

# Living with HIV in Rural US Jurisdictions: Effects of Stigma on HIV Care Continuum Outcomes

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# Objectives

1. Recognize the differences in HIV Care Continuum outcomes for persons living with HIV (PLWH) in rural and non-rural jurisdictions of the United States.
2. Identify types of stigma experienced by PLWH in rural jurisdictions of the United States.
3. Discuss ways to decrease organizational stigma for PLWH accessing healthcare in rural jurisdictions of the United States.

# Disclosures

Presenter(s) has no financial interest to disclose.

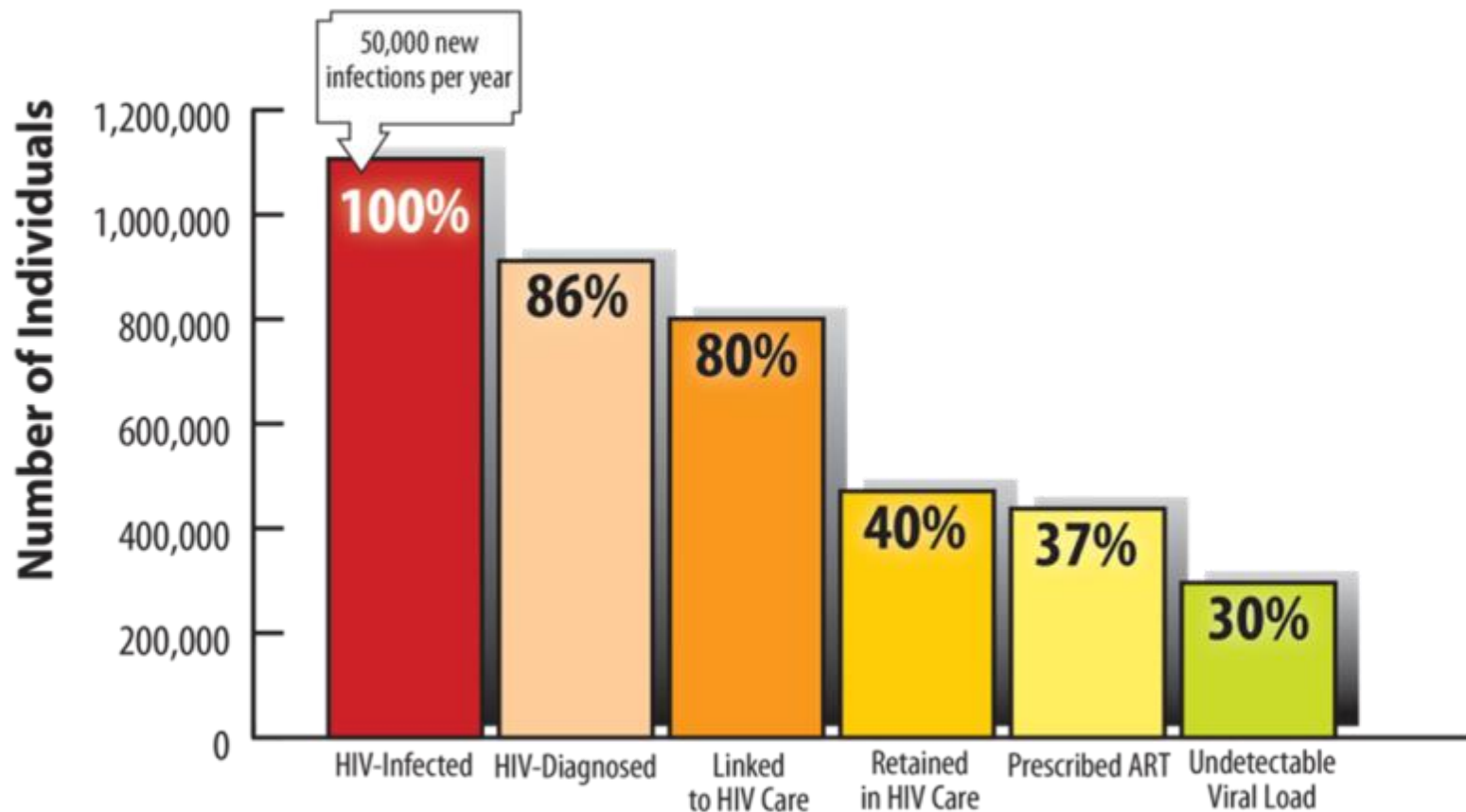
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# Rural Definition

