographics, 2013

Of the 43,992 HIV tests conducted, 64% were among males, 98% among Non-Hispanics and 86% among Black/AA.

Source: TN Department of Health, HIV/STD Section (2013 data is subject to change)
Memphis TGA EIIHA Strategy

“Early Identification of Individuals Unaware of their HIV/AIDS Status”

Objectives:

1) To promote awareness about the importance of early detection and treatment for HIV.

2) To promote awareness about available HIV testing services.

3) To increase access to and utilization of existing HIV testing services.

4) To expand the availability of HIV testing services to underserved geographic areas and demographic sub-populations.

Fourth objective allows funding for HIV testing services through EIS service category to underserved geographic areas (outside of Shelby) and at-risk populations.
“We’ve got to keep pushing. We’ve got to make access to health care more available and affordable for folks living with HIV.”
— President Obama, June 13, 2013
HIV Continuum of Care by Risk/Exposure, Shelby County, 2013

Denominator is number of Diagnosed cases as of 2013
Data Source: eHARS, CAREWare, ADAP/IAP
TN 2010 and Shelby County 2013 HIV Continuum of Care and 2015 Goals

Denominator is number of Diagnosed cases as of 2013
Data Source: eHARS, CAREWare, ADAP/IAP. 2010 HIV Continuum of Care: TN
Thanks for your attention

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3. Unmet Need Estimates:
   • Shelby County Health Department, Epidemiology Section, 814 Jefferson Ave, Memphis TN 38120
   • Arkansas Department of Health, HIV/AIDS Registry Section, 4815 W. Markham, Little Rock AR 77205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC)
   • Mississippi Department of Health, STD/HIV Office, P.O. Box 1700 Jackson, MS 39215

4. Expanded and Prevention HIV Testing Data:
   • Tennessee Department of Health, HIV/AIDS Section, Cordell Hull Building, 425 5th Ave. North Nashville, TN 37243
2014 Data Presentation
Client Demographics, Utilization, Quality Management, and Other Funding Sources

Jennifer Pepper
Program & Quality Manager
FY 2013 Ryan White Part A Clients by:

- Gender
- Age
- Race
- Ethnicity
- Geography
- Annual Income
- Housing Status
- Insurance Status
  - Clients at or below 100% FPL
- HIV Status
FY 2013 Ryan White Part A
Clients by Gender

N = 4,120

Men
• 2,681 (65%)

Women
• 1,417 (34%)

Transgender
• 22 (1%)
N = 4,120
Under 2
• 1 (>0.01%)
2 to 12
• 24 (0.5%)
13 to 24
• 331 (8%)
25 to 44
• 2,067 (50%)
45 to 64
• 1,605 (40%)
65+
• 92 (2%)
FY 2013 Ryan White Part A Clients by Race

N = 4,120

Black/African American
- 3,460 (87%)

White
- 367 (9%)

American Indian
- 25 (0.6%)

Asian Pacific Islander
- 17 (0.4%)

More Than 1 Race
- 206 (4%)

Unknown
- 2 (0.04%)
FY 2013 Ryan White Part A
Clients by Ethnicity

N = 4,120
Non-Hispanic = 4,030  Hispanic = 90
N = 4,120

- TN
  - Shelby = 3,695 (89%)  
  - Tipton = 38 (0.9%)  
  - Fayette = 25 (0.6%)  

- AR
  - Crittenden = 92 (2%)  

- MS
  - Desoto = 96 (2%)  
  - Tate = 10 (0.2%)  
  - Marshall = 15 (0.2%)  
  - Tunica = 20 (0.4%)  
  - Unknown 129 (3%)  

Only counties in the Memphis TGA are included in the above numbers.
FY 2013 Ryan White Part A
Client Annual Income

N = 4,120
Unknown
• 498 (11%)
More than 300% FPL
• 44 (1%)
201-300% FPL
• 282 (7%)
101-200% FPL
• 630 (16%)
100% or below FPL
• 2666 (65%)
N = 4,120

Stable/Permanent – 3330 (81%)
Non-Permanent – 236 (5%)
Unknown – 535 (13%)
Institution – 19 (1%)
FY13 Ryan White Part A
Clients by Insurance Status

N = 4,120

Private
– 505 (12%)

Medicare/caid
– 1,489 (36%)

No Insurance
– 1,593 (38%)

Other
– 34 (1%)

Unknown
– 499 (11%)
FY13 Ryan White Part A Clients at or below 100% FPL by Insurance Status

- Medicaid: 773 (29%)
- Medicare: 479 (18%)
- No Insurance: 1228 (46%)
- Private: 186 (7%)

