

# Rural HIV Service Provider Study

**What did we want to find out?** What is the lived experience of working in the rural HIV care continuum among rural HIV service providers who work in a rural region of a Midwestern state.

- What is it like to work in the rural HIV care continuum? What is it like to be a rural HIV social worker?
- What does it mean to work in the rural HIV care continuum? What does it mean to be a rural HIV social worker?
- What are the characteristics of working in the rural HIV care continuum?

**Who are HIV service providers?** HIV service providers are people who work in AIDS service organizations that provide HIV care continuum services.

- HIV service providers are commonly called HIV social workers.
- HIV service providers could have responsibilities that are only in 1 stage in the care continuum (e.g., linkage to care managers), or they could have responsibilities that are in multiple stages on the care continuum (e.g., care coordinators).
- HIV service providers could have broad or comprehensive responsibilities (e.g., case managers, care coordinators), or they could have specific or specialized responsibilities (e.g., housing specialists, insurance navigators).
- Regardless of responsibilities, all HIV service providers are needed.



**Why did we ask these questions?** There are a couple of reasons why we did this study

- Our community partner was interested in this question.
- Most HIV service provider research collects data on HIV social workers who work in metropolitan cities. Only 2 studies collect data on rural HIV social workers.
- Most HIV service provider research is survey or quantitative research that examines the relationship between job stress, coping with job stress, job satisfaction, and job turnover.
- Although medical providers—especially infectious disease providers—are within the HIV care continuum, they mostly provide the medical aspects of the HIV care continuum: selecting HIV medicine, prescribing HIV medicine, taking blood tests, reevaluating HIV medicine, determining undetectable status. This study was interested in the SERVICE providers rather than MEDICAL providers.

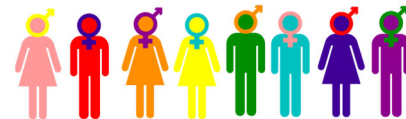
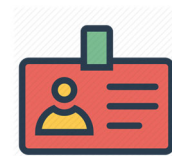
## How did we collect and analyze data?

- The researchers and the participants had a telephone interview that lasted approximately 1 hour.
- Participants were given either a \$30 Amazon ecard or a \$30 donation to an organization of their choice.
- We were looking for themes that were found throughout all interviews
- 15 rural HIV service providers who work in a rural region of a Midwestern state participated.



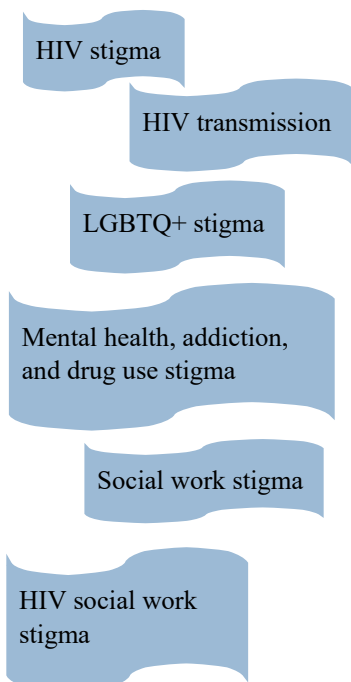
## Demographics

- Worked in HIV field 3 years or more = 53%, n = 8
- Employed full-time = 100%, n = 15
- Bachelor's degree or higher = 87%, n = 13
- Average age = 37 years old
- Non-Hispanic = 100%, n = 15
- White = 93%, n = 14
- Ciswomen = 80%, n = 12
- Straight/Heterosexual = 80%, n = 12
- Annual household income of \$40,000-79,999 = 53%, n = 8
- Married = 53%, n = 8



## Theme 1: Tired of constantly educating and reducing stigma

Participants mentioned that they are constantly educating and reducing stigma at all ecological levels.



