

**Disparities Elimination Committee Meeting**  
**Thursday, April 18, 2024**  
**9:30 a.m. – 11:30 a.m.**  
**Microsoft Teams Meeting**

<b>Committee Members Present:</b>	
Alejandro Aguilera	Jay Orne
Patrick Ingram (co-chair)	Sarah Schiele
Mark Jenkins	Oceane Lune
Nikki LeClaire	Calvin Hillary Hylton
James Velek	
<b>Guests:</b>	
Carissa Weisdorf, Hennepin County	Cody Raasch, Hennepin County
Briana Jackson, YAP	Val Rubin-Rashaad, YAP
Chase Underwood, Hennepin County	
<b>Hennepin County (Part A) Representative:</b>	<b>DHS (Part B) Representative:</b>
Eriika Etshokin	Amy Miller
<b>MDH (Prevention) Representative:</b>	<b>MDH (Surveillance) Representative:</b>
McKinzie Woelfel	Hannah Giles (MDH – Epi)
<b>MCHACP Staff:</b>	
Audra Gaikowski, Council Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? Yes

**I. Welcome and introductions**

- Patrick Ingram called the meeting to order at 9:32am.

**II. Review, approval of minutes from March 21 meeting and proposed agenda**

- The meeting minutes from the March 21 meeting were reviewed and approved as written.
- The agenda for today’s meeting was reviewed and approved as written.

**III. Youth & HIV data presentation**

*Hannah Giles, MDH & Cody Raasch, Hennepin County Public Health*

- Hannah presented a PowerPoint titled, **Adolescents and Young Adults (<25) Living with HIV in MN** (the presentation was emailed to the committee by Audra on 4/18).
  - Questions/comments:
    - For in care, virally suppressed the data comes from submitted labs; this information is not reliant on Ryan White data systems.
    - Val noted that many young people are reluctant to seek care because they are still on their parent’s insurance. The explanation of benefits is a barrier to getting youth into care.
    - Mark requested more demographic data for youth in metro v. Greater MN.
    - What is MDH doing to mitigate unknown risk? Hannah noted that Disease Intervention Specialist (DIS) staff would be better able to answer this question. A lot of it comes down to relationship building and there is balance between getting someone into care and wanting to get these answers. MDH must follow CDC’s

guidelines, which are less malleable than what can be collected in Ryan White systems (where transmission mode can be added retroactively).

- In the chat, Patrick asked “what is the data suggesting as reasons why we are seeing lower levels of successful navigation of the care continuum for those 13-24 years of age?”
  - Hannah responded, “to clarify, young people (<25 years) actually have higher rates of retention and care and viral suppression than people >=25. But for linkage to care within 30 days, this might speak to what Val was saying and the longer amount of time that is needed for care navigators to reach young people and link them to care.”
- Cody presented a PowerPoint titled, **Youth and HIV- Data from CareWare** (the presentation was emailed to the committee by Audra on 4/18).
  - Questions/comments:
    - In the chat, Jay asked “is there any work being done that examines youth with a cohort model by age at first diagnosis? E.g, is there an effect of being diagnosed as a youth that stay with them in terms of engagement with the care continuum or viral suppression as they age?” Hannah responded that MDH does not currently have data around this, but this is something that they can put on their radar when they update the care continuum in a few months.
      - Jay wondered if this is an issue with access to Early Intervention Services (EIS) among the youth.
      - Val noted that supportive services available to youth often drop off as people age (at around 25).
      - Hannah added that those 25-34 often have lower retention in care and viral suppression rates.

#### IV. Youth & AIDS Projects presentation

*Oceane Lune, YAP Community Engagement Coordinator & DEC member*

- Val Rubin-Rashaad and Bri Jackson from YAP joined Oceane for the discussion.
- Val offered a brief history of YAP and explained what some of the services they offer include.
  - YAP began in 1989 at the University of Minnesota as a research project with young MSM.
  - Programs currently offered:
    - Medical case management
    - Non-medical case management
    - HERR group
    - Prevention funding includes testing, specifically for black women and transgender individuals
    - Status neutral grant with Red Door Clinic, which is a whole person approach to healthcare
- What is a holistic approach for providing services to youth living with HIV?
  - Taking each person individually and gaining their trust. Get to know what’s going on in their life and what services they might need.
  - Health Education/Risk Reduction (HERR) groups that include activities like cooking courses, where the priority is having a community-based space to gather and hold conversation.
    - Many meetings are mixed gender and not always focused on HIV/AIDS.
    - One HERR group is available for parents of those living with HIV. The group provides support and education around how to best support young people living with HIV.

