While the Federal government’s investment in treatment and research is helping people with HIV/AIDS live longer and more productive lives, HIV continues to spread at a staggering national rate. The latest incidence data from the Centers for Disease Control and Prevention (CDC) estimates nationally there were 48,100 new HIV infections in 2009. The graph below depicts the HIV/AIDS epidemic in Arkansas according to the latest data from the CDC. Note that the following HIV/AIDS statistics only represent a portion of the epidemic in the U.S.—those cases that have been both confirmed through testing and reported.

**Reported AIDS Cases**

![Graph](image)
**Demographic Trends**

The HIV/AIDS epidemic disproportionately affects those at risk from social factors such as disparity and discrimination. The following demographic numbers are from the Arkansas Department of Health as of December 31, 2010.

### **Cumulative AIDS Cases by Gender, 2010**

- **Male**: 81%
- **Female**: 19%

### **Persons Living with HIV/AIDS by Race / Ethnicity, 2010**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6,636</td>
<td>53.6%</td>
</tr>
<tr>
<td>Black</td>
<td>5,053</td>
<td>40.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>390</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>291</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

### **Counties**

[Map of Arkansas showing AIDS cases by county]
<table>
<thead>
<tr>
<th>Program</th>
<th>Department</th>
<th>Agency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevention</td>
<td>Health &amp; Human Services</td>
<td>Centers for Disease Control &amp; Prev.</td>
<td>$2,089,496</td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>Part A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$8,626,416</td>
</tr>
<tr>
<td>Part B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td></td>
<td>$3,574,096</td>
</tr>
<tr>
<td>ADAP</td>
<td></td>
<td></td>
<td>$5,015,754</td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$1,255,992</td>
</tr>
<tr>
<td>Part C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$601,528</td>
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<tr>
<td>Part D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>AETC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ryan White –</td>
<td>Health &amp; Human Services</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>SPNS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOPWA</td>
<td>Housing &amp; Urban Dev.</td>
<td>Office of HIV/AIDS Housing</td>
<td>$849,352</td>
</tr>
</tbody>
</table>

**Prevention**

The Centers for Disease Control and Prevention provided Arkansas with $2,089,496 for HIV prevention programs in 2010. These funds were allocated to state and local health departments and community-based organizations to finance counseling, testing programs, health education/risk reduction activities, and surveillance/monitoring programs.⁴

**Ryan White CARE Act**

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, enacted in 1990 and reauthorized in 1996, 2000, 2006, and 2009 is the centerpiece of the federal government’s efforts to improve the quality and availability of care for medically underserved individuals and families affected by HIV/AIDS. The CARE Act, administered by the HIV/AIDS Bureau of the Health Resources and Services Administration, provides funding to states, territories, and other public and private nonprofit entities to develop, organize, coordinate, and operate more effective and cost-efficient systems for the delivery of essential health care and support services to people living with HIV/AIDS and their families.
Part A – Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAS):  Part A provides funding to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs), areas that are disproportionately affected by the HIV epidemic. To be considered EMAs, metropolitan areas must have more than 2,000 cumulative AIDS cases over the last five years and a population of 50,000 or more. Cities are considered TGAs if they have at least 1,000, but not more than 1,999, cumulative AIDS cases in the last five years, and a population of 50,000 or more.

In FY 2010, the state did not receive Part A funding.

Part B – States and Territories: Part B helps state health departments improve the quality, availability, and organization of HIV health care and support services. In addition to base grant, Part B funds support the AIDS Drug Assistance Program (ADAP) which provides medications to individuals with low income, the Minority AIDS Initiative (MAI), and Supplemental Grants for Emerging Communities (EC), cities reporting between 500 and 1,999 cumulative AIDS cases in the past five years.

In FY 2010, the state received $8,626,416 in CARE Act Part B funds.

Part C – Early Intervention Services: Part C supports competitive grants to provide medical treatment and medical support services for people living with HIV including HIV testing, early intervention services, risk reduction counseling, case management, outreach, oral health, nutrition, and mental health services. Part C supports Early Intervention Services (EIS) grants that provide services for HIV positive individuals with low income who are uninsured or underinsured as well as grants for planning and capacity building to help rural or underserved communities develop high-quality HIV primary care. In FY 2010, the state received $1,255,992 in Part C funds.

Part D – Capacity Building and Women, Infants, Children, Youth and Their Families: Part D focuses on the operation and development of primary care systems and social services for women and youth, who represent a growing share of the epidemic. In FY 2010, the state received $601,528 in Part D funds.

Other CARE Act Funding Programs:

AIDS Education and Training Centers (AETC) Program: AETCs provide training, consultation, and information to HIV health care providers through a network of 1 international center; 5 national centers (the AETC National Resource Center, the National HIV/AIDS Clinicians’ Consultation Center, the National Evaluation AETC, the AETC National Center for HIV Care in Minority Communities, and the AETC National Multicultural Center); 11 regional...
centers, each of which serves between two and ten states and/or territories; and over 130 local performance sites across all 50 states, the District of Columbia, and the U.S. territories. Funding is allocated to each of the 17 national and regional centers, which then distribute resources to local performance sites in each state.

