



2020 National Ryan White Conference on HIV Care and Treatment **Rural Health & HIV-Related Stigma Institute** Session 201: Federal Resources and Community Initiatives to Reduce HIV-Related Stigma in Rural Areas

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HIV/AIDS Bureau (HAB) Rural Health & HIV Workgroup

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 62.7%



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



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.





Agenda

- I. Session 101 Overview
- II. Stigma and the Special Projects of National Significance (SPNS) Program
- **III.** AIDS Education and Training Centers (AETC) Program Resources
- IV. HRSA Recipient Presentation by CommWell Health
- V. Overview of Federal Resources
- VI. Q&A







- 1. Upon completion of the workshop, participants will be able to identify federal resources, including the AETC program and SPNS initiatives to reduce stigma in rural areas.
- 2. Upon completion of the workshop, participants will be able to identify stigma-reducing strategies that may improve clinical outcomes for their clients' in rural areas.
- 3. Upon completion of the workshop, participants will be able to identify people with HIV's barriers to accessing care impacted by stigma in rural areas.



Session 101 Overview – Recap

- **Title:** Overview of HIV- Related Stigma and HIV Care and Treatment in Rural RWHAP Settings
 - Overview of the Ryan White HIV/AIDS Program (RWHAP) in rural areas
 - \odot Discussion of the reach of the RWHAP in rural areas
 - Discussion of the role of rural jurisdictions in the Ending the HIV Epidemic Initiative







Negative feelings, beliefs, and behavior directed toward an individual or group due to a particular label or characteristic.





Characteristics of Stigma







Characteristics of Stigma

Attitude:

- Discredit a person or a group
- People deserve to get HIV because of choice
- Fear
- People perceived to be infected
- People associated with those who are infected
- Coupled with marginalized groups in society
- Self-stigmatization shame

Actions: - unfair treatment

- Discrimination
- Social ostracism
- Refusing contact
- Violating confidentiality
- Diminished support
- Violence

actions

attitude

<u>Beliefs:</u>

beliefs

- Socially unacceptable
- Only certain groups can get HIV
- Stereotypes
- Influenced by myths





Stigma and the Special Projects of National Significance Program

2020 National Ryan White Conference on HIV Care and Treatment

August 2020

Melinda Tinsley, MA, Senior Public Health Analyst and Chau Nguyen, Public Health Analyst Division of Policy and Data HIV/AIDS Bureau (HAB)





The Special Projects of National Significance Program (SPNS)

- Authorized under Part F of the Ryan White HIV/AIDS Program, Section 2691
- 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 client-level data reporting to HHS





Stigma and RWHAP SPNS Initiatives

- Presents as a persistent barrier to participant recruitment and access to HIV primary treatment, consistent with other findings
- Has been associated with delayed entry into care in most initiatives
- Impacts the prevention and care continuum
- Reinforced by sociocultural factors (i.e., race, sexual orientation, gender identity and expression, Hispanic/Latino gender norms)
- Mostly measured by proxy outcomes (participant experiences with discrimination, violence, denial of care, etc.)





Past/Recently Completed Initiatives

- Systems Linkage and Access to Care for Populations at High Risk of HIV Infection (2011 2016)
- Enhancing Access to and Retention in Quality HIV Primary Care for Transgender Women of Color (2012 – 2017)
- Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations (2012 – 2017)
- Culturally Appropriate Interventions of Outreach, Access, and Retention among Latino/a Populations (2013 – 2018)
- Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum (2015 – 2019)





Current Initiatives

- 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





Current Initiatives 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





Coming Soon

Minority HIV/AIDS Funding Activities





Improving Care and Treatment Coordination: Focusing on Black Women with HIV

Purpose: To design, implement, and evaluate the use of bundled interventions for Black women with HIV. The program also focuses on implementing various stigma-reducing approaches with an emphasis on increasing cultural humility in care and treatment settings for people with HIV within the RWHAP.

