

Disparities Elimination Committee Meeting
Thursday, December 21, 2023
9:30 a.m. – 11:30 a.m.
Microsoft Teams Meeting

Committee Members Present:	
Nikki LeClaire	Sarah Schiele (co-chair)
Alejandro Aguilera	Gage Urvina
Jay Orne (co-chair)	Calvin Hillary Hylton
Committee Members Absent:	
Oceane Lune	Tristian Sparks
James Velek	
Guests:	
Quay Catalpa, MDH	Cody Raasch, Hennepin County
Emmy Paulson, Hennepin County	
Hennepin County (Part A) Representative:	
Eriika Etshokin	DHS (Part B) Representative:
	Thomas Blissett
	Amy Miller
MDH (Prevention) Representative:	
None	MDH (Surveillance) Representative:
	Hannah Giles (MDH – Epi)
MCHACP Staff:	
Audra Gaikowski, Council Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? Yes

I. Welcome and introductions

- Jay Orne called the meeting to order at 9:30am.

II. Review, approval of minutes from November 16 meeting and proposed agenda

- The meeting minutes from the November 16 DEC meeting were reviewed and approved with noted changes below.
 - Alejandro asked that the minutes clarify what the source was for the Native American data presentation.
 - Cody indicated that CAREWARE is a primary source for data and Hannah added that data is pulled from case report forms, provider notes, etc. and not via tribal data.
 - Alejandro suggested that in the NYC Presentation Debrief/Reflection, sub-recipient should be used rather than recipient in the discussion about a short-term strategy of creating a directive around service models.
- The agenda for today’s meeting was reviewed and approved.

III. HIV Transmission Categories

Hannah Giles & Quay Catalpa, Minnesota Department of Health

- Hannah and Quay presented a PowerPoint presentation titled, **Gender Identity and HIV Transmission Categories**.
 - Transgender women have typically been categorized as MSM (men who have sex with men). This method is required by the CDC but is incorrect and insensitive. This data can be presented to Minnesotans in a different more inclusive and accurate way.

- Feedback:
 - Are there other states that are already presenting this data in a more inclusive way?
 - Two options have been developed by looking at other jurisdictions (Michigan and San Francisco).
 - How to capture individuals who are intersex?
 - The population is small, so data analysts can run into undercounting.
 - Jay wondered if there is a way to capture if an individual's partner(s) sleep with men because this can be a hidden mode of exposure (for example, trans men sleeping with men).
- Michigan's approach:
 - "Sex with men"
 - Cis women
 - Cis men
 - Transgender
 - PWID
 - Sex with men & PWID
 - Sex with women
 - Perinatal or pediatric
 - Other risk
- San Francisco's approach:
 - MSM
 - TWSM
 - PWID
 - MSM-PWID
 - TWSM-PWID
 - Heterosexual
 - Other
- Thoughts about these approaches:
 - Are we getting the same data when converting MN data to these approaches?
 - Both methods give us accurate data, but the big challenge is that we don't always get complete or accurate gender data.
 - Michigan is less identity-centric and focused more on the behavior rather than the individual.
 - Alejandro noted that lack of data for the trans community has been an on-going issue and wondered if these models would elicit more data.
 - Alejandro added that, internally, some organizations have better ways to identify the trans community. Would it be useful to ask these organizations how they classify their data?
 - Jay prefers Michigan's approach to San Francisco's because it seems less stigmatizing. The Michigan approach focuses less on the person being a high-exposure risk and more on the behavior being the risk of exposure.
 - Jay suggested a third option that included information about an individual's partner's exposure risk would be ideal.
 - Hannah and Quay asked the committee if we should continue to include "cis" as a descriptor.

- Nikki noted that some may feel not as important when categorized as “cis” and it can be isolating, especially for women. Nikki noted, however, it is important to continue to use “cis.”
 - Nikki noted that the Michigan model highlights all identities, so that may be one way to address this.
- Jay added that those who think of “cis” as a slur are at odds with the work being done in the committee.
- Trans groups at Aliveness and at the Hennepin County Public Library might be good resources to reach out to in gathering more feedback.

