

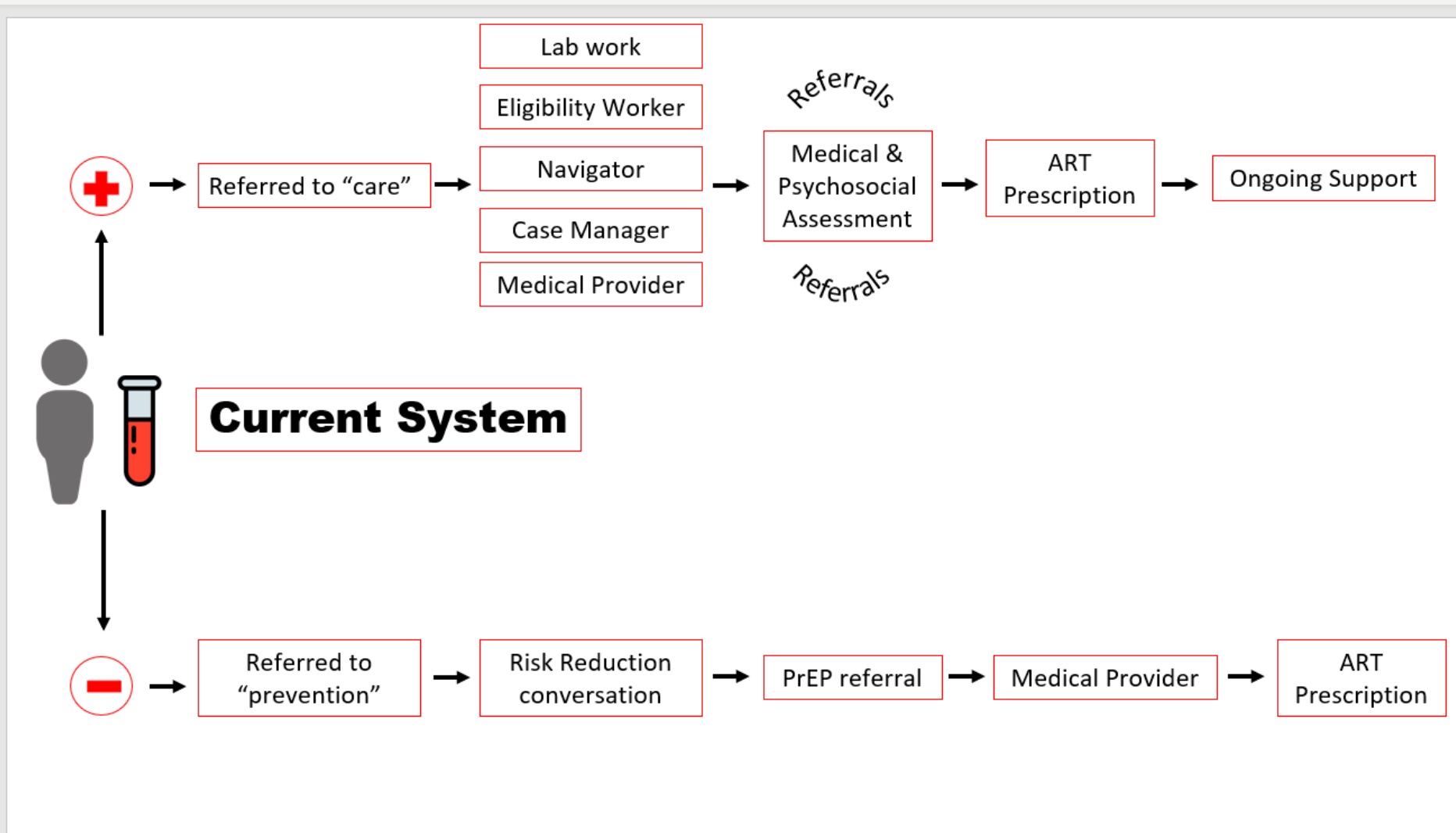
**NAVIGATING  
CASE  
MANAGEMENT  
IN  
URBAN  
&  
RURAL AREAS**

**ENHANCING CASE MANAGEMENT  
CONTINUUM OF CARE**

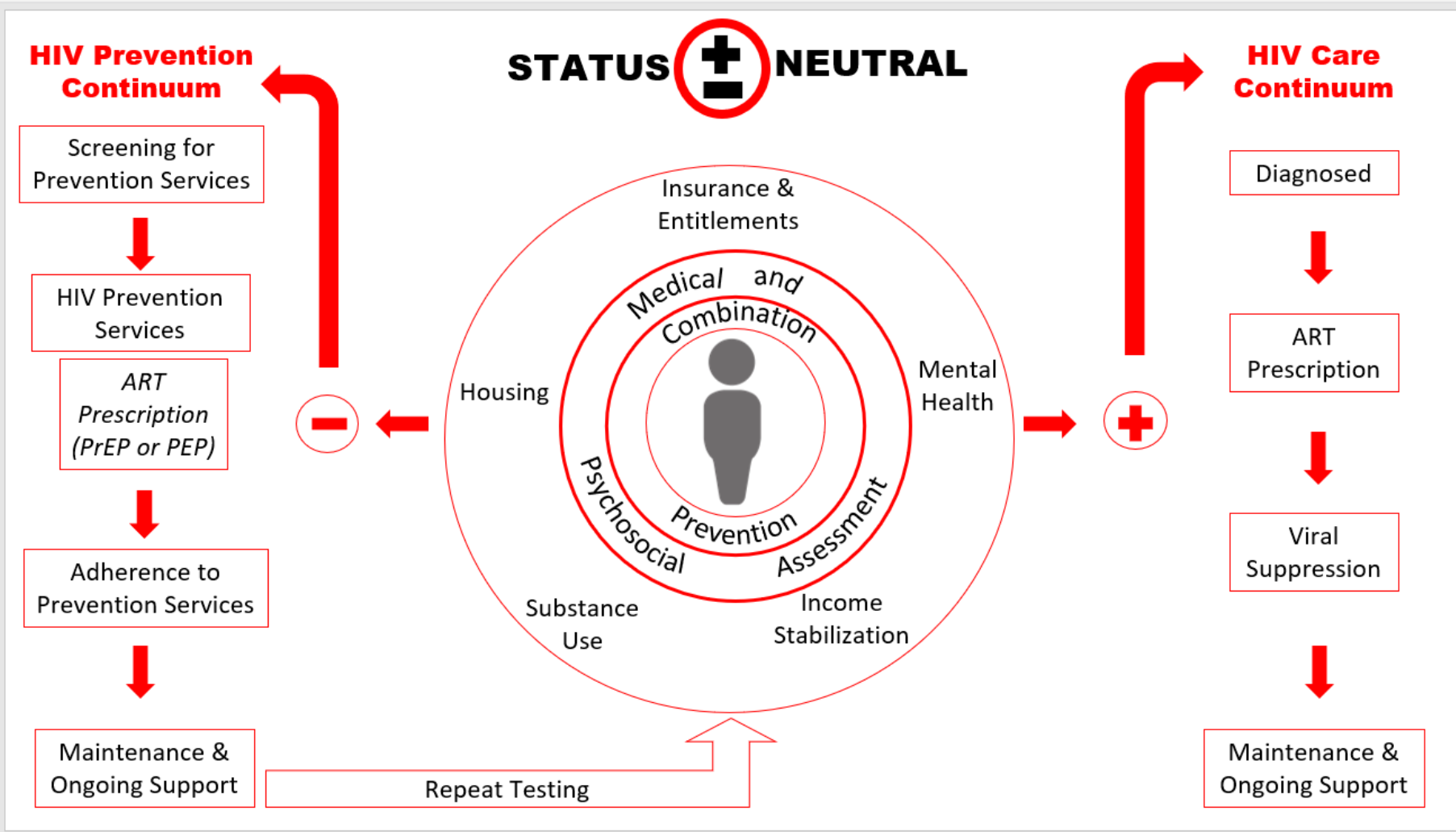
# NEW AGE OF HIV NAVIGATION USING SOME TRADITIONAL METHODS

- Positive Reinforcement
- Human compassion
- Motivational Interviewing
- Serving Services
- Birthday Reminders
  - Send birthday post card on the first of every month
- Technology
- Case Management Continuum
- Holistic navigation from first point of entry into system
- Younger generation connection, collaboration and communication

# NAVIGATING THE SYSTEM...



Let's start by taking a look at how clients move through our current system of care.



So now let's take a look at how a status neutral framework changes how the client moves through the system.

