



HIV/AIDS Bureau Division of Policy and Data Consultation Overview

Executive Summary | December 2015

IMPROVING CARE FOR WOMEN LIVING WITH HIV

Introduction

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) convened a day-long in-person meeting of a 10-member technical expert panel on April 9, 2015, at the Humphrey Building, HHS Headquarters, Washington, D.C. The purpose of this meeting was to discuss models of care and strategies to improve care for women living with HIV who are served by the Ryan White HIV/AIDS Program (RWHAP).

Meeting Themes

The panel discussion was structured around five main themes:

- 1. Barriers to care and gaps in care:** Panelists identified four main barriers to care and gaps in care for women living with HIV: 1) need for services that address social determinants of health; 2) change of funding for community-based organizations (CBOs), including AIDS service organizations (ASOs), that address social determinants of health; 3) gaps in services that increase quality of life; and 4) need for improved standards of care for women living with HIV that emphasize treating the whole person.
- 2. Gender-responsive care as a system-level strategy:** The panelists suggested that gender-responsive care can help address the social determinants of health for women living with HIV. To incorporate this kind of care throughout the RWHAP, participants suggested developing clear standards for gender-responsive care in the context of HIV by identifying best practices and essential women's services. Panelists then suggested that these services and best practices be safeguarded

Executive Summary of the meeting Convened by the United States Department of Health and Human Services (HHS) Health Resources and Services Administration's HIV/AIDS Bureau (HAB), in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), April 9, 2015.

and promoted throughout the RWHAP (e.g., using meaningful performance indicators to track clinic responsiveness to the needs of women). Panelists also recommended that HAB continue to assist HIV service CBOs in providing support services, including the development of partnerships. Finally, including appropriate consumer perspectives on local planning councils would help to ensure that funding allocations cover essential services for women in the community and that the composition of the councils reflects the population served.

- 3. Trauma-centered care and behavioral health integration as a system-level strategy:** Panelists discussed that trauma is a pervasive issue for women living with HIV that should be addressed alongside health care. While trauma-centered care has an evidence base in the field of substance abuse, an evidence base for this type of care still needs to be developed for the field of HIV care. Panelists described a trauma-centered primary care model that addresses multiple types of trauma and encouraged

HAB to test this model using partnerships with CBOs. Understanding the need for this kind of care, panelists also suggested that the RWHAP incorporate appropriate components of Trauma-centered care even as it is being studied. Finally, panelists encouraged HAB to use a systems-based approach to implementing trauma-centered care.

4. Provider-level strategies: The panel participants identified two main provider-level strategies to improve care for women living with HIV: 1) develop a comprehensive care model that ensures all the services women need are easily accessible—either co-located with primary care or readily available through referrals; and 2) emphasize adequate care coordination and connection among care team members providing those services. In discussing the development of a comprehensive care model, panelists suggested constructing care teams that address the full lifespans of women living with HIV and incorporating a family-centered approach to providing care.

5. Patient-level strategies: The panel identified two patient-level strategies intended to empower women and teach them to advocate for themselves: 1) use “advocacy” and “empowerment” groups as both treatment and prevention strategies for women living with HIV; and 2) support health, insurance, and computer literacy to promote self-advocacy and social support.

Next Steps //

- ▶ Additional research on gender responsive care and trauma and HIV
- ▶ Cross-government collaborative meetings regarding services for women (e.g., HAB, NIH, OWH)
- ▶ Bureau-level analysis of support services

