



# Iowa Ryan White Part B Annual Report 2023

**July 2025**

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## 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.

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## Executive Summary

The Iowa Ryan White Part B Program is funded by the Health Resources and Services Administration (HRSA) 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 \$27 million in funding in 2023.

The Ryan White Part B Program directly contracted with nine agencies across the state to provide services to people living with HIV (PLHIV) in 2023. Two additional agencies were subcontracted to provide RW Part B (RWPB) services.

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

A total of 2,479 PLHIV received RWPB services in 2023. This represents approximately 73% of all Iowans diagnosed and living with HIV. The majority of clients identified as White (50%), followed by Black (30%) and Latino (13%). Most clients were between the ages of 25 and 64 years old (85%). Seventy-three percent (73%) of clients identified as male and 25% as female.

The RWPB Program takes a person-centered, holistic, trauma-informed-healing centered approach to service delivery. Available services address medical and psychosocial needs of clients. The most utilized services were food assistance, transportation assistance, health insurance, emergency financial assistance, and medical or pharmacy visits.

Thirty-one percent (31%) of RWPB clients utilized BDAP services in 2023. Among those, 47% received insurance assistance (i.e., assistance with insurance premiums, medication copayments, coinsurance, and deductible costs), 17% received medication assistance (i.e., received medications due to lack of access or eligibility for health insurance) and 36% received both insurance and medication assistance. In 2020, BDAP launched a new initiative to provide medications to PLHIV who were incarcerated in county jails. Sixty-one (61) PLHIV received medications through the BDAP Jail Assistance in 2023.

The RWPB 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. Viral suppression is a critical measure for PLHIV as it results in the best health outcomes as well as transmission of HIV is not possible through sexual contact. The goal is to have at least 90% of clients achieve viral suppression.

RWPB 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, 91% achieved viral suppression compared to 71% 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 PLHIV in Iowa who enrolled in case management services, 86% achieved viral suppression compared to only 59% of those who did not enroll in case management. Among non-US-born Black/African American PLHIV in Iowa who enrolled in case management services, 88% achieved viral suppression compared to only 46% of those who did not enroll in case management.

Among US-born Latino PLHIV in Iowa who enrolled in case management services, 92% achieved viral suppression compared to only 74% of those who did not enroll in case management. Among non-US-born Latino PLHIV in Iowa who enrolled in case management services, 94% achieved viral suppression compared to only 35% of those who did not enroll in case management.

The RWPB Program partners with the Data-to-Services initiative to engage Iowans living with HIV who are out-of-care or at risk of falling out-of-care. In 2023, the Data-to-Services initiative received 81 referrals and conducted investigations for all referrals. There were 29 case consultations and 7 PLHIV successfully re-engaged in care.

## List of Acronyms

<b>ADAP</b>	AIDS Drug Assistance Program
<b>BDAP</b>	Benefits and Drug Assistance Program
<b>BCM</b>	Brief Contact Management
<b>CASS</b>	Cedar AIDS Support System
<b>CDC</b>	Centers for Disease Control and Prevention
<b>DIS</b>	Disease Intervention Specialist
<b>DTS</b>	Data to Services
<b>DTSC</b>	Data to Services Coordinator
<b>FTE</b>	Full-time equivalent
<b>HAB</b>	HIV/AIDS Bureau
<b>HRSA</b>	Health Resources and Services Administration
<b>Iowa HHS</b>	Iowa Department of Health and Human Services
<b>MCM</b>	Medical Case Management
<b>MEPD</b>	Medicaid for Employed Persons with Disabilities
<b>MOSS</b>	Maintenance Outreach Support Services
<b>MSM</b>	Men who have sex with men
<b>NAP</b>	Nebraska AIDS Project
<b>NICAO</b>	North Iowa Community Action Organization
<b>Non-MCM</b>	Non-Medical Case Management
<b>PHC</b>	The Project of Primary Health Care
<b>PLHIV</b>	People/person living with HIV
<b>REMI System</b>	Ryan White Electronic Management Information System
<b>RWPB</b>	Ryan White Part B
<b>RWHAP</b>	Ryan White HIV/AIDS Program
<b>SCHC</b>	Siouxland Community Health Center
<b>UIHC</b>	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, which provides a comprehensive system of care for low-income people living with HIV (PLHIV) 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 is responsible for administering the Ryan White HIV/AIDS Program. The legislation is divided into five parts:



**Part A** provides funding for Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). There is no Part A funding in Iowa.



**Part B** provides funding to all 50 states, the District of Columbia, Puerto Rico, U.S. Virgin Islands and the six U.S. Pacific territories/associated jurisdictions. This report focuses on Part B funding and corresponding services in Iowa.



**Part C** directly funds health care facilities to provide HIV medical care. Iowans living with HIV can access their medical care in five clinics that receive Part C funding: Siouxland Community Health Center (Sioux City, IA), Primary Health Care (Des Moines, IA), University of Iowa Hospitals and Clinics (Iowa City, IA), Genesis Medical Center (Davenport, IA) and University of Nebraska Medical Center (Omaha, NE).



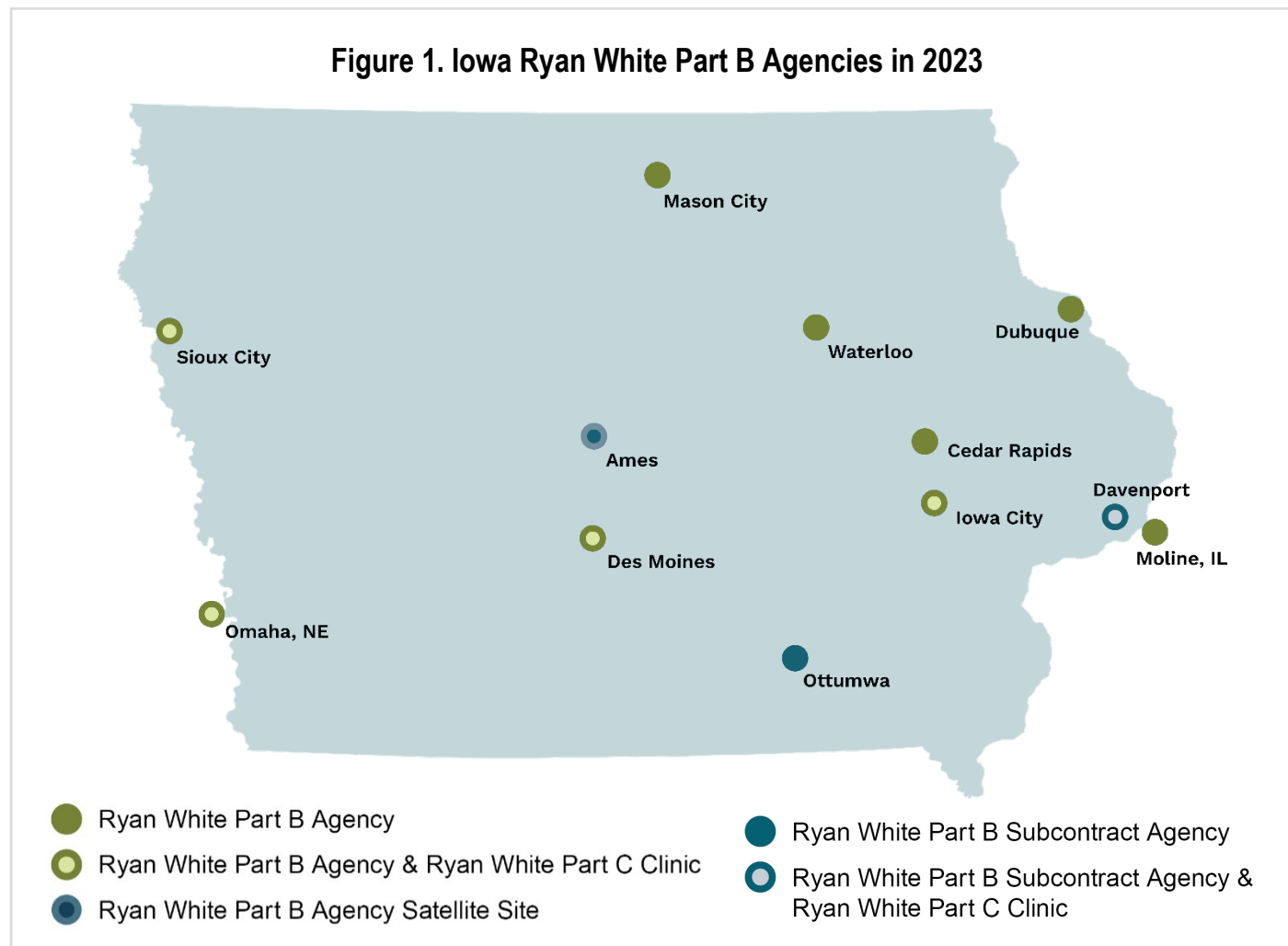
**Part D** provides funding specifically for women, infants, children and youth living with HIV. There is no Part D funding in Iowa.



**Part F** provides funding for clinician training, technical assistance and the development of innovative care models. Iowa is part of the Midwest AIDS Education and Training Center (MATEC) and partners with the University of Minnesota's local program to deliver a robust cadre of training to medical providers statewide.



The Iowa Department of Health and Human Services (Iowa HHS) is the RWPB recipient for the State of Iowa. In 2023, there were 11 agencies that provided RWPB services to PLHIV. Iowa HHS directly contracted with 9 agencies across the state. Two agencies were subcontracted sites. Figure 1, below, displays the 11 agency locations.

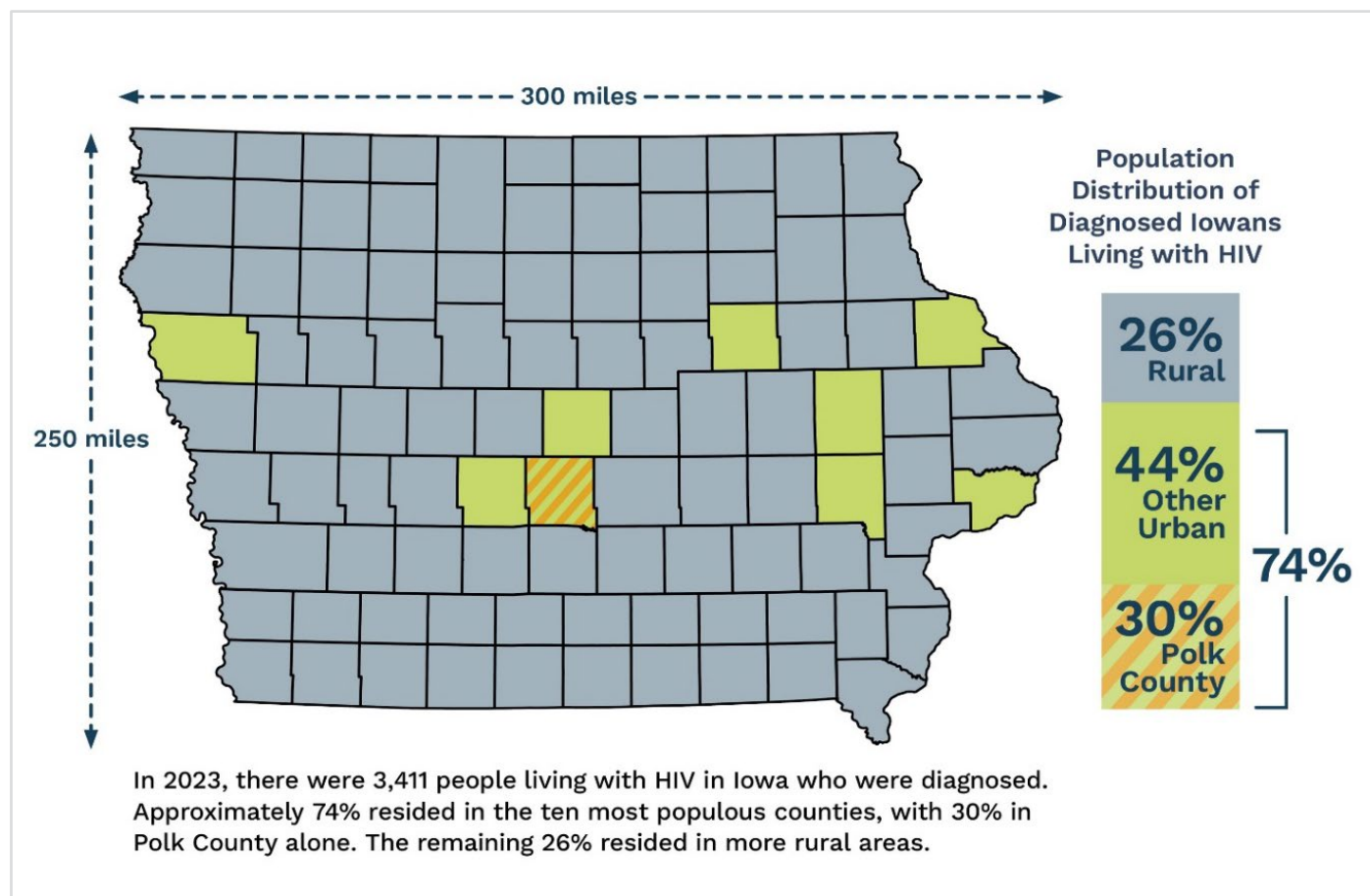


**Figure 1.** *Iowans living with HIV could access services from 11 agencies across the state. Four agencies were also funded as Ryan White Part C clinics. One agency was co-located in the same city (Omaha, NE) as a RW Part C clinic. One agency had a satellite site. Two agencies were subcontracted sites.*

The Iowa RWPB Program comprises the Client Services Program and the Benefits and Drug Assistance Program (BDAP), formerly known as AIDS Drug Assistance Program (ADAP). The Client Services Program provides funding for a variety of services that are 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. BDAP 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, Iowa, to provide pharmacy-related services.



The distribution of RWPB 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. Instead, PLHIV are spread across the state, as shown in Figure 2. There is a RWPB agency located in eight of the ten most populous counties (shown in green in the figure below). The two counties without a RWPB agency have one located in a directly adjacent county.



**Figure 2. Population distribution of PLHIV in Iowa in 2023.** In 2023, 74% of PLHIV resided in one of the 10 most populous counties (green counties on the map), while the remaining 26% of PLHIV resided in more rural areas (grey counties on the map). No county contained more than 30% of the Iowa population of PLHIV.

