

**Minnesota Council for HIV/AIDS Care and Prevention
Disparities Elimination Committee
Thursday, September 15, 2022
9:30 – 10:45 a.m.
Hybrid Meeting
Meeting Minutes**

Committee Members Present:	
Charlotte Detournay	Jay Orne (co-chair)
Megan Higdon	Sarah Schiele (co-chair)
Megan Mueller	
Committee Members Absent:	
Antwon Davis	Jim Mitulski
Océane Lune	
Guests:	
Sokun Derosier (DHS)	Lizzie McNamara (Minnesota Management and Budget)
Hennepin County (Part A) Representative:	
None	DHS (Part B) Representative:
	Thomas Blissett
MDH (Prevention) Representative:	
McKinzie Woelfel	MDH (Surveillance) Representative:
	Hannah Kass-Aten
MCHACP Staff:	
Carissa Weisdorf, Coordinator	Bryan Bick, Administrative Specialist (minutes)

Quorum Present? **Yes**

I. Welcome and introductions

- Sarah Schiele called the meeting to order at 9:31 a.m. Introductions were made.

II. Review and approval of minutes from August 18 meeting and proposed agenda

- The minutes from the August 18, 2022 meeting were reviewed and approved as printed.
- The agenda for the meeting was approved as printed.

III. Integrated plan goals and objectives: Lizzie McNamara led a discussion of the draft goals for the Integrated HIV Prevention and Care Plan that the steering committee has developed.

- Lizzie explained that for each goal, the committee will determine which data points, indicators, and measures should be used.
- In the current plan, the goals were aligned with the goals of the National HIV/AIDS Strategy. For this round, the guidance is to align goals and objectives to the four pillars of the Ending the HIV Epidemic in the U.S. (EHE) initiative (diagnose, treat, prevent, and respond).
- The integrated plan steering committee decided to revise the EHE goals to make them more relevant in the integrated plan.
- Lizzie shared the **Draft Goals and Objective Ideas for Integrated Plan** padlet. She explained there is one column for each of four EHE pillars. In each column there is draft goal language followed by data points that we know are available.

- Lizzie reviewed the draft goals and asked the committee members to share their thoughts.
 - A committee member stated they appreciate that the Prevent goal emphasizes equitable access, and that the Respond goal has an equity focus with its reference to HIV transmission clusters in specific populations.
 - They asked if the Diagnose goal could also include equity language and focus efforts on disparately impacted communities.
 - Another committee member agreed and thought the Treat goal could also incorporate language that addresses disparities.
 - Lizzie McNamara agreed to take that feedback to the steering committee. She also noted that when objectives are set and strategies are identified, specific wording around disparities or disparately affected populations can be included.
 - McKinzie Woelfel said a metric that defines what current HIV status means or how recently someone has been tested could be added to the Diagnose goal.
- Lizzie reviewed the data points available to help set the objectives in each goal.
 - A committee member asked about the wording of the Diagnose goal. Is the goal for all people who are living with HIV to know that their status? As stated, it includes people who are HIV-negative to know that they are HIV-negative. Those would be slightly different goals.
 - A committee member suggested adding the percentage of people in priority populations who have had an HIV test within the last year as an objective.
 - A committee member asked if universal testing could be added to the goal. They mentioned many people do not realize that HIV testing is not included in routine testing for sexually transmitted infections.
 - Lizzie mentioned that agencies funded by the Minnesota Department of Health to conduct HIV testing report on the total number of tests they conduct and what the results are, but the health care system in general only reports positive test results. It is difficult to know how many tests are being done.
 - A committee member suggested adding an objective that is related to providers, such as the number of providers educated about the importance of testing for HIV or making sure they are focusing HIV testing on priority populations.
 - A committee member agreed that there is a large knowledge gap, not only among medical providers, but also among social workers, aging service professionals, and licensed alcohol and drug counselors.
 - Lizzie mentioned that the Treat goal is framed in terms of optimal health and wellness. The steering committee has talked about how that can be measured more generally. Questions could be added to the 2025 needs assessment survey about how respondents feel about their health, and whether they've achieved their own definition of wellness. But there is not currently any data to measure that.
 - A committee member agreed that it would be nice to add other health measures that go beyond achieving undetectable viral loads. Another committee member agreed that even though people may have achieved undetectable viral loads, they have other health problems that are not being addressed.

