



TOGETHER  
WE CAN END HIV.

# THE TIME TO END HIV IS NOW.

## In Minnesota, we're taking bold steps to end the HIV epidemic.

Thanks to advances in HIV prevention and care, for the first time we have the knowledge and tools to end HIV.

With optimized treatment, we can reduce the amount of virus in a person's body to an undetectable level—which prevents sexual transmission and reduces the risk of perinatal and injection drug use transmission. This is known as treatment as prevention. For people at risk of HIV, new drug therapies can prevent infection before and after exposure to HIV.

END HIV MN, Minnesota's statewide strategy to end HIV, will leverage these tools to break the cycle of HIV transmission and ensure that all Minnesotans living with HIV lead long, healthy lives.

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### IT'S NOT OVER YET: HIV IN MINNESOTA

Despite innovations in treatment, prevention, and policy, HIV remains a health issue in Minnesota.

# 9,580

PEOPLE ESTIMATED  
TO BE LIVING WITH HIV  
IN MINNESOTA

# 300

AVERAGE NUMBER OF  
NEW CASES OF HIV  
INFECTION REPORTED  
EVERY YEAR IN  
MINNESOTA

### MINNESOTANS MOST AFFECTED BY HIV ARE:

- Gay, bisexual, and other men who have sex with men
- People who inject drugs
- Populations of color and American Indians
- Transgender people

# An important tool: The HIV care continuum

Ensuring that people living with HIV are aware of their status, rapidly linked to care, retained in care, and virally suppressed are critical steps to improving health outcomes and reducing new infections in Minnesota.



## Diagnosis

The HIV care continuum begins with a diagnosis of HIV infection.



## Linked to care

Being linked to HIV care within 30 days of diagnosis has been shown to lead to better health outcomes.



## Retained in care

HIV treatment is a lifelong process that requires a person to receive ongoing medical care.



## Virally suppressed

Suppressing the virus through ongoing treatment means people can stay healthy and cannot transmit HIV sexually (U=U).

## THE CARE CONTINUUM IN MINNESOTA TODAY

END HIV MN seeks to increase the following percentages (based on 2017 data) by 2025.

**89%**

of Minnesotans living with HIV have been **diagnosed** and know their status (8,580 people)

**82%**

of Minnesotans newly diagnosed with HIV in 2017 were **linked to care** within 30 days (293 people)

**73%**

of all people living in Minnesota with diagnosed HIV were **retained in care** (6,243 people)

**64%**

of all people living in Minnesota with diagnosed HIV were **virally suppressed** (5,508 people)

**1,000 Minnesotans are estimated to be living with HIV without knowing it.**

This underscores the importance of testing to ensure all people living with HIV in Minnesota are able to realize the full benefits of treatment and care.



## We cannot end HIV without reducing health disparities and inequities.

In Minnesota, challenging social and environmental conditions contribute to persistent and growing HIV-related health disparities—such as higher rates of HIV infection and poorer health-related outcomes—for people of color and American Indians.\*

### SOCIAL AND HEALTH INEQUITIES

In Minnesota, health-related disparities for people of color and American Indians are influenced by health inequities: inadequate access to care, poverty, homelessness, lack of education, lack of social support networks, lack of services in certain geographic areas, and lack of culturally and linguistically appropriate services. These conditions affect the ability to receive HIV treatment, care, and support.

### STIGMA AND DISCRIMINATION

People living with HIV and those at risk of infection experience additional barriers to testing and treatment when they encounter discrimination and prejudice due to attitudes, beliefs, practices, policies, and services that perpetuate negative social perceptions about HIV.

\*The communities most affected by HIV may change over time. Currently, these communities are African American and Hispanic gay, bisexual, and other men who have sex with men; African American women; African-born women (in particular from Somalia, Liberia, Ethiopia, Kenya, and Cameroon); Hispanic women; American Indians; and transgender women of color.

