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HIV CARE & TREATMENT

Engaging Rural Populations in HIV Care and Treatment: Examples From the Deep South



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Using a big-data approach to characterize disparities in the HIV care continuum and viral suppression among rural communities in Arkansas

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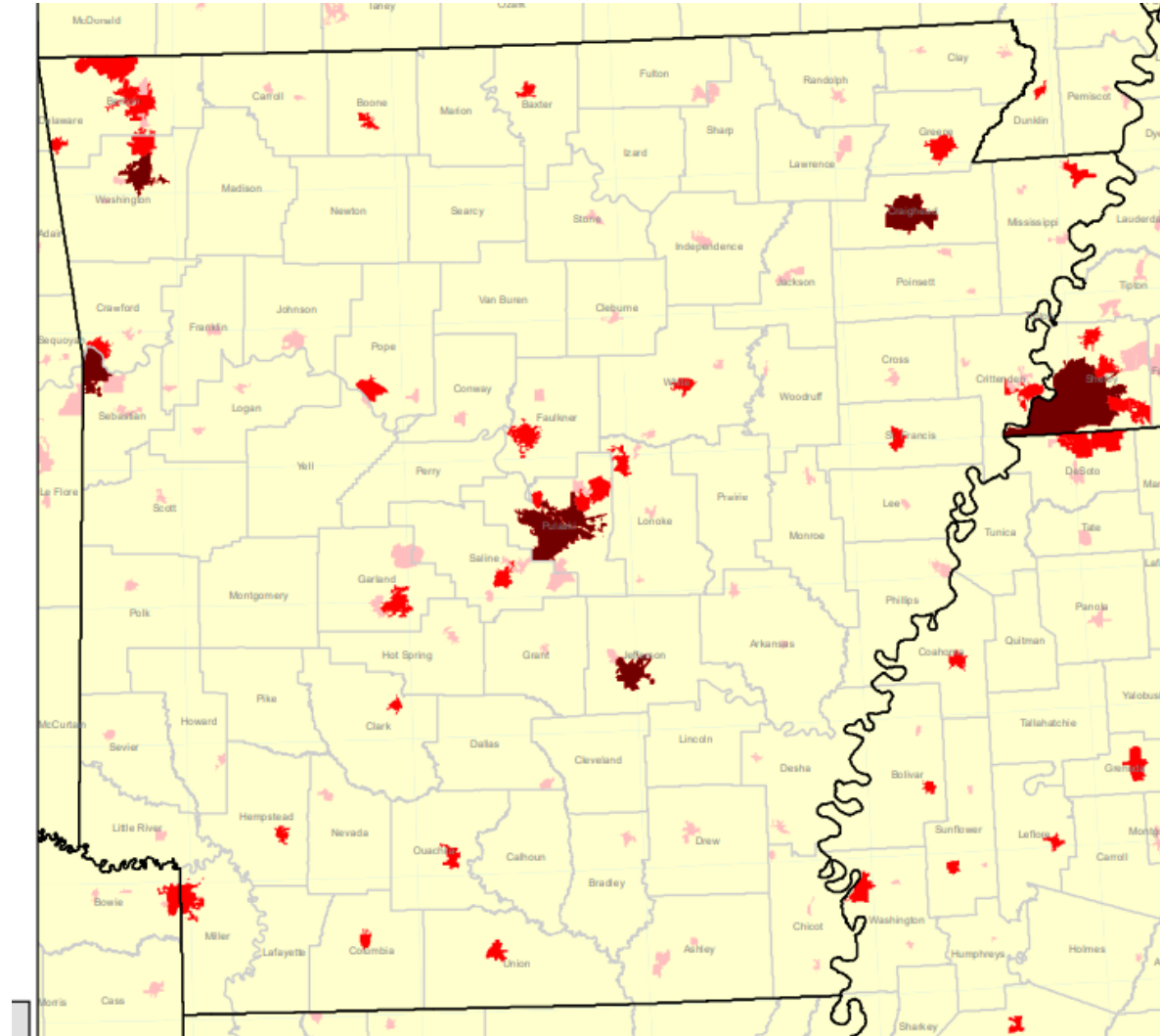
Learning Objectives



- ❖ Characterize engagement in the HIV care continuum in Arkansas
- ❖ Identify areas with low engagement in HIV care
- ❖ Explore facilitators and barriers to HIV care

Background

- ❖ 99% of areas are defined as rural
- ❖ 40% of residents live in rural areas
- ❖ Nearly 50% of the current 6,087 PLWHA lived in rural areas in 2017.
- ❖ Little is known about engagement in the HIV care continuum
- ❖ Systematic and comprehensive data is needed to fill in this gap.



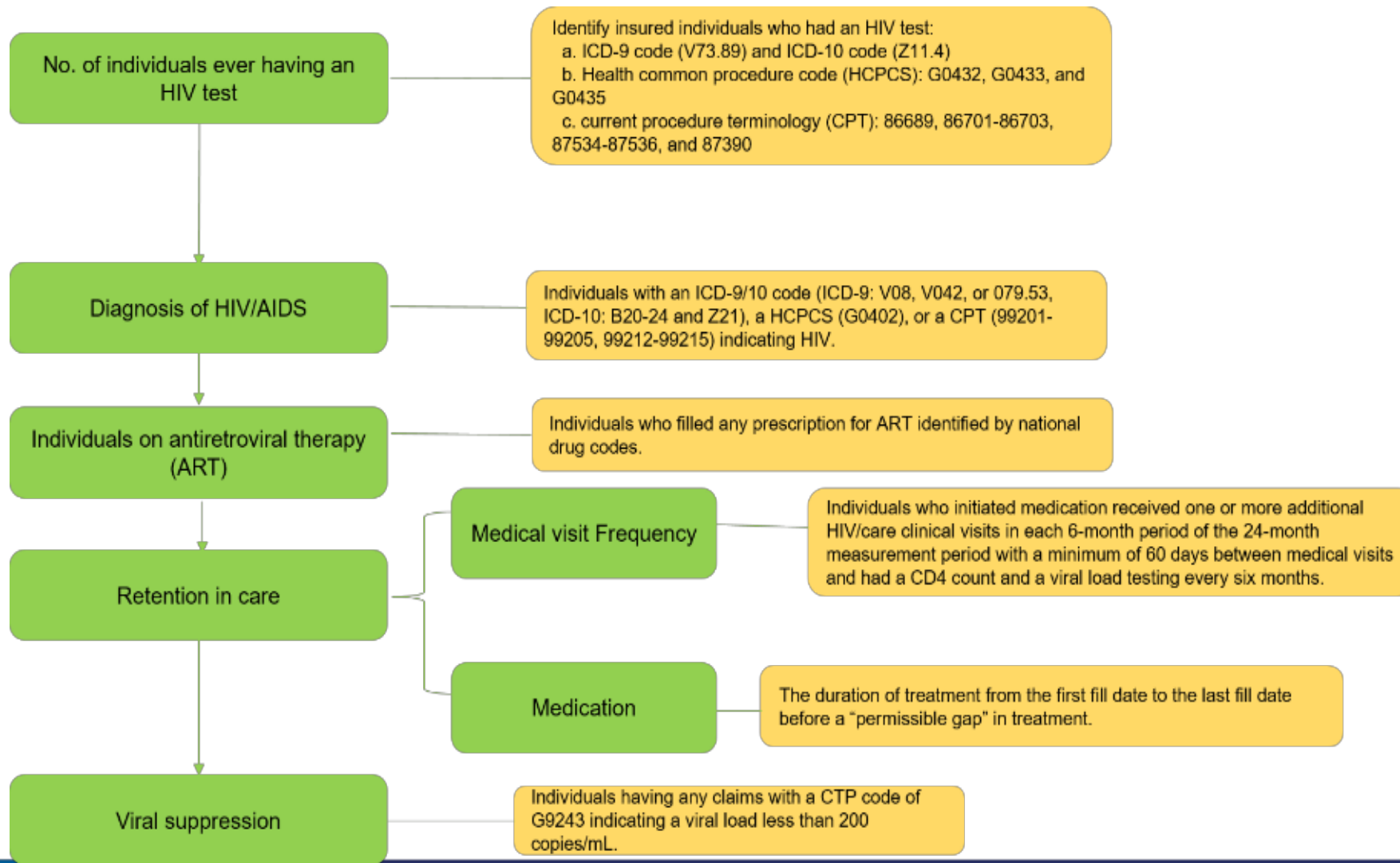
All Payers' Claims Database (APCD)



