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TRANSFORMING CARE THROUGH STRATEGIC PARTNERSHIPS

RYAN WHITE HIV/AIDS PROGRAM OVERVIEW

The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program, which provides a comprehensive system of HIV primary medical care, medication, and essential support services to low-income people living with HIV (PLWH). To deliver quality care and treatment for PLWH, the program strategically partners with agencies and organizations at the federal, state, and local levels.

These strategic partnerships are critical to helping the Ryan White HIV/AIDS Program reach more PLWH and connect them to the care and treatment needed. Through these partnerships, the program is able to provide care and treatment to more than 550,000 PLWH each year—about half of all people living with HIV (both diagnosed and undiagnosed) in the United States.¹

This issue of the *HRSA CAREAction Newsletter* takes a look at Ryan White HIV/AIDS Program partnerships at three levels: federal, state, and community/local.

Federal Partnerships

Through the Ryan White HIV/AIDS Program, HRSA coordinates efforts with multiple federal agencies and departments as one of the national goals for ending the HIV epidemic.

HRSA’s Ryan White HIV/AIDS Program has focused on four goals for ending the national HIV epidemic:

- Reduce the number of people who become infected with HIV.
- Increase access to care and improve health outcomes for PLWH.
- Reduce HIV-related health disparities.²
- Achieve a more coordinated response to the HIV epidemic.

HRSA/CENTERS FOR DISEASE CONTROL AND PREVENTION INTEGRATED PLAN AND PLANNING EFFORTS

HRSA is collaborating with the Centers for Disease Control and Prevention (CDC)—which supports health departments and community-based organizations, as well as laboratory and behavioral research focused on preventing HIV infection and reducing the incidence of HIV-related illness and death—to help reduce

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DIRECTOR'S NOTE

Partnerships at all levels are vital to the success of the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program and its mission of ending the national HIV epidemic. Partnerships help agencies and organizations avoid duplication of effort and spending so they can run more effectively and efficiently, maintain accountability, and identify and address gaps in services to ensure more cohesive and comprehensive care services for people living with HIV (PLWH).

At the national level, the HRSA HIV/AIDS Bureau (HAB) partners with multiple federal agencies and departments—such as the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and U.S. Department of Housing and Urban Development (HUD)—to facilitate collaboration among health care providers, coordinate care and treatment services for PLWH, and address housing issues among PLWH. In addition, state partnerships pave the way for better care coordination and data sharing among recipients, and community partnerships bring training and education to health care providers, as well as counseling, testing, dental, and many other essential support services to PLWH.

For the Ryan White HIV/AIDS Program, these partnerships yield tangible results. For instance, among patients receiving care through the program, 94.2 percent were prescribed antiretroviral treatment by their health care providers, and about 76.7 percent of clients were virally suppressed.¹ By comparison, 52.1 percent, or about half of patients who were uninsured and not receiving Ryan White HIV/AIDS Program assistance, received antiretroviral treatment, and only 39 percent were virally suppressed.²

Yet much work remains. By continuing to build and grow these partnerships, we are creating a stronger foundation of care for the entire Ryan White HIV/AIDS Program community and for people everywhere living with HIV.

Laura W. Cheever, M.D., Sc.M.
Associate Administrator for the HIV/AIDS Bureau, Health Resources and Services Administration

1. Health Resources and Services Administration (HRSA). 2016. *Ryan White HIV/AIDS Program Annual Client-Level Data Report, RWHAP Program Services Report*. Rockville, MD: HRSA. Available at hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2016.pdf.
2. Centers for Disease Control and Prevention. July 2017. "Understanding the HIV Care Continuum." Available at www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf.

recipients' reporting burden, streamline the work of health department staff and HIV planning groups, and promote collaboration and coordination in using data. This collaborative planning has allowed jurisdictions to submit one Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, to both agencies.³

Housing Opportunities for Persons With AIDS

Studies show that PLWH are more likely to be homeless than the general population; at least half of PLWH are homeless or unstably housed after they are diagnosed. PLWH who lack stable housing can have significant disparities in HIV treatment access, retention, and health outcomes, compared with those who have stable housing.⁴

