

# **Ryan White HIV/AIDS Program**

## **COVID-19 Data Report**

**January 20, 2020, through September 30, 2021**

The *Ryan White HIV/AIDS Program COVID-19 Data Report 2021* is published by the Division of Policy and Data, HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Rockville, Maryland.

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**Information about the Ryan White HIV/AIDS Program:** [ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)

**Educational and technical assistance materials about HIV and the Ryan White HIV/AIDS Program:** [TargetHIV.org](https://TargetHIV.org)

### **Acknowledgments**

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The HRSA HIV/AIDS Bureau would like to acknowledge the important work Ryan White HIV/AIDS Program recipients, subrecipients, and stakeholders have been doing in response to the coronavirus disease 2019 (COVID-19) public health emergency and the incredible efforts made to submit data in a timely manner during this time.

# COMMENTARY

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On March 27, 2020, the Fiscal Year 2020 (FY 2020) Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The FY 2020 CARES Act appropriated \$90 million to the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) pandemic. This funding supported 581 existing RWHAP Parts A, B, C, and D recipients for the prevention and treatment of COVID-19 for RWHAP-eligible clients and their immediate household members. FY 2020 CARES Act funding also was awarded to the RWHAP Part F AIDS Education and Training Center (AETC) Program; AETC Program recipients used these funds for a variety of activities, such as developing webinar training series on methods for continued provision of high-quality HIV care during a pandemic, increasing telehealth capacity, and shifting to distance-based training programs.

## COVID-19 DATA REPORT OVERVIEW

This report is the HRSA HIV/AIDS Bureau's (HAB's) comprehensive publication of national RWHAP data collected in relation to RWHAP FY 2020 CARES Act funding. Data from two sources are included in this report:

- The COVID-19 Data Report (CDR) reporting system
- The RWHAP FY 2020 CARES Act Progress Reports

## COVID-19 Data Report

The CDR was developed to monitor and report on RWHAP FY 2020 CARES Act-funded activities. It collects monthly aggregate-level data on the types of services provided and number of people served (RWHAP-eligible clients and their immediate household members) by RWHAP service providers for the treatment or prevention of COVID-19.

All RWHAP service providers (regardless of whether they were directly funded recipient service providers or subrecipient service providers) who received RWHAP FY 2020 CARES Act funding were required to submit CDR data to HRSA HAB. The CDR collected aggregate information about the following:

- Types of services delivered using telehealth technology;
- Service providers conducting testing for COVID-19 and the number of RWHAP-eligible clients and immediate household members tested for COVID-19;
- The number of RWHAP-eligible clients with newly diagnosed COVID-19 (or who were presumed positive) during the reporting period and cumulatively, not including household members;
- The total number of RWHAP-eligible clients and household members who received services using RWHAP FY 2020 CARES Act funds (aggregated, deduplicated at the service provider level); and
- The number of RWHAP-eligible clients and household members receiving services paid for using RWHAP FY 2020 CARES Act funds in each RWHAP service category (identified in [Policy Clarification Notice 16-02 RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#)).

RWHAP recipients received RWHAP FY 2020 CARES Act funding on April 15, 2020, and were able to use funds retroactively to January 20, 2020, to cover costs incurred during the early months of the COVID-19 pandemic. To capture the retroactive activities, the first reporting period for CDR data was January 20, 2020, through March 31, 2020. Thereafter, data reporting periods were for each calendar month.

**No-cost extensions.** The RWHAP FY 2020 CARES Act budget period ended on March 31, 2021; however, more than one-third (N=201, 34.6%) of the 581 RWHAP FY 2020 CARES Act–funded recipients (across all RWHAP Parts A–D) received a no-cost extension (NCE) to continue using the funds beyond the budget period. RWHAP service providers approved for a no-cost extension continued to submit monthly CDR data from April 1, 2021, through September 30, 2021. The number of providers who submitted data decreased significantly beginning April 2021; therefore, data are displayed separately for January 20, 2020, through March 31, 2021, for all RWHAP service providers (initial reporting period) and for April 1, 2021, through September 30, 2021, for those with an NCE (NCE period). CDR data presented are based on those submitted as of November 4, 2021.

**Service providers.** The term “service providers” includes recipient-providers who provide direct care and support services to RWHAP clients, as well as subrecipient-providers who provide direct services, and “second-level providers” who are contracted to provide direct services by a subrecipient that serves as an administrative agent/fiscal intermediary.

### **RWHAP FY 2020 CARES Act Progress Reports**

All RWHAP FY 2020 CARES Act–funded recipients were required to submit a final, close-out progress report after the end of their budget period, covering activities completed November 1, 2020, through March 31, 2021. During the budget period, HRSA HAB encouraged the recipients and service providers to support COVID-19 vaccination activities. HRSA HAB analyzed the data reported in the final progress reports to determine vaccination activities undertaken by these recipients and service providers.

Only recipients with inactive (closed) grants by March 31, 2021, that submitted a progress report by April 30, 2021, were included (N=314). The analysis excluded a total of 267 recipients that (a) had closed grants but did not submit a progress report by April 30, 2021 (N=32); (b) received an NCE (N=201); or (c) did not accept or use the RWHAP FY 2020 CARES Act funds (N=34).

