POLICY BRIEF

January 2022

UNIVERSITY OF MINNESOTA RURAL HEALTH RESEARCH CENTER

Evaluating the Rural HIV/AIDS Planning Program

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Key Findings

- **Six grantees from the first grantee cohort (2020-21) of the Rural HIV/AIDS Planning Program described their experiences with the grant, focusing on barriers to and facilitators of success, sustainability and funding, and advice for future grantees.**
- **The most frequently discussed barrier to success were logistical issues related to COVID-19 pandemic precautions, (e.g. not being able to hold in-person meetings, and organizational capacity).**
- **The most commonly discussed facilitator of success, shared by all grantees, was network partnerships. This referred to building connections with existing and new network partners and collaborating with partners to achieve program deliverables.**
- **All of the grantees were continuing their network activities after the grant period ended; they were in varying processes of identifying, applying for, and receiving additional funding.**

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Background and Policy Context

While the HIV/AIDS epidemic began in largely urban areas in the United States, it has become increasingly prominent in rural communities over the past decade.[1] In 2018, 21% of HIV/AIDS diagnoses occurred in rural areas.[2] There are regional disparities as well, with the highest rates (15.6 per 100,000) and most diagnoses (51%) occurring in the South.[2] Further, racial disparities in HIV/AIDS rates mean that the burden of this disease is borne disproportionately by Black Americans.[2]

The more than 50,000 rural residents living with HIV/AIDS need consistent access to timely, high-quality health care in order to manage their symptoms and quality of life.[3] Given the well-documented barriers in access to care for rural individuals,[4–6] additional support may be needed for small, rural organizations to effectively provide health care services to those in their communities living with HIV/AIDS. There are several federal funding programs designed to address HIV/AIDS treatment and prevention, including those funded by the Health Resources & Services Administration (HRSA)'s Ryan White HIV/AIDS program. However, those programs are not rural specific.

One novel and important source of rural-specific support comes from a different division within HRSA, which funds the Rural HIV/AIDS Planning Program.[7] This grant, administered by the Federal Office of Rural Health Policy (FORHP), targets seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina) with a disproportionate number of HIV/AIDS diagnoses among rural residents; it assists grantees in the development of an integrated rural HIV/AIDS health network for HIV/AIDS care and treatment.[7] The purpose of the program is one of capacity building; rather than funding direct medical services, the grant exists to grow rural health networks in grantee communities. These networks brought together a wide range of partner organizations including hospital networks; state agencies; Federally Qualified Health Centers (FQHCs); substance use disorder treatment

facilities; law enforcement agencies; community-based organizations; and others for the purpose of strengthening existing connections and building new connections in order to provide a supportive environment in rural areas for individuals living with HIV/AIDS.

It is important to examine the unique geographical context for the provision of a spectrum of vital services (from physical to mental health) to those living with HIV/AIDS in rural areas. The purpose of this policy brief is to understand the overall experiences of the first grantee cohort (2020-21) of the Rural HIV/AIDS Planning Program. We pay particular attention to any barriers to or facilitators of successful grant implementation, and the sustainability of programs and acquisition of future funding. Understanding these may be key in planning for future grants, and may also inform future policies and programs aimed at addressing rural HIV/AIDS service delivery.

Approach

Two researchers conducted two rounds of interviews (via phone or Zoom) with grantees from the 2020-21 cohort of the Rural HIV/AIDS Planning Program (see Table 1). The first interviews were conducted in March 2021, halfway through the planning grant period, and the second (final) interviews were completed at the end of the grant period, in September 2021. Both sets of interviews aimed to assess the grantees' overall experience, their progress toward meeting goals, their plans for future funding and sustainability of their efforts, and perspective of facilitators of success and what might have impeded their progress. After the interviews, the two researchers coded responses independently using thematic analysis and then came to consensus on the themes, with the approval of the remainder of the research team.

