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### **Rural Minnesota's Growing HIV Public Health Threat**

Many people believe that the HIV virus and the disease AIDS primarily affect homosexuals in large, urban communities. Truth of the matter is that HIV infections are growing throughout rural Minnesota, with more cases being seen among heterosexual men and women, as well as immigrants from Latin America and Africa.

The organization I lead, the Rural AIDS Action Network (RAAN), is a nonprofit, community-based organization whose mission is to organize, develop and sustain caring communities of professionals and volunteers that serve and support persons living with, affected by, or at risk for HIV/AIDS in rural Minnesota.

Because of the growing and increasingly diverse number of HIV/AIDS cases being diagnosed, RAAN is expected to open two additional offices in southwestern and northwestern Minnesota during 2008. These offices will complement our other staff in Little Falls, Mankato, Bemidji, Alexandria, Hibbing and Mora.

#### **HIV Status Report**

According to the Minnesota Department of Health there are nearly 6,000 HIV/AIDS cases in Minnesota, an increase of 325 newly diagnosed HIV cases.

Across rural Minnesota, 29 percent of RAAN's clients are women, and more than one-third of the clients are people of color, including more African-born immigrants. And, as many clients report being infected with HIV through heterosexual sex (37%) as

gay sexual contact (38%). Seven percent of clients believe they acquired the virus through injection drug use, according to the latest statistics.

Bottom line – this is not a “gay disease.” Anyone can be at-risk depending on their lifestyle and behaviors.

Nearly 30 percent of infected individuals are unaware of their HIV status, and they may be symptom-free for up to a decade, continuing to unknowingly infect others. And to heap insult upon injury, 55 percent of RAAN’s clients are below the federal poverty guidelines. So issues like access to quality medical care and transportation are big issues that enable RAAN to step in and offer assistance, expert guidance, and a good dose of moral support and compassion.

### **Myths and Misconceptions**

The growing HIV threat is fostered in part by dangerous misconceptions that persist 26 years after the HIV virus was first identified in the U.S.

Here are the most common ones we hear in our public health work:

- ∞ AIDS is a ‘gay disease,’ affecting only homosexuals;
- ∞ the HIV virus is transmissible by mosquito bites;
- ∞ AIDS is curable;
- ∞ an infected person cannot pass on the virus if he/she is being treated;
- ∞ AIDS is only a problem in Africa;
- ∞ sterile needles remain sterile even after they’re removed from the packaging and shared with other injected drug abusers;
- ∞ the birth control pill offers protection from HIV and other sexually transmitted diseases;

∞ and, HIV-positive status is an immediate death sentence.

### **Confidential, Free Testing**

What can we do to staunch this public health problem? RAAN is reaching out to communities at increased risk of HIV infection, including African American and Latino populations, both of which are disproportionately affected with HIV when compared to other demographic groups in Minnesota and the United States.

Rural AIDS Action Network is encouraging at-risk rural Minnesotans to receive free, confidential HIV testing and counseling. Our message is simple: get informed, get tested.

To determine your risk factors for contracting HIV, please visit [www.raan.org](http://www.raan.org) or call the toll-free hotline – 800-966-9735 – to schedule a free, confidential HIV test and to receive information about HIV prevention.

RAAN is now 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.

Testing and education also helps people who test *negative* get the information they need to stay uninfected.

HIV/AIDS doesn't necessarily have to be a death sentence. For at-risk individuals, getting a confidential, free HIV test is the responsible action to take for their health and the health of others.