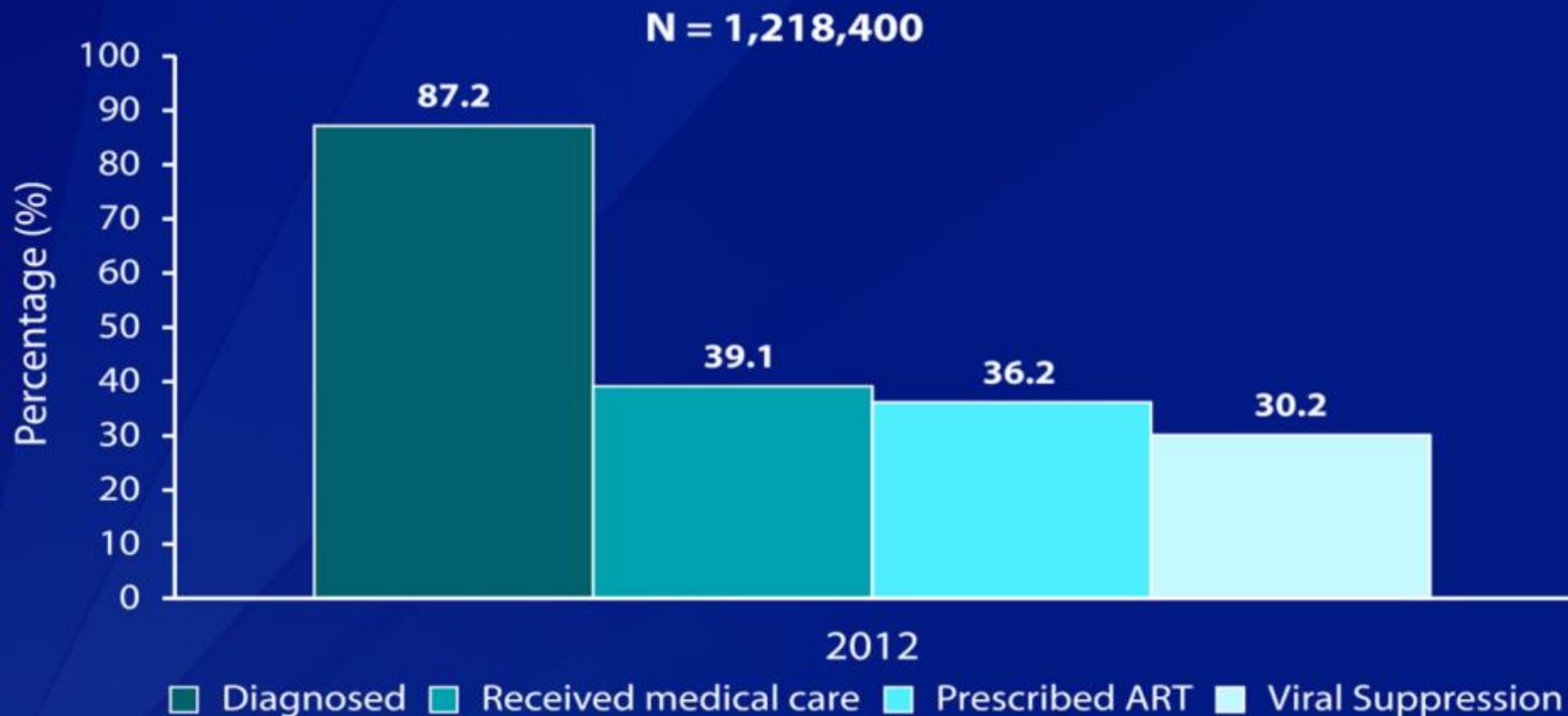
*Rural is a geographic area that is populated with < 50,000 people with areas of 10,000-49,999 people considered micropolitan or < 10,000 people “very rural”.*

