

Your *First* **STOP** for
Rural Health
INFORMATION



Rural HIV/AIDS Prevention and Treatment

- Q & A to follow – Submit questions using Q&A area
- Slides are available at <https://www.ruralhealthinfo.org/webinars/hiv-aids-prevention-treatment>
- Technical difficulties please call 866-229-3239



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ruralhealthinfo.org



Rural HIV/AIDS Prevention and Treatment Toolkit

November 2, 2017

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Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
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 - Alana Knudson, PhD
 - Alycia Bayne, MPA
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Amanda Corbett, MPH
 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

5

Rural Health Outreach Tracking and Evaluation Program

- Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- Outreach Authority grantees seek to expand rural health care access, coordinate resources, and improve quality

6

Rural Evidence-Based Toolkits

1. Identify
evidence-based and promising community health programs in rural communities



2. Study
experiences of these programs including facilitators of their success



3. Disseminate
lessons learned through Evidence-Based Toolkits



Rural Health Information Hub: <https://www.ruralhealthinfo.org/>

The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

HIV/AIDS in Rural Communities

- There is a need to identify evidence-based practices focused on prevention and treatment
- Many factors impact treatment and prevention in rural areas
 - Stigma and lack of privacy
 - Lack of awareness
 - Limited access to providers
 - Limited services
 - Cost



8

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Evidence-Based Toolkit on HIV/AIDS

- Rural communities are implementing programs to prevent and treat infections with HIV/AIDS.
 - Increase access to treatment and support services
 - Increase collaboration among organizations in the community
 - Provide education
 - Reduce stigma
- The toolkit is designed to disseminate promising and evidence-based practices and resources

9

Project Activities

- Reviewed FORHP grantees' applications and literature
- Conducted telephone interviews with six programs, including five Ryan White grantees; and four experts in the field
- Developed a toolkit with resources about how to plan, implement, and sustain programs
- Toolkit is available on the Rural Health Information Hub Community Health Gateway:
<https://www.ruralhealthinfo.org/community-health/hiv-aids>



10

Rural HIV/AIDS Prevention and Control Toolkit

The screenshot shows the RHIhub website interface. At the top, there is a navigation bar with links for 'About RHIhub', 'Contact Us', and social media icons. Below this is a search bar. The main content area features a dark red navigation menu with categories like 'Online Library', 'Topics & States', 'Community Health Gateway', 'Tools for Success', and 'RHIhub Publications & Updates'. The central focus is the 'Rural HIV/AIDS Prevention and Treatment Toolkit' page, which includes a breadcrumb trail, a list of modules (1-7), a large green banner with a red ribbon, and a welcome message. On the right side, there is a 'RHIhub This Week' newsletter sign-up form and social media sharing options for Facebook, Twitter, LinkedIn, and Email.

11

Organization of the Toolkit

1: HIV/AIDS Introduction

- Overview of HIV/AIDS
- National Strategy
- HIV Care Continuum
- HIV/AIDS in Rural Communities
- Rural Barriers
- The Ryan White Program
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation Considerations
- 5: Evaluation Considerations
- 6: Sustainability
- 7: Dissemination
- About This Toolkit



2: Program Models

- Models to Prevent New Infections
- Models to Identify HIV/AIDS Cases
- Models to Improve Access to Care
- Models to Improve Management

12

Models to Prevent New Infections

- **Behavioral interventions** at individual, group, community levels
- **Prevention with Positives** to engage people living with HIV as participants
- **Preventing transmission** with medication
- **Condom distribution** programs
- **Harm reduction strategies** to reduce the harms associated with use of drugs
- **Social marketing** to target high-risk populations



13

Models to Identify HIV/AIDS Cases

Fifteen percent of people living with HIV in the U.S. did not know they were infected (CDC, 2014).

Models:

- **Routine HIV testing and screening** for people ages 15 to 65 in healthcare settings
- **Provider referral partner notification** can help prompt people to be tested for HIV
- **Community HIV testing and screening** to reach people where they live and work

14

Models to Improve Access to Quality Care

Quality HIV/AIDS care prevent new infections and ensure people are adherent to and engaged in their treatment.

Models:

- **Telehealth** connects people to care
- **Provider education and training** can help prepare rural providers to address complex cases and access peer learning



15

Models to Improve Retention, Adherence, Management

Remaining in care and adhering to medications helps to prevent disease progression.

Models:

- **Case management** and patient navigation
- **One-stop shop** HIV/AIDS programs
- **Medication management** programs

16

Lessons Learned

- Stigma is one of the greatest barriers to testing and treatment in rural communities.
- Rural HIV/AIDS programs must consider the needs of the whole person.
- Access to care is also barrier.
- There is a need for culturally-appropriate, patient-centered strategies. The toolkit describes considerations for implementing programs for different populations.