## Funding Overview

The Iowa RWPB 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 PLHIV. A formula is used to determine each recipient's award amounts, and the grant year is April 1–March 31. Iowa was awarded \$3,550,098 for the year April 1, 2023–March 31, 2024.
- ▶ **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 PLHIV in the state/territory. The grant year is September 30–September 29. Iowa was awarded \$3,485,924 for the year September 30, 2023–September 29, 2024.
- ▶ **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 PLHIV requesting enrollment in the ADAP. The grant year is April 1–March 31. Iowa was awarded \$6,195,841 for the year April 1, 2023–March 31, 2024.
- ▶ **Pharmaceutical Rebate Funding** is solicited from pharmaceutical companies by the state's BDAP 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 340B rebate option, BDAPs are eligible to submit claims to pharmaceutical manufacturers when they participate in a medication purchase for an BDAP 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 2023, Iowa's BDAP generated over \$13 million in rebates.

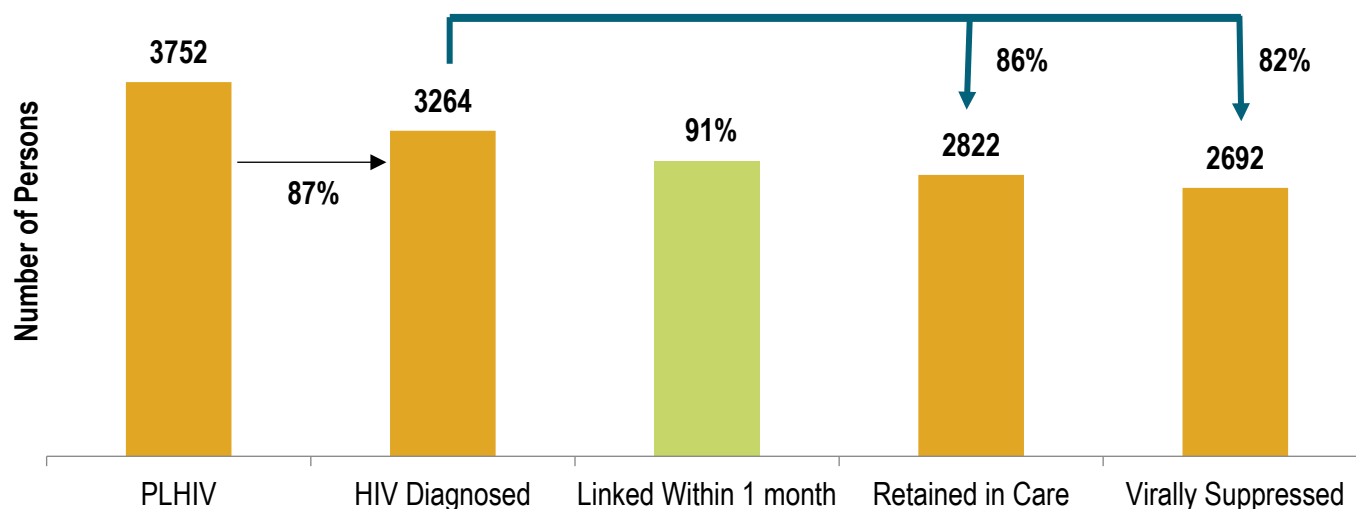
## Continuum of Care

The goals of HIV treatment are to improve health outcomes, quality of life 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.

### Steps of the HIV Continuum of Care

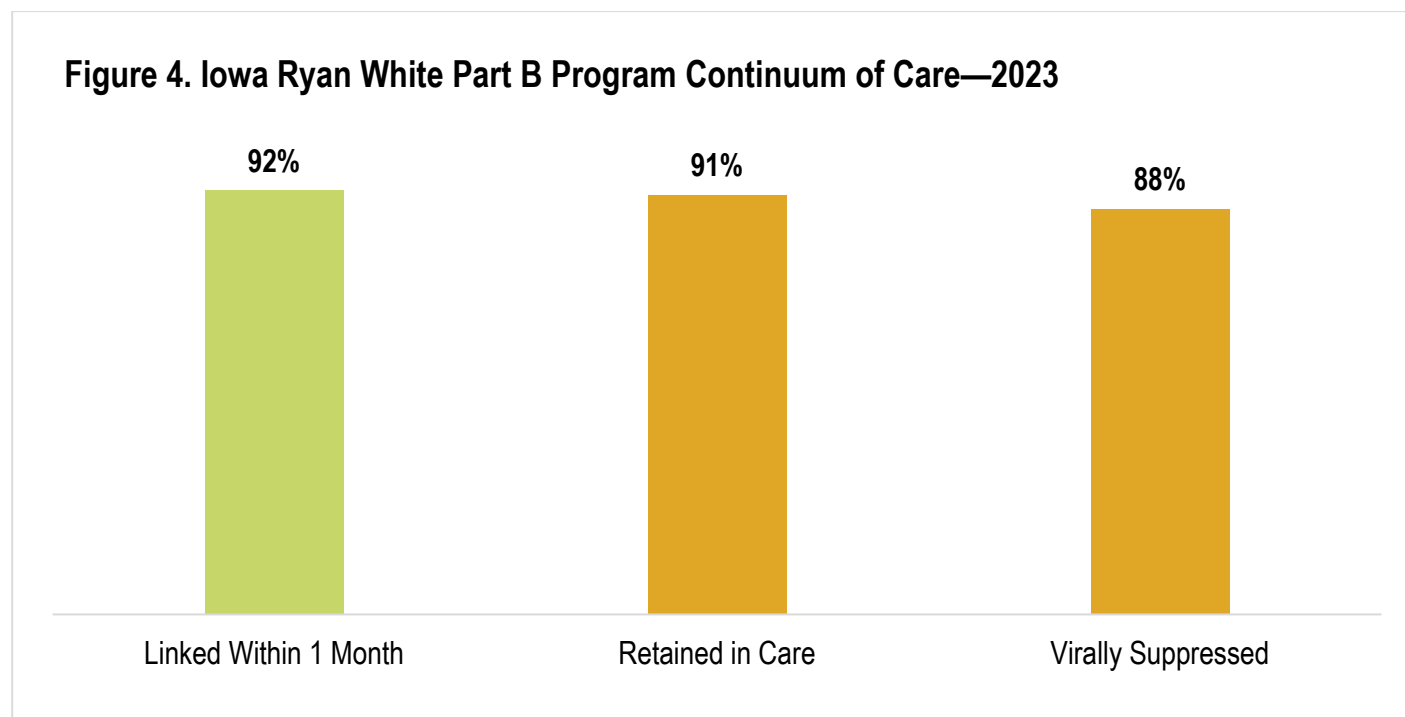
- 1 **Diagnosed**—The number or percent of PLHIV who are diagnosed. The total number of PLHIV is estimated using a Centers for Disease Control and Prevention (CDC) algorithm.
- 2 **Linked to care**—The number or percent of diagnosed PLHIV who visited an HIV medical provider within 30 days of their diagnosis.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

### Iowa's 2023 Continuum of Care



**Figure 3. Iowa HIV continuum of care—2023.** There were an estimated 3,752 PLHIV in Iowa in 2023. Of those, 87% have been diagnosed with HIV. Among those diagnosed and living with HIV, 86% were retained in care, and 82% achieved viral suppression at their last test. There were 139 people newly diagnosed with HIV in 2023, and 91% of those individuals were linked to medical care within one month of their diagnosis.

The RWPB Program’s 2023 continuum of care is shown below in Figure 4. Iowans living with HIV who received RWPB services continue to have improved health outcomes compared to all PLHIV in Iowa. Linkage, retention and suppression rates were all higher for RWPB clients compared to all Iowans living with HIV.

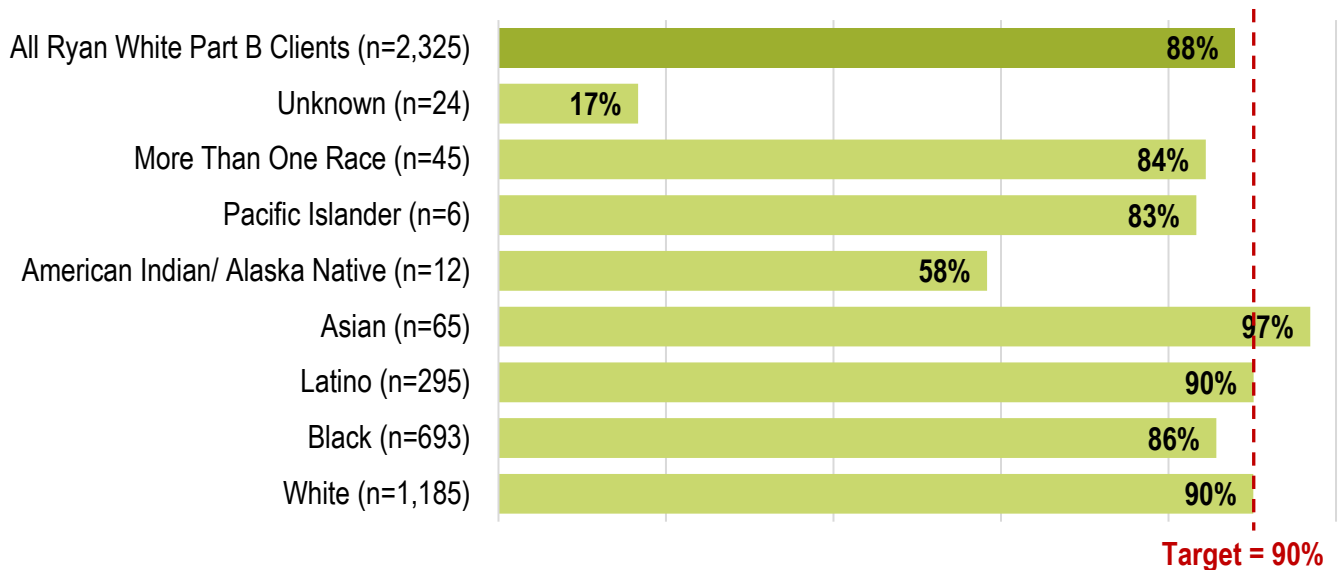


**Figure 4.** There were 107 people newly diagnosed with HIV who received a RWPB service, and 92% were linked to medical care within one month. Among those diagnosed and living with HIV who received a RWPB service, 91% were retained in care ( $n=2,411$ ) and 88% achieved viral suppression ( $n=2,325$ ).

## Viral suppression among RWPB program clients

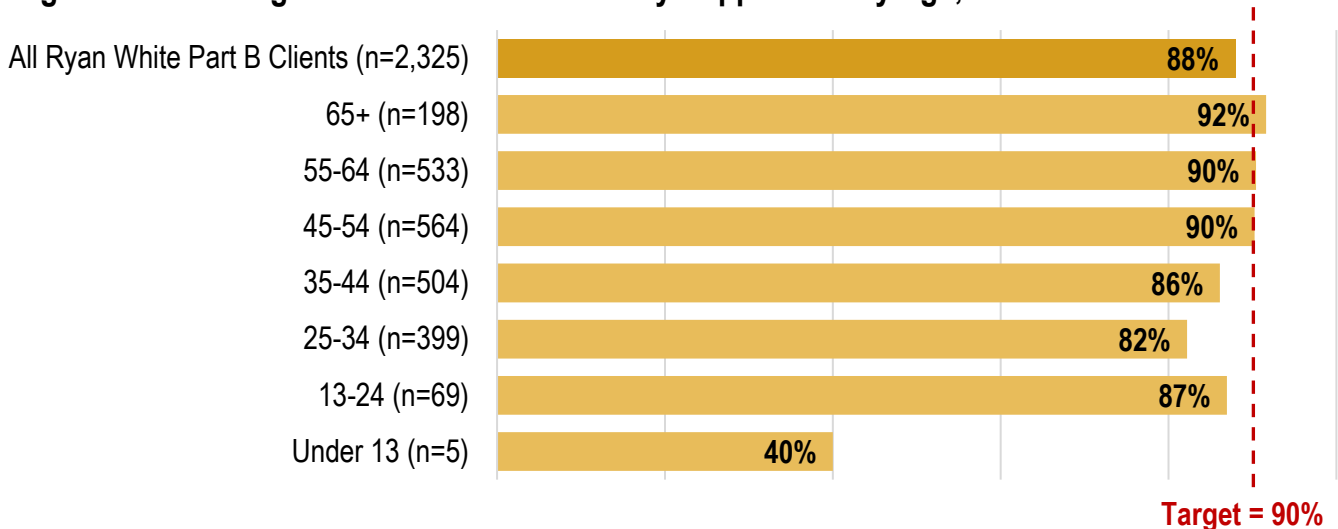
The measure used by the RWPB Program most to assess health outcomes is viral suppression. The goal is for at least 90% of clients to achieve viral suppression. The following figures display viral suppression by race, age, federal poverty level and sex.

**Figure 5. Percentage of Clients Who Were Virally Suppressed by Race & Ethnicity, 2023**



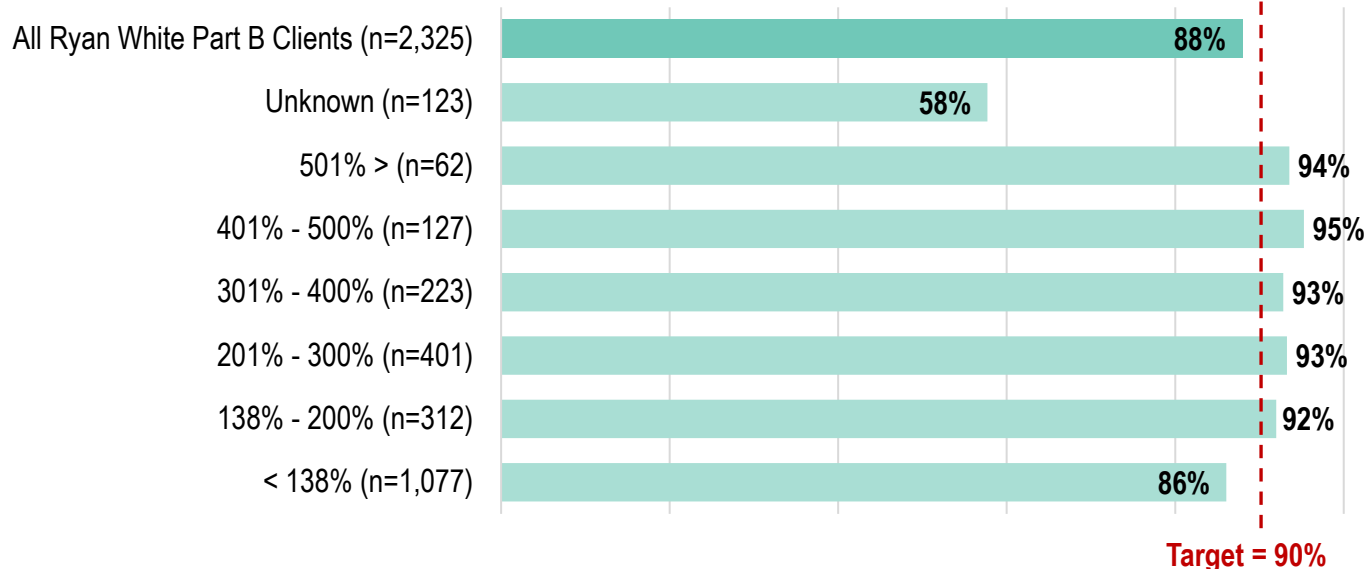
**Figure 5.** RWPB clients who identified as White, Latino and Asian were racial and ethnic groups that met the goal of having 90% achieve viral suppression.

