

## **The Rural Context of HIV/AIDS in The Deep South**

**Satellite Conference and Live Webcast  
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**Produced by the Alabama Department of Public Health  
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## **Faculty**

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## **United States Office of National AIDS Policy (2010)**

**“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination – *except in the deep South.*”**

## **The HIV Epidemic**

- **With recent advances in treatment and all that we now know about how the virus is transmitted and prevented, the rate of new infections should be falling rapidly, and morbidity and mortality should be declining**

## **The HIV Epidemic**

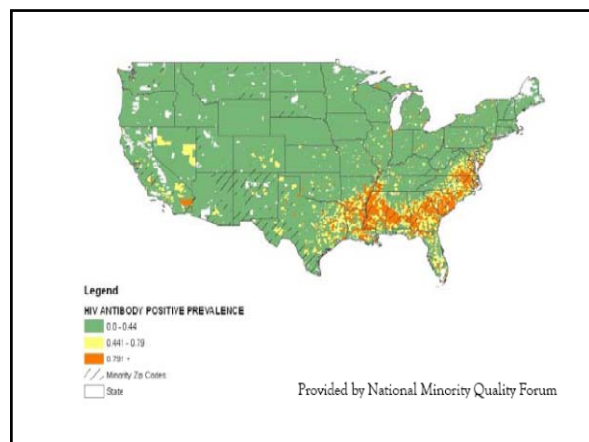
- **Combination therapy has been available since 1996**
- **The cost of such therapy for the disadvantaged has been covered by AIDS Drug Assistance Programs since 1987**
- **DEBIs supported by research evidence are available**

## **HIV and The Deep South**

- **However, the evidence shows that our current efforts are failing to contain the infection**
- **No where in the United States is this more evident than in the deep South**
- **HIV is taking a disproportionate toll on the deep South**

## HIV and The Deep South

- The deep South has the highest rate of newly reported cases and the highest number of deaths caused by AIDS
- Despite making up 37 percent of the population, the South accounts for over half the 45,000+ new cases in the United States



## What Accounts for This Regional Anomaly?

- There is not anything unusual about the way HIV is spread in the deep South
  - Unprotected sex between men
  - Sharing contaminated needles
  - Sex with people who fall in these two categories

## What Accounts for This Regional Anomaly?

- What we do know:
  - Individuals in the deep South are particularly likely both to delay testing and seek medical attention until the later stages of infection

## Factors

- Heretofore the focus has been on:
  - ↑ Knowledge
  - ↑ Behavioral Skills
- These strategies have had limited impact
- The current focus is on social and environmental factors

## Social and Environmental Factors

- Geography
- Poverty
- Race/ethnicity and culture
- Social stigma
- Environmental resources
- Built environment characteristics

### Geography of The Rural South

- Geographic dispersion of population over large areas
- Small town culture and dynamics
- Isolated social networks
- Lack of public transportation and other services

### Geography of The Rural South

- Long distances to health care facilities and services
- Medically underserved communities

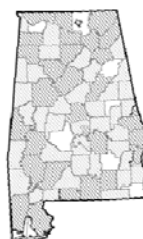
### Medically Underserved Areas in Alabama



Medically Underserved Areas

-Data Source: Health Resources and Services Administration, HHS  
Map created by RUPRI Community Information Resource Center  
Interactive Map Room: <http://cirr.rupri.org>

### Health Professional Shortage Areas (Primary Care) Alabama



Total Population  
Low Income Population

-Data Source: Health Resources and Services Administration, HHS  
Map Created by RUPRI Community Information Resource Center  
Interactive Map Room: <http://cirr.rupri.org>

### Poverty

- The large majority of women in our studies are:
  - Single
  - Living alone with young children
  - Household income below \$10,000/year
  - Lack personal transportation

### Poverty

- Live in sub-standard housing
- Many live 30 or more miles from their HIV care providers
- The large majority exhibit significant depressive symptoms (92% and 78%)
- A common pattern of dropping in and out of care

### **Poverty**

- High unemployment and economic vulnerability
- Economic dependency and sexual concurrency
- Women come last on the list of priorities
- High rates of depression

### **Poverty**

- Survival coping strategies
- Reluctance to have care from non-HIV care providers

### **Poverty**

- “HIV – it is just one more thing”
- For people who have little money, HIV may seem like the least of their worries as they struggle to obtain food, clothing and housing
  - Holding low paying jobs
  - Unable to afford health insurance
  - Or qualify for free/low-cost health benefits (“working poor”)

### **Race/Ethnicity and Culture**

- African-Americans greatly impacted
- Additional cultural factors include:
  - Linkage of HIV to sexual abuse and violence
  - Early sexual debut
  - Concurrent sexual partners who provide economic support

### **Race/Ethnicity and Culture**

- Conservative norms and values
- Partnering of older men with younger women

### **Social Stigma**

- Plays a role in the patterns we see in the deep South:
  - Delay in testing
  - Delay in seeking medical care
  - Dropping in and out of care
  - Nondisclosure

### **Social Stigma**

- **Associated with loneliness, depression, and other mental health issues that impact:**
  - **Quality of life**
  - **Retention in care**
  - **Adherence to treatments**

