



Introduction to KCHD Ryan White Care Services

Ryan White Care Act Origin

- Passed by congress in 1990 as a response to growing epidemic
- Established comprehensive system of care including primary medical care & essential support services for uninsured or underinsured PLWH.
- Works with cities, states, and local community-based organizations to provide care & treatment to more than half a million people annually.
- Reaches approximately 52% of all people diagnosed with HIV in the US.
- Largest federally funded program in the US for people living with HIV/AIDS



Parts of the Ryan White System

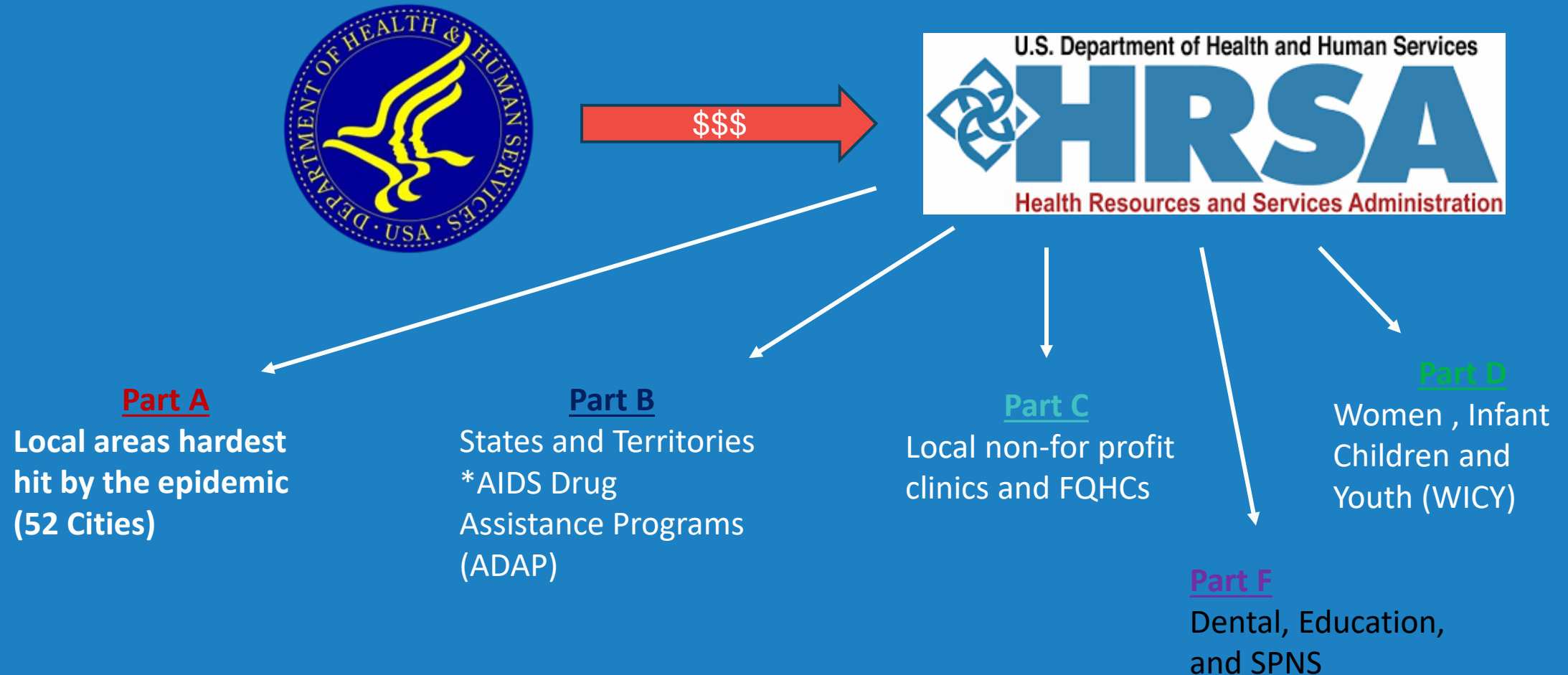
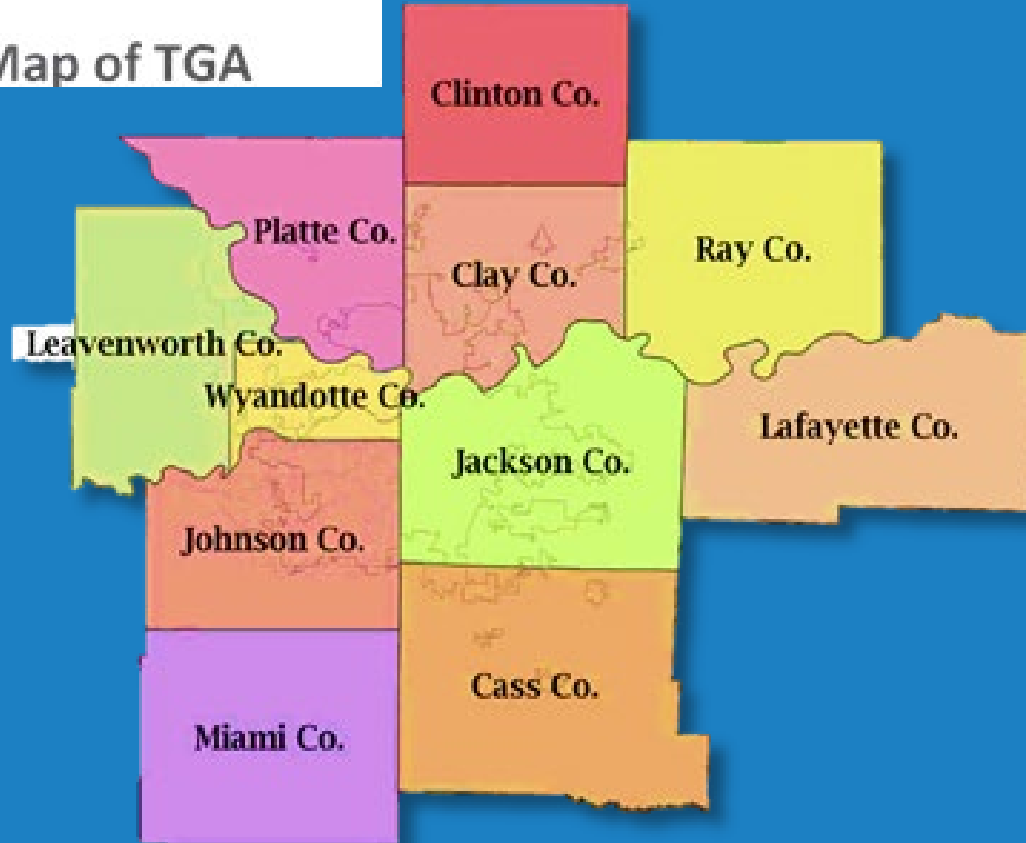