Funding Summary:

- Twelve Demonstration Sites and One Evaluation and Technical Assistance Provider
- Period of Performance: September 1, 2020 through August 31, 2023





Implementation of Bundled Interventions

- Demonstration sites will implement a minimum of two evidence-informed interventions to offer a coordinated and comprehensive bundled intervention to be delivered simultaneously.
 - 1. Enhanced patient navigation, enhanced case management, or peer engagement
 - 2. Red Carpet Care Experience, which provides support and addresses barriers to accessing HIV care including such services as transportation, food/nutrition, housing, employment, mental health, or social support, among others
 - 3. Stigma reduction intervention that can speak to social determinants of health (e.g., address stigma and the environment, use media to show HIV has a human face, engage the community, help institutions recognize stigma, educate about stigma and HIV)
 - 4. Use of trauma-informed interventions, provider and/or organizational training on guiding principles to a trauma-informed approach
 - 5. Self-efficacy, health literacy or resiliency
 - 6. Interventions for IPV, physical and sexual violence, or other behavioral health needs (e.g. provider and /or organizational training on IPV, physical and sexual violence prevention, or behavioral health and care coordination with other community-based services)





Reducing Stigma at Systems, Organizational, and Individual Client Levels in the RWHAP (HRSA-20-112)

Purpose: To reduce stigma for people with HIV on multiple levels throughout the health care delivery system, including on an individual client level. The program also focuses on implementing various stigma-reducing approaches with an emphasis on increasing cultural humility in care and treatment settings for people with HIV within the RWHAP.

Funding Summary:

- One cooperative agreement recipient
- Period of Performance: September 1, 2020 through August 31, 2024





Reducing Stigma Program Objectives

- Assess readiness of RWHAP recipients to implement stigma reduction strategies and assess technical assistance (TA) needs
- Develop an inventory of existing trainings, tools, and materials that reduce stigma
- Provide training and time-limited TA to RWHAP recipients to reduce stigma
- Provide training to people with HIV in stigma reduction interventions
- Develop, facilitate, and evaluate learning collaboratives aimed at reducing stigma
- Participate in national conferences an forums to present and disseminate relevant stigma reduction information





Deep Dives: A Closer Look at Specific Stigma Reduction Activities in SPNS Projects





RWHAP SPNS Transgender Women of Color Initiative 2012 – 2017

- Ten demonstration sites in four urban centers (NYC, Chicago, Los Angeles and the San Francisco Bay Area)
- Qualitative Interviews with Participants & Interventionists:

"This community feels like they have lost their personhood. Their personhood has been rendered to scopes and numbers and MSMs and positives and TWOC. But no one is really actively looking at them as real people that are facing really serious barriers." – Outreach Worker





Friends Research Institute: Transgender Imagery







RWHAP SPNS Latino Initiative 2013 - 2018

- Six projects with Mexican-American target populations and four projects with Puerto Rican target populations
- Applicants asked to include a specific stigma reduction plan in their interventions
 - Assessment of Enacted
 - Felt and Anticipated Stigma across the domains of HIV
 - Immigrant
 - MSM
 - Transgender





RWHAP SPNS Latino Initiative 2013 - 2018

- Stigma reduction plans include:
 - Social media (text messaging, etc.)
 - Social networking
 - Project websites
 - Client-centered events and gatherings
 - Health and wellness-framed materials
 - Gay-friendly, sex-positive clinical settings
 - Inclusion of stigma in provider cultural competency training





RWHAP SPNS Homeless Initiative 2012 – 2017

- Incorporates HIV, homelessness and behavioral health into a unified health system to normalize treatment interventions
- Stigma Sub-study to examine how HIV stigma impacts clinical outcomes and housing status for HIV-positive homeless and unstably housed individuals
- Research question: How does HIV-related stigma and discrimination related to being homeless or unstably housed, having a mental health condition, and substance use history impact access to, engagement and retention in care and other services?
- Goal: Develop a comprehensive measure of stigma and how it interacts with HIV care outcomes; how it relates to the components of PCMH (care integration); and how it is influenced by patient navigation
- Findings will be used to identify critical points for individual, provider, institutional, and community-level interventions to mitigate the impact of stigma in the engagement and retention in care



