

Ending the HIV Epidemic: Addressing Challenges Specific to the Rural South



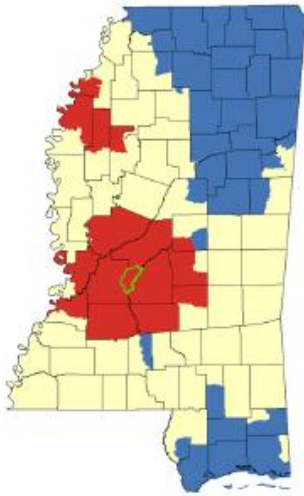
Leandro Mena, M.D., M.P.H.
Chair and Professor of Population Health Science



University of Mississippi Medical Center

Hotspot Cluster Map for HIV in Mississippi, 2008-2014

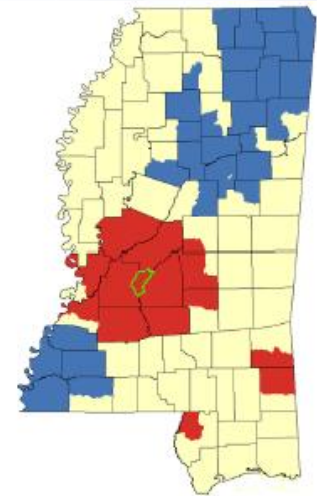
HIV rates per 100,000 population



HIV rates per 100,000 African Americans in Mississippi



Case counts among MSM in Mississippi



HIV Clustering in Mississippi: Spatial Epidemiological Study to Inform Implementation Science in the Deep South. Stopka T. et al. JMIR Public Health Surveill 2018

CHALLENGES AND OPPORTUNITIES IN HIV PREVENTION AND CARE IN THE RURAL SOUTH

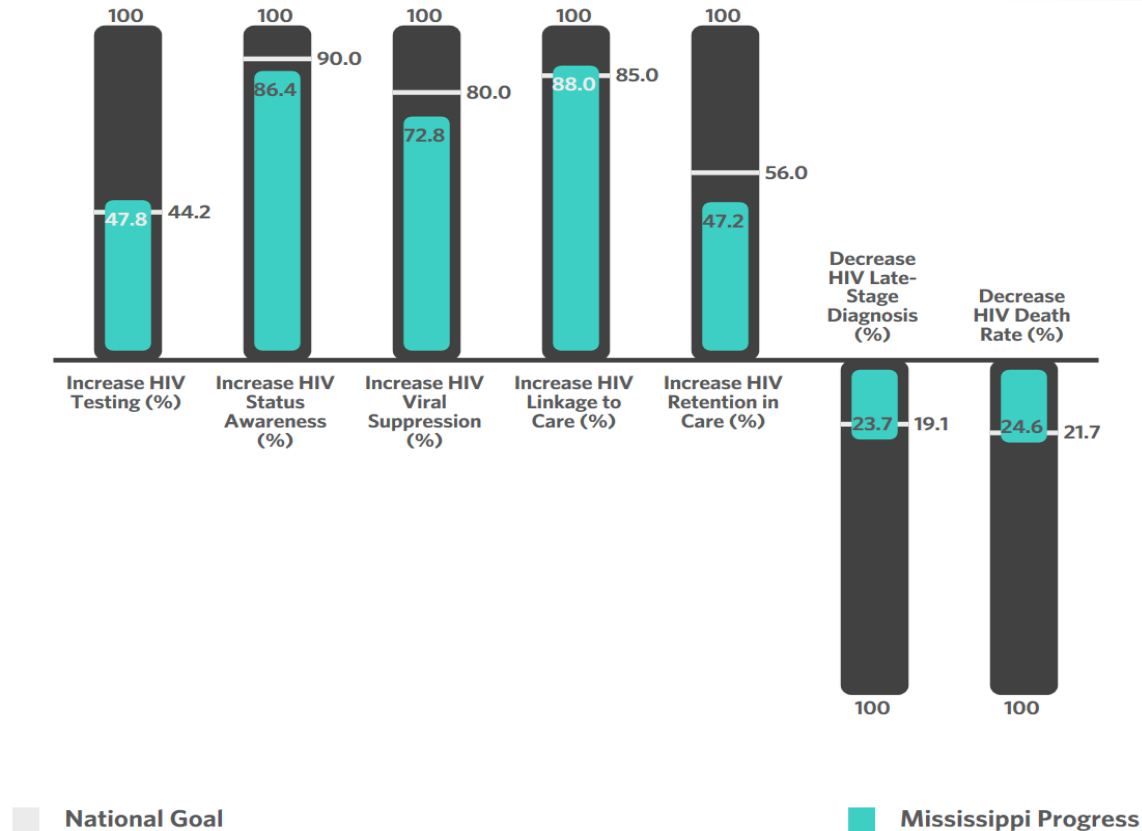
- **RURALITY:** large distances & shortage of health care providers
- **RACE:** Increased proportions of African Americans & racial disparities in health care
- **POVERTY**
- **POOR HEALTH INFRASTRUCTURE**
- **POOR IT INFRASTRUCTURE**
- **DISTRUST IN HEALTH CARE SYSTEM**
- **INADEQUATE FEDERAL FUNDING**
- **LACK OF EDUCATION**
- **UNDERESTIMATION OF PERSONAL RISK FACTORS**
- **ANTI-IMMIGRANT POLICIES & HEALTH-RELATED IMMIGRANT BILLS**
- **HIV STIGMA & "AGGRESSIVE HOMOPHOBIA"**

