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Thank you for joining today's  
webinar. We will begin promptly at  
2:00 pm Central.

**HIV Prevention and Treatment Challenges in Rural America from the  
National Advisory Committee on Rural Health and Human Services**



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*Rural Health*  
**INFORMATION**



**HIV Prevention and Treatment Challenges in Rural America from the  
National Advisory Committee on Rural Health and Human Services**

# Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at [www.ruralhealthinfo.org/webinars/nacrhhs-hiv-prevention](http://www.ruralhealthinfo.org/webinars/nacrhhs-hiv-prevention)
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](http://support.zoom.us)



National Advisory Committee  
On Rural Health and Human Services



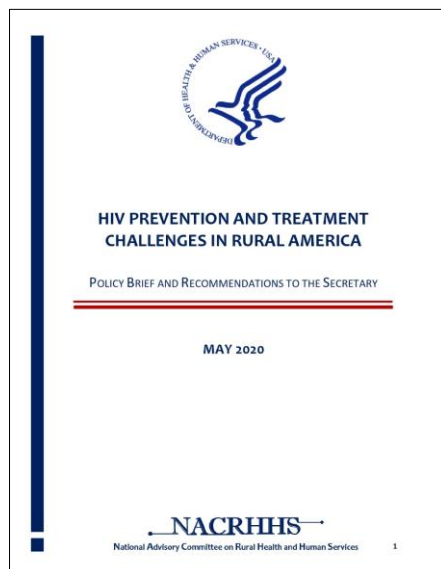
## HIV Prevention and Treatment Challenges in Rural America

***Policy Brief Webinar***

**October 6, 2020**

## Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- Chaired by former Kansas Governor, Dr. Jeff Colyer, the Committee members' experience and expertise cover a wide range of rural health and human services issues.



The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- To hear directly from rural stakeholders in healthcare and human services

Following each meeting, the Committee produces policy briefs to the HHS Secretary with recommendations on policy or regulatory matters that are within the Secretary's purview.

**Committee's Policy Briefs:**

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

## Why Rural HIV Prevention and Treatment?

- The recent increases of HIV cases in rural areas led NACRHHS to focus on the issue during its March 2020 convening in Atlanta.
- In early 2019, the president announced the “Ending the HIV Epidemic: A Plan for America” initiative, which aims to reduce new HIV infections by 75% in the next 5 years and by 90% in the next 10 years.
- There are roughly 1.2 million Americans with HIV, and about 14% of them (1 in 7) are not aware they are infected.
- The CDC noted that in 2018 men accounted for 81% and women accounted for 19% of new HIV diagnoses. Although there is limited data on HIV among transgender people, the CDC found that from 2014 to 2018, 3,009 transgender people received an HIV diagnosis.
- In the South, 23% of new HIV diagnoses occurred in suburban and rural areas, whereas in the Midwest, 21% were suburban and rural.

## Webinar Speakers



**Jeff Colyer, MD**

*Committee Chair | National Advisory Committee on Rural Health and Human Services  
Board Certified Craniofacial/Plastic Surgeon | University of Kansas*



**Mahyar Mofidi, DMD, PhD, CAPT USPHS**

*Director | Division of Community HIV/AIDS Programs, HIV/AIDS Bureau  
Health Resources and Services Administration*



**Michael Murphree, LCSW**

*CEO | Medical Advocacy and Outreach (MAO)*



**Benjamin Taylor, PhD, PA-C**

*Clinical Faculty Team Member for the PA Program | Medical College of Georgia  
ER Provider*

*Former member of the National Advisory Committee on Rural Health and Human Services*



## HRSA's Ryan White HIV/AIDS Program in Rural Areas of the United States

October 6, 2020

**Mahyar Mofidi, DMD, PhD**  
**Captain, United States Public Health Service**  
**Director, Division of Community HIV/AIDS Programs (DCHAP)**  
**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



## HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission



**HRSA'S**  
**RYAN WHITE**  
**HIV/AIDS PROGRAM**



### Vision

Optimal HIV/AIDS care and treatment for all.

### Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.

## HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - ✓ More than half of people with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community-based organizations
  - ✓ Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



11

## HRSA's Ryan White HIV/AIDS Program

- Parts A (cities/counties), B (states), C (community-based organizations), and D (community-based organizations for women, infants, children, and youth) services include:
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services including case management, medical transportation, and other services
- Part F Services
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



12

## HRSA HIV/AIDS Bureau (HAB) Budget History

**FY 2020 Total Budget: ~\$2.4 billion**

HIV/AIDS Bureau Programs	FY 2020 Enacted (\$ millions)
Ryan White HIV/AIDS Program (RWHAP)- Ending the HIV Epidemic: A Plan for America	70
Emergency Relief Grants – RWHAP Part A	656
HIV Care Grants to States – RWHAP Part B	1,315
Early Intervention Services – RWHAP Part C	201
Women, Infants, Children, and Youth – RWHAP Part D	75
RWHAP Part F Programs	72
<b>Total, Program Level</b>	<b>2,389</b>