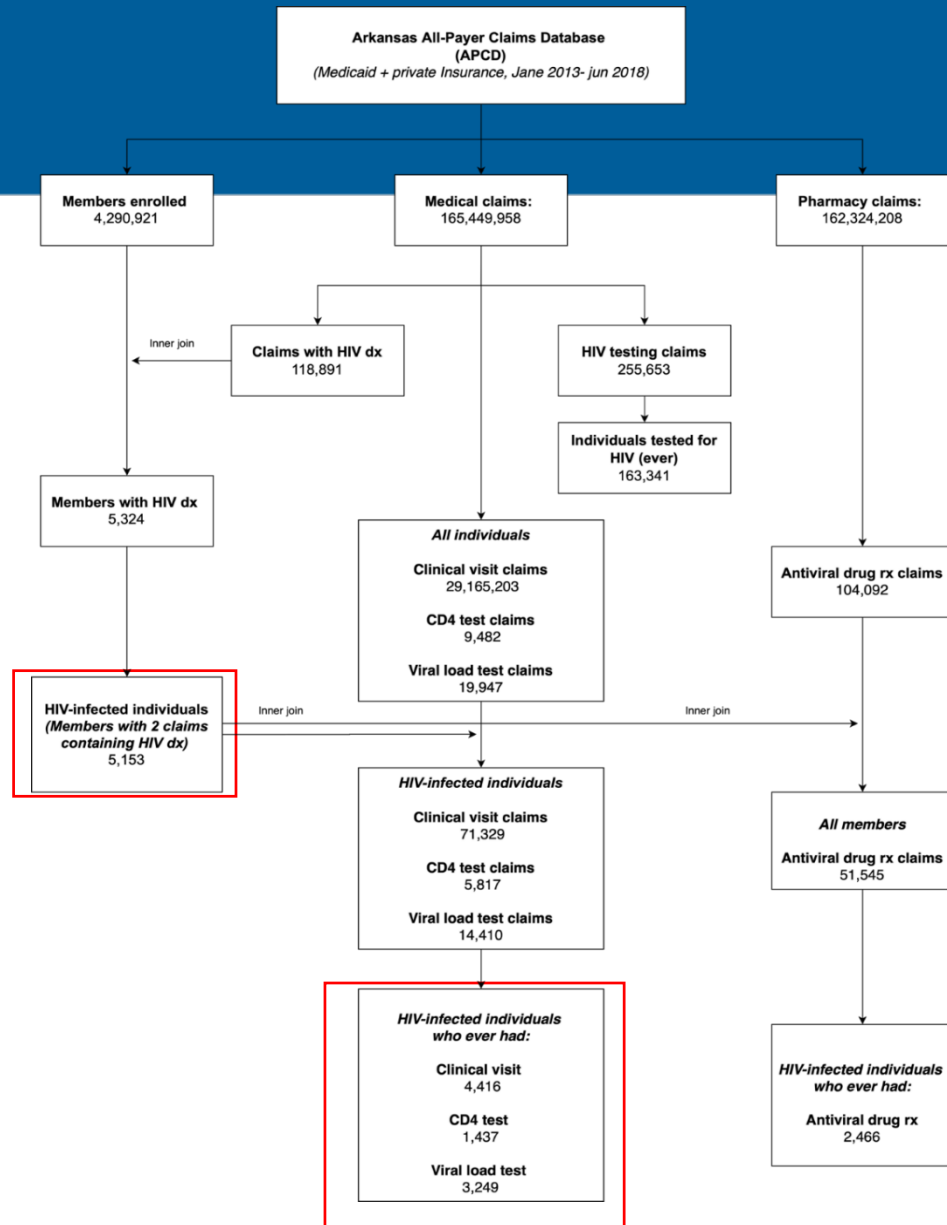
- APCDs include data from almost all state insurers, including Medicaid, Medicare, and private insurers.
- Stores information on enrollment, medical claims, pharmacy claims, dental claims, emergency claims.
- Contains ICD9/10 code, healthcare common procedure code (HCPCS), current procedure terminology (CPT), national drug code, national provider identifier, and so on.
- Linked by a unique identifier and create a natural cohort.



Algorithms to characterize the HIV care continuum



Flow chart of engagement in the HIV care continuum



During January 2013 to June 2018, we identified the total number of:

- 1) HIV tests performed (N=255,653);
- 2) PLWHA (N=5,153);
- 3) PLWHA who attended at least one clinical visit (N=4,416);
- 4) PLWHA who ever picked up prescriptions (N=2,466);
- 5) PLWHA who had at least one CD4 count (N=1,437);
- 6) PLWHA who had at least one viral load (N=3,249)

Engagement in the HIV care continuum per calendar year

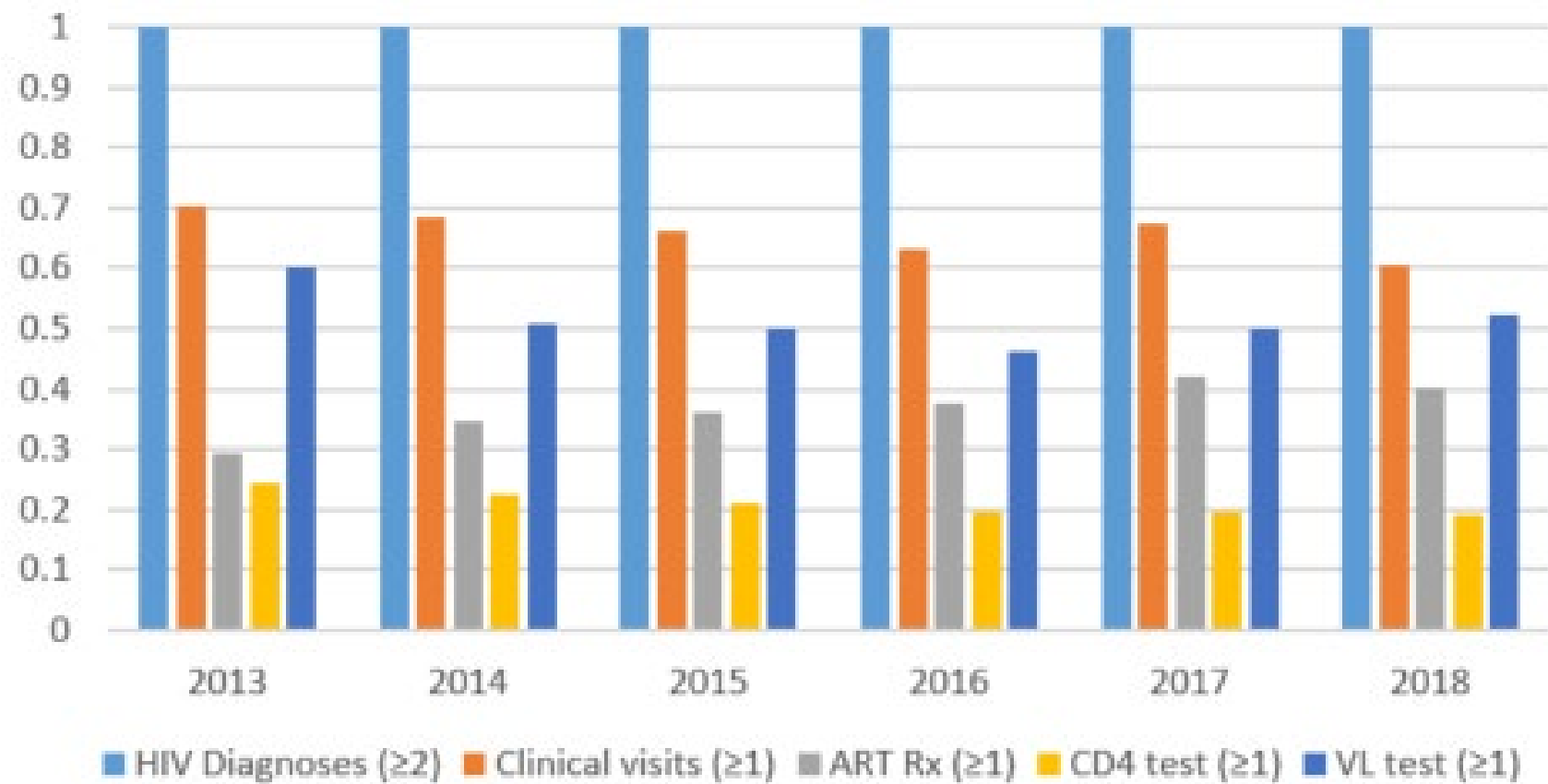
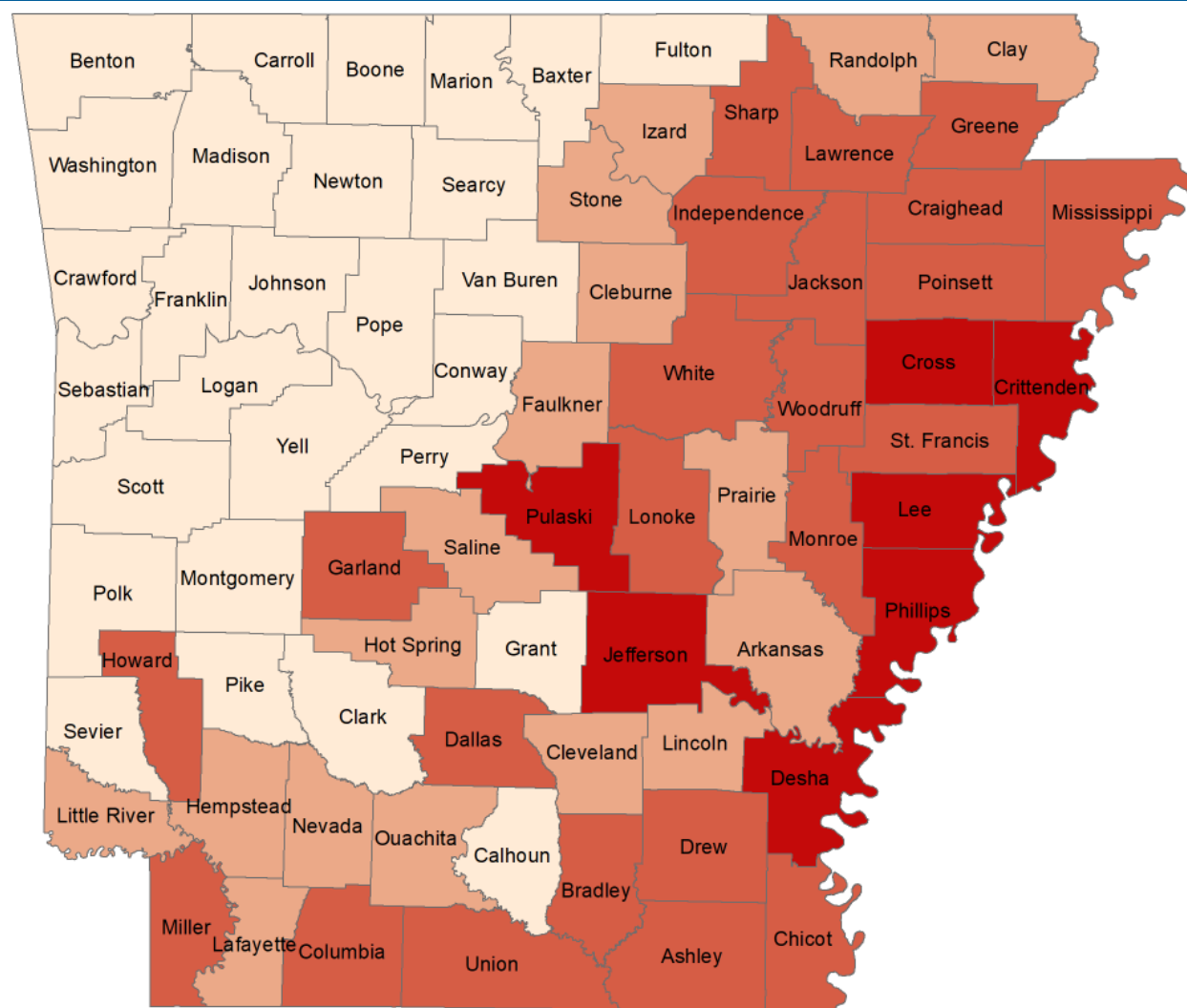


