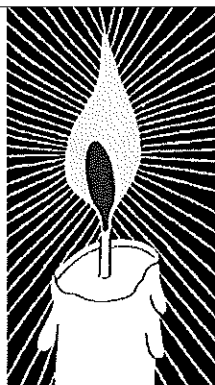


# RAP\* Time



RURAL CENTER *for*  
AIDS/STD PREVENTION

DEPARTMENT OF APPLIED HEALTH SCIENCE

INDIANA UNIVERSITY SCHOOL OF PUBLIC  
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\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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## Challenges faced with implementation of syringe exchange programs in Indiana

Studies show that needle exchange programs (SEP) reduce HIV, hepatitis C virus (HCV), hepatitis B, and the use and/or sharing of contaminated syringes. Further, SEPs are also cost effective and do not increase discarded syringes.

The process of policy adoption and implementation--the government decision to accept and implement new policy--has not been adequately studied. In May 2015, Indiana enacted a law to establish syringe exchange programs. This was in response to a rural outbreak of HIV associated with sharing of contaminated syringes used for opioid injection. At this writing, 24 counties have moved forward with SEP policy adoption. The study goal was to document and understand policy adoption and implementation by these counties.

### Methodology

A mixed method, qualitative, exploratory case study of 24 counties adopting SEP policy from May 2015 to April 2016 was conducted. Indiana rural communities face drug addiction, increased opioid deaths, and weak public health systems.

Data included telephone and email correspondence with 75 key

informants directly engaged in local policy adoption and implementation, and 50 participant observations at state and county-level SEP meetings.

The study utilized the health commons analytic framework.

### Outcomes of the Study

Major findings include:

- There was rapid and widespread interest in SEP policy adoption and implementation at the county level.
- Most of the counties desiring to apply for SEP approval reported severe lack of resources for developing the SEP application and then difficulty funding services if their application was approved for implementation.
- Information sharing between and among counties was the first commons to emerge.
- Early in the process, the counties began to plan cross-county contractual arrangements to amplify access to SEP service delivery resources.
- A frequent reported challenge to policy adoption and implementation was ambiguity about what constituted an epidemic, what the Indiana State Department of Health (ISDH) required for SEP approval, and what renewal

would entail.

- The state legislature prohibited state funding for SEPs. Also, no additional state funding was appropriated for county public health services during the time period by the state legislature.
- Some counties encountered rejection of their SEP plans by the ISDH.
- The emerging commons could be a critical policy success factor given the very limited resource environment.

### Implications for Prevention

Issues of transparency, clarify and resource limitations for counties desiring to implement SEPs were found. Emerging health commons leveraged county potential to establish health policy and programming despite challenges.

The question remains whether the health commons can be successful in overcoming local and state barriers to implement successful syringe exchange programs.

### SOURCE:

Meyerson, B. E., et al. (2017). Against the odds: Exchange policy implementation in Indiana. *AIDS Behavior*. doi: 10.1007/s10461-017-1688-7.

## Sexual risk behaviors found among older adults

Many older adults are sexually active. Some older men and women maintain sexual relationships into their 80s and older.

Sexual health education is often not provided for older adults; the possibility of HIV transmission is heightened. The unmet needs for HIV prevention among older adults in rural South Africa was assessed. Data were from 5059 men and women aged 40 years or older in sub-Saharan Africa.

HIV prevalence was 23% with no sex differences. 56% reported recent sexual activity. Condom use was low among HIV-negative adults (15%), higher among HIV+ adults who were unaware of their HIV status (27%), and dramatically higher among HIV+ adults who were aware of their status (75%). Casual sex and multiple partnerships were reported at moderate levels.

Older HIV+ adults in an HIV hyperendemic community in rural South Africa reported high HIV transmission risk behaviors.

SOURCE: Rosenberg, M, S., et al. (2017). Sexual behaviors and HIV status: A population-based study among older adults in rural South Africa. *Journal of Acquired Immune Deficiency Syndrome*, 74, e9-e17.

## Nearly one-half of U.S. men are infected with HPV

Men aged 18 to 59 years (N=1868) in the United States were examined in mobile medical examination centers during the National Health and Nutrition Examination Survey (NHANES) 2013-2014.

DNA was extracted by the participants from self-collected penile swab specimens, and HPV genotyping was performed by polymerase chain reaction amplification.

The overall genital HPV infection prevalence for these men was 45.2%. The infection prevalence with at least 1 high-risk HPV subtype defined by DNA testing was 25.1%. In vaccine-eligible men, the prevalence of infection with at least 1 HPV strain targeted by HPV 4-valent vaccine and HPV 9-valent vaccine was 7.1% and 15.4%, respectively. Among vaccine-eligible men, the HPV vaccination coverage was 10.7%

The overall genital HPV infection prevalence appears to be widespread among all age groups of men, and the HPV vaccination coverage is low.

SOURCE: Han, J. J., et al. (2017). Prevalence of genital human papillomavirus infection and human papillomavirus vaccination rates among US adult. *JAMA Oncology*. doi: 10.1001/jamaoncol.2016.6192.

## HIV testing feasible in hospital emergency department

The feasibility and acceptability of HIV testing in the Emergency Department of a London, UK, hospital was assessed. Data were collected from 5657 patients; 48% were offered HIV testing of which 65% accepted. One new diagnosis was made. Recent HIV test was the commonest reason for declining a test (18%). Results demonstrate that routine HIV testing in the ED is feasible and acceptable.

SOURCE: Hempling, M.C., et al. (2016). Routine HIV testing in the Emergency Department: Feasible and acceptable? *International Journal of STD & AIDS*. 27, 1267-1274.

## New HPV vaccination dose recommended

The Advisory Committee on Immunization Practices recommends a 2-dose schedule for girls and boys who initiate the vaccination series at ages 9 through 14 years. Three doses are recommended for persons who initiate vaccination at ages 15-26 years.

SOURCE: CDC. (2016). Use of a 2-dose schedule for human papillomavirus vaccination--Updated recommendations of the Advisory Committee on Immunization Practices.

**RAP\* Time** is a monthly AIDS and other sexually transmitted diseases prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington.

RCAP is located within the Department of Applied Health Science, Indiana University School of Public Health-Bloomington. The major focus of RCAP is the promotion of AIDS/STD prevention in the American rural communities, with the goal of reducing HIV/STD incidence. RCAP began operations on March 1, 1994.

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