

ILLINOIS HIV PLANNING GROUP (HPG) MEMBER ROLES AND RESPONSIBILITIES

HPGs are responsible for developing an engagement process for the jurisdiction and for informing the development or update of the Health Department (HD)'s Jurisdictional HIV Prevention Plan. The HD is ultimately responsible for implementing the Jurisdictional HIV Prevention Plan. Note: The HD and HPG may collaboratively determine whether the HPG will assume additional responsibilities not related to the Centers for Disease Control and Prevention July 2012 HIV Planning Guidance (*Guidance*).

The Primary Mission, Goal and Task of the Illinois HIV Planning Group

Mission: Together, with the Health Department and community, work to achieve our mission to reduce the number of new HIV infections, to reduce HIV associated morbidity; to reduce HIV-related health inequities and disparities; and to serve as a role model and central coordinating body for HIV prevention planning activities throughout the State of Illinois.

Goal: To inform the development or update of the HD's Jurisdictional HIV Prevention Plan that will contribute to the reduction of new HIV infections in the jurisdiction.

Primary Task: To partner with the health department to address how the jurisdiction can collaborate to accomplish the activities set forth in the health department Funding Opportunity Announcement (FOA) PS12-1201.

HPG Roles and Responsibilities

- Elect the community co-chair who will work with the designated HD co-chair.
- Ensure membership structure achieves community and key stakeholder representation (parity and inclusion).
- Ensure information is presented in a clear and comprehensive manner.
- Inform the development or update the Jurisdictional HIV Prevention Plan(s).
- Submit a letter of concurrence, concurrence with reservations, or non-concurrence.

HPG and HD Shared Responsibilities

In the spirit of working collaboratively in HIV planning, some responsibilities are shared between HPGs and HDs.

- Develop procedures and policies that address membership, roles, and decision making, specifically HPG composition, roles and responsibilities, conflict of interest, and conflict resolution.
- The group processes (bylaws or written protocols) may already be established, but it is strongly recommended that each group revisit and update them yearly.
- Develop and apply criteria for selecting HPG members, placing special emphasis on

identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations. Parity, inclusion, and representation (PIR) remains a critically important tenet of HIV planning.

- Provide a thorough orientation for all new HPG members.
- Determine the most effective strategies for input into the Jurisdictional HIV Prevention Plan and engagement process.
- Monitor or assess the HIV planning group process to ensure that it meets the objectives of the *Guidance*. (HPGs may want to consider documenting how they will collect feedback from members and the process for responding to the feedback.)
- Ensure that HIV prevention efforts are guided by High-Impact Prevention activities.
- Review and update the HPG's progress yearly—addressing challenges and conclusions from the engagement process and describing any recommended changes to the process. HPGs can submit an addendum (e.g., a few pages) to the interim progress report (IPR) that addresses the topics listed below, as well as any other relevant topics:
 - Brief description of the process used to develop, implement, or assess the progress of the engagement process;
 - Changes in the epidemic (e.g., emergence of new risk populations or geographic distribution);
 - Changes in the jurisdictional plan;
 - Membership, organizational, and community updates;
 - Policy and environmental changes (e.g., budget limitations or new program priorities); and
 - Any changes to the HPG's bylaws and written protocols.

HPG Members

Voting members on the HPG serve by virtue of their diverse life experiences and expertise and are not functioning as representatives of any agency or organizational affiliation. The HD and HPG members have a responsibility to ensure that HIV planning is truly a participatory process. HPG members are expected to participate in scheduled meetings and devote additional time, if needed, to HPG-related activities (e.g., other planning body meetings, CDC webinars/conference calls, and trainings). The tenure of an HPG member should be determined by the HPG and noted in its bylaws/written protocols.

HPG Member Roles and Responsibilities

- Make a commitment to the HIV planning process and its results.
- Understand and follow the bylaws and written protocols.
- Participate in all decision-making and problem-solving activities.
- Serve on committees or work groups, when appropriate, and complete assigned tasks.
- Co-chair the process and lead committees or work groups, when appropriate.

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- Have a working knowledge of the HPG guidance, FOA PS12-1201, and the National HIV AIDS Strategy (NHAS).
- Make a commitment to work with the HD to ensure that the HPG's engagement process and the jurisdictional plan align with the NHAS goals.
- Utilize the data/information presented to the HPG in the epidemiological profile and the jurisdiction's plan.
- Request additional information if the data presented does not clearly reflect the impact of the epidemic in the jurisdiction.
- Use information provided by the HD to collaboratively develop an engagement process.
- Participate as a partner with the HD to improve the impact of HIV prevention efforts within the local jurisdiction, while abstaining from serving as an advocate for an agency or any specific population.

HPG Member Meeting Attendance and Committee Participation Requirements

- In order to fully represent at-risk populations or communities, HPG members must regularly attend and actively participate in four quarterly 2 day face-to-face meetings, three ½ day webinar meetings/trainings, and one evening 1/2 day face-to-face meeting of the HPG that will take place in conjunction with the annual IDPH HIV/STD Conference.
- Absence from portions of meetings shall constitute partial absences. Missing one-half of a full meeting day constitutes one-half day absence from the HPG meeting. An accumulation of more than seven half day absences in a calendar year will result in resignation by absence from the HPG.
- HPG members shall be prepared to actively participate in all HPG meetings. HPG members shall be provided resource materials, orientation for new members, and ongoing technical assistance as needed. This support is intended to enable members to fully participate in HPG discussions and decision-making. Members shall be responsible for utilizing the resources available to them.
- Each HPG member shall be responsible for notifying IDPH concerning attendance at HPG meetings. Members shall be responsible for notifying IDPH when they cannot attend a meeting for which they have already confirmed attendance. Members shall be responsible for contacting the hotel to cancel a hotel reservation that has been made for them, if the member does not have time to notify IDPH during business hours before the hotel cancellation deadline.
- Each member must actively participate in at least one standing HPG committee.
- Absences from assigned committee meetings/calls will be considered by the-HPG Executive Committee and the Co-chair(s) of the committee to which a member is assigned when determining if a member is in overall good standing in terms of attendance.