

*Project Title:* HIV Emergency Relief Grant Program/Minneapolis-St. Paul (MSP-TGA) Part A  
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**Project Abstract.** The MSP-TGA comprises 11 Minnesota (MN) counties and 2 western Wisconsin (WI) counties. The population of the TGA is 3,482,752. Hennepin and Ramsey County are the two largest counties, comprising 32% of Minnesota's population of 5,528,630. The TGA counties together comprise 63% of Minnesota's population. The HIV epidemic is concentrated in Hennepin and Ramsey counties, where 81% of the TGA's 7,339 PLWH reside. Ninety-nine percent of PLWH reside in the eleven Minnesota counties with less than 1% living in the two Wisconsin counties. Thus, most Part A services are located in Hennepin and Ramsey counties. Fifteen Part A clinic and community-based service providers serve the entire 13 County TGA; medical transportation services are available to Ryan White eligible clients through Part B. Minority populations served with MAI funds (Black, Latino, and African-born) are centered in St. Paul and Minneapolis.

Since the beginning of the epidemic, men having sex with men (MSM) has been the predominant risk category reported. In 2016, MSM accounted for 49% of all new infections. Heterosexual contact is the predominant mode of HIV exposure among females accounting for 93% of female cases in 2016. Persons of color comprise 23% of the population in the MSP-TGA, yet they represented 61% of newly diagnosed cases in 2016. Foreign-born persons make up 7% of Minnesota's total population and 32% of new HIV infections in 2016.

Part A funding prioritizes services that enhance access to and maintenance of primary care. The primary goal is to identify people who are out of care and link them to HIV care so they can rapidly advance along the HIV Care Continuum (HCC) toward viral suppression. As of December 31, 2016, 64% of the TGA's population of diagnosed PLWH were virally suppressed. Part A funds 8 core medical and 9 support services delivered by a culturally diverse provider network. Medical case management and outpatient health care services are the cornerstone of the TGA's RWHAP. Support services such as food bank/home delivered meals, housing and psychosocial support services mitigate psychosocial and economic barriers to accessing and staying connected to HIV medical care.

With full implementation of health care reform under the ACA only 4.5% of the TGA's residents are uninsured; however, disparities in access to health care coverage continue to exist among people of color living with HIV, particularly those who were born outside of the U.S. Part A services target emerging communities, disproportionately impacted populations and those with co-occurring conditions. The MSP-TGA's MAI funding is allocated to outpatient health care and medical case management services for African Americans and Latinos, two populations that experience disparities in access to care and poorer rates of retention in care and viral suppression.

The Part A program ensures an integrated continuum of care and services in the metropolitan area. The TGA's HCC makes clear where the greatest needs arise in helping people to become aware of their HIV status and engage in prevention, linkage, care retention and viral suppression. Populations are prioritized based on epidemiologic data and incorporated into objectives, activities and funding allocations. Current challenges include developing data system capacity to improve performance measurement and eliminating HIV-related health disparities. The TGA's Part A Program is implementing plans to address these challenges.