HRSA
Health Resources & Services Administration

Examining the Differences Between Rural and Non-Rural Participants Supported by the RWHAP AETC Program

2024 National Ryan White Conference on HIV Care and Treatment

August 21, 2024

Latoya Goncalves, MPH & Nicole A. Viviano, MA
Health Statistician & Statistician, Data Management & Analysis Branch (DMAB), Division of Policy & Data (DPD)
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 challenged

HRSA does this 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, pregnant people, mothers and their families, and those otherwise unable to access quality health care

HRSA Ryan White HIV/AIDS Program

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**
- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- **Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.**
- **89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.1%[i]. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.**

HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2022. HIV Surveillance Supplemental Report, 2024; 28(No. 4). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2024.

What is AETC

The HRSA's RWHAP Part F AIDS Education and Training Center (AETC) Program is a network of HIV experts who provide education, training, and technical assistance on HIV care and prevention to health care team members and health care organizations serving people with or at risk of HIV.

AETC's provide:

- Targeted, multi-disciplinary education and training programs for health care providers treating people with HIV (e.g., basics of testing and prevention, complex care of patients)
- Combination of educational and consultative services through bidirectional learning platforms, tailored training, shared best practices, and on-demand expert guidance

AETC Mission

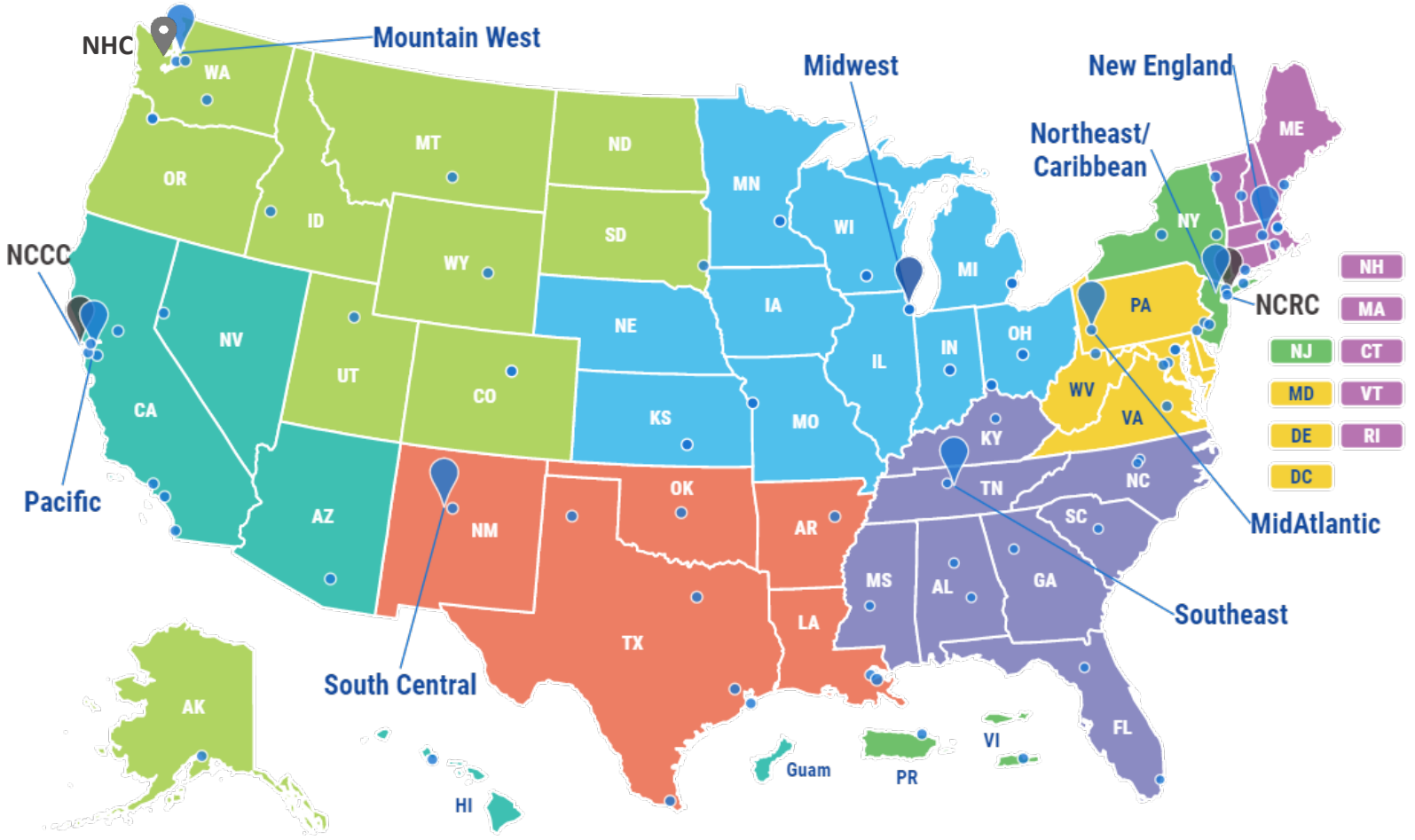
The AETC Program's mission is to increase —

- The number of providers educated and trained to diagnose, treat, and medically manage people with HIV
- The capability of health care organizations to treat people with HIV
- Providers' ability to prevent HIV transmission among people at risk for HIV
- The number of health profession students and trainees who are well educated in HIV care and treatment

RWHAP Regional AETCs

Eight Regional AETCs:

- New England
- Northeast/Caribbean
- MidAtlantic
- Southeast
- Midwest
- Mountain West
- South Central
- Pacific

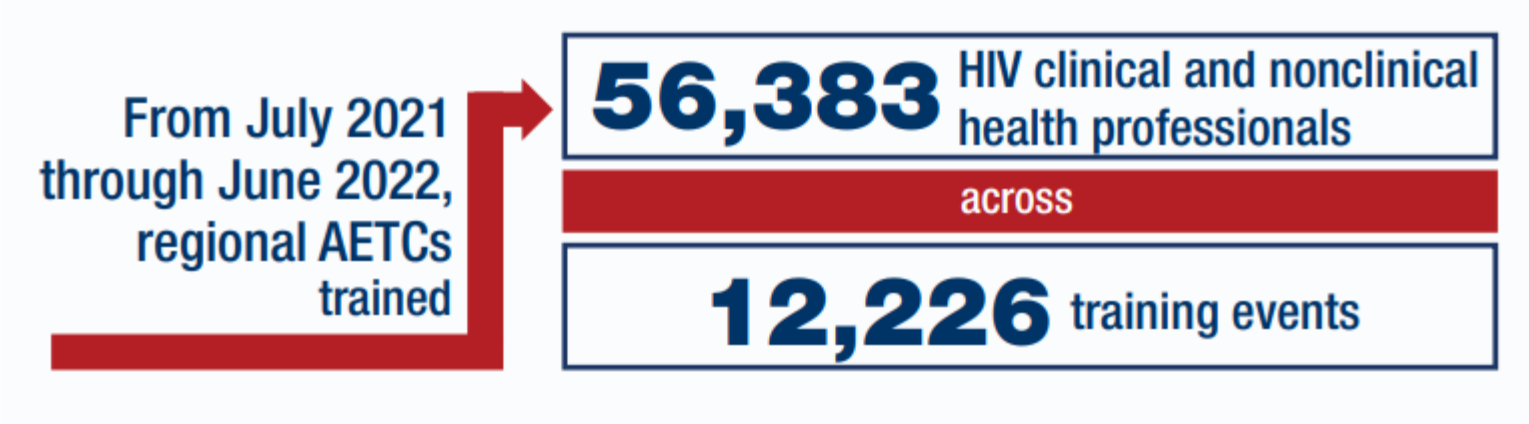


View the interactive map at: http://aidsetc.org

HRSA Ryan White HIV/AIDS Program

AETC Annual Report

- Each year, the eight regional AETCs report data to HRSA HAB about the training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands
- The 2022 Annual Data Report is available at Ryanwhite.hrsa.gov



Learning Objectives

Evaluate differences between rural and non-rural participants in the AETC in clinical vs. non-clinical work settings (e.g., years of experience, race/ethnicity, gender, etc.)

Describe differences between event training characteristics (i.e., topics and training modalities) attended by rural and non-rural participants

Discuss differences between estimated client descriptions (e.g., % clients with HIV in the past year who are racial/ethnic minority groups, etc.) of rural and non-rural participants who provide services directly to clients with HIV

Rural and Non-Rural AETC Participants

Rural and Non-Rural Definitions

RURAL

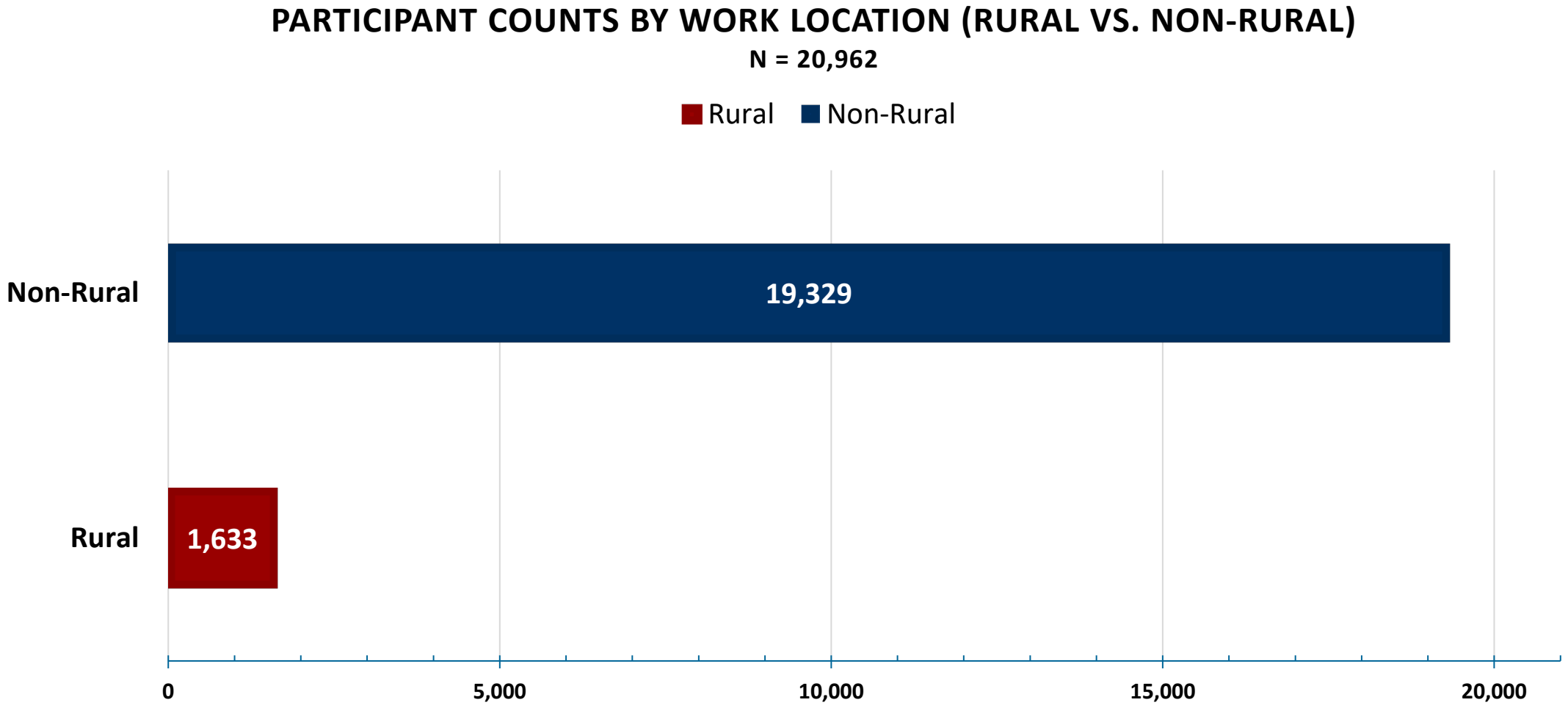
AETC participants who provided direct services to clients in **rural** zip codes as defined by Federal Office of Rural Health Policy (FORHP)

NON-RURAL

AETC participants who provided direct services to clients in **non-rural** zip codes as defined by FORHP

