Positively Hennepin
HIV: PREVENTABLE. TREATABLE. STOPPABLE

Hennepin County HIV Strategy

A Plan to achieve 'No New HIV Infections in Hennepin County' by 2030

Executive Summary

In January 2015, Hennepin County Public Health embarked on a process to develop a coordinated HIV/AIDS Strategy in support of the National HIV Strategy. How Hennepin County responds to the epidemic will have a great impact on Minnesota's HIV/AIDS epidemic with 52% of Minnesotan's living with HIV in Hennepin County and 130 new cases of HIV diagnosed in the county each year. New infections in Hennepin County have stayed steady for several years with areas of growth among disproportionately impacted communities that face significant stigma and health disparities.

Halting the spread of HIV, long an elusive goal, is now achievable, thanks to emerging advances in treatment and prevention and the Affordable Care Act (ACA) provides equitable access to health care. New HIV medications are easier to take, have fewer side effects and are more effective. People with HIV on anti-retroviral treatment whose virus is suppressed, do not transmit HIV to their sexual partners.

An increasingly popular and effective prevention strategy called Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day.

In Hennepin County as of December 31, 2019 there were 4,804 County residents living with HIV who were diagnosed and aware of their infection. Overall, 32% of Hennepin County residents living with HIV were out of care and 40% did not have suppressed virus.

A broad cross-section of stakeholders collaborated on developing the Strategy. The input of people living with HIV has been sought at every stage.

The planning process resulted in a vision, two operating principles, and three goals:

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

Operating Principle 1: Reduce health disparities and promote health equity

Operating Principle 2: Achieve a fully integrated public and private response to the HIV epidemic

Goal A: Decrease New HIV Infections

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

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

Introduction

In January 2015, Hennepin County Public Health embarked on a process to develop a coordinated HIV/AIDS Strategy in support of the National HIV Strategy. Halting the spread of HIV, is achievable, thanks to highly effective treatment and prevention. But ending this epidemic requires equitable access to comprehensive, cost effective treatment and prevention. It also relies on a concerted effort involving multiple community partners working together under a common strategic plan. The purpose of this plan, therefore, is to set priorities and focus resources for a coordinated public and private effort that can eliminate the spread of HIV in Hennepin County.

Vision

This Vision statement represents our desired future for Hennepin County:

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

Why develop this plan?

The development of this Hennepin HIV Strategy is important for several reasons:

- Nationally, there is a shift in both strategy and funding to improve both care and prevention outcomes. Hennepin County is modeling that approach.
- To advance health and racial equity Hennepin County is integrating a range of medical and non-medical services to address the health care needs of people who face multiple challenges to receiving medical care. This is a way to expand that effort.
- New infections in Hennepin County have stayed steady for many years and, while there is a slow decline in some populations, the areas of growth are in disproportionately impacted communities that face stigma and barriers that keep people from being tested and connected to care.

What makes this the right time?

Federal HIV treatment guidelines now recommend antiretroviral treatment (ART) for all HIV-infected individuals. New HIV medications are easier to take, have fewer side effects and are more effective. The risk of HIV transmission can be reduced by 100% in those who have achieved viral suppression. If HIV can be suppressed sufficiently, the number of new HIV infections can be dramatically reduced or eliminated.

An increasingly popular and effective prevention strategy called Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 99%.

So, the tide is moving in a positive direction. If HIV can be suppressed sufficiently through adherence to medication and use of PrEP or PEP, the spread of HIV can be dramatically reduced or eliminated. The primary prevention strategies, therefore, are to

- identify people living with the disease who are unaware or aware and out-of-care and get them into health care as quickly as possible
- utilize preventive medications that reduce disease transmission such as PrEP and PEP with those who are at risk of HIV.
- create equitable access to prevention and care strategies to eliminate disparities

Why Hennepin?

Hennepin County has a huge impact on Minnesota's HIV/AIDS epidemic with 52% of Minnesotan's living with HIV in Hennepin and 130 new cases of HIV diagnosed in Hennepin each year.