Figure 1: Map of TGA



PROGRAM GOALS:

1. Prevent New HIV Infections
2. Improve Health Outcomes for Persons living with HIV
3. Reduce HIV Related Disparities and Health Inequities

Program Objectives:

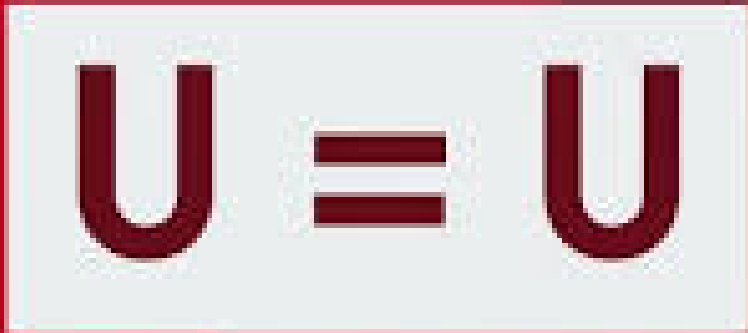
- Expand service coordination and integration of HIV Prevention and Care Services (Syndemic Approach)
- Analyze health disparities and develop plans and interventions to address
- Develop and update HIV Care Continuum Data
- Act as administrator and stewards of Federal grant dollars to ensure deliverables are met and progress towards goals maintained.
- Educate and Inform Planning Council on program progress and epidemiologic profile

Kansas City Health Department's HIV Services Program is the Administrator for Ryan White Part A/MAI and Subrecipient for Ryan White Part B