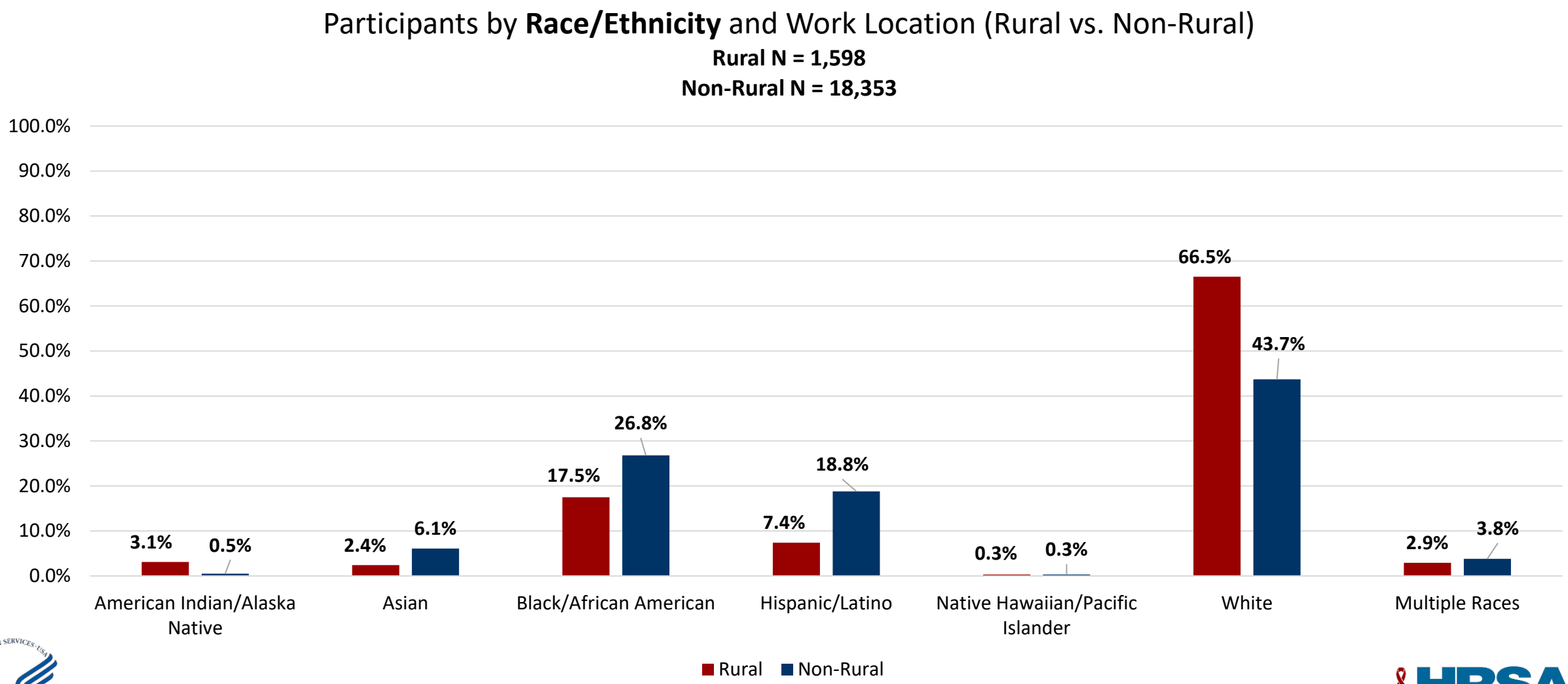
Participant Counts

Rural vs. Non-Rural



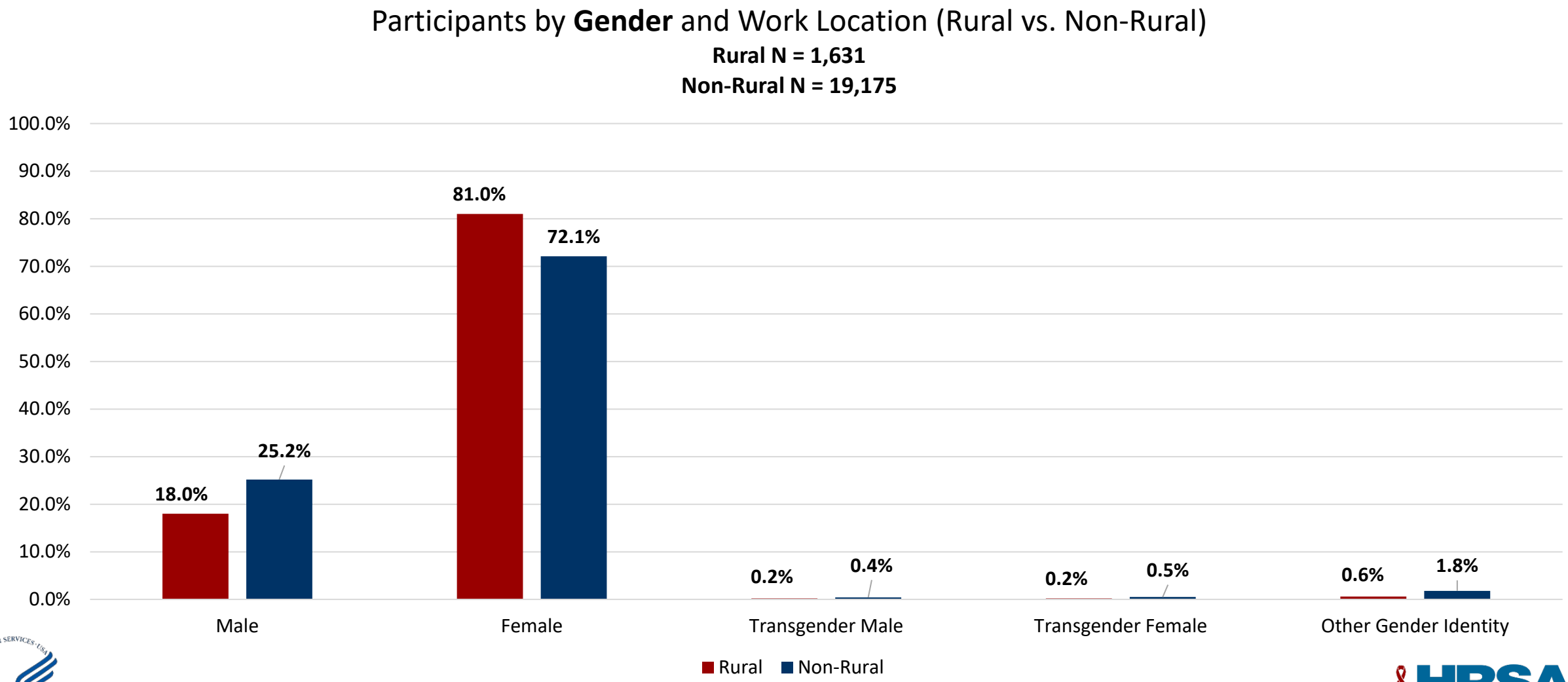
HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural)



HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural) 2

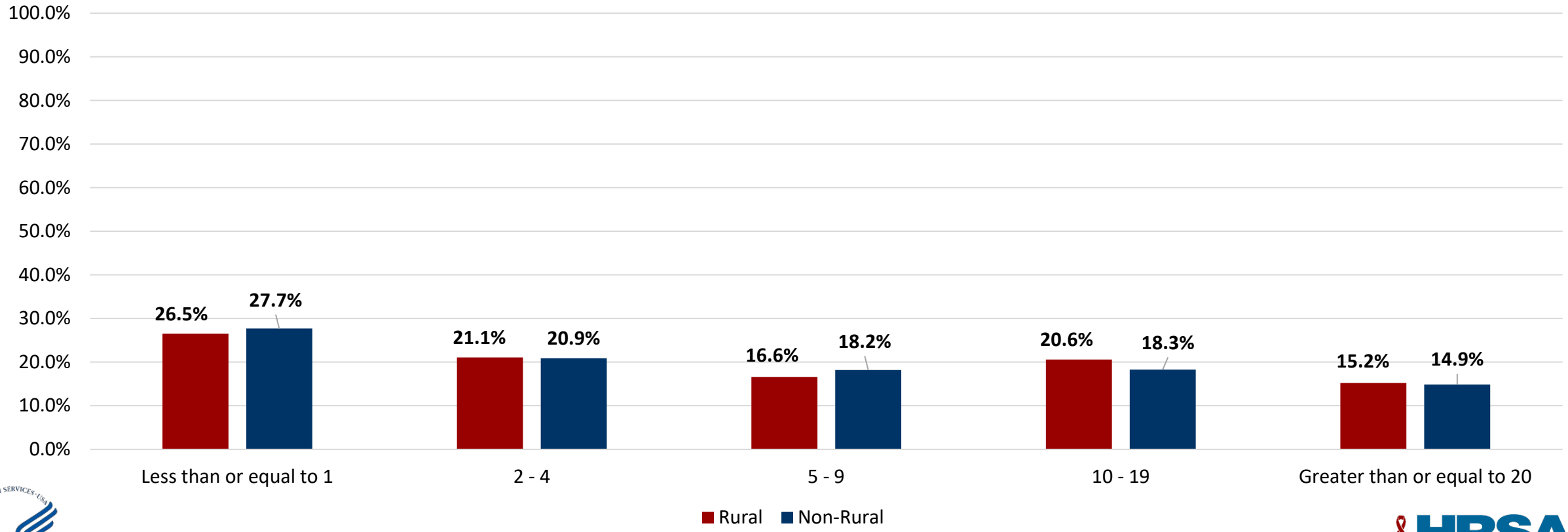


HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural) 3

Participants by **Number of Years Providing Direct Services to Clients with HIV** and Work Location (Rural vs. Non-Rural)

Rural N = 1,610
Non-Rural N = 19,021

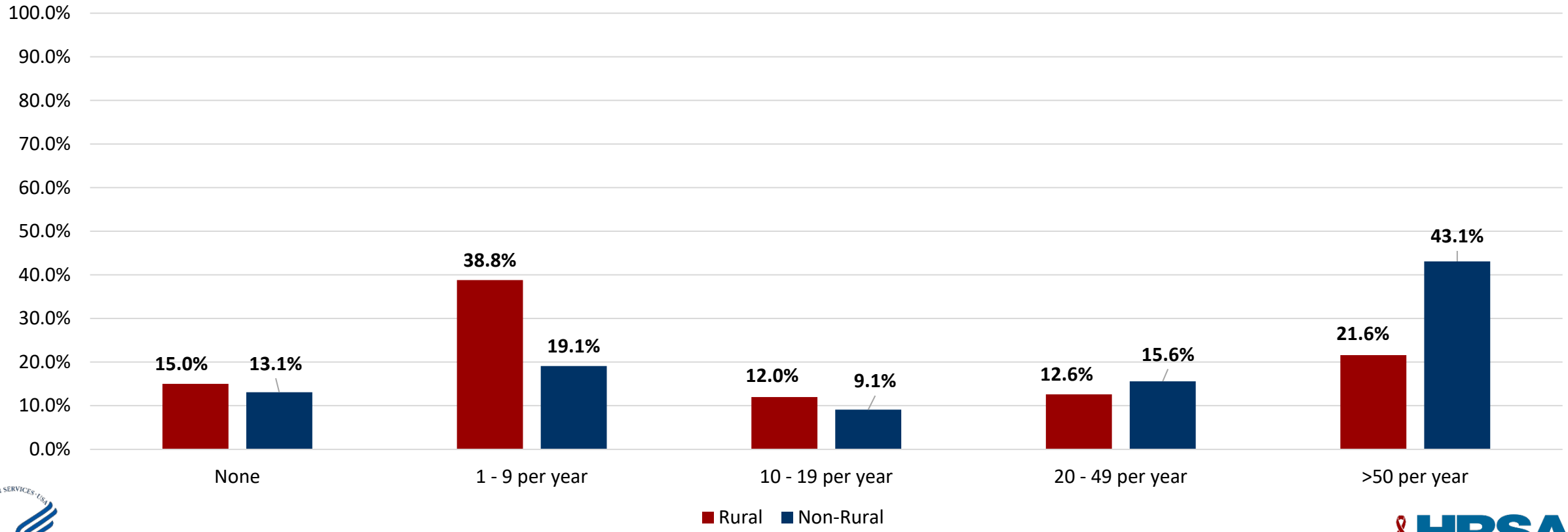


HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural) 4

Participants by **Number of Clients with HIV Served in the Past Year** and Work Location (Rural vs. Non-Rural)

Rural N = 1,591
Non-Rural N = 18,797

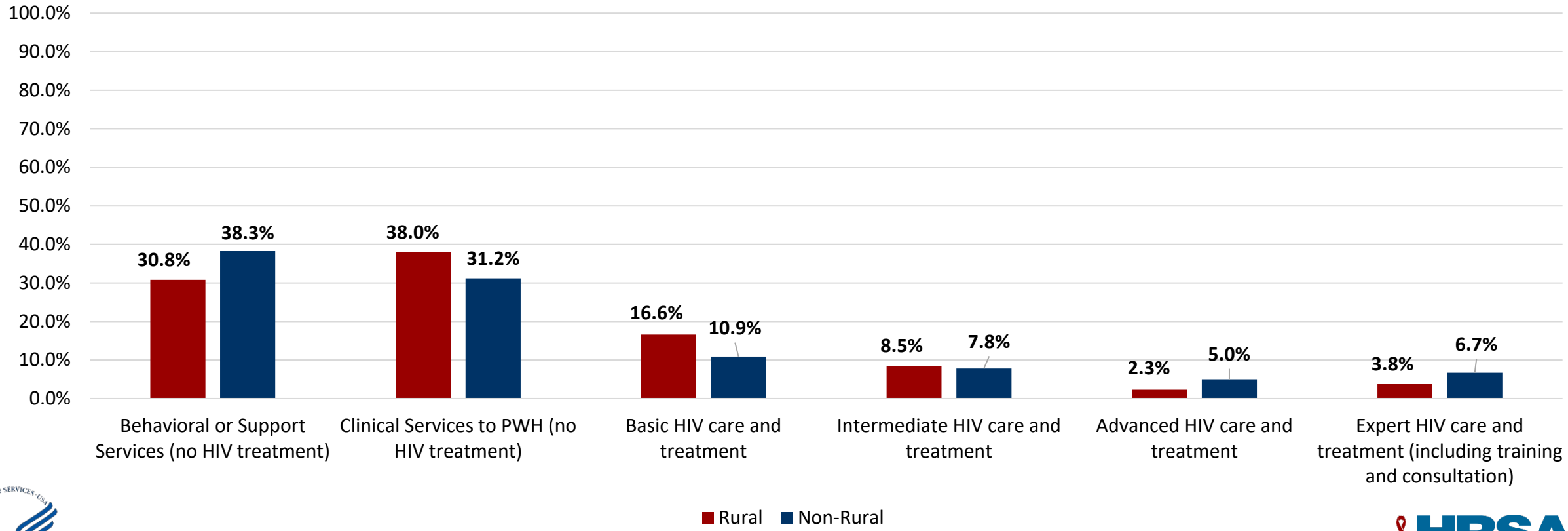


HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural) 5

Participants by **How Services were Provided to Clients with HIV** and Work Location (Rural vs. Non-Rural)

Rural N = 1,588
Non-Rural N = 18,781



HRSA Ryan White HIV/AIDS Program

Takeaways

Participant Characteristics (Rural v. Non-Rural)

- **Most participants who provide services to clients with HIV, regardless of work location, are white and female**
  - *Are RWHAP clients seeing themselves reflected in the HIV workforce in rural and non-rural locations?*
    - In the 2022 RSR, overall clients served by the RWHAP are mostly **male** (71.6%) and **Black/African American** (47.1%)[1]
    - Also, regardless of HHS Region number, all RWHAP clients were majority male[1]
    - Further, only HHS Regions 1, 7, and 10 had majority white clients[1]
- **AETC participants have about the same amount of experience (years) providing direct services to clients with HIV**
  - Participants also provide approximately the same distribution of services regardless of work location
  - *These findings indicate that AETC trainings and events evenly cover a wide range of participants in both rural and non-rural locations*
- **Non-rural participants serve <u>more</u> clients with HIV than rural participants**
  - This could be related to the lack-of rural HIV providers (1,633 vs. 19,329 AETC participants), the increased prevalence of HIV in urban areas, and/or barriers like transportation to service/clinic sites, or stigma in smaller clinic settings

HRSA
Ryan White HIV/AIDS Program

[1]Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.

Clinical and Non-Clinical AETC Participants

Clinical and Non-Clinical Definitions

Clinical vs. Non-Clinical Professions

CLINICAL

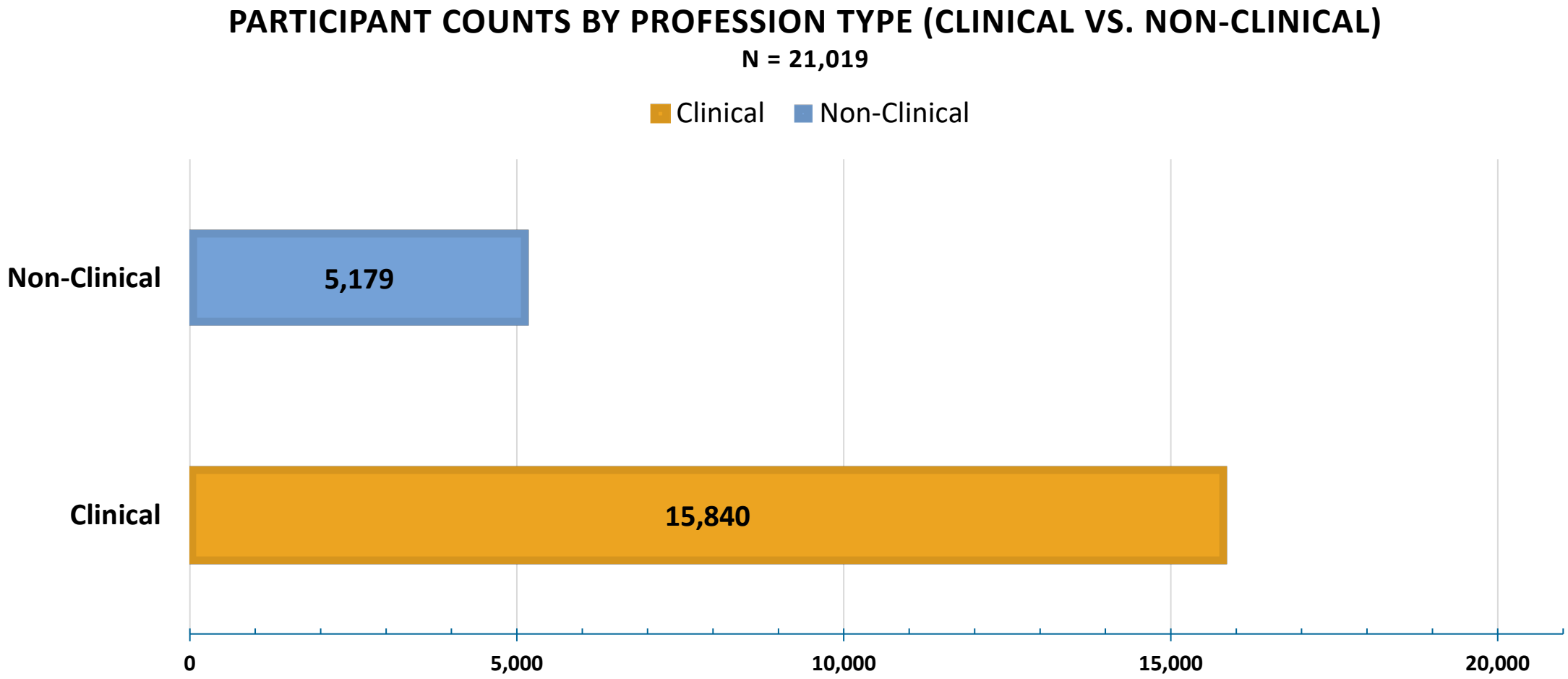
Dentist
Other Dental Professional
Nurse Practitioner/professional (prescriber)
Nurse Professional (non-prescriber)
Midwife
Pharmacist
Physician
Physician Assistant
Dietitian/Nutritionist
Mental/Behavioral Health Professional
Substance Use Disorder Professional
Social Worker/Case Manager

