

# HIV/AIDS in Rural America: Prevalence and Service Availability



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## **Executive Summary**

With the availability of effective anti-retroviral therapies, Human Immunodeficiency Virus (HIV) disease has become a chronic disease. For the estimated 1.2 million Americans living with HIV/AIDS, adherence to regular medical care, in addition to medications, is crucial to HIV management and overall health maintenance. Many persons living with HIV/AIDS (PLWHA) face challenges in accessing needed health care. Lack of providers who accept and treat PLWHA is one important contributor to inconsistent utilization of health care services among PLWHA. Ryan White medical providers are the safety-net providers who offer primary care and referral services to PLWHA irrespective of their insurance status or ability to pay.

The report that follows addresses rural PLWHA, a population that has received little attention. First, the report examines the prevalence of HIV/AIDS in rural counties across 28 states in 2008. Only 28 states published county-level data and could be included in the analysis of rural HIV/AIDS prevalence, thus, prevalence data is not fully representative of all of rural America. Information was available for states in each major Census region (six of nine Northeastern states, 10 of 16 Southern states, eight of 12 Midwestern states, and five of 13 Western states). Second, the report examines the rural versus urban distribution of Ryan White providers, using information from the Health Resources and Services Administration's HIV/AIDS Bureau website. Ryan White providers, who provide care for uninsured and financially vulnerable individuals, serve nearly half of all PLWHA. While many individuals receive care from other sources, its national scope and large service population make the Ryan White Program a good proxy for the availability of services for PLWHA in rural counties. All 50 states are included in the analysis of Ryan White service availability. Overall, the report represents an initial attempt to portray the distribution of patients and services across the rural-urban continuum.

### **Key findings:**

#### HIV/AIDS Prevalence (28 states)

- The proportion of the population affected by HIV/AIDS is greatest in the South. In 2008, the overall prevalence of PLWHA was 247.8 per 100,000 among the 28 states that provided county-level data, with the South having the highest rate (307.2 per 100,000).
- Prevalence rates for HIV/AIDS in the 28 studied states were higher among urban counties than rural counties (274.6 per 100,000 in urban counties versus 91.0 across rural counties).
- Among rural counties studied, HIV/AIDS prevalence declined with rurality. The micropolitan rate was 98.2/100,000, while small adjacent counties had a rate of 90.2/100,000 and remote rural counties, 61.6/100,000. The Northeast was an exception.

In the Northeast the rate in small adjacent rural counties (86.4/100,000) was higher than in micropolitan rural counties (71.4/100,000) or remote rural counties (48.2/100,000).

- New York ranked first for overall prevalence of PLWHA (609.6 per 100,000) while South Carolina ranked first for *rural* prevalence of PLWHA (320.0 per 100,000) among the 28 states that provided county-level information. In South Carolina, rural PLWHA prevalence was greater than the overall state prevalence (320.0 versus 317.0 per 100,000 residents).

#### Ryan White Medical Providers (all 50 states)

- A higher proportion of rural counties (95%) lacked a Ryan White medical provider compared to urban counties (69%).
- Among rural counties, the proportion of counties lacking a medical provider increased as the level of rurality increased, from micropolitan rural (91% lacking a Ryan White Provider) to remote rural (98%).

#### PLWHA Living in Counties Lacking a Ryan White Medical Provider (28 states)

- Approximately one in seven PLWHA (14%) in 28 studied states lived in counties that did not have a Ryan White medical provider.
- The proportion of rural PLWHA who lived in a county without a Ryan White provider (74.8%) was markedly higher than the proportion of urban PLWHA living without a provider (11.0%).
- Across Census regions, the Midwest had the highest proportion of rural PLWHA living in counties without a Ryan White provider (97.4%) followed by the Northeast (80.6%), South (68.4%), and West (66.1%)

#### **Policy Implications**

- Medicaid expansions and health insurance exchanges outlined by the Patient Protection and Affordable Care Act may increase the number of health care options for low-income individuals who currently rely on Ryan White funding for medication and HIV/AIDS care.
- Practitioners with training and experience caring for PLWHA are essential for HIV/AIDS care. Low population density and, in general, lower prevalence rates make it difficult to devise economically viable service delivery programs for rural communities. Additional research is needed to identify techniques, such as distance education or telemedicine consultation, that can enhance the availability of quality medical care to rural PLWHA.