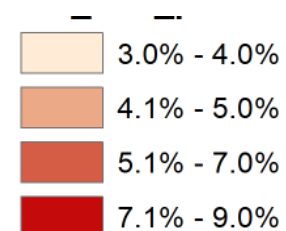
Figure 1 Engagement in the HIV care continuum

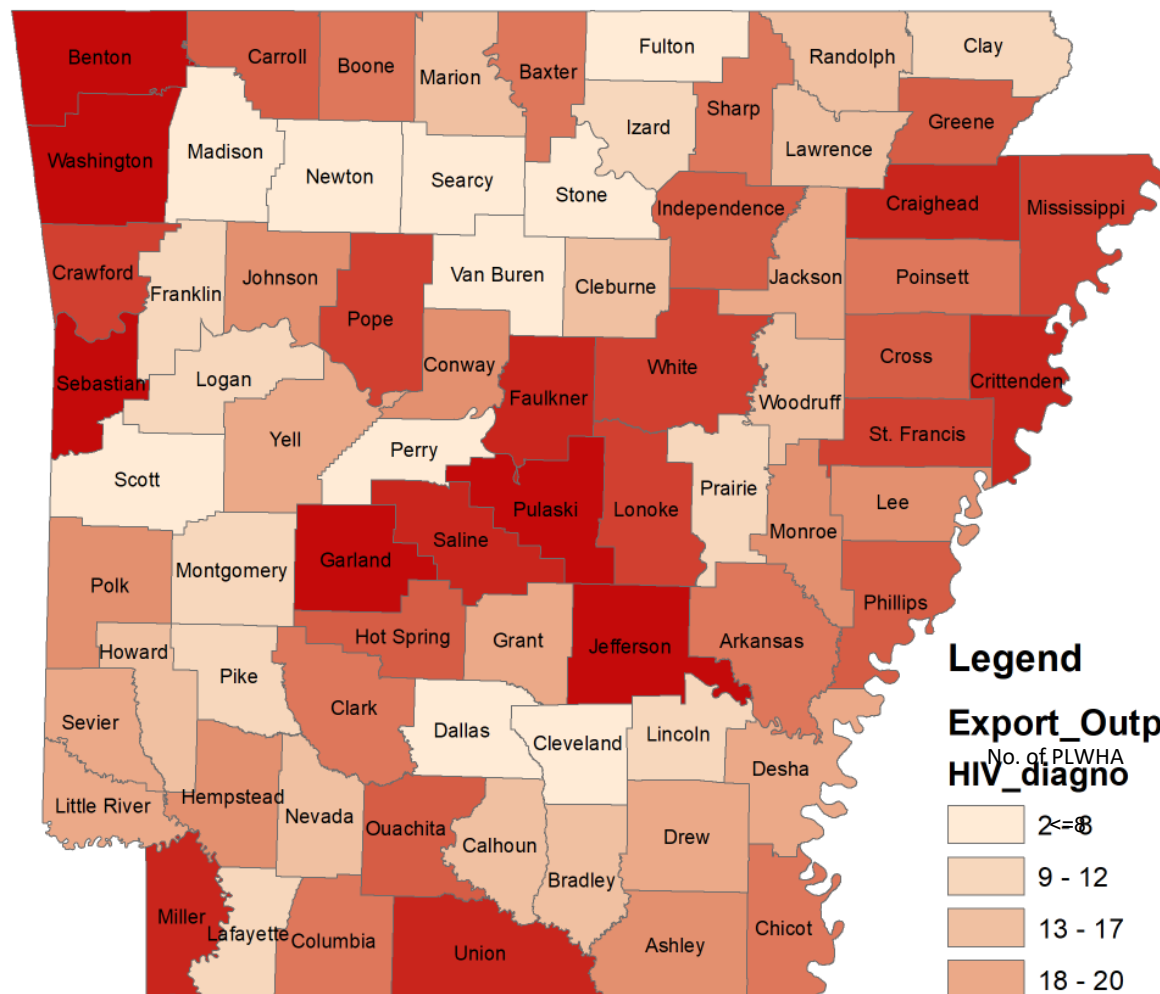


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% of residents who ever
been tested

