



IHIPC Steering Committee Meeting Minutes -Tuesday, March 3, 2020, 9-10 am

Members Present: J. Nuss, N. Holmes, Len Meyer, C. Rodriguez, S. Rehrig, M. Maginn, J. Charles, J. Dispenza, J. Erdman, S. Zamor, L. Roeder, M. Gaines

Members Absent: C. Crause

1. Welcome/Roll call – *See attendance above.*
2. Outstanding “Actions Needed” from last steering committee meeting
Action needed: The Integrated Planning Program hopes to release the final draft of the “Regional Community Engagement Meetings Needs Assessment Report” for distribution to all IHIPC members, community stakeholders who participated in the meetings, and remaining IDPH HIV Section staff by mid-late February. (*Delayed – The report needs to now go through IDPH Communications for approval before release.*)
3. Membership items
 - Update on requirements for new members – documentation, orientation, trainings - *New members have completed all training requirements to date; two members still have OMA training to complete by March 31; One member who recently changed jobs needs to submit an updated disclosure of interest statement.*
 - Committee assignment and mentor for C. Montgomery -*C. Montgomery has requested assignment to the Primary Prevention Committee. If this committee agrees to that, R. Johnson from that committee has volunteered to be his mentor.*
Action taken: The Steering Committee agreed to the above assignment.
Action needed: J. Nuss will ask M. Andrews Conrad to notify C. Montgomery and R. Johnson of the above and add him to the membership list and standing appointment for the Primary Prevention Committee.
4. Review/Approve April 30, 2020 IHIPC Webinar Meeting agenda -*The agenda was reviewed by the membership. One member commented that the agenda seemed heavily focused on prevention. There was discussion about continuing to ensure that we strive, whenever possible, to have a fairly equitable split between prevention topics and care topics, even though it was recognized that many of the topics are integrated and incorporate both care and prevention issues. Needs assessment and epi presentations were used as an example. There was also discussion that because meeting the essential elements of concurrence requires that the IHIPC provides input and is informed of updates to the Integrated Plan (which often relate to the prevention priorities and services), it seems that in some meetings we may not focus enough IHIPC discussion on essential components of care. There was discussion that we may also need to find 5 more minutes for the needs assessment presentation and remove “risk-targeted” from the Focus Groups topic.*
Action taken: With the above recommended changes, J. Dispenza made and S. Rehrig seconded a motion to adopt the April meeting agenda.
Action needed: J. Nuss will send the draft agenda and the motion out to members for a vote by the end of the week.
Action needed: J. Nuss will review the 2020 meeting calendar of activities and consider the addition of more Care-focused presentations and trainings in future IHIPC meetings/trainings.
5. Brief Updates from IHIPC Coordinator/Co-chairs

- Update: Illinois Action Plan objectives
 - Undoing Racism -Committees were encouraged to continue to incorporate discussion and other initiatives relevant to combatting systemic racism and implicit biases in their committee calls and activities.
 - Engage/enhance leadership skills of IHIPC, client reps and reps from high-risk pops -The upcoming training is on March 18.
- Update: Risk-targeted focus groups
 - PrEP users (Region 5/March 12)
 - Youth/young adult transgender community (Region 3/March 19)
- Attendance at national conferences/trainings –

Action needed: S. Rehrig was asked to report back to the committee in April and write an article for the Summer issue of the IHIPC Newsletter after she attends the excellence in Sexual and Gender-Minority Health seminar in Boston later this month.

6. Discussion about Proposed Ideas for IHIPC Committees/Workgroups

J. Nuss talked to the group about a proposal for restructuring the IHIPC committees and workgroups that she has been working on. She has previously discussed this with M. Andrews-Conrad, the HIV Section administrators, and N. Holmes and gotten their approval, but wants to run the idea by Steering Committee membership for their input before presenting it to the full IHIPC. If this committee approves, she would like to use the Committee breakout time at the upcoming March 17 IHIPC meeting for group discussion about the proposal.

The idea for this proposal came out of two things – 1) wanting to align the work of the IHIPC more with the GTZ-IL domains and 2) seeing the success the IHIPC has experienced over the last couple of years with the formation of its workgroups (Needs Assessment, Health Disparities, Gender Language, Care Compendium, and Structural Interventions). Their success supports the conviction that the talent and expertise of the IHIPC membership might be put to better use by focusing less committee time on work products that are the primary responsibility of IDPH HIV Programs and that often have only minor changes each year (i.e., HIV Care and Prevention service delivery presentations, HIV Epidemiology Updates, Illinois Continuum of Care Updates, Prioritized Populations, Membership Selection Processes, IHIPC Bylaws and Procedures, etc.). Many of those documents are elements of the State’s Integrated Plan for HIV Prevention and Care (or updates thereof) and must be presented to and informed by the IHIPC, so it is critically important that IHIPC committees and the full body provide input and have an opportunity to review and discuss these documents. That input and discussion will still happen with the new proposal; it just it may be done in different ways that won’t take up so much of the committees’ time nor be their major focus. For example, some of the work that currently takes up so much committee time (i.e., reviewing previous years’ presentations and giving input into what is needed for upcoming presentations) could be accomplished via email correspondence.

