

HRSA HIV/AIDS Bureau

Ending the HIV Epidemic in the U.S. Initiative

Data Report

2021

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This report comprises data submitted to the Ryan White HIV/AIDS Program (RWHAP) Services Report, the HRSA HAB EHE Initiative Triannual Report (an aggregate triannual data submission), and the RWHAP Part F AIDS Education and Training Center Data System. This report includes data for July 2019 through December 2021.

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Information about the HRSA Ending the HIV Epidemic in the U.S. initiative:

hrsa.gov/ending-hiv-epidemic

Information about the HRSA Ryan White HIV/AIDS Program: ryanwhite.hrsa.gov

Educational and technical assistance materials about HIV, the EHE Technical Assistance Provider-innovation network, EHE Systems Coordination Provider, and the Ryan White HIV/AIDS Program:

TargetHIV.org

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COMMENTARY

ENDING THE HIV EPIDEMIC IN THE U.S. INITIATIVE OVERVIEW

The Ending the HIV Epidemic in the U.S. (EHE) initiative, which began in Fiscal Year 2020 (FY 2020), aims to reduce new HIV infections to less than 3,000 per year. The multiyear EHE initiative currently focuses on 48 counties, Washington, D.C., San Juan, Puerto Rico, and seven states that have a substantial rural HIV burden (collectively referred to as “EHE jurisdictions”). The EHE initiative provides the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. The four pillars of the EHE initiative—Diagnose, Treat, Prevent, and Respond—are being implemented by the Centers for Disease Control and Prevention, the Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care and HIV/AIDS Bureau (HAB), the Indian Health Service, and the National Institutes of Health, in partnership with the U.S. Department of Housing and Urban Development (HUD). Without this EHE initiative, new infections will continue, costing more lives and the U.S. government more than \$20 billion annually in direct lifetime medical costs for HIV prevention, care, and medication.

The EHE initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and care by coordinating the highly impactful programs, resources, and infrastructure of many U.S. Department of Health and Human Services agencies and offices, including HRSA. HRSA ensures equitable access to services and support for low-income people with HIV through the Health Center Program and the Ryan White HIV/AIDS Program (RWHAP). The RWHAP’s comprehensive system of HIV care, support services, and medication delivery creates an efficient and effective system and mechanism for implementation of the EHE initiative.

Key strategies for the EHE initiative include the following:

- Implementing evidence-informed and emerging intervention strategies shown to increase linkage, engagement, and retention in care focused on those not yet diagnosed, those diagnosed but not in HIV care, and those in HIV care but not yet virally suppressed.
- Re-engaging people with HIV who were in care but are no longer in ongoing care and are not virally suppressed.
- Providing technical assistance and systems coordination to support effective strategic plans and activities to successfully implement the new initiative.
- Expanding the HIV health care workforce capacity through the efforts of the AIDS Education and Training Centers (AETCs).

In FY 2020 and FY 2021, the first two years of the EHE initiative, HRSA’s HAB awarded EHE funds to the 39 RWHAP Part A recipients and 8 Part B recipients that encompass the EHE jurisdictions. HAB EHE funds support the Treat and Respond pillars of the EHE initiative via RWHAP service categories or EHE initiative services. EHE initiative services are services provided with EHE funding that do not meet the definition of an RWHAP service category. HAB EHE recipients use their existing infrastructure to implement proven, promising, and innovative strategies, interventions, approaches, and services. These EHE activities link and engage people with HIV in care so that they can reach optimal HIV outcomes, which significantly reduces new HIV infections in the United States. In FY 2020, \$63 million was awarded to these 47 HAB EHE recipients, two technical assistance providers, and 11 RWHAP AETC Program recipients; in FY 2021, \$99 million was awarded to these recipients (including one additional AETC recipient). Refer to the Appendix for a complete list of HAB EHE recipients.

REPORT OVERVIEW

This report publishes quantitative data from the HRSA HAB–funded RWHAP Part A and Part B recipients in the EHE jurisdictions and the RWHAP Regional AETC Program recipients awarded EHE funds, as shown in Figure 1.

Figure 1. HAB-Awarded EHE Initiative Funding

	EHE JURISDICTIONS		AIDS EDUCATION AND TRAINING CENTER (AETC) PROGRAM RECIPIENTS
Recipients	39 RWHAP Part A ¹ recipients and 8 RWHAP Part B recipients ²		8 Regional AETCs ³
Purpose	Direct provision of services to people with HIV in EHE jurisdictions		Training providers on HIV care for people with HIV in EHE jurisdictions
Data Source	RWHAP Services Report	EHE Initiative Triannual Report	AETC Data System
Data Type	Client-Level	Aggregate	Aggregate
Data Submission Frequency	Once a year	Three times a year	Once a year
Reporting Periods	January–December 2020 January–December 2021	January–April 2021 May–August 2021 September–December 2021	July 2019–June 2020 July 2020–June 2021
Information Presented	Characteristics and clinical outcomes of clients served by EHE-funded providers	Trends in services received by clients served by EHE-funded providers	Characteristics of trainings and participants

¹ **RWHAP Part A** provides funding to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV epidemic to support HIV care and treatment services. HRSA HAB awarded EHE funding to Part A recipients that encompass the EHE county jurisdictions.

² **RWHAP Part B** provides funding to states and territories to support HIV care and treatment services. HAB awarded funding to 7 states with large rural epidemics. In addition, Ohio’s Part B received funding to serve Hamilton County, one of the EHE priority county jurisdictions.

³ Additional EHE funding was awarded to **national AETC centers** (3 awards in FY2020, 4 awards in FY2021), which do not report quantitative data through the AETC Data System. See the Appendix for additional information about these recipients.

This report comprises two sections:

I. EHE Jurisdictions: Clients Served and Services Delivered

- **RWHAP Services Report (RSR)** (pages 6–35; Tables 1–4)

The RSR contains client-level data on demographic characteristics of and services delivered to people with HIV. In this report, the RSR section focuses on clients who received services from EHE-funded providers.

In 2021, EHE-funded providers served 188,317 clients with HIV, including 22,413 clients new to care. Additionally, 15,318 clients estimated to be re-engaged in care were served by EHE-funded outpatient ambulatory health services (OAHS), medical case management (MCM), non-medical case management (non-MCM), and EHE initiative service providers.

- ***EHE Initiative Triannual Report*** (pages 36–39; Figures 2–3)

The *EHE Initiative Triannual Report* contains aggregate data on the types of services delivered by EHE-funded providers to people with HIV with low income. Across the three trimesters in 2021, the top service categories delivered to new or estimated re-engaged clients by EHE-funded providers were EHE initiative services, OAHS, MCM, non-MCM, and mental health services.

II. Ending the HIV Epidemic: Workforce Training

■ RWHAP Part F AETC Data System (pages 41–44; Tables 5-7)

The RWHAP AETC Program delivers training to the HIV clinical workforce. This section of this report focuses on RWHAP AETC training events delivered by the eight regional AETCs, funded by the EHE initiative, and conducted in an EHE jurisdiction.

From July 2020 through June 2021, the eight regional AETCs conducted a total of 335 EHE-funded training events, reaching 3,286 unique participants. Over three-quarters (77.7%) of training participants worked in an organization located within an EHE jurisdiction.

Readers are encouraged to carefully read the technical notes for each section and all table titles and footnotes to ensure a complete understanding of the data.

EHE QUANTITATIVE DATA IN CONTEXT

COVID-19 Impact on Service Delivery

EHE initiative funding was awarded in March 2020, when coronavirus disease 2019 (COVID-19) emergency measures began to be enacted in the United States. The COVID-19 pandemic caused delays in EHE-funded service delivery implementation. Jurisdictions often had to prioritize the emergency contracts of the COVID-19 response and experienced staff challenges. Staff in many jurisdictions were temporarily reassigned to support COVID-19 response efforts; additionally, many jurisdictions implemented hiring freezes. As a result, in 2020, more than half of EHE recipients reported that they either did not deliver services or faced delays in service delivery; some jurisdictions did not serve clients or served only low numbers of clients. Additionally, 2020 was the first year that these recipients submitted information about clients served with EHE funds and new EHE reporting instructions; as with any new data reporting system or changes to an existing reporting system, the accuracy and validity of the information reported is anticipated to improve over time. Many of these challenges were mitigated by 2021, and nearly all EHE-funded providers delivered services to clients in 2021.

EHE Initiative Activities: Service Delivery and Beyond

Despite the challenges described above, EHE recipients and EHE-funded providers continued to make progress toward implementing their EHE initiative workplans, including developing administrative infrastructure and service delivery infrastructure and engaging with community members and new partners. EHE recipients and EHE-funded providers were able to utilize their EHE initiative funding for activities other than service delivery, including the following:

- Training of the health care workforce and health professional students
- Clinical quality management
- Recipient administration
- Initiative infrastructure associated with development and expansion of data systems
- Planning and evaluation, including stakeholder engagement and process and outcome evaluation activities

EHE recipients described the specific activities that they undertook in their EHE progress reports, which included their activities and accomplishments; barriers and challenges faced during EHE implementation; and successes, lessons learned, and best practices. From March 2021 through

February 2022, EHE recipients' activities included the following:

- Infrastructure and workforce development
- New and expanded partnerships
- Community engagement and information dissemination
- Activities to support linkage, retention, and adherence
- Employing community health workers and peer navigators
- Improvements to service delivery models, including data to care
- Telehealth/technology
- Activities to expand service access
- Cluster detection and response activities

EHE Initiative Activities: AETC Program Trainings and Engagement

The RWHAP AETC Program recipients developed several innovative strategies and activities for training and supporting health care team members and students in support of the EHE goals. Examples of these activities include the following:

- The Southeast AETC hosted a virtual six-month longitudinal HIV preceptorship training program as a special program in its END HIV Academy. The project aim was to increase the number of health care team members who provide HIV care and treatment in their jurisdictions. The curriculum consisted of didactic, interactive patient simulations and facilitated group discussions.
- The Mid-Atlantic AETC developed and implemented medication assisted treatment-based nurse practitioner supported pre-exposure prophylaxis (PrEP) telemedicine programs that supported the goal of increasing the number of health professionals providing HIV care in the EHE jurisdiction.
- The Pacific AETC implemented a targeted and strategic focus on increasing points of access to HIV services in the EHE jurisdiction covered, successfully launching a mobile clinic to address unmet HIV care and prevention needs to provide innovative care and prevention delivery mechanisms in their EHE jurisdiction.
- The Northeast AETC established the Suffolk County HIV Community Health Worker Advisory Group. The purpose of the group was to bring together community health workers from across Suffolk County to discuss best practices and barriers in HIV care, as well as provide guidance and feedback on the EHE Plan to funded partners to improve HIV care and treatment. The group successfully recruited 14 members who represent the diversity of the HIV workforce in Suffolk County.

Part I.

EHE Jurisdictions: Clients Served and Services Delivered

RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT

This section of the report highlights the clients served and services delivered by Ending the HIV Epidemic in the U.S. (EHE)–funded providers and reported through the Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR) during calendar years 2020 and 2021. It features information about the following:

- All clients served by EHE-funded providers (“a” tables)
- Clients new to care served by EHE-funded providers (“b” tables)
- Clients estimated to be re-engaged in care served by EHE-funded outpatient ambulatory health services (OAHS), medical case management (MCM), non-medical case management (non-MCM), and EHE initiative services providers (“c” tables”).

The information presented includes the number of clients served; the demographic composition of clients served; socioeconomic factors, such as federal poverty level (FPL), health care coverage, and housing status; and clinical outcomes (i.e., viral suppression). Collectively, this information measures progress toward achieving the goals of the EHE initiative.

HIGHLIGHTS OF ANALYSES

Clients Served by EHE-Funded Providers

In 2021, EHE-funded providers served nearly 190,000 clients with HIV. This is more than twice the number of clients served in 2020. In 2021, 188,317 clients with HIV received services from EHE-funded providers, compared with 93,110 clients with HIV in 2020 (Table 1a).

- EHE-funded providers served 22,413 clients new to care in 2021, nearly double the 11,792 new clients served in 2020. Nearly one in eight clients (11.9%) served by EHE-funded providers was a new client (Table 1b).
- More than 15,000 clients were estimated to be re-engaged in care at EHE-funded OAHS, MCM, non-MCM, and EHE initiative services providers. These selected EHE-funded providers served 15,318 estimated re-engaged clients with HIV in 2021, compared with 7,085 estimated re-engaged clients in 2020 (Table 1c).

About two-thirds of all the clients served by EHE-funded providers were over 40 years old. In 2021, 66.5% of all clients served by EHE-funded providers were aged 40 years or older (Table 1a).

- A higher percentage of new clients was younger, specifically between the ages of 20 and 34 years (new clients: 37.8%; all clients: 22.4%). Correspondingly, a lower percentage of new clients were aged 55 years and older (new clients: 21.0%; all clients: 34.2%; Tables 1a/b).
- The percentage distribution of client ages was similar for all clients and clients estimated to be re-engaged in care.

Nearly three-quarters of clients served by EHE-funded providers were from racial/ethnic minority populations. In 2021, 49.0% of clients self-identified as Black/African American; 24.9% as Hispanic/Latino; 23.3% as White; and less than 2% each as American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, or people of multiple races (Table 1a).

- Generally, the percentage distribution of client race/ethnicity was similar across all clients, new clients, and clients estimated to be re-engaged in care (Tables 1a–c).
- Of note, a higher percentage of estimated re-engaged clients identified as Black/African American compared with all clients (estimated re-engaged: 55.2%; all clients: 49.0%; Tables 1a and 1c).

The majority of clients served by EHE-funded providers were male. In 2021, 73.9% of all clients were cisgender male (i.e., non-transgender male; hereafter referred to as male); 23.3% were cisgender female (i.e., non-transgender female; hereafter referred to as female); and 2.8% identified as transgender (0.3% transgender male; 2.4% transgender female; 0.1% clients with another gender identity; Table 1a).

- The percentage distribution of client gender was similar across all clients, new clients, and estimated re-engaged clients (Tables 1a–c).

Nearly 60% of clients served by EHE-funded providers are living at or below 100% FPL. In 2021, 59.1% of all clients served by EHE-funded providers were living at or below 100% FPL (Table 1a).

- A greater percentage of new clients were living at or below 100% FPL compared with all clients (new clients: 66.9%; all clients: 59.1%; Tables 1a/b).
- The percentage distribution of client FPL was similar for clients estimated to be re-engaged in care and all clients (Tables 1a–c).

More than three-quarters of the clients served by EHE-funded providers had some form of health care coverage. Among all clients served by EHE-funded providers in 2021, 27.5% were covered by Medicaid, 11.0% had multiple forms of coverage, 10.1% had private employer coverage, 10.1% had private individual coverage, and 9.4% were covered by Medicare. (Multiple coverages include any combination of health care coverage types, except those who had Medicaid and Medicare [dual eligibility], which is displayed separately [7.4% of clients]). **More than one-fifth (22.9%) of all clients served by EHE-funded providers had no health care coverage in 2021** (Table 1a).

- **A higher percentage of new clients had no health care coverage (41.8%) compared with all clients (22.9%).** Compared with all clients, a lower percentage of new clients were covered by Medicaid (new clients: 25.1%; all clients: 27.5%); Medicare (new clients: 4.2%; all clients: 9.4%); or Medicaid and Medicare (dual eligibility) (new clients: 3.0%; all clients: 7.4%; Tables 1a/b).
- In contrast, compared with all clients, a lower percentage of estimated re-engaged clients had no health care coverage (estimated re-engaged: 14.8%; all clients: 22.9%), and a higher percentage of estimated re-engaged clients were covered by Medicaid (estimated re-engaged clients: 31.1%; all clients: 27.5%) and Medicare (estimated re-engaged clients: 11.4%; all clients: 9.4%; Tables 1a–c).

Nearly 15% of all clients served by EHE-funded providers had temporary housing or unstable housing. In 2021, 7.6% of clients served by EHE-funded providers had temporary housing, 6.1% had unstable housing, and 86.3% had stable housing (Table 1a).

