WASHINGTON STATE RYAN WHITE PROGRAM OVERVIEW

HIV Community Service is the section within the Office of Infectious Disease tasked with administering the Ryan White Part B Program. The Ryan White HIV/AIDS Program (RWHAP) helps low-income people with HIV. We help them receive: Medical care, Medications, and Essential support services to help them stay in care. More than 50% of people with diagnosed HIV – about a half million people in the United States – receive services through the RWHAP each year. These funds help by providing care, medication, and essential support services and by addressing HIV-related health outcomes to reduce HIV transmission and improve health outcomes for people with HIV.

HIV-related health disparities do not exist in isolation. They are part of a larger system of inequities. HIV Community Services (HCS) believes that achieving the vision described in the National HIV /AIDS Strategy (NHAS) will require a paradigm shift. It will require a social justice approach that looks not only at specific indicators of inequality but also attempts to address issues broadly associated with the social determinants of health.

The NHAS calls for a coordinated national response to end the domestic HIV epidemic. The Strategy asks local, state, and federal governments, businesses, medical communities, and others to focus on achieving four goals:

- Prevent new HIV infections.
- Improve HIV-related health outcomes of people with HIV.
- Reduce HIV-related disparities and health inequities.
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders

Washington has an Integrated HIV Prevention and Care Plan to guide our work.

Goals

1. Embrace phlebotomy.
2. Support organizations in creating full-service, robust, regional MOU.
3. Provide holistic HIV prevention care for gender-expansive and transgender people.
4. Expand low- and no-barrier treatment options for PLWH.
5. Promote provider accountability.
6. Expand testing and treatment options and medication access.
7. Use mobile services to reach people where they live and work.
8. Implement service delivery methods explicitly developed for rural populations.
9. Provide holistic syndemic care for people who exchange sex for monetary or nonmonetary items.
10. Expand self-collected testing options.
11. Co-locate syndemic services at OTP/SUD/SSP.
12. Increase HIV services provided in Spanish.

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13. Increase age-specific syndemic services (youth and elder).

The primary focus of HIV Community Service funding is to engage and retain people living with HIV in medical care while optimizing their quality of life. Anti-retroviral therapy (ART) is a highly effective population-level HIV control strategy. When used correctly, ART reduces HIV transmission by 96% for those adhering to therapy. HCS currently invests in three main programs to increase the number of PLWH with viral suppression:

- Medical Case Management
- Peer Navigation
- Housing

All of these programs play a vital role in engagement and retention in care. These programs coordinate medical and social support services for PLWH to prevent lapses in medical care and links PLWH to other resources that improve health outcomes, such as behavioral health care and housing. Re-engagement in Care Services identify and locate people living with HIV who are out of care and facilitates their re-linkage to medical care. These strategies improve individual health outcomes while providing a significant population-level health benefit: a measurable reduction in the number of PLWH in the population who can efficiently transmit HIV.

An overwhelming body of clinical evidence has firmly established the HIV Undetectable=Untransmittable, or U=U, the concept as scientifically sound. U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. Thus, treatment for HIV is a powerful arrow in the quiver of HIV prevention tools. Read more about how a durably undetectable viral load prevents HIV transmission with NIAID's fact sheet 10 Things to Know About HIV Suppression.

HIV in Washington State

Washington state has many strengths. Washington is a Medicaid expansion state. Our ending the epidemic initiative was one of the first in the nation. There is much to be hopeful about when looking at the big picture of HIV in Washington. Medications are constantly improving, prolonging life for PLWH and reducing transmission.

Programs exist (Ryan White and others) to help fund medication, housing, and other needs for PLWH. OID has an HIV disparity reduction demonstration project that is evaluating a new structural intervention to address HIV disparities. Most PLWHs in Washington are engaged in care and virally suppressed. This is good news!

However, we also have significant challenges.

- There are significant disparities across race categories for incidence. Black, Hispanic, or Latina/o/x, and NHOPI communities have a disproportionately high incidence.
- Young people between the ages of 20 and 40 have about twice the risk of HIV infection than the general population. The peak risk of HIV infection is at 26–27 years of age, where we see an average of around 15 diagnoses per 100,000 person-years vs. 5.3 statewide).
- Between 2016 and 2019, 16% of new diagnoses of HIV involved injection drug use. This points to the prominent role injection drug use plays in perpetuating the HIV epidemic. Injection drug use drove the two largest HIV clusters in Washington.
- Some people living with HIV use meth, which can be a significant barrier to accessing HIV care. 10% of PLWH self-report using meth at least weekly or have meth use documented in their medical records. Of these, 33% are not virally suppressed.
- Homelessness is a barrier to care that is similar in scope to substance use. About 10 percent of PLWH reported homelessness in the past 12 months. Specific populations of PLWH are more likely to be homeless than others. 20% of Black PLWH, 26% of PLWH with a transmission risk of IDU, and 30% of transgender PLWH reported being homeless in the past 12 months. The number of transgender individuals sampled in MMP is small, so the estimate may be variable. However, homelessness is a documented burden on the transgender community, so there is reason to believe that it is a significant problem among transgender PLWH. It is worth noting that affordable housing is becoming increasingly rare in Washington and can be a driver of homelessness. Ryan White/HOPWA funding can help pay for housing for PLWH.
- Significant overlap exists between high-risk populations for HIV, syphilis, and gonorrhea. That is, compared to people without any STI, getting one sexually transmitted infection is related to an increased rate of diagnosis of another STI.
- Another health dimension affecting our work is the distinction between urban and rural parts of our state.
    - So, what made the most sense to us is to divide the state into "Rural," "Peri-Urban," and "Urban," using community factors that people generally associate with rural areas. Using our classification system, PLWH disproportionately live in urban areas.

	Rural	Periurban	Urban
Washingtonian	14%	21%	64%
PLWH	6%	12%	82%

Optimal outcomes require us to develop strategies dependent upon geographical considerations.

HIV Workforce
The workforce should reflect the different identities, races, ethnicities, languages, abilities, and cultures of the clients you serve. To ensure a diverse workforce, fair compensation should pay employees an appropriate amount based on locale/region, experience, performance, and job requirements. Individuals with lived experience should be part of all aspects of the organization (e.g., leadership, administration, and direct services).

The caseloads assigned to medical case managers, non-medical case managers, and peer navigators should allow them the ability to adequately perform the activities and duties associated with the needs of their clients, in order to maintain a continuity of care, while readily adapting to the client's needs as they change.

Please see the *Washington State Ryan White RFA Regional Data Summary*
on our RFA Webpage from our RFA web page: Funding Opportunities | Washington State Department of Health.

To receive full points for your proposal, you must incorporate data from this document.