# MEDICAL/ HEALTH DESERTS

- Medical deserts are inhabited areas more than 60 minutes away from properly-equipped hospitals. As more and more hospitals shut down, medical deserts are becoming more common. Most of the U.S. can reach trauma care in less than an hour, but almost 30 million people are stranded in a medical desert.

<https://www.capson.com/blog/what-are-medical-deserts>



# URBAN HEALTH DESERTS

A “health care desert” is a part of the country where needed medical, behavioral, mental, dental, and/or pharmaceutical health care services are extremely limited or altogether unavailable. This terminology is based on the concept of a “food desert,” which describes an area where people have limited access to affordable and healthy foods, and which, together with the negative health consequences of eating lower-quality foods, is well described in public health literature.



# RURAL PERSPECTIVE OF HIV CARE: THE ONE-STOP SHOP

- Prevention with Education
- Testing;
  - Preliminary
  - Confirmatory
- Linkage to Care
  - Counseling
  - Access to preferred provider
  - Eligibility Process
  - Medication Application
- First Appointment
  - Lab review
  - Medication Adherence Education
- Retention to Care
  - Acuity Assessment
    - PRIORTIZE YOUR CASELOAD
- Viral Suppression
  - Individual VLS
  - Community VLS

# NEXT STAGE OF NAVIGATION...

Once someone is newly diagnosed or returning to care services initial steps of eligibility should be assessed

Service Linkage

ADAP Eligibility Worker

Ryan White Eligibility

- Eastern Region Rural Process
- Eligibility and ADAP Workers



## MEDICAL CASE MANAGEMENT

Works with PLWH to attain viral suppression.

90

90

90

50



PEOPLE LIVING WITH HIV (PLWH) KNOW THEIR STATUS



PLWH WHO KNOW THEIR STATUS WHO ARE ON ANTIRETROVIRAL THERAPY (ART)



THOSE ON ART WHO ACHIEVE VIRAL SUPPRESSION



THE NUMBER OF PEOPLE WHO ACQUIRE HIV

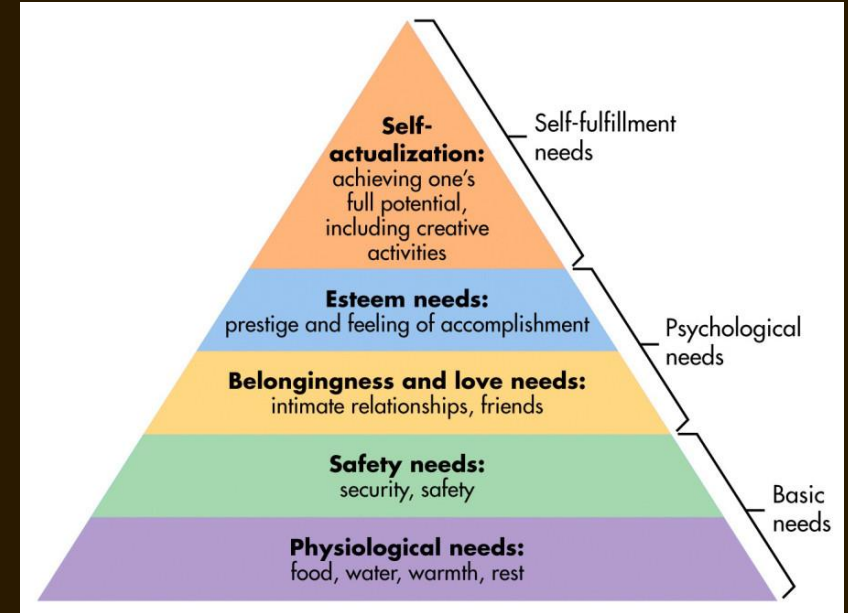
[achievingtogethertx.org](http://achievingtogethertx.org)

