

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF WYOMING

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

Vol. 17, No. 2, February 1, 2013

HIV/AIDS prevalence and health care declined with rurality among rural counties

While HIV/AIDS has been a major area of research for many years, less is known about rural HIV/AIDS issues than those faced in urban areas. The geographic dimensions of the prevalence of HIV/AIDS and the access of services in underserved rural areas need further investigation.

Persons living with HIV/AIDS (PLWHA) face numerous barriers in accessing needed health care. PLWHA in rural areas face even greater challenges such as lack of adequate transportation and a shortage of healthcare providers.

This report consolidates information regarding the prevalence of HIV/AIDS and availability of HIV medical care (Ryan White medical providers) across the rurality.

Methodology

Data for this report were extracted from the state surveillance reports publically available on each state's health department website. Web-based, county-level information on PLWHA in 2008 was available from only 28 states, with each major Census region being represented. Even smaller number of states provided separate county-level numbers for

PLWH (18 states) and PLWA (19 states).

With these limitations, the results of this report should be interpreted with caution and not compared to the CDC surveillance report.

Outcomes of the Study

Major findings include:

- Nationally, HIV/AIDS prevalence rates for rural counties were about one-third of those of urban areas (e.g. rates of 91.0 for rural and 274.6 for urban).
- The rural/urban disparity was markedly lower in the South, where rural prevalence for HIV/AIDS is 42% of the urban rate.
- Across other, non-South regions, rural rate ranged from 23% (Northeast) of the urban rate to 29% (West).
- Among rural counties studied, HIV/AIDS prevalence declined with rurality. The metropolitan rate was 98.2/100,000, while small adjacent counties had a rate of 90.2/100,000 and remote rural counties, 61.6/100,000.
- The prevalence rates for HIV/AIDS in rural counties in South Carolina and Mississippi, the top two rural HIV/AIDS prevalence states among the 28 states studied, were more than 10 times higher

than the prevalence of HIV/AIDS in rural Iowa.

- A higher proportion of rural counties (95%) lacked a Ryan White medical care compared to urban counties (69%), with the lack of a medical provider increasing with level of rurality.
- The Midwest had the higher proportion of rural PLWHA living in counties with a Ryan White provider (97.4%), followed by the Northeast (80.6%), South (68.4%) and West (66.1%).

Implications for Prevention

This study found that HIV/AIDS prevalence rate and Ryan Care medical care was less in rural areas compared to urban areas, with both declining with rurality.

Low population density and lower prevalence rates are challenges to delivery of PLWHA medical care in rural areas. Innovative strategies are needed to combat barriers to delivery of quality medical care in rural areas.

SOURCE:

Vyavaharker, M., et al. (2013). *HIV/AIDS in rural America: Prevalence and service availability*. Columbia, SC: South Carolina Rural Health Research Center.

U.S. has highest AIDS incidence of peer countries

United States health outcomes were compared to 16 other high-income or “peer” countries: Australia, Austria, Canada, Denmark, Finland, France, Germany, Italy, Japan, Norway, Portugal, Spain, Sweden, Switzerland, the Netherlands, and the United Kingdom.

In comparison of sexual health outcomes, the U.S. had the highest incidence of AIDS and the second highest prevalence of HIV infection. U.S. adolescents had the highest rate of pregnancies and were more likely to acquire sexually transmitted infections. U.S. teens appear to become sexually active at an earlier age, have more sexual partners, and less likely to practice safer sex than teens in the other peer countries.

Overall, a strikingly consistent and pervasive pattern of higher mortality and inferior health was found in the U.S. beginning at birth and affecting all age groups up to age 75. The U.S. was at the bottom in nine areas of health.

SOURCE: National Research Council and Institute of Medicine. (2013). *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Washington, DC: The National Academies Press.

STI discussion with parents related to increase condom use

Using weighted data from the 2006 to 2008 National Survey of Family Growth, researchers examined the association between condom use and discussing sexually transmitted infections with parents prior age 18.

Overall, 53% of women used condoms at last sex. Among 564 women using other contraceptives, 42% used condoms, versus 64% of 642 women not using other contraceptive methods.

The predicted probability of condom use among women using other contraceptives was 47% among who discussed STIs with their parents (*p*. 31% of those not discussing STIs). For women not using other contraceptives, 64% used a condom regardless of whether they discussed STIs with their parents.

The study results showed that women who use other contraceptives are less likely to use condoms, but discussing STIs with their parents was associated with increased condom use among these women.

SOURCE: Bradley, H., et al. (2012). Does discussing sexually transmittable infections or HIV with a parent increase condom use among young women using other contraceptive methods? *Sexual Health*, 10, 82-90.

Many chlamydia patients fail to take recommended retest

This study assessed if chlamydia patients (2008-2010) were retested after treatment. 22% and 38% of men and nonpregnant women, respectively, with positive test did retest. 60% of pregnant women did retest. Retests were positive in 16% of men, 14% of nonpregnant women and 15% of pregnant women. Retesting 3-12 months after treatment is recommended.

SOURCE: Hoover, K. W., et al. (2013). Suboptimal adherence to repeat testing recommendations for men and women with positive chlamydia tests in the United States. *Clinical Infectious Diseases* 56, 51-57.

HIV disease death rates decreased 70%

From 2000 to 2010, HIV disease death rates decreased about 70% for both black and white men aged 25-44. Rates decreased by 53% and 34% for black and white men, respectively, for ages 45-54 years.

SOURCE: CDC. (2013). Human immunodeficiency virus (HIV) disease death rates among men aged 25-54 years, by race and age group -- National Vital Statistics System, United States, 2000-2010. *MMWR*, 62, 58.

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, University of Colorado, and University of Kentucky. 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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