Program Activities (HIV Care Services)

- Medical Case Management
- Ambulatory/Outpatient HIV Care
- Early Intervention Services (Linkage to Care)
- Health Insurance Premium and Cost Sharing Assistance
- Housing Services (Transitional Housing)
- Health Education Risk Reduction
- Mental Health and Substance Abuse Services
- Referral for Healthcare Support Services

**Part A and MAI allocations determined by the KC-TGA Integrated Prevention and Care Planning Council*


$$U = U$$

Undetectable
means
Untransmittable

National Trends

An estimated **1.2 million people in the US aged 13 and older are living with HIV**

- About 13% (158,249) of people with HIV in the U.S. don't know it and so need testing
- About 76% received some HIV care, 54% were retained in care, and 65% were virally suppressed.
- Estimated new HIV infections decreased 12% from 36,300 in 2018 to 31,800 in 2022
 - Driven largely by a 30% decrease in new infections for people aged 13-24
- **Black/African America** persons made up approximately 12% of the population of the United States but account for 37% (11,900) of new HIV infections. **White** persons made up 61% of the population of the United States but accounted for 24% (7,600) of new HIV infections, and **Hispanic/Latine** persons made up 18% of the population of the United States but accounted for 33% (10,500) of HIV infections. Together, Black/African Americans and Hispanic/Latino people made up more than half (70%) of estimated new HIV infections in 2022
- Among women, 47% (2,800) of new HIV infections were among Black women

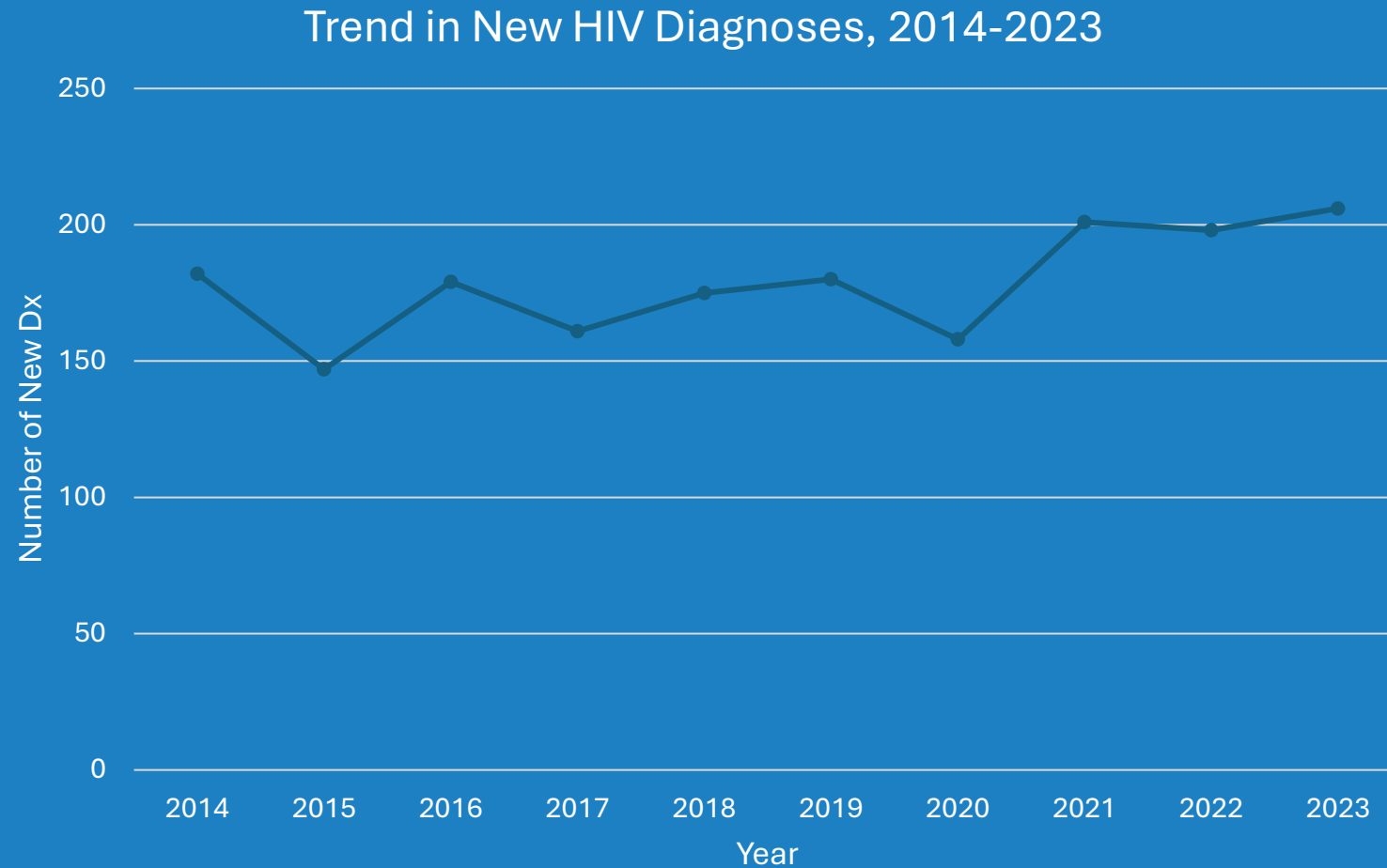
-CDC: HIV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022

