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Increasing AIDS Rates in Rural Areas Deserve More Attention

By Jennifer Brooks

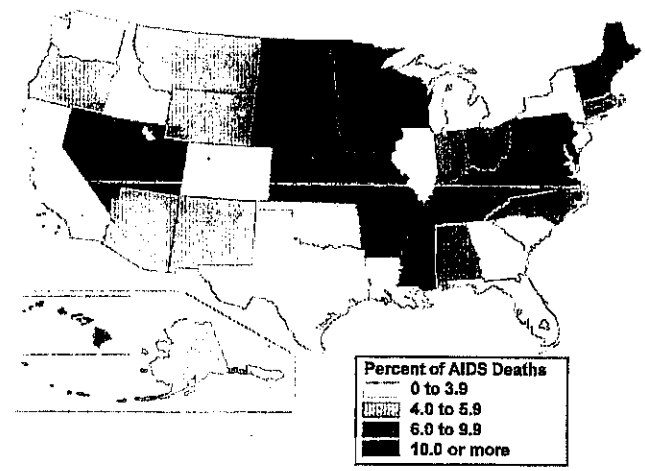
Though most AIDS cases still are found in major metropolitan areas, AIDS rates in rural areas have been increasing faster in recent years. National strategies for AIDS prevention and treatment should consider this geographic shift of the epidemic, according to the article "Evidence of an Increasing AIDS Burden in Rural America," published in the April-June 1997 issue of *Statistical Bulletin*.

Written by members of the Office of AIDS Surveillance in the New York City Department of Health, the article presents a digest of recent research studies about the spread of AIDS in rural areas. Geographic patterns of AIDS deserve more attention because of their influence on policy decisions and the allocation of resources, the authors state, pointing out that the distribution of federal funds for AIDS care is based on residence at AIDS diagnosis.

Data from the Centers for Disease Control and Prevention (CDC) show that among the more than one-half million AIDS cases reported through 1995, 84 percent were from major metropolitan areas. However, the greatest rate of increase in AIDS cases between 1992 and 1995 occurred in nonmetropolitan areas—30 percent vs. 25.8 percent in the largest metropolitan areas.

Migration of people from urban to rural areas is cited as one possible contributor to the increasing AIDS rates in rural areas. CDC study results of 49,621 injecting drug users support this migration theory in a population previously thought to be sedentary. While most of the study participants were recruited from high HIV-prevalence areas, two-thirds of them later migrated to low-prevalence areas.

Percent of AIDS Deaths Among People Who Were Nonresidents by State of Death: 1981 to 1992.



Source: The Centers for Disease Control and Prevention

The authors also note that there have been significant geographic variations in AIDS incidence among homosexual and bisexual men, according to research published in the *Journal of Acquired Immune Deficiency Syndromes*. After 1986, AIDS incidence rates declined or remained stable in the three major urban epicenters of the AIDS epidemic—New York City, Los Angeles and San Francisco. However, in smaller metropolitan and rural areas, AIDS rates have increased—primarily because of migration.

According to data from the New York City Department of Health, migration patterns of racial and ethnic groups in New York vary significant-

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ly. For example, research revealed that non-Hispanic whites were more likely to migrate to other major metropolitan areas than other groups. Hispanics with AIDS were much more likely to die in large urban areas than others, due largely to migration to Puerto Rico. Though blacks with AIDS were generally less likely to migrate than other racial and ethnic groups, they were twice as likely to migrate to the South, which is the region of origin for most U.S.-born blacks in New York City.

The authors write that Americans, on average, are highly mobile, and that the typical American will change residence about 14 times in a lifetime. For the general population, approximately one-half of residential changes occur within counties, one-quarter to counties in the same state, and one-quarter to other states. Among HIV-infected people, however, more interstate than intrastate migration is found between diagnosis and death. ❖

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Jennifer Brooks serves as writer and promotions specialist for the Office of Minority Health Resource Center (OMHRC). Information for this article was excerpted from the November 1997 issue of Closing the Gap, *the newsletter of the OMHRC, Public Health Service, Department of Health and Human Services. For more information, contact OMHRC at (800) 444-6472 or access its web site at http://www.omhrc.gov.*

