**Minnesota Council for HIV/AIDS Care and Prevention**

**Disparities Elimination Committee**

**Thursday, September 16, 2021**

**9:30 – 11:30 a.m.**

**Microsoft Teams Meeting**

**Meeting Minutes**

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| **Committee Members Present:** |  |
| Dennis Anderson | Megan Mueller (Co-chair) |
| Charlotte Detournay | Nafula Namuninia |
| Cree Gordon | Sarah Schiele |
| **Committee Members Absent:** |  |
| Teresa Jones (Co-chair) |  |
| **Guests:** |  |
| Ashley Hall, City of Minneapolis Health Department intern | Mariah Wilberg, END HIV MN Coordinator |
| Andrew Murray, Hennepin County Public Health epidemiologist | Hannah Christensen, Hennepin County Public Health epidemiologist |
| Aaron Peterson, Hennepin County Ryan White Program data coordinator |  |
| **Hennepin County (Part A) Representative:** | **DHS (Part B) Representative:** |
| Thuan Tran | Fred Ndip |
| **MDH (Prevention) Representative:** | **MCHACP Staff:** |
| McKinzie Woelfel | Carissa Weisdorf (minutes) |

Quorum Present? **Yes**

1. **Welcome and introductions**
   * Megan Mueller called the meeting to order at 9:30 a.m. and introductions were made.
2. **Review and approval of past meeting minutes and proposed agenda**

* The August 19, 2021 minutes were approved.
* There were no objections to the proposed agenda.

1. **END HIV MN Goals 1-2:**
   * Mariah Wilberg attended the meeting as the statewide HIV strategy coordinator for END HIV MN.
   * The committee invited Mariah Wilberg to the meeting today to discuss prioritizing tactics in goals one and two of the statewide plan. Next month, the committee will review goals three – five.
   * Mariah Wilberg said this is the first time END HIV MN will be updated since it was adopted two years ago. The plan will be updated every two years.
   * Mariah Wilberg referenced the document ***END HIV MN – Reprioritizing Tactics Engagement Plan*** which details the four phases of the process. She said the state is currently in Phase One. She said this committee can give feedback on gaps and needs for the tactics of the goals. She will also communicate what the state has heard in the past two years and ask if this aligns with committee members’ experience and what is missing.
   * Mariah Wilberg presented ***Identifying Current Priorities*** which includesthe five goals, the 10 initial prioritized tactics, and the current status.
     + Goal 1.1 Provider town hall training series is continuing. It is a partnership between MDH, DHS, HCPH, and MATEC. A MDH nurse specialist is now back to HIV work after re-assignment to COVID work.
     + Goal 1. 2 For the awareness campaign, an RFP will be released for the toolkit for awareness campaigns, a focus group will be conducted before it is released.
     + Goal 1.3 Culturally specific partners are now included in the service system. For example, Native American Community Clinic. And the work continues.
     + Goal 1.4 The Department of Education is not able to apply for prevention education funding right now due to current circumstances so, at this time, this tactic is being removed.
     + Goal 2.5 Conducts key informant interviews and working on making the RFP more accessible. Also, providing non-competitive grants for any tribal nation in Minnesota interested.
     + Goal 2.6 State understands “meaningful inclusion” is never over but they feel they are doing a better job going back to the community to tell them how their input and feedback has been included, and, if needed, why it has not.
     + Goal 3.7 Created new outreach case management model that has lower barriers to eligibility. For example, work with a new client can begin before they meet Ryan White eligibility requirements.
     + Goal 4.8 Supporting HIV housing is complete but will always be a priority and work will continue. Marking it complete allows for other tactics to get the support and attention they need. There is a new HIV housing plan which includes the creation of a new full-time position.
     + Goal 5.9 Comprehensive inventory has been done and will be updated regularly.
     + Goal 5.10 Feel they can remove telemedicine because of huge advancements already made in the expansion of telemedicine.
   * Mariah Wilberg reminded the committee what tactics are included in Goal One and detailed what the state has heard and what feedback they have received. She asked committee members if this aligns with their experience, their beliefs about what is needed most in prevention, what should be emphasized, and what is missing.
     + Cree Gordon likes the focus on PrEP but feels organizations need assistance to expand testing services beyond HIV by providing full screens for STDs. They hear that clinics that test and treat STDs are overloaded so by expanding services to community-based organizations this can help off-set this burden.
       - Aaron Peterson asked Cree Gordon if they find people are asking for Hepatitis C testing. Cree said yes, especially at syringe exchange programs because this population is at higher risk for Hepatitis C infection and the test is offered.
     + Megan Mueller thinks mobile services is key, especially in testing at encampments since it is someone coming to them immediately. Healthcare for the Homeless does this but she thinks there should be more systems in place to meet this need. Connecting the person to care immediately upon diagnosis is what is needed to get someone newly diagnosed into care.
   * Mariah Wilberg reminded the committee what tactics are included in Goal Two and detailed what the state has heard and what feedback they have received. She said an additional gap that was heard recently is young people who are on their parent’s insurance and may not want to seek care because it could show up on their explanation of benefits. She asked committee members if anything should be emphasized and is anything missing. Does this align with your experience?
     + Cree Gordon completely agrees with issues related to young people getting into care and staying in care. They shared that Youth and AIDS Projects (YAP) works with youth in this situation to get them on their own insurance once they are 18. But there are also youth under 18 who are positive and don’t want their parents to know. There are also youth who do not want to do testing because they don’t want their parents to know they are having sex.
     + Cree Gordon asked for clarification on “aging with HIV” as it relates to END HIV MN. Is it based on your actual age or how long you have been living with HIV? Mariah Wilberg said it is a “gap” so is not currently defined. It is a place to focus and they plan to look to the HIV and Aging Coalition for a definition to help with this. She emphasized they will engage community first before making a decision.
     + Dennis Anderson asked about meaningful inclusion. Mariah noted it is a broad phrase and will look into evaluating the success.
     + Dennis Anderson asked if there are any benefits, like supportive housing, that can be accessed for people who are over age 60 and living with HIV. Mariah Wilberg doesn’t know about any specific programs to assist but notes that it is a gap that the state needs to pay attention and work on it.
   * Cree Gordon expressed appreciation for Mariah Wilberg and recognized the effort to incorporate different groups into the feedback of the plan.