N = 2,666
N = 4,088

HIV-Positive, not AIDS
– 2,232 (55%)

CDC Defined AIDS
– 1,237 (30%)

HIV-Positive, AIDS Status Unknown
– 619 (15%)
Part A Service Utilization

Jennifer Pepper
Program & Quality Manager
Ryan White Service Utilization

- FY13 RWA Unduplicated Clients: Utilization of Funded Core Services
- FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Core Services
- FY13 RWA Unduplicated Clients: Utilization of Support Services
- FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Support Services
- FY13 RWA Expenditures by Funded Core Services
- FY13 RWA Expenditures by Funded Support Services
- FY13 Allocations vs. Expenditures of Funded Core Services
- FY13 Allocations vs. Expenditures of Funded Support Services
### FY11 – FY13 RWA Unduplicated Client Utilization of Funded Core Services

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care</td>
<td>1662</td>
<td>1663</td>
<td>1354</td>
</tr>
<tr>
<td>Local ADAP</td>
<td>162</td>
<td>204</td>
<td>101</td>
</tr>
<tr>
<td>Oral Health</td>
<td>646</td>
<td>643</td>
<td>443</td>
</tr>
<tr>
<td>EIS</td>
<td>2167</td>
<td>2136</td>
<td>2316</td>
</tr>
<tr>
<td>Mental health</td>
<td>256</td>
<td>274</td>
<td>234</td>
</tr>
<tr>
<td>Nutrition</td>
<td>777</td>
<td>1180</td>
<td>594</td>
</tr>
<tr>
<td>MCM</td>
<td>3353</td>
<td>3477</td>
<td>3667</td>
</tr>
<tr>
<td>SA treatment</td>
<td>16</td>
<td>41</td>
<td>56</td>
</tr>
</tbody>
</table>

The table above shows the unduplicated client utilization of funded core services from FY11 to FY13. The services include Medical Care, Local ADAP, Oral Health, EIS, Mental Health, Nutrition, MCM, and SA treatment. The numbers represent the number of clients utilizing each service.
FY13 RWA Unduplicated Client Utilization of Funded Support Services

- Psychosocial: 293
- Transportation: 1605
- Housing: 10
- Food: 564
- EFA: 162
- NMCM: 201
### FY11 – FY13 RWA Unduplicated Clients: Utilization of Funded Support Services

<table>
<thead>
<tr>
<th></th>
<th>NMCM</th>
<th>EFA</th>
<th>Food</th>
<th>Housing</th>
<th>Transportation</th>
<th>Psychosocial</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>1098</td>
<td>147</td>
<td>1266</td>
<td>7</td>
<td>1142</td>
<td>336</td>
</tr>
<tr>
<td>2012</td>
<td>1084</td>
<td>146</td>
<td>1339</td>
<td>6</td>
<td>1424</td>
<td>320</td>
</tr>
<tr>
<td>2013</td>
<td>201</td>
<td>162</td>
<td>564</td>
<td>10</td>
<td>1605</td>
<td>293</td>
</tr>
</tbody>
</table>
### FY13 RWA Expenditures by Funded Core Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Total Expenditures</th>
<th># Clients</th>
<th>Average Cost per Client</th>
<th># Services</th>
<th>Average # Services per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>$2,577,435.63</td>
<td>1,358</td>
<td>$1,904</td>
<td>5,033 OP visits</td>
<td>4.0</td>
</tr>
<tr>
<td>Local Pharmacy</td>
<td>$32,514.55</td>
<td>101</td>
<td>$322</td>
<td>149 prescriptions</td>
<td>1.0</td>
</tr>
<tr>
<td>Oral Health</td>
<td>$559,368.65</td>
<td>443</td>
<td>$1,263</td>
<td>927 visits</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$77,412.61</td>
<td>234</td>
<td>$331</td>
<td>635 visits</td>
<td>3.0</td>
</tr>
<tr>
<td>Medical Nutrition Therapy</td>
<td>$63,408.61</td>
<td>594</td>
<td>$107</td>
<td>851 encounters</td>
<td>1.0</td>
</tr>
</tbody>
</table>
## FY13 RWA Expenditures by Funded Core Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Total Expenditures</th>
<th># Clients</th>
<th>Average Cost per Client</th>
<th># Services</th>
<th>Average # Services per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Case Management</td>
<td>$969,839.98</td>
<td>3,667</td>
<td>$264</td>
<td>34,341 encounters</td>
<td>10.0</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>$390,350.75</td>
<td>2,316</td>
<td>$169</td>
<td>8,008 encounters</td>
<td>3.0</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>$24,057.50</td>
<td>56</td>
<td>$430</td>
<td>490 encounters</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$4,323,654.47</strong></td>
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<td></td>
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</tr>
<tr>
<td>Service Category</td>
<td>Total Expenditures</td>
<td># Clients</td>
<td>Average Cost per Client</td>
<td># Services</td>
<td>Average # Services per Client</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td>-----------</td>
<td>-------------------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Case Management (Non-medical)</td>
<td>$70,012.50</td>
<td>201</td>
<td>$348</td>
<td>1,815 encounters</td>
<td>9.0</td>
</tr>
<tr>
<td>EFA</td>
<td>$72,674.17</td>
<td>162</td>
<td>$449</td>
<td>204 payments</td>
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<tr>
<td>Food Bank</td>
<td>$112,129.83</td>
<td>564</td>
<td>$199</td>
<td>565 food bags/1232 food vouchers</td>
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</tr>
<tr>
<td>Housing</td>
<td>$33,375.15</td>
<td>10</td>
<td><strong>$3,338</strong></td>
<td>62 rent/deposit payment</td>
<td>6.0</td>
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</table>
## FY13 RWA Expenditures by Funded Support Services

