

# Positively Hennepin

HIV: PREVENTABLE. TREATABLE. STOPPABLE

## Progress report

April 2018



Hennepin County  
Public Health

# Vision

We envision a Hennepin County where—

- All people living with HIV/AIDS have healthy, vibrant lives
- There are NO new HIV infections
- All people have equitable access to HIV prevention and health care services

## Executive summary

This is the first progress report on Hennepin County's ambitious, comprehensive strategy to end our HIV epidemic. Detailed in this progress report are:

- baseline evaluation of Positively Hennepin's ten milestones, which measure progress on our journey to ending the HIV epidemic
- steps that Positively Hennepin has taken—in partnership with the Ryan White Program, programs across Hennepin County Government, state and city governments, HIV-service providers, and community leaders—to coordinate our response to the HIV epidemic
- strategies moving forward that build upon the successes of the last year and draw increased attention to communities that HIV hits hardest

A laser focus on reducing HIV-related health disparities, promoting health equity, and achieving a fully integrated public and private response to the epidemic are operating principals that guide Positively Hennepin.

Baseline evaluation shows that we are in a solid position to achieve many of the strategy's ten milestones by 2019. We are near to hitting select milestones measuring retention in HIV care, viral suppression, and HIV testing rates. However, our milestones also indicate that more progress is needed to achieve health equity among black and Latino communities.

### The goals

- A. Decrease new HIV infections
- B. Ensure access to and retention in care for people living with HIV (PLWH)
- C. Engage and facilitate the empowerment of communities that HIV hits hardest to stop new infections

### Hard-hit communities

- Young gay, bisexual, and other men under 30 years of age who have sex with men
- Men of color, in particular African-born men and African American men and Latinos who are gay, bisexual, or have sex with men (gay/bi/MSM)
- Women of color (cisgender and transgender in particular), women who are African-born, African-American, or Latina

Milestones measuring HIV-status awareness, PrEP use, housing stability for low-income people living with HIV (PLWH) require further development to establish complete baseline measurements. PrEP is a once-a-day pill that, when taken as prescribed, greatly reduces the risk of infection for HIV-negative people.

Retention-in-care and viral-suppression milestone data are not being released for Latinas living with HIV due to guidance from the CDC. We are working with our partners at MDH on how to appropriately measure how the epidemic affects Latina residents.

Steps being taken with partners across all sectors of society are outlined in the strategy's twenty-six policy tactics. The Board of Commissioners authorized these twenty-six tactics to achieve Positively Hennepin's vision and goals. Since the strategy launched in December 2016, steps have been taken that implement nearly every tactic.

In 2018, work on the strategy's twenty-six tactics will continue to reduce health disparities, to promote health equity, and to integrate the public and private response to the virus. Highlights of the strategy future work includes:

- Creating an emergency plan for a foreseeable HIV outbreak among people who inject drugs
- Building an integrated public response to HIV
- Building data methodologies to measure HIV-status awareness, PrEP use, and housing stability
- Focusing on black and Latino communities
- Engaging American Indian and transgender community members and leaders

Positively Hennepin was created on the promise to leverage HIV-treatment advances that make it impossible for people living with undetectable HIV to pass the virus to the sexual partners. This strategy was built on the legacy of President Obama's National HIV/AIDS Strategy, Medicaid expansion, and the Affordable Care Act's ban on health-insurance discrimination based on HIV status. But, most important, Positively Hennepin's philosophy is a continuing covenant to honor the irreplaceable loved ones lost to HIV/AIDS and the people living with the virus today.

Changes at the federal level make uncertain times for the people who feel the threat of HIV most acutely. Flux affecting immigration, health-insurance, and LGBT policies put those living with the virus and those at high risk for infection in particular jeopardy. But Hennepin County residents can rest assured that Positively Hennepin — in partnership with each sector of society and those whom the virus hits hardest — will continue on its journey to ending our HIV epidemic.

## Milestone baseline data

To measure progress on achieving Positively Hennepin's vision, the strategy has ten milestones to hit by 2019. Data for the HIV epidemic in 2016 are the baseline for our milestones. Seven of these milestones measure aspects of the HIV care continuum in Hennepin County. Two milestones measure important tools that prevent new infections: HIV testing and PrEP use. PrEP is a once-a-day pill that greatly reduces the risk of HIV infection when taken as prescribed. The last milestone measures housing stability among low-income people living with HIV.

Milestones measuring HIV-status awareness, PrEP use, and housing require further development before baseline data can be gathered. While methodology exists to estimate the percent of PLWH who are aware of their status across Minnesota, there is no current way to make this estimate for Hennepin County. Development of a county-level HIV-awareness estimate is underway.

