

**Minnesota Council for HIV/AIDS Care and Prevention
Disparities Elimination Committee
Thursday, May 19, 2022
9:30 – 11:00 a.m.
Microsoft Teams Meeting
Meeting Minutes**

Committee Members Present:	
Charlotte Detournay	Megan Mueller
Océane Lune	Jay Orne (co-chair)
Megan Higdon	Sarah Schiele (co-chair)
Rev. Jim Mitulski	
Committee Members Absent:	
None	
Guests:	
Jose Ramirez, MDH	
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Brenda Senyana	None
MDH (Prevention) Representative:	MDH (Surveillance) Representative:
McKinzie Woelfel	Hannah Kass-Aten
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Bryan Bick, Administrative Specialist (minutes)

Quorum Present? **Yes**

I. Welcome and introductions

- Jay Orne called the meeting to order at 9:33 a.m. Introductions were made.

II. Review and approval of minutes from April 21 meeting and proposed agenda

- The minutes from the April 21, 2022 meeting were reviewed and approved as printed.
- The agenda for the meeting was approved as printed.

III. Priority populations for prevention funding: Hannah Kass-Aten presented the *Minnesota Department of Health Priority Populations for 2023-2027*.

- A committee member acknowledged there are challenges with collecting data on transgender populations and asked if there was data to illustrate the rate of HIV incidence for transgender individuals.
 - Hannah Kass-Aten agreed this is a weakness of the available data and explained that denominators for the total transgender population are not available. This is also true for the total population of men of color who have sex with men.
 - Another committee member shared that there is more information today than what was available two or three years ago. They stated that the Disparities Elimination Committee worked to improve the quality of data on transgender individuals by making sure subrecipients were recording gender in addition to sex assigned at birth.
 - A committee member stated that the Hennepin Healthcare Positive Care Center collects data on gender identity whereas testing data may only include sex assigned

- at birth. The Positive Care Center had previously worked with the Minnesota Department of Health to regularly compare and clean up this data as much as possible. Hannah Kass-Aten said she would like to continue doing this data improvement work with agencies that serve people living with HIV/AIDS.
- Carissa Weisdorf said she will send an email to the committee members containing details of what the council's Gender Identity subcommittee worked on.
 - A committee member added that among the HIV outbreak occurring with people who inject drugs, approximately 45% of cases were associated with people staying in homeless encampments or otherwise experiencing housing insecurity. They felt this supports prioritizing people experiencing housing insecurity/homelessness for HIV prevention work.
 - A committee member asked for more information about geographic aspects of the disparities discussed in the presentation, especially for the Duluth area.
 - Hannah explained the priority populations are for the Metro area and Greater Minnesota is considered separately.
 - Jose Ramirez added that Greater Minnesota is still a focus for the Minnesota Department of Health (MDH). He explained it is harder to focus on specific high-risk populations there because the numbers are smaller, so MDH focuses on the population of Greater Minnesota as a whole.
 - Jose said that about 30% of MDH's funding is focused on Greater Minnesota and subrecipients are encouraged to focus on men of color who have sex with men, Black women, Native Americans, Hispanics, and people experiencing homelessness.
 - McKinzie Woelfel added that MDH will ask grant recipients to ensure that 55% of their HIV testing efforts be among priority populations.
 - Jay Orne asked committee members how they are feeling about the priority populations shared.
 - Jay shared they feel relieved to see individuals who are unstably housed or homeless included in the priority populations because they work with those individuals every day. Jay felt the MDH priorities will hopefully include individuals who are not part of the other priority populations, particularly American Indians who are experiencing housing insecurity and other disparities.
 - Jose Ramirez added that MDH's approach to prioritizing men of color who have sex with men includes Native American men who have sex with men.
 - A committee member stated that not all the priority populations are as visibly present in Duluth as they are in the metro area. They shared that Duluth is focusing efforts on transgender individuals and individuals facing housing instability or homelessness, but there is little conversation on how HIV impacts those populations.
 - A committee member shared that they feel age is overlooked when priority populations are determined.
 - They said in prior years about one-third of new HIV infections occurred among people younger than 35, and it is frustrating that youth are not considered a priority population for MDH.
 - Jose responded that MDH has gotten feedback that some of their rules are too restrictive, so they will reduce the required testing threshold from 75% to 55% for

priority populations This will give organizations more flexibility to offer testing to those seeking services. Jose added that age is always discussed, but when funding gets broken down too much it limits what can be done overall. Jose said that the Minnesota Department of Health's (MDH) request for proposal (RFP) will include special consideration for focusing on certain populations or demographics.

- A committee member said they will need some time to think about the data that was presented, and how the priority populations of men of color who have sex with men, Black women, and transgender people intersect with the priority population of people who are experiencing homelessness or housing insecurity.
- A committee member mentioned they observe some of the same people frequently responding to incentives and getting tested for HIV and asked if testing events could be designed to bring in a broader segment of the priority populations.
- Jay Orne asked what the Minnesota Department of Health (MDH) needs from the council to improve its work.
 - McKinzie Woelfel responded that having representatives on the council from Duluth and other parts of Greater Minnesota is helpful.
 - McKinzie said that MDH has frequent internal conversations about categories like age and about the specific needs of Greater Minnesota.
 - McKinzie added that MDH needs new applicants from Greater Minnesota to respond to the RFP so they can find new ways of reaching community members. There may be many community organizations in Duluth that could apply to help address the HIV outbreak there.
- The presenters were asked if persons who inject drugs (PWID) were considered as a possible priority population for this RFP.
 - Jose Ramirez replied that PWID are an important priority for MDH but that need is primarily addressed with funding for syringe services programs.
 - A committee member added that more than syringes are needed to decrease the incidence of HIV in PWID and asked if there is also a role for testing programs that reach that population. Jose explained that prioritizing that population for testing would decrease funding for testing programs for the other identified priority populations.
- Hannah Kass-Aten invited the group to reach out to her if they have additional thoughts. McKinzie added the information will be presented to the full council next month.