**Figure 6. Percentage of Clients Who Are Virally Suppressed by Age, 2023**



**Figure 6.** Considering viral suppression by age, older RWPB clients were more likely to achieve viral suppression. Clients who were 45-54, 55-64 and 65+ met or exceeded the goal of having 90% achieve viral suppression.

**Figure 7. Percentage of Clients Who Are Virally Suppressed by Income, 2023**



**Figure 7.** RWPB clients with incomes less than 138% of the Federal Poverty Level (FPL) were the least likely to achieve viral suppression (86%) among clients with known income levels.

**Figure 8. Percentage of Clients Who Are Virally Suppressed by Sex, 2023**



**Figure 8.** Percentage of viral suppression by sex in 2023. Male RWPB clients were more likely to achieve viral suppression in comparison to female clients.

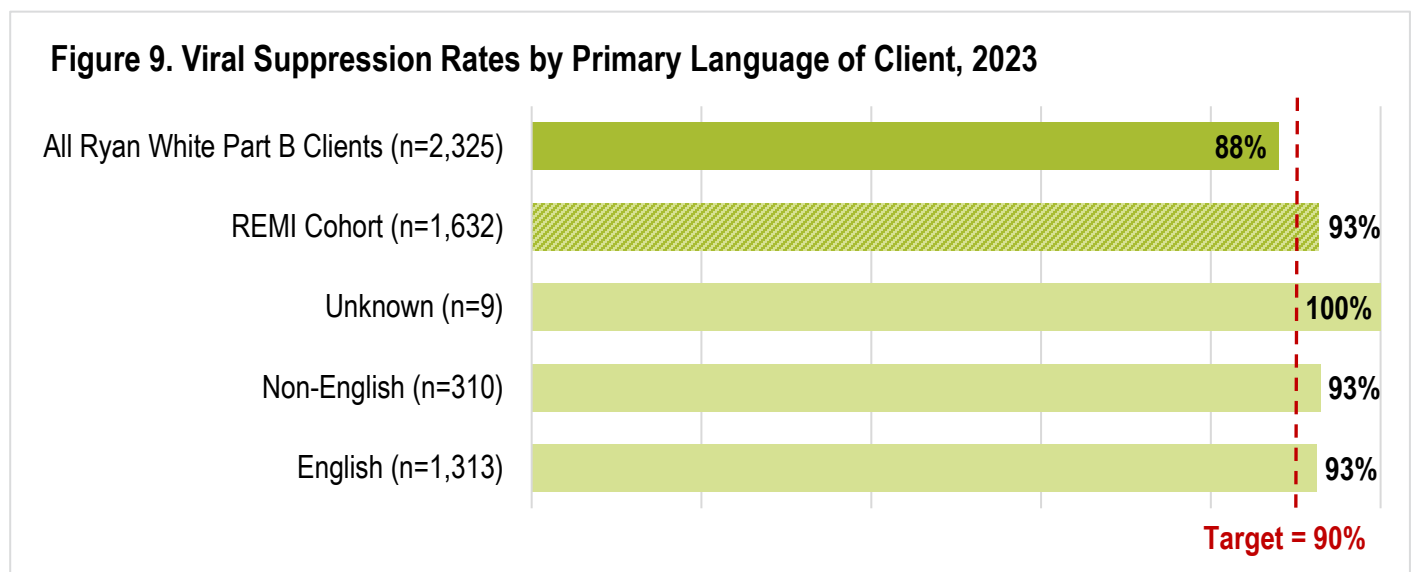
## Viral Suppression Among RWPB Clients Who Enrolled in Case Management Services

RWPB clients complete a comprehensive annual assessment with a case manager to ensure that services and assistance provision align with client needs.

In 2020, the RWPB Program began using a 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 automate several processes and workflows within the program. Calendar year 2023 was the first full year that all data from the client services assessment were available for analysis. The following figures contain information collected in REMI.

It is important to note that not all RWPB 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 and skip logic is used, so there are unknown data in the figures below.

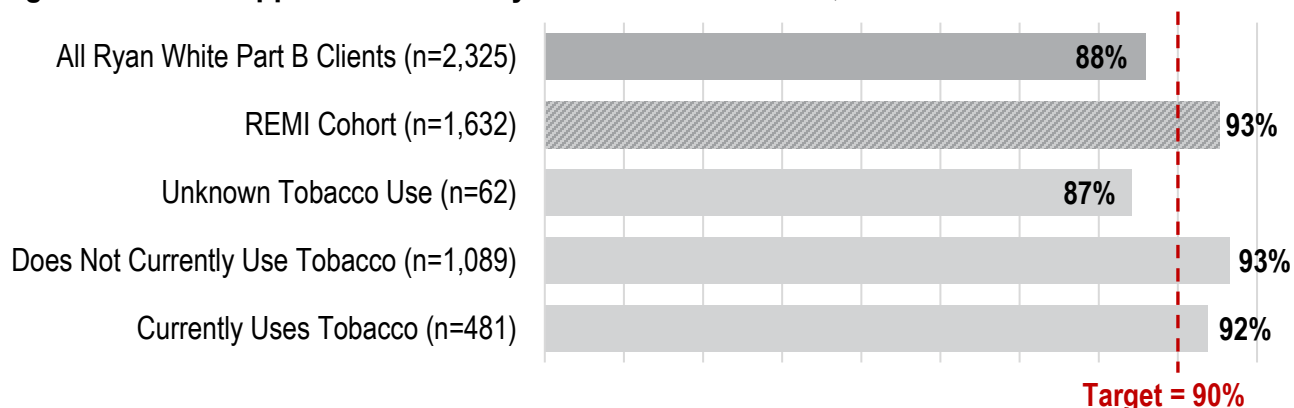
In 2023, there were 1,737 clients who enrolled in case management services and had a completed assessment in REMI. Of those, 1,512 clients (87%) were included in the viral suppression measure and are represented in the following figures as “REMI Cohort.” Overall, 93% of RWPB clients in the REMI Cohort achieved viral suppression.



**Figure 9.** When looking at viral suppression by primary language, clients who reported their primary language as English and non-English exceeded the goal of having 90% achieve viral suppression.

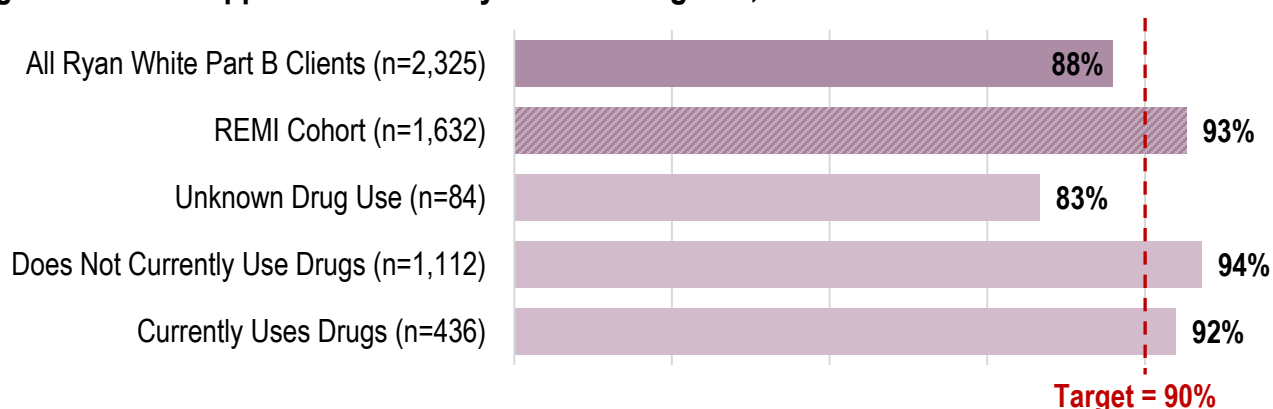


**Figure 10. Viral Suppression Rates by Current Tobacco Use, 2023**



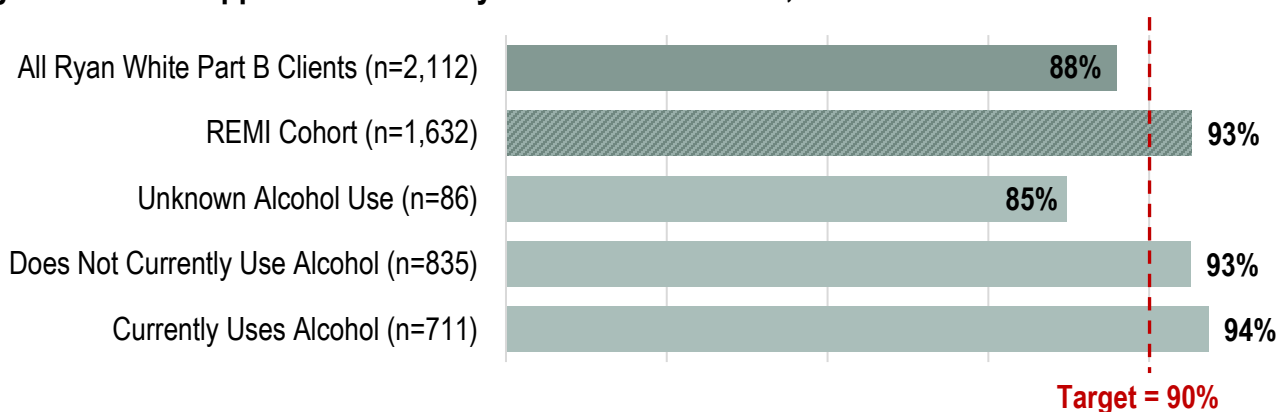
**Figure 10.** Over 90% of clients who currently use tobacco and currently do not use tobacco achieved viral suppression.

**Figure 11. Viral Suppression Rates by Current Drug Use, 2023**



**Figure 11.** Over 90% of clients who currently use drugs and currently do not use drugs achieved viral suppression.

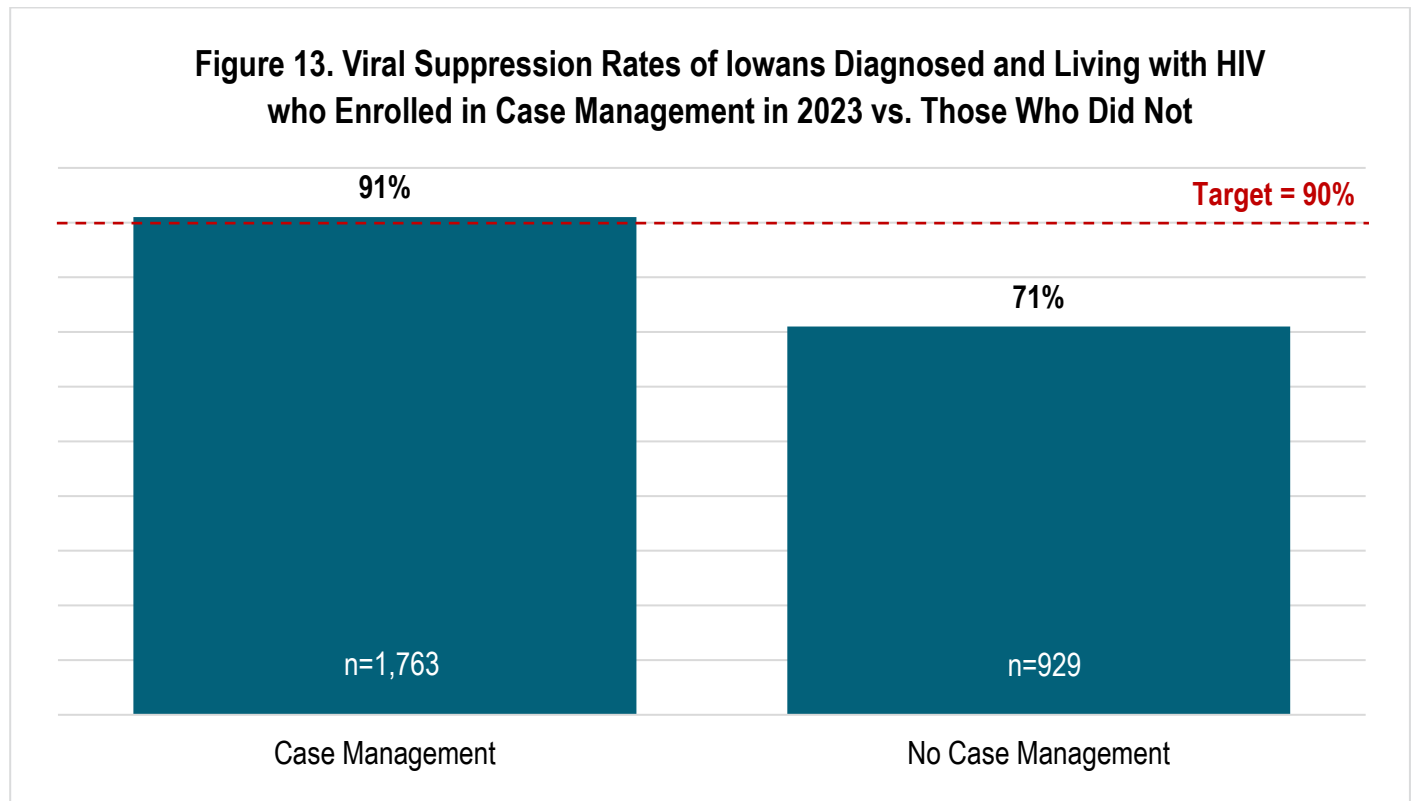
**Figure 12. Viral Suppression Rates by Current Alcohol Use, 2023**



**Figure 12.** Over 90% of clients who currently use alcohol and currently do not use alcohol achieved viral suppression.

