

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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

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Epidemiology of AIDS in rural Florida has been changing over time

In 2010, 6.7% of all reported HIV infection cases and 6.7% of all reported AIDS cases in the United States were from rural areas. The rural South has been particularly affected by AIDS and has the greatest number of rural AIDS cases and highest rural AIDS case rate.

Because of the complex nature of HIV/AIDS medical care and treatment, persons in rural communities often experience greater barriers and difficulties in accessing quality medical care and continuing and adhering to treatment than urban residents. These factors may adversely affect AIDS survival rates. No studies were found that compared the survival rate of rural versus urban HIV/AIDS patients.

This study sought to describe the characteristics of people diagnosed with AIDS who reside in rural Florida and compare their survival rates with urban residents diagnosed with AIDS in Florida. Also, the study sought to compare predictors of AIDS survival in rural communities with those of urban areas.

Methodology

Florida surveillance data for people diagnosed with AIDS

during 1993-2007 were merged with 2000 Census data. Rural status was classified based on the ZCTA's rural-urban commuting area classification system.

Outcomes of the Study

Of the 73,590 people diagnosed with AIDS in Florida, 1,991 (2.7%) resided in rural areas.

Major findings include:

- The percentage of diagnoses that were from rural areas has increased over time, principally due to the number of urban diagnoses declining.
- In rural areas, the most recent cohorts were older, more likely to be female, be a racial/ethnic minority, and heterosexual transmission mode.
- Compared to people diagnosed with AIDS in urban areas, those diagnosed in rural areas were less likely to be Hispanic, born outside of the U.S., and had a MSM transmission mode.
- There was no indication that rural residents were being diagnosed later than urban residents based on CD4 counts/CD4 percent category at time of diagnosis.
- Compared to urban residents, persons living in rural areas were not disadvantaged with respect to

survival with AIDS in the short term (3 years) or median term (5 years).

- The survival curves and 10-year survival rates suggest that there might be a survival disadvantage for rural residents in the long term.
- There was no racial/ethnic differences in survival rates in the rural areas.
- In both rural and urban areas, diagnosis during the early years of the epidemic was associated with lower survival.

Implications for Prevention

This research investigation that comparing rural vs urban found that the epidemiology of AIDS in rural Florida has been changing over time with increasing proportions of older, female, and non-Hispanic black people. Further, rural residents diagnosed with AIDS did not have a significantly survival disadvantage relative to urban residents.

SOURCE:

Trepka, M., J., et al. (2013). Rural AIDS diagnoses in Florida: Changing demographics and factors associated with survival. *Journal of Rural Health*, 29, 266-280.

In examining the HIV epidemic, how rural is defined matters

To greater understand the HIV epidemic in rural South Carolina, three definitions of rural and urban was contrasted.

The sample included newly diagnosed HIV cases aged ≥18 years in South Carolina between January 1, 2005 and December 31, 2011. Each individual was assigned a rural or urban status as defined by the Office of Management and Budget (OMB), Census Bureau (CB), and Rural Urban Commuting Area (RUCA) classifications.

Depending on the definition used, the proportion of newly diagnosed HIV cases in rural areas varied from 23.3% to 32.0%. Based on the OMB and RUCA definitions, rural residents with HIV were more likely to be older, women, black, non-Hispanic, report heterosexual contact, and have an AIDS diagnosis within one year of their HIV diagnosis. The OMB and RUCA had nearly perfect agreements, whereas OMB and CB had poor agreements.

SOURCE: Wiseman, S., et al. (2014). Defining the rural HIV epidemic: Correlations of 3 definitions--South Carolina, 2005-2011. *Journal of Rural Health*, 30, 275-283.

Men positive toward women resisted condom use less

This study used latent profile analysis (LPA) to determine whether similar constructs were associated with a variety of resistance tactics.

A sample of 313 moderate-drinking men participated, of whom 80% reported successfully employing at least one condom use resistance tactic in their lifetime resulting in unprotected sex.

Men having negative beliefs about women, low levels of sensation seeking and impulsivity, and positive beliefs about condoms reported less use of resistance tactics than men with moderate sexual sensation seeking and impulsivity, negative beliefs about condoms, and moderate or high negative attitudes toward women. Most common resistance tactics included trying to convince that condoms reduce sensations during sex and bring up issues of trust or emotional consequences.

This study suggests that sexual risk behavior interventions should not only address the tactics through which men resist using condoms but also tailor these efforts to men's individual characteristics.

SOURCE: Davis, K, C, et. al. (2014). Young men's condom resistance tactics: A latent profile analysis. *Journal of Sex Research*, 51, 454-465.

Teens/young adults had higher ART loss to follow-up

Loss to follow-up (LTFU) after ART initiation may contribute to mortality and increased HIV incidence. Data from seven African countries revealed that adolescents and young adults tended to have higher LTFU rates than older adults and that in two countries (Swaziland and Uganda) the oldest group had higher rates of documented mortality than the younger age groups.

SOURCE: CDC. (2015). Antiretroviral therapy enrollment characteristics and outcomes among HIV-infected adolescents and young adults compared with older adults--Seven African Countries, 2004. *MMWR*, 63, 1097-1103.

Genital warts higher for MSW and MSM

STD Surveillance Network 2013 data indicates that the diagnosed prevalence of genital warts among men who have sex with women (MSW) was 4 times that of women and MSM prevalence was 3 times that of women. MSW had a higher prevalence of genital warts compared to MSM across all years between 2010 and 2013.

SOURCE: CDC. (2015). Other sexually transmitted diseases.. Atlanta, GA

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 Arizona, 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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