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Total Expenditures</th>
<th># Clients</th>
<th>Average Cost per Client</th>
<th># Services</th>
<th>Average # Services per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Transportation</td>
<td>$37,303.19</td>
<td>1,605</td>
<td>$23</td>
<td>4,017 bus passes, 2,183 gas cards, 60 cab trips, 29 round trips</td>
<td>4.0</td>
</tr>
<tr>
<td>Psychosocial Support</td>
<td>$96,612.70</td>
<td>293</td>
<td>$330</td>
<td>1,677 encounters</td>
<td>6.0</td>
</tr>
<tr>
<td>Referral for Health Care/Support</td>
<td>$26,167.10</td>
<td>289</td>
<td>$91</td>
<td>344 referrals for care, 488 referrals for testing</td>
<td>5.0</td>
</tr>
<tr>
<td>Outreach</td>
<td>23,388.89</td>
<td>4,366</td>
<td>$5</td>
<td>5,841 visits, 17,335 page views</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$471,663.53</strong></td>
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</tbody>
</table>
## FY13 Allocations vs. Expenditures of Funded Core Services

<table>
<thead>
<tr>
<th>FY13 Service Priority</th>
<th>SERVICE CATEGORY</th>
<th>Part A FY13 Allocations</th>
<th>Part A FY13 Expenditures</th>
<th>MAI FY13 Allocations</th>
<th>MAI FY13 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Outpatient /Ambulatory Health Services</td>
<td>55.00%</td>
<td>45.08%</td>
<td>5.00%</td>
<td>2.12%</td>
</tr>
<tr>
<td>2</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
<td>0.00%</td>
<td>8.41%</td>
<td>0.00%</td>
<td>13.69%</td>
</tr>
<tr>
<td>5</td>
<td>AIDS Pharmaceutical Assistance (local)</td>
<td>0.75%</td>
<td>0.57%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>7</td>
<td>Oral Health Care</td>
<td>13.00%</td>
<td>10.24%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>4</td>
<td>Early Intervention Services</td>
<td>1.00%</td>
<td>0.51%</td>
<td>75.00%</td>
<td>58.72%</td>
</tr>
<tr>
<td>8</td>
<td>Mental Health Services</td>
<td>2.00%</td>
<td>1.42%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>9</td>
<td>Medical Nutrition Therapy</td>
<td>1.50%</td>
<td>1.11%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>3</td>
<td>Medical Case Management (incl. Treatment Adherence)</td>
<td>18.00%</td>
<td>17.19%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>15</td>
<td>Substance Abuse Services - outpatient</td>
<td>0.58%</td>
<td>0.42%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>FY13 Service Priority</td>
<td>SERVICE CATEGORY</td>
<td>Part A FY13 Allocations</td>
<td>Part A FY13 Expenditures</td>
<td>MAI FY13 Allocations</td>
<td>MAI FY13 Expenditures</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------</td>
<td>------------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>12</td>
<td>Case Management (non-Medical)</td>
<td>1.50%</td>
<td>1.30%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>14</td>
<td>Emergency Financial Assistance</td>
<td>0.92%</td>
<td>0.90%</td>
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<td>3.69%</td>
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<tr>
<td>10</td>
<td>Food Bank/Home-Delivered Meals</td>
<td>2.00%</td>
<td>1.38%</td>
<td>7.00%</td>
<td>5.21%</td>
</tr>
<tr>
<td>18</td>
<td>Health Education/Risk Reduction</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.50%</td>
<td>0.00%</td>
</tr>
<tr>
<td>16</td>
<td>Housing Services</td>
<td>1.00%</td>
<td>0.59%</td>
<td>3.50%</td>
<td>0.00%</td>
</tr>
<tr>
<td>11</td>
<td>Medical Transportation Services</td>
<td>0.75%</td>
<td>0.57%</td>
<td>2.00%</td>
<td>1.25%</td>
</tr>
<tr>
<td>17</td>
<td>Outreach Services</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4.00%</td>
<td>6.31%</td>
</tr>
<tr>
<td>13</td>
<td>Psychosocial Support Services</td>
<td>1.50%</td>
<td>1.69%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>29</td>
<td>Referral for Health Care/Supportive Services</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
Quality Management

