



Illinois HIV Integrated Planning Council (IHIPC) Meeting Minutes
Thursday, December 10, 2020, 9:30 am – 12:30 pm

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

Co-Chairs M. Andrews-Conrad and N. Holmes welcomed all members/guests to the meeting. Webinar and housekeeping instructions were reviewed. Following this, the group was led in a moment of silence for all people living with HIV past and present and for all those working to end the epidemic in Illinois.

9:35 am: Meeting Process/Instructions

- » Take attendance of voting members; Roll call of those not logged on

All present IHIPC members were announced, and the attendance of guests was recorded.

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

The Co-Chairs reviewed the meeting objectives, meeting agenda, and the IHIPC concurrence checklist.

The following announcements were made:

- Meeting documents can be found at the following link: <http://bit.ly/December2020IHIPCMtgDocs> .

- All IHIPC full body and committee meeting minutes can be found on the IHIPC webpage: <http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg> .

- The meeting survey link was shared and will be open until December 17 for completion: <http://bit.ly/IHIPCmeetingsurvey> .

- The IHIPC Newsletter remains on hold due to COVID-19.

- Member updates: Since the last meeting, J. Erdman resigned from his voting position, and D. Hunt unfortunately passed away in late November. Words of remembrance were shared in D. Hunt's honor, and several participants shared memories and sentiments.

9:45 am: Overview of Illinois' 2020 Progress on Integrated Plan Objectives/Q&A, Discussion, Input

Marleigh Andrews-Conrad, Acting IHIPC Coordinator

M. Andrews-Conrad presented the Overview of Illinois' 2020 Progress on Integrated Plan Objectives. First, the steps of monitoring implementation of the Integrated Plan were reviewed. Then, July 1, 2019- June 30, 2020 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.

It was noted that if there are questions about the data used during the presentation, participants can reach out to M. Andrews-Conrad for more information.

Discussion (Q: Question, C: Comment, A: Answer):

C: As a peer navigator, I am working on reaching minority populations by conducting surveys with our clients. So far, the response rate has been very good. So far, our Black clients have a 60% response rate for the survey, and our Hispanic clients have a 20% response rate. At our next peer navigator, we will continue to strategize on reaching these communities.

A: M. Andrews-Conrad responded: Thank you for sharing. It is important that we share our activities, strategies, and best practices with one another so that they can be applied to these objectives and ultimately help us reach our statewide goals.

C: Considering the limitations we have faced with COVID, I am truly impressed with all the incredible work that is being completed! Great work folks!

A: M. Andrews-Conrad responded: I would like to echo that as well. This community is so resilient and continues to be innovative in pushing forward through challenges. It is a testament to the successes we were able to share today. As we move into next year, it will be interesting to see new objectives develop from this work (safer services protocol, telemedicine, etc.).

Addendum: It was noted that there was a potential error in Objective 1.1.3.4 regarding the number of calls/contacts received by HIV/STD Hotline in FY19 and FY20. This will be re-evaluated and corrected as needed in the Activities Chart and meeting presentation slides.

10:40 am: 10-minute break

10:50 am: Overview of 2021 IHIPC Meeting Calendar, Membership, Committee Work and Plans for next Integrated Plan/Q&A, Discussion, Input

Marleigh Andrews-Conrad, Acting IHIPC Coordinator

M. Andrews-Conrad presented a recap of 2020 IHIPC activities and accomplishments and an overview of the 2021 IHIPC Meeting Calendar, New Member List, information regarding 2021 Committees/Workgroups. The presentation began with a review of completed IHIPC activities in 2020, highlights of 2020 committee and workgroup activities, and plans for 2021 stakeholder identification, community engagement, and development of 2022-2026 Integrated HIV Prevention and Care Plan.

Information about the 2021 IHIPC meeting and training schedule was then reviewed, with the first 2-day webinar meeting of the IHIPC being on March 9-10. Additionally, the Leadership Development Day intended to be conducted in-person in March 2020 will now be conducted virtually on February 11.

Next, the timeline for the development of the new IHIPC Committees structure was reviewed with an overview of the standing committees and examples of their respective workgroups.

Finally, membership updates, including the introduction of new 2021 members and recognition of exiting members, were shared. New members include 12 elected voting members, five at-large members, and a new IPHCA liaison. Exiting members were thanked for their many contributions to the IHIPC.