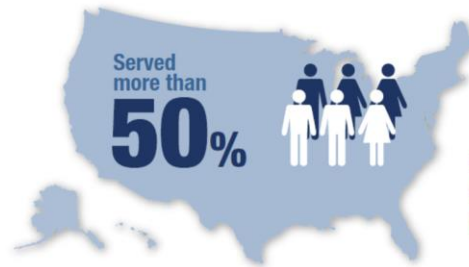


## Clients Served by the Ryan White HIV/AIDS Program, 2018



## Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2018

Served  
**533,758**  
clients in 2018



**73.7%** of clients were  
**racial/ethnic minorities**



of clients  
identified as  
**Black/African  
American**



of clients  
identified as  
**Hispanic/Latino**



**61.3%** of clients were  
**living at or below 100%  
of the Federal Poverty Level**

**46.1%** of clients were  
**aged 50 years and older**



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

15



## Measuring Outcomes

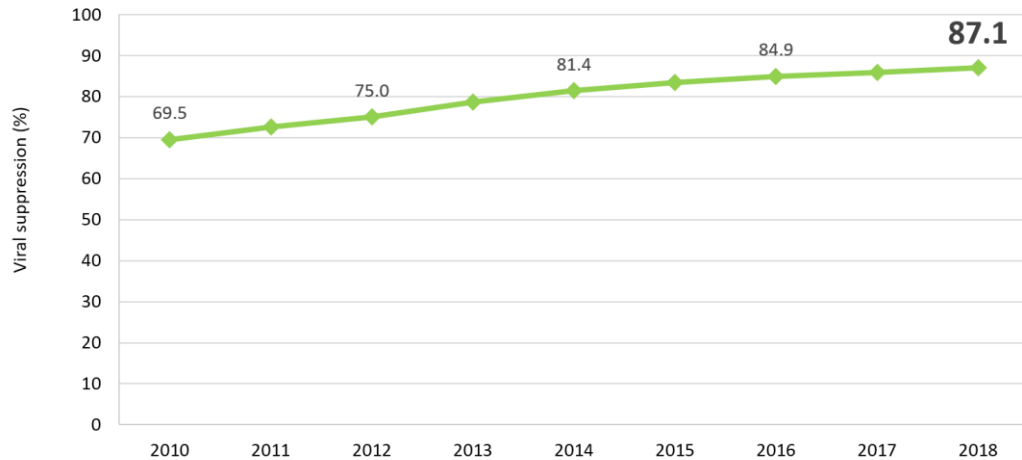
Using data to address gaps and disparities



16



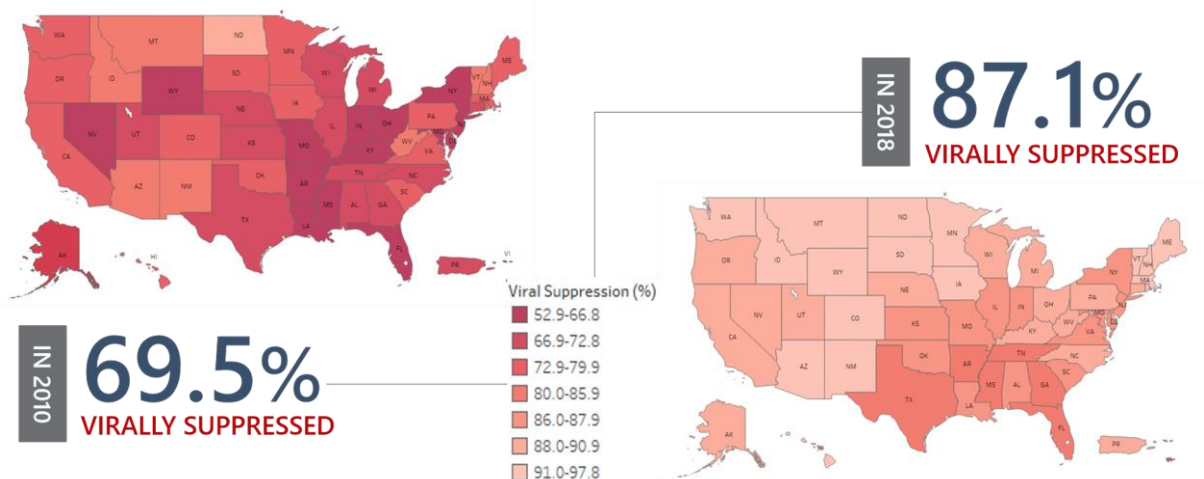
## Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2010–2018—United States and 3 Territories<sup>a</sup>