Also, because of the nature of the functions of the Membership Committee, most of its work projects are led by the IDPH Community Planning Program. The input from and work of that committee (review of meeting evaluations, discussion of member issues, review of updates to the bylaws and procedures) could either be absorbed by the Steering Committee or by establishing ad hoc teams (i.e., for annual New Member Selection).

Essentially, the proposal would change our existing Committees to the following 4:

1. *Achieving Viral Suppression*
2. *Reducing New Infections*
3. *Strengthening Data Coordination and Information Sharing*
4. *Reducing HIV Disparities*

The priorities of the Illinois Integrated HIV Plan and the goals of the GTZ-IL Plan and the NHAS fall largely within these four categories. Each committee would still establish annual objectives that aligned with its primary goal and would also be encouraged to form several workgroups throughout the year (no more than 2 at any one time) to work on development of short- and long-term strategies and completion of tasks designed to accomplish the committee’s primary goal and objectives. Most of these workgroups would be ad hoc in nature so may complete their tasks within 3-6 months; others

may be more long-term in nature. A committee could identify as many workgroups it would like to establish but could delay establishing a workgroup(s) until the work of another workgroup(s) is completed. The strategies and tasks identified by each workgroup will focus on how to achieve the goals of the GTZ-IL Plan and the NHAS by addressing needs, service gaps, barriers, and challenges that hinder their achievement.

With this proposal, less time during regularly scheduled committee meetings would be taken up with reviewing presentations and materials prepared by IDPH Program staff. This should enable committees to use most of their time on regularly scheduled committee meetings on discussion, tasks, and activities of one or more of the workgroups and follow-up reports on the work of the others. A committee could decide to use a regularly scheduled meeting in a particular month to focus solely on the work of one of its workgroups. If more time is needed by the workgroup to continue the discussion/work, a separate meeting could always be scheduled.

Current, IHIPC Procedures state that “Voting and at-large members shall miss no more than 3 scheduled meetings of their assigned committee per calendar year without an approved temporary suspension of membership”. Even though we anticipate that many workgroup activities will take place during the regularly scheduled meetings of its primary committee, we acknowledge that adding workgroups to the structure of committees may require us to make some modifications to the IHIPC committee attendance requirement for voting and at-large IHIPC members. Participation on the regularly scheduled monthly meeting of a standing committee is still important because 1) IHIPC committees are required to have a quorum of members present at meetings to conduct business (just like the IHIPC is for its full body meetings), and 2) committee co-chairs are accountability for reporting to the Steering Committee on the work of all the workgroups established by their respective committees, therefor, need to use that meeting to debrief members of the committee on each workgroup’s progress and provide technical assistance and follow up as needed.

Having said that, we can explore giving voting and at-large members some credit for participation in their assigned committees’ ad hoc workgroups as long as changes in the requirements for committee participation don’t impact the ability of the standing committees to reach quorums to actually be able to conduct business and complete tasks at a meeting. For example, perhaps we could consider allowing that “Members will be allowed to have no more than 3 absences of regularly scheduled assigned committee meetings per calendar year; however, attending a scheduled workgroup meeting can count as credit for attending an assigned committee meeting (no more than 3 times per calendar year) if it is held in the same month as that regularly scheduled meeting”.

J. Dispenza voiced that she likes the fact that this proposal honors the work of the workgroups and aligns with GTZ-II. She also appreciates that we listened to the committee’s input about members needing some type of attendance credit for participation in the workgroups.

J. Erdman said that he likes the idea in general but also expressed some caution in how to structure the responsibilities of the committee co-chairs and the members that would lead the workgroups.

L. Roeder said that she likes the idea and from a Membership Committee perspective she agrees with the restructuring of the committee work.

S. Zamor said that she likes the concept but would like to see a more detailed proposal before expressing her thoughts.

Action needed: J. Nuss said that she does have a more detailed written proposal, so she will send that out to this committee for its review and feedback after the call. She asked members to provide their input by this Friday, because she would like to determine if we can use the committee breakout time at the March 17 meeting for this discussion.

7. Committee Reports and Actions Needed – (Provided by Committee or IHIPC Coordinator/Co-chairs)

- LTC, RRC, ART, & VS Committee (and workgroups) –
 - *The Care Compendium Workgroup is finishing the draft Care Compendium. It will have another meeting the end of this month to hopefully finalize the document and plan for developing/ recording a training for the IHIPC.*
 - *The Gender Language Workgroup met in February and discussed proposed changes in the risk group definitions from “male and female” to “man and woman”. The group will have further discussion on this and plans to submit a vetting request to the Epi Committee.*
- Primary Prevention Committee -*The February meeting was a combined meeting with LRAV. There was also a lengthy discussion at the meeting about prioritizing HCV testing only for PWID unless a client tested positive for hepatitis C. This would not change funding for PWID services; it would only shift the focus from HIV (where we have seen a significant decrease in new cases among PWID over the last years) to HCV (where we have seen a significant increase). This was discussed at the Prevention lead agent call. C. Hicks and the lead agents have also discussed this with harm reduction providers.*
- Epi/NA Committee -*The committee will be finalizing its Stigma and HIV presentation and reviewing the upcoming HIV Epi presentation at its meeting this week.*
- Membership Committee -*The committee reviewed the results of the Member 2019 Satisfaction Survey and the current member demographic survey that will be presented at the upcoming March IHIPC meeting.*

8. Adjourn