The final progress report instructions did not specifically request information regarding the COVID-19 vaccine. Therefore, absence of reporting vaccination efforts or concerns, generally or specifically, does not mean those activities or barriers did not exist, merely that they were not reported.

# HIGHLIGHTS OF ANALYSES

## COVID-19 Data Report

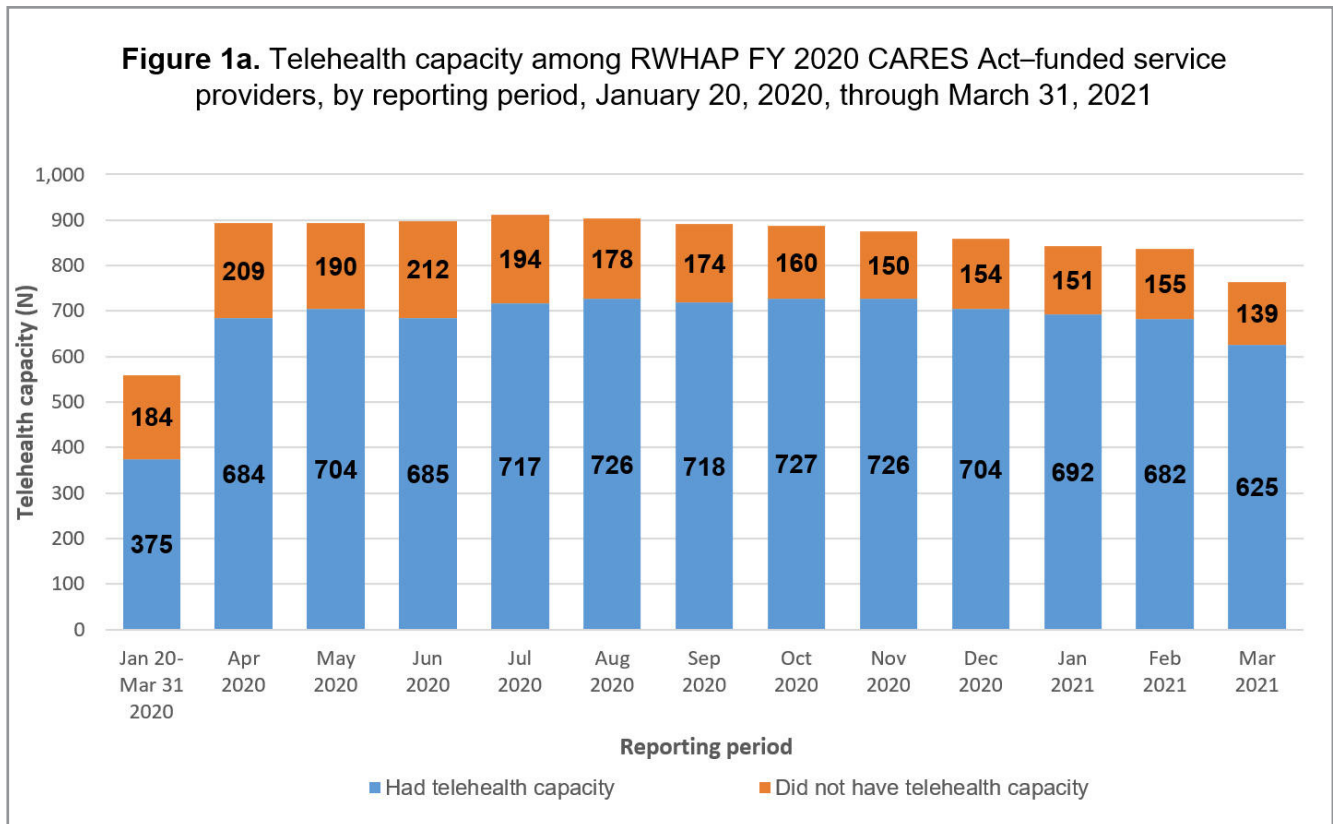
### Telehealth Capacity

During the initial reporting period of January 20, 2020, through March 31, 2020, among 559 reporting service providers, 375 (67.1%) reported having any telehealth capacity for at least one core medical or support service. From April 1, 2020, through March 31, 2021, the number of service providers reporting telehealth capacity each month ranged from 625 to 727 (76.4–82.9% of reporting service providers) (Figure 1a).

