



Center for  
Innovation and  
Engagement

## TIPS FOR WORKING WITH RURAL COMMUNITIES

### Why this Topic?

While the overall number of new HIV diagnoses has decreased or plateaued over the last several years in the United States, HIV cases have increased in rural communities, especially in southern and midwestern states. Several factors, including limited resource allocation, inadequate data, and stigma, have contributed to health inequities in rural areas. Additionally, HIV incidence in rural areas may appear to be low because data are typically collected from where patients receive care instead of their location of residence, which skews surveillance data.

### Relevant Statistics

The geographically dispersed nature of rural communities among other factors creates unique challenges for HIV prevention and treatment.

- In 2015, HIV prevalence rates in rural communities were approaching those of urban areas.<sup>1</sup>
- In 2018, southern states accounted for 52 percent of new HIV diagnoses. Of the 15,820 deaths among people with HIV in the United States, 47 percent occurred in the south.<sup>1</sup>
- Black/African American and Latinx populations account for 52 percent and 22 percent of new HIV diagnoses in the south, respectively.<sup>2</sup>
- In the Midwest, 21 percent of new HIV diagnoses are in rural or suburban areas.<sup>2</sup>



### Assessing Current Capacity

Organizations and healthcare facilities in rural areas tend to have limited resources to adequately address the health inequities communities face. Here are a few questions you can ask as you assess your strengths and determine opportunities for growth:

- Does our staff understand the unique health and social needs of the client population?
- How can we address HIV-related social determinants of health, including high rates of poverty and inadequate access to insurance, health care and transportation?
- Do we have local partners with whom we can collaborate to ensure clients have access to comprehensive services?
- What systems do we have in place to accurately track our clients and ensure our data collection mechanisms work?
- How do we relay information to departments of health to ensure they are aware of emerging needs among the client population?
- What systems do we have in place to engage community members in person and virtually, especially during the COVID-19 pandemic?
- How are we measuring the impact of our programs? How do we know our programs are effective?



### Tips to Build Organizational, Systems, and Staff Capacity

Consider these tips to support the planning and development of an integrated rural health network for HIV prevention, care, and treatment:

- Hire staff from the community to ensure that the perspectives of people who are most impacted by the HIV epidemic are informing the work.
- Engage staff in ongoing professional development to ensure use of the most current, effective, and culturally responsive practices.
- Support staff in the use of client-centered, trauma-informed approaches that address client needs holistically.
- Partner with both HIV and non-HIV related organizations to expand client access to available resources (e.g., housing, nutrition, primary care, dental, mental health, and substance use programs and faith-based organizations).
- Develop systems that enable staff to link and retain clients in care and treatment within a timeframe that optimizes viral load suppression.
- Establish mechanisms that allow people to privately access services in a way that maintains their anonymity.
- Mobilize staff by engaging them in local advocacy efforts.
- Engage staff and community members in stigma reduction.



## Centering Health Equity in HIV Service Delivery

Health inequities persist across the HIV care continuum for rural communities. These inequities are rooted in systems of oppression, including systemic racism, sexism, homophobia, and transphobia. To achieve optimal health outcomes, we must center equity and improve access to care and to basic needs. Take steps to:

- Understand social, historical, and political contexts before developing programs and initiating services.
- Involve community members in initiatives and decision-making to build connection and trust.
- Identify alternative financial assistance resources for clients who are uninsured/underinsured or do not qualify for Medicaid.
- Address inadequate access to resources such as housing, food, education, employment, and transportation.
- Educate communities about and increase access to PrEP.
- Include HIV and non-HIV partners.
- Develop a common language among partners.
- Address HIV criminalization in rural communities.