Local Trends for the Kansas City Transitional Grant Area

2023 Epi Data

- **Total new diagnoses: 206, 16.32 per 100K**
 - 52% MSM, 29% heterosexual contact
 - 13% among Black, non-MSM 13-44
 - 9% Black/Hispanic MSM 13-29
 - 2% Transgender
- **Total Prevalence: 5465, 432.9 per 100K**
 - 63% MSM, 21% heterosexual contact
 - 6% Black, non-MSM 13-44
 - 3% Black/Hispanic MSM 13-29
 - 1% Transgender
- **Total RW Clients served: 2692 - 49% of all PWH in TGA**

Local Trends for the Kansas City Transitional Grant Area



Local Trends for the Kansas City Transitional Grant Area

2023 Epi Data

Incidence by race/ethnicity

Race/Ethnicity x Sex at Birth	N	Rate	Percent
Black/African American Males	56	44.09	27.2%
Black/African American Females	15	11.13	7.3%
Hispanic/Latin Males	43	41.51	20.9%
Hispanic/Latin Females	5	5.08	2.4%
white Males	68	8.53	33.0%
white Females	13	1.58	6.3%

Prevalence by race/ethnicity

Race/Ethnicity x Sex at Birth	N	Rate	Percent
Black/African American Males	1451	1142.34	26.6%
Black/African American Females	544	403.60	10.0%
Hispanic/Latin Males	668	644.79	12.2%
Hispanic/Latin Females	87	88.31	1.6%
white Males	2147	269.16	39.3%
white Females	251	30.58	4.6%

Local Trends for the Kansas City Transitional Grant Area

New Diagnoses, 2023

Zip Code	Rate (N)
64129	57.03 (5)
64123	56.4 (6)
64112	53.5 (5)
64132	38.4 (5)
64111	35.1 (6)
64130	33.8 (7)

PWH, 2023

Zip Code	Rate (N)
64109	1778.4 (183)
64111	1291.5 (221)
64106	1237.9 (124)
64130	1023.8 (212)
64128	960.2 (117)
64125	955.7 (19)