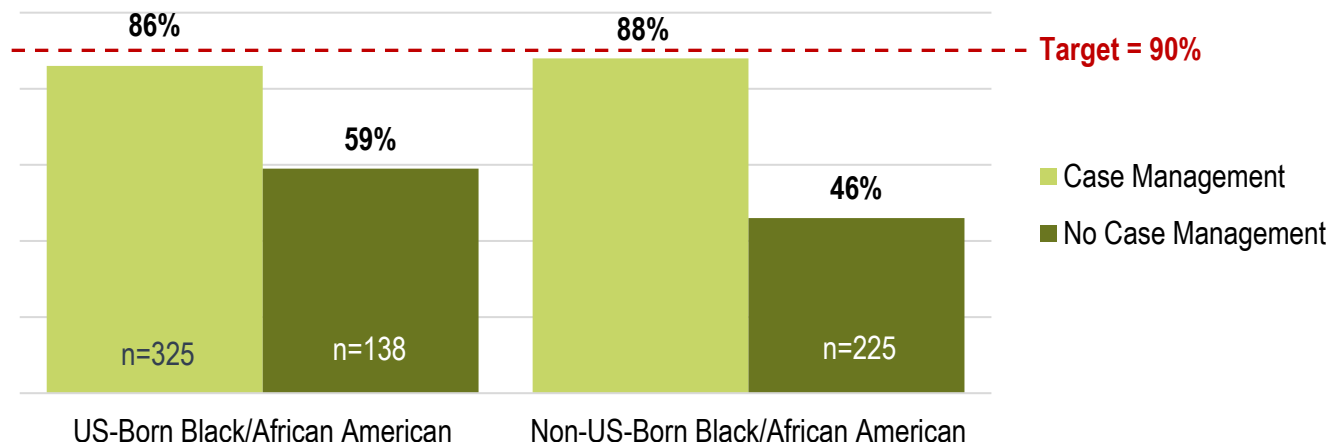
## Viral Suppression Among RWPB Clients Who Are Case Managed vs. Not Case Managed

RWPB 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 Latino 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.



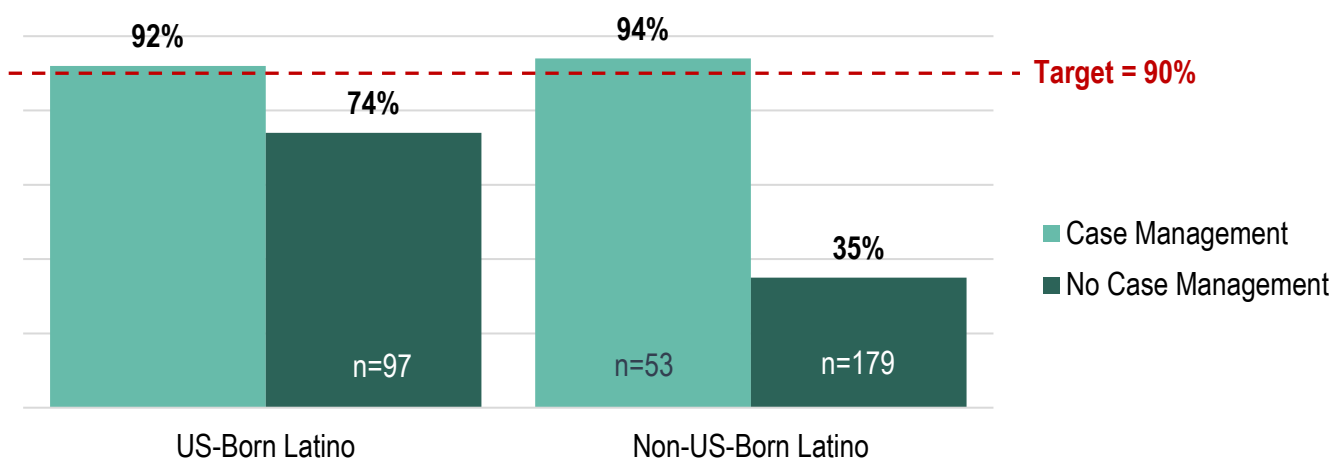
**Figure 13.** Iowans who enrolled in case management services were more likely to achieve viral suppression (91%) compared to Iowans who did not (71%).

**Figure 14. Rates of Viral Suppression in U.S.-born & Non-U.S.-born Black/African American Iowans Diagnosed and Living with HIV: Case Management vs. No Case Management**



**Figure 14.** Among Black/African American PLHIV 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 PLHIV who enrolled in case management were the most likely to achieve viral suppression (88%), while non-US-born Black/African American PLHIV who did not enroll in case management were the least likely to achieve viral suppression (46%).

**Figure 15. Rates of Viral Suppression in U.S.-born & Non-U.S.-born Latino Iowans Diagnosed and Living with HIV: Case Management vs. No Case Management**



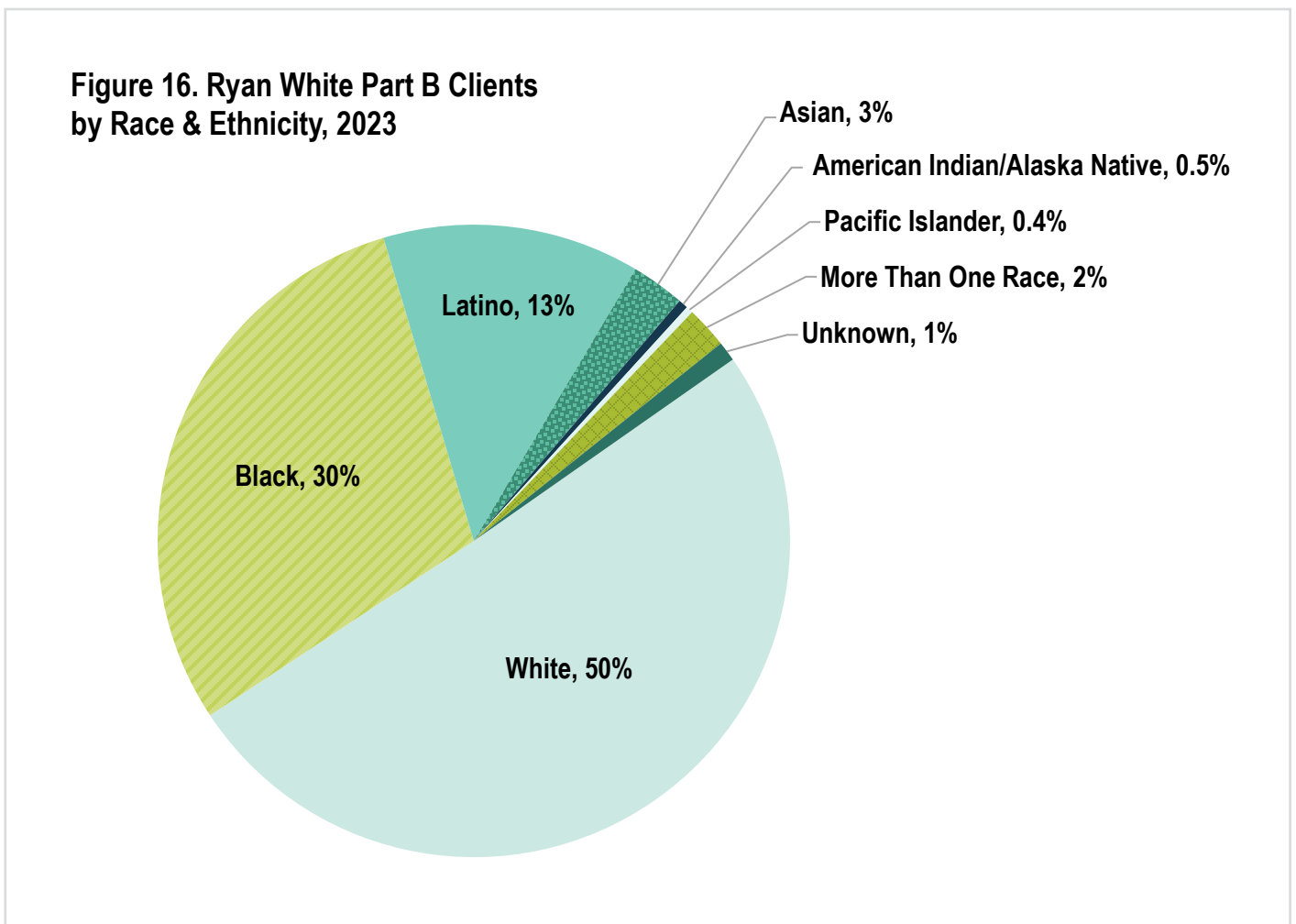
**Figure 15.** Among both US-Born and Non-US-Born Latino PLHIV in Iowa, those who enrolled in case management were more likely to achieve viral suppression than those who did not enroll in case management. Non-US-born Latino PLHIV who enrolled in case management were the most likely to achieve viral suppression (94%), while non-US-born Latino PLHIV who did not enroll in case management were the least likely to achieve viral suppression (35%). Over 90% of Latino PLHIV who enrolled in case management achieved viral suppression, exceeding the goal.

## Client Services

The RWPB Client Services Program funded nine agencies across the state to provide four levels of case management, as well as several core medical and support services. A description of the services provided by the RWPB agencies can be found in Appendix A—RWPB Services.

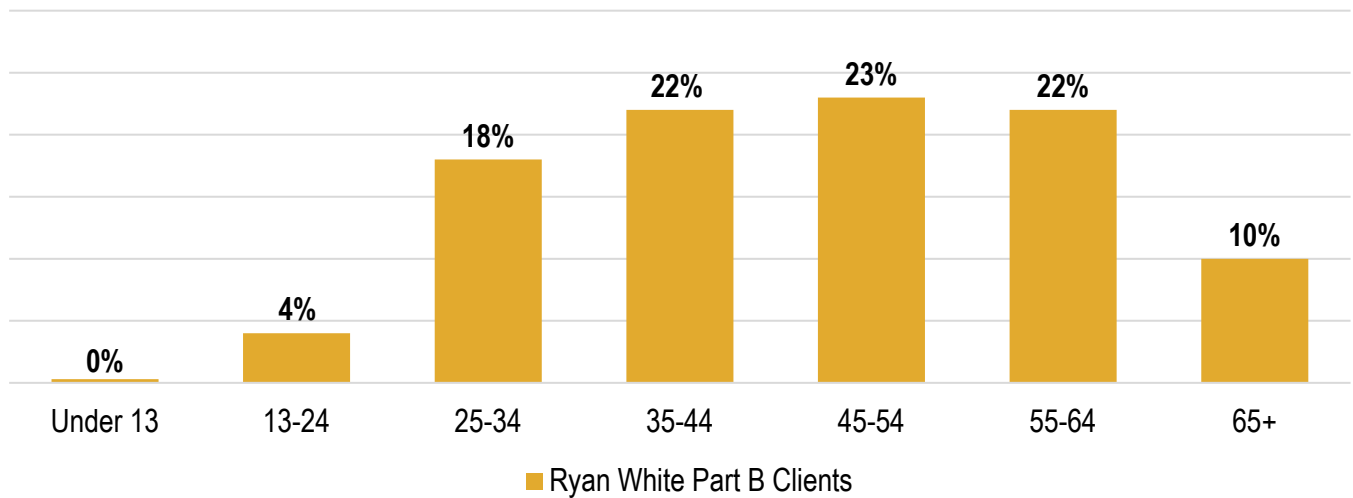
### Client Characteristics

A total of 2,479 PLHIV received RWPB services in 2023. The following figures display the demographics of the RWPB clients.



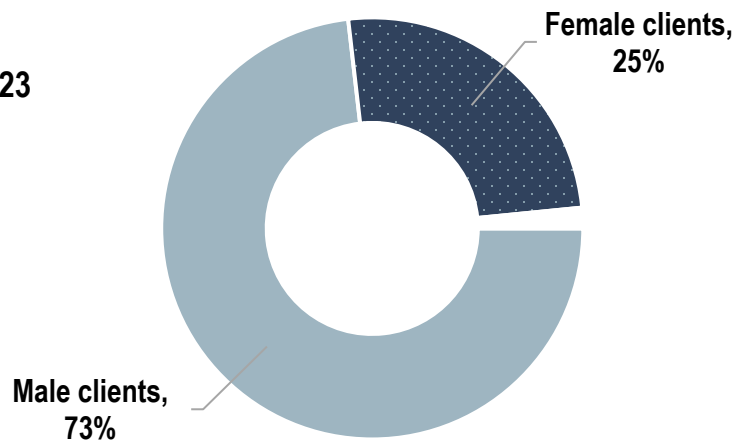
**Figure 16.** The race and ethnicity of RWPB clients in 2023 closely mirrored that of all PLHIV in Iowa, except that Black or African American PLHIV were overrepresented in RWPB (30% of RWPB clients vs 24% of all PLHIV in Iowa) and White clients were underrepresented (50% of RWPB clients vs 56% of all PLHIV in Iowa).

**Figure 17. Percentage of Ryan White Part B Clients by Age Group**



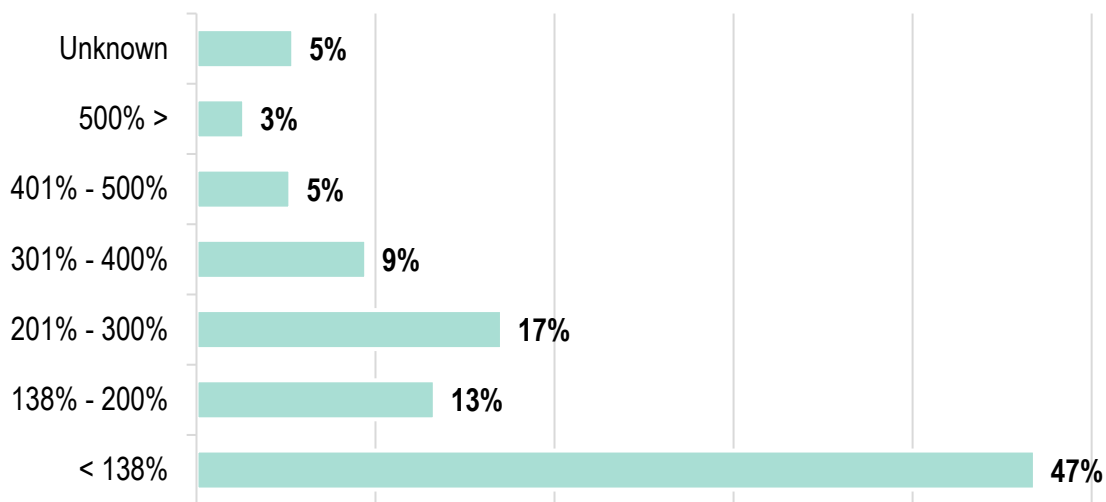
**Figure 17.** RWPB clients aged 35-44, 45-54 and 55-64 each represented about 25% of the total client population. Slightly fewer clients were between the ages of 25-34 (18%). Only 10% of clients were 65 years or older and less than 5% were under the age of 25.

