



Ending the Epidemic in Rural Oklahoma: A Path Forward

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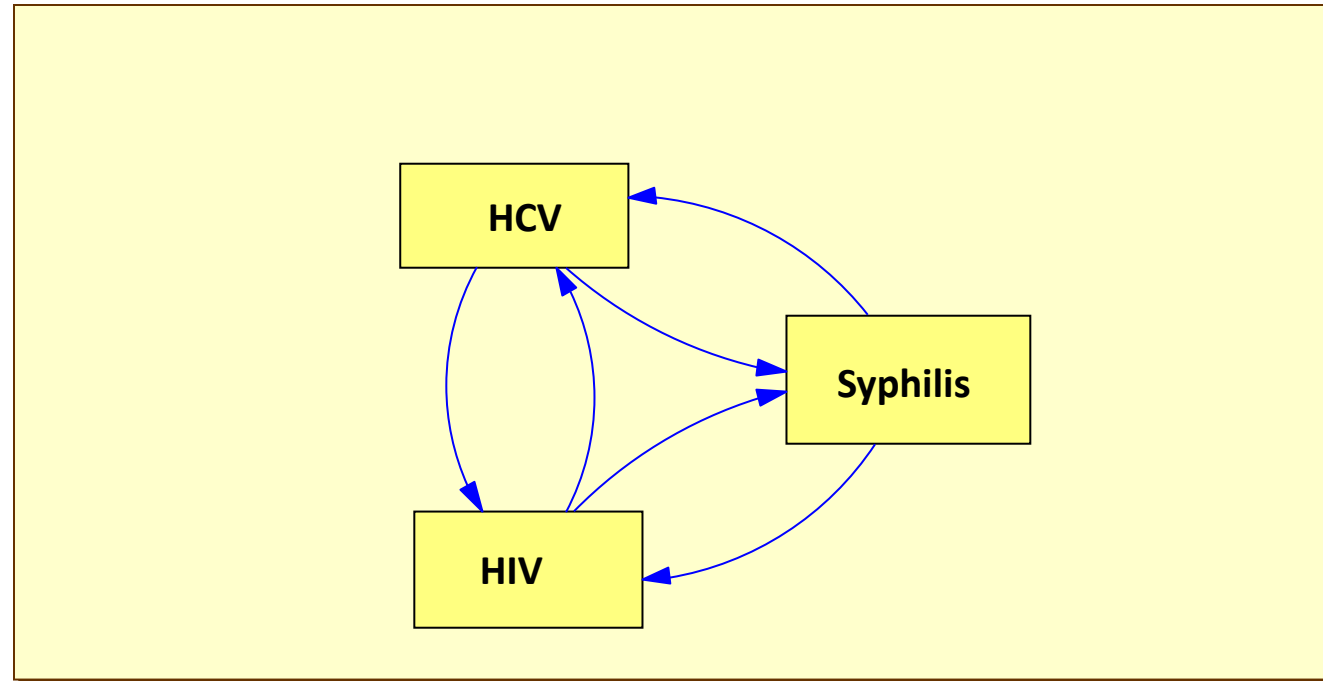


Ending the HIV Epidemic

- HIV in Oklahoma
- EHE Initiative
- What Have We Learned?
- Current Efforts
- Where Do We Go From Here?



HIV: Why Care?



- Two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population.



**Ending
the
HIV
Epidemic**

A Plan for America.
The U.S. Department of
Health and Human Services
is proposing an opportunity
to eliminate new HIV
infections in our nation.



