HIV/AIDS and Behavioral Healthcare in Rural Settings

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HIV/AIDS and Behavioral Healthcare in Rural Settings

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Disclosure Information

I do not have any conflicts of interest to disclose and I do not intend to discuss off label use of any drug or treatment during this discussion.
Presentation Objectives

- Understand the major barriers to providing behavioral healthcare and prevention services to individuals living in rural settings.

- Identify five strategies that the Department of Health and Human Services (HHS) is implementing to fight the Opioid Crisis, with rural areas highly impacted.

- Recognize best practices and resources that can be used in rural settings.
Behind every statistic, there’s a story we can learn from.
• Dayshal's Story

Rates of HIV Diagnoses Among Adults and Adolescents in the US by State, 2016

Rates (per 100,000) of people living with diagnosed HIV in 2015

U.S. Total  303.5
• Northeast 417.8
• West 248.6
• South 359.3
• Midwest 170.6

HIV Diagnoses Attributed to Injection Drug Use – United States by Race/Ethnicity and Sex, 2015

• Behavioral health refers to mental/emotional well-being and/or actions that affect wellness.

• Problems range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases such as serious mental illness and substance use disorders.
Which of the following may impact getting professional help with substance use and mental health disorders?

A. Cultural differences in the expression and meaning of symptoms

B. Reliance on primary care physicians rather than mental health specialists

C. Use of alternative sources for help (e.g., faith community, family, folk remedies)

D. All of the above
HIV and psychiatric comorbidities

• Research shows HIV infection overlaps with major mental disorders such as major depressive disorders.

• It’s been estimated that prevalence of HIV among people with serious mental illness ranges from 1 percent to 24 percent, which is much higher than rates found among the general population.
Negative consequences of HIV and co-occurring mental illness, when either is untreated:

- Health outcomes and medication adherence
- Risk behavior engagement
- Suicide risk
- Neurocognitive ability


• **Critical pathways** - Targeted, specialized services for people living with HIV who are also experiencing:
  • Mood and anxiety disorders
  • Substance use disorders
  • Other severe mental illness
  • Medication adherence challenges
For patients with co-occurring mental and/or substance use disorders, integrated models of care within primary care, behavioral health agencies, or health home settings are essential.

<table>
<thead>
<tr>
<th>Models of Care</th>
<th>Key Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinated Care</td>
<td>Communication</td>
</tr>
<tr>
<td>• Co-located</td>
<td>Proximity</td>
</tr>
<tr>
<td>• Integrated</td>
<td>Practice change</td>
</tr>
</tbody>
</table>

• 220 U.S. counties, mostly rural, identified as potentially vulnerable to HIV or HCV infection outbreak

• States where counties are located include the following:
  - Kentucky
  - Tennessee
  - West Virginia

HIV risk factors:

- High-risk injection drug use
- High-risk sexual behaviors
- Closely tied social networks
- Lower perceived risk of contracting HIV
- Lower perceived negative consequences than associated with use of heroin

HHS 5-Point Strategy to fight the Opioid Crisis

- Improving access to treatment and recovery services
- Promoting use of overdose-reversing drugs
- Strengthening our understanding of the epidemic through better public health surveillance
- Providing support for cutting edge research on pain and addiction
- Advancing better practices for pain management

U.S. Department of Health and Human Services, 5-point strategy to combat the opioid crisis. Retrieved from https://www.hhs.gov/opioids/ 12.30.17
Major barriers to providing behavioral healthcare and prevention services in rural settings

- Provider and workforce shortages
- Cultural competent care
- Care accessibility
- Confidentiality
- Lack of social services support
Major barriers to providing behavioral healthcare and prevention services in rural settings (cont.)

- Limited transportation
- Poverty
- Healthcare insurance (uninsured or underinsured)
- Isolation
- Mistrust of mental health system
  - (e.g., bad experiences, fear, myths)
- Culture of self-reliance
- Discrimination and stereotype
  - Implicit bias
The evidence indicates that healthcare professionals exhibit the same levels of implicit bias as the wider population.

Research also shows there is bias toward people with mental illness.

Healthcare profession needs to address the role of implicit bias in healthcare delivery.


• Primary care behavioral health screening:
  - Depression, anxiety, suicide risk, substance use
• Promote HIV testing
• Promote harm reduction
• Involve behavioral health consultants
• Form care team
Programming areas and Insights to Improve Integration of HIV/AIDS care, prevention and behavioral healthcare in rural settings (cont.)

- Cultural competency (awareness) training
  - Implicit bias, medical pluralism
- Adherence partners
- Cross-training providers and staff
- Community partnerships
- Social services networks
- Telemedicine and web-based tools
Mental health telemedicine:

• Telemedicine use among rural Medicare beneficiaries increasing
• Rates of use uneven across the U.S.
• Significantly higher rates of tele-mental health use in states with telemedicine parity law and pro-tele-mental health regulation

Integrating Behavioral Health and HIV/AIDS Care

• Ryan White HIV/AIDS Programs
Additional Resources


  - Part 1, Mental Health and HIV in the Rural South. https://knowledge.samhsa.gov/file/1073/download?token=7hCdg9qF
  - Part 2, Innovative Approaches to Rural Mental Health Treatment and HIV. https://knowledge.samhsa.gov/file/1069/download?token=oK968m2J
Citations


Citations

- U.S. Department of Health and Human Services, 5-point strategy to combat the opioid crisis. Retrieved from https://www.hhs.gov/opioids/
Thank You

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