Through the Housing Opportunity for Persons With AIDS (HOPWA) Program, HUD addresses the housing needs of low-income PLWH and their families. HRSA and HUD have partnered on a Ryan White HIV/AIDS Program Part F Special Projects of National Significance (SPNS) Program initiative to improve the coordination of health care and housing assistance for PLWH. The initiative, Addressing HIV Care and Housing Coordination Through Data Integration to Improve Health Outcomes Along the HIV Care Continuum, is funding five performance sites, which will integrate

HRSA CARE Action

Publisher

U.S. Department of Health and Human Services
Health Resources and Services Administration, HIV/AIDS Bureau
5600 Fishers Lane, Mail Stop 095WH03
Rockville, MD 20857
Telephone: 301.443.1993

Prepared for HRSA/HAB under Contract No. HSH250201500003A

Photographs

Cover: Shutterstock

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This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration. Neither HHS nor HRSA endorses the products or services of the listed resources.

HRSA and HUD data systems and enhance service coordination over two years.⁵

Most Ryan White HIV/AIDS Program and HOPWA data systems are “silos,” which may result in knowledge gaps between Ryan White HIV/AIDS Program and HOPWA providers and inefficiencies for clients accessing care and services from separate health care and housing service delivery systems. Integrating both housing and HIV care client-level data systems has the potential to improve a community’s ability to coordinate services, identify and address service gaps, and evaluate program effectiveness across the two programs.

Partnerships for Care

In 2014, HRSA and CDC collaborated for the initiative “Partnerships for Care: Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes,” a three-year project that built sustainable partnerships between 22 HRSA-funded health centers and four CDC-funded state health departments to—

- Identify more people with undiagnosed HIV infection.
- Create new access points for HIV testing, care, and treatment.
- Improve HIV outcomes along the continuum of care for PLWH, especially disproportionately affected racial and ethnic minorities.⁶

The project, which ended in 2017, leveraged health centers’ existing primary care infrastructures to enhance the use of data systems for public health follow-up and re-engagement in care and to build the capacity of the health care workforce.⁷

Eligible health centers were required to have formal partnership agreements with a funded state health department, have at least 30 percent of health center patients representing racial and ethnic minority populations, use electronic health records, and not be receiving direct funding under Part C of the Ryan White HIV/AIDS Program.⁸

BREAKING DOWN BARRIERS TO DATA-SHARING IN ARIZONA

Working through the organizational and legal barriers to sharing data has been one of the biggest challenges for the Ryan White HIV/AIDS Program in Arizona. After more than eight years of effort and significant attempts to create data-sharing agreements based on the recipients’ experience with developing an integrated eligibility system for Parts A and B, the Arizona Department of Health Services (ADHS), Maricopa County Department of Public Health (MDCPH), and the Maricopa Integrated Health System (MIHS) are close to reaching an agreement.

Agency officials described a multilevel process in which partners from Ryan White HIV/AIDS Program Parts A, B, C, and D, as well as agency legal counsel and procurement staff from these agencies, were all involved in developing the agreements to ensure all sides were represented.

The following kinds of client-level data will be shared from each agency’s CAREWare and Eligibility systems:

- Race/ethnicity.
- HIV diagnosis.
- Last medical and case management visit.
- Eligibility status.
- Income.
- Housing status.
- ADAP and Ryan White HIV/AIDS Program A/B eligibility status.
- Viral load.

Data sharing lays the foundation for a coordinated and integrated client data system and will enable the agencies to evaluate health outcomes and maximize resources by creating system efficiencies that had not previously existed, agency officials said.