RWHAP SPNS Dissemination of Evidence-Informed Interventions Initiative 2015 - 2019

This initiative addresses HIV-related stigma and discrimination at numerous levels:

- Peer and Patient Navigation Interventions address stigma at the client level through focused coaching of participants on how to discuss issues of disclosure in both the patient's personal life and the medical setting
- The TA agendas and intervention work plans for the performance sites include training on the impact of HIV-related stigma for intervention staff and clinic staff
- Performance sites are required to involve PWH in their local planning process so that their programs do not unintentionally perpetuate HIV-related stigma





Black MSM Initiative

- Three-year Initiative that funds eight recipient sites to implement and evaluate evidenceinformed behavioral health interventions and/or models of care (MOCs) to engage, link, and retain BMSM living with HIV in medical care and supportive services.
- To augment multi-site evaluation, the ETAP recommended a focused, culturally-responsive mixed method study using:
 - 1. Digital interviews with BMSM clients to understand, perceived discrimination, microaggressions, enacted, anticipated and internalized stigma; and
 - 2. An online survey of HCPs to understand how they provide culturally-appropriate care attentive to stigma reduction for HIV positive BMSM. Focused study findings will guide adaptations to the HRSA BMSM Initiative focused on stigma-reduction.





Examples of Supporting Materials











It takes a village.





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Thank you for your attention and interest!







HIV and Stigma in Rural Communities Training, Consultative and Technical Assistance Role of the AIDS Education & Training Centers

Linda Rose Frank, PhD, MSN, ACRN, FAAN

Professor, Department of Infectious Diseases and Microbiology, Graduate School of Public Health Professor, Center for Translational Science Institute, School of Medicine Professor, Community and Health Systems, School of Nursing Principal Investigator, MidAtlantic AIDS Education & Training Center Recipient, University of Pittsburgh, Chancellor's Public Health Service Award Chair, City of Pittsburgh HIV Commission



AIDS Education and Training Centers Program (AETC)



Mission

Increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV, and to help prevent high-risk behaviors that lead to HIV transmission

The RWHAP AETC Program recognizes the importance of a well-trained HIV health workforce as a crucial step toward ending the HIV epidemic in the U.S.

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 Program Overview



8 Regional AETCs

National Coordinating **Resource Center (NCRC)**

AIDS Education and Training Centers Program

National Clinician Consultation Center (NCCC) National Evaluation Contractor (NEC)

National HIV Curriculum (NHC) Programs:

- 1. Enhancement and Update of NHC e-Learning Platform
- 2. Technology Operations and Maintenance of NHC e-Learning Platform
- 3. Integration of NHC into Health Care Provider Professional Education

AETC Program



REGIONAL



NATIONAL

- National Coordinating Resource Center
- National Clinician Consultation Center

Regional AETC Program Components



Practice Transformation (PT)

Core Training

Interprofessional Education (IPE)

> Minority AIDS Initiative (MAI)

Practice Transformation Expansion (PTE)

(Optional)

Regional AETC Approaches



Practice Transformation	 Individualized coaching for clinics to improve outcomes along the Continuum of Care FQHCs and RW settings
Interprofessional Education	 Integrating HIV and Interprofessional Education into health profession schools: medical, nursing, pharmacy, behavioral health
Core Training/TA	 Increasing knowledge, skills and behavior Enhancing workforce and quality of HIV care Along the continuum and comorbidities
MAI Training/TA	 Increasing the capacity of minority providers and minority-serving providers

MidAtlantic AETC: Addressing Stigma in Rural Areas



These strategies include:

- Assist providers and program in implementing HIV-related stigma reduction standard operating procedures developed collaboratively with person with HIV and health care teams
- Encouraging and supporting health care providers and teams in integrating knowledge and skills learned into their work.
- Monitor changes in stigma by administering periodic surveys to persons with HIV or conducting focus groups and using the results to develop additional training and technical assistance for providers and programs.
- Inclusion of stigma as a topic for integration into most training programs since stigma is an issue not just for HIV but for co-occurring disorders such as, sexually transmitted infections, substance use, and mental illness.