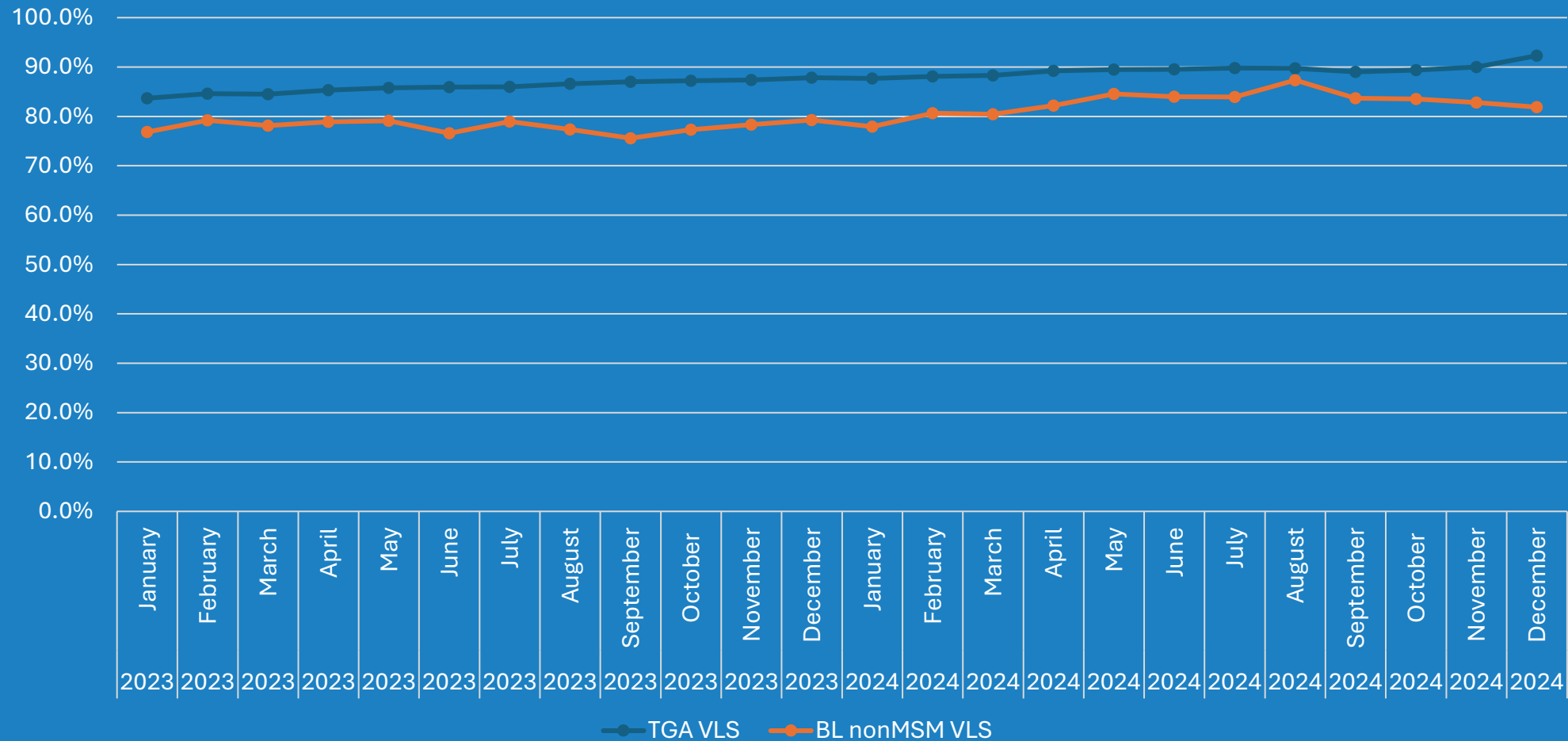
Note: While top ZIP codes represent a small portion of the city, it is important to know people with HIV live in every city council district in Kansas City, and every county in the Kansas City Transitional Grant Area.

Local Trends for the Kansas City Transitional Grant Area

Prevalence	5465	TGA	RW
Linked to Care	156	76%	71%
Engagement in Care	4278	78%	92%
Retention in Care	2730	50%	67%
Virally Suppressed	3301	60%	91%
Retained in Care & Virally Suppressed	2341	43%	94%

Local Trends for the Kansas City Transitional Grant Area

Viral Load Suppression Trends, 2023-2024



Minority AIDS Initiative (MAI) funding (\$281,334 for FY24) used to improve access to HIV care and improve health outcomes for racial and ethnic minority populations disproportionately affected by HIV. In the KC-TGA Minority AIDS Initiative populations of focus include:

- Young, age 13-29, Men who have Sex with Men (MSM) of Color
- African American Males & Females, Non-MSM, Ages 13-44
- Transgender People of Color

To meet the goal of improving VL suppression in MAI populations:

The KC-TGA uses a community level approach towards the HIV Care Continuum seeking to improve health outcomes and increase access to care. In FY24 the KC-TGA directed MAI funding into the following service categories to best serve the target populations:

- Medical Case Management
- Outpatient/Ambulatory Health Services
- Peer Education and Prevention for Positive programs
- Hospital Liaisons

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