At present, unfortunately, up to 32 percent of those in Hennepin with HIV/AIDS are not currently accessing care and far too few have achieved viral suppression. So, it follows that Hennepin should take a leadership role in ending the epidemic in Minnesota. While the Strategy is designed to ensure all people with HIV find and remain in care, African Americans, African-born and Latinos are among those least likely to currently be in care.

How is this related to other plans around the nation?

Hennepin County is using the HIV National Strategic Plan (2021-2025) to structure its planning process, goals, and vision. The County has also studied the work of New York, San Francisco, and Seattle/King County to learn from their experiences. Briefly, those key learnings were to: ensure broad involvement of stakeholders at all levels, ground the plan in the local data and the current environment, and engage communities and subject matter experts to overcome specific challenges to ending HIV in Hennepin County.

Who has been involved?

Within Hennepin, a broad cross-section of people collaborated on developing the original Strategy. The input of people living with HIV was sought at every stage. At various trusted community agencies, consultants hosted listening sessions involving over 80 individuals living with HIV who lived in or received services in Hennepin County.

Also included in the original planning process were HIV service providers, members of the Minnesota Council for HIV/AIDS Care and Prevention, public health agency representatives, community leaders, and HIV advocates involved these groups:

- A Core Workgroup — led by Jonathan Hanft (Ryan White Program Coordinator) and Mary Jo Meuleners (Red Door Clinic Manager)
- A Strategists Group, made up of over 40 county and community leaders
- Leaders and staff of Hennepin County service areas, met in small groups to identify ways to integrate the Strategy into procedures and policies

In 2021, the strategy actions, tactics and milestones were updated. A crosswalk analysis assessing progress-to-date was conducted and presented to a steering committee of key stakeholders to provide inputs on a way forward. Additionally, small group feedback sessions were conducted with HIV service providers, clinicians, Hennepin County staff, community leaders and organizations, clients and HIV advocates on key focus areas such as PrEP, HIV care and treatment, provider services, housing, and client needs. Lastly, an online feedback survey was distributed to Hennepin County providers and clients to gain broad inputs on the strategy's action and tactics. 96 individuals completed the survey.

How are we Working Together to Eliminate HIV?

As time goes on, progressively more people and organizations are involved in identifying ways to implement the Strategy in relation to their specific services and procedures. This work began with Hennepin County staff but spread to service providers in Hennepin County who are not directly funded by Hennepin County but work with people living with HIV. This happened as the Strategy gained momentum and recognition as a Hennepin County upheld plan to eliminate HIV and through the connections made by dedicated staff.

What are the available and new resources to do this work?

The Strategy seeks to make the most of current resources by aligning existing funding with the Strategy's goals, actions and tactics, and/or making simple changes in policies and procedures as identified by the staff involved in managing and providing services. As more individuals and service providers emerge to support the Strategy, it is anticipated that new sources of foundation or public funding will become available. This funding can be used to advance HIV prevention and care in communities in Hennepin County disproportionately affected by HIV and for the coordination and the integration of Hennepin County services. Additional resources needed to implement the plan are identified in the Strategy as appropriate.

Strategy Elements

Operating Principles

The following two Operating Principles are basic values and commitments for this Strategy. The principles and overarching approaches are woven into the fabric of the Strategy and guide implementation of the plan.

Operating Principle 1: Reduce Health Disparities and Promote Health and RACIAL Equity[1]

Context: Significant and persistent health disparities exist for many people in Hennepin County. These disparities exist because opportunities to receive services are not equitably available, accessible or culturally responsive, services are not integrated and coordinated, and people are unaware of those services that are available and accessible.

Overarching approaches:

To mitigate these disparities, approaches must ensure that:

1. **Policies, structures, and systems open doors to receiving services –** Establish a health-in-all policies approach to related policies, structures and systems, so that institutional, systemic ways of working don't create barriers but instead provide opportunities to all people living with HIV or at risk of HIV to be as healthy as they can be.
2. **People find programs and resources to be readily accessible and meet their needs –** Ensure all existing Hennepin County operated programs and resources are readily accessible and culturally responsive to people living with HIV or at risk of HIV, so that the range of needs is addressed as efficiently and effectively as possible. This will also require collaboration among public and private organizations to remove barriers and increase points of entry for people living with HIV and at risk of HIV.
3. **All HIV related communications reduce health disparities and promote health equity –** All county public marketing programs, publications and communications targeting HIV prevention and care include components of reducing health disparities and promoting health and racial equity so they become a standard part of people's thinking

[1] Health equity is a state where all persons regardless of race, income, creed, sexual orientation, gender identification, age or gender have the opportunity to be as healthy as they can.