A comprehensive method to estimate PrEP use at the state and county levels also need development. The Centers for Disease Control's (CDC) STD Surveillance Network (SSuN) captures PrEP use among Minnesotans diagnosed with gonorrhea. However, SSuN data are too narrow for Positively Hennepin's use. The Minnesota All Payers Claims Database (APCD) also cannot be used to measure Positively Hennepin's PrEP milestone. The APCD includes health care claims data derived from medical providers' billing

records sent to insurance companies, plan administrators, and public payers. However, the APCD's most recent data for PrEP is from 2013. Since PrEP was released in 2012, these data do not reflect current PrEP use in Hennepin County. The most comprehensive PrEP dataset available for both Minnesota and Hennepin County is the number of clients receiving PrEP through the Red Door Clinic.

In January 2018, the Minnesota Department of Health (MDH) released the Minnesota HIV Strategy, which includes a statewide HIV-housing milestone for low-income PLWH. In keeping with Positively Hennepin's operating principle of achieving an integrated public response to the epidemic, the county strategy's HIV-housing milestone has been aligned with the state strategy. In collaboration with the Minnesota HIV/AIDS Strategy Advisory Board, Positively

Hennepin is creating a method to measure housing stability among PLWH who have received Ryan White services. We are focusing on Ryan White clients because the income of PLWH is not included in HIV surveillance data.

In this progress report, milestones measuring retention in care and viral suppression for Latinas living with HIV are not being released. While these data are available, 2018 policy recommendations from the CDC suggest that these data cannot be released to the public. This is due to the relatively small number of Latinas living with HIV in Hennepin County. Because Latinas are a community that HIV hits hard, Hennepin County epidemiologists are collaborating with our MDH partners to clarify how this strategy can effectively evaluate the epidemic's impact on Latina residents.

2019 Milestone Targets	2016 Baseline Data
Sixty percent of Hennepin County Medical Center (HCMC) and NorthPoint patients will have had an HIV test	<ul style="list-style-type: none"> <li>• 44% at HCMC</li> <li>• 65% at NorthPoint</li> </ul>
Ninety percent of PLWH will know their status*	In development
A 5% decline in the number of new HIV infections	149
A 100 percent increase in the number of people on PrEP	306 PrEP enrollees at the Red Door Clinic
Eighty percent of PLWH will be retained in care*	71.8%
Seventy percent of PLWH have suppressed virus*	64%
Seventy-five percent of low-income people living with HIV served through the Ryan White Program will have stable housing	In development
Ninety percent of PLWH from hard-hit communities will know their status*	In development
Eighty percent of PLWH from hard-hit communities will be retained in care*	<ul style="list-style-type: none"> <li>• Young gay/bi/MSM under the age of 30: 77%</li> <li>• Men of color: 68.8%</li> <li>• African-born men: 68%</li> <li>• African-American gay/bi/MSM: 68.4%</li> <li>• Latino gay/bi/MSM: 71.7%</li> <li>• Women of color 71.8%</li> <li>• African-born women: 67.4%</li> <li>• African-American women: 75%</li> </ul>
Seventy percent of PWLH from hard-hit communities will have suppressed virus*	<ul style="list-style-type: none"> <li>• Young gay/bi/MSM under the age of 30: 64%</li> <li>• Men of color: 58.9%</li> <li>• African-born men: 59.7%</li> <li>• African-American gay/bi/MSM: 56.1%</li> <li>• Latino gay/bi/MSM: 67.4%</li> <li>• Women of color 59.8%</li> <li>• African-born women: 58.6%</li> <li>• African-American women: 62.5%</li> </ul>

\*Milestones that measure aspects of the HIV care continuum

# Steps towards Positively Hennepin's three goals

Positively Hennepin has three goals:

- A. Decrease new HIV infections
- B. Ensure access to and retention in care for people living with HIV (PLWH)
- C. Engage and facilitate the empowerment of communities that HIV hits hardest to stop new infections and eliminate disparities

Twenty-six policy tactics, tied to the three goals, detail how Positively Hennepin will close the gap between today's reality and its ambitious vision. Highlighted below are major projects completed within the framework of Positively Hennepin's tactics and goals since its December 2016 launch:

## *Decrease new HIV infections*

- In November 2017, two HIV forums and training sessions were held with members and leaders of Hennepin County's African faith communities. These events educated African residents on the importance of routine testing, how to prevent HIV infections, treatments for HIV, and breaking down HIV-related stigma. Over 150 people attended, and 45 individuals received HIV tests from the Minnesota Department of Health (MDH) and the Aliveness Project.
- In December 2017, Positively Hennepin convened area PrEP providers to discuss how PrEP use, access, and adherence can be increased. Attendees included the Red Door Clinic, Clinic 555, Face2Face, Delaware St. Clinic, and the Youth and AIDS Project. Challenges to increasing PrEP use include the Red Door Clinic's lack of capacity to increase PrEP prescriptions, residents' low awareness of clinics that provide PrEP, and the treatment's high cost. Future meetings focusing on PrEP access, especially among hard-hit communities of color, are being scheduled for 2018.

