



# The HIV/AIDS Bureau in Rural America 2020 National Rural Health Week

November 16, 2020

John "JJ" Jackson, III, MA, NCC - Public Health Analyst Barbara Kosogof, MPA - Public Health Analyst HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



# Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care





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

### 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/AIDS 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 nearly 519,000 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
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 64.7%





# HAB Rural Health & HIV Workgroup's Mission

To provide support and resources to HAB recipients and stakeholders to assist in the delivery of optimal care and treatment for people with HIV in rural communities.





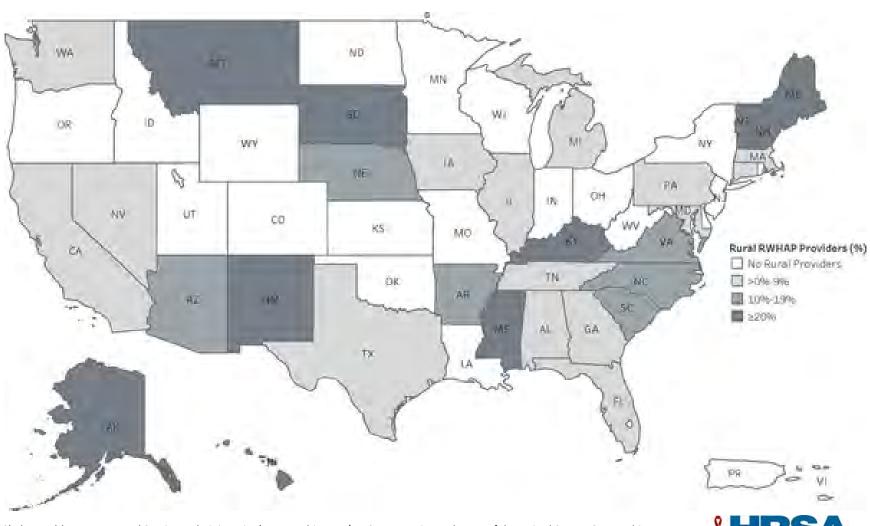
# Overview of the RWHAP in rural communities





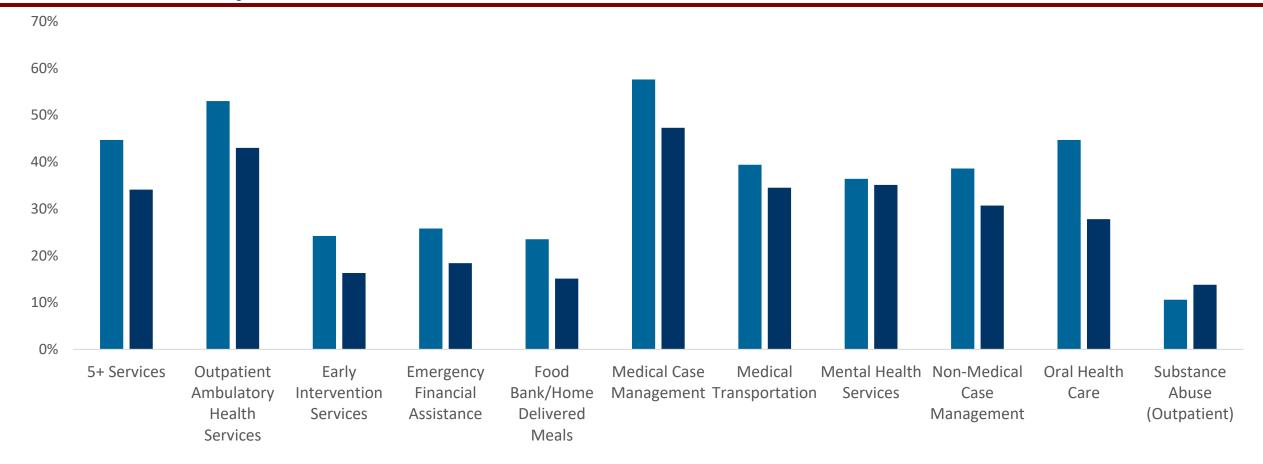
# HRSA RWHAP Providers in Rural Areas, 2017

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





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



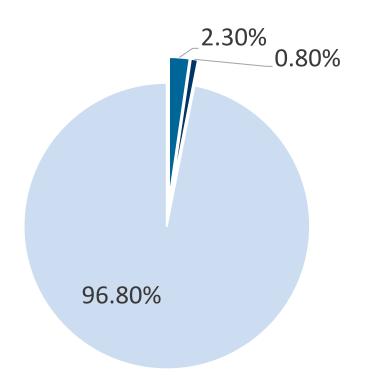








### **RWHAP Clients Visiting Rural and Non-Rural Providers, 2017**



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

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





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

	Retained	Retained	Retained	Virtually Suppressed	Virtually Suppressed	Virtually Suppressed
2017 RWAP Clients	Total No.	No.	%	Total No.	No.	%
Visited Only Rural Providers	7,536	6,246	82.9	7,855	6,718	85.5
Visited Only Non-Rural Providers	330,356	266,937	80.8	344,726	296,132	85.9
Visited Rural and Non-Rural Providers	3,678	2,993	81.4	3,796	3,261	85.9



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.