NON-CLINICAL

Community Health Worker
Clergy/Faith-Based Professional
Practice Administration/Leader
Other Allied Health Professional
Other Public Health Professional
Other Non-Clinical Professional

Participant Counts

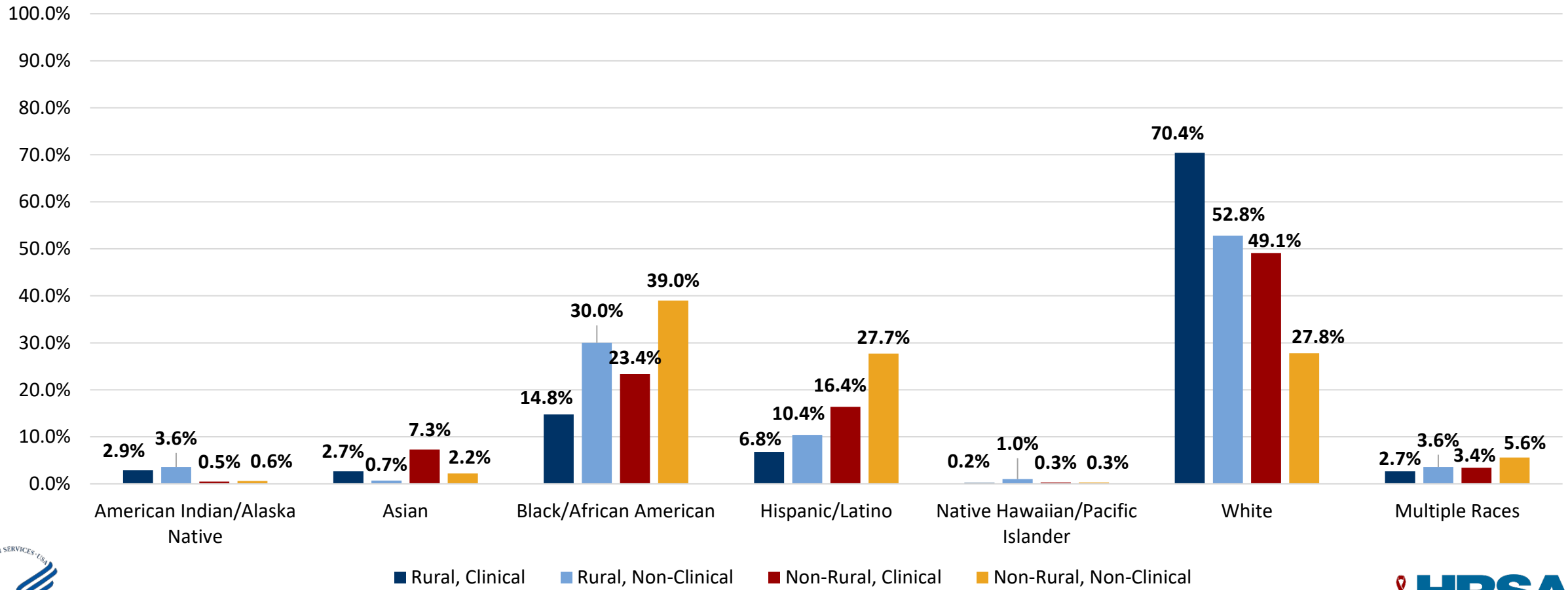
Clinical vs. Non-Clinical



HRSA Ryan White HIV/AIDS Program

Participant Characteristics (Rural vs. Non-Rural x Clinical vs. Non-Clinical)

Participants by **Race/Ethnicity, Work Location** (Rural vs. Non-Rural), and **Profession Type** (Clinical vs. Non-Clinical)



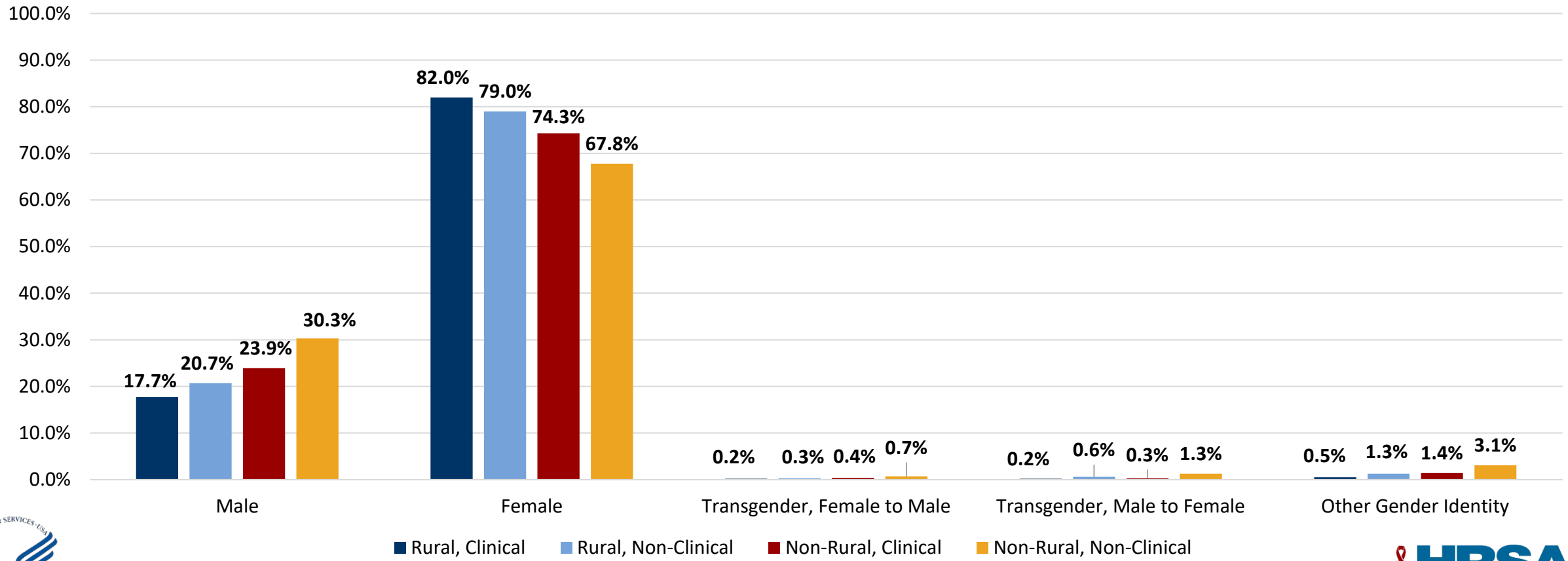
HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,289; **Rural, Non-Clinical N** = 307; **Non-Rural, Clinical N** = 13,845; **Non-Rural, Non-Clinical N** = 4,523

Participant Characteristics (Rural vs. Non-Rural x Clinical vs. Non-Clinical) 2

Participants by **Gender, Work Location** (Rural vs. Non-Rural), and **Profession Type** (Clinical vs. Non-Clinical)

N = 20,673



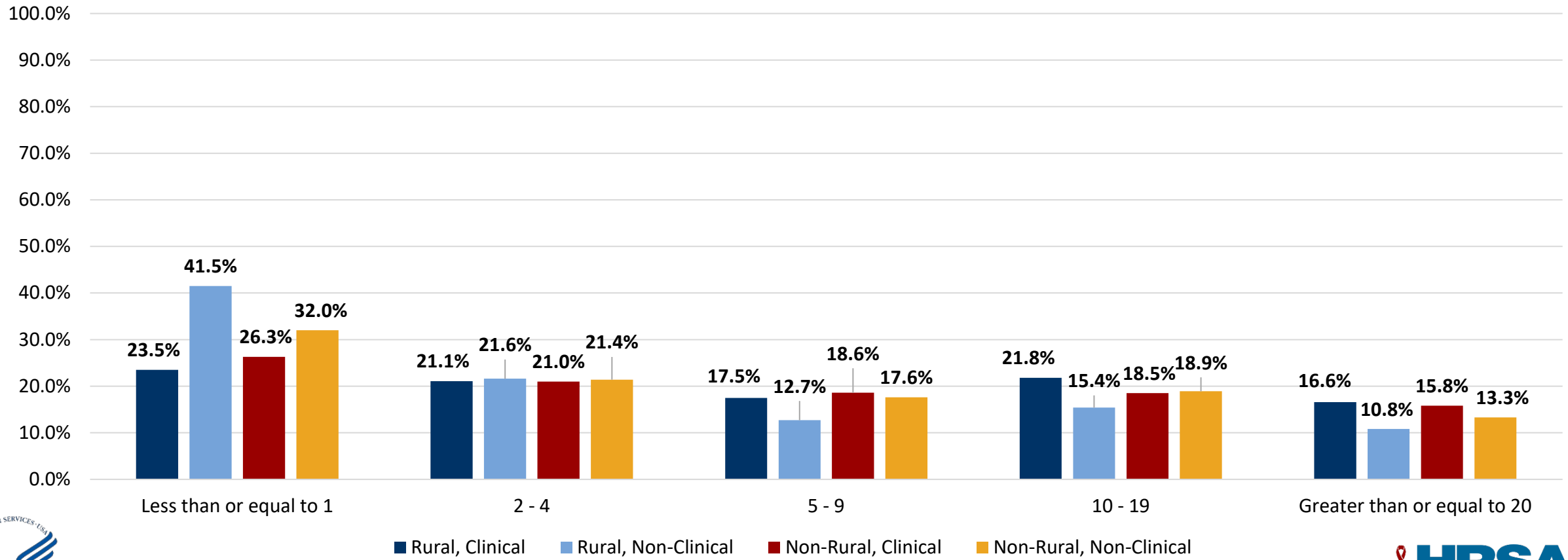
HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,318; **Rural, Non-Clinical N** = 309; **Non-Rural, Clinical N** = 14,363; **Non-Rural, Non-Clinical N** = 4,683

Participant Characteristics (Rural vs. Non-Rural x Clinical vs. Non-Clinical) 3

Participants by **Number of Years Providing Direct Services to Clients with HIV, Work Location** (Rural vs. Non-Rural), and **Profession Type** (Clinical vs. Non-Clinical)

N = 20,498



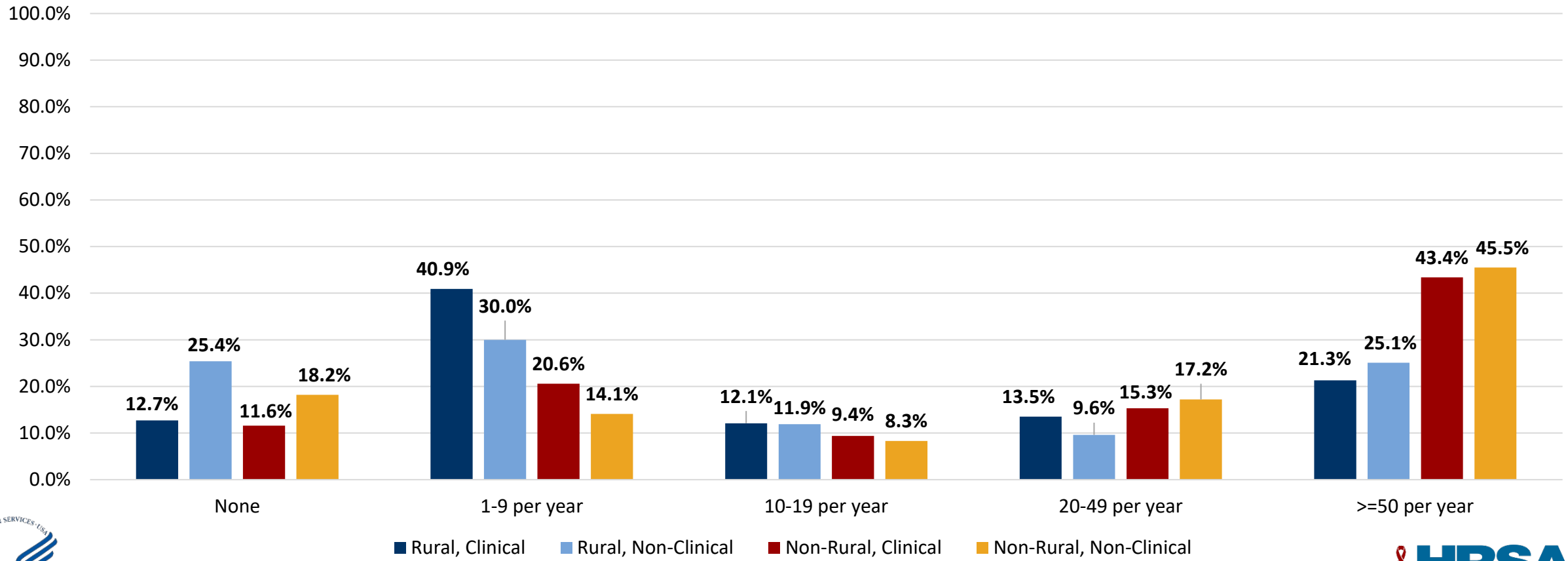
HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,300; **Rural, Non-Clinical N** = 306; **Non-Rural, Clinical N** = 14,263; **Non-Rural, Non-Clinical N** = 4,629

Participant Characteristics (Rural vs. Non-Rural x Clinical vs. Non-Clinical) 4

Participants by **Number of HIV Clients Served in the Past Year, Work Location** (Rural vs. Non-Rural), and **Profession Type** (Clinical vs. Non-Clinical)

N = 20,255



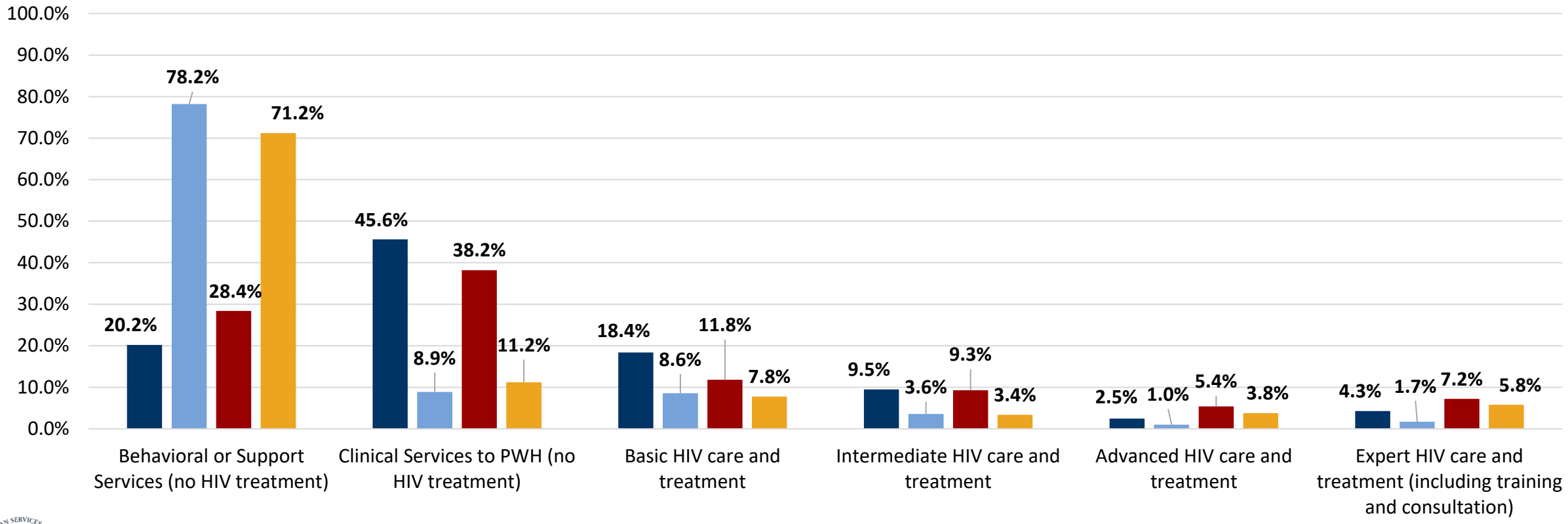
HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,284; **Rural, Non-Clinical N** = 303; **Non-Rural, Clinical N** = 14,099; **Non-Rural, Non-Clinical N** = 4,569

Participant Characteristics (Rural vs. Non-Rural x Clinical vs. Non-Clinical) 5

Participants by **How Services were Provided to Clients with HIV, Work Location** (Rural vs. Non-Rural), and **Profession Type** (Clinical vs. Non-Clinical)