Jennifer Pepper
Program & Quality Manager
Ryan White Quality Management

- FY12-13 QM Performance Measures: HAB01: 2 Visits >= 3 months apart
- FY12-13 QM Performance Measures: HAB02: >= 2 CD4 Counts
- FY12-13 QM Performance Measures: HAB03: CD4<200 w/ PCP Prophylaxis
- FY12-13 QM Performance Measures: HAB04: AIDS Clients on HAART
- 2013 In+care Campaign Measures for Memphis TGA
- Comparing Memphis TGA In+care Measures Nationally as of 12/2013
FY12-13 QM Performance Measures

HAB01: 2 Visits >= 3 months apart

<table>
<thead>
<tr>
<th></th>
<th>FY12 Q1</th>
<th>FY12 Q2</th>
<th>FY12 Q3</th>
<th>FY12 Q4</th>
<th>FY13 Q1</th>
<th>FY13 Q2</th>
<th>FY13 Q3</th>
<th>FY13 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider 1</td>
<td>86%</td>
<td>87%</td>
<td>86%</td>
<td>87%</td>
<td>86%</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Provider 2</td>
<td>77%</td>
<td>81%</td>
<td>81%</td>
<td>79%</td>
<td>66%</td>
<td>73%</td>
<td>74%</td>
<td>72%</td>
</tr>
<tr>
<td>Provider 3</td>
<td>81%</td>
<td>86%</td>
<td>82%</td>
<td>80%</td>
<td>78%</td>
<td>82%</td>
<td>78%</td>
<td>79%</td>
</tr>
<tr>
<td>Provider 4</td>
<td>58%</td>
<td>69%</td>
<td>70%</td>
<td>70%</td>
<td>67%</td>
<td>70%</td>
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<tr>
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<td>95%</td>
<td>91%</td>
<td>93%</td>
<td>93%</td>
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</tbody>
</table>
FY12-13 QM Performance Measures

HAB02: >= 2 CD4 Counts

<table>
<thead>
<tr>
<th></th>
<th>FY12 Q1</th>
<th>FY12 Q2</th>
<th>FY12 Q3</th>
<th>FY12 Q4</th>
<th>FY13 Q1</th>
<th>FY13 Q2</th>
<th>FY13 Q3</th>
<th>FY13 Q4</th>
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</thead>
<tbody>
<tr>
<td>Provider 1</td>
<td>76%</td>
<td>78%</td>
<td>77%</td>
<td>75%</td>
<td>74%</td>
<td>66%</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Provider 2</td>
<td>54%</td>
<td>69%</td>
<td>73%</td>
<td>69%</td>
<td>53%</td>
<td>68%</td>
<td>67%</td>
<td>57%</td>
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<tr>
<td>Provider 3</td>
<td>70%</td>
<td>72%</td>
<td>70%</td>
<td>70%</td>
<td>72%</td>
<td>80%</td>
<td>75%</td>
<td>77%</td>
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<tr>
<td>Provider 4</td>
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<tr>
<td>Provider 5</td>
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<td>92%</td>
<td>92%</td>
<td>89%</td>
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<td>93%</td>
<td>94%</td>
<td>96%</td>
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<tr>
<td>Provider</td>
<td>FY12 Q1</td>
<td>FY12 Q2</td>
<td>FY12 Q3</td>
<td>FY12 Q4</td>
<td>FY13 Q1</td>
<td>FY13 Q2</td>
<td>FY13 Q3</td>
<td>FY13 Q4</td>
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<tr>
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<td>81%</td>
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<td>87%</td>
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<tr>
<td>Provider 2</td>
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<td>88%</td>
<td>94%</td>
<td>87%</td>
<td>76%</td>
<td>67%</td>
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<tr>
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<td>89%</td>
<td>84%</td>
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<tr>
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</tbody>
</table>

