

One of North Carolina's Largest Philanthropies Supports and Listens to HIV/AIDS Service Providers

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One of the target populations served by the Kate B. Reynolds Charitable Trust (KBR) over the past decade has been low-income North Carolinians with HIV/AIDS. In the past five years, grants totaling over \$2.4 million have been made to HIV/AIDS service organizations across the state. While grants have supported prevention efforts, access to primary care, mental health, and end-of-life services, the vast majority of the grants have been for the provision of case management services for HIV/AIDS clients. Case managers play a pivotal role in the health of individuals with HIV/AIDS. For example, case managers conduct comprehensive needs assessments, then develop and manage service plans with clients. They advocate for clients, make appropriate referrals, and link them to public benefits, medical care, mental health services, and substance abuse treatment. They often provide basic counseling and crisis intervention as well.

In January 2006, KBR convened 24 HIV/AIDS service providers, mostly case management agencies, to listen and learn first-hand of the challenges facing the agencies who daily serve this vulnerable population, many in rural, underserved counties. At this gathering, KBR garnered information from those who may be one of the most important links in providing comprehensive, continuous care to HIV/AIDS patients.

When asked what the significant healthcare needs in their communities were regarding HIV/AIDS, the greatest need identified was the lack of access to primary medical care and dental services for HIV/AIDS clients. Other significant needs described were housing and medications. When asked about some of the barriers their agencies faced in delivering HIV/AIDS services, four key issues were noted. The issues were lack of ongoing operating support, education for clients and the community, lack of transportation for clients, and the stigma associated with HIV/AIDS.

Next, KBR inquired about the methodologies (treatment or prevention) that the agencies considered to be most effective in providing HIV/AIDS services. Overall, education and awareness were considered to be the most effective in the prevention and treatment of the disease. Other methods were face-to-face

interventions, prevention presentations by HIV+ clients, and outreach and testing. Many agencies commented that they saw the most successful outcomes from one-on-one interventions, especially when HIV+ individuals were involved. These individualized approaches are more effective than social marketing campaigns, particularly in smaller, more rural communities where stigma has prevented the broadcast of HIV/AIDS-related messages. KBR also learned that the agencies most often obtained information about best practices in disease prevention and treatment from the North Carolina HIV/STD Prevention and Care Branch. This is not surprising as the agencies rely on the state for their certification, training, and the majority of their funding. In those communities where Infectious Disease physicians are available, local service providers also relied on these physicians to keep their staff informed.

As KBR learned from the January session, many HIV/AIDS service providers are 'spread thin,' causing them to work in silos, unaware of what their sister agencies are doing. In addition, they often feel disconnected from the medical community. One solution proven to impact this issue is demonstrated through an innovative KBR grant to the Western North Carolina HIV/AIDS Consortium in Asheville for a case manager coordinator. This position served as a point of contact in a 17-county area for 18 case managers. The coordinator ensured that case managers in rural areas had equal access to information and services as those in Asheville.

Despite the efforts of the healthcare and philanthropic community, the number of HIV-infected persons continues to increase. As of July 2005, there were 18,900 individuals living with HIV/AIDS in North Carolina. Many counties with the highest number of cases are among the poorest and most rural. As the number of infected individuals continues to rise, the North Carolina healthcare community and its partners should not overlook the role of community-based case managers in providing and supporting continuous care. Opportunities for collaboration and partnership are ripe to influence health outcomes for this population. **NCMedJ**

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