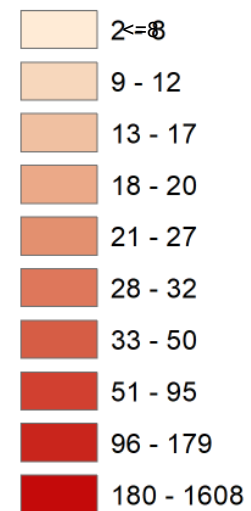


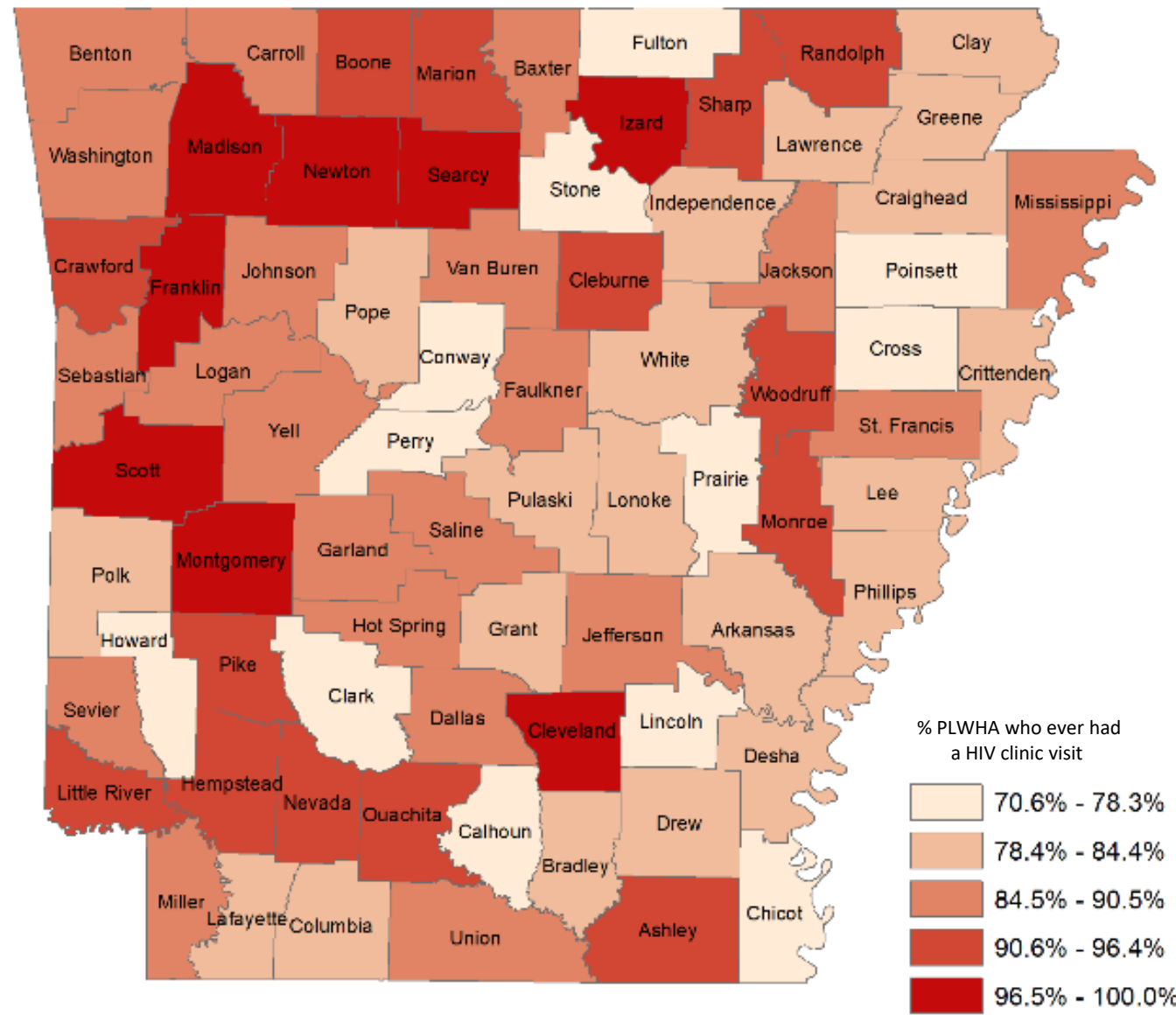


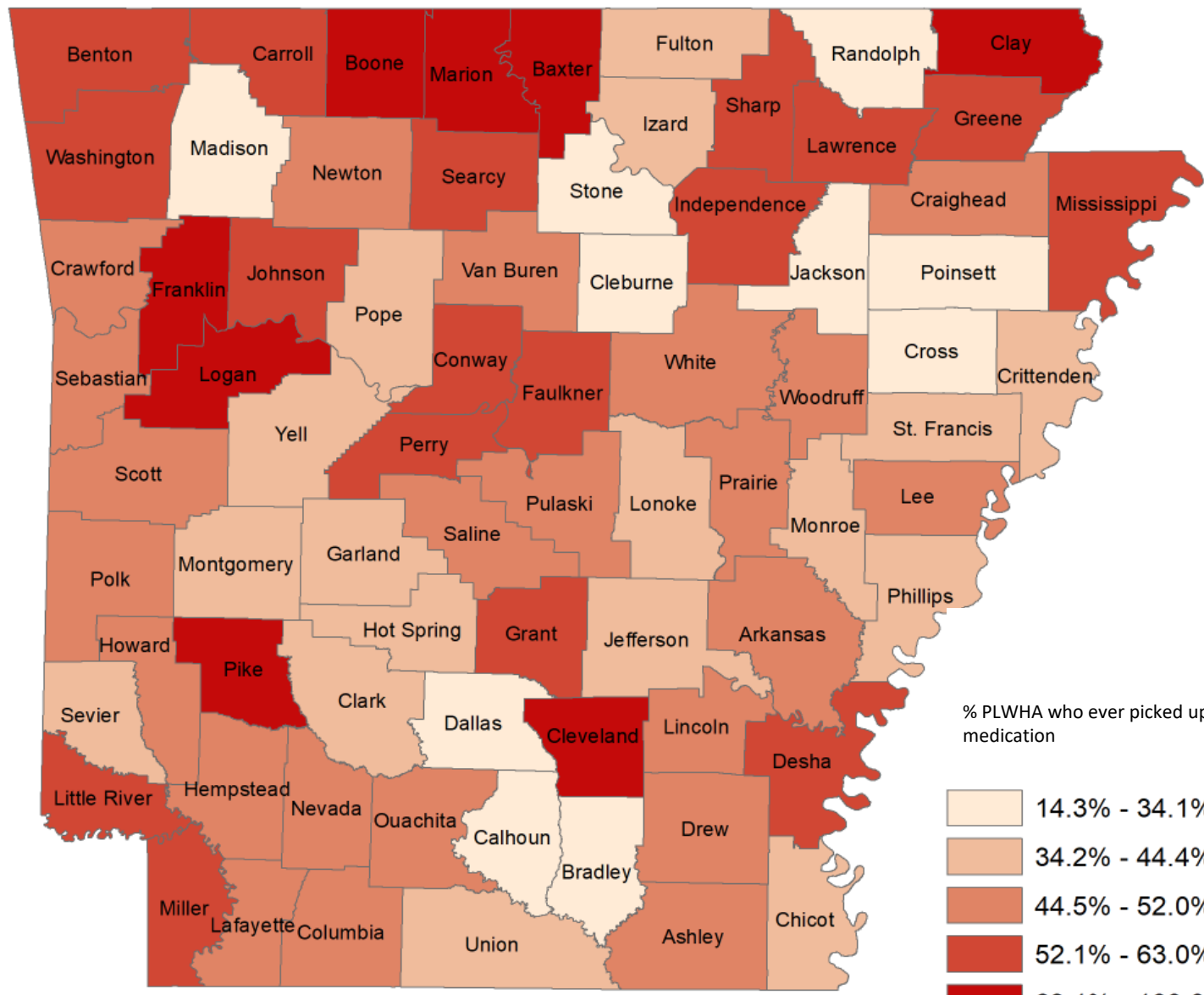
Legend

Export_Output

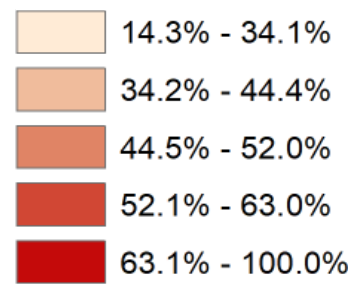
No. of PLWHA
HIV_diagno

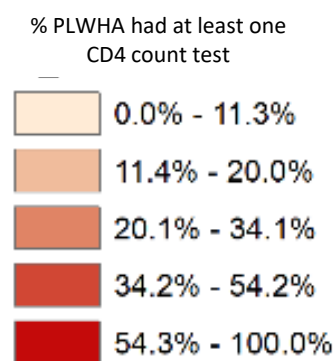
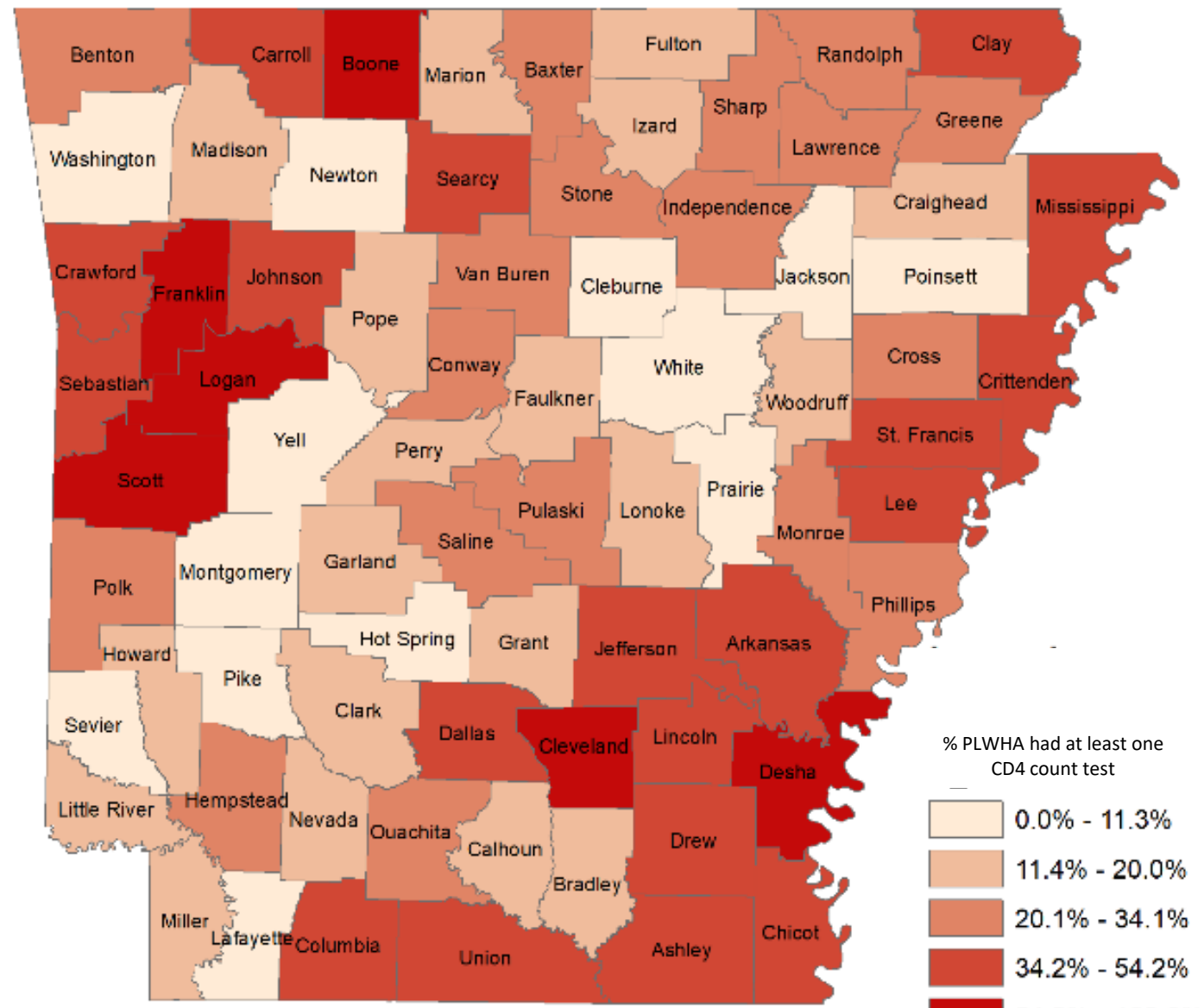