By facilitating collaboration among health care providers through 36 HIV Care Teams—which included one primary care provider trained in HIV care and at least two other service providers—health centers had accomplished the following by the end of the project’s second year:

- Provided HIV testing to 77,347 patients.
- Integrated HIV services into primary care and served 7,427 PLWH, 83 percent of whom were prescribed antiretroviral therapy.
- Showed an improving trend in viral suppression rates for PLWH; 76 percent of these patients were virally suppressed.
- Re-engaged 857 PLWH in HIV care.⁹

State Partnerships

HRSA HAB’s Ryan White HIV/AIDS Program Part B funds grants to states to improve the quality, availability, delivery, and organization of HIV care, treatment, and support services. Part B funding includes the AIDS Drug Assistance Program (ADAP), which enables recipients—state health departments or other state entities—to provide medications to clients. States must use Part B grant funds to provide core medical and support services to PLWH.¹⁰

Partnership plays a critical role for Part B recipients to ensure that PLWH have access to HIV care and treatment services. One example of this is the coordination between HRSA’s HAB and CDC’s Division of HIV/AIDS Prevention to support integrated data sharing among local, state, and territorial health departments. HAB strongly encourages establishing data-sharing agreements to ensure clarity about the process and purpose of data sharing and use. Integrated HIV data sharing and use by local, state, and territorial health departments can promote progress in reaching the goals of ending the national HIV epidemic and improving outcomes on the HIV care continuum.¹¹

Metropolitan and Local Partnerships

HRSA HAB’s Ryan White HIV/AIDS Program funds cities, counties, and community-based organizations through—

- Part A, which funds medical and support services to Eligible Metropolitan Areas and Transitional Grant Areas (TGAs)—population centers that are the most severely affected by the HIV epidemic.
- Part C, which administers funds for local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for PLWH through Early Intervention Services and ambulatory care.
- Part D, which administers funds for local, community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth living with HIV.
- Part F, which funds clinician training, technical assistance, and the development of innovative models of care to improve health outcomes and reduce HIV transmission.

Improving Access to Dental Care in Maryland

In addition to routine dental issues, PLWH can have oral health problems associated with weakened immune systems. Uninsured PLWH are three times more likely to have untreated dental needs than PLWH with private insurance. In addition, oral infections, mouth ulcers, and other severe dental conditions associated with HIV infections go untreated more than twice as often as other health problems related to the disease.¹²

All Ryan White HIV/AIDS Program Parts may support the provision of oral health services. However, two Part F programs focus on funding oral health care for PLWH: the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program (CBDPP). Between July 2014 and June 2015, nearly 7,200 dental students, residents, and dental hygiene students provided oral health services to more than 38,400 individuals living with HIV.

Partnership plays a key role in the implementation of CBDPP. Since 2002, the Program has been increasing access to oral health care services for PLWH and providing education and clinical training for oral health providers, especially those practicing in community-based settings. The program works through multipartner collaborations between dental and dental

hygiene education programs and community-based dentists and dental clinics.¹³

For example, through the Ryan White HIV/AIDS Program, the University of Maryland School of Dentistry's PLUS Clinic has been providing dental care for PLWH for 25 years. Services offered include restorations (fillings); dentures and partial dentures (bridges); single-unit crowns; extractions; root canal therapy; diagnosis (biopsy) and treatment of oral pathology; and periodontal therapy with continued maintenance at regular intervals according to the dental treatment plan. Students working in the clinic are trained to identify the dental conditions associated with PLWH. They are taught how to provide their services in a caring environment sensitive to the needs of PLWH and how to practice proper infection-control techniques.

STORIES FROM THE FIELD: ARIZONA DEPARTMENT OF HEALTH SERVICES, MARICOPA INTEGRATED HEALTH SYSTEM, AND MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH (PARTS A, B, C AND D)

Successful Partnerships in Arizona Help Ryan White HIV/AIDS Program Agencies Share Data, Improve Clients' Health, and Enhance Client Services

Thanks to successful partnerships among the ADHS, MIHS, and MCDPH, both Ryan White HIV/AIDS Program staff and clients are benefiting from a newly integrated eligibility data system and enhanced care services.

These three Ryan White HIV/AIDS Program grant recipients collaborated for several years to identify and address each of the partner's challenges to sharing data. The agencies have built and maintained a very strong partnership that has helped their clients achieve an overall viral load suppression rate of 90 percent.