- Compared to all clients, **a higher percentage of new clients had temporary or unstable housing** (new clients: 21.7%; all clients: 13.7%; Tables 1a/b).
- A higher percentage of estimated re-engaged clients had temporary housing compared with all clients (estimated re-engaged: 14.5%; all clients: 7.6%). However, a slightly lower percentage of estimated re-engaged clients were unstably housed compared to all clients (estimated re-engaged: 4.1%; all clients: 6.1%; Tables 1a–c).

Viral Suppression Among Clients Served by EHE-Funded Providers

Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) traditionally calculates viral suppression among people with HIV who had at least one OAHS visit and at least one viral load test during the measurement calendar year. In this report, a supplemental measure of viral suppression was calculated to account for the time it would take a client new to care or re-engaged in care to reach viral suppression once prescribed antiretroviral therapy (ART). The supplemental viral suppression measure is calculated only among patients with at least one OAHS visit prior to September 1 of the measurement calendar year. In both measures, viral suppression is defined as a most recent viral load test result of less than 200 copies/mL.

Nearly 90% of all clients served by EHE-funded providers reached viral suppression in 2021.

In 2021, 88.7% of 123,675 clients with an OAHS visit during the calendar year had a suppressed viral load at their most recent test. Viral suppression among all clients served by EHE-funded providers followed similar patterns to the overall RWHAP client population, with differences by age, race/ethnicity, gender, FPL, health care coverage, and housing status (Table 2a).

- More than three-quarters of new clients served by EHE-funded providers reached viral suppression in the same calendar year as they initiated care. In 2021, 78.6% of new clients reached viral suppression. When limited to new clients with at least one OAHS visit by September 1, the viral suppression among new clients increased to 82.4% (Table 2b).
- The percentage of estimated re-engaged clients served by EHE-funded providers who reached viral suppression in that same calendar year was slightly lower than all clients served by EHE-funded providers. In 2021, 84.9% of estimated re-engaged clients reached viral suppression. When limited to estimated re-engaged clients with at least one OAHS visit by September 1, the viral suppression rate increased to 86.8% (Table 2c).

Jurisdiction-Level Highlights

In 2021, the jurisdictions with the highest number of clients served by EHE-funded providers were Houston, Texas, with 16,445 clients (EHE focus county: Harris County); New York, New York, with 14,737 clients (EHE focus counties: Bronx County, Kings County, New York County, Queens County); and Atlanta, Georgia, with 14,217 clients (EHE focus counties: Cobb County, DeKalb County, Fulton County, Gwinnett County; Table 3a).

- The jurisdictions with the highest number of new clients served by EHE-funded providers were South Carolina with 3,829 new clients (EHE focus state); Atlanta, Georgia, with 2,086 new clients (EHE focus counties: Cobb County, DeKalb County, Fulton County, Gwinnett County); and Houston, Texas, with 2,010 new clients (EHE focus county: Harris County; Table 3b).
- The jurisdictions with the highest number of estimated re-engaged clients served by EHE-funded OAHS, MCM, non-MCM, and EHE initiative service providers were Newark, New Jersey, with 3,567 estimated re-engaged clients (EHE focus county: Essex County); Philadelphia, Pennsylvania, with 1,458 estimated re-engaged clients (EHE focus county: Philadelphia County); and Jacksonville, Florida, with 1,245 estimated re-engaged clients (EHE focus county: Duval County; Table 3c).

Viral suppression of clients served by EHE-funded providers in 2021 varied by jurisdiction (Table 4a). Similar to national level trends, within most jurisdictions, new clients and estimated re-engaged clients served by EHE-funded providers had lower viral suppression than all clients served by EHE-funded providers (Tables 4a–c).

TECHNICAL NOTES

This section of the report includes data reported in the RSR for clients with HIV served by EHE-funded providers during calendar years 2020 and 2021. RSR data do not include information about the AIDS Drug Assistance Program (ADAP), which is reported through another data system. Although data presented in this report are “non-ADAP,” many clients included in the RSR data also receive ADAP services.

The current EHE initiative focuses on specific jurisdictions with the highest burden of HIV. Therefore, this report is limited to information only from the 39 RWHAP Part A recipients and eight Part B recipients that encompass the EHE jurisdictions and their EHE-funded subrecipient service providers. Although the data are limited to these recipients and service providers, all clients receiving care and treatment should be reported, regardless of funding used for the services. That is, data are not limited to clients served using EHE funding. All clients served using RWHAP Parts A–D funding; HAB EHE initiative funding; RWHAP Fiscal Year 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding; and RWHAP-related funding (e.g., program income, pharmaceutical rebates) are included in data submissions and in this report.

RSR DATA

The RSR is HRSA HAB’s primary source of annual, client-level data reported by more than 2,000 grant recipients and subrecipients, including those funded for EHE. These data allow HRSA HAB and its stakeholders to assess the numbers and demographics of clients receiving services, understand client HIV-related outcomes, and identify and address HIV-related disparities.

Each year, HRSA HAB requires grant recipients and subrecipients that use RWHAP and/or EHE funding to provide core medical or support services during the reporting period to submit data in a specified format [1]. After removing personally identifying information, recipients and subrecipients submit data to HRSA HAB. Beginning in 2019, HRSA HAB encouraged recipients and subrecipients to include RSR data on clients receiving services provided through RWHAP-related funding; this became a reporting requirement for all RWHAP recipients and subrecipients beginning with the 2021 data submission.

In 2020 and 2021, RSR data included information for people with HIV receiving RWHAP Parts A–D funding and CARES Act–funded services in addition to EHE initiative–funded services.

Presentation of Data

The data in this report include information received by HRSA HAB for clients served during calendar years 2020 and 2021. Data are organized into three sets of tables:

- Tables 1a–1c: Numbers and percentages of clients served by EHE-funded providers, presented by client type and selected characteristics
- Tables 2a–c: Viral suppression among clients served by EHE-funded providers, presented by client type and selected characteristics
- Tables 3a–4c: Jurisdiction-level (i.e., state, eligible metropolitan area [EMA], and transitional grant area [TGA]) numbers of clients served by EHE-funded providers and viral suppression among clients served by EHE-funded providers, presented by client type

Tables 1a–c display subtotals for each subpopulation, as well as the overall total. Subtotals are displayed to reflect the denominator used for the percentage calculation of each subpopulation. Because of missing data, the values in each column may not sum to the column total.

Client Type

Beginning in 2020, EHE-funded providers were required to report two new data elements in the RSR to identify clients who were new to care and clients who received a service in the previous year.

- **New Clients:** A client was reported as *new* if they were new to care at the reporting service provider (i.e., the client had never received care at the HIV service provider). After de-duplication across providers, the client was identified as a “new client” if they were new to care to all reporting service providers. In this report, these are the clients defined as *clients new to HIV care* (“new clients”).
- **Received a service in the previous year:** EHE-funded OAHS, medical case management (MCM), non-medical case management (non-MCM), and EHE initiative service providers were required to report clients who received at least one service in the previous reporting year.

These two data elements were used to estimate whether a client was previously “out of care” and became *re-engaged in HIV care*. In this report, if a client was neither reported as a new client nor reported as receiving a service in the previous year, that client would be considered re-engaged in care. This estimation of re-engaged clients across all service providers is an approximation and should not be interpreted as a precise application of a formal definition of re-engagement in care.

HIV Status

RSR data include de-identified client-level information about people who received services from RWHAP- and EHE-funded providers. The data presented in this report include only people with HIV.

Presumed HIV-positive status

Many clients receive services that do not require HIV status to be reported (e.g., medical transportation) and, therefore, may be missing HIV status information. For Tables 1a–c and Tables 3a–c, HRSA HAB applied an algorithm to estimate a “presumed HIV positive” status. That is, only six RWHAP-funded service categories are available to clients without HIV: Child Care Services, Early Intervention Services, Food Bank/Home-Delivered Meals, Other Professional Services, Outreach Services, and Psychosocial Support Services. Clients aged 13 years and older who received only one or a combination of these six services without receiving another service available only to people with HIV were presumed to be HIV negative. All other clients aged 13 years and older were presumed to have HIV. Clients younger than 13 years were not included in the algorithm because of an inconsistency in data reporting between 2014 and later years; however, testing the algorithm in 2017 and 2018 for the <13 age group produced effectively no difference from the number of clients with a reported HIV status. Therefore, the HIV status variable was used for clients aged 13 years and younger across all years.

Age Group

RWHAP grant recipients and subrecipients report client birth year, which is used to calculate the client’s age during the designated year as a discrete variable. For tables displaying age groups, client ages were categorized to align with the Centers for Disease Control and Prevention (CDC) National HIV Surveillance System (NHSS) age group delineations: <13 years (if applicable), 13–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, and ≥65 years [2].

Race/Ethnicity

Recipients and subrecipients report race/ethnicity information for clients according to Office of Management and Budget (OMB) standards. The OMB standards have five categories for race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The data on ethnicity have two categories: (1) Hispanic/Latino and (2) non-Hispanic/Latino. Race and ethnicity are submitted as separate variables and combined for analysis [3].

The race/ethnicity variable is categorized as American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or other Pacific Islander, White, and multiple races (two or more categories of race reported).

In this report, clients categorized as Hispanic/Latino may have had any race also reported. Clients categorized by race (e.g., Black/African American) are non-Hispanic/Latino; however, the number of clients reported in each “non-Hispanic/Latino” race category may include clients with missing data for Hispanic/Latino ethnicity.

HRSA HAB expects grant recipients and subrecipients to make every effort to obtain and report race and ethnicity based on each client’s self-report. Self-identification is the preferred means of obtaining this information.

Gender

Gender designations in this report are cisgender (non-transgender) male, cisgender female, or transgender. Transgender is an umbrella term for people whose gender identity and/or expression is different from their sex assigned at birth. Because of the unique health needs of transgender people with HIV, they are discussed separately from cisgender people and are specifically identified as being transgender. HRSA HAB collaborated with the transgender community and other experts in sexual orientation and gender identity data collection methods to successfully designate transgender people receiving HIV care and treatment from RWHAP providers to best inform program decisions.

Reporting and analysis to determine transgender identity

Transgender variable options for RSR data reporting include transgender female-to-male (FTM), transgender male-to-female (MTF), or transgender other, which includes people who do not identify with the provided transgender variable options or do not identify with the binary options of male/female (e.g., nonbinary, two-spirit, genderqueer). Self-identification is the preferred means of obtaining this information.

Beginning with 2017 reporting, HRSA HAB refined the current gender identity variable to include the options of male, female, FTM, MTF, and transgender other (previously transgender unknown); the transgender identity variable was removed, thus creating a two-step method for reporting and determining gender (i.e., sex assigned at birth and current gender identity).

Gender data in this report use the two-step method (i.e., the 2017 method); when the reported current gender identity is different from the sex assigned at birth, the analysis determines gender using an algorithm designed specifically for this purpose.

Language used in this report

In this report and in the accompanying data tables, for analyses that include clients of all ages, cisgender male clients are referred to as *male*, cisgender female clients as *female*, transgender MTF clients as *transgender female*, and transgender FTM clients as *transgender male*. For analyses that include only clients aged 13 years and older, clients are referred to as *men*, *women*, *transgender*

women, and transgender men, respectively. Clients designated under the *transgender other* variable option are referred throughout as *clients with another gender identity*, or in the data tables as *other gender identity*.

Transmission Category

Transmission category is the term for the classification that summarizes a client's possible HIV risk factor(s) at the time of HIV acquisition; the summary classification results from selecting—from a presumed hierarchical order of probability—the single risk factor most likely to have been responsible for transmission.

It is important to note that data by transmission category presented in this report are based on the reported risk factor *most likely to have been responsible for the original transmission of HIV*; data may not reflect current behavior (e.g., injection drug use).

Transmission categories are presented separately by gender (i.e., male, female, transgender).

- For male clients, transmission categories include male-to-male sexual contact, injection drug use, male-to-male sexual contact and injection drug use, heterosexual contact, perinatal, and other.
- For female clients, transmission categories include heterosexual contact, injection drug use, perinatal, and other.
- For transgender clients, transmission categories have been modified to better reflect the transgender experience of transmission risk while continuing to follow a relative hierarchy of likelihood for transmission. That is, transmission category data for transgender clients are presented as sexual contact, injection drug use, sexual contact and injection drug use, perinatal, and other.

HRSA HAB adapted the definitions of transmission risk categories from the CDC's NHSS definitions for transmission categories. Clients with more than one reported risk factor are classified in the transmission category listed first in the hierarchy. The only exceptions are (1) men who had sexual contact with other men and who injected drugs and (2) perinatal; these groups make up separate transmission categories. The transmission categories are defined, in order of the hierarchy, as follows:

- *Male-to-male sexual contact*: Male clients who report sexual contact with other men and males who report sexual contact with both men and women.
- *Injection drug use*: Clients who report use of drugs intravenously or through skin popping.
- *Male-to-male sexual contact and injection drug use*: Male clients who report sexual contact with other men or sexual contact with both men and women and report the use of drugs intravenously or through skin popping.
- *Heterosexual contact*: Clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., a person who injects drugs).
- *Perinatal*: This category is exclusively for clients with perinatally acquired HIV. This category includes clients born after 1980 who are known to have HIV and whose infection is attributed to perinatal transmission, as well as infants with indeterminate HIV status.
- *Other*: Clients who report transmission from the receipt of transfusion of blood, blood components, or tissue and clients who report hemophilia/coagulation disorder.

For transgender clients, the following transmission category hierarchy is used:

- *Sexual contact*: Transgender clients who report any sexual transmission risk.
- *Injection drug use*: Transgender clients who report use of drugs intravenously or through skin popping.
- *Sexual contact and injection drug use*: Transgender clients who report sexual contact and report the use of drugs intravenously or through skin popping.
- *Perinatal*: As above.
- *Other*: As above.

Federal Poverty Level

FPL data characterize the client's income as a percentage of the FPL [4] at the end of the reporting period. In this report, FPL categories are 0–100% FPL, 101–138% FPL, 139–250% FPL, 251–400% FPL, and >400% FPL.

Health Care Coverage

EHE grant recipients and subrecipients report all sources of health care coverage that each client had for any part of the reporting period. These data are categorized further for analysis. Health care coverage was categorized as private employer, private individual, Medicare, Medicaid, Medicare and Medicaid (dual eligibility), Veterans Administration, Indian Health Service, other plan, no coverage, and multiple coverages. The Medicaid classification includes the Children's Health Insurance Program (CHIP) and other public state health care coverage programs.

Housing Status

The housing status variable captures the client's housing status at the end of the reporting period and is categorized as stable (e.g., permanent) housing, temporary housing, or unstable housing. The definition for each of these categories is based on the Housing Opportunities for Persons with AIDS Program Annual Progress Report Measuring Performance Outcomes: form HUD-40110 C and the McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual [5, 6].

Jurisdictions

HRSA HAB awarded EHE funds to the 39 RWHAP Part A recipients and eight Part B recipients that encompass the EHE jurisdictions (i.e., 48 counties; Washington, D.C.; San Juan, Puerto Rico; and seven states with substantial rural HIV burden).

Part A of RWHAP provides emergency assistance to EMAs and TGAs that are most severely affected by the HIV epidemic. EMAs and TGAs range in size from one city or county to more than 26 different geographic entities; 11 include parts of more than one state. For EHE funding purposes, the EHE jurisdictions were associated with existing RWHAP Part A EMA/TGAs (see the Appendix).

Part B of RWHAP provides funding for states and territories to improve the quality of and access to HIV health care and support. HAB awarded funding to seven states with large rural epidemics. In addition, Ohio's Part B received funding to serve Hamilton County, one of the EHE priority county jurisdictions.

Jurisdiction-level data (i.e., state- and EMA/TGA-level) are delineated based on provider location rather than client location. Jurisdiction-level analyses include data submitted by HAB EHE recipients for all Parts of the RWHAP Parts A–D and EHE funding. That is, all tables include data for all clients served by EHE-funded providers in the jurisdiction, regardless of the source of RWHAP or EHE funding. Jurisdiction-level data are displayed in Tables 3 and 4.

