IHIPC Steering Committee Meeting, Tuesday, February 5, 2019, 9-10 am - Minutes

Absent: C. Crause, S. Fletcher, M. Williams

1. Discuss Membership Issues
   a. New members
      The co-chair announced that J. Reed has taken another position and J. DeLa Fuente has replaced him as the appointed member representing the Center for Minority Health Services.
   b. Mentors
      J. DeLaFuente needs to be assigned a mentor. Other than him, all new members have a mentor. M. Maginn asked if J. DeLaFuente would be assigned to the Epi/NA Committee. It was relayed that that has been his request. M. Maginn said that he would agree to be his mentor if he was assigned to his committee.
      Action needed: J. Nuss will notify J. DeLaFuente of his mentor assignment.
      Action needed: Mentors were reminded to reach out to their mentees either by phone or email before the February meeting and see if they have any questions about the upcoming meeting.
      List of new members and assigned mentors:
      A. Meirick ► M. Maginn
      L. Mayhew ► J. Erdman
      K. Ramirez ► C. Tucker
      J. Calderon ► M. Williams
      C. Hoots ► L. Choat
      C. Rodriguez ► J. Stevens-Thome
      L. Meyer ► M. Gaines
      J. DeLaFuente ► M. Maginn
   c. New member updates:
      - New Member Orientation and Training Requirements.
        All new members have completed orientation. Only C. Hoots and J. DeLaFuente who started later than others have not completed the other required trainings yet. They have until Feb. 20 to do so.
      - Member Documentation Requirements
        We have received updated demographic surveys/disclosure of interest forms from all but one member. The other member was granted a one week extension.
      - Committee assignments -After discussion the following assignments were made:
        C. Hoots ► Membership Committee
        L. Mayhew ► LRAV Committee
        J. Calderon ► Epi/NA Committee
        J. DeLaFuente ► Epi/NA Committee
        J. Nuss noted that this brings us up to the following number of voting members on each committee: Epi/NA: 9, Membership: 9, Primary Prevention: 10, and LRAV: 12
d. 2018 Member satisfaction/needs assessment survey results

This results were sent out to members before the meeting. The Membership Committee reviewed and discussed it in depth during its committee call yesterday. J. Nuss has asked the committee co-chairs to give an update during the Committee report out time on this meeting’s agenda.

2. Brief Updates from IHPC Coordinator/Co-chairs

M. Benner mentioned that he and J. Nuss were waiting on State approval to attend the second half of the NASTAD Integrated Planning Leadership meeting, being held in Seattle in March. He stated that the meeting would be beneficial to him as well as to the work of the planning group.

The Co-chairs noted that they now are including Nicole on their monthly co-chair conference calls to mentor her and better prepare her for taking on the Community co-chair position next year.

3. Review/Approve April 18th IHIPC meeting agenda

The agenda for the April IHIPC meeting was reviewed. J. Erdman suggested we make sure to let members know that the 20 minute presentation of the Root Cause Analyses of disparities along the HIV Care Continuum is only a brief intro to the work and that we will be doing more in terms of developing strategies and action items to address the root causes of the disparities at our upcoming in-person meetings this year. J. Dispensa also suggested we invite staff from TPAN to the webinar. They have been doing some good work with peer support groups and should be able to provide input. J. Erdman said that even though Group Prevention Support is not longer a funded service scope through Prevention grants, most of the regions were providing some type of peer support groups either through capacity building funds or other sources. J. Nuss asked that they encourage their providers to attend the webinar and provide input. We all know the importance of peer support groups to the health and well-being of PLWH, but many regions have experienced some challenges and poor attendance. We would like to hear about those challenges and issues are and to hear about successful efforts that others might be able to learn from or adopt.

**Action taken:** The April 18, 2019 IHIPC meeting agenda was approved by group consensus.

**Action needed:** J. Nuss will wait until after the Feb. 21 meeting to send the agenda out to members for vote.

4. Review the Final GTZ Illinois Plan recommendations and see how we can align the IHIPC Viral Suppression and RECAP activity action items with those recommendations

There was discussion about the final GTZ Illinois Plan recommendations. The comments received during the open comment period are still being reviewed to determine if there will be changes/additions to the recommendations before finalized. J. Nuss stated that she, M. Andrews-Conrad, J. Maras, C. Hicks, and C. Ward had all reviewed the Plan and submitted some recommended minor edits and/or clarifications. Overall, there was nothing in the Plan that was not in alignment with the action steps we have identified through our needs assessment processes that IHIPC will take on in the upcoming 2 years to address factors that continue to negatively influence disparities along the HIV Care Continuum and that will assist in the GTZ Illinois aims. J. Nuss had sent the draft document out to the committee for review. She noted that in addition to the identified action steps for the IHIPC, multiple action steps that were state-level and program and/or provider-level have been identified. Jill asked why action step 3 limits education and information on PrEP, U=U, and statewide prevention and care resources to the IHIPC newsletter. J. Nuss said that that is because that is what the IHIPC plans to do to address that action step. That same action step is also identified as an action step needing a state-level response (i.e. public service announcements, social media campaigns, billboard ads, etc.)