# The U.S. HIV Care Continuum<sup>1, 2</sup>



1. Gardner EM, McLees MP, Steiner JF, del Rio C, & Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clin Infect Dis.* (2011) 52(6): 793-800 doi:10.1093/cid/ciq243
2. CDC. Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. *MMWR.* 2014;63(47):1113-1117

# Persons Living with Diagnosed or Undiagnosed HIV Infection HIV Care Continuum Outcomes, 2012 — United States and Puerto Rico



**National HIV Surveillance System:** Estimated number of persons aged  $\geq 13$  years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of 2012. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.

**Medical Monitoring Project:** Estimated number of persons aged  $\geq 18$  years who received HIV medical care during January to April of 2012, were prescribed ART, or whose most recent VL in the previous year was undetectable or  $<200$  copies/mL—United States and Puerto Rico.

# U.S. Jurisdictions with Complete Reporting of HIV-Related Laboratory Data to CDC as of December 2013

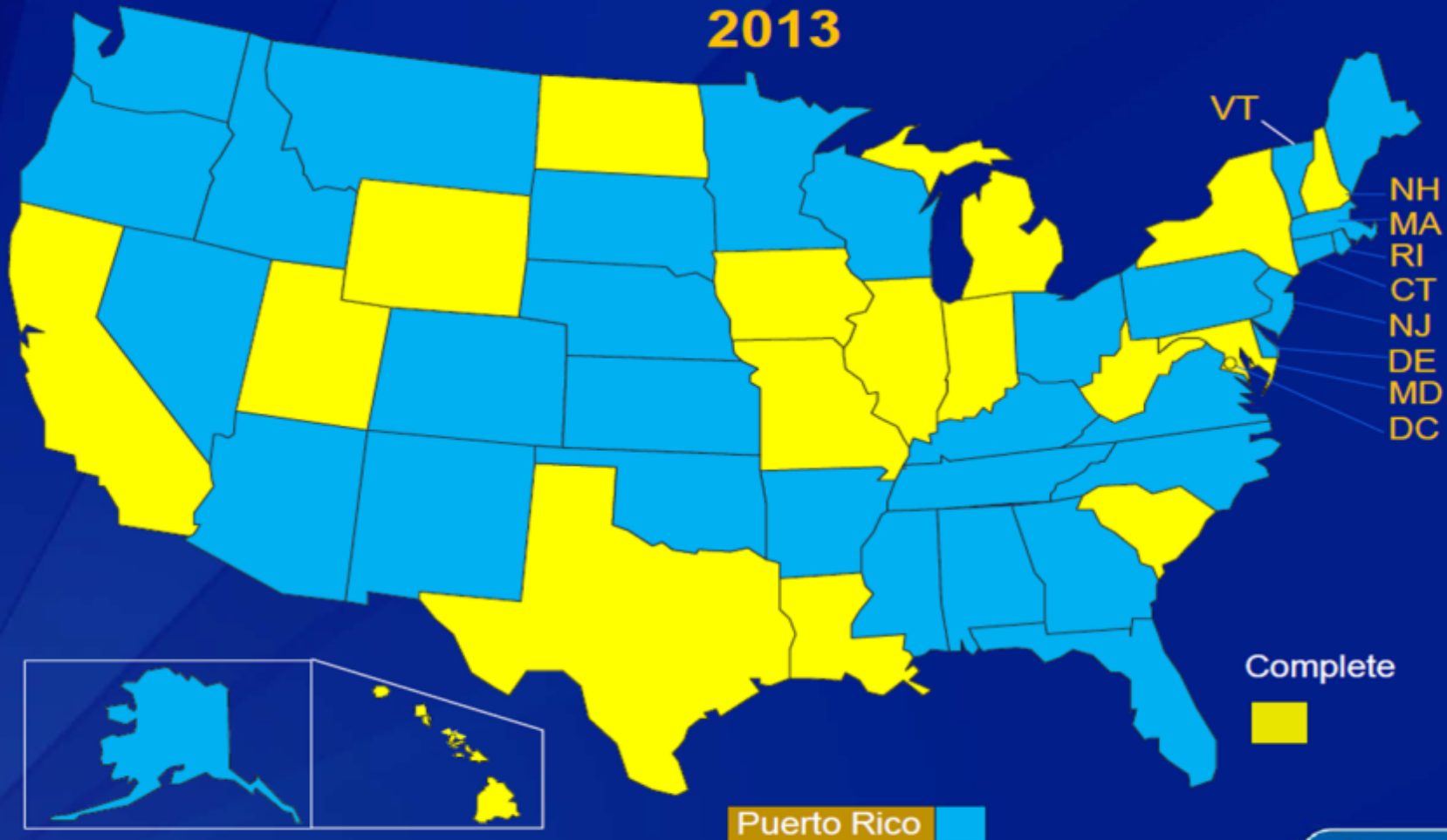




Figure 1. Linkage to HIV medical care within 3 months after HIV diagnosis during 2013, among people aged  $\geq 13$  years, by population category of residence at diagnosis—28 United States jurisdictions  
(n= 24,413)