MidAtlantic AETC: Rural Privacy Challenges



- Rural communities are small and often have close-knit social networks which is a concern for persons with HIV and confidentiality
- For some persons with HIV, it can be difficult to seek HIV services in rural areas and may seek care elsewhere
 - >May be seen accessing HIV, substance use, or mental health services
 - May work at an organization, hospital, or agency where HIV testing or treatment services are provided.
- For persons with HIV, the challenges of accessing services without disclosure may deter people from getting tested for HIV or seeking care



Stigma as Barrier to Ending the HIV Epidemic







MidAtlantic AETC Critical Incident: West Virginia Outbreak Response



- Continue to engage CDC and offer AETC assistance
- Continue to participate in calls, meetings, working groups
- Market relevant AETC programs via LEAAP and directly
- Offer to work on response plan for future outbreaks
- Engaged other federal training centers
- Ongoing networking with Cabell county to train: addiction centers, first responders
- Working with Valley health CHC to conduct training
- Participate in Opioid Steering Committee
- Offered use of MAAETC resources

AETC AIDS Education & Training Center Pro MidAtlantic



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- Met with WV Health Dept
- Met with Cabell Co Health
- Met with CDC representatives
- Attended weekly calls convened by WV DOH and CDC
- Identified needs for training
- Identified clinicians for
- Conducted rapid test
- Training on linkage to care
- Integration of stigma discussion into training
- Physician attended
- Provided linkage to



Stigma: AETC Interventions





VIRTUAL





MAAETC Rural Ongoing Capacity Building



- > Continuous assessment of need in rural areas due to changing health care structures, workforce
- Assessment of technology to increase access to training
- Recruitment of agencies, CHCs, hospitals to link to the MAAETC Learner Education and Practice Portal (LEAPP)
 - an interactive on-line platform for accessing guidelines, recommendations, journal articles, distance-based learning schedule, and archived education
- Participation in case-based educational consultations on clinical issues, specific populations, comorbidities, HIV testing, harm reduction, and quality improvement
- Fostering and maintaining connections between rural providers, MAAETC faculty, and consultants
- Development of shared repertoire of approaches, tools, and strategies to develop interventions to reduce stigma, and other conditions that are stigmatized



MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER CONTACT INFORMATION



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MidAtlantic AIDS Education and Training Center



Federal Resources and Community Initiatives to Reduce HIV-Related Stigma in Rural Areas

Lisa McKeithan CommWell Health





- Lisa McKeithan has no relevant financial or non-financial interests to disclose.
- Disclosure will be made when a product is discussed for an unapproved use.

•This continuing education activity is managed and accredited by AffinityCE in cooperation with HRSA and LRG. AffinityCE, HRSA, and LRG Staff, as well as planners and reviewers, have no relevant financial or non-financial interests to disclose. Conflict of interest, when present, was resolved through peer review of content by a non-conflicting reviewer.

•Commercial support was not received for this activity.