Mariah Wilberg thanked the committee for taking the time to listen and provide feedback. Mariah can be reached at [mariah.wilberg@state.mn.us](mailto:mariah.wilberg@state.mn.us) for any questions or concerns.

1. **COVID-19 Update:** 
   * While setting the meeting agenda, the committee expressed interest in receiving a presentation on the effects of COVID-19 in Minnesota and how it has impacted HIV services. As part of this, epidemiologists from Hennepin County Public Health were invited to today’s meeting to present data on disparities in infection and vaccination rates, including people with HIV, variants, and breakthrough cases in people who are vaccinated.
   * Andrew Murray and Hannah Christensen presented the PowerPoint ***COVID-19 Update***. Andrew noted most of the data is statewide.
     + Andrew Murray said collecting information about race and ethnicity is more difficult during these high peaks/waves of infection because it is difficult to interview everyone and collect demographic information. So the slide on infection rates by race and ethnicity should be considered more “historical data”.
     + Andrew Murray said in about 6 weeks time, the delta variant took over as the predominant strain in Minnesota and delta causes about seven additional infections for each case; compared to the original strain which was three additional cases.
     + Andrew Murray said there are special studies calculating the effectiveness of the vaccines and data shows there is measured lower effectiveness of the vaccines against the delta variant. Moderna seems to hold the effectiveness in infection better than Pfizer and Johnson and Johnson. However, efficacy in all three vaccines is good for preventing severe illness, hospitalization and death.
   * Andrew Murray asked if there are any questions.
     + What can a person who is fully vaccinated do safely today? Andrew Murray said metric data is available for state and local health departments and he pays attention to the four levels of community transmission to determine his level of comfort going into indoor public places. He said he is fully vaccinated and masks in public, is restrictive of indoor gatherings and tries to do things outdoors. You can do things safely, especially outdoors, like wearing a mask at an outdoor concert and trying to remain distant from others.
       - Tackling COVID is a layered approach: vaccine, social distancing, masking. These measures allow you some control over the risk.
       - People who mount a poorer reaction to vaccinations (older people or persons with a compromised immune system) have a greater percentage of breakthrough cases.
       - Delta is showing a greater risk for breakthrough infections.
     + In the CDC recommendation for who should get a third shot, language like “advanced HIV infection” is vague and open to interpretation. It seems to be provider dependent on who is getting the third shot. Andrew Murray replied that he has heard that too.
2. **Discuss webinar Overview of The Ryan White HIV/AIDS Program Part A Planning Council Cycle**

* In order to better understand the Ryan White HIV/AIDS Program and the role of planning council members, the committee was invited to view the webinar on their own time.
* A recording, slides, and transcript is available at: <https://targethiv.org/library/overview-ryan-white-hivaids-program-part-planning-council-cycle>
* It is about 45 minutes and is especially relevant to new members and leaders on the council. We will use it as a resource.

1. **New Business/Unfinished Business/Goal Setting:**
   * No new business, unfinished business, or goals were discussed.
2. **Set agenda for next meeting:**

* END HIV MN goals three – five.
* Review monitoring plan data and prepare report on the status of the monitoring plan. The November meeting can also be used for the report.

1. **Announcements and adjourn:**
   * Cree Gordon announced the Walk to End HIV is Saturday, October 9. You can walk in-person at Minnehaha Falls Park or a virtual option as well. Fundraising options are available.
   * The meeting adjourned at 11 a.m.

**Meeting Summary:**

* The committee provided feedback on the current prioritized tactics in the END HIV MN statewide strategy.
* The committee received a presentation on COVID-19 data related to variants, disparities in infection and vaccination, and vaccine breakthrough cases.
* The committee will use the materials in the webinar “Overview of The Ryan White HIV/AIDS Program Part A Planning Council Cycle” as a resource.

**Documents distributed before the meeting:**

* Proposed agenda
* August 19 meeting minutes
* END HIV MN final report on identifying tactics
* END HIV MN – Reprioritizing Tactics Engagement Plan
* FY 2021 DEC workplan

**Documents displayed during the meeting:**

* Identifying Current Priorities PowerPoint
* COVID-19 Update PowerPoint

**cw**