HIV Prevention in Alaska: Reaching Rural Populations

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BACKGROUND

Approximately 48% of the cumulative cases of HIV through 2005 were in the “men who have sex with men” (MSM) population, and almost 40% of recent (2003-2007) HIV cases in Alaska were MSM. The design and implementation of HIV prevention programs targeted to the MSM population have been especially challenging in rural areas.1


KEY LESSONS LEARNED

- Community and cultural influence self identification, which affect prevention.
- Urgent medical demands and heavy workloads overshadow providers’ time, interest, and commitment toward prevention efforts.
- Alcohol consumption is a consistent factor associated with risky sexual behavior.
- Alaska’s unique seasonal employment and tourist opportunities may contribute to risky sexual behaviors and pose difficult barriers for conveying health messages.

ASSESSMENT FINDINGS

Organization and Program-Level Discussion Points
- Social, cultural, and economic factors influence health-related behaviors (isolation, mental health, alcohol use/abuse, poverty).
- Stigmatization — close community ties and the church impede HIV testing and follow-up.
- Economics resulting in outmigration from rural communities.

Provider-Level Discussion Points
1) Strengths — What Has Worked
- Brochures and videos on HIV, STIs, and safer sex.
- Multiple service providers spreading HIV prevention messages (mayor, fire department, EMS).
- Radio stations, PSAs, and online announcements.
- Condoms in public areas, vending machines, bars.

2) Challenges — What Has Not Worked
- Information too focused on a specific population.
- Low attendance at organized activities.
- Trainings need to target substance abuse and treatment component.

3) Barriers Encountered
- Limited number of trained staff in rural areas.
- Clinic staff may know or be related to patients.
- Weather conditions, especially related to travel.
- Cost and accessibility of testing.

4) Ways for Improving Services and Activities
- Availability and accessibility of HIV testing.
- Dedicated full-time staff member to travel to rural sites, to provide education and testing.
- Training on confidentiality issues for clinic staff.
- Inform seasonal workers on HIV prevention.
- Respect and listen to village members.

RECOMMENDATIONS

- Promote an integrated model of health care.
- Provide a wide range of HIV testing options and products.
- Support health care professionals’ training efforts as a part of HIV case management.
- Frame HIV prevention and related health messages in a broad context without specifically targeting the MSM population.
- Expand the use of electronic and digital communication for HIV prevention messages.
- Conduct ongoing studies (including online projects) to improve HIV prevention interventions in challenging populations and environments.

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