



# HIV/AIDS

# IN

# RURAL AMERICA

Today there are an estimated **1.039 million to 1.185 million** HIV-positive individuals living in the United States—the largest number ever—according to the Centers for Disease Control and Prevention. Of these, **between 252,000 and 315,000** people do not know they are infected, and thus are suffering from a lack of treatment, while at the same time may be unknowingly spreading the virus.<sup>1</sup> About **225,000** more who do know their status aren't getting the care they need. These numbers will continue to grow unless everyone takes decisive action against the disease.<sup>2</sup>

**Although the HIV/AIDS epidemic emerged in urban areas, it has spread to rural America. Rural areas of the South have been the hardest hit, and communities of color are particularly at risk. Factors such as geography, availability of health care and social services, and community perceptions make preventing and treating HIV/AIDS in rural areas a challenge.**

## What Is the Impact?

Of the estimated **860,037** Americans diagnosed with AIDS through 2003, **52,375** live in rural areas with fewer than 50,000 people. About **7.6** percent of AIDS cases reported in 2003 were in rural areas, up from 5 percent in 1995.<sup>3</sup>

- The **Southeast Region** bears the highest burden of the rural epidemic. More than half of rural AIDS cases are in the South, even though just 35 percent of the nation's population lives there. In 2001, **70 percent** of rural cases were reported in the South.<sup>4</sup>
- Rural AIDS cases are disproportionately high among **African Americans and Hispanics**. Nearly 60 percent of AIDS cases reported in rural areas in 2003 were among African Americans and Hispanics.<sup>4</sup>

- The majority of AIDS cases reported in rural areas are among **males**. In 2003, the number of rural cases involving males was three times the number for females. Nearly 60 percent of rural AIDS cases among men involve those who had male-to-male sexual contact, more than 20 percent involve injection drug users, and more than 10 percent involve men who had heterosexual contact.<sup>3</sup>
- Among **rural women**, more than 50 percent of reported AIDS cases are women who had sex with men, and more than 30 percent are injection drug users. Southern African-American women are particularly at risk.<sup>3</sup>
- In 2000, **HIV diagnoses** were almost as high in rural areas of the Southeast as they were in the urban areas of that region.<sup>5</sup>
- Studies of Job Corps applicants and 21-year-old military recruits indicate that the prevalence of HIV infection is higher among African-American females from the South than any other group.<sup>6</sup>

## What Are the Barriers to Prevention?

Preventing the spread of HIV/AIDS in rural areas is challenging for a number of reasons: geographic and socioeconomic barriers to health care and social services, perceptions of lower risk, concerns about confidentiality and stigma, and lack of funding for prevention programs.

- Because HIV/AIDS has been associated with urban areas, many rural residents perceive they have a lower risk of becoming infected, which can lead individuals to engage in risky behaviors such as lower condom use. Rural African-American women are twice as likely as urban women to believe they have little risk of getting HIV.
- Concerns about confidentiality, stigma, and discrimination keep people from getting tested for HIV/AIDS.
- Because fewer AIDS cases have been reported in rural than in urban areas, community leaders and residents may not recognize that HIV is a problem that needs to be addressed. Health care providers are a key source of prevention counseling in rural areas, but providers who do not perceive HIV as a local problem may fail to conduct proper risk assessments or properly diagnose cases.
- Rural AIDS educators face barriers such as limited resources, inadequate drug education, and prejudice against HIV-infected individuals.

Know the facts and  
**Educate,  
Motivate, and  
Mobilize against  
HIV/AIDS!**

## What Are the Challenges to Providing Care?

Confidentiality issues, geography, and a limited supply of medical facilities, health care providers, and social services are among the obstacles to providing adequate care to people living with HIV/AIDS in rural areas.