- Eligibility and Work Services (EWS) and Emergency Mental Health (EMH) managers and supervisors met to plan how HIV services can be integrated into the safety-net and mental health programs. Projects scheduled for completion in 2018 include updating the Broader Needs Assessment, distributing HIV-resource pamphlets to safety-net program clients, awareness-building posters in human service centers, and mandatory HIV trainings for EWS and EMH staff.

## *Ensure access to and retention in care for people living with HIV*

- In partnership with the Minnesota Department of Health (MDH), Red Door began using HIV surveillance data to reconnect PLWH who had fallen out of care back into needed medical services. By reengaging people who had fallen out of care, this project aims to help PLWH achieve and maintain viral suppression. In 2018, Medicaid and Ryan White Program data will be used to build upon this project's success.
- Student nurses joining the county now receive HIV education as part of their orientation. This education includes who the virus hits hardest in Hennepin County, state-of-the-art treatment and prevention methods, and HIV/STI resources that they can connect patients to.
- In December 2017, Eligibility and Work Services managers and supervisors identified HIV-service coordination for PLWH leaving correctional settings as a project to pursue in 2018. Work to coordinate these services is underway and will continue throughout 2018.

## ***Engage and facilitate the empowerment of communities that HIV hits hardest***

- The Ryan White Program conducted focus groups with youth; men of color who have sex with men; American Indians; African-born residents; and African American, same-gender-loving men. These focus groups informed the mandatory universal standards of care and culturally-responsive standards for all providers receiving funding from Hennepin County or the Minnesota Department of Human Services (DHS). The focus groups are now an annual process to update training for HIV-service providers and PLWH.
- The West African HIV Task Force is a group of leaders representing communities of West African immigrants who have made Hennepin County their new home. This highly energized group of community leaders is building a partnership with the Ryan White Program and Positively Hennepin to create culturally-specific strategies to end the disproportionate effect HIV has on their people. The Task Force is developing, planning, and implementing HIV-awareness campaigns and creating culturally-competent strategies for HIV-treatment and -prevention services for the county's African communities.
- With the Minnesota Council for HIV/AIDS Care and Prevention (MCHACP), the Ryan White Program and the Red Door Clinic completed community engagement projects with African-American, same-gender-loving (SGL) men; African immigrants; Latino men who have sex with men (MSM); transgender Latinas; and American Indian community members. These projects created awareness brochures, recruited new community members to join MCHACP, and filled knowledge gaps.

## ***Aligning Positively Hennepin with other HIV strategies***

In 2016, Hennepin County was home to a majority of Minnesotans living with HIV and the state's new diagnoses. That is why the county needs an ongoing strategy to address its HIV epidemic. But the virus does not stop at county or city borders. Coordination between Positively Hennepin and other HIV strategies is needed to end the HIV epidemic both in Hennepin County and across Minnesota.

### ***Fast-Track Cities Ending the AIDS Epidemic***

In March 2018, the City of Minneapolis joined ninety cities from across the globe who have signed onto the Declaration of Fast-Track Cities Ending the HIV Epidemic. Cities signing onto this declaration set the goals of having 90 percent of their residents living with HIV/AIDS aware of their status, 90 percent of those diagnosed on antiretroviral therapy, and 90 percent of people on antiretroviral therapies achieving viral suppression. Positively Hennepin will partner with Minneapolis on resource and data coordination as part of the Fast-Track Cities declaration.

### ***The Minnesota and Minneapolis-St. Paul Transitional Grant Area Integrated HIV Prevention and Care Plan, 2017-2021***

This plan was developed and released by the Minnesota Council for HIV/AIDS Care and Prevention, Hennepin County Public Health, Minnesota Department of Health, and Minnesota Department of Human Services in 2016 to meet federal Ryan White HIV/AIDS Program and CDC HIV Prevention Program funding requirements. The plan adapts the goals of the National HIV/

AIDS Strategy, which also align with Positively Hennepin. Continuously updating metrics that measure the HIV epidemic in the metropolitan area is an important aspect of the Integrated Plan. Positively Hennepin has joined the process to ensure that improved epidemiological metrics support the goals across all HIV strategies.

### *The Minnesota HIV Strategy*

In 2017, Governor Mark Dayton signed a law requiring the creation of a strategy to end the HIV epidemic across Minnesota. This strategy began development in 2017, which continues through 2018. Positively Hennepin played an active role in designing the Minnesota HIV Strategy in 2017. After the initial state strategy was released in January 2018, Positively Hennepin aligned its housing milestone with the state strategy to increase coordination. Positively Hennepin will continue to shape the state strategy through its membership on the Minnesota HIV Strategy Advisory Board.

### *The Minnesota HIV Housing Coalition's HIV Housing Plan*

Positively Hennepin joined the HIV Housing Coalition in 2017 to help develop a strategy which aims for all people living with HIV to have access to permanent, affordable housing that respects the lives they want to live by 2025. The HIV Housing Coalition estimates that up to 1,500 people living with HIV across Minnesota currently do not have permanent, affordable housing. The county's Ryan White program continues to partner with the housing coalition through creating data reports and participating in coalition meetings.