It is important to note that data shown for jurisdictions are not mutually exclusive; clients may have received services from providers in multiple EMAs and TGAs.

Viral Suppression

Viral suppression was based on data for people with HIV who had at least one OAHS visit and at least one viral load test during the measurement year.

In this report, a supplemental measure of viral suppression was calculated to account for the time it would take for a client new to care or re-engaged in care to reach viral suppression once prescribed ART. The supplemental viral suppression measure is based on data for people with at least one OAHS visit prior to September 1 of the report year.

For both measures, viral suppression was defined as the most recently reported HIV RNA test result of <200 copies/mL.

TABLES 1–4

- Table 1a.** All clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions
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Table 1a. All clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020		2021	
	N	%	N	%
Age group (yrs)				
<13	88	0.1	143	0.1
13–14	36	<0.1	57	<0.1
15–19	290	0.3	538	0.3
20–24	2,624	2.8	5,311	2.8
25–29	6,966	7.5	14,398	7.6
30–34	10,098	10.8	22,459	11.9
35–39	9,251	9.9	20,268	10.8
40–44	9,356	10.0	19,349	10.3
45–49	9,730	10.5	18,129	9.6
50–54	12,567	13.5	23,302	12.4
55–59	13,766	14.8	26,418	14.0
60–64	9,798	10.5	19,648	10.4
≥65	8,540	9.2	18,297	9.7
Subtotal	93,110	100.0	188,317	100.0
Race/ethnicity				
American Indian/Alaska Native	159	0.2	580	0.3
Asian	1,096	1.2	2,638	1.4
Black/African American	49,765	53.8	91,113	49.0
Hispanic/Latino ^a	18,643	20.1	46,323	24.9
Native Hawaiian/Pacific Islander	115	0.1	289	0.2
White	21,951	23.7	43,293	23.3
Multiple races	849	0.9	1,816	1.0
Subtotal	92,578	100.0	186,052	100.0
Gender				
Male	67,280	72.4	138,948	73.9
Female	23,998	25.8	43,893	23.3
Transgender male	87	0.1	511	0.3
Transgender female	1,579	1.7	4,600	2.4
Other gender identity	16	<0.1	174	0.1
Subtotal	92,960	100.0	188,126	100.0
Transmission category				
Male client				
Male-to-male sexual contact	40,319	68.3	86,929	71.6
Injection drug use	2,755	4.7	4,903	4.0
Male-to-male sexual contact and injection drug use	1,266	2.1	3,372	2.8
Heterosexual contact ^b	14,017	23.7	24,686	20.3
Perinatal	446	0.8	948	0.8
Other ^c	262	0.4	495	0.4
Subtotal	59,065	100.0	121,333	100.0
Female client				
Injection drug use	1,396	6.7	2,622	6.9
Heterosexual contact ^b	18,554	89.5	33,579	88.8
Perinatal	573	2.8	1,200	3.2
Other ^c	215	1.0	400	1.1
Subtotal^d	20,738	100.0	37,801	100.0
Transgender client				
Sexual contact ^e	1,274	92.1	3,783	94.2
Injection drug use	23	1.7	40	1.0
Sexual contacte and injection drug use	74	5.4	154	3.8
Perinatal	8	0.6	22	0.5
Other ^c	4	0.3	19	0.5
Subtotal^d	1,383	100.0	4,018	100.0
Federal poverty level				
0–100%	51,927	61.6	102,301	59.1
101–138%	9,750	11.6	17,844	10.3
139–250%	14,921	17.7	33,071	19.1
251–400%	6,043	7.2	15,452	8.9
>400%	1,684	2.0	4,538	2.6
Subtotal	84,325	100.0	173,206	100.0
Health care coverage				
Private employer	8,960	10.4	18,011	10.1
Private individual	7,888	9.2	18,112	10.1
Medicare	8,906	10.4	16,918	9.4
Medicaid	17,944	20.9	49,178	27.5
Medicare and Medicaid	6,470	7.5	13,287	7.4
Veterans Administration	136	0.2	268	0.1
Indian Health Service	2	<0.1	11	<0.1
Other plan	1,234	1.4	2,724	1.5
No coverage	25,408	29.6	40,983	22.9
Multiple coverages	8,897	10.4	19,642	11.0
Subtotal	85,845	100.0	179,134	100.0

Table 1a. All clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020		2021	
	N	%	N	%
Housing status				
Stable	70,484	85.0	150,477	86.3
Temporary	8,739	10.5	13,246	7.6
Unstable	3,699	4.5	10,713	6.1
Subtotal	82,922	100.0	174,436	100.0
Total^f	93,110	100.0	188,317	100.0

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission category information. The values may not sum to the subtotals for gender overall.

^e Includes any sexual transmission category reported by transgender clients.

^f Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 1b. New clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020		2021	
	N	%	N	%
Age group (yrs)				
<13	7	0.1	32	0.1
13–14	4	<0.1	5	<0.1
15–19	84	0.7	218	1.0
20–24	669	5.7	1,622	7.2
25–29	1,265	10.7	3,118	13.9
30–34	1,571	13.3	3,742	16.7
35–39	1,324	11.2	2,823	12.6
40–44	1,140	9.7	2,308	10.3
45–49	1,070	9.1	1,761	7.9
50–54	1,373	11.6	2,077	9.3
55–59	1,419	12.0	2,063	9.2
60–64	931	7.9	1,380	6.2
≥65	935	7.9	1,264	5.6
Subtotal	11,792	100.0	22,413	100.0
Race/ethnicity				
American Indian/Alaska Native	31	0.3	94	0.4
Asian	127	1.1	299	1.4
Black/African American	6,536	56.2	11,076	50.4
Hispanic/Latino ^a	2,071	17.8	5,408	24.6
Native Hawaiian/Pacific Islander	20	0.2	44	0.2
White	2,776	23.9	4,844	22.0
Multiple races	72	0.6	225	1.0
Subtotal	11,633	100.0	21,990	100.0
Gender				
Male	8,912	75.6	17,288	77.1
Female	2,612	22.2	4,307	19.2
Transgender male	18	0.2	103	0.5
Transgender female	248	2.1	667	3.0
Other gender identity	2	<0.1	45	0.2
Subtotal	11,792	100.0	22,410	100.0
Transmission category				
Male client				
Male-to-male sexual contact	5,418	73.1	10,422	75.5
Injection drug use	458	6.2	573	4.1
Male-to-male sexual contact and injection drug use	127	1.7	326	2.4
Heterosexual contact ^b	1,342	18.1	2,367	17.1
Perinatal	50	0.7	82	0.6
Other ^c	20	0.3	39	0.3
Subtotal^d	7,415	100.0	13,809	100.0
Female client				
Injection drug use	244	12.8	313	10.0
Heterosexual contact ^b	1,603	84.0	2,688	86.2
Perinatal	49	2.6	90	2.9
Other ^c	13	0.7	27	0.9
Subtotal^d	1,909	100.0	3,118	100.0
Transgender client				
Sexual contact ^e	195	87.8	484	93.3
Injection drug use	9	4.1	12	2.3
Sexual contact ^e and injection drug use	14	6.3	14	2.7
Perinatal	3	1.4	4	0.8
Other ^c	1	0.5	5	1.0
Subtotal^d	222	100.0	519	100.0
Federal poverty level				
0–100%	5,126	68.1	11,563	66.9
101–138%	686	9.1	1,167	6.7
139–250%	1,040	13.8	2,840	16.4
251–400%	500	6.6	1,350	7.8
>400%	172	2.3	370	2.1
Subtotal	7,524	100.0	17,290	100.0
Health care coverage				
Private employer	653	8.6	1,679	9.3
Private individual	549	7.2	1,405	7.8
Medicare	342	4.5	759	4.2
Medicaid	1,558	20.5	4,526	25.1
Medicare and Medicaid	279	3.7	544	3.0
Veterans Administration	14	0.2	33	0.2
Indian Health Service	0	0.0	0	0.0
Other plan	189	2.5	331	1.8
No coverage	3,503	46.0	7,553	41.8
Multiple coverages	530	7.0	1,233	6.8
Subtotal	7,617	100.0	18,063	100.0

Table 1b. New clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020		2021	
	N	%	N	%
Housing status				
Stable	5,954	78.1	13,727	78.3
Temporary	1,016	13.3	2,202	12.6
Unstable	650	8.5	1,598	9.1
Subtotal	7,620	100.0	17,527	100.0
Total^f	11,792	100.0	22,413	100.0

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission category information. The values may not sum to the subtotals for gender overall.

^e Includes any sexual transmission category reported by transgender clients.

^f Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 1c. Estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020		2021	
	N	%	N	%
Age group (yrs)				
<13	3	<0.1	10	0.1
13–14	0	0.0	7	<0.1
15–19	15	0.2	32	0.2
20–24	211	3.0	343	2.2
25–29	548	7.7	1,014	6.6
30–34	782	11.0	1,767	11.5
35–39	656	9.3	1,641	10.7
40–44	633	8.9	1,546	10.1
45–49	698	9.9	1,395	9.1
50–54	966	13.6	1,910	12.5
55–59	1,019	14.4	2,165	14.1
60–64	809	11.4	1,691	11.0
≥65	745	10.5	1,797	11.7
Subtotal	7,085	100.0	15,318	100.0
Race/ethnicity				
American Indian/Alaska Native	10	0.1	49	0.3
Asian	59	0.9	188	1.3
Black/African American	4,273	61.6	8,288	55.2
Hispanic/Latino ^a	1,351	19.5	3,292	21.9
Native Hawaiian/Pacific Islander	13	0.2	15	0.1
White	1,167	16.8	3,085	20.5
Multiple races	62	0.9	110	0.7
Subtotal	6,935	100.0	15,027	100.0
Gender				
Male	4,746	67.8	10,728	70.4
Female	2,143	30.6	3,995	26.2
Transgender male	4	0.1	55	0.4
Transgender female	102	1.5	429	2.8
Other gender identity	2	<0.1	23	0.2
Subtotal	6,997	100.0	15,230	100.0
Transmission category				
Male client				
Male-to-male sexual contact	2,056	56.8	4,994	66.0
Injection drug use	293	8.1	416	5.5
Male-to-male sexual contact and injection drug use	48	1.3	166	2.2
Heterosexual contact ^b	1,167	32.2	1,883	24.9
Perinatal	35	1.0	82	1.1
Other ^c	22	0.6	31	0.4
Subtotal^d	3,621	100.0	7,572	100.0
Female client				
Injection drug use	137	8.0	212	7.5
Heterosexual contact ^b	1,523	88.8	2,475	87.9
Perinatal	33	1.9	86	3.1
Other ^c	22	1.3	44	1.6
Subtotal^d	1,715	100.0	2,817	100.0
Transgender client				
Sexual contact ^e	41	91.1	276	94.2
Injection drug use	1	2.2	2	0.7
Sexual contact ^e and injection drug use	1	2.2	9	3.1
Perinatal	0	0.0	3	1.0
Other ^c	2	4.4	3	1.0
Subtotal^d	45	100.0	293	100.0
Federal poverty level				
0–100%	4,177	64.0	7,649	63.4
101–138%	674	10.3	1,073	8.9
139–250%	1,039	15.9	1,919	15.9
251–400%	484	7.4	1,063	8.8
>400%	152	2.3	363	3.0
Subtotal	6,526	100.0	12,067	100.0
Health care coverage				
Private employer	811	12.0	1,920	13.5
Private individual	428	6.3	1,249	8.8
Medicare	804	11.9	1,620	11.4
Medicaid	2,399	35.4	4,414	31.1
Medicare and Medicaid	493	7.3	1,163	8.2
Veterans Administration	4	0.1	21	0.1
Indian Health Service	0	0.0	0	0.0
Other plan	124	1.8	246	1.7
No coverage	1,156	17.1	2,109	14.8
Multiple coverages	553	8.2	1,467	10.3
Subtotal	6,772	100.0	14,209	100.0

Table 1c. Estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020		2021	
	N	%	N	%
Housing status				
Stable	4,776	75.2	9,985	81.5
Temporary	1,358	21.4	1,774	14.5
Unstable	217	3.4	497	4.1
Subtotal	6,351	100.0	12,256	100.0
Total^f	7,085	100.0	15,318	100.0

Abbreviation: OAHS, Outpatient Ambulatory Health Services.

Note: Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Subtotals are reflective of available gender and transmission category information. The values may not sum to the subtotals for gender overall.

^e Includes any sexual transmission category reported by transgender clients.

^f Subtotals for each subpopulation are displayed to reflect the denominator used for the percentage calculation of each subpopulation; due to missing data, the values in each column may not sum to the column total.

Table 2a. Viral suppression among all clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020						2021					
	Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1		Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Age group (yrs)												
<13	73	60	82.2	73	60	82.2	103	89	86.4	94	83	88.3
13–14	28	26	92.9	25	24	96.0	42	38	90.5	39	36	92.3
15–19	206	168	81.6	180	153	85.0	382	305	79.8	314	267	85.0
20–24	1,853	1,464	79.0	1,612	1,320	81.9	3,845	3,161	82.2	3,285	2,780	84.6
25–29	4,773	3,877	81.2	4,187	3,485	83.2	10,360	8,617	83.2	9,129	7,765	85.1
30–34	6,637	5,450	82.1	5,856	4,930	84.2	15,743	13,271	84.3	14,148	12,178	86.1
35–39	6,014	5,098	84.8	5,378	4,669	86.8	14,012	11,992	85.6	12,681	11,047	87.1
40–44	5,796	5,020	86.6	5,291	4,667	88.2	13,130	11,517	87.7	12,042	10,724	89.1
45–49	5,842	5,160	88.3	5,334	4,790	89.8	12,217	10,954	89.7	11,331	10,262	90.6
50–54	7,137	6,373	89.3	6,576	5,943	90.4	15,075	13,576	90.1	14,014	12,788	91.3
55–59	7,351	6,729	91.5	6,831	6,305	92.3	16,467	15,141	91.9	15,430	14,282	92.6
60–64	4,959	4,586	92.5	4,615	4,293	93.0	11,830	11,034	93.3	11,169	10,464	93.7
≥65	3,985	3,796	95.3	3,735	3,572	95.6	10,469	9,995	95.5	9,933	9,504	95.7
Race/ethnicity												
American Indian/Alaska Native	76	64	84.2	67	57	85.1	312	266	85.3	276	239	86.6
Asian	661	630	95.3	591	573	97.0	1,897	1,802	95.0	1,748	1,679	96.1
Black/African American	31,324	26,631	85.0	28,431	24,609	86.6	61,310	52,806	86.1	56,067	49,039	87.5
Hispanic/Latino ^a	12,453	11,350	91.1	11,469	10,608	92.5	33,480	30,489	91.1	31,148	28,723	92.2
Native Hawaiian/Pacific Islander	51	47	92.2	44	40	90.9	188	171	91.0	163	150	92.0
White	9,481	8,557	90.3	8,555	7,850	91.8	24,187	22,117	91.4	22,144	20,485	92.5
Multiple races	477	416	87.2	434	385	88.7	1,165	1,025	88.0	1,051	943	89.7
Gender												
Male	38,772	33,923	87.5	35,075	31,238	89.1	90,621	80,494	88.8	83,014	74,834	90.1
Female	14,881	13,089	88.0	13,744	12,258	89.2	29,595	26,300	88.9	27,452	24,671	89.9
Transgender male	54	42	77.8	46	36	78.3	283	234	82.7	251	209	83.3
Transgender female	936	742	79.3	820	671	81.8	3,087	2,585	83.7	2,814	2,397	85.2
Other gender identity	4	4	100.0	3	3	100.0	78	68	87.2	69	61	88.4
Transmission category												
Male client												
Male-to-male sexual contact	23,738	20,864	87.9	21,474	19,205	89.4	59,671	53,382	89.5	54,737	49,681	90.8
Injection drug use	1,568	1,363	86.9	1,455	1,284	88.2	3,190	2,754	86.3	2,953	2,583	87.5
Male-to-male sexual contact and injection drug use	700	605	86.4	614	544	88.6	2,330	2,035	87.3	2,153	1,896	88.1
Heterosexual contact ^b	9,562	8,383	87.7	8,718	7,768	89.1	17,359	15,369	88.5	16,030	14,414	89.9
Perinatal	335	252	75.2	310	234	75.5	704	534	75.9	644	499	77.5
Other ^c	129	117	90.7	120	110	91.7	305	287	94.1	273	260	95.2
Female client												
Injection drug use	759	666	87.7	711	634	89.2	1,734	1,534	88.5	1,625	1,453	89.4
Heterosexual contact ^b	12,476	11,063	88.7	11,557	10,383	89.8	24,250	21,736	89.6	22,547	20,423	90.6
Perinatal	441	321	72.8	418	307	73.4	908	673	74.1	853	636	74.6
Other ^c	124	111	89.5	115	105	91.3	254	235	92.5	245	227	92.7
Transgender client												
Sexual contact ^d	817	645	78.9	710	576	81.1	2,583	2,199	85.1	2,365	2,045	86.5
Injection drug use	11	6	54.5	11	6	54.5	16	11	68.8	14	10	71.4
Sexual contact ^d and injection drug use	30	23	76.7	27	22	81.5	81	63	77.8	74	60	81.1
Perinatal	7	6	85.7	7	6	85.7	15	12	80.0	15	12	80.0
Other ^c	3	2	66.7	3	2	66.7	13	9	69.2	10	7	70.0