Collectively, these agencies provide HIV/AIDS care and treatment, behavioral health and social services, and medication and financial assistance to more than 12,000 PLWH in Arizona under Parts A, B, C, and D of the Ryan White HIV/AIDS Program. Through their partnership, the Ryan White HIV/AIDS Program recipients in Arizona have created a cohesive network that enables

seamless service delivery. Together, ADHS, MIHS, and MCDPH successfully reach more clients in historically underserved areas and address some of the barriers to service that create and sustain health disparities.

Benefits of Data Sharing

The integrated eligibility data system lays the foundation for a coordinated, if not an integrated, client data system, according to the partner agencies, whose programs provide services to many of the same clients. By integrating named client data, clinical data, and reliable income and insurance information, the programs can do the following:

- Ensure clients stay engaged in their care.
- Share viral load data collected by ADAP and Part A among the partner agencies, without adding an extra burden on clients or clinics.
- Monitor overall trends, as well as current and emerging HIV-related health disparities.
- Use named client data to coordinate interventions, improving linkage to care, treatment adherence, and viral load suppression. The partnership's biggest access to care success has been alerting clients to their potential eligibility for insurance and following up to ensure they enroll. The leveraged data systems have enabled recipients to reach a 98 percent insurance enrollment rate.
- Coordinate quality improvement efforts by flagging clients served by multiple agencies and designating agency leads for specific projects/efforts. This coordination reduces duplicative efforts among ADAP, case managers, and clinics.

For the data-sharing partnership to succeed, each agency had to have significant trust that the other partners would strictly adhere to the data-sharing agreements and that its own issues would be completely addressed. Additionally, it was important that the Chief Executive Officer of each agency support the partnership among the Ryan White HIV/AIDS Programs.

Filling in the Gaps

In addition to partnering with one another to share data, the agencies partner with Aunt Rita's Foundation, a nonprofit fundraising organization that helps

Arizona agencies and organizations provide additional client services and support to PLWH. With foundation funding, community-based agencies can provide such critical services as HIV testing, public education awareness campaigns, and other clinical and support services not funded by federal or state agencies.

Eric Moore, Senior HIV Program Manager at MIHS, believes that regular communication is key to the success of the Ryan White HIV/AIDS Program partnerships in Arizona. “Pick up the phone; you never will accomplish anything unless you talk to people,” said Moore. “You must be committed to excellence, which will help you pull strength from your partners,” added Rose Conner, Program Manager for Part A at MDPH. “You can do anything, but you can’t do everything. You have to have each other’s backs.”

STORIES FROM THE FIELD: BEXAR COUNTY HOSPITAL DISTRICT, ADMINISTRATOR OF THE RYAN WHITE HIV/AIDS PROGRAM PART A AND B FUNDS ON BEHALF OF THE SAN ANTONIO TRANSITIONAL GRANT AREA, SAN ANTONIO, TEXAS

Unique Partnerships in San Antonio Help Ryan White HIV/AIDS Program Maximize Services to PLWH

Through unique and nontraditional partnerships, the Bexar County Hospital District Ryan White HIV/AIDS Program is reaching PLWH who otherwise would not have access to HIV care and support services.

The Bexar County Hospital District Ryan White HIV/AIDS Program has a 22-agency memorandum of understanding (MOU) with a broadly developed network of community organizations, many of which they consider non-traditional partners, such as the San Antonio Police Department, San Antonio Food Bank, and local Veterans Administration. For example, the Ryan White HIV/AIDS Program has worked with the San Antonio Police Department for several years to distribute street kits containing condoms and information about HIV testing, treatment, and linkage to care to sex workers.

The Bexar County Hospital District Ryan White HIV/AIDS Program contracts for services with organizations located primarily in downtown San Antonio to provide

outpatient ambulatory health care; outpatient substance use, mental health, and early intervention services; dental services; medication payment assistance; medical and non-medical case management; medical nutrition therapy; medical transportation assistance; health insurance premium and cost-sharing assistance; and such support services as emergency financial assistance for clients and access to a food bank. Ryan White HIV/AIDS Program provider organizations include the University Health System Family-Focused AIDS Clinical Treatment Services Clinic, San Antonio AIDS Foundation, Alamo Area Resource Center (which houses a Lesbian, Gay, Bisexual, Transgender, Queer [LGBTQ] Health Equity Clinic), Centro Med Santa Rosa, and B.E.A.T. AIDS Coalition Trust.