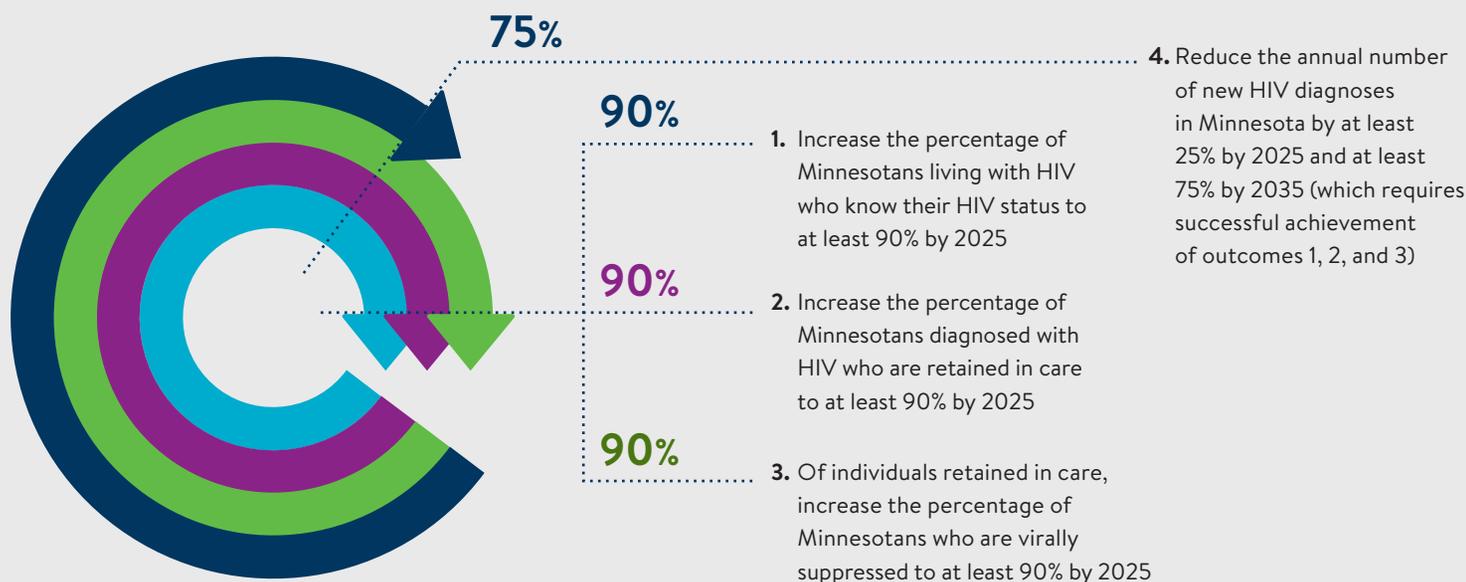
# END HIV MN IS OUR COMPREHENSIVE STRATEGY TO END HIV IN MINNESOTA.

END HIV MN provides a roadmap for coordinating efforts and resources to end HIV in Minnesota. The strategy contains goals, tactics, and action steps geared toward four specific outcomes.



## How Minnesota will measure success

The Minnesota Legislature has identified four ambitious – but attainable – outcomes for END HIV MN. Timelines to achieve these outcomes were set by the END HIV MN Advisory Board.



## Our Vision is Clear

*By 2025, Minnesota will be a state where new HIV diagnoses are rare and all people living with HIV – and those at high risk of HIV infection – will have access to high quality health care and the resources they need to live long healthy lives, free from stigma and discrimination.*

# A multi-faceted approach: 5 essential goals

To achieve health equity and end the HIV epidemic in Minnesota, END HIV MN seeks to boldly address the social and structural barriers to HIV treatment, care, and prevention. Our goals will require us to implement real solutions related to housing, education, family and social support systems, and more.



## Prevent new HIV infections

To eliminate the spread of HIV, we will:

- Promote HIV awareness for all Minnesotans, especially health professionals, students and people at high risk of infection
- Support routine opt-out HIV testing and early intervention services
- Increase use of evidence-based interventions to prevent HIV
- Connect people newly diagnosed with HIV to person-centered care



## Reduce HIV-related health disparities and promote health equity

To reduce the disproportionate impact of HIV on people of color and American Indians, we will:

- Advance health care policies that support affordable access to health care
- Engage community leaders, local organizations, and people living with HIV to address barriers that prevent HIV testing and person-centered care
- Dedicate resources to eliminate health inequities among people of color and American Indians most affected by HIV
- Reduce HIV-related stigma and discrimination



## Increase retention in care for people living with HIV

To help people living with HIV lead healthy lives, we will:

- Identify and re-engage people who are out of HIV care and treatment
- Promote person-centered strategies that support long-term retention in care
- Provide services sensitive to cultural background, language, gender, and sexual orientation
- Reduce barriers to accessing mental health and substance use disorder services
- Ensure access to services that support basic needs



## Ensure stable housing for people living with HIV and those at high risk of infection

To ensure safe, secure and affordable housing, we will:

- Identify gaps in affordable housing statewide
- Build partnerships to increase the supply of affordable housing
- Provide access to necessary housing supports
- Secure long-term, sustainable resources for affordable housing and support services



## Achieve a more coordinated statewide response to HIV

To support an all-hands-on-deck approach, we will:

- Create a leadership team charged with implementing and updating the strategy
- Integrate HIV prevention, care, and treatment across health care systems, social services, and all sectors of government
- Identify new HIV interventions through partnerships with government, academic, and community organizations
- Establish policies that encourage an innovative culture and recognition of evolving technologies to reduce HIV burden
- Build partnerships and systems that provide reliable data to inform decisions, strategies, and accountability

# Focusing our efforts: 10 priority tactics

To achieve the strategy's goals, the initial focus will be on 10 priority tactics developed through workshops and surveys conducted with communities most affected by HIV in various regions across Minnesota. Implementation of each tactic will be tailored for individual communities and regions.