Table 2a. Viral suppression among all clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020						2021					
	Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1		Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Federal poverty level												
0–100%	35,376	30,120	85.1	32,129	27,877	86.8	73,701	63,630	86.3	67,341	59,096	87.8
101–138%	5,696	5,195	91.2	5,246	4,843	92.3	11,574	10,605	91.6	10,849	10,035	92.5
139–250%	8,423	7,734	91.8	7,686	7,154	93.1	22,220	20,431	91.9	20,602	19,154	93.0
251–400%	3,128	2,933	93.8	2,830	2,679	94.7	10,036	9,416	93.8	9,239	8,742	94.6
>400%	1,040	985	94.7	961	914	95.1	3,420	3,270	95.6	3,191	3,069	96.2
Health care coverage												
Private employer	4,621	4,246	91.9	4,113	3,825	93.0	11,957	11,185	93.5	10,923	10,313	94.4
Private individual	3,872	3,593	92.8	3,509	3,284	93.6	9,996	9,322	93.3	9,323	8,767	94.0
Medicare	5,056	4,665	92.3	4,685	4,349	92.8	10,097	9,357	92.7	9,449	8,813	93.3
Medicaid	11,306	9,567	84.6	10,393	8,925	85.9	35,354	30,564	86.5	32,693	28,665	87.7
Medicare and Medicaid	3,210	2,899	90.3	2,991	2,723	91.0	7,586	6,981	92.0	7,184	6,637	92.4
Veterans Administration	20	19	95.0	19	18	94.7	57	49	86.0	48	44	91.7
Indian Health Service	1	1	100.0	1	1	100.0	5	5	100.0	4	4	100.0
Other plan	738	645	87.4	645	576	89.3	1,677	1,476	88.0	1,496	1,344	89.8
No coverage	20,750	17,490	84.3	18,671	16,185	86.7	33,774	28,664	84.9	30,241	26,259	86.8
Multiple coverages	4,682	4,351	92.9	4,294	4,006	93.3	12,576	11,624	92.4	11,755	10,930	93.0
Housing status												
Stable	45,350	40,186	88.6	41,338	37,204	90.0	106,670	95,904	89.9	98,593	89,719	91.0
Temporary	5,571	4,655	83.6	5,030	4,291	85.3	8,461	6,969	82.4	7,467	6,280	84.1
Unstable	2,357	1,761	74.7	2,094	1,609	76.8	7,410	5,862	79.1	6,633	5,384	81.2
Total^e	54,654	47,807	87.5	49,693	44,211	89.0	123,675	109,690	88.7	113,609	102,180	89.9

Abbreviation: OAHS, Outpatient Ambulatory Health Services.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Includes any sexual transmission category reported by transgender clients.

^e Because column totals were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

Table 2b. Viral suppression among new clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020						2021					
	New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1		New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Age group (yrs)												
<13	3	2	66.7	3	2	66.7	20	15	75.0	15	12	80.0
13–14	1	0	0.0	0	—	—	4	4	100.0	3	3	100.0
15–19	52	38	73.1	32	28	87.5	153	115	75.2	100	87	87.0
20–24	442	323	73.1	305	250	82.0	1,136	866	76.2	801	638	79.7
25–29	821	607	73.9	581	461	79.3	2,142	1,640	76.6	1,534	1,231	80.2
30–34	939	678	72.2	666	527	79.1	2,460	1,895	77.0	1,824	1,471	80.6
35–39	741	561	75.7	531	439	82.7	1,668	1,306	78.3	1,187	971	81.8
40–44	527	400	75.9	391	316	80.8	1,295	1,004	77.5	941	772	82.0
45–49	421	314	74.6	303	240	79.2	922	749	81.2	657	553	84.2
50–54	453	365	80.6	326	272	83.4	957	747	78.1	701	587	83.7
55–59	390	328	84.1	298	260	87.2	871	742	85.2	648	574	88.6
60–64	214	181	84.6	157	138	87.9	475	401	84.4	346	298	86.1
≥65	126	109	86.5	88	80	90.9	324	287	88.6	247	223	90.3
Race/ethnicity												
American Indian/Alaska Native	14	10	71.4	8	5	62.5	39	33	84.6	23	21	91.3
Asian	81	71	87.7	55	55	100.0	208	180	86.5	137	124	90.5
Black/African American	2,664	1,967	73.8	1,901	1,505	79.2	6,015	4,550	75.6	4,393	3,482	79.3
Hispanic/Latino ^a	1,327	1,050	79.1	968	829	85.6	3,508	2,872	81.9	2,546	2,202	86.5
Native Hawaiian/Pacific Islander	8	7	87.5	5	4	80.0	28	24	85.7	15	13	86.7
White	957	746	78.0	687	573	83.4	2,324	1,873	80.6	1,675	1,401	83.6
Multiple races	51	36	70.6	39	30	76.9	138	107	77.5	98	81	82.7
Gender												
Male	3,979	3,051	76.7	2,848	2,353	82.6	9,844	7,753	78.8	7,155	5,908	82.6
Female	993	749	75.4	733	586	79.9	2,078	1,638	78.8	1,488	1,233	82.9
Transgender male	12	8	66.7	7	4	57.1	71	51	71.8	50	36	72.0
Transgender female	145	97	66.9	92	69	75.0	417	318	76.3	301	237	78.7
Other gender identity	1	1	100.0	1	1	100.0	17	11	64.7	10	6	60.0
Transmission category												
Male client												
Male-to-male sexual contact	2,697	2,106	78.1	1,943	1,638	84.3	6,535	5,216	79.8	4,723	3,961	83.9
Injection drug use	115	79	68.7	76	58	76.3	239	174	72.8	173	133	76.9
Male-to-male sexual contact and injection drug use	61	47	77.0	46	37	80.4	224	185	82.6	178	149	83.7
Heterosexual contact ^b	789	597	75.7	555	446	80.4	1,479	1,138	76.9	1,089	894	82.1
Perinatal	27	17	63.0	22	15	68.2	48	33	68.8	35	25	71.4
Other ^c	7	6	85.7	6	6	100.0	27	23	85.2	13	12	92.3
Female client												
Injection drug use	45	35	77.8	35	30	85.7	97	75	77.3	72	58	80.6
Heterosexual contact ^b	814	626	76.9	600	491	81.8	1,568	1,258	80.2	1,126	944	83.8
Perinatal	21	14	66.7	15	9	60.0	56	34	60.7	42	28	66.7
Other ^c	6	2	33.3	5	2	40.0	14	12	85.7	12	11	91.7
Transgender client												
Sexual contact ^d	128	86	67.2	77	57	74.0	320	240	75.0	233	182	78.1
Injection drug use	4	0	0.0	4	0	0.0	6	3	50.0	5	3	60.0
Sexual contact ^d and injection drug use	3	2	66.7	3	2	66.7	8	7	87.5	6	5	83.3
Perinatal	2	2	100.0	2	2	100.0	2	1	50.0	2	1	50.0
Other ^c	1	0	0.0	1	0	0.0	3	1	33.3	1	0	0.0

Table 2b. Viral suppression among new clients with HIV served by EHE-funded providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020						2021					
	New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1		New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Federal poverty level												
0–100%	3,591	2,654	73.9	2,584	2,048	79.3	8,162	6,223	76.2	5,850	4,666	79.8
101–138%	432	356	82.4	319	282	88.4	795	660	83.0	604	528	87.4
139–250%	661	540	81.7	462	415	89.8	1,966	1,611	81.9	1,471	1,270	86.3
251–400%	294	240	81.6	209	180	86.1	893	781	87.5	655	597	91.1
>400%	98	90	91.8	78	72	92.3	256	232	90.6	195	183	93.8
Health care coverage												
Private employer	374	315	84.2	249	222	89.2	1,074	903	84.1	792	690	87.1
Private individual	303	258	85.1	225	195	86.7	781	689	88.2	619	563	91.0
Medicare	160	137	85.6	117	105	89.7	358	292	81.6	262	226	86.3
Medicaid	924	698	75.5	716	570	79.6	2,940	2,241	76.2	2,188	1,740	79.5
Medicare and Medicaid	127	98	77.2	109	88	80.7	242	203	83.9	196	168	85.7
Veterans Administration	0	—	—	0	—	—	9	6	66.7	7	5	71.4
Indian Health Service	0	—	—	0	—	—	0	—	—	0	—	—
Other plan	92	76	82.6	73	62	84.9	192	152	79.2	131	110	84.0
No coverage	2,830	2,054	72.6	1,942	1,555	80.1	5,927	4,530	76.4	4,078	3,292	80.7
Multiple coverages	297	258	86.9	235	208	88.5	782	670	85.7	656	568	86.6
Housing status												
Stable	4,051	3,141	77.5	2,888	2,413	83.6	9,730	7,812	80.3	7,100	5,986	84.3
Temporary	675	506	75.0	497	395	79.5	1,456	1,114	76.5	1,043	821	78.7
Unstable	382	243	63.6	282	194	68.8	971	652	67.1	678	475	70.1
Total^e	5,130	3,906	76.1	3,681	3,013	81.9	12,427	9,771	78.6	9,004	7,420	82.4

Abbreviation: OAHS, Outpatient Ambulatory Health Services.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Includes any sexual transmission category reported by transgender clients.

^e Because column totals were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

Table 2c. Viral suppression among estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

	2020						2021					
	Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1		Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Age group (yrs)												
<13	2	1	50.0	2	1	50.0	6	5	83.3	4	4	100.0
13–14	0	—	—	0	—	—	0	—	—	0	—	—
15–19	4	3	75.0	2	2	100.0	10	8	80.0	10	8	80.0
20–24	137	113	82.5	119	100	84.0	175	139	79.4	137	115	83.9
25–29	362	275	76.0	309	244	79.0	578	438	75.8	486	381	78.4
30–34	528	410	77.7	446	354	79.4	1,018	775	76.1	859	688	80.1
35–39	425	352	82.8	365	315	86.3	909	726	79.9	801	660	82.4
40–44	411	344	83.7	355	307	86.5	803	676	84.2	692	593	85.7
45–49	468	391	83.5	405	349	86.2	744	629	84.5	649	556	85.7
50–54	693	596	86.0	632	552	87.3	1,015	887	87.4	888	792	89.2
55–59	719	642	89.3	666	599	89.9	1,115	997	89.4	996	899	90.3
60–64	569	511	89.8	534	479	89.7	879	787	89.5	805	727	90.3
≥65	554	538	97.1	527	515	97.7	904	854	94.5	841	797	94.8
Race/ethnicity												
American Indian/Alaska Native	9	7	77.8	8	7	87.5	21	16	76.2	17	13	76.5
Asian	40	38	95.0	37	35	94.6	101	94	93.1	98	91	92.9
Black/African American	3,136	2,644	84.3	2,823	2,431	86.1	4,698	3,871	82.4	4,108	3,469	84.4
Hispanic/Latino ^a	1,010	905	89.6	937	848	90.5	1,745	1,532	87.8	1,573	1,404	89.3
Native Hawaiian/Pacific Islander	10	9	90.0	10	9	90.0	10	10	100.0	9	9	100.0
White	606	520	85.8	508	452	89.0	1,423	1,265	88.9	1,242	1,129	90.9
Multiple races	23	21	91.3	16	15	93.8	37	30	81.1	29	22	75.9
Gender												
Male	3,225	2,753	85.4	2,837	2,480	87.4	5,810	4,935	84.9	5,054	4,402	87.1
Female	1,585	1,374	86.7	1,475	1,296	87.9	2,122	1,810	85.3	1,913	1,657	86.6
Transgender male	2	2	100.0	2	2	100.0	13	10	76.9	12	10	83.3
Transgender female	58	45	77.6	48	39	81.3	204	160	78.4	184	146	79.3
Other gender identity	0	—	—	0	—	—	5	5	100.0	4	4	100.0
Transmission category												
Male client												
Male-to-male sexual contact	1,477	1,255	85.0	1,300	1,128	86.8	3,374	2,869	85.0	2,898	2,527	87.2
Injection drug use	222	200	90.1	206	188	91.3	286	241	84.3	261	222	85.1
Male-to-male sexual contact and injection drug use	30	23	76.7	24	19	79.2	88	69	78.4	76	61	80.3
Heterosexual contact ^b	928	797	85.9	848	743	87.6	1,334	1,127	84.5	1,191	1,034	86.8
Perinatal	23	16	69.6	19	13	68.4	44	35	79.5	40	32	80.0
Other ^c	15	15	100.0	13	13	100.0	19	18	94.7	17	17	100.0
Female client												
Injection drug use	105	92	87.6	95	85	89.5	143	121	84.6	134	114	85.1
Heterosexual contact ^b	1,212	1,059	87.4	1,140	1,005	88.2	1,612	1,388	86.1	1,453	1,269	87.3
Perinatal	26	15	57.7	22	12	54.5	55	38	69.1	51	34	66.7
Other ^c	13	12	92.3	13	12	92.3	28	24	85.7	26	22	84.6
Transgender client												
Sexual contact ^d	18	11	61.1	15	8	53.3	128	103	80.5	114	91	79.8
Injection drug use	1	1	100.0	1	1	100.0	0	—	—	0	—	—
Sexual contact ^d and injection drug use	1	0	0.0	0	—	—	1	0	0.0	0	—	—
Perinatal	0	—	—	0	—	—	2	1	50.0	2	1	50.0
Other ^c	1	1	100.0	1	1	100.0	3	2	66.7	3	2	66.7

Table 2c. Viral suppression among estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and selected characteristics, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

	2020						2021					
	Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1		Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1	
		N	%		N	%		N	%		N	%
Federal poverty level												
0–100%	2,982	2,475	83.0	2,692	2,285	84.9	5,078	4,184	82.4	4,474	3,778	84.4
101–138%	521	468	89.8	477	436	91.4	662	579	87.5	597	534	89.4
139–250%	751	681	90.7	668	612	91.6	1,203	1,068	88.8	1,067	965	90.4
251–400%	327	306	93.6	297	279	93.9	694	631	90.9	591	547	92.6
>400%	92	87	94.6	81	78	96.3	275	264	96.0	247	240	97.2
Health care coverage												
Private employer	603	541	89.7	534	492	92.1	1,285	1,185	92.2	1,126	1,052	93.4
Private individual	289	271	93.8	246	234	95.1	480	441	91.9	435	404	92.9
Medicare	600	565	94.2	569	536	94.2	897	820	91.4	823	757	92.0
Medicaid	1,684	1,406	83.5	1,525	1,298	85.1	2,843	2,315	81.4	2,535	2,112	83.3
Medicare and Medicaid	364	319	87.6	339	299	88.2	555	497	89.5	492	445	90.4
Veterans Administration	1	1	100.0	1	1	100.0	4	4	100.0	3	3	100.0
Indian Health Service	0	—	—	0	—	—	0	—	—	0	—	—
Other plan	75	58	77.3	53	45	84.9	92	76	82.6	67	58	86.6
No coverage	847	642	75.8	722	568	78.7	1,324	986	74.5	1,079	839	77.8
Multiple coverages	403	369	91.6	368	340	92.4	634	564	89.0	573	520	90.8
Housing status												
Stable	3,510	3,071	87.5	3,145	2,802	89.1	6,524	5,618	86.1	5,721	5,029	87.9
Temporary	1,042	883	84.7	953	822	86.3	1,227	1,025	83.5	1,114	955	85.7
Unstable	125	72	57.6	107	62	57.9	259	162	62.5	219	141	64.4
Total^e	4,872	4,176	85.7	4,362	3,817	87.5	8,156	6,921	84.9	7,168	6,220	86.8

Abbreviation: OAHS, Outpatient Ambulatory Health Services.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

Note: Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes hemophilia and blood transfusion.

