



Illinois HIV Planning Group (ILHPG)/Ryan White Advisory Group Integrated Planning Webinar Minutes  
September 18, 2017, 9:30 – 11:32 a.m.

9:30 a.m.: Welcome; introductions, moment of silence (5 minutes)

*The Integrated Planning Group Co-chairs welcomed the participants to the webinar and led the group in observing a moment of silence for PLWH and HIV service providers, allies, and advocates.*

9:35 a.m.: Meeting process; Attendance; Announcements; Updates (10 minutes)

- » Review of agenda and meeting objectives
- » Meeting process and instructions
- » Roll call attendance of voting members, announcement of non-voting members and others, including those participating remotely
- » Announcements

*The agenda and the objectives for today's webinar were reviewed. The facilitator provided instructions re: the webinar interface and audio connectivity for providing input and voting. Participants were told that the meeting was being recorded and that participants would be in listen only mode unless they asked to be unmuted. The Co-chair then took and announced roll call of voting members. Quorum was verified. People participating at a site where more than one person was in attendance were asked to acknowledge that using the Chat feature or by raising their hand to be unmuted. IDPH staff and other participants in attendance were assured that their attendance was being tracked and would be entered on the attendance sheet.*

9:45 a.m.: **Discussion/Vote** on Draft IHIPC Bylaws Re: Voting Membership Composition – (30 minutes)

Janet Nuss, IDPH ILHPG Coordinator, Integrated Planning Group Co-chair

Jeffrey Maras, IDPH HIV RW Part B Administrator, Integrated Planning Group Co-chair

 *NHAS Goal 4: Provide a more coordinated response to HIV*

*The Co-chair said that per the vote taken at the August 24<sup>th</sup> meeting, the Member Composition Section of the IHIPC Bylaws had been sent back to the Integrated Planning Steering Committee for further discussion and clarification. The two areas of concern were the targeted # of PLWH among the 27 elected voting members and the appointed voting seats representing key governmental, programmatic, and other planning bodies. Janet clarified that the intent of the Steering Committee was not to limit the proposed # of PLWH on the IHIPC to 4 voting members, it was to establish that as more a minimum that the group should have. Also, the proposed # of appointed seats is eight. Originally there had been 10 but the Steering Committee reduced that early in the Bylaws development process.*

*The Co-chair provided a recap of what the Steering Committee had taken into consideration in its determination of the proposed composition of membership – ensuring equitable representation from both care and prevention, looking at the Crosswalk of CDC and HRSA guidance on planning/ advisory bodies to ensure their requirements/ expectations were met; and determining key areas of representation that were needed to embody a fully integrated comprehensive planning group. The Steering Committee also took a retrospective look at ILHPG membership since 2013. Despite the ILHPG not setting a minimum number of PLWH that should be on the group, the scoring criteria for the applications (giving more points to applicants who identified as PLWH) translated to an annual average of 30% representation of PLWH on the ILHPG. This same application process is in place for the IHIPC.*

The Co-chair also explained the Steering Committee took into consideration that the structure of the planning body over the years has changed and CDC has given states more flexibility in terms of the composition and expectations for planning bodies and has shifted more responsibility and decision-making about community planning to the health departments. In addition, the HIV Section had determined that 35 voting members is the maximum number that would be logistically feasible and practical to manage and support with our available resources and within what was being allowed. The Co-chair had relayed to the Steering Committee that we would not increase that number and that should it decide to recommend an increase in the number of PLWH alone (without other expertise or sought after affiliations), we would need to decide from what other key program areas to recommend limiting representation.

The Co-chair ended by stating that after consideration of all comments and discussion at the August 24<sup>th</sup> meeting as well as considering all of the above mentioned rationale, the committee has decided to recommend that clarifying in the Bylaws that PLWH are not limited to voting membership on the group by virtue of their HIV status, but that they could fulfill representation in other areas of affiliation such as risk and expertise would be sufficient to enable more opportunities for PLWH inclusion on the group. The Co-chair presented the current (with revisions) proposed language for the Membership Composition Section for the IHIPC Bylaws. She then asked the group if there were any questions or any discussion about the proposed revised language.

