

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
**SERVICES**

**IOWA RYAN WHITE PART B ANNUAL  
REPORT - 2021**

Authorship – Bureau of HIV, STI, and Hepatitis  
Prepared By – Katie Herting  
Published - August 2022

## Acknowledgements

Thank you to all of the Ryan White Part B staff located across the state! Your dedication to serving Iowans living with HIV is commendable and much appreciated. Thank you for continuing to provide high-quality services during the ever-changing COVID-19 pandemic.

### Suggested Citation:

Iowa Department of Health and Human Services. Bureau of HIV, STI, and Hepatitis. *Iowa Ryan White Part B Annual Report - 2021*. Des Moines, 2022.

Gov. Kim Reynolds  
Lt. Gov. Adam Gregg  
Iowa HHS Director Kelly Garcia

Feedback or comments on this report are welcome. Please contact:

Randy Mayer, Chief  
Bureau of HIV, STI, and Hepatitis  
Iowa Department of Public Health  
321 E 12th Street Des Moines, IA 50319-0075  
Email: [randall.mayer@idph.iowa.gov](mailto:randall.mayer@idph.iowa.gov)  
Phone: (515) 242-5150

or

Holly Hanson, Ryan White Part B Program Manager  
Bureau of HIV, STI, and Hepatitis  
Iowa Department of Public Health  
321 E 12th Street Des Moines, IA 50319-0075  
Email: [holly.hanson@idph.iowa.gov](mailto:holly.hanson@idph.iowa.gov)  
Phone: (515) 380-6942

# Table of Contents

Executive Summary .....	3
List of Acronyms.....	5
Ryan White Part B Program Description .....	6
Funding Overview.....	9
Continuum of Care .....	10
Viral Suppression Among Ryan White Part B Program Clients .....	11
Viral Suppression Among RW Part B Clients Who Enrolled in Case Management Services .....	13
Viral Suppression among Iowans Living with HIV Who Enrolled in Case Management.....	15
Client Services in 2021 .....	18
Client Characteristics.....	18
Services.....	20
Program Profiles.....	26
Cedar AIDS Support System (CASS) .....	27
Dubuque Visiting Nurses Association (DVNA).....	27
Linn County Community Services (LCCS) .....	28
Nebraska AIDS Project (NAP) .....	28
North Iowa Community Action Organization (NICA).....	29
Primary Health Care (PHC) .....	29
Siouxland Community Health Center (SCHC).....	30
The Project Quad Cities* (TPQC) .....	30
University of Iowa Hospitals and Clinics* (UIHC).....	31
AIDS Drug Assistance Program in 2021 .....	32
ADAP Jail Assistance.....	33
Re-Engagement in 2021 .....	34
Appendix A - RW Part B Services.....	35

## Executive Summary

The Iowa Ryan White (RW) Part B Program is funded by the Health Resources and Services Administration to provide services to low-income Iowans living with HIV. The program is authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and received approximately \$20 million in funding in 2021.

The RW Part B Program directly contracted with nine agencies across the state to provide services to people living with HIV (PLWH) in 2021. Three additional agencies were subcontracted to provide RW Part B services.

The RW Part B Program comprises the Client Services Program and the AIDS Drug Assistance Program (ADAP). The Client Services Program provides funding for a variety of services that are designed to help clients engage and remain in medical care. ADAP provides access to medications by purchasing medications and health insurance for clients, or by wrapping around clients' existing health insurance plans.

A total of 2,175 PLWH received RW Part B services in 2021. This represents approximately 71% of all Iowans diagnosed and living with HIV. The majority of clients identified as White (53%), followed by Black (31%), and Latinx (11%). Most clients were between the ages of 25 and 64 years old (88%). Seventy-three percent (73%) of clients identified as male, 26% as female, 1% as transgender male-to-female, and very few identified as transgender female-to-male (0.05%).

The RW Part B Program takes a person-centered, holistic, and trauma-informed approach to service delivery. Available services address medical and psychosocial needs of clients. Case management and referral services were the most utilized services in 2021. The next most utilized services were food assistance, transportation assistance, outpatient/ambulatory health services, health insurance assistance, and emergency financial assistance.

Thirty-eight percent (38%) of RW Part B clients utilized ADAP services in 2021. Among those, 58% received insurance assistance (i.e., assistance with insurance premiums, medication copayments, coinsurance, and deductible costs), 10% received medication assistance (i.e., received medications due to lack of access or eligibility for health insurance), and 32% received both insurance and medication assistance. In 2020, ADAP launched a new initiative to provide medications to PLWH who were incarcerated in county jails. Forty-two (42) PLWH received medications through ADAP Jail Assistance in 2021.

The RW Part B Program uses viral suppression to monitor the health outcomes of clients. Viral suppression is the reduction of the amount of HIV in the blood and elsewhere in the body to very low levels, and is defined as less than 200 copies/mL. The goal is to have at least 90% of clients achieve viral suppression.

RW Part B case management and other support services offered in Iowa have a strong impact on viral suppression. Among Iowans living with HIV who enrolled in case management, 90% achieved viral suppression compared to 72% of Iowans who did not enroll in case management.

The benefits are even greater when looking at disproportionately affected populations. Among US-born Black/African American PLWH in Iowa who enrolled in case management services, 84% achieved viral suppression compared to only 67% of those who did not enroll in case management. Among non-US-

born Black/African American PLWH in Iowa who enrolled in case management services, 87% achieved viral suppression compared to only 47% of those who did not enroll in case management.

Among US-born Latinx PLWH in Iowa who enrolled in case management services, 94% achieved viral suppression compared to only 69% of those who did not enroll in case management. Among non-US-born Latinx PLWH in Iowa who enrolled in case management services, 92% achieved viral suppression compared to only 24% of those who did not enroll in case management.

In 2021, the Data-to-Services Program received 123 referrals. The Data to Services Coordinator completed 123 data-to-services investigations and 50 case consultations. Seventeen (17) PLWH successfully re-engaged in care in 2021.

## List of Acronyms

ADAP	AIDS Drug Assistance Program
BCM	Brief Contact Management
CASS	Cedar AIDS Support System
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
DTS	Data to Services
DTSC	Data to Services Coordinator
FTE	Full-time equivalent
HAB	HIV/AIDS Bureau
HRSA	Health Resources and Services Administration
Iowa HHS	Iowa Department of Health and Human Services
MCM	Medical Case Management
MEPD	Medicaid for Employed Persons with Disabilities
MOSS	Maintenance Outreach Support Services
MSM	Men who have sex with men
NAP	Nebraska AIDS Project
NICAO	North Iowa Community Action Organization
Non-MCM	Non-Medical Case Management
PHC	The Project of Primary Health Care
PLWH	People/person living with HIV
REMI System	Ryan White Electronic Management Information System
RW Part B	Ryan White Part B
RWHAP	Ryan White HIV/AIDS Program
SCHC	Siouxland Community Health Center
UIHC	University of Iowa Hospitals and Clinics

## Ryan White Part B Program Description

In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act that provides a comprehensive system of care for low-income people living with HIV (PLWH) who are uninsured or underserved. It has been reauthorized four times (in 1996, 2000, 2006, and 2009), and has since been renamed the Ryan White HIV/AIDS Treatment Extension Act.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is responsible for administering the Ryan White HIV/AIDS Program. The legislation is divided into the following five parts:



**Part A** provides funding for Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs).



**Part B** provides funding to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions.



**Part C** provides funding directly to health care facilities to provide HIV medical care.

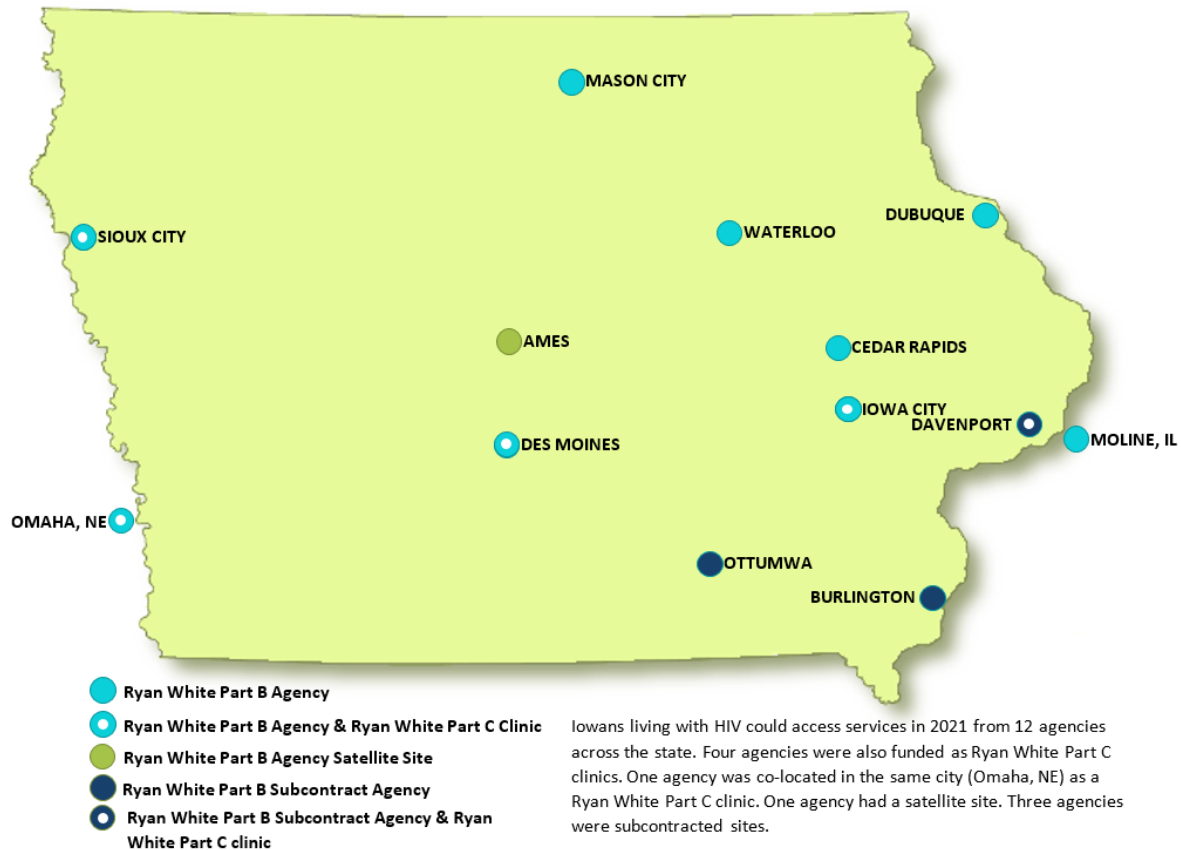


**Part D** provides funding specifically for women, infants, children and youth with HIV.



**Part F** provides funding for clinician training, technical assistance, and the development of innovative models of care.

The Iowa Department of Health and Human Services (Iowa HHS) is the Ryan White (RW) Part B recipient for the State of Iowa. In 2021, there were 12 agencies that provided RW Part B services to PLWH. Iowa HHS directly contracted with 9 agencies across the state. Three agencies were subcontracted sites. Figure 1 displays where the 12 agencies were located in Iowa.

