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June 21, 1999

Dear Colleague:

Enclosed please find epidemiological and HIV funding profiles for the 21 Northern California Congressional districts, prepared by the San Francisco AIDS Foundation's HIV Advocacy Network.

As you know, with the annual number of new HIV infections nationally estimated at 40,000, and more people with AIDS living longer than ever before thanks to expanded access to medical care and new drug therapies, the federal response to HIV/AID must also continue to grow. The enclosed district profiles demonstrate the profound effect that the HIV/AIDS epidemic continues to have on the lives and health of constituents in Northern California. The profiles also highlight the critical role that federal funding for HIV health care and supportive services, housing, and prevention plays in California's community-based response to AIDS.

As the Congress continues to debate whether to uphold FY 2000 spending caps that could result in drastic cuts to health and human services, including HIV/AIDS programs, we hope that these district profiles are helpful to our joint advocacy efforts to increase federal HIV/AIDS resources to Northern California.

If you have any questions, please feel free to contact either of us, or the Foundation's Policy Analyst, Janet Myers, at (415) 487-3080.

Sincerely,

Regina Aragón
Public Policy Director

Ernest Hopkins
Director of Federal Affairs

Enclosure

Congressional District 1

Epidemiology and Federal Funding Profile

Includes all of Del Norte, Humboldt, Lake, Mendocino and Napa Counties and portions of Solano and Sonoma Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 1, represented by Congressperson Mike Thompson, is no exception. As of December 31, 1998, the California Office of AIDS reports 3,247 cumulative cases of AIDS within the seven-county area that comprises District 1.

Congressional District 1 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 1.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 1

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$1,127,018
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$615,054
Ryan White CARE Act Title II Non-ADAP[3]	$1,030,413
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$533,127
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$583,648
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$18,797
Housing Opportunities for People with AIDS (HOPWA)[8]	$610,110
Total:	**$4,518,167**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Lake County serves both Lake and Mendocino Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Sonoma County receives some services from Title V SPNS grantee programs physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Lake County serves Lake and Mendocino Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 2

Epidemiology and Federal Funding Profile

Includes all of Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Trinity and Yuba Counties and portions of Butte County *

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 2, represented by Congressperson Wally Herger, is no exception. As of December 31, 1998, the California Office of AIDS reports 547 cumulative cases of AIDS within the ten-county area that comprises District 2.

Congressional District 2 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 2.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 2

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$62,560
Ryan White CARE Act Title II Non-ADAP[3]	$681,865
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$238,579
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$10,000
Housing Opportunities for People with AIDS (HOPWA)[8]	$105,269
Total:	**$1,098,273**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Butte County serves Butte, Glenn, Colusa, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehema, Trinity and Yuba Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Butte County serves Butte, Glenn, Colusa, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity and Yuba Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 3

Epidemiology and Federal Funding Profile

Includes all of Colusa, Glenn, Sutter, Tehema and Yolo Counties and portions of Butte, Sacramento and Solano Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 3, represented by Congressperson Doug Ose, is no exception. As of December 31, 1998, the California Office of AIDS reports 4,134 cumulative cases of AIDS within the eight-county area that comprises District 3.

Congressional District 3 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 3.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 3

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,408,273
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,002,804
Ryan White CARE Act Title II Non-ADAP[3]	$1,138,028
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,460,272
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$256,840
Housing Opportunities for People with AIDS (HOPWA)[8]	$896,648
Total:	**$7,162,865**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Sacramento, El Dorado and Placer Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Butte County serves Butte, Glenn, Colusa, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity and Yuba Counties. With Title II Case Management funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Butte County serves Butte, Glenn, Colusa, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity and Yuba Counties. With MCWP funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Dept. of Housing and Urban Development (HUD)

Congressional District 4

Epidemiology and Federal Funding Profile

Includes all of Alpine, Amador, Calaveras, El Dorado, Mono, Placer and Tuolumne Counties and portions of Sacramento County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 4, represented by Congressperson John Doolittle, is no exception. **As of December 31, 1998, the California Office of AIDS reports 3,035 cumulative cases of AIDS within the eight-county area that comprises District 4.**

Congressional District 4 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 4.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 4