**Figure 18.**  
**Ryan White Part B Clients by Sex, 2023**



**Figure 18.** Almost three quarters of RWPB clients were male and one quarter were female. Female clients are overrepresented in RWPB (25% vs. 22% of all PLHIV in Iowa) while male clients are underrepresented in RWPB (73% vs. 78% of all PLHIV in Iowa).

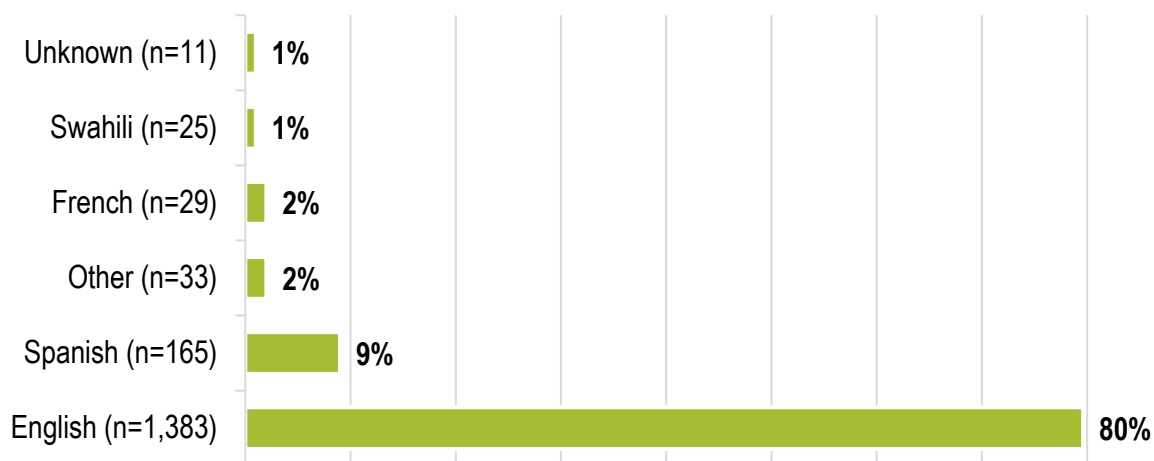
**Figure 19. Ryan White Part B Clients by Income, 2023**



**Figure 19.** Almost half of RWPB clients had incomes under 138% FPL. Five percent (5%) of clients did not have their income recorded in 2023, likely because they discontinued services very early in the year.

Lastly, RWPB clients speak a variety of languages. Agencies are committed to serving all individuals in a culturally competent way. Figure 20 displays the top five primary languages spoken for RWPB case managed clients. The top five primary languages spoken are: English (80%), Spanish (9%), French and Other Languages (both 2%) and Swahili (1%).

**Figure 20. Percentage of Top 5 Languages Spoken Among RWPB Case-Managed Clients**



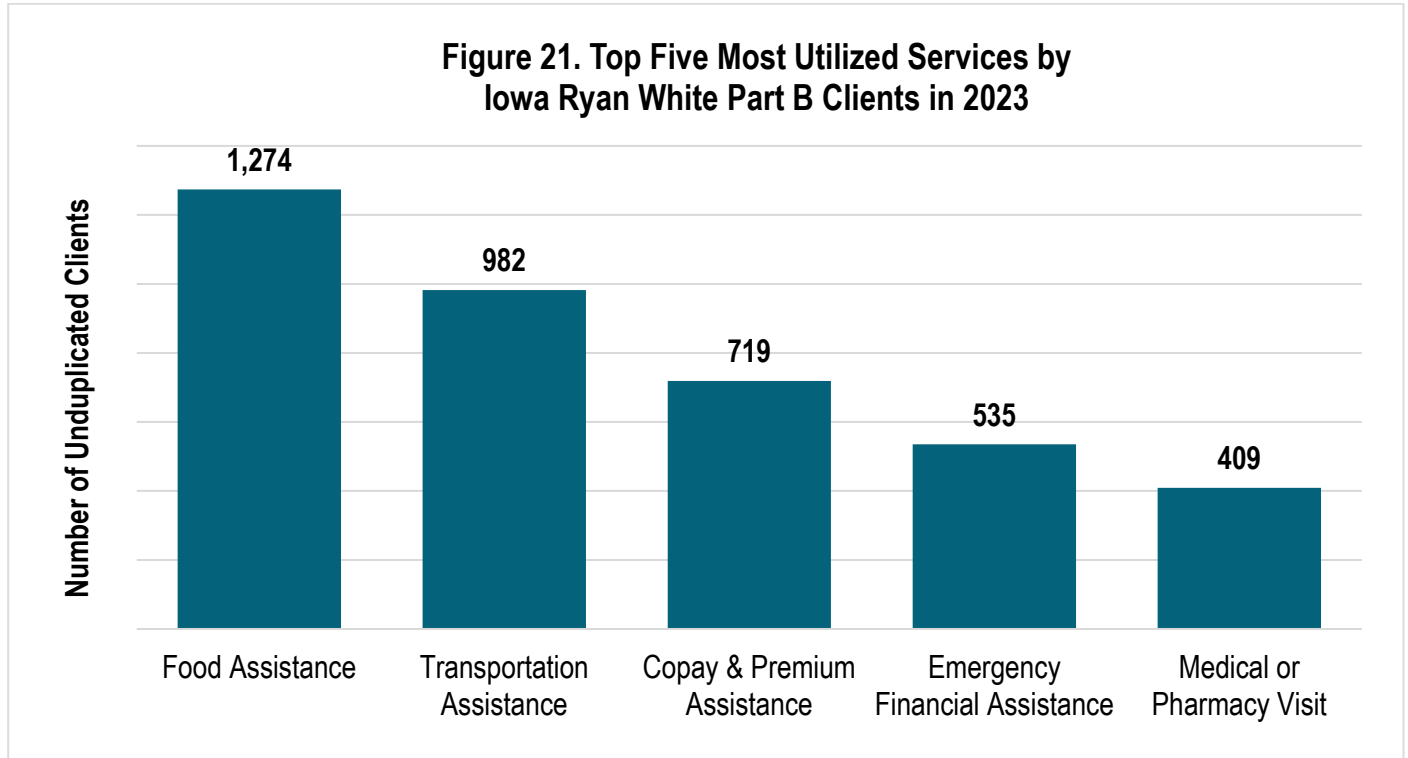
**Figure 20.** 80% of RWPB case managed clients identified their primary language as English. This was followed by Spanish, French, Other Languages and Swahili.

## Services

All nine directly funded RWPB agencies offered case management services. 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 2023 are shown in Figure 21, below.



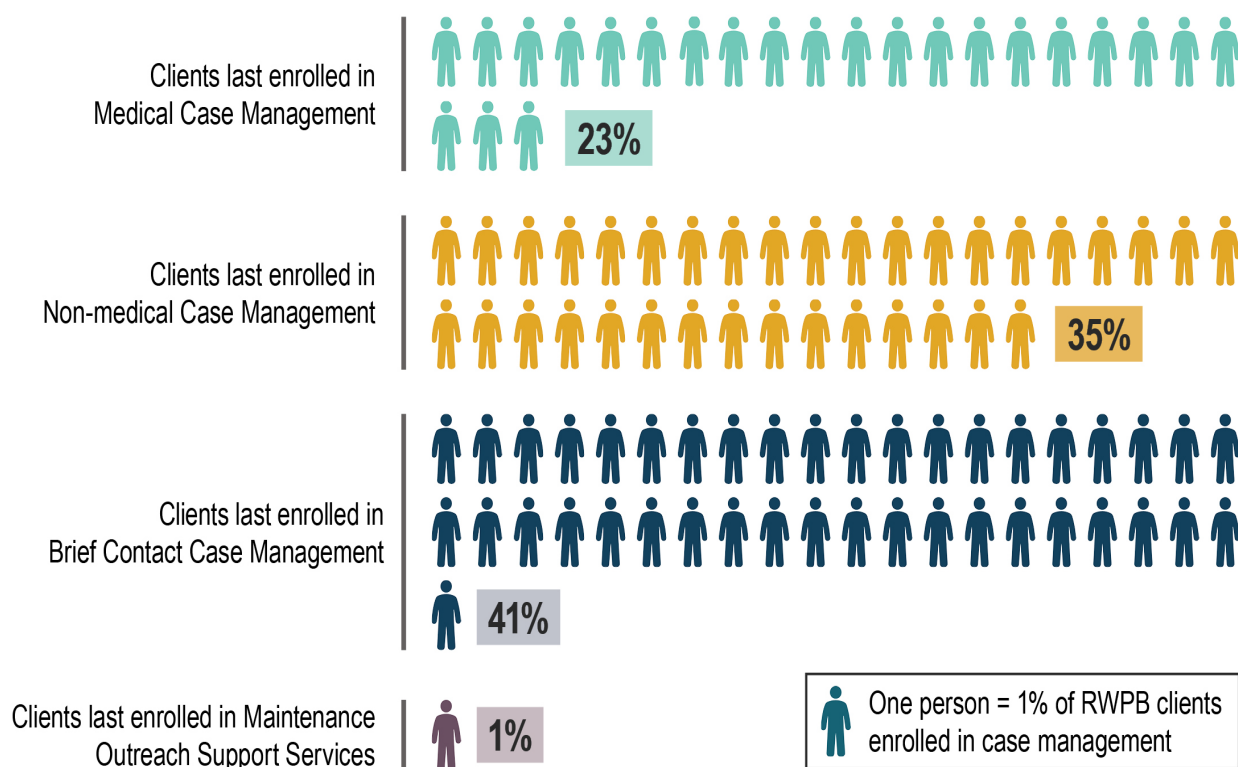
**Figure 21.** Note that case management and referral services were not included, as all RWPB clients would likely have received at least one of those services.



In 2023, 88% of all RWPB clients were engaged in case management services. The RWPB 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.

**Figure 22. Distribution of RWPB clients in 2023 by Most Recent Level of Case Management**



## REMI Data

The RWPB Program began using the REMI system in November 2020. The system replaced paper charts and created electronic files for RWPB clients enrolled in case management.

In 2023, there were 1,737 RWPB clients enrolled in case management who had an annual or 6-month assessment completed in REMI. The following figures provide data highlights from the most recent assessment, completed in 2023. As mentioned previously, not all fields in the assessment were required and some questions included skip logic (e.g. based on a client's answer, a question was skipped), so there are unknown response options in the data below.

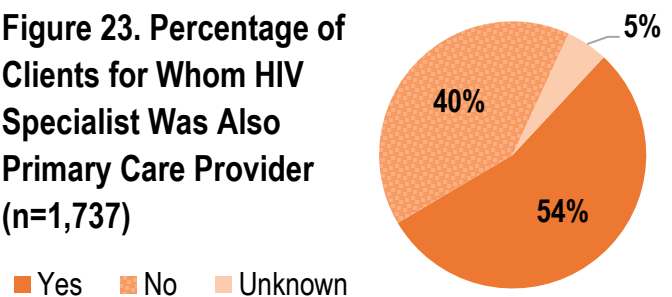
### Medical Care

Figure 23, right, shows the percentage of clients whose HIV specialist was also their primary care provider (PCP) versus those whose HIV specialist was *not* their PCP. Over half of the clients (54%) reported that their HIV specialist was also their PCP.

Clients enrolled in case management were asked to identify the locations where they received non-HIV medical care (Figure 24). Clients could also select all that applied.

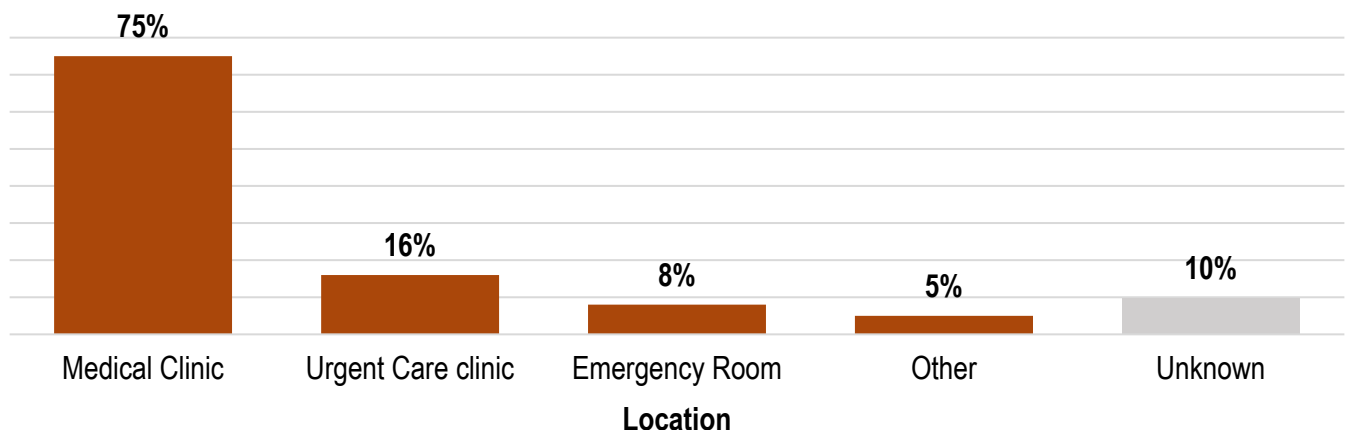
Most clients received non-HIV medical care at a medical clinic (75%). Significantly fewer clients received non-HIV medical care at an urgent care (16%), emergency room (8%) or other type of facility (5%). Data were unavailable for 10% of clients.