IV. NYC Behavioral Health discussion

- Sarah Schiele took over facilitation.
- Jay explained that the committee is looking at a two-pronged approach:
 - 1. Implementing a behavioral model like NYC’s.
 - Would be a long-term project.
 - Would need support from the entire council.
 - Alejandro has been in touch with NYC to discuss and learn more about their process.
 - We don’t have the same staff resources as the NYC planning council.
 - 2. Directive around service models.
 - Peer accompaniment and follow up/linkage to care are two areas to explore.
 - The committee would want buy-in from recipients.
 - What would be the best way to implement a service model directive?
 - Add it to the standards of care, for example?
 - Eriika suggested that the committee continue to review how other jurisdictions have done this and decide where it fits in the service standards. Eriika added that there is not a lot of capacity to form an ad hoc committee at this time.
 - Jay does not think the committee needs anymore data because there are service models out there already working. The committee has already spent a lot of time gathering data.
 - Calvin agreed that the committee has enough data to move forward with a service model, but the process is equally important. The committee should look at other jurisdictions to see how they did it. Calvin noted that jurisdictions around our size would be especially helpful to review.
 - Alejandro noted that developing a directive can be done outside of committee work, but it is a lot of work for one person.
 - Alejandro is interested in a provider forum for psychosocial support services to gather additional input.
 - Alejandro suggested that funding for directives should not be reallocated. This is something to keep in mind going forward with directives.
 - Calvin responded that reallocations should be discussed with committees, but we should not make prescriptions that funds cannot be moved. It’s important to spend funds efficiently and responsibly. It’s better to explore issues of utilization; why isn’t money being spent?
 - Jay noted that they would not want this to live within case management; it should be within mental health. Accessing case management is not always feasible and

there can be issues related behavioral health that prevent someone from connecting with case management.

- A question for recipients would be to determine how much it would cost to pilot a peer support and navigation program. This information would be needed by allocations decisions in August 2024.
- Eriika noted that an RFP would not be feasible at this point because there are not additional funds available.
- Eriika added that the Needs Assessment and Evaluation Committee (NAE) is working on the comprehensive needs assessment and suggested that asking some questions in the survey about peer accompaniment and mental health would help gather consumer voices on a potential service model.
 - Members wondered if DEC and NAE can have a combined meeting to work together to make sure DEC's questions are included.
 - Audra noted that adding questions to the needs assessment survey is already on DEC's workplan. Data staff will come to the January meeting and any questions DEC develops can be sent to NAE.
- Audra suggested having a meeting with recipients and co-chairs to discuss next steps and the process to implement a service model.
- Audra will research other jurisdictions to see if they have implemented similar service models (peer accompaniment, linkage to care, etc.).

V. Integrated Plan Monitoring Table follow-up

- Audra displayed the ***Integrated Plan Monitoring Table***.
 - Jay would like to explore why where was there a drop in linkage to care for trans/AA/Greater MN in 2022.
 - 2.8bproxy is something to consider in making a service directive around peer accompaniment.

VI. New business / Unfinished Business

- The committee requested that someone from Youth and AIDS Projects (YAP) attend the discussion about age disparities in February.
 - Gage indicated that they would attend this meeting.

VII. Set agenda for next meeting

- Co-chair succession planning
- NA data discussion
- Housing directive follow up
- Needs Assessment questions around mental health
- Report back on Part A & Co-Chairs meeting on mental health

VIII. Announcements

- [ESCALATE/ELEVATE](#) Newsletter is out

IX. Adjourn

- Sarah Schiele adjourned the meeting at 11:23 a.m.

Meeting Summary

- The committee received a presentation on HIV Transmission Categories.
- The committee discussed next steps on a possible behavioral health directive.
- The committee reviewed that Integrated Plan Monitoring Table.

Documents shared before the meeting:

- 2023.12.21 DEC Agenda
- 2023.11.16 DEC Minutes

Documents shared during the meeting:

- Gender Identity and HIV Transmission Categories PowerPoint
- Integrated Plan Monitoring Table

JS/ag