



Illinois HIV Integrated Planning Council (IHIPC) Webinar Minutes
Thursday, December 12, 2019, 9:30 am – 12:30 pm

9:30 am: Welcome; Introductions; Moment of Silence

The Co-chairs, J. Nuss and M. Benner, welcomed participants to the meeting. Webinar instructions were reviewed, and the IHIPC leadership and the webinar facilitator were introduced. The moment of silence was recognized in honor of all people living with HIV past and present as well as for those working to end HIV in Illinois.

9:35 am: Meeting Process/Instructions

» Take attendance of voting members; Roll call of those not logged on; Brief introduction of new members

M. Andrews-Conrad conducted roll call by recognizing voting and at-large members logged into the meeting. Members who were not logged in were announced and given the opportunity to make their presence known. Although other participants were not announced, it was noted that their attendance was being tracked and recorded.

» Review of agenda, Meeting objectives, IHIPC purpose, Announcements, Updates

The meeting agenda, objectives, purpose of the IHIPC, and the Concurrence Checklist were reviewed. The following announcement and updates were also made:

- Meeting documents are available at the registration link: <https://www.regonline.com/December122019ihipcmeeting>.
- Meeting surveys can be submitted through December 19. All participants will be emailed the link after the meeting.
- Minutes from the October meetings and all committee meetings have been approved and published on the IHIPC website: <http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg>.
- So far in 2019, 70 new community/agency representatives have participated in IHIPC webinars/ meetings/ trainings. An additional 60 have been engaged in focus group/ needs assessment activities.
- Member updates: S. Gaylord has been appointed as the CAHISC liaison starting January 1, 2020.
- The Winter issue of the IHIPC newsletter is in the process of being reviewed by IDPH Communications.

9:45 am: Overview of Illinois' 2019 Progress on Integrated Plan Objectives

Janet Nuss, HIV Integrated Planning Program Administrator

J. Nuss presented the Overview of Illinois' 2019 Progress on Integrated Plan Objectives. First, the steps of monitoring implementation of the Integrated Plan were reviewed. Then, July 1, 2018- June 30, 2019 progress/activities addressing the following objective areas were reviewed:

1. Intensify HIV prevention in the hardest hit areas and for special populations and populations most disproportionately impacted.
2. Streamline prevention, care, and treatment services by increasing integration and coordination within and across programs.
3. Increase access to care and improve health outcomes for PLWH by maintaining and reengaging them in medical care and increasing treatment adherence and rates of viral suppression.
4. Strengthen coordination across data systems and the use of data to improve HIV health outcomes.
5. Focus resources on effective, evidence-based strategies, services, policies, and programs that address health disparities along the HIV Care Continuum and underlying social determinants of health that impact people's risk for HIV and their utilization/access to HIV prevention and care.
6. Build the HIV workforce and provide education and training and enhance the delivery of evidence-based public health approaches to HIV prevention and care.
7. Mobilize communities and support policies and programs that reduce HIV-related stigma, discrimination, homophobia, and racism.
8. Conduct needs assessment activities to determine gaps, barriers, and challenges in utilizing and accessing HIV prevention and care services and identify realistic and achievable strategies to address these needs.
9. Promote community engagement, participation in HIV planning, education, and leadership opportunities for Planning Group members, providers, and community stakeholders, particularly those representing prioritized populations.

Progress on the Integrated Plan according to the National HIV/AIDS Strategy goals was also reported via the Integrated Plan Report Dashboards.

Addendum: After the meeting, a correction was made to the slides and Integrated Plan report for the following activity: Through agreement with **PHIMC**, conducted four discharge planning trainings (173 participants) and held two statewide re-entry conferences (198 participants).

Questions, Comment, Discussion:

C: M. Benner: It makes me very hopeful and excited to see how far we have come along with our goals this year. The new tasks will also be good in continuing to keep us moving forward.

A: J. Nuss responded: Yes, the HIV Programs and the planning group have set many goals and objectives, and I think recognizing and demonstrating the work that we have done is important as well as identifying areas for improvement. Our planning group continues to be a very results-oriented, productive group.