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

17

## Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories<sup>a</sup>



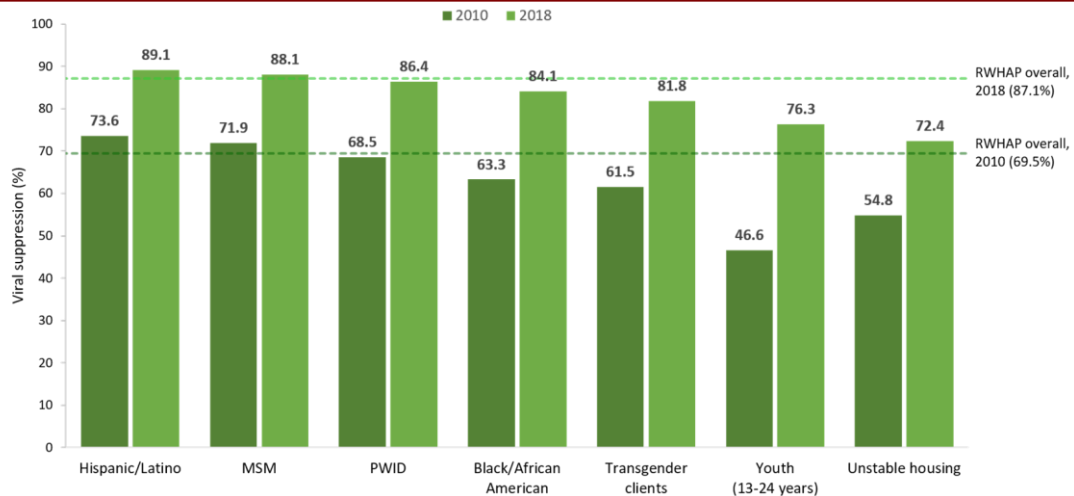
Viral suppression:  $\geq 1$  OAHs visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.  
<sup>a</sup> Puerto Rico and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

18

## Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2018—United States and 3 Territories<sup>a</sup>



Hispanics/Latinos can be of any race.

*Viral suppression:* ≥1 OAHs visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

19

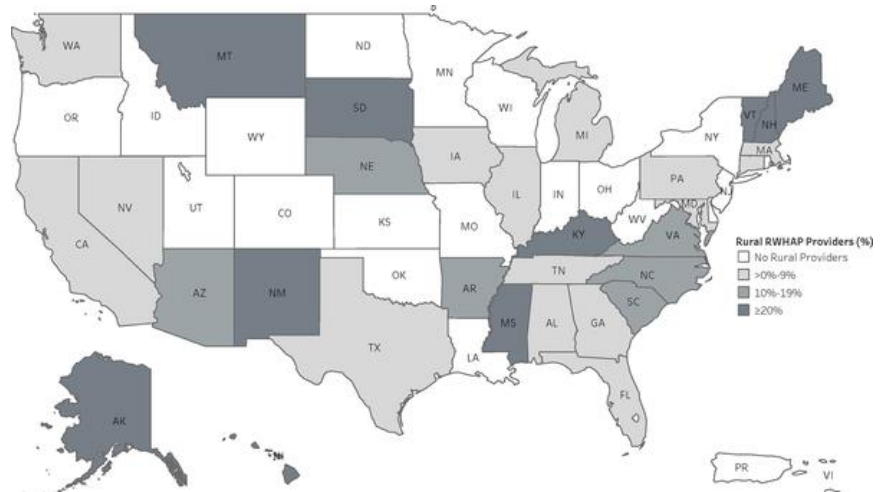
## Overview of the RWHAP in rural communities



20

## HRSA RWHAP Providers in Rural Areas, 2017

- Nationally, 6.2% of RWHAP providers are located in rural areas
- Approximately 90% of rural providers received Public Health Service Act 330 funding (HRSA-funded Health Centers)
- Nearly half (47%) served 1-99 RWHAP clients