**HAB03: CD4<200 w/ PCP Prophylaxis**
<table>
<thead>
<tr>
<th>Provider</th>
<th>FY12 Q1</th>
<th>FY12 Q2</th>
<th>FY12 Q3</th>
<th>FY12 Q4</th>
<th>FY13 Q1</th>
<th>FY13 Q2</th>
<th>FY13 Q3</th>
<th>FY13 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider 1</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
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<td>97%</td>
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<td>92%</td>
<td>96%</td>
<td>96%</td>
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<tr>
<td>Provider 3</td>
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<td>93%</td>
<td>94%</td>
<td>95%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
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<tr>
<td>Provider 4</td>
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<td>90%</td>
<td>85%</td>
<td>86%</td>
<td>94%</td>
<td>100%</td>
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<tr>
<td>Provider 5</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### HAB04: AIDS Clients on HAART

- **Provider 1**: 97% - 97% - 97% - 97% - 97% - 97% - 96% - 96%
- **Provider 2**: 93% - 99% - 99% - 97% - 92% - 96% - 96% - 96%
- **Provider 3**: 93% - 93% - 94% - 95% - 99% - 99% - 99% - 99%
- **Provider 4**: 100% - 90% - 85% - 86% - 94% - 100% - 95% - 94%
- **Provider 5**: 98% - 98% - 100% - 100% - 100% - 100% - 100% - 100%
2013 In+care Campaign Measures for Memphis TGA

- **Gap:** 64% - 66%
- **Frequency:** 70% - 74%
- **New patient retention:** 63% - 66%
- **Viral Suppression:** 11% - 11%

<table>
<thead>
<tr>
<th>Month</th>
<th>Gap</th>
<th>Frequency</th>
<th>New patient retention</th>
<th>Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-13</td>
<td>64%</td>
<td>70%</td>
<td>63%</td>
<td>11%</td>
</tr>
<tr>
<td>Mar-13</td>
<td>64%</td>
<td>71%</td>
<td>59%</td>
<td>12%</td>
</tr>
<tr>
<td>Apr-13</td>
<td>65%</td>
<td>73%</td>
<td>61%</td>
<td>12%</td>
</tr>
<tr>
<td>May-13</td>
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<td>74%</td>
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</tr>
<tr>
<td>Jun-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Jul-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Aug-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Sep-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Oct-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Nov-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>66%</td>
<td>73%</td>
<td>50%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Comparing Memphis TGA In+care Measures Nationally as of 12/2013

- Gap Frequency New patient retention
- Viral suppression

- Ryan White
- National Average
- Top 25%
- Top 10%
Other Sources of Funding Related to HIV Care and Prevention

Jennifer Pepper
Program & Quality Manager
Other Funding Sources

- Ryan White Parts B, C, and D
- Medicaid
- Centers for Disease Control and Prevention
- Veteran Administration
- Food & Nutrition Services – WIC & Food Stamps
- Substance Abuse Prevention and Treatment
- HOPWA & Community Sources for EFA
Part B of the Ryan White HIV/AIDS Program provides grants to States and U.S. Territories.

States and U.S. Territories may:

- provide services directly, contract with agencies, or work through subcontracts with Part B HIV Care Consortia
TN Part B Programs include:

- Outpatient Medical Services
- Insurance Assistance Program (IAP)
- HIV Drug Assistance Program (HDAP)
- Medical Case Management

For Ryan White Part A funded TGAs:

- Part A will fund the majority of services to these counties.
  - With the exceptions of HDAP and IAP
TN RWB Utilization & Expenditures for Memphis TGA

Number Served by Insurance Assistance Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>538</td>
</tr>
<tr>
<td>2012-13</td>
<td>603</td>
</tr>
<tr>
<td>2013-14</td>
<td>759</td>
</tr>
</tbody>
</table>

Cost of Insurance Assistance Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>$1,739,511</td>
</tr>
<tr>
<td>2012-13</td>
<td>$1,772,839</td>
</tr>
<tr>
<td>2013-14</td>
<td>$1,906,778</td>
</tr>
</tbody>
</table>
TN RWB Utilization & Expenditures for Memphis TGA

Number Served by HIV Drug Assistance Program

<table>
<thead>
<tr>
<th>Year</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>1399</td>
<td>1447</td>
<td>1449</td>
</tr>
</tbody>
</table>

Cost of HIV Drug Assistance Program

<table>
<thead>
<tr>
<th>Year</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$8,426,860</td>
<td>$8,185,033</td>
<td>$7,793,811</td>
</tr>
</tbody>
</table>
## TN RWB Utilization & Expenditures for Memphis TGA