10:45 am: Review of 2020 Vetting Process for Updating the Prioritized Populations Risk Definitions/Q&A, Discussion/Input

Mike Maginn, IHIPC Epi/NA Committee Co-chair

M. Maginn presented the Review of the 2020 Vetting Process for Updating the risk definitions for the prioritized populations. The presentation began with review of the current risk group definitions. The process for submitting recommendations for new or revised risk definitions within each priority population was then discussed. It was explained that submissions should be accompanied by supporting documentation to provide evidence for prioritization (see the presentation for examples of acceptable data). It was announced that the Epi/ NA Committee will be collecting risk definition recommendations for further analysis until March 31, 2020.

Questions, Comment, Discussion:

C: J. Nuss: I want to clarify that although the process seems complicated, all we really need people to do is to complete the short Vetting Submission Form and identify sources of documentation (articles, data) that support including those factors in our risk group definition(s). The Epi/NA committee will then consider the requests and do the rest of the work and further analysis of the factor(s). Supporting documentation does not need to be extensive: one or more research articles, a Provide™ report, etc. demonstrating increased incidence or other related factors would be acceptable. Submitters should focus solely on getting the Epi/ NA committee the information so that the committee can do the extensive review and analysis of the information.

A: M. Maginn responded: Thank you for the clarification. As an example, we used to have former incarceration as a part of the risk group definitions. It has since been taken off, but it could be reconsidered if there is a recommendation.

A: J. Nuss responded: Please remember that these submissions are for 2021-2023. The 2020 risk group definitions have already been voted on and finalized this year.

Q: How often is Provide™ data run to determine seropositivity rates in the risk populations? Are we due for a new analysis?

A: C. Hicks responded: The last analysis was completed in December 2018. We should probably update the analysis during this next cycle so that we have updated information for 2021. This would align with the timeline for grants starting in 2021 with renewals.

Q: I was wondering if all our current prioritized populations meet the 1 percent benchmark?

A: C. Hicks responded: At the present time, we are not meeting this benchmark. Before the fiscal crisis in 2015, we were close to meeting the 1 percent seropositivity goal for some population groups. Our rates went down dramatically and abruptly, mostly due to lack of funding for appropriate outreach and the laying off of experienced prevention providers. Currently, rates are going back up slowly, but they are not as high as they were in 2014. It might be partly because we are seeing overall increases in incidence. There is also still more outreach/ capacity building work to be done to ensure that we are best reaching populations. For some populations like HRH, it has always been a struggle to reach the 1 percent goal. Additionally, targeted testing among PWID has recently resulted in almost no new diagnoses. It is a testament to the strength of syringe exchange services, but this might mean that we consider deprioritizing HIV testing for PWID but continue harm reduction services while prioritizing HCV testing as seropositivity for HCV has been much higher among this population. If this was the case, we might consider prioritizing HIV testing for PWID only if someone tests positive for HIV. This will be a discussion that the Epi/ NA committee will continue to have in the upcoming year.

C: I didn't hear any activities geared toward women specifically.

A: C. Hicks responded: Our largest testing project by far is our perinatal project, which tests pregnant women statewide. Annually, this project serves about 140,000 women, although not all these women are at high risk for HIV. Because of this project, most of our cumulative testing (i.e. including all other routine and targeted testing projects) goes to women. Regarding other routine screening and targeted testing projects, they include women but are not for them exclusively. There are some interventions conducted by the projects, however, that are exclusively for women (i.e. SISTA, WILLOW).

A: J. Nuss responded: I wanted to mention that one of the targeted focus group we conducted was for Black women in the East St. Louis area. We are finalizing this report. Once the report is finalized, it will include findings and several programmatic recommendations for Black women based on input and identified needs.

11:00 am: Short 5-minute break

11:10 am: Overview of 2020 IHIPC Meeting Calendar, New Member List, and Committee Objectives/ Q&A, Discussion/Input

Janet Nuss, HIV Integrated Planning Program Administrator

J. Nuss presented a recap of 2019 activities and accomplishments and an overview of the 2020 IHIPC Meeting Calendar, New Member List, and Committee Objectives. The presentation began with a review of all progress made in 2019 regarding meeting and committee participation, stakeholder engagement, and progress on objectives set at the NASTAD Integrated Planning Leadership Meetings. Highlights of 2019 committee and workgroup activities as well as needs assessment activities were also shared.