Table 1. Rural HIV/AIDS Planning Program 2020-21 Cohort

Grantee	Location	Brief Description*
ARCare	Augusta, AR	Serves the 18 counties of southeastern Arkansas as a coalition of four organizations; focuses on diagnosis and prevention. Target populations include the following: adults, African Americans, Caucasians, Latinos, men who have sex with men, and those who are uninsured.
CareSouth Carolina Inc.	Hartsville, SC	Serves five counties in northeastern South Carolina, along with three partner organizations; focuses on prevention. Target populations include the following: adults, African Americans, and men who have sex with men.
Cherokee County Health Services Council	Tahlequah, OK	Serves three counties in northeastern Oklahoma, along with seven other partner organizations; focuses on prevention, diagnosis, and treatment. The target population includes all rural residents living in the counties.
Kentucky Health Center Network Inc.	Mount Sterling, KY	Serves 19 counties throughout Kentucky, along with three other partner organizations; focuses on diagnosis and treatment. Target populations include the following: adults, African Americans, Caucasians, elderly, infants, men who have sex with men, people who inject drugs, pregnant women, school-age children (elementary), school-aged children (teens), and those who are uninsured.
Pikeville Medical Center Inc.	Pikeville, KY	Serves two counties in eastern Kentucky, along with three other partners; focuses on diagnosis and prevention. The target population includes all adults in the area.
Rural Health Projects, Inc.	Enid, OK	Serves five counties in central northwestern Oklahoma, along with six partner organizations; focuses on diagnosis, treatment, and response. Target populations include the following: adults, African Americans, American Indians, Caucasians, Latinos, men who have sex with men, Pacific Islanders, people who inject drugs, and emergent adults (ages 18-29).
Stigler Health & Wellness Center Inc.	Stigler, OK	Serves one county in central Oklahoma, along with three partner organizations; focuses on diagnosis, prevention, and treatment. Target populations include the following: adults, African Americans, American Indians, Caucasians, elderly, Latinos, men who have sex with men, Pacific Islanders, people who inject drugs, pregnant women, school-age children (teens), and those who are uninsured.

**Note: language in the description is taken verbatim from the program sourcebook*[8]

Information gathered from the first round of interviews was used to develop a memo to FORHP staff to highlight the progress of grantees halfway through the grant cycle. The themes that were noted from the first round interviews and subsequent memo were similar to the themes identified in the second round of interviews. Due to this similarity, only responses from the second round of interviews are included in this brief. While we were able to speak with all seven grantees for the first round of interviews, six of the seven grantees responded to our request for a final interview. Therefore, responses from six of the seven grantees are included in the results of this brief.

In addition to interviews with the grantees themselves, we conducted a mid-year and final interview with the grant program's technical assistance (TA) provider to understand grantees' experiences from a different perspective. These interviews were conducted by a third member of our research team and the same TA provider was interviewed both times. The TA interviews included questions about grantee progress toward their goals, inhibitors and facilitators of success, and an overall perspective on the efficacy of the program in its first year.

Results

At the end of the grant cycle, four of the six grantees stated that they had been successful in achieving their project goals. The two who said they were not pointed to staffing issues associated with the COVID-19 pandemic; both grantees were able to obtain extensions to their grant periods. One grantee who had deemed their work successful in terms of being on track to achieving their goals had also received a no-cost extension to continue their work.

Barriers to and Facilitators of Success

When asked about what worked well for grantees as they implemented the Rural HIV/AIDS Planning Program grant, several different themes emerged from responses (see Table 2). These themes include network partnerships, subject matter experts, and meetings. All six grantees noted that building strong network partnerships were vital to successfully implementing the Rural HIV/AIDS Planning Program. This includes building connections with existing and network partners and collaborating with partners to achieve program deliverables. One grantee described how building strong partnerships impacted their work in the grant:

> *"The partnership with local organizations has been the biggest factor for what has been accomplished thus far. Working together and combining our resources will allow us to reach those affected by HIV that we haven't been able to reach in the past."*

Two grantees spoke about their success working with HIV/AIDS subject matter experts. They spoke about how being connected with leading local research and medical experts helped inform the goals and activities of their networks. These experts were able to answer network questions, assist with activities such as a needs assessment, and educate network partners about HIV/AIDS testing, treatment, and prevention best practices. Two grantees mentioned the importance of meetings. One grantee noted that virtual meetings facilitated network success as it allowed for increased partner participation in network meetings, while another grantee noted that being able to hold brief face-to-face meetings with each of the partners in their network was helpful for them as it allowed for more meaningful connection between partners.