^d Includes any sexual transmission category reported by transgender clients.

^e Because column totals were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

Table 3a. All clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020	2021
State/Territory	EMA/TGA	EHE focus county(ies) or state	N	N
Arizona	Phoenix	Maricopa County	0	4,398
California	Los Angeles	Los Angeles County	896	11,131
	Oakland	Alameda County	759	1,350
	Sacramento	Sacramento County	0	19
	San Bernardino	Riverside County; San Bernardino County	2,247	1,938
	San Diego	San Diego County	0	3,605
	San Francisco	San Francisco County	2,264	2,371
	Santa Ana	Orange County	1,600	1,643
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	1,124	2,751
Florida	Fort Lauderdale	Broward County	10,790	10,122
	Jacksonville	Duval County	3,340	3,331
	Miami	Miami–Dade County	0	2,908
	Orlando	Orange County	505	3,873
	Tampa	Hillsborough County; Pinellas County	3,542	5,383
	West Palm Beach	Palm Beach County	1,364	1,245
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	8,092	14,217
Illinois	Chicago	Cook County	1,567	1,448
Indiana	Indianapolis	Marion County	98	78
Louisiana	Baton Rouge	East Baton Rouge Parish	0	4,080
	New Orleans	Orleans Parish	0	3,091
Massachusetts	Boston	Suffolk County	1,287	366
Maryland	Baltimore	Baltimore City	146	1,081
Michigan	Detroit	Wayne County	3,326	5,215
Nevada	Las Vegas	Clark County	0	2,360
New Jersey	Jersey City	Hudson County	1,037	1,618
	Newark	Essex County	5,226	5,407
New York	New York	Bronx County; Kings County; New York County; Queens County	97	14,737
North Carolina	Charlotte	Mecklenburg County	429	770
Ohio	Cleveland	Cuyahoga County	0	3,206
	Columbus	Franklin County	6,227	5,813
Pennsylvania	Philadelphia	Philadelphia County	2,846	8,393
Puerto Rico	San Juan	San Juan Municipio	1,176	2,353
Tennessee	Memphis	Shelby County	535	1,884
Texas	Austin	Travis County	0	2,073
	Dallas	Dallas County	0	2,767
	Fort Worth	Tarrant County	0	2,311
	Houston	Harris County	16,409	16,445
	San Antonio	Bexar County	305	2,380
Washington	Seattle	King County	0	3,415

Part B jurisdictions			2020	2021
State/Territory	EHE focus county(ies) or state		N	N
Alabama	State		3,854	5,114
Arkansas	State		1,852	1,714
Kentucky	State		474	491
Mississippi	State		0	0
Missouri	State		2,728	7,833
Ohio	Hamilton County		0	1,120
Oklahoma	State		0	0
South Carolina	State		5,204	8,540

Abbreviations: EMA, Eligible Metropolitan Area; TGA, Transitional Grant Area.

Notes: Data are based on provider location.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not deliver services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery, including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

Table 3b. New clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020	2021
State/Territory	EMA/TGA	EHE focus county(ies) or state	N	N
Arizona	Phoenix	Maricopa County	0	567
California	Los Angeles	Los Angeles County	114	1,038
	Oakland	Alameda County	106	209
	Sacramento	Sacramento County	0	17
	San Bernardino	Riverside County; San Bernardino County	222	151
	San Diego	San Diego County	0	205
	San Francisco	San Francisco County	229	273
	Santa Ana	Orange County	318	265
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	98	139
Florida	Fort Lauderdale	Broward County	1,322	1,266
	Jacksonville	Duval County	162	349
	Miami	Miami–Dade County	0	299
	Orlando	Orange County	104	564
	Tampa	Hillsborough County; Pinellas County	488	635
	West Palm Beach	Palm Beach County	88	121
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	370	2,086
Illinois	Chicago	Cook County	273	202
Indiana	Indianapolis	Marion County	34	8
Louisiana	Baton Rouge	East Baton Rouge Parish	0	320
	New Orleans	Orleans Parish	0	407
Massachusetts	Boston	Suffolk County	222	27
Maryland	Baltimore	Baltimore City	10	92
Michigan	Detroit	Wayne County	219	336
Nevada	Las Vegas	Clark County	0	202
New Jersey	Jersey City	Hudson County	55	122
	Newark	Essex County	607	641
New York	New York	Bronx County; Kings County; New York County; Queens County	43	1,375
North Carolina	Charlotte	Mecklenburg County	59	127
Ohio	Cleveland	Cuyahoga County	0	337
	Columbus	Franklin County	62	86
Pennsylvania	Philadelphia	Philadelphia County	92	756
Puerto Rico	San Juan	San Juan Municipio	24	146
Tennessee	Memphis	Shelby County	62	45
Texas	Austin	Travis County	0	352
	Dallas	Dallas County	0	70
	Fort Worth	Tarrant County	0	449
	Houston	Harris County	1,820	2,010
	San Antonio	Bexar County	1	439
Washington	Seattle	King County	0	261

Part B jurisdictions			2020	2021
State/Territory	EHE focus county(ies) or state		N	N
Alabama	State		41	414
Arkansas	State		119	150
Kentucky	State		45	42
Mississippi	State		0	0
Missouri	State		168	590
Ohio	Hamilton County		0	190
Oklahoma	State		0	0
South Carolina	State		4,042	3,829

Abbreviations: EMA, Eligible Metropolitan Area; TGA, Transitional Grant Area.

Notes: Data are based on provider location.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not deliver services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery, including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

Table 3c. Estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020	2021
State/Territory	EMA/TGA	EHE focus county(ies) or state	N	N
Arizona	Phoenix	Maricopa County	0	11
California	Los Angeles	Los Angeles County	0	349
	Oakland	Alameda County	18	17
	Sacramento	Sacramento County	0	0
	San Bernardino	Riverside County; San Bernardino County	53	63
	San Diego	San Diego County	0	177
	San Francisco	San Francisco County	68	151
	Santa Ana	Orange County	59	52
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	88	399
Florida	Fort Lauderdale	Broward County	275	437
	Jacksonville	Duval County	321	1,245
	Miami	Miami–Dade County	0	56
	Orlando	Orange County	0	128
	Tampa	Hillsborough County; Pinellas County	0	0
	West Palm Beach	Palm Beach County	96	48
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	74	452
Illinois	Chicago	Cook County	116	7
Indiana	Indianapolis	Marion County	0	25
Louisiana	Baton Rouge	East Baton Rouge Parish	0	980
	New Orleans	Orleans Parish	0	137
Massachusetts	Boston	Suffolk County	83	40
Maryland	Baltimore	Baltimore City	39	89
Michigan	Detroit	Wayne County	341	688
Nevada	Las Vegas	Clark County	0	33
New Jersey	Jersey City	Hudson County	18	34
	Newark	Essex County	3,635	3,567
New York	New York	Bronx County; Kings County; New York County; Queens County	8	1,035
North Carolina	Charlotte	Mecklenburg County	8	31
Ohio	Cleveland	Cuyahoga County	0	242
	Columbus	Franklin County	977	761
Pennsylvania	Philadelphia	Philadelphia County	8	1,458
Puerto Rico	San Juan	San Juan Municipio	10	32
Tennessee	Memphis	Shelby County	0	257
Texas	Austin	Travis County	0	326
	Dallas	Dallas County	0	42
	Fort Worth	Tarrant County	0	0
	Houston	Harris County	619	754
	San Antonio	Bexar County	1	573
Washington	Seattle	King County	0	163

Part B jurisdictions			2020	2021
State/Territory	EHE focus county(ies) or state		N	N
Alabama	State		0	7
Arkansas	State		0	56
Kentucky	State		11	3
Mississippi	State		0	0
Missouri	State		0	142
Ohio	Hamilton County		0	17
Oklahoma	State		0	0
South Carolina	State		0	94

Abbreviations: EMA, Eligible Metropolitan Area; TGA, Transitional Grant Area.

Notes: Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not deliver services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery, including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

Table 4a. Viral suppression among all clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020						2021					
			Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1		Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1	
State/Territory	EMA/TGA	EHE focus county(ies) or state	≥1 OAHS visit	N	%	Sept. 1	N	%	≥1 OAHS visit	N	%	Sept. 1	N	%
Arizona	Phoenix	Maricopa County	0	—	—	0	—	—	4,044	3,729	92.2	3,571	3,337	93.4
California	Los Angeles	Los Angeles County	44	40	90.9	43	40	93.0	7,890	7,114	90.2	7,451	6,800	91.3
	Oakland	Alameda County	380	325	85.5	345	303	87.8	810	720	88.9	574	519	90.4
	Sacramento	Sacramento County	0	—	—	0	—	—	17	13	76.5	14	11	78.6
	San Bernardino	Riverside County; San Bernardino County	315	289	91.7	286	266	93.0	203	186	91.6	180	168	93.3
	San Diego	San Diego County	0	—	—	0	—	—	2,845	2,670	93.8	2,741	2,580	94.1
San Francisco	San Francisco County	1,006	887	88.2	897	800	89.2	1,141	1,004	88.0	1,040	920	88.5	
Santa Ana	Orange County	789	735	93.2	733	697	95.1	794	702	88.4	715	654	91.5	
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	662	611	92.3	602	569	94.5	878	808	92.0	816	755	92.5
Florida	Fort Lauderdale	Broward County	5,034	4,250	84.4	4,337	3,760	86.7	4,066	3,560	87.6	3,523	3,140	89.1
	Jacksonville	Duval County	1,337	1,136	85.0	1,224	1,059	86.5	1,607	1,401	87.2	1,430	1,266	88.5
	Miami	Miami-Dade County	0	—	—	0	—	—	1,352	1,215	89.9	1,266	1,155	91.2
	Orlando	Orange County	28	25	89.3	20	18	90.0	1,051	948	90.2	968	890	91.9
	Tampa	Hillsborough County; Pinellas County	1,675	1,453	86.7	1,461	1,291	88.4	2,814	2,498	88.8	2,607	2,343	89.9
West Palm Beach	Palm Beach County	821	745	90.7	800	729	91.1	735	666	90.6	708	645	91.1	
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	7,316	6,321	86.4	6,881	6,021	87.5	12,642	10,763	85.1	11,417	9,865	86.4
Illinois	Chicago	Cook County	1,223	1,086	88.8	1,115	999	89.6	1,204	1,080	89.7	1,116	1,015	90.9
Indiana	Indianapolis	Marion County	82	69	84.1	78	66	84.6	63	59	93.7	59	55	93.2
Louisiana	Baton Rouge	East Baton Rouge Parish	0	—	—	0	—	—	1,452	1,316	90.6	1,396	1,276	91.4
	New Orleans	Orleans Parish	0	—	—	0	—	—	1,071	920	85.9	878	770	87.7
Massachusetts	Boston	Suffolk County	360	345	95.8	346	333	96.2	5	5	100.0	5	5	100.0
Maryland	Baltimore	Baltimore City	56	49	87.5	52	45	86.5	801	689	86.0	725	633	87.3
Michigan	Detroit	Wayne County	2,170	1,914	88.2	1,844	1,652	89.6	3,973	3,527	88.8	3,464	3,114	89.9
Nevada	Las Vegas	Clark County	0	—	—	0	—	—	1,871	1,709	91.3	1,652	1,538	93.1
New Jersey	Jersey City	Hudson County	903	805	89.1	844	766	90.8	1,365	1,260	92.3	1,302	1,217	93.5
	Newark	Essex County	4,522	4,001	88.5	4,152	3,727	89.8	4,850	4,340	89.5	4,566	4,150	90.9
New York	New York	Bronx County; Kings County; New York County; Queens County	15	12	80.0	14	12	85.7	12,266	10,864	88.6	11,612	10,376	89.4
North Carolina	Charlotte	Mecklenburg County	250	236	94.4	228	216	94.7	475	414	87.2	430	384	89.3
Ohio	Cleveland	Cuyahoga County	0	—	—	0	—	—	2,598	2,343	90.2	2,410	2,200	91.3
	Columbus	Franklin County	2,634	2,388	90.7	2,413	2,229	92.4	2,363	2,151	91.0	2,101	1,943	92.5
Pennsylvania	Philadelphia	Philadelphia County	1,813	1,590	87.7	1,730	1,528	88.3	6,257	5,615	89.7	5,834	5,284	90.6
Puerto Rico	San Juan	San Juan Municipio	1,025	950	92.7	1,013	940	92.8	2,157	1,990	92.3	2,115	1,969	93.1
Tennessee	Memphis	Shelby County	50	38	76.0	35	29	82.9	713	598	83.9	665	568	85.4
Texas	Austin	Travis County	0	—	—	0	—	—	1,167	1,061	90.9	1,008	924	91.7
	Dallas	Dallas County	0	—	—	0	—	—	2,288	2,060	90.0	2,182	1,985	91.0
	Fort Worth	Tarrant County	0	—	—	0	—	—	1,728	1,437	83.2	1,585	1,359	85.7
	Houston	Harris County	11,965	10,281	85.9	10,498	9,231	87.9	12,083	10,228	84.6	10,750	9,295	86.5
	San Antonio	Bexar County	174	137	78.7	156	124	79.5	1,216	1,008	82.9	1,064	908	85.3
Washington	Seattle	King County	0	—	—	0	—	—	2,603	2,433	93.5	2,331	2,196	94.2

Table 4a. Viral suppression among all clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

Part B jurisdictions		2020						2021					
		Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1		Clients with ≥1 OAHS visit	Viral suppression among clients with ≥1 OAHS visit		Clients with ≥1 OAHS visit by Sept. 1	Viral suppression among clients with ≥1 OAHS visit by Sept. 1	
			N	%		N	%		N	%		N	%
State/Territory	EHE focus county(ies) or state												
Alabama	State	538	444	82.5	475	401	84.4	1,343	1,175	87.5	1,229	1,106	90.0
Arkansas	State	907	810	89.3	792	723	91.3	876	775	88.5	778	704	90.5
Kentucky	State	434	407	93.8	410	387	94.4	443	411	92.8	430	401	93.3
Mississippi	State	0	—	—	0	—	—	0	—	—	0	—	—
Missouri	State	954	869	91.1	840	769	91.5	3,556	3,136	88.2	3,108	2,790	89.8
Ohio	Hamilton County	0	—	—	0	—	—	478	433	90.6	425	388	91.3
Oklahoma	State	0	—	—	0	—	—	0	—	—	0	—	—
South Carolina	State	660	565	85.6	588	511	86.9	3,753	3,405	90.7	3,512	3,223	91.8

Abbreviations: EMA, Eligible Metropolitan Area; OAHS, Outpatient Ambulatory Health Services; TGA, Transitional Grant Area.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

Notes: Data are based on provider location.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not delivery services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