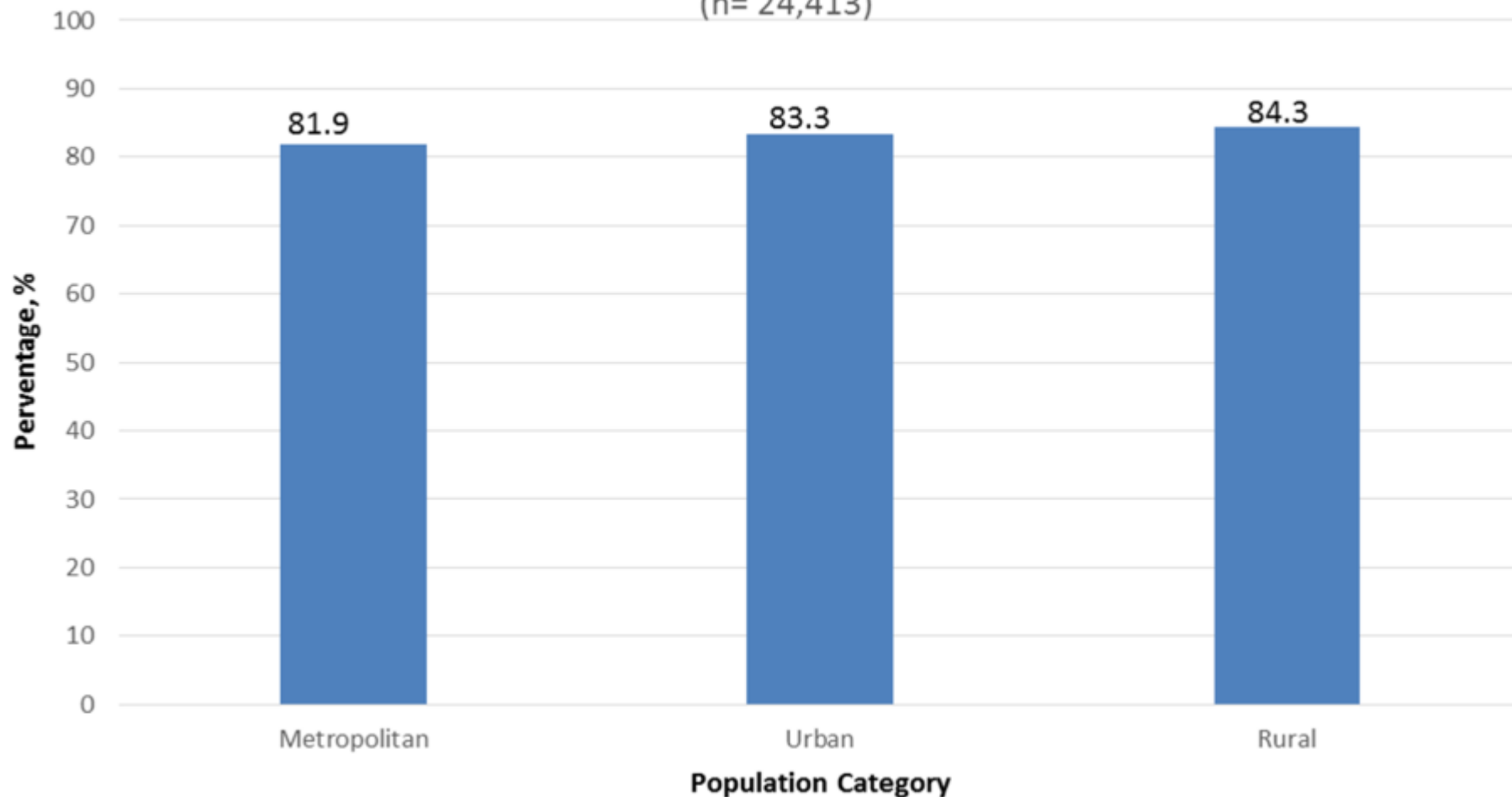