Information about the 2020 IHIPC meeting and training schedule was then reviewed. It should be noted that the first in-person IHIPC meeting of 2020 will take place in March to enable members to meet in-person earlier and to help build cohesiveness among the group and its committees. The meeting will be March 16-17 but there will also be a Leadership Development half-day training on the 3rd day-March 18. Information about meeting and training requirements for members was provided in the presentation. This was followed by a review of the 2020 Objectives for the IHIPC's four standing committees.

Finally, membership updates, including the introduction of new 2020 members, were shared. New members include six new at-large members and a new CAHISC liaison.

Questions, Comment, Discussion:

Q: Can the calendar of events be resent out? I don't believe I have received this. Thank you.

A: J. Nuss responded: Yes, we can send this out again to all participants when the meeting minutes are released.

Q: Is the March meeting going to be two days or three? I thought the slides said 3/16-3/17, but the calendar shows 3/16-3/18.

A: J. Nuss responded: The meeting portion of that cumulative event is on 3/16-3/17. The training day will then follow on 3/18. So IHIPC members will attend IHIPC events for three days total: two meeting days and one training day.

Q: Is the Leadership Development training only open to members?

A: J. Nuss responded: The training day will be primarily for IHIPC members, but we will be opening seats for client representatives and other community members, especially representatives of our prioritized populations, who are interested in planning group participation. The training will not be open to all IDPH staff as we really want to focus on the developing leadership skills of IHIPC and community members. If anyone would like to recommend non-IHIPC members for this training, please feel free to provide me their information for consideration.

11:50 am: Overview of Leadership Roles/Selection of 2020 IHIPC Open Positions

Mike Benner and Janet Nuss, IHIPC Co-chairs

J. Nuss and M. Benner presented the Overview of Leadership Roles/ Selection of 2020 IHIPC Open Positions. It was announced that the following leadership positions were open for new terms starting January 1, 2020: Community Co-Chair Elect, Parliamentarian, and Secretary. A description of each position was provided.

The nomination process for selecting new leadership was explained and began. The following nominations were made:

Co-Chair Elect (it was noted that only members who have been in a voting capacity for at least six months were eligible for this position):

-S. Zamor was nominated by M. Maginn. After consideration, the nomination was declined.

-C. Crause was nominated by M. Maginn. The nomination was declined.

-L. Meyer was nominated by J. Erdman. The nomination was accepted.

-M. Williamson was nominated by S. Fletcher. The nomination was declined.

Secretary:

-C. Hendry was nominated by S. Fletcher. The nomination was declined.

-K. Ramirez was nominated by J. Dispenza. The nomination was accepted.

-S. Rehrig was nominated by M. Maginn. The nomination was accepted.

Parliamentarian:

-J. Erdman was nominated by J. Nuss. The nomination was ultimately declined.

-C. Rodriguez was nominated by M. Maginn. The nomination was accepted.

Those who accepted a nomination were asked to speak on their interest in the respective position.

Vote: Following the meeting, each present IHIPC voting member was sent a voting ballot by email. Votes were submitted until 5pm on 12/11/19. 24 ballots were returned. The results of the vote were as follows:

- L. Meyer was selected as Community Co-Chair Elect.
- S. Rehrig was selected as Secretary.
- C. Rodriguez was selected as Parliamentarian.

12:20 pm: Public Comment Period/RECAP (Review, Evaluation, Challenges, Actions, Preview)

Questions, Comment, Discussion:

C: Election day for the presidential primary is March 17 (Day 2 of the March meeting is scheduled for this day). People will need to be in their local areas to vote.

A: M. Andrews-Conrad responded: Thanks, we will look into this and determine if there is early voting and send information out to everyone.

Addendum: According to the Illinois State Board of Elections, early voting is permitted for presidential primaries in Illinois. The start of early voting is dependent on the location. Please visit <https://www.elections.il.gov/ElectionOperations/ElectionInformation.aspx?ElectionID=55Gh0TUHxyo%3d> for more information. To learn more about early voting, find appropriate contact information for specific counties here:

<https://www.elections.il.gov/ElectionOperations/ElectionAuthorities.aspx?MID=cQHxtxVEmuo%3d&T=637118397860385480>

12:30 pm: Adjourn- The meeting adjourned at 12:12pm.