- At the conclusion of this activity, participants will be able to:
- 1.Recognize how stigma and discrimination can pose complex barriers to prevention, testing, treatment, and support for people living with or at risk for HIV in rural communities.
- 2.Identify and utilize strategies to combat stigma in a rural healthcare setting
- 3.Learn how community wide programs can be used in decreasing the negative impact of stigma

CommWell Health





40 years of operation

Began as a night clinic for community farmworkers

Served three counties: Johnston, Sampson, Harnett

Rebranded in 2009 to CommWell Health

• Six counties across southeastern North Carolina

HIV/Ryan White Services - "Positive Life Program"

- HIV Counseling/Testing, Case Management 1987
- Ryan White Title IIIB 1996
- Ryan White Title II (Part B) 1997
- Ryan White Title III (Part C) 2000
- Ryan White Title IV (Part D) 2001

CommWell Health – Service Area



VIRTUAL

Our MVV



• Values

- Collaborative Leadership WE, not me
- Value of Valuing WE value the strengths and uniqueness of everyone
- Teamwork WE work together
- Integrity WE do the right thing
- *Learning Environment* WE question, WE learn, WE innovate
- Continuous Improvement OUR excellence tomorrow is greater than OUR excellence today!



Socio-Ecological Framework HIV Stigma







COVID-19





- Stigma
 - Fear
 - Anxiety
 - Access to Care
 - Treatment
 - Grief

How does CWH address stigma?



Education

Δī

хн ХН Language/Correct Terminology

Non-judgmental manner/Cultural Competency

Patient Satisfaction Surveys

How does CWH address stigma?

VIRTUAL 2020 NATIONA RYAN WHIT CONFERENCE O HIV CARE & TREATMEN

CommWell Health

- Waiting Rooms
 - MH Provider
 - Dental Hygienist
 - Nutritionist
- Patient Centered Medical Home
- Telehealth
- Eagle Meds

Staff

- Code of Behavior/Conduct/Ethics
- Code of Conduct
- Code of Ethics

SPNS/NC REACH



SPNS/ NC REACH (North Carolina Rurally Engaging and Assisting Clients who are HIV positive and Homeless

- Case managers
 - Network Navigators
 - Assessing whether and how clients are experiencing stigma
 - Helping clients address internal and external stigma through Motivational Interviewing and Strengths Based Counseling approaches
 - Providing advocacy on behalf of clients
 - Collaborating with and educating internal and external partners on an ongoing basis

Consumer Advisory Board





- Ensures patients' voice guides service delivery.
 - Recognizes the unique needs and barriers related to health, stigma, and discrimination

CWH's Commitment to Our Community





NO APPOINTMENT NEEDED

CommWell Health is offering <u>no-cost</u> COVID-19 testing to the public.

June 11: 10 am - 3 pm

New Hope Missionary Baptist Church

1604 White Plains Church Rd, Clarkton, NC 28433

June 18: 10 am - 3 pm East Arcadia Senior Resource Center

1472 B East Arcadia Rd., Riegelwood, NC 28458

June 25: 10 am - 3 pm Mount Vernon Christian Church

300 North Lombard Street Clayton, NC 27520

COVID-19 HELPLINE: 910-567-7114

• Festivals

- Health Fairs
- Faith Based Community
- Local Business

Thank you



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Federal Resources

- 1. "Cultural Humility & Reducing Stigma and Discrimination" Provider Handbook
 - https://www.seaetc.com/cultural-humility-reducing-stigma-and-discrimination-providerhandbook/
- 2. Stigma Toolkit: Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men
 - https://www.nastad.org/resource/stigma-toolkit-addressing-stigma-blueprint-improving-hivstdprevention-and-care-outcomes
- 3. Transgender HIV/AIDS Health Services Best Practices Guidelines
 - https://targethiv.org/sites/default/files/file-upload/resources/tgguidelines.pdf
- 4. Southeast Practice Transformation Expansion Project (SEPTEP)
 - https://aetc.adobeconnect.com/_a983389486/paleq7sus2mi/?proto=true
- 5. Federal Office of Rural Health Policy's Rural HIV AIDS Prevention and Treatment Toolkit- Stigma
 - https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/stigma
- 6. CDC's Let's Stop HIV Together Campaign
 - https://www.cdc.gov/stophivtogether/campaigns/index.html







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- If you would like to receive continuing education credit for this activity, please visit:
 - ryanwhite.cds.pesgce.com

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