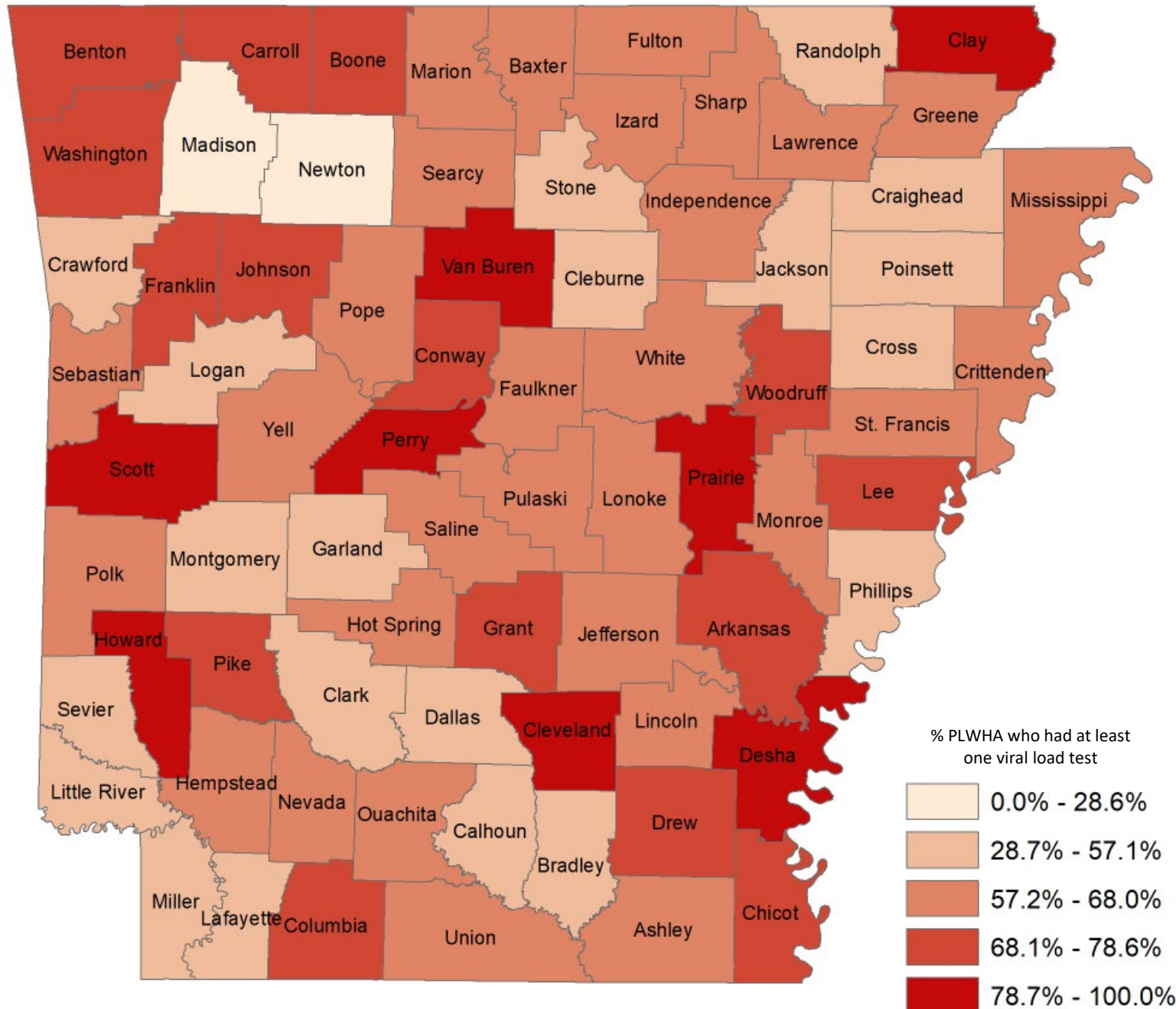




% PLWHA who ever picked up ART medication







Explore barriers and facilitators



- We target 6 counties based on our geospatial analysis
- Eight interviews have been conducted between Feb & April
 - ❖ 6 female, 2 male
 - ❖ 5 African American, 3 white

Common barriers and facilitators



Barriers

- Access to care issues
 - Distance to nearest HIV care provider (only a handful in the state)
 - Transportation issues
- Stigma
 - Experienced stigma/discrimination due to HIV status
 - Fear of experiencing stigma/discrimination, particularly its affect on loved ones

Facilitators

- Ryan White
 - Praise for Ryan White support services; most liked their case managers
- Peer support
 - Some currently enjoyed a support group and others desired a support group

Participant 1 (Black Female)



- When asked to identify challenges to care:

“Well, by me staying here in [county name], there's no doctors here. I have to travel where the doctors are, but to me that's... as long as I got transportation, I'm fine. Maybe another person may not have transportation, because I have clients that don't have transportation, and I have to take them back and forth to their appointments. Linkage to care.”

Participant 6 (White Female)



- When asked to identify challenges to care:

“Probably the distance to get to the doctor and to my...my caseworkers. Because living in [town name] in [county name] and my doctors and the [Ryan White case managers] not being anywhere close. I have to go to [city name], which is like a 40 minute drive. And so...got to be sometimes an issue.”

Participant 4 (Black Female)



- When asked if she'd experienced discrimination or stigma:

“A long time ago. I would say about in 2000, that's how I felt when people found out about me. They would judge me, and point fingers, and talking, and whispering. But I mean, it got to me at first. But I just started praying about it and just held my head up high and knew what I had to do.”

Participant 5 (Black Female)



- When asked if she'd experienced stigma or discrimination:

“I remember when I first got diagnosed, I'm still learning and still understanding what's going on, and I appeared to a local social service agency to do some paperwork and the lady was asking me, ‘Well, why didn't you get this stuff back to me? Why didn't you come for these? Why did...’ I said, ‘Well, I just recently got diagnosed HIV and it just took a toll on me, and at the moment I wasn't thinking about anything else but that.’ She gave me an ink pen to write with and after I told her I was HIV-positive, she told me to keep the ink pen.”

INTERVIEWER: “Oh, wow.”

PARTICIPANT 5: “Then, we've been kicked out of church because of my HIV status.”

Participant 7 (White Male)



- When asked which was their favorite program:

“No, I mean, the Ryan White program, that's the greatest thing I've ever heard!”

Participant 3 (Black Female)



- When asked for program suggestions:

“Yeah. Getting something like a group, like where people living with HIV and AIDS can get together with someone and just have like a group meeting.”

INTERVIEWER: “Like a support group?”

PARTICIPANT: “Yeah, a support group.”

Peer-driven direction



- Peer-driven intervention could be:
 - ❖ Culturally appropriate
 - ❖ Transportation assistance
 - ❖ Stigma reduction
 - ❖ Low cost
- We are pursuing funding to improve engagement in HIV care in rural Arkansas

Contact information



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How to claim CE credit



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Engaging Clergy in Biomedical Interventions for HIV Prevention, Treatment and Care: What works??

Amy Nunn, ScD

Executive Director, Rhode Island Public Health Institute
Professor

Center for Health Equity Research

Brown University School of Public Health

Providence/Boston Center for AIDS Research

Disclosures



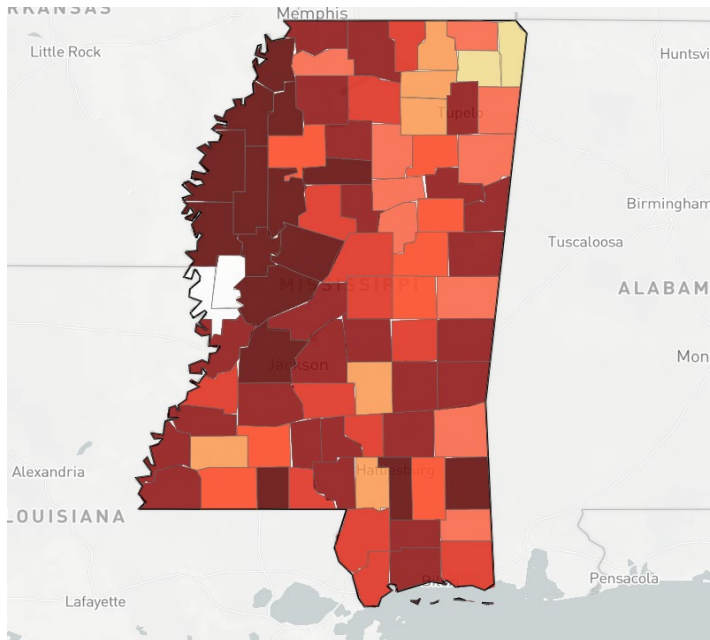
- Amy Nunn has no relevant financial or non-financial interests to disclose.

Learning Outcomes

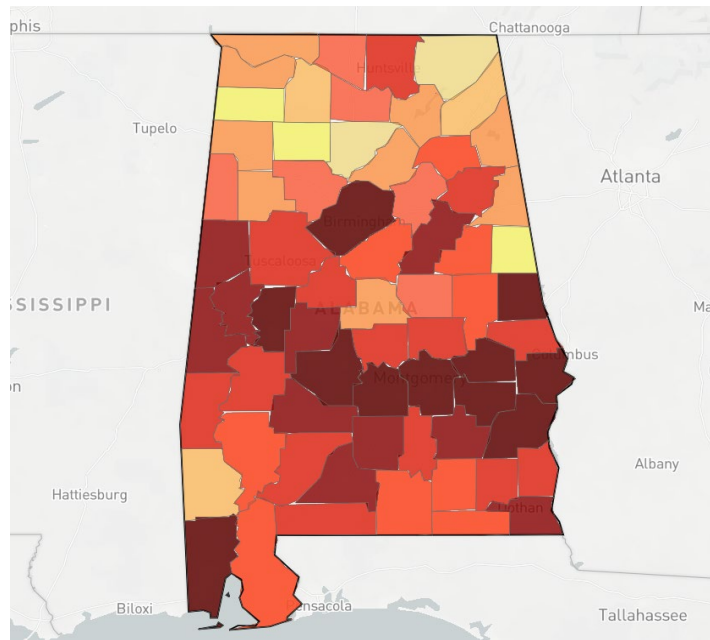


- At the conclusion of this activity, participants will be able to:
 - Describe the barriers and facilitators for people with HIV living in rural areas
 - Learn strategies for identifying and reaching rural HIV populations in care and treatment
 - Share resources for implementing partnerships with faith-based and community leaders and reducing stigma in rural populations
 - Bridging clinical services with social and structural determinants of HIV screening and care