HIV/AIDS Hotlines and Web Sites

- **AIDS Clinical Trials Information Service**
  (800) 874-2572
  http://www.actis.org
- **AIDS Education Global Information System**
  http://www.aegis.com
- **Centers for Disease Control and Prevention (CDC) National AIDS Hotline**
  (800) 342-2437
- **CDC Spanish AIDS Hotline**
  (800) 344-7432
- **CDC National AIDS Clearinghouse**
  (800) 458-5231
  http://www.cdcnac.org
- **HIV/AIDS Treatment Information Service**
  (800) 448-0440
  http://www.hivatis.org
- **NAMES Project Foundation**
  http://www.aidsquilt.org/names/
- **National Association of People With AIDS**
  http://www.thecure.org
- **National Minority AIDS Council**
  http://www.thebody.com/nmac/nmac page.html
- **Project Inform (HIV Treatment Hotline)**
  (800) 822-7422
  http://www.projinf.org
- **The Teen AIDS Hotline**
  (800) 440-8336
- **Teens Teaching AIDS Prevention**
  (800) 234-8336 ❖

Rural Clinician Quarterly *is the clinician publication of the National Rural Health Association.* **Rural Clinician Quarterly** *is published four times each year to disseminate news and information of interest to rural clinicians to establish a national network of mutually supportive rural health care providers.*

Submissions should be sent to **Rural Clinician Quarterly,** *NRHA, One West Armour Boulevard, Suite 203, Kansas City, Missouri 64111. Inquiries may be made by phone at (816) 756-3140 or by e-mail at kcin@nrharural.org.*

Visit the NRHA web site at http://www.NRHArural.org.

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La Frontera: HIV and the Border and Migrant Families of South Texas

By Selina Catalá, M.S., L.C.D.C.

Despite the emphasis that has been placed on farmworkers and the knowledge that has emerged in the area of HIV/AIDS, little is known about the impact of HIV on farmworkers, especially in the Southwest. Farmworkers and their families living in border towns face many challenges, both in their hometowns and as they move upstream in search of work. Access to health care for this population often is limited, and conditions such as unemployment, substandard housing, lack of health insurance, poor awareness of disease risk, and high rates of tuberculosis and sexually transmitted diseases place them at significant risk. However, little data are available regarding rates of HIV disease for this group.

The threat of HIV in migrant populations and the lack of information available prompted the University of Texas Health Science Center at San Antonio and five collaborating organizations to seek resources to address these issues. They obtained a grant from the Health Resources and Services Administration under the Ryan White CARE Act, Special Projects of National Significance Program. The five-year project, entitled "La Frontera: HIV and the Border/Migrant Families of South Texas," started on Oct. 1, 1996. This project is an effort to answer questions about the impact of HIV on farmworker families. La Frontera will provide opportunities for farmworkers residing along the Texas-Mexico border to learn their HIV status and will help HIV-positive farmworkers to obtain appropriate care and follow-up services. This project also will describe HIV risk factors and related demographic characteristics of the farmworker families living in South Texas.

La Frontera is a partnership headed by the science center's Division of Community Pediatrics under the leadership of Dr. Terence I. Doran and Dr. Barbara Aranda-Naranjo. La Frontera is designed to study the impact of HIV disease among farmworkers and their families in Maverick and Hidalgo counties. The project is guided by the La Frontera Partnership, consisting of the University of Texas Health Science Center, Midwest Migrant Health Information Office, Migrant Clinicians Network, National Center for Farmworker Health Inc., United Medical Centers, and the Valley AIDS Council. As the project evolves, this partnership will include representation from other provider organizations in the health and human services system for the migrant community.

La Frontera's ultimate goal is to refine existing systems of care into a coordinated delivery system that can be used to provide HIV care and services for farmworkers along the Texas-Mexico border. The protocols of care for HIV infection will provide models for addressing other chronic illnesses in mobile populations. La Frontera will develop models of care and informational systems that can be replicated across the nation.

Trained lay health workers from the farmworker community will conduct outreach activities in conjunction with an HIV educator who also will provide pre- and post-test counseling to interested individuals. HIV-related medical care, case management and other services will be provided through existing organizations in the Rio Grande Valley and Maverick County. Project findings will be disseminated through training, conferences and publications during the course of the project. Interested providers, individuals or organizations who would like to become involved in this effort should contact the University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, Texas 78284-7818; (210) 567-7418 or (800) 687-6027 voice; (210) 615-0658 fax. ❖

Facts & Figures

- Rural populations (fewer than 50,000) have the highest rates of increase in AIDS cases, representing 6.7 percent of all cases in the United States in 1996, with heterosexual contact accounting for most cases in many areas.
- In rural areas, gay men often are not openly gay and tend to engage in unprotected sex with strangers.
- Homophobia, racism, sexism and AIDS stigmas make HIV prevention efforts nearly impossible in some rural areas. ❖