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,876,411
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$966,388
Ryan White CARE Act Title II Non-ADAP[3]	$1,024,852
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,195,849
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$256,840
Housing Opportunities for People with AIDS (HOPWA)[8]	$676,750
Total:	**$6,997,090**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Sacramento, El Dorado and Placer Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 5

Epidemiology and Federal Funding Profile

Includes portions of Sacramento County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 5, represented by Congressperson Robert Matsui, is no exception. **As of December 31, 1998, the California Office of AIDS reports 2,672 cumulative cases of AIDS within Sacramento County, a portion of which comprises District 5.**

Congressional District 5 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 5.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 5

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,408,273
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$860,411
Ryan White CARE Act Title II Non-ADAP[3]	$529,587
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,195,849
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$246,840
Housing Opportunities for People with AIDS (HOPWA)[8]	$600,830
Total:	**$5,841,790**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Sacramento, El Dorado and Placer Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 6

Epidemiology and Federal Funding Profile

Includes all of Marin County and portions of Sonoma County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 6, represented by Congressperson Lynn Woolsey, is no exception. **As of December 31, 1998, the California Office of AIDS reports 2,923 cumulative cases of AIDS within the two-county area that comprises District 6.**

Congressional District 6 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 6.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 6

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,633,776
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$529,242
Ryan White CARE Act Title II Non-ADAP[3]	$511,771
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$357,355
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$232,622
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$18,155
Housing Opportunities for People with AIDS (HOPWA)[8]	$897,882
Total:	**$5,180,803**

NOTES:

[1] Title I funding includes $1,506,758 allocated to Marin County, $1,127,018 allocated to Sonoma County and targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve San Francisco, San Mateo and Marin Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Marin and Sonoma Counties receive some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 7

Epidemiology and Federal Funding Profile

Includes portions of Contra Costa and Solano Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 7, represented by Congressperson George Miller, is no exception. **As of December 31, 1998, the California Office of AIDS reports 3,071 cumulative cases of AIDS within the two-county area that comprises District 7.**

Congressional District 7 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 7.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 7

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$1,494,445
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$309,133
Ryan White CARE Act Title II Non-ADAP[3]	$415,748
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$408,089
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$251,508
Housing Opportunities for People with AIDS (HOPWA)[8]	$638,415
Total:	**$3,517,338**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Alameda and Contra Costa Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Contra Costa County receives some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 8

Epidemiology and Federal Funding Profile

Includes portions of San Francisco County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 8, represented by Congresswoman Nancy Pelosi, is no exception. **As of December 31, 1998, the California Office of AIDS reports 23,087 cumulative cases of AIDS within San Francisco, a portion of which comprises District 8.**

Congressional District 8 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 8.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 8

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$32,500,408
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$6,394,563
Ryan White CARE Act Title II Non-ADAP[3]	$1,311,214
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$585,000
Other Ryan White CARE Act Funding[5]	$3,444,457
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$257,849
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$8,756,000
Housing Opportunities for People with AIDS (HOPWA)[8]	$7,889,817
Total:	**$61,139,308**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve San Francisco, San Mateo and Marin Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Title V SPNS grantee programs physically located in San Francisco provide services to Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Sonoma Counties.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] Centers for Disease Control and Prevention (CDC) funding includes a Cooperative Agreement with San Francisco, the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure includes funding provided to eligible metropolitan areas (EMSAs) and funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA figures represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 9

Epidemiology and Federal Funding Profile

Includes parts of Alameda County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 9, represented by Congressperson Barbara Lee, is no exception. **As of December 31, 1998, the California Office of AIDS reports 5,421 cumulative cases of AIDS in Alameda County, a portion of which comprises District 9.**

Congressional District 9 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 9.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 9

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$4,779,091
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,137,279
Ryan White CARE Act Title II Non-ADAP[3]	$447,756
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$550,000
Other Ryan White CARE Act Funding[5]	$1,045,718
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,022,668
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$328,976
Housing Opportunities for People with AIDS (HOPWA)[8]	$1,616,875
Total:	**$10,928,363**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Alameda and Contra Costa Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Alameda County receives some services from Title V SPNS grantee programs physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 10

Epidemiology and Federal Funding Profile

Includes portions of Alameda and Contra Costa Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 10, represented by Congressperson Ellen Tauscher, is no exception. **As of December 31, 1998, the California Office of AIDS reports 7,443 cumulative cases of AIDS within the two-county area that comprises District 10.**

