

Preface

Is there really a rural HIV epidemic?

This is a complex question. The vision of the National HIV/AIDS Strategy updated for 2020 is: “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 socioeconomic circumstances, will have unfettered access to high quality, life-extending care, free from stigma and discrimination” (White House Office of National AIDS Policy 2015). In addition, the Centers for Disease Control and Prevention (CDC) Fact Sheet titled “Today’s HIV/AIDS Epidemic” indicates that prevention efforts have led to promising declines in new diagnoses and stabilization in new diagnoses among some high-risk populations such as gay and bisexual men and African-American women. Though overall HIV infection has decreased and HIV has become a treatable chronic disease, as many as 50,000 people still become newly infected annually. In addition to known risk behaviors, a range of social and economic factors situate some people at increased risk for HIV infection. HIV affects every corner of the United States. Data by region indicates the rate of infection is highest in the South (18.5 per 100,000 people), followed by the Northeast (14.2), West (11.2) and the Midwest (8.2) (Centers for Disease Control and Prevention 2016). The challenges and promising strategies of HIV/AIDS paint a different picture for urban versus rural America.

Small, charming and close-knit is the image of rural America. Yet in the fight against HIV/AIDS, rural communities face many of the same challenges as urban areas. But rural places everywhere concentrate many of the features that spread the HIV epidemic because they are small, close-knit communities. Individuals traveling back and forth from rural communities to urban centers add an additional dynamic to the rural setting. They are getting infected with new strains and may have more HIV mutations than once seen in rural communities. Moreover, the HIV/AIDS epidemic disproportionately affects southern rural poor and minority populations. Though rural areas have smaller numbers of HIV/AIDS cases, health system gaps due to healthcare provider shortages and vast distances mean not many specialized services are likely to be available. According to the Rural Center for AIDS/STD Prevention, rural life comes with the joy of a slower-paced life style, close-knit,

supportive community, and wide-open spaces. On the other hand, some people feel trapped in rural communities due to inadequate educational opportunities, limited job opportunities, limited healthcare and social services, lack of public transportation, and isolation due to social stigma (Rural Center for AIDS/STD Prevention 2009, p. 1).

HIV/AIDS in Rural Communities: Research, Education, and Advocacy addresses many of the challenges and barriers to HIV/AIDS service delivery and care. Readers gain access to research, best practices and training resources for understanding HIV medicine and the latest on prevention, intervention, and care in rural settings. Moreover, the book presents ethical issues, cultural awareness, and advocacy models for service delivery and program implementation.

This book is an overview of HIV/AIDS in a unique context. The case examples offer a perspective on rural versus urban populations. Chapter authors present an overview of general access to health care then shift to the shortage of medical specialists trained in HIV prevention and care serving rural areas. Each chapter presents a compelling portrait of the challenges and promising strategies communities can adopt to build the HIV intervention and care continuum.

The history of HIV/AIDS over the past 30 plus years is a story that begins with the dramatic start of the epidemic in the United States in 1981 to present-day advances in prevention, treatment, and care. The Centers for Disease Control and Prevention (CDC) released its first Morbidity and Mortality Report on June 5, 1981. As early research struggled to understand the etiology, causes, and methods of transmission, the disease spread. Stigma and discrimination became widespread and deeply entrenched, causing people living with HIV/AIDS and even those who treated them immense suffering. This chapter offers a rear view mirror for understanding how the myths and misconceptions about HIV/AIDS drive stigma and discrimination, which still exist today, despite medical advances.

Advances in HIV Therapy is an overview of the change in treatment for HIV. Now a long-term, treatable, chronic disease, this chapter describes HIV medication; it describes why medications work and why they fail. Additionally, practical challenges are addressed such as state criminalization statutes on HIV transmission, confidentiality, access to health care including pharmacy services and medication costs. The chapter offers solution-focused strategies for addressing barriers, finding support, and developing coping strategies such as good communication with medical providers.

“Treatment as Prevention (TasP)” is a phrase that people recognize in HIV prevention. This chapter reviews the literature on biomedical interventions that prevent HIV infection. As researchers, the authors recognize the limited data on these interventions in a rural context, but emphasize that TasP is an approach that works. With a vision to end HIV transmission, this chapter addresses biomedical, behavioral, and structural interventions that can be applied if resources are available and leadership is committed to adapt strategies to rural settings.

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Ethical and legal issues in pediatric and adolescent HIV care require familiarity with federal laws, state laws, and consideration of confidentiality and disclosure dilemmas that health practitioners are likely to encounter. This chapter outlines considerations that are important in all settings, but emphasizes the relevance to rural settings where health disparities and limited resources are predominant.

HIV transmission from high-risk drug injection is associated with the surge in rural opioid use. Drug injection practices and high-risk sexual behaviors are risk factors for HIV transmission. This chapter compares the prevalence of HIV opioid use, treatment and harm reduction in rural versus urban settings as well as state and local efforts to control the spread of HIV and opioid use in rural communities. These efforts include improving access to substance abuse treatment and the use of harm reduction interventions.

Incorporating interviews from HIV positive African-American women who reside in the Deep South, this chapter presents the lessons learned and barriers still driving disparities for minorities living in the rural South. After 25 years as an HIV advocate and founder of a non-profit agency addressing the needs of African-American women living with HIV, this author shares insights on how race and ethnicity affect access to health care and other needed resources. With HIV infection growing fastest among African-American women through heterosexual exposure, this chapter offers strategies for intervention derived from the women most affected by the social determinants associated with higher rates of HIV/AIDS such as poor HIV literacy, lack of economic and educational opportunities, higher rates of other STDs, and social stigma.

The chapter on Black men who have sex with men (MSM) explores intersectional frameworks as a missing connection to effectively reduce HIV among marginalized communities. It describes intersectionality as a theoretical framework that examines how multiple socially constructed identities intersect at the level of individual experience. This dynamic impacts structural inequalities such as healthcare access. The author suggests the principles of intersectionality paired with minority stress theory are especially relevant for understanding the experiences of Black MSM.

The ten chapters included here address major contemporary issues for people affected by HIV/AIDS living in rural settings. Research, practical clinical approaches, and advocacy models attest to hopeful strategies for HIV prevention, intervention, and care in rural communities despite critical issues and limited resources. All the authors included in this book agree that healthcare patients and providers will benefit greatly from research and practices that incorporate rural people's unique perspectives.

Statesboro, USA
Atlanta, USA
Los Angeles, USA

Fayth M. Parks
Gregory S. Felzien
Sally Jue

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