Table 4b. Viral suppression among new clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020					2021						
			New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1		New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1	
State/Territory	EMA/TGA	EHE focus county(ies) or state		N	%		N	%		N	%		N	%
Arizona	Phoenix	Maricopa County	0	—	—	0	—	—	501	435	86.8	350	316	90.3
California	Los Angeles	Los Angeles County	0	—	—	0	—	—	678	542	79.9	483	411	85.1
	Oakland	Alameda County	56	31	55.4	38	22	57.9	110	90	81.8	43	35	81.4
	Sacramento	Sacramento County	0	—	—	0	—	—	15	11	73.3	12	9	75.0
	San Bernardino	Riverside County; San Bernardino County	84	71	84.5	62	55	88.7	37	33	89.2	21	20	95.2
	San Diego	San Diego County	0	—	—	0	—	—	116	97	83.6	96	82	85.4
	San Francisco	San Francisco County	117	86	73.5	82	62	75.6	166	126	75.9	123	92	74.8
	Santa Ana	Orange County	176	155	88.1	142	134	94.4	198	156	78.8	140	120	85.7
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	72	59	81.9	52	47	90.4	70	56	80.0	53	43	81.1
Florida	Fort Lauderdale	Broward County	789	572	72.5	516	403	78.1	629	494	78.5	462	383	82.9
	Jacksonville	Duval County	68	50	73.5	54	42	77.8	158	118	74.7	109	84	77.1
	Miami	Miami-Dade County	0	—	—	0	—	—	182	158	86.8	136	127	93.4
	Orlando	Orange County	6	5	83.3	1	1	100.0	139	115	82.7	101	86	85.1
	Tampa	Hillsborough County; Pinellas County	250	186	74.4	166	133	80.1	334	270	80.8	244	206	84.4
West Palm Beach	Palm Beach County	18	15	83.3	15	13	86.7	28	23	82.1	18	15	83.3	
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	334	255	76.3	267	211	79.0	1,780	1,379	77.5	1,259	1,000	79.4
Illinois	Chicago	Cook County	216	176	81.5	172	141	82.0	156	134	85.9	125	111	88.8
Indiana	Indianapolis	Marion County	27	22	81.5	25	20	80.0	7	7	100.0	6	6	100.0
Louisiana	Baton Rouge	East Baton Rouge Parish	0	—	—	0	—	—	99	85	85.9	80	71	88.8
	New Orleans	Orleans Parish	0	—	—	0	—	—	299	211	70.6	206	152	73.8
Massachusetts	Boston	Suffolk County	48	45	93.8	38	37	97.4	0	—	—	0	—	—
Maryland	Baltimore	Baltimore City	1	0	0.0	1	0	0.0	53	41	77.4	41	32	78.0
Michigan	Detroit	Wayne County	134	112	83.6	82	74	90.2	223	177	79.4	159	132	83.0
Nevada	Las Vegas	Clark County	0	—	—	0	—	—	167	146	87.4	128	112	87.5
New Jersey	Jersey City	Hudson County	37	22	59.5	18	15	83.3	94	69	73.4	62	50	80.6
	Newark	Essex County	527	422	80.1	411	348	84.7	551	456	82.8	419	372	88.8
New York	New York	Bronx County; Kings County; New York County; Queens County	0	—	—	0	—	—	801	621	77.5	578	461	79.8
North Carolina	Charlotte	Mecklenburg County	37	35	94.6	26	24	92.3	74	58	78.4	50	45	90.0
Ohio	Cleveland	Cuyahoga County	0	—	—	0	—	—	217	170	78.3	162	133	82.1
	Columbus	Franklin County	26	23	88.5	22	20	90.9	67	53	79.1	52	44	84.6
Pennsylvania	Philadelphia	Philadelphia County	57	43	75.4	47	37	78.7	371	289	77.9	279	224	80.3
Puerto Rico	San Juan	San Juan Municipio	18	13	72.2	14	10	71.4	115	89	77.4	87	76	87.4
Tennessee	Memphis	Shelby County	15	9	60.0	9	7	77.8	22	17	77.3	16	13	81.3
Texas	Austin	Travis County	0	—	—	0	—	—	155	125	80.6	117	96	82.1
	Dallas	Dallas County	0	—	—	0	—	—	21	15	71.4	12	10	83.3
	Fort Worth	Tarrant County	0	—	—	0	—	—	311	228	73.3	250	199	79.6
	Houston	Harris County	1,350	987	73.1	883	721	81.7	1,567	1,151	73.5	1,111	863	77.7
	San Antonio	Bexar County	1	1	100.0	1	1	100.0	225	143	63.6	152	102	67.1
Washington	Seattle	King County	0	—	—	0	—	—	206	179	86.9	137	125	91.2

Table 4b. Viral suppression among new clients with HIV served by EHE-funded providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

Part B jurisdictions		2020						2021					
		New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1		New clients with ≥1 OAHS visit	Viral suppression among new clients with ≥1 OAHS visit		New clients with ≥1 OAHS visit by Sept. 1	Viral suppression among new clients with ≥1 OAHS visit by Sept. 1	
			N	%		N	%		N	%		N	%
State/Territory	EHE focus county(ies) or state												
Alabama	State	2	0	0.0	0	—	—	197	162	82.2	137	124	90.5
Arkansas	State	90	58	64.4	61	48	78.7	99	72	72.7	64	48	75.0
Kentucky	State	38	31	81.6	28	23	82.1	32	28	87.5	26	23	88.5
Mississippi	State	0	—	—	0	—	—	0	—	—	0	—	—
Missouri	State	82	69	84.1	53	45	84.9	308	256	83.1	176	157	89.2
Ohio	Hamilton County	0	—	—	0	—	—	33	26	78.8	23	18	78.3
Oklahoma	State	0	—	—	0	—	—	0	—	—	0	—	—
South Carolina	State	82	66	80.5	63	54	85.7	350	292	83.4	258	228	88.4

Abbreviations: EMA, Eligible Metropolitan Area; OAHS, Outpatient Ambulatory Health Services; TGA, Transitional Grant Area.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

Notes: Data are based on provider location.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not delivery services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

Table 4c. Viral suppression among estimated re-engaged clients with HIV served by EHE-funded OAHs, medical case management, non-medical case management, and EHE initiative service category providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions

Part A jurisdictions			2020						2021						
			Re-engaged clients with ≥1 OAHs visit	Viral suppression among re-engaged clients with ≥1 OAHs visit		Re-engaged clients with ≥1 OAHs visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHs visit by Sept. 1		Re-engaged clients with ≥1 OAHs visit	Viral suppression among re-engaged clients with ≥1 OAHs visit		Re-engaged clients with ≥1 OAHs visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHs visit by Sept. 1		
State/Territory	EMA/TGA	EHE focus county(ies) or state	visit	N	%	visit by Sept. 1	N	%	visit	N	%	visit by Sept. 1	N	%	
Arizona	Phoenix	Maricopa County	0	—	—	0	—	—	1	0	0.0	0	—	—	
California	Los Angeles	Los Angeles County	0	—	—	0	—	—	183	131	71.6	140	98	70.0	
	Oakland	Alameda County	6	4	66.7	4	2	50.0	10	7	70.0	9	7	77.8	
	Sacramento	Sacramento County	0	—	—	0	—	—	0	—	—	0	—	—	
	San Bernardino	Riverside County;													
		San Bernardino County		0	—	—	0	—	—	0	—	—	0	—	—
	San Diego	San Diego County	0	—	—	0	—	—	154	137	89.0	138	124	89.9	
	San Francisco	San Francisco County	27	21	77.8	18	14	77.8	79	72	91.1	71	65	91.5	
	Santa Ana	Orange County	23	17	73.9	18	13	72.2	19	12	63.2	13	10	76.9	
District of Columbia	Washington	District of Columbia; Montgomery County, MD; Prince George's County, MD	34	29	85.3	29	26	89.7	59	49	83.1	45	37	82.2	
Florida	Fort Lauderdale	Broward County	217	159	73.3	161	125	77.6	152	112	73.7	105	81	77.1	
	Jacksonville	Duval County	120	92	76.7	104	82	78.8	273	224	82.1	216	175	81.0	
	Miami	Miami-Dade County	0	—	—	0	—	—	20	16	80.0	16	13	81.3	
	Orlando	Orange County	0	—	—	0	—	—	5	5	100.0	4	4	100.0	
	Tampa	Hillsborough County;													
		Pinellas County		0	—	—	0	—	—	0	—	—	0	—	—
West Palm Beach	Palm Beach County	11	7	63.6	10	7	70.0	7	6	85.7	4	4	100.0		
Georgia	Atlanta	Cobb County; DeKalb County; Fulton County; Gwinnett County	61	45	73.8	45	35	77.8	346	222	64.2	254	163	64.2	
Illinois	Chicago	Cook County	32	27	84.4	27	24	88.9	7	5	71.4	3	3	100.0	
Indiana	Indianapolis	Marion County	0	—	—	0	—	—	15	14	93.3	13	12	92.3	
Louisiana	Baton Rouge	East Baton Rouge Parish	0	—	—	0	—	—	158	141	89.2	154	138	89.6	
	New Orleans	Orleans Parish	0	—	—	0	—	—	30	25	83.3	24	20	83.3	
Massachusetts	Boston	Suffolk County	5	5	100.0	4	4	100.0	0	—	—	0	—	—	
Maryland	Baltimore	Baltimore City	7	7	100.0	5	5	100.0	49	35	71.4	31	22	71.0	
Michigan	Detroit	Wayne County	187	152	81.3	140	116	82.9	521	430	82.5	401	335	83.5	
Nevada	Las Vegas	Clark County	0	—	—	0	—	—	32	27	84.4	16	13	81.3	
New Jersey	Jersey City	Hudson County	13	5	38.5	11	4	36.4	16	13	81.3	11	10	90.9	
	Newark	Essex County	3,230	2,923	90.5	3,056	2,783	91.1	3,268	2,987	91.4	3,184	2,925	91.9	
New York	New York	Bronx County; Kings County; New York County; Queens County	0	—	—	0	—	—	600	484	80.7	544	450	82.7	
North Carolina	Charlotte	Mecklenburg County	6	5	83.3	4	4	100.0	27	15	55.6	21	12	57.1	
Ohio	Cleveland	Cuyahoga County	0	—	—	0	—	—	181	146	80.7	154	129	83.8	
	Columbus	Franklin County	405	332	82.0	318	282	88.7	320	268	83.8	251	224	89.2	
Pennsylvania	Philadelphia	Philadelphia County	1	0	0.0	1	0	0.0	855	768	89.8	750	687	91.6	
Puerto Rico	San Juan	San Juan Municipio	9	6	66.7	9	6	66.7	16	9	56.3	15	8	53.3	
Tennessee	Memphis	Shelby County	0	—	—	0	—	—	44	30	68.2	34	26	76.5	
Texas	Austin	Travis County	0	—	—	0	—	—	0	—	—	0	—	—	
	Dallas	Dallas County	0	—	—	0	—	—	25	18	72.0	21	17	81.0	
	Fort Worth	Tarrant County	0	—	—	0	—	—	0	—	—	0	—	—	
	Houston	Harris County	336	220	65.5	258	167	64.7	344	232	67.4	251	172	68.5	
	San Antonio	Bexar County	0	—	—	0	—	—	0	—	—	0	—	—	
	Washington	Seattle	King County	0	—	—	0	—	—	97	89	91.8	73	69	94.5

Table 4c. Viral suppression among estimated re-engaged clients with HIV served by EHE-funded OAHS, medical case management, non-medical case management, and EHE initiative service category providers, by year and jurisdiction, 2020–2021—47 HRSA HAB EHE-funded jurisdictions (cont.)

Part B jurisdictions		2020						2021					
		Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1		Re-engaged clients with ≥1 OAHS visit	Viral suppression among re-engaged clients with ≥1 OAHS visit		Re-engaged clients with ≥1 OAHS visit by Sept. 1	Viral suppression among re-engaged clients with ≥1 OAHS visit by Sept. 1	
State/Territory	EHE focus county(ies) or state	visit	N	%	Sept. 1	N	%	visit	N	%	Sept. 1	N	%
Alabama	State	0	—	—	0	—	—	4	3	75.0	3	2	66.7
Arkansas	State	0	—	—	0	—	—	24	13	54.2	17	11	64.7
Kentucky	State	10	8	80.0	9	7	77.8	3	2	66.7	3	2	66.7
Mississippi	State	0	—	—	0	—	—	0	—	—	0	—	—
Missouri	State	0	—	—	0	—	—	17	16	94.1	10	9	90.0
Ohio	Hamilton County	0	—	—	0	—	—	1	0	0.0	1	0	0.0
Oklahoma	State	0	—	—	0	—	—	0	—	—	0	—	—
South Carolina	State	0	—	—	0	—	—	34	26	76.5	27	21	77.8

Abbreviations: EMA, Eligible Metropolitan Area; OAHS, Outpatient Ambulatory Health Services; TGA, Transitional Grant Area.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and was defined as the most recently reported HIV RNA test result of <200 copies/mL.

Notes: Estimated based on reported numbers of total clients served, new clients, and existing clients reported by outpatient ambulatory health services, medical case management, non-medical case management, and EHE initiative service providers.

Due to COVID-19 and other external factors, some EHE-funded recipients reported that they either did not delivery services or faced delays in service delivery, while others experienced data reporting challenges. These recipients could have used their EHE initiative funding for activities other than service delivery including clinical quality management, recipient administration, initiative infrastructure associated with development and expansion of data systems, and planning and evaluation, including stakeholder engagement and process and outcome evaluation activities.

EHE INITIATIVE TRIANNUAL REPORT

This section of the report uses aggregate national Ending the HIV Epidemic in the U.S. (EHE) initiative data submitted to the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) through the EHE Initiative Triannual Report. In the EHE Initiative Triannual Report, HAB EHE recipients and subrecipient service providers report on the number of clients receiving specific services during a specified reporting period. The EHE Initiative Triannual Report provides HRSA HAB with frequent data on the EHE initiative.

The information presented includes all EHE Initiative Triannual Report data submitted to HRSA HAB by service providers funded by the 47 HAB EHE recipients for January through December 2021. The EHE Initiative Triannual Report has three reporting periods: January through April, May through August, and September through December.

All organizations that receive HAB EHE funding to provide services complete an EHE Initiative Triannual Report each reporting period. This includes organizations that are direct recipient-providers, as well as subrecipient-providers and second-level providers-subcontractors. Similar to the Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR), all clients served using RWHAP Parts A–D funding, HAB EHE funding, RWHAP Fiscal Year 2020 (FY 2020) Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, or RWHAP-related funding (e.g., program income, pharmaceutical rebates) are reported to the EHE Initiative Triannual Report. However, in contrast with the RSR, only aggregate data are submitted; client-level data are not reported. For analysis and dissemination, the EHE Initiative Triannual Report submitted by service providers is aggregated to the national level.

HIGHLIGHTS OF ANALYSES

The percentages in Figures 2 and 3 represent the percentages of clients who received each service in the respective reporting period (i.e., trimester). Individual clients can receive services from more than one service category during each reporting period. Therefore, the sum of the service category percentages does not add up to 100%. The EHE Initiative Triannual Report collects information on only selected service categories; clients could receive services other than the ones reported in the EHE Initiative Triannual Report.
















New and Estimated Re-engaged Clients Served by All EHE-Funded Providers

Across the three trimesters in 2021, the top service categories delivered to new or estimated re-engaged clients by EHE-funded providers were EHE initiative services, outpatient ambulatory health services, medical case management, non- medical case management, and mental health services (Figures 2 and 3).

In the last two trimesters of 2021, EHE initiative services reached one-third (trimester 2) to one-half (trimester 3) of all new and estimated re-engaged clients served by EHE-funded providers.

- Among new clients served by EHE-funded providers in 2021, EHE initiative services was the most common service category delivered starting in the second trimester and continuing into the third trimester (Figure 2).
- Among estimated re-engaged clients served by all EHE-funded providers in 2021, EHE initiative services was the most common service category delivered in the third trimester (Figure 3).
