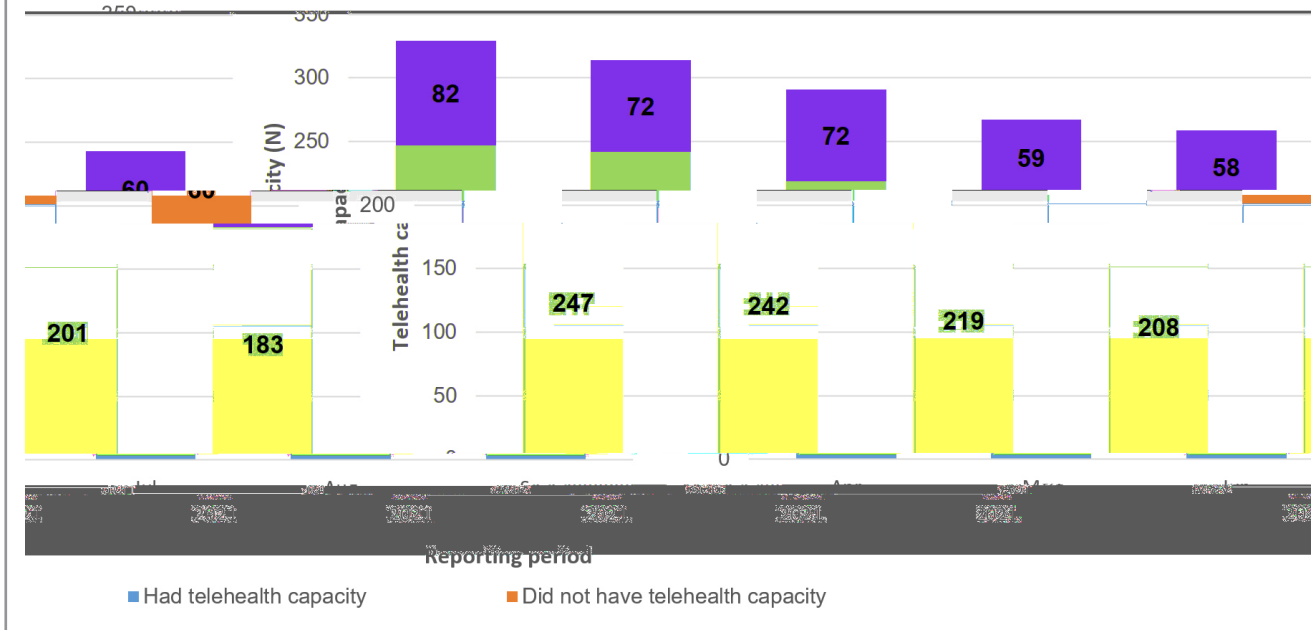
Among service providers that received RWHP FY 2020 CARES Act funding during the NCE period of April 1, 2021, through September 30, 2021, the number that reported having telehealth capacity each month ranged from 183 to 247 service providers (75.1–77.9% of reporting service providers) (Figure 1b).

Across all months, the most commonly reported service categories delivered via telehealth were—

- Outpatient/Ambulatory Health Services;
- Medical Case Management;
- Mental Health Services; and
- Non-Medical Case Management Services.



**Figure 1b. Telehealth capacity among RWHAP FY 2020 CARES Act-funded service providers with an NCE, by reporting period, April 1, 2021, through September 30, 2021**



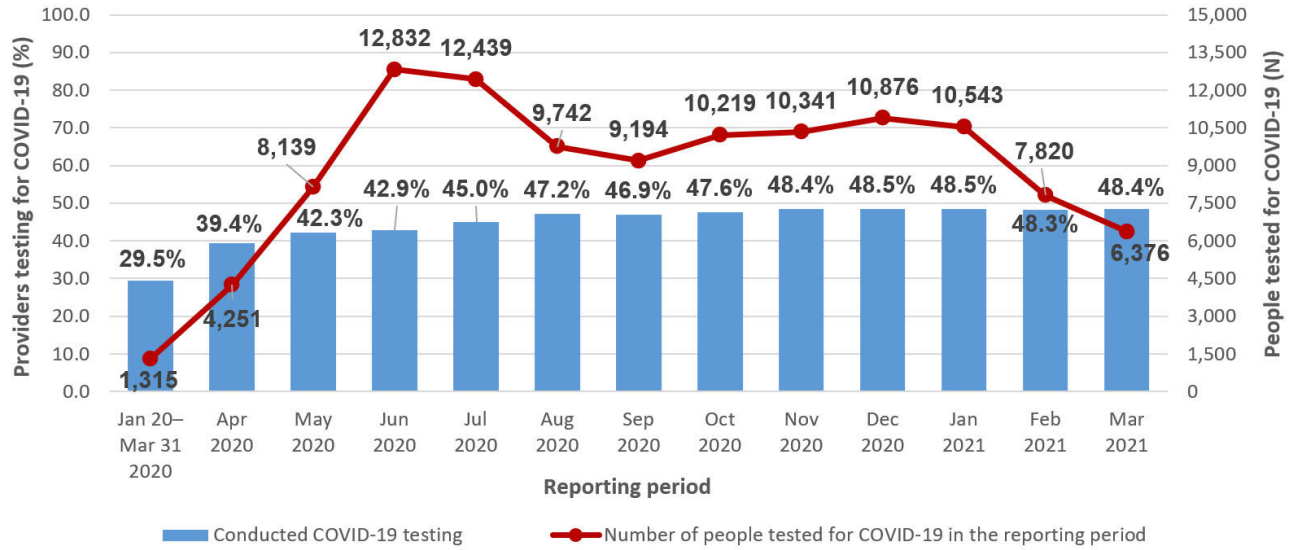
### COVID-19 Testing

After the initial reporting period, the proportion of RWHAP FY 2020 CARES Act-funded service providers who conducted COVID-19 testing reached its height at 48.5% in December 2020 and January 2021. The number of RWHAP-eligible clients and immediate household members who were tested for COVID-19 peaked at 12,832 in the June 2020 reporting period. The number then varied each following month, averaging approximately 10,500 tests per month until beginning to decline in February 2021 (7,820 people tested) and March 2021 (6,376 people tested). In total, during the period January 20, 2020, through March 31, 2021, RWHAP service providers reported conducting 114,087 COVID-19 tests<sup>1</sup> among RWHAP-eligible clients and immediate household members (Figure 2a).