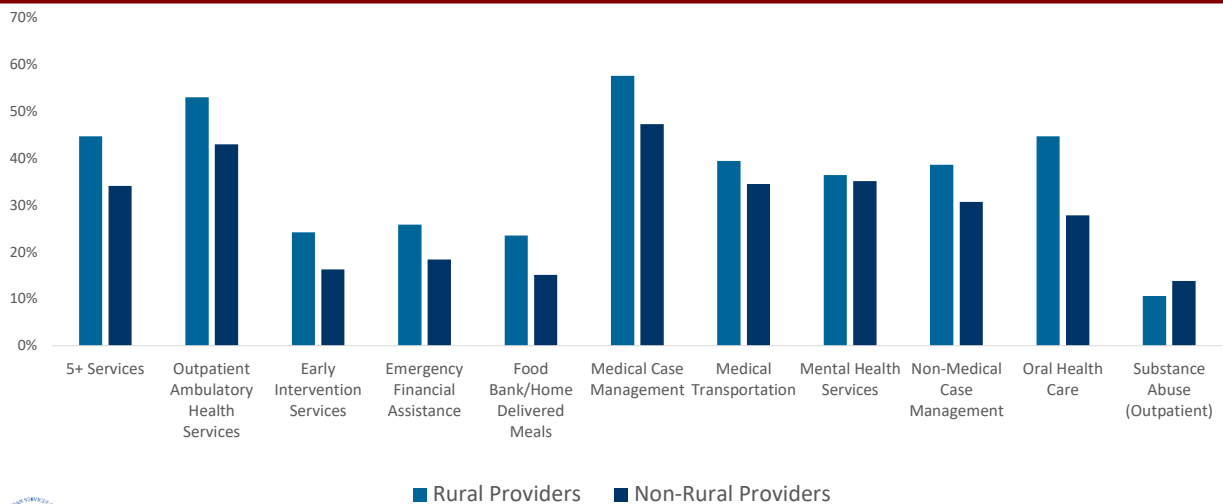


Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



21

## RWHAP Funded Services by Rural and Non-Rural RWHAP Providers, 2017

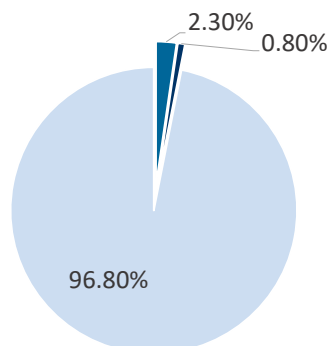


Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



22

## RWHAP Clients Visiting Rural and Non-Rural Providers, 2017



Clients who visited rural providers (only or in addition to non-rural providers) were more likely to be:

- Older
- White, Non-Hispanic
- Living at or below the Federal Poverty Level
- Uninsured

- Visited Only Rural Providers
- Visited Rural and Non-Rural Providers
- Visited Only Non-Rural Providers



Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



23

## Retention in Care and Viral Suppression among RWHAP Clients, 2017

	Total No.	Retained		Total No.	Virally Suppressed	
		No.	%		No.	%
<b>Visited Only Rural Providers</b>	<b>7,536</b>	<b>6,246</b>	<b>82.9</b>	<b>7,855</b>	<b>6,718</b>	<b>85.5</b>
<b>Visited Only Non-Rural Providers</b>	<b>330,356</b>	<b>266,937</b>	<b>80.8</b>	<b>344,726</b>	<b>296,132</b>	<b>85.9</b>
<b>Visited Rural and Non-Rural Providers</b>	<b>3,678</b>	<b>2,993</b>	<b>81.4</b>	<b>3,796</b>	<b>3,261</b>	<b>85.9</b>



Retention in care was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit by September 1 of the measurement year, with a second visit at least 90 days after.

Viral suppression was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and whose most recent viral load test result was <200 copies/mL.

Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



24

## Barriers to HIV Care in Rural Communities

Rural communities face barriers to providing HIV treatment and prevention. Some of those barriers to care include:

- Stigma
- Lack of clinicians with specialized experience to treat HIV
- Transportation to services
- Mental health and substance health issues
- Staffing
- Lack of HIV education and awareness
- Limited Syringe Services Programs
- Non-Medicaid expansion



25

## Addressing Needs of People with HIV in Rural Communities

Addressing needs of people with HIV in rural communities means developing **innovative approaches** to, ultimately, retain clients in care and reach viral suppression, including:

- Transportation
- Alternative medical visits (Telemedicine)
- Alternative case management models
- HIV education and awareness (Community Health Workers)



26

## Addressing HIV-Related Stigma in Rural Communities

### Federal Resources created to address HIV-Related Stigma

#### Centers for Disease Control and Prevention (CDC) Campaign: *Let's Stop HIV Together*

- Campaign started to stop HIV-related stigma by educating the community including health providers on HIV and giving a voice to People with HIV.
- The campaign provides resources to stop stigma including a Stigma Language Guide.

**Stigma Language Guide:** Using specific words to openly talk about HIV and stigma in a way that can help empower those living with HIV.



Source: CDC. Facts about HIV Stigma.  
<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

Problematic word or phrase	Preferred word or phrase
To catch AIDS To catch HIV To pass on HIV	To be diagnosed with HIV To acquire HIV To transmit HIV
Victims Sufferers Contaminated Sick	People/person with HIV
AIDS patient HIV patient Patient	Person with AIDS Person with HIV Person living with HIV HIV-positive person

Example from Stigma Language Guide



27

## HIV-Related Stigma in Rural Communities

### Federal Resources created to address HIV-Related Stigma

#### Southeast AIDS Education and Training Center: Cultural Humility & Reducing Stigma and Discrimination - Provider Handbook

- Guide for healthcare providers to learn cultural competency and address stigma
- Guide suggests using “People-first language” which describes a way of speaking that tries to avoid perceived and subconscious dehumanization when discussing other people.

Some examples of how providers can challenge their perceived stigmas

- Individuation — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor’s office or health center)
- Perspective taking — “Putting yourself in the other person’s shoes”
- Partnership building — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person



Source: AETC: Cultural Humility & Reducing Stigma and Discrimination - Provider Handbook  
[https://www.seaetc.com/wp-content/uploads/2018/08/Stigma-Handbook-PDF\\_20180807.pdf](https://www.seaetc.com/wp-content/uploads/2018/08/Stigma-Handbook-PDF_20180807.pdf)



28

## Role of the RWHAP in Rural America

- RWHAP providers are a crucial component of HIV care delivery in the rural United States.
- Despite evidence of significant barriers to engagement in care for rural people with HIV, RWHAP clients who visited rural providers were just as likely to be retained in care and virally suppressed as their counterparts who visited non-rural providers.
- The RWHAP, especially in partnership with Rural Health Clinics and the HRSA-funded Community Health Center Program, has the infrastructure and expertise necessary to work towards ending the HIV epidemic in rural America.