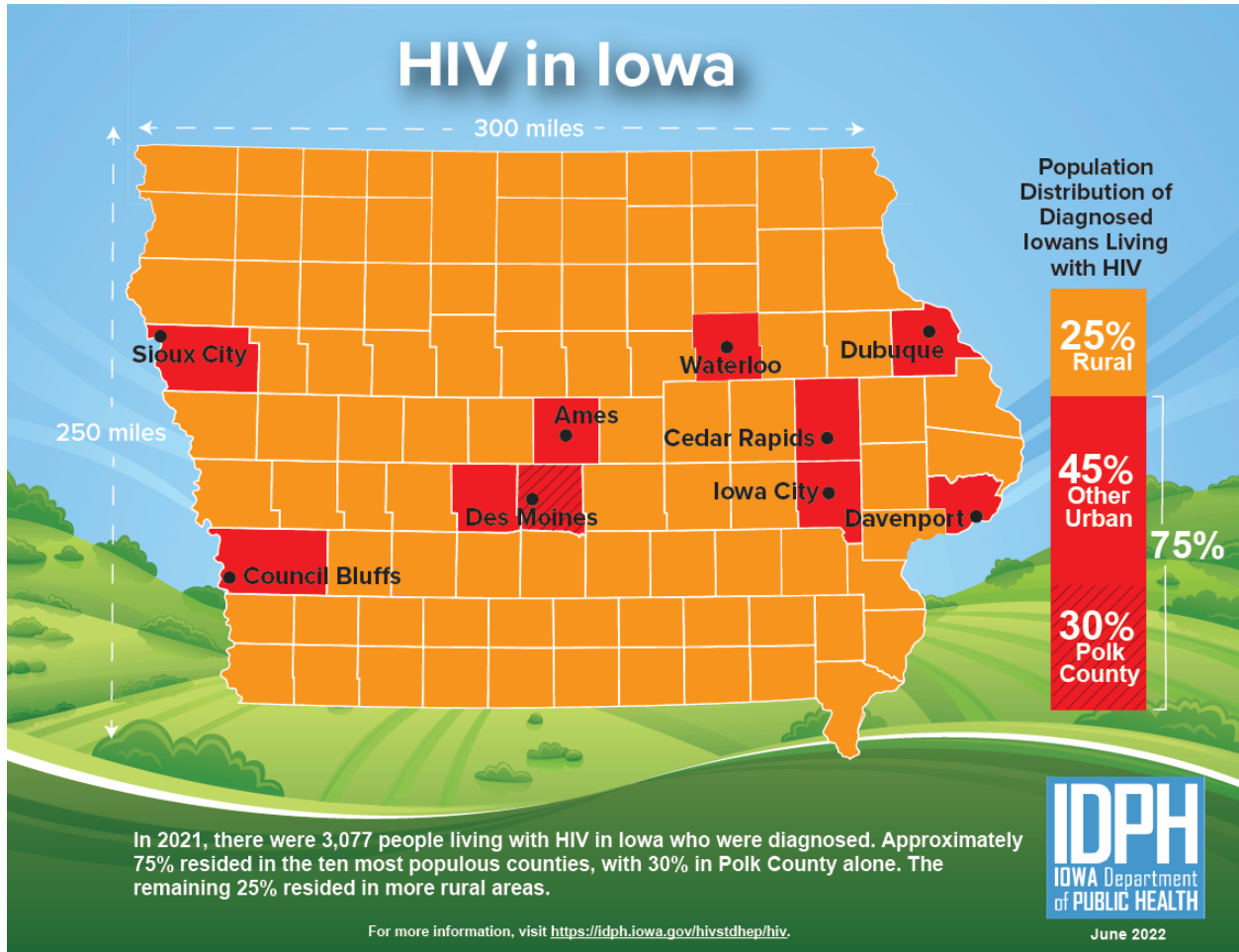


**Figure 1. Iowa RW Part B agencies in 2021.** Iowans living with HIV could access services from 12 agencies across the state. Four agencies were also funded as Ryan White Part C clinics. One agency had a satellite site. Three agencies were subcontracted sites.

The Iowa RW Part B Program comprises the Client Services Program and the AIDS Drug Assistance Program (ADAP). The Client Services Program provides funding for a variety of services that are all designed to engage and retain clients in medical care. A complete list of funded services can be found in Appendix A - RW Part B Services. ADAP provides access to medications by purchasing medications and health insurance for clients, or by wrapping around clients' existing health insurance plans (i.e., assisting with co-pays and deductible costs). Iowa HHS contracted with one centralized pharmacy located in Pleasant Hill to provide pharmacy-related services.

The distribution of RW Part B agencies across the state mirrors that of the distribution of Iowans living with HIV. Iowa's HIV epidemic is unique in that there is no epicenter of the disease. Instead, PLWH are spread across the state, as shown in Figure 2. A RW Part B agency is located in eight of the ten most populous counties (shown in red in the figure below). The two counties without a RW Part B agency have one located in a directly adjacent county.





**Figure 2. Population distribution of PLWH in Iowa in 2021.** In 2021, 75% of PLWH resided in one of the 10 most populous counties (red counties on the map), while the remaining 25% of PLWH resided in more rural areas (orange counties on the map). No county contains more than 30% of PLWH.

## Funding Overview

The Iowa RW Part B Program is funded by multiple federal grants from HRSA/HAB:

- **The HIV Part B and ADAP Base** grant is awarded to states and territories for developing and/or enhancing access to comprehensive high quality HIV care and treatment for low-income PLWH. A formula is used to determine each recipient's award amounts, and the grant year is April 1 - March 31. Iowa was awarded \$3,341,149 for the year April 1, 2021 - March 31, 2022.
- **The Ryan White Part B Supplemental** grant is awarded to eligible states and territories to supplement their formula-based funding provided by the HIV Part B and ADAP base award. Applicants must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for PLWH in the state/territory. The grant year is September 30 - September 29. Iowa was awarded \$1,688,820 for the year September 30, 2020 - September 29, 2021.
- **The ADAP Emergency Relief Funding** grant is awarded to states and territories that demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists. ADAP waiting lists are implemented when adequate funding is not available to provide medications to eligible PLWH requesting enrollment in the ADAP. The grant year is April 1 - March 31. Iowa was awarded \$3,658,530 for the year April 1, 2021 - March 31, 2022.
- **Pharmaceutical Rebate Funding** is solicited from pharmaceutical companies by the state's ADAP through the 340B Drug Pricing Program (340B Program). The 340B Program is a federal drug-pricing program administered by HRSA's Office of Pharmacy Affairs that provides eligible entities (including ADAPs) with access to discounted prices on medications. Under the ADAP 340B rebate option, ADAPs are eligible to submit claims to pharmaceutical manufacturers when they participate in a medication purchase for an ADAP client and the medication is purchased at a price that exceeds the 340B price. The manufacturer then rebates the amount above the 340B price. In CY 2021, Iowa's ADAP generated over \$11 million in rebates.

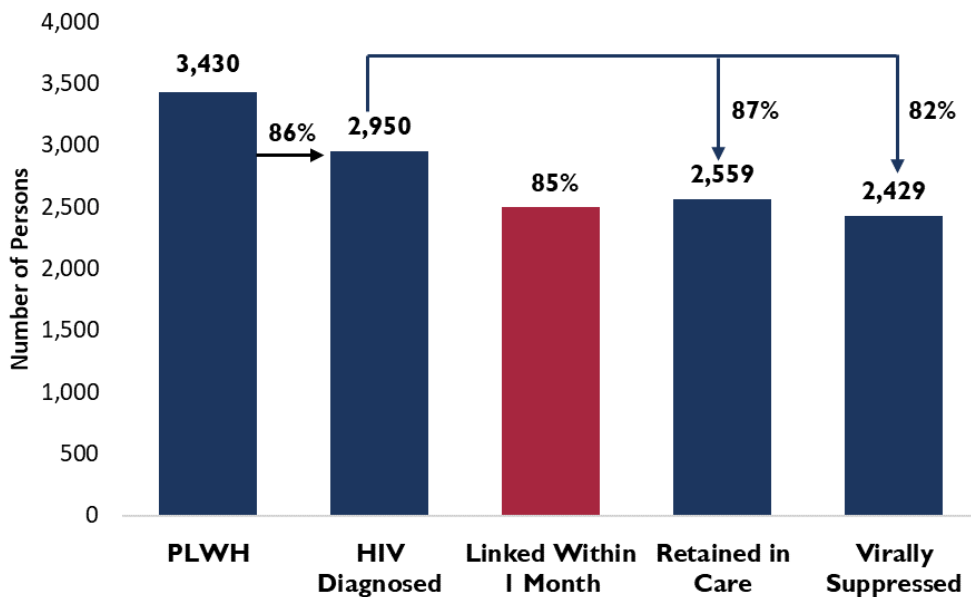


## Continuum of Care

The goals of HIV treatment are to improve health outcomes and prevent transmission of HIV. The best marker of successful treatment is reducing the amount of HIV in the blood and elsewhere in the body to very low levels, such that it can't be detected or passed to sexual partners. This is called viral suppression. The HIV continuum of care outlines the required steps to achieving viral suppression. Those steps are:

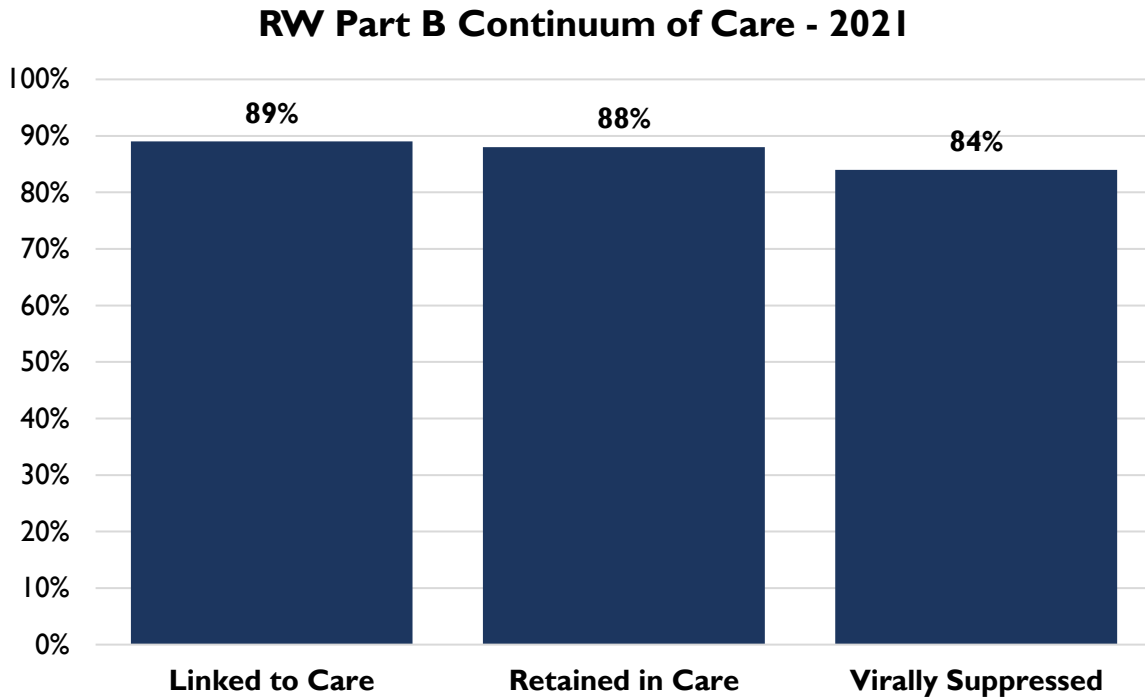
- 1 **DIAGNOSED** - The number or percent of PLWH who are diagnosed. The total number of PLWH is estimated using a Centers for Disease Control and Prevention (CDC) algorithm.
- 2 **LINKED TO CARE** - The number or percent of diagnosed PLWH who visited an HIV medical provider within 30 days of their diagnosis.
- 3 **RETAINED IN CARE** - The number or percent of diagnosed PLWH who were retained in continuous HIV medical care. In Iowa, PLWH who were virally suppressed at their last test, or if not virally suppressed had two or more viral load and/or CD4 cell count tests in the past year at least 3 months apart, are "retained in continuous HIV medical care."
- 4 **VIRAL SUPPRESSION** - The number or percent of diagnosed PLWH who achieved viral suppression at their last viral load test (less than 200 copies/mL).

Iowa's 2021 continuum of care can be seen below in Figure 3.



**Figure 3. Iowa HIV continuum of care - 2021.** There were an estimated 3,430 PLWH in Iowa in 2021. Of those, only 86% have been diagnosed with HIV. There were 124 people newly diagnosed with HIV in 2021, and 85% were linked to medical care within one month. Among those diagnosed and living with HIV, 87% were retained in care, and 82% achieved viral suppression at their last test.

The RW Part B Program’s 2021 continuum of care is shown below in Figure 4. Iowans living with HIV who received RW Part B services continue to have improved health outcomes compared to all PLWH in Iowa. Linkage, retention, and suppression rates were all higher for RW Part B clients compared to all Iowans living with HIV.