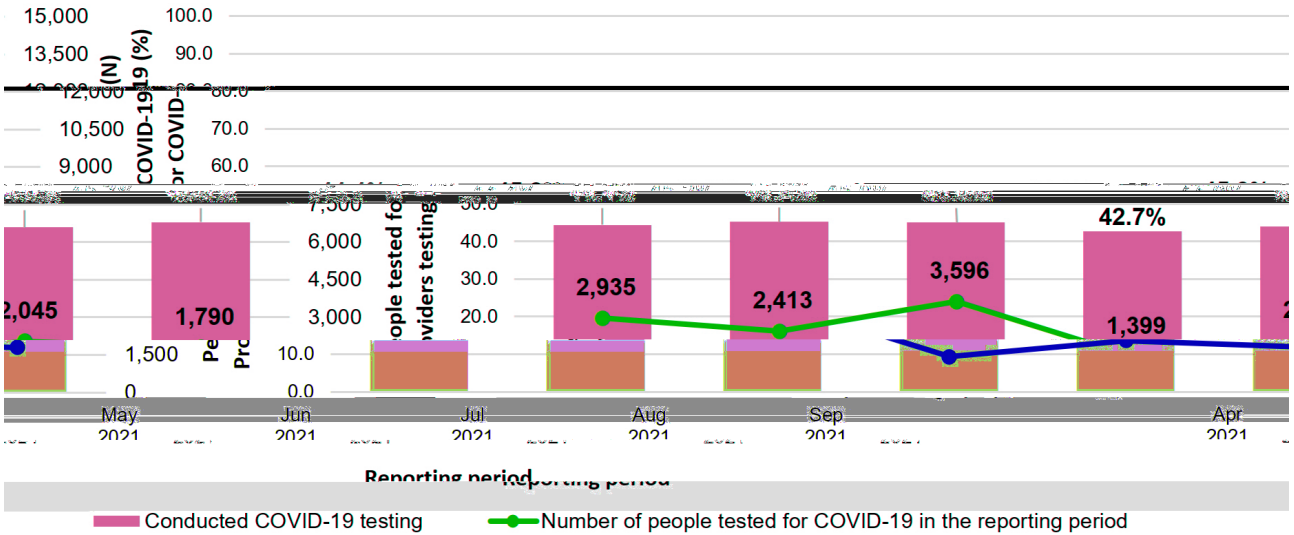
During the NCE period, the proportion of service providers that conducted COVID-19 testing ranged from 42.7% to 45.3%, and the number of RWHAP-eligible clients and their immediate household members tested for COVID-19 averaged around 2,400. In total, RWHAP service providers reported conducting 14,178 COVID-19 tests<sup>1</sup> among RWHAP-eligible clients and immediate household members during the NCE period (Figure 2b).

<sup>1</sup> Testing data are not deduplicated. The total includes the number of people tested as reported across all reporting periods and may include duplicates of people who were tested in multiple months.

**Figure 2a.** RWHP FY 2020 CARES Act-funded service providers conducting COVID-19 testing and number of people tested, by reporting period, January 20, 2020, through March 31, 2021



**Figure 2b.** RWHP FY 2020 CARES Act-funded service providers with an NCE conducting COVID-19 testing and number of people tested, by reporting period, April 1, 2021, through September 30, 2021