N = 20,236



HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,281; **Rural, Non-Clinical N** = 303; **Non-Rural, Clinical N** = 14,102; **Non-Rural, Non-Clinical N** = 4,550

Takeaways

Participant Characteristics (Rural vs. Non-Rural & Clinical vs. Non-Clinical)

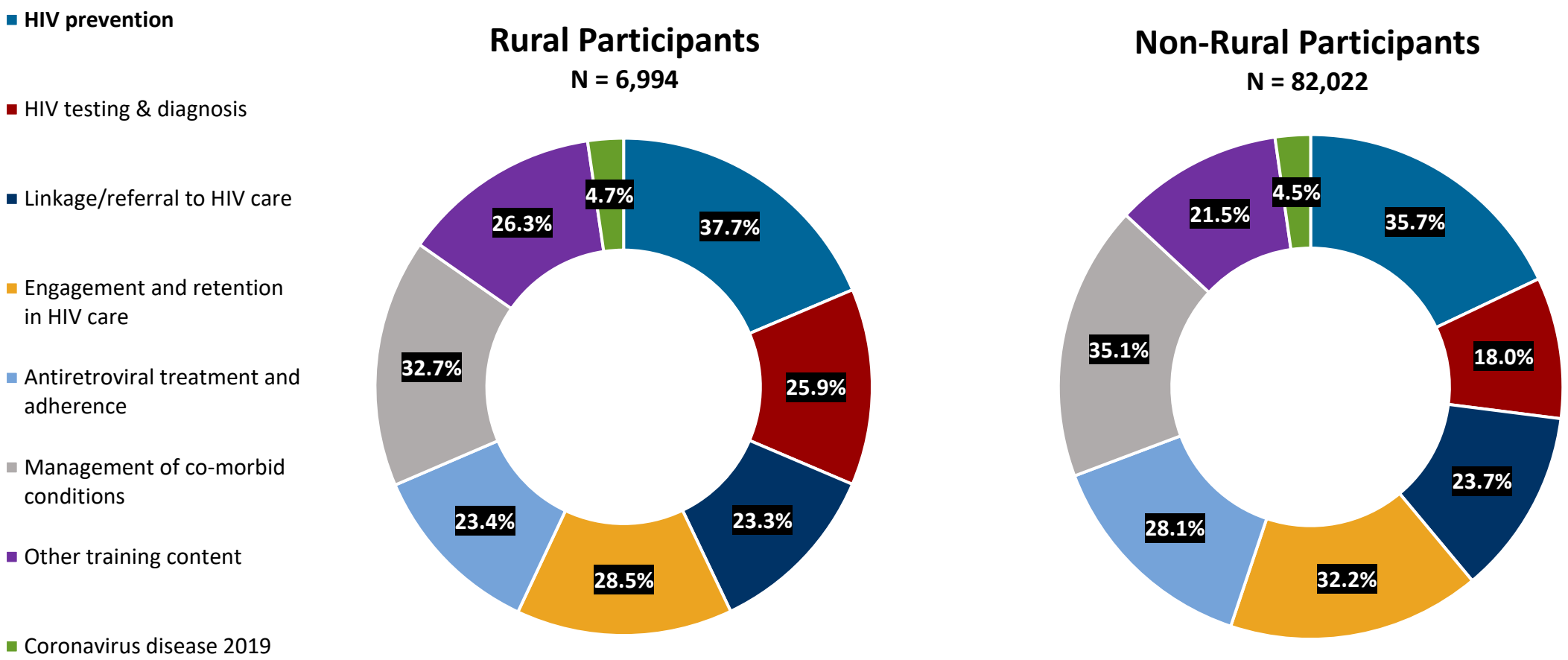
- ***Are RWHAP clients seeing themselves reflected in the HIV workforce in rural and non-rural locations and clinical vs. non-clinical participants?***
  - Most participants are white, regardless of work location
    - When further separated by clinical vs. non-clinical participants, all groupings were majority **white** except for non-rural, non-clinical, where most participants were Black/African American
    - HHS Regions 3, 4, 5, and 6 had majority Black/African American clients[1]
    - HHS Regions 1, 2, and 9 had majority Hispanic/Latino clients[1]
  - The majority of participants, regardless of work location and profession type, are **female**
    - In the 2022 RSR, overall clients served by the RWHAP are mostly **male** (71.6%) [1]
- **Regardless of work location and profession type:**
  - AETC participants have similar amount of experience (years) providing direct services to clients with HIV
  - However, rural, non-clinical participants are the most inexperienced, with 41.5% having <=1 year of experience
    - ***AETC trainings and events can support providers of clients with HIV who have fewer years of experience***

HRSA Ryan White HIV/AIDS Program

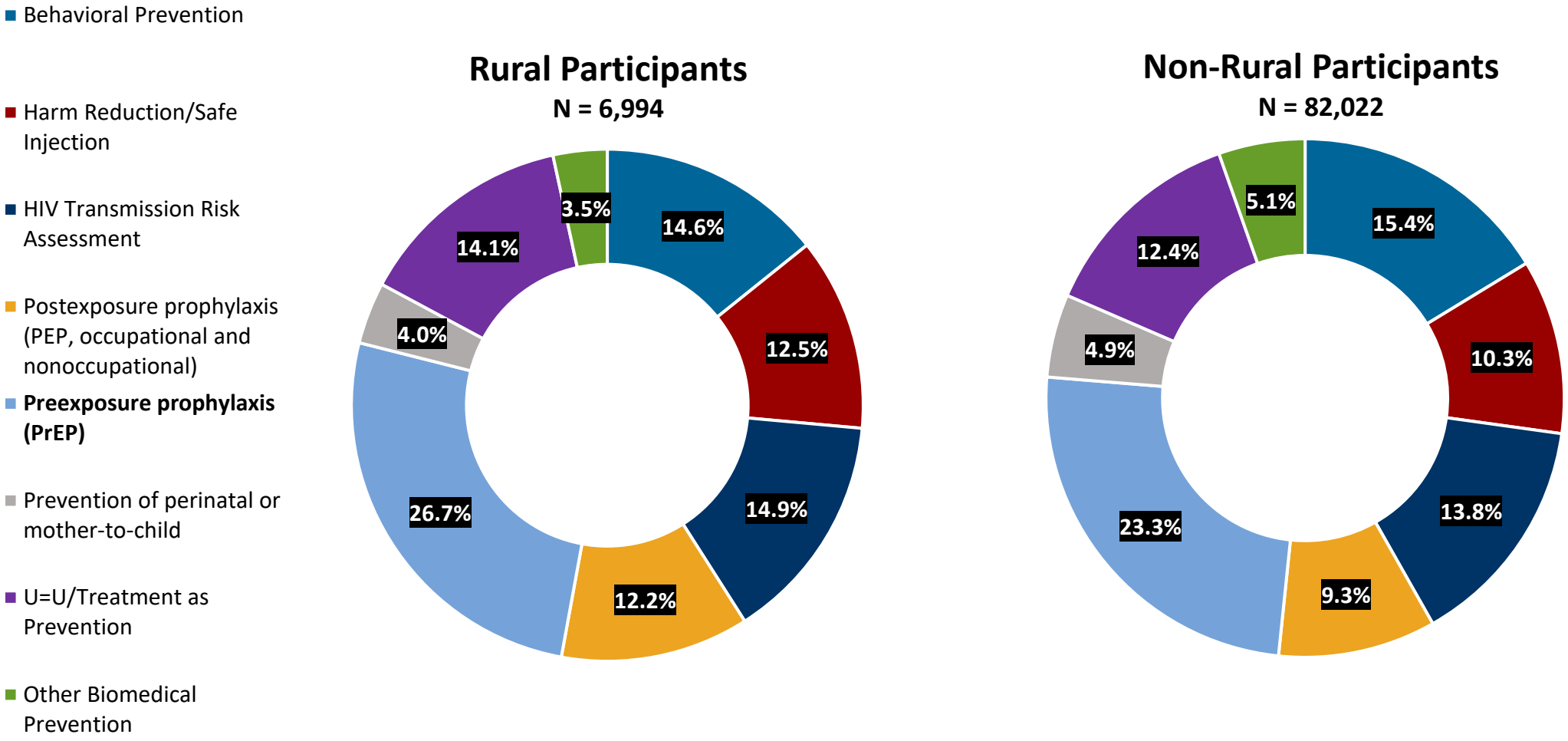
[1]Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.

Event Training Topics Attended by Rural vs. Non-Rural Participants

Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV



Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 2

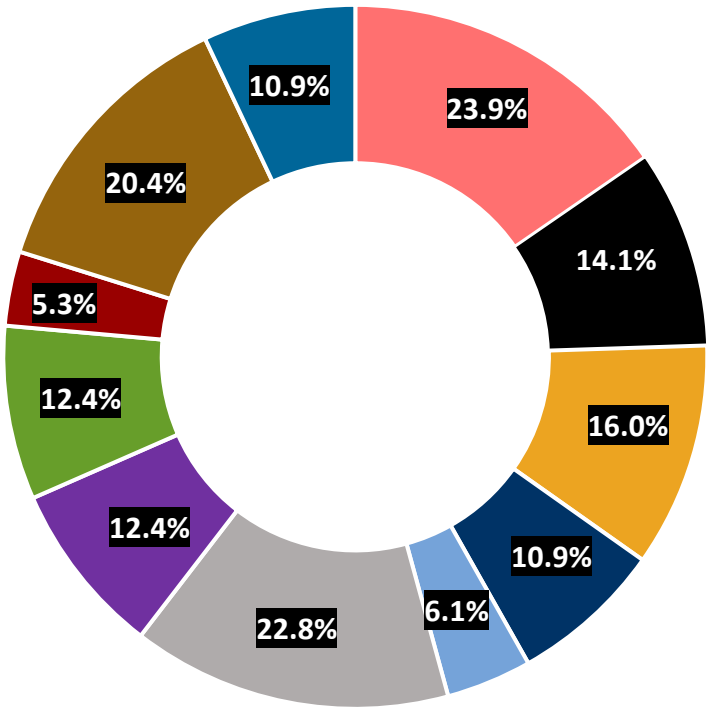


Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 3

- **Linkage to Care**
- Adult and Adolescent Antiretroviral Treatment
- Antiretroviral Treatment Adherence (including viral load suppression)
- Basic Science
- Clinical Manifestations of HIV Disease
- HIV Diagnosis (i.e., HIV testing)
- HIV Epidemiology
- HIV Monitoring Lab Tests (i.e., CD4 and viral load counts)
- HIV Resistance Testing and Interpretation
- **Retention and/or Re-Engagement in Care**

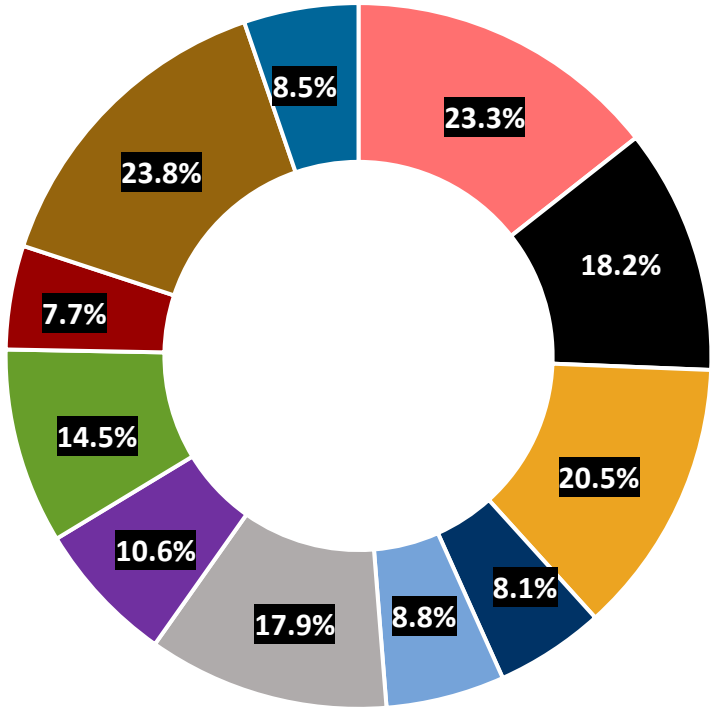
Rural Participants

N = 6,994



Non-Rural Participants

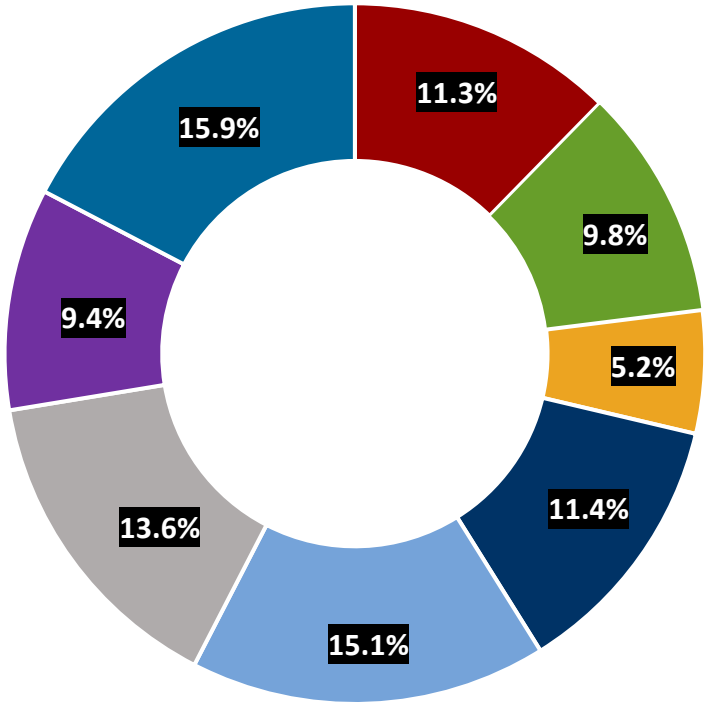
N = 82,022



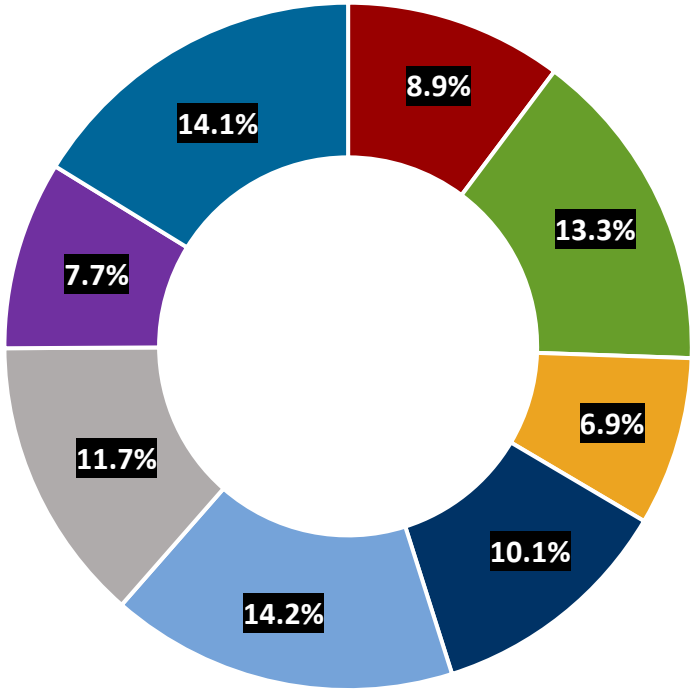
Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 4

- Hepatitis C
- Mental Health Disorders
- Opportunistic Infections
- Primary Care Settings
- **Sexually Transmitted Infections**
- Substance Use Disorders
- Opioid use Disorder
- **Other Primary Care and Comorbidities**

