

Recommended Tactics from Regional and Community Workshops

ORGANIZED BY STRATEGY

Recommended tactics for Goal 1: Prevent new HIV infections

Strategy 1.1: Increase HIV education and awareness for all Minnesotans, especially health professionals, students, and high-risk populations.

Tactic	Location	Community
Provide an HIV-specific education session or outreach to local schools serving students age 13 and older through local public health. This could be paired with existing presentations that focus broadly on sexual health.	Mankato	South Central
[Teach] sexual health in settings including at schools. Education in schools [varies].	Worthington	Southwest
Develop public service announcements (PSAs): provide information, reduce stigma, inform people rates are going down, tell people they can reduce their viral loads, share where to be tested in the region, get celebrities involved, and have MDH take the lead on development of messaging. Present information on TVs in social service waiting rooms. Use social media strategies to reach youth.	Bemidji	Northwest
Develop a succinct messaging campaign (including ideas on ongoing danger, hope, and treatment) that is in all sorts of materials (social media, print, messages, etc.). Go beyond HIV, include all sexually transmitted diseases (STDs).	Duluth	Northeast
Develop social media messaging. [Use] technology, apps, Facebook, and Instagram.	Rochester	Southeast
[Create] visibility - more advertisements, more billboards, advertisements on buses. There are so many advertisements about everything else, why not more about HIV (e.g., from MDH for testing)?	St. Cloud	Central
[Develop] language and education targeted to meet people's needs regardless of age or culture over the lifespan.	Metro 5	Hispanic
[Provide] more education to culturally specific communities. Think about cultural needs and consult the community or a community leader when developing educational activities.	Worthington	Southwest
Develop statewide school standards for sex education and put into mandate through Board of Education. Health people develop and education people implement. Require at all levels and have specific guidelines for levels.	Duluth	Northeast
Advocate for changes in state education policies around sex education. Incentivize comprehensive sex education instead of abstinence-only.	St. Cloud	Central
Increase community education. Start with community education then progress to comprehensive sex education.	Rochester	Southeast
Identify information and referral numbers for people to contact at the regional level.	Bemidji	Northwest

RECOMMENDED TACTICS FROM REGIONAL AND COMMUNITY WORKSHOPS

Tactic	Location	Community
Host a] regional conference with breakout sessions for differing levels of knowledge. [Invite a] comprehensive group – school staff, police officers, etc. This could be a webinar.	Mankato	South Central
[Engage in] open discussions and education with community-based organizations/grantees by DHS, Hennepin County, and MDH. Allow for flexibility with funding and room to collaborate to create best practices as a collective group to really meet the needs of Latino, men who have sex with men (MSM), injection drug users (IDU), and LGBTQ people affected by HIV/AIDS. New partnerships and equitable disbursement of funding. Innovative partnerships to create a new approach to serving the needs [of the community]. Educate grant makers and grant seekers with the shared vision of creating adequate/equitable/innovative sexual health partnerships and programming.	Metro 5	Hispanic

Strategy 1.2: Increase routine opt-out HIV testing and early intervention services.

Tactic	Location	Community
Research potential barriers such as HIPAA impact and cost.	Metro 7	White MSM
Look at where health policy for each clinic or health system is regarding HIV opt-out testing. Minnesota Statewide Quality Reporting and Measurement System (SQRMS) ratings.	Metro 7	White MSM

Strategy 1.3: Immediately link newly diagnosed individuals to person-centered HIV care and treatments.

Tactic	Location	Community
[Implement] geographically specific, community responsive, long term, flexible case management.	Metro 2	Youth

Strategy 1.4: Increase availability, access and use of evidence-based interventions that prevent HIV infections, such as PrEP, PEP, syringe services programs, and partner services.

