



IHIPC Epidemiology/Needs Assessment Committee Meeting Minutes

Thursday June 4th 2020, 10am – 11am

Attending: Co-Chair J. Charles, J. Filicette, C. Hicks, N. Holmes, T. Howard, C. Jackson, Co-Chair M. Maginn, J. Maras, J. Nuss, A. Meirick, C. Ward, P. Murphy

Absent: M. Andrews – Conrad, L. Lewis, F. Ma, C. Rodriguez, R. Wheeler

Welcome and Introductions - Name, Agency/Region, Preferred Pronouns (optional). See above.

- 1) Review updated timelines for Committee objectives:** M. Maginn and J. Nuss reviewed changes to the timeline due to the Covid 19 epidemic. Changes include the due date for objective 7 from June to July and the presentation on it from June to August. J. Nuss listed the focus groups that will be planned when able, including for PWIDs in Region 8, young MSM of color in Region 7, and one for transgender persons in Region 3. She also mentioned that the regions where these will be held has not been finalized so other regions with ideas can present those for consideration.
- 2) Review/Discuss proposed Risk group recommendation submissions and finalize recommendations from committee for 2021-2023:** There were no recommended changes to the preface. M. Maginn asked what members thought of the Gender Language Workgroup's recommended changes to the *Important Points of Consideration*. J. Nuss questioned whether the state's priority populations can align completely with the GTZ-IL Plan as was proposed by the Gender Language Workgroup. Our priority populations must reflect the priorities in the State's PS18-1802 Prevention Grant Workplan and the State's Integrated Plan for HIV Prevention and Care, which align with the GTZ-IL Plan, but do not completely mirror them. C. Hicks agreed and commented that the description that reads "*people living with HIV/AIDS over the age of 50 years old*" excludes individuals age 12 to 49. He also mentioned the suggestion to replace HRH with "*Black heterosexual women*" could exclude Black HRH men and might greatly reduce sero-positivity rates for that risk group. He also voiced concern over changing MSM to "*Young, Black gay, bisexual and other MSM; Latino/x gay, bisexual and other MSM*" which would exclude white MSM and other MSM who inject of all ages. M. Maginn suggested including a statement in the *Points of Consideration* section which states the goal of aligning the committees work with the GTZ Illinois plan, but maintains the current recommended *Points*

of *Consideration* language which is appropriate for the IHIPC jurisdiction, the committee approved of this suggestion.

Action taken: The committee agreed to not accept the recommendations for changes to the *Important Points of Consideration* section from the Gender Inclusion Workgroup.

Action needed: The committee will draft new suggested language.

- 3) The edits to the definitions suggested by the Gender Inclusion Workgroup were discussed next. The recommendation that “male” be replaced by “man” and “female” by “woman” throughout the definitions was accepted by the committee. The committee then addressed the recommendation that “*boy*” be added to definition 1. Members voiced concerns over the term *boy* being problematic, and decided that it would be omitted. Next M. Maginn asked for input on changing *Same Sex Attracted* to *Same Gender Loving*. N. Holmes felt this was more inclusive and accurate. Others in the committee call agreed. The alternative to suggestion *A person who has a penis who has anal sex with a person who has a penis, regardless of status* was discussed, but questions about an individual’s anatomy are considered inappropriate potentially offensive. J. Nuss reviewed the recommendations agreed to by the committee for definition 1 as “*any person who identifies as a male age 12 years or older, who has ever had anal sex with a male*”, members discussed excluding *identifies as* from the definition as being insensitive. There was discussion that cis- and transgender should remain included in the definitions. M. Maginn asked if *cis- or transgender* should also be included in definition 2, the committee agreed that it should be. In definition 4 M. Maginn approved of removing *high risk* from the language as being stigmatizing. J. Maras pointed out that Ryan White has removed *high risk* from its language, using just the term *risk*. C. Hicks pointed out that in a group such as MSM there is a higher risk group that we hope to identify using the definition. The term *prioritized* was suggested as a replacement for high risk, since risk is already indicated in the definitions title.

Action Taken: Everyone agreed on the above changes.

4) Adjourn:

Next meeting: July 2nd, 2020