Positively Hennepin

HIV: PREVENTABLE. TREATABLE. STOPPABLE

Annual report

2019

Hennepin County
Public Health

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We envision a Hennepin County where—

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

The operating principles

- Reduce health disparities and promote health equity
- Achieve a fully integrated public and private response to the HIV epidemic

The goals

- Decrease new HIV infections
- Ensure access to and retention in care for people living with HIV (PLWH)
- 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 thirty years of age who have sex with men
- Men of color: in particular African-born men; and African American and Latino men who are gay, bisexual, or have sex with men
- Women of color: in particular transgender women, African-born women, African American women, and Latina women

Executive summary

This is the second annual report on Positively Hennepin, Hennepin County's strategy to end the local HIV epidemic. Through assessing Positively Hennepin's ten milestones and the accomplishments of the past year, a complex story of the local HIV epidemic emerges.

Encouragingly —

- NorthPoint Health and Wellness Center provided routine HIV testing to 60 percent of its established patients, meeting strategic aims.
- In 2018 the number of new diagnoses declined to 139 (from 149 in 2016), exceeding the strategy's aim to decrease diagnoses by five percent.
- Residents' access to Truvada as PrEP through Minnesota Healthcare Programs increased to 339, a 56 percent increase since 2016.
- Last year, 75 percent of Latino men who live with diagnosed HIV and who also have sex with men were retained in medical care, near the strategic aim of 80 percent.
- Of all Latino men who live with diagnosed HIV and who also have sex with men, 69.3 percent were virally suppressed, just below the strategic aim of seventy percent.
- The disproportionate impact of new diagnoses affecting African American and Latina women has declined and been eliminated, respectively.

Worryingly —

- Routine HIV screening implementation falls below strategic aims.
- New HIV diagnoses are concentrating their force on several hard-hit communities.
  - Young men under the age of 30 who have sex with men
  - African American and Latino men who have sex with men (MSM)
  - African-born women and men
- In 2018, African American women; African-born women and men; African American men who have sex with men; and young men of all races and ethnicities who have sex with men face inequitable HIV-related health outcomes.
- Data re-release policy is a barrier to reporting publicly HIV-related health outcomes among transgender women of color and Latina women living with HIV.
- Injection drug use grows as a cause of new diagnoses among men who have sex with men.
- Housing, the greatest predictor of positive HIV health outcomes, remains an expensive healthcare resource.
- Rising pharmaceutical costs and budget cuts reduce residents' access to affordable HIV prevention drugs and may negatively impact health outcomes among people living with HIV.
- Work to dismantle HIV-related stigma currently relies on temporary funding.

There are many barriers, such as coordinating action across county bureaucracies that are strained by capacity issues, which threaten progress to stopping HIV. So, it is important to highlight actions taken that align with the strategy's focuses of the past year:

- A new methodology evaluates how Hennepin County's administration of Minnesota Health Care Programs (MCHP) provides access to Truvada as PrEP. Analyses show that since CDC approved PrEP in 2012, just over 1,000 county residents accessed Truvada as PrEP. In 2018, 339 residents accessed Truvada as PrEP. This is an increase of 55 percent since 2016.
- In 2019, Hennepin County's Ryan White Part A Services launched a pilot project that aims to triple Ryan White Services' capacity to provide housing support to its clients. This pilot project hopes to provide housing support services to an additional 30 low-income people living with HIV.
- Collaborative work on a $200,000 federal grant to build grassroots capacity to end the epidemic has begun with key partners from the African American, East African, and West African communities in Hennepin County. This work focuses on eliminating HIV-related disparities that impact these communities through community engagement, peer-led health education, and anti-stigma campaigns.
- Ten interviews of Latino MSM living with diagnosed HIV found that the patient-doctor relationship strongly determines a patient's health outcomes. Substance use and mental health were also uncovered as barriers that prevent retention in care for Latino men living with diagnosed HIV.
- The Ryan White Part A Program hosted a PrEP train-the-trainers event that built nonprofits' capacity to provide culturally responsive services for Native American residents.
- Positively Hennepin supported the City of Minneapolis's Transgender Equity Council by hearing from community members on how HIV impacts their lives and by learning about how council members prioritized their organized actions.

For more information on actions that county government has implemented to further Positively Hennepin's goals, see *2019 tactic implementation*

In the next year, Positively Hennepin's work will have six areas of focus:

- Continuing integration of HIV prevention and care services across county programs
- Rapid access to antiretroviral medications for people newly diagnosed with HIV
- Making HIV testing part of routine care for HCMC's established patients
- Growing the number of residents receiving PrEP through Red Door Services
- Increasing resources to stop housing insecurity for people living with HIV
- Engaging African American, East African, West African, and other communities whom HIV hits hardest

Today's medical advancements can enable people living with HIV to lead long, vibrant lives. These same advancements can also stop new infections from occurring. The Positively Hennepin

strategy, and this progress report, outline small actions that Hennepin County government can contribute to the society-wide efforts which are needed to make HIV history.

Challenges, encouraging trends, and six areas of focus in the next year

Challenges to ending the local HIV epidemic

Routine HIV screening implementation at Hennepin Healthcare

Routine HIV testing at Hennepin Healthcare remains far below strategic aims. In 2018, only 22 percent of Hennepin Healthcare's established patients received a routine HIV test. Positively Hennepin calls for 60 percent of established patients at Hennepin Healthcare and NorthPoint to have received an HIV test as part of routine care.

New HIV diagnoses are concentrating their force on several hard-hit communities

The past decade of new HIV diagnoses indicates that the local epidemic is concentrating its force on these Hennepin County communities whom HIV hits hardest:

- Young men under the age of 30 who have sex with men: The young increased as a proportion of new diagnoses among MSM of all ages.
- African American and Latino men who have sex with men (MSM): Considering MSM of all races and ethnicities, the percent who are African American or Latino grew.
- African-born men: The percent of new diagnoses among all male residents who are African-born increased.
- African-born women: Considering diagnoses among all women residing in the county, the percent who are African-born grew.

Worryingly, health indicators of retention in medical care and viral suppression show that health disparities continue to affect residents who live with diagnosed HIV and are members of these hard-hit communities. To achieve greater health equity, this strategy aims for 80 percent of PLWH in hard-hit communities to be retained in care, and for 70 percent of these residents to have suppressed the virus. Unfortunately, in several communities the percent of people living with diagnosed HIV who were retained in care and virally suppressed was at least five percentage points below Positively Hennepin's strategic, healthy equity aims. These communities include:

- Young MSM
- African American and Latino MSM
- African-born residents of all sexes
- Africa American women

For additional details on the epidemiological trends in the county's local HIV epidemic, see *Positively Hennepin milestone updates and hard-hit communities: trends in HIV epidemiology and community-specific milestones*.

Injection-drug use grows as a cause of new diagnoses among men who have sex with men

The opioid epidemic is a complex public health, human services, and public safety crisis that will require a multi-faceted response[1]. One integral facet of this response is acknowledging the growing intersection between the opioid crisis, injection-drug use, and the HIV epidemic.

In the past decade, the average, annual number of diagnoses due to injection drug use has increased. From 2009 through 2013, an average of 10.8 HIV diagnoses were made annually among people who use drugs via injection. That average, annual number of IDU diagnoses grew to 13.4 in the 2014-18 period.

Most important, as the average, annual number of injection drug use diagnoses has increased, men who has sex with men have been particularly impacted. Between 2009 through 2013, 67% of all new diagnoses from injection drug use were among men who have sex with men (MSM/IDU), with an average of 10.8 MSM/IDU being diagnosed with HIV annually. From 2013 through 2018, men who have sex with men accounted for 85% of all IDU diagnoses, an increase of 18 percent compared to the previous five years. The average, annual number of IDU diagnoses among men who have sex with men also increased, to 11.4 diagnoses, a 58 percent increase compared to the 2009-13 period.

Recent, historic numbers of drug overdoses in parts of Hennepin County and the resurgence of methamphetamine mean that the risk of an IDU-mediated HIV outbreak — particularly among men who have sex with men — remains[2] [3].

[1] Opioid prevention strategic framework--Executive Summary, Opioid prevention strategic framework--Executive Summary (n.d.). Retrieved from https://www.hennepin.us/your-government/projects-initiatives/opioid-response

[2] Janny, L. (2019, June 7). Police, health officials on high alert after week where Minneapolis has all-time record 50 drug overdoses. Star Tribune. Retrieved from http://www.startribune.com/police-health-officials-on-high-alert-after-week-where-minneapolis-records-all-time-record-50-drug-overdoses/510940162/

[3] Stahl, B. (2019, May 24). Meth sales, abuse are reaching a 'crisis' stage in Minnesota. Star Tribune. Retrieved from http://www.startribune.com/meth-sales-abuse-reaching-crisis-stage-in-minnesota/510411662/

Housing is an expensive healthcare resource

Housing is a foundational healthcare resource that can stop new infections and can keep people living with HIV healthy[4]. Access to affordable, stable housing is the strongest predictor of viral suppression among low-income people who live with HIV and receive Ryan White Part A services[5].

Over half of people living with HIV in the Minneapolis-St. Paul metro area rely upon low-income wages. Nearly one in nine Minnesota residents living with HIV needs stable and affordable housing[6]. Therefore, the market trend of continuing decreases in affordable housing units threatens HIV health outcomes and prevention efforts.

From 2000 to 2017, the median rent in Hennepin County increased 11 percent, from $921 to $1,031. In the same time, the median income among county residents has declined to $41,045 in 2017 from $42,907 in 2000 — a four percent decrease[7]. Rent is a severe cost burden for 23 percent of county of residents renting homes. In other words, for nearly one in every four county residents who rent their homes, over half of their income is spent on housing[8].

With housing recognized as a key component of individual and community wellbeing, the impact of rising rental rates must be monitored. And new ways of ensuring affordable, accessible housing for communities that HIV impacts hardest must be developed and sustained.

Rising pharmaceutical costs

The brand name pharmaceutical Truvada is greater than 90 percent effective at stopping new HIV infections when people at risk for infection take it as prescribed. Since the Federal Drug Administration approved Truvada for PrEP six years ago, the wholesale price of this drug has

[4] End HIV MN: Together We Can End HIV, End HIV MN: Together We Can End HIV (n.d.). Retrieved from https://www.health.state.mn.us/endhivmn

[5] Peterson, A. D. (2018). Measuring Clients' Movement along the Treatment Cascade Using Multivariate Analysis. In 2018 National Ryan White Conference on HIV Care and Treatment.

[6] Clare Housing. (2019, August 12). Support Our Residents. Retrieved October 8, 2019, from https://www.clarehousing.org/get-involved/.

[7] Minnesota Housing Partnership. (n.d.). Hennepin County. Hennepin County. Retrieved from https://www.mhponline.org/images/stories/images/research/coprofs/2019/Hennepin.pdf

[8] Minnesota Housing Partnership. (n.d.). State of the State's Housing: 2019 Biennial Report of the Minnesota Housing Partnership. State of the State's Housing: 2019 Biennial Report of the Minnesota Housing Partnership. Retrieved from http://www.mhponline.org/images/stories/images/research/SOTS-2019/2019FullSOTSWeb_Final.pdf

increased 44 percent. Today, a 30-day supply of Truvada as PrEP costs nearly $2,000[9]. In other nations around the world, brand name Truvada can cost as little as $70 per month[10].

The inflating costs undermine PrEP as a cost-effective method of stopping infections, challenging PrEP's implementation as a widespread HIV-prevention tool[11].

Furthermore, funding for PrEP at the county's Red Door Clinic has been cut by 25 percent in 2020, due to budgetary changes at the Minnesota Department of Health and the Minnesota Department of Human Services. Red Door Clinic is the largest provider of Truvada as PrEP to residents across the state who are at the highest risk of HIV infection. In 2018, nearly one in every six of the total 2,034 Minnesotans prescribed PrEP accessed it through Red Door Clinic.

Decreases in PrEP funding make it difficult for Hennepin County and the End HIV Minnesota strategy to achieve their aims of increasing PrEP use.

As concern grows about the rising cost of Truvada as PrEP, it is vital to consider how drug cost increases may affect access to affordable medicines for people currently living with HIV.

Affordable access to Truvada as PrEP is essential, but not sufficient, to ending the local HIV epidemic. Work to end the epidemic through pharmacological means must prioritize people currently living with HIV. Today, like diabetes, HIV is a manageable, chronic illness. However, just as diabetes is fatal without access to affordable insulin, so too is HIV fatal without access to affordable antiretroviral pharmaceuticals.

Moreover, treating HIV prevents HIV. When a person living with HIV utilizes their antiretroviral medications for at least six months and is virally suppressed, it is impossible for the virus to infect partners through sexual activity.

Will pharmaceutical price increases lead to an increase in new HIV infections? Will increasing drug costs decrease the percent of residents living with HIV who are virally suppressed? Will these cost increases prevent Positively Hennepin from achieving its mission and vision?

