The ABC’s of Ryan White Legislation

A Basic Overview

Dr. Brent J. Pimentel, MD/MPH
Texas Program Manager
SCAETC
Parkland Health & Hospital System
Dallas, TX
• **Objective 1**
  - Review the timeline of federal funding in response to HIV

• **Objective 2**
  - Summarize the “Parts” of the Ryan White CARE Act (RWCA)

• **Objective 3**
  - Understand how RWCA funding impacts Dallas County
Objective 1

Review the timeline of federal funding in response to HIV
Timeline of Federal Healthcare Administration

- **1943**: U.S. Department of Health & Human Services (HHS) Established
  - Purpose: Provide Federal **Oversight** of Healthcare Nationwide
  - Initially focused on the **elderly** and World War II **veterans disabled** during their service

- **1982**: HHS creates the Health Resources & Services Administration (HRSA)
  - Purpose: **Maximize** Allocation of Resources and **Minimize** Duplication of Services
  - Formed by combining **two** programs from the original 1943 legislation
    - Health Resources Management
    - Health Services Administration
The Beginning of the Epidemic

- **1981**: Centers for Disease Control (CDC) Publishes Report in June
  - Presented 5 cases of pneumonia caused by a rarely-seen bacterium
  - All patients showed signs of severe system-wide immunosuppression
  - By December 1981, 270 cases of pneumonia nationwide & 121 of those deceased

- **1982**: Acquired Immune Deficiency Syndrome (AIDS) initially defined by CDC
  - Diagnosis of AIDS is based on CLINICAL presentation combined with lab work

- **1984**: Human Immunodeficiency Virus (HIV) identified as the cause of AIDS
HRSA and Ryan White Legislation

- **August 18, 1990**: Ryan White CARE Act (RWCA) passed
  - CARE = Comprehensive AIDS Resources Emergency
  - Implementation **required** involvement of HIV+ population at all levels
  - “Payer of Last Resort” for the uninsured/underinsured

- **1996**: RWCA Incorporates Three Established Programs into “Part F Funding”
  - Dental Care for the HIV+ Population without Insurance
  - Special Projects of National Significance (SPNS) Initiative
  - AIDS Education and Training Centers Initiative (AETC)
Basic Goals for RWCA Legislation

- Initially, focused on providing medically-related care and support services

- Over time, more emphasis on capacity building and increasing access to care

- Legislation organized into programs or “Parts”
  - Flexible structure allows a national program to address local needs
  - Needs differ based on several variables
    - Geographic areas (i.e. rural vs urban)
    - Locations where the population has a higher rate of infection
    - Systemic/Infrastructure needs (i.e. networking, clinic space, etc.)
RWCA Legislation and Target Populations

- AETC provides Provider – Centered activities (i.e. training)
  - Increase baseline knowledge and capacity of providers to treat HIV+ clients
  - Only part of RWCA Legislation to directly address this area of patient care

- Majority of funding intended for Client – Centered activities (i.e. services)
  - Assisting the HIV+ population with medical and supportive needs
  - Reaching the HIV- and Status Unknown through outreach, testing, and counseling
HRSA-Supported RWCA Services

- **Funded Services** are divided into 2 broad categories
  - **Medical** Services (12 subcategories)
  - **Support** Services (16 subcategories)

- **For each subcategory, HRSA further specifies**
  - A definition
  - Activities which **MAY** be funded
  - Activities which **CANNOT** be funded by the RWCA

- **Applies to ALL parts except Part F**
  - Agencies receiving Parts B, C, D determine funding priorities
  - For **Part A** recipients, funding priorities determined by planning council

- **At least 75% of funded activities must be MEDICAL Services**
RWCA Funded Services - MEDICAL

- Ambulatory / Outpatient Medical Care
- AIDS Drug Assistance Program (ADAP)
- Oral Health Care
- Early Intervention Services (EIS)
- Home Health Care
- Health Insurance Premium & Cost-Sharing Assistance
- Home & Community-Based Health Services
- Hospice Services
- Mental Health Services
- Medical Nutritional Therapy
- Medical Case Management
- Outpatient Substance Abuse Services
RWCA Funded Services - SUPPORT

- Case Management (Non-Medical)
- Child Care Services
- Emergency Financial Assistance
- Food Bank / Home-Delivered Meals
- Health Education / Risk Reduction
- Housing Services
- Legal Services
- Linguistics Services (Interpretation & Translation)
- Medical Transportation Services
- Outreach Services
- Psychosocial Support Services
- Referrals for Health Care / Supportive Services
- Rehabilitation Services
- Respite Care
- Residential Substance Abuse Services
- Treatment Adherence Counseling
EXAMPLE of Funded Service Subcategory