Ending the Epidemic: A Plan for America

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Sexual Health
Research Lab

Centers for Disease Control and Prevention

MMWR

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Morbidity and Mortality Weekly Report

June 28, 2019

National HIV Testing Day — June 27, 2019

National HIV Testing Day, observed each year on June 27, highlights the importance of testing in detecting, treating, and preventing human immunodeficiency virus (HIV) infection. Early diagnosis is critical to controlling HIV transmission in the United States (1). With the aim of reducing the number of new infections in the United States by 90% in 10 years, the Ending the HIV Epidemic initiative initially will focus

HIV Testing in 50 Local Jurisdictions Accounting for the Majority of New HIV Diagnoses and Seven States with Disproportionate Occurrence of HIV in Rural Areas, 2016–2017

Marc A. Pitasi, MPH¹; Kevin P. Delaney, PhD¹; John T. Brooks, MD¹;
Elizabeth A. DiNenno, PhD¹; Shacara D. Johnson, MSPH¹;
Joseph Prejean, PhD¹



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TABLE 2. (Continued) Ever and past-year testing for human immunodeficiency virus (HIV) among adults aged ≥ 18 years — Behavioral Risk Factor Surveillance System, 50 local jurisdictions and seven states,* 2016–2017

Jurisdiction	No. of respondents [†]	Ever tested for HIV weighted % (95% CI)	Tested in past year for HIV weighted % (95% CI)
Seven states with disproportionate HIV occurrence in rural counties			
Alabama, total	12,098	39.4 (38.3–40.6)	11.0 (10.2–11.8)
Urban counties	7,442	40.8 (39.4–42.3)	12.1 (11.1–13.2)
Rural counties	4,656	36.8 (34.8–38.8)	8.8 (7.6–10.2)
Arkansas, total	9,268	33.7 (31.9–35.6)	9.1 (7.9–10.4)
Urban counties	5,206	35.8 (33.4–38.3)	10.6 (8.9–12.5)
Rural counties	4,062	30.9 (28.3–33.6)	7.1 (5.7–8.8)
Kentucky, total	16,937	33.8 (32.6–34.9)	7.2 (6.6–7.9)
Urban counties	8,887	36.3 (34.7–38.0)	8.0 (7.1–9.0)
Rural counties	8,050	29.9 (28.4–31.4)	6.0 (5.3–6.9)
Mississippi, total	8,984	40.2 (38.7–41.7)	12.7 (11.6–13.9)
Urban counties	4,207	44.3 (42.2–46.5)	14.3 (12.7–16.1)
Rural counties	4,777	35.4 (33.4–37.4)	10.9 (9.5–12.4)
Missouri, total	13,446	34.3 (33.1–35.5)	8.3 (7.5–9.1)
Urban counties	9,031	36.4 (34.8–37.9)	9.3 (8.4–10.4)
Rural counties	4,415	29.1 (27.1–31.3)	5.6 (4.5–6.8)
Oklahoma, total	11,952	29.7 (28.6–30.9)	6.8 (6.2–7.6)
Urban counties	7,365	30.7 (29.2–32.2)	7.4 (6.5–8.4)
Rural counties	4,587	27.8 (26.0–29.7)	5.7 (4.8–6.9)
South Carolina, total	19,983	37.4 (36.4–38.3)	10.6 (9.9–11.3)
Urban counties	14,201	37.7 (36.5–38.8)	10.5 (9.8–11.4)
Rural counties	5,782	36.1 (34.3–38.0)	10.9 (9.6–12.4)

Abbreviation: CI = confidence interval.

* Urban and rural classifications were derived from 2010 U.S. Census. Counties with <50% of the population residing in areas defined as rural were classified as urban counties. Counties with $\geq 50\%$ of the population residing in areas defined as rural were classified as rural counties. The 50 local jurisdictions (48 counties, the District of Columbia, and San Juan, Puerto Rico) accounted for the majority of new HIV diagnoses, and the seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina) experienced disproportionate occurrence of HIV in rural areas, as identified from HIV diagnoses made during 2016–2017 and reported to the National HIV Surveillance System through June 2018. Diagnosis data from 2017 were considered preliminary.

[†] Number of respondents with “yes” or “no” response to question about ever testing for HIV.