IV. Part A MAI services list: Sarah Schiele explained that the Disparities Elimination Committee (DEC) prioritizes services for Part A Minority AIDS Initiative (MAI) funds and determines how the funds are allocated.

- Sarah stated that outpatient ambulatory health services and medical case management are the two core medical services that currently receive Part A MAI funds.
- Sarah explained that DEC created a list of other services it wanted to learn more about over the past few months. That list included mental health, substance abuse outpatient care, emergency financial assistance, housing, and oral health care.

- Sarah said the goal today is to decide which service areas to prioritize for Part A Minority AIDS Initiative (MAI) funding.
- Sarah stated that once the Disparities Elimination Committee (DEC) prioritizes service areas for Part A MAI funding, it will later allocate funding. Hennepin County is recommending that DEC allocate Part A MAI funds to the two service areas that are currently funded.
- Carissa Weisdorf shared the ***FY2021 and FY2022 Part A Minority AIDS Initiative Allocations*** presentation and reminded the committee that it had expressed interest in learning more about additional service areas. She explained that DEC can prioritize any services areas it chooses today and decide next month how much Part A MAI funds to allocate funding to any of those prioritized service areas.
- Carissa added that the actual award amount will be announced next month. It will likely be close to last year's award of around \$336,000. She mentioned that if the money is split up too much it becomes more difficult to meet the needs it was intended for.
- A committee member asked if the MAI funding is earmarked to serve certain populations. Carissa explained that medical case management allocations were for Black and Hispanic/Latinx populations and outpatient/ambulatory health services were for the Hispanic/Latinx population. A committee member mentioned that last time DEC used the data dashboard to see what services specific populations were accessing most frequently.
- A committee member mentioned there are data showing the funding for the two currently funded services is almost always spent and viral suppression rates for consumers of those services are high.
- A committee member said it may be helpful to think about whether the currently funded services need the same funding this year to improve their ability to eliminate disparities. They suggested there may be other populations that could benefit from receiving an influx of funding for other service areas.
- A committee member asked if rebate dollars could support programs that get less Part A MAI funding should DEC decide to allocate funding to other services or populations. They suggested prioritizing the two currently funded services (outpatient ambulatory health services and medical case management) plus the service areas DEC has been getting more information about over the last few months (mental health, substance abuse – outpatient, emergency financial assistance, housing, and oral health care). They mentioned that someone from the Department of Human Services (DHS) needs to answer if alternate sources of funding such as rebate would be available for programs that are being supported now by Part A MAI funding if DEC allocates the funds differently.
- Charlotte Detournay recalled the discussion from last year about Part A MAI funding and said the amount of funding was not significant for Hennepin Healthcare's provision of outpatient ambulatory medical care. The committee had proposed emergency financial assistance and housing assistance instead as a more impactful way to use the funds. She expressed that emergency financial assistance and housing are the greatest needs; transportation and other core and supportive services are more easily accessible through

other programs. She mentioned that funds for a short hotel stay in certain situations would be very helpful.

- Carissa Weisdorf reminded the committee that last year Part B informed the committee that significant additional rebate funding was added for emergency financial assistance (EFA) and the provider did not request additional money. The data dashboard shows that \$964,000 in rebate funding was allocated for EFA in 2020, which was an increase from the previous year of \$300,000.
- Jay Orne summarized the committee's proposal to prioritize the following services: outpatient ambulatory health services, medical case management, mental health, substance abuse – outpatient, emergency financial assistance, housing, and oral health care. The committee will make decisions about allocating Part A MAI funding to those services next month after hearing from a Part B representative.
 - Jay asked for consensus on this proposal. No one on the committee expressed any objections.
 - Jay asked if a representative from a currently funded medical case management program could attend the next meeting to share their perspective.
 - Carissa Weisdorf said that representatives from Part A and Part B should be at the next meeting. She added that if the committee wants to propose an amendment to the current allocation plan it would be helpful to have something in writing to share with Part A and Part B ahead of time.

V. New business / Unfinished business

- No new business was discussed.
- No unfinished business was discussed.

VI. Set agenda for next meeting

- Carissa Weisdorf displayed the ***Fiscal Year 2022 DEC workplan.***
- A committee member proposed that nothing more be added to the June agenda to leave sufficient time for discussion of the Part A MAI funding allocation.

VII. Announcements: There were no announcements.

VIII. Adjourn: Jay Orne adjourned the meeting at 11:05 a.m.

Meeting Summary:

- The Minnesota Department of Health presented its priority populations for 2023-2027.
- The committee agreed to prioritize the following service areas for Part A MAI funds: outpatient ambulatory health services, medical case management, mental health, substance abuse – outpatient, emergency financial assistance, housing, and oral health care.

Documents distributed before the meeting:

- Proposed agenda for May 19, 2022 meeting
- April 21, 2022 DEC minutes

- Fiscal Year 2022 DEC workplan

Documents displayed during the meeting:

- Minnesota Department of Health Priority Populations for 2023-2027
- FY2021 and FY2022 Part A Minority AIDS Initiative Allocations

BB/cw