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[9] Luthra, S., & Gorman, A. (2018, June 30). Rising Cost Of PrEP To Prevent HIV Infection Pushes It Out Of Reach For Many. Retrieved October 8, 2019, from https://www.npr.org/sections/health-shots/2018/06/30/624045995/rising-cost-of-prep-a-pill-that-prevents-hiv-pushes-it-out-of-reach-for-many.

[10] Fitzsimons, T. (2019, May 8). Generic HIV prevention drug coming in 2020, Gilead says. Retrieved October 8, 2019, from https://www.nbcnews.com/feature/nbc-out/generic-hiv-prevention-drug-coming-2020-gilead-says-n1003391.

[11] Keller, S. B., & Smith, D. M. (2011). The price of tenofovir-emtricitabine undermines the cost-effectiveness and advancement of pre-exposure prophylaxis. AIDS (London, England), 25(18), 2308–2310. doi:10.1097/QAD.0b013e32834d3cab

Sustaining work to dismantle HIV-related stigma

New federal and state funding to eliminate HIV-related stigma in collaboration with the Minnesota Department of Health, AIDS services organizations, Red Door Clinic, and leaders from the county's African American, East African, and West African communities create vital opportunities to increase the public's understanding of how HIV is treated and how the epidemic can be stopped. However, this anti-stigma funding expires in fall 2021. There are no funding streams in Minnesota supporting sustained targeted HIV awareness campaigns or stigma reduction efforts.

Encouraging trends towards health equity milestones

NorthPoint Health and Wellness made HIV testing routine care for its patients

In 2018, NorthPoint Health and Wellness met this strategy's aims for routine HIV testing to be part of routine care for 60 percent of its established patients. This percent has ranged between 45 and 65 percent (2016-18).

Total new HIV diagnoses declined

In 2018, the number of new diagnoses declined to 139 from the baseline of 149 in 2016, exceeding the strategy's aim to decrease diagnoses by five percent.

Truvada as PrEP increases among residents enrolled in Minnesota Healthcare Programs

Using 2016 for a baseline, 218 county residents were prescribed Truvada as PrEP through Minnesota Health Care Programs. By 2018, 339 residents accessed Truvada as PrEP through Minnesota Health Care Programs, an increase of 56 percent compared to baseline.

Eight of every ten residents using Ryan White programs have stable housing

In 2017, 81 percent of residents living with diagnosed HIV who received Ryan White services had stable housing. That figure rose to 83 percent in 2018, exceeding the aim for this milestone.

Health outcomes among Latino MSM near health equity aims

Last year, 75 percent of Latino men who live with diagnosed HIV and who also have sex with men were retained in medical care, near the strategic aim of 80 percent. Of all Latino men who live with diagnosed HIV and who also have sex with men, 69.3 percent were virally suppressed, just below the strategic aim of 70 percent.

HIV diagnoses disparities impacting African American women in the county declined

The average, annual number of new diagnoses among African American women has fallen. Encouragingly, the proportion of all new female diagnoses who are African American has also declined.

The average, annual number of new diagnoses among African American women from 2019 through 2013 was 9.8 per 100,000 people. That number fell to 6.2 diagnoses per 100,000 people between 2014 and 2018. From 2009 through 2013, 28.5 percent of all new HIV diagnoses among female county residents were among African American women. From 2014 through 2018, that figure declined to 18.7 percent.

Diagnosis disparities impacting Latina residents eliminated between 2009 and 2018

The average, annual number of new diagnoses among Latina residents, and the average, annual rate of diagnoses among Latinas fell between 2009-13 and 2014-18.

From 2009-13, the average, annual rate of diagnoses among Latinas was 3.1 times greater than that rate among white, female residents. Between 2014 and 2018, that average annual rate among Latinas was roughly one-third smaller than the rate of diagnoses among their white, female neighbors.

Areas of focus in the next year

Continuing integration of HIV prevention and care services across county programs

Positively Hennepin is a strategic catalyst to implement policy actions across the county government's lines of business and programs. Capacity and budget limitations remain barriers to preparations for a potential HIV outbreak among residents who inject drugs and integrating HIV services training among the county's human services representatives. How can new structures be developed that will make integrating HIV prevention and care services across county programs more successful?

Rapid access to antiretroviral medications for people newly diagnosed with HIV

Evaluating how rapidly people newly diagnosed with HIV at Red Door Clinic can access antiretroviral therapy available at Hennepin Healthcare's Positive Care Center is an essential step to reducing disparities in viral suppression that impact communities whom HIV hits hardest. Public health research is clear that rapid access to life-saving medications helps people living with diagnosed HIV to suppress the virus.

Making HIV testing part of routine care for Hennepin Healthcare's established patients

Routine HIV testing helps people living with HIV connect to antiretroviral treatment more rapidly. Rapid access to affordable, life-saving medicine will improve the health of individuals living with HIV and will reduce the number of new infections.

In 2018, only 22 percent of Hennepin Healthcare's established patients received a routine HIV test, far below the strategic aim of 60 percent. How can routine HIV testing become routine for more patients who have established care at Hennepin Healthcare?

Grow the number of residents receiving PrEP through Red Door Services

At $2,000 per month, Truvada as PrEP is an expensive healthcare expenditure and method of preventing new HIV infections. Funding cuts at the Minnesota Department of Health will reduce Red Door Clinic's ability to provide residents' access to comprehensive PrEP services.

Securing Federal 340B Program funding will ensure that more residents at risk of HIV infection can gain access to PrEP services at Red Door Clinic.

Increasing resources to stop housing insecurity for people living with HIV

Supporting the community leadership of the Minnesota Council on HIV Care and Prevention, the county's Ryan White Program secured an additional $184,500 dedicated to providing stable housing for low-income people living with HIV. By the beginning of 2020, these additional funds are expected to increase access to stable housing for 30 Ryan White clients. These additional funds were accessed through partnership with the Minnesota Department of Human Services.

Engaging African American, East African, West African and other communities whom HIV hits hardest

To reduce HIV-related stigma, to develop grassroots capacity to end the epidemic, and to build the public's awareness of the Ryan White system of care, Positively Hennepin is collaborating with key partners from the county's African American, West African, and East African faith and nonprofit communities to implement a $200,000 federal grant. This work will continue through summer 2021.

Through stakeholder engagement, focus groups, and targeted awareness campaigns designed and implemented with our key community partners, this project aims —

- To increase enrollment in Ryan White services among African American MSM, East African, and West African residents.
- To make Ryan White services available at Red Door Clinic and other providers more culturally responsive.

With these aims, the ultimate goal is reducing HIV-related health disparities through building Ryan White services that are more compassionate and empathetic.

Milestone updates, epidemiological trends and data

Positively Hennepin milestone updates

Sixty percent of established patients, ages 13 through 64, at Hennepin Healthcare and NorthPoint Health and Wellness Center have received a routine HIV Test: Milestone measurements indicate that the rate of routine HIV testing at Hennepin Healthcare has ranged from 26 to 22 percent between 2016 and 2018. In that same period, between 49 and 65 percent of established NorthPoint patients have received a routine, lifetime HIV test *(Fig. 20)*[12] .

Both the U.S. Centers for Disease Control and Prevention and the U.S. Prevention Services Task Force recommend HIV screening as part of routine care for all Americans, beginning in their early teens and through their mid-sixties[13] [14].

A Five percent decline in new HIV diagnoses: Using the 149 HIV diagnoses made among county residents in 2016 as a baseline, a five percent decline in new diagnosis sets a milestone target of no more than 142 HIV diagnoses by the end of 2019. The 139 new diagnoses in 2018 represent a 6.7 percent decrease in the number of new diagnoses, meeting this Positively Hennepin milestone (*Fig. 21*).

A 100 percent increase in the number of people prescribed PrEP: Using 2016 for a baseline, 218 county residents were prescribed Truvada as PrEP through Minnesota Health Care Programs. By 2018, 339 residents accessed Truvada as PrEP through Minnesota Health Care Programs, an increase of nearly 60 percent compared to baseline (*Fig. 22*).

Ninety percent of people living with HIV will know their status: A unique method to determine the proportion of all county residents living with HIV who are diagnosed and aware of their HIV status is under continued development. Creating this new methodology first required coordination between Hennepin County Public Health epidemiologists and their counterparts at

[12] For this report, the Minnesota Community Measurement's definition of "established patients" was used to measure this milestone at both institutions. For the 2018 progress report, this definition was used only for NorthPoint.

[13] Centers for Disease Control and Prevention. (2019, September 4). HIV Testing. Retrieved October 10, 2019, from https://www.cdc.gov/hiv/testing/index.html.

[14] U.S. Preventative Services Task Force. (2019, August). USPSTF A and B Recommendations. Retrieved October 10, 2019, from https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/.

the Minnesota Department of Health. With initial data coordination complete, county staff are moving forward on developing a unique, county-specific method to measure this milestone.

Eighty percent of people diagnosed with HIV will be retained in care: Retention in care for all county residents diagnosed with HIV was 72.1 percent in 2018, falling below the target of 80 percent retention in care by 2019 (*Fig. 23*).

Seventy percent of people diagnosed with HIV will have suppressed virus: The percent of county residents living with diagnosed HIV who were virally suppressed was 63.6 percent in 2018, falling below the target of 70 percent (*Fig. 24*).

Seventy-five percent of low-income people diagnosed with HIV served through the Ryan White Program will have stable housing: In 2017 and 2018 respectively, 81 and 83 percent of residents living with diagnosed HIV who received Ryan White services had stable housing. This is the only Positively Hennepin milestone that uses 2017 as a baseline year for analysis, since 2016 housing data was not comprehensive enough for a statistically stable analysis (Fig. 25).

Hard-hit communities: Trends in HIV epidemiology and community-specific milestones

Encouragingly, the average, annual number of diagnoses declined from 2009 through 2018 among these communities whom HIV hits hardest:

- Young men under the age of 30 who have sex with men[15]
- African American and Latino men who have sex with men[16]
- African American women[17]
- Latinas[18].

Among African American women and Latinas residing in Hennepin County, the disproportionate impact that new diagnoses has on their communities has decreased and been eliminated respectively (*Fig. 10, Fig. 13*). Because the infection rate among the county's African American women is not known, the force of new diagnoses has on this community is defined as the percent of all female diagnoses who are African American (*Fig. 10*).

For Latinas (the only community for which the rate of new diagnoses are available) the impact new diagnoses has on their communities is measured with a diagnosis-disparity ratio. This is the ratio by which the rate of diagnoses differs from their white neighbors. For example, in the 2009-13 period, the diagnosis-rate disparity ratio between Latinas and white women in the

[15] *Fig. 1*

[16] *Fig. 5*

[17] *Fig. 9*

[18] *Fig. 11*

county was 3.1, meaning Latinas were diagnosed with HIV at a rate 3.1 times greater than their white, female neighbors. From 2014 through '18, the diagnosis-rate disparity ratio between Latina and white, female residents was less than one, indicating that the average, annual rate of diagnoses among Latinas was smaller than that rate among white, female residents (*Fig. 13*).

Worryingly, African-born men and women experienced an increase in the average, annual number of diagnoses from 2009 through '18 (*Fig. 3, Fig. 7*). Furthermore, comparing the first five years to the second five years of the decade, HIV diagnoses indicates that the local epidemic is concentrating its force on these hard-hit communities:

- Young men under the age of 30 who have sex with men: The young increased as a proportion of new diagnoses among MSM of all ages[19].
- African American and Latino men who have sex with men: Considering MSM of all races and ethnicities, the percent who are African American or Latino grew[20].
- African-born men: A larger percent of new diagnoses among all male residents are African born[21].
- African-born women: Considering diagnoses among all women residing in the county, the percent who are African born grew[22].

Encouragingly, health outcome and equity-related indicators specific to Latino MSM living with HIV neared strategic aims in 2018 (*Table 2*):

- Seventy-five percent of Latino men living with diagnosed HIV and who also have sex with men were retained in medical care, near the strategic aim of 80 percent.
- In 2018, of all Latino men living with diagnosed HIV and who also have sex with men, 69.3 percent were virally suppressed, just below the strategic aim of 75 percent.

Worryingly, in 2018, the percent of residents living with diagnosed HIV who are part of these hard-hit communities remained far below strategic HIV health equity aims of 80 percent retention in care and seventy percent viral suppression (*Table 2*):

- Young MSM: retention in care (71.2%), viral suppression (56.9%)
- African-born men: retention in care (63.4%), viral suppression (56.2%)
- African American MSM: retention in care (69.7%), viral suppression (56.3%)
- African-born women: retention in care (68%), viral suppression (59.9%)
- African American women: retention in care (73.6%), viral suppression (60.5%).

[19] *Fig. 2*

[20] *Fig. 6*

[21] *Fig. 4*

[22] *Fig. 8*

In this report, retention in care and viral suppression for Latinas and transgender women of color are not being released. While these data are available, 2018 policy recommendations from the Minnesota Department of Health suggest that these data cannot be released to the public. This is due to the relatively small number of Latinas and transgender women of color residing in Hennepin County who are living with diagnosed HIV, according to public health surveillance data. Because of HIV's unique impact on Latina and transgender women of color, Hennepin County epidemiologists are collaborating with our MDH partners to clarify how the epidemic's impact on these women can be evaluated epidemiologically.

