



Improving the Response to HIV/AIDS in Alabama

A new research report produced as part of the State Healthcare Access Research Project (SHARP) examines successes and challenges to accessing healthcare for people living with HIV/AIDS in Mississippi, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed state and local policies, met with stakeholders including Mississippians living with HIV/AIDS, and invited comments from state officials. **The full report is available online at www.taepusa.org.**

SUMMARY OF RECOMMENDATIONS

1. Health literacy, education, and stigma – Limited health literacy—the ability to access, understand, and use information to make appropriate health choices—compromises health status and access to care, and relates to inadequate education and stigma. The following measures could improve the situation:

Advocate for comprehensive, evidence-based sex and health education in public schools to give Mississippi youth the knowledge they need to make informed decisions and take personal responsibility for their health.

Create public antistigma campaigns, including social media, to increase awareness and understanding of HIV/AIDS, and involve target audiences in the development of campaigns.

Support and expand the “Health House” model being piloted in Jackson and the Delta, and use trained community health workers to provide education, counseling, and possibly HIV testing to local community members.

Seek guidance from supportive clergy about ways to engage their counterparts in HIV issues; support federal legislation to provide funding to faith-based organizations for HIV outreach, prevention, and testing.

Make voluntary, opt-out HIV testing routine for everyone aged 13-64, in accordance with Centers for Disease Control and Prevention recommendations, to reduce stigma and promote earlier access to care.

2. Structure and systems issues – state government and community providers – Both within and between government agencies and community-based providers, there has been a lack of effective communication, coordination, and collaboration. Some approaches to address this issue include:

Continue the recent dialogue between the Mississippi State Department of Health (MSDH) and community members, and consider creating a statewide consumer advisory board and/or a consumer office within MSDH to improve communication, transparency, and understanding.

Explore creating a government interagency working group on HIV/AIDS to address the “silo” issues within state government; also include representatives from the governor’s office, the state legislature, and the community.

Establish a cooperative network of community-based providers to develop a more coordinated approach to issues of funding, policy, and advocacy.

Better integrate HIV/AIDS care into other systems of care, such as community health centers, to improve access to care and to take advantage of federal health reform implementation resources.

3. Transportation – Lack of access to a vehicle or public transportation poses a significant barrier to the ability of people living with HIV/AIDS to access and stay in care. Opportunities to expand transportation options include:

For community-based providers, **investigate vehicle purchase, volunteer driver networks, or certification as a Medicaid transportation provider**; explore coordination with other local or regional transportation resources.

Advocate at the federal level to have transportation included as a “core medical service” in the Ryan White Program.

Use mobile health units to bring care to people in more rural areas; consider bike- or car- sharing programs in more urban areas.

4. Housing – For people living with HIV/AIDS, housing is healthcare. Without affordable, stable housing, it is virtually impossible to access and remain in care and to adhere to a treatment plan. Ways to improve housing access are:

Partner with other, non-HIV-specific housing programs to access all available housing resources, and advocate for more funding for housing. Ensure that providers and people living with HIV/AIDS are aware of existing resources.

MSDH and the Mississippi Development Authority should develop specific strategies and action steps to expand housing access, including investigating what other states, particularly Alabama, have done to secure and maximize housing resources.

Advocate at the federal level to change the funding formula for the Housing Opportunities for People with AIDS Act (HOPWA), so that it is based on living HIV cases, rather than cumulative AIDS cases.

5. Health professional shortages and service shortages – Mississippi faces shortages and uneven geographic distribution of healthcare providers, as well as inadequate resources for prevention, care, and supportive services. Approaches that could help include:

Take advantage of federal funds available for healthcare workforce expansion under the Patient Protection and Affordable Care Act, and integrate Ryan White care providers into other care networks.

Educate more healthcare providers about HIV clinical care and provide training on confidentiality and stigma to providers and front office staff.

Increase funding and capacity-building for AIDS service organizations so they can better partner with medical providers, provide supportive services, and advocate for their clients.

6. Mental health and substance abuse treatment – Severe resource constraints mean that mental health and substance abuse treatment can be very difficult to obtain. The following measures could improve access:

Include mental health practitioners in programs designed to increase health professionals in rural areas.

Use telemedicine to provide mental health treatment to patients in remote areas.

Include mental health and substance abuse treatment in Ryan White services and coordinate with other resources.

7. Empowerment of people living with HIV/AIDS (PLWHA) – PLWHA need education and information to take charge of managing their health and protecting their confidentiality. Changes that could help include:

Create resource information packets for the newly diagnosed and provide trainings on chronic disease management and self-advocacy. Use health coaches or peer mentors to educate and help PLWHA navigate care systems.

Develop a Patient Bill of Rights and educate consumers about it; work to reduce confidentiality breaches with more training for health providers and front office staff and real consequences for violations.

About SHARP – A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, faith leaders, state and federal government officials, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states' capacities to meet the healthcare needs of people living with HIV/AIDS and has three main goals: (1) improve access to healthcare, treatment, and services; (2) support coalition development and self-sustained, grassroots advocacy capacity; and (3) share information and effective strategies within and among states. This project is conducted in collaboration with and funded by Bristol-Myers Squibbs' WithInSight Initiative. The content of this summary does not necessarily reflect the views or opinions of BMS. **Visit SHARP online at www.taepusa.org or www.withinsightinitiative.org.**

Prepared by the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project.



Health Law and Policy Clinic of
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and  Bristol-Myers Squibb