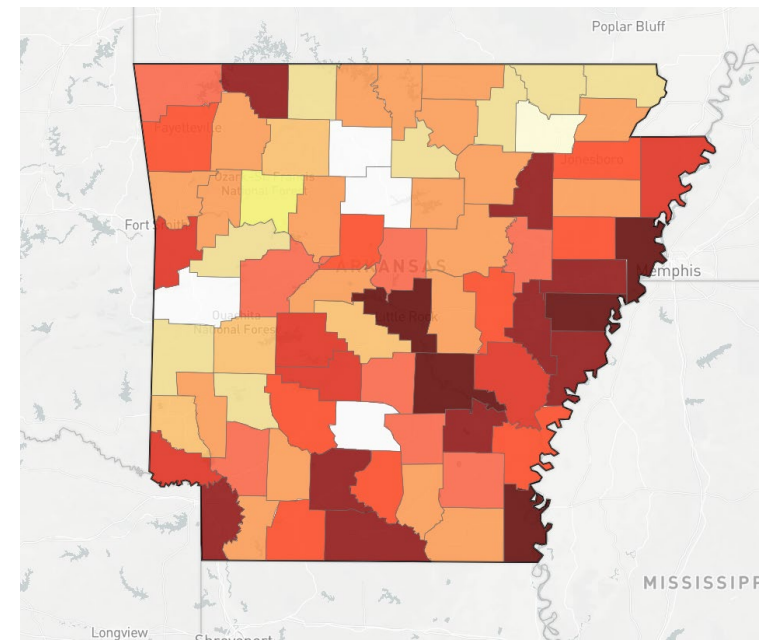
9 Focus Group Across 3 States



Mississippi



Alabama



Arkansas

52 pastors participated in web-based focus groups during a pandemic, demonstrating their willingness to support Ending the Epidemic



Common Themes from Focus Groups

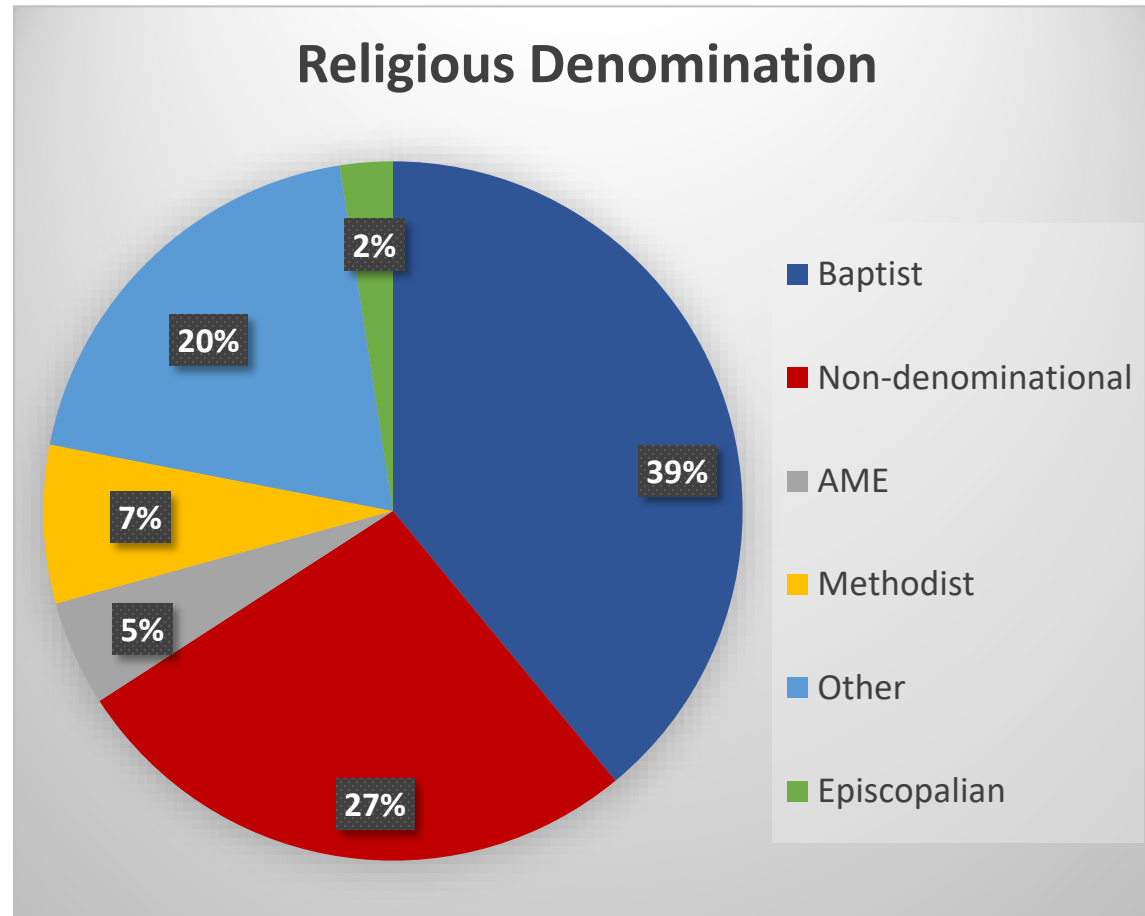
- Pastors are eager to learn more about HIV statistics in their communities
- The large majority of Pastors are not aware of PrEP, U=U or Ending the Epidemic Initiative
- ALL Pastors have agreed to participate in bringing more awareness and interventions (in various capacities) to their congregations and broader communities!

“You can’t connect until you correct”

“IT TAKES ALL OF US WORKING TOGETHER BECAUSE NONE OF US IS AN ISLAND. EVERY MEMBER IS IMPORTANT”

“Churchinize your literature”

Participants Completed a Comprehensive Survey



Basic Demographics:

- 80% Male, 20% Female
- Average age: 53 years old
- 88% African American, 7% Caucasian, 3% other
- Average number of years as Pastor: 20.4

Health Ministries and Clinic Partnerships



- 63% have health ministries
 - Of those that have health ministries, 88% discuss human sexuality, 50% discuss HIV and 12% discuss reproductive health
- 66% have partnered with clinics or other agencies to promote wellness in the past 12 months
 - 88% would be willing to promote screening at local health care centers
 - 78% would like to partner with clinics to help link community to testing, prevention, and treatment resources

Undetectable = Untransmittable

- Only about half of all participants had ever heard of this concept
- 85% believe that this would resonate with their congregation, provided the education and right messaging

ALL PARTICIPANTS believe this is important for their congregation to know!





- 49% Have heard of PrEP
- 90% believe that members of their congregation should know about PrEP
- 24% know where a member of their congregation could get PrEP

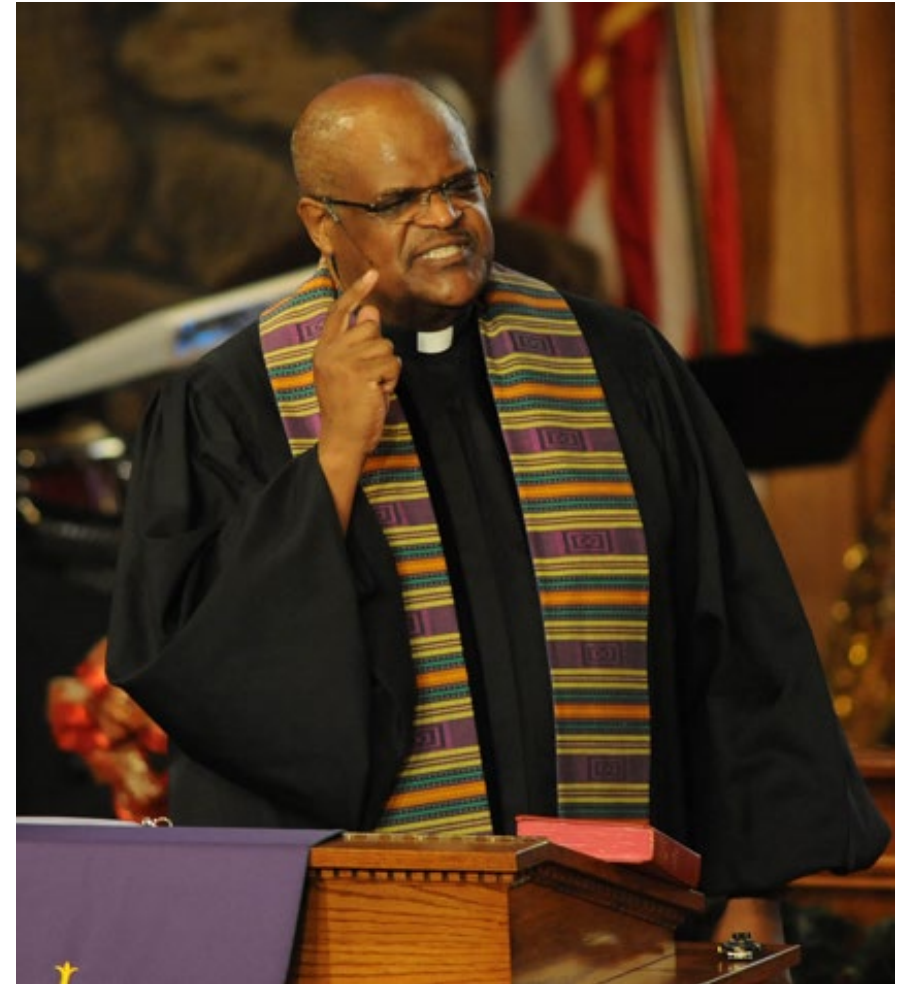
Clergy Display Immense Willingness to Play a Role in Ending the Epidemic



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- Require and are interested in biomedical training
- Willing to partner with clinics to provide their communities the resources they need

“All I need is the exact information you all want to distribute to the public”



98% of respondents
believe they have a
role to play in
Ending the Epidemic

100% of respondents
are willing to be
further engaged to
help with this effort



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Engaging Community Health Workers to Improve Viral Suppression among People with HIV in Shelby County, TN

Serena Rajabiun, PhD

Assistant Professor, University of Massachusetts, Lowell

Providence/Boston CFAR

Acknowledgements



- Providence/Boston Center for AIDS Research
- Partners:
 - Shelby County Health Department
 - Methodist Le Bonheur Community Outreach
 - Boston University School of Social Work
 - University of Memphis, School of Social Worker
- Connect 2 Protect: Ending the Epidemic Planning Committee
- Memphis TGA Planning Council

Disclosures



- Serena Rajabiun

I have no relevant financial or non-financial interests to disclose.