Epidemiological Data

Young men who have sex with men: The average, annual number of new HIV diagnoses made among men under 30 years of age who have sex with other men has declined from 48.8 (2008-13) to 37 (2014-18) (*Fig. 1*). Yet, concurrently, young men who have sex with men has grown as a proportion of all diagnoses among men who have sex with men. Between 2009 and 2013, 46 percent of all MSM diagnoses were among men under 30 years old. That proportion grew to 50.1 percent of all MSM diagnoses between 2014 and 2018 (*Fig. 2*).

In 2018, 71.2 percent of young men who both live with diagnosed HIV and who have sex with other men were retained in care, with that percent ranging between 71.2 and 77 percent from 2016 to 2018. The percent of these young MSM diagnosed with HIV who were virally suppressed was 56.9 in 2018, ranging between 56.9% and 64% from 2016 to 2018 (*Table 2*).

African-born men: On average, the number of new annual diagnoses made among male, African immigrants has increased from 7 per year between 2009 and 2013 to 12 per year between 2014 and 2018 (*Fig. 3*). At the same time, the proportion of male residents diagnosed with the virus who are African-born has increased. Between 2009 and 2013, 4.9 percent of all new, male diagnoses were among African-born men. That proportion grew to 10.5 percent of all new, male diagnoses made between 2014 and 2018 (*Fig. 4*).

In 2018, 63.4 percent of African-born men living with diagnosed HIV were retained in care, with that percent ranging between 63.4 and 68 percent from 2016 to 2018. The percent of these African-born men diagnosed with HIV were virally suppressed was 56.2 in 2018, ranging between 55% and 59.7% from 2016 to 2018 (*Table 2*).

African American and Latino men who have sex with men: The average number of annual diagnoses among this hard hit community has declined in the past decade. Between 2009 and 2013, an annual average of 26 and 13.6 black and Latino MSM were diagnosed with HIV, respectively (*Fig. 5*). That average, annual number of diagnoses decreased to 21.8 and 11.8 between 2014 and 2018 (*Fig. 5*).

However, black and Latino men increased as a proportion of all new diagnoses made among male residents who have sex with men or MSM/IDU. Between 2009 and 2013, 22.9 and 12 percent of all new MSM and MSM/IDU diagnoses were among black and Latino men,

respectively. Those proportions grew to 25.6 and 13.8 percent of new, MSM and MSM/IDU diagnoses (*Fig. 6*). This increased proportion indicates that the force of new diagnoses affecting black and Latino MSM grew in the 2009 to 2018 time period.

In 2018, 69.7 percent of African American men who both live with diagnosed HIV and have sex with other men were retained in care, with that percent ranging between 66.8% and 69.7% percent from 2016 to 2018. The percent of these African American MSM diagnosed with HIV who were virally suppressed was 56.3 in 2018, ranging between 56.1% and 57% from 2016 to 2018 (*Table 2*).

In 2018, 75 percent of Latino men who both live with diagnosed HIV and have sex with other men were retained in care, with that percent ranging between 71.7 and 76.2 percent from 2016 to 2018. The percent of these Latino MSM diagnosed with HIV who were virally suppressed was 69.3 in 2018, ranging between 67.4% and 69.3% from 2016 to 2018 (*Table 2*).

Transgender women of color: In this report, new HIV diagnoses among transgender women of color are included among men who have sex with men, in accordance with Minnesota Department of Health policy. Furthermore, retention in care and viral suppression for transgender women of color living with HIV are not being released. While these data are available, 2018 policy recommendations from the Minnesota Department of Health suggest that these data cannot be released to the public. This is due to the relatively small number of transgender women of color residing in Hennepin County who are living with diagnosed HIV, according to public health surveillance data. Because of HIV's unique impact on transgender women of color, Hennepin County epidemiologists are collaborating with our MDH partners to clarify how the epidemic's impact on these women can be evaluated epidemiologically.

African-born women: Between 2009 and 2013, an average of 11.4 African-born women were diagnosed with HIV annually. That number grew to 17.4 average, annual diagnoses between 2014 and 2018 (*Fig. 7*). The proportion of all female diagnoses among African-born women also increased between 2009 and 2018. From 2009 through 2013, 35.4 percent of all female diagnoses were among African-born women. That proportion grew to 52.7 percent of all new, female diagnoses made from 2014 through 2018 (*Fig. 8*).

In 2018, 68 percent of African-born women living with diagnosed HIV were retained in care, with that percent ranging between 67.4 and 74 percent from 2016 to 2018. The percent of these African-born women diagnosed with HIV who were virally suppressed was 59.9 in 2018, ranging between 58.6% and 63% from 2016 to 2018 (*Table 2*).

African American women: The average, annual number of African American women diagnosed with HIV has declined, as has the proportion of all new, female diagnoses who are African American. The average, annual number of diagnoses made among this hard-hit community has decreased from 9.8 (2009-13) to 6.2 (2014-18) (*Fig. 9*). From 2009 through 2013, 28.5 percent of all female diagnoses were among African American women. That proportion fell to 18.7 percent among new, female diagnoses made in 2014 through 2018 (*Fig. 10*).

In 2018, 73.6 percent of African American women living with diagnosed HIV were retained in care, with that percent ranging between 73 and 75 percent from 2016 to 2018. The percent of these African American women diagnosed with HIV who were virally suppressed was 60.5 in 2018, ranging between 58% and 62.5% from 2016 to 2018 (*Table 2*).

Latinas: Between 2009 through 2013, an average of 1.8 Latina county residents learned that they were HIV positive each year. The average, annual number of diagnoses fell to 0.80 between 2014 and 2018 (*Fig. 11*).

The average, annual rate of HIV diagnoses among Latinas residing in Hennepin County has declined. From 2009 through 2013, the average, annual rate of diagnoses for Latina residents was 3.6 per 100,000 people. That average, annual rate of infection declined to 0.8 diagnoses per 100,000 people (2014-18) (*Fig. 12*).

The disparity in the average, annual diagnoses rate between Latina and white, female residents was eliminated between 2009 and 2018. Between 2009 and 2013, Latina residents were diagnosed with HIV at an average, annual rate 3.1 times greater than their white, female neighbors. In 2014-18, the average, annual rate of diagnoses among Latinas fell to be roughly one-third smaller than the rate of new diagnoses among white women living in the county (*Table 23*).

In this report, 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 Minnesota Department of Health suggest that these data cannot be released to the public[23]. This is due to the relatively small number of Latinas residing in Hennepin County who are living with diagnosed HIV, according to public health surveillance data. Because of HIV's unique impact on Latinas, Hennepin County epidemiologists are collaborating with our MDH partners to clarify how the epidemic's impact on these women can be evaluated epidemiologically.

American Indian residents and HIV trends in epidemiology: From 2009 through 2013, an average of 4.2 American Indian residents were diagnosed with HIV annually. That average, annual number of new diagnoses among American Indian residents fell to 1.6 from 2014 through 2018 (*Fig. 14*).

The average, annual rate of HIV diagnoses among American Indian residents has declined. Between 2009 and 2013, the average, annual rate of diagnoses was 45.9 per 100,000 people for this community of residents. That average, annual, rate of diagnoses fell to 13 per 100,000 between 2014 and 2018 (*Fig. 15*).

[23] Data Re-release Suppression Rules for HIV Surveillance Analysis at Geographic Areas, Data Re-release Suppression Rules for HIV Surveillance Analysis at Geographic Areas (2019). St. Paul, Minnesota.

The disparity in average, annual diagnoses rates between American Indian and white residents also fell during this time period. Between 2009 and 2014, the average, annual rate of diagnoses among American Indian residents was 5.0 times greater than the diagnosis rate among white residents. The average, annual rate of diagnoses fell to 2.1 times greater than white residents during the 2014-18 period (*Fig. 16*).

In 2018, 66.2 percent of American Indian residents living with diagnosed HIV were retained in care, with that percent ranging between 66.2 and 73.9 percent from 2016 to 2018. The percent of these American Indian residents diagnosed with HIV who were virally suppressed was 57.7 in 2018, ranging between 56.9% and 58.0% from 2016 to 2018.

Epidemiological HIV trends among Asian and Pacific Islander residents: The average, annual number of HIV diagnoses among Asian and Pacific Islander (API) residents has increased. From 2009 to 2013, an average of 3.0 Asian and Pacific Islanders in the county were diagnosed with HIV. From 2014 to 2018, the average, annual number of diagnoses among these residents was 4.4 (*Fig. 17*).

The average, annual rate of HIV diagnoses among API residents in Hennepin County has increased. From 2009 through 2013, the average, annual rate of diagnoses for these residents was 3.1 per 100,000 people. That average, annual rate of infection increased to 4.6 diagnoses per 100,000 people (2014-18) (*Fig. 18*).

From 2009 to 2013, the average, annual rate of diagnoses among API residents was roughly two-thirds smaller than the average, annual rate of diagnoses among white county residents. From 2014 through 2018, API residents were diagnosed with HIV at a rate roughly one-quarter smaller than the average, annual rate of diagnoses among white residents (*Fig. 19*).

In this report, retention in care and viral suppression for Asian/Pacific Islanders living with HIV and residing in Hennepin County are not being released. While these data are available, 2018 policy recommendations from the Minnesota Department of Health suggest that these data cannot be released to the public.[24] This is due to the relatively small number of API people residing in Hennepin County who are living with diagnosed HIV, according to public-health surveillance data.

[24] Data Re-release Suppression Rules for HIV Surveillance Analysis at Geographic Areas, Data Re-release Suppression Rules for HIV Surveillance Analysis at Geographic Areas (2019). St. Paul, Minnesota.

Methodologies for measuring disparities in HIV diagnoses

Uniformly measuring the disproportionate impact new HIV diagnoses have on communities whom the virus hits hardest cannot be made because of federal data limitations. Disparities in new diagnoses can be robustly measured as the ratio by which the average, annual rate of diagnoses among a particular hard-hit community differs from the average, annual rate of diagnoses among the comparison demographic. For example, to investigate disparities in HIV diagnoses between Latina women and their white, female neighbors:

$$Incidence\ Rate\ Dispairity\ Ratio = \frac{Average, Annual\ Rate_{2014-18}\ of\ New\ HIV\ Diagnoses_{Latinas}}{Average, Annual\ Rate_{2014-18}\ of\ New\ HIV\ Diagnoses_{White\ Women}}$$

Unfortunately, of the county communities whom HIV hits hardest, this incidence rate disparity ratio can be calculated for only Latina residents. That's because rates of HIV diagnoses are calculated from American Community Survey estimates for the total population of a particular community. Considering Hennepin County communities whom HIV hits hardest, total population estimates through the American Community Survey are available for only Latina residents.

To mitigate this data limitation, trends describing the impact HIV diagnoses have on other specific hard-hit communities are measured as demographic proportions of HIV diagnosis. For example, to evaluate trends in HIV diagnoses that affect African-born men:

$$Proportional\ Trends\ in\ HIV\ Diagnosis\ among\ African-born\ men = 100 \times \left(\frac{No.of\ Diagnoses\ among\ African-born\ Men_{2014-18}}{No.of\ Diagnoses\ among\ All\ Men_{2014-18}} - \frac{No.of\ Diagnoses\ among\ African-born\ Men_{2009-13}}{No.of\ Diagnoses\ among\ All\ Men_{2009-13}}\right)$$

This method was used to evaluate trends in HIV diagnoses among the following demographics of Hennepin County residents:

Numerator Demographic	Denominator Demographic	Annual Report Reference
Young men who have sex with men	All men who have sex with men	Fig. 2
African-born men	All men	Fig. 4
African American MSM	All MSM	Fig. 6
Latino MSM	All MSM	Fig. 6
White MSM	All MSM	Fig. 6
African-born women	All women	Fig. 8
African American women	All women	Fig. 10

Table 1. Proportional trends in HIV diagnoses analyzed in this report.

Any number greater than zero indicates that the force of new diagnoses impacting a particular hard-hit community is growing. The force of new diagnoses impacting a particular community is decreasing for any number smaller than zero. There is no change when the difference is zero.

Analyzing demographic trends in new HIV diagnoses using proportional calculations is designed to overcome current data limitations (i.e. the lack of HIV incidence rates for most hard-hit communities). However, there are two limitations to proportional calculations. First, they do not account for broad demographic shifts in Hennepin County. Second, these proportional calculations do not consider variable risk of HIV infection across different county demographics. Despite these limitations, proportional calculations, in the context of other epidemiological trends, do create a fuller picture of HIV diagnoses disparities in Hennepin County. Furthermore, at a minimum, proportional HIV diagnosis trends do indicate changes in service needs among county communities whom HIV hits hardest.