- Hospice Services is a subcategory of Medical Services

- HRSA Definition:
  - Include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

- HRSA Activities:
  - MAY include: medically-ordered care, nursing care, counseling, physician services, palliative care, room and board, social support, spiritual guidance
  - MAY NOT include: home-based hospice care

- Currently Approved Services for Dallas-area Agencies
  - Activities MUST include: medically-ordered care
  - Activities MAY include: nursing care, counseling, physician services, palliative care, room and board, social support, spiritual guidance
Objective 2

Summarize the “Parts” of the Ryan White CARE Act (RWCA)
Index of RWCA “Parts”

- **Part A**: Provides funds directly to hardest hit areas for services
- **Part B**: Prevention / Minority Populations / Medication Assistance
- **Part C**: Capacity building to develop / expand access (institutional)
- **Part D**: Outpatient Services to women / children / infants
- **Part F**: Funds AETC / Dental Program / SPNS
RWCA Part A Funding - Basics

- DIRECT funding to locations with high prevalence of infection
  - Allows grantees to prioritize funded services based on their specific needs

- HRSA defines eligibility using census tracts and zip codes
  - Eligible grantees given a designated geographic area of coverage

- In addition, each grantee categorized as one of the following
  - EMA = Eligible Metropolitan Area
  - TGA = Transitional Grant Area
RWCA Part A Funding – Basics (EMA vs TGA)

- Eligible Areas Determined by HRSA based on Two Criteria

1. **Total Population**
   - Less than 50K people = Disqualified
   - Greater than 50K people = Criterion Met for both TGA and EMA Status

2. **Number of New Diagnosis of HIV Infection over a Five-Year Period**
   - Under 1000 new cases = Disqualified
   - Between 1000 – 1999 new cases = Criterion Met for TGA Status
   - Greater than 2000 new cases = Criterion Met for EMA Status
RWCA Part A Grantee Basics

- Each Part A Recipient has two components when funded
  - Planning Council (RWPC)
    - Made of volunteers **living** in the EMA or TGA itself
    - Some **HRSA-mandated** seats
    - Ideally, members will **mirror** race/ethnicity of HIV+ population for that area
    - Must have a HRSA-mandated minimum number of members who are **HIV+**
    - Determines **Priorities for Funding within Service Subcategories**
  - Administrative Agency (RWAA)
    - **Staffed** positions paid by HRSA
    - Enters into **contracts** with service providers in the designated area
    - Uses Planning Council to **guide** contracts through the funding priorities
RWCA Part A Texas Grantees

- **Two EMAs** *(Pop > 50k and >2000 new cases / 5 years)*
  - Dallas / 12 Counties
    - Receives $16.5 million
  - Houston / 6 Counties
    - Receives $22.8 million

- **Three TGAs** *(Pop > 50k and 1000 to 1999 new cases / 5 years)*
  - Austin / 5 Counties
    - Receives $4.7 million
  - Fort Worth / 8 Counties
    - Receives $4.3 million
  - San Antonio / 4 Counties
    - Receives $5.2 million

Total Award for 2016 $53.5 million / year
RWCA Part B Funding – Basics

- Available to all states and U.S. territories
- Grantee is the state entity managing state public health programs

Main programs funded include
- Services to HIV+ Clients in Counties **NOT** Included in a Part A grant (**Base Grant**)
- HIV/STD prevention and treatment initiatives (**Base Grant**)
- AIDS Drug Assistance Program (**ADAP**)
- Minority AIDS Initiative (**MAI**) activities
RWCA Part B Texas Grantee
Texas Department of State Health Services

Total Award for 2016: $102 million

- State divided into 7 Service Areas
- DSHS contracts with local providers
  - “HIV Administrative Agencies”
- Same Categories & Rules as Part A
  - Includes Base Grant, ADAP, MAI
- Agencies also implement HOPWA
  - “Housing Opportunities for People with AIDS”
  - Federally-funded Program through HUD
    - US Department of Housing and Urban Development
Part A funds can only be used in counties designated part of EMA/TGA

- Inclusion or exclusion of a county is made by HRSA
- Example: The Houston Area HIV Services Ryan White Planning Council handles services for six counties: Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller

