

2020 HIV/AIDS Comprehensive Needs Assessment: feedback and supplemental analysis

In February 2022, highlighted results were presented to HIV community members, including people with HIV serving on the Minnesota Council for HIV/AIDS Care and Prevention, Ryan White HIV/AIDS Program service providers, and other stakeholders. This document summarizes initial community feedback and includes an analysis requested during the presentations.

Community feedback

Survey question changes

Based on the results presented, community members offered suggestions on changes to questions in the next iteration of the Minnesota HIV community needs assessment.

- A community member questioned why there was no category of self-employment given the increase in this area during the COVID-19 pandemic. Aaron explained that several respondents selected both employed and self-employed as response options. Self-employed and employed were separate options on the survey question, but the analysts combined the responses into an employed/self-employed category for reporting. The community member noted that self-employed individuals often do not have benefits and keeping that group separate could help indicate reasons for disparities.
- In future iterations, consider using National HIV Behavioral Surveillance (NHBS) survey questions, so the results can be compared.
- The question was raised, if a medical appointment is missed due to drug and alcohol use, could the respondent answer that they were in recovery? It was noted that this scenario was not included in the survey.

Addressing housing

In response to questions on housing data for people with HIV, the council was informed that Housing Opportunities For Persons With AIDS (HOPWA) at the City of Minneapolis and State of Minnesota and the Ryan White HIV/AIDS Program are working to better coordinate efforts. Additional housing coordination and advocacy occurs at the Minnesota HIV Housing Coalition:

<https://rainbowhealth.org/living-with-hiv/assistance/housing/>.



Racial/ethnic representation

It was questioned whether data was controlled for race/ethnicity. The summary statistics in the databooks do not control for any variable. A sufficient number of people with HIV across racial/ethnic groups responded statewide to allow meaningful results.

Disparities among Black men who have sex with men (MSM)

It was suggested to review HIV Prevention Trials Network (HPTN)-073: Pre-Exposure Prophylaxis (PrEP) Initiation and Adherence among Black Men who have Sex with Men (BMSM) in Three U.S. Cities (<https://www.hptn.org/research/studies/hptn073>) and consider incorporating HPTN-073 premises into future HIV needs assessments.

Supplemental analysis

HIV diagnosis and age

It was asked what the relationship is between age and HIV diagnosis year. This table is a crosstab of HIV diagnosis year and age groups.

HIV diagnosis	Sample size	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Diagnosed before 1997	217	1.4%	0.0%	7.4%	71.0%	20.3%
Diagnosed 1997 – 2005	179	3.4%	11.7%	25.1%	50.8%	8.9%
Diagnosed 2006 – 2015	280	10.0%	26.8%	24.6%	32.9%	5.7%
Diagnosed 2016 – 2020	109	36.7%	29.4%	13.8%	15.6%	4.6%
Unknown	29	3.4%	24.1%	17.2%	48.3%	6.9%

Contact and more information

The 2020 HIV/AIDS Comprehensive Needs Assessment data is co-owned by Hennepin County Public Health (HCPH) and the Minnesota Department of Human Services (DHS). View the databooks, reports, presentations, survey instruments, and other materials here: <https://hennepin.us/na2020>

Contact Aaron Peterson (aaron.peterson@hennepin.us) and Emily Reimer (emily.reimer@state.mn.us) if you have additional questions or feedback.

March 14, 2022

To obtain this information in a different format, call: 612-596-7894.