Operating Principle 2: Achieve a Fully Integrated Public and Private Response to the HIV Epidemic

Context:

It is vital to integrate services in Hennepin County that support people living with or at risk of HIV to ensure there are opportunities available to all for prevention and care. Integration of Hennepin County services that both directly and indirectly support people living with HIV will make the best use of resources – both public and private. It will be essential that the integration of services is linked to an ongoing monitoring of results of service coordination and integration.

Overarching approaches:

To provide the most needed services effectively and efficiently, approaches must:

1. **Integrate and coordinate all services among public and private health care and social service providers –** Ensure that there is integration and coordination among public and private health care and service providers, so services are delivered efficiently and effectively to people living with HIV and at risk of HIV. There may be a need to secure additional resources to integrate services in Hennepin County.
2. **Incorporate information, planning, and monitoring to ensure needs are met and resources well used –** All Hennepin County data related to services for people living with HIV and at risk of HIV need to be analyzed so service providers can better anticipate service demand and use of resources. Ongoing, data will be monitored to determine the effectiveness and efficiency of the services being provided.
3. **Establish communication channels among HIV service providers to ensure flexible, coordinated services that adapt to individual needs –** Formalize ongoing methods for communication among service providers and look for ways to respond flexibly to a variety of needs as they arise for people living with HIV or at risk of HIV. Good communication among providers can ensure coordinated services that adapt to changing needs and situations.

Goals, Actions, Tactics, and Milestones

Achieving these three goals moves us in the direction of the Vision. Actions and Tactics identify how we will get there and the related Milestones under each Goal are measures for achievement of the Goal. The Goals, Actions, Tactics and Milestones are:

Goal A: Decrease New HIV Infections

Context: A key to reducing new infections is to identify all people living with HIV/AIDS and quickly provide them with medical care that results in viral suppression. People unaware that they have HIV need to be tested, counseled, and provided with linkage services that connect them to a primary medical care setting. Prevention requires routine testing of people at risk of HIV infection as well as integrating high impact prevention (such as PrEP and PEP) into medical care plans.

Actions and Tactics

Increase Routine HIV Testing – Increase opportunities for routine HIV testing, so that people who are unaware they have HIV can be connected to care

- Work with private, FQHCS, other community health centers and Hennepin County provider networks to develop a plan establishing routine testing for HIV as part of standard healthcare screenings
- Expand the number and type of community settings (including faith organizations) that implement routine HIV testing by offering providers incentives and supports
- Conduct public awareness campaigns to emphasize the importance of routine screening and ongoing testing for people at risk

Expand PrEP and PEP programming – Provide access to PrEP and PEP programming to individuals who engage in high-risk behaviors so that the transmission of the disease can be dramatically reduced

- Convene a network of Hennepin County providers to scale up access to PrEP & PEP for everyone who needs it and offer supports for those who cannot afford it
- Provide education and marketing campaigns with clear messaging that HIV medications are more effective and easier to take than ever before
- Target marketing on the effectiveness of PrEP and how to access it

Testing for people who are at high-risk – Resolve barriers to testing for high-risk populations as determined by epidemiologic data so people are willing and able to access testing, and can be connected to care if HIV positive

- Ensure people at risk of HIV have access to address complex mental health/chemical use issues that are barriers to testing for people who are at risk of HIV
- Ensure that people at risk of HIV have access to support services that overcome barriers to testing including stable and safe housing for people with mental illness and substance use disorder, transportation, service navigation, and accurate and culturally appropriate HIV health and service information
- Provide accurate information on basic health practices, sexual health (including HIV risk factors), comprehensive sex education and HIV testing

Two-Year Milestones – By 2023:

- Late testers will account for no more than 25% of new infections
- There will be a 10% decline in the number of new HIV infections
- 225 people will start PrEP annually through Red Door Clinic

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

Context: Eliminating barriers to care is vital. People living with HIV/AIDS must have access to services to support their rapid movement through the stages of the HIV Care Continuum to stable viral suppression. They adhere to their medical plan because they have access to a range of life

supports including housing, food, and transportation and co-occurring conditions such as chemical dependency and mental illness are effectively treated.