Congressional District 10 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 10.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 10

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$6,273,536
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,347,966
Ryan White CARE Act Title II Non-ADAP[3]	$635,506
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$550,000
Other Ryan White CARE Act Funding[5]	$1,045,718
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,404,913
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$580,484
Housing Opportunities for People with AIDS (HOPWA)[8]	$2,034,375
Total:	**$13,872,498**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Alameda and Contra Costa Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Alameda and Contra Costa Counties receives some services from Title V SPNS grantee programs physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 11

Epidemiology and Federal Funding Profile

Includes portions of Sacramento and San Joaquin Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 11, represented by Congressperson Richard Pombo, is no exception. **As of December 31, 1998, the California Office of AIDS reports 3,347 cumulative cases of AIDS within the two-county area that comprises District 11.**

Congressional District 11 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 11.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 11

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,408,273
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,076,583
Ryan White CARE Act Title II Non-ADAP[3]	$787,613
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$283,974
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,230,456
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$265,172
Housing Opportunities for People with AIDS (HOPWA)[8]	$720,169
Total:	**$6,772,240**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Sacramento, El Dorado and Placer Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Sacramento County serves Sacramento, Amador, Calaveras, El Dorado, Placer, Tuolumne and Yolo Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 12

Epidemiology and Federal Funding Profile

Includes portions of San Francisco and San Mateo Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 12, represented by Congressperson Tom Lantos, is no exception. **As of December 31, 1998, the California Office of AIDS reports 24,837 cumulative cases of AIDS within the two-county area that comprises District 12.**

Congressional District 12 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 12.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 12

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$34,779,543
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$6,786,518
Ryan White CARE Act Title II Non-ADAP[3]	$1,450,002
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$585,000
Other Ryan White CARE Act Funding[5]	$3,444,457
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$365,539
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$8,775,451
Housing Opportunities for People with AIDS (HOPWA)[8]	$8,553,597
Total:	**$64,740,107**

NOTES:

[1] Title I funding includes $32,432,620 allocated to San Francisco County, $2,279,135 allocated to San Mateo County and targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve San Francisco, San Mateo and Marin Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Title V SPNS grantee programs physically located in San Francisco provide services to Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Sonoma Counties.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] Centers for Disease Control and Prevention (CDC) funding includes a Cooperative Agreement with San Francisco, the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 13

Epidemiology and Federal Funding Profile

Includes portions of Alameda and Santa Clara Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 13, represented by Congressperson Pete Stark, is no exception. **As of December 31, 1998, the California Office of AIDS reports 8,306 cumulative cases of AIDS within the two-county area that comprises District 13.**

Congressional District 13 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 13.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 13

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$7,280,441
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$2,279,096
Ryan White CARE Act Title II Non-ADAP[3]	$1,054,242
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$1,134,136
Other Ryan White CARE Act Funding[5]	$1,045,718
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$1,264,625
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$810,566
Housing Opportunities for People with AIDS (HOPWA)[8]	$2,265,875
Total:	**$17,134,699**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve Alameda and Contra Costa Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Alameda and Santa Clara Counties receive some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 14

Epidemiology and Federal Funding Profile

Includes portions of San Mateo and Santa Clara Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 14, represented by Congressperson Anna Eshoo, is no exception. **As of December 31, 1998, the California Office of AIDS reports 4,635 cumulative cases of AIDS within the two-county area that comprises District 14.**

Congressional District 14 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 14.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 14

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$4,780,485
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,533,772
Ryan White CARE Act Title II Non-ADAP[3]	$745,274
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$584,136
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$349,647
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$501,041
Housing Opportunities for People with AIDS (HOPWA)[8]	$1,312,780
Total:	**$9,807,135**

NOTES:

[1] Title I funding includes targeted funds from the new Congressional Black Caucus HIV/AIDS Initiative, which serve San Francisco, San Mateo and Marin Counties. Figures are for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, San Mateo and Santa Clara Counties receive some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 15

Epidemiology and Federal Funding Profile

Includes portions of Santa Clara and Santa Cruz Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 15, represented by Congressperson Tom Campbell, is no exception. **As of December 31, 1998, the California Office of AIDS reports 3,331 cumulative cases of AIDS within the two-county area that comprises District 15.**