Figure 2: Top 5 service categories delivered to new clients by all EHE-funded providers, 2021

RANKING	JAN.–APR. 2021	MAY–AUG. 2021	SEPT.–DEC. 2021
#1	 Outpatient Ambulatory Health Services 48.9%	 Ending the HIV Epidemic Initiative Services 36.5%	 Ending the HIV Epidemic Initiative Services 52.7%
#2	 Medical Case Management Services 21.7%	 Outpatient Ambulatory Health Services 25.7%	 Outpatient Ambulatory Health Services 20.9%
#3	 Non-Medical Case Management Services 19.4%	 Medical Case Management Services 21.1%	 Medical Case Management Services 15.7%
#4	 Ending the HIV Epidemic Initiative Services 8.0%	 Non-Medical Case Management Services 11.8%	 Non-Medical Case Management Services 10.1%
#5	 Mental Health Services 5.2%	 Mental Health Services 3.2%	 Mental Health Services 3.4%

Notes:

- Additional service categories collected in EHE Initiative Triannual Report outside of the top five services during the relevant trimester were excluded from this figure.
- Clients can receive services from more than one category; percentages may not sum to 100%. Clients could receive other services, as defined by Policy Clarification Notice 16-02, than those reported through the EHE Initiative Triannual Report.

Figure 3: Top 5 service categories delivered to estimated re-engaged clients by all EHE-funded providers, 2021

RANKING	JAN.–APR. 2021	MAY–AUG. 2021	SEPT.–DEC. 2021
#1	 Outpatient Ambulatory Health Services 35.6%	 Outpatient Ambulatory Health Services 51.7%	 Ending the HIV Epidemic Initiative Services 51.1%
#2	 Medical Case Management Services 17.4%	 Medical Case Management Services 35.6%	 Outpatient Ambulatory Health Services 20.6%
#3	 Non-Medical Case Management Services 14.4%	 Non-Medical Case Management Services 14.4%	 Medical Case Management Services 17.4%
#4	 Ending the HIV Epidemic Initiative Services 4.2%	 Mental Health Services 3.3%	 Non-Medical Case Management Services 7.4%
#5	 Mental Health Services 2.6%	 Substance Abuse Outpatient Care Services 1.8%	 Mental Health Services 2.3%

Notes:

- Additional service categories collected in EHE Initiative Triannual Report outside of the top five services during the relevant trimester were excluded from this figure.
- Clients can receive services from more than one category; percentages may not sum to 100%. Clients could receive other services, as defined by Policy Clarification Notice 16-02, than those reported through the EHE Initiative Triannual Report.

TECHNICAL NOTES

EHE Initiative Triannual Report

EHE-funded service providers report aggregate-level information via the EHE Initiative Triannual Report. Service providers report the number of clients receiving any service and specific services during the reporting period. These data are for all clients with HIV who received at least one service during the reporting period, regardless of the funding source or RWHAP eligibility. The information submitted to the EHE Initiative Triannual Report complements the annual information collected through the RSR and other reporting requirements.

Although the EHE initiative budget year is March through February, the EHE Initiative Triannual Report data are reported based on the calendar year (January through December). Alignment of the EHE Initiative Triannual Report reporting with the calendar year and the RSR data was necessary to best analyze the data and measure the success of HRSA HAB's progress in meeting these goals.

Select RWHAP service categories are included in the EHE Initiative Triannual Report; the specific RWHAP service categories for the EHE Initiative Triannual Report were selected because they were identified as common areas of RWHAP and EHE initiative service delivery and important for project officer monitoring. RWHAP service category definitions can be found in Policy Clarification Notice (PCN) #16-02, "Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds" [7]. The additional *EHE initiative services* service category is defined as "services provided with EHE funding that do not meet the definition of an RWHAP service category."

The EHE Initiative Triannual Report provides HRSA HAB with frequent data on EHE initiative progress by including information on the people with HIV who are served in EHE jurisdictions funded by HRSA HAB during each reporting period. These aggregate data are used to estimate the number of clients previously "out of care" who were re-engaged in HIV care and treatment in the EHE jurisdictions funded by HRSA HAB during each reporting period. The estimated number of re-engaged clients was calculated as follows:

[Total number of clients] *minus* [Number of clients who received services in a previous reporting period during the current calendar year or in the previous calendar year] *minus* [Number of new clients]

This estimation of re-engaged clients across all service providers is an approximation and should not be interpreted as a precise application of a formal definition of re-engagement in care.

Presentation of Data

This section of the report presents information on the top five service categories delivered to new and estimated re-engaged clients served by all EHE-funded providers. This includes three trimester reporting periods in 2021: January–April, May–August, and September–December. This information is presented as the percentage of clients who received each service in each trimester. The information in this section of the report focuses on time trends in service delivery to avoid duplication of similar information reported through the RSR.

Data Limitations

Currently, the EHE initiative focuses on specific jurisdictions with the highest burden of HIV. Therefore, the EHE Initiative Triannual Report data system collects information only from the 39 RWHAP Part A recipients and eight Part B recipients that encompass the EHE jurisdictions funded by HRSA HAB

and their EHE-funded subrecipient service providers. Although the data are limited to these recipients and service providers, all clients receiving care and treatment should be reported to the EHE Initiative Triannual Report, regardless of funding used for the services. That is, data are not limited to clients served using EHE funding; data submissions include all clients served using RWHAP Parts A–D funding, HAB EHE initiative funding, RWHAP FY 2020 CARES Act funding, and RWHAP-related funding (e.g., program income, pharmaceutical rebates). EHE Initiative Triannual Report data are reported in aggregate by service category.

No demographic or other characteristic data are submitted; therefore, stratifications are not possible. Demographic and other characteristics are collected via other HRSA HAB data reporting mechanisms, including the RSR.

Because data are reported in aggregate form, it is not possible to de-duplicate clients receiving services with 2021 HAB EHE funding across service providers or across reporting periods. Therefore, the data presented in this report may overestimate people with HIV served by these EHE recipients.

New clients and estimated re-engaged clients were reported by individual EHE-funded service providers. As these aggregate data are not de-duplicated across service providers, the values reported reflect only whether a client was new or re-engaged with that specific service provider; however, these clients may have been previously engaged in care with other providers, within or outside of the RWHAP system of care. Additionally, the estimated number of re-engaged clients presented within this report is an approximation based on the total number of clients, the number of clients who received services during the current or a previous calendar year, and the number of new clients. EHE jurisdictions and EHE-funded service providers may have their own definitions of care re-engagement.

Part II.

Ending the HIV Epidemic: Workforce Training

RYAN WHITE HIV/AIDS PROGRAM PART F AIDS EDUCATION AND TRAINING CENTER PROGRAM TRAINING EVENTS

The Ryan White HIV/AIDS Program (RWHAP) Part F AIDS Education and Training Center (AETC) Program provides training to health care providers to optimally counsel, diagnose, treat, and medically manage people with HIV and to help prevent HIV transmission.

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) administers the Part F AETC Program as a component of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87 under Section 2692 of the Public Health Service Act 42 U.S.C. 300ff-111(a), Part F) to support two national and eight regional AETCs:

- The National Coordinating Resource Center coordinates and promotes cross-regional and national AETC Program resources and services, including the National HIV Curriculum.
- The National Clinician Consultation Center provides health care providers with timely and evidence-informed responses to clinical questions related to prevention, screening, and management of HIV.
- The regional AETCs train health care providers to counsel, diagnose, treat, and medically manage people with HIV and to help prevent HIV transmission.

To strengthen the HIV health care workforce, improve outcomes, and increase access to high-quality HIV care for low-income and underserved populations, RWHAP AETCs concentrate on reaching professionals who have direct patient care responsibilities for people with HIV, especially those serving racial and ethnic minority clients and those working at RWHAP-supported facilities and Federally Qualified Health Centers.

The AETC Program supports the Ending the HIV Epidemic in the U.S. (EHE) initiative strategy to treat people with HIV rapidly and effectively to reach sustained viral suppression by expanding workforce capacity in jurisdictions where HIV transmission occurs most frequently. By increasing the number of health care teams with educated and motivated individuals to care for people with HIV, the AETC Program aims to increase linkage, engagement, and retention in care for those not yet diagnosed, those diagnosed but not in HIV care, and those who are in HIV care but not yet virally suppressed.

To advance EHE goals, the eight RWHAP Regional AETCs aim to achieve the following outcomes:

- Expand training and technical assistance activities to identify and target the specific workforce development needs of new and experienced HIV care professionals in the EHE jurisdictions.
- Increase the numbers of health care professionals able to competently deploy prevention strategies, including pre-exposure prophylaxis (PrEP), that focus on people in the EHE jurisdictions who are at risk for HIV.
- Increase the numbers of health care professionals in the EHE jurisdictions who can competently provide care and treatment throughout the phases of the HIV care continuum, from testing to linking, engaging, and retaining people with HIV in care, and ultimately to viral suppression.
- Increase the number of health care professionals in the EHE jurisdictions who are well versed in the social, cultural, and economic factors that determine the health outcomes of people with HIV or at risk for HIV in the EHE jurisdictions.
- Increase viral suppression rates in the EHE geographic jurisdictions.

The primary audiences for training events conducted by the regional AETCs are novice and low-volume HIV treatment providers, allied health professionals, and health care support staff who treat people with HIV and those who are vulnerable to HIV acquisition. Training events also are intended for prescribers (e.g., physicians, physician assistants, nurse practitioners) and other health care professionals (e.g., dentists, psychiatrists, pharmacists).

The EHE-funded training events may underestimate of the AETC Program's full impact on EHE jurisdictions because training events supported through other funding streams could impact service delivery in EHE jurisdictions.

HIGHLIGHTS OF ANALYSES

Training Events

From July 2020 through June 2021, regional AETCs conducted a total of 335 EHE-funded training events, a fivefold increase over the 67 EHE-funded training events conducted from July 2019 through June 2020 (Table 5).

Training Content and Topics

Training content

The general training content topics most frequently covered by RWHAP AETC EHE-funded training events from July 2020 through June 2021 were antiretroviral treatment and adherence (62.7%), linkage/referral to HIV care (46.6%), and HIV prevention (46.3%; Table 5).

Training topics

HIV Prevention

The HIV prevention topics most frequently presented in RWHAP AETC EHE-funded training events from July 2020 through June 2021 were PrEP (32.8%), U=U/treatment as prevention (25.4%), and HIV transmission risk assessment (23.6%; Table 5).

HIV Background and Management

The HIV background and management topics presented most frequently in RWHAP AETC EHE-funded training events from July 2020 through June 2021 were antiretroviral treatment adherence, including viral suppression (51.9%); retention and/or re-engagement in care (36.7%); and adult and adolescent antiretroviral treatment (34.6%). Other frequently presented topics included linkage to care (32.5%) and HIV diagnosis (i.e., HIV testing) (26.9%; Table 5).

Primary Care and Co-morbidities

The primary care and co-morbidities topics most frequently presented in RWHAP AETC EHE-funded training events from July 2020 through June 2021 included sexually transmitted infections (13.7%), followed by primary care screenings (12.8%) and hepatitis C (11.9%; Table 5).

Care of People With HIV

The topics related to the care of people with HIV most frequently presented in detail in RWHAP AETC EHE-funded training events from July 2020 through June 2021 were stigma or discrimination (41.8%), cultural competence (27.5%), and health literacy (26.3%; Table 5).

Health Care Organization or System Issues

The top three health care organization or system issue topics most frequently presented in RWHAP AETC EHE-funded training events from July 2020 through June 2021 were coordination of care (26.6%), community linkages (23.9%), and quality improvement (9.6%; Table 5).

Priority Populations

Training topics presented from July 2020 through June 2021 focused on several priority populations of people with HIV based on age, race, gender, and the social or community environment.

More than half of training events included the topic of young adults aged 18–24 years (61.5%), and more than one-third of training events included the topic of adults aged 50 years and older (34.6%). Nearly three-quarters of training events included the Black/African American population (72.2%) as a topic, and more than half of training events included the Hispanic/Latino population (51.9%) as a topic. Three-quarters of training events featured presentations on HIV and gay, lesbian, bisexual, transgender, or other gender identity populations (74.9%), and two-thirds of training events included presentations on women (66.3%). More than half of training events addressed the homeless or unstably housed population (58.2%). Other key priority groups addressed in training events included the rural population (41.8%), the incarcerated or recently released population (36.7%), and immigrant populations (29.9%; Table 5).

Training Participants

Race/ethnicity and gender

During the July 2020 through June 2021 reporting period, 45.9% of RWHAP AETC participants self-identified as White, 32.9% as Black/African American, and 10.8% as Hispanic/Latino. More than three-quarters (77.0%) of RWHAP AETC participants were female, 21.0% were male, and less than 1.0% were transgender (Table 6).

Profession

From July 2020 through June 2021, nurses (including Nurse Practitioner/and Nurse Professional [prescriber and non-prescriber]) accounted for 19.8% of RWHAP AETC participants, social workers accounted for 17.5%, and other public health professionals accounted for 14.2%. In addition to profession, participants reported their primary functional roles within their organization. The most reported roles were care provider/clinician (prescriber and non-prescriber) (21.1%) and case manager (15.9%; Table 6).

Employment setting

The employment setting most frequently reported by RWHAP AETC participants from July 2020 through June 2021 was HIV or infectious diseases clinic (14.6%), followed by other community-based organization (14.1%), state or local health department (13.7%), Federally Qualified Health Center (13.3%), and academic health center (11.7%, Table 7)

From July 2020 through June 2021, 16.5% of the RWHAP AETC participants' employment settings were in a rural area (alone or in combination with a suburban/urban area). More than three-quarters (77.7%) of participants worked at an organization located within an EHE jurisdiction (Table 7).

TECHNICAL NOTES

Presentation of Data

The data in this report include information received by HRSA HAB about training participants and EHE-funded training events held during specified calendar years (refer to table titles).

RWHAP AETC Training Events

Each of the eight Regional AETCs was awarded EHE funding to deliver training events to respond to the needs of health care professionals in EHE jurisdictions. *EHE-funded trainings* are defined as training events supported by AETC EHE funding.

Each year, regional AETCs report data to HRSA HAB about the sponsored training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands.

Information collected on training events via Event Record (ER) data forms include the topics covered, types of funds used from special initiatives, the total number of participants in attendance, and the total number of Participant Information Forms (PIFs) collected from participants.

Information collected on participants via PIF data forms includes demographic information (e.g., profession, functional role, race/ethnicity, gender) and information about participants' employment setting(s).

Event Record and Participant Information Form Data

During the July 2019–June 2020 reporting period, the EHE initiative began and included funding for expanding workforce capacity through the Regional AETCs. In the ER data collection form, a new funding source was added to reflect the use of EHE funds for training events. Training content and topics related to EHE appear throughout the current training content/topic variables; there is not a separate variable for EHE training content/topics. In the PIF data collection form, a new employment setting item was added to reflect employment settings that are in an EHE jurisdiction. The PIF item collects up to three ZIP codes of a training participant's work location(s) to determine if they work in EHE jurisdictions. If any of a participant's employment ZIP codes are within an EHE jurisdiction, the employment setting is considered within an EHE jurisdiction.

Additionally, during the July 2019–June 2020 reporting period, the COVID-19 pandemic emerged and HRSA HAB funded Regional AETCs through the Fiscal Year 2020 (FY 2020) Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide training to providers on the management and prevention of COVID-19 for people with HIV. To capture these activities, a new COVID-19 training content item and a new funding source, RWHAP FY 2020 CARES Act, were added to the ER.