Previous Work



Previous Studies & Findings

AIDS Education and Prevention, 29(4), 315–329, 2017
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BARRIERS TO ACCESS AND ADOPTION OF PRE-EXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN A RELATIVELY RURAL STATE

Randolph D. Hubach, Joseph M. Currin, Carissa A. Sanders,
André R. Durham, Katherine E. Kavanaugh, Denna L. Wheeler,
and Julie M. Croff

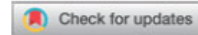
- Breakdowns in the PrEP continuum for rural MSM
- Low uptake among rural MSM
- Geographic isolation
 - Access to providers
 - LGBT-sensitive medical care
- Limited HIV & STI screening
- PrEP and HIV-related stigma
 - Structural level
 - Within group




Previous Studies & Findings

JOURNAL OF GAY & LESBIAN SOCIAL SERVICES
2017, VOL. 0, NO. 0, 1–8
<https://doi.org/10.1080/10538720.2018.1378145>

 **Routledge**
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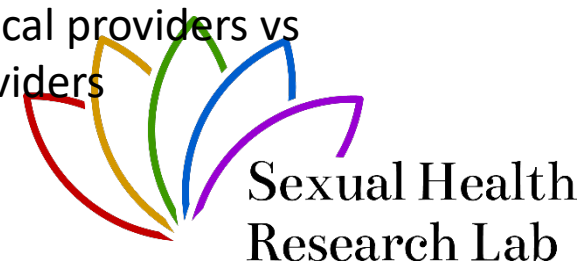
 Check for updates

Predicting disclosure of MSM status to providers in a primarily socially conservative state

Joseph M. Currin  and Randolph D. Hubach

Oklahoma State University, Stillwater, Oklahoma, USA

- Aimed to predict what influences MSM to inform their providers of their sexual behaviors
- Age
 - For every year decrease in age, the odds were 4% higher that a participant inform their provider
- Level of disclosure
 - For every unit decrease in NOS-D (overall disclosure in one's life) there was a 3% decrease in the odds that a person would disclose to a provider
 - Disclosure to medical providers vs mental health providers



Previous Studies & Findings

THE JOURNAL OF **RURAL HEALTH**



ORIGINAL PAPER

ORIGINAL ARTICLE

Interface of Internalized Homophobia and Community Connectedness on Frequency of Doctor's Visits for Rural and Urban MSM in Oklahoma

Joseph M. Currin, PhD ;¹ Zachary Giano, PhD ;² & Randolph D. Hubach, PhD, MPH

¹ Department of Psychological Sciences, Texas Tech University, Lubbock, Texas

² Department of Rural Health, Oklahoma State University Center for Health Sciences, Tulsa, Oklahoma

Assessing the Health Care Experiences of Rural Men Who Have Sex with Men (MSM)

Zachary Giano, PhD
Randolph D. Hubach, PhD, MPH
Hunter J. Meyers, BS
Kyle R. DeBoy, BS
Joseph M. Currin, PhD
Denna L. Wheeler, PhD
Julie M. Croff, PhD, MPH



Sexual Health Programming

- Programming must be...
 - Available
 - Accessible
 - Acceptable
- Evidence-Based Programs
 - Culturally-relevant
 - Community-engaged
 - Address unique barriers facing communities




Previous Studies & Findings

Archives of Sexual Behavior
<https://doi.org/10.1007/s10508-019-01612-x>

ORIGINAL PAPER

Perceived Confidentiality Risks of Mobile Technology-Based Ecologic Momentary Assessment to Assess High-Risk Behaviors Among Rural Men Who Have Sex with Men

Randolph D. Hubach¹  · Andrew O'Neil¹ · Mollie Stowe¹ · Zachary Giano¹ · Brenda Curtis² · Celia B. Fisher³




Previous Studies & Findings

SEX EDUCATION, 2017
<https://doi.org/10.1080/14681811.2017.1355298>

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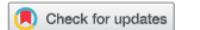
 Check for updates

How gay and bisexual men compensate for the lack of meaningful sex education in a socially conservative state




Joseph M. Currin^a , Randolph D. Hubach^a, André R. Durham^b, Katherine E. Kavanaugh^a, Zachary Vineyard^a and Julie M. Croff^a