### **Medically Underserved**

- **Even when HIV+ attempt to find care, they often have difficulty getting the treatment they need**
- **More than half of all people with HIV in the deep South do not get adequate treatment compared with a third in other regions**

### **Medically Underserved**

- **Poorer states may have restrictive rules that tie the care provider's hands**
  - **Medicaid programs that limit the number of prescription drugs per month**

### **Medically Underserved**

- **Many rural counties have the lowest ratios of primary care providers**
  - **Many rural counties do not have any physicians**
- **Many practitioners do not want to see infected individuals**

### **Medically Underserved**

- **Human Rights Watch reports that many health care practitioners refuse to treat HIV+ patients**
  - **Results in long waiting lists for those willing to see such patients**

### **Population-Level Factors Social and Sexual Networks**

- **Adimora et al., 2006 - areas of the rural South with high STI rates:**
  - **Extensive sexual concurrency with dense sexual networks and bridging among the general population, core group members, and other high risk populations**

### **Population-Level Factors Social and Sexual Networks**

- Low ratio of men to women
- Economic oppression
- Racial discrimination
- High incarceration rates of black men
- Financial support from multiple sex partners a personal economic strategy (Stratford et al., 2007)

### **Population-Level Factors Social and Sexual Networks**

- Financial support from multiple sex partners a personal economic strategy
- Stratford et al., 2007

### **Structured Environment and HIV Risk – Adolescents in Rural Communities**

- “When you got nothing to do, you do somebody”(Akers et al., 2010)
- Lack of viable employment
- Absence of recreational activities
- Lack of diverse leisure-time activities

### **Adolescents in Rural Communities**

- Lack of recreation options for adolescents who are dating
- Access to inappropriate leisure time activities that promote multiple risk behaviors
- Limited safe environments for socializing
- Cost barriers to recreational activities

### **Other Trends**

- Co-occurrence of other morbidities requiring medical management
- HIV care providers may spend more time managing other medical conditions than HIV

### **New Models of Care?**

- What can be done to impact the epidemic in the deep South?
- Money cannot fix all the problems, but it would certainly help
- In comparison to the rest of the country, the deep South has been underfunded

### **New Models of Care?**

- This may change as the HIV disparity in this region is becoming visible at the national level
- However, the current economic situation may delay funding for any new efforts

### **Prevention-Inspiration in The Deep South**

- South Carolina has an education program to reduce HIV-related stigma by reaching out to churches and ministers
- Arkansas is testing the feasibility of offering routine HIV screening to the general population

### **Prevention-Inspiration in The Deep South**

- In March, Mississippi passed a law requiring school districts to offer sex education
  - They are also planning to test all students in selected high schools

### **Prevention**

- Start younger
- Focus on families and parenting
- Prepare young adolescents in how to manage intimate relationships
  - Sexual pressure
  - Abuse
  - Control

### **Prevention**

- Move to universal testing through primary care
  - Initial findings indicate that many physicians are reluctant to do opt-out testing
- Multi-level comprehensive approach to prevention needed
  - Target individual, parent, and social institutions

### **Prevention**

- Community-based interventions that target pre-adolescents and young adolescents rather than older adolescents and young adults
  - Coker-Appiah et al., 2009
- Interventions must move beyond basic sex education, and condom use/availability
  - Williams et al., 2010

### **Prevention**

- Interventions must address social/cultural context in which the behavior occurs
  - Sex roles and norms
  - Sexual pressure

### **Improving Access to Health Care**

- Due to current economic situation and political climate, it is likely going to take longer to improve access
- The Prevention and Public Health Fund
  - A component of the Affordable Care Act

### **Improving Access to Health Care**

- Has allotted \$198 million toward training 500 new primary care physicians and 600 new primary nurse practitioners across the country by 2015
  - It is not clear if this is going to have an impact on the deep South

### **Improving Access to Health Care**

- Telehealth
- Satellite clinics
- Training of nurse practitioners
- Recruit nurses from rural areas to receive advanced training in HIV care management

### **Improving Access to Health Care**

- Use of telephone technologies for care management, adherence and counseling
- Move toward comprehensive care models

### **Structural Interventions**

- “Changes in the environment in which people act (live, work, and play) to influence their health behaviors”
  - Adimora and Auerbach, 2010
- Research evidence supports implementation of a number of structural interventions:



### **Structural Interventions**

- Comprehensive sex education
- Universal condom availability
  - Both male and female condoms
- Expanded syringe access for drug users
- Health care coverage
- Stable housing

### **Structural Interventions**

- Reduction in poverty and economic dependency
- Early childhood academic enrichment programs
- Make care more accessible through transportation and satellite treatment sites closer to home

### **Thinking Out of The Box**

- Financial constraints require us to explore more economically feasible options for getting care and services to this population
- Would it be more feasible to train primary care providers to manage HIV?

### **Thinking Out of The Box**

- Example:
  - Due to the shortage of endocrinologists, we are starting to see the focus on preparing primary care providers to do advanced diabetes management
- Can such training be made easily accessible?