<table>
<thead>
<tr>
<th></th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013 - 14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Spent</strong></td>
<td>$12,483</td>
<td>$13,566</td>
<td>$13,316</td>
</tr>
<tr>
<td><strong>Number Served</strong></td>
<td>44*</td>
<td>29*</td>
<td>56*</td>
</tr>
<tr>
<td><strong>Average Cost</strong></td>
<td>$283</td>
<td>$468</td>
<td>$237</td>
</tr>
</tbody>
</table>

*Numbers served for Outpatient Medical Services may be duplicated clients. Actual numbers served may be lower than represented in table. Average cost per client may also represent duplication of clients.*
Mississippi Ryan White Part B Programs include:

- Aids Drug Assistant Program (ADAP)
- Early Intervention Services (EIS)
- HIV Primary Health Care
- Delta Region AIDS Education and Training Centers
- Housing Services
- Funds at least one dedicated HIV Case Manager in each of the nine Public Health Districts.
MS ADAP Utilization & Expenditures in the Memphis TGA

Number Served

<table>
<thead>
<tr>
<th>Year</th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>47</td>
<td>58</td>
<td>76</td>
</tr>
</tbody>
</table>

ADAP Expenditures

<table>
<thead>
<tr>
<th>Year</th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$278,462</td>
<td>$294,576</td>
<td>$314,638</td>
<td>$434,450</td>
</tr>
</tbody>
</table>
Arkansas Ryan White Part B Programs include:

- AIDS Drug Assistant Program (ADAP)
- Laboratory Services
- Oral Health Care
- Primary Medical Care
- HOPWA
- Utilities Assistance
- Transportation
- Health Insurance
- Food and Nutritional Supplements
AR ADAP Utilization and Expenditures in the Memphis TGA

Number Served in AR

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>32</td>
<td>27</td>
<td>32</td>
</tr>
</tbody>
</table>

ADAP Expenditures in AR

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>$244,148</td>
<td>$239,820</td>
<td>$324,000</td>
</tr>
</tbody>
</table>
Part C provides grants directly to service providers to support EIS and ambulatory care for PLWHA.

No more than 10% of the budget can be allocated to administrative costs.

At least 75% of the balance remaining after subtracting administrative costs, must be used for core medical services.
Part C Funds in Memphis TGA

East Arkansas Family Health Center
- Outpatient/Ambulatory Medical Care
- Dental, Medical, Case Management
- Medical Transportation, Mental Health
- Nutritional Counseling & Supplements
- HIV testing

Adult Special Care Clinic at the Regional One Health
- Outpatient/Ambulatory Medical Care
- Mental Health
Ryan White Part C Funding in TGA

<table>
<thead>
<tr>
<th>Year</th>
<th>EAFHC</th>
<th>ASCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$299,384</td>
<td>$813,705</td>
</tr>
<tr>
<td>2012</td>
<td>$299,384</td>
<td>$974,325</td>
</tr>
<tr>
<td>2013</td>
<td>$284,415</td>
<td>$948,359</td>
</tr>
</tbody>
</table>
Clients Served by Ryan White Part C Funding in TGA

<table>
<thead>
<tr>
<th>Year</th>
<th>EAFHC</th>
<th>ASCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>204</td>
<td>3,193</td>
</tr>
<tr>
<td>2012</td>
<td>182</td>
<td>2,925</td>
</tr>
<tr>
<td>2013</td>
<td>221</td>
<td>2,519</td>
</tr>
</tbody>
</table>
Part D funding is for women, infants, children, youth and their families.

Le Bonheur Community Health & Well-Being receives part D funding and sub-grants to other organizations.

Serves: Shelby, Fayette, and Tipton Counties in TN, Desoto County in MS, and Crittenden County in AR
Memphis Ryan White Part D Program

- All youth specific funding cut in 2012-2013.
- Overall cuts of 60% in the last two years.
# Tennessee Medicaid (TennCare)

## Expenditures and Number of PLWHAs Served in Shelby, Fayette, & Tipton Counties

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Expenditure</th>
<th>Pharmacy Expenditure</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$6,071,679</td>
<td>$9,823,105</td>
<td>$15,894,784</td>
</tr>
<tr>
<td>2011</td>
<td>$5,375,250</td>
<td>$11,179,129</td>
<td>$16,554,379</td>
</tr>
<tr>
<td>2012</td>
<td>$4,469,966</td>
<td>$10,533,770</td>
<td>$14,993,736</td>
</tr>
<tr>
<td>2013</td>
<td>$3,846,725</td>
<td>$13,678,237</td>
<td>$17,524,962</td>
</tr>
</tbody>
</table>

**N=**
- 2010: 1,987
- 2011: 1,887
- 2012: 1,501
- 2013: 1,873
Mississippi Medicaid
Expenditures and Number of PLWHAs Served in Desoto, Tunica, Tate, and Marshall Counties