Congressional District 15 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 15.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 15

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,501,350
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,279,097
Ryan White CARE Act Title II Non-ADAP[3]	$751,806
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$947,435
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$427,169
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$589,932
Housing Opportunities for People with AIDS (HOPWA)[8]	$995,378
Total:	**$7,492,167**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Santa Clara County receives some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 16

Epidemiology and Federal Funding Profile

Includes portions of Santa Clara County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 16, represented by Congressperson Zoe Lofgren, is no exception. **As of December 31, 1998, the California Office of AIDS reports 2,885 cumulative cases of AIDS within Santa Clara County, a portion of which comprises District 16.**

Congressional District 16 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 16.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 16

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$2,501,350
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$1,141,817
Ryan White CARE Act Title II Non-ADAP[3]	$606,486
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$584,136
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$241,957
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$481,590
Housing Opportunities for People with AIDS (HOPWA)[8]	$649,000
Total:	**$6,206,336**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding. Although funds are not reflected in this profile, Santa Clara County receives some services from Title V SPNS grantees physically located in San Francisco.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 17

Epidemiology and Federal Funding Profile

Includes all of Monterey and San Benito Counties and portions of Santa Cruz County*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 17, represented by Congressperson Sam Farr, is no exception. As of December 31, 1998, the California Office of AIDS reports 1,182 cumulative cases of AIDS within the three-county area that comprises District 17.

Congressional District 17 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 17.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 17

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$371,153
Ryan White CARE Act Title II Non-ADAP[3]	$422,535
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$363,299
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$244,416
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$220,407
Housing Opportunities for People with AIDS (HOPWA)[8]	$491,933
Total:	**$2,113,743**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 18

Epidemiology and Federal Funding Profile

Includes all of Merced and Stanislaus Counties and portions of Fresno, Madera and San Joaquin Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 18, represented by Congressperson Gary Condit, is no exception. As of December 31, 1998, the California Office of AIDS reports 2,356 cumulative cases of AIDS within the five-county area that comprises District 18.

Congressional District 18 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 18.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 18

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$541,632
Ryan White CARE Act Title II Non-ADAP[3]	$1,086,233
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$283,974
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$164,365
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$167,520
Housing Opportunities for People with AIDS (HOPWA)[8]	$426,089
Total:	**$2,669,813**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 19

Epidemiology and Federal Funding Profile

Includes all of Mariposa County and portions of Fresno, Madera and Tulare Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 19, represented by Congressperson George Radanovich, is no exception. As of December 31, 1998, the California Office of AIDS reports 1,099 cumulative cases of AIDS within the four-county area that comprises District 19.

Congressional District 19 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 19.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 19

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$251,300
Ryan White CARE Act Title II Non-ADAP[3]	$749,438
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$0
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$75,871
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$143,908
Housing Opportunities for People with AIDS (HOPWA)[8]	$225,672
Total:	**$1,446,189**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 20

Epidemiology and Federal Funding Profile

Includes all of Kings County and portions of Fresno, Kern and Tulare Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 20, represented by Congressperson Calvin Dooley, is no exception. As of December 31, 1998, the California Office of AIDS reports 2,257 cumulative cases of AIDS within the four-county area that comprises District 20.

Congressional District 20 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 20.

*Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.

Federal Health Care and Support Service Funding – District 20

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$459,032
Ryan White CARE Act Title II Non-ADAP[3]	$1,002,015
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$222,667
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$75,871
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$166,606
Housing Opportunities for People with AIDS (HOPWA)[8]	$473,855
Total:	**$2,400,046**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998. With Title II Case Management funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS. With MCWP funds, Fresno County serves Fresno, Mariposa and Madera Counties.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)

Congressional District 21

Epidemiology and Federal Funding Profile

Includes portions of Kern and Tulare Counties*

Since the early 1980s, Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, have disproportionately affected California. Over 109,000 Californians have been diagnosed with AIDS, representing 17% of all cases reported in the United States. While more than 68,000 people have died from AIDS in this state, it is estimated that over 40,000 Californians are currently living with AIDS and that between 94,300 and 130,500 may be HIV-infected.

