END HIV MN

THE TIME TO END HIV IS NOW.

END HIV MN Rollout:
Community Engagement



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MINNESOTA

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END HIV MN Rollout: Community Engagement

The Minnesota Department of Health (MDH) and the Minnesota Department of Human Services (DHS) used feedback from community members across the state to create END HIV MN.
After a formal kickoff in May 2019, staff from MDH and DHS wanted to get back to communities to share the strategy. They also wanted to learn more about what's currently happening in Minnesota communities to end HIV and identify new opportunities for collaboration.
To do this, the state hosted five community events and also invited feedback through an online survey.

59 people attended one of five events from October to December 2019

29% of attendees had participated in a workshop in 2018 to develop END HIV MN

48 people completed the online survey from November to December 2019

About **60%** of survey respondents answered demographic questions.
Of those who told us:

- **56%** are from Greater Minnesota
- **93%** identify as white
- **84%** identify as women
- **94%** are HIV negative

Community members told us:

more efforts to end HIV through education and outreach are taking place in Minnesota than efforts to address barriers to care or help community-based organizations access grant funding.

more education is needed in Greater Minnesota on the most up-to-date information on HIV care and prevention.

People who came to an event were **twice as likely** to **prefer in-person activities** over remote options to stay involved in END HIV MN.

Almost half of people who took the survey **prefer webinars** and **updates to the website** to stay involved in END HIV MN.

Background

END HIV MN is Minnesota's comprehensive strategy to end new HIV infections and improve the health of people living with HIV in Minnesota. Signed into law in 2017, END HIV MN identifies specific measurable goals to meet by 2025 and the strategies to achieve them. END HIV MN was presented to the Minnesota Legislature in January 2019 and officially launched at a public kickoff event in May 2019.

Community members across Minnesota helped develop END HIV MN. In 2017, MDH led 36 focus groups and 15 interviews to identify important areas of focus. In 2018, MDH and DHS organized 15 facilitated workshops to develop and prioritize tactics for putting the strategy into practice. These workshops spanned different regions of the state and the communities most impacted by HIV. An online survey captured input from people who were unable to participate in person.

DHS contracted with Management Analysis and Development (MAD), a consulting team housed in Minnesota Management and Budget, to plan and host several community events and administer an online survey from November to December 2019 to roll out END HIV MN to community members. MAD worked closely with DHS and MDH staff to plan and conduct these community engagement efforts.

Ending HIV in Minnesota will require the work of more than one organization. Collaboration and coordination are required across a broad community of health care providers, community-based organizations, all levels of government, and people living with or impacted by HIV. Ongoing engagement with these community members is necessary to foster that collaboration and coordination, and to ensure that END HIV MN is achieving its goals.

Purpose of END HIV MN rollout

Input from members of a broad community of stakeholders was used to help design END HIV MN, and a main purpose of the END HIV MN rollout to community members in 2019 was to report back on how communities' input showed up in the final strategy.

Another important purpose of the END HIV MN rollout was to identify how efforts across Minnesota are supporting the goal to end HIV in Minnesota. Specifically, part of the strategy requires creating a comprehensive inventory of efforts happening around the state to end HIV. That inventory, which will be used internally by MDH and DHS staff for planning purposes, will include the efforts to end HIV that community members talked about at the rollout events or on the survey.

Input from community members gathered through the rollout will help with implementation of END HIV MN in other ways, too. Community input collected in 2019 will be used to plan more opportunities for community members to be involved in the future. It will also be used to develop an END HIV MN dashboard to report on progress toward the strategy's goals.

Community member input

In-person event attendees and survey participants were asked to name specific people and programs that are part of efforts to end HIV in their local community, along with descriptions of what those people or programs do. These names

and programs will be added to the comprehensive inventory. While this report does not include all the information community members shared, three specific points stood out:

- More efforts to end HIV through education and outreach are taking place in Minnesota than efforts to address barriers to care or help community-based organizations access grant funding.
- More education is needed in Greater Minnesota on the most up-to-date information on HIV care and prevention.
- Community members who came to the events would like to attend in-person activities in the future to stay involved in END HIV MN, while people who took the survey prefer remote ways to stay involved.