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Expenditure</th>
<th>Pharmacy Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$43,204</td>
<td>$80,000</td>
</tr>
<tr>
<td>2013</td>
<td>$89,178</td>
<td>$68,142</td>
</tr>
</tbody>
</table>

N = 72
N = 60
Arkansas Medicaid

Expenditures and Number of PLWHAs Served in Crittenden County

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number Served</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 10-11</td>
<td>N=44</td>
<td>$92,471</td>
</tr>
<tr>
<td>FY 11-12</td>
<td>N=61</td>
<td>$125,917</td>
</tr>
<tr>
<td>FY 12-13</td>
<td>N=61</td>
<td>$133,605</td>
</tr>
<tr>
<td>FY 13-14</td>
<td>N=76</td>
<td>$177,435</td>
</tr>
</tbody>
</table>
Centers for Disease Control and Prevention (CDC)

• Provides funds to states for HIV Prevention and testing programs

• States distribute the funds to local programs via the state Department of Health or local Consortia
TN Department of Health HIV Prevention Numbers Served by in Shelby, Tipton, and Fayette Counties

- Number Served with Prevention/Outreach Programs
- Number of HIV Tests Conducted

<table>
<thead>
<tr>
<th>Year</th>
<th>Served with Prevention/Outreach Programs</th>
<th>Number of HIV Tests Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2010</td>
<td>15,795</td>
<td>33,580</td>
</tr>
<tr>
<td>CY 2011</td>
<td>14,890</td>
<td>39,204</td>
</tr>
<tr>
<td>CY 2012</td>
<td>24,386</td>
<td>50,935</td>
</tr>
<tr>
<td>CY 2013</td>
<td>24,386</td>
<td>47,765</td>
</tr>
</tbody>
</table>
TN Department of Health HIV Prevention
Funding for Shelby, Tipton, and Fayette Counties

$1,000,000 $1,000,000 $1,000,000 $1,000,000

$417,000 $478,000 $407,800 $407,800

2010 2011 2012 2013

HIV Testing  Prevention and Outreach
## Mississippi Department of Health Projects (CDC) Funding

<table>
<thead>
<tr>
<th></th>
<th>CY 2011</th>
<th>CY 2012</th>
<th>CY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV Prevention Activities and Outreach Programs/Agencies</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>CDC Cooperative Agreement for Prevention</td>
<td>$2,023,284</td>
<td>$1,090,150</td>
<td></td>
</tr>
<tr>
<td>CDC Expanded Testing Initiative</td>
<td>$821,152</td>
<td>$320,577</td>
<td></td>
</tr>
</tbody>
</table>

### Testing sites in DeSoto, Marshall, Tate and Tunica

- DeSoto County Health Department
- Marshall County Health Department
- Tate County Health Department
- Tunica County Health Department
- Aaron E. Henry Health Services Center
## Arkansas Department of Health Projects (CDC) Funding

<table>
<thead>
<tr>
<th></th>
<th>CY 2011</th>
<th>CY 2012</th>
<th>CY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Community Based organizations for HIV prevention</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>CDC Funding for Community Based organizations</td>
<td>$329,409</td>
<td>&gt; $300,000</td>
<td>$350,000</td>
</tr>
</tbody>
</table>

- Crittenden County is not covered in the scope of work for any funded grantees
  - However, the grantees are not limited to serving only clients that reside in their scope of work
- Testing events occur in Crittenden County
## Number of HIV Infected Veterans in Care with the VA

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>245</td>
<td>253</td>
<td>258</td>
<td>272</td>
</tr>
<tr>
<td>Mississippi</td>
<td>438</td>
<td>372</td>
<td>425</td>
<td>391</td>
</tr>
<tr>
<td>Tennessee</td>
<td>636</td>
<td>646</td>
<td>681</td>
<td>680</td>
</tr>
</tbody>
</table>

Source: HIV Infected Veterans in VHA Care by State.
Administered by the U.S. Department of Agriculture, WIC provides federal grants to states.

Serves low-income pregnant / postpartum women and infants and children up to age five who are at nutritional risk.

WIC Special Supplemental Nutrition Program (SNP)
- Provides nutritious supplemental foods, nutrition education, breastfeeding support, and health/social services referrals.

WIC Commodity Supplemental Food Program (CSFP)
- Similar to SNP, but CSFP also serves elderly people and provides food rather than food vouchers.