## Moving forward

This first Positively Hennepin progress report illuminates where Hennepin County stands as we work to make history by ending our HIV epidemic. In partnership with state and city government, AIDS-service organizations, and community members and leaders, concrete steps have been taken that further nearly every one of Positively Hennepin's tactics. This progress report identifies these areas of focus as 2018 continues:

*Preparing for an HIV outbreak among people who inject drugs:* Both the National HIV/AIDS Strategy: Updated to 2020 and the Minnesota HIV Strategy identify the opioid epidemic as a threat to the health of PLWH and to people at high risk of infection. The Minnesota HIV Strategy predicts a foreseeable HIV outbreak among people who inject drugs. Work with the Red Door and Emergency Preparedness has begun to create an emergency plan to respond to an HIV outbreak.

*Building an integrated public response to HIV:* With community leaders and our colleagues in the Minnesota Departments of Human Services and Health, Positively Hennepin continues work on developing the state HIV Strategy, ensuring that the county and state strategies are coordinated. HIV-policy integration continues within Hennepin County as well. Mandatory HIV trainings for emergency mental health staff and safety-net program administrators will be completed this year, improving the county's ability to refer residents to needed HIV services. The Minneapolis Central Library will also be an important partner in providing HIV resources and education to county residents.

*Developing new data methodologies:* HIV-status awareness, PrEP, and housing milestones need development. Hennepin County epidemiologists are currently creating a way for us to estimate how many residents are aware of their HIV status. We are exploring a way to use Medical Assistance (Medicaid) claims data to estimate the number of low-income Hennepin County residents using PrEP. With state partners, we will determine how to measure housing stability among residents receiving Ryan White services.

*Focusing on black and Latino communities:* Baseline data indicate that hitting 2019 milestones will be difficult among black and Latino communities. We are far from achieving retention-in-care milestones for African-born men and women, and African American or Latino men who are gay, bisexual, or have sex with other men (gay/bi/MSM). African-born men and women, African American women, and African-American gay/bi/MSM were also virally suppressed at low rates in 2016. As part of this focus, Positively Hennepin has begun a partnership with the West African HIV Task Force. Positively Hennepin, Ryan White, and Hennepin County epidemiologists are focused on seeking clarification from our MDH partners on CDC policies for the public release of HIV surveillance data so that we can effectively report Latinos' retention-in-care and viral-suppression milestones.

*Engaging American Indian and transgender communities:* Currently, Positively Hennepin does not name American Indians as a community that HIV hits hard. Transgender women of color are included with cisgender women of color as a single, hard-hit community. Do changes in the epidemic, lack of accurate data, and the history of HIV require updating Positively Hennepin?

Do transgender women of color feel as if Positively Hennepin accurately describes their communities? In partnership with members and leaders of the American Indian and transgender communities, we hope to answer these questions in 2018.

Positively Hennepin was created on the promise to leverage HIV-treatment advances that make it impossible for people living with undetectable HIV to pass the virus to the sexual partners. This strategy was built on the legacy of President Obama's National HIV/AIDS Strategy, Medicaid expansion, and the Affordable Care Act's ban on health-insurance discrimination based on HIV status. But, most important, Positively Hennepin's philosophy is a continuing covenant to honor the countless, irreplaceable loved ones lost to HIV/AIDS and the people living with the virus today.

Changes at the federal level make uncertain times for the people who feel the threat of HIV most acutely. Flux affecting immigration, health-insurance, and LGBT policies put those living with the virus or at high risk for infection in particular jeopardy. But Hennepin County residents can rest assured that Positively Hennepin—in partnership with each sector of society and those whom the virus hits hardest—will continue on its journey to ending our HIV epidemic.



# Appendix 1: Positively Hennepin tactics

Positively Hennepin has a total of twenty-six tactics. These tactics are designed to meet the strategy's three goals (decreasing new infections, ensuring access to and retention in care for PLWH, and engaging and facilitating the empowerment of communities that HIV hits hardest) and achieving its vision.

## Goal A: Decrease new HIV infections

### *Action A.1: Increase routine HIV testing*

*Tactic A.1.C.: Conduct public awareness campaigns to emphasize the importance of routine testing*

In November 2017, two HIV forums and training sessions were held with members and leaders of Hennepin County's African faith communities. These events educated African residents on the importance of routine testing, how to prevent HIV infections, treatments for HIV, and breaking down HIV-related stigma. Over 150 people attended, and 45 individuals received HIV tests from the Minnesota Department of Health (MDH) and the Aliveness Project. *Also see A.2.B and C.2.B.*

The Red Door Clinic launched an attention-grabbing "Just the Tip" campaign, seeking to raise awareness of its services among African-American men who are gay, bisexual, or have sex with other men.

The Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) has begun collecting metrics for its website and Facebook page, including the number of visitors and the number of posts on routine HIV testing. Since April 2017, a total of 200 users each month visited the MCHACP website.

### *Action A.2: Expand PrEP and PEP programming*

*Tactic A.2.A: Convene a network of Hennepin County providers to scale up access to PrEP and PEP for everyone who needs it and offer supports for those who cannot afford it*

Hennepin County Ryan White, MCHACP, MDH, and the Minnesota Department of Human Services (DHS) are partnering to release a PrEP survey in May 2018. This survey will identify gaps in PrEP services, challenges to accessing/using PrEP, and identify ways to increase access/use among people at high-risk of HIV infection and who have not used PrEP before.

In December 2017, Positively Hennepin hosted a meeting with PrEP providers that the Red Door Clinic refers its clients to for PrEP services. This meeting gathered providers' perspective on how PrEP use, access, and adherence can be increased. Representatives from the Red Door Clinic, Clinic 555, Face2Face, Delaware St. Clinic, and the Youth and AIDS Project attended. Challenges to increasing PrEP use include a lack of capacity at the Red Door Clinic, low community awareness of PrEP clinics, and the treatment's high cost. This network PrEP providers will reconvene in 2018.

*Tactic A.2.B: Provide education and marketing campaigns with clear messaging that HIV medication are more effective and easier to take than ever before.*

In November 2017, two HIV forums and training sessions were held with members and leaders of Hennepin County's African faith communities. These events educated African residents on the importance of routine testing, how to prevent HIV infections, treatments for HIV, and breaking down HIV-related stigma. Over 150 people attended, and 45 individuals received HIV tests from the Minnesota Department of Health (MDH) and the Aliveness Project.

### *Action A.3: Testing for people who are at high-risk*

*Tactic A.3.A: Ensure people at risk of HIV have access to address complex mental health/chemical abuse issues that are barriers to testing for people who are at risk of HIV*

Ryan White funding continues to offer culturally appropriate, health education risk reduction (HERR); psychosocial support (PSS); mental health and outpatient substance abuse services to communities that HIV disproportionately affects. In 2016, 371 people from the African-born, African American, and Latino communities utilized these resources.

*Tactic A.3.B: Ensure that people at risk of HIV have access to support services that overcome barriers to testing including stable and safe housing, transportation, service navigation and accurate and culturally appropriate HIV health and service information*

Eligibility and Work Services (EWS) and Emergency Mental Health (EMH) managers and supervisors met to plan how HIV services can be integrated into the safety-net and mental health programs. Projects scheduled for completion in 2018 include updating the Broader Needs Assessment, distributing HIV-resource pamphlets to safety-net program clients, awareness-building posters in human service centers, and mandatory HIV trainings for EWS and EMH staff.

*Tactic A.3.C: Provide accurate information on basic health practices, sexual health, comprehensive sex education, and HIV testing*

Ninety-one leaders from the county's African faith communities participated in HIV trainings this November. The importance of HIV testing, the effectiveness of antiretroviral therapies, and PrEP were some of the topics that the training covered. See tactic A.2.B for more details on this November training session.

On December 16, 2017, the Organization for Liberians in Minnesota and African Immigrant Health Awareness Initiative hosted a community event on the HIV epidemic. Who the epidemic hits hardest; viral suppression; and county prevention, treatment, and support services were touched upon at the event.

Brochures on the Red Door Clinic's HIV/STI services are now available at the Minneapolis Central Library.

### *Goal B: Ensure Access to and Retention in Care for People Living with HIV*

#### *Action B.1 Ensure 'All Doors Open'*

*Tactic B.1.A: Provide ongoing HIV education to staff and volunteers at key entry points to the system*

Training on the latest advancements in HIV treatment and prevention have been held across several Hennepin County programs. These programs: Eligibility and Work Support managers and supervisors; Emergency Mental Health; Public Health Promotion staff; and all library staff at the Central Minneapolis Library. HIV integration trainings have also been conducted with Hennepin County youth outreach workers and the Office of Multicultural Services outreach staff.

Student nurses joining the county now receive HIV education as part of their orientation. This education includes who the virus hits hardest in Hennepin County, state-of-the-art treatment and prevention methods, and HIV/STI resources that they can connect patients to.

*Tactic B.1.B: Offer access to a clinic/medical care within 24 hours after a person tests positive for HIV*

Access to clinical and medical care within twenty-four hours of an HIV diagnosis is available at Red Door and Hennepin County Medical Center's Positive Care Center. Federal Ryan White Part A and rebate funding make these early intervention services possible.

*Tactic B.1.C: Provide coordination and access to care for people living with HIV who are exiting CD, correctional, or other institutional settings*

In December 2017, Eligibility and Work Services managers and supervisors identified HIV-services coordination for PLWH who are leaving correctional settings as a project to pursue in 2018. Work to coordinate these services is currently underway.