More efforts to end HIV through education and outreach are taking place in Minnesota than efforts to address barriers to care or help community-based organizations access grant funding

Rather than asking people about each of the 10 priority tactics of END HIV MN, community members were asked to identify current efforts in their local community related to three broader themes:

1. **Education & Outreach**, which covered education for providers, comprehensive sexuality and HIV prevention education in and beyond public schools, and public awareness campaigns.
2. **Capacity Building**, which covered efforts to build the capacity of small, new, or culturally specific organizations to apply for and use grant funds.
3. **Barriers to Care**, which covered providing wraparound services for people living with HIV, and ensuring safe and stable housing for people living with or vulnerable to HIV.

The Education & Outreach small groups often had more participants during the in-person events and generated more ideas on current efforts in the local community related to that topic. Small groups discussing Capacity Building and Barriers to Care usually had fewer participants, and the discussion often focused on opportunities for more to be done in these areas.

People who took the survey also said that are more efforts related to Education & Outreach are happening in their local community than efforts related to Capacity Building or Barriers to Care. Survey respondents from Greater Minnesota were less likely than those in the seven-county Twin Cities metropolitan area to say that efforts related to Capacity Building or Barriers to Care are happening near them.

More education is needed in Greater Minnesota on the most up-to-date information on HIV care and prevention

At all of the events in Greater Minnesota, some participants said the concept of treatment as prevention (Undetectable = Untransmittable, or U=U) and information on new drug therapies (such as pre-exposure prophylaxis, or PrEP) were either new to them or were not well known enough by providers and others in their area. At several events, community members asked MDH and DHS staff to return to provide education to providers on these specific topics.

Community members who came to events would like to attend in-person activities in the future to stay involved in END HIV MN, while people who took the survey prefer remote ways to stay involved

Inclusion is a value that guides all of the END HIV MN work. One of the priority tactics of END HIV MN is about making sure that people most impacted by HIV are meaningfully included in decision making about HIV programs and funding. The END HIV MN rollout was an opportunity to hear how community members wanted to participate in END HIV MN. Through both the in-person events and the online survey people were asked how they would like to be involved in END

HIV MN moving forward. The majority of people who participated in an in-person event said they prefer in-person meetings. Survey respondents preferred webinars and getting updates through the END HIV MN website.

Rolling out END HIV MN

In-person events

Locations and dates

Six in-person events were scheduled across Minnesota from October to December 2019:

- **Duluth:** October 16 from 5:00 to 7:30 PM at the University of Minnesota Duluth
- **Worthington:** October 28 from 5:00 to 7:30 PM at the Holiday Inn
- **Mankato:** October 29 from 8:00 to 10:30 AM at the Country Inn and Suites
- **Bemidji:** November 7 from 5:00 to 7:30 PM at the Hilton Hotel
- **Minneapolis:** November 21 from 9:00 to 11:30 AM at the Minneapolis Urban League
- **St. Paul:** December 10 from 5:00 to 7:30 PM at the Rondo Community Library

Five of the events took place as planned. The event in Worthington was canceled due to low registration.

The locations were selected based on the regions with the highest attendance for workshops in 2018, while the times were selected to ensure that students, community members, and people who are not professionals in the field could attend.

Outreach

DHS and MDH sent communication about the events through the END HIV MN email list and other relevant HIV-related email lists. MAD collected RSVPs using an online form. Email invitations were sent to anyone who registered for one of the 2018 workshops, as well as anyone who signed up to receive the END HIV MN updates. MAD or DHS staff sent personalized follow-up messages to anyone who attended one of the 2018 workshops.

MAD and DHS staff also identified potential people or organizations to invite using resources such as the local United Way website and the JustUs Health online resource guide. Finally, MDH staff created and distributed flyers for each of the events. The communication was drafted to appeal to both professionals in the field and community members impacted by HIV. DHS and MDH staff asked HIV providers to share the flier with their clients and program participants.

Attendance

A total of 59 people attended one of the END HIV MN events. Attendance was highest in Minneapolis (18 attendees), followed by Mankato (13), Duluth (12), St. Paul (10), and Bemidji (6).

Most attendees were professionals working in HIV-specific or HIV-related fields. Less than a third of attendees (17 people) had attended one of the facilitated workshops in 2018.

Agenda and activities

Each gathering started with a half hour for participants to eat and mingle. A full meal was provided by DHS at every event. During the meal, facilitators encouraged participants to meet each other by playing a get-to-know-you game of bingo. DHS and MDH offered HIV awareness T-shirts and mugs as prizes to incentivize playing the game.