- PRIMARY ROLE IS TO EDUCATE AND ASSIST CLIENT WITH THE IMPORTANCE OF MEDICATION ADHERENCE AND ACTIVE PARTICIPATION IN CARE.

## MEDICAL CASE MANAGEMENT ROLES & RESPONSIBILITIES

## NON-MEDICAL CASE MANAGEMENT

Works with PLWH who have various psychosocial needs (may include accessing core and non-core service systems).



PRIMARY ROLE IS TO EDUCATE AND ASSIST CLIENT WITH NON MEDICAL PSYCHOSOCIAL NEEDS (MASLOW HIERARCHY OF NEEDS)

## NON-MEDICAL CASE MANAGEMENT ROLES & RESPONSIBILITIES

## REFERRAL TO HEALTHCARE

Work with PLWH who need referrals to service systems that can be handled without the need for a care plan (i.e. refer and then close).



PRIMARY ROLE IS TO EDUCATE AND ASSIST  
CLIENT WITH REFERRAL AND RESOURCE.

**REFERRAL TO SERVICES SPECIALIST**

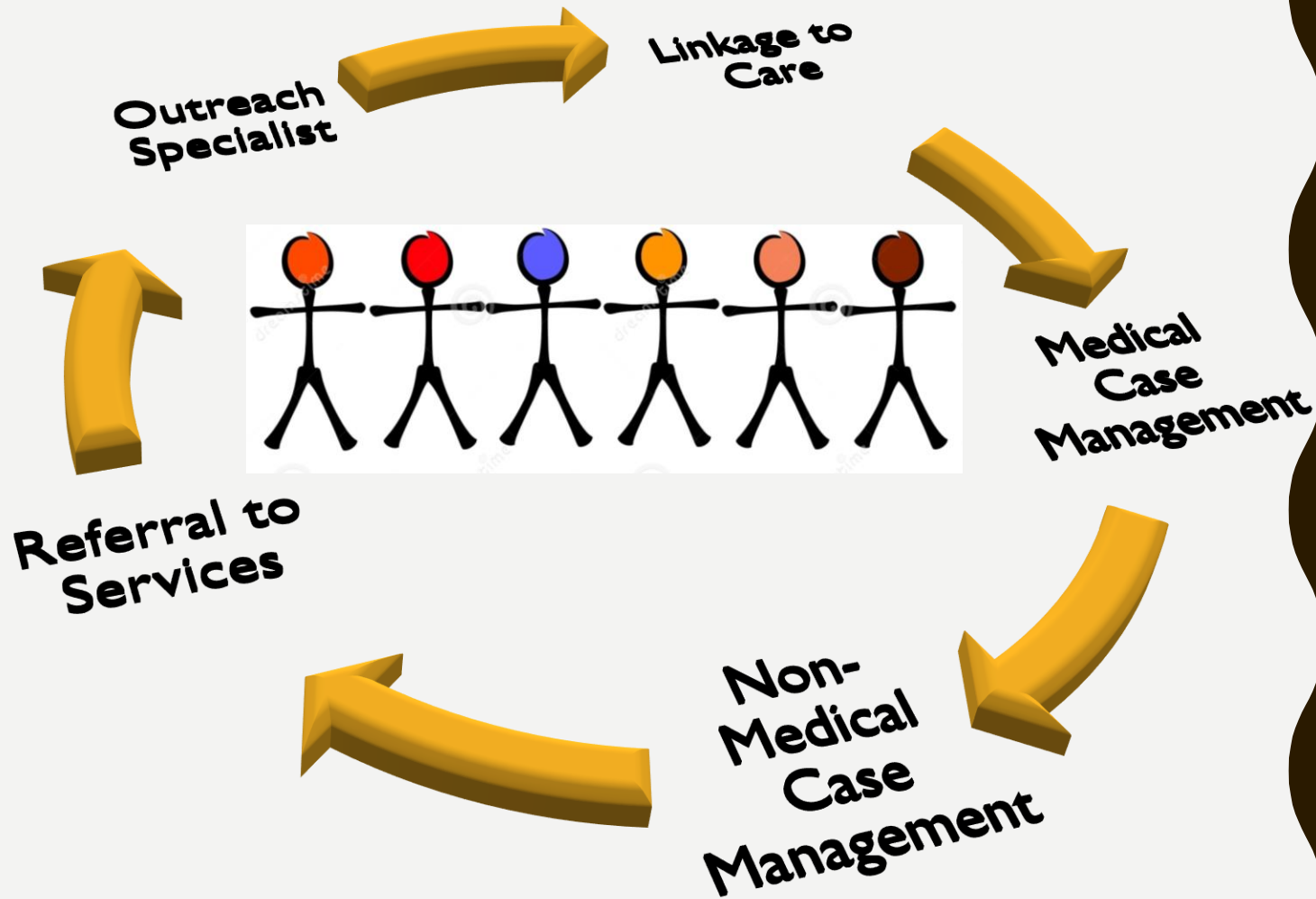
## OUTREACH SERVICES

Provides recruitment of newly diagnosed PLWH, retention in care for PLWH who are at risk for falling out of care and reconnection into care for lost-to-care PLWH.



PRIMARY ROLE IS TO EDUCATE AND ASSIST  
CLIENT WITH LINKAGE TO CARE SERVICES  
REFERRAL AND RESOURCE.

**OUTREACH SPECIALIST**



**WEEKLY  
CASE HUDDLES:  
SHORT FREQUENT  
MEETINGS TO REVIEW  
CLIENTS' PROCESS OR  
CHANGE**

Prioritize Case Load Using  
Assessment Tool

