The Reach and Impact of the RWHAP in Rural Areas in 2019

- 7.9% of all RWHAP providers (n = 160/2,037) were located in rural areas.1
- 10.2% of all RWHAP outpatient medical care2 providers (n = 91/894) were located in rural areas.

Among RWHAP providers in rural areas in 2019—

- Nearly 50% served more than 100 RWHAP clients.
- 42% were health departments.
- Approximately 87% received Public Health Service Act Section 330 funding, which supports HRSA-funded Community Health Centers.

In 2019, the top 10 most common services delivered by RWHAP providers in rural areas were—

- Medical case management – 57.5%
- Outpatient/ambulatory health services – 56.9%
- Oral health care – 48.1%
- Medical transportation – 45.6%
- Non-medical case management – 43.1%
- Emergency financial assistance – 36.3%
- Mental health services – 35.6%
- Health insurance premium and cost-sharing assistance – 29.4%
- Food bank/home-delivered meals – 21.3%
- Outreach services – 21.3%

RWHAP Clients Who Visited Rural Providers in 2019

- 3.3% of all clients visited providers located in rural areas.
- 89.8% of clients who visited rural providers were virally suppressed, which is slightly higher than the national average (88.1%).
- 58.0% were racial/ethnic minorities.
- 56.7% lived at or below 100% of the Federal Poverty Level.
- 89.6% had stable housing versus 87.0% in non-rural areas.
- 48.9% were aged 50+.

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1 Klein PW, Geiger T, Chavis NS, et al. The Health Resources and Services Administration’s 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 people with HIV, including those in rural communities. Addressing health inequities and racial disparities in engagement in care and viral suppression is critical to ending the HIV epidemic in the United States. The RWHAP encourages innovative practices to best meet the needs of people with HIV in rural communities. Although barriers remain, RWHAP service providers in rural areas have demonstrated success in such areas as telemedicine, rapid antiretroviral therapy, transportation services, and the use of community health workers.

2 "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) federal initiative focuses on accelerating progress to end the HIV epidemic through four key strategies: diagnose, treat, prevent, and respond. EHE infuses 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. 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 Centers (AETC) Program.** The 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.

**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.

**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 Living With Substance Use and/or Mental Disorders.** This publication of the HHS Substance Abuse and Mental Health Services Administration reviews interventions for people at risk for or with HIV who have substance use and mental disorders. Interventions are in alignment with the goals of EHE.

**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/AIDS programs.

**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 being in a rural area if their main organizational address was in an area designated as rural by the HRSA Federal Office of Rural Health Policy (FORHP). FORHP classifies all non-Metro 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/definition/index.html](https://www.hrsa.gov/rural-health/about-us/definition/index.html)

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. [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)