**Total Statewide AETC Funding**: $0

**AETCs**

**Regional**:
- Delta Region AIDS Education and Training Center
- Louisiana State University Health Sciences Center
- School of Public Health
  - 136 South Roman Street, 2nd Floor
  - New Orleans, LA, 70112
  - Phone: 504-903-0788
  - Fax: 504-903-7186
  - Web Site: www.deltaaetc.org
  - Serves: AR, LA, MS

**Local**:
- Arkansas AETC
  - Jefferson Comprehensive Care System, Inc.
  - 120 W. 5th Street, Suite 301
  - Pine Bluff, AR, 71601
  - Phone: 870-535-3062
  - Fax: 870-536-7596
  - Web Site: www.deltaaetc.org

**Dental Program**: The Ryan White Care Act Dental program provides funding to the Community Based Dental Program, which aims to increase HIV-positive individuals’ access to oral health care services while providing education and clinical training for dental care providers. The Dental program also provides funding for a Dental Reimbursement Program which reimburses dental schools, postdoctoral dental education programs, and dental hygiene programs for oral health care of individuals living with HIV.

In FY 2010, the total funding allocated to the state’s dental program was $0.

**Special Projects of National Significance (SPNS)**: SPNS is the research and development aspect of the Ryan White CARE Act. SPNS is responsible for assessing the effectiveness of certain care models, providing support for innovative models of HIV/AIDS service delivery and for assisting the replication of effective models across the nation.
Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons with AIDS program (HOPWA) provides housing assistance and related supportive services for HIV positive persons with low income and their families. Funding is provided in the form of formula grants, which are awarded to eligible states and cities on behalf of their metropolitan areas, and competitive grants, which are awarded to model projects or programs.

The Department of Housing and Urban Development (HUD) provided the state a total of $849,352 HOPWA funding in FY 2010.

<table>
<thead>
<tr>
<th>HOPWA Funding Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$849,352</td>
</tr>
<tr>
<td>Competitive</td>
<td>$0</td>
</tr>
</tbody>
</table>

State Issues

ADAP - AIDS Drug Assistance Programs save lives by providing HIV-related medications to uninsured and under insured individuals. Over 2010, the economic recession put increased pressure on states budgets, at the same time also caused an increase in clients seeking to enroll in ADAPs, putting many State ADAPs in crisis. As a result, Arkansas reduced its drug formulary and reduced eligibility levels to 200% Federal Poverty Level or below. Still, 40 individuals remain on the waiting list for Arkansas’ ADAP as of July 1, 2011.

Syringe Exchange – In 2009, the nationwide ban on a state’s use of federal funds for Syringe Exchange Programs (SEPs) was removed through appropriations legislation and signed by President Barack Obama. Numerous studies have indicated that SEPs offer vital care and services to intravenous drug users and reduce risk behavior. Yet, despite long held support from the CDC, NIH, and the majority of the medical and scientific community, syringe exchange programs remain politically targeted. There are currently no exchange programs operating in Arkansas.

Policy and Law

Criminalization of HIV, which is often dependent on known status, creates barriers to testing along with discouraging disclosure and fostering stigma. In Arkansas, failure to disclose HIV status to sexual partners or to medical care providers can result in criminal penalties. Several cases have been prosecuted in the past few of years, including a twenty year sentence for an individual who failed to inform a sexual partner of HIV status.
AIDS United Partners and Grantees
AIDS United promotes collaborative local planning and provides strategic grants and technical support to more than 400 direct service organizations annually through our Community Partnerships, Public Policy Committee, and targeted initiatives such as AmeriCorps, Access to Care (A2C), GENERATIONS/Women’s Initiative, Southern REACH, Puerto Rico grantmaking, and the Syringe Access Fund.

Living Affected Corporation, Little Rock (REACH)

State AIDS Director

AIDS Director
Kellye McCartney
Interim Section Chief
HIV/STD/Viral Hepatitis Section
Arkansas Department of Health
4815 Markham St
Slot H-33
Little Rock, Arkansas, 72205
Phone: 501-661-2466
Fax: 501-661-2387
Kellye.McCartney@Arkansas.gov

About Us
The mission of AIDS United is to end the AIDS epidemic in the United States. We will achieve this goal through national, regional and local policy/advocacy, strategic grantmaking, and organizational capacity building. With partners throughout the country, we will work to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve. AIDS United combines private-sector fundraising, philanthropy, coalition building, public policy expertise, and advocacy — as well as a network of passionate local and state partners — to most effectively and efficiently respond to the epidemic in the communities most impacted by it.

AIDS United
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Washington, DC 20005
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Fax: (202) 408-1818
www.aidsunited.org


Last Updated: July 6, 2011
v DHAP HIV Prevention Funding Allocations by State and Dependent Area (Fiscal Year 2010), Centers for Disease Control & Prevention, available from: http://www.cdc.gov/hiv/topics/funding/state-awards/index.htm.
x About the AIDS Education & Training Centers, AETC National Resource Center, available from: http://www.aids-ed.org/aidsed/paetc?page=ab-00-00.