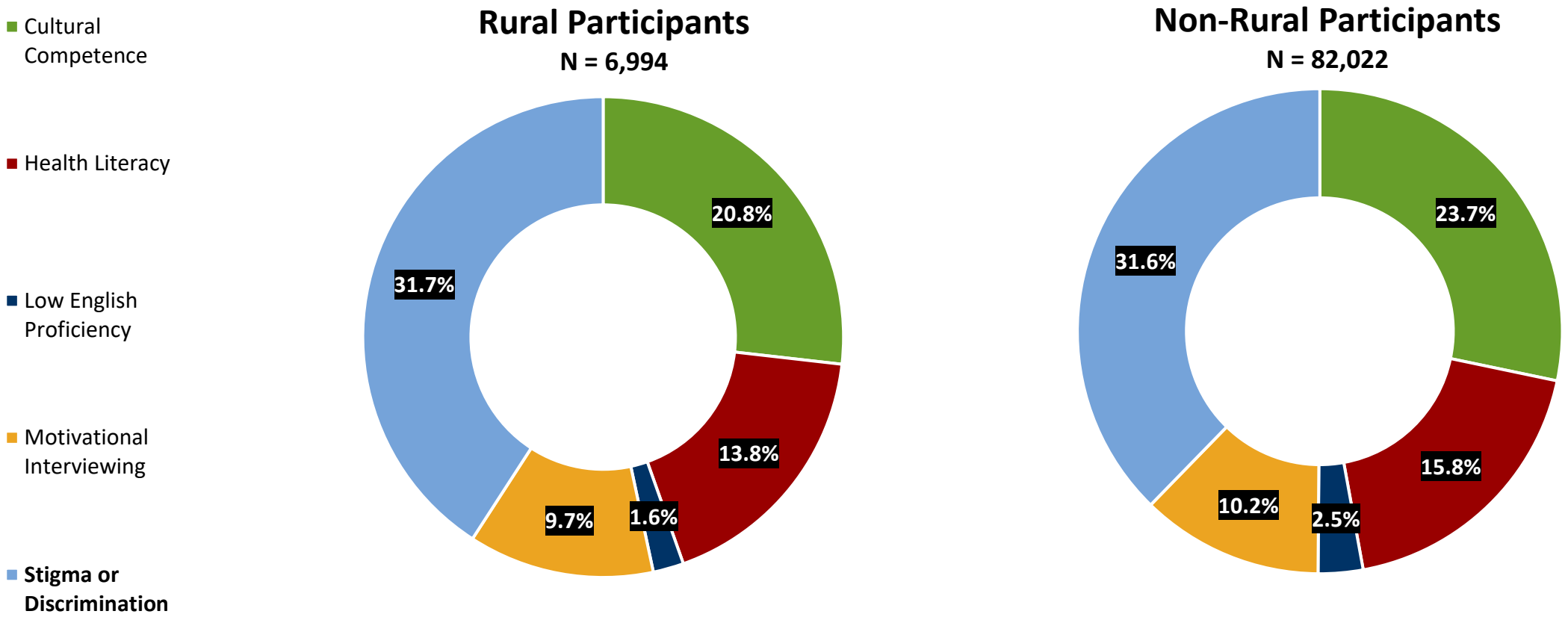
Rural Participants
N = 6,994



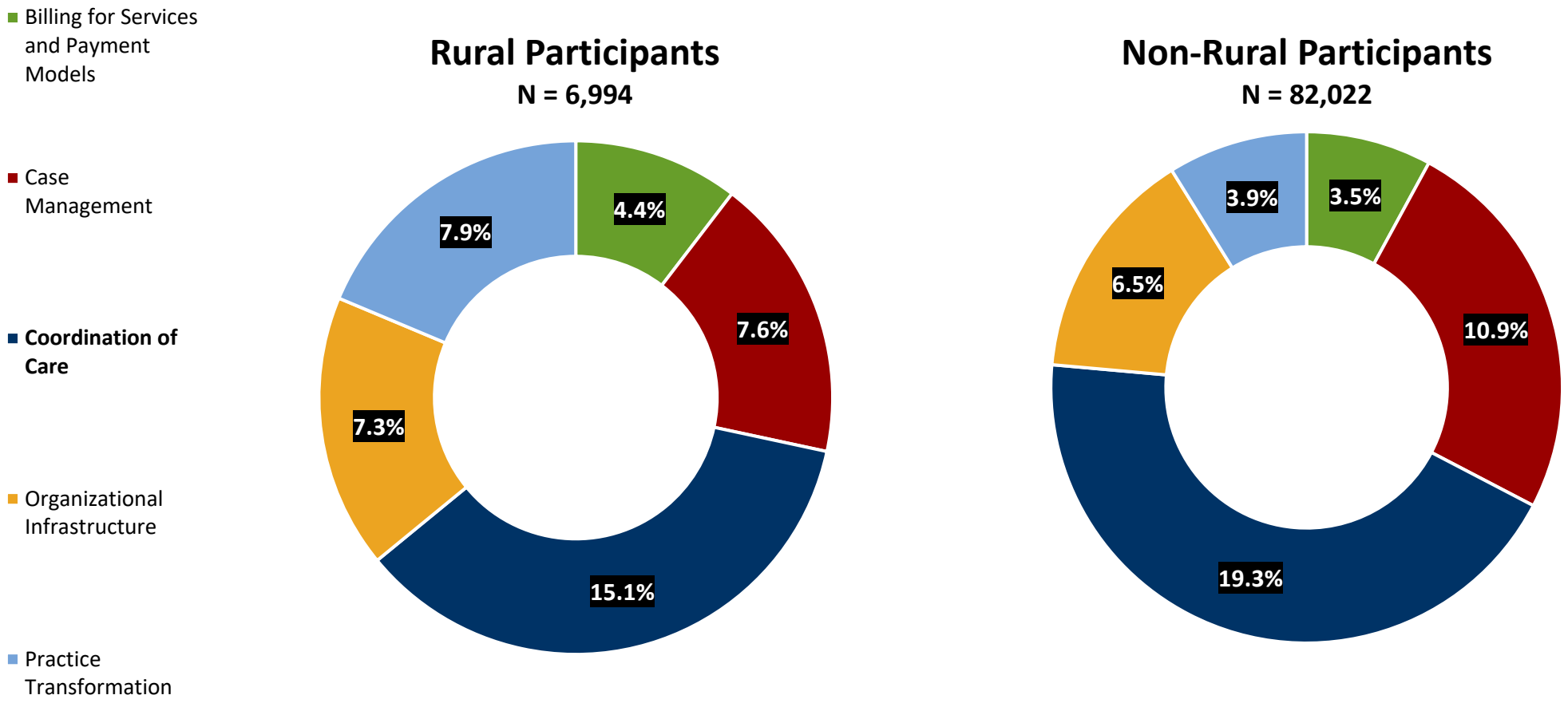
Non-Rural Participants
N = 82,022



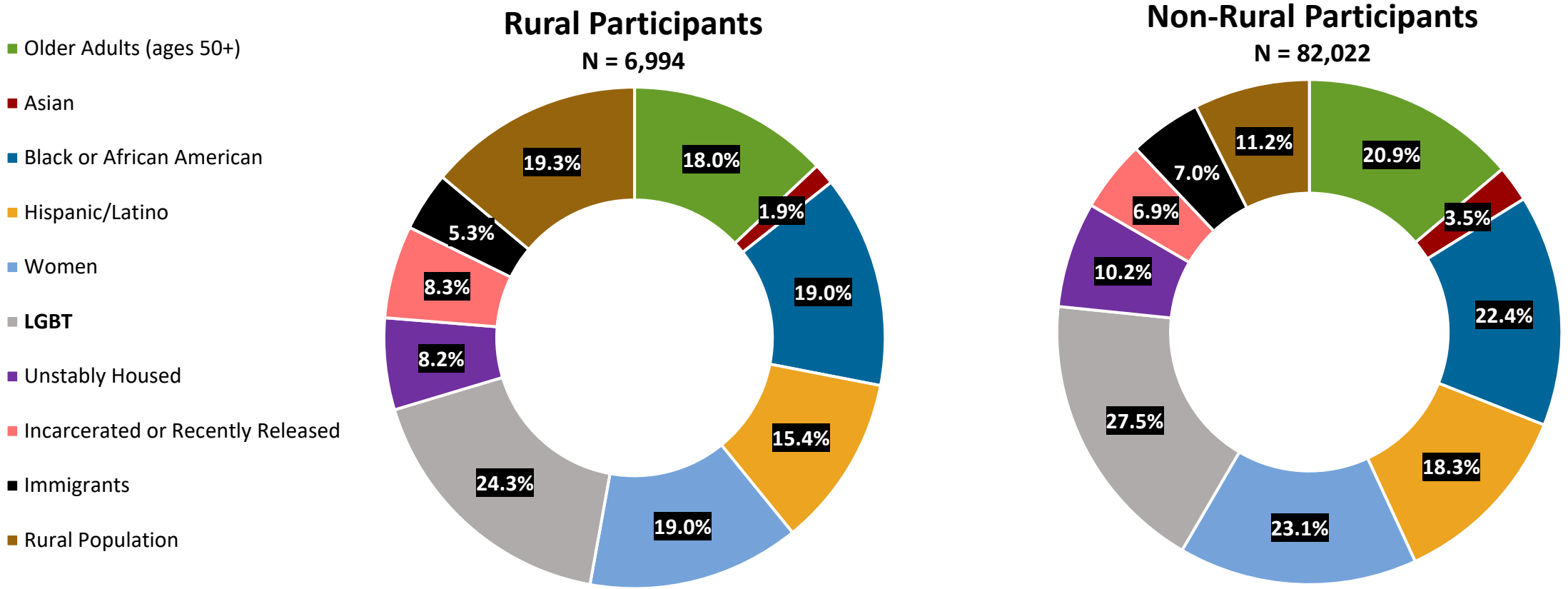
Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 5



Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 6



Event Training Topics Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 7



Takeaways

Event Training Topics Attended by Rural vs. Non-Rural Participants

- **Regardless of work location, events with topics related to *HIV Prevention* were the most popular**
  - More specifically, participants who provide services to clients with HIV are most interested in or concerned with reducing new HIV infections, *which supports the Ending the HIV Epidemic in the U.S. (EHE) Initiative*[1]
  - Within the overall *HIV Prevention* topic, these participants are mostly attending topics related to *Pre-Exposure Prophylaxis (PrEP), HIV Risk Assessments,* and *Behavioral Prevention*
- **Regarding HIV Background & Management events, rural participants attended more events related to Linkage to Care while non-rural participants attended more events related to Retention/Re-engagement in care**
  - Potential differences between locations of participants (i.e., seeking training about linking clients to care vs. retaining clients in care in rural vs. non-rural participants)
  - *Since HRSA HAB performance measures include linkage to care and retention in care for RWHAP clients, these topics remain of high importance for those in the HIV workforce and should be emphasized as event/training topics by the AETC Program*

HRSA Ryan White HIV/AIDS Program

[1]Health Resources and Services Administration. Ending the HIV Epidemic in the U.S. https://www.hrsa.gov/ending-hiv-epidemic. Updated June 2023.

Takeaways 2

Event Training Topics Attended by Rural vs. Non-Rural Participants

- **Most participants, regardless of work location, attended events with topics related to sexually transmitted infections (STIs) within the Primary Care and Comorbidities event topics**
  - STIs in general are an important and relevant topic for providers of clients with HIV to be trained on as well as:
    - Other primary care and comorbidities
    - Substance use disorders
    - Primary care settings
- **Further, the other most popular events had topics related to Stigma or Discrimination, Coordination of Care, and LGBTQ+ priority populations**
  - As HIV stigma and discrimination, especially by providers, can negatively influence the physical and mental health of people with HIV by influencing engagement in care and viral suppression [1]
  - HIV care coordination is an effective way to re-engage clients and achieve viral suppression[2]
  - Identifying LGBTQ+ as a priority population through event training supports health equity for diverse populations

HRSA Ryan White HIV/AIDS Program

[1]Spence et al. (2022). HIV Related Stigma among Healthcare Providers: Opportunities for Education and Training. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, *21*. https://doi.org/ 10.1177/23259582221114797

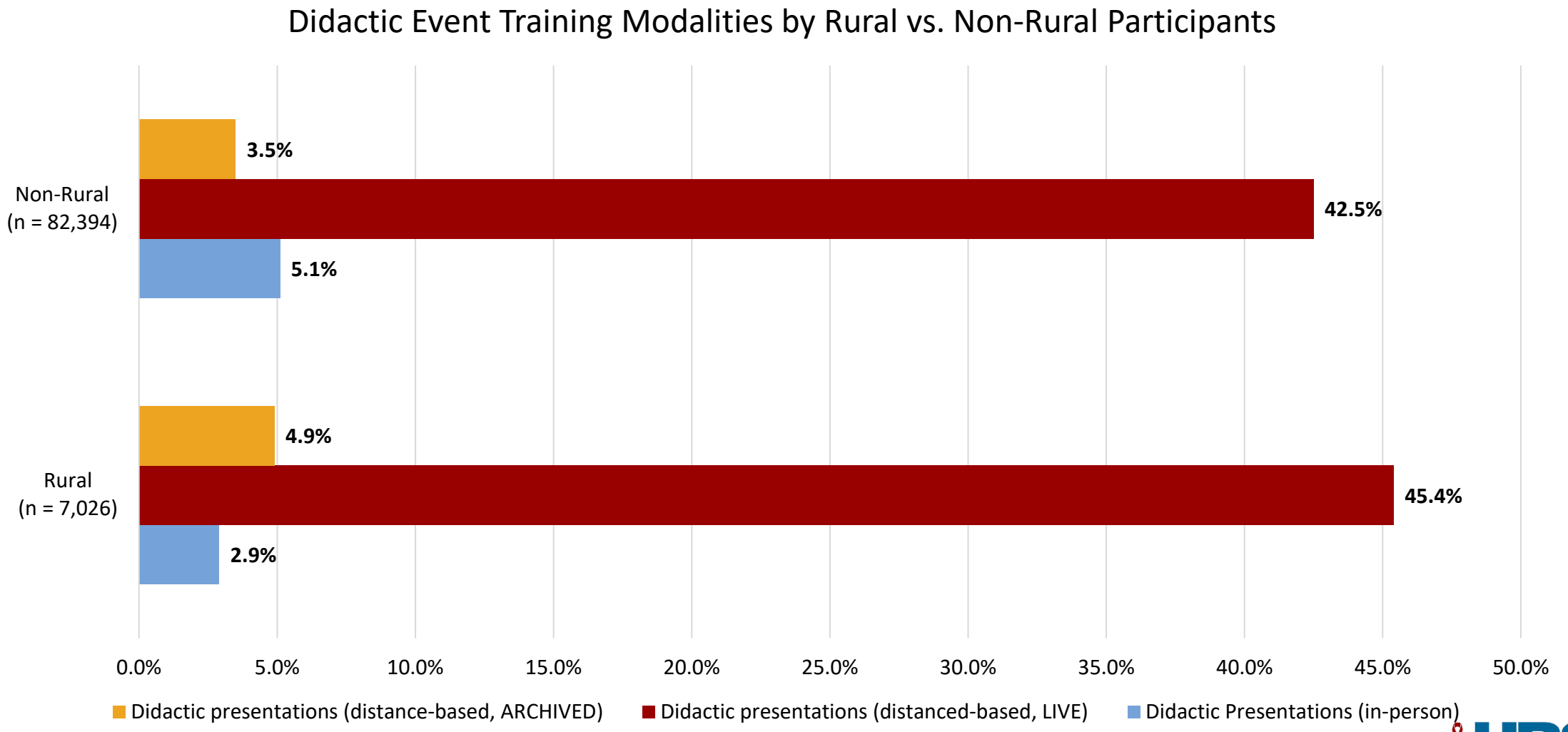
[2]Irvine et al. (2021). HIV Care Coordination Promotes Care Re-Engagement and Viral Suppression Among People Who have been out of HIV Medical Care…. *AIDS Research and Therapy*, *18*(70), https://doi.org/10.1186/s12981-021-00398-0

Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants

Event Training Modalities Definitions

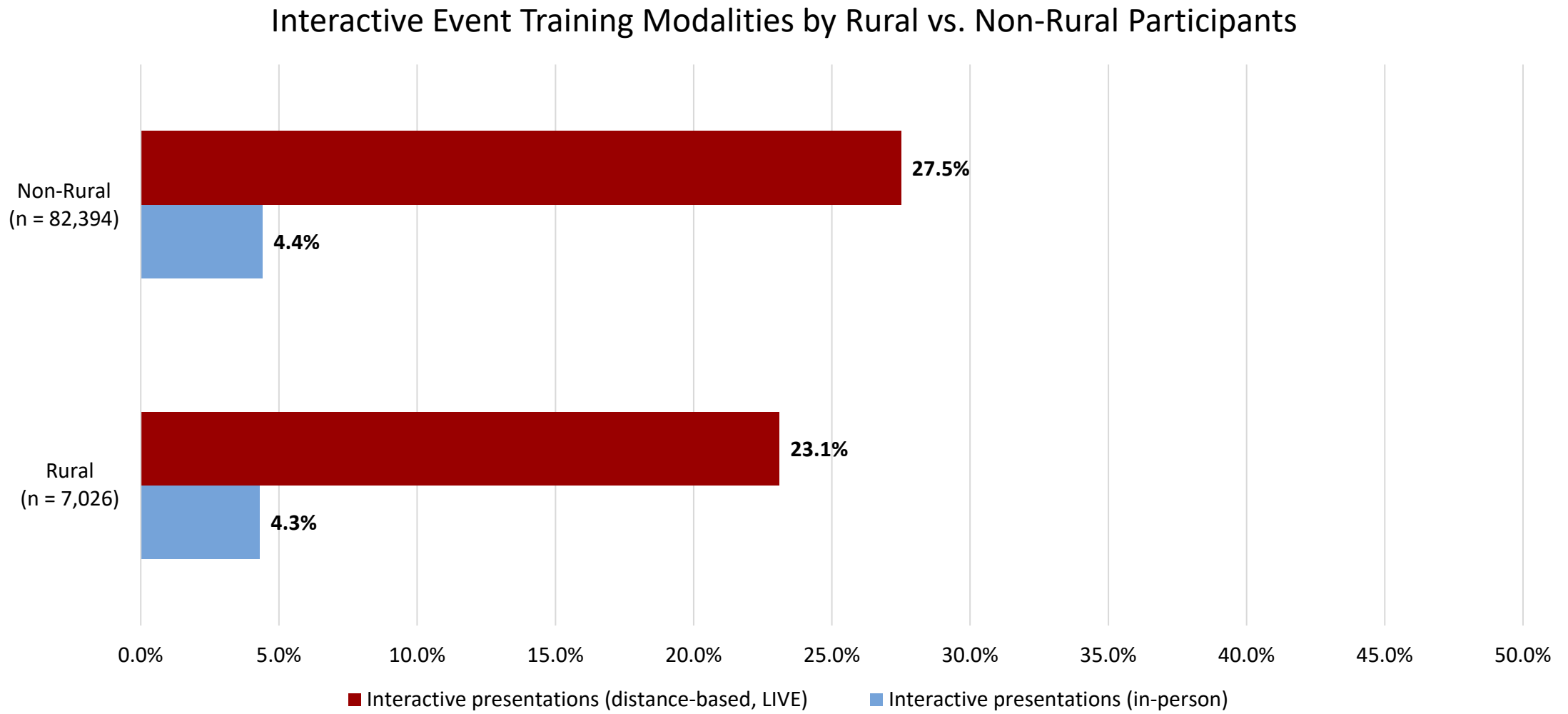
Event Training Modality	Definition
Didactic presentations	A lecture-type presentation with the opportunity to ask questions. Examples might include plenary sessions at conferences, lectures, and “brown bag lunches.”
Interactive presentations	Online or in-person presentations with choices or paths in response to participants' action or request. Can utilize different methods of presentations.
Communities of practice	Consists of a group of people who share knowledge to develop a shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome.
Clinical preceptorships	Aims to change knowledge, attitudes, and clinical skills, and to increase the comfort and confidence to make appropriate clinical decisions. The training takes place outside of a traditional classroom, and more likely in healthcare settings. It includes structured peer-to-peer interactions, clinical observation of patient care, interaction with patients in care settings, and mini-residencies.
Clinical consultations	Provider-driven and may occur with an individual or a group, both in person or at a distance, using telephone, e-mail, fax, or other remote communication technologies. Discussion of real cases is a key element.
Coaching for organizational capacity building	Provides resources and guidance to improve HIV service delivery and performance at the organizational and individual provider levels, and is customized to the entity and engages the requestor in defining and resolving the issue(s) at hand.

Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV



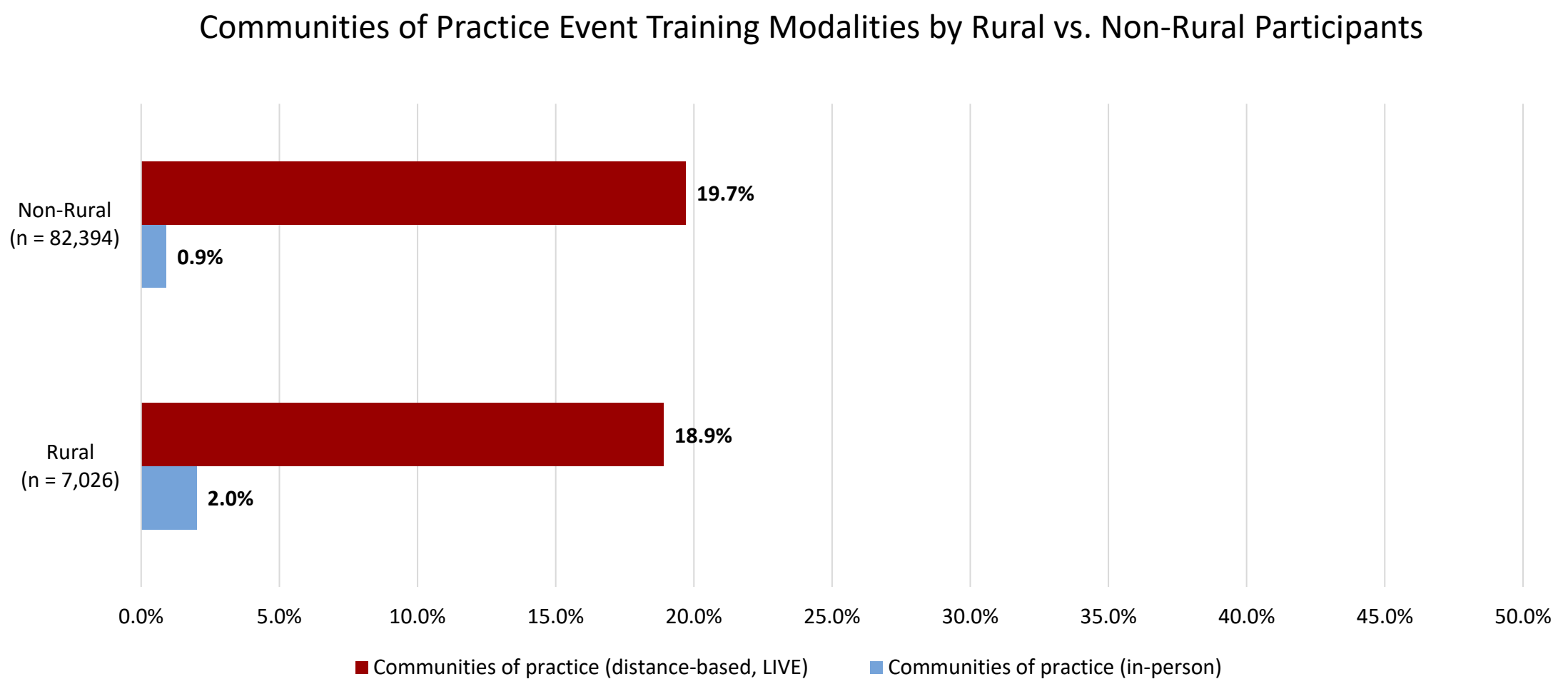
HRSA Ryan White HIV/AIDS Program

Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 2



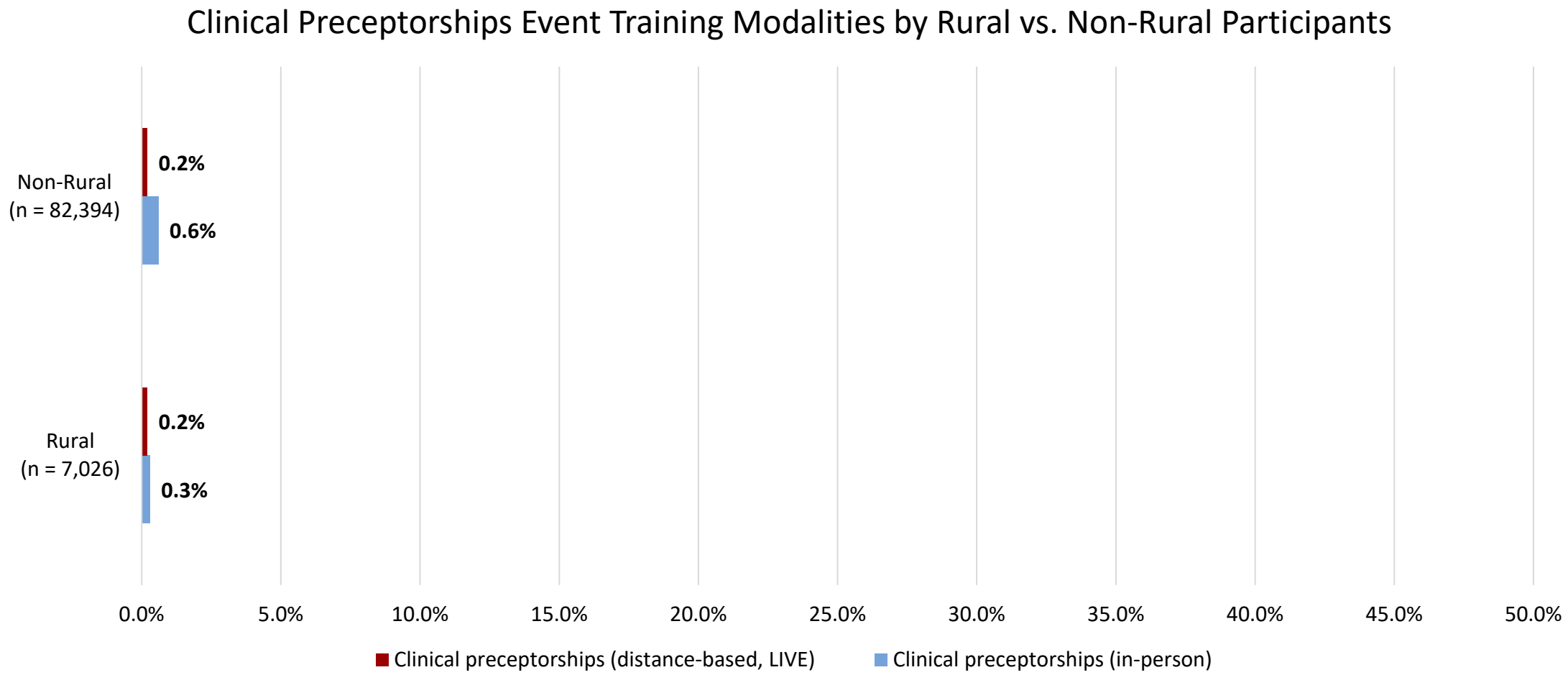
HRSA Ryan White HIV/AIDS Program

Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 3

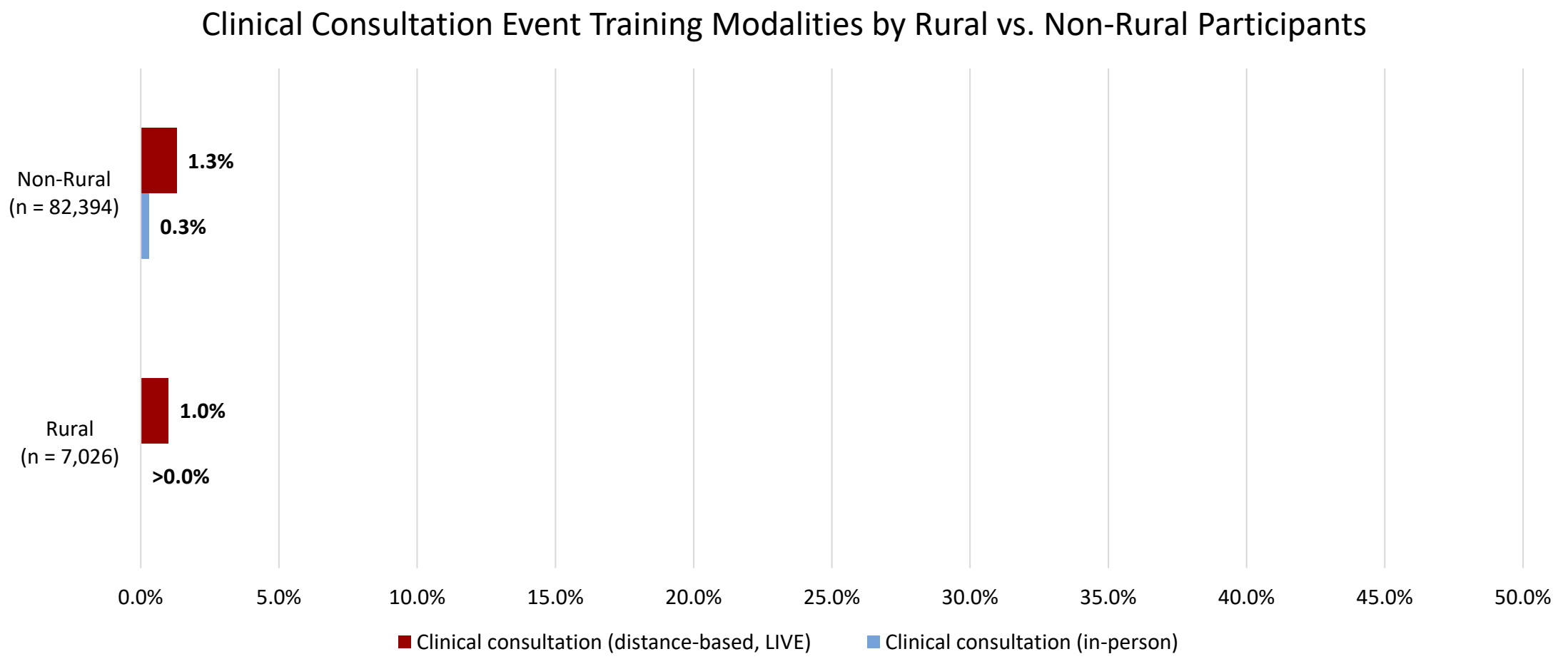


HRSA Ryan White HIV/AIDS Program

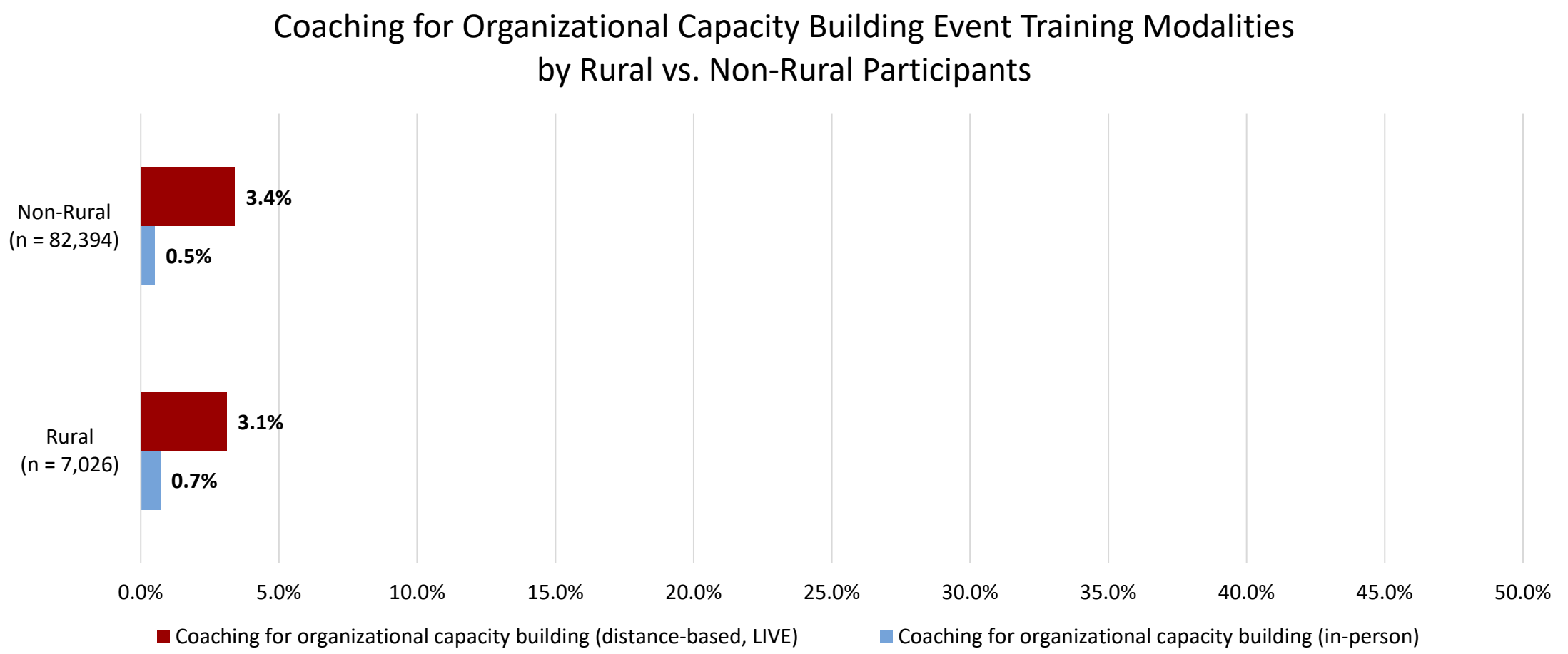
Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 4



Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 5



Event Training Types/Modalities Attended by Rural vs. Non-Rural Participants who Provide Services to Clients with HIV 6



HRSA Ryan White HIV/AIDS Program

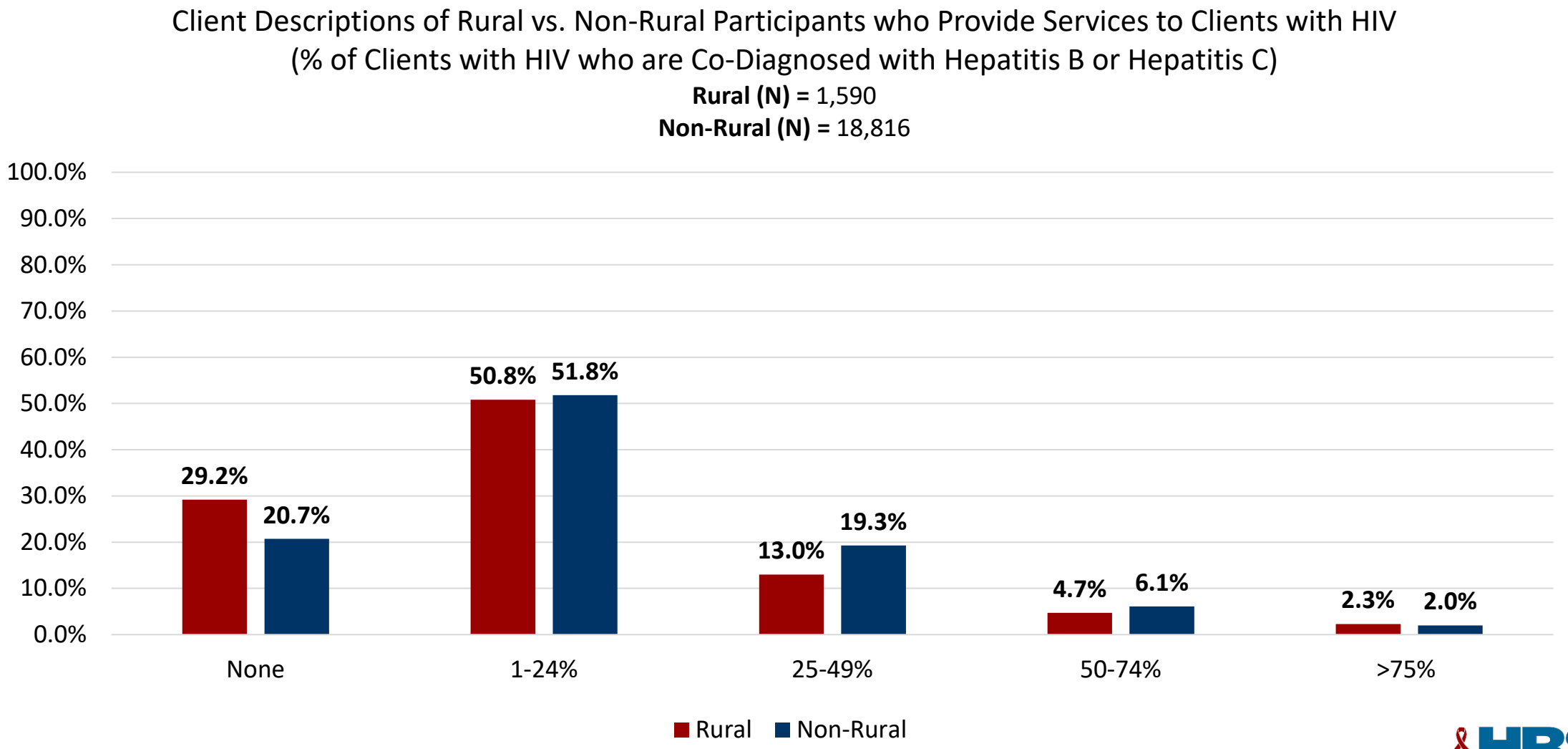
Takeaways

Event Training Modalities & Types Attended by Rural vs. Non-Rural Participants

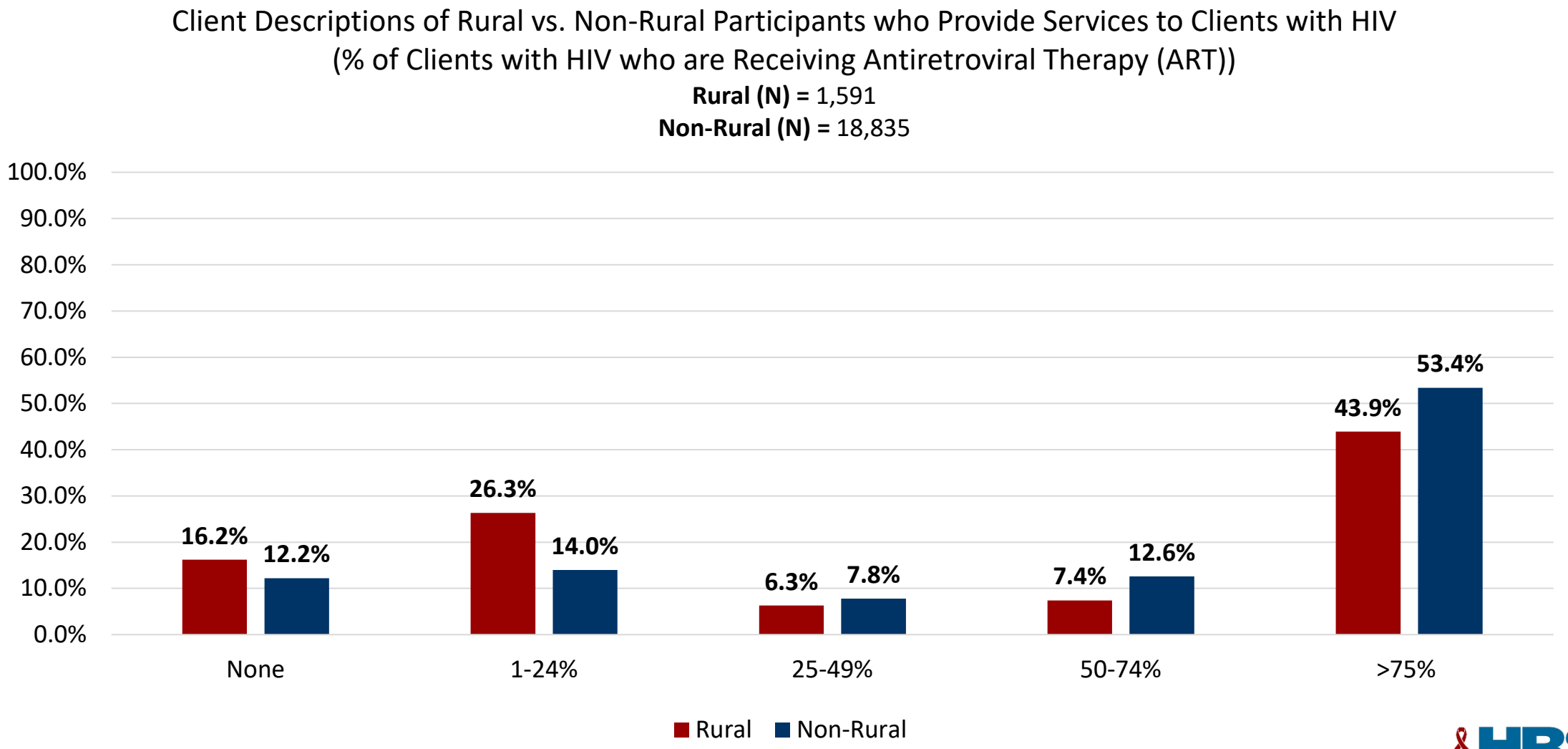
- The majority of events attended were “distanced-based live” except for the clinical preceptorships where most events attended were “in-person”
  - ***This suggests that virtual events are still needed for training and support of the HIV workforce***
- Most events attended by rural and non-rural participants were “didactic,” “interactive,” or “communities of practice” regardless of type (distance-based live vs. in-person)
  - ***Providing more than one modality is important as not all participants learn in the same ways***
- Both rural and non-rural participants attended clinical preceptorship events the least
  - ***It is possible that these event modalities are offered the least due mentor or participant availability as they often occur over many weeks/months (e.g., mini-residencies)***

Descriptions of Clients Served by Rural vs. Non-Rural Participants

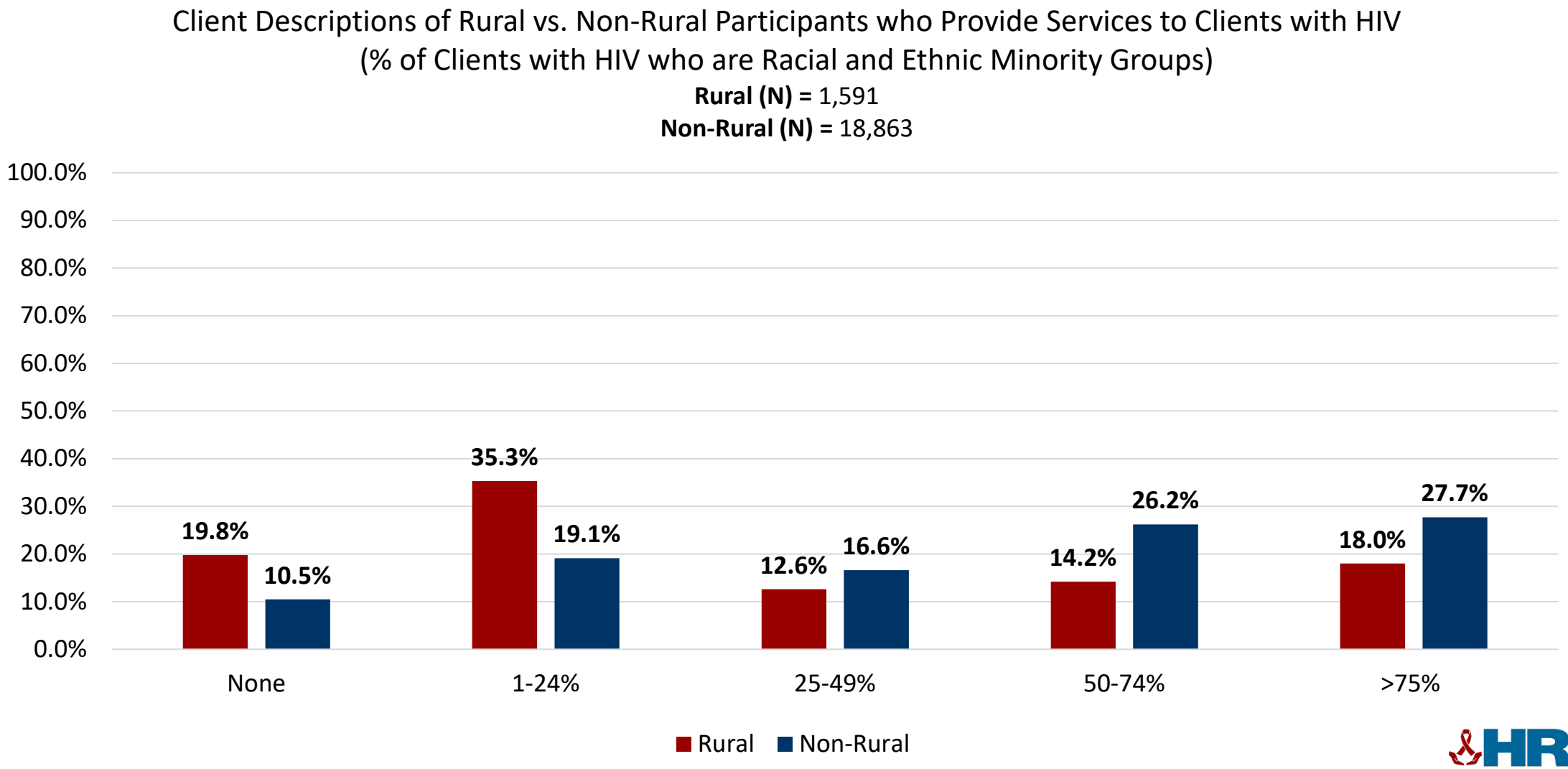
Client Descriptions of Rural vs. Non-Rural Participants



Client Descriptions of Rural vs. Non-Rural Participants 2

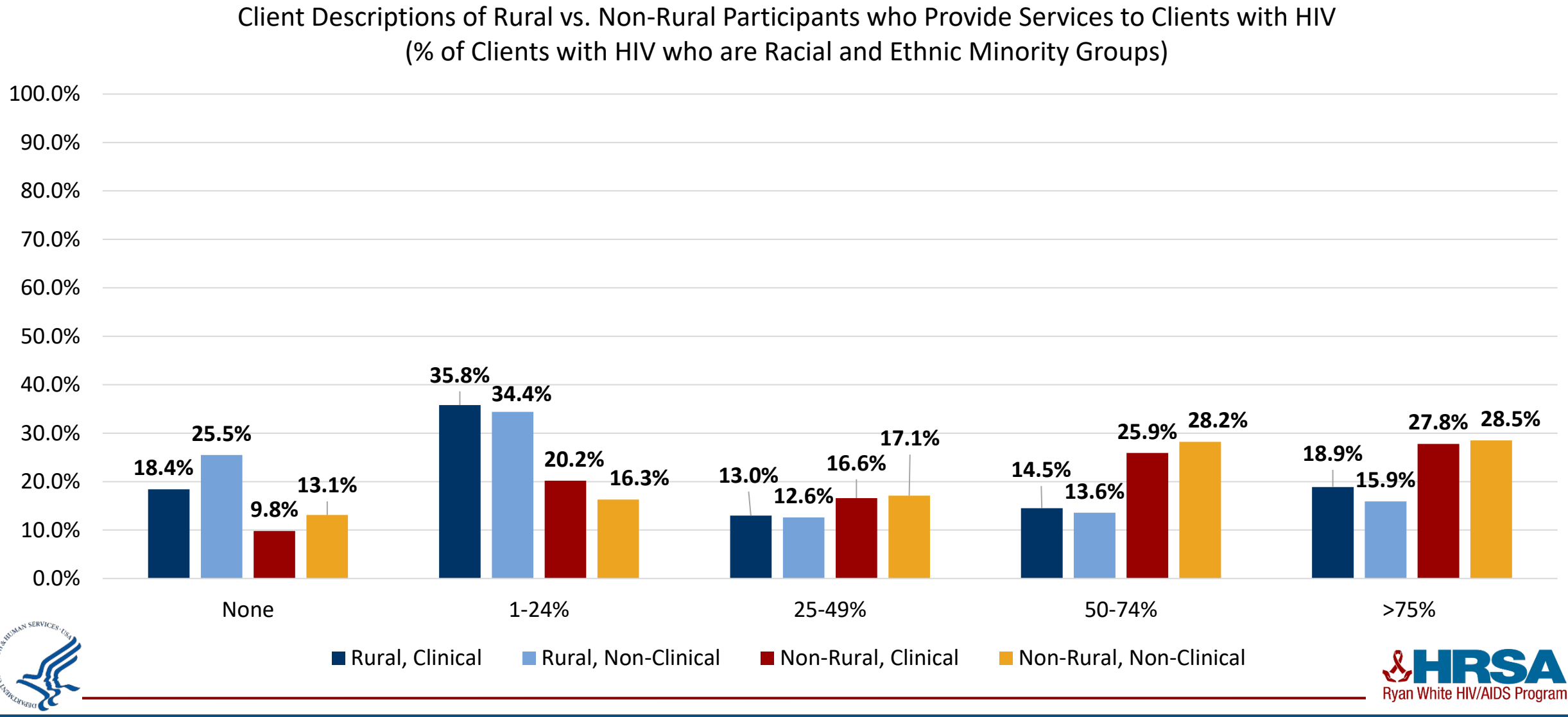


Client Descriptions of Rural vs. Non-Rural Participants 3



Descriptions of Clients Served by Rural vs. Non-Rural by Clinical vs. Non-Clinical Participants