Tactic	Location	Community
[Implement] large scale advertising. [Hold] events for normalizing prevention.	Metro 8	African American
Educate healthcare professionals about PrEP (pre-exposure prophylaxis).	Bemidji	Northwest
Increase [the number of] providers who offer PrEP/PEP (pre- and post-exposure prophylaxis).	Metro 8	African American
Normalize point of care HIV testing.	Bemidji	Northwest
[Provide] mobile units for syringe exchange, PrEP, testing, and beyond.	Duluth	Northeast

RECOMMENDED TACTICS FROM REGIONAL AND COMMUNITY WORKSHOPS

Tactic	Location	Community
Integrate syringe services programs (SSP) into other services (e.g., primary care, treatment agencies, and emergency rooms). Imbed this in places like Positive Care. This will improve retention in care and this would also help [address] transgender needs. [Increase number of] safe disposal sites; [implement] syringe take back at pharmacies, community incinerator, and community visible disposable sites (like in Denver). Need more licensed alcohol and drug counselors and Rule 25 assessors integrated at SSPs.	Metro 9	IDU
[Implement] peer delivery of syringes. More money is needed for supplies. [Implement] secondary exchangers (replicate Washington Heights model) and drug user organizing. Engage drug consumers in design and delivery.	Metro 9	IDU

Recommended tactics for Goal 2: Reduce HIV-related health disparities and promote health equity

Strategy 2.2: Engage community leaders, non-profit agencies, PLWH, and other community members to identify and to address barriers that prevent testing and person-centered care.

Tactic	Location	Community
Conduct focus groups or public forums. Identify trusted leaders in the community, churches, and tribes to take the lead. Identify local care providers willing to participate.	Worthington	Southwest
Identify trusted leaders as champions for integrated care that minimizes stereotyping. Include youth as leaders.	Worthington	Southwest

Strategy 2.4: Reduce HIV-related stigma, systemic racism, and other forms of structural discrimination that prevent people from accessing HIV care and prevention services.

Tactic	Location	Community
Take down systems, shift cultural norms, address white folks--white people need to hold others accountable. "Dear White People."	Metro 5	Hispanic
Hold leaders accountable. Call out leaders and vote them out if they are not following through with promises. Use your vote! Show up to meetings and workshops.	Metro 8	African American
[Address] systemic racism. Go where people are to exchange needles—do not just do the service at white agencies or by white people. Go to agencies of color [to implement] needle exchange. Bring people to the table to make better decisions.	Metro 9	IDU
[Ensure that] all AIDS Service Organizations (ASOs) acknowledge that different communities have different perspectives. There need to be more culturally responsive services.	Metro 7	White MSM
Include people in service delivery. "Nothing about us without us."	Metro 5	Hispanic

RECOMMENDED TACTICS FROM REGIONAL AND COMMUNITY WORKSHOPS

Tactic	Location	Community
[Form a] Community Advisory Committee.	Metro 4	MSM of Color
Hire from the transgender community.	Metro 6	Transgender
Add HIV to general conversations. Talk openly about it without shame, like talking to people about other health concerns like blood pressure.	Metro 8	African American
[Provide] diverse representation for [grant application] reviewers.	Metro 4	MSM of Color
Develop medical strategies that are conducive to the patient's life and needs as a transgendered individual.	Metro 6	Transgender
Modify legislation around HIV criminalization laws to reflect modern science. [Legislation] currently requires disclosure of status or condom use. It should include pre-exposure prophylaxis (PrEP), Undetectable= Untransmittable (U=U), etc. Syringe access should be mandated.	Metro 7	White MSM
[Decrease] structural discrimination. Decriminalize possession of syringes and narcotics through legislation.	Metro 9	IDU

Recommended tactics for Goal 3: Increase retention in care for people living with HIV

Strategy 3.1: Employ high-impact public health approaches to identify and to re-engage individuals who are out of HIV care and treatment.

Tactic	Location	Community
Develop a referral process to local public health by the Minnesota Department of Health (MDH).	Mankato	South Central
[Provide] holistic nurse case management with medication administration, education, referral to services, and care coordination.	Mankato	South Central

Strategy 3.3: Provide culturally and linguistically appropriate services, as well as gender appropriate and sexual orientation appropriate services in clinical and/or community support settings.