17

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18



The Ursuline Sisters HIV/AIDS Ministry

Daniel Wakefield, Interim Director

"The Ursuline Sisters HIV/AIDS Ministry, inspired by faith, collaborate with community resources to empower and affirm adults and children touched by HIV/AIDS."

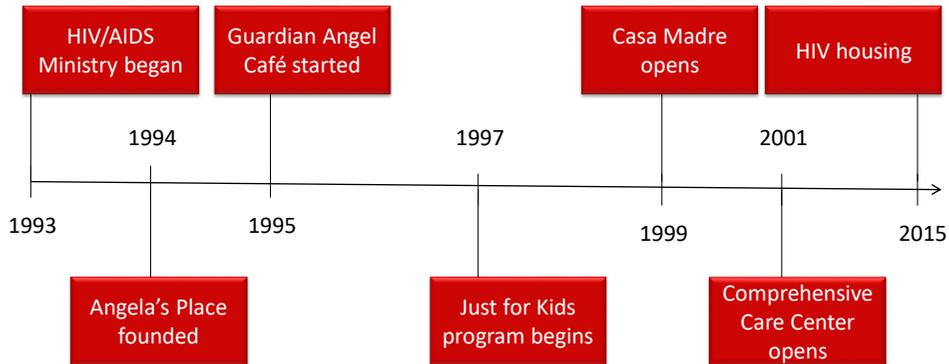
Community Presence

- The Ursuline Sisters have been serving the Youngstown area since 1874
- Our HIV/AIDS Ministry began in 1993; our ministry has expanded to include programs to help men, women, and children living with HIV/AIDS





HIV/AIDS Ministry History



Cafe

- Social support group and congregate meal once a month
- Serve warm meal, and distribute bags of groceries and household products
- Most people served by our ministry are also living in poverty
- "I enjoy having the support of friends and know that I am not alone."



Children's Program

- Children's program for kids who are infected or affected by HIV/AIDS
- Tutoring 3 nights a week, along with dinner together
- Summer program, along with field trips and special events
- "It was like Christmas every day."



Housing Program

- HIV Ministry expanded in 2015 to include housing for HIV+ homeless individuals and families
- Have 3 scattered site houses, 1 emergency shelter, and 1 four unit apartment complex



Merici Housing

- HIV Ministry has expanded to include Merici Housing as of November 2015
- Opened our first housing site for homeless, HIV+ individuals, called Francis House
- Have 3 scattered site houses and 1 shelter
- Opened a newly-constructed 4 unit apartment complex in May 2017



Clinic

- HIV pediatric and adult clinic
- Offers HIV testing, HIV health care, counseling, case management, patient education, and wrap-around services
- “This doesn’t feel like a normal doctor’s office. I feel like I am with family.”



Successes

- Growth of the Comprehensive Care Center
- Large and active peer group
- Viral Load Suppression Project/H4C
 - VLS went from 56.8% (142/250) in December 2012 to 86.98% (274/315) in October 2017
- Uninsured rate
 - Uninsured went from 60 people in 2012 to 3 in 2017
- Other ministry programs contribute to wrap around services (housing, food, childcare)
- Staff longevity/Low staff turnover
- Collaboration with other community agencies (Ryan White social workers)
- Terry Mitchell, ACRN: ANAC Frontline Nurse Distinguished Service Award, 2009.
- National Association of Social Workers, Youngstown Region, Agency of the Year Award, 2015



Compassionate Clinic Care





Rural HIV/AIDS Prevention and Treatment

Lisa McKeithan, MS, CRC
 Director of Positive Life and NC-REACH
 CommWell Health



CommWell Health



Mission: Compassionate Delivery of Quality Medical, Dental and Behavioral Health for all

Vision: To be recognized and respected as a premier Community Health Center in the Nation

Accreditations: Primary and behavioral health care services by Joint Commission (since 2000)
 Federally Qualified Health Center

16 Clinics: Medical-Dental- Behavioral Health

2 Residential Treatment Centers

Counties Primarily Served: Bladen, Brunswick, Harnett, Johnston, Pender, Sampson



Challenges (Rural)

- Housing instability
 - Hidden homelessness
- Transportation
- Coordination of BH services
- Stigma
- Underemployment and unemployment
- Lack of available/affordable housing



NC REACH: SPNS Program at CWH



Innovation

- ✓ Build and maintain sustainable linkages to mental health, substance abuse treatment, and HIV/AIDS primary care services that meet the complex service needs and ensure adherence to treatment of HIV positive homeless or unstably housed individuals.
 1. Network navigators
 2. Behavioral health
 3. Housing services
 4. Comprehensive care coordination team (Positive Life Program)



Network Navigators

- Works closely with the HIV care team to foster culture of wellness
- Educate providers and staff about homeless, medical literacy and cultural sensitivity
- Coordinated and accompanied clients to BH services
- Builds partnerships in the community (formal and informal)
- Provides transportation/rapport building
- Provides resources for supportive services to clients to maintain housing and reduce risky behaviors
- Serve as a liaison between the client and the landlords



Your Community. Your Wellness. Your Health.
All People Matter.