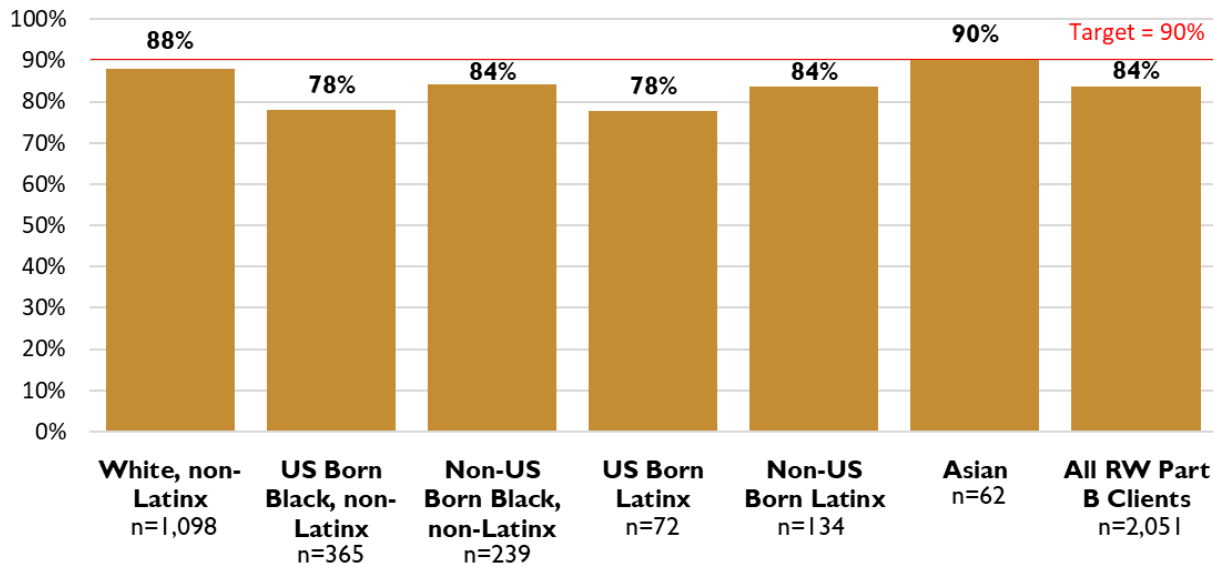


**Figure 4. Ryan White Part B 2021 continuum of care.** Among clients who received a RW Part B service in 2021, 89% were linked within one month, 88% were retained in care, and 84% achieved viral suppression.

## VIRAL SUPPRESSION AMONG RYAN WHITE PART B PROGRAM CLIENTS

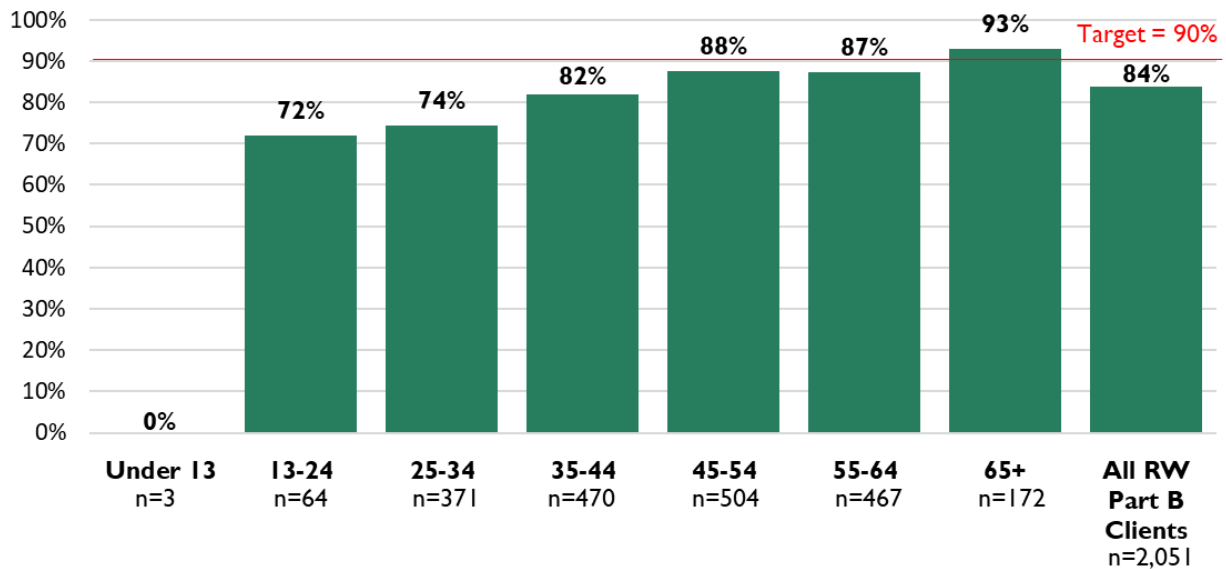
The measure used by the RW Part B Program most to assess health outcomes is viral suppression. The goal is for at least 90% of clients to achieve viral suppression. The following figures display viral suppression by race and age.

**RW Part B Viral Suppression by Race and Ethnicity in 2021**

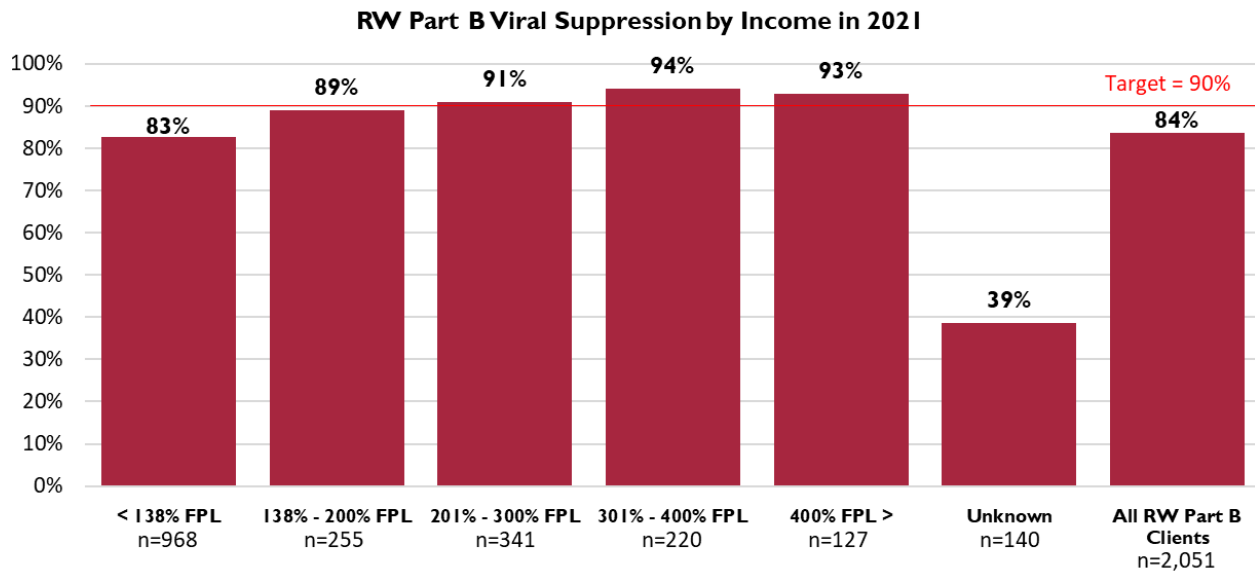


**Figure 5. Viral suppression by race and ethnicity in 2021.** RW Part B clients who identified as Asian were the only racial or ethnic group to meet the goal of having 90% achieve viral suppression. Non-US-born Black and Latinx clients were more likely to achieve viral suppression compared to their US-born counterparts.

**RW Part B Viral Suppression by Age in 2021**



**Figure 6. Viral suppression by age in 2021.** When looking at viral suppression by age, older RW Part B clients are more likely to achieve viral suppression. Clients aged 65 or older were the only age group to exceed the goal of having 90% achieve viral suppression.



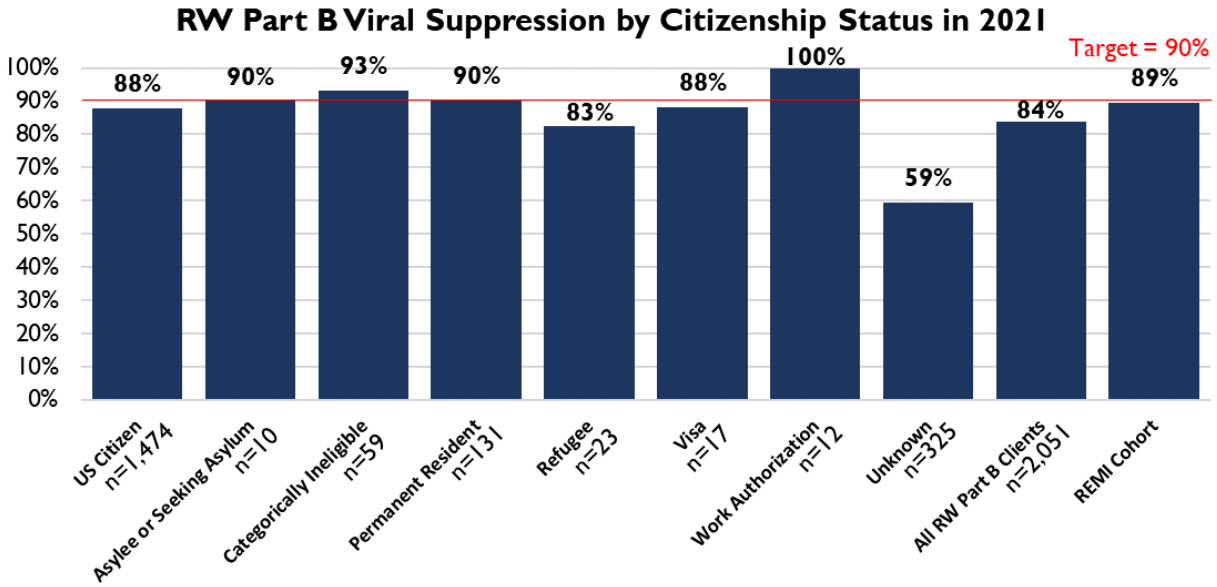
**Figure 7. Viral suppression by income in 2021.** RW Part B clients with incomes less than 138% of Federal Poverty Level (FPL) were the least likely to achieve viral suppression (83%) among clients with known income levels. The overall trend showed that clients with higher incomes were more likely to achieve viral suppression. There were 140 clients whose incomes were unknown.

## VIRAL SUPPRESSION AMONG RW PART B CLIENTS WHO ENROLLED IN CASE MANAGEMENT SERVICES

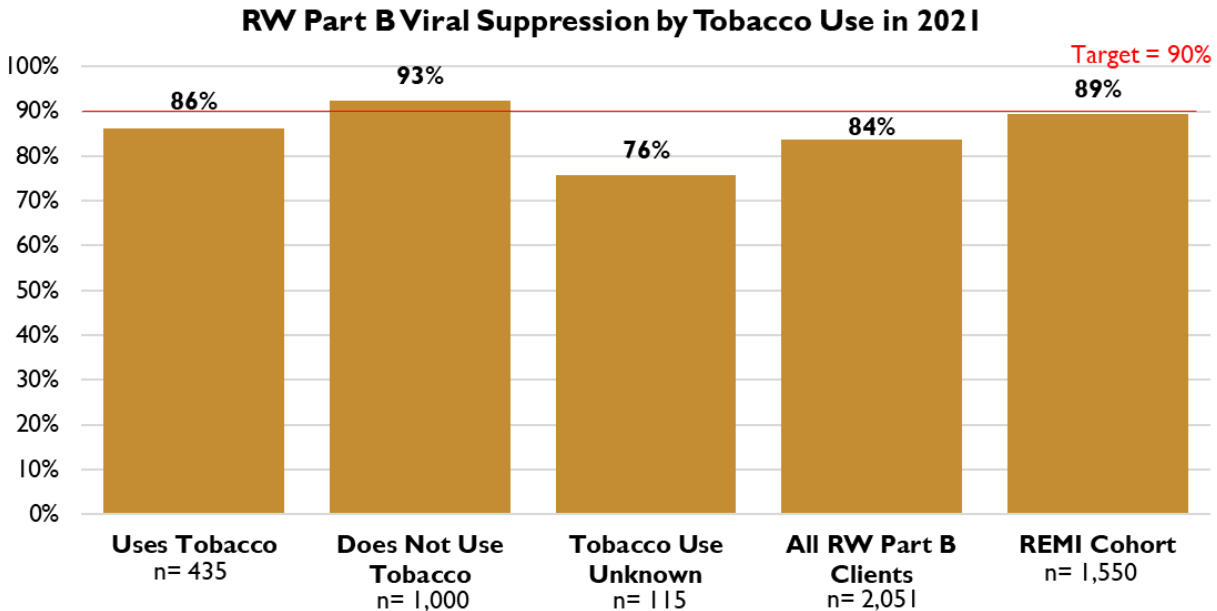
In 2020, the RW Part B Program began using a new paperless system called the Ryan White Electronic Management Information (REMI) system. The purpose of the REMI System was to transition client charts from paper to electronic, and to automate several processes and workflows within the program. Calendar year 2021 was the first full year of data available to the RW Part B Program for analysis.