Remaining counties receive funding for services through Part B

- DSHS is grantee for all Part B funds and then contracts with providers
- State split into seven regions, each handled by a HIV Administrative Agency

Subtle Difference between two terms

- Part A – Ryan White Administrative Agency has direct contact with HRSA
- Part B – HIV Administrative Agency contracts with DSHS
Part B

TCPH Contracts with Service Providers for Both Part A and Part B

Part A

Tarrant County TGA
Covers 8 Counties
HRSA Grantee:
Tarrant County Public Health (TCPH)

North West Texas Area
Same 8 Counties as Part A/TGA
DSHS Grantee:
Tarrant County Public Health (TCPH)

DSHS Receives Part B Directly from HRSA

TCPH Receives Part B Funds from DSHS

TCPH Receives Part A Directly from HRSA

HRSA

Tarrant County Public Health

Texas Department of State Health Services
Part A

Houston Area EMA
Covers 6 Counties
HRSA Grantee:
Harris County Public Health (HCPH)

Part B

Service Providers

DSHS Receives Part B Directly from HRSA

HCPH Receives Part A Directly from HRSA

TRG Receives Part B Funds from DSHS

East Texas Area
All counties in green
DSHS Grantee:
The Houston Regional HIV/AIDS Resource Group (TRG)
RWCA Part C Funding - Basics

- Grantees are organizations seeking to expand/enhance their activities

- Capacity Development Grant Program
  - Assists efforts to increase or improve delivery of HIV primary care services
  - Emphasis on expanding access to underserved or rural populations

- Community-Based Early Intervention Services (EIS) Program
### RWPC Part C Funding #1: Capacity Development Program

<table>
<thead>
<tr>
<th>Name of Grantee</th>
<th>City</th>
<th>FY2016 Award</th>
<th>2 Texas Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centro De Salud Familiar La Fe, Inc.</td>
<td>El Paso</td>
<td>$77k</td>
<td>$177k Million Total In Funds</td>
</tr>
<tr>
<td>Valley AIDS Council</td>
<td>Harlingen</td>
<td>$100k</td>
<td></td>
</tr>
</tbody>
</table>
RWCA Part C Funding - Basics

- Grantees are organizations seeking to expand/enhance their activities
- Capacity Development Grant Program
  - Community-Based Early Intervention Services (EIS) Program
    - Funds comprehensive primary health care in outpatient settings
    - Emphasis on early detection and treatment of HIV infection
### RWCA Part C Funding #2: Community-Based Early Intervention Services (EIS) Program

<table>
<thead>
<tr>
<th>Name of Grantee</th>
<th>City</th>
<th>FY2016 Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centro de Salud Familiar La Fe</td>
<td>El Paso</td>
<td>$1,048k</td>
</tr>
<tr>
<td>City of Austin</td>
<td>Austin</td>
<td>$867k</td>
</tr>
<tr>
<td>El Centro del Barrio</td>
<td>San Antonio</td>
<td>$592k</td>
</tr>
<tr>
<td>Harris County Hospital District</td>
<td>Houston</td>
<td>$778k</td>
</tr>
<tr>
<td>Houston Regional HIV/AIDS Resource Group, INC.</td>
<td>Houston</td>
<td>$695k</td>
</tr>
<tr>
<td>Prism Health North Texas (Formerly AIDS Arms, INC.)</td>
<td>Dallas</td>
<td>$316k</td>
</tr>
<tr>
<td>Parkland / Dallas County Hospital District</td>
<td>Dallas</td>
<td>$809k</td>
</tr>
<tr>
<td>Special Health Resources for Texas, INC.</td>
<td>Longview</td>
<td>$316k</td>
</tr>
<tr>
<td>Tarrant County Texas, INC.</td>
<td>Fort Worth</td>
<td>$900k</td>
</tr>
<tr>
<td>Valley AIDS Council</td>
<td>Harlingen</td>
<td>$899k</td>
</tr>
</tbody>
</table>

**10 Texas Grantees**

**$7.7 Million Total In Funds**
RWCA Part D Funding - Basics

- Provides services for HIV+ women, infants, children, and youths
- Covers ambulatory, outpatient services, not inpatient hospitalization
- Grantees are organizations seeking to expand/enhance their activities
- Services provided through outpatient family-centered primary care
## RWCA Part D Texas Grantees