**Figure 23. Percentage of Clients for Whom HIV Specialist Was Also Primary Care Provider (n=1,737)**



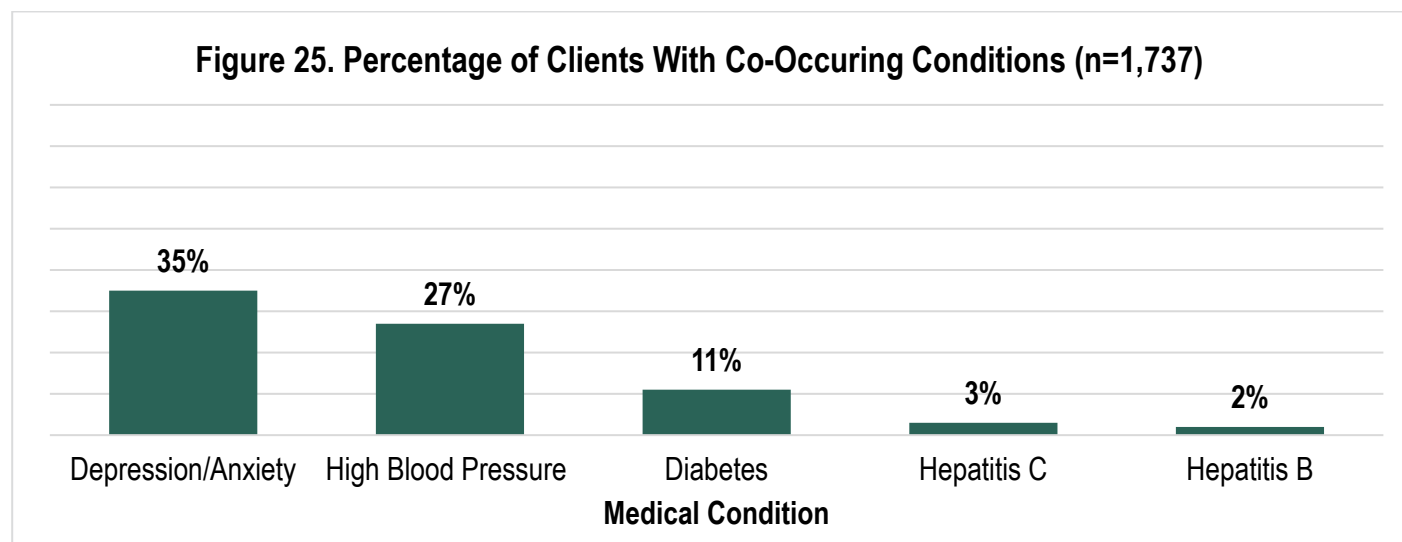
**Figure 23.** Over half of clients reported that their HIV specialist was also their PCP. Data were unknown for 5% of clients.

**Figure 24. Locations Where RWPB Clients Received Non-HIV Medical Care—2023 (n=1,737)**



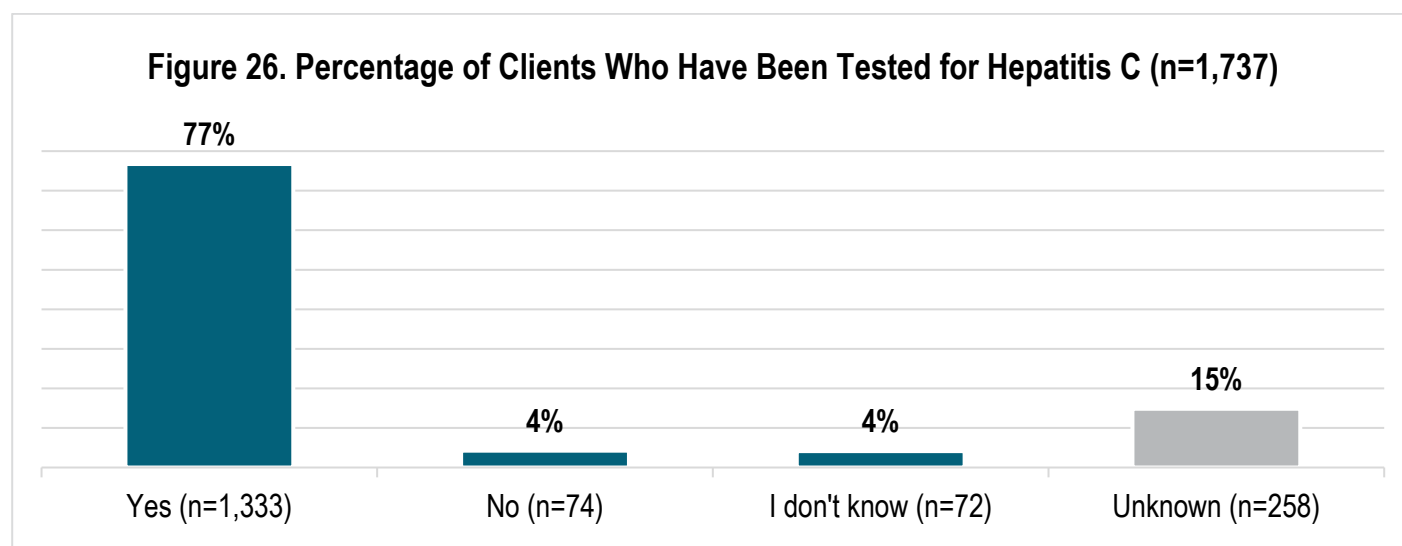
**Figure 24.** Clients were asked to identify where they received non-HIV medical care. Note that the percentages of the location options do not equal 100% as this question was select all that apply, and some clients may have received medical care at multiple locations.

Clients were asked about co-occurring health conditions they experience. Figure 25 shows the most common co-occurring health conditions reported by clients. Just over one third (35%) of clients experienced depression and/or anxiety (35%) and over one quarter (27%) experienced high blood pressure. Eleven percent (11%) of clients had diabetes. Fewer clients reported being diagnosed with hepatitis C (3%) and hepatitis B (2%).



**Figure 25.** 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.

Clients were asked if they had ever been tested for hepatitis C. In Figure 26, just over three quarters of clients reported that they had been tested for hepatitis C (77%). In contrast, 4% of clients reported that they had never been tested for hepatitis C.



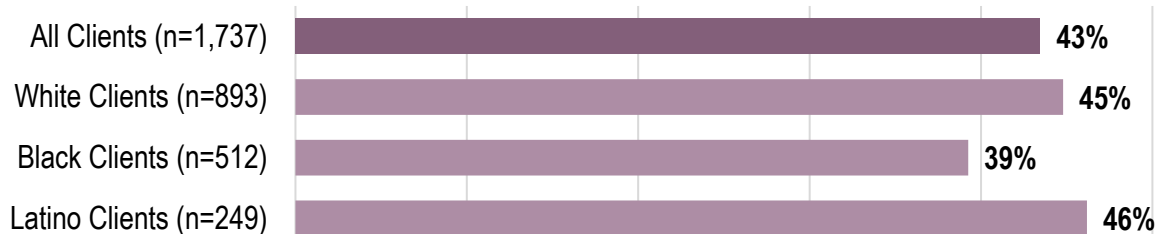
**Figure 26.** Clients are asked whether they had ever been tested for hepatitis C. Data were unavailable for 15% of clients.

## Substance Use

In the assessment, clients are asked a variety of questions about any substance use (alcohol, drug and tobacco use). Forty-three percent of clients reported that they currently drank alcohol. Figure 27, below, shows alcohol use by race. White (45%) and Latino (46%) clients had slightly higher rates of current alcohol use than that of all clients. In contrast, Black or African American clients reported current alcohol use at a lower rate (39%).

Clients were also asked if their alcohol use was a problem. Three percent (3%) of clients reported that their alcohol use was a problem.

**Figure 27. Percentage of Clients with Current Alcohol Use By Race, 2023**

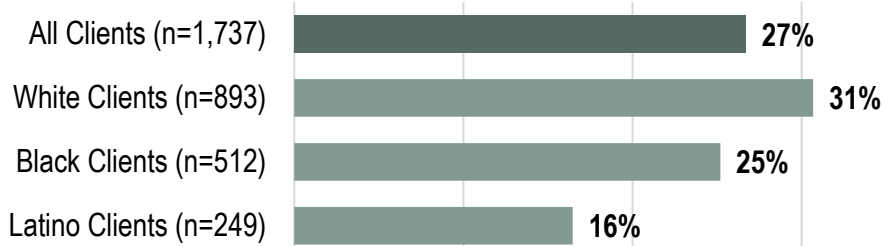


**Figure 27.** Clients were asked if they currently use alcohol. The overall rate was 43%. White and Latino clients reported alcohol use at higher rates than Black/African American clients. Data were unavailable for 12% of clients.

Next, clients were asked a variety of questions about drug use. Thirty percent (30%) of clients reported that they have used drugs. Of those, 10% reported using meth, 5% crack cocaine and 4% cocaine. Three percent (3%) of clients reported that their drug use was a problem. Finally, clients were asked if they had access to clean needles or works. Of those that answered the question, 80% reported having access to clean needles or works.

Lastly, Figure 28 displays current drug use by race. Black or African American (25%) and Latino clients (16%) both had lower current drug use rates when compared to all clients (27%). The percentage of current drug use for White clients was higher in comparison to Black or African American clients and Latino clients.

**Figure 28. Percentage of Current Drug Use, by Race, 2023**

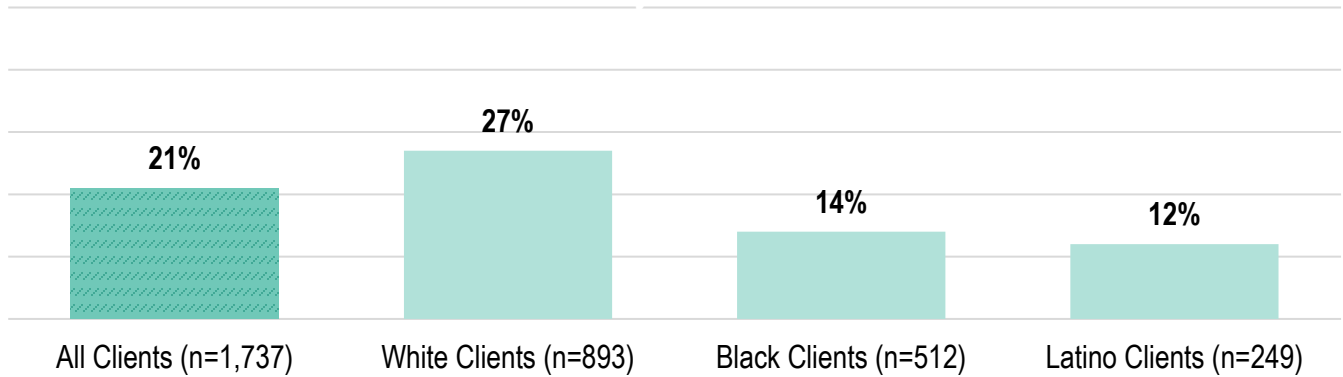


**Figure 28.** Clients are asked if they currently use drugs. The overall rate was 27%. Black/African American clients and Latino clients reported a lower rate of drug use than White clients. Data were unavailable for 6% of clients.

## Mental Health

The annual assessment included a variety of mental health questions, focusing on previous and current mental health services.

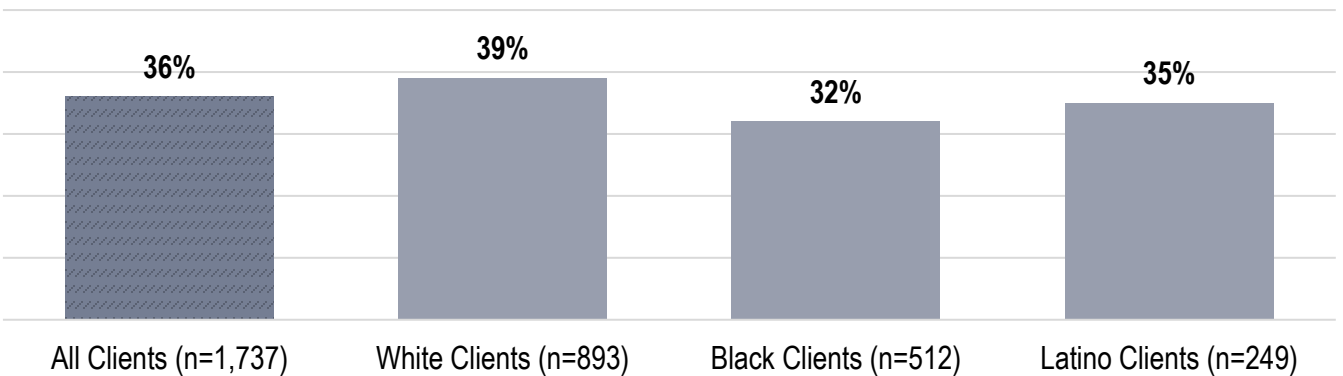
**Figure 29. Percentage of Clients Currently Receiving Mental Health Services by Race**



**Figure 29.** Clients were asked if they were currently receiving mental health services. The overall rate was 21%. White clients were more likely to report receiving mental health services at 27%. In contrast, Latino and Black clients were less likely to report receiving mental health services, at 12% and 14% respectively. Data were unknown for 6% of clients.

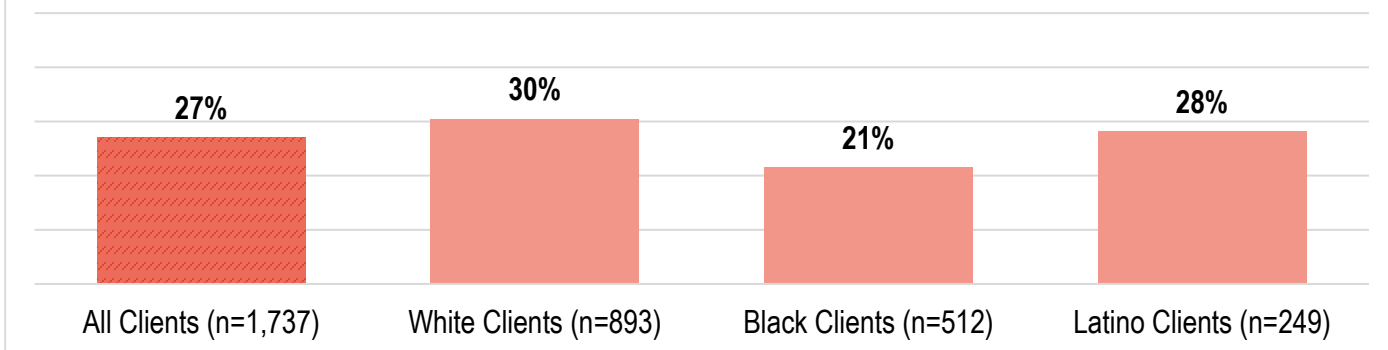
Next, clients were asked if they experienced two sets of mental health symptoms, one set pertaining to depression and one pertaining to anxiety. Overall, 36% of clients reported that they felt “sad, hopeless or depressed,” while 27% of clients reported feeling “anxious or worried.” Of note, White clients were more likely to indicate experiencing both sets of symptoms than Latino and Black clients. Black clients were less likely to report experiencing both sets of symptoms than Latino and White clients.

