



Overcoming Medical Mistrust in Rural Populations

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Educational Need/Practice Gap

- Gap = There is a medical mistrust when diagnosing and treating HIV in rural populations.
- Need=how to overcome this mistrust, in order to allow effective diagnosis and treatment of HIV in rural populations.

Objectives

Upon completion of this educational activity, you will be able to:

- Describe the unique social aspects of rural communities, such as stigma and transportation.
- Explain the social determinants of health and their impact on HIV treatment and prevention.
- Identify the importance of patient centered strategies and Medicaid expansion in this population.
- Outline an overview of considerations for rural subpopulations related to HIV/AIDS prevention and treatment programs.
- Describe the importance of lack of privacy and anonymity in this population.

Expected outcome

- What is the desired change/result in practice resulting from this educational intervention?
- Upon Completion of this activity, you should be able to describe all the factors that should be addressed and resolved, in order to reduce their collective impact and improve HIV/AIDS prevention and treatment in rural areas.

Barriers to HIV/AIDS Care in Rural Communities

- Many social, environmental, and economic factors converge to cause barriers and challenges that complicate HIV/AIDS treatment and prevention in rural areas.
 - Some overarching factors include poverty in many rural areas, limited resources, and structural barriers that pose challenges to accessing services.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Barriers to HIV/AIDS Care in Rural Communities

- This section describes barriers to treating and preventing HIV/AIDS in rural communities.
- Often, many of these factors intersect, amplifying the barriers to treatment and prevention.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Unique Social Aspects of Rural Communities

- **Stigma:** Stigma in rural communities can have a widespread impact on both HIV/AIDS treatment and prevention, including making individuals less willing to be tested and/or treated for HIV.
- Stigma can present barriers to care for populations that have a high prevalence of HIV, including sexual orientation and gender identity minorities, as well as intravenous drug users.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/social-determinants>

Stigma

- Rural HIV/AIDS programs have addressed stigma in different ways, including by offering HIV services in health departments or community-based organizations that provide many different types of services and are not “branded with HIV/AIDS”.
 - Many rural HIV/AIDS programs also conduct community education about HIV to reduce the stigma associated with the disease and increase the likelihood that people will seek care.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/stigma>

Stigma

- Additionally, rural HIV/AIDS programs have helped people to obtain medications through the mail in nondescript packages.
- [Social workers](#) can also play an important role in providing culturally and linguistically appropriate services, increasing awareness, and providing education about HIV/AIDS.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/stigma>

Transportation

- Many rural communities lack HIV/AIDS providers. If there is a provider located in the community, people living with HIV/AIDS may have to travel a significant distance to access these services.
- Some people may require transportation assistance because they do not drive, do not have a car or access to public transportation, or cannot afford transportation to a provider.
- As a result, transportation is a significant barrier to care.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/transportation>

Transportation

- To address this issue, some rural HIV/AIDS programs work with peer navigators to drive people living with HIV/AIDS in private cars to appointments, reimbursing them for their time and mileage.
- During these trips, the peer navigator talks with the person about their experiences and helps to identify other resources to support them.
- Other rural programs have vans that transport people across multiple counties to appointments

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/transportation>

Transportation

- Some programs also have a health mobile unit that travels to rural communities to reach people at a high risk for HIV, offering a range of services from blood pressure screening to HIV and STD testing.
- Programs may also offer gas cards to people who need assistance with transportation costs so they are able to visit a provider.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/transportation>

HIV/AIDS Data Collection

- Rural HIV/AIDS programs need access to real-time information.
 - However, data sharing can be challenging in rural areas where there may be more limited access to the internet and high costs associated with implementing and maintaining health information technology such as electronic health records (EHRs).
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/data-collection>

HIV/AIDS Data Collection

There are also a number of barriers to collecting HIV/AIDS data.

The Institute of Medicine's 2010 report, [Monitoring HIV Care in the United States: Indicators and Data Systems](#), discussed a number of [barriers to collecting HIV/AIDS data](#).

These include barriers related to reimbursement and claims data; reporting; and policies, laws, and regulations that impact the use of data about HIV/AIDS.