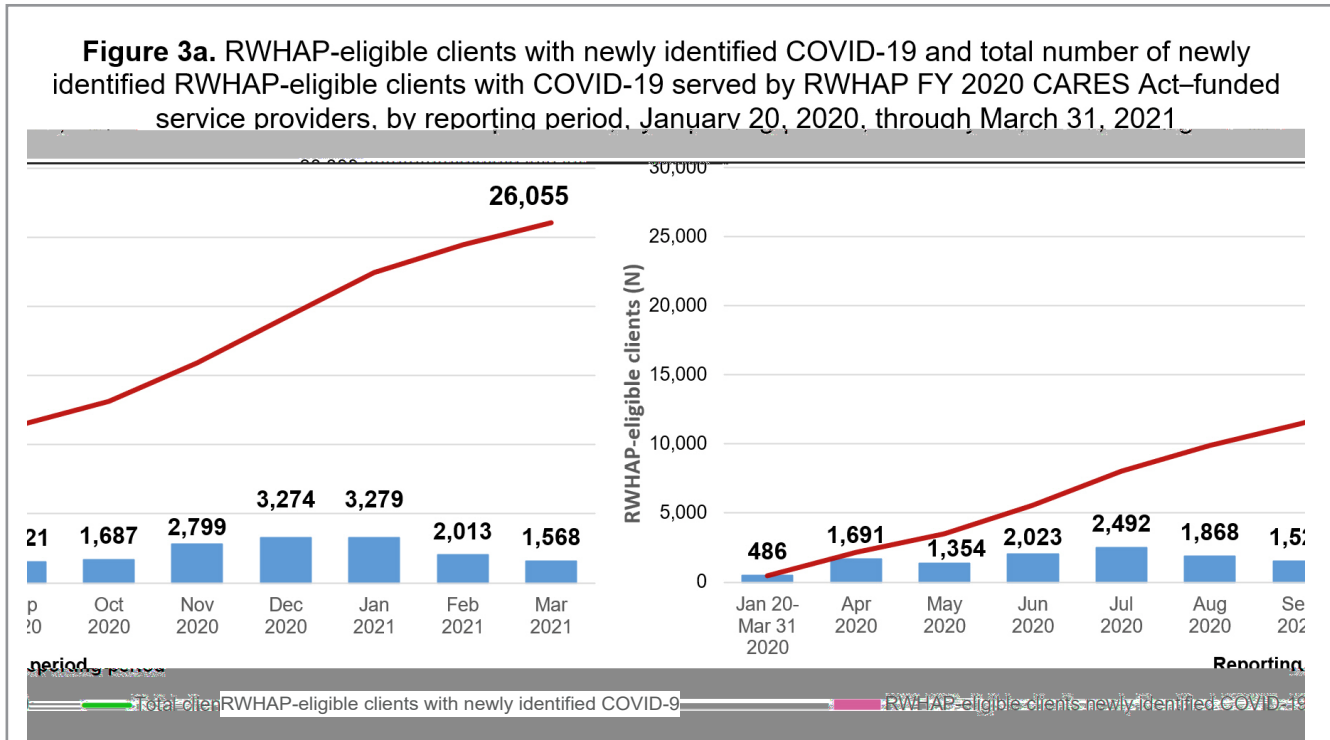


## RWHAP-Eligible Clients with COVID-19

During the initial reporting period, the number of RWHAP-eligible clients with newly identified<sup>2</sup> COVID-19 who received services from RWHAP FY 2020 CARES Act-funded service providers varied by month. The monthly number was highest in January 2021, when 3,279 RWHAP-eligible clients with newly identified COVID-19 were served by RWHAP FY 2020 CARES Act-funded service providers (Figure 3a).

During the NCE period, the number of RWHAP-eligible clients with newly identified<sup>2</sup> COVID-19 receiving services ranged from 457 to 880 clients per month (Figure 3b).

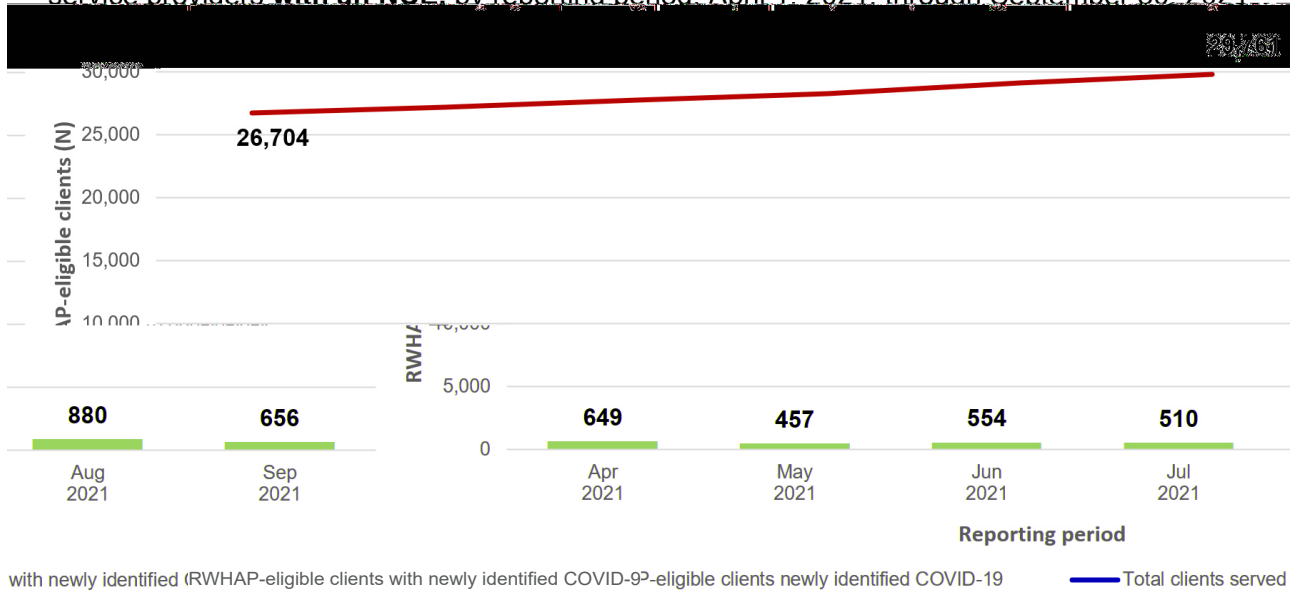
In total, at the end of September 2021, RWHAP FY 2020 CARES Act-funded service providers reported having served 29,761 RWHAP-eligible clients with newly identified COVID-19 (Figure 3b).