Epidemiological figures and tables

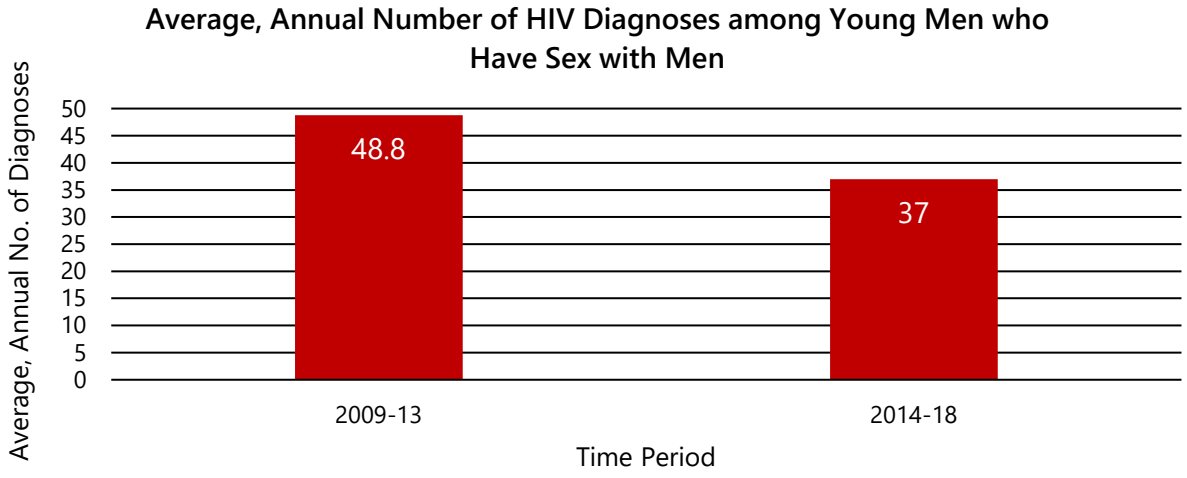

Figure 1. The average, number of HIV diagnoses among young men who have sex with men for two time periods: 2009-13 and 2014-18. Diagnoses made among MSM residing in only Hennepin County are shown. In alignment with Minnesota Department of Health policy, young transgender women who have sex with men are included in these data.

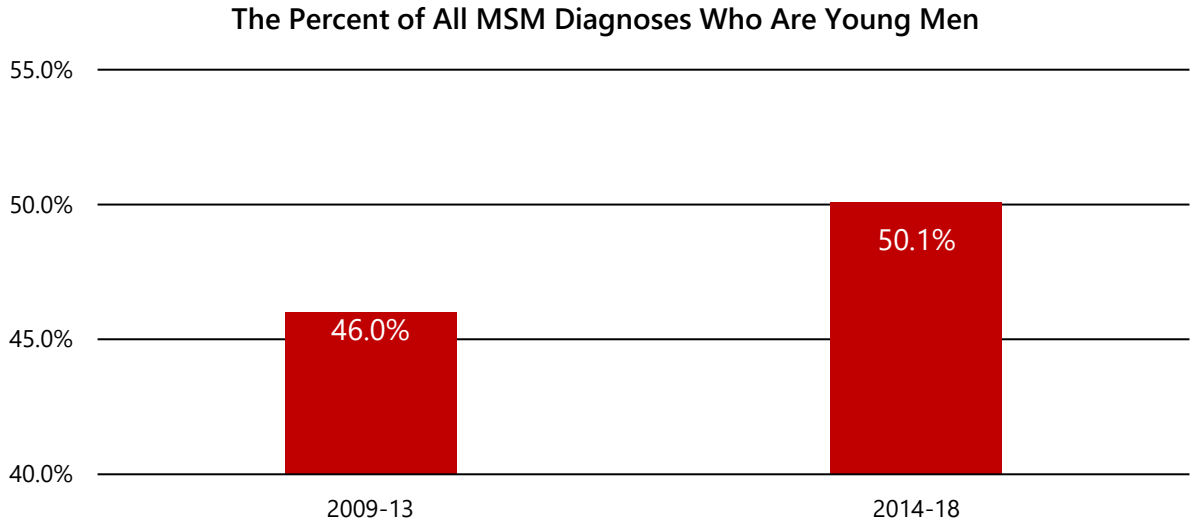

Figure 2. The proportion of all MSM HIV diagnoses that were made among young men for two time periods: 2009-13 and 2014-18. Diagnoses made among MSM residing in only Hennepin County are shown. Changes in this proportion are used to illustrate proportional trends in HIV diagnoses. In alignment with Minnesota Department of Health policy, young transgender women who have sex with men are included in these data.

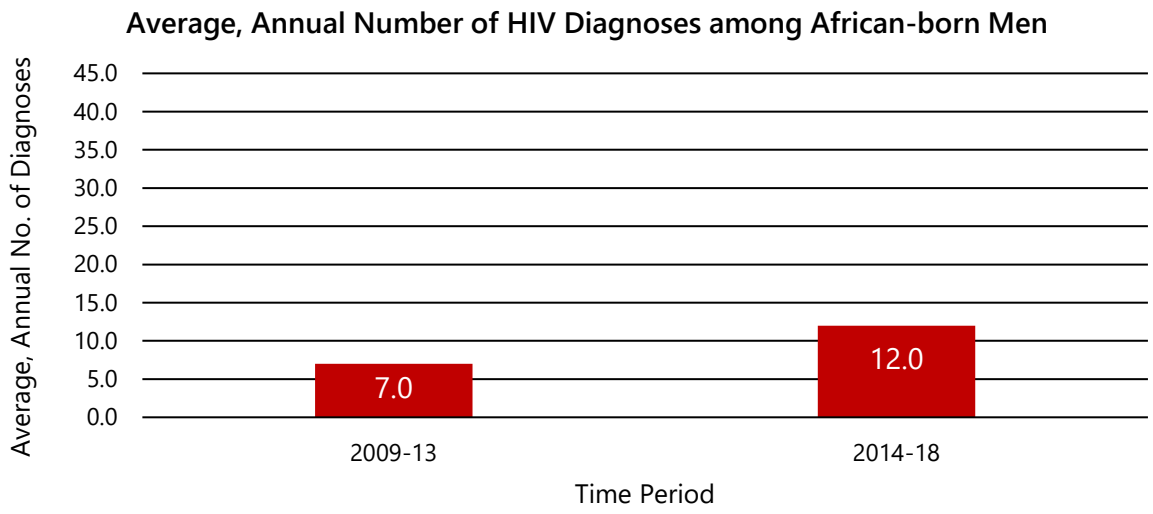

Figure 3. The average, annual number of HIV diagnoses among African-born men residing in Hennepin County. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

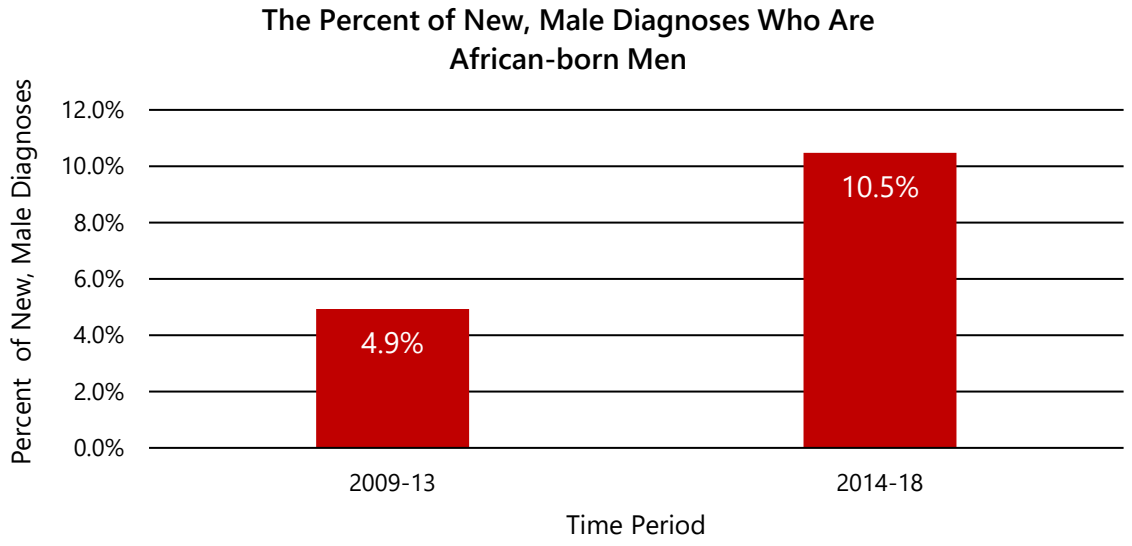

Figure 4. The proportion of new, male HIV diagnoses who are African-born. Changes in this proportion across two time periods, 2009-13 and 2014-18, are shown to illustrate proportional trends in HIV diagnoses. Only Hennepin County diagnoses are shown.

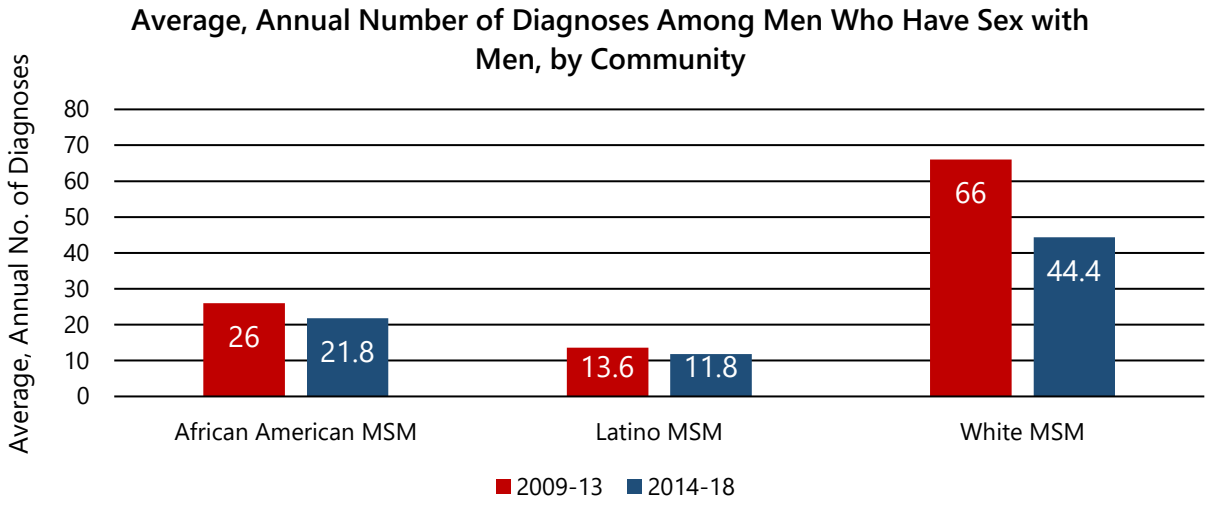

Figure 5. The average, annual number of HIV diagnoses among African American, Latino, and white men who have sex with men. Diagnoses among men who have sex with and inject drugs are included in these data. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown. In alignment with Minnesota Department of Health policy, transgender women who have sex with men are included in these data.

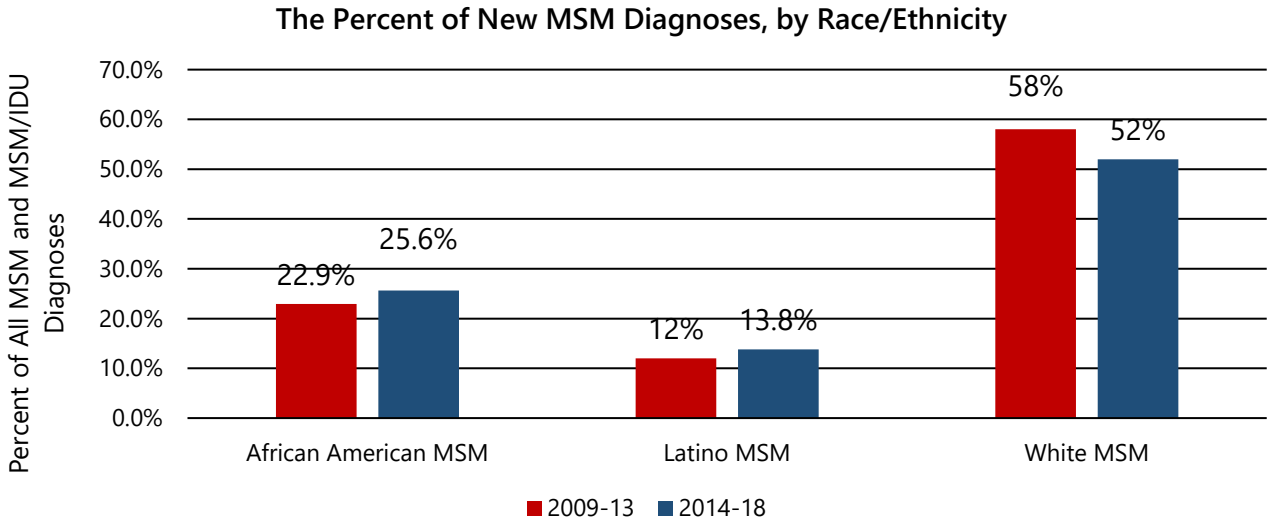

Figure 6. The percent of new, HIV diagnoses among men who have sex with men and MSM who also inject drugs (MSM and MSM/IDU), stratified by race/ethnicity. Changes in this proportion across two time periods, 2009-13 and 2014-18, are shown to illustrate proportional trends in HIV diagnoses. Only Hennepin County diagnoses are shown. In alignment with Minnesota Department of Health policy, transgender women who have sex with men are included in these data.