JOURNAL OF HOMOSEXUALITY
<https://doi.org/10.1080/00918369.2019.1616429>

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 Check for updates

Sex-Ed without the Stigma: What Gay and Bisexual Men Would like Offered in School Based Sex Education

Joseph M. Currin, PhD , Randolph D. Hubach, PhD, MPH , and Julie M. Croff, PhD, MPH 



Previous Studies & Findings

AIDS PATIENT CARE and STDs
Volume 34, Number 11, 2020
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DOI: 10.1089/apc.2020.0170

Preferred Methods of HIV and Sexually Transmissible Infection Screening Delivery Among a Rural Sample of Men Who Have Sex with Men

Randolph D. Hubach, PhD, MPH,¹ Andrew M. O'Neil, BA, BS,¹ Mollie Stowe, MS,¹ Justin Hamrick, MPH,¹ Zachary Giano, PhD,¹ and Joseph M. Currin, PhD²

ORIGINAL STUDY: PDF ONLY

Rural College Students' Amenability Towards Using At-Home HIV and STI Testing Kits

Hubach, Randolph D. PhD, MPH¹; Mahaffey, Carlos PharmD, MPH²; Rhoads, Kelley PhD²; O'Neil, Andrew M.¹; Ernst, Campbell MAT¹; Bui, Lynn X.¹; Hamrick, Justin MPH¹; Giano, Zachary PhD¹

Author Information 

Sexually Transmitted Diseases: March 16, 2021 - Volume Publish Ahead of Print - Issue -
doi: 10.1097/OLQ.0000000000001374



Previous Studies & Findings

Assessing the Amenability of Rural MSM to Using Telemedicine for Medical and Mental Healthcare

*Randolph D. Hubach,^a Andrew M. O'Neil,^a Justin Hamrick,^a
Campbell Ernst,^a Mollie Stowe,^a Tanner Stone,^a Garrett Collins,^a Lucy
Duran Camacho,^a Zachary Giano,^a and Joseph M. Currin^b*





What Is Being
Done?

HRSA Rural HIV Planning Grants

- Development of an integrated rural HIV health network for HIV care and treatment to address key strategies identified in the EHE

Grantee Organization	City	State
Cherokee County Health Services Council, The	Tahlequah	OK
Rural Health Project Inc.	Enid	OK
Stigler Health & Wellness Center, Inc.	Stigler	OK



HRSA EHE Primary Care HIV Prevention Awards

- Expand HIV prevention and treatment, including pre-exposure prophylaxis (PrEP) related services, outreach, and care coordination.

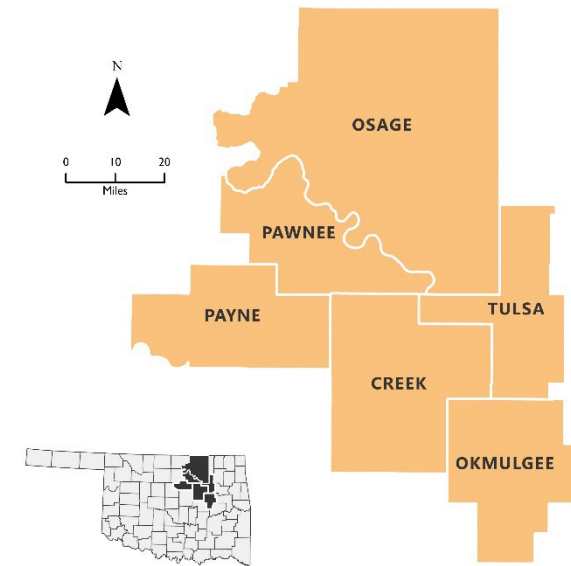
Oklahoma received three awards totaling \$1,044,712 in funding.

ORGANIZATION NAME	CITY	STATE
COMANCHE COUNTY HOSPITAL AUTHORITY	LAWTON	OK
GREAT SALT PLAINS HEALTH CENTER, INC.	CHEROKEE	OK
STIGLER HEALTH AND WELLNESS CENTER	STIGLER	OK



SAMHSA: Project G.R.O.W.