### *Action B.2.: Eliminate barriers to care*

*Tactic B.2.A: Offer up to six months of no cost HIV care to individuals who are HIV-positive, linked to care, unable to afford care*

Early intervention services and outpatient healthcare services continue to be provided at the Red Door Clinic and Hennepin County Medical Center's Positive Care Center. These services are funded through Ryan White Part A and federal rebate dollars and cover the cost of outpatient HIV medical care for the un- and underinsured.

*Tactic B.2.C: Ensure access to and availability of affordable and safe housing options and services to meet other basic needs (food, transportation, and economic supports) that lead to income stability*

Housing rental assistance, housing coordination, medical transportation, food bank/home delivered meals and emergency financial assistance are provided to PLWH through Ryan White and federal rebate funding. The Minnesota AIDS Project, the Aliveness Project, and Open Arms of Minnesota partner with the county to provide these services.

### *Action B.3 Engage and retain in care*

*Tactic B.3.A: Utilize and coordinate surveillance and public and private clinical data to find people not in care and to re-engage those who left care*

In partnership with the Minnesota Department of Health (MDH), Red Door began using HIV surveillance data to reconnect PLWH who had fallen out of care back into needed medical services. By reengaging people who had fallen out of care, this project aims to help PLWH achieve and maintain viral suppression. In 2018, Medicaid and Ryan White Program data will be used to build upon this project's success.

*Tactic B.3.B: Recruit and retain diverse support and medical staff who understand and are able to provide linguistically and culturally responsive services*

Healthcare providers that receive Ryan White Part A funding are required to complete four hours of training on cultural responsiveness annually.

## *Goal C: Engage and Facilitate the Empowerment of Communities Disproportionately Affected by HIV to stop new infections and eliminate disparities*

### *Action C.1: Partner with communities*

*Tactic C.1.A: Gather and review pertinent information with disproportionately affected communities regarding the strength of the communities and the barriers they face in order to increase awareness of HIV status, retention in care and viral suppression through focus groups, listening sessions, regularly collected health information, and data from community leaders*

The Ryan White Program conducted focus groups with youth; men of color who have sex with men; American Indians; African-born residents; and African American, same-gender-loving men. These focus groups informed the mandatory universal standards of care and culturally-responsive standards for all providers receiving funding from Hennepin County or the Minnesota Department of Human Services (DHS). The focus groups are now an annual process to update training for HIV-service providers and PLWH.

The West African HIV Task Force is a group of leaders representing communities of West African immigrants who have made Hennepin County their new homes. This highly energized group of community leaders is building a partnership with the Ryan White Program and Positively Hennepin to create culturally-specific strategies to end the disproportionate effect HIV has on their people. The Task Force is developing, planning, and implementing HIV-awareness campaigns and creating culturally-competent strategies for HIV-treatment and -prevention services for the county's African communities.

In 2017, the Ryan White Program hired an intern who will be completing a doctoral preceptorship in 2018. The intern is surveying Liberian community members to measure their HIV knowledge. The intern's research will inform individual and community level interventions to increase community HIV awareness, knowledge, uptake of HIV testing, and build community support for people living with HIV.

*Tactic C.1.B: Create strategies with communities disproportionately affected by HIV so all services are culturally responsive and specific to the strengths and barriers identified through the information review*

With the Minnesota Council for HIV/AIDS Care and Prevention (MCHACP), the Ryan White Program and the Red Door Clinic completed several community engagement projects with

members of the county's communities of African-American, Same-Gender Loving (SGL) men, African immigrants, Latino men who have sex with men (MSM), transgender Latinas, and Native Americans. Projects with these community members focused on reducing the severe impact HIV has on their communities. With the African-American SGL group, brochures on HIV awareness have been developed and new members from their community have joined the Minnesota Council for HIV/AIDS Care and Prevention. With MSM Latinas and transgender Latinas, community engagement has begun through social media. The Red Door and Ryan White Program are analyzing data from this pilot project to improve HIV care and prevention for MSM Latinas and transgender Latinas. With members of the county's Native American communities, work has begun to fill gaps in knowledge for how HIV affects Native Americans across Minnesota.

*Action C.2.: Develop education and marketing campaigns to reduce HIV related stigma in disproportionately affected communities*

*Tactic C.2.A: Engage disproportionately affected communities in developing messages and identifying appropriate ways to distribute information including supporting people living with HIV as speakers to tell their stories and disseminate information in their communities.*

In partnership with the African American, same-gender-loving (SGL) men, a brochure that raises awareness of HIV testing and care was developed and disseminated among the public. African American, SGL men community members are also developing lawn and door signs to increase HIV awareness. Comprehensive recommendations on awareness campaigns that speak to these men are due to the Minnesota HIV Care and Prevention Council in spring 2018.

Using Grindr, a smartphone app popular among men who are gay, bisexual, or have sex with other men, the Red Door conducted community outreach and engagement with Latinos living in Hennepin. Through this project, over thirty people were connected to PrEP services and two PLWH were reengaged in HIV care. Twenty-three interviews focusing on cultural competency of HIV services for black and Latino men were also conducted through this project.