Actions and Tactics

Ensure 'All Doors Open' – No matter where people who test positive for HIV access services or community resources they are connected to health care and supportive services, so that more people living with HIV are efficiently and effectively connected to care or re-engaged in care

- Provide ongoing HIV education of staff and volunteers at key entry points to the system
- Offer access to a clinic/medical care by having an appointment scheduled within 24 hours that a person tests positive for HIV
- Provide coordination and access to care for people living with HIV who are exiting Chemical Dependency treatment, correctional, or other institutional settings

Eliminate barriers to care – Improve access to services that meet basic needs for people living with HIV, so that any barriers to adhering to their HIV medical care plan are eliminated

- Offer up to 6 months of no cost HIV care to individuals who are
  - HIV-positive
  - linked to care
  - unable to afford care
- Expand options for facilitating adherence to medical care including programs that employ Community Life Navigators (HIV+ peer support), non-medical case managers and community health and mental health workers.
- Ensure access to and availability of low barrier affordable and safe housing options, particularly for people who inject drugs and are experiencing homelessness, and services to meet other basic needs (food, transportation, and economic supports that lead to income stability)

Engage and retain in care – Engage those people living with HIV who left care or were never connected to care, so that they are retained in care and achieve viral suppression

- Utilize and coordinate surveillance and public and private clinical data to find people not in care and to re-engage those who left care
- Recruit and retain diverse support and medical staff who understand and are able to provide linguistically and culturally responsive services
- Provide incentives for people to stay in care (program facilitated, culturally specific, evidence-based incentives)

<u>Two-Year Milestones – By 2023:</u>

- 80% of people living with HIV will be retained in care
- 72% of people living with HIV have suppressed virus

100 people with HIV experiencing homelessness will be moved along the housing continuum to stable housing

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

Context:

In Hennepin County, certain communities are disproportionately affected by new HIV infections. The communities experiencing the largest number of new infections include:

- Men of Color in particular African-born and gay/bi-sexual/MSM who are African-American or Latino.
- Women of Color (cisgender and transgender) in particular African-American and African-Born
- People who inject drugs
- People who experience homelessness

Organizing community action to implement new and creative programs is needed to stop new infections and help eliminate disparities. These efforts employ strategies chosen and approved as effective by these targeted communities.

Actions and Tactics

Partner with communities – Understand stigma and why some communities are disproportionately affected by HIV, so that effective strategies can be identified and supported to achieve increased awareness of HIV status, retention in care, and viral suppression

- 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
- 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
- Coordinate with the community so service systems in Hennepin County (e.g. corrections, library, or public health) better serve people who are disproportionately affected and build broad community trust in these systems (e.g. community members serve as trusted connectors and navigators)

Develop education and marketing campaigns to reduce HIV related stigma in disproportionately affected communities – Develop and implement education and marketing campaigns with community stakeholders that are culturally tailored and specific to disproportionately affected groups. These messages will reduce stigma, inform communities, and increase awareness of service options available

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

- Train providers on cultural responsiveness that includes holding community conversations in community centers, faith communities, and medical providers to build trust in care systems

Provide community access – Increase testing services and access to care in community settings, so more isolated, marginalized people in communities are tested and stay in care

- Provide options for testing, and education in non-traditional community settings identified by the community
- Make PrEP and PEP accessible and affordable
- Reduce barriers that keep people from adhering to their medical plan including attending to their basic needs and offering incentives to stay in care

Two-Year Milestones – By 2023:

- Late testers from these communities will account for no more than 25% of new infections
- 80% of people from these communities living with HIV will be retained in care
- 72% of people from these communities living with HIV have suppressed virus