<sup>2</sup> Confirmed or presumed positive, regardless of where testing occurred.



**Figure 3b.** RWHAP-eligible clients with newly identified COVID-19 and total number of newly identified RWHAP-eligible clients with COVID-19 served by RWHAP FY 2020 CARES Act-funded service providers **with an NCE**, by reporting period, April 1, 2021, through September 30, 2021.



### Service Delivery Using RWHAP FY 2020 CARES Act Funding

After the initial reporting period, the number<sup>3</sup> of RWHAP-eligible clients and immediate household members who received at least one core medical or support service using RWHAP FY 2020 CARES Act funding increased, peaking at nearly 96,000 people in October 2020. Beginning in November 2020, these numbers varied, but gradually decreased to 82,737 in March 2021 (Figure 4a).

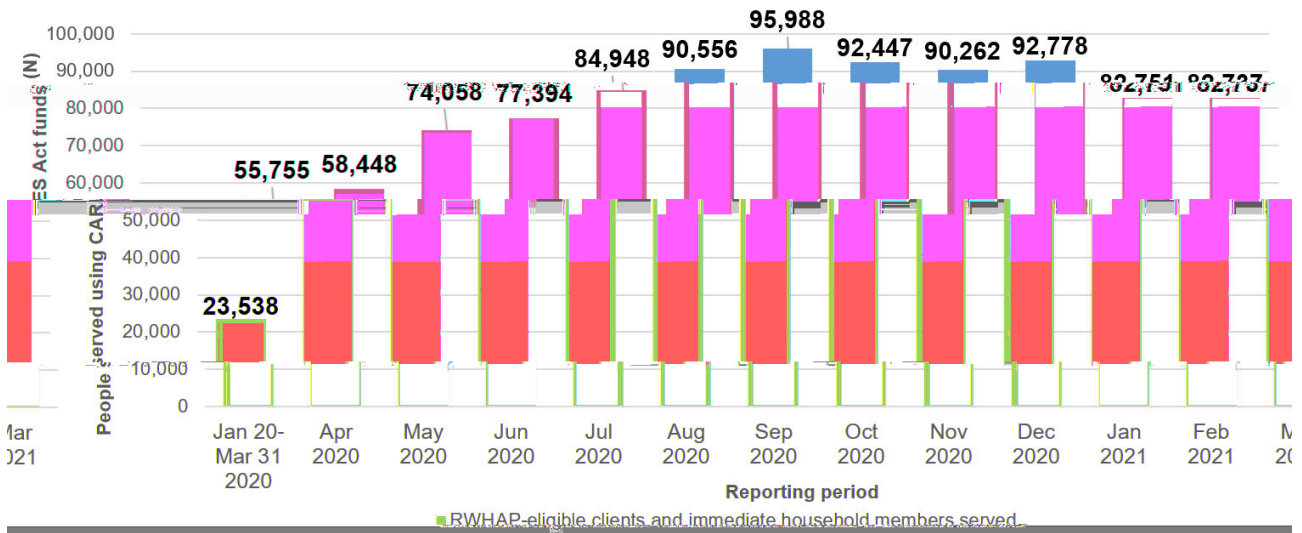
During the NCE period, the number of RWHAP-eligible clients and immediate household members who received at least one core medical or support service using RWHAP FY 2020 CARES Act funding decreased gradually from 26,692 in April 2021 to 15,801 in September 2021 (Figure 4b).

At the height of RWHAP usage in October 2020, service providers reported having served 95,988 RWHAP-eligible clients and immediate household members using RWHAP FY 2020 CARES Act funds. The services most commonly received in October 2020 were—