Partnerships

- Creating partnerships and building relationships with community-based organizations is critical to the success of rural HIV/AIDS programs.
- Some rural health departments work with community-based organizations to implement HIV/AIDS prevention and treatment services in the community because they know the population well.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/partnerships>

Partnerships

- Rural HIV/AIDS programs may have a case manager, social workers, or patient navigator on the team who maintains relationships with all of the organizations in the community so it is possible to refer people to other organizations for support services

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/partnerships>

Social Determinants of Health

- Rural HIV/AIDS programs must consider the needs of the whole person. [Social determinants of health](#) are factors that can impact a person's health, functioning, risks, and quality of life. [Examples of social determinants](#) of health include:
 - Access to healthcare services
 - Access to educational and economic opportunities
 - Availability of affordable housing and food
 - Public safety
 - Community and social support
 - Culture and social norms

Social Determinants of Health

- Many rural HIV/AIDS programs provide other resources and support services that can help people living with HIV/AIDS, including:
 - Access to nutrition services, case management, and referrals for substance abuse treatment and specialty care
 - Social events and dinners for people living with HIV/AIDS and their guests
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/social-determinants>

Social Determinants of Health

- Tutoring and educational programs, mentoring, and support groups
- Access to household supplies and personal items
- Financial assistance with bills
- Transportation assistance
- Support in finding housing

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/social-determinants>

Patient-Centered Strategies

- When working with people living with HIV/AIDS, patient-centered strategies are vital to creating a safe, welcoming environment. Patient-centered practices include:
 - Tailoring messages to the patient
 - Focusing on the patient's strengths for positive encouragement
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/patient-centered>

Patient-Centered Strategies

- Educating the patient on his/her health and the skills needed to participate in his/her care
- Ensuring strategies are culturally appropriate (e.g. use easy-to-understand language, respect differences in spiritual beliefs and traditions)

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/patient-centered>

Medicaid Expansion

- Health insurance increases access to important HIV/AIDS services.
- In 2010, the Patient Protection and Affordable Care Act (ACA) expanded access to health insurance, so more Americans, including those at risk for and living with HIV/AIDS, have access to health insurance.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/medicaid-expansion>

Medicaid Expansion

- Medicaid expansion is specifically important for a number of reasons to people living with or at high risk for HIV/AIDS.
- Prior to ACA implementation, only 17% of people living with HIV/AIDS had health insurance.
- By establishing a new minimum income eligibility level for Medicaid, more people living with HIV/AIDS are eligible to enroll in Medicaid.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/medicaid-expansion>

Medicaid Expansion

- Additionally, individuals living with HIV/AIDS historically have had difficulty accessing insurance because of screening for preexisting conditions, which is no longer allowable under the ACA.
- An estimated 60,000 people living with HIV/AIDS who are uninsured and have low incomes live in states that are not expanding Medicaid.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/medicaid-expansion>

Coinfection of Hepatitis C Virus

- There is a high rate of coinfection of hepatitis C virus (HCV) for people living with HIV/AIDS because both can be transmitted through injection drug use.
- According to the [Centers for Disease Control and Prevention \(CDC\)](#), 25% of people living with HIV are infected with HCV.
- About 75% of people living with HIV who inject drugs also have HCV.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/coinfection-of-hep-c>

Coinfection of Hepatitis C Virus

- About 75% of people living with HIV who inject drugs also have HCV.
- HCV has very low rates of awareness because it can be asymptomatic for years, so people may not be aware that they are infected. All people living with HIV should be tested for HCV because of the high rate of coinfection

▪ <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/coinfection-of-hep-c>

Considerations for Populations

- This section provides an overview of considerations for rural subpopulations related to HIV/AIDS prevention and treatment programs.
- [Men Who Have Sex with Men](#)
- [Minority Populations](#)
- [Pregnant Women](#)
- [Adolescents](#)
- [People who Inject Drugs](#)
- [Incarcerated Populations](#)
- [Migrant Agricultural Workers](#)

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations>

Men Who Have Sex with Men

- Gay and bisexual men accounted for 67% of all new HIV infections in 2014.
 - African American men who have sex with men (MSM) accounted for the largest number of new infections among MSM in 2014, followed by white MSM and Hispanic/Latino MSM.
 - Most HIV infections are among urban MSM populations, with research showing a disproportionate impact in the South.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/men-who-have-sex-with-men>

Men Who Have Sex with Men

- Rural communities are implementing interventions focused on rural MSM populations including high-impact prevention initiatives such as [Mpowerment](#), which focuses on reaching young MSM.

