



# The HIV/AIDS Bureau in Rural America

## FORHP Rural HIV/AIDS Planning Program

### Virtual Conference

*February 24, 2021*

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**Vision: Healthy Communities, Healthy People**



# HRSA's HIV/AIDS Bureau (HRSA 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 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
- 88.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 64.7%



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



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

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
  - Served nearly 568,000 people in 2019—more than half of people with diagnosed HIV in the United States receive care through the Ryan White HIV/AIDS Program each year.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission among the hardest to reach populations with HIV.
  - 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.
- 88.1% of RWHAP outpatient ambulatory healthcare clients were virally suppressed in 2019, exceeding national average of 64.7%<sup>i</sup>.

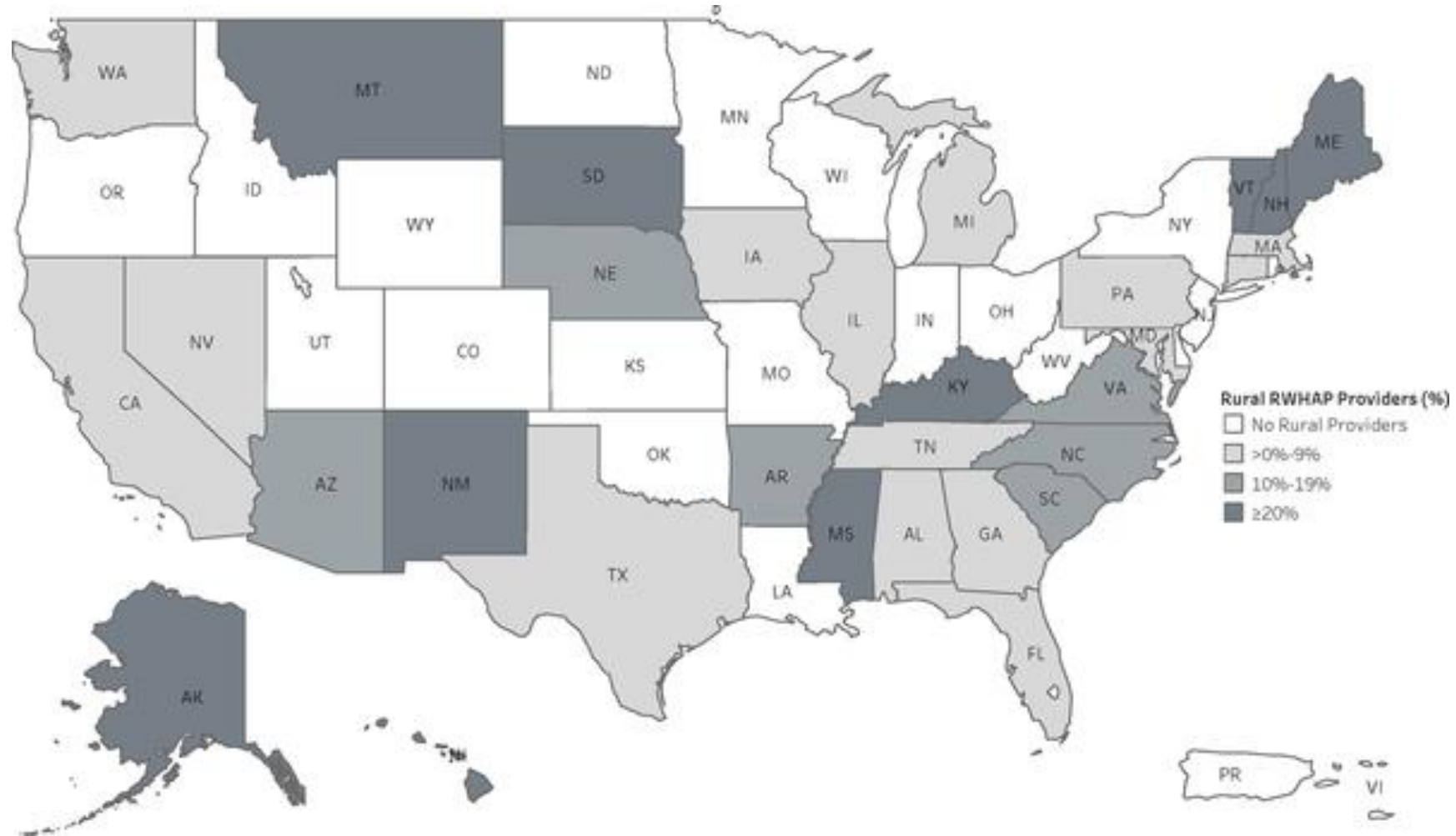


# Overview of the RWHAP in rural communities



# HRSA RWHAP Providers in Rural Areas, 2017

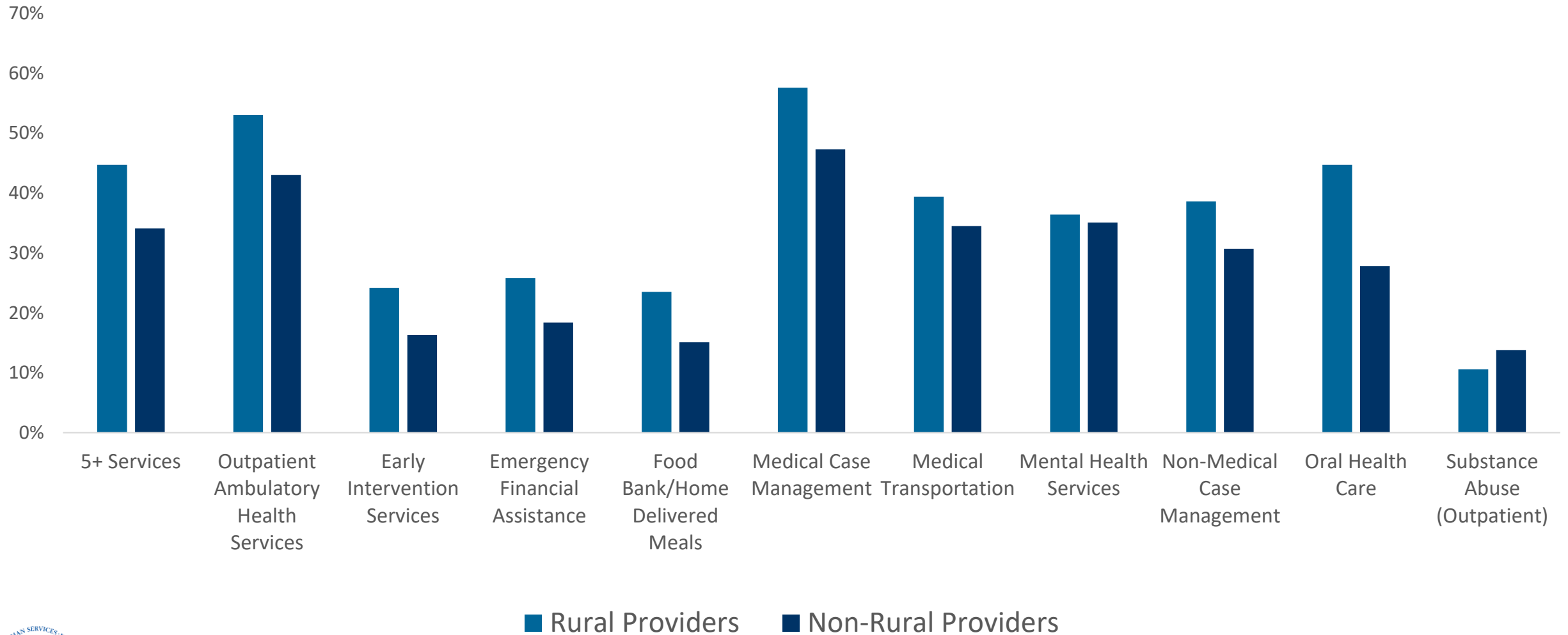
- Nationally, 6.2% of RWHAP providers are located in rural areas
- Approximately 90% of rural providers received Public Health Service Act 330 funding (HRSA-funded Health Centers)
- Nearly half (47%) served 1-99 RWHAP clients



Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



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

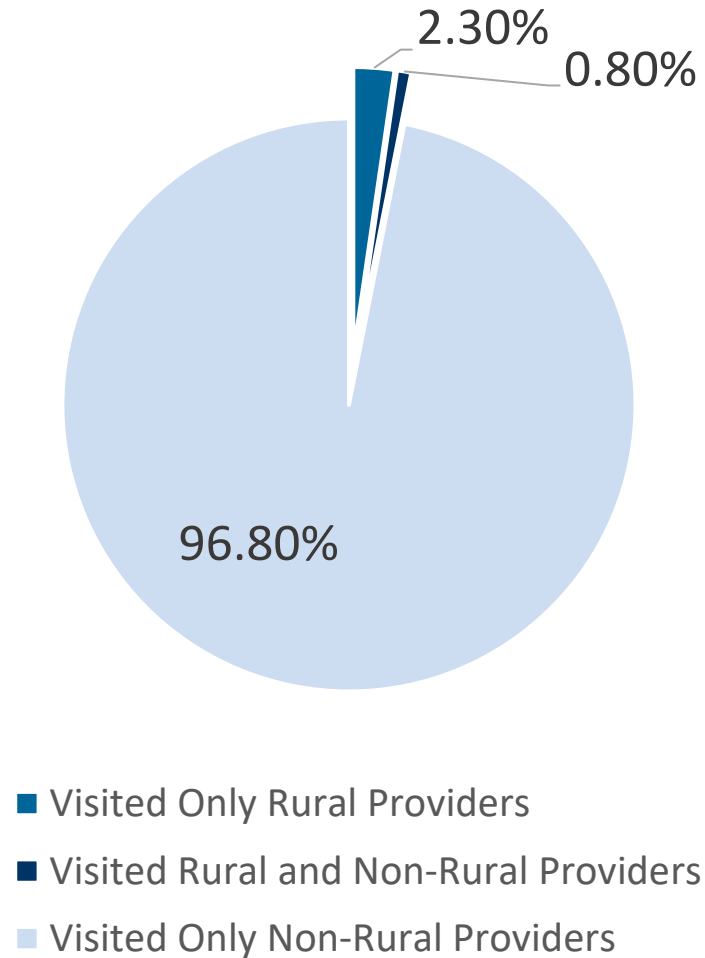


Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>





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



**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



Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>





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

	<u>Retained</u>			<u>Virally Suppressed</u>		
	Total No.	No.	%	Total No.	No.	%
<b>Visited Only Rural Providers</b>	7,536	6,246	82.9	7,855	6,718	85.5
<b>Visited Only Non-Rural Providers</b>	330,356	266,937	80.8	344,726	296,132	85.9
<b>Visited Rural and Non-Rural Providers</b>	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.

Klein PW, Geiger T, Chavis NS, Cohen SM, Ofori AB, et al. (2020) The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. PLOS ONE 15(3): e0230121. <https://doi.org/10.1371/journal.pone.0230121>



# 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.
- 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.



# Addressing Needs of People with HIV in Rural Communities

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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 (pharmacists)
- HIV education and awareness (community health workers)



# 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 [HIV Prevention and Treatment Challenges in Rural America](#), 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 .



# 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 clinical 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: Best 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



Todd, L., & Hutcherson, L. (2019, July). ECU Adult Specialty Care. Lecture presented at DCHAP Stakeholder Call.





# 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.



Varsimashvili, Z., MD, MS, MHA. (2019, July). Organizing Transportation Services for RW Patients in Rural Northeast Pennsylvania. Lecture presented at DCHAP Stakeholder Call.



# Ending the HIV Epidemic Jurisdiction Highlight

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- South Carolina:
  - Statewide Rapid Continuum of Care Program focuses on Rapid linkage to re-engagement in HIV Care
  - Accelerated eligibility and access to core services
  - Accelerated ADAP approval
  - Sustained follow-up to provide support including medication adherence and rapid cluster response

# 2020 National Ryan White Conference Sessions

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- A three-part rural health focused institute addressing HIV-related stigma in rural communities
- Two sessions on Telehealth:
  - implementation
  - Innovative approaches
- Workforce challenges and innovation in rural communities

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



# HAB Initiatives to Reduce Stigma and Address Trauma in Rural Communities for People with HIV

- 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
- Reducing Stigma at Systems, Organizational and Individual Client Levels in the Ryan White HIV/AIDS Program
- \*Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i) (addresses trauma)

DISSEMINATION OF  
**EVIDENCE-**  
**INFORMED**  
INTERVENTIONS



EVIDENCE-INFORMED  
INTERVENTIONS (E2i)



# HAB Initiatives Used to Reduce Stigma in Rural Communities for People with HIV, *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



# HAB Resources





# AIDS Education and Training Center Program

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- 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.