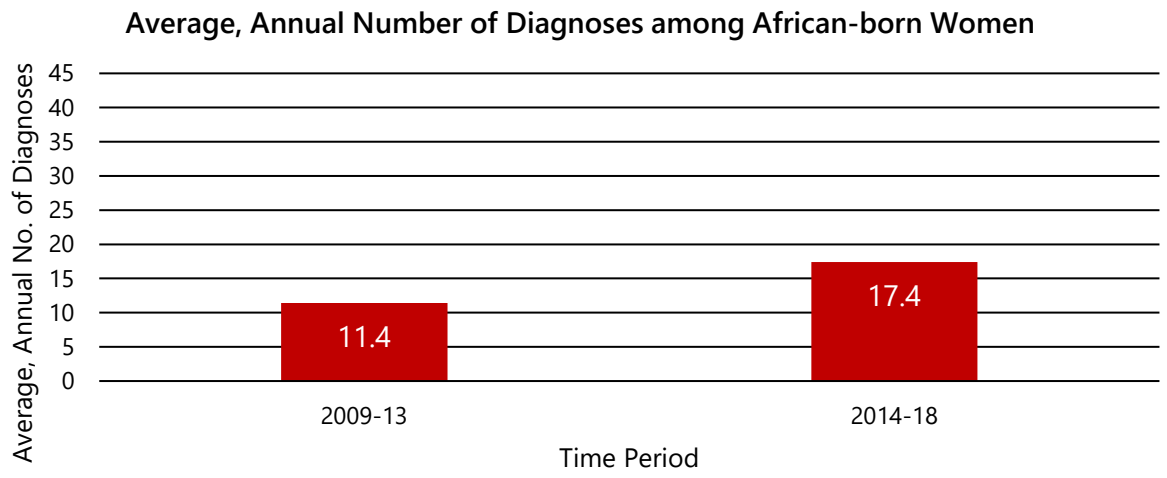

Figure 7. The average, annual number of HIV diagnoses among African-born women. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

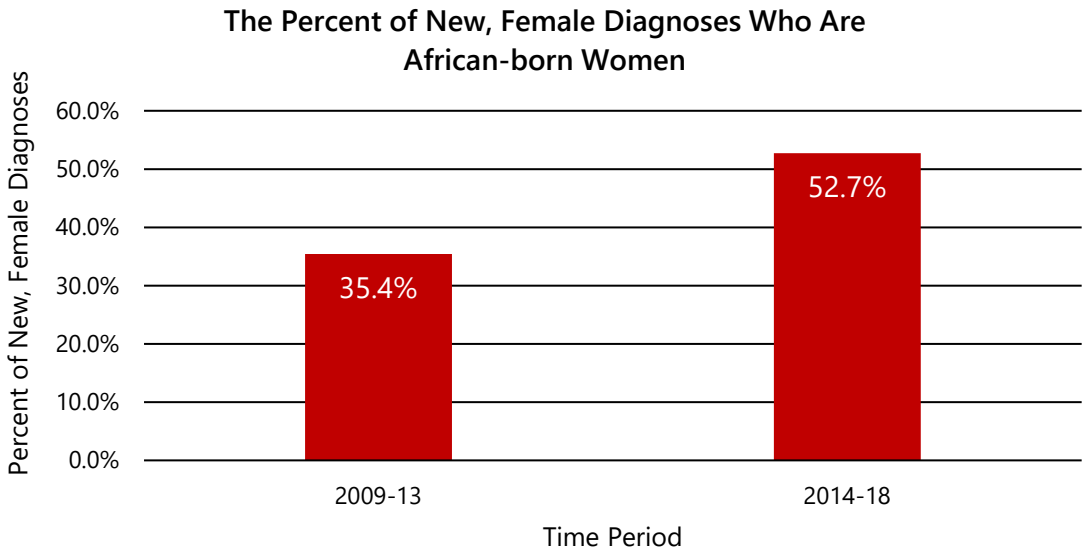

Figure 8. The proportion of new, female HIV diagnoses who are African-born. Changes in this proportion across two time periods, 2009-13 and 2014-18, are shown to illustrate proportional trends in HIV diagnoses. Only Hennepin County diagnoses are shown.

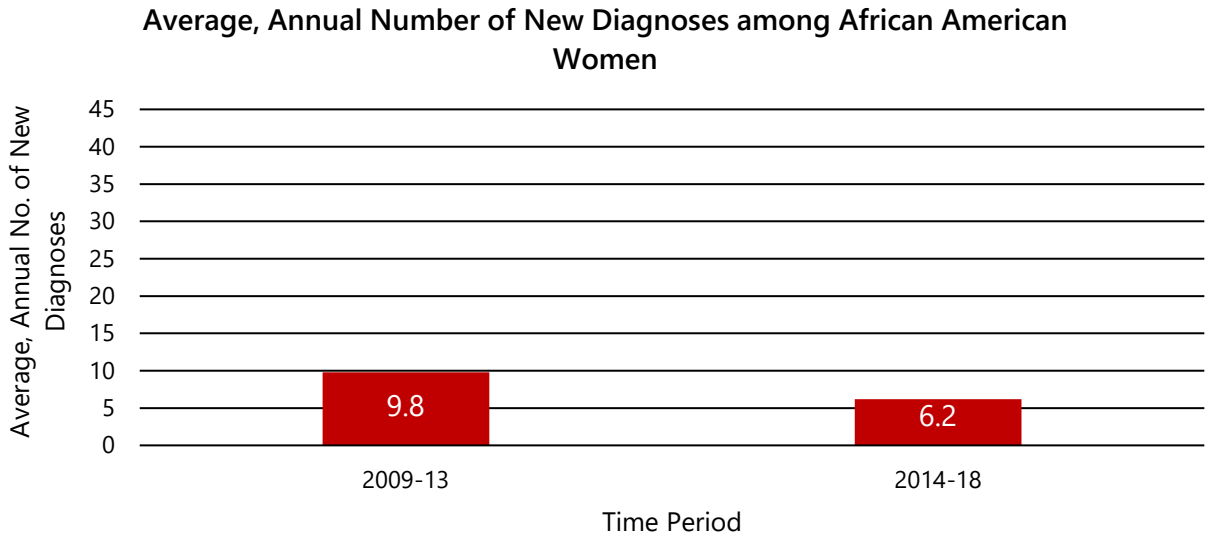

Figure 9. The average, annual number of new HIV diagnoses among African American women. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

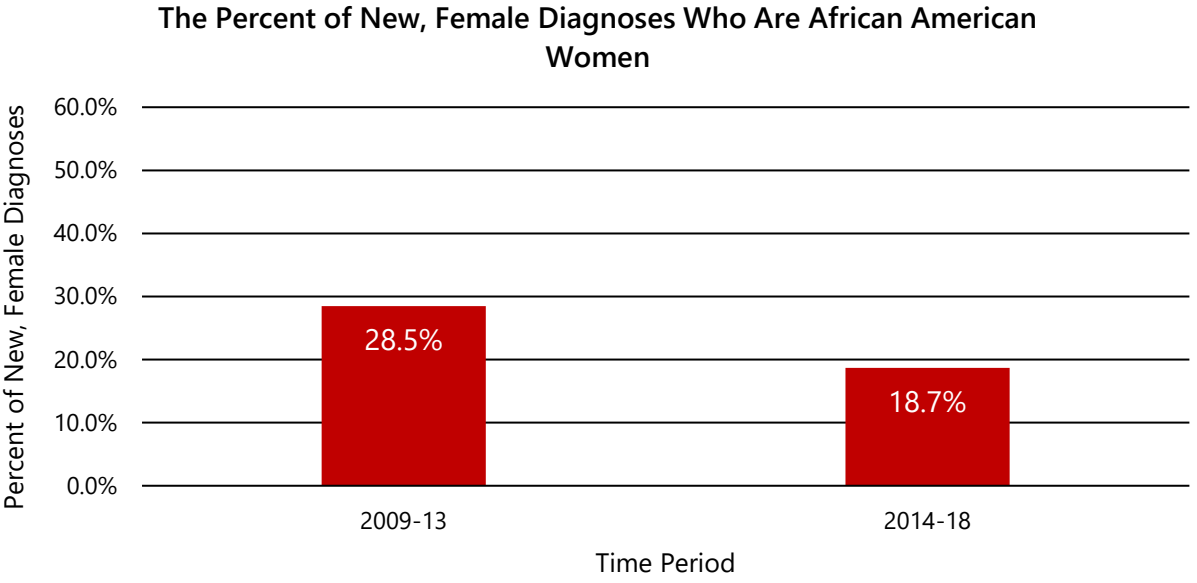

Figure 10. The percent of new, female HIV diagnoses who are African American. Changes in this proportion across two time periods, 2009-13 and 2014-18, are shown to illustrate proportional trends in HIV diagnoses. Only Hennepin County diagnoses are shown.

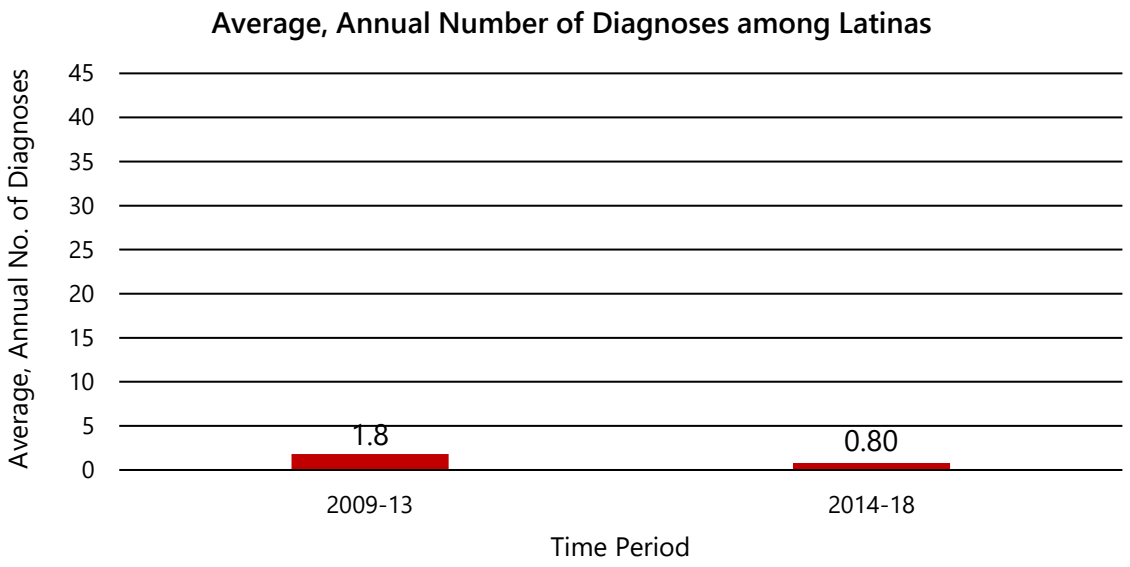

Figure 11. The average, annual number of new HIV diagnoses among Latinas. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

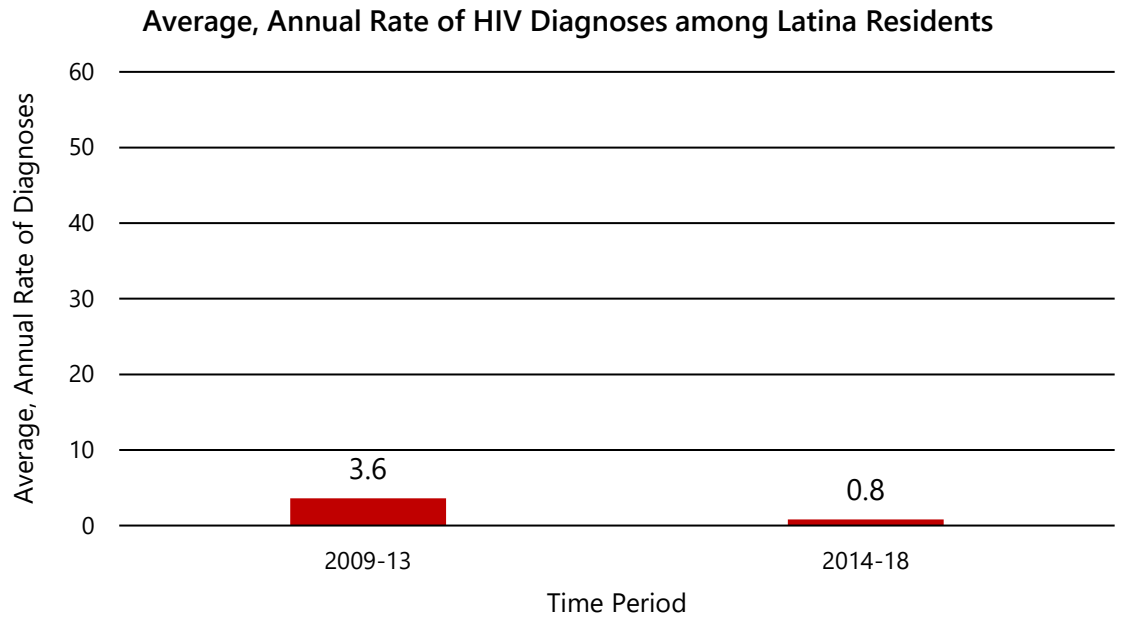

Figure 12. The average, annual rate per 100,000 people of new HIV diagnoses among Latina women. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses rates are shown.