*<https://www.cdc.gov/hiv/effective-interventions/prevent/mpowerment/index.html>

*<https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/men-who-have-sex-with-men>

Men Who Have Sex with Men

- A 2010 [qualitative study](#) of immigrant Latino MSM in the rural Southeastern region of the U.S. explored the characteristics of effective interventions to decrease exposure and transmission.
 - The authors found that HIV prevention initiatives for this population should leverage existing social networks and focus on providing education, skills building, and resources for testing and treatment.
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- Latino MSM and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews PMID: [20582764](#)
 - <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/men-who-have-sex-with-men>

Racial and Ethnic Minority Populations

- Racial and ethnic minority populations living in rural areas are disproportionately affected by HIV/AIDS.
- For example, racial and ethnic minority populations make up only 15% of the rural population, but half of AIDS cases in rural areas are among African Americans

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/minorities>

Racial and Ethnic Minority Populations

- In addition, Hispanics/Latinos make up 23% of new HIV diagnoses and African Americans account for 45% of new HIV diagnoses in the U.S.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/minorities>

Racial and Ethnic Minority Populations

- Deaths from HIV/AIDS are highest in Southern region of the U.S. (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas), and disproportionately impact black communities.
- According to a [Southern HIV/AIDS Strategy Initiative report](#), as of 2013, HIV/AIDS was the ninth leading cause of death for black men and the 12th leading cause of death for black women.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/minorities>

Pregnant Women

- The U.S. Preventive Services Task Force recommends [HIV screening for all pregnant women](#).
- If a woman is treated for HIV and takes the appropriate medication during pregnancy, labor, and delivery, and provides the medication to her baby for 4 to 6 weeks post-delivery, the risk of transmission of HIV to the baby falls to 1% or less.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/pregnant-women>

Pregnant Women

- Because an HIV-positive pregnant woman is able to pass the virus to her child during pregnancy, childbirth, and through breastfeeding, programs targeting this population focus on both the health of the mother and baby in preventing mother-to-child transmission.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/pregnant-women>

Adolescents

- Youth, both male and female, have a higher risk for HIV infection. In 2014, more than 20% of new HIV cases in the U.S. were among individuals age 13 to 24.
 - Adolescents are more vulnerable because they are more likely to engage in risky behaviors, such as unprotected sex and injection drug usage.
 - One rural HIV/AIDS program noted social media has facilitated anonymous sex among adolescents in their community
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/adolescents>

Adolescents

- Many young people living with HIV are unaware of their infection. Additionally, adolescents have the lowest rate of any age group to seek care after diagnosis. This also makes them an important population for outreach and screening.
- A [2014 mixed method study](#) found that nurses and healthcare professionals are important stakeholders in addressing misconceptions and HIV stigma among African American adolescents in the rural South.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/adolescents>

People who Inject Drugs

- Injection drug usage has increased dramatically in rural areas during the last decade. Sharing drug injection equipment such as needles, cookers, water, and cotton puts injection drug users (IDUs) at risk for getting HIV.
 - Sharing equipment generally occurs because IDUs cannot afford enough equipment or there are not enough needles or syringes in a group for everyone to have his/her own.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/people-who-inject-drugs>

People who Inject Drugs

- IDUs face multiple health, social, psychological, and financial risks due to substance abuse, mental illness, poverty, and homelessness.
- Given these risks, treatment for substance use disorders is also very important for preventing HIV in the IDU population.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/people-who-inject-drugs>

Incarcerated Populations

- The Centers for Disease Control and Prevention (CDC) reported that, in 2010, the rate of HIV diagnoses among incarcerated populations was five times higher than the rate among people who were not incarcerated in state and federal prisons.
 - Most incarcerated persons become infected with HIV in their communities rather than in corrections facilities.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/incarcerated>