*Tactic C.2.B: Provide comprehensive age-appropriate, accurate, realistic, accessible, and inclusive (of all ages, genders, and sexual orientations) sexual and health education to disproportionately affected communities.*

In November 2017, two HIV forums and training sessions were held with members and leaders of Hennepin County's African faith communities. These events educated African residents on the importance of routine testing, how to prevent HIV infections, treatments for HIV, and breaking down HIV-related stigma. Over 150 people attended, and 45 individuals received HIV tests from the Minnesota Department of Health (MDH) and the Aliveness Project.

*Tactic C.2.C: Train providers on cultural responsiveness that includes holding community conversations in community centers, faith communities, and medical providers to build trust in care systems.*

As a part of the culturally responsive standards, all providers who receive Ryan White funding are required to complete four hours training on providing culturally-responsive services. Trainings will begin in the spring of 2018 and will be held in various formats, including community events.

### *Action C.3: Provide community access*

*Tactic C.3.A: Provide options for testing, and education in non-traditional community settings identified by the community*

The Red Door Clinic, NorthPoint Health and Wellness, The Aliveness Project, and Full Proof Ministry provide HIV testing through early intervention services in community settings. In 2017, these programs diagnosed 39 people with HIV infection who were unaware of their status, 34 (87%) of whom were linked to HIV medical care by December 31, 2017.

*Tactic C.3.B: Make PrEP and PEP accessible and affordable*

The Needs Assessment and Evaluation Committee of the MN Council for HIV/AIDS Care and Prevention developed a PrEP survey that will be released in May 2018 to HIV-negative people at high risk of infection and have never taken PrEP. This survey will identify gaps in PrEP services, challenges to accessing and using PrEP, and possible solutions to increase access and use. Hennepin County, MDH, and the Minnesota HIV Care and Prevention Council are partnering to conduct this survey.

The Red Door Clinic provides PrEP to people at high-risk for HIV infection. As with all Red Door services, all forms of insurance are accepted and no copays are collected from the clinic's PrEP clients.

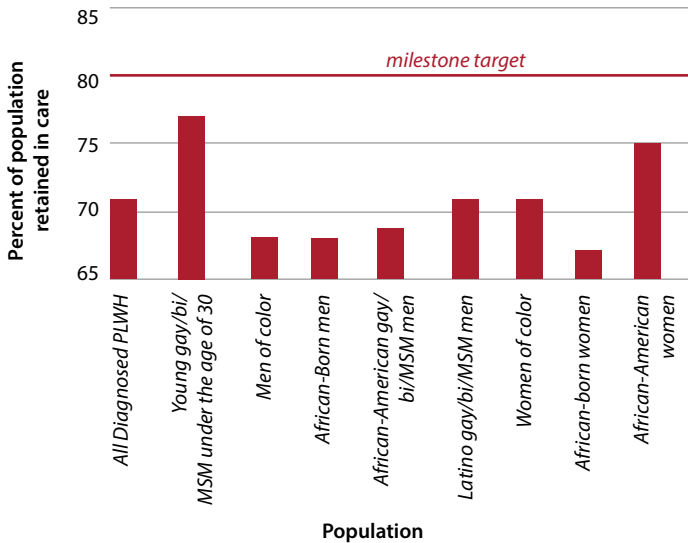
An interactive map of area organizations that can either provide PrEP or help people connect to PrEP were added to the Red Door and Positively Hennepin websites in the fall of 2017. Since the end of November 2017, the maps have averaged roughly three views per day.

*Tactic C.3.C: Reduce barriers that keep people from adhering to their medical plan including attending to their basic needs and offering incentives to stay in care*

Through Ryan White federal funding, Hennepin County residents living with HIV have access to support services including housing rental assistance, emergency financial assistance, food bank/home delivered meals, and medical transportation.