## How to Provide Intersectional HIV Services to Rural Communities

Using an intersectional lens in HIV encourages service delivery that acknowledges overlapping systems of discrimination at the individual, interpersonal, structural, and institutional levels, which cause health inequities. To provide intersectional HIV services to rural communities, consider the following:

- Anchor efforts in social justice by focusing on the convergence of social identities such as race/ethnicity, gender, socioeconomic status, age, sexual orientation, and geographic location.
- Train providers to use biopsychosocial or socioecological models of care that recognize micro, meso, and macro level factors.
- Assess the impact of psychological factors such as mental health, trauma, and isolation on clients and determine ways to address them (e.g., harm reduction models, syringe service programs).
- Acknowledge and address the impact of local and federal policies that economically disadvantage rural families.
- Determine how environmental health, including water quality, air quality, and pollution can contribute to HIV-related health outcomes for rural communities.



Stock photo. Posed by models.

## Stories from the Field

Ursuline Sisters HIV/AIDS Ministry (<https://www.ursulinesistersaids.org/>) is an Ohio-based faith organization. They provide comprehensive health and social support services, including support groups; pastoral visits to homes, clinics, and prisons; patient advocacy; housing and food assistance; and a comprehensive clinical care center. Additionally, the organization employs peer navigators who serve as patient advocates, offer translation services, and provide transportation for people who live far from the Comprehensive Care Center.



## Stakeholder Engagement/ Community Partnerships

The success of rural HIV programs depends on partnerships between a wide array of stakeholders and institutions.

- Learn about community member perceptions of local organizations and their staff.
- Engage priority populations, including people with HIV and youth and adolescents, in program planning and decision-making.
- Partner with stakeholders who work with people with or who are disproportionately impacted by the HIV epidemic. These stakeholders include social services, government agencies, law enforcement and justice programs, and community and faith-based organizations.
- Establish rules for respectful engagement and establish mechanisms for Information sharing with partners and community members.



## How to Sustain Efforts

To sustain HIV care efforts and ensure they continue to have a long-term impact on rural communities, consider these strategies:

- Collect and use data to inform program development and continuous improvement.
- Engage in frequent evaluation of organizational efforts, including community-based focus groups and one-on-one interviews with clients.
- Align programs to the organization's vision and mission to ensure that the needs of community members are clear and adequately addressed.
- Strengthen pathways for leadership development and provide opportunities for members of priority populations to provide leadership and sit at decision-making tables.
- Seek out technical assistance for grant writing to secure funds that facilitate ongoing work in rural communities.

## Conclusion

To turn the tide of the HIV epidemic in rural communities, providers must address the intersecting barriers that disproportionately impact rural clients by hindering their access to optimal care across the care continuum. Providers must be trained to recognize and address the unique needs of their rural clients, to ask the right questions, and to acknowledge the ways in which their implicit biases impact patient care.

Providers have the resources to identify both evidence-based and homegrown comprehensive HIV care delivery models that have the potential to work effectively in rural communities. These include implementing peer workers to conduct outreach and education, case management, HIV patient navigation, and the use of telemedicine/telehealth systems to reach and support community members.

## Additional Resources

**Health Resources and Services Administration. Rural Health Information Hub**

<https://www.ruralhealthinfo.org/>

**HIV.gov. National Rural Health Day: Spotlight on HIV Prevention and Treatment in Rural Communities**

<https://www.hiv.gov/blog/national-rural-health-day-spotlight-hiv-prevention-and-treatment-rural-communities>



## About CIE

CIE is a HRSA Special Projects of National Significance (SPNS)-funded project that identifies, catalogs, disseminates and supports the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving care, or who are at risk of not continuing to receive care.

## Acknowledgements

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## References

- <sup>1</sup> Department of Health and Human Services. (2020). *HIV Prevention and Treatment Challenges in Rural America*. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2020-rural-hiv-prev-treat-call.pdf>
- <sup>2</sup> Centers for Disease Control and Prevention. (2020). *HIV in the United States by Region*. Retrieved from <https://www.cdc.gov/hiv/pdf/statistics/overview/cdc-hiv-geographic-distribution.pdf>