29

## Contact Information

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**Division of Community HIV/AIDS Programs (DCHAP)**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

**Web:** [hab.hrsa.gov](http://hab.hrsa.gov)



30



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31



## Medical Advocacy & Outreach

2900 McGehee Rd  
Montgomery, AL 36111

[www.maoi.org](http://www.maoi.org)

*Presented By:*  
**Michael Murphree, LICSW**  
*Executive Officer*



## SUMMARY OF MAO



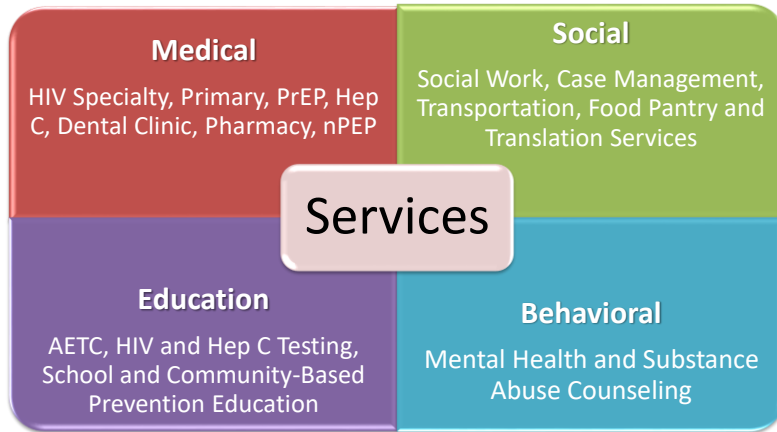
A nonprofit, 501(c)3 organization originally established in 1987 that has expanded from a small, volunteer-based agency to a large full-service organization comprised of 115 employees.

Ryan White Part C grantee, Part B provider and Part D provider.

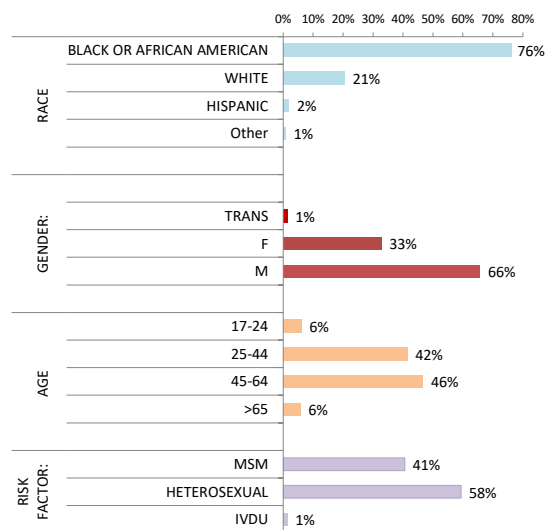
Pharmacy, Dental Clinic, Behavioral Health Program and Telehealth Resource Center expanding the MAO funding stream.