**Paula C** stated that she would hope that HIV status (positive or negative) was indicative of anyone on the group. She did not understand why it was necessary to clarify that in letter “g.” “Four (4) members self-identifying as representing those at highest risk for HIV infection in the jurisdiction (may have positive or negative status).

**The Co-chair** stated that those specifically were members representing the priority populations for prevention services and that was there to clarify that although those representatives could be HIV positive, they were not required to be. Yes, anyone who is HIV could fulfill many of the other areas of expertise and affiliation the IHIPC is seeking in its membership. That is what the Steering Committee has tried to explain.

**Steven SJ** stated that he did not understand the cost factor of limiting the membership to 35 members when most of our meetings are conducted by webinar.

**The Co-chair** explained that we have received approval for two face-to-face meetings per year. Since these are day-long meetings and may involve more than one day, they involve overnight lodging, transportation reimbursement, and meals. There are still expenses with website and webinar development and administration. In addition, Janet is the only staff member currently in the Community Planning Program.

**Eduardo A** congratulated the at-large group and the Steering Committee for the work they had done planning for development of the IHIPC. He reiterated that after a year of having only webinar meetings, we received approval for two face-to-face meetings this year. Hopefully that can be scaled up to more than two in the future but we have to make do with available resources and our limitations. Conducting face-to-face meetings requires a lot of logistical maneuvering by the Section.

**Steve SJ** stated that there used to be much stronger representation of PLWH on the ILHPG.

**The Co-chair** stated that representation of PLWH on the ILHPG is typically based on the number of applications received by them. Recruitment and solicitation of applications from willing and able applicants is a joint responsibility on the part of IDPH, the planning groups, the lead agents, community stakeholders, etc.

**Scott F** stated that in the past some PLWH may have been selected for membership partly because of their status but they then fell off the group because they were not able to fulfill the requirements of membership.

**Jill D.** questioned the mandatory voting seats. She said that at times the liaisons to the ILHPG representing those areas have not regularly come to ILHPG meetings or participated on their assigned committees. If they don't come to the meetings, shouldn't we be able to relook at filling those positions with someone else in their place?

**The Co-chair** stated that she was aware that this has been an issue with some liaisons. The Steering Committee felt that giving them a voting position rather than that of a non-voting liaison would require them to take on more ownership of the responsibility of the position. The Co-chair has already had conversations with two of the current ILHPG Liaisons, made them aware of the fact that should they become voting members, they would be held to the same meeting and committee participation requirements as other voting members. Should they not fulfill their responsibility, they would be replaced with other members representing those areas.

**Chris W** stated that whereas he appreciated the clarification in the Bylaws, he echos the concern about the appointed members. He also still has concern about meaningful involvement of PLWH in this process. He suggested that we allow PLWH to form their own caucus to provide input to the state planning group. The membership of that caucus would set its own agenda and manage itself. Let this caucus or the regional Community Action Boards (CABs) determine who would be the appropriate PLWH representatives on the IHIPC.

*Eduardo A* stated that the IHIPC is one of many groups and committees that provide input to the state in HIV planning. He mentioned the Getting to Zero Workgroup and the CABs. It is critical to get input from PLWH but there are existing ample opportunities to embed PLWH input into state plans. Surveys, community forums, focus groups, etc., can also be opportunities for input.

*The Co-chair* stated that members on the IHIPC should bring the voices of the program areas and the populations and communities they are selected to represent to the table. They are not there to advocate for the agendas of their agencies or other groups such as a caucus or CAB. We should also be promoting the recruitment and development of PLWH who may be newly diagnosed or are new to HIV planning onto the IHIPC. Allowing a caucus to appoint its own members to the IHIPC would bias the equitable member selection process that has been established and approved.

*Mike M* asked if we could just add language reinforcing PLWH involvement on the group.

*Scott F.* said that although he does not necessarily disagree with having PLWH who apply for membership endorsed by their CABs, he thinks the language that has been added clarifying the inclusion of PLWH as voting members on the IHIPC is fully in alignment with our expectations for PLWH inclusion on the group. The retrospective look at PLWH membership on the ILHPG showed that as well.

*Steven SJ* said that he feels there has been a lessening of the voice from PLWH on the planning group since the old system for the PCPG. He feels that that is related to the non-concurrence vote several years ago and the concurrence with reservation vote a couple of years ago. He said he is afraid that the proposed membership structure doesn't provide an adequate balance of members that will listen to issues.