Tactic	Location	Community
[Work with] church outreach programs. Men of color talking about sex with men with church leaders and community representation.	Metro 4	MSM of Color
Make it a requirement for providers/practitioners to go through an immersive, intensive cultural competence training where that individual is then the minority.	Metro 2	Youth
Provide more formalized training for interpreters on HIV, and more training on HIV across the board. In conjunction with training on HIV, have education for the community and the providers on respecting transgender and LGBTQ community (lots of stigma in the Hispanic community - the biggest issue is with elders and newcomers to the country).	Metro 5	Hispanic
Create requirements, where possible, for providers/practitioners to be from that community.	Metro 2	Youth
Hire more staff who reflect the community they serve.	Metro 8	African American
[Create] culture-specific agencies, organizations, referral services.	Metro 8	African American
[Provide] funding that focuses broadly on men--we can get rid of a lot of the labels and this will help us reach a broader community.	Metro 4	MSM of Color
Build a network to share information - a holistic approach across organizations to provide information on resources like housing, mental health, chemical dependency, eating habits, etc. Share learning across cultural communities.	Metro 5	Hispanic

Strategy 3.4: Identify and reduce barriers to accessing mental health and substance use services and care.

Tactic	Location	Community
Reduce stigma through a provider outreach initiative. Link providers to groups who are not accessing care.	Mankato	South Central
Increase awareness among providers. Educate [to improve] provider competency. [Teach providers to use a] standardized screening process [for mental health and substance abuse issues].	Mankato	South Central

RECOMMENDED TACTICS FROM REGIONAL AND COMMUNITY WORKSHOPS

Tactic	Location	Community
[Have] navigators (health, basic needs, etc.) for persons living with HIV while using a person-centered approach. This person can address individual needs and connect them to appropriate services.	St. Cloud	Central
Offer ongoing mental health/substance use care and supports to people living with HIV (PLWH) regardless of exposure category. Provide comprehensive assessment and immediate referrals for integrated care.	Metro 9	IDU
Increase peer supports and case management for PLWH with mental health and substance use issues.	Metro 9	IDU
Set minimum benefits for mental health and substance abuse. [Ensure they are] provided, seamless, and uniform.	St. Cloud	Central

Recommended tactics for Goal 4: Ensure stable housing for people living with HIV and those at high risk for HIV infection

Strategy 4.2: Build partnerships that increase the supply of safe, affordable housing units for PLWH and those at high risk of HIV infection.

Tactic	Location	Community
Build relationships with/educate landlords and property managers around low-income housing to create flexibility for tenants (e.g., lower requirements for credit if people can show they are working on it).	Bemidji	Northwest
Build/renovate/utilize tax credit housing to increase housing supply through Minnesota Urban and Rural Homesteading Program (MURL) type programs, Habitat or other rehab/building programs. Allow tax credit housing projects in greater Minnesota.	Bemidji	Northwest

Strategy 4.3: Ensure that PLWH and those at high risk of HIV infection have access to necessary supports that maintain their housing stability.

Tactic	Location	Community
Co-locate services (Project for Pride in Living, MN Rise, within Aliveness, JustUs, etc.) to be people centered.	Metro 7	White MSM
Help people navigate employment and staying employed; this increases self-worth and income (and allows someone to pay rent), helps with access to insurance and care. People are afraid to work and lose benefits. Ryan White funds can't go to employment services, and this creates a gap.	Metro 7	White MSM

Strategy 4.4: Secure long-term, sustainable resources to meet the growing need for affordable housing and supportive services.