- What can providers do better to provide services to young people?
  - Don't be afraid to ask uncomfortable questions. Young people want to be asked questions, they want to be seen. Helps open people up.
  - Easily connect people to care and help identify the next steps in care. Sometimes, when someone is diagnosed outside of an AIDS services organization, they aren't properly linked to care. There could be greater efforts to provide clinics with education about what next steps to take when someone is diagnosed. Clinics may not be up to date or not properly share information.
    - Provide toolkits and education for places like plasma and blood donation sites.
  - Show-up for people.
  - Gradual reduction of services available to young people- don't make it abrupt.
  - Connection to social media that young people are actually using, like Instagram and Tik Tok (not Facebook).
- What is potential technical assistance (TA) that could be provided to improve access to services for youth living with HIV?
  - More grant writing for more programming for young people.
  - Capacity building for smaller community agencies that have been working with adolescents.
  - Motivational interviewing training.
- What does it look like when someone ages out?
  - For majority, it's a natural progression- they don't need the services anymore.
  - Plan and set goals, and keep checking in that last year. Help to progress to the point where are they are able to move on. "It's never a hard goodbye."
- Demographic breakdown of clients?
  - Vast majority are youth of color (mostly Black/African American/African-born).
  - Most are between 20-25 years old.
  - Mostly MSM, but this is slowly changing because many clients are coming out as trans or non-binary.
- What is the biggest challenge for youth that the committee and council can be addressing?
  - Looking beyond incidence and looking at the "why."
  - Seeing housing, job/skills development, and care as prevention.
  - HIV is a symptom of the disparities found in systems like housing, jobs, education, etc.
- In the chat, Patrick asked if YAP is "currently serving any young people impacted by the migrant crises? Additionally, it would be nice to see data around racial/ethnicity, age, socioeconomic/social determinants, gender, behavior, and other similar data. Additionally, I'd love to see how many young people of color you interact with via your prevention arm who are having successful uptake of PrEP."

## V. Review of mental health & substance use service standards

*Carissa Weisdorf, Hennepin County Public Health*

- Carissa displayed a PowerPoint, titled ***Mental Health and Substance Use Service Standards***.
- All service standards can be found on the [council's website](#).
- [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)

## VI. Allocations: mental health & substance use

- Audra noted that the recommendation that allocations be increased was forward to PAC. PAC responded that it is an open process, and anyone can provide input into the allocations process.

- Audra asked the committee if they would like to spend some time before the allocations retreat in August to examine this further to help make decisions at the retreat.
  - Alejandro agreed that this would be beneficial and will help to prepare any allocations proposals.
- **MOTION:** Alejandro Aguilera moved that the committee examine data on mental health, psychosocial support, and substance use to help the committee make a recommendation on a possible allocations decision at the August allocations retreat. Jay Orne seconded.
- **DEBATE:**
  - Eriika asked what data the committee would want to examine. Alejandro responded that service utilization, allocation, expenditure, and demographics would be helpful to look at.
  - Jay would also like to examine where to take the money from. Which are the service categories that have the lowest racial disparities and/or are the most underutilized?
- **VOTE:** With 6 ayes and 0 noes the motion carries.

#### **VII. Committee co-chair election**

- The floor was opened up for nominations.
- Mark Jenkins nominated himself. Mark was elected by acclamation.

#### **VIII. New business / Unfinished Business**

- None.

#### **IX. Set agenda for next meeting**

- Review Part A MAI services list
- Results of meeting format survey
- Review workplan and determine next steps
- Religious holiday calendar
- Review directive process

#### **X. Announcements**

- None.

#### **XI. Adjourn**

- Patrick Ingram adjourned the meeting at 11:34 a.m.

#### **Meeting Summary**

- The committee received a presentation on Youth & HIV data.
- The committee received a presentation from the Youth and AIDS Projects.
- The committee reviewed mental health and substance use service standards.
- The committee approved a motion that they examine data on mental health, psychosocial support, and substance use to help the committee make a recommendation on a possible allocations decision at the August allocations retreat.
- By acclamation, the committee elected Mark Jenkins as a co-chair.

#### **Documents shared before the meeting:**

- 2024.04.18 DEC Agenda
- 2024.03.21 DEC Minutes

**Documents shared during the meeting:**

- PowerPoint titled, Adolescents and Young Adults (<25) Living with HIV in MN
- PowerPoint titled, Youth and HIV- Data from CareWare
- PowerPoint, titled Mental Health and Substance Use Service Standards

**JS/ag**