

## **Twin Cities care system assessment: process, findings, and recommendations**

### **Abstract:**

The Twin Cities Care system lacks services that are most needed in the later stages of HIV disease. Services in highest demand included housing, transportation, and translation; available translations services are generally limited to Somali, Oromo, and Amharic, the languages most widely spoken by the three largest African immigrant and refugee groups in the Twin Cities. The care system is not well-integrated, and most of the work of moving clients within the system is done by case managers and care advocates. The main technical competencies identified by providers as lacking are understanding mental health from the perspective of African-born people living with HIV/AIDS (PLWH) and addressing sexual issues, especially with women. African providers with foreign certifications not recognized in the United States are not able to use their professional skills. African clients are not well-informed about HIV, and African women are more likely than men to seek and stay in care.