Selina Catalá is project coordinator for La Frontera in San Antonio, Texas. Information for this article was excerpted from the September/October 1997 issue of the National Center for Farmworker Health's newsletter, Migrant Health Newsline *(Vol. 14, No. 5). To contact the center, write the National Center for Farmworker Health Inc., 1515 Capital of Texas Highway South, Suite 220, Austin, Texas 78746.*

Ryan White CARE Act Improves Access and Quality of Care for HIV/AIDS Patients

Signed on Aug. 18, 1990, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act aims to improve the quality and availability of care for people with HIV/AIDS and their families. The act, which was amended and reauthorized in May 1996, is named after the Indiana teen-ager, Ryan White, who became an active public educator for HIV/AIDS after he contracted the disease. The program is run by the Health Resources and Services Administration (HRSA), Department of Health and Human Services.

HRSA's HIV/AIDS bureau administers programs under four titles and Part F of the Ryan White CARE Act.

Title I

Title I provides grants to eligible metropolitan areas that are disproportionately affected by the HIV epidemic. Grants are awarded to the chief elected official of the city or county that is responsible for the health agency providing services to people living with HIV. Services funded include:

- outpatient health care;
- support services such as case management, home health and hospice care, housing and transportation assistance, nutrition services and day or respite care; and
- inpatient case management services that expedite discharge and prevent unnecessary hospitalization.

Title II

Title II provides grants to the states and territories to provide health care and support services to people living with HIV/AIDS. Funds are used for programs such as:

- home and community-based health care and support services;
- continuation of health insurance coverage;
- pharmaceutical treatments through an AIDS Drug Assistance Program;
- local consortia that assess needs and organize and deliver HIV services in conjunction with service providers; and
- direct health and support services.

Title III

Title III programs support outpatient HIV early intervention services for low-income, medically underserved people in existing primary care systems. These include medical, educational and psychosocial services designed to prevent the continued spread of HIV/AIDS, delay the onset of illness, facilitate access to services, and provide psychosocial support to people with HIV/AIDS. Funds are given to support care through community and migrant health centers, homeless programs, local health departments, hemophilia diagnostic and treatment centers, and family planning centers.

Title IV

Programs funded under Title IV provide services for children, youth, women and families in a comprehensive, community-based, family-centered system of care. Eighty-two percent of the clients of these programs are from poor, minority families with limited access to transportation and housing.

Part F

- The Special Projects of National Significance Program supports the development of innovative models of HIV/AIDS care designed to address special care needs of individuals with HIV/AIDS in minority and hard-to-reach populations. These programs focus on managed care, infrastructure development, training, legal advocacy, comprehensive primary care, services for correctional populations, and access to care through reduction of sociocultural, financial and transportation barriers for rural residents, women, adolescents and children.
- The AIDS Education and Training Center Program is a national network of 15 centers that conduct targeted, multidisciplinary education and training programs for health care providers in various geographic areas.
- The HIV/AIDS Dental Reimbursement Program assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive patients.

Other CARE Act Programs

The National HIV Telephone Consulting Service is available to health care providers to answer HIV-related clinical management questions; (800) 933-3413.

AIDS Drug Assistance Programs (ADAP)

ADAP, which began in 1987, was designed to provide medications to low-income individuals with HIV who have limited or no coverage for private insurance or Medicaid in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam.

In 1997, ADAP programs received $167 million in Ryan White CARE Act funding. States have the authority to establish income and medical eligibility criteria and to determine how drugs will be purchased and distributed to clients. Drugs such as AZT and protease

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Get Involved in Fighting HIV/AIDS in Your Community

Many people think AIDS does not affect them. However, if they do not already know someone infected with HIV, chances are they will soon. Approximately 650,000 to 900,000 Americans are infected with HIV—about one in every 300 to 400 people. Everyone can get involved in the fight to prevent HIV infection through education within your community, in the faith community, in the health care setting, and within other local groups.

✗ Indicates activity may involve people younger than 18.

In the Community

Work with your state and local health departments in your community to accomplish the following tasks.

✗ Participate in or organize an HIV/AIDS fund-raising event or community program.

✗ Decorate trees, buildings and lampposts with red ribbons.

✗ Show a video or film that deals with HIV/AIDS at your local library and hold a discussion after its showing. Arrange for a representative from an AIDS service organization to be present to answer questions after the film and to moderate the discussion. Some films and videos include *Jeffrey* (R), *It's My Party* (R), *Peter's Friends* (R), *Common Threads* (NR), *Longtime Companion* (R), *And the Band Played On* (PG-13), *A Mother's Prayer* (PG-13), *Boys on the Side* (R), *Philadelphia* (PG-13), and *Wigstock* (R).

