



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



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Office of Minority Health Resource Center

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.

- OMHRC
 - Communi- cations
 - Website/IT
 - Knowledge Center
 - Information Services
 - Capacity Building



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

Hennepin County Ryan White Program

- **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 LatinoGBT, 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

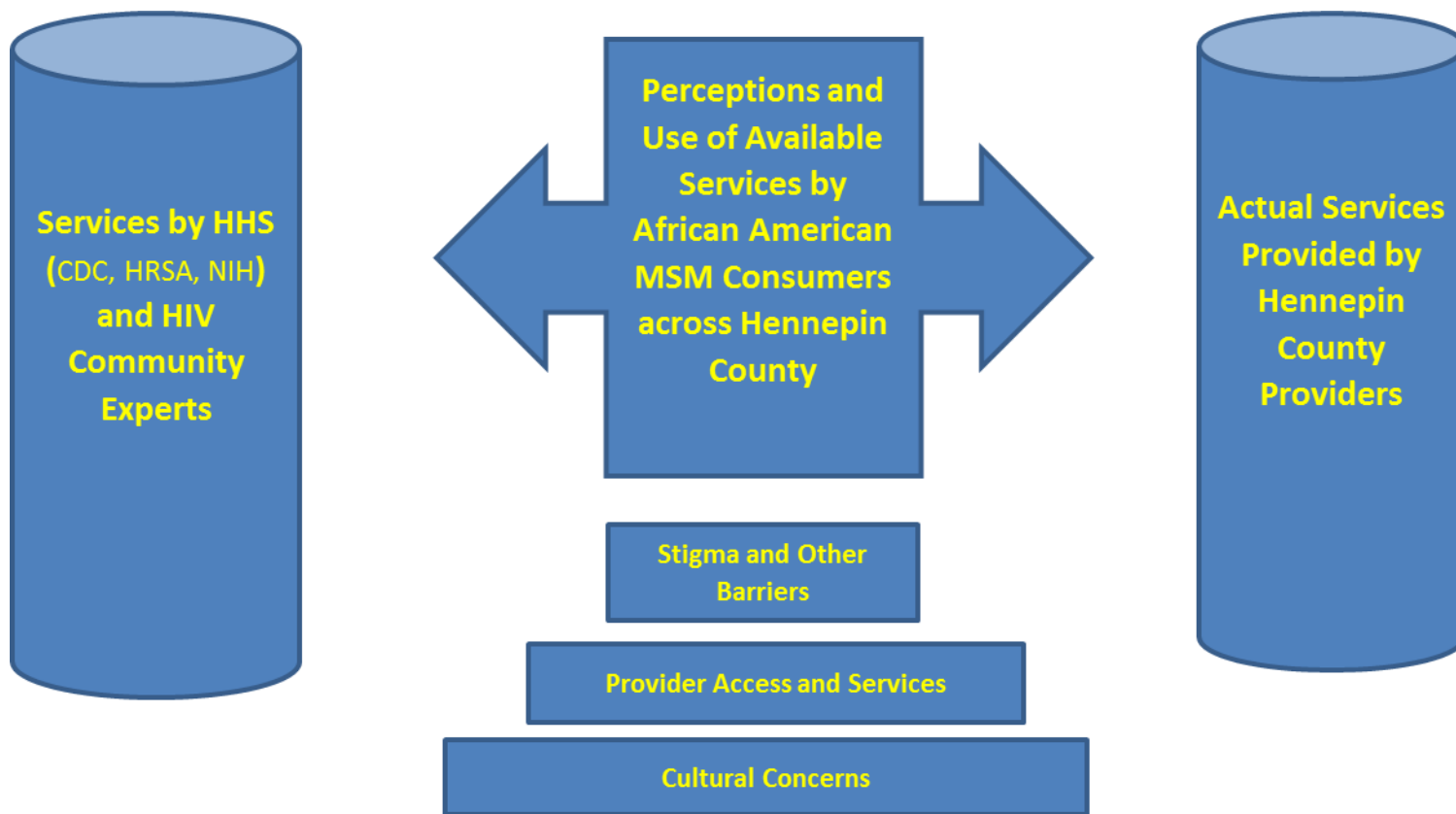
- Scale up “high-touch” care practices for clients (close relationships, personal connections & holistic health needs)
- Provide mentorship/CBA for providers who don’t specialize in HIV for HIV+ patients
- Replicate “one-stop” shop model for accessing multiple services, protecting patient anonymity

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



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

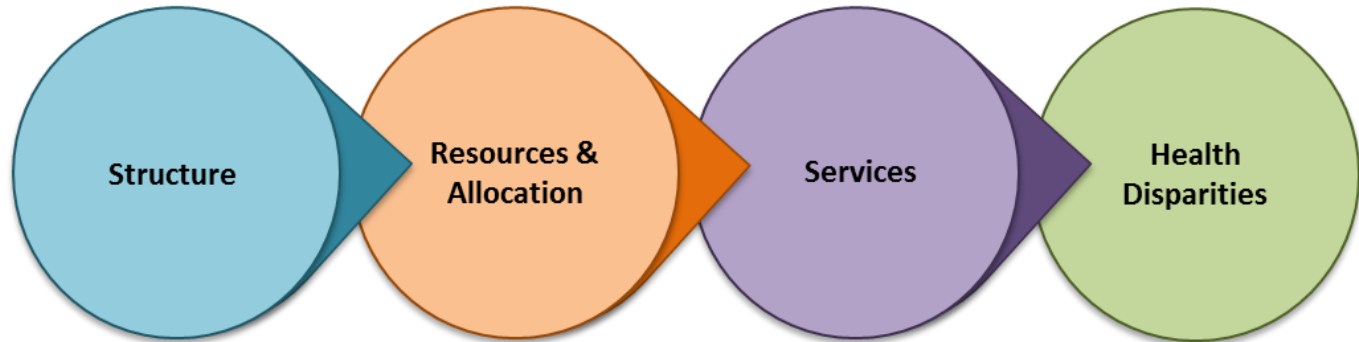
- Purpose for the Council:

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

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