# 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:

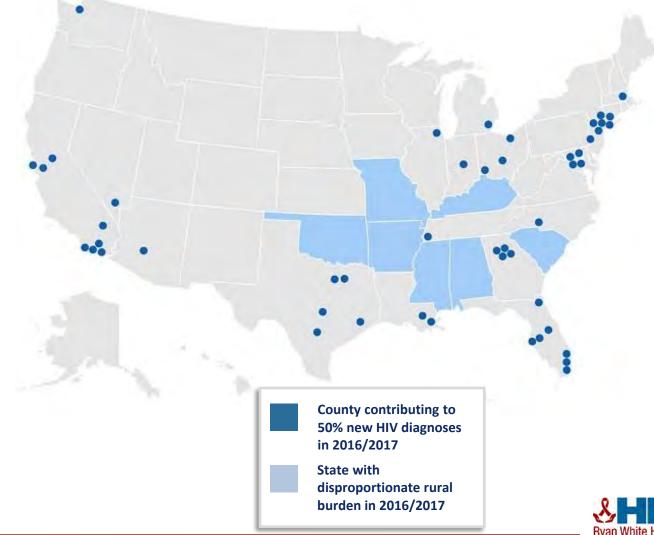
- Transportation
- Alternative medical visits (telemedicine)
- Alternative case management models
- HIV education and awareness (community health workers)





# **Geographic Locations of Ending the HIV Epidemic Initiative**

**Efforts focused in 48** counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.





# Role of the RWHAP in Addressing HIV 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.





# Successful Rural Initiatives by RWHAP Recipients





# Telehealth Best Practices for COVID-19 and Beyond

#### **UPMC Presbyterian Shadyside in Pittsburgh, PA**

- ~1850 clients (including satellite and sub-recipient sites): 75% Male and 25% Female; 48.5% Caucasian, 45% African-American and 6.5% Other.
- Services clients in Pittsburgh and 10 counties in southwestern PA: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland

#### **Telehealth Pre COVID-19:**

- Two regional locations to-date (with more planned)
- Patients located in rural HPSA in Pennsylvania
- Patients seen in <u>clinical</u> location with Physician located in Pittsburgh
- Trained tele-presenter (nurse) with patient in the exam room

#### **Telehealth During COVID-19:**

- Patients are at home while provider is at UPMC, using HIPAA compliant software to conduct the visit
- Clinical notes and orders completed electronically



Gupta, N., DO. (2020, August 11). Telehealth Tales:Be st Practices for COVID-19 and Beyond. Lecture presented at National Ryan White Conference on HIV Care & Treatment, Washington, DC.



# Organizing Transportation Services for RW Patients in Rural Northeast Pennsylvania

#### The Wright Center for Community Health in Scranton, Pennsylvania

- 456 Patients: 301 Male (66%), 154 Female (33.8%), and 1 MtF Transgender (0.2%)
- Serviced Patient Origin by County Breakdown: Lackawanna ~ 40%, Luzerne ~ 25%, Monroe ~ 15%, Pike ~ 8%, Susquehanna ~ 3%, Wayne ~ 6%, and Wyoming ~ 3%

#### **Interventions:**

- Cab services: MOU with local Cab Service Company
- **Uber Health:** In 2019, utilized more than 200 Uber rides in a quarter for the most vulnerable and hard-to-reach RW patients. Over 95% of UBER rides are for patients in Case Management.

#### **Outcomes:**

Improved HIV appointment attendance, retention in care and overall health outcomes





# **Utilizing Community Health Workers in Rural Communities**

#### East Carolina University Adult Specialty Care in Greenville, NC

- Serves more than 1600 PWH living in the 30 counties in eastern NC
- Client population: Majority African American men; 65% men and 35% women

#### **Intervention:**

- Used Community Health Workers (CHW) to establish a trusting relationship with the clients by initiating multiple contacts
- Partnered with the client to identify their priority goals and included the client's goals in the care plan while simultaneously working towards achieving VLS
- Incorporated a system of checks and balances to serve as a safety net in supporting the client

#### **Outcomes:**

- Within four months, 7 (31%) of the 22 clients enrolled became viral load suppressed.
- Hired additional CHWs.





# **HAB Rural Health and HIV Workgroup Successes**





# National Advisory Committee on Rural Health and Human Services

- DCHAP Division Director, Dr. Mahyar Mofidi presented at the National Advisory Committee on Rural Health and Human Services (NACRHHS) annual meeting March 2-4, 2020.
- For the first time since its inception in 1987, the Committee selected HIV and rural health upon which to focus its deliberations at the meeting.
- The <u>HIV Prevention and Treatment Challenges in Rural America</u>, a policy brief and recommendations to the Secretary was released in May 2020 as a result of the NACRHHS meeting, with contributions from the HRSA HAB.