The following figures contain information collected in REMI. It is important to note that not all RW Part B clients are in REMI. Only clients who receive case management services have charts in the REMI system. In addition, not all fields in the assessment are required, so there will be unknown data in the figures below.

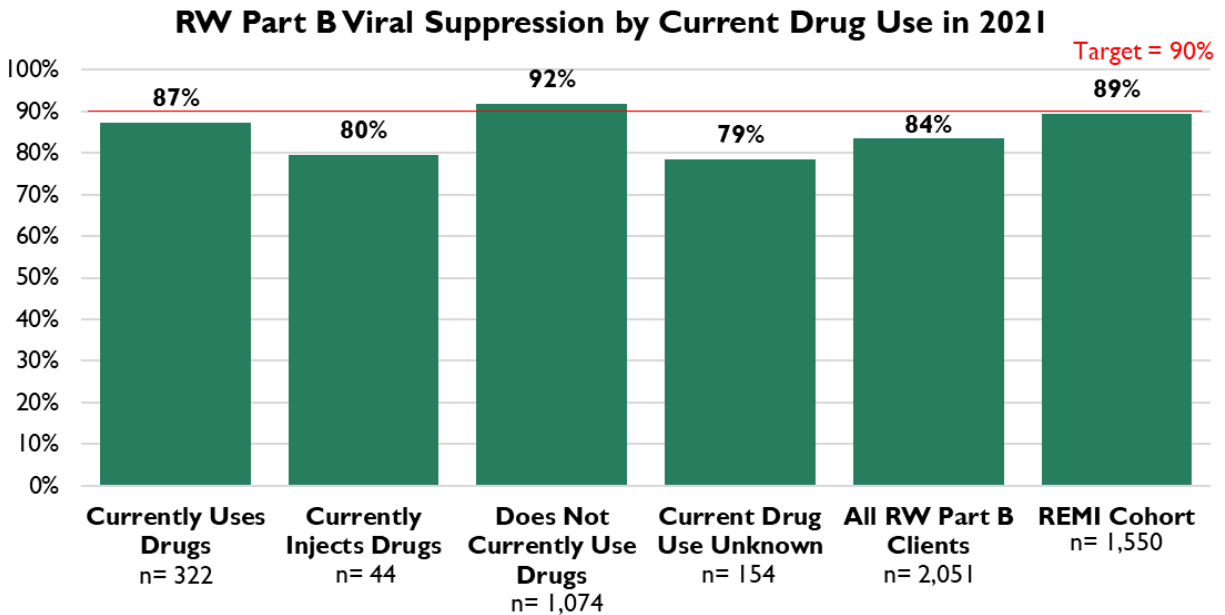
In 2021, there were 1,959 clients who enrolled in case management services and had a chart in REMI. Of those, 1,550 clients (79%) were included in the viral suppression measure and are represented in the following figures as “REMI Cohort.” Overall, 89% of RW Part B clients in the REMI Cohort achieved viral suppression.



**Figure 8. Viral suppression by citizenship status in 2021.** Of RW Part B clients who were asylees/seeking asylum, categorically ineligible, permanent residents, or in the US under a work authorization, 90% or more achieved viral suppression. Of clients who were US citizens or who were in the US under a visa, at least 88% achieved viral suppression. Only 83% of clients who were refugees achieved viral suppression. There were 325 clients with unknown citizenship status in REMI.



**Figure 9. Viral suppression by tobacco use in 2021.** Over 90% of clients who did not currently use tobacco products achieved viral suppression. They were more likely to achieve viral suppression than their counterparts who currently used tobacco products. There were 113 clients with unknown tobacco use.

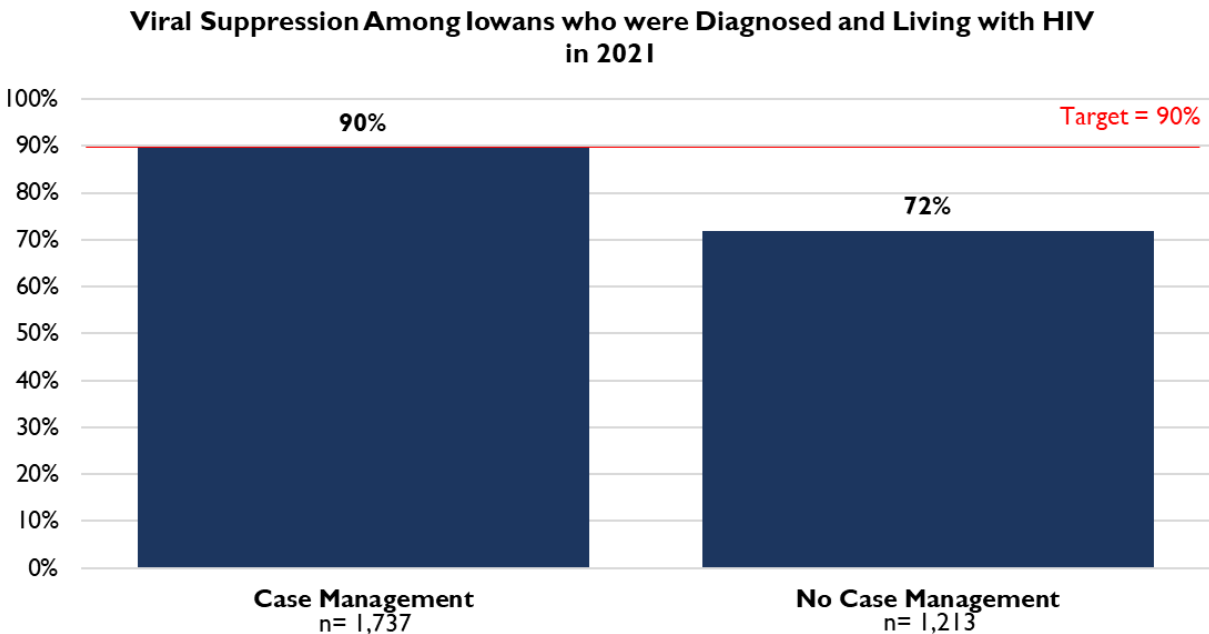


**Figure 10. Viral suppression by current drug use in 2021.** RW Part B clients who currently inject drugs were less likely to achieve viral suppression (80%) compared to all RW Part B clients who use drugs (87%), and RW Part B clients who did not currently use drugs (92%). The only group to exceed the goal of 90% achieving viral suppression were RW Part B clients who did not currently use drugs. Please note that RW Part B clients who currently inject drugs were also included in the Currently Uses Drugs category.

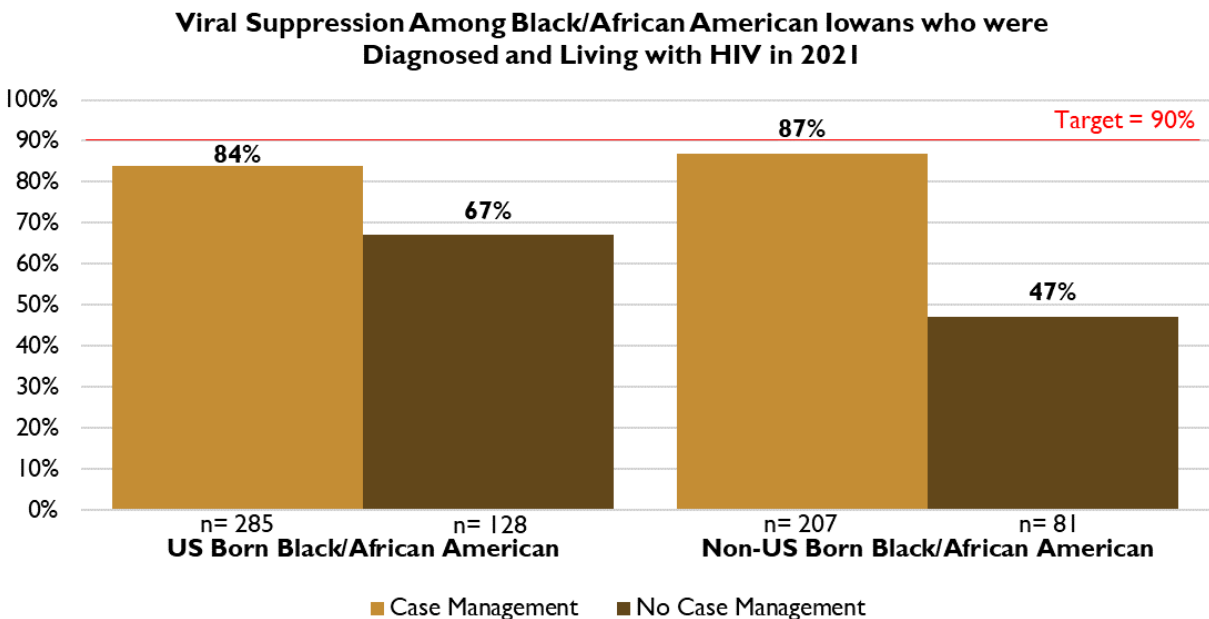
## VIRAL SUPPRESSION AMONG IOWANS LIVING WITH HIV WHO ENROLLED IN CASE MANAGEMENT

Ryan White Part B case management services have a strong impact on viral suppression among Iowans diagnosed and living with HIV. This is especially true among Black/African American and Latinx populations. The following figures display viral suppression among Iowans diagnosed and living with HIV who enrolled in case management compared to those who did not enroll in case management.

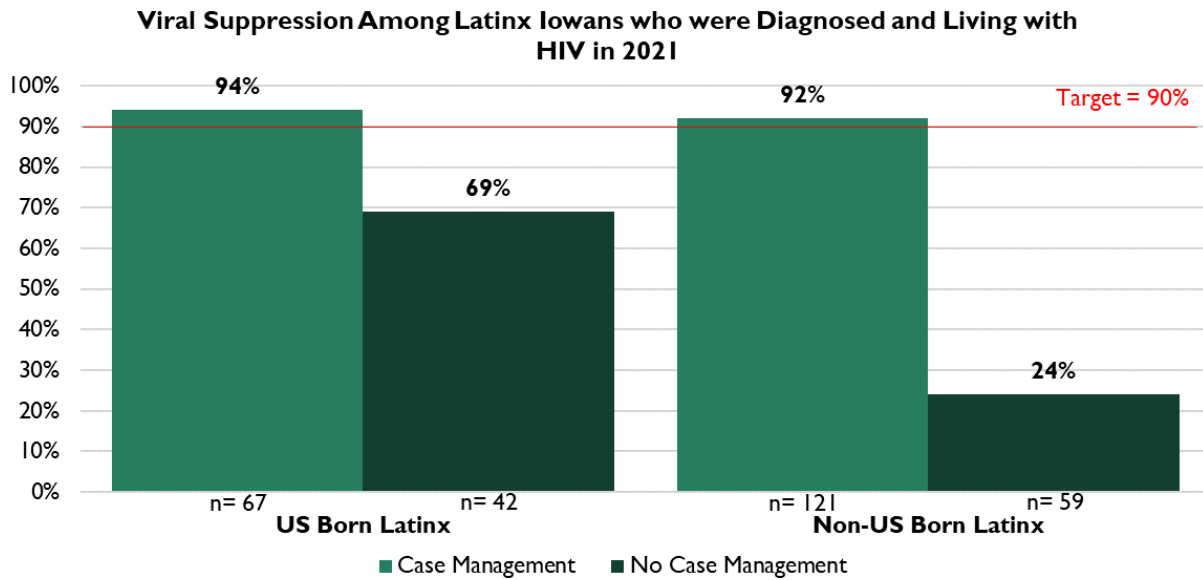




**Figure 11. Viral suppression of Iowans diagnosed and living with HIV who enrolled in case management in 2021 vs. those who did not.** Iowans who enrolled in case management services were more likely to achieve viral suppression (90%) compared to Iowans who did not (72%).