- People living with HIV/AIDS in small communities may avoid seeking care because they fear breach of confidentiality. Concerns about discrimination or the stigma attached to HIV/AIDS also keep people from getting treatment.
- Many rural residents must travel long distances to access care because adequate services are not available nearby. For the acutely ill, lack of transportation can be a problem.
- The number of rural hospitals has declined since the 1980s, decreasing the supply of comprehensive health care services available to rural residents with HIV/AIDS. In addition, people living with HIV/AIDS in rural areas are less likely than urban residents to have public or private health insurance.
- Many rural areas have an inadequate number of qualified health care providers to treat HIV/AIDS cases. Common barriers for providers include lack of knowledge about the disease, limited access to specialists for consultation and referral, inadequate reimbursement, and reluctance to be identified as an AIDS care provider.
- Availability of social services is limited in many rural areas, restricting opportunities for organizations to collaborate to help clients obtain care. Limited client support also makes it harder for residents living with AIDS to follow complex drug regimens.
- Many rural residents with HIV/AIDS also need substance abuse treatment or mental health counseling, but services may not be readily available outside of urban areas. Distance and limited opportunities for face-to-face contact with service providers compound treatment challenges.

**The terms "African American" and "Black" are used interchangeably to include those individuals who self-identify as either. The term "Hispanic" includes those individuals who self-identify as "Latino/a" or "Hispanic."**

<sup>1</sup> Glynn M., Rhodes P. *Estimated HIV prevalence in the United States at the end of 2003*. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.

<sup>2</sup> Fleming, P.L., et al., "HIV Prevalence in the United States, 2000," 9th Annual Conference on Retroviruses and Opportunistic Infections, Feb. 24-28, 2002, Seattle, WA, Abstract 11.

<sup>3</sup> [www.cdc.gov/hiv/graphics/rural-urban.htm](http://www.cdc.gov/hiv/graphics/rural-urban.htm), accessed 4/21/06.

<sup>4</sup> National Rural Health Association, "HIV/AIDS in Rural America, Disproportionate Impact on Minority and Multicultural Populations," July 2004 ([www.nrharural.org/advocacy/sub/issuepapers/HIVAids.pdf](http://www.nrharural.org/advocacy/sub/issuepapers/HIVAids.pdf)).

<sup>5</sup> Hall, I. et al., "HIV in Predominantly Rural Areas of the United States," *Health Status: HIV/AIDS*, Summer 2005.

<sup>6</sup> Rural Center for AIDS/STD Prevention, "AIDS and Sexually Transmitted Diseases in the Rural South," 2002 ([www.indiana.edu/~aids/042228\\_fact%20sheet.pdf](http://www.indiana.edu/~aids/042228_fact%20sheet.pdf)).

The Leadership Campaign on AIDS is a program of the Office of HIV/AIDS Policy—202-690-5560—[www.hhs.gov](http://www.hhs.gov).

Note: The models shown are for illustrative purposes only.

## What Can You Do?

- Protect yourself against HIV infection. Know the risks associated with sex and drug use.
- Get tested. It's important to know your HIV status to protect yourself and others.
- Get medical care and support if you're living with HIV. Effective treatments exist.
- Educate others about HIV/AIDS. Talk openly and honestly about prevention and treatment.
- Volunteer at a local HIV/AIDS organization.
- Post fact sheets about HIV/AIDS on bulletin boards and in local newsletters.
- Organize a community meeting. Invite educators, faith and business leaders, health care professionals, neighbors, and friends to talk about HIV/AIDS and its impact locally. Even if three people show up, change can happen!
- Help end the stigma associated with HIV/AIDS.
- Support HIV/AIDS observances such as National HIV Testing Day on June 27.
- Visit [www.omhrc.gov/hivaidsobservances](http://www.omhrc.gov/hivaidsobservances) for more ideas and resources.

## To Learn More

- National Alliance of State and Territorial AIDS Directors, *HIV Prevention Bulletins*, [www.nastad.org](http://www.nastad.org)
- National Rural Health Association, "HIV/AIDS in Rural America: Disproportionate Impact on Minority and Multicultural Populations," [www.nrharural.org/advocacy/sub/issuepapers/HIVAids.pdf](http://www.nrharural.org/advocacy/sub/issuepapers/HIVAids.pdf)
- Rural Center for AIDS/STD Prevention, *Fact Sheets About AIDS/STD Issues*, [www.indiana.edu/~aids/factsheets.html](http://www.indiana.edu/~aids/factsheets.html)
- University of California Center for AIDS Prevention Studies, "What Are Rural HIV Prevention Needs?" [www.caps.ucsf.edu/rural.html](http://www.caps.ucsf.edu/rural.html)
- U.S. Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau, *Tools for Ryan White CARE Act Grantees*, [www.hab.hrsa.gov/tools.htm](http://www.hab.hrsa.gov/tools.htm)