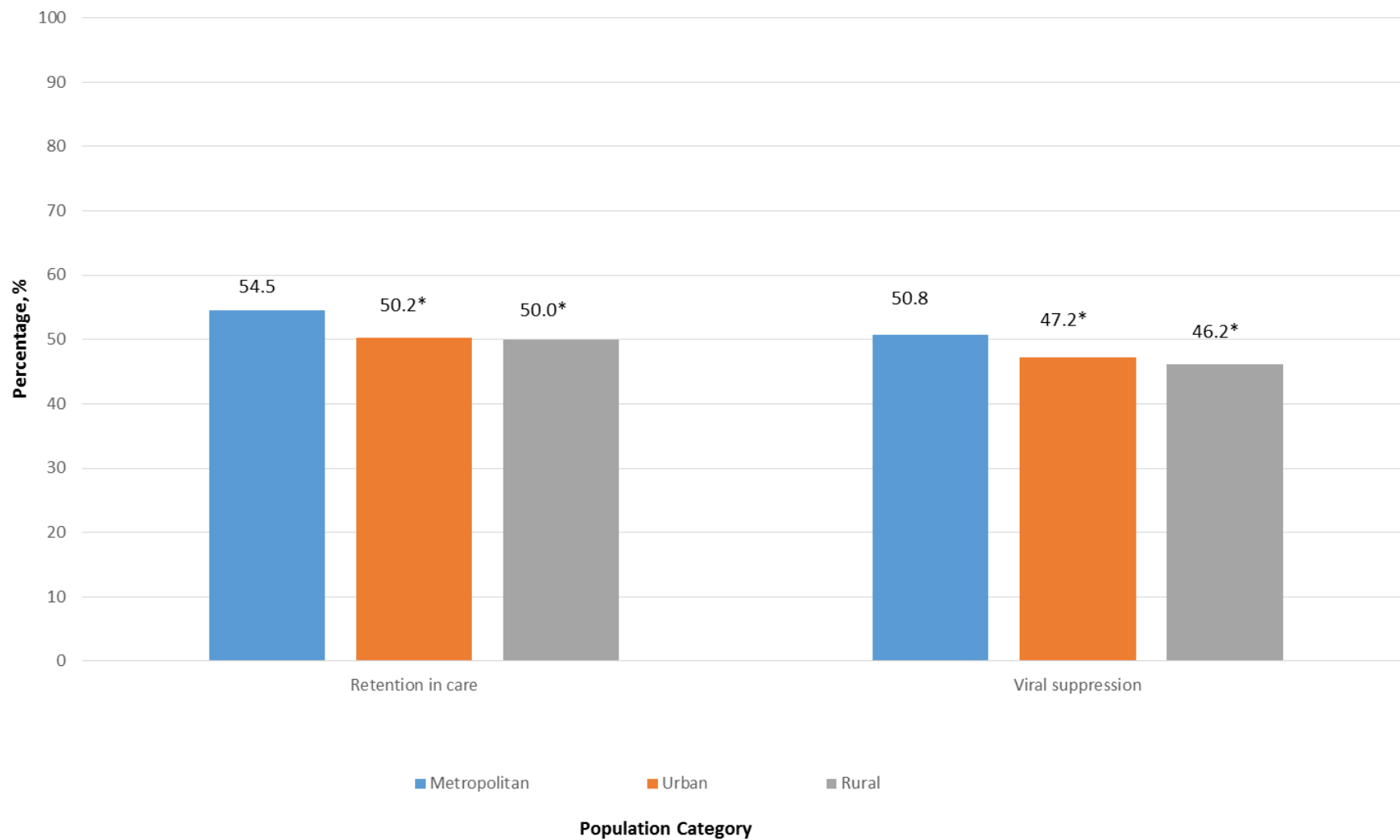