*Planning Group presentations/discussions are centered on IHIPC functions/processes, the goals/indicators of the National HIV/AIDS Strategy (NHAS), the steps of the HIV Care Continuum, and the Getting to Zero Illinois (GTZ-IL) Plan domains.

NHAS Goals:

- Goal 1: Reduce new HIV infections.
- Goal 2: Improve access to health care/
Improve health outcomes for PLWH.
- Goal 3: Reduce HIV-related health disparities.
- Goal 4: Achieve a more coordinated national response to the HIV epidemic.

Steps of the HIV Care Continuum:

1. Linkage to Care
2. Engagement in Care
3. Retention in Care
4. Antiretroviral Therapy
5. Viral Suppression

GTZ-IL Domains:

- I. Build the future workforce.
- II. Increase access to healthcare.
- III. Improve health equity.
- IV. Increase efficiency through governmental coordination.
- V. Care for linked, co-occurring conditions.
- VI. Measuring our progress through Surveillance and other data.

2019 Illinois HIV Integrated Planning Council (IHIPC) Vote Log _ December 12, 2019 IHIPC Meeting

Member Name	Member Type	Date: 11/12/19 Time: 12:00 pm					Y: In favor; N: Opposed; A: Abstain; X: Absent or No vote cast/received TS: temporarily suspended
		Motion 1: A motion was made by M. Benner on 11/12/19 at 10:36 am and seconded by J. Nuss at 10:59 am to adopt the agenda for the Dec. 12, 2019 IHIPC meeting as approved by the Steering Committee. The motion was sent to the full IHIPC at 11:07 am on Nov. 12, 2019. Members were given until 12:00 pm on Nov. 15, 2019 to	Motion 2:	Motion 3:	Motion 4:	Motion 5:	

IHIPC Voting Members

Benner, Mike	Voting	Y				
Bradley, Wendy	Voting	Y				
Charles, James	Voting	X				
Choat, Lesli	Voting	Y				
Crause, Candi	Voting	Y				
Dispenza, Jill	Voting	Y				
Erdman, Jeffery	Voting	Y				
Filicette, Joe	Voting	Y				
Fletcher, Scott	Voting	Y				
Gaines, Michael	Voting	Y				
Guzman, Lisa	Voting	Y				
Hendry, Chad	Voting	Y				
Holmes, Nicole	Voting	Y				
Hoots, Cheri	Voting	Y				
Hunt, Don	Voting	X				
Johnson, Rashonda	Voting	Y				
Jones, Shanett	Voting	Y				
Kowalsky, James	Voting	X				
Laskowski, Casie	Voting	X				
Lewis, Karen	Voting	Y				
Maginn, Mike	Voting	Y				
Meirick, Andrea	Voting	Y				
Meyer, Len	Voting	X				
Nuss, Janet	Voting	Y				
Olayanju, Bashirat	Voting	Y				
Paesani, Trish	Voting	Y				
Rehrig, Susan	Voting	Y				
Roeder, Lisa	Voting	X				
Stevens-Thome, Joan	Voting	X				
St. Julian, Steven	Voting	X				
Tucker, Cynthia	Voting	X				
Wheeler, Rose	Voting	X				
Williams, Mark	Voting	X				
Williamson, Mildred	Voting	X				
Zamor, Sara	Voting	Y				
Type of Vote: Hand Count, voice, electronic		electronic				
Results: Carried/Defeated		carried				
Results: Vote Count		23 in favor, 0 opposed, 0 abstentions, 12 members absent or "no vote cast/received"	__ in favor, __ opposed, __ abstentions, __ members absent or "no vote cast/received"	__ in favor, __ opposed, __ abstentions, __ members absent or "no vote cast/received"	__ in favor, __ opposed, __ abstentions, __ members absent or "no vote cast/received"	__ in favor, __ opposed, __ abstentions, __ members absent or "no vote cast/received"