Engaging Community Leaders at the Intersection of Advances of HIV/AIDS Care and Persistent Racial Disparities

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The Office of Minority Health Resource Center (OMHRC) was established in 1987 and is a service of the Office of Minority Health.

OMHRC is a one-stop source for minority health literature, research and referrals for consumers, community organizations and health professionals.
Capacity Building Assistance
Hennepin County Ryan White Program

• “Assessing for the Future: HIV Health Care and Community Needs among Latino, Gay, Bisexual and Transgender Individuals in the Twin Cities Area” (July 2014)
  – OMHRC & Latino Commission on AIDS

• “African American Work Group Report 2015: Building Trust with HIV+ African American Clients and Communities in MN” (August 2015)
  – OMHRC
Capacity Building Assistance
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- **Awareness** – Improving cultural competency within systems to better address and meet the ethnic/racial needs of communities.

- **Data** – Data for ethnic/racial populations in Minnesota will be addressed as a function to highlight the need for improving provider competence and consumer participation in a health disparity arena.

- **Partnerships** – This activity requires strategic partnering with government agencies, local organizations and planning council.

- **Policies** – This activity will result in improved participation and data collection among racial/ethnic and at-risk populations focusing on HIV/AIDS in racial and ethnic populations across Minnesota. This activity is in-line with the White House’s National HIV/AIDS Strategy (NHAS).
WORKGROUP ASSESSMENTS
2014 - 2015
Latino MSM/Gay/Transgender Workgroup Assessment 2014

• How to provide culturally appropriate services for Latino GBT, including consideration of race, ethnicity, gender and sexual identity
• How to increase access to and retention in health care for this population
• How to decrease barriers to health care for this population
Demographic Information

• A total of 22 interviews were conducted during May and June 2014 (15 in-person; 7 via phone)
• 20 Latino men interviewed – 19 identified as gay and 1 bisexual; 13 HIV positive, 8 HIV negative, 1 not knowing status
• All had been living in the U.S. for a minimum of 7 years with many having lived in U.S. for 10 years or longer.
Assessment Topic Areas

- Social Context
- Health Care Context
- Structural Barriers to Health Care
- Factors Facilitating Access to Health Care
- Community Needs
Recommendations

- Implement HIV prevention and anti-stigma campaign for Latinos & outreach
- Enhance Cultural competency (i.e. Spanish speaking staff, health promoters, promising practice models)
- Address holistic needs of Latino GBT individuals
Recommendations

- Scale up “high-touch” care practices for clients (close relationships, personal connections & holistic health needs)
- Provide mentorship/CBA for providers who don’t specialize in HIV for HIV+ patients
- Replicate “one-stop” shop model for accessing multiple services, protecting patient anonymity
African American MSM Work Group
Assessment 2015

• OMHRC developed interview questions based on directions and preference areas from the Work Group;
• OMHRC conducted client interviews in January 2015, with a report back to the Work Group and consumers in February 2015;
• Client interviews were administered either in-person or over the phone.
Overview of Assessment

Services by HHS (CDC, HRSA, NIH) and HIV Community Experts

Perceptions and Use of Available Services by African American MSM Consumers across Hennepin County

Stigma and Other Barriers

Provider Access and Services

Cultural Concerns

Actual Services Provided by Hennepin County Providers
Demographic Information

- Twenty (20) participants took part in the key informant interviews.
- The average age of the participants was 37.5 years. Of these, 80% identified as gay and 20% as bisexual.
- This sample included 13 participants who self-identified as being HIV+, four (4) identified themselves as HIV-negative and three (3) indicated they had an AIDS diagnosis.
- The average length of time participants identified living in Minnesota and/or the Twin Cities was 20.3 years.
Assessment Topic Areas

• Demographic Information
• Linkage to Care Services
• Accessing Services
• Community Perceptions of HIV
Recommendations

• There is a need for sustained and affirming faith-based initiatives aimed at providing accurate education and a better understanding of HIV and AIDS and its impact on communities, families and individuals in Minnesota.

• Participants reiterated a need for “Sober Events” and social functions outside of and in addition to AA and NA meetings.

• Both providers and clients stressed the need for continued mental health services. Mental health services were highly appreciated and regularly attended by the participants.
Recommendations

• HIV Providers may want to institute in-service trainings on how to greet/support all of their clients, including diversity trainings for key positions in their organizations.

• There is a definite need to create more relationship building opportunities among clients, providers and African American communities in Minnesota.
  – An example would be instituting Listening Sessions on a regular basis with their clients.

• Support more events that are multi-cultural in nature.
STRATEGIC PLANNING
2016
Latino Gay/Bi/MSM & Latina Transgender Workgroup
Strategic Planning

• MISSION:

Our responsibility is to end the HIV epidemic and to improve access to prevention and care services in the Latino/Latina community.
Strategic Plan Priority Areas

Community Input
- Latino Gay/MSM
- Latino Youth (13-24 yrs)
- Transgender Individuals
- Churches/Religious Organizations

Workgroup Structure
- Membership
- Purpose
- Responsibilities
- Group Values

Creating Change
- Influence Hennepin HIV Planning Council
- Recognized committee on Planning Council
- Develop platform for Community Development
- Support Community HIV initiatives
African American Gay/Bi/MSM Workgroup
Strategic Planning

• Purpose for the Council:
  To advise, recommend, and provide a voice for the AA Gay/Bi/MSM/SGL community and individuals into the local and statewide planning process.

• Purpose for the Community:
  To empower the AA Gay/Bi/MSM/SGL community to secure and direct resources, and to provide a place and space for the voice of those living with, affected by, and at-risk for HIV.
Strategic Plan Priority Areas

**Structure**
- Promote and advertise the workgroup
- Develop working structure (i.e. Leadership, Operating Structure)
- Create opportunities for discussion & planning

**Resources & Allocation**
- Advise AA serving agencies for funding opportunities
- Provide capacity building & technical assistance for AA agencies for administration, grant writing, etc.

**Services**
- Ensure adequate HIV services are conducted in the AA Gay/Bi/MSM/SGL community
- Develop HIV prevention outreach materials
- Conduct HIV outreach in marginalized group (i.e. Elders, Youth)

**Health Disparities**
- Provide training opportunities for local services providers
- Develop culturally appropriate skills for local providers
- Compile & review state and metro HIV data for AA Gay/Bi/MSM/SGL community
Reflections

• Utilize agencies and consultants who are familiar with the communities and populations
• Allow for adjustment in process – more holistic approaches & visual guidance
• Incorporate suggestions and build TRUST for successful outcomes
• The process takes time and communities change; and so do assessments