- \$1m; 5-year project led by Oklahoma State University - Community Wellness Programs (OSU-CWP)
- Increase the capacity of community stakeholders to implement comprehensive community-based substance misuse and HIV prevention education
- Develop and implement culturally competent public messaging and awareness campaigns
- Enhance the HIV Care Continuum in the catchment area by implementing secondary prevention methods to identify new HIV cases
- Enhance linkage to and retention in substance abuse services
- Provide culturally competent education and training to substance use disorder treatment and other healthcare providers



CDC Foundation: At-Home Testing



hope.
testing

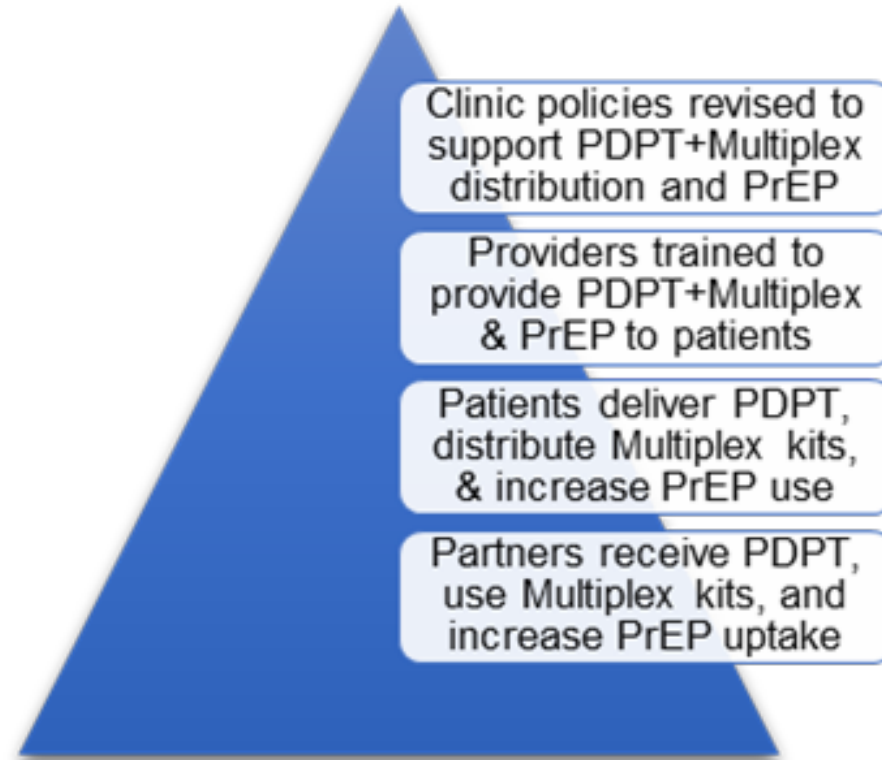


NIH: e-HERO

- *Goal → to increase HIV and syphilis testing and linkage to care, increase condom use, and promote PrEP uptake*
- Multi-level intervention
 - **mHealth:** culturally tailored modules to address social determinants hindering HIV primary and secondary prevention in rural communities
 - **Peer mentors:** deliver theoretically guided sessions via telementoring technology to support self-testing and PrEP use among participants and partners
 - **Testing:** Insti Multiplex HIV/syphilis duo self-testing kits
 - **Linking:** Optimizing PrEP prescribing/referrals and linkage to HIV care through engagement of local community-based organizations and providers



NIH: 3T-Prevent



**A WAY
FORWARD**



A Way Forward

- Expanding HIV prevention and care out of urban centers
 - Community-driven initiatives
- Stigma reduction and awareness campaigns
- Community-academic partnerships
 - Building local capacity
 - Writing for HIV and harm reduction funding
 - HRSA
 - SAMHSA
 - CDC



Thank You

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