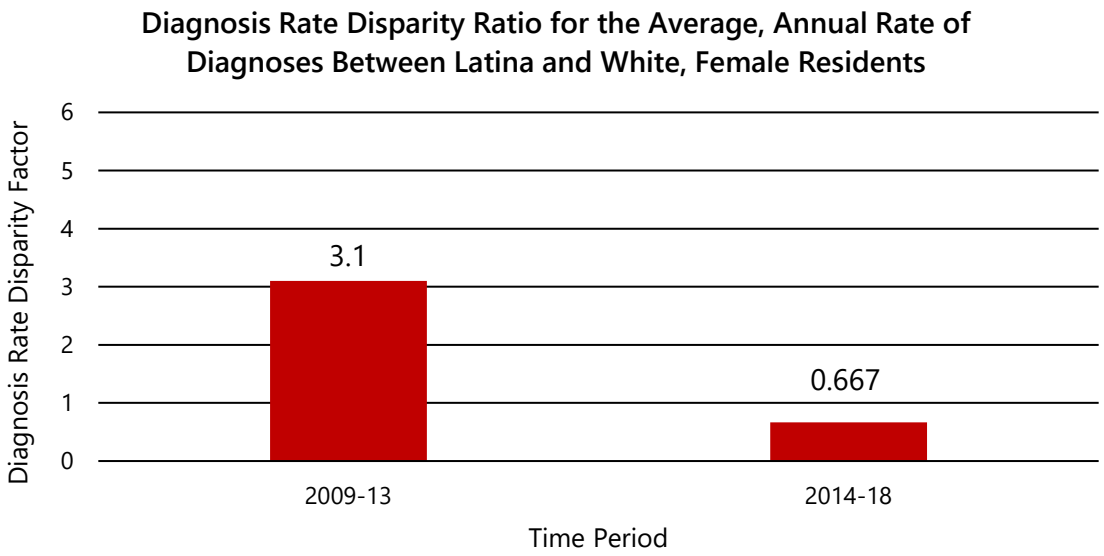

Figure 13. The ratio by which the average, annual rate of HIV diagnoses among Latina residents is different from the average, annual rate of diagnoses among their white, female neighbors. Changes in this rate across two time periods, 2009-13 and 2014-18, are shown to illustrate proportional trends in HIV diagnoses. Calculations used only Hennepin County diagnoses.

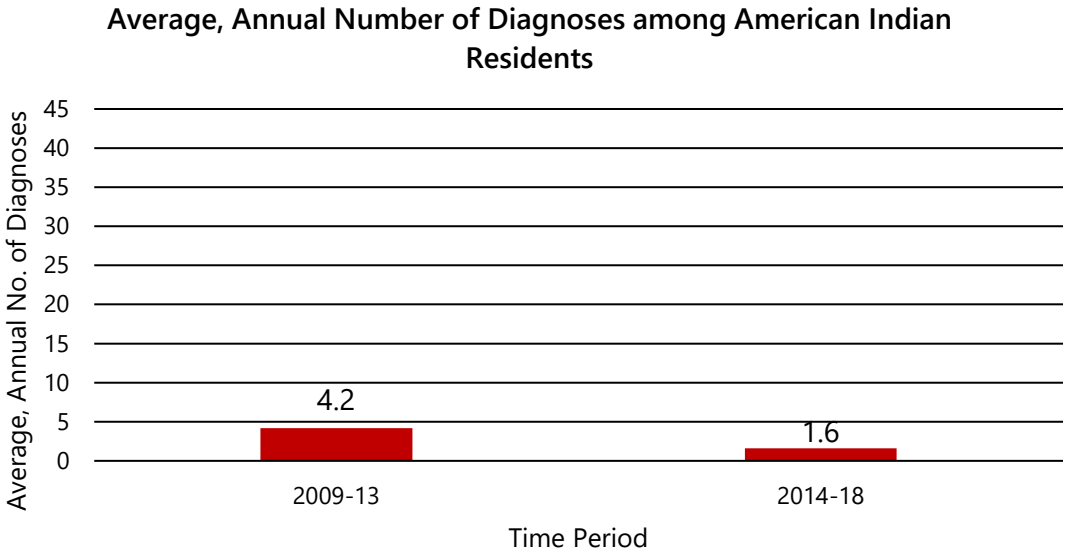

Figure 14. The average, annual number of new HIV diagnoses among American Indians. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

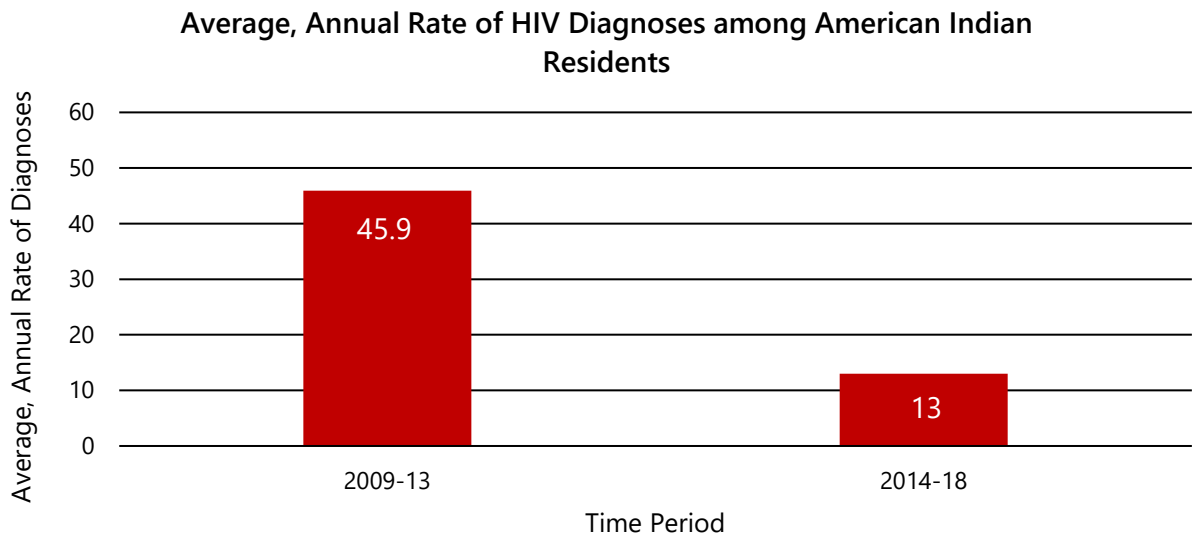

Figure 15. The average, annual rate per 100,000 people of new HIV diagnoses among American Indians. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses rates are shown.

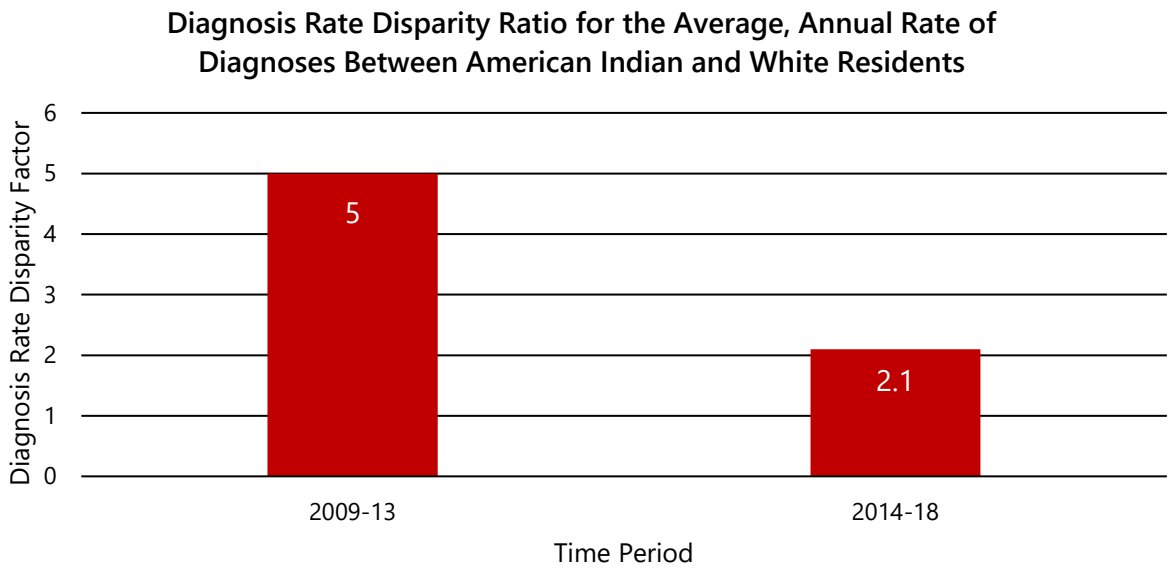

Figure 16. The ratio by which the average, annual rate of HIV diagnoses among American Indian residents is different from the average, annual rate of diagnoses among their white neighbors. Changes in this rate across two time periods, 2009-13 and 2014-18, are shown to illustrate HIV diagnosis disparities. Calculations used only Hennepin County rates of diagnoses.

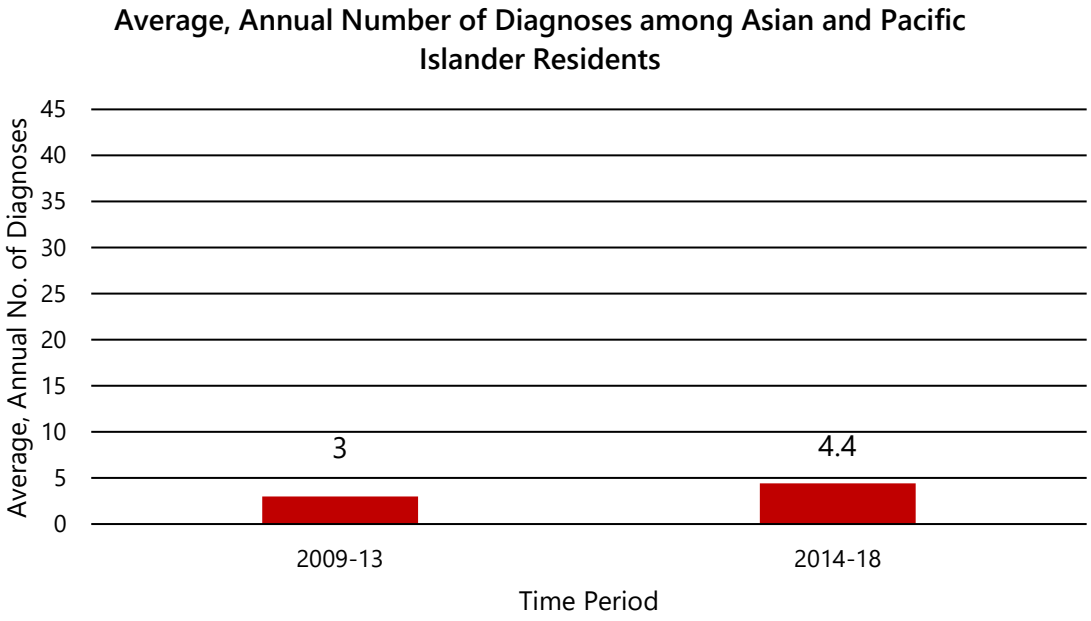

Figure 17. The average, annual number of new HIV diagnoses among Asians and Pacific Islanders. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses are shown.

