May 13, 2016

To: FAPP Ryan White Working Group

From: Carl Schmid

Subject: Analysis of 2015 Ryan White Program Grant Award Distribution

In order to increase viral suppression and improve health outcomes for people living with HIV/AIDS in the United States, the National HIV/AIDS Strategy calls for federal funding to follow the epidemic and be distributed to areas most in need. This is a principle The AIDS Institute has long supported and championed. In an effort to determine whether current Ryan White HIV/AIDS Program funding is being distributed proportionately to those areas where it is needed, particularly now that hold harmless provisions have ended, we conducted an analysis of Ryan White Program grant awards for Parts A-D by state and case counts. Attached are the data and analytic findings.

We want to acknowledge that there is a significant limitation to the analysis. Some Part A and Part B Emerging Community Awards are distributed to jurisdictions that cross state lines. Our analysis does not breakdown those awards due to the lack of access to this data. In those instances where a jurisdiction is receiving or distributing such funding we note it with an asterisk (*) and a + if it receives funding that is also distributed to another state(s) or a – if it receives funding from another jurisdiction. So, some states’ funding is over reported (denoted by an “**+””) and some is underreported (denoted by an “*-*”).

We used the latest case counts publicly released by HRSA and CDC for the Ryan White Program, which are from 2013, and the FY 2015 grant awards, which also used 2013 case counts. Due to the relatively high total grant award per case for certain jurisdictions with very low numbers of cases, we excluded from this analysis the following jurisdictions: Guam; Palau; American Samoa; Northern Mariana Islands; Federated States of Micronesia; and the Marshall Islands. (Although their awards and case counts are shown on the bottom of the first, second, and fourth tables.) Finally, we chose to use medians over averages to avoid undue influence of states with extremely high or low case counts. We computed the averages, and found they were nearly aligned with the medians.

The first table is an analysis of total Part A and Part B grant awards (except ADAP) by state and case count. For each state, we totaled A and B funding and divided it by the state’s total number of HIV/AIDS cases. We then determined the median award per case and calculated how much each state received above or below the median.
award per case. We then charted the amount each state receives below or above the median per case in order of lowest amount to highest amount.

**The second table is an analysis of Part B ADAP funding by state and case count.** For each state, we calculated total ADAP funding and divided it by the state’s total number of HIV/AIDS cases. We again determined the median award per case, and calculated how each state stood in relation above or below the median per case. We again charted the amount each state received below or above the median per case in order of lowest to highest amount. More than half the states received the median funding level and are not included on the bar chart.

**The third table is an analysis of Part B Supplemental and ADAP Supplemental Funding by state.** We listed and charted the awards by state. Those that did not receive funding are not charted.

**The fourth table is an analysis of Part C and D funding by state.** We listed and charted the awards by state.

**The fifth table is an analysis of all Part A, B, C and D funding (except ADAP) by state and case count.** We totaled each state’s A-D funding and divided it by the state’s total number of HIV/AIDS cases. We determined the median award per case and calculated each state’s standing above or below the median per case. For this instance, to demonstrate the magnitude of the total amount above or below the median each state receives, we multiplied the amount per case above or below the median by the total number of cases in each state. We then charted those amounts from lowest to highest.

**The sixth table lists three sets of rankings for each state.** The first is an overall Part A-D (except ADAP) funding per case count rank. The states are listed from the highest total funding per case state to the lowest. The second set is their Part A and B (except ADAP) per case count rank, and the third set is their total ADAP per case count rank. We also note the states that are not expanding Medicaid.

**The seventh table is an alphabetical listing of the states with the above rankings.** Using colors, we depict how each state is doing compared to others for each of the three rankings.

**Observations**
It is important to consider all Part A, B, C and D funding for each state. For example, taking the case of Rhode Island, their Part A and B funding rank is 40, but adding in their C and D funding, moves them up to 14. On the other hand, Florida ranks 15 when considering only their A and B funding, but they drop to 34 when all their A-D funding is included.

ADAP funding very closely matches each jurisdiction’s case count. It is only through Supplemental and Emergency Relief ADAP funding where there are deviations. Only one state receives funding below the median, likely due to a penalty for unobligated funds.
Part B and ADAP Supplemental funds are not formula driven but provide ways funding can be distributed based on need. Part C and D grant awards are also supposed to consider need and underserved or rural communities.

It is important to not only examine the amount a state receives below or above the median per case but also the total amount. For example, Montana receives the most funding per case above the median ($1,490) but when you multiply that by its low case count the total amount above the median is $660,000. New York receives a much lower funding per case above the median ($227) but when you multiply it by its high case count, the amount of total funding above the median is $29.8 million.

**Conclusion**

We are presenting this data to help inform the conversation about how current Ryan White Program funding is being distributed. We will leave it to community partners, Ryan White Program grantees and policy makers to determine if Ryan White Program funding is being equitably distributed in a way that best helps improve the lives of people living with HIV throughout the United States. Most of the funding is distributed by case counts and that cannot be changed under current law. However, there are parts that are not, and those funding streams might be good places to examine in the short term. In the long term, different ways to distribute Ryan White Program funding may be considered that would require legislative changes. For example, are there measurable factors other than case counts that better reflect need, or that may be used in conjunction with case counts to determine need?

The AIDS Institute looks forward to a discussion of how Ryan White funding can be better allocated in the short term and in the future.

Special thanks to Nick Taylor and Natalie Kean of The AIDS Institute who conducted this analysis.

Attachment