**Action taken:** The committee approved of the Action steps for IHIPC.

**Action taken:** These action steps have been provided to the other HIV Section Programs (Care, Evaluation, Prevention, Surveillance, Training) and they were asked to implement some of these into their practices/programs.

**Action needed:** The co-chairs will present these at the upcoming Feb. 21 IHIC meeting. J. Nuss will follow up on the state-level and regional/provider-level actions with administrators at future HIV Section meetings.
5. Other IHIPC Actions Needed – (Provided by Committee or IHIPC Coordinator/Co-chairs)
   a. LTC, RRC, ART, & VS Committee – The committee is working on development of a Care Compendium of HIV care interventions/best practices, that will be an addendum to the I&S Guidance.
   b. Primary Prevention Committee – The committee will soon be starting its annual review of the I&S Guidance to determine if there need to be any changes/additions for 2020.
   c. Epi/NA Committee – The committee is continuing its work in looking at the root cause analyses of disparities. Once completed, we will be working with the IHIPC to develop some recommended actions to address the root causes of the disparities. The committee is currently accepting requests for changes/additions to the risk group populations’ definitions. Dr. Ma has done a more thorough analysis of MMP stigma data. He plans to develop a fact sheet with the results.
   d. Membership Committee – The co-chairs weren’t present on the call. J. Nuss said that overall, the results of the 2018 Member survey were positive with members satisfied and/or highly satisfied with most elements. The elements in which there were 1-3 dissatisfied responses and the negative comments were related to using the webinar format for meetings, not enough opportunities for input/participation from PLWH and people from risk groups, and limited involvement of the community co-chair in leadership of meetings. J. Nuss said that after discussion with the Membership Committee, a few actions were taken:
      1. J. Nuss spoke to M. Benner and J. Erdman. It has been challenging for M. Benner to take on a leadership role when the meetings are conducted via webinar. He feels comfortable now in doing that so he will take on a greater role in facilitating/leading IHIPC meetings. J. Erdman has agreed to use RIG Capacity building funds to pay for his transportation reimbursement to and from the meetings in Springfield.
      2. During the Announcements portions of meetings, the Community Co-chair will advocate to PLWH and people in risk populations to speak up and bring their input to the group. The Membership Committee co-chairs will be submitting a Public Comment request and during that time, they will talk to the membership and community stakeholders and reiterate to them the importance and value of their input into our planning processes.

   There was discussion that these issues are related to having our meetings by webinar. Even though there has been value in doing that and being able to engage more stakeholders, members aren’t as engaged in webinar meetings and don’t feel that their participation is meaningful. Being able to meet face-to-face and network with other members is valuable and can’t be replicated when having meetings by webinar. J. Erdman noted that now that we are expecting new leadership at IDPH that might be more accepting of having our meetings in-person, could we consider going back to in-person meetings.
   J. Nuss said that with additional staff support and funding, she would not be averse to adding an additional in-person meeting this year to our calendar, and perhaps returning to in-person meetings next year, if the program received approval to do so, but it would not be something that we would be able to implement right away. We currently do not have one contract/grant in place with a vendor to make and pay for all of the IHIPC meeting arrangements. Some are being provided through a direct bill agreement, some are being paid for with RW funds, some through Prevention funds, and some through the RIG lead agent grants. We’ve also relied on securing meeting locations that are at no cost. Planning additional meetings would require many things - lead time to secure locations that are appropriate and meet all our size and AV needs, getting approval from our IDPH Travel Coordinator to provide lunches, doing budget revisions and amending grants, etc. J. Nuss said that if we were to get approval, we likely wouldn’t be able to schedule another in-person meeting until at earliest, late this year.
   The decision was made to let the new Director get acclimated into her position and get to know the Program before advocating for this further.

8. Adjourn – The meeting was formally adjourned at 9:58 am.