RAP* Time

RURAL CENTER *for*
AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY, and TEXAS A&M UNIVERSITY

***Rural AIDS/STD prevention. rap (rap) v.** *Slang.* To talk freely and openly. *Vol. 6, No. 2, Ferburary 8, 2002*

Few HIV-infected American adults received health care in rural areas

HIV infection has diffused from large metropolitan areas to smaller cities and rural areas. This rise of HIV/AIDS in rural areas creates new challenges for an already overburdened rural health care system. For example, rural health care suffers from shortages of physicians, underdeveloped social and home care support systems, and long travel distances to care. Because of the needs of large urban areas, HIV prevention and health care in rural communities have been underfunded.

The use of rural health services by HIV-infected persons is not well understood. This study describes the population of HIV-infected adults receiving care in rural areas of the United States and compares HIV care received in rural and urban areas.

Methodology

Participants were derived from the rural component of the nationally representative HIV Cost and Services Utilization Study of 1996. HIV-infected patients in rural areas (n=367) and urban areas (n=2806) and health care providers were interviewed. Adequacy of HIV-related health care was assessed using two measures of medication utilization: use of HAART and prophylactic medication against *Pneumocystis carinii* pneumonia during the crucial period after the introduction of HAART.

Outcomes of the Study

Major findings include:

- An estimated 4800 adults with known HIV infection received medical care in rural areas of the U.S. during the first 6 months of 1996, with an estimated 330,600 adults receiving care in rural areas.
- The rural and urban groups were similar in age, gender, risk behaviors, education, work status, region of care, and household income. However, rural patients were more likely to be non-Hispanic white and less likely to be Hispanic and African-American.
- Patients receiving rural HIV care were less likely to have private insurance and more likely to have Medicare and Medicaid.
- Rural care patients were more likely to see providers with less experience with care for HIV-infected patients.
- Rural care patients were less likely than urban care patients to have taken highly active antiretroviral agents or *Pneumocystis carinii* pneumonia prophylactic medication when indicated.
- Among those receiving rural HIV care, women were less likely than men to have CD4 counts <200 and to have been diagnosed with AIDS. Women were more likely to be younger, nonwhite, less educated, more impoverished, and to have Medicaid or no insurance.

Implications for Prevention

Few American adults received HIV care in rural areas of the U.S., and disparities existed between rural and urban areas in access to high-quality HIV care. Ongoing HIV care resources are clearly needed to support interventions for increasing use of HIV medications in rural areas.

SOURCE: Cohn, S. E., et al. (2001). The care of HIV-infected adults in rural areas of the United States. *Journal of Acquired Immune Deficiency Syndromes, 28,* 385-392.

Sexual acquisition of HIV can be reduced by certain behaviors

Every sexual encounter for an uninfected person presents a risk of HIV. The magnitude of risk depends on various factors that have not been sceintifically quantified.

The study estimated the choice of partner, sex act, and condom use on the per-act risks for HIV infection.

Choosing partners who test negative (vs. untested partners) reduced the risk of HIV infection 47-fold; using condoms, 20-fold; and choosing insertive fellatio rather than insertive anal sex, 13-fold. Choosing one risk-reduction behavior reduces risk of HIV infection for heterosexuals, but not for men who have sex with men.

Sexually active persons can reduce their risk of acquiring HIV by choosing a partner who has tested negative for HIV, by choosing sex acts that are less likely to transmit HIV, or by using condoms.

SOURCE: Varghese, B., et al. (2002). Reducing the risk of sexual HIV transmission: Quantifying the per-act risk for HIV on the bases of choice of partner, sex act, and condom use. *Sexually Transmitted Diseases, 29,* 38-43.

Bisexually active teen males report high AIDS risk behavior

Understanding the risk behavior of young men who have sex with men is important component in stemming the AIDS epidemic. This study examined the prevalence of AIDS-related risk behaviors among adolescent males with female, male, and both-sex sexual partners and explored factors related to these behaviors.

Study participants were sexually experienced males from the sample of high school students who completed the 1995, 1997, or 1999 Massachusetts Youth Risk Behavior Survey (MYRBS).

Youth with any same-sex experience reported less school AIDS education. Bisexual experience predicted multiple sexual partners, unprotected intercourse, sexually transmitted disease, and injection drug use. School AIDS education and and condom instruction predicted less AIDS-related behavior.

School-based AIDS prevention education should address the needs of all sexually active youth.

SOURCE: Goodenow, C., et al. (2002). AIDS-related risk among adolescent males who have sex with males, females, or both: Evidence from a statewide survey. *American Journal of Public Health, 92,* 203-210.

Condoms reduce risk of herpes for women, but not for men

Using condoms during coitus reduces the chances that men with HSV-2 will transmit the virus to female parnters. Condom use for more than 25% of the time offers women high protection against acquiring HSV-2; but, men do not have the same benefits. The condom does not protect men against exposure to all female genital sites from which the virus may shed.

SOURCE: Wald, A., et al. (2001). Effect of condoms on reducing the transmission of herpes simplex virus type 2 from men to women. *Journal of the American Medical Association, 285,* 3100-3106.

AIDS cases few in nonmetropolitan areas

In 2000, 7% of AIDS cases were from nometropolitan areas with the South having the largest proportion. The percent distribution of AIDS cases by residence has changed little.

SOURCE: Centers for Disease Control and Prevention. (2002). HIV/AIDS in urban-nonurban areas. (available: www.cdc.gov/hiv/graphics/rural-urban.htm).

RAP Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, Purdue University and Texas A&M University. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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