Grantees also discussed a number of issues that were barriers to implementing the Rural HIV/AIDS Planning Program. Four grantees stated that issues associated with the COVID-19 pandemic impeded the work of their network. For example, grantees faced challenges due to the pandemic including not being able to hold meetings in-person, not having in-person events to do outreach to their target populations, and decreased partner engagement in network activities because of organizational capacity or shifts in organizational priorities due to COVID-19.

Three grantees spoke about how stigma related to HIV/AIDS was a challenge to implementing the program. Grantees stated that due to the stigma around HIV/AIDS, some of their partners were hesitant to come on board to participate in the Planning Program. There was also stigma surrounding network activities, such as normalizing HIV/AIDS testing across patient populations or getting local providers to ask patients about their sexual history. Two grantees mentioned that barriers to success involving personnel issues. One grantee stated that a barrier to success was a staffing issue that they experienced during the grant year. There was turnover in the main project coordinator role, which prevented the network from being able to accomplish many of their goals during the grant cycle. Finally, one grantee noted that partner participation was a barrier for their network, such as not giving input on network meeting topics.

Table 2. Themes relating to successful implementation of Rural HIV/AIDS Planning Program

Domain	Theme	Number (%)	Description
Facilitators of Success	Network partnerships	6 (100%)	Encompasses the collaboration, connections building, and networking between grantee organizations and their network partners
	Subject matter experts	2 (33%)	Being connected with experts on HIV/AIDS testing, treatment, and prevention who helped inform the goals and activities of the networks
	Meetings	2 (33%)	Increased partner participation by having virtual meetings, and holding in-person meetings to get meaningful updates from partners
Barriers to Success	COVID-19 pandemic	4 (66%)	Challenges associated with the COVID-19 pandemic, including not being able to hold in-person meetings or network activities and organizational capacity
	Stigma	3 (50%)	Issues such as partner pushback and hesitation to get on board with network due to stigma related to HIV/AIDS
	Personnel issues	2 (33%)	Not having sufficient staff capacity to complete network goals and activities, and challenges getting partners more involved in efforts

Sustainability and Funding

All of the grantees we spoke with had been continuing network activities (e.g. monthly meetings, various events), with plans to sustain these efforts into the future. Table 3 outlines the grantee plans for sustainability and additional funding. The themes that emerged from this included network activity continuing, currently looking into additional funding, applied for additional funding, received additional funding, and continuing to use current grant funding for the foreseeable future.

All grantees spoke about their network activity continuing. This means that the networks would continue to meet regularly and implement activities related to their goals. Four grantees are currently looking into additional funding. Three grantees have applied for additional funding and those same three have received additional funding, such as private funding or another HRSA program. Further, one other grantee stated that a partner organization received funding for a more clinical iteration of working with HIV patients, but would still help fund network activities. In addition, three grantees are continuing to use grant funding for the foreseeable future. This means that they received an extension through the Rural HIV/AIDS Planning Program to continue to use their current funding through February 2022 (two grantees) or August 2022 (one grantee).

Table 3. Themes relating to network sustainability and funding

Theme	Number (%)	Description
Network activity continuing	6 (100%)	Networks continuing activities such as regular meetings between partners
Currently looking into additional funding	4 (66%)	Exploring additional funding opportunities to continue network activities
Received additional funding	4 (66%)	Received additional funding from another entity or program, or partner organization received additional funding
Applied for additional funding	3 (50%)	Applied for additional funding to continue network activities
Continuing to use grant funding for the forseeable future	3 (50%)	Received an extension of HIV/AIDS Planning Program grant funds to continue work until February or August 2022

Reflections and Advice

Finally, we asked grantees about advice they had for the next cohort of grantees. Table 4 describes the themes that emerged as grantees reflected on their overall experience implementing the Rural HIV/AIDS Planning Program. A number of themes were discussed, including partnerships, Technical Assistance (TA)/Project Officer (PO) supports, good experience, learning process and network planning, and stigma reduction and patient impact.