TABLES 5–7

- Table 5.** EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program training events, by year and training topic, July 2019–June 2021—United States and 3 territories
- Table 6.** EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program participants, by year and selected characteristics, July 2019–June 2021—United States and 3 territories
- Table 7.** EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program participants, by year and employment setting, July 2019–June 2021—United States and 3 territories

Table 5. EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program training events, by year and training topic, July 2019–June 2021—United States and 3 territories

	July 2019–June 2020		July 2020–June 2021	
	N	%	N	%
Training content				
Antiretroviral treatment and adherence	7	10.4	210	62.7
Engagement and retention in HIV care	12	17.9	121	36.1
HIV prevention	34	50.7	155	46.3
HIV testing and diagnosis	16	23.9	121	36.1
Linkage/referral to HIV care	16	23.9	156	46.6
Management of co-morbid conditions	13	19.4	109	32.5
Coronavirus disease 2019	0	0.0	1	0.3
Other	8	11.9	69	20.6
Training topic				
HIV prevention				
Behavioral prevention	19	28.4	66	19.7
Harm reduction/safe injection	4	6.0	28	8.4
HIV transmission risk assessment	17	25.4	79	23.6
Postexposure prophylaxis (PEP, occupational and nonoccupational)	8	11.9	36	10.7
Preexposure prophylaxis (PrEP)	22	32.8	110	32.8
Prevention of perinatal or mother-to-child transmission	2	3.0	25	7.5
Other biomedical prevention	2	3.0	14	4.2
U=U/Treatment as prevention	7	10.4	85	25.4
HIV background and management				
Acute HIV	2	3.0	24	7.2
Adult and adolescent antiretroviral treatment	3	4.5	116	34.6
Aging and HIV	9	13.4	15	4.5
Antiretroviral treatment adherence, including viral suppression	1	1.5	174	51.9
Basic science	5	7.5	30	9.0
Clinical manifestations of HIV disease	0	0.0	15	4.5
HIV diagnosis (i.e., HIV testing)	17	25.4	90	26.9
HIV epidemiology	3	4.5	49	14.6
HIV monitoring and laboratory tests (i.e., CD4 and viral load)	0	0.0	56	16.7
HIV resistance testing and interpretation	0	0.0	24	7.2
Linkage to care	18	26.9	109	32.5
Pediatric HIV management	0	0.0	6	1.8
Retention and/or re-engagement in care	5	7.5	123	36.7
Other HIV background and management	3	4.5	12	3.6
Primary care and co-morbidities				
Cervical cancer screening, including HPV	0	0.0	4	1.2
Hepatitis B	0	0.0	21	6.3
Hepatitis C	9	13.4	40	11.9
Immunization	0	0.0	16	4.8
Influenza	0	0.0	1	0.3
Malignancies	0	0.0	2	0.6
Medication-assisted therapy for substance use disorders	3	4.5	23	6.9
Mental health disorders	2	3.0	27	8.1
Non-infection comorbidities of HIV or viral hepatitis	4	6.0	14	4.2
Nutrition	0	0.0	4	1.2
Opioid use disorder	3	4.5	15	4.5
Opportunistic infections	1	1.5	24	7.2
Oral health	0	0.0	5	1.5
Osteoporosis	4	6.0	6	1.8
Pain management	0	0.0	3	0.9
Palliative care	0	0.0	0	0.0
Primary care screenings	0	0.0	43	12.8
Reproductive health, including preconception planning	1	1.5	15	4.5
Sexually transmitted infections	7	10.4	46	13.7
Substance use disorders, not including opioid use	2	3.0	28	8.4
Tobacco cessation	0	0.0	0	0.0
Tuberculosis	0	0.0	1	0.3
Other	6	9.0	36	10.7
Issues related to care of people with HIV				
Cultural competence	11	16.4	92	27.5
Health literacy	10	14.9	88	26.3
Low English proficiency	2	3.0	6	1.8
Motivational interviewing	5	7.5	64	19.1
Stigma or discrimination	18	26.9	140	41.8

Table 5. EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program training events, by year and training topic, July 2019–June 2021—United States and 3 territories (cont.)

	July 2019–June 2020		July 2020–June 2021	
	N	%	N	%
Health care organization or systems issues				
Billing for services and payment models	1	1.5	18	5.4
Case management	4	6.0	26	7.8
Community linkages	17	25.4	80	23.9
Confidentiality/HIPAA	1	1.5	17	5.1
Coordination of care	8	11.9	89	26.6
Funding or resource allocation	1	1.5	7	2.1
Health insurance coverage	2	3.0	18	5.4
Legal issues	0	0.0	10	3.0
Organizational infrastructure	5	7.5	9	2.7
Organizational needs assessment	9	13.4	6	1.8
Patient-centered medical home	0	0.0	23	6.9
Practice transformation	1	1.5	11	3.3
Quality improvement	12	17.9	32	9.6
Team-based care	8	11.9	7	2.1
Telehealth	2	3.0	10	3.0
Use of technology for patient care	2	3.0	5	1.5
Priority populations				
Children (Ages 0–12)	1	1.5	6	1.8
Adolescents (Ages 13–17)	1	1.5	40	11.9
Young adults (Ages 18–24)	16	23.9	206	61.5
Older adults (Ages 50 and over)	23	34.3	116	34.6
American Indian or Alaska Native	1	1.5	32	9.6
Asian	1	1.5	28	8.4
Black or African American	22	32.8	242	72.2
Hispanic or Latino	6	9.0	174	51.9
Native Hawaiian or Pacific Islander	1	1.5	24	7.2
Other race/ethnicity	0	0.0	0	0.0
Women	16	23.9	222	66.3
Gay, lesbian, bisexual, transgender, or other gender identity	19	28.4	251	74.9
Homeless or unstably housed	10	14.9	195	58.2
Immigrant populations	1	1.5	100	29.9
Incarcerated or recently released	3	4.5	123	36.7
Other specific populations	0	0.0	2	0.6
Rural populations	8	11.9	140	41.8
U.S.–Mexico border population	1	1.5	1	0.3
Number of events	67	100.0	335	100.0

Abbreviations: HIPAA, Health Insurance Portability and Accountability Act; HPV, human papillomavirus; U=U, undetectable=untransmittable.

Note: Training topics are not mutually exclusive; percentages may not sum to 100%.

Table 6. EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program participants, by year and selected characteristics, July 2019–June 2021—United States and 3 territories

	July 2019–June 2020		July 2020–June 2021	
	N	%	N	%
Race/ethnicity				
American Indian/Alaska Native	2	0.3	23	0.8
Asian	27	4.1	161	5.3
Black/African American	237	36.2	999	32.9
Hispanic/Latino ^a	86	13.1	329	10.8
Native Hawaiian/Pacific Islander	2	0.3	18	0.6
White	271	41.4	1,393	45.9
Multiple races	30	4.6	115	3.8
Subtotal	655	100.0	3,038	100.0
Gender				
Male	118	18.0	648	21.0
Female	526	80.2	2,371	77.0
Transgender male	4	0.6	9	0.3
Transgender female	6	0.9	16	0.5
Other gender identity	2	0.3	37	1.2
Subtotal	656	100.0	3,081	100.0
Professional discipline				
Clergy/faith-based professional	0	0.0	2	0.1
Community health worker	97	14.6	297	9.3
Dentist	2	0.3	187	5.8
Dietitian/nutritionist	3	0.5	17	0.5
Mental/behavioral health professional	33	5.0	107	3.3
Midwife	1	0.2	6	0.2
Nurse practitioner/nurse professional (prescriber)	30	4.5	189	5.9
Nurse professional (non-prescriber)	84	12.6	446	13.9
Other allied health professional	18	2.7	80	2.5
Other dental professional	0	0.0	69	2.2
Other non-clinical professional	80	12.0	289	9.0
Other public health professional	123	18.5	454	14.2
Pharmacist	18	2.7	185	5.8
Physician	33	5.0	174	5.4
Physician assistant	3	0.5	24	0.7
Practice administrator or leader	16	2.4	41	1.3
Social worker	155	23.3	560	17.5
Substance abuse professional	16	2.4	74	2.3
Subtotal	666	100.0	3,201	100.0
Role in their organization				
Administrator	98	14.7	330	10.3
Agency board member	1	0.2	5	0.2
Care provider/clinician—can or does prescribe HIV treatment	60	9.0	260	8.1
Care provider/clinician—cannot or does not prescribe HIV treatment	62	9.3	416	13.0
Case manager	145	21.8	507	15.9
Client/patient educator (includes navigator)	64	9.6	229	7.2
Clinical/medical assistant	20	3.0	78	2.4
Health care organization non-clinical staff	55	8.3	128	4.0
HIV tester	43	6.5	141	4.4
Intern/resident	2	0.3	153	4.8
Other	106	15.9	551	17.3
Researcher/evaluator	18	2.7	76	2.4
Student/graduate student	18	2.7	233	7.3
Teacher/faculty	30	4.5	85	2.7
Subtotal	666	100.0	3,192	100.0
Total Number of Participants	669	—	3,286	—

Note: Participants reporting for July 2019–June 2020 and July 2020–June 2021 selected all profession/disciplines and primary functional roles that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal and percentages may not sum to 100.0%.

^a Hispanics/Latinos can be of any race.

Table 7. EHE-funded RWHAP Part F AIDS Education and Training Center (AETC) Program participants, by year and employment setting, July 2019–June 2021—United States and 3 territories

	July 2019–June 2020		July 2020–June 2021	
	N	%	N	%
Employment setting				
Academic health center	35	5.4	364	11.7
Correctional facility	4	0.6	26	0.8
Emergency department	2	0.3	11	0.4
Employment setting does not involve the provision of care or services to patients/clients	48	7.3	139	4.5
Family planning clinic	4	0.6	27	0.9
Federally qualified health center	92	14.1	412	13.3
HIV or infectious diseases clinic	114	17.4	452	14.6
HMO/managed care organization	10	1.5	26	0.8
Hospital-based clinic	43	6.6	139	4.5
Indian health services/tribal clinic	1	0.2	14	0.5
Long-term nursing facility	2	0.3	7	0.2
Maternal/child health clinic	2	0.3	7	0.2
Mental health clinic	6	0.9	37	1.2
Military or veteran's health facility	2	0.3	2	0.1
Not working	19	2.9	126	4.1
Other community-based organization	138	21.1	439	14.1
Other federal health facility	9	1.4	26	0.8
Other primary care setting	24	3.7	95	3.1
Pharmacy	11	1.7	106	3.4
Private practice	11	1.7	43	1.4
State or local health department	100	15.3	425	13.7
STD clinic	15	2.3	57	1.8
Student health clinic	7	1.1	53	1.7
Substance abuse treatment center	17	2.6	73	2.4
Subtotal	654	100.0	3,106	100.0
Rural and suburban/urban employment settings				
Rural settings only	21	3.7	449	14.5
Both rural and suburban/urban settings ^a	14	2.4	62	2.0
Suburban/urban settings only	537	93.9	2,584	83.5
Subtotal	572	100.0	3,095	100.0
Organizations within an EHE jurisdiction^b				
Yes	326	56.8	2,419	77.7
No	248	43.2	696	22.3
Subtotal	574	100.0	3,115	100.0
Total Number of Participants	669	—	3,286	—

Abbreviations: HMO, health maintenance organization; STD, sexually transmitted disease.

Notes: Participants reporting for July 2019–June 2020 and July 2020–June 2021 selected all employment settings that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal and percentages may not sum to 100.0%.

The subtotal for employment setting is the number of unique participants who selected at least one employment setting category.

^a Participants who reported more than one employment setting and reported both rural and suburban/urban settings.

^b Any portion of a participant employment ZIP code that is within an EHE jurisdiction is considered within an EHE jurisdiction.

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APPENDIX

APPENDIX TABLE 1. RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B JURISDICTIONS ENDING THE HIV EPIDEMIC (EHE) AWARDS

Grant Recipient	Jurisdiction	EHE Focus County(ies) or State
Eligible Metropolitan Areas		
Atlanta, GA	Atlanta, GA	Cobb County; DeKalb County; Fulton County; Gwinnett County
Baltimore, MD	Baltimore, MD	Baltimore City
Boston, MA	Boston, MA	Suffolk County
Chicago, IL	Chicago, IL	Cook County
Dallas, TX	Dallas, TX	Dallas County
Detroit, MI	Detroit, MI	Wayne County
Ft. Lauderdale, FL	Fort Lauderdale, FL	Broward County
Houston, TX	Houston, TX	Harris County
Los Angeles, CA	Los Angeles, CA	Los Angeles County
Miami, FL	Miami, FL	Miami–Dade County
New Orleans, LA	New Orleans, LA	Orleans Parish
New York, NY	New York, NY	Bronx County; Kings County; New York County; Queens County
Newark, NJ	Newark, NJ	Essex County
Orlando, FL	Orlando, FL	Orange County
Philadelphia, PA	Philadelphia, PA	Philadelphia County
Phoenix, AZ	Phoenix, AZ	Maricopa County
San Diego, CA	San Diego, CA	San Diego County
San Francisco, CA	San Francisco, CA	San Francisco County
San Juan, PR	San Juan, PR	San Juan Municipio
Tampa–St. Petersburg, FL	Tampa, FL	Hillsborough County; Pinellas County
Washington, DC	Washington, DC	District of Columbia; Montgomery County, MD; Prince George’s County, MD
West Palm Beach, FL	West Palm Beach, FL	Palm Beach County
Transitional Grant Areas		
Austin, TX	Austin, TX	Travis County
Baton Rouge, LA	Baton Rouge, LA	East Baton Rouge Parish
Charlotte, NC/Gastonia, SC	Charlotte, NC	Mecklenburg County, NC
Cleveland–Lorain–Elyria, OH	Cleveland, OH	Cuyahoga County
Columbus, OH	Columbus, OH	Franklin County
Ft. Worth, TX	Fort Worth, TX	Tarrant County
Indianapolis, IN	Indianapolis, IN	Marion County
Jacksonville, FL	Jacksonville, FL	Duval County
Jersey City, NJ	Jersey City, NJ	Hudson County
Las Vegas, NV	Las Vegas, NV	Clark County
Memphis, TN	Memphis, TN	Shelby County
Oakland, CA	Oakland, CA	Alameda County
Orange County, CA	Santa Ana, CA	Orange County
Riverside–San Bernardino, CA	San Bernardino, CA	Riverside County; San Bernardino County
Sacramento, CA	Sacramento, CA	Sacramento County
San Antonio, TX	San Antonio, TX	Bexar County
Seattle, WA	Seattle, WA	King County
States		
Alabama	Alabama	State
Arkansas	Arkansas	State
Kentucky	Kentucky	State
Mississippi	Mississippi	State
Missouri	Missouri	State
Ohio	Ohio	Hamilton County
Oklahoma	Oklahoma	State
South Carolina	South Carolina	State

APPENDIX TABLE 2. HIV/AIDS BUREAU ENDING THE HIV EPIDEMIC TECHNICAL ASSISTANCE AND COORDINATION PROVIDER AWARDS

Grant	Organization
Ending the HIV Epidemic in the U.S.–Technical Assistance Provider	Cicatelli Associates, Inc.
Ending the HIV Epidemic in the U.S.–Systems Coordination Provider	National Alliance of State & Territorial AIDS Directors (NASTAD)

APPENDIX TABLE 3. RYAN WHITE HIV/AIDS PROGRAM PART F AIDS EDUCATION AND TRAINING CENTER PROGRAM ENDING THE HIV EPIDEMIC SUPPLEMENTAL AWARDS

Grant Recipient	AETC
Rutgers, the State University of New Jersey Biomedical & Health Sciences	National Coordinating Resource Center
University of Washington	National HIV Curriculum e-Learning Platform
University of California, San Francisco*	National Clinician Consultation Center ^a
University of California, San Francisco	Pacific
University of Pittsburgh	Mid Atlantic
University of Illinois	Midwest
University of New Mexico	South Central
Vanderbilt University	Southeast
Trustees of Columbia University in the City of New York	Northeast/Caribbean
University of Washington	Mountain West
University of Massachusetts	New England

^a Fiscal Year 2021 award only.

ADDITIONAL RESOURCES

Centers for Disease Control and Prevention, HIV prevention resources: cdc.gov/hiv

Health Resources and Services Administration, HIV/AIDS programs: ryanwhite.hrsa.gov

HIV.gov, the nation's source for timely and relevant federal HIV policies, programs, and resources: HIV.gov

Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard, a user-friendly, interactive data tool to visualize the reach, impact, and outcomes of the RWHAP: ryanwhite.hrsa.gov/data/dashboard

TargetHIV, tools for the Ryan White HIV/AIDS Program Community: targethiv.org