

## **HIV: A growing public health threat in rural Minnesota**

### ***Misconceptions persist; many individuals remain undiagnosed***

During 2008, Rural AIDS Action Network experienced a 25 percent increase in the number of clients living with HIV/AIDS. The increase means more people are getting tested and receiving the support they need to enhance their quality of life while living with the HIV virus.

Still, many individuals remain undiagnosed as they participate in high-risk behaviors. Perhaps most worrisome is that nearly 25 percent of infected individuals are unaware of their HIV status, according to the Centers for Disease Control. Because they may be symptom-free for up to a decade, they can continue to infect others unknowingly.

It's been more than a quarter century since the human immunodeficiency (HIV) virus was first identified in the United States, many people still believe that the virus and the disease it causes – AIDS – primarily affect homosexuals in large, urban communities. In fact, HIV infections are growing throughout rural Minnesota, with an increasing number of diagnosed cases among heterosexual men and women.

Because of the growing and increasingly diverse number of HIV/AIDS cases being diagnosed, RAAN opened a new office in Moorhead during 2008 and an additional office is planned for southwestern Minnesota. These sites are in addition to our programs based in Little Falls, Mankato, Bemidji, Alexandria, Hibbing, and Mora.

RAAN has increased the level of medical case management support, and is implementing a Health Literacy Project to help clients learn more about standards of care. We have expanded the reach of our HIV/AIDS education and prevention messages, while partnering with other social service organizations to enhance outreach and testing among Latino populations.

According to the Minnesota Department of Health, there are nearly 6,000 HIV/AIDS cases in the state, a five percent increase since 2006. Across rural Minnesota, half of RAAN's clients are living at or below federal poverty guidelines. Thirty two percent of RAAN clients are women, and 31 percent are people of color, including African-born immigrants. Nearly as many clients report being infected with HIV through heterosexual sex (37 percent) as by gay sexual contact (38 percent). Seven percent of clients believe they acquired the virus through injection drug use.

Bottom line: HIV/AIDS is not a "gay disease." According to the Centers for Disease Control, an individual may be at increased risk for infection if they have:

- ∞ injected drugs or steroids, during which equipment (such as needles, syringes, cotton, water) and blood were shared with others;
- ∞ had sex without using condoms with men who have sex with men, multiple partners, or anonymous partners;
- ∞ exchanged sex for drugs or money;
- ∞ been given a diagnosis of, or been treated for, hepatitis, tuberculosis, or a sexually transmitted disease such as syphilis;
- ∞ received a blood transfusion or clotting factor between 1978 and 1985;
- ∞ had unprotected sex with someone who has any of the risk factors listed above.

## **Myths and misconceptions**

The growing HIV infection rate is fostered in part by dangerous misconceptions that persist:

- ∞ AIDS is a “gay disease,” affecting only homosexuals.
- ∞ The HIV virus is transmissible by mosquito bites.
- ∞ AIDS is curable.
- ∞ HIV-positive status is an immediate death sentence
- ∞ An infected person cannot pass on the virus if he or she is being treated.
- ∞ AIDS is a problem only in Africa.
- ∞ Sterile needles remain sterile even after they’re removed from the packaging and shared with other injected drug abusers.
- ∞ Birth control pills offer protection from HIV and other sexually transmitted diseases;

## **Confidential, free testing**

An individual can determine his or her risk factors for contracting HIV by visiting RAAN’s Web site at [www.raan.org](http://www.raan.org) or calling 800-966-9735 to schedule a free, confidential HIV test and get information about HIV prevention.

RAAN is using a new test that provides results in 20 minutes. A swab is taken of the subject’s cheek. A line appears on the test stick indicating either reactive or non-reactive results based on the presence or absence of HIV antibodies.

If an individual is HIV positive, quick access to appropriate medical care can lead to better outcomes. The new HIV/AIDS treatments can significantly enhance the quality and length of life. Years ago, an individual would take 20 to 30 pills twice a day. Current treatment options could be as little as one pill twice a day.

HIV/AIDS doesn't necessarily mean an immediate death sentence. People with HIV can live for many years—if they receive an early diagnosis and appropriate care. The responsible action for at-risk individuals to take is getting a confidential, free HIV test—for their own health and the health of others.