# Program Overview

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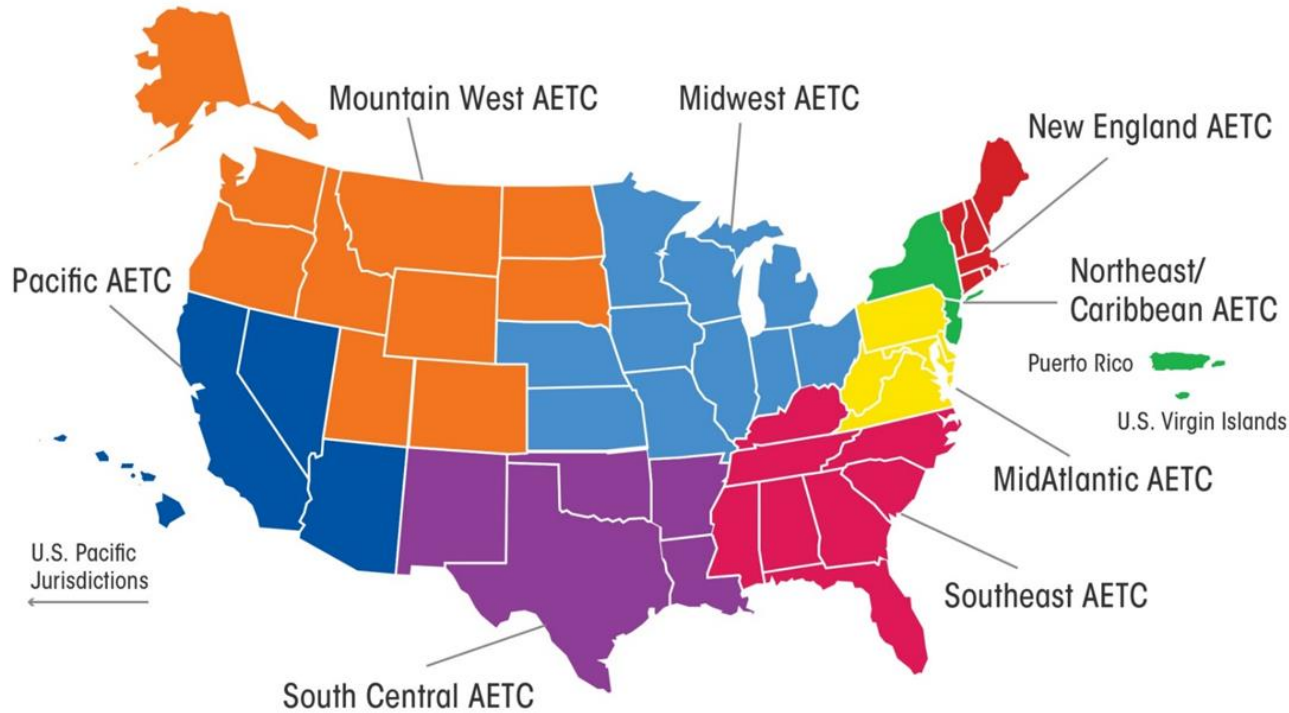
## What Do the AETCs Do?

- Build the capacity to provide accessible, high-quality treatment and services throughout the U.S. and its territories
- Train and provide technical assistance to health care professionals, inter-professional health teams, and health care organizations on the prevention, diagnosis, and treatment of HIV
- Provide special training to minority providers and providers who are serving minority populations



# AETC Enhancing the HIV Workforce to Assist Rural Providers

## Regional



## National

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

<https://aidsetc.org/directory>



# HAB Web Resources

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- [TargetHIV](#) : 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

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