Fluid Change in CMC

Coordination Between Clinic Staff

**WORK TOGETHER!!!!**

# STRENGTHS IN RURAL AREAS



## Peer to Peer Support

When clients are confident and empowered they are a support to one another

CABs

Community Planning

Employment



## One-Stop Shop for Medical Care



## Personal and Compassionate Care



## Navigation of local services

# BARRIERS OF CARE



The “Everyone Knows Everyone in Small Towns” mentality



Demographics of Staff: Do we look like that living with HIV?



Historical perspective the clinic “AIDS Clinic”



Agency silos and flawed referral system



Medical Case Managers as gatekeepers



Stigma



# REFERENCES

- Dills, Ann (2017) Texas HIV Data Presentations
- DSHS (2017) Modified Case Management Continuum
- <https://globalhealth.harvard.edu/blog/medical-deserts-america-why-we-need-advocate-rural-healthcare>
- Johnson, S. (2008-2019) Rural HIV Field Experience



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**CONTACT ME**

**SHA'TERRA JOHNSON, LMSW  
THE RESOURCE GROUP, INC.  
500 LOVETT BLVD SUITE 100  
713-526-1016  
832-277-4347**

**[SFairley@HIVTRG.ORG](mailto:SFairley@HIVTRG.ORG)**

**A**

**[WWW.HIVTRG.ORG](http://WWW.HIVTRG.ORG)**

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