

# 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

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## Fewer persons in the U.S. are engaging in HIV risk-related behaviors

Reducing the number of people who become infected with HIV is one of the three primary goals of the National HIV/AIDS Strategy. By end of 2008, an estimated 1.2 million persons in the United States were living with HIV, with 20% undiagnosed and unaware of their HIV status.

In 2009, an estimated 48,100 people were newly infected with HIV. The year 2011 is the 30th anniversary of the first diagnosed cases of HIV.

This study presented national estimates of selected HIV risk-related behaviors among men and women 15-44 years of age in the United States, based on the 2006-2010 National Survey of Family Growth (NSFG).

### Methodology

Data from the 2006-2010 NSFG were compared with data from the 2002 NSFG. Data for 2006-2010 were collected through in-person interviews with a national sample of 22,682 men and women aged 15-44 years in the household population of the United States.

The measures were collected using audio computer-assisted self-interviewing (ACASI). The response rate for the 2006-2010

NSFG was 77% (78% for women, 75% for men). Measures included sexual risk, drug risk, and recent STD treatment.

### Outcomes of the Study

Major findings include:

- About 10% of men and 8% of women in 2006-2010 reported at least one of the HIV risk-related behavioral measures, representing 6.5 million men and 4.9 million women.
- The 2006-2010 percentages represent a decline from the 13% of men and 11% of women who reported one or more of these measures in 2002.
- The decline appears to be due to a decrease in sexual risk behaviors reported in 2006-2010.
- As in 2002, women in 2006-2010 were less likely than men to report five or more opposite-sex partners in the past year.
- The percentages of men and women reporting any exchange of sex for drugs or money decreased from 2002.
- As in 2002, no difference was seen by sex in the percentage reporting any HIV risk-related drug behavior.
- Higher percentages of women than men reported STD treat-

ment in the past year.

- For men aged 25-44 years, having any experience in a prison, jail, or juvenile detention center was associated with every HIV risk-related behavioral measure.
- Fewer men who ever served in the military reported any of the HIV risk-related behaviors than those men with no military experience.

### Implications for Prevention

This study found that data collected in the 2006-2010 NSFG indicated that an estimated 9.2 percent of persons in the U.S. household population engaged in at least one behavior that might increase their risk for acquiring HIV. The 2006-2010 NSFG percentages represent a decrease from 2002 NSFG data.

### SOURCE:

Chandra, A., et al. (2012). HIV risk-related behaviors in the United States household population aged 15-44: Data from the National Survey of Family Growth, 2002 and 2006-2010. *National Health Statistics Report*, No. 46. Hyattsville, MD: National Center for Health Statistics.

## Rural veterans less likely early adopters of raltegravir

Persons living in rural communities face barriers to health care that might influence their adoption of new therapies.

Raltegravir has improved outcomes for HIV-infected persons resistant to previously available therapies.

Researchers performed a retrospective cohort study among veterans in national Veterans Affairs healthcare with an indication for raltegravir HIV therapy at the time of FDA approval, and hypothesized that urban-dwelling veterans would initiate raltegravir more rapidly than rural community residents.

Urban residents were more likely than rural community residents to initiate raltegravir within 180 days and 360 days, but this gap decreased slightly at 720 days.

HIV/AIDS health care workers and prevention specialists should establish programs that would reduce geographic variation in adoption of advances in HIV therapy.

SOURCE: Ohl, M., et al. (2011). Rural residence and adoption of a novel HIV therapy in a national, equal-access healthcare system. *AIDS and Behavior*. DOI 10.1007/s10461-011-0107-8.

## Pediatricians perceived patients less susceptible to HPV

Cervical cancer incidence and mortality are higher in medically underserved areas such as Appalachia than the general U. S. population. Hence, pediatricians need to encourage parents to have their daughters vaccinated against HPV.

This study included 334 pediatricians in Appalachian and non-Appalachian counties to assess how prior behavior, perceived susceptibility, severity, self-efficacy, response-efficacy, and behavioral intentions are related to self-reported vaccine encouragement.

Pediatricians in Appalachia perceived their patients to be less susceptible to HPV and reported lower rates of HPV encouragement of pediatricians in non-Appalachian areas. Further, self-efficacy had a significant indirect association with vaccine encouragement for pediatricians in Appalachia.

The findings indicated that Appalachian pediatrician's awareness of their patients' susceptibility needs to be increased.

SOURCE: Krieger, J. L., et al. (2012). Appalachian and non-Appalachian pediatrician's encouragement of human papillomavirus vaccine: Implications for health disparities. *Women's Health Issues*, 22(1), e19-e26..

## Latinos are disproportionately affected by HIV

The CDC reports that in 2009 Latinos accounted for 20% of new HIV infections in the US while representing approximately 16% of the total US population. In 2009, Latino men accounted for 79% of all new infections among Latinos. In 2009, Latino MSM accounted for 81% of new HIV infections among all Latino men and 20% among all MSM. Latina women HIV infection rate was more than four times that of white women.

SOURCE: CDC. (2012). HIV among Latinos. <http://www.cdc.gov/hiv/latinos/index.htm>.

## Rural AIDS cases greatest in South

CDC reports that of the 29,394 adults and adolescents living in a non-metropolitan area with an AIDS diagnosis, year-end 2008, 18,654 were in the South. The South also has the highest rate in non-metropolitan areas at 101.5, followed by Northeast at 89.2, West at 47.8 and Midwest at 30.8.

SOURCE: CDC. (2011). Slide set: HIV surveillance in urban and nonurban areas. <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/urban-nonurban/index.htm>.

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

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