**Figure 12. Viral suppression of Black/African American Iowans diagnosed and living with HIV in 2021 who enrolled in case management vs. those who did not - US vs. non-US born.** Among Black/African American PLWH in Iowa, those who enrolled in case management were more likely to achieve viral suppression compared to those who did not enroll in case management. Non-US-born Black/African American PLWH who enrolled in case management were the most likely to achieve viral suppression (87%), while non-US-born Black/African American PLWH who did not enroll in case management were the least likely to achieve viral suppression (47%).



**Figure 13. Viral suppression of Latinx Iowans diagnosed and living with HIV in 2021 who enrolled in case management vs. those who did not - US vs. non-US born.** Among both US-born and non-US-born Latinx PLWH in Iowa, those who enrolled in case management were more likely to achieve viral suppression than those who did not enroll in case management. US-born Latinx PLWH who enrolled in case management were the most likely to achieve viral suppression (94%), while non-US born Latinx PLWH who did not enroll in case management were the least likely to achieve viral suppression (24%). Over 90% of Latinx PLWH who enrolled in case management achieved viral suppression, exceeding the goal.

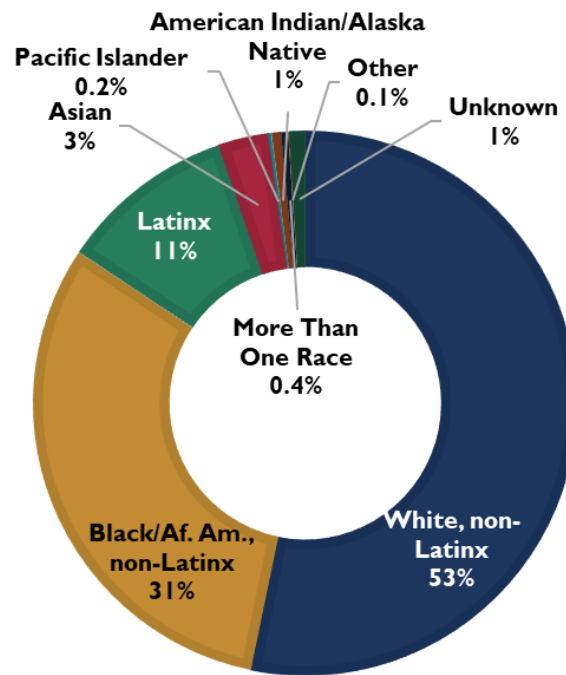
## Client Services in 2021

The RW Part B Client Services Program funded nine agencies across the state to provide HIV core medical and support services. A description of the services provided by RW Part B agencies can be found in Appendix A - RW Part B Services.

### CLIENT CHARACTERISTICS

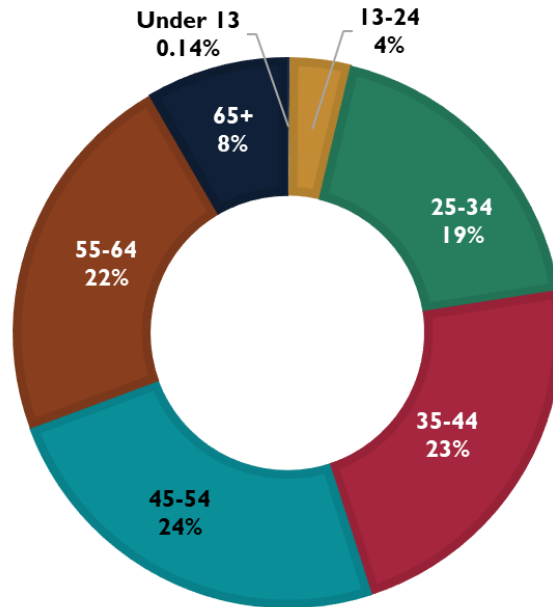
A total of 2,175 PLWH received RW Part B services in 2021. The following figures display the demographics of RW Part B clients.

#### Ryan White Part B Clients by Race/Ethnicity



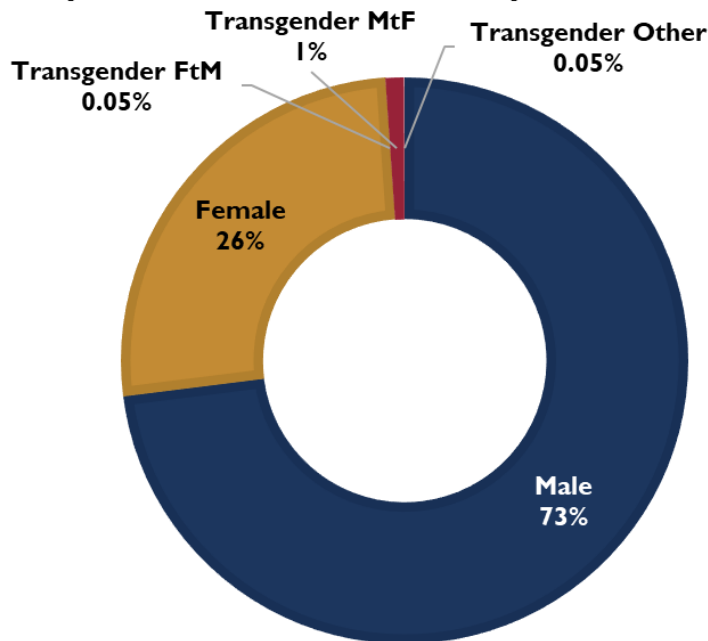
**Figure 14. RW Part B clients by race and ethnicity in 2021.** The race and ethnicity of RW Part B clients in 2021 closely mirrored that of all PLWH in Iowa. The majority of RW Part B clients were White (53%), followed by Black/African American (31%), and then Latinx (11%).

**Ryan White Part B Clients by Age - 2021**



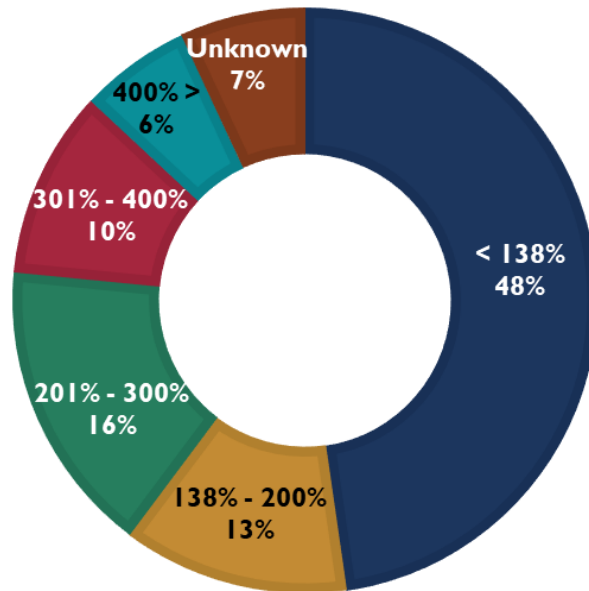
**Figure 15. RW Part B clients by age in 2021.** RW Part B clients aged 35-44, 45-54, and 55-64 each represented about 25% of the total client population. Slightly fewer clients were between the ages of 25 and 34 (19%). Only 8% of clients were 65 years or older and less than 5% were under the age of 25.

**Ryan White Part B Clients by Gender - 2021**



**Figure 16. RW Part B client by gender in 2021.** Almost three quarters of RW Part B clients were male and about one quarter were female. About 1% of clients identify as transgender.

**Ryan White Part B Clients by Income - 2021**



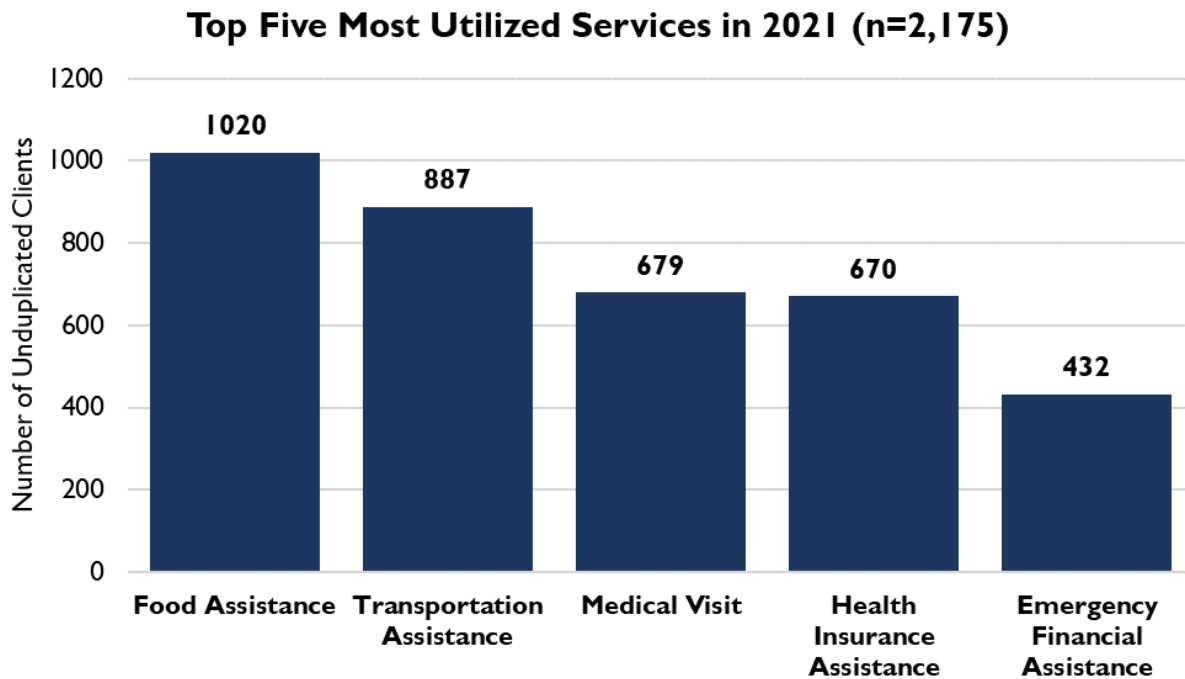
**Figure 17. RW Part B clients by income in 2021.** Almost half of RW Part B clients had incomes under 138% FPL. Seven percent (7%) of clients did not have their income recorded in 2021, most likely because they discontinued services very early in the year.

**SERVICES**

All nine directly funded RW Part B agencies offered case management services, while only one subrecipient agency did not. Agencies who provided case management also offered the following services:

- **Health Insurance Assistance** – Wrap-around financial assistance for health insurance costs (e.g., assistance with copays, deductibles, and premiums).
- **Housing Assistance** - Short-term financial assistance for housing costs (e.g., rent, application fees, hotel/motel, etc.).
- **Transportation Assistance** - Assistance with costs associated with transportation (e.g., gas card, bus pass, etc.), and the provision of transportation by a RW staff member.
- **Emergency Financial Assistance** - Limited one-time or short-term payments to assist with an urgent need for essential items or services necessary to improve health outcomes (e.g., medication costs, utility costs, etc.).
- **Food Assistance** - The provision of gift cards to grocery stores, or the actual provision of food items.

The top five most utilized services in 2021 are shown in Figure 18 below.