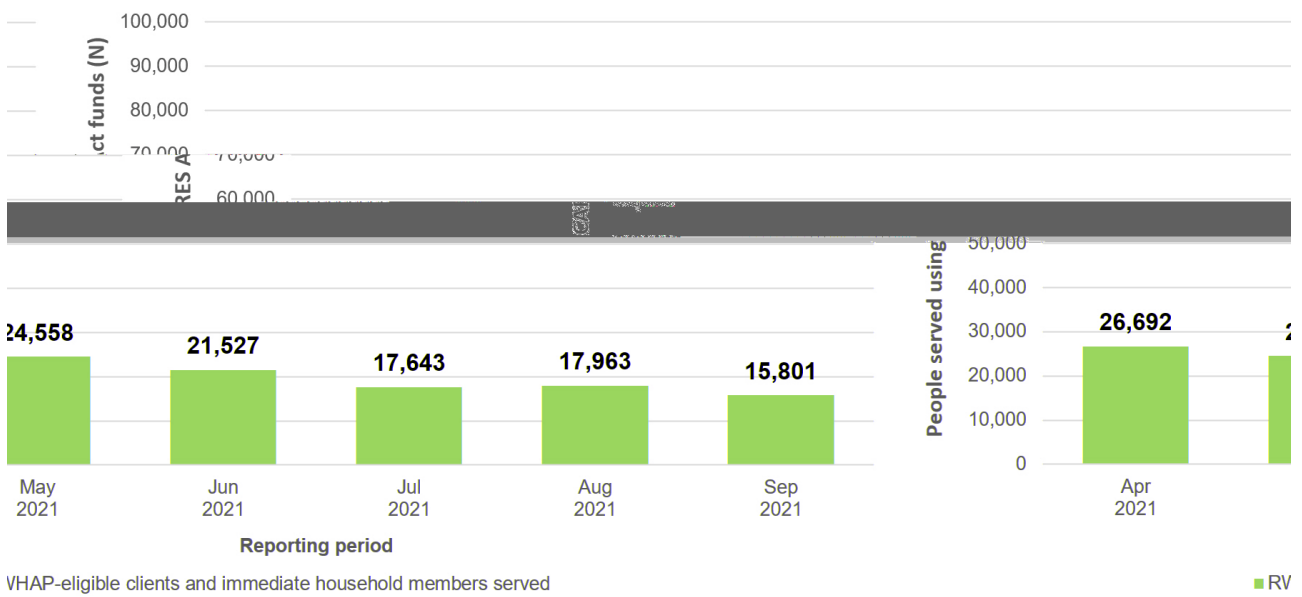
- Outpatient/Ambulatory Health Services (36.6% of clients);
- Medical Case Management (24.7% of clients);
- Food Bank/Home-Delivered Meals (13.7% of clients);
- Non-Medical Case Management Services (10.9% of clients); and
- Health Education/Risk Reduction (10.1% of clients).

<sup>3</sup> Data are not deduplicated across months or service providers. Clients who received services in multiple months or across multiple service providers are counted each time they are reported.

**Figure 4a.** RWHAP-eligible clients and immediate household members who received at least one core medical or support service using RWHAP FY 2020 CARES Act funding, by reporting period, January 20, 2020, through March 31, 2021



**Figure 4b.** RWHAP-eligible clients and immediate household members who received at least one core medical or support service from providers with an NCE using RWHAP FY 2020 CARES Act funding, by reporting period, April 1, 2021, through September 30, 2021



## RWHAP FY 2020 CARES Act Progress Reports

Of the 314 RWHAP FY 2020 CARES Act-funded recipients who submitted a close-out progress report by April 30, 2021, 180 (57.3%) reported any information about COVID-19 vaccination activities. As previously discussed, the progress report instructions did not specifically request information regarding COVID-19 vaccination activities, so the absence of reporting on vaccination efforts or concerns does not necessarily indicate a lack of vaccination-related activities, merely that nothing was reported on this topic.

All discussion, charts, and figures in this section are based on the 180 progress reports containing vaccination information; these data include activities from any RWHAP FY 2020 CARES Act recipient type (e.g., health departments, community-based organizations) across RWHAP Parts A–D.

### Support for COVID-19 Vaccination of RWHAP Clients

State governments were provided with vaccines and led the bulk of the efforts for vaccine distribution, and many RWHAP FY 2020 CARES Act recipient staff were re-assigned or volunteered to support vaccine distribution activities. Approximately 90% of the 180 recipients who reported any vaccination activities supported efforts to vaccinate RWHAP clients.

Recipients reported directly supporting COVID-19 vaccine clinics for clients (N=94). In addition, recipients reported assisting RWHAP clients with obtaining the COVID-19 vaccine through individualized client outreach or more generalized population communications outreach (n=78) (Figure 5).