The Bexar County Hospital District administers Ryan White HIV/AIDS Program Part A on behalf of the San Antonio Transitional Grant Area (SATGA). It receives guidance from the San Antonio HIV Health Services Planning Council on community needs, priorities, and percentages for how program funds should be spent within the SATGA. It also receives Ryan White HIV/AIDS Program Part B funding and collaborates locally with organizations receiving Parts C, D, and F funding.

The Bexar County Hospital District’s Ryan White HIV/AIDS Program serves 4,022 PLWH out of the area’s 6,343 identified PLWH. San Antonio has the largest concentration of PLWH in the SATGA. About 91 percent of Ryan White HIV/AIDS Program clients served live in Bexar County, and the remainder live in one of three surrounding counties.

The SATGA’s client population is between six percent and seven percent African American and 63 percent Latino. Eighty percent of new HIV cases are men who have sex with men, 12 percent are heterosexual, and six percent are injection drug users. Seventy percent of PLWH receiving care through the Ryan White HIV/AIDS Program have achieved viral suppression, with an 89 percent retention in care rate.

Partnering to Address HIV and Syphilis

The HIV Syphilis Testing Task Force is one of Bexar County Hospital District’s most active partnerships. The task force formed in response to the city’s increasing

rates of syphilis and congenital syphilis and the need to address and share resources to reduce the incidence of both HIV and syphilis in the community.

The Bexar County Hospital District Ryan White HIV/AIDS Program was one of the task force's founding sponsors and served as a co-chair, providing monthly meeting space, overall administrative support, and training assistance, such as training community outreach workers in the use of both male and female condoms and providing access to phlebotomy training.

The all-volunteer task force holds monthly meetings that bring together an average of 30 to 40 people from about 90 San Antonio health agencies and organizations, including schools, universities, the Coalition Against Sex Trafficking, and HIV-specialized pharmacies.

During the meetings, partners discuss the challenges, gaps, and progress related to local testing, prevention, treatment, and linkage-to-care efforts. Task force members strive to identify strategies for most efficiently working together, using resources, decreasing duplication of services, and determining where to concentrate services. Other task force activities include assessing the community's epidemiological data and identifying gaps where testing and treatment barriers exist. Since no single organization can cover all of these areas, the task force collaborates to find the best ways to meet the community's needs.

"We could not do our work without partnerships," says Charlene Doria-Ortiz, Ryan White HIV/AIDS Program Director. "The [HIV] epidemic is community-driven, so we must be community-driven. If we do not know the community, we cannot develop and design strategies that would be effective in reducing the rate of HIV in our community.

Successful Partnerships Take Time

Building trusting relationships that have developed slowly over time has been key to the success of Bexar County Hospital District's partnerships. Offering partners consistent systems, showing respect, listening to and learning from one another, and valuing each partner's input are also essential to successful partnerships.

"We make 'community input' an ongoing verb and action with us," says Ms. Doria-Ortiz. "A partnership is not a one-time meeting, but a living thing that we work on constantly. Our relationships are braided in the fabric of our program and make a difference in our community."

STORIES FROM THE FIELD: ALASKA NATIVE HEALTH CONSORTIUM, ANCHORAGE, ALASKA (RYAN WHITE HIV/AIDS PROGRAM PART C AND PART F)

Consolidating Partner Strengths and Services, Leveraging Technology, and Crafting Creative Solutions Break Through Alaska's Barriers to HIV Care

Providing health services to PLWH in remote areas of Alaska can be very challenging. Barriers include stigma, long-distance travel to access care, limited access to quality HIV care, and low retention rates among primary medical care providers.

Finding creative solutions and partnerships among Ryan White HIV/AIDS Program HIV care providers who may live very far from clients, local community leaders, and PLWH is essential. However, the Alaska Native Health Consortium (ANHC) is doing just that by breaking through barriers to service delivery and care for both their rural and urban PLWH clients.

