Living with HIV in Rural America – Stigma and Other Barriers to Care

Presenters:

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Objectives

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

Number of Individuals

1200,000
1,000,000
800,000
600,000
400,000
200,000
0

HIV-Infected
HIV-Diagnosed
Linked to HIV Care
Retained in HIV Care
Prescribed ART
Undetectable Viral Load

100%
86%
80%
40%
37%
30%

50,000 new infections per year


NATIONAL CENTER FOR INNOVATION IN HIV CARE
**HIV Care Continuum Outcomes, 2012 — United States and Puerto Rico**

**N = 1,218,400**

**National HIV Surveillance System:** Estimated number of persons aged ≥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 ≥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 ≥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 ≥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=530,2)
So what’s happening in rural U.S.?

- 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.\(^1,2\)


The effects of stigma on persons living with HIV in rural America

- See Video on the AETC NCRC Website: https://aidsetc.org/resource/effects-stigma-people-living-hiv-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.?
Exemplary Programs

- Project ECHO® 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 School of Medicine – Wichita: takes HIV care team to three different rural sections of Kansas once/6 weeks 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

- Decriminalize HIV
- 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
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