Four grantees spoke about the importance of maintaining strong partnerships. They felt that having good partners on board and having positive relationships with them makes it easier to achieve the grant goals and objectives throughout the course of the grant cycle. Four grantees also highlighted positive experiences with their TA/PO supports. They appreciated the support and guidance from their HRSA technical assistance providers and project officers. This guidance helped grantees understand the process and both the technical assistance providers and project officers were always available to answer questions as needed. In addition, four grantees discussed how the grant was, overall, a good experience. One grantee said:

> *"Do it. It is rewarding. Being in an area, for us, just to be able to collaborate and kind of see what other areas or other organizations do and how they present things. We learned that there are specific entities that have resources that we don't have. It is a lot easier, you know you can tell people to "do this" or "do that", but when you actually get down into the dirt of things and realize how things work, you can much better educate your patients exactly what to expect. I would definitely say it is well worth it, so do it."*

Three grantees spoke about issues that fell under the theme of learning process and network planning. For example, one grantee described how the process allowed their network to narrow their focus and build their programming from there. Another discussed the fact that it was their first time completing this sort of grant, so they had a lot to learn in the process of implementing it. Two grantees mentioned how the grant experience related to stigma reduction and patient impact. They said that it was an opportunity to better educate partners and the community more about HIV/AIDS, which helped reduce stigma. It was also an opportunity for the network organizations to better reach a patient population that is typically underserved in their communities.

While these did not rise to the level of a theme, one grantee mentioned the importance of staff retention as important to be able to achieve the goals and objectives of the grant. One grantee also suggested that it would be important to have additional HIV/AIDS specific funding. This refers to how other HRSA planning grants have additional outreach or implementation funding that grantees can apply for after completion of the planning grants. The Rural HIV/AIDS Planning Program does not currently have a subsequent form of funding specifically related to continuing the work of funded HIV/AIDS networks.

Perspectives from Technical Assistance Provider

The TA provider noted that all grantees in this program made significant progress toward their goals, but also acknowledged that the COVID-19 pandemic and community stigma were barriers for most grantees. Stigma was especially pervasive in more conservative communities and when addressing HIV/AIDS among specific marginalized populations (e.g., people with co-occurring disorders; the LGBT community). The TA provider also noted that some smaller organizations had

Table 3. Themes relating to grantee reflections on grant experience and advice for future grantees

Theme	Number (%)	Description
Partnerships	4 (66%)	Encompasses the importance of maintaining strong network partnerships and the ability to collaborate
TA/PO Supports	4 (66%)	Supports from the program technical assistance and project officers from HRSA
Good experience	4 (66%)	Describes the overall positive experience that grantees had with the Rural HIV/AIDS
Learning process and network planning	3 (50%)	Encompasses how the grant allowed them to learn how to build their network, develop strategic plans, and implement activities
Stigma reduction and patient impact	2 (33%)	Describes how the grant program helped organizations address HIV/AIDS stigma in their communities and reach a underserve patient population

challenges making inroads with larger, more established HIV/AIDS providers in their state or region, but that the planning grant provided the time and resources to foster those relationships. The grant was also useful in shining a light on HIV/AIDS issues in rural communities, where it may have been previously overlooked or ignored. Overall, the TA provider was enthusiastic about the work of the grantees and about the grant program itself, noting it was the first of its kind and that that HRSA should celebrate this program and continue to allocate resources toward it.

Discussion and Policy Implications

This study identified multiple successes and challenges to implementing the Rural HIV/AIDS Planning Program, and to maintaining subsequent sustainability of the funded networks. All grantees felt that having strong partnerships with their network partner organizations was a facilitator of success as they implemented their grant. This demonstrates how valuable funded opportunities that bring organizations together to address an issue, such as HIV/AIDS, are to facilitating collaboration in rural communities. For the first cohort of grantees in this program, it was important to build relationships and connections among partner organizations and subject matter experts on HIV/AIDS, as this was a subject that many were less familiar with prior to the grant.