**Figure 30. Percentage of Clients by Race that Reported Feeling Sad, Hopeless or Depressed**



**Figure 30.** Clients were asked if they felt sad, hopeless or depressed. The overall rate was 36%. White clients were more likely to report feeling sad, hopeless or depressed (39%). In contrast, Black clients were less likely to report feeling sad, hopeless or depressed (32%). Data were missing for 7% of clients.

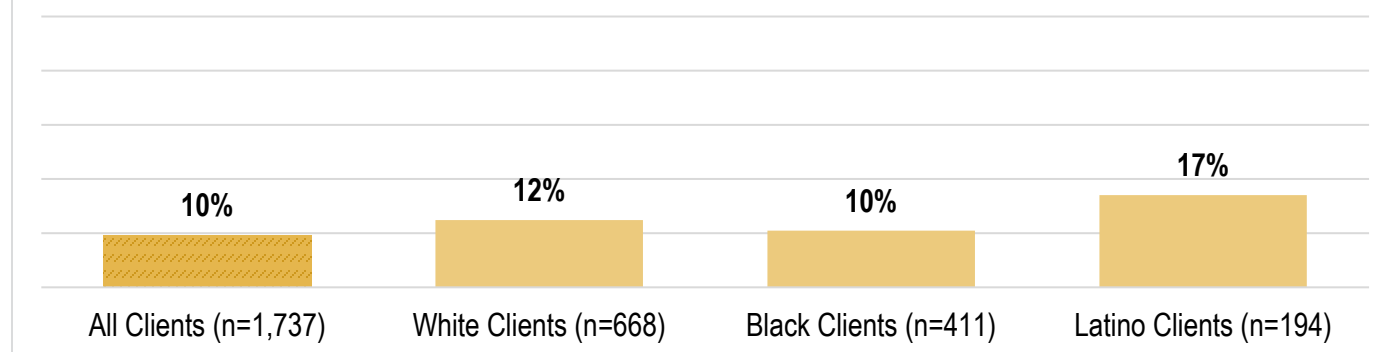
**Figure 31. Percentage of Clients by Race that Reported Feeling Anxious or Worried**



**Figure 31.** Clients are asked if they feel anxious or worried. The overall rate was 27%. White clients were more likely to feel anxious or worried (30%). In contrast, Black clients were less likely to report feeling anxious or worried (21%). Data were missing for 8% of clients.

Lastly, clients are asked if they would like to meet with a mental health counselor. Figure 32 displays the results by race. Overall, 10% of clients indicated they would like to meet with a mental health counselor. Of note, Latino clients were more likely to want to meet with a mental health counselor (17%) vs. both Black and White clients. Data were missing for 23% of clients.

**Figure 32. Percentage of Clients by Race that Wanted to Meet with a Mental Health Counselor**

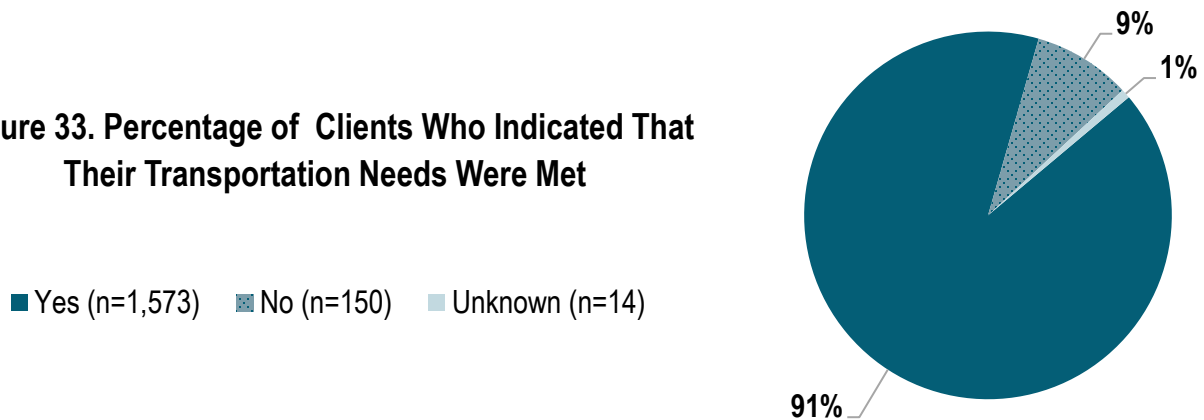


**Figure 32.** Clients are asked if they would like to meet with a mental health counselor. The overall rate was 10%. Latino clients were more likely to want to meet with a mental health counselor (17%). Data were missing for 23% of clients.

## Transportation

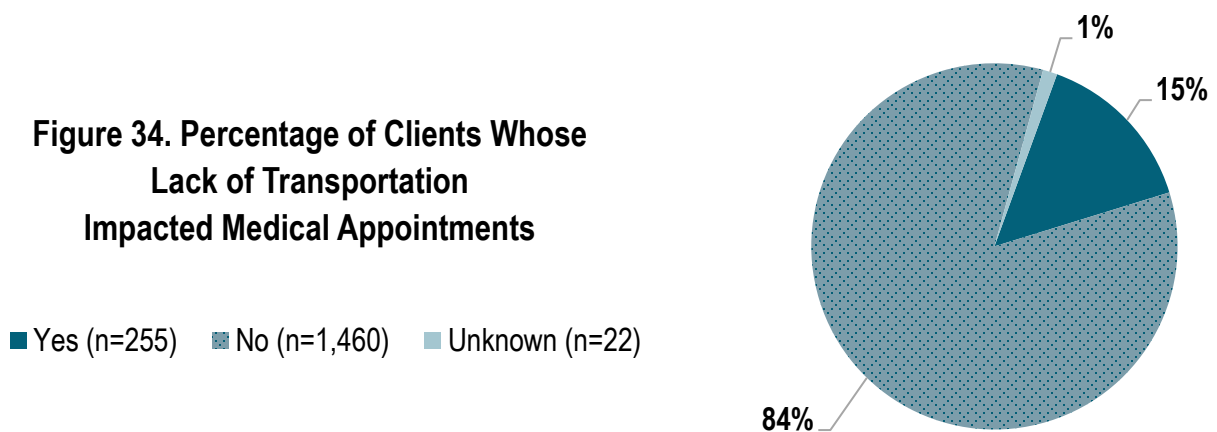
Another critical support service needed by many PLHIV is transportation. Clients were asked if they had adequate transportation and if a lack of transportation impacted their ability to attend medical appointments (Figures 33 and 34). Overall, 91% of clients responded that their transportation needs were met. Clients were then asked if a lack of transportation had impacted their ability to attend a medical appointment, to which 15% of clients reported an impact on appointment attendance.

**Figure 33. Percentage of Clients Who Indicated That Their Transportation Needs Were Met**



**Figure 33.** Clients were asked if their transportation needs were met. 91% of clients responded that their transportation needs were met vs. 9% that were not. Data were missing for one percent (1%) of clients.

**Figure 34. Percentage of Clients Whose Lack of Transportation Impacted Medical Appointments**

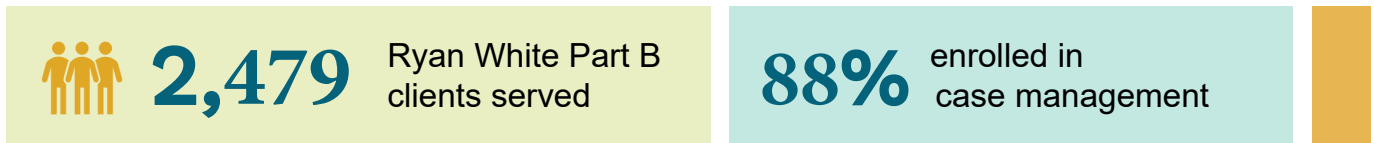
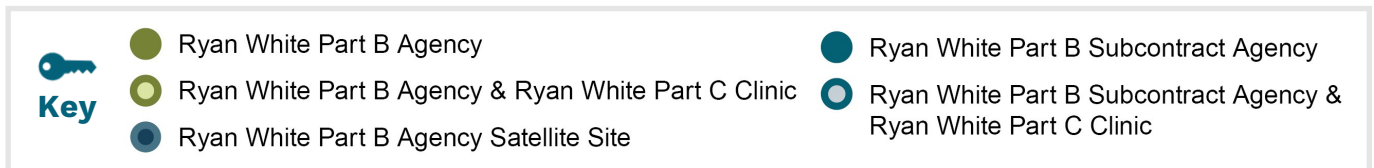


**Figure 34.** Clients were asked if a lack of transportation impacted their medical appointments. 84% of clients responded "no" while 15% of clients responded "yes." Data were unavailable for one percent (1%) of clients.



## 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.



## Services

Emergency Financial Assistance: 535 clients served • 1,578 total services • \$349,009 total

Food Assistance: 1,274 clients served • 7,982 total services • \$313,891 total

Health Insurance Assistance: 719 clients served • 1,851 total services • \$256,819 total

Housing Assistance: 379 clients served • 1,303 total services • \$474,141 total

Transportation Assistance: 982 clients served • 6,082 total services • \$119,068 total

Waterloo, IA

## Cedar AIDS Support System (CASS)

### RW Part B-Funded Staff

**2.96 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist



**146**

Ryan White Part B  
clients served

**100%**

enrolled in case management

### Services

Emergency Financial Assistance: 14 clients served • 15 total services • \$3,634 total amount

Food Assistance: 113 clients served • 1,699 total services • \$89,100 total amount

Health Insurance Assistance: 48 clients served • 190 total services • \$22,033 total amount

Housing Assistance: 9 clients served • 13 total services • \$6,647 total amount

Transportation Assistance: 72 clients served • 344 total services • \$10,856 total amount

Dubuque, IA

## Dubuque Visiting Nurses Association (DVNA)

### RW Part B-Funded Staff

**3.28 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist,  
Support Staff



**64**

Ryan White Part B  
clients served

**100%**

enrolled in case management

### Services

Emergency Financial Assistance: 31 clients served • 83 total services • \$37,484 total amount

Food Assistance: 57 clients served • 282 total services • \$23,607 total amount

Health Insurance Assistance: 22 clients served • 82 total services • \$6,417 total amount

Housing Assistance: 21 clients served • 63 total services • \$21,993 total amount

Transportation Assistance: 54 clients served • 273 total services • \$8,557 total amount

Cedar Rapids, IA

## Linn County Community Services (LCCS)

### RW Part B-Funded Staff

**5.75 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist,  
Support Staff



**225**

Ryan White Part B  
clients served

**100%** enrolled in case management

### Services

Emergency Financial Assistance: 127 clients served • 350 total services • \$92,033 total amount

Food Assistance: 157 clients served • 1,842 total services • \$18,560 total amount

Health Insurance Assistance: 67 clients served • 204 total services • \$31,450 total amount

Housing Assistance: 71 clients served • 368 total services • \$100,478 total amount

Transportation Assistance: 150 clients served • 1,042 total services • \$16,529 total amount

Omaha, NE

## Nebraska AIDS Project (NAP)

### RW Part B-Funded Staff

**4.0 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist



**125**

Ryan White Part B  
clients served

**99%** enrolled in case management

### Services

Emergency Financial Assistance: 49 clients served • 114 total services • \$27,807 total amount

Food Assistance: 38 clients served • 137 total services • \$9,600 total amount

Health Insurance Assistance: 34 clients served • 106 total services • \$22,938 total amount

Housing Assistance: 41 clients served • 186 total services • \$73,600 total amount

Transportation Assistance: 56 clients served • 377 total services • \$7,730 total amount

Mason City, IA

## North Iowa Community Action Organization (NICA)

### RW Part B-Funded Staff

**1.90 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist



**58**

Ryan White Part B  
clients served

**100%** enrolled in case management

### Services

Emergency Financial Assistance: 33 clients served • 73 total services • \$20,750 total amount

Food Assistance: 134 clients served • 340 total services • \$8,188 total amount

Health Insurance Assistance: 32 clients served • 131 total services • \$41,088 total amount

Housing Assistance: 17 clients served • 107 total services • \$28,399 total amount

Transportation Assistance: 39 clients served • 221 total services • \$3,508 total amount

Ames, IA

Des Moines, IA

## Primary Health Care (PHC)



**916**

Ryan White Part B  
clients served

**89%** enrolled in case management

### RW Part B-Funded Staff | 22.87 FTE

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

### Services

Emergency Financial Assistance: 87 clients served • 572 total services • \$26,292 total amount

Food Assistance: 495 clients served • 2,598 total services • \$109,482 total amount

Health Insurance Assistance: 96 clients served • 233 total services • \$12,482 total amount

Housing Assistance: 79 clients served • 159 total services • \$56,545 total amount

Transportation Assistance: 373 clients served • 2,427 total services • \$31,342 total amount



Sioux City, IA

## Siouxland Community Health Center (SCHC)

### RW Part B-Funded Staff

**4.75 FTE**

Program Manager,  
Case Managers,  
Field Benefit Specialist,  
Support Staff



**204**

Ryan White Part B  
clients served

**100%** enrolled in case management

### Services

Emergency Financial Assistance: 35 clients served • 58 total services • \$23,281 total amount  
Food Assistance: 60 clients served • 489 total services • \$13,480 total amount  
Health Insurance Assistance: 18 clients served • 9 total services • \$1,673 total amount  
Housing Assistance: 35 clients served • 100 total services • \$42,561 total amount  
Transportation Assistance: 67 clients served • 814 total services • \$14,500 total amount

Davenport, IA  
Moline, IL

## The Project Quad Cities\* (TPQC)

*\*Data include subcontracted agency Genesis Health*



**323**

Ryan White Part B  
clients served

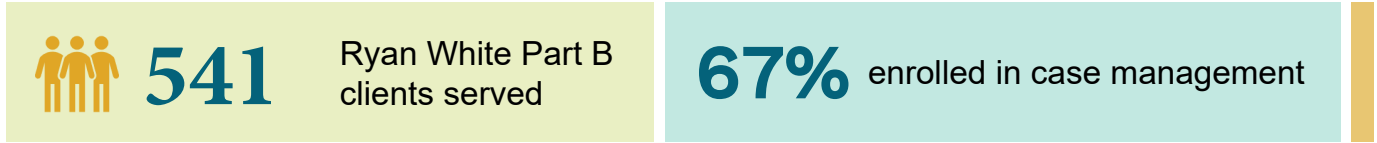
**66%** enrolled in case management

### RW Part B-Funded Staff | 7.80 FTE

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

### Services

Emergency Financial Assistance: 36 clients served • 115 total services • \$30,660 total amount  
Food Assistance: 123 clients served • 198 total services • \$16,205 total amount  
Health Insurance Assistance: 6 clients served • 49 total services • \$31,140 total amount  
Housing Assistance: 38 clients served • 148 total services • \$57,448 total amount  
Transportation Assistance: 80 clients served • 229 total services • \$5,662 total amount