Tactic	Location	Community
Obtain long-term funding for established programs and services.	Duluth	Northeast
Allow for financing at a legislative level to provide housing/resources for long-term homelessness. [Use] Minnesota Housing Tax Credit financing. Expand the target population for supportive housing from just high priority homeless population to a broader array.	Metro 6	Transgender
[Provide] flexible funding for rent (e.g., [a] pool of funds).	Metro 8	African American
[Provide] support services attached to housing support to increase retention. [Start] "de-siloing services" and making them more accessible.	Metro 9	IDU
[Implement] looser eligibility requirements (Housing first, harm reduction housing). Increase flexibility in funding. Have tighter network of housing resources and increase [their] congruence.	Metro 9	IDU
Continue to build and keep money going into the right areas/organizations/agencies that are already supplying supportive housing so that they can expand housing opportunities. Have resources for housing (transportation, food, supplies, etc.).	Metro 6	Transgender

RECOMMENDED TACTICS FROM REGIONAL AND COMMUNITY WORKSHOPS

Tactic	Location	Community
[Offer] scattered-site housing, chosen by people living with HIV/AIDS.	Metro 8	African American
Advocate for changes in policy.	Duluth	Northeast

Recommended tactics for Goal 5: Achieve a more coordinated statewide response to HIV

Strategy 5.2: Integrate HIV prevention, care and treatment throughout all sectors of government (e.g., health, human services, education), health care systems, and social services.

Tactic	Location	Community
[Offer] routine testing for new immigrants/students/visa holders in Minnesota.	St. Cloud	Central
[Provide] state support to try to get schools talking about HIV and standardized sex education.	Worthington	Southwest
[Provide] ongoing professional education through webinars and conferences.	Mankato	South Central
Build on existing coalitions and networks.	Mankato	South Central
Conduct a gaps analysis for what exists for curriculum and resources so that we can identify all organizations working on HIV. Build a list of organizations and an updated resource guide.	Rochester	Southeast
Create a regional HIV coordinator [position] and have state link reported cases to regional HIV coordinator. This would be a resource for patients and providers--one HIV contact number for each region.	St. Cloud	Central
Build partnerships across sectors (local health, colleges, mobile testing, housing providers, corrections, treatment, medical providers) --efforts are being duplicated. Get people at the same table via convening, conference, and/or co-location.	Rochester	Southeast
Develop relationships across sectors and have conversations. Frame it in a way so that it matters to others like JBS.	Worthington	Southwest

Strategy 5.3: Identify, research, and replicate new, effective interventions through partnerships between local public health and state governments, tribal nations, HIV providers, community-based and religious organizations, the University of Minnesota and other academic institutions, research partners, and others.

Tactic	Location	Community
Provide resources for organizations to work together to plan social events and educate (not just for World AIDS Day).	Metro 8	African American
Talk with community, church, and political leaders to educate them and learn what is working or is not working.	Metro 8	African American
[Provide] capacity funds for public [messaging] of prevention, care, and treatment services. [Conduct] outreach to other service providers.	Mankato	South Central
Develop an inventory of best practices in other states. MDH/DHS take the lead to collect and or compile these resources/best practices.	Mankato	South Central

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Strategy 5.4: Establish policies that encourage an innovative culture and delivery of comprehensive statewide services. An innovative culture includes recognizing that prevention and treatment options evolve and leadership must be willing to respond to new technologies to reduce HIV burden.

Tactic	Location	Community
[Develop] targeted web-based outreach to Latino MSM with incentives for testing.	Metro 5	Hispanic
[Provide] telemedicine for HIV care and PrEP (can be bilingual).	Metro 5	Hispanic

Strategy 5.5: Create effective information sharing partnerships and systems that produce reliable data and that inform decision-making, strategy development, and program accountability.

Tactic	Location	Community
Provide capacity-building, operating funds for small grassroots community-connected organizations to better compete for grants.	Metro 6	Transgender
Provide funding that is "open-source" (organizations define own goals, restrictions not imposed by grants). DHS, MDH, CDC pool funding and streamline process for grantees. Unify grant application process [to have] "coordinated entry" for grants.	Metro 6	Transgender

Minnesota Department of Health
 651-201-5414
hiv.strategy@state.mn.us
www.health.state.mn.us

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