Adapted From Southern AIDS Coalition. Southern States Manifesto HIV/AIDS in the South: A call to action!
(2016 Update)

University of Mississippi Medical Center



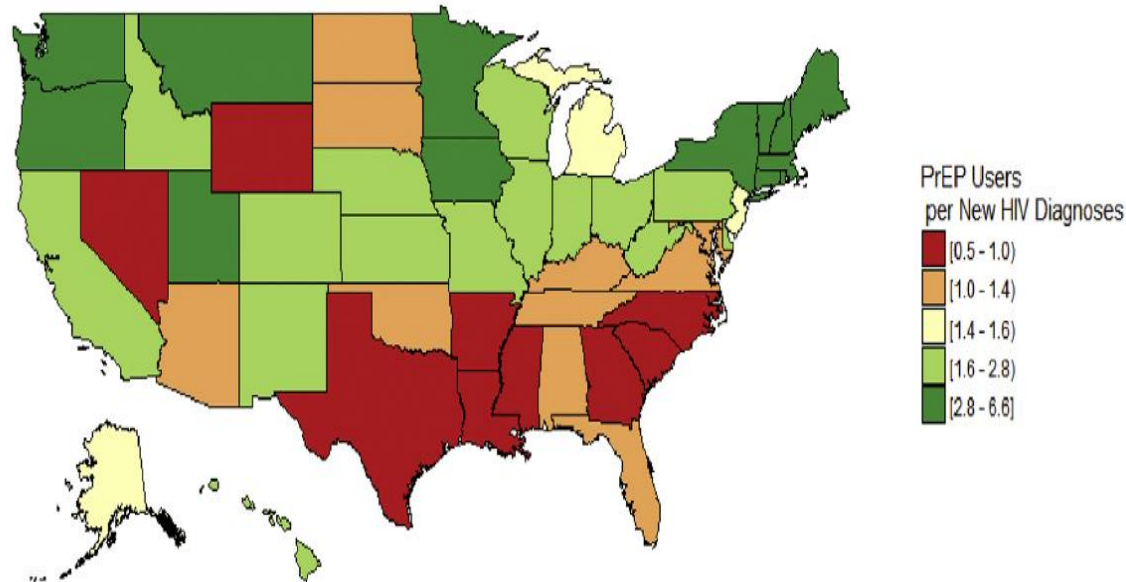
Mississippi Progress Towards National Prevention and Care Goals, 2016



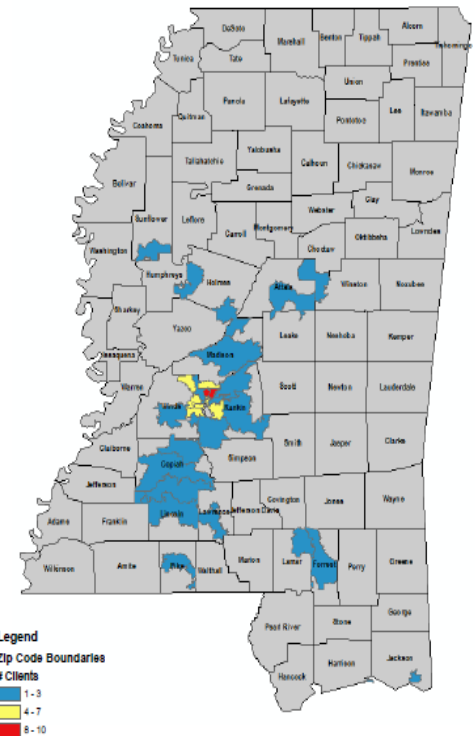
Source: <https://aidsvu.org/state/mississippi> accessed September 16, 2018

University of Mississippi Medical Center

Disparities between HIV Diagnosis and prep Users are largest in the South (Prep-to-need ratio)



Siegler AJ, et al., The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis to-need ratio in the fourth quarter of 2017, United States, *Annals of Epidemiology* (2018), <https://doi.org/10.1016/j.annepidem.2018.06.005>



PrEP Uptake Among YBMSM in Jackson

- Mean age 22.7 yr (18-29)
- **High risk (100%)**
- 66% non-exclusive sex partner
- Insurance (45%)