<table>
<thead>
<tr>
<th>Name of Grantee</th>
<th>City</th>
<th>FY2016 Award</th>
<th>Total in Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris County Hospital District</td>
<td>Houston</td>
<td>$332k</td>
<td></td>
</tr>
<tr>
<td>Houston Regional HIV/AIDS Resource Group, INC</td>
<td>Houston</td>
<td>$889k</td>
<td></td>
</tr>
<tr>
<td>Parkland / Dallas County Hospital District</td>
<td>Dallas</td>
<td>$534k</td>
<td></td>
</tr>
<tr>
<td>Tarrant County Texas, INC.</td>
<td>Fort Worth</td>
<td>$474k</td>
<td></td>
</tr>
<tr>
<td>University of Texas Southwestern Medical Center</td>
<td>Dallas</td>
<td>$1,038k</td>
<td>$5.1 Million</td>
</tr>
<tr>
<td>University of Texas Health Science Center</td>
<td>San Antonio</td>
<td>$1,169k</td>
<td></td>
</tr>
<tr>
<td>Valley AIDS Council</td>
<td>Harlingen</td>
<td>$380k</td>
<td></td>
</tr>
<tr>
<td>Your Health Clinic / Callie Clinic</td>
<td>Sherman</td>
<td>$188k</td>
<td></td>
</tr>
</tbody>
</table>

8 Texas Grantees

$5.1 Million Total in Funds

---

[Image]
RWPC Part F Funding - Basics

- Supports three separate programs and funds each grantee directly
  - AIDS Education and Training Centers (AETC) Program
  - HIV+ Dental Care: 2 Initiatives
  - Special Projects of National Significance (SPNS) Program: 7 Initiatives
RWPC Part F:
AETC Program

Provides training and technical assistance on multiple HIV-related topics to providers at all levels

- 5 States
- 12 Partner Sites
- Newest: San Antonio
RWPC Part F – HIV+ Dental Care Programs

- **Community-Based Dental Partnership Program (CBDPP)**
  - Multi-partner **collaborations** between schools of education and clinics
    - **NO** 2016 Grantees in Texas

- **Dental Reimbursement Program (DRP)**
  - Assists institutions with **unreimbursed cost** associated with providing care
    - **TWO** 2016 Grantees in Texas
      - Texas A&M System, **College Station**
      - University of Texas Health Science Center, **San Antonio**
Supports the **development, dissemination & replication** of innovative ideas for care

Currently, **7 initiatives** are funded

Applicants apply **separately** to initiatives and may be funded for more than one

**Five** 2016 Texas Grantees covering **Four** Separate Initiatives

- **Coastal Bend Wellness Foundation, Corpus Christi** (Two Initiatives Funded)
- **Harris Health System, Houston**
- **Prism Health North Texas, Dallas** (Two Initiatives Funded)
- **University of Texas Health Science Center, San Antonio**
- **Special Health Resources for Texas, INC., Longview**
Objective 3

Understand how RWCA funding impacts Dallas County
## Summary – Total Ryan White Funding for Dallas County

<table>
<thead>
<tr>
<th>Part</th>
<th>Grantee or Program</th>
<th>Service Agency</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Greater Dallas EMA</td>
<td>Dallas County Health and Human Services</td>
<td>$16.5 Million</td>
</tr>
<tr>
<td>B</td>
<td>Texas Dept. of State Health Services</td>
<td>Dallas County Health and Human Services</td>
<td>Varies</td>
</tr>
<tr>
<td></td>
<td>Capacity Development Program</td>
<td>No Texas Grantees</td>
<td>N/A</td>
</tr>
<tr>
<td>C</td>
<td>Early Intervention Services Program</td>
<td>Prism Health North Texas</td>
<td>$316k</td>
</tr>
<tr>
<td></td>
<td>Parkland / Dallas County Hospital District</td>
<td>$809k</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Prism Health North Texas</td>
<td>N/A</td>
<td>$534k</td>
</tr>
<tr>
<td></td>
<td>University of Texas Southwestern</td>
<td>N/A</td>
<td>$1,038k</td>
</tr>
<tr>
<td>F</td>
<td>AIDS Education &amp; Training Centers</td>
<td>Parkland / Dallas County Hospital District</td>
<td>$3 Million</td>
</tr>
<tr>
<td></td>
<td>HIV+ Oral Health / Dentistry</td>
<td>No Dallas Grantees</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Special Projects of National Significance</td>
<td>Prism Health North Texas</td>
<td>2 Initiatives</td>
</tr>
</tbody>
</table>
Dallas County Overview
2016 DSHS Surveillance Data