Learning Outcomes



- At the conclusion of this activity, participants will be able to:
- ✓ **Describe the barriers and facilitators for people with HIV living in rural areas**
- Learn strategies for identifying and reaching rural HIV populations in care and treatment
- Share resources for implementing partnerships with faith-based and community leaders and reducing stigma in rural populations
- ✓ **Bridging clinical services with social and structural determinants of HIV screening and care**

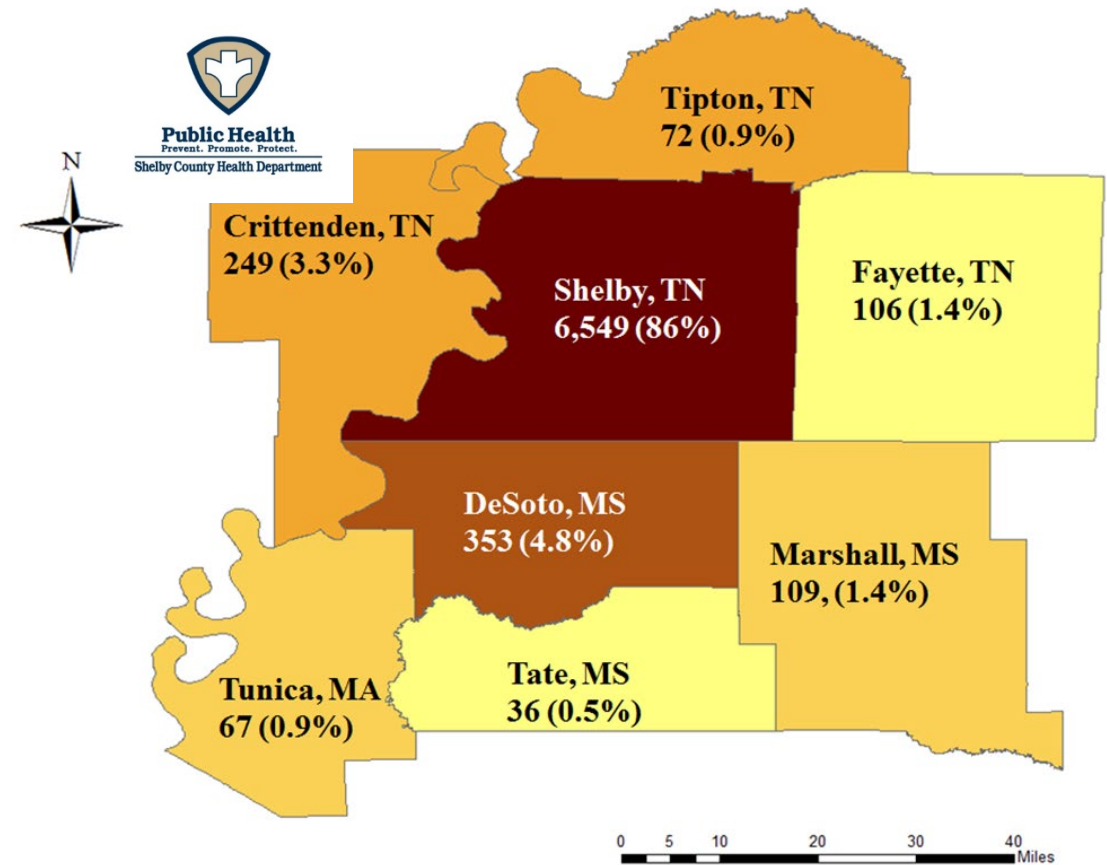
Project Aims 2019-2020



- To employ a participatory model to design and implement a CHW training curriculum for CHWs and supervisors in HIV care in rural Tennessee (TN).
- To explore the impact of the integration of CHWs on ART adherence and self-management of HIV among PLWH in rural settings.
- To examine the extent to which CHWs are able to bridge the clinic health care team and broader community to address the gaps in services for PLWH and improve health outcomes in rural setting

Memphis TGA & its community, 2017

- 7,613 people with HIV
- 7 counties in the tristate region of MS, AR, and west TN.
- Ranks 8th in rate of HIV diagnosis & prevalence among adults and adolescents across metropolitan statistical areas
- African Americans are disproportionately impacted by HIV in the Memphis TGA accounting for over 84% percent of new infections



1. Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2017. HIV Surveillance Supplemental Report 2019;24(No. 2). <http://www.cdc.gov/hiv/library/reports/hivsurveillance.html>. Published May 2019. Accessed June 22, 2020.
2. (eHARS, TN, 2017).

Project design: Phase 1



- **Consumer & provider needs assessment**
 - Major concerns and facilitators with HIV care and treatment
 - Identification of specific groups of people with HIV who are struggling with access to care and viral suppression
 - Community resources to support people with HIV with care and treatment
 - Role of Community Health Workers
- **Community Engagement Workshops**
 - 30 people with HIV
 - Community leaders
 - Peer advisors

Project design: Phase 2



- 28 hours Community Health Worker & Supervisor Training
- Adapted from a National Curricula for CHWs to Improve Access and Retention in HIV care funded by HRSA's Division of Community Programs
 - HIV Viral Life Cycle & How medications work
 - Motivational Interviewing Techniques
 - Addressing Adherence to Medications
 - Managing Stigma & Disclosure
 - Addressing Substance use and Mental health disorders
 - Trauma informed care
 - Working as part of a multidisciplinary care team
 - *Ryan White Workshop: 15921: Implementing a Community Engagement Program to Enhance Viral Suppression in Rural Populations; Thursday August 13 10:00-10:50 am*

Community Engagement Workshop

- Community maps of barriers and resources for out of care people (identified from Needs assessment)
 - People in rural areas
 - Older people (> 50years old)
 - Women
 - Youth
 - Transgender persons
 - People leaving incarceration
 - Persons experiencing homelessness
- Ranking of areas CHWs could work on the HIV care continuum
- Identify training needs for CHWs

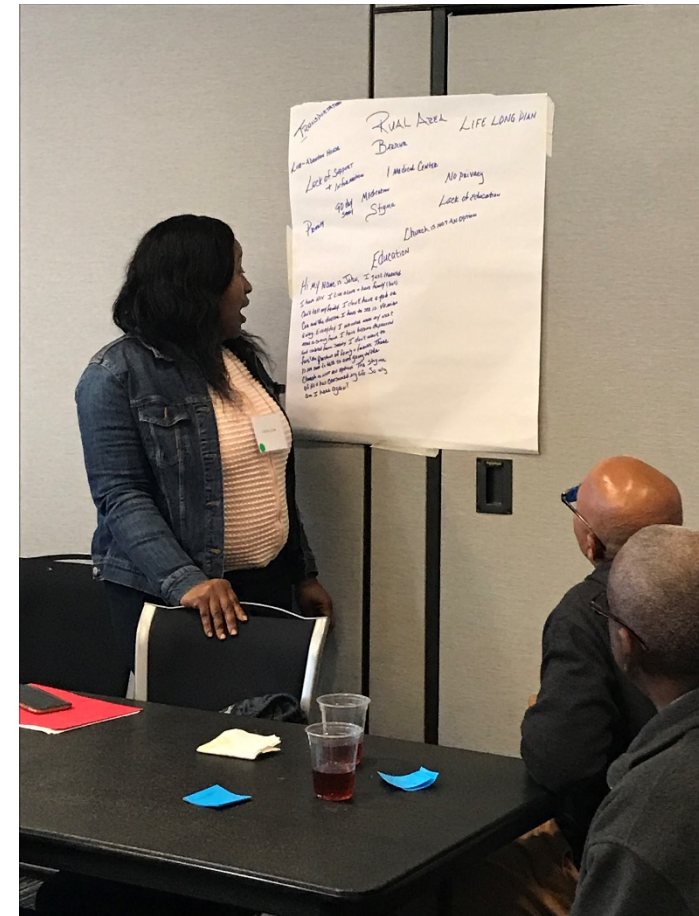


Persons living in Rural Areas: Challenges for Mr. John



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- Stigma & discrimination
 - *Individual*: loss of confidentiality
 - *Community*: Fear of disclosure; not want to be identified going to the clinic
 - *Structural*: TN's state laws people with HIV register as sex offender
- Lack of Transportation
- Limited access to mental health & substance use treatment
- Limited financial means to support basic needs housing & food

