

IHIPC Committee Descriptions (per IHIPC Bylaws and Procedures adopted 9/18/17)

In addition to the IHIPC Steering Committee, the IHIPC has four standing committees that each complete work related to HIV prevention and care planning goals. The committees generally meet monthly by conference call. IHIPC members must be assigned to and serve on one committee, but have the option of serving on additional committees. The IHIPC Co-chairs will assign each voting member and each at-large member to a standing committee, being mindful to maintain reasonable representation from care and prevention on each committee. Each member will be expected to attend and actively participate in meetings of their assigned committee. Meeting attendance requirements and the procedure for being excused from a meeting(s) due to unforeseen circumstances are stipulated in the IHIPC Bylaws and Procedures.

Each committee will specifically address one of the four goals of the National HIV/AIDS Strategy, providing input and feedback to IDPH in the development and update of the *Illinois Integrated Plan for HIV Prevention and Care*. Committee goals and objectives are established in the annual IHIPC Strategic Plan and are directly related to the tasks and responsibilities specified in the *July 2012 CDC HIV Planning Guidance, the HIV Integrated Plan Guidance*, and HRSA guidance for RW Part B planning groups. The following descriptions represent the committee roles and responsibilities as outlined in the IHIPC Bylaws and other IHIPC documents.

1. Primary HIV Prevention Committee

Focus - NHAS Goal 1: Reduce New HIV Infection.

The Primary HIV Prevention Committee assists in activities related to the prevention of HIV in people at highest risk for HIV infection.

- Uses epidemiological profile to identify populations at greatest risk for HIV transmission and acquisition; Provides feedback and input to IDPH in HIV prevention priority setting
- Annually reviews emerging national and local data on high impact prevention, public health strategies, scalability of services, and effective interventions; Evaluates prevention strategies and interventions and identifies best practices; Makes recommendations for revisions or additions to the prioritized list of appropriate and cost and behaviorally effective prevention services and interventions for high risk populations and makes recommendations on guidance for approved interventions and services for those populations to be included in the development or update of the *Illinois Integrated Plan for HIV Prevention and Care* as the HIV/AIDS Section prepares its annual Funding Opportunity Announcement (FOA) Application to the CDC
- Identifies issues that may constitute barriers for accessing or delivering prevention services and make recommendations to address those barriers; Recommends and helps plan and evaluate needs assessments and gap analyses to assess factors contributing to new infections in Illinois and to identify objective solutions to address inhibitors and barriers to prevention

2. Linkage, Retention, Reengagement, Antiretroviral Therapy, and Viral Suppression Committee

Focus - NHAS Goal 2: Increase Access to Care and Improve Health Outcomes for People Living with HIV (PLWH).

The Linkage, Retention, Reengagement, Antiretroviral Therapy, and Viral Suppression Committee assists in activities related to increasing access to care, improving health outcomes, and HIV prevention for PLWH.

- Uses the updated Illinois HIV epidemiological profile and Continuum of Care to identify populations with the greatest burden of the HIV epidemic and assess their access to services and health outcomes
- Identifies opportunities and assists in the planning of needs assessments; reviews results and makes recommendations re: improving Linkage to Care (LTC), Retention and Reengagement in Care (RRC), Antiretroviral Therapy (ART), and Viral Suppression (VS) bars along the statewide continuum of care
- Makes recommendations for revisions or additions to the prioritized list of appropriate and cost and behaviorally effective prevention services and interventions for PLWH and makes recommendations on guidance for approved interventions and services for PLWH to be included in the development or update of the *Illinois Integrated Plan for HIV Prevention and Care* as the HIV/AIDS Section prepares its annual Funding Opportunity Announcement (FOA) Application to the CDC
- Uses epidemiological, needs assessment, and service delivery analyses to provide feedback and input to the HIV Care Program into the HIV care priority setting and resource allocation process

3. Epidemiology/Needs Assessment (Epi/NA) Committee

NHAS Goal 3: Reduce HIV-related disparities and health inequities.

The Epi/NA Committee assists in activities related to review and analysis of the HIV epidemic, related syndemics, and IHIPC needs assessment activities.

- Makes recommendations on information to include in the presentation of the Illinois HIV Epidemiological Profile to the IHIPC; Provides input and assist the HIV/AIDS Section in the analysis of epidemiological data and other data sources and information related to the HIV epidemic in Illinois, utilization and delivery of HIV prevention and care services, resources, and gaps in services; Presents analyses to the IHIPC for review and discussion;
- Reviews all analyses and data presentations to the IHIPC that identify emerging trends, social determinants, and disparities; information on current prevention and care service utilization, and regional services needs and gaps in prevention and care services before presentation to the full IHIPC

- Provides input to the Health Department to ensure the IHIPC informs HD decisions on prioritized populations and funded services and interventions, and that the HIV/AIDS Section demonstrates to the IHIPC the linkage of these decisions to the Illinois Integrated Plan for HIV Prevention and Care in preparation for the concurrence process

4. Membership Committee

Focus - NHAS Goal 4: Provide a collaborative response to the HIV epidemic.

The Membership Committee assists in activities related to membership and structure of the IHIPC.

- Assists with the recruitment, interview (if required), and selection of new IHIPC members; Assists with the collection and analysis of member surveys; Monitors and assesses the demographic, regional, risk, and expertise composition of IHIPC membership; and Reports to the IHIPC annually on membership gaps in the inclusion and representation of the IHIPC and implements procedures to fill the gaps through the next IHIPC recruitment cycle-
- Develops, participates in, and implements a comprehensive mentoring and orientation to HIV planning and the IHIPC for new and current members; Assesses technical assistance needs of IHIPC members; develops and implements methods for member retention
- Conducts/analyzes surveys of IHIPC meetings and trainings to determine effectiveness of HIV planning activities
- Assists the HIV/AIDS Section in collection and annual profile analysis of key stakeholders who have participated in IHPC meetings and related activities
- Assists in the development, documentation and monitoring of the IHIPC and annual HIV stakeholder engagement process as specified in the *CDC HIV Planning Guidance* and other IHIPC documents
- Assists in the development, review, and maintenance of the Bylaws for the IHIPC and assists IDPH in the revision or drafting of procedures, based on identification of need for new procedure or clarification of existing procedure by IHIPC members or committees

5. Steering Committee

The Steering Committee is comprised of the Health Department Co-Chair, the co-chairs of the four standing committees, and the following elected IHIPC positions: the Community Co-Chair, Community Co-Chair Elect, Parliamentarian, and Secretary. The Steering Committee oversees the annual Strategic Planning process for the upcoming project period; holds monthly conference calls to develop the agenda for IHIPC meetings and trainings; discusses matters of policy and determine whether the matters should be handled by the Steering Committee or referred to another committee for research or drafting; represents the IHIPC on special issue requests and letters or communication to the HIV/AIDS Section or to CDC that are beyond the scope of other IHIPC committees.