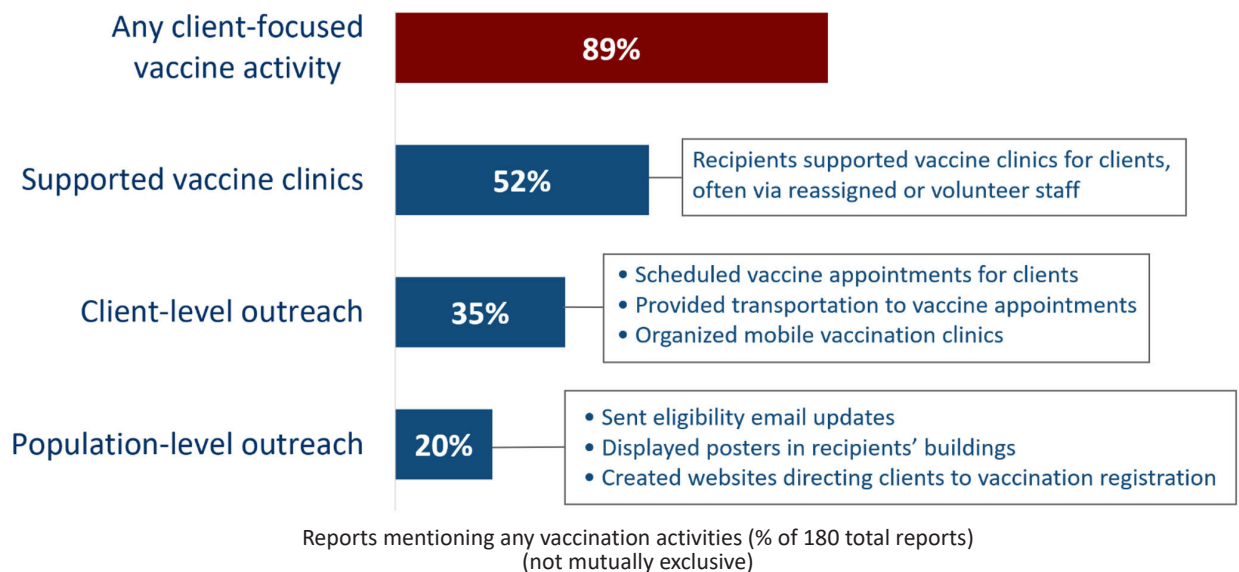
Individual client outreach included—

- Scheduling vaccine appointments for clients;
- Providing transportation to vaccine appointments; and
- Organizing mobile vaccination clinics.

Generalized population communication outreach included—

- Sending eligibility email updates;
- Displaying posters in recipients' buildings; and
- Creating websites that directed clients to vaccination registration.

**Figure 5.** RWHAP FY 2020 CARES Act-funded recipient activities to support vaccination among RWHAP clients



## **Addressing Vaccine Hesitancy**

Nearly half (47%) of recipients reporting any vaccination activities reported vaccine hesitancy among clients and/or staff.

Methods used to address vaccine hesitancy among clients included—

- Connecting outreach workers with primary care providers as referral resources;
- Conducting community engagement activities;
- Creating websites, posters, or brochures to dispel myths; and
- Establishing vaccine task forces.

Recipients also had to ensure that staff members with vaccine hesitancy could address client concerns, which they addressed via education about vaccine efficacy and safety.

## **Impact of Vaccination Efforts on RWHAP Service Delivery**

Many recipients reported on how COVID-19 vaccination affected operations and service delivery. For many recipients, COVID-19 vaccination facilitated a return to more normal operations. Once clients and staff began to be vaccinated, recipients saw more in-person service delivery rather than telehealth appointments, as well as more efficient use of office space with relaxed social distancing measures. Recipients noted, however, that some clients continued to be hesitant to return for in-person services. It is also important to note that the continuation of the COVID-19 pandemic may have resulted in additional changes to these operations after the reporting period of November 1, 2020, through March 31, 2021. Even as of March 2021, some recipients reported continuing demands on their resources from new waves of COVID-19 infections in their community, as well as ongoing vaccination campaign demands, all of which contributed to staff fatigue.

Many recipients reported the ability to leverage the work done over the past 30 years of the RWHAP and their established networks. Some recipients used these to—

- Ensure people with HIV were part of vaccine trials;
- Advocate for people with HIV to ensure they were in the priority groups for vaccine rollout; and
- Promote HIV care at vaccination clinics.

# TECHNICAL NOTES

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Data presented in this report are from two sources, including (a) data submitted to the HRSA HAB CDR, January 2020 through September 2021; and (b) qualitative information from final progress reports submitted by RWHAP FY 2020 CARES Act recipients for activities completed November 1, 2020, through March 31, 2021.

## COVID-19 DATA REPORT

The CDR collects aggregate-level information at the RWHAP service provider level. Across service providers, it is not possible to deduplicate counts of clients receiving services that are funded through the RWHAP FY 2020 CARES Act. Similarly, it is not possible to deduplicate the number of clients with COVID-19 across service providers. As a result, the numbers of RWHAP clients with COVID-19 across all service providers (monthly and total numbers of newly identified COVID-19 cases) may be overestimated.

The CDR collects information only from RWHAP service providers who received RWHAP FY 2020 CARES Act funding, which does not include all RWHAP service providers. In addition, the CDR collects only service-level information on RWHAP clients and their immediate household members served using RWHAP FY 2020 CARES Act funding. In some cases, RWHAP FY 2020 CARES Act-funded service providers may have estimated client counts because of an inability to differentiate between funding sources.

Data from the CDR cannot be used to estimate the specific costs associated with serving clients using RWHAP FY 2020 CARES Act funding. Many recipients and subrecipients used RWHAP FY 2020 CARES Act funding for personal protective equipment (PPE), infrastructure development, telehealth capacity development, etc. Funding for some of these costs may be allocated to RWHAP service categories (e.g., PPE) as a part of delivering care to clients.

## RWHAP FY 2020 CARES Act PROGRESS REPORTS

All RWHAP FY 2020 CARES Act-funded recipients were required to submit a final close-out progress report after the end of their budget period covering activities completed November 1, 2020, through March 31, 2021. Slightly more than one-third (N=201) of recipients received an NCE to continue implementing COVID-19 related activities. Only recipients with inactive (closed) grants by March 31, 2021, that submitted a progress report by April 30, 2021, were included (N=314) in this report.

RWHAP FY 2020 CARES Act-funded recipients and service providers were encouraged to support COVID-19 vaccination activities. The final progress report instructions did not specifically request information regarding the COVID-19 vaccine. Therefore, absence of reporting on any or specific vaccination efforts or concerns does not necessarily mean that those activities did not exist, merely that it was not reported.