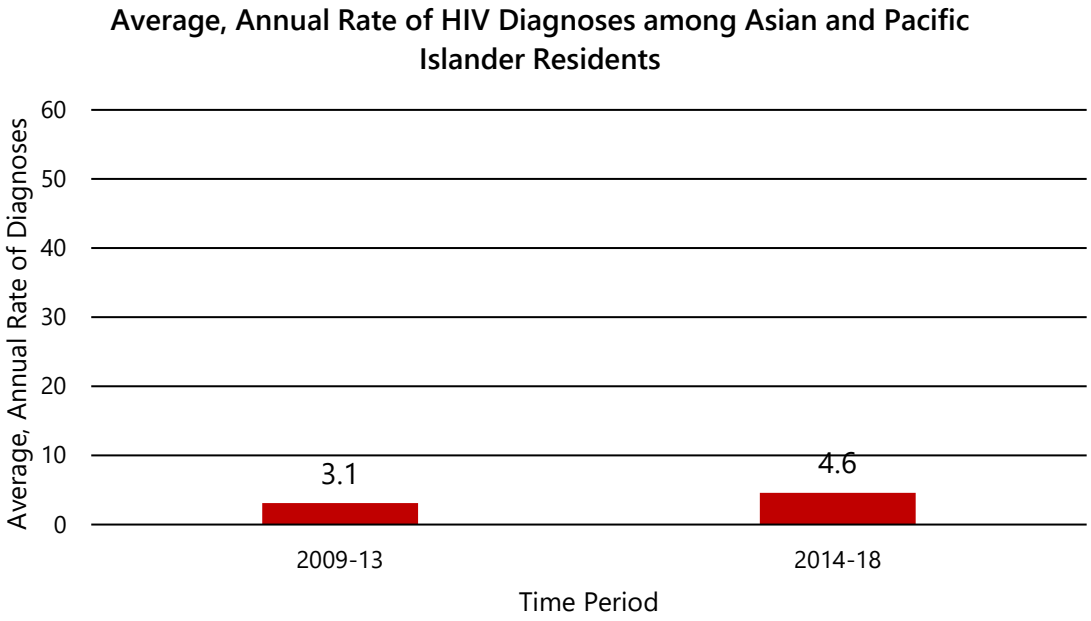

Figure 18. The average, annual rate per 100,000 people of new HIV diagnoses among Asian and Pacific Islander residents. Averages are calculated based off two time periods: 2009-13 and 2014-18. Only Hennepin County diagnoses rates are shown.

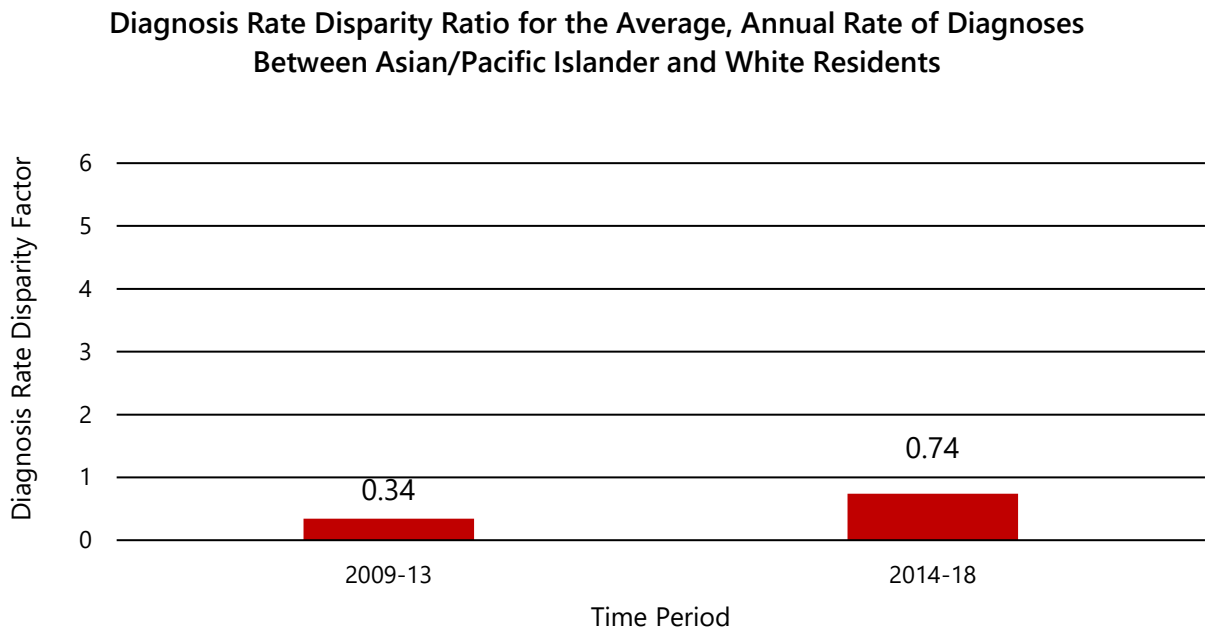

Figure 19. The ratio by which the average, annual rate of HIV diagnoses among Asian and Pacific Islander residents differs from the average, annual rate of diagnoses among their white neighbors. Changes in this rate across two time periods, 2009-13 and 2014-18, are shown to illustrate HIV diagnosis disparities. Calculations used only Hennepin County rates of diagnoses.

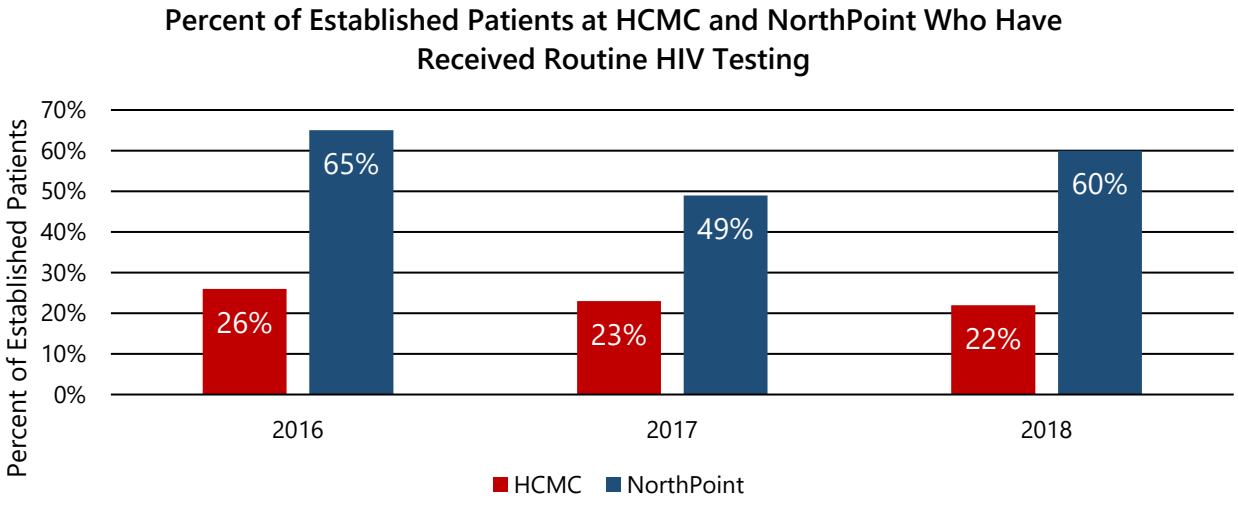

Figure 20. The percent of established patients, ages 13 through 64, who have received routine HIV testing. Data in this figure use the Minnesota Community Measurement Standards' definition of established patients. These standards define established patients as those who had at least one visit in the current evaluation year and at least two visits in the previous year. For example, an established NorthPoint patient in 2018 is defined as having visited NorthPoint once

in 2018 and at least twice between 2017 and 2018. Positively Hennepin aims to have tested 60 percent of established HCMC and NorthPoint patients.

Nota Bene: The previous Positively Hennepin progress report published in 2018 did not measure routine testing at Hennepin Healthcare using the Minnesota Community Measurement Standards' definition of established patients. Therefore, routine testing data at Hennepin Healthcare from the 2019 and 2018 Positively Hennepin reports are not comparable.

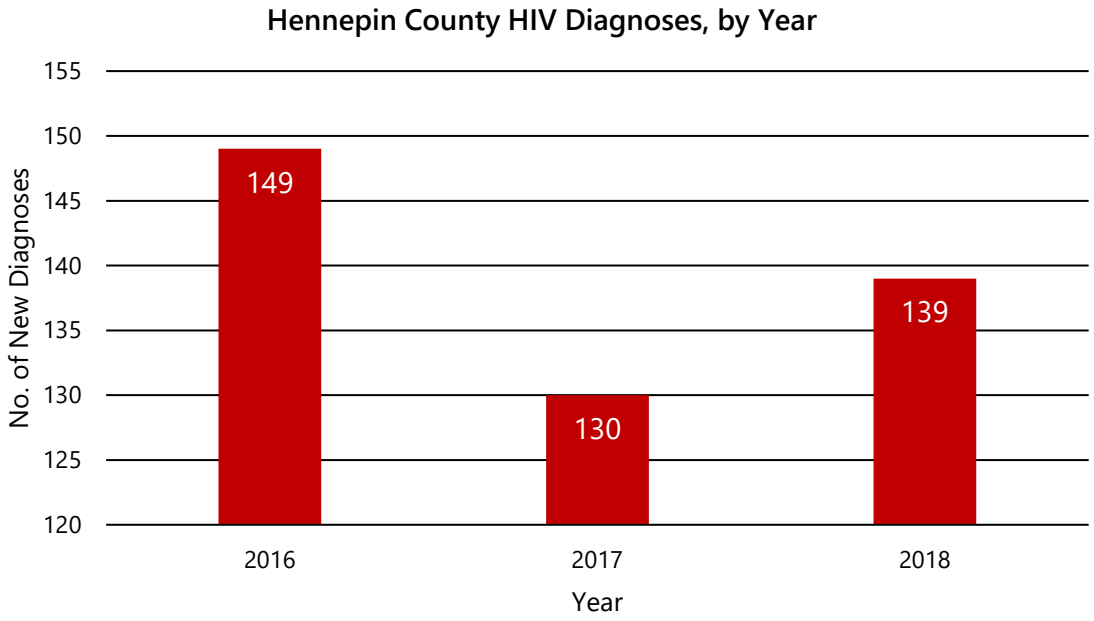

Figure 21. The number of new HIV diagnoses among Hennepin County residents. A five percent decline in new diagnoses sets a milestone target of no more than 142 new diagnoses by the end of 2019.

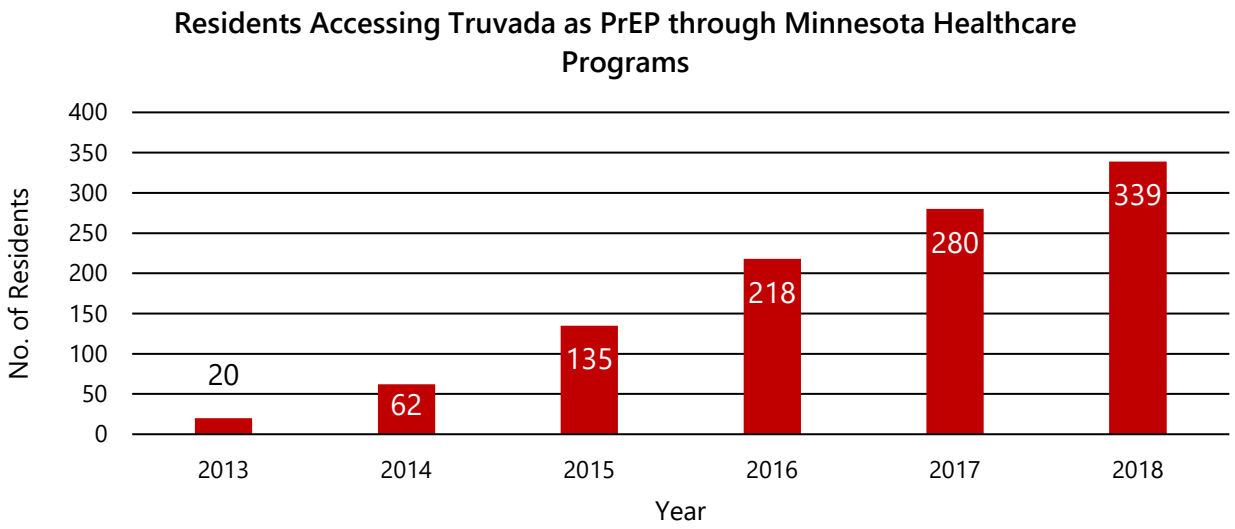

Figure 22. The number of Hennepin County residents who have been prescribed Truvada as PrEP through Minnesota Healthcare Programs (MHCPs), by year. Centers for Disease Control and Prevention approved daily Truvada as an HIV prevention tool in 2012. The number of residents prescribed Truvada as PrEP in 2012 (MHCPs) is too few to be released publicly due to privacy concerns.

