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Spotlight on Vickie Lynn: Women Making a Difference

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Image



The Well Project interviews Vickie Lynn, Community Advisory Board member and A Girl Like Me blogger, for our "Spotlight: Women Making a Difference" series.

What is the goal of your advocacy work? Do you have a specific focus?

I believe in the importance of integrating behavioral health in care and treatment for people living with HIV, especially for women. While women living with HIV have a higher prevalence of mental health and substance abuse issues, they may not be getting the care and treatment they need. Depression and substance abuse have been found to increase the progression of HIV and negatively affect retention in care, thus increasing the long term cost of care and quality of life for women living with HIV. Behavioral health integration can help to eliminate the fragmented care ("silos") currently in place. I can imagine the future of medical care will include a comprehensive coordinated team approach with many professionals focusing on treating the whole person.

I am also a huge advocate on "People first Language" and the use of appropriate language when talking about issues surrounding HIV. People First Language is the terminology that should be used to describe individuals who live with health issues. Rather than using labels to define individuals with a health issues, it is more appropriate to use terminology that describes individuals as being diagnosed with an illness or disorder. Using phrases such as "women living with HIV" rather than "HIV-positive women" or "people diagnosed with HIV" rather than "HIV-infected." This terminology emphasizes the treatment of a person with a disease rather than simply treating a disease. There is a quote for which I cannot locate the original author but it states: "Don't tell me about the disease a person has, but tell me about the person who has the disease."

Why is it important to you to reach out to women specifically?

Women face increased barriers accessing medical care and social services. Inequality globally continues to affect all areas of women's lives.

Do you think women living with HIV face unique challenges? What are they?

Most women are diagnosed with HIV between the ages of 16 and 40, which is when many women decide to start a family. This makes decisions surrounding childbirth very challenging. Despite the fact that in the United States, vertical transmission occurs in less than 2 percent of children born to women living with HIV, many women are often stigmatized and made to feel "less than" when they make the choice to start a family. Furthermore, social inequalities increase women's risk of intimate partner violence, poverty, depression, and other health issues. Continuing to address these issues should be a priority.

Although women face many of the same challenges, it is important to note that women's needs can vary greatly depending on their geographical location. Location, location, location, it's not only important in real estate and business, it is also important in health care and social service access and treatment.

What is the thing you are most proud of, professionally or personally?

This year I am celebrating 30 years of living with HIV, 22 years with an AIDS diagnosis, and celebrating a huge birthday at the end of the summer. In the fall semester I will begin my fourth year as a doctoral student at the University of South Florida (USF). I earned both of my Master's degrees (Master in Public Health and Master in Social Work) after surviving homelessness and an AIDS diagnosis.

If you could visit one place in the world, where would it be?

I would love to go to Australia.

What advice or information would you offer a woman newly diagnosed with HIV?

I would let her know that although many things in her life may change, she still has the opportunity to pursue all her hopes and dreams. I would stress that she should not allow HIV to stop her from becoming the woman she wants to be. All women, no matter what they have dealt with or what they face, are amazing and deserve all the joy and love our world has to offer.

Can you share a story that illustrates how you've been successful in working with women living with HIV?

While working at USF, I had the opportunity to work on an innovative research project that involved technology and women living with HIV. I worked with Dr. Stephanie Marhefka on the HER Study, which tested the feasibility of delivering an evidence-based behavioral intervention for women living with HIV via video-conferencing technology. This was an exciting and rewarding experience. Many of the women lived in rural areas and did not talk with other people about their status. This project gave women the chance to not only meet other women living with HIV but to connect and bond with those women in a meaningful way. I was honored to have facilitated the video group sessions for this project. Working on this project gave me the confidence to apply to the PhD program at USF, College of Public Health.

How do you use The Well Project personally? In your work?

I am currently completing my last couple of classes before I start the dissertation phase of my doctoral program. The information on the Well Project is well researched and I have used it in my course work, in the classes I teach, and to inspire my ideas about my future research and career goals.

What difference has The Well Project made in your life and work?

The Well Project has touched my life in many ways. I have used many resources over the years and have increased my professional and personal awareness, knowledge, and confidence as a woman living with HIV. The Well Project is not only a resource for women living with HIV, it is also a resource for professionals who work with women living with HIV or who are at increased risk for acquiring HIV.



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