- Contact the NAMES Project Foundation to bring the AIDS Memorial Quilt to your community, (415) 882-5500.

✗ Coordinate with a local medical school to initiate the STATS project in your area. STATS—Students Teaching AIDS to Students—prepares medical students to visit schools and other youth community centers to teach young people about HIV infection and AIDS. For more information, contact the American Medical Student Association at (703) 620-6600, ext. 454.

In Your Faith Community

Encourage long-term commitment to HIV/AIDS in your faith community in the following ways.

- Contact an AIDS ministry program and coordinate a candlelight service of remembrance for those affected by HIV/AIDS. Plan to participate in the International AIDS Candlelight Memorial on May 17, 1998. For more information, call (415) 863-4676.
- Encourage your religious leader to speak about HIV/AIDS in sermons.

✗ Observe a moment of silence during services for those who have died of AIDS.

✗ Focus on the impact of HIV/AIDS during religious educational programs, and invite people living with HIV/AIDS to share their stories.

- Start an AIDS ministry within your congregation or with others in your community.

✗ Start a service program. Members of your congregation can work with an area AIDS group to provide meals, transportation, shelter, companionship or other services to people living with HIV/AIDS.

In the Health Care Setting

Work with staff in your health organization on the following projects to improve HIV/AIDS prevention and care.

- Organize a workshop to educate health professionals about the ethical issues surrounding HIV/AIDS.
- Ask AIDS service organizations serving various ethnic and racial groups to make a presentation to your staff regarding cultural sensitivity and HIV.
- Offer routine HIV prevention services and be persistent in prevention efforts.
- Develop a questionnaire for taking an HIV risk history.

✗ Visit a local school to teach students and educators about HIV/AIDS. ❖

Ryan White CARE Act ...

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inhibitors, which treat HIV, have been a financial challenge to ADAPs because their costliness makes them inaccessible to patients. Fortunately, in recent years, ADAP funding has increased dramatically. ❖

Information for this article and the articles "HIV/AIDS Hotlines and Web Sites" (p. 2), "Get Involved in Fighting HIV/AIDS in Your Community" (p. 4), and "Facts & Figures" (p. 5) was provided by the American Association for World Health's Resource Booklet. *For more information, contact the American Association for World Health, 1825 K St., N.W., Suite 1208, Washington, DC 20006; (202) 466-5883; or access the association's web site at http://www.aawhworldhealth.org.*

Resource

Internet

▶ *National Alliance for the Mentally Ill (NAMI).* What is the most shocking thing about mental illness? Access this web site to find out and to contact others who strive to improve the quality of life for those who suffer from mental illnesses such as schizophrenia, depression and manic depression, schizoaffective disorder, panic disorder, obsessive-compulsive disorder and borderline personality disorder. Via this site, a range of contacts, books, statistics and policy information is available to help support families and friends of people with serious mental illness and those with disorders themselves.
http://www.nami.org

▶ *MedicineNet.* A network of physicians provides up-to-date medical information on this site as an educational resource for the public. Alphabetical indexes about diseases and treatments, drugs and medical terminology are accessible. Also included is a list of poison control centers, first aid information, health facts and medical news. People who have medical questions can ask the experts who regularly respond to questions visitors type in on the web site.
http://www.medicinenet.com

Publications

▶ *HIV/AIDS in Rural America.* This NRHA issue paper offers a historical perspective of HIV/AIDS and explores the increasing incidence of HIV/AIDS cases in rural America. Included are the NRHA's recommendations for education, data collection, funding distribution and access to health care services as a means of combating HIV/AIDS in rural areas. Additionally, proceedings from the Southeastern Conference on Rural HIV/AIDS, which was held in August 1997 in Atlanta, Ga., will be available from the NRHA in April 1998. The 1998 HIV/AIDS conference will be held Sept. 10-12 in Albuquerque, N.M. Complete NRHA policy issue papers and publication and conference information are available on the NRHA web site (http://www.NRHArural.org) or by calling (816) 756-3140. ❖

Remember to register for the NRHA's 21st Annual National Conference in Orlando, Fla., May 13-16, 1998. Hotel reservations must be made by April 13, 1998. For more information, contact the NRHA at (816) 756-3140 or visit the NRHA web site at http://www.NRHArural.org.

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