MDH and DHS delivered a brief presentation to kick off each event. Participants heard about the timeline of activities that led up to the creation of END HIV MN, as well as the vision and goals and how Minnesota is currently doing in key areas such as rates of diagnosis and retention in care. MDH and DHS presented on the priority tactics, along with how specific input from the region was incorporated into the final strategy. Finally, the presentation mentioned the concept of treatment as prevention and new drug therapies.

Participants spent the majority of the events in facilitated conversation about the END HIV MN priority tactics. Attendees split into small groups, which were facilitated by DHS or MDH staff. They were asked to identify local efforts to end HIV that are aligned with the priority tactics, as well as local opportunities for collaboration or innovation. Finally, they were asked to help identify how success could be measured in specific areas.

Before the close of each event, participants identified how they would like to be included in END HIV MN moving forward. Facilitators asked them to "vote" using dot stickers on different options or to offer their own ideas. The gatherings wrapped up with closing remarks, community announcements, and ways to stay in touch with END HIV MN and state staff.

Participant evaluations

Participants were asked to complete a brief evaluation form at the end of each event on what worked well and what could be improved. Overall, the feedback was very positive. The majority of participants remarked that the small group discussions were the best part of the event, and they were able to make new connections with others in their local community. The most common recommendation for how to improve the events was to advertise more and get more people to attend.

Online survey

Outreach and administration

MAD conducted an online survey to collect similar input from people who could not attend an event. The survey was open from November 20 to December 23, 2019. A link to the survey was emailed to anyone who indicated on the END HIV MN event RSVP form that they wanted to receive it, as well as to people who had signed up to receive the END HIV MN e-newsletter. The survey was also publicized in an MDH press release for World AIDS Day.

Respondents

A total of 48 people completed at least some of the questions on the survey. Less than three-quarters completed most of the optional demographic questions at the end. This survey was not intended to be a representative sample of Minnesota, so results should not be generalized beyond the specific group of survey respondents.

Region of Minnesota

The survey asked respondents to identify the county in which they live most of the time, as one purpose of the survey was to collect information on efforts to end HIV across Minnesota. Unlike the other demographic questions, the survey required respondents to answer this question. Over half (56 percent) of respondents identified themselves as living in a county in Greater Minnesota, and 44 percent reported living in one of the seven counties of the Twin Cities metropolitan area. Most of the respondents who live in the Twin Cities metro area reported living in Hennepin County. Table 1 provides more detail on the number of survey respondents from each region.

Table 1. Survey respondents' self-identified region

Region	Number	Percent of total
Northwest	3	6%
Northeast	4	8%
Central	5	10%
Metro	21	44%
Southwest	10	21%
Southeast	5	10%
Total for all regions	**48**	**100%**

Category

Respondents were asked to identify themselves by different professional or personal categories. This question was not required, and respondents could select more than one response, so the total does not add up to 100 percent. The highest percentage of respondents who answered this question identified themselves as city, county, or state public health or human services professionals (31 percent). Table 2 provides more detail on the number of respondents who selected each category to identify themselves.

Many respondents selected "Other" (41 percent). Of those, four identified themselves as school nurses, and one as a nurse home visitor. The remaining "other" responses included director of clinical operations, HIV clinical researcher, a person living with HIV who educates students and advocates at the capitol, a mother, and an advocate for minor and adult victims of sex trafficking.

Table 2. Survey respondents' self-identified categories

Category name	Number	Percent of total
Advocate for, or member of, a community most impacted by HIV	2	6%
City, county, or state public health or human services professional	10	31%
Faith leader	1	3%
HIV services provider	5	16%
Housing provider	3	9%
Medical provider	2	6%
Mental health provider	2	6%
Social service provider	2	6%
Youth advocate/youth worker	3	9%
Other	13	41%
Total for all categories	**32**	

Other demographics

Respondents had the option of providing other demographic information. Among those respondents who chose to answer the demographic questions, the majority identified as white, as women, and as people who are HIV negative. Tables 3 through 5 provide more detail on the demographics of survey participants.

Table 3. Survey respondents' self-identified race or ethnicity

Race or ethnicity	Number	Percent of total
African born	1	4%
Black or African American	1	4%
White	26	93%
Total for all categories	**28**	**100%**

Table 4. Survey respondents' self-identified gender identity

Gender identity	Number	Percent of total
Female	26	84%
Male	3	10%
Transgender female	1	3%
Transgender male	1	3%
Total for all categories	**31**	**100%**

Table 5. Survey respondents' self-identified HIV status

HIV status	Number	Percent of total
Positive	2	6%
Negative	29	94%
Total for all categories	**31**	**100%**