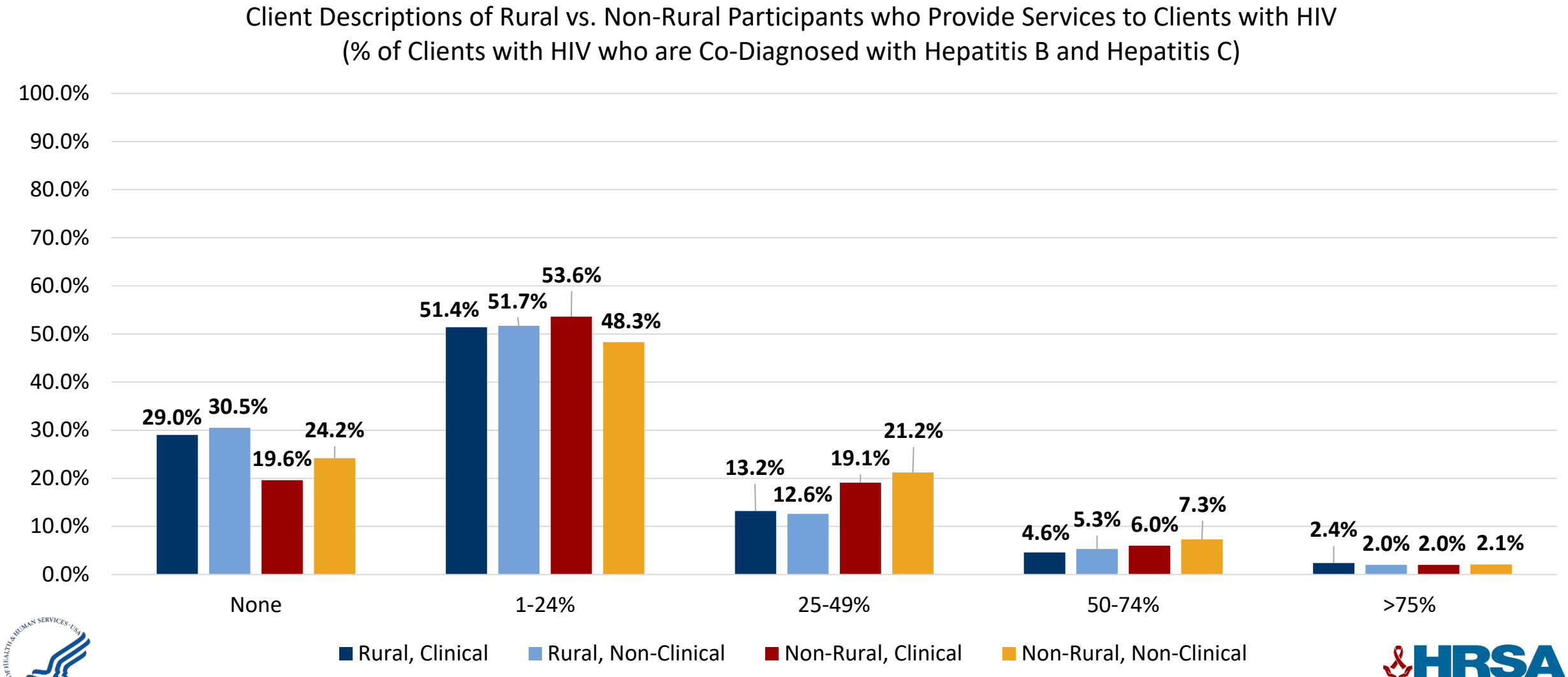
Client Descriptions of Rural vs. Non-Rural and Clinical vs. Non-Clinical Participants



HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,285; **Rural, Non-Clinical N** = 302; **Non-Rural, Clinical N** = 14,150; **Non-Rural, Non-Clinical N** = 4,582

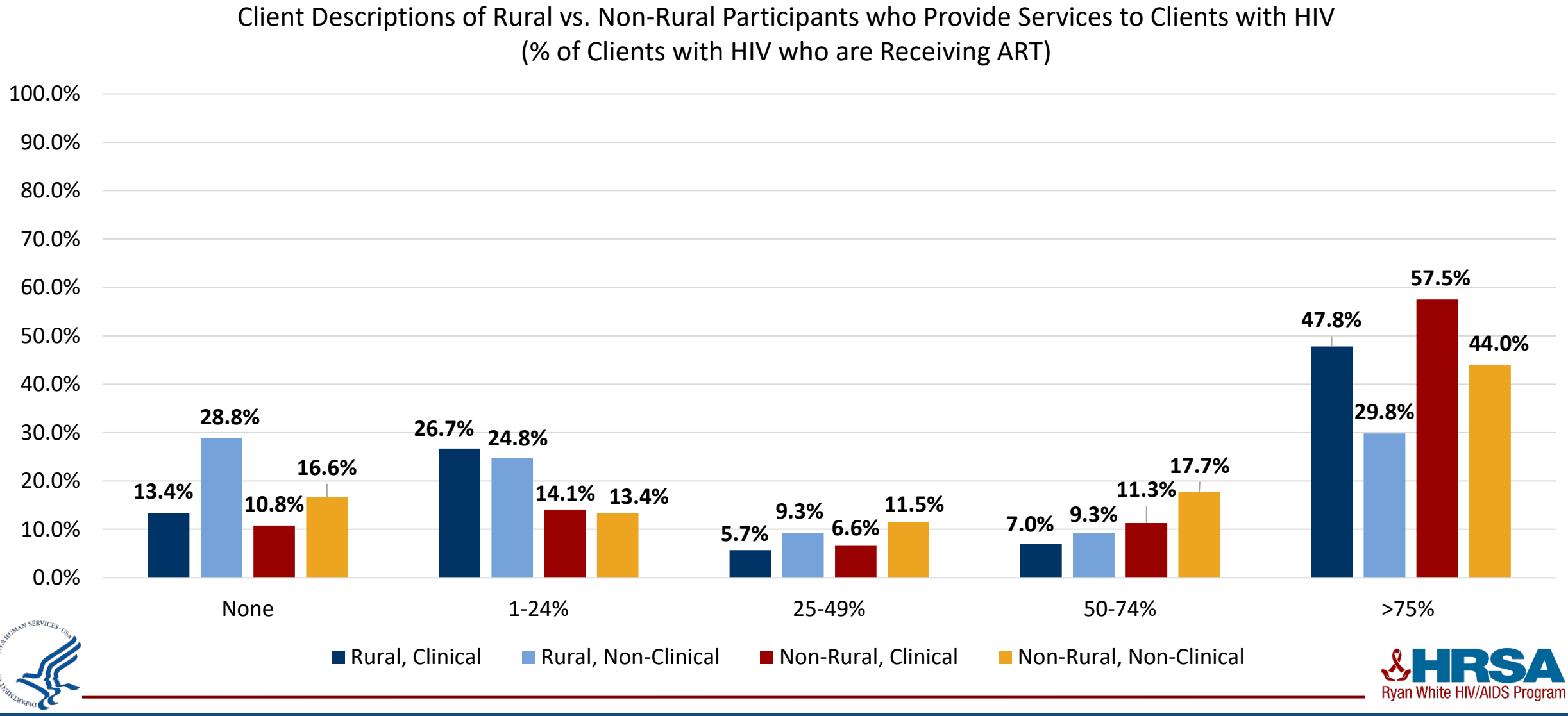
Client Descriptions of Rural vs. Non-Rural and Clinical vs. Non-Clinical Participants 2



HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,284; **Rural, Non-Clinical N** = 302; **Non-Rural, Clinical N** = 14,111; **Non-Rural, Non-Clinical N** = 4,574

Client Descriptions of Rural vs. Non-Rural and Clinical vs. Non-Clinical Participants 3



HRSA Ryan White HIV/AIDS Program

Rural, Clinical N = 1,285; **Rural, Non-Clinical N** = 302; **Non-Rural, Clinical N** = 14,128; **Non-Rural, Non-Clinical N** = 4,576

Takeaways

Participant-Reported Client Descriptions

- *How does the client population for AETC participants differ when compared to the overall clients served by RWHP?*
  - **In 2022, 74.2% of RWHAP clients were racial and ethnic minority groups[1]**
    - Most rural participants and rural (clinical and non-clinical) described their client population with HIV as 1-24% racial/ethnic minorities
    - Most non-rural participants and non-rural (clinical and non-clinical) described their client population with HIV as >75% racial/ethnic minorities
- Regardless of location or profession type, most participants described their client population with HIV as 1-24% co-diagnosed with Hepatitis B (HBV) and/or Hepatitis C (HCV)
  - Approximately 10% of people with HIV in the United States are co-diagnosed with HBV and 21% are co-diagnosed with HCV[2]
- Further, regardless of location or profession type, most participants described their client population with HIV as >75% receiving ART
  - **In 2022, 77.5% of RWHAP clients were retained in care and were therefore receiving HIV care, including ART[1]**
  - It is important to note that rural, non-clinical participants described their client population with HIV as "none" receiving ART second to >75% (29.8%, 28.8%)

HRSA Ryan White HIV/AIDS Program

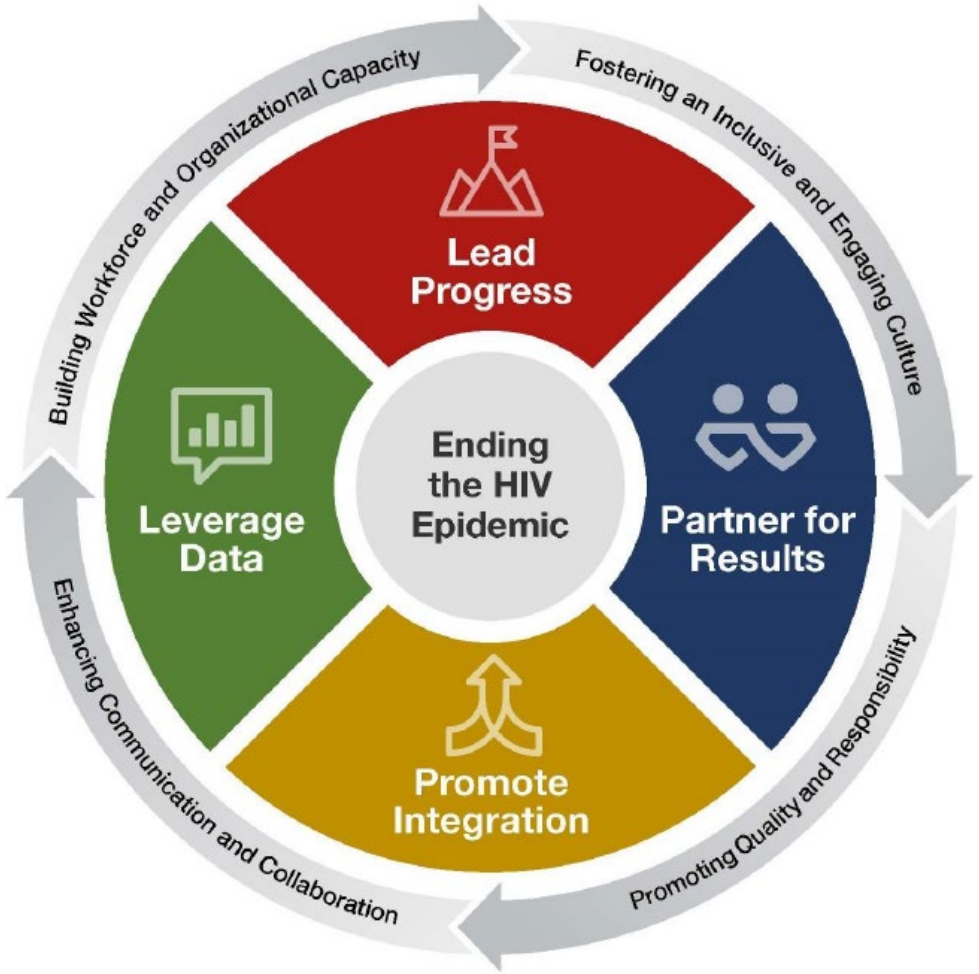
[1]Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.
[2]HIVinfo. HIV and Opportunistic Infections, Coinfections, and Conditions. Last Reviewed 24 August 2021. HIV and Hepatitis B | NIH.

Connecting the Dots

Major Takeaways

1. **Are RWHAP clients seeing themselves reflected in the HIV workforce in rural and non-rural locations?**
   - Most participants who provide services to clients with HIV, regardless of work location, are white and female
   - When further separated by clinical vs. non-clinical participants, all groupings were majority white except for non-rural, non-clinical, where most participants were Black/African American
2. **Is the AETC Program supporting the different needs of providers in rural vs. non-rural work locations?**
   - Rural participants attended more events related to linkage to care while non-rural participants attended more events related to retention/re-engagement in care
     - *Does this mean that providers of clients with HIV have different needs regarding linkage and retention of their clients with HIV? Are participants in different work locations being supported with the resources they need to better care for their clients with HIV?*
   - *The preference for distance-based, live events indicates a need for accessible training formats for event attendance and participation, particularly for rural participants who provide services to clients with HIV, and for clinical preceptorships*

Relevance to HIV/AIDS Bureau Goals



Next Steps:
Building Workforce and Organizational Capacity

Ensure that both rural and non-rural providers have equal access to high-quality training and resources that can be tailored specific to the needs of rural/non-rural providers

a. Expand training offerings on topics of high interest, such as HIV Prevention, PrEP, Stigma and Discrimination, and STIs
b. Enhance training content related to Linkage to Care for rural providers and Retention/Re-engagement in Care for non-rural provider
c. Ensure that training programs align with federal initiatives like the Ending the HIV Epidemic in the U.S. (EHE) to maximize impact
d. Increase the availability of distance-based live training events to reach more rural participants

Next Steps:
Fostering an Inclusive and Engaging Culture

Increase the HIV workforce diversity and ensure that the HIV workforce more accurately reflects the demographics of the clients served

a. Implement targeted recruitment strategies to attract more male and Black/African American individuals into the workforce
b. Partner with minority-serving institutions and organizations to promote careers in HIV care and support
c. Develop mentorship and support programs to retain diverse staff members

Next Steps:
Enhancing Communication and Collaboration

Improve communication and collaboration among both rural and non-rural healthcare providers, organizations, and community stakeholders within the HIV health workforce

a. Promote participation in communities of practice where providers can engage in peer-to-peer learning and collaboration.
b. Offer a variety of communication modalities, including virtual and in-person events, to accommodate different learning preferences and access needs.
c. Develop mentorship programs within the AETC that pair experienced providers with those who are less experienced, particularly targeting rural, non-clinical participants who may have fewer years of experience
d. Incorporate interactive and discussion-based components into AETC trainings and events to facilitate communication and collaboration among participants.
    a. Address topics such as HIV prevention, stigma and discrimination, health equity, and cultural competence to promote effective communication with diverse client populations

Contact Information

Latoya Goncalves, MPH & Nicole A. Viviano, MA

Health Statistician/Statistician

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: lgoncalves@hrsa.gov & nviviano@hrsa.gov

Phone: (301) 443-0626 & (301) 480-7380

Web: ryanwhite.hrsa.gov

Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our website:

ryanwhite.hrsa.gov

Sign up for the Ryan White HIV/AIDS Program Listserv:

https://public.govdelivery.com/accounts/USHHSHRSA/signup/29907

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US: