The Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides support and resources to RWHAP grant recipients to assist in the delivery of optimal care and treatment for all to end the HIV epidemic in the United States, including those in rural areas. To that end, addressing health inequities and racial disparities in engagement in care and viral suppression in rural communities is critical. The RWHAP encourages innovative practices to best reach and meet the needs of people with HIV in rural communities. Although barriers remain, RWHAP providers in rural areas have demonstrated success in such areas as telemedicine, rapid antiretroviral therapy, transportation services, and the use of community health workers.

### The Reach and Impact of the RWHAP in Rural Areas in 2020

- **8.2%** of all RWHAP providers (n = 170/2,063) were located in rural areas.\(^1\)
- **10.0%** of all RWHAP outpatient medical care\(^2\) providers (n = 89/896) were located in rural areas.

Among RWHAP providers in rural areas in 2020—

- Nearly 47% served more than 100 RWHAP clients.
- 42% were health departments.
- Approximately 86% received Public Health Service Act Section 330 funding, which supports HRSA-funded Community Health Centers.

In 2020, the top 10 most common services\(^3\) delivered by RWHAP providers in rural areas were—

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient ambulatory health services</td>
<td>52.4%</td>
</tr>
<tr>
<td>2. Medical case management</td>
<td>50.6%</td>
</tr>
<tr>
<td>3. Medical transportation</td>
<td>44.7%</td>
</tr>
<tr>
<td>4. Oral health care</td>
<td>40.6%</td>
</tr>
<tr>
<td>5. Emergency financial assistance</td>
<td>40.6%</td>
</tr>
<tr>
<td>6. Non-medical case management</td>
<td>37.7%</td>
</tr>
<tr>
<td>7. Mental health services</td>
<td>31.8%</td>
</tr>
<tr>
<td>8. Early intervention services (EIS)</td>
<td>22.4%</td>
</tr>
<tr>
<td>9. Health insurance premium and cost sharing assistance</td>
<td>21.2%</td>
</tr>
<tr>
<td>10. Housing</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

### RWHAP Clients Who Visited Rural Providers in 2020

- **3.5%** of all clients visited providers located in rural areas
- **90%** of clients who received services from rural providers were virally suppressed, which is consistent with the national average (83.4%)
- **50.4%** were aged 50 years and older
- **57.6%** were from racial and ethnic minorities
- **57.6%** were living at or below 100% of the federal poverty level
- **90.9%** had stable housing

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\(^2\) HRSA. Ending the HIV Epidemic in the United States. [https://www.hrsa.gov/ending-hiv-epidemic](https://www.hrsa.gov/ending-hiv-epidemic)

\(^3\) “RWHAP service providers” refers to provider organizations that deliver direct care and support services to RWHAP clients.
**Ending the HIV Epidemic in the U.S.**  
The *Ending the HIV Epidemic in the U.S. (EHE)* initiative is an ongoing federal effort to reduce the number of new HIV infections in the United States by at least 90 percent by 2030 through four implementation pillars: diagnose, treat, prevent, and respond. EHE provides priority jurisdictions with additional resources, technology, and expertise to expand HIV treatment and prevention activities. The first phase includes seven rural states with a disproportionate occurrence of HIV—Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina—in addition to 48 counties, the District of Columbia, and San Juan, Puerto Rico. The U.S. Department of Health and Human Services (HHS) leads the government-wide effort, and HRSA has a key role in leading the implementation of EHE.

**Rural Health and HIV Resources**  
The following resources describe promising practices to meet rural barriers and challenges, address training and technology needs, and review research and policy recommendations.

**RWHAP Part F AIDS Education and Training Center (AETC) Program.** The RWHAP AETC Program builds the capacity to provide accessible, high-quality treatment and services throughout the United States and its territories; trains and provides technical assistance to health care professionals, inter-professional health teams, and health care organizations on the prevention, diagnosis, and treatment of HIV; and provides special training to minority providers and providers who are serving minority populations.

**RWHAP Best Practices Compilation.** This resource gathers and disseminates interventions in RWHAP-funded settings, including those in rural areas, to improve outcomes for people with HIV and support replication by other RWHAP service providers.

**TargetHIV.** This website is the one-stop shop for technical assistance and training resources for the RWHAP. Resources include webinars, tools, training materials, manuals, and additional technical assistance resources.

**HIV Prevention and Treatment Challenges in Rural America: A Policy Brief and Recommendations to the Secretary.** The National Advisory Committee on Rural Health and Human Services provides recommendations to the HHS Secretary on addressing HIV prevention and treatment challenges in rural communities.

**Housing Opportunities for People With AIDS (HOPWA) Fact Sheet: Challenges in Rural Areas.** This resource provides HOPWA program guidance and information about service area requirements. Additionally, it identifies challenges, suggests best practices to enhance housing operations, and provides program planning guidance.

**National Rural Health Association (NRHA): Rural Health Resources and Best Practices.** The NRHA provides free rural health resources covering telehealth, policy, and leadership for rural communities and rural health.

**National Rural Health Resource Center (NRHRC): Rural Response to Coronavirus Disease 2019 (COVID-19).** In response to the COVID-19 pandemic, the NRHRC provides up-to-date and relevant tools and resources for rural clinics, hospitals, and their communities from multiple federal partners.

**Prevention and Treatment of HIV Among People With Substance Use and/or Mental Disorders.** This publication of the HHS Substance Abuse and Mental Health Services Administration reviews interventions aligned with the EHE goals for people at risk for or with HIV who have substance use and mental disorders.

**Rural HIV/AIDS Planning Program Grantee Sourcebook: 2020–2021.** This resource provides detailed descriptions of Rural HIV/AIDS Planning Program grant projects, including key EHE strategies, focus populations served, network development and planning activities, initial outcomes of their planning work, and sustainability strategies.

**Rural HIV/AIDS Prevention and Treatment Toolkit.** This toolkit contains modules that cover resources and information focused on developing, implementing, evaluating, and sustaining rural HIV programs.

**Rural Telehealth Resource Centers (TRCs).** This resource, developed by HRSA's Federal Office of Rural Health Policy, lists regional and national TRCs that provide technical assistance to states and territories concerning technology assessment and telehealth policy.

**References**

1. RWHAP providers were defined as rural if their main organizational address was in a HRSA’s Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas. https://www.hrsa.gov/rural-health/about-us/what-is-rural

2. Outpatient medical care is classified as Outpatient Ambulatory Health Services (OAHS) in HRSA HAB’s Policy Clarification Notice (PCN) 16-02. OAHS provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.