

Clinic Staff Members' Perceptions of Barriers to HIV Care in the Rural Southern United States

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Background

- Most new cases of HIV in the U.S. are diagnosed in the South.
- Many rural areas of the South lag behind other regions in proportions of persons living with HIV (PLWH) who are retained in care and achieve viral suppression, despite extensive, multifaceted efforts to reach out-of-care PLWH.
- Improved understanding of strategies to foster reengagement and retention of out-of-care PLWH are needed.

Methods

- **Study Participants:** Clinic staff members ($N = 10$) from a publicly-funded HIV clinic serving a large, predominantly rural catchment area in North Carolina agreed to participate of the 12 that were invited.
- **Enrollment criteria** included: being a clinic staff member whose role primarily involves serving HIV positive clients.
- **Participants' roles** included physician, nurse, nursing assistant, social worker, bridge counselor, and peer educator.
- **Semi-structured Interviews** were conducted in person at the clinic or participants' offices (21 to 47 minutes).
- **Analysis:** Data were coded independently by 2 coders in Dedoose and thematically analyzed. Themes are reported in the next section in order of prominence.

Results

Theme 1: Barriers to Staying in Care

Transportation

"...some of 'em have to drive pretty far. Some of 'em don't have a vehicle., and it's difficult for them to get a ride here"

"...finances can be barriers to transportation access"

Stigma

"Some are not interested in care... the stigma that's attached to coming [prevents them from coming]"

"... some family members are still ashamed of the disease itself, with the stigma. They're [the patients] still being isolated. Some still feel unloved. Some are still not able to disclose or really talk about it."

Mental Health

"People are mentally dealing with things that they really need to probably see a counselor about. They kind of fall out of care because of that."

"Coming here is a constant reminder, so they just stop everything [HIV care] until there's an illness"

Insurance Challenges

"Patients who have insurance copays, and if they're high, that can keep them from coming into care."

"Many of our patients are in low-paying jobs and have no insurance."

Family-related Issues

"Sometimes, they don't even tell their family members [about their HIV status]."

"Some of them [have a] competing needs issue... They've got children who are ill, or have legal trouble, or new grand children born and they need childcare, and they get just really busy and can't come."

Theme 2: Facilitating to Staying In Care

Transportation Help

"We have a lot of [patients] who could benefit from free transport."

"Transportation is the number one [resource patients need to stay in care]"

Better Treatment of Patients

"People are already dealing with stigmas and stuff in their head. If you don't treat them right and you don't act right in that room, they're most likely not gonna come back to care ever again."

"... if they don't get [great] customer service, you may have a person that falls out of care immediately."

Flexible Visits/Hours

"You just don't know when a patient is ready, or a patient has the ability to get here... so if you just do some walk in times, I think would be helpful."

"I think for that small group of patients, or maybe not so small, who just don't want to be in an ID clinic, bringing care to them would be helpful."

Financial Assistance

"If they come here, and they start building up a bill that they can't afford, then they'll stop coming."

"A portion of our population... is homeless, so something as simple as a food gift card would [help]."

Understanding Importance of Care

"[Counseling on] the importance of staying in care, coming back to care."

"...just to really talk to them and try to convince them that it's [coming their appointments] in their best interest."

Conclusions

- Interviewees emphasized the extent of unmet needs out-of-care PLWH in the rural south face and ideas to facilitate care.
 - Interviewees emphasized the synergistic effects of intersecting barriers and facilitators (e.g., the stigma theme overlapped with other themes such as mental health and family-related issues).
 - Given the large number and diverse types of barriers and facilitators to HIV care identified, a multipronged approach to facilitate re-engagement is needed.
 - Low-resource settings abroad and elsewhere in the U.S. have reported retention challenges similar to those identified in this study. Clinics in the U.S. Rural South may be able to learn from these studies to overcome retention barriers.
- ### Implications for Practice in Re-engaging PLWH
- Offering transportation services or transportation vouchers was reported as the number one change clinics could implement.
 - Clinics should be mindful of the stigma PLWH face in clinical settings and work to create a welcoming environment to keep patients in care.
 - Offering flexible visits/hours, financial assistance, and HIV care education were also reported as ideas to facilitate care.

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