Discussion (Q: Question, C: Comment, A: Answer):

C: No question, but just want to say I'm overwhelmed at all the great work that is happening. It's fantastic!

A: M. Andrews-Conrad responded: Thank you, and thank you to all our members and community stakeholders who made this work possible.

C: M. Maginn commented: Thank you everyone for all your hard work. Being a part of the IHIPC has been very special.

C: N Holmes commented: Thank you everyone for your hard work. It is a bittersweet feeling to be exiting the group. I have been associated with planning groups since I've been in the field, so it will be strange to move forward without being an IHIPC member.

C.: C. Hendry commented: Thank you everyone for the opportunity to do this important work with all of you. I am proud to see how far we have come over the past three years.

C: A. Danner commented: Many thanks to all the retiring members for their dedication and service.

A: M. Andrews-Conrad responded: Yes, thank you all very much. We will miss our exiting members but hope that they will continue to join us in IHIPC activities next year.

Q: For committee assignments, should we reach out to M. Andrews-Conrad?

A: M. Andrews-Conrad responded: Yes, if you have an idea of which committee you would like to serve on, feel free to reach out to me. This invitation is open to all, including IDPH staff and community stakeholders.

Q: Will the IDPH HIV/STD conference ever start up again? A. Danner created the BEST conferences!

A: M. Andrews-Conrad responded: Although we aren't sure of the status of reinstating the conference at this time, I hope we will all have an opportunity to see each other in person again soon.

11:20 am: Overview of Leadership Roles/Selection of 2021 IHIPC Open Positions

Len Meyer and Marleigh Andrews-Conrad, 2021 IHIPC Co-chairs

M. Andrews-Conrad and L. Meyer presented the Overview of Leadership Roles/ Selection of 2021 IHIPC Open Positions. It was announced that the Community Co-Chair Elect and Parliamentarian positions were open for new terms starting January 1, 2021. A description of each position was provided.

The nomination process for selecting new leadership was explained, and a listing of eligible members was provided. It was noted that members whose terms are set to end in 2021 were eligible, and if elected, their membership would be extended into 2022 so that they may fulfill the 2-year leadership term (this was indicated by an asterisk in the presentation). The following nominations were made:

Co-Chair Elect:

- D. Carter was nominated by J. Dispenza (J. Charles and L. Meyer seconded). The nomination was accepted.
- A. Meirick was nominated by R. Wheeler. The nomination was accepted.
- T. Howard was nominated by S. Rehrig (N. Holmes seconded). The nomination was accepted.
- J. Filicette was nominated by M. Maginn. The nomination was accepted.

Parliamentarian:

- B. Olayanju was nominated by J. Dispenza. The nomination was declined.
- M. Williams was nominated by R. Johnson. The nomination was accepted.
- A. Meirick 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 accepted until 5pm on 12/10/20. 29 ballots were returned. The results of the vote were as follows:

- D. Carter was elected as Community Co-Chair Elect.
- M. Williams was elected as Parliamentarian.

11:45 pm: Public Comment Period/RECAP (Review, Evaluation, Challenges, Actions, Preview)

There were no requests for Public Comment.

Parking Lot Discussion (Q: Question, C: Comment, A: Answer):

C: What can be done to address barriers associated with Illinois's "Opt-in" laws so that everyone who is positive will know their status? Opt-in testing is not aligned with CDC guidelines, and other states do not have the same restrictions. It is a missed opportunity. Thoughts?

A: M. Andrews-Conrad responded: Great question. This made me think of some of our programs, especially the Corrections program, that conduct Opt-out testing, which normalizes testing and makes it a standard of care. There barriers like stigma, however, that make this challenging in other settings, especially outside of IDPH networks. Hopefully IDPH's upcoming routine screening grant will also help to address this.

A: C. Hicks responded: Illinois Law allows for opt-out routine HIV screening. Many clinics have already adopted routine screening. Some of these are currently supported through the RIG Grant, others through insurance reimbursements. Routine Screening will also be expanded for a Capacity Building project that is about to be executed.

A: L. Choat responded: In the STD training done by IDPH STD section, we always suggest our LHD STD clinics use opt-out testing as suggested by CDC.

12:00 pm: Adjourn – The meeting adjourned at 12:00pm.

*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.