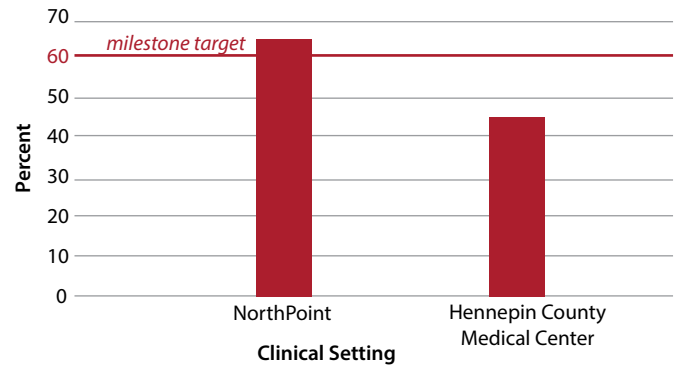
# Appendix 2: Milestone details

### Retention in care by Hennepin County population



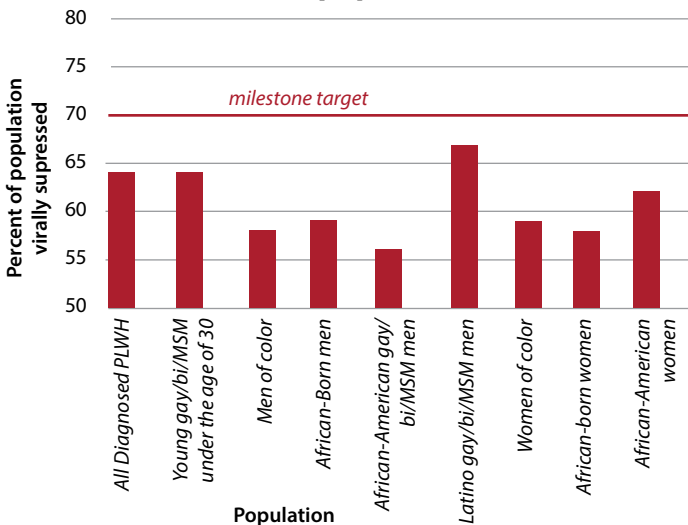
**Figure 1.** Positively Hennepin aims to have 80 percent of diagnosed PLWH in each of the above populations retained in care by 2019. Retention in care is defined as a single CD4 or viral load test taken within a 12-month period.

### Percent of established patients who have taken a routine HIV test



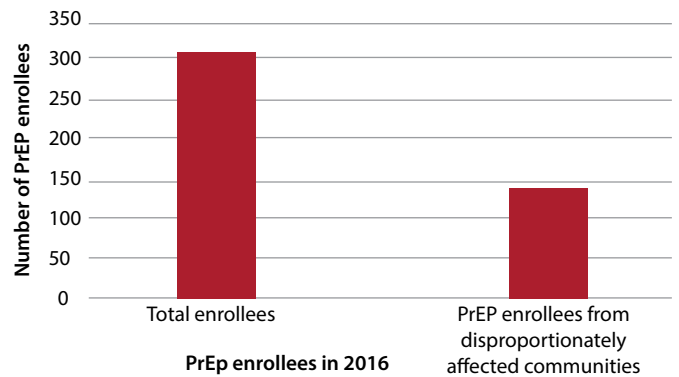
**Figure 3.** The percent of established patients, ages 13 to 64, who have received a lifetime HIV test at NorthPoint and Hennepin County Medical Center. Positively Hennepin aims to have tested sixty percent of Hennepin County Medical Center (HCMC) and NorthPoint patients for HIV. This age range follows CDC recommendations on who needs to receive at least one, lifetime HIV test. NorthPoint data includes established patients from 2008 through 2016. HCMC data includes established patients from 2015 through the end of 2016.

### Viral suppression by Hennepin County population



**Figure 2.** Positively Hennepin aims for viral suppression among 70 percent of people living with diagnosed HIV in each of the above populations by 2019. The Centers for Disease Control (CDC) defines viral suppression as < 200 copies/mL on the most recent viral load test.

### Red Door PrEP enrollees



**Figure 4.** In 2016, the Red Door Clinic had 306 PrEP enrollees. Forty-five percent of enrollees (approximately 138 people) were from communities that the Red Door Clinic defines as disproportionately affected by HIV. These communities include: transgender people; Latino men who are gay, bisexual or have sex with other men; black men who are gay, bisexual, or have sex with other men; white men who are gay, bisexual, or have sex with other men and who have a history of methamphetamine or injection-drug use; those with a recent history of rectal STIs or syphilis; those who have a partner who recently tested positive for HIV.

# Acknowledgements

Positively Hennepin and its success are possible because of our committed partners, including: government, non-profit organizations, community activists, residents living with HIV, and residents who are at risk of HIV infection. Positively Hennepin's vision belongs to countless, dedicated individuals who have worked to stop HIV and to dismantle HIV-related stigma. We dedicate this strategy to our partners, to those whom HIV affects today, and to those we have lost to AIDS.

All God's Children Metropolitan Community Church  
African American AIDS Task Force  
Bloomington Public Health  
Center for African Immigrants  
Children's Hospital of Minnesota  
Clare Housing  
CLUES Comunidades Latinas Unidas en Servicio  
Council on Crime and Justice  
Hennepin County Medical Center  
Minnesota Department of Human Services  
Minnesota Department of Health  
Minnesota AIDS Project  
Minnesota Council of Health Plans  
Minneapolis Public Health  
Minnesota Association of Community Health Centers  
Minnesota Medical Association  
Metropolitan Council HRA Rental Assistance  
Native American Community Clinic  
NorthPoint Health and Wellness Center  
Open Arms of Minnesota  
Rainbow Health  
Red Door Clinic  
Sub Saharan African Youth and Family Services of Minnesota  
The Aliveness Project  
The Minnesota Housing Coalition  
The West African HIV Task Force  
Turning Point  
Youth and AIDS Project