Eligible people cannot participate in SNP and CSFP at the same time.
WIC Funding by Year for TN, MS, and AR

<table>
<thead>
<tr>
<th></th>
<th>FFY 2010</th>
<th>FFY 2011</th>
<th>FFY 2012</th>
<th>FFY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>$127,115,461</td>
<td>$126,150,085</td>
<td>$128,405,008</td>
<td>$122,898,891</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$98,986,082</td>
<td>$91,444,337</td>
<td>$88,193,230</td>
<td>$84,988,448</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$73,448,817</td>
<td>$74,733,382</td>
<td>$72,623,373</td>
<td>$69,734,786</td>
</tr>
</tbody>
</table>
Number of Participants in WIC Program by State

<table>
<thead>
<tr>
<th>State</th>
<th>FFY 2011</th>
<th>FFY 2012</th>
<th>FFY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>93,461</td>
<td>94,293</td>
<td>89,777</td>
</tr>
<tr>
<td>Mississippi</td>
<td>97,277</td>
<td>94,773</td>
<td>91,652</td>
</tr>
<tr>
<td>Tennessee</td>
<td>161,578</td>
<td>162,775</td>
<td>159,426</td>
</tr>
</tbody>
</table>
WIC Funding in Memphis TGA

- Mississippi (DeSoto, Marshall, Tate, Tunica)
- Tennesse (Shelby)

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2011</td>
<td>$4,783,199</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>$6,164,700</td>
</tr>
<tr>
<td>FFY 2013</td>
<td>$6,791,084</td>
</tr>
<tr>
<td>FFY 2014</td>
<td>$6,231,449</td>
</tr>
</tbody>
</table>
• Food Stamp programs are:
  – financed 100% by Federal funds, and
  – administered by the Departments of Human Services in TN, MS, and AR

• Client benefits can be redeemed at:
  – participating stores,
  – farmers’ markets,
  – direct marketing farmers,
  – homeless meal providers,
  – treatment centers,
  – group homes, and
  – others authorized to accept SNAP
Substance Abuse Prevention and Treatment

Funding for Shelby, Tipton and Fayette Counties in TN

- Federal Prevention
- Federal Treatment
- State Treatment

<table>
<thead>
<tr>
<th>Years</th>
<th>Federal Prevention</th>
<th>Federal Treatment</th>
<th>State Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 09-10</td>
<td>$898,321</td>
<td>$2,231,659</td>
<td>$3,274,954</td>
</tr>
<tr>
<td>FY 10-11</td>
<td>$839,490</td>
<td>$4,224,066</td>
<td>$3,311,727</td>
</tr>
<tr>
<td>FY 11-12</td>
<td>$721,547</td>
<td>$4,484,289</td>
<td>$3,992,518</td>
</tr>
<tr>
<td>FY 12-13</td>
<td>$693,990</td>
<td>$5,636,152</td>
<td>$2,940,990</td>
</tr>
</tbody>
</table>

Funding for Shelby, Tipton and Fayette Counties in TN

- Federal Prevention
- Federal Treatment
- State Treatment

<table>
<thead>
<tr>
<th>Years</th>
<th>Federal Prevention</th>
<th>Federal Treatment</th>
<th>State Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 09-10</td>
<td>$898,321</td>
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</tr>
<tr>
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<td>$693,990</td>
<td>$5,636,152</td>
<td>$2,940,990</td>
</tr>
</tbody>
</table>
Housing Opportunities for People with AIDS (HOPWA)

• Managed by the U.S. Dept. of Housing and Urban Development and serves PLWHAs living in all the counties of the Memphis TGA

• Services include
  – Tenant-Based Rental Assistance (TBRA)
  – Short-term Rent, Mortgage & Utility Assistance (STRMU)
  – Permanent Housing Facility
  – Short-term Housing Facility
  – Permanent housing placement
  – Housing information (e.g., flyers, pamphlets)
  – Support Services
HOPWA Funding in the Memphis TGA

HOPWA Expenditures

<table>
<thead>
<tr>
<th>FY 10</th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 725</td>
<td>$2,385,365</td>
<td>N = 997</td>
<td>$2,177,710</td>
</tr>
<tr>
<td>N = 821</td>
<td>$1,544,651</td>
<td>N = 1,076</td>
<td>$1,442,381</td>
</tr>
</tbody>
</table>
Community Sources for Emergency Financial or Rental Assistance

• Metropolitan Inter-Faith Association (MIFA)
  – Provides food, rent/mortgage, transportation, and utility assistance to eligible individuals

• MLG&W Utility Service Payment Assistance Programs
  – Includes the Federal Low Income Home Energy Assistance Program (LIHEAP), a non-emergency program that provides utility assistance in the form of a credit once per calendar year
  – Utility bill payment assistance programs have age, income, disability, need and other eligibility requirements
That's all Folks!