**RW Part B-Funded Staff | 14.40 FTE**  
 Program Manager, Case Managers, Field Benefits Specialist, Support Staff, Behavioral Health Consultant, Dental Staff, Medical Providers, Data and Quality Staff

**Services**

- Emergency Financial Assistance: 101 clients served • 194 total services • \$78,385 total amount
- Food Assistance: 155 clients served • 397 total services • \$25,667 total amount
- Health Insurance Assistance: 48 clients served • 165 total services • \$52,208 total amount
- Housing Assistance: 58 clients served • 156 total services • \$84,641 total amount
- Transportation Assistance: 120 clients served • 355 total services • \$20,382 total amount

## Benefits & Drug Assistance Program

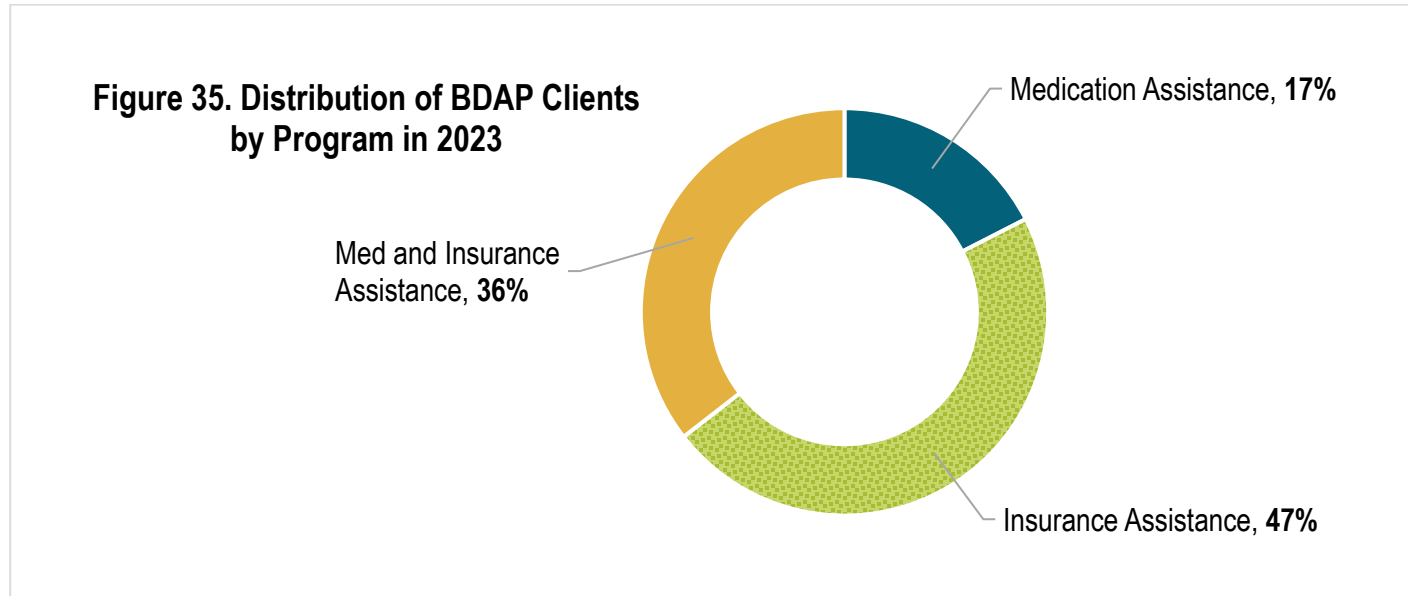
Iowa's Benefits and Drug Assistance Program (BDAP), formerly known as the AIDS Drug Assistance program (ADAP), was renamed in 2023 based on community feedback.

BDAP provides medications and insurance assistance to eligible RWPB clients:

- ▶ Medications are provided directly to BDAP 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, BDAP provides assistance with insurance premiums, medication copayments, coinsurance and deductible costs.

RWPB clients enrolled in Iowa Medicaid are ineligible for BDAP (except those with Medicaid for Employed Persons with Disabilities—or MEPD).

**In 2023, 1,042 RWPB clients utilized BDAP services.** That equates to 31% of RWPB clients receiving BDAP benefits. This is a 21% use increase from 2022, most likely due to the Medicaid unwinding process. Figure 35, below, shows the distribution of BDAP clients by program in 2023.

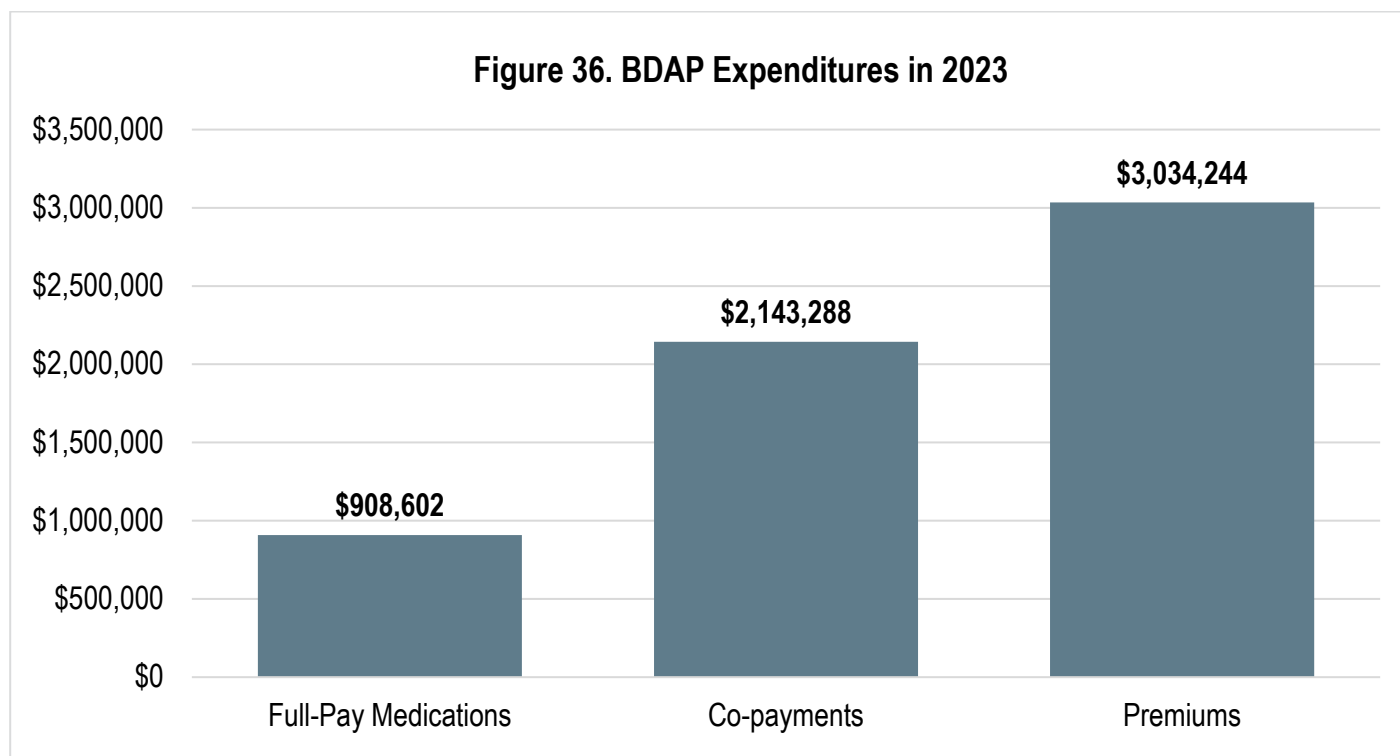


**Figure 35.** The majority of BDAP clients received Insurance Assistance only (47%). Fewer clients received Medication Assistance only (17%).

Clients who received Medication Assistance were typically between insurance plans or missed enrollment for other insurances. 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 2023, the BDAP expenditures totaled approximately \$6 million. Figure 36, below, further breaks down these costs.



**Figure 36.** Full-pay medication costs were covered through Medication Assistance, and health insurance co-payments and premiums were covered by Insurance Assistance.

BDAP is entitled to pharmaceutical rebates through the 340B Drug-Pricing Program. This accounts for a significant portion of the RWPB’s funding each year. In 2023, BDAP collected approximately \$13 million in rebate funding.

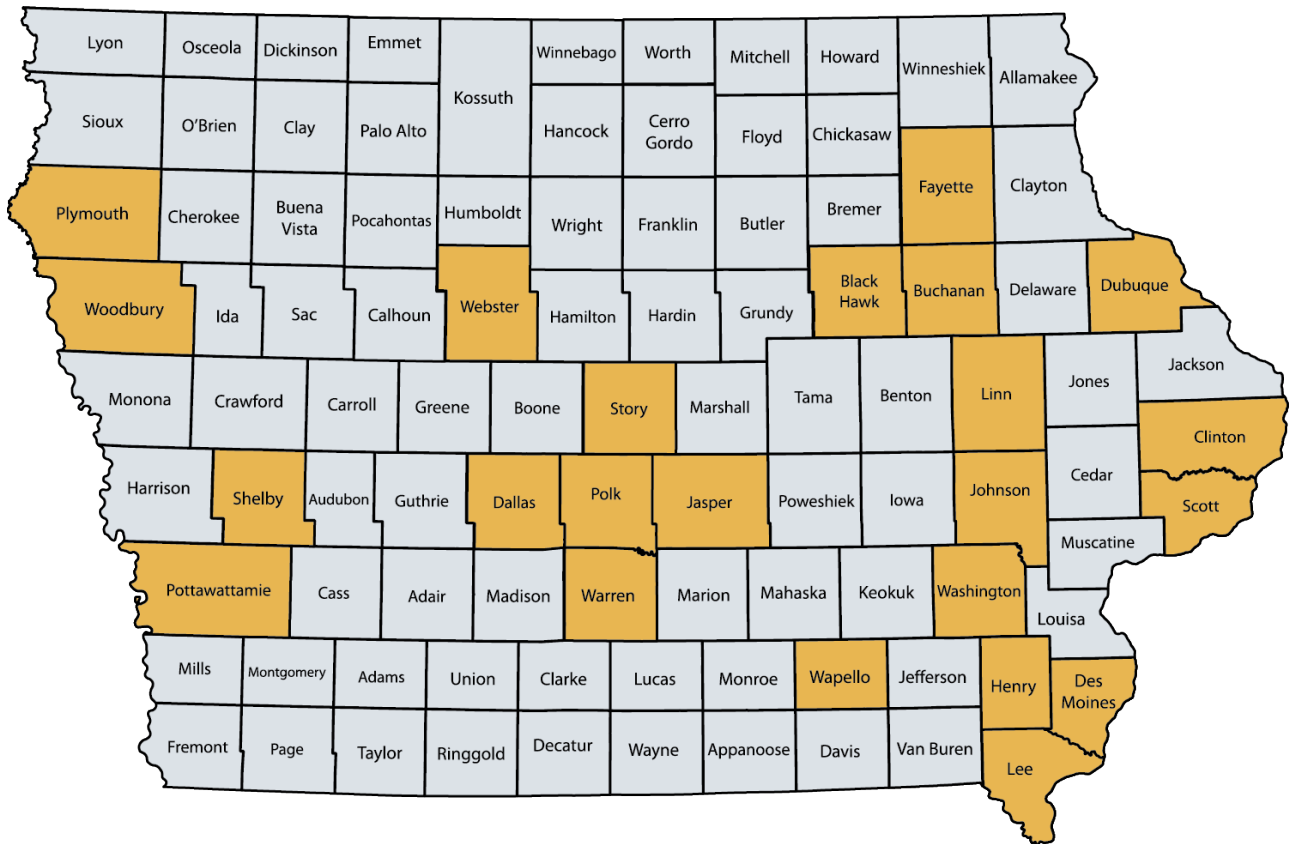
## BDAP Jail Assistance

In 2023, BDAP continued to provide medications to PLHIV incarcerated in county jails. When a PLHIV is incarcerated, a county jail may apply to BDAP 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 BDAP Jail Assistance involves a client who is enrolled in case management, BDAP staff notifies the client’s case manager. If the client has not enrolled in case management, then BDAP 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 2023, 61 PLHIV received services through the BDAP Jail Assistance program throughout 23 county jails in Iowa. Figure 37, below, shows the county jails that participated in the BDAP Jail Assistance program.

**Figure 37. County Jails that Participated in the BDAP Jail Assistance Program—2023**



**Figure 37.** PLHIV who were incarcerated at the highlighted 23 county jails accessed the BDAP Jail Assistance program for full payment of medication.

## Re-Engagement in 2023

In 2019, the Bureau of HIV, STI 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 PLHIV who are out of care. Those individuals then receive outreach and reengagement services.

The DTS initiative established 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 PLHIV 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 PLHIV in Iowa, the DTS initiative quickly learned that it takes a community-based team approach for outreach and re-engagement services. Case managers, nurses, Disease Intervention Specialists (DIS) and the DTSC all play roles in outreach efforts to re-engage a PLHIV who is out of care.

When a PLHIV 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 2023, there were 81 referrals made to the DTS initiative: 47 from Part B agencies, 10 from Part C clinics, 16 from the HIV surveillance office, and 8 from the STI Program.

At the end of 2023, the DTS initiative completed 81 data-to-services investigations where updated client contact information was obtained and returned to agency staff for continued client outreach. In addition, 29 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 7 clients who successfully re-engaged in care in 2023. Of those, 4 re-engaged in medical care and 3 re-engaged in both medical care and case management services.

## Appendix A—Ryan White Part B Services

RWPB agencies in Iowa provided the following services:

**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. Based on the annual assessment, clients are enrolled in either Medical Case Management, Non-medical Case Management, Brief Contact Management or Maintenance Outreach Support Services.

### Core Medical Services

Iowa Ryan White Part B Agencies provided assistance to Iowans living with HIV through the following core medical services:

**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 dietitian 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.

## Support Services

Iowa Ryan White Part B Agencies provided assistance to Iowans living with HIV through the following support services:

**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 PLHIV 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 PLHIV 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.