Gaining information about testing, treatment, and prevention from subject matter experts, along with being connected to additional HIV/AIDS resources in their local areas and states, helped grantees be able to build a strategic plan in their network that had strong partner buy-in. The unique circumstance of doing this work during the COVID-19 pandemic meant that network partners had to meet virtually most of the time. For some networks, this allowed increased partner participation as it was easier to attend network meetings. However, others were able to hold brief one-on-one meetings in-person with partners at least once during the grant cycle in order to maintain the human connection with partners that only comes with being able to meet in-person.

Still, the COVID-19 pandemic remains the biggest barrier to success among this first cohort of Rural HIV/AIDS Planning Program grantees. The pandemic prevented grantees from meeting regularly in-person and from attending or holding events where they could do outreach to their target patient population, such as health fairs or Pride events. It also made completing grant activities more difficult as some organizations did not have the capacity to fully participate in network efforts due to changes in organizational capacity to address the pandemic.

A unique barrier specific to the Rural HIV/AIDS Planning Program was the stigma around HIV/AIDS that grantees noticed among some of their partners initially. A few grantees noted that some partners were hesitant to support the network because of misconceptions about HIV/AIDS or being unaware of the need to address the issue in their communities. There was also stigma around some network activities, such as training local providers to normalize HIV testing and asking patients about their sexual history. This required a lot of education among networks to counter this stigma.

The grantees spoke about how they planned to sustain their networks going forward. All grantees plan on continuing network activities, and most are looking for additional funding opportunities to sustain their network efforts into the future. Half of the grantees have applied for and received additional funding. This funding comes from federal entities, such as the Health Resources and Services Administration (HRSA), as well as from private organizations. Three grantees who mentioned not being able to achieve their goals during the grant cycle have received extensions of their Rural HIV/AIDS Planning Program funding to utilize until February 2022 or August 2022. The active efforts to maintain sustainability of these networks demonstrates that the focus on addressing HIV/AIDS in rural communities is needed and valuable.

Overall, grantees discussed the Rural HIV/AIDS Planning Program as a positive experience for their organizations, networks, and communities. It provided them rewarding opportunities for to engaging with their partners, and for building and maintaining relationships, which was vital to meeting the grant goals and objectives.

Grantees also appreciated the support and guidance that their technical assistance providers and project officers from HRSA gave them throughout the grant cycle. It helped them think strategically through their network goals and was helpful in answering questions that grantees had throughout the process. This program was a learning opportunity for many grantees as this was the first time some had participated in this type of grant. Despite the learning curve, grantees felt supported in being able to accomplish their goals and appreciated the strategic process of building their networks. HRSA may want to consider increasing awareness of additional

funding opportunities, such as the HRSA rural network outreach and implementation grants, that grantees can apply for after they complete the Rural HIV/AIDS Planning Program in order to maintain and grow their networks into the future. In addition, the development of further funding opportunities that are HIV/AIDS specific is also recommended.

Conclusion

Addressing the health and quality of life challenges associated with HIV and AIDS is critically important. However, it can be particularly difficult for health care providers and other service providers in rural areas where health care and other resources are more limited and where stigma can be pervasive. The Rural HIV/AIDS Planning Program has enabled participants to convene partners and strategically build a network for the purpose of addressing HIV/AIDS in their rural communities. This unique funding opportunity was valuable for the first cohort of grantees in this program as it allowed them to collaborate with others in their communities to address this important issue and make an impact on an underserved patient population in their rural communities. Although this program is still new, it has demonstrated that it can be a model of success for addressing HIV/AIDS in rural communities.

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Suggested Citation

Tuttle MS, Rydberg K, and Henning-Smith C. *Evaluating the Rural HIV/AIDS Planning Program*. UMN Rural Health Research Center Policy Brief. December 2021. https://rhrc.umn.edu/publication/evaluating-the-rural-hiv-aids-planning-program/

Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

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