

### You can live well with HIV

SAYFSM services will help you find direction and hope.

These programs and services are available for you at SAYFSM:

- Emotional and spiritual support group for Africans living with HIV
- HIV counseling and testing
- HIV/AIDS prevention education
- Prevention intervention and health education for HIV positives
- Culturally and linguistically sensitive educational materials
- Medical case management
- Care advocacy
- Mental Health Counseling
- Resources and referral for housing, employment, public assistance, food shelf, clothing, schooling, legal, household items, and other needs.

### FREE HIV Testing Sites

SAYFSM----- 651-644-3983  
 Clinic 555 ----- 651-266-1255  
 Red Door ----- 612-543-5555

### Our address:

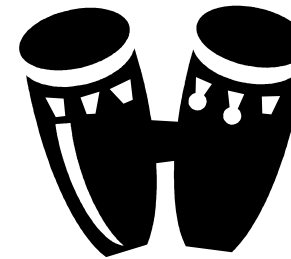
SAYFSM  
 2395 University Avenue, #200,  
 St. Paul, MN 55114

Telephone No.: (651) 644-3983  
 E-mail: [info@sayfsm.org](mailto:info@sayfsm.org)  
 Website: [www.sayfsm.org](http://www.sayfsm.org)

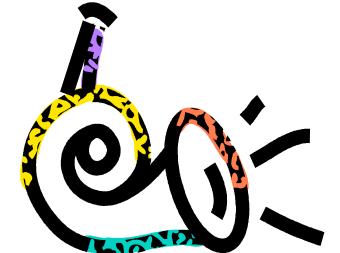


Sub-Saharan African Youth & Family Services in Minnesota (SAYFSM) provides culturally sensitive and linguistically appropriate HIV/AIDS education and social services to all Africans in Minnesota.

Providing culturally appropriate services



# Mbiu



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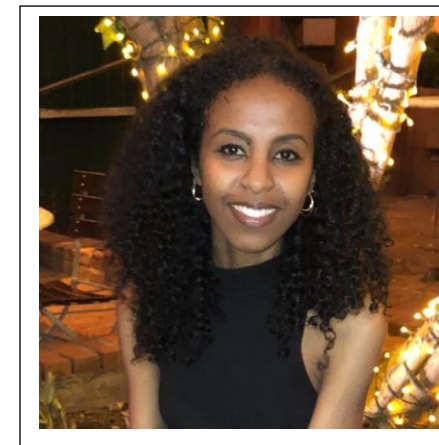
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651-644-3983

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## HIV diagnoses in Minnesota – Interpreting and applying recent data



Hawi Teizazu, MPH, PhD

This brief piece highlights recent data on HIV and illustrates it can be used to better understand the HIV burden facing Sub-Saharan Africans living in Minnesota. Although data alone cannot stop the HIV epidemic, collecting and unpacking data is a necessary step in developing evidence-based strategies.

With that in mind, this article explores recent data on HIV diagnoses to understand the primary causes of new HIV cases, identify which groups are being impacted, and suggests how this information can be used to direct community prevention efforts.

### *Understanding HIV infections in Minnesota*

Despite a decrease in HIV diagnoses in recent decades, numbers for 2021 showed a 30% increase in newly diagnosed cases when compared to the number of new cases in 2020. It cannot be assumed that 2021 reflects a shift in HIV trends, but it is important to take this increase in cases seriously by exploring the factors underlying the rise of HIV cases in 2021.

### *HIV among African-born people in Minnesota*

The diagnosis rate among Minnesotans who reported an African country of birth is 15 times higher than the diagnosis rate among the White non-Hispanic population.

About 40 percent of African-born people who received an HIV diagnosis in 2021 were diagnosed with AIDS within a year, which suggests that African-born people in Minnesota are living with HIV long before their initial diagnosis. Adding gender to this analysis shows that African-born women are being disproportionately impacted by HIV. Out of all women in Minnesota who were diagnosed with HIV in 2021, 39% were African-born. Comparatively, 9% of men who were diagnosed with HIV in 2021 were African-born.

### *Exposure to HIV*

The mode of exposure for the majority of cases was undisclosed, but sexual behavior was cited as the most factor among cases where mode of exposure was identified. Although this was true among men, this was not true for women. For the first time, injection drug use was the most commonly reported mode of transmission among women.

### *Using data to improve HIV-related health efforts*

The information shared regarding HIV diagnoses in Minnesota provide fertile soil on which to build and modify prevention efforts, particularly as they relate to Minnesota's large and diverse African-born population. Below are ways that advocates can build on the information shared in this article.

1. Advocating for data: additional information about HIV is needed to inform prevention strategies for African-born communities. For example, information about the mode of exposure for cases among African-born migrants would provide valuable insight.
2. Recognizing injection drug use (IDU) in African-born communities: IDU is a growing threat to the health and wellbeing of African-born people in Minnesota. This is evidenced by the number of deaths attributed to substance abuse disorders, as well as in the growing proportion of HIV diagnoses that are attributed to IDU. The

3. strategies to eliminate the relationship between HIV and IDU are multifold. They include harm reduction efforts that facilitate access to clean and sterile equipment, as well as ensuring access to treatment services and medication. It is equally necessary to begin to address the stigma of IDU to promote the wellbeing of sufferers and their communities.
4. Doubling-down on prevention efforts: perhaps the most troubling finding related to HIV diagnoses in African-born communities is the rate at which HIV progresses to AIDS. To reiterate, 40 percent of African-born people who received an HIV diagnosis in 2021 were diagnosed with AIDS by April of 2022. This suggests that many were living with HIV before receiving an official diagnosis, and points to the need for consistent efforts to promote HIV testing among African-born Minnesotans.
5. Promoting strategies for African-born women: although targeted efforts to prevent new cases should recognize the impact that HIV has on all groups, there should be a concerted effort to understand and address why the HIV diagnosis rate is higher among African-born women when compared to women from different racial and ethnic backgrounds.

For more information on HIV in Minnesota, please visit the Minnesota Department of Health website or contact their Infectious Disease Epidemiology, Prevention and Control Division.

Data sources:

Minnesota Department of Health HIV prevalence and mortality report 2021  
<https://www.health.state.mn.us/diseases/hiv/stats/2021/inctables.pdf>

## **Let's Fight HIV - not those living with HIV**

People don't want to know if they have HIV, because they are afraid their family and community will judge and reject them. Everyone needs to know they will always be loved and supported even if they have HIV/AIDS.

The virus that causes AIDS is not spread through touch, saliva, tears, sneezing, coughing, or any type of casual contact. HIV is spread mainly through exposure to semen, vaginal fluid, anal fluid, blood, or breast milk from a person who is HIV positive.



## **Covid-19 is on the rise!**

The prevalence of COVID-19 is increasing once again. The ongoing COVID-19 epidemic is impacting our communities disproportionately.

It is evident that the African immigrant community and people of color, including their children, are particularly vulnerable.

Therefore, it is advisable to prioritize vaccination to safeguard both ourselves and our families from the risks associated with the virus.