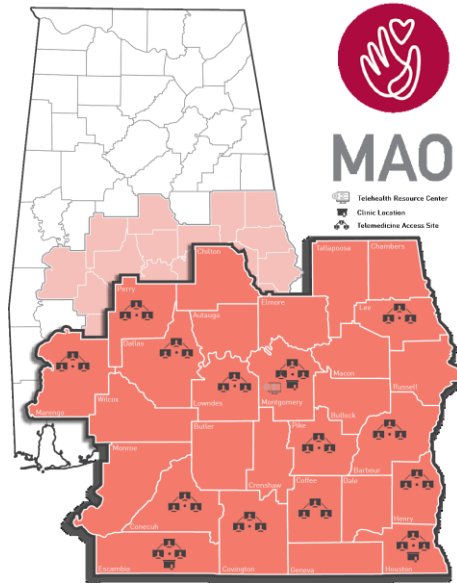
## SERVICES PROVIDED



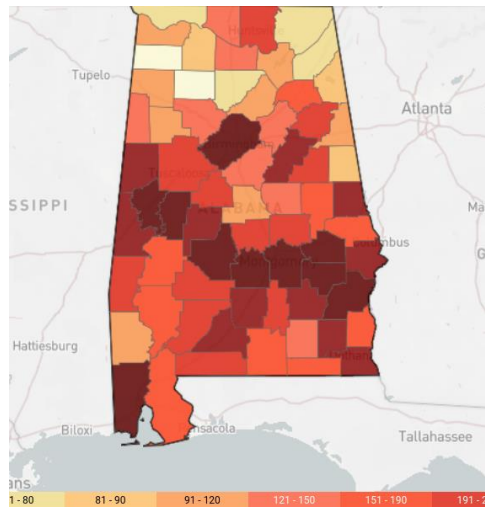
## 2019 RECIPIENT DEMOGRAPHICS



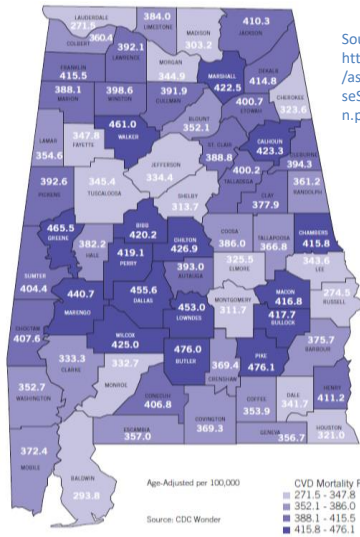
## SERVICE AREA



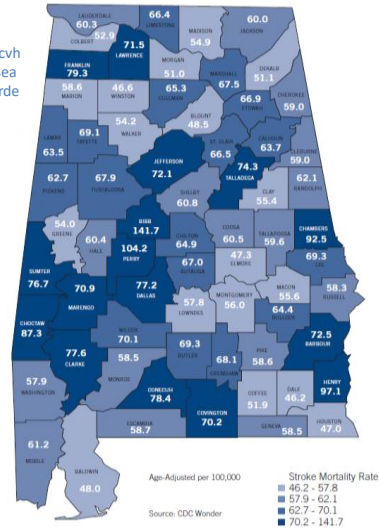
## HIV IN ALABAMA



## RURAL DISPARITIES ARE PREVALENT



Source:  
[http://www.adph.org/cvh/assets/2010\\_HeartDiseaseStroke\\_Alabama\\_Burden.pdf](http://www.adph.org/cvh/assets/2010_HeartDiseaseStroke_Alabama_Burden.pdf)

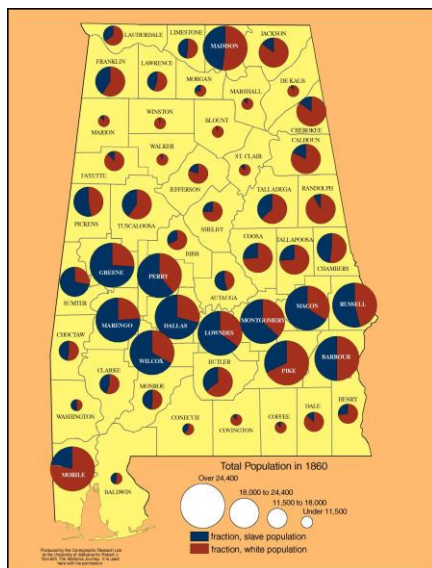


## HISTORIC FACTOR

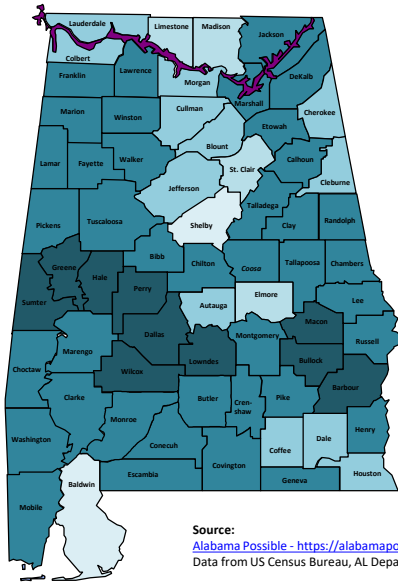


### Plantation Culture 1860

Healthcare disparities in Alabama tend to reflect a failed system that left massive poverty.



## POVERTY RATES IN ALABAMA



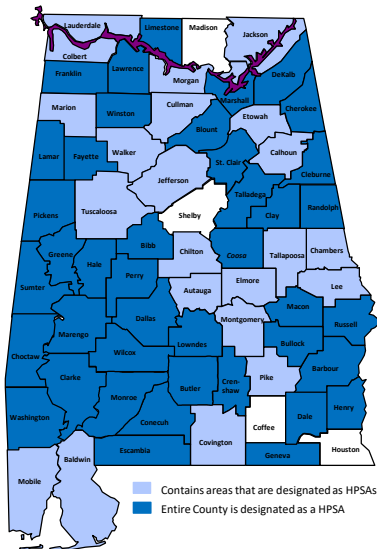
Alabama is the Nation's 6th Poorest State.

Out of Alabama's 67 counties...

- 64 counties have poverty rates higher than the 2018 national average (11.8%).
- 27 counties have poverty rates above 20%.
- 8 counties have poverty rates above 30%.
- The median household income in Alabama is 20% lower than the national median.
- 16.8% (or roughly 1 out of every 6 of Alabama's ~4.8M residents) live below the federal poverty line

Source:  
Alabama Possible - <https://alabamapossible.org/2020/05/21/4480/>  
Data from US Census Bureau, AL Depart. of Human Resources, et. al.

## HEALTH PROFESSIONAL LANDSCAPE



Light blue: Contains areas that are designated as HPSAs  
Dark blue: Entire County is designated as a HPSA

### PROFESSIONAL SHORTAGE AREAS

- 63 of Alabama's 67 counties are, partially or entirely, Health Professional Shortage Areas.

Source:  
Alabama Possible  
<https://alabamapossible.org/2020/05/21/4480/>  
With data derived from US Census Bureau,  
Alabama Department of Human Resources, et. al.