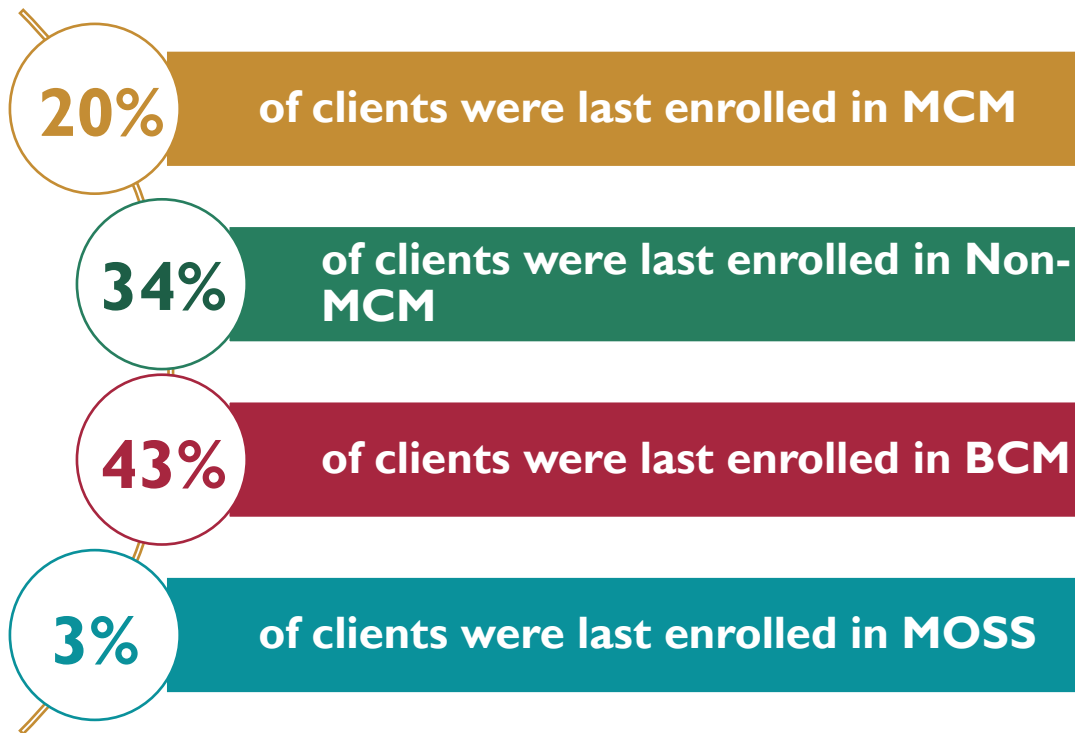


**Figure 18. Top five most utilized services in 2021.** Note that case management and referral services were not included, as all RW Part B clients would most likely have received at least one of those services.

In 2021, 91% of all RW Part B clients were engaged in case management services. The RW Part B Program offers four levels of case management:

- **Medical Case Management (MCM)** - Intended to serve clients with multiple and/or complex medical needs, including treatment adherence challenges. MCM clients receive ongoing and frequent support to address these challenges.
- **Non-Medical Case Management (Non-MCM)** - Intended to serve clients with complex psychosocial needs. Non-MCM clients are managing their medical care well, but may benefit from psychosocial support.
- **Brief Contact Management (BCM)** - Intended to serve clients who need minimal or infrequent support or assistance. BCM clients have the life skills and resources to self-manage their care with only occasional assistance from a case manager.
- **Maintenance Outreach Support Services (MOSS)** - Intended to serve clients who have fully progressed to self-management. MOSS clients have the life skills and resources to self-manage their care without regular assistance from a case manager. Maintaining the link to their case manager allows clients to obtain support quickly, should that be needed.

Below you will find the distribution of RW Part B clients in 2021 by their most recent case management tier.



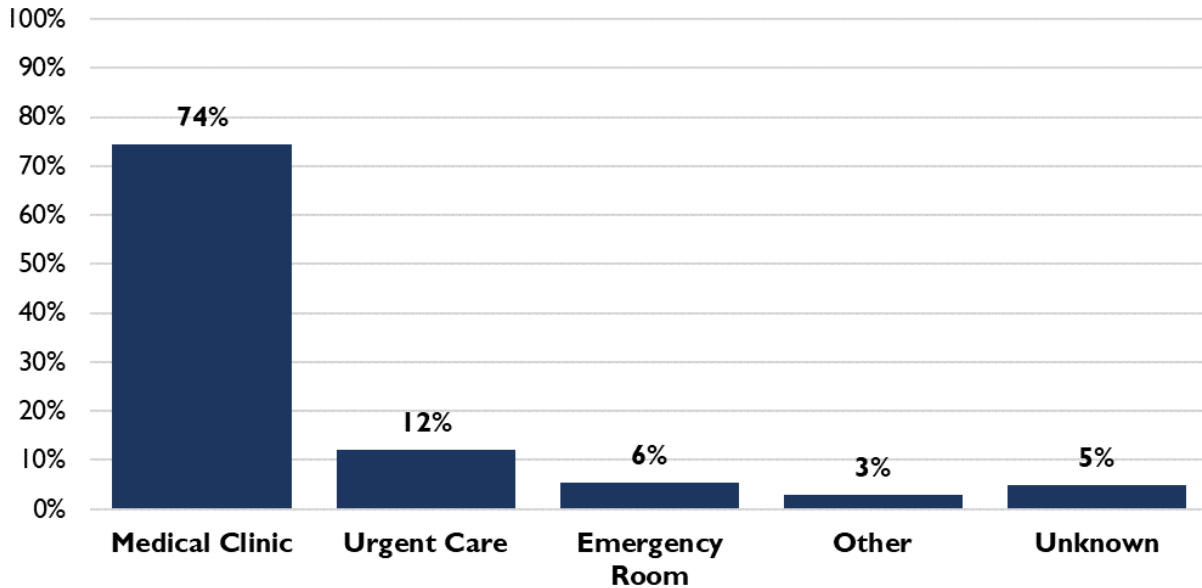
## REMI DATA

The RW Part B Program began using the REMI system in November 2020. The system replaced paper charts and created electronic files for RW Part B clients enrolled in case management. In 2021, there were 1,632 RW Part B clients enrolled in case management who had an annual or 6-month assessment completed in REMI. The following provides some data highlights of those assessments. As mentioned earlier, not all fields in the assessment are required, so there will be unknown response options in the data below.

## MEDICAL CARE

One quarter of the clients (25%) reported not having a primary care provider (PCP), while 69% did have a PCP. Data were not available for 6% of clients. Figure 19 below shows at what types of facilities clients received their non-HIV medical care. Most clients received non-HIV medical care at a clinic (74%). Significantly fewer clients received non-HIV medical care at an urgent care (12%), emergency room (6%), or another type of facility (3%). Data were unavailable for 5% of clients.

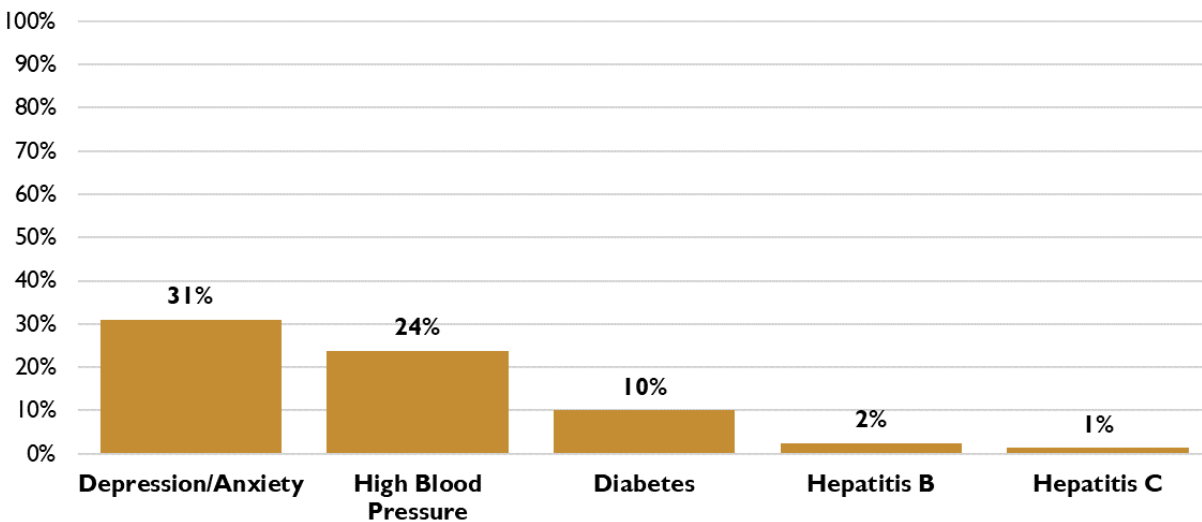
**Non-HIV Medical Care Facility - 2021 (n=1,632)**



**Figure 19. Non-HIV medical care facility type in 2021.** Approximately three quarters of clients received non-HIV medical care at a medical clinic. Data were unavailable for 5% of clients.

Clients are asked about co-occurring health conditions they experience. Figure 20 shows the standard co-occurring health conditions for which clients are evaluated.

**Co-Occurring Health Conditions - 2021 (n=1,632)**



**Figure 20. Co-occurring health conditions in 2021.** Clients are asked to identify which of the above co-occurring health conditions they experience. Note that the total percent will not equal 100% as this question is select all that apply, and some clients may experience multiple or none of these conditions.



About one third of clients experienced depression and/or anxiety (31%), and one quarter (24%) experienced high blood pressure. Ten percent (10%) of clients had diabetes. Very few clients reported being diagnosed with hepatitis B (2%) or hepatitis C (1%).

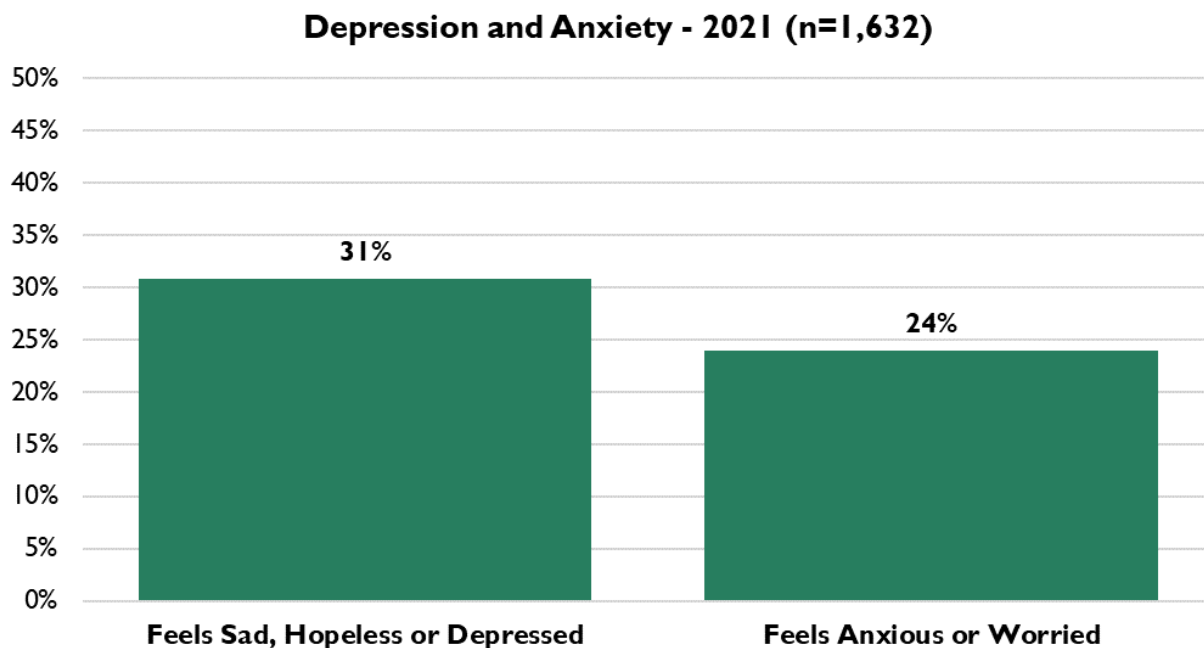
### SUBSTANCE USE

In the assessment, clients are asked about any substance use. Forty-one percent (41%) of clients reported drinking alcohol, and 28% reported using tobacco products.