- A committee member asked if more information could be gathered about whether barriers were addressed or if interventions were successful. People's health may be good on many measures even though they still face the same barriers.
- Lizzie pointed out it probably is not possible to link individuals' responses in the 2020 needs assessment survey to their responses in 2025, but respondents could be asked to think about whether the challenges they faced in the past have been addressed.
- A committee member asked if there are ways to assess the availability of treatment best practices among providers. Are services available, and are they provided in culturally appropriate ways by providers who are diverse?
- A committee member stated that it could be useful to identify some of the best practices and put in specific equity objectives. How could access to prevention services like syringe exchange be measured among priority populations?
- A committee member asked about undetectable=untransmittable. Is there a way to measure whether providers are aware of this concept and if they speak to their clients about it?
- A committee member agreed that timeliness in detection of new outbreaks is an important measure and knowing how much time passes between detection of an outbreak and when funds are dedicated to addressing it would be helpful too. As an example, public health is responding very quickly to monkeypox.

Sarah Schiele passed facilitation of the meeting to Jay Orne.

- A committee member added that making medications more accessible should be part of the integrated plan. They work directly with clients and see barriers firsthand.
- Carissa Weisdorf encouraged those committee members who work directly with clients to consult with their colleagues and add to the padlet any objectives that weren't covered today.

IV. Hard topic discussion follow-up

- The committee wanted to hear updates from Jim Mitulski who was going to connect with colleagues in Duluth about planning a town hall event around World AIDS Day.
- Carissa mentioned that the council is planning to have a breakfast or some other event on World AIDS Day that could include speakers. She encouraged committee members to save the date of December 1.
- The Disparities Elimination Committee agreed to be present at the next meeting of the Community Voices Committee on November 7.

V. Council recruitment needs: Carissa displayed a ***list of current council vacancies***.

- Carissa asked if anyone on the Disparities Elimination Committee would like council promotional materials. Several committee members said they would.
- Jay Orne mentioned the Tea Time peer support network for trans femme identifying individuals. It has about 40 regular members who meet regularly. Jay agreed to present to them about the council.

- A committee member asked what a non-elected community leader would be. Carissa Weisdorf said it is hard to find clarification on that category, but previously it has been reserved for people who are active in their communities, especially if those communities are disproportionately impacted by HIV.
- Carissa displayed a **list of federally qualified health centers (FQHCs)** and asked if the committee has any connections to people working in those agencies.
- A committee member asked if there is a list of which providers have representation on the council. Agencies that do not have council representation currently might be able to fill the non-elected community leader role.
- Carissa mentioned that email blasts will go out to all provider agencies and the Minnesota Department of Health's email list in October, and that is usually a way the council gets more new applications.
- Carissa encouraged committee members to use their personal social media to publicize the council.
- A committee members asked if the numbers on the list of current council vacancies are what we have on the council, or what we're looking for. Carissa said those numbers are what we are looking for.

VI. New business / unfinished business

- Jay Orne stated they and Sarah Schiele are continuing to work on gathering more data on mental health services and psychosocial support services.
 - Carissa stated that a meeting will be scheduled with the Disparities Elimination Committee co-chairs and government representatives to talk more about their data request.
 - Megan Higdon mentioned that Aliveness is working with Rainbow Health's mental health team on a referral process since Aliveness's provider isn't taking any more clients at this time. There is a mental health navigator at Rainbow Health that could come to DEC's November meeting to talk about the mental health/psychosocial support landscape.
- No new business was discussed.

VII. Set agenda for next meeting: Carissa displayed the **FY 2022 DEC Workplan**.

- In October, DEC will hold a combined meeting with the Planning and Allocations Committee and the Needs Assessment and Evaluation Committee on Wednesday, October 26 at 9:30 a.m.
- Carissa shared that the committees will review the monitoring table for the 2017-2021 integrated plan, and continue the discussion of the new integrated plan's goals and objectives.

VIII. Announcements and adjourn: Jay Orne adjourned the meeting at 10:37 a.m.

Meeting Summary:

- Lizzie McNamara reviewed the draft goals for the Integrated HIV Prevention and Care Plan and invited feedback from the Disparities Elimination Committee.

- The committee discussed council recruitment needs and strategies.

Documents distributed before the meeting:

- Proposed agenda for September 15, 2022 meeting
- August 18, 2022 DEC minutes
- FY 2022 DEC workplan

Documents displayed during the meeting:

- Draft Goals and Objective Ideas for Integrated Plan padlet
- List of current council vacancies
- List of federally qualified health centers (FQHCs)

BB/cw