

*Project Title:* HIV Emergency Relief Grant Program/Minneapolis-St. Paul Part A

*Applicant Organization:* Hennepin County Public Health

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**Project Abstract.** The Minneapolis-St. Paul Transitional Grant Area (MSP-TGA) comprises 11 Minnesota (MN) and 2 Wisconsin (WI) counties. The MSP-TGA's population is 3,519,502. Hennepin county is home to 35% of TGA's population and 61% of the TGA's 7,969 people with HIV (PWH). Most Part A services are in Hennepin and Ramsey counties, where close to 80% of the TGA's PWH reside. Thirteen Part A clinic and community-based service providers serve the 13-county TGA; medical transportation services are available to Ryan White eligible clients through Part B and 340 B ADAP rebate funds. Black/African American, Black/African-born, Latinx, and American Indian populations are served with MAI funds.

HIV in Minnesota affects specific populations disproportionately as is reflected in the subpopulations of focus, data, and narrative throughout this application. Men having sex with men (MSM) has been the most affected population since the beginning of the epidemic. In 2020, MSM and MSM/IDU accounted for 51% of all new infections. In 2020, Black/African Americans accounted for 34%, Hispanic individuals made up 14%, and Black/African-born individuals were 11% of new HIV infections in the MSP-TGA.

Under the ACA only 4.5% of the TGA's residents are uninsured; however, disparities in access to healthcare continue to exist among people of color living with HIV, particularly for those born outside of the U.S. Part A services target disproportionately impacted populations and those with co-occurring conditions. The MSP-TGA's MAI funding is allocated to outpatient/ambulatory health services and medical case management services for Black/African Americans and African-born, Latinx, and American Indians, four populations that experience disparities in access to care, retention in care, and viral suppression. In FY22, Part A will fund nine core medical and eight support services delivered by a culturally responsive provider network. These subrecipients are in Hennepin and Ramsey counties at the geographical center of the MSP-TGA and where 80% of the TGA's PWH live. The Part A program ensures an integrated continuum of care and services in the TGA. where Medical case management and outpatient/ambulatory health services are the cornerstone of the TGA's RWHAP. Support services such as food bank/home delivered meals, housing, and psychosocial support services mitigate barriers to accessing and staying in HIV medical care by addressing social determinants of health. During this time of an unending COVID-19 pandemic, HIV outbreak, housing crisis, and entrenched systematic racism, the MSP-TGA's priority is to support consumers and subrecipients to ensure continuity of care and optimal HIV health outcomes.

Part A funding prioritizes high impact services that improve access to and retention in care. The goal is to identify people out of care and link them to care, so they can rapidly advance along the HIV Care Continuum (HCC) toward viral suppression. The most recent care continuum shows that 68% of the MSP-TGA's PWH were virally suppressed, while 91% of RWHAP clients were virally suppressed. The TGA's HCC makes clear where the greatest needs arise in helping people to become aware of their HIV status, linked to and retained in care to achieve viral suppression. Populations are prioritized based on epidemiologic data and incorporated into objectives, activities, and funding allocations. Current challenges and priorities include increasing enrollment in the RWHAP, increasing housing stability, eliminating HIV-

related health disparities, ensuring culturally responsive services, and ensuring continuity of care during the COVID-19 pandemic.