**Community Level:** *"I would say about 70% of my job is educating people about HIV. A lot of people have misconceptions on how it's transmitted or what it is. A lot of people think that HIV can spread through saliva." (#5)*

**Organizational Level:** *"We serve [5+ counties], so sometimes the outer and smaller counties are hard. We get some pushback when we bring harm reduction kits, bring condoms, or talk about sex. Some organizations won't let us bring harm reduction kits or condoms. We're having a problem that people thinking we're promoting the gay lifestyle or promoting drug usage. I'm not promoting anything; I'm trying to keep people safe." (#6)*

**Interpersonal:** *"My boyfriend rolls his eyes when I educate someone at a restaurant about addiction. I have to educate when I live in a small and traditional community where they don't understand HIV, substance use, or mental health. I educate every time I'm out." (#1)*

## **Divergence to Theme 1: Rural communities are accepting of HIV service providers and of populations affected by HIV**

Although participants mentioned they were constantly educating their communities about HIV and reducing stigma, they also recognized times where their rural community members were accepting of HIV service providers and of populations affected by HIV.

**Community Level:** *“Everyone at the health fairs and local events have been receptive and open towards our work. They’re appreciative that there’s a resource for free and confidential testing.” (#2)*

**Organizational Level:** *“One advantage of being in a small community is that we’re all at the same meetings to better our communities.” (#13)*

**Interpersonal Level:** *“My parents are excited, proud, and supportive. My dad left me a voicemail saying happy Pride, and he’s glad that I support people in the LGBT community.” (#8)*

## **Theme 2: Lack of control over outcome-based systems and clients**

Participants noted that they lack control over multiple social determinants of health that impact their clients’ lives, they navigate and solve multiple complicated systems that could be syndemic of each other, and they cannot control what clients do or don’t do.

*“I had a client who needed a lot of help: food referral, transportation referral, mental health referral. He got belligerent. It was one of those defeating moments that I’m doing the best I can, but right now it doesn’t seem like it. Because unfortunately as social workers, we’re not miracle workers. There’s a perception that we can do everything; that we have every resource at our disposal. But that is not the case.” (#9).*

### **Divergence to Theme 2: Finding control comfort, and improved self**

Although participants described their jobs as stressful, they described times where they coped with job stressors, such as problem-based coping or emotional-based coping. They felt that these job stressors and coping styles improved their job and personal lives.

*“I’ll go home and go over what I need to do the next day, like talk to this agency, get these forms started, or make sure this issue is solved for so-and-so. I get invested in making sure that my clients are okay, but I also know there’s not a whole lot I can do at the moment. I put it in the back of my mind and do it tomorrow.” (#2)*

## **Theme 3 Job is worth it when you get affirmation that you are making a difference**

Participants noted that despite the stress of their jobs, they noted their jobs are worth it when they see they are making a difference in their clients’ lives that are HIV-related (e.g., undetectable status), health-related (e.g., attending substance use treatment), or life-related (e.g., being housing secure ).

Participants described they see differences in not only their clients, but also their communities, their families, and their children.





### So what?

- Future research is needed to examine HIV knowledge and stigma among rural populations, and results can be used to inform an HIV knowledge and stigma reduction program rural areas.
- Create and evaluate stigma reduction training and professional development among HIV social workers.
- Given that rural HIV social workers interacted with multiple complicated systems, social service reform may be needed to simplify processes. In addition, social workers should share in policy decision-making with other decision-makers, given they interact with multiple systems and clients.
- With only two prior studies sampling rural HIV social workers existing, it is necessary: to investigate the association of occupational and nonoccupational stressors, coping strategies, and job satisfaction or burnout among rural HIV social workers; to examine how the rural environment and policies impact rural HIV social workers' work; to explore facilitators and barriers rural HIV social workers confront with HIV syndemics (e.g., poverty, addiction).

### Hold on—Limits?

- Findings cannot be generalized to the lived experiences of rural HIV service providers in the U.S.—or the region of the state under investigation.
- The sample size ( $n = 15$ ) and similar characteristics of the sample (similar demographics) limited our ability to observe if there are differences among demographic characteristics.
- There may have been positivity bias, as participants overall told positive experiences, thoughts, and feelings about their work.

### Acknowledgments

- Acknowledge our participants who participated in the study and shared the study.
- Acknowledge Dr. Michael Reece who provided funding.



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