Twenty-two percent (22%) of clients reported currently using other substances. Among those who used substances, 82% reported using marijuana and 28% reported using methamphetamines. Only 2% reported using opioids.

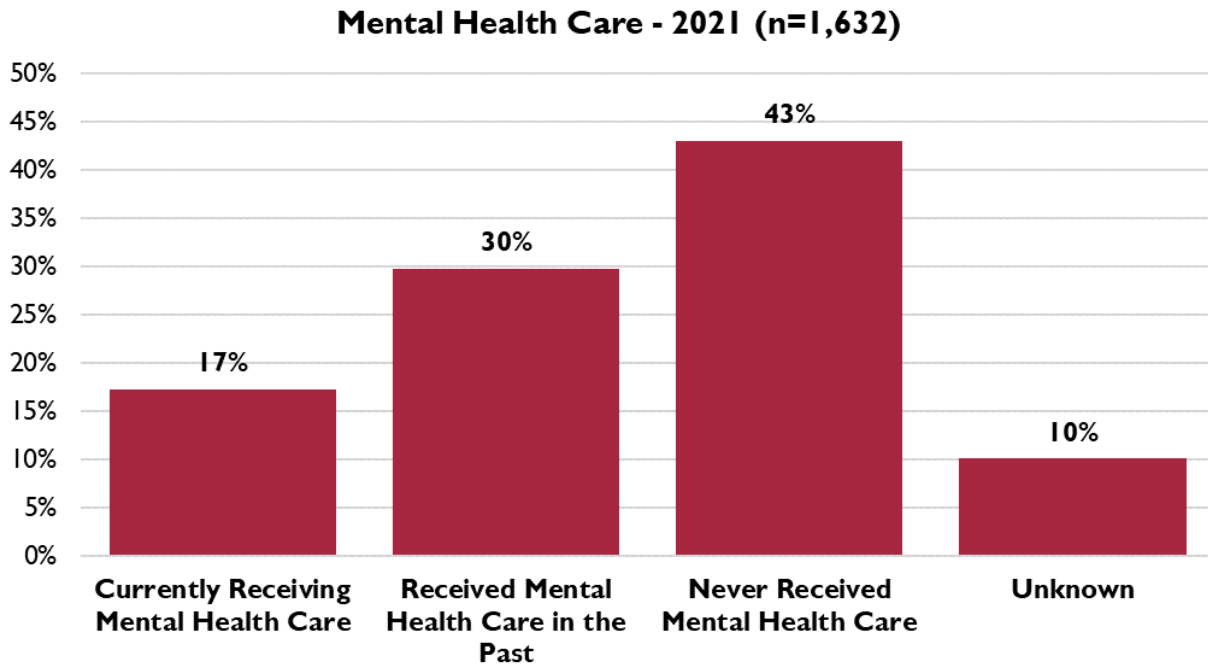
### MENTAL HEALTH

Figure 21 below displays results from the mental health section of the assessment. Thirty-one percent (31%) of clients reported feeling sad, hopeless, or depressed. Similarly, 24% of clients reported feeling anxious or worried.



**Figure 21. Depression and anxiety among clients in 2021.** About one third of clients (31%) reported feeling sad, hopeless, or depressed; and one quarter (24%) reported feeling anxious or worried.

When asked about mental health care (Figure 22), 17% of clients were currently receiving care, 30% had previously received care, and 43% had never received mental health care. There were no data available for 10% of clients.



**Figure 22. Mental health care among clients in 2021.** Note that data were not available for 10% of REMI clients.

## Program Profiles

The following section contains details about services provided by the RW Part B Program as a whole, and then by each RW Part B-funded agency individually.



### **RW PART B-FUNDED STAFF**

65.98 FTE

Program Managers, Case Managers, Field Benefits Specialists, Support Staff, Behavioral Health Consultants, Nursing Staff, Medical Providers, Outreach Staff, Data and Quality Staff, Pharmacist, Marketing Specialist



### **CLIENTS**

2,175 total RW Part B clients served

91% enrolled in case management



### **SERVICES**

#### **Emergency Financial Assistance**

433 clients served 1,150 total services  
\$226,901 total amount

#### **Food Assistance**

1,020 clients served 4,889 total services  
\$254,449 total amount

#### **Health Insurance Assistance**

670 clients served 1,510 total services  
\$490,241 total amount

#### **Housing Assistance**

353 clients served 842 total services  
\$547,449 total amount

#### **Transportation Assistance**

887 clients served 3,445 total services  
\$85,791 total amount

CEDAR AIDS SUPPORT SYSTEM (CASS)



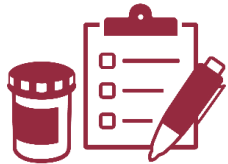
**RW PART B-FUNDED STAFF**

2.96 FTE  
Program Manager, Case Managers, Field Benefit Specialist



**CLIENTS**

124 total RW Part B clients served  
100% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

13 clients served 30 total services  
\$3,502 total amount

**Food Assistance**

91 clients served 1,466 total services  
\$91,325 total amount



Waterloo, IA

**Health Insurance Assistance**

31 clients served 113 total services  
\$18,039 total amount

**Housing Assistance**

14 clients served 23 total services  
\$9,538 total amount

**Transportation Assistance**

60 clients served 237 total services  
\$8,383 total amount

DUBUQUE VISITING NURSES ASSOCIATION (DVNA)



**RW PART B-FUNDED STAFF**

2.43 FTE  
Program Manager, Case Managers, Field Benefits Specialist, Support Staff



**CLIENTS**

64 total RW Part B clients served  
100% enrolled in case management



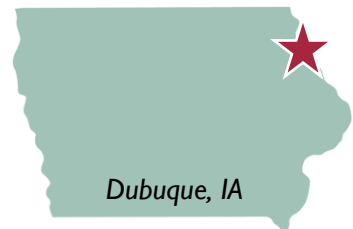
**SERVICES**

**Emergency Financial Assistance**

33 clients served 92 total services  
\$28,480 total amount

**Food Assistance**

55 clients served 245 total services  
\$20,102 total amount



Dubuque, IA

**Health Insurance Assistance**

24 clients served 83 total services  
\$12,025 total amount

**Housing Assistance**

28 clients served 83 total services  
\$68,058 total amount

**Transportation Assistance**

54 clients served 322 total services  
\$9,671 total amount

LINN COUNTY COMMUNITY SERVICES (LCCS)



**RW PART B-FUNDED STAFF**

4.25 FTE  
Program Manager, Case Managers, Field  
Benefits Specialist, Support Staff



**CLIENTS**

213 total RW Part B clients served  
100% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

69 clients served 235 total services  
\$55,789 total amount

**Food Assistance**

129 clients served 595 total services  
\$12,489 total amount



Cedar Rapids, IA

**Health Insurance Assistance**

42 clients served 131 total services  
\$19,571 total amount

**Housing Assistance**

69 clients served 190 total services  
\$117,004 total amount

**Transportation Assistance**

127 clients served 651 total services  
\$13,252 total amount

NEBRASKA AIDS PROJECT (NAP)



**RW PART B-FUNDED STAFF**

3.6 FTE  
Program Manager, Case Managers, Field  
Benefits Specialist



**CLIENTS**

108 total RW Part B clients served  
100% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

33 clients served 121 total services  
\$22,912 total amount

**Food Assistance**

28 clients served 76 total services  
\$5,700 total amount



Omaha, NE

**Health Insurance Assistance**

27 clients served 82 total services  
\$17,642 total amount

**Housing Assistance**

12 clients served 36 total services  
\$26,421 total amount

**Transportation Assistance**

33 clients served 150 total services  
\$3,453 total amount

NORTH IOWA COMMUNITY ACTION ORGANIZATION (NICOA)



**RW PART B-FUNDED STAFF**

1.55 FTE  
Program Manager, Case Managers, Field Benefits Specialist



**CLIENTS**

53 total RW Part B clients served  
100% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

18 clients served 43 total services  
\$9,739 total amount

**Food Assistance**

19 clients served 89 total services  
\$4,284 total amount



Mason City, IA

**Health Insurance Assistance**

24 clients served 98 total services  
\$24,982 total amount

**Housing Assistance**

20 clients served 45 total services  
\$27,381 total amount

**Transportation Assistance**

25 clients served 77 total services  
\$2,585 total amount

PRIMARY HEALTH CARE (PHC)



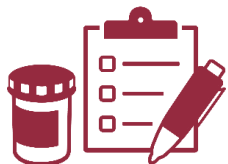
**RW PART B-FUNDED STAFF**

23.87 FTE  
Program Managers, Case Managers, Field Benefits Specialist, Support Staff, Behavioral Health Consultant, Nursing Staff, Medical Provider, Pharmacist, Data and Quality Staff, Homeless Outreach Worker, Marketing Specialist



**CLIENTS**

827 total RW Part B clients served  
87% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

138 clients served 329 total services  
\$21,247 total amount

**Food Assistance**

397 clients served 1,615 total services  
\$76,339 total amount



Des Moines, IA

**Health Insurance Assistance**

104 clients served 245 total services  
\$26,544 total amount

**Housing Assistance**

76 clients served 159 total services  
\$120,818 total amount

**Transportation Assistance**

282 clients served 1,159 total services  
\$22,248 total amount

SIouxLAND COMMUNITY HEALTH CENTER (SCHC)



**RW PART B-FUNDED STAFF**

4.75 FTE  
Program Manager, Case Managers, Field Benefits Specialist, Data and Quality Staff

**CLIENTS**

194 total RW Part B clients served  
100% enrolled in case management

**SERVICES**



**Emergency Financial Assistance**

35 clients served 77 total services  
\$14,712 total amount

**Food Assistance**

60 clients served 188 total services  
\$6,119 total amount



Sioux City, IA

**Health Insurance Assistance**

18 clients served 27 total services  
\$7,482 total amount

**Housing Assistance**

35 clients served 93 total services  
\$45,147 total amount

**Transportation Assistance**

67 clients served 241 total services  
\$8,071 total amount

THE PROJECT QUAD CITIES\* (TPQC)

*\*Data for TPQC also include subcontracted agency Genesis Health Group*



**RW PART B-FUNDED STAFF**

8.45 FTE  
Program Manager, Case Managers, Field Benefits Specialist, Support Staff, Behavioral Health Consultant, Nursing Staff, Medical Providers, Outreach Specialist

**CLIENTS**

231 total RW Part B clients served  
88% enrolled in case management

**SERVICES**



**Emergency Financial Assistance**

49 clients served 124 total services  
\$25,844 total amount

**Food Assistance**

126 clients served 257 total services  
\$8,965 total amount



Moline, IL  
Davenport, IA

**Health Insurance Assistance**

28 clients served 52 total services  
\$40,280 total amount

**Housing Assistance**

49 clients served 117 total services  
\$78,381 total amount

**Transportation Assistance**

36 clients served 265 total services  
\$6,711 total amount

UNIVERSITY OF IOWA HOSPITALS AND CLINICS\* (UIHC)

\*Data for UIHC also include subcontracted agencies Southeast Iowa Regional Medical Center and River Hills Community Health Center



**RW PART B-FUNDED STAFF**

14.12 FTE

Program Manager, Case Managers, Field Benefits Specialist, Support Staff, Behavioral Health Consultant, Dental Staff, Medical Providers, Data and Quality Staff