- **Annual Report released July 25, 2017**

- **Main Topics and Time Frames Covered**
  - PLWH in Texas as of Dec 31, 2016
  - New Diagnosis of **HIV Infection** between Jan 1 and Dec 31, 2016
  - New Diagnosis of **AIDS** between Jan 1 and Dec 31, 2016
    - Reported **Separately** so **Known** History of HIV Infection Possible
    - Can also be Diagnosed at **same time** as New HIV Infection
## 2016 Surveillance Report – New Diagnosis of HIV

<table>
<thead>
<tr>
<th></th>
<th>2016 Data</th>
<th>2015 Data</th>
<th>5y Average (2010-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>4,493</td>
<td>4,505</td>
<td>4,396</td>
</tr>
<tr>
<td>Rate (per 100,000)</td>
<td>16.1 people</td>
<td>16.4 people</td>
<td>16.9 people</td>
</tr>
<tr>
<td>Males (% of Total)</td>
<td>3,720 (82.8%)</td>
<td>3,676 (81.6%)</td>
<td>3,525 (80.2%)</td>
</tr>
<tr>
<td>Females (% of Total)</td>
<td>773 (17.2%)</td>
<td>829 (18.4%)</td>
<td>872 (19.8%)</td>
</tr>
</tbody>
</table>
## 2016 Surveillance Report – New DX by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2016 Data</th>
<th>2015 Data</th>
<th>5y Average (2010-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cases</strong></td>
<td>4,493</td>
<td>4,505</td>
<td>4,396</td>
</tr>
<tr>
<td><strong>White (% of Total)</strong></td>
<td>937 (20.9%)</td>
<td>909 (20.2%)</td>
<td>901 (20.4%)</td>
</tr>
<tr>
<td><strong>Black (% of Total)</strong></td>
<td>1,623 (36.1%)</td>
<td>1,632 (36.2%)</td>
<td>1,636 (37.2%)</td>
</tr>
<tr>
<td><strong>Hispanic (% of Total)</strong></td>
<td>1,745 (38.8%)</td>
<td>1,752 (38.9%)</td>
<td>1,629 (37.1%)</td>
</tr>
<tr>
<td><strong>Other (% of Total)</strong></td>
<td>80 (1.8%)</td>
<td>92 (2.1%)</td>
<td>70 (1.6%)</td>
</tr>
<tr>
<td><strong>Unknown (% of Total)</strong></td>
<td>108 (2.4%)</td>
<td>120 (2.6%)</td>
<td>161 (3.7%)</td>
</tr>
</tbody>
</table>
## 2016 Surveillance Report – New DX by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2016 Data</th>
<th>2015 Data</th>
<th>5y Average (2010-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>4,493</td>
<td>4,505</td>
<td>4,396</td>
</tr>
<tr>
<td>0y to 24y (% of Total)</td>
<td>1,047 (23.3%)</td>
<td>1,122 (24.9%)</td>
<td>1,090 (24.8%)</td>
</tr>
<tr>
<td>25y to 44y (% of Total)</td>
<td>2,498 (55.6%)</td>
<td>2,430 (53.9%)</td>
<td>2,231 (52.8%)</td>
</tr>
<tr>
<td>45y and Over (% of Total)</td>
<td>948 (21.1%)</td>
<td>953 (21.2%)</td>
<td>1,000 (22.4%)</td>
</tr>
</tbody>
</table>
### 2016 Surveillance Report – PLWH in Texas

<table>
<thead>
<tr>
<th></th>
<th>2016 Data</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>86,669</td>
<td>100%</td>
</tr>
<tr>
<td>Rate (<em>per 100,000</em>)</td>
<td>311.1 people</td>
<td>N/A</td>
</tr>
<tr>
<td>Males</td>
<td>68,182</td>
<td>78.7%</td>
</tr>
<tr>
<td>Females</td>
<td>18,487</td>
<td>21.3%</td>
</tr>
</tbody>
</table>
## 2016 Surveillance Report – PLWH by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2016 Data</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>86,669</td>
<td>100%</td>
</tr>
<tr>
<td>White</td>
<td>22,697</td>
<td>26.2%</td>
</tr>
<tr>
<td>Black</td>
<td>32,371</td>
<td>37.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27,739</td>
<td>32.0%</td>
</tr>
<tr>
<td>Other</td>
<td>987</td>
<td>1.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2,875</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
# 2016 Surveillance Report – PLWH by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2016 Data</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>86,669</td>
<td>100%</td>
</tr>
<tr>
<td>0y to 24y</td>
<td>4,232</td>
<td>4.9%</td>
</tr>
<tr>
<td>25y to 44y</td>
<td>26,852</td>
<td>31.0%</td>
</tr>
<tr>
<td>45y and Over</td>
<td>45,406</td>
<td>52.4%</td>
</tr>
</tbody>
</table>
### 2016 Surveillance Report – Top 5 Counties by Cases