In recent years, the number of new cases of AIDS and deaths caused by HIV disease have been declining due to the success of prevention efforts, new drug therapies and better access to medical care. In California, AIDS deaths fell 38% from the first half of 1997 to the same period in 1998. Likewise, new AIDS cases declined 29%. However, while AIDS cases and deaths are declining, the number of new HIV infections has not diminished. **For these reasons, the number of people living with AIDS in California has grown almost 200% in the last five years.**

California has nine communities eligible for emergency federal assistance through Title I of the Ryan White CARE Act, more than any other state in the nation. These include: Los Angeles; Oakland (Alameda and Contra Costa Counties); Orange County; Riverside/San Bernardino; Sacramento (Sacramento, El Dorado and Placer Counties); San Diego; San Francisco (San Francisco, San Mateo and Marin Counties); San Jose, and; Santa Rosa/Petaluma.

HIV/AIDS, however, is not an epidemic confined to major metropolitan areas. As of December 31, 1998, all but one of California's 58 counties reported known cases of HIV/AIDS. Congressional District 21, represented by Congressperson William Thomas, is no exception. As of December 31, 1998, the California Office of AIDS reports 1,107 cumulative cases of AIDS within the two-county area that comprises District 21.

Congressional District 21 relies on a number of key federal funding sources to provide much needed HIV care, treatment, housing and prevention services. This profile illustrates the importance of federal funding for HIV/AIDS services in District 21.

***Note: Despite the fact that some districts contain only portions of some counties, figures are available for whole counties only. For this reason, the figures included in this profile reflect totals compiled by adding county-wide statistics. See additional notes on reverse.**

Federal Health Care and Support Service Funding – District 21

Ryan White CARE Act Title I Eligible Metropolitan Area[1]	$0
Ryan White CARE Act Title II AIDS Drug Assistance Program (ADAP)[2]	$271,300
Ryan White CARE Act Title II Non-ADAP[3]	$515,525
Ryan White CARE Act Title IIIB Early Intervention Programs[4]	$222,667
Other Ryan White CARE Act Funding[5]	$0
Medi-Cal Waiver Program (MCWP)/Community-Based Care[6]	$0
Centers for Disease Control and Prevention, HIV Prevention Funding[7]	$30,638
Housing Opportunities for People with AIDS (HOPWA)[8]	$250,724
Total:	**$1,290,854**

NOTES:

[1] Title I figure is for federal Fiscal Year 1999.

[2] Figures are for reimbursements from calendar year 1998. Because ADAP reimbursements are generated from a pool of federal and state funds and pharmaceutical company rebates, the figure derived for this district represents the total percentage of federal funding overall applied to reimbursements in the counties at hand.

[3] Title II Non-ADAP funding includes Consortia, CARE-HIPP (Health Insurance Premium Program) and the Case Management Program. Figures for Consortia are for federal Fiscal Year 1999. Figures for Care-HIPP reflect reimbursements made to counties in federal Fiscal Year 1998. Figures for the Case Management Program are from federal Fiscal Year 1998.

[4] Early Intervention Program figure is from federal Fiscal Year 1998.

[5] Other CARE Act funding includes Title IV, Title V Special Projects of National Significance (SPNS) and Title V Dental Reimbursements. All figures reflect federal Fiscal Year 1998 funding.

[6] Figures for the Medi-Cal Waiver Program (MCWP) are from calendar year 1998. The MCWP provides home and community-based care, including case management, skilled nursing, attendant care, home maker services, counseling and selected other services, to Medi-Cal recipients who have AIDS.

[7] The Centers for Disease Control and Prevention (CDC) figure includes funding for the Early Intervention Program, HIV Prevention Education and HIV Testing and Counseling. Figures are from calendar year 1998 with the exception of Early Intervention funds, which are from federal Fiscal Year 1998.

[8] HOPWA figure may include funding provided to eligible metropolitan areas (EMSAs), funding provided to the State of California and allocated by county, and/or funds received by HOPWA Special Project of National Significance (SPNS) grant awardees. EMSA and state figures included represent funding for federal Fiscal Year 1999. SPNS funds included represent a yearly proportion of total grants made in previous years.

Sources: California Department of Health Services, Office of AIDS, U.S. Health Resources and Services Administration (HRSA), U.S. Department of Housing and Urban Development (HUD)