



**IHIPC Steering Committee 2021 Strategic Planning Meeting Minutes
November 2, 2020, 12-1:30 pm**

Call to order and Roll call:

Present: J. Nuss, M. Andrews-Conrad, N. Holmes, L. Meyer, S. Zamor, J. Dispenza, C. Crause, M. Maginn, J. Charles, M. Gaines

Absent: L. Roeder

Review/Approval of Agenda for 12/10/20 IHIPC Meeting:

The December meeting will primarily focus on presenting plans for 2021 and providing an update on our 2020 progress on IHIPC and IDPH HIV Section Program Integrated Plan objectives, tasks, and activities. There will also be a review of open leadership positions and vote on selection of a new Community Co-chair Elect and a Parliamentarian. After review of the draft agenda, there was consensus by the Steering Committee to adopt the draft agenda for the December 10 IHIPC webinar meeting as presented. J. Nuss made motion to adopt the agenda and M. Gaines seconded the motion. J. Nuss said that after minutes and evaluations from the October meetings are sent out, the motion will be sent to the full IHIPC for a vote.

Brief Recap of 2020 IHIPC Year:

Highlights from the 2020 IHIPC year were recapped. The IHIPC met its goal of focusing its work and having meeting presentations and discussion on topics that align with the domains of GTZ-IL. These included STDs, racism, health disparities, stigma, IPHCA leveraging opportunities to GTZ-IL, GTZ-IL through minority health services, and the work of the StL Planning Council. There was discussion about needs assessment activities that were completed in 2019 and 2020 and the resulting reports of the results that were compiled, including the regional community engagement meetings and the Black Female HRH, Transgender, and PrEP Users focus groups. We had hoped to have a second focus group for transgender persons and one for young MSM of color, but those have been delayed due to COVID. We might consider conducting those virtually next year since COVID isn't going away and since we have all the materials developed. The committees and workgroups were recognized for all the great work they have done over the last year, including the Epi/Needs Assessment Committee for all its work in assessing all the recommended updates to 2021-2023 priority populations/definitions, the Membership Committee for its work in updating the Bylaws/Procedural changes to reflect committee restructuring, and the LRAV and Primary Prevention Committees and all their Workgroups for their work in updating the I&S Guidance (addition of several appendices), developing the

training on the Care Compendium, and providing insight into the priority population definitions language. The newly formed Health Equity workgroup was also recognized for its initiative.

Snapshot of 2021 IHIPC Activities by Responsibility:

There was discussion about the planning group's 3 main areas of responsibility and activities that we will need to focus on in 2021:

- 1. Stakeholder identification*
- 2. Results-oriented engagement process*
- 3. Development and update of the Integrated Plan for Prevention and Care*

The group discussed ways to improve our recruitment process. J. Dispenza suggested we consider having a member recruitment and selection process twice a year, J. Nuss commented that the IDPH Community Planning Program has a very small staff. After she retires, it will essentially be M. Andrews Conrad and maybe a 0.5 FTE. The recruitment and selection process is very time-consuming and it is just not feasible to implement more than annually with only 1 or 2 staff in the program. M. Andrews-Conrad mentioned the Open House that she did for interested applicants in which a couple of current members were also present to help answer any questions. It seemed to be very well received and appreciated. It was suggested that we continue to do that throughout the year, maybe every few months.

There was also discussion about ways to identify and increase engagement of new stakeholders. We were very successful this year in identifying a lot of applicants and new members from agencies that are currently not represented on the IHIPC. We want to continue that effort. J. Dispenza recommended using the Hotline's Database which can be searched by region, by service category, etc. to identify some new agencies to engage in our planning meetings. Because of the frequency of staff turnover, the database does not include email addresses or point of contacts at the agencies.

It was announced that we will proceed with conducting the leadership development training for IHIPC membership next year virtually. This is the training that we had developed and planned to present at the March 2020 meeting, but had to cancel due to COVID.

There was discussion about using the "Open Door" format that was used for the new applicants to have regularly scheduled virtual "Open Forum" discussions (not presentations) on specific topics such as HIV trends, service delivery issues, racism, structural issues, and social determinants of health. The group liked that idea.

The group also liked the idea of continuing to use Menti for polling, recognizing that we need to ensure that members have internet connectivity. M. Andrews Conrad mentioned that it would be particularly useful for people who want to enter a comment anonymously.

A priority in 2021 will be development of the state's next Integrated Plan. We have been told to expect to receive guidance from CDC and HRSA by December but we don't anticipate any huge

changes. The IHIPC has and will continue to use the results of our needs assessments, the HIV epi data, our resource inventory and available services to make recommendations and provide input into the Integrated Plan. Since this will be a new Integrated Plan, a new letter of concurrence will be needed.

Review 2021 IHIPC Meeting Plans:

The calendar of meetings and trainings for 2021 was reviewed. We will plan to have our March and October 2-day meetings by webinar. At present, none of the meeting sites that are capable of hosting our IHIPC meetings are even booking meetings for more than 25 people for next year. Depending on when the vaccine is released and widely distributed to the public, we may still be able to have an in-person meeting in October, but the March meeting will almost certainly be by webinar. No one was aware of any conflicts with the proposed dates, and members appreciated the Tuesday/Wednesday scheduling of multi-day meetings.

There will still be plenty of presentations and discussion that align with the GTZ-IL Plan as well as development of the new Integrated Plan. We will continue our plan to have liaisons provide updates on their programs. It was suggested that our liaison from the DHS SUPR Program provide an in-depth presentation next year since it seems as if there have been a lot of updates and additions in that program since his last major report.

Review 2021 IHIPC Committee Plans:

The focus areas and some proposed workgroups and activities for each of the 4 new committees were reviewed. By the end of January, we want all members (new and current) to decide on an assigned committee of choice, after which, assignments will be made.

The goal is to have the first committee meetings in February and co-chairs for each selected by March so that committees can proceed with their work.

Review 2021 IHIPC Membership:

M. Andrews-Conrad reviewed the list of newly selected members for 2021. The members (voting and at-large) have all been sent a notice of their membership selection.

Parking Lot Items:

J. Nuss thanked N. Holmes for serving as the Community Co-chair this year, realizing that it was not the optimum situation with COVID-19 and everything being done by webinar. She also told everyone that it has been her pleasure working with them all and that she will miss them in her retirement. She stated that she is confident she is leaving them in excellent hands with M. Andrews-Conrad acting in her place as the coordinator and co-chair of the IHIPC.

Adjourn