



**IHIPC Joint Sub-Committee Meeting  
Primary Prevention &  
Linkage to Care, Retention and Reengagement in Care, ART, and Viral Suppression (LRAV)  
Sub-Committees  
1/14/20 Meeting Minutes: 10am-11am**

**1. Introductions with Pronouns**

**LRAV Present:** S. Zamor, J. Erdman, C. Hendry, K. Cleveland, D. Hunt, J. Koechle, L. Meyer, M. Williamson, M. Benner, K. Lewis, R. Jimenez

**LRAV Absent:** L. Mayhew, B. Olayanju, S. Rehrig, S. Gaylord, M. Ferguson, L. Harris

**Primary Prevention Present:** C. Crause, J. Dispenza, J. Nuss, M. Andrews-Conrad, W. Bradley, R. Johnson, D. Carter, T. Box, C. Hicks, L. Choat, K. Hoffman

**Primary Prevention Absent:** L. Guzman, K. Ramirez-Mercado, J. Moore, J. Burns

**2. Welcome to new Subcommittee Members with a discussion of mentorship opportunities.**

D. Hunt and S. Zamor offered to be mentors for LRAV. Co-chairs will assign them to mentees.

Primary Prevention will discuss the mentorship assignments via email.

**3. Care Compendium Workgroup**

S. Zamor explained that the Ryan White Care Compendium will be released in the Spring 2020. The workgroup will meet again soon to continue updating the draft plan for release. J. Erdman asked for members to start thinking about who would be good candidates to present the webinar on best practices in Care Services.

**4. Gender Workgroup**

J. Dispenza relayed the highlights from the workgroup call yesterday. Gender identification options will be included in Provide™ for both Care and Prevention in 2020. Language will be added to the intake processes in both Care and Preventions to indicate that the CDC requires specific gender language/categories for some questions. Sexual orientation questions will be addressed by the Care Advisory Group and will be added to practice. Prevention discussed the requirements from the CDC and selecting questions that address risk. Providers have reported that clients have discontinued services when asked about identity. Discussions about adding sex of sex partners questions to Provide™ will be

addressed in upcoming meetings. C. Hicks cautioned that any changes in gender language will affect reports to the CDC.

J. Nuss also stated that the workgroup will continue to work to provide gender language training resources for membership.

## **5. Structural Interventions**

Some of the language around Structural Interventions has been added to the Interventions and Services Guidance. This workgroup may have concluded their activities.

## **6. I&S Guidance**

C. Hicks highlighted the changes that have been made to the guidance, which were summarized in the table of contents. J. Dispenza questioned the statement about the new medication for PrEP. She also appreciated the Structural Interventions additions. C. Hicks relayed that the structural interventions, while not all fully funded individually, are incorporated into the other behavioral and biomedical interventions. J. Erdman confirmed that this section speaks to the cross-mapping of all services.

J. Nuss and J. Erdman asked if the list of interventions was updated with new interventions. J. Erdman suggested that “Couples Testing Together”, “Taking Care of Me” and “Steps to Care” should be included. J. Nuss noted that “Twist” replaced “Twista” and should be reflected. S. Zamor asked if we are listing all CDC approved interventions or just including interventions that are supported in Illinois. C. Hicks said that this list should not duplicate the CDC Interventions Compendium. He also said that the CDC has cautioned that they might not be able to provide Illinois with all requested intervention trainings this year. J. Dispenza suggested that we could work as a group to pair this list down and J. Erdman added that the group could work with IDPH to create a new list. The group discussed using the various aspects of the training and curriculums to deliver services. J. Nuss reported that she asked the CDC training section to speak at an upcoming IHIPC meeting. The group as discussed adding “Steps to Care” to the Care Compendium as this intervention is duplicative of an already approved peer-supported medication adherence intervention for persons living with HIV and with peer interventions.

## **7. Review of Subcommittee Objectives**

Subcommittee objectives will be prioritized and reviewed on the next call due to time constraints.