Behavioral Health Integration

- Team Communication/Weekly Huddles and Meetings with medical provider, BH, & SA counselors



Your Community. Your Wellness. Your Health.
All People Matter.

Successes

- Integration of HIV care and housing services in a coordinated intervention
- Reduction of duplication of services, unmet needs and barriers to care
- Community based education about “hidden homelessness”, HIV, ART, prevention, discrimination and stigma
- Reconciliation with family members



Your Community. Your Wellness. Your Health.
All People Matter.

Community Housing Coalition

(system level partnerships & referrals)

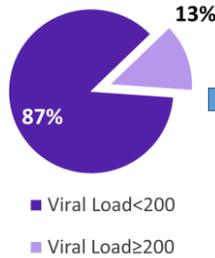


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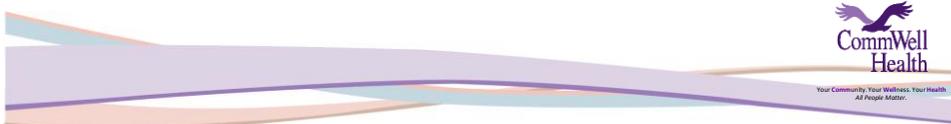
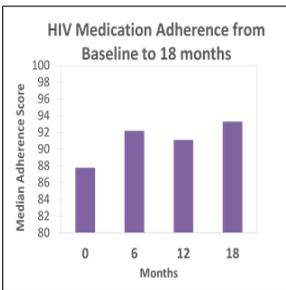
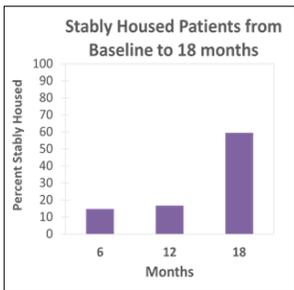
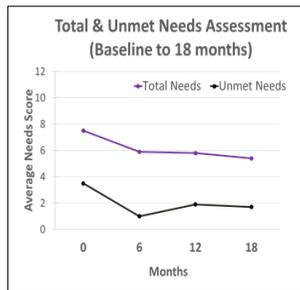
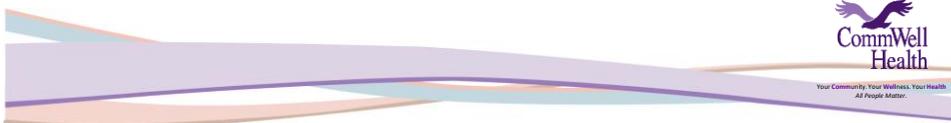
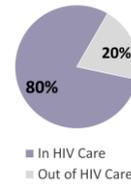
Results

- Total enrolled : 80 clients
- VL suppression: 83%
- Patients transitioned to SOC: 74%
- Patients lost to follow up: 3%
- BH/SA referral and completed one (1) visit: 100%

Viral Suppression at 12 months



HIV Care Status within 180 Days in Patients with Detectable Viral Loads



Sustainability



- Incorporating the NN/CCC in future care strategies
- Maintaining community partnerships
- Community Housing Coalition luncheon



THANK YOU !!!!!!!!!

- | | |
|-------------------|---------------------|
| ❖ HRSA | ❖ Boston University |
| ❖ ETAC | ❖ Pillar Consulting |
| ❖ CommWell Health | ❖ UNC-CH |
| ❖ Positive Life | ❖ NRHA |
| ❖ SPNS | ❖ RHIhub |

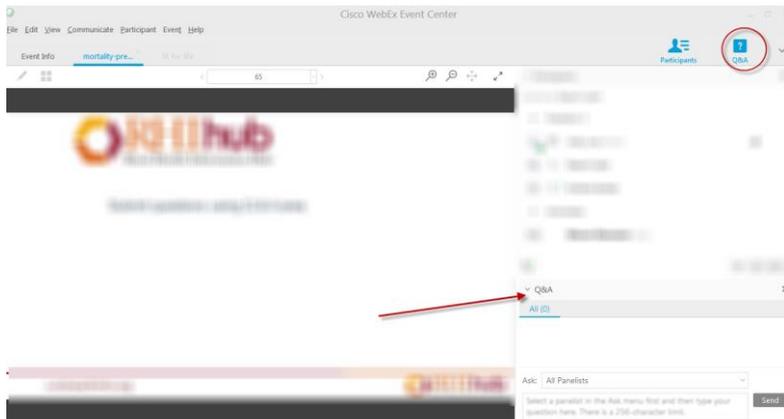




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Questions?





- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

ruralhealthinfo.org