Figure 2. Retention in HIV medical care and viral suppression, among people aged  $\geq 13$  years with HIV infection diagnosed by year-end 2011 and alive at year-end 2012, by population category of residence at diagnosis—28 United States jurisdictions (n= 530,25)



# So what's happening in rural U.S. and territories?

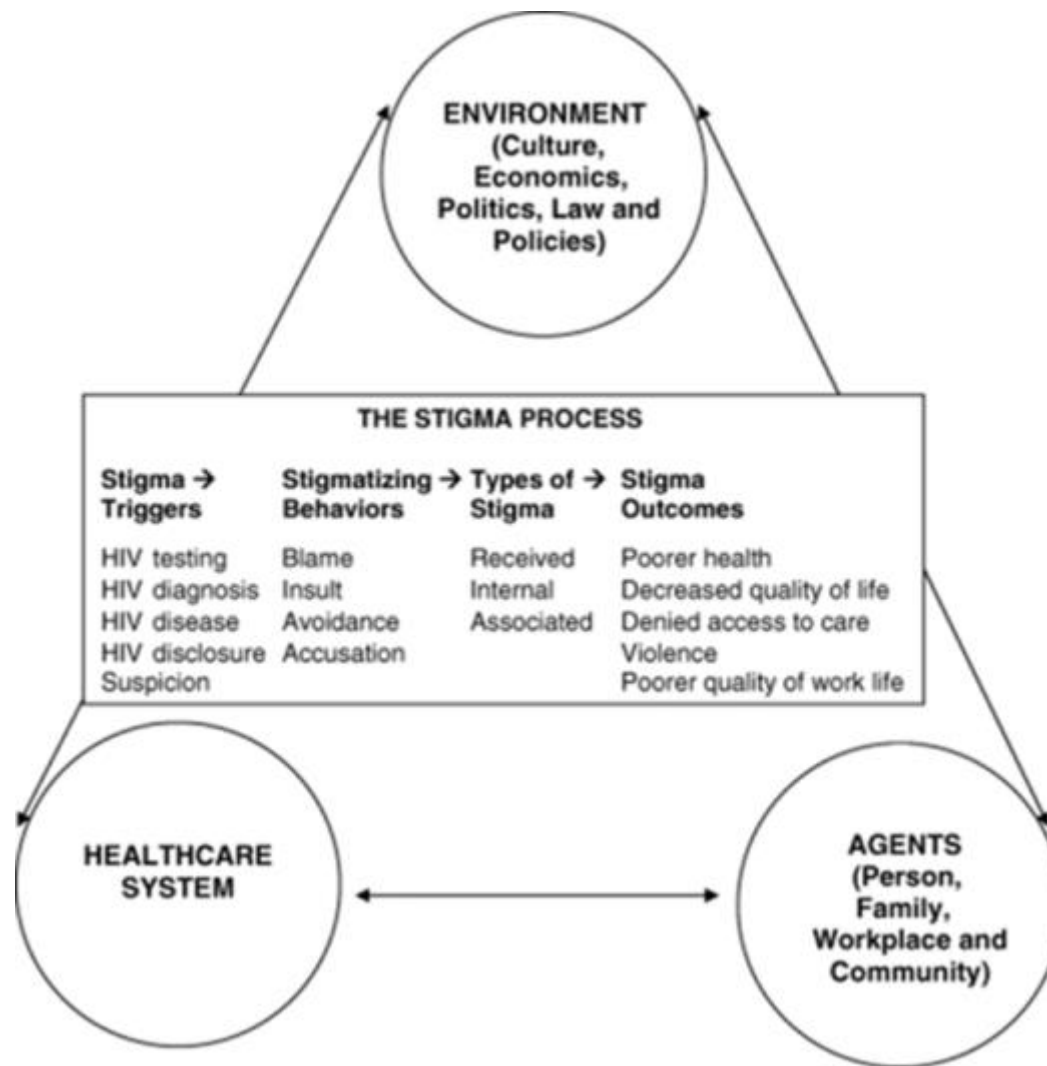
- Rural residents less likely to get HIV tested
- Rural residents more likely to internalize HIV-related stigma (S. Kalichman, H. Katner, E. Banas, & M. Kalichman; 2016)
- Rural residents are more likely to be tested in non-rural places (S. Kalichman, H. Katner, E. Banas, & M. Kalichman; 2016)
- Rural residents more likely to be diagnosed with AIDS at the time of initial HIV diagnosis
- Rural residents are less likely to be retained in care (CDC, Rural Health Committee; 2016)
- Rural residents are less likely to be virally suppressed (CDC, Rural Health Committee; 2016)