*James C.* stated that he had not previously been aware of this planning group or its functions. He said that he has immediately felt welcomed on the group and does not feel unrepresented. He said that he does not see why people think that members who work for IDPH can't also represent PLWH on the group. This is an advisory group and if PLWH feel we are being overlooked in the future, we can make noise.

*Louis H.* stated that most client reps do not work for agencies. They represent PLWH on this group.

*The Co-chair* asked if there was any further discussion before we entertained a motion to approve the Membership Composition Section of the Bylaws?

**Receiving none, a motion was made by James Charles and seconded by Candi Crause to accept the clarified Bylaws for Membership Composition as presented. The motion in question was repeated by the Co-chair and a roll call vote of voting members was conducted. Some members were unmuted and responded verbally and some responded electronically. All votes were announced to the full group.**

**11:00 am: After all votes were tabulated, the Co-chair announced that the motion carried with a vote of 28 in favor, 4 opposed, 0 abstentions, and 9 members who were either not present or who did not cast a vote. .**

11:00 a.m.: Overview of Membership Plans for 2018 and Formal Opening of New Member Recruitment – (30 minutes)

Janet Nuss, IDPH ILHPG Coordinator, Integrated Planning Group Co-chair

Jeffrey Maras, IDPH HIV RW Part B Administrator, Integrated Planning Group Co-chair

: NHAS Goal 4: Provide a more coordinated response to HIV

*The Co-chair* provided an overview of the criteria included in the IHIPC Membership application, the cover letter, and the scoring matrix that would be used. She then explained the gap analysis that was conducted to reflect the targeted baseline membership by race/ethnicity and primary risk affiliation (either self-identified or as a provider) for the IHIPC. In future years, the gap analysis will be used to identify gaps in existing membership that are targeted and prioritized for new recruitment. For the integrated group, a weighted average of 50% prevalence (including Chicago) and 50% incidence (excluding Chicago) was used for the analysis. The gap analysis helps to determine a recommended range of members on the IHIPC by race/ethnicity and risk affiliation alone as well as by risk and race/ethnicity. In future years, the analysis will also include regional representation. This gap analysis is used in conjunction with the targeted composition of elected voting membership as stated in the Bylaws. See the webinar presentation slides for further details.

*The Co-chair* then presented an overview of the meeting and committee requirements for voting IHIPC members for 2018, strongly relaying the extreme importance of recruiting members who can fully commit to the responsibilities of membership on the group. Otherwise, we will not have a truly comprehensive

*integrated planning process and we may have committees where a few of the members have to take on a majority of the work load and a planning process that does not have adequate input from the populations and communities they represent because members miss or do not actively participate in meetings.*

**Steven SJ** *questioned why we did not collect the same demographic information for IDPH staff. He also commented that it is sad that 40 years into the epidemic and being charged with putting together this program that PLWH don't feel comfortable enough to reveal their status. Members on this groups who represent PLWH should be required to disclose their status.*

**The Co-chair** *said that the ILHPG has always annually collected and shared aggregate demographic information on its voting and non-voting members.*

**Louis H.** *said that disclosure of one's status should be voluntary.*

**Scott F.** *said that we shouldn't shame someone for not revealing their status. PLWH are at various stages of being able to do that. People who provide services to PLWH and interact with them on a routine basis should also be able to represent their interests on the group.*

**Steven SJ** *said that he was not shaming them for not revealing their status. He just wanted to state that it is shameful that is still happening.*

**Jill D.** *asked if current ILHPG and RW Advisory Group members would need to submit an application for membership to the new group.*

**The Co-chair** *said Yes, they would need to.*

11:32 a.m.: Public Comment Period/Parking Lot/Announcements - (10 minutes)

*There were no requests for public comment, no parking lot items, and no announcements.*

11:32 a.m.: Adjourn

*The meeting was formally adjourned.*

 *Planning Group presentations/ discussions are designed to be centered on Planning Group functions/processes and the goals/ indicators of the National HIV/ AIDS Strategy (NHAS) and/ or the steps of the HIV Care Continuum. This symbol, followed by its description, indicates the focus of the presentation in relation to NHAS or the HIV Care Continuum.*