ANHC is a nonprofit Tribal health organization designed to meet the unique health needs of Alaska Native and American Indian people living in Alaska. ANHC receives Ryan White HIV/AIDS Program Part C funding for providing clinical HIV medical care services and Part F funding as an AIDS Education and Training Center.

ANHC provides HIV clinical care services to about 245 PLWH at the Alaska Native Medical Center in Anchorage. Through partnerships, ANHC has established field clinics that offer HIV care to patients in rural areas across the state. Patients range in age from very young people to older adults.

To better serve patients living in rural and remote areas of Alaska, ANHC teamed with 10 Tribal health partners to establish field clinics. Every six weeks, ANHC staff travel to different field clinics across the state. ANHC staff have earned the trust and respect of Tribal leaders by closely communicating and collaborating with

them when planning site visits and determining which services to offer patients.

Through its Ryan White HIV/AIDS Program Capacity Building Development grant, ANHC partners with local providers to offer HIV training, education, counseling, and testing services in 28 remote villages in the frontier region of southwest Alaska. To reduce the need for community health workers to travel from their remote villages to hospital hubs in the frontier region, ANHC uses live video visits from the hospital to conduct tele-trainings.

Partnerships form with people who are passionate about improving the lives of PLWH and who are looking for ways to collectively improve their efforts, according to Laurali Riley, Program Manager for HIV Clinical Services at ANHC. Partners work together to identify service limitations and look for ways other organizations can complement and fill service gaps.

For example, in Anchorage, homelessness is a serious challenge due to the high cost of living and limited housing. About 63 percent of ANHC's PLWH patient population living in Anchorage is homeless or at risk for homelessness. In addition, substance use disorder among patients is on the rise. Since ANHC provides only HIV medical care and treatment, it forged a partnership through an MOU with the Alaska AIDS Assistance Association. Also known as The Four A's, this nonprofit HIV/AIDS service organization provides ANHC Ryan White HIV/AIDS Program clients with case management, mental health services, substance use treatment, housing assistance, nutrition counseling, and medication assistance programs to ensure that ANHC patients have access to such services.

ANHC also partners with the Anchorage-based South Central Foundation to provide primary care services to PLWH. In addition, ANHC has a close working relationship with the Alaska Health Department's epidemiology program, with which it meets monthly, along with The Four A's, to review data and identify PLWH who need care. Together, the partners identify strategies to get patients engaged or reengaged in care.

For the past 12 years, ANHC has also had an MOU with the Interior Community Health Center based in

Fairbanks, Alaska's second-largest city. The Interior Community Health Center offers primary care services consisting of medical, dental, and integrated behavioral health services for people in Alaska's interior region. Because the Interior Community Health Center does not offer HIV medical care, ANHC holds quarterly HIV clinics and provides medical case management for the Fairbanks area. They then hold remote follow-up HIV care with patients as needed.

This partnership has been very well received by health center providers and patients. "Primary care providers appreciate the HIV care providers' expertise, as with so many competing priorities primary care providers may not be as up-to-date with changing optimal care recommendations—especially when they have only a few patients living with HIV. Patients really appreciate the specialty care," says Ms. Riley.

LESSONS LEARNED

Successful ANHC partnerships in Anchorage and the rural areas of Alaska have contributed to a viral suppression rate among ANHC clients of 93 percent. Ms. Riley cites several key elements to the success of ANHC that enable the community at large to address the challenging barriers they face working in Anchorage, as well as across this vast state.

"It takes a village" to address the myriad needs, Ms. Riley emphasizes. According to her, flexibility is key, and because what works in one community may not work in another, it is important to find local champions. In addition, consistency helps solidify partnerships. It is important to be present and keep commitments because everyone is very busy and has limited time. "You want to be the one organization to count on," says Ms. Riley.

Keeping the best interest and outcomes of PLWH at the forefront of partner discussions is important to the success of partnerships. Finally, providing care in such a vast area requires creativity, good listening skills, and having an open mind to consider unique approaches to service delivery.

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