## **BARRIERS FOR RURAL CARE MODELS**



- Hospital Closings in Rural Communities
- Buy in from State and Local Leaders for Healthcare Equity
- High Rates of Uninsured People in Rural Communities
- Rural Culture and Stigma in Rural Communities Toward Healthcare
- Technological Issues for Rural Medical and Behavioral Health Providers Including Broadband Limits

## **TRADITIONAL RURAL HIV CARE**





MAO

## Alabama eHealth



45

## Alabama eHealth



MAO

In the original Alabama e-Health project, MAO partnered with Thrive Alabama in Huntsville and Whatley Health Services, Inc in Tuscaloosa to bring telemedicine services to 50 of Alabama's 67 counties.

An innovative strategy, telemedicine links rural satellite HIV specific primary care medical clinics to providers in their permanent clinics and delivers improved access through expanded reach by providers and health facilities to patients in rural and distant locations.



## WHAT IS TELEMEDICINE AT MAO?



- Telemedicine is a video chat environment between a doctor and a patient

- High definition camera and video screen with 1080p capability

- Bluetooth peripheral equipment

- Maximum security: MAO Telemedicine matches the level of encryption used by the DOD



Photo courtesy of David Kohn, Washington Post

## TELEMEDICINE/TELEHEALTH CURRENTLY





## TELEMEDICINE/TELEHEALTH CURRENTLY

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## MAO TELEMED/TELEHEALTH SERVICES

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MAO Telemedicine/Telehealth supports:

- Direct Practice Clinical Care ( Initial Meeting in Person)
- Preventative Treatment (i.e., PrEP monitoring)
- Tele-Behavioral Health Counseling & Service Delivery
- Social Services Monitoring & Client Support
- Virtual Training and Community Education
- Agency-wide Planning & Communication
- An Effective Way to Deal with COVID-19 Limitations.

## RESULTS OF OUR WORK

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Telemedicine vs Clinic Statistics 2019			
	Total	Clinic	Telehealth
Patient Count	2038	1759	279
Viral Load Suppression	89.30%	88.40%	90.20%
Retention Rate	82.70%	80.30%	85.00%

## RESULTS OF OUR WORK

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**Based on zip code data of where patients traveled to for care as opposed to the hub site of MAO provider:**

- 662,568 miles of driving saved by our patients over a 5 year period.
- \$361,099.56 saved in driving expenses (at prevailing GSA mileage reimbursement rate).
- 148.56 miles saved on average per encounter.
- 781.33 miles saved on average per patient over 5 years.
- 11042.8 hours of total drive time saved for patients traveling to satellite telehealth clinics rather than our Hub sites in Montgomery or Dothan.

## MAO TELEMED/TELEHEALTH SERVICES



MAO

The more options available to recipients/patients, the better chance that they will find the delivery system that fits their lives.

### MAO's Plan:

- Traditional Face-to-Face
- Direct Practice Telemedicine Satellite Clinics
- Telehealth Options
- Telephone Option
- Direct Practice "Suitcase Units"
- Mobile Medical Clinics



Medical Advocacy & Outreach  
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MAO

Download a copy from

[MAOI.ORG - http://maoi.org/get-connected/telehealth/](http://maoi.org/get-connected/telehealth/)

or [AIDSUnited.ORG - https://www.aidsunited.org/Blog/Default.aspx?id=3524](https://www.aidsunited.org/Blog/Default.aspx?id=3524)

# Site Visit and Policy Recommendations

National Advisory Committee on Rural Health and Human Services

55

## Hobson City, Alabama – Greater Anniston Area

- Located in the Eastern Region of Alabama
- Hobson City has a population of roughly 761 residents
- Medically Underserved Population
- Primary Care Health Professional Shortage Area (HPSA)
- High Needs Geographic Mental Health HPSA



Image retrieved from:  
[http://www.nbcnews.com/id/30928759/ns/us\\_news-life/t/long-past-heyday-oldest-black-ala-city-risk/#.Xw9YTT-P63A](http://www.nbcnews.com/id/30928759/ns/us_news-life/t/long-past-heyday-oldest-black-ala-city-risk/#.Xw9YTT-P63A)

56

## Site Visit: Health Services Center Inc.



Image of HSC's 14 county service area retrieved from:  
<https://www.hscal.org/clinic-locations/>

- Operated since 1990
- 501 C3 registered non-profit, Community Based Organization (CBO), and medical clinic providing HIV/AIDS medical care, education and support to a fourteen county area of East Alabama
- Services provided include free HIV testing and counseling, medical care, medication assistance, housing assistance, mental health care, transportation, and more
- Several local and state groups serve as stakeholders

**Stakeholders:** Thrive Alabama, Medical Advocacy and Outreach, Alabama Regional Quality Management Group, Five Horizons, AIDS Alabama, AIDS Alabama South, Selma AIR, Alabama Department of Public Health, University of Alabama – Family Clinic

57

## Site Visit Themes & Perspectives - Funding

- Expansion and Modernization of the Ryan White Care Act to include PrEP and other prevention services
  - Make the program consistent with the work being done for the president's EHE initiative
  - Have Ryan White provide preferences for rurality (Link the EHE states and counties to rural eligibility)
- Concern about rural health groups at the grassroots level not getting funds directly
- Ensuring the CBOs and other organizations working on the ground know what's available (i.e. outreach grants in FORHP)
- Working to simplify the process of applying to and receiving grants (i.e. the challenge grants are a good example of a concise grant application process)
- Revisit grant funding with population specific stipulations to ensure that work on the ground is not disrupted (this may be happening at the state level)