<table>
<thead>
<tr>
<th></th>
<th>New DX</th>
<th>PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>4,493</td>
<td>86,669</td>
</tr>
<tr>
<td>1. Harris</td>
<td>1,205</td>
<td>24,699</td>
</tr>
<tr>
<td>2. Dallas</td>
<td>815</td>
<td>17,333</td>
</tr>
<tr>
<td>3. Bexar</td>
<td>360</td>
<td>5,987</td>
</tr>
<tr>
<td>4. Tarrant</td>
<td>302</td>
<td>5,370</td>
</tr>
<tr>
<td>5. Travis</td>
<td>242</td>
<td>4,716</td>
</tr>
</tbody>
</table>
## 2016 Surveillance Report – Top 5 Counties by Rate

<table>
<thead>
<tr>
<th></th>
<th>New DX</th>
<th>PLWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. Dallas</strong></td>
<td>31.7</td>
<td>673.1</td>
</tr>
<tr>
<td><strong>2. Caldwell</strong></td>
<td>26.7</td>
<td>538.1</td>
</tr>
<tr>
<td><strong>3. Jefferson</strong></td>
<td>26.7</td>
<td>426.3</td>
</tr>
<tr>
<td><strong>4. Harris</strong></td>
<td>26.3</td>
<td>393.2</td>
</tr>
<tr>
<td><strong>5. Travis</strong></td>
<td>20.2</td>
<td>368.6</td>
</tr>
</tbody>
</table>

**Rate per 100,000**

- **Dallas**: 31.7 people
- **Caldwell**: 26.7 people
- **Jefferson**: 26.7 people
- **Harris**: 26.3 people
- **Travis**: 20.2 people
Index of RWCA “Parts”

- **Part A** Provides funds directly to hardest hit areas for services
- **Part B** Prevention / Minority Populations / Medication Assistance
- **Part C** Capacity building to develop / expand access (institutional)
- **Part D** Outpatient Services to women / children / infants
- **Part F** Funds AETC / Dental Program / SPNS
<table>
<thead>
<tr>
<th>RWCA Part</th>
<th>Program or Initiative (If Applicable)</th>
<th>Number of 2016 Grantees</th>
<th>State(s)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>N/A</td>
<td>7 (3 EMA)</td>
<td>LA, TX</td>
<td>$66 Million</td>
</tr>
<tr>
<td>B</td>
<td>N/A</td>
<td>5</td>
<td>All 5</td>
<td>$145 Million</td>
</tr>
<tr>
<td>C</td>
<td>Capacity Development Program</td>
<td>3</td>
<td>LA, TX</td>
<td>$277k</td>
</tr>
<tr>
<td></td>
<td>Early Intervention Services Program</td>
<td>25</td>
<td>All 5</td>
<td>$16 Million</td>
</tr>
<tr>
<td>D</td>
<td>N/A</td>
<td>17</td>
<td>All 5</td>
<td>$10 Million</td>
</tr>
<tr>
<td>F</td>
<td>AIDS Education &amp; Training Centers</td>
<td>1</td>
<td>TX</td>
<td>$3 Million</td>
</tr>
<tr>
<td></td>
<td>Community-Based Dental Partnership</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Dental Reimbursement Program</td>
<td>3</td>
<td>LA, TX</td>
<td>$313k</td>
</tr>
<tr>
<td></td>
<td>Special Projects of National Significance</td>
<td>6 Agencies</td>
<td>LA, TX</td>
<td>8 Initiatives</td>
</tr>
</tbody>
</table>
Objective 1
- Review the timeline of federal funding in response to HIV

Objective 2
- Summarize the “Parts” of the Ryan White CARE Act (RWCA)

Objective 3
- Understand how RWCA funding impacts Dallas County
Thanks for your time!!

- Brent J Pimentel, MD/MPH
  - Texas Program Manager, South Central AETC
  - 8435 N Stemmons Fwy, Ste 1125, Dallas, TX, 75247
  - Work: (214) 590-3792
  - Fax: (214) 590-2184
  - Email: brent.pimentel@phhs.org

- I have no financial relationships or conflicts of interest.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA29290 for the AIDS Education and Training Centers. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.