# **2020 National Ryan White Conference**

# HAB Rural Health and HIV Workgroup coordinated 7 sessions for the 2020 National Ryan White Conference

- The first rural health focused institute on addressing HIV-related stigma in rural communities (3 sessions)
- Telehealth sessions on implementation and innovative approaches (2 sessions)
- Workforce challenges and innovation in rural communities (1 session)
- Division of Community HIV/AIDS Programs (DCHAP) Business Day session highlighting rural recipients' telehealth promising practices during the COVID-19 pandemic





# HAB Initiatives and Programs Used to Assist in Reducing Stigma and Enhancing the Workforce in Rural Communities





### The Special Projects of National Significance Program (SPNS)

#### • What SPNS Does:

- Supports development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program
- Evaluates effectiveness of the models' design, implementation, utilization, cost, and health-related outcomes
- Promotes dissemination and replication of successful models
- Supports special programs to develop standard electronic client information data systems to improve grantee- and clientlevel data reporting to HHS





# SPNS Initiatives Used to Reduce Stigma in Rural Communities for PWH

- Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex With Men
- Dissemination of Evidence-Informed Interventions to Improve Health
   Outcomes along the HIV Care Continuum Initiative
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Evidence-Informed Approaches to Improving Health Outcomes for People Living with HIV





# SPNS Initiatives Used to Reduce Stigma in Rural Communities for PWH, Continued

- Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services
- Curing Hepatitis C among People of Color Living with HIV
- Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color
- Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication





# **AIDS Education and Training Center Program**

#### **AIDS Education and Training Center (AETC) Program Goals**

- Increase the size and strengthen the skills of the HIV clinical workforce in the United States.
- Improve outcomes along the HIV care continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance.
- Reduce HIV incidence by improving the achievement and maintenance of viral suppression in people with HIV.

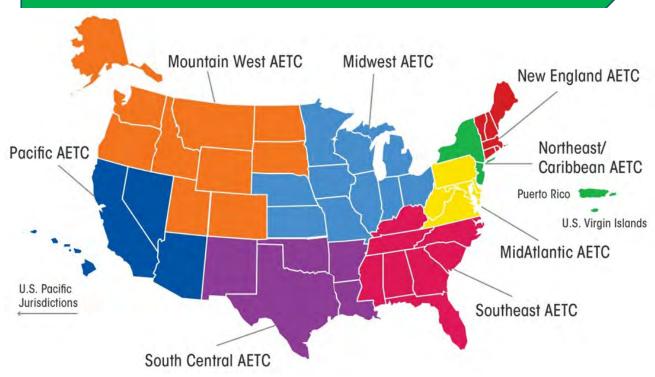




### **AETC Enhancing the HIV Workforce to Assist Rural Providers**

### **\$3,000,000** awarded to **11** AETC Programs





#### **National**

- National Coordinating Resource Center
- National Clinician
   Consultation Center
- National HIV Curriculum

https://aidsetc.org/directory

Compliant information on next slide.





#### **AETC Enhancing the HIV Workforce to Assist Rural Providers – Compliant Slide**

### **\$3,000,000** awarded to **11** AETC Programs

## Regional

- Mountain West AETC: Alaska, Washington, Oregon, Montana, Idaho, Colorado, Utah, North Dakota, South Dakota, Wyoming
- Midwest AETC: Wisconsin, Michigan, Minnesota, Iowa, Missouri, Nebraska, Kansas, Illinois, Indiana, Ohio
- New England AETC: Maine, Massachusetts, Vermont, New Hampshire, Rhode Island, Connecticut
- Northeast/Caribbean AETC: New York, Virgin Islands, Puerto Rico, New Jersey
- Mid Atlantic AETC: Pennsylvania, Maryland, Virginia, West Virginia, Washington D.C.
- Southeast AETC: Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi
- South Central AETC: Arkansas, Louisiana, Texas, Oklahoma, New Mexico

Pacific AETC: Nevada, Arizona, California, Hawai'i

#### **National**

- National Coordinating Resource Center
- National Clinician Consultation Center
- National HIV Curriculum

https://aidsetc.org/directory



# **HIV/AIDS** Bureau Resources





### **HAB Resources**

- <u>TargetHIV</u>: A one-stop shop for technical assistance and training resources for RWHAP recipients
- HIV Prevention and Treatment Challenges in Rural America: Policy brief and recommendations to the Secretary
- AIDS Education and Training Center Programs
- Special Projects of National Significance (SPNS) Program: List of current SPNS initiatives



### **Contact Information**

**Barbara Kosogof** 

Public Health Analyst, Division of Metropolitan HIV/AIDS Programs (DMHAP)

Email: BKosogof@hrsa.gov

Phone: (301) 443-2906

John "JJ" Jackson

**Public Health Analyst, Division of State HIV/AIDS Programs (DSHAP)** 

Email: <u>JJackson1@hrsa.gov</u>

Phone: (301) 945-4538

**HIV/AIDS Bureau (HAB)** 

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

Web: <a href="https://hab.hrsa.gov">hab.hrsa.gov</a>