100% (108)
PrEP Education and Counseling

72%(78)
Willing to start PrEP

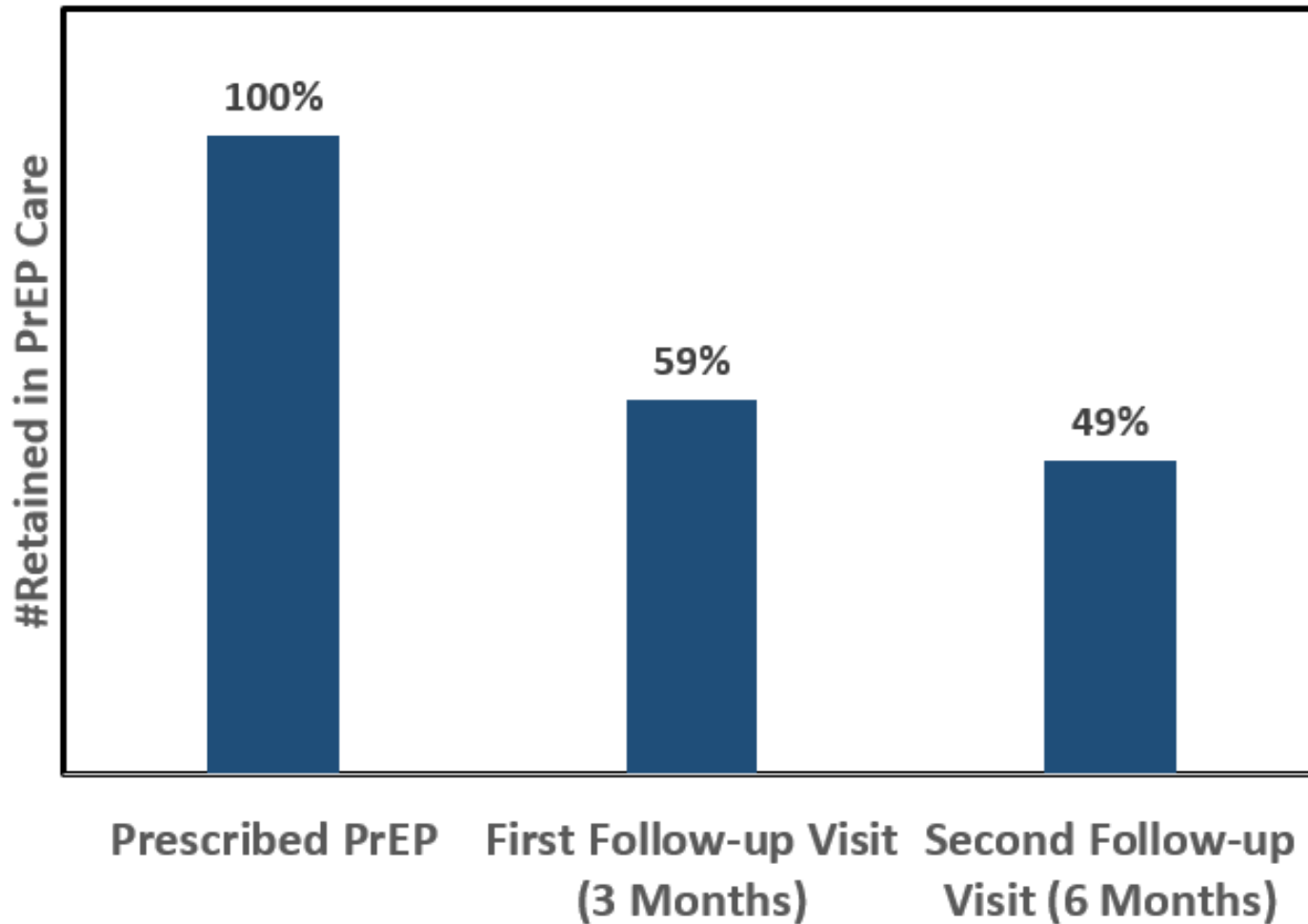
71%(77)
Scheduled Appointment

20%(22)
Made Appointment

15% (16)
Picked Up Rx

9%(10)
Attended 3
month FU

Retention in care among AAMSM 18-24 years old at the OAHCC PrEP Program



AAMSM age 18-24 years who were prescribed PrEP through 8/31/16 and given up to 3/31/17 to follow-up (allows 7 month window to follow up for 6 months)

Summary and Recommendations

- **Multiple factors beyond risk behavior are responsible for HIV disparities in the rural South**
- **HIV-related disparities can be reduced:**
 - **Facility based approaches**
 - A different way of thinking about existing healthcare delivery systems
 - Mobile clinics visiting hotspots routinely
 - **Community based approaches**
 - Engagement with organizations and places where at-risk people live and trust
 - Leverage community efforts to strengthen the HIV continuum
 - Do you really need to start PrEP at a physician's office?
 - **Quality improvement approaches** that address SDH
 - **Strengthening of surveillance systems** to support programmatic efforts
 - **Policy level changes to address the SDH**
 - Medicaid expansion
 - Multisectorial engagement