Incarcerated Populations

- The CDC has funded health departments to provide HIV prevention services in jails and prisons and community-based pilots to study effective interventions for incarcerated populations.
 - Rural HIV/AIDS programs are reaching incarcerated populations by visiting corrections facilities and youth detention centers and providing education about HIV.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/incarcerated>

Migrant Agricultural Workers

- The Health Resources and Services Administration (HRSA) [defines migratory agricultural workers](#) as:
 - “Individuals whose principal employment is in agriculture, and who have been so employed within the last 24 months, and who establish for the purposes of such employment a temporary abode;”
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- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/migrants-ag-workers>

Migrant Agricultural Workers

- Research on migrant and seasonal agricultural workers and HIV prevalence in rural communities is limited.
 - Several factors may increase the risk of this population contracting HIV, such as limited access to healthcare, poverty, substandard housing, and limited English proficiency.
 - Their highly mobile lifestyle also increases barriers to regularly accessing healthcare, making testing for HIV and follow-up complicated.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/4/populations/migrants-ag-workers>

Unique Social Aspects of Rural Communities

Privacy and lack of anonymity

- **Privacy and lack of anonymity:** Because rural communities are small and tend to have close-knit social networks, it can be difficult for individuals to privately seek HIV/AIDS services.
- Community members may see individuals accessing these services, or may work at an organization where HIV testing or treatment services are provided.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Privacy and lack of anonymity

- Combined with social stigma, the inability to privately access services may deter people from getting tested for HIV or seeking care for HIV/AIDS.

- **Lack of awareness**

Lack of awareness

- **Lack of awareness:** There is a lack of awareness of the prevalence of HIV in rural communities.
- Because, historically, the HIV epidemic has been most intense in urban areas, there may be a lack of awareness that HIV/AIDS is a problem in rural communities.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Lack of awareness

- In addition, prevalence of HIV/AIDS in rural areas may be underestimated, as individuals who are tested in urban areas may move back to rural areas for family support after a diagnosis, or individuals from rural areas may provide testing facilities a false address out of fear that others will learn about their HIV status.

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Physical Isolation, Low Population Density, and Persistent Poverty

Lack of services

- **Lack of services:** Rural communities may not be able to sustain important services, such as public transportation and homeless shelters, due to sparse populations.
- Lack of basic transportation services can make it difficult for individuals in rural areas to access HIV/AIDS services.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Lack of services

- In addition, prevalence of HIV/AIDS in rural areas may be underestimated, as individuals who are tested in urban areas may move back to rural areas for family support after a diagnosis.
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- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Lack of specialized service providers:

- **Lack of specialized service providers:** Rural communities may lack healthcare providers who specialize in providing care to patients with HIV/AIDS.
- Rural residents may need to travel long distances to find a provider, which impacts retention in HIV treatment.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Lack of specialized service providers:

- **Lack of Ryan White providers:** Because of the high rates of persistent poverty in rural areas, people in rural communities often require financial assistance to subsidize their treatment, especially if they are uninsured and unable to qualify for Medicaid.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/ryan-white-program>

Lack of specialized service providers:

- Though the Health Resources and Services Administration [Ryan White Program](#) provides subsidized or free treatment to HIV-positive individuals.
- A [South Carolina Rural Health Research Center article](#) shows that only five percent of rural counties in the U.S. actually have a Ryan White provider, making the high cost of treatment a significant barrier in rural communities that lack this key resource.
- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/ryan-white-program>

Lack of specialized service providers:

- **Low population density & HIV prevalence:** Because of the low population density in rural areas, and consequently the low density of HIV-positive individuals, rural HIV programs have a high per person operating cost compared to programs that serve people in urban areas.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Cost of treatment

- **Cost of treatment:** Cost of HIV treatment can be unaffordable for people who live on low incomes, especially if they are uninsured and unable to qualify for Medicaid.

- <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-barriers>

Conclusion

- The interaction between community stigma, consequences of isolation, lack of financial resources, and other barriers demonstrate that these factors must all be addressed together, in order to reduce their collective impact and improve HIV/AIDS prevention and treatment in rural areas.