## 1. PROVIDER EDUCATION AND TRAINING

Offer education and training focused on evidence-based behavioral and biomedical interventions for HIV prevention and care, as well as cultural responsiveness, for primary care providers, specialists, nurses, interpreters, and other types of providers

## 2. AWARENESS CAMPAIGNS

Use messaging campaigns, advertising, and public service announcements to increase awareness of HIV and knowledge about HIV prevention and care, tailoring content and delivery to the needs of specific communities and regions

## 3. COMMUNITY OUTREACH

Increase culturally responsive education and outreach efforts to communities most affected by HIV

## 4. PREVENTION EDUCATION

Implement comprehensive HIV prevention and sex education in and beyond public schools

## 5. CAPACITY BUILDING

Increase the organizational capacity of small, new, or yet-to-be-formalized culturally specific, community-based organizations to successfully secure and implement state and federal HIV funding

## 6. INCLUSION

Increase meaningful inclusion of voices from the communities most affected by HIV in decision making about HIV programs and funding

## 7. WRAPAROUND SUPPORTS

Enhance targeted wraparound supports for people at high risk of dropping out of care

## 8. HOUSING SUPPORT

Support the implementation of the Minnesota HIV Housing Coalition's HIV Housing Plan 2017

## 9. INVENTORY EFFORTS

Develop a comprehensive inventory of ongoing efforts to address HIV throughout Minnesota

## 10. TELEMEDICINE

Develop a regional telemedicine model to ensure statewide access to prevention services and medical care

# 35%

OF NEW INFECTIONS IN 2017 WERE AMONG YOUTH, AGES 20 TO 29

# 65%

OF NEW INFECTIONS IN 2017 WERE AMONG MINNESOTANS OF COLOR AND AMERICAN INDIANS



## YOU HELPED CREATE THE STRATEGY

# 476

FOCUS GROUP AND WORKSHOP PARTICIPANTS

# 139

ONLINE SURVEY AND INTERVIEW PARTICIPANTS

END HIV MN was created with input from a broad range of people across the state — people living with HIV, members of communities most affected by HIV, health care and service providers, and local and state government staff.

You told us about important areas of need in your community and provided recommendations for how to address those needs. You helped prioritize strategies and recommended tactics for implementing those strategies.

This input, combined with ongoing collaboration with various community groups, will ensure that END HIV MN benefits all Minnesotans living with HIV or at risk of infection.



## Together we can end HIV.

Ending HIV in Minnesota is bigger than any one organization or community. Success will depend on all of us to get involved, coordinate, and collaborate.

We look forward to the day we can celebrate together the end of HIV in Minnesota.

For more information about END HIV MN and what you can do to help, visit: [health.mn.gov/endhivmn](http://health.mn.gov/endhivmn)

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### Government agencies and officials

- Promote the plan and its vision statewide and in the communities you serve
- Support funding and policy changes that promote health equity and reduce disparities in housing, education, and family and social support systems
- Collaborate with communities most affected by HIV to make decisions about programs and funding



### Community-based organizations

- If you work with people living with HIV or those at risk of infection, keep it up. Your efforts to promote HIV testing, treatment, and prevention as well as provide housing, employment, education, social support, and access to health care are critical
- Discuss HIV openly with your clients to reduce stigma and promote health



### Health care providers

- Learn about the latest HIV prevention, testing, and treatment options—and discuss them with your patients
- Discuss sexual health, mental health, and substance use with your patients
- Link newly diagnosed patients to HIV care and treatment immediately
- Provide accurate and meaningful information to help patients stay in ongoing care



### Community members and leaders

- Talk to people in your community about HIV to raise awareness and reduce stigma
- Look for ways to dismantle barriers and promote HIV testing, treatment, and prevention
- Understand the connections between HIV and other health issues in your community, such as opioid use, tuberculosis, and homelessness



## Minnesota's strategy to end HIV by 2025

[health.mn.gov/endhivmn](http://health.mn.gov/endhivmn)

**END HIV MN is a call to all Minnesotans to work together** to ensure that Minnesota is a state where new HIV diagnoses are rare and all people living with HIV—and those at high risk of HIV infection—have access to high quality health care and the resources they need to live long healthy lives, free from stigma and discrimination.

END HIV MN was developed by the Minnesota Department of Health and the Minnesota Department of Human Services along with significant contributions from the END HIV MN Advisory Board and concerned people across Minnesota.

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