# Stigma

Stigma refers to the “disgracing” or “shaming” of people themselves (internalized), by others, and by organizations/institutions (primarily through policies, laws, and behaviors of those within the organization/institution) due to perceived socially unacceptable attributes.

Mahajan AP, Sayles JN, Patel VA, et al. Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. AIDS (London, England). 2008;22(Suppl 2):S67-S79. doi:10.1097/01.aids.0000327438.13291.62.

NAM aidsmap. NAM Publications, 2016. <http://www.aidsmap.com/stigma/What-is-stigma/page/1260706/>



Holzemer, W. L., Uys, L., Makoae, L., Stewart, A., Phetlhu, R., Dlamini, P. S., Greeff, M., Kohi, T. W., Chirwa, M., Cuca, Y. and Naidoo, J. (2007), A conceptual model of HIV/AIDS stigma from five African countries. *Journal of Advanced Nursing*, 58: 541–551. doi: 10.1111/j.1365-2648.2007.04244.x

# Experiences of Stigma by PLWH in Rural U.S. Communities:

*Affects of Stigma on Persons Living with HIV in Rural America*

# **What works to decrease stigma and increase engagement in healthcare of PLWH and those at-risk of HIV infection in rural U.S. and territories?**

# Exemplary Programs

- Project ECHO<sup>®</sup> model (developed by University of New Mexico) now used by Mountain West AETC to provide regular communities of learning among rural primary care providers to provide education, problem solving, and case study discussions related to providing HIV care
- University of Kansas – Wichita: takes HIV care team to four different rural sections of Kansas once/month to provide care



# Other “Tools” to Improve Outcomes of PLWH in Rural America?

- Use of mobile health van
- Use of consultants, including National Clinician Consultation Center
- Use of Community Health Workers, Linkage Coordinators, Navigators
- Other examples???

# Multifaceted Approaches Needed

- Reduce community, healthcare provider, and internalized HIV-related stigma
- Reduce other barriers to accessing quality, confidential care in rural U.S.
- Increase education of ALL healthcare providers and health profession students to provide HIV related prevention, testing, diagnosis, and treatment in rural communities