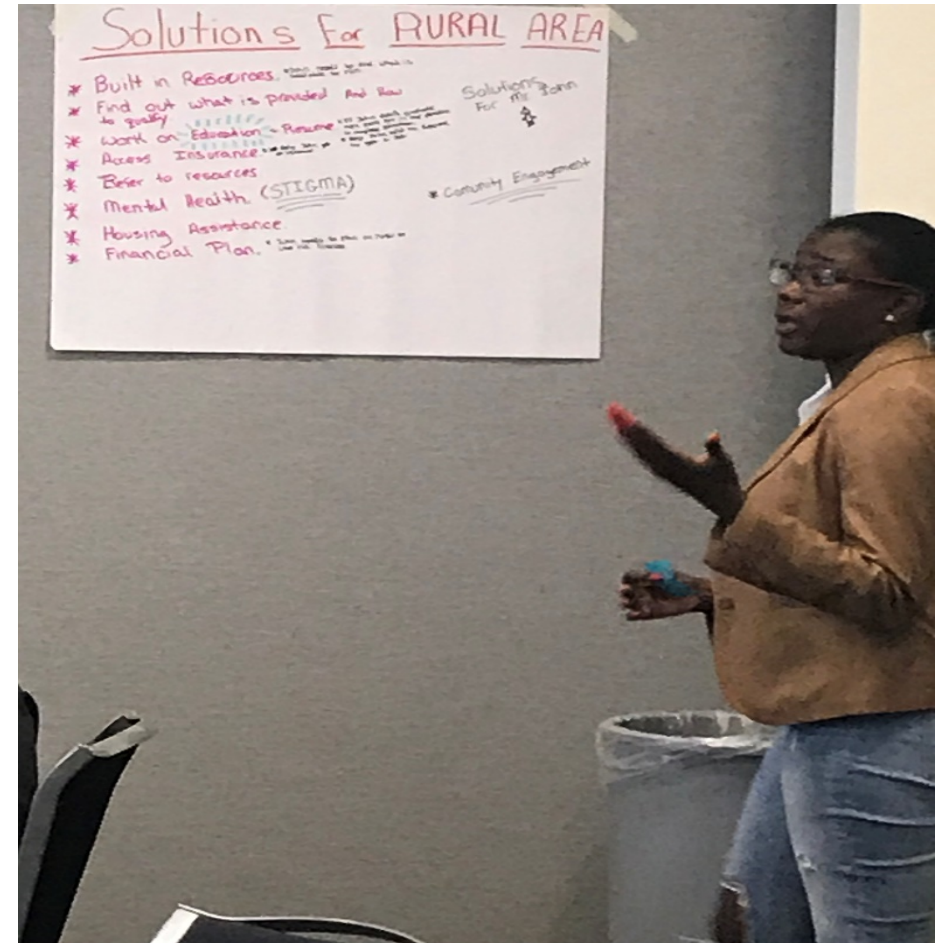


People with HIV living in Rural areas: Solutions for Mr. John



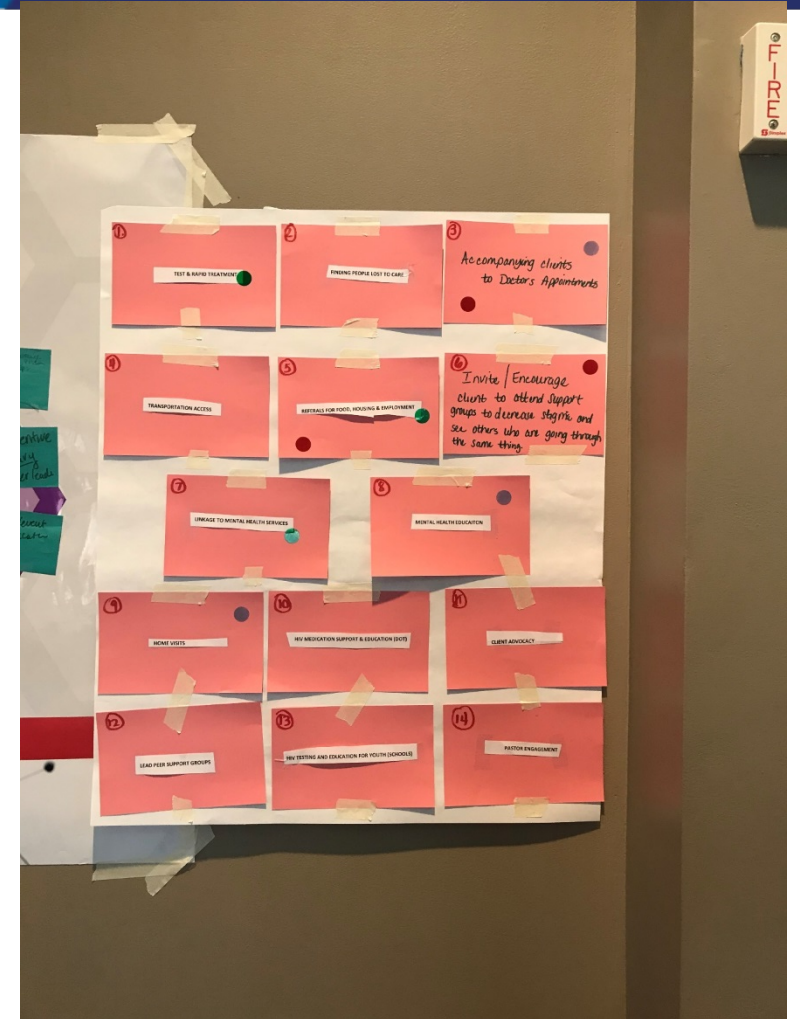
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- Engage pastors in educating about HIV
 - Reduce Stigma
- Work on Education
- Access to insurance
- Provide housing assistance
- Support with a financial plan



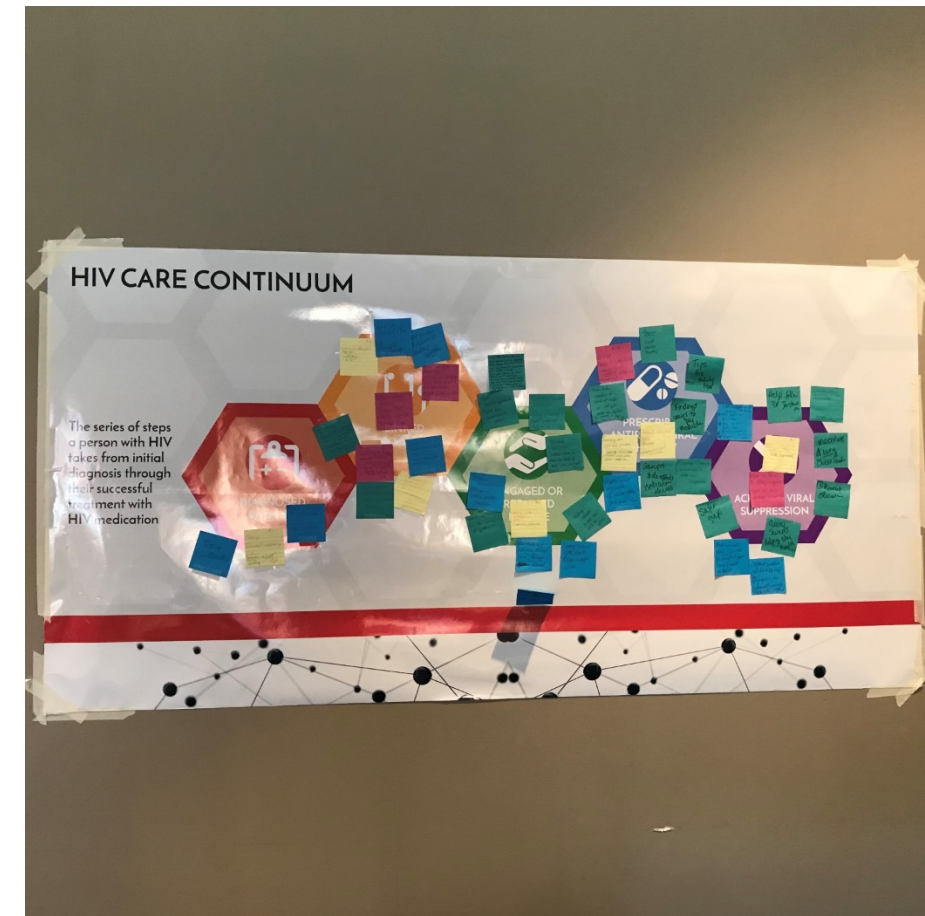
Community resources: The Role of the Community Health Workers

- Linkage
 - Transportation assistance
 - Develop a care plan
 - Link to Medical Case Manager
 - Provide HIV information
 - Find medical & mental health providers
- Retention
 - Assist with ADAP
 - Home visits
 - Talk about diagnosis
 - Help with referrals for basic needs



Community resources: The Role of Community Health Workers

- Adherence to treatment
 - Educate on side effects
 - Find funding to support with medications
 - Teach how to use calendar packs
 - Tips on maintaining privacy
 - Teach client to call about medications
- Viral suppression
 - Be a cheer leader
 - Check on labs
 - Understand treatment instructions
 - Prevention methods (condom use)
 - Support transportation to medical appt
 - Tips to stay healthy



- Structural level
 - Expand & Strengthen CHW network
 - Eliminate HIV criminalization laws
 - Enhance system coordination across housing health care and employment to address root causes of poverty
 - Develop & implement social marketing campaigns to reduce stigma around HIV & importance of mental health care
- Organizational level
 - Integration of behavioral health and HIV care
 - Organize peer support groups & train peer support facilitators
 - Organize workshops with churches and pastors
 - Trainings for CHWs and supervisors

Recommendations from workshop



- Individual level
 - Organize training on policy advocacy
 - Peer training on Motivational Interviewing & Trauma Informed Care
 - Educate & accompany individuals as needed to services for basic needs
 - Walk them through the process

Follow-up actions



- Trained 20 CHWs & 4 supervisors across the TGA
- Collaborated with C2Protect Ending the Epidemic Committee to integrate CHWs as part of the HIV workforce as part of the goals for the *Treat* pillar.
- Applications to preventing COVID-19

Thank you!

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