**CLIENTS**

489 total RW Part B clients served

67% enrolled in case management



**SERVICES**

**Emergency Financial Assistance**

44 clients served 83 total services  
\$18,395 total amount

**Food Assistance**

135 clients served 358 total services  
\$29,126 total amount



Iowa City, IA  
Burlington, IA  
Ottumwa, IA

**Health Insurance Assistance**

37 clients served 76 total services  
\$55,933 total amount

**Housing Assistance**

51 clients served 96 total services  
\$54,702 total amount

**Transportation Assistance**

210 clients served 353 total services  
\$11,416 total amount

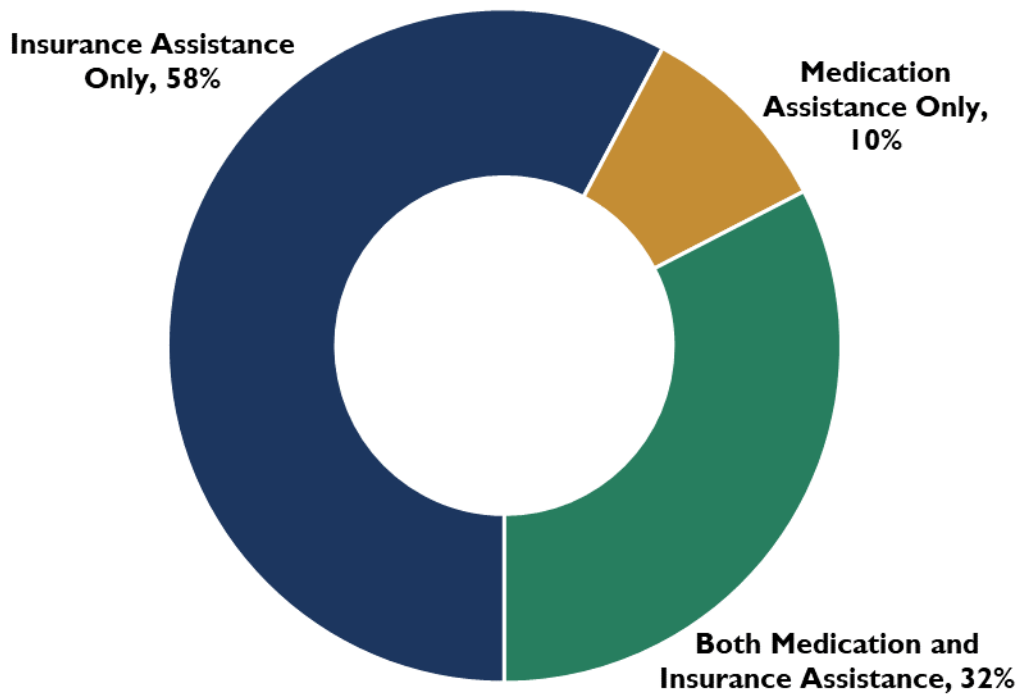


## AIDS Drug Assistance Program in 2021

Iowa's AIDS Drug Assistance Program (ADAP) provides medications and insurance assistance to eligible RW Part B clients. Medications are provided directly to ADAP clients who do not have or are not eligible for healthcare insurance coverage – generally because insurance enrollment (i.e., open enrollment) is not currently available. For those who currently have healthcare insurance or are eligible for enrollment into a health plan, ADAP provides assistance with insurance premiums, medication copayments, coinsurance, and deductible costs. RW Part B clients enrolled in Iowa Medicaid are ineligible for ADAP (except those with Medicaid for Employed Persons with Disabilities - or MEPD).

In 2021, 829 RW Part B clients utilized ADAP services. That equates to 38% of RW Part B clients. Figure 23 below shows the distribution of ADAP clients by program in 2021.

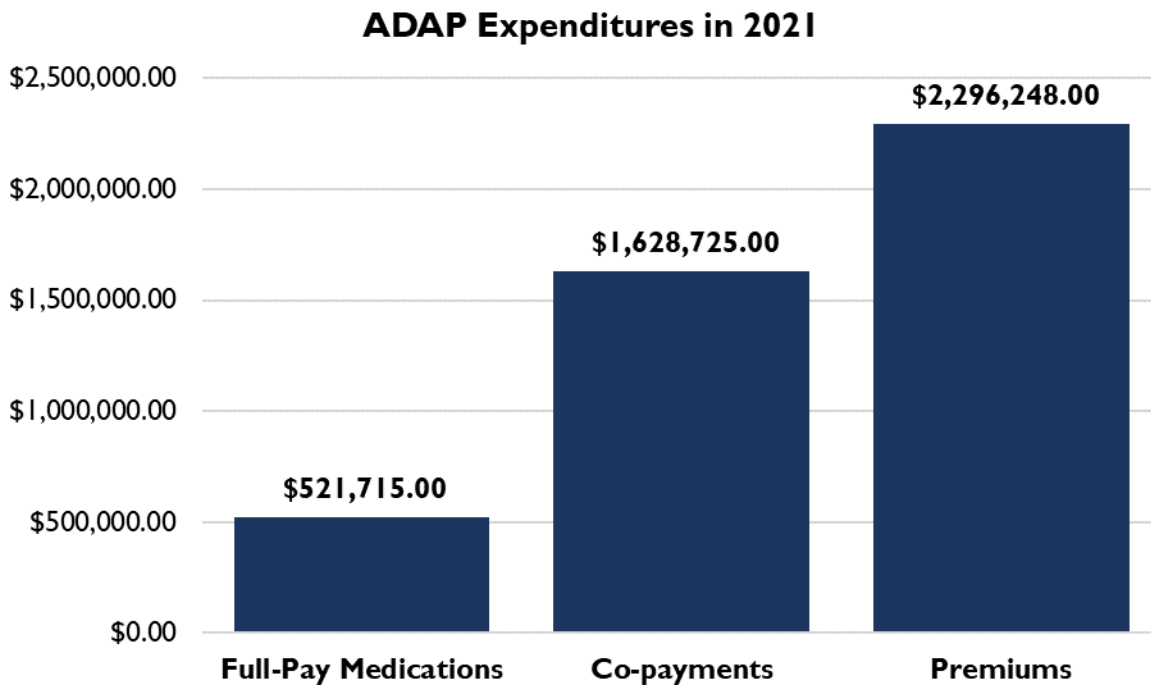
**ADAP Clients by Program - 2021**



**Figure 23. ADAP clients by program in 2021.** The majority of ADAP clients received Insurance Assistance only (58%). Few clients received Medication Assistance only (10%).

Clients who received Medication Assistance were typically between insurance plans or missed enrollment for other insurance. Clients who received Insurance Assistance were enrolled in a private health insurance plan (e.g., through their employer, through Healthcare.gov, etc.), had Medicare Part D, or had MEPD.

In 2021, the ADAP expenditures totaled approximately \$4.5 million. Figure 24 further breaks down those costs.



**Figure 24. ADAP expenditures in 2021.** Full-pay medication costs were covered through Medication Assistance, and health insurance co-payments and premiums were covered by Insurance Assistance.

ADAP is entitled to pharmaceutical rebates through the 340B Drug-Pricing Program. This accounts for a significant portion of the RW Part B Program’s funding each year. In 2021, the ADAP collected approximately \$11 million in rebate funding.

### ADAP JAIL ASSISTANCE

ADAP continued to provide medications to PLWH incarcerated in county jails in 2021. When a PLWH is incarcerated, a county jail may submit an application to ADAP for assistance with medication costs. Each approval provides one 30-day supply of medications for the client. Jails may continue to submit monthly applications for the duration of the individual’s incarceration. Medications are sent directly to the jail and are the property of the person who is incarcerated.

When the request for ADAP Jail Assistance involves a client who is enrolled in case management, ADAP staff notifies the client’s case manager. If the client has not enrolled in case management, then ADAP staff notifies the Data to Services Coordinator (DTSC). The DTSC then ensures the individual is linked to HIV medical care upon her or his release.

In 2021, 42 PLWH received services through the ADAP Jail Assistance program.

## Re-Engagement in 2021

In 2019, the Bureau of HIV, STD, and Hepatitis hired a Data to Service Coordinator (DTSC) to facilitate the re-engagement program. Using data-to-services (DTS) public health strategies, Iowa developed a comprehensive, multidisciplinary, and multi-pronged approach to identifying PLWH who are out of care, and providing outreach and reengagement services to those individuals.

The DTS Program has been able to establish a streamlined process where all referrals and outreach planning are sent to and tracked by the DTSC. Referrals (i.e., people who are out of care) can come from case managers, nurses, private medical providers, and the HIV surveillance office.

To ensure those PLWH with the highest needs are being addressed quickly, those who identify as one or more of the following are prioritized for re-engagement services:

- High viral load/low CD4+ cell count
- Women under 40 years of age
- Men who have sex with men (MSM) under 35 years of age
- Black/African American people



Because of the unique population distribution of PLWH in Iowa, the DTS Program quickly learned that it will take a community-based team approach for outreach and re-engagement services. Case managers, nurses, Disease Intervention Specialists (DIS), and the DTSC all have roles they play in outreach efforts for a PLWH who is out of care.

When a PLWH is determined to be prioritized for re-engagement services, a case consultation team is assembled to discuss the client's situation. The team also determines who will reach out to the client based on the client's needs and who has the best chance of success helping the client to re-engage.

In 2021, there were 123 referrals made to the DTS Program; 52 from Part B agencies, 6 from Part C clinics, 57 from the HIV surveillance office, and 8 from the STD Program.

At the end of 2021, the DTS Program completed 123 data-to-services investigations where updated client contact information was obtained and returned to agency staff for continued client outreach. In addition, 50 case consultations were completed where information was gathered from a variety of service providers (e.g., case manager, nurse, BHC, etc.) about a client's situation in an effort to determine the appropriate next steps in the re-engagement process.

There were 17 clients who successfully re-engaged in care in 2021. Of those, 6 re-engaged in medical care, 5 re-engaged in case management services only, and 6 re-engaged in both medical care and case management services.

## Appendix A - RW Part B Services

RW Part B agencies in Iowa are able to provide services in the following categories:

**Case Management** - A client-focused process that expands and coordinates, where appropriate, existing services to clients. The primary activities of case management are to assess client needs and arrange for services to address those needs. The way in which these activities are carried out is influenced by a variety of factors, including organizational mission, staff expertise and training, availability of other resources, and client need.

**Early Intervention Services (EIS)** - Targeted HIV testing, referral services to improve HIV care and treatment services, access and linkage to HIV care and treatment services, and outreach services related to HIV diagnosis.

**Health Insurance Premium and Cost Sharing Assistance (Health Insurance Assistance)** - Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program, including stand-alone dental insurance.

**Home and Community-Based Health Services** - Provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.

**Home Health Care** - The provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals.

**Medical Nutrition Therapy** - Activities provided by a registered dietician that may include nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling.

**Mental Health Services** - The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state of Iowa to render such services.

**Oral Health Care** - Includes outpatient diagnosis, prevention, and therapy provided by dental health care professionals (general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants).

**Outpatient/Ambulatory Health Services (OAHS)** – The provision of diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.

**Substance Abuse Outpatient Care** - The provision of outpatient services for the treatment of drug or alcohol use disorders.

**Child Care Services** - Intermittent child care services for the children living in the household of PLWH who are Ryan White-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or Ryan White-related meetings, groups, or training sessions.

**Emergency Financial Assistance** - Limited one-time or short-term payments to assist a Ryan White-eligible client with an urgent need for essential items or services necessary to improve health outcomes.

**Food Bank/Home Delivered Meals** - The provision of actual food items, hot meals, or vouchers to purchase food (includes personal hygiene products and household cleaning supplies).

**Health Education/Risk Reduction** - The provision of education to clients living with HIV about HIV transmission and how they can the risk of HIV transmission.

**Housing** – The provision of transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

**Linguistic Services** - Includes interpretation and translation activities, both oral and written, to eligible clients.

**Medical Transportation** - The provision of non-emergency transportation that enables an eligible client to access and/or to remain engaged in core medical and support services.

**Other Professional Services** - The provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities.

**Outreach Services** - Includes identification of people who do not know their HIV statuses and/or linkage or re-engagement of PLWH who know their statuses into Ryan White Part B services.

**Psychosocial Support Services** – The provision of group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns.

**Referral for Health Care and Support Services** – In-person or telephone, written, or other types of communication that directs a client to needed core medical or support services.

**Substance Abuse Services (residential)** - Activities provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

For assistance or questions regarding the Iowa Ryan White Part B Annual Report - 2021, please contact:

Holly Hanson, M.A., C.P.M.  
Ryan White Part B Program Manager  
Phone: (515) 380-6942  
Email: [holly.hanson@idph.iowa.gov](mailto:holly.hanson@idph.iowa.gov)