58

## Site Visit Themes & Perspectives - Stigma

- Education that is broad and comprehensive is needed to combat community, provider, and internalized stigma surrounding HIV
- Increasing the availability of harms reduction programs and educating communities about the benefits
- Increase telehealth programming that works with urgent care, hospitals, health departments, and various other provider facilities
- Integrating STI testing and HIV care (including behavioral health) with primary care and ED services
- Interest in pilot programs with storefronts in rural communities with computer access to do telehealth work relating to HIV

59

## Policy Recommendations

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## Recommendation 1

The Committee recommends the Secretary, in modernizing the Ryan White HIV/AIDS Treatment Extension Act of 2009, focus on enhancing the ability of the program to meet the needs of rural communities. This includes:

- Increased rural-targeted funding to support pilot programs and capacity building and, when issuing Notices of Funding Opportunities, consider having rural as a funding factor and giving rural applicants in a designated Health Professional Shortage Area additional consideration through the use of Preferences.
- Expansion of the use of telehealth and telemedicine to increase access to services and reduce stigma in rural populations.

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## Recommendation 2

The Committee recommends the Secretary, in maximizing the scientific advances made in HIV prevention, increase access to Pre-Exposure Prophylaxis (PrEP) for rural residents through the existing statutory authority in Sections 330 and 330A of the Public Health Service Act (HRSA's Community Health Centers Program and the Rural Health Care Services Outreach Program, respectively).

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## Recommendation 3

The Committee recommends the Secretary support a streamlined grant application process for resource strapped rural providers, as well as more virtual grant writing technical assistance for rural communities to enhance their ability to successfully apply for health and human services funding.

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## Further Policy Considerations (1 of 3)

- **Consideration 1:** The Committee believes HHS would benefit from a more targeted focus on harm reduction, which can further reduce the likelihood of outbreaks and significantly reduce their scope. Recent outbreaks of HIV and Hepatitis C, driven by the opioid epidemic, in rural areas such as Indiana and West Virginia show that lack of harm reduction efforts (e.g., needle exchange) can lead to a significant burden in rural areas.
- **Consideration 2:** The Committee heard from several speakers who expressed concerns about the implications of criminalization of those with HIV and that research indicates such laws are more likely to be enforced in rural communities.
- **Consideration 3:** The Committee urges CMS to provide guidance to states regarding Medicaid telehealth coverage policies that can better serve rural residents with HIV.



## Further Policy Considerations Cont. (2 of 3)

- **Consideration 4:** While HRSA supports a range of efforts to provide rural training experiences for health profession students in rural areas, it is not clear that those clinical opportunities include the chance to treat people with HIV. The Committee encourages HRSA to expand the number of rural HIV training experiences so that future doctors, nurses, dentists and behavioral health providers will have been exposed to caring for this population. That familiarity could lead to increased numbers of these students choosing to practice in rural areas and in providing clinical services to those with HIV. The AIDS Education and Training Center Program's (AETC) National HIV Curriculum can play a role in educating future rural providers.
- **Consideration 5:** Address stigma, especially as it pertains to LGBTQ people and people who inject drugs, in relation to provider attitudes/bias/cultural competency issues that serve as barriers to people with HIV being linked to and retained in HIV care. The Committee notes that HHS should consider whether existing efforts on stigma reduction are as effective in rural communities and if not what additional educational campaigns could be used to address this issue.

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## Further Policy Considerations Cont. (3 of 3)

- **Consideration 6:** HHS could play a key role in better understanding how to help CHW initiatives achieve sustainability. The Committee is aware of calls to develop broader credentialing and uniform training of CHWs.
- **Consideration 7:** The Committee notes that Medicaid is a primary coverage mechanism for many people with HIV, particularly in the Southeast. Given the important role Medicaid plays in supporting this population, the Committee believes HHS should provide states with maximum flexibility to support innovative approaches that enhance care options for rural Medicaid patients with HIV.
- **Consideration 8:** The Committee also heard from speakers and stakeholders that one of the most challenging issues they face in providing HIV services is the lack of transportation. While this issue is beyond HHS' jurisdiction, the Committee believes HHS should work more closely with its Federal partners to address these concerns.

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## For More Information

To find out more about the Committee, please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

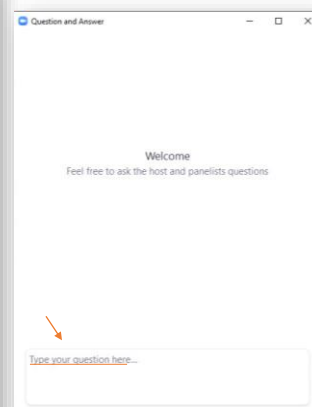
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## Questions?



# Thank you!

- Contact us at [ruralhealthinfo.org](https://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website