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 Kansas through 2010 according to the Kansas Department of Health and Environment. 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**
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 Kansas Department of Health and Environment as of December 31, 2010.

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

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Persons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>1501</td>
<td>56.1%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>672</td>
<td>25.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>378</td>
<td>14.1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander Non-Hispanic</td>
<td>25</td>
<td>.9%</td>
</tr>
<tr>
<td>American Indian Non-Hispanic</td>
<td>19</td>
<td>.7%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>63</td>
<td>2.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>18</td>
<td>.7%</td>
</tr>
</tbody>
</table>

### Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedgwick County</td>
<td>703</td>
</tr>
<tr>
<td>Johnson County</td>
<td>558</td>
</tr>
<tr>
<td>Wyandotte County</td>
<td>470</td>
</tr>
<tr>
<td>Shawnee County</td>
<td>183</td>
</tr>
<tr>
<td>Leavenworth County</td>
<td>113</td>
</tr>
<tr>
<td>Douglas County</td>
<td>92</td>
</tr>
<tr>
<td>Geary County</td>
<td>41</td>
</tr>
<tr>
<td>Butler County</td>
<td>38</td>
</tr>
<tr>
<td>Riley County</td>
<td>35</td>
</tr>
</tbody>
</table>
**Fiscal Year 2010 Funding for HIV/AIDS in Kansas**

**At-a-Glance**

<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>$2,012,273</td>
</tr>
<tr>
<td>Ryan White - Part A</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>Ryan White - Part B</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$3,657,334</td>
</tr>
<tr>
<td>Base</td>
<td></td>
<td></td>
<td>$1,218,026</td>
</tr>
<tr>
<td>ADAP</td>
<td></td>
<td></td>
<td>$2,439,308</td>
</tr>
<tr>
<td>Ryan White - Part C</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$910,116</td>
</tr>
<tr>
<td>Ryan White - Part D</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$367,637</td>
</tr>
<tr>
<td>Ryan White - AETC</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>Ryan White - Dental</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>Ryan White - SPNS</td>
<td>Health &amp; Human</td>
<td>Health Resources &amp; Services Admin</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>Housing &amp; Urban Dev.</td>
<td>Office of HIV/AIDS Housing</td>
<td>$384,683</td>
</tr>
</tbody>
</table>

**Prevention**

The Centers for Disease Control and Prevention provided Kansas with $2,012,273 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.iv

**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, Kansas received $0 in Part A funding.⁵

• **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 $3,657,334 in CARE Act Part B funds.⁶

• **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 $910,116 in Part C funds.⁷

• **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 $367,637 in Part D funds.⁸

• **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**ix: $0

**AETCs**

**Regional:**
- Mountain Plains AIDS Education and Training Center
  University of Colorado Denver
  Department of Medicine, Division of Infectious Diseases
  12631 East 17th Avenue, MS 8204
  Aurora, CO, 80045
  Phone: 303-724-0867
  Fax: 303-724-0875
  Web Site: www.mpaetc.org
  Serves: CO, ND, SD, KS, NE, NM, UT, WY

**Local:**
- University of Kansas School of Medicine - Wichita
  1010 North Kansas, #2027
  Wichita, KS, 67214
  Fax: 316-293-1801
  Web Site: www.kaetc.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.xi

**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.

**Total SPNS Funding**xii: $0
**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 $384,683 HOPWA funding in FY 2010. xiii

<table>
<thead>
<tr>
<th>HOPWA Funding Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$384,683</td>
</tr>
<tr>
<td>Competitive</td>
<td>$0</td>
</tr>
</tbody>
</table>

**State Issues**

**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.xiv There are currently no exchange programs operating in Kansas.xv

**Policy and Law**

Criminalization of HIV, which is often dependent on known status, creates barriers to testing along with discouraging disclosure and fostering stigma. Kansas has one HIV-specific statute that allows for criminal prosecution for exposure to a life-threatening communicable disease. Importantly, in 2009 the Kansas Supreme Court ruled under this statute, there must be specific intent to expose sexual partners to HIV which could include factors such as condom use and disclosure.xvi

**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. There are no current grants in Kansas.
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
Jimmy Schneidewind
1424 K St. NW, Suite 200
Washington, DC 20005
Phone: (202) 408-4848
Fax: (202) 408-1818
www.aidsunited.org

4 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
5 Ryan White Part A Awards to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) for FY 2010, HRSA, US Department of Health and Human Services, available from: http://newsroom.hrsa.gov/releases/2010/parta.htm