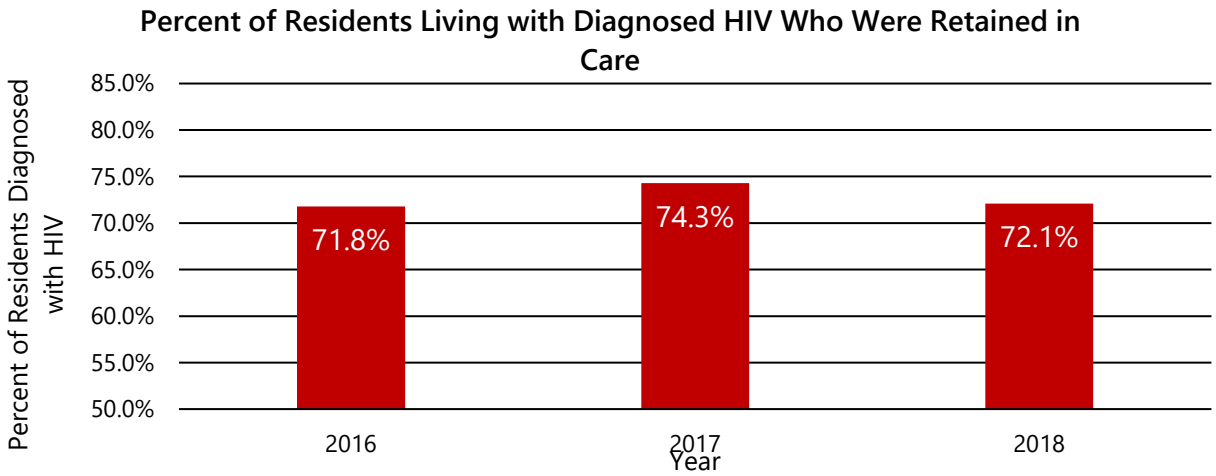

Figure 23. The percent of county residents living with diagnosed HIV who were retained in care, by year. The Positively Hennepin milestone for this health outcome indicator is 80 percent by 2019.

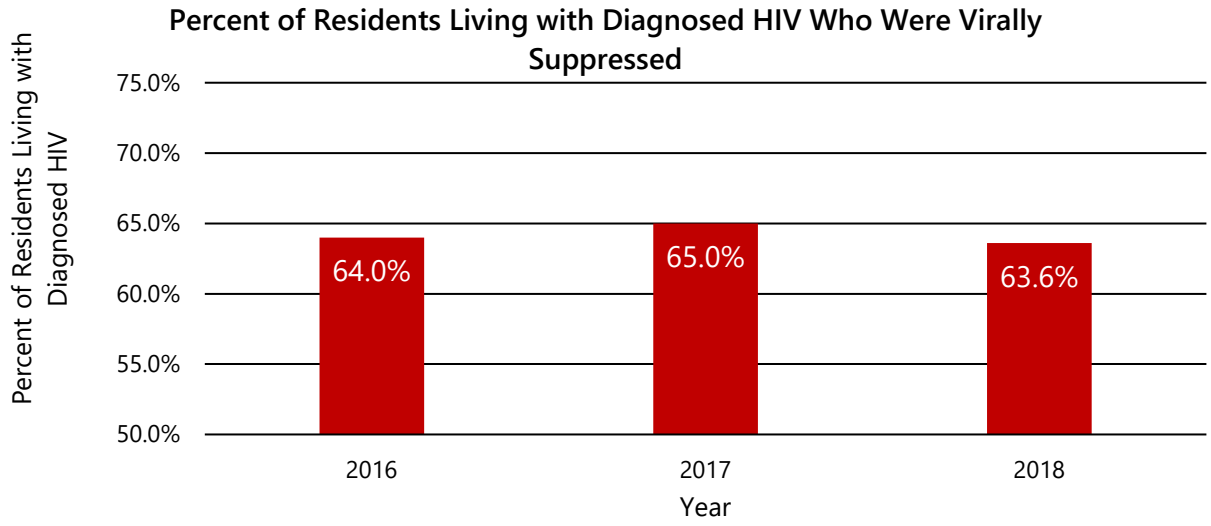

Figure 24. The percent of county residents living with diagnosed HIV who were virally suppressed, by year. The Positively Hennepin milestone for this health outcome indicator is 70 percent by 2019.

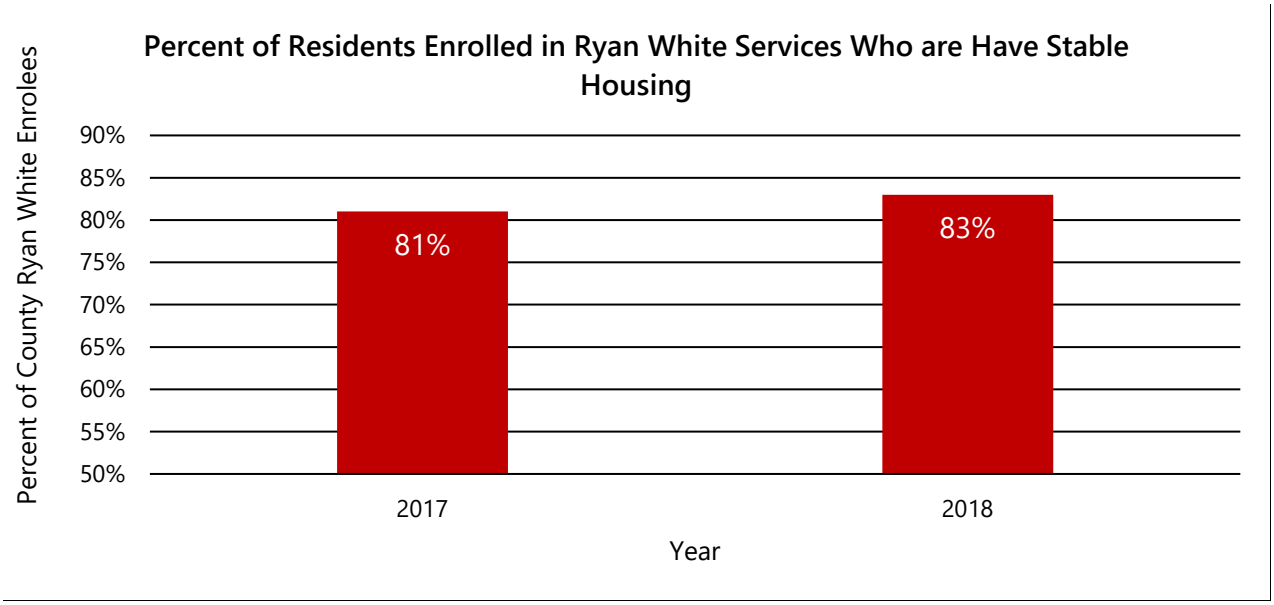

Figure 25. The percent of county residents receiving Ryan White services who also have stable housing. This is the only Positively Hennepin milestone that uses 2017 as a baseline year for analysis, since 2016 housing data was not comprehensive enough for a statistically stable analysis. The Positively Hennepin milestone for this indicator is 75 percent by 2019.

	Percent of Diagnosed PLWH Retained in Care				Percent of Diagnosed PLWH Who Were Virally Suppressed			
Hard-hit Community	*2016*	*2017*	*2018*	*Range*	*2016*	*2017*	*2018*	*Range*
Young MSM	77	74	71.2	71.2-77	64	61	56.9	56.9-64
Men of color	68.8	69	68.8	68.8-69	58.9	59	59.7	58.9-59.7
African-born men	68	64	63.4	63.4-68	59.7	55	56.2	55-59.7
African American MSM	68.4	66.8	69.7	66.8-69.7	56.1	57	56.3	56.1-57
Latino MSM	71.7	76.2	75	71.7-76.2	67.4	68	69.3	67.4-69.3
Women of color	59.8	74	70.9	59.8-74	59.8	60	60.1	59.8-60.1
Transgender women of color	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
African-born women	67.4	74	68	67.4-74	58.6	63	59.9	58.6-63
African American women	75	73	73.6	73-75	62.5	58	60.5	58-62.5
Latina women	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 2. The percent of residents living with diagnosed HIV and from communities that HIV hits hardest who were retained in care and virally suppressed, by year. Health outcome indicators for transgender women of color and Latinas living with diagnosed HIV cannot be released publicly, in accordance with Minnesota Department of Health policy. Health equity milestones aim for 80 percent of residents living with diagnosed HIV from each of these hard-hit communities to be retained in care and 70 percent to report viral suppression. Only Hennepin County data are shown.

2019 tactic implementation

A.1.B. Expand the number and type of organizations that implement routine HIV testing by offering providers incentives and supports.

Minnesota People of Color Pride launched an early intervention services (EIS) pilot program in 2019. By the end of 2020, this pilot aims to test 600 people, with at least 360 being African American men who have sex with men. The West African HIV Task Force is also implementing an EIS pilot project by providing HIV testing to African-born men of all sexual orientations.

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

Red Door ran an HIV testing awareness bus campaign from mid-May to mid-July 2019. Messages consisted of information about quick test results in English and in Spanish and Red Door's commitment to the LGBTQ community.

In April 2018, the Minneapolis Central Library hosted Queer Prom for young LGBT people. The Red Door sent two staff to do outreach and education. Four hundred and fifty safer sex kits were distributed. The kits included three different kinds of lube (water-based, water-based blend, pure silicone); cards with the Red Door's services, address, phone number, cost, hours, parking, and public transit; three condoms, and a Jolly Rancher.

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

Following this strategy's focus on Native American residents, the Ryan White Part A Program hosted a PrEP train-the-trainers event that built nonprofits' capacity to provide culturally responsive services for Native American residents.

Partnering with Hennepin County's Public Health Promotion program, a 2018 Health@Work and Employee Health E-tips focused on HIV in the workplace. Specifically, it discussed how to work with and manage employees living with HIV, how to undo workplace, HIV-related stigma, the importance of routine testing, U=U, and advancements in medical treatment and prevention. The CDC's HIV in the Workplace guide was also distributed to area employees and employers.

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.

At OutSpoken, a monthly open mic where queer and transgender community members gather to share stories and performances, information on the county's emergency mental health services was shared with program attendees and performers.

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.

See B.2.C. for the HIV housing pilot project.

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

Annually, Ryan White enrollees lead a workshop on health education, self-advocacy, and activism. The Hennepin County's Ryan White Part A program supports the grassroots leadership of these annual meetings. These types of information are provided as part of EIS and HERR contracts.

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

The Quality Learning Community (QLC) is a no-commitment network of online and in-person training materials and opportunities shared with area HIV stakeholders. The primary subscribers are providers of HIV services and those utilizing Ryan White Services. Through this network, learning opportunities and resources are continuously being shared to improve HIV services in the Twin Cities area.

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).

In 2019, Hennepin County's Ryan White Part A Services launched a pilot project that aims to triple Ryan White Services' capacity to provide housing support to its clients. By increasing housing support funding from $80,800 to $265,300, approximately 30 additional Ryan White clients will be able to access housing support services. This pilot project supports the community leadership of the Minnesota Council for HIV/AIDS Care and Prevention. The Minnesota Department of Human Services is a consulting partner on this project, utilizing the 340B Pharmaceutical Rebate Program to fund this pilot project.

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.

Red Door and the Minnesota Department of Health are continuing their Data2Care partnership, using surveillance and clinical data to help reconnect people living with HIV to clinical care. In 2018, clinical care was reestablished with five people living with HIV who had fallen out of care.

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.

Ten interviews of Latino MSM living with HIV were conducted and analyzed. Preliminary findings suggest that the patient-doctor relationship is a strong determiner of patient outcomes (i.e., if a patient has a negative relationship with their doctor or does not feel supported by their medical home, they might avoid going to their appointments). Substance use and mental health were

also cited as barriers to care retention, although the recovery community and community presentations at treatment centers were often praised as a source of information for Ryan White services.

For World AIDS Day 2018, Positively Hennepin and Red Door Clinic gathered community members leading the journey towards ending HIV at the Parkway Theater. Leaders from American Indian, West African, African American, and transgender communities discussed how residents with diverse values and backgrounds can collaboratively face common challenges to ending the epidemic. To commemorate the occasion, community members living with HIV shared stories of strength and asked for advice on how individuals can use their privileges to benefit the entire community. Red Door clinic provided HIV testing and linkage-to-care services for attendees.

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.

Following the 2018 adoption of culturally responsive standards for providers in Hennepin County's Ryan White system of care, two Ryan White providers are incorporating these standards into their quality improvement plans. To create these quality improvement plans, clients of the Ryan White Program have been invited to provide feedback on the culturally responsive services offered through the programs' system of care.

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.

Collaborative work on a $200,000 federal grant to build grassroots capacity to end the epidemic has begun with key partners from the African American, East African, and West African communities in Hennepin County. This work focuses on eliminating HIV-related disparities that impact these communities through community engagement, peer-led health education, and anti-stigma campaigns.

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.

See C.2.A. for collaborative work with key partners from the county's African American, East African, and West African communities.

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.

See C.1.B. for Ryan White providers' culturally responsive standards.

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

CRUSH started in 2013 as a partnership across non-profits and MDH to address the high rates of chlamydia in North Minneapolis. Each year CRUSH promotes a Youth STI Testing Day across Minnesota. Red Door's outreach staff promotes this event and provides testing services. This year Red Door and Youth Link saw 49 youth between ages 12-26, predominantly people of color and/or LBGTQ, some of whom were sexually active though had never been tested for HIV or any STI.

Red Door partnered with three local clinics to test 326 people at the 2019 Pride Festival. Clients were educated about PrEP and given referrals to start at Red Door or other agencies in the Twin Cities. In addition to HIV testing, Red Door handed out approximately 25,000 condoms, 10,000 packets of lube, and countless referrals to local services. Our games tent received a lot of attention and staff did an excellent job promoting testing, both at the park and the clinic.

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.

See B.2.C. for the HIV housing pilot project.

Acknowledgements

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

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