Illinois HIV Planning Group (ILHPG) Meeting

December 16, 2016, 10:00 am-12:30 pm Minutes

10 -10:05 a.m.

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)

  The Co-chairs reminded the group of the primary goal of the Illinois HIV Planning Group and why we are here. Then participants were welcomed to the webinar and the co-chairs, facilitator, and presenters of today's webinar were introduced.

  The Co-chairs led the group in recognizing a moment of silence for people past and present living with HIV and all who are working toward eliminating new HIV infections and disparities and improving access to care and health outcomes for PLWH.
- Review formally adopted agenda

  The agenda for today's meeting that had been formally adopted and posted on the ILHPG website was reviewed. The Co-chair noted where the webinar slides and all other documents, handouts, and reports available for today's meeting were posted on the ILHPG webinar website.

10:05-10:20 a.m.

- Webinar process; Attendance; Announcements; Updates (15 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions

    Instructions for today's webinar, completing the online meeting survey, and online discussion board were reviewed.
  - Announce logged in members and take roll call of other voting members to verify quorum

    Attendance was taken and recorded. ILHPG leadership was introduced. The Co-chair also noted that there have been 106 community/agency representatives who have participated in our live or recorded meetings in 2016, all but one which have been webinar meetings.
  - Announcements
    - Member updates

      Orientation of new members to the ILHPG has been completed. The functions of the committees have been explained to members and they know they will need to be assigned to one of the standing committees within the next few months.
    - 2016 Cumulative voting and non-voting member meeting attendance log

      The 2016 cumulative meeting attendance log will be sent out after the meeting. Members were asked to review these. The Co-chair has followed up with members who have not had expected attendance.
    - Reminders:
      - *Recordings of all webinars and meetings remain posted on the website and are still available for viewing.*
      - *We are planning several training webinars in January and February. There will be one training on the ILHPG meeting process, Robert's Rules of Order, and Conflict of Interest. There will be another training on HIV Epi 1010 and Using Data for HIV Prevention Planning. New members will be required to take them before the February meetings. New members will also be provided opportunities for one-on–one training of the ILHPG website with our website administrator. Existing members who want refreshers are welcome to take the trainings as well.*

- Review meeting objectives and Concurrence checklist
  - *The objectives for today's meeting were reviewed. The Co-chairs noted that these meeting objectives are relevant to one of the goals/objectives for HPGs or the concepts/principles that guide us – HPG functions, High Impact Prevention, achieving the indicators of progress for the 2020 NHAS goals, and raising the bars along the HIV Prevention and Care Continuum.*
  - *The elements of concurrence were briefly reviewed with the group. These should guide the group's planning activities, presentations, discussions, and recommendations throughout the year.*

10:20-11:00 a.m.

- Review of 2017 ILHPG Committee Objectives and Draft Plans for 2017-2020 Needs Assessment Activities -20 minutes

  Janet Nuss, IDPH HIV Planning Coordinator, ILHPG Co-chair

  The Co-chair discussed highlights of the 2016 ILHPG year in review. Development of the state's first Integrated Plan for HIV Prevention and Care was definitely a highlight and a major accomplishment.

  Receiving a unanimous concurrence vote was also a highlight because that demonstrates not only that the plan addresses how prevention and care resources will best be allocated to meet NHAS goals and objectives and program requirements, but that the Planning Group informed the Plan and that the Plan is truly a collaborative and coordinated effort to address HIV care and prevention.

  Through our member recruitment and selection we were able to address membership gaps and have sustained membership and the work of our committees.

  For the most part, members were able to rise to the challenge of having our meetings by webinar and attendance remained fairly constant.

  Our newsletter has been a tremendous success. We are now at about 20 pages per issue and widely distribute and share our newsletters with community stakeholders.

  106 community stakeholders (in addition to regular ILHPG/Integrated Planning Group members) participated in our meetings in 2016.

  The compiled analyses of the 2016 ILHPG meeting survey results did not show significant differences when compared to the previous year. There were many meeting elements such as leadership, organization, clearly defined goals and objectives, inclusion of key community stakeholders to inform the process, and content advanced the work of HIV prevention, that remained similar in terms of satisfaction.

  A few new questions were added to reflect the simplicity and experience of the webinar format, and other than a few hiccups with the initial webinar, these responses were overall positive.

  As expected, there was, however, decreased satisfaction with several elements that reflected engagement of members, collaboration and participation in decision-making, bringing the voices of priority populations to meeting discussions, an involvement in discussions. We feel that the decreased levels of satisfaction aren't because members haven't been provided the opportunities for collaboration, discussion, and engagement in the webinars, but that the process is more difficult to accomplish given the webinar format of meetings. We have tried to address these concerns over the course of the year, made improvement when ones were identified, and will continue to make improvements in the future.

The Co-chair noted that the results of the Integrated Planning meeting evaluations were similar. The reports are posted on the website along with other meeting documents in case members would like to review these on their own.

The Co-chair presented the draft meeting schedule and calendar of activities for 2017 ILHPG and Integrated Planning Group meetings. We want to focus more on discussion and input rather than presentations. We may begin doing some youth focus groups and needs assessment in the later part of 2017, but ILHPG activities will be streamlined so committees can assist with the development and transition to the new Integrated Planning Group.

2017 Planned activities (see slides for specific presentation topics). All topics are relevant to the tasks of the ILHPG and/or Integrated Planning Group – NHAS indicators, HIV Prevention and Care Continuum, monitoring and updating, as needed, pieces of the Integrated Plan (i.e., Priority populations for prevention, approved interventions and services and related guidance, etc.), HIV Planning Group (HPG) and Integrated Planning expectations, etc. Underlined topics are topics r/t plans for formation of the new Integrated Planning Group:

January-February and April – training webinars for new members
February 16th: and 17th: Integrated Planning and ILHPG webinars
May 11th and 12th: Integrated Planning (Day 1) and ILHPG (Day 2) meetings (tentatively face-to-face)-Region 2 focus
August 24th and 25th: Integrated Planning (Day 1) and ILHPG (Day 2) meetings (tentatively face-to-face)
October – November: new member application and selection process
December 14th: Integrated Planning Group webinar

The Co-chair provided an overview, explaining the 2017 ILHPG objectives (all r/t CDC HPG guidance and tasks for HPGs, NHAS goals and indicators, and HIV Care/Prevention Continuum). Committee co-chairs will keep their respective committees and committee members on track with their defined objectives and tasks. The full texts of the objectives of each of the four ILHPG standing committees and the leadership committee have been sent to members and are posted on the ILHPG and webinar websites.

Epi/Needs Assessment
Evaluation
Executive
Interventions and Services
Membership

– Questions & Answers, Discussion, Input (10 minutes)

The group was asked if there were any comments, questions, etc. and reminded to submit them either by raising their hand to be acknowledged or writing in the Chat box. Receiving nothing, we moved on to the next topic.

11-11:20 a.m.

- 2016 ILHPG Member Survey Results – 20 mins

Janet Nuss, IDPH HIV Planning Coordinator, ILHPG Co-chair

The Co-chair provided a summary of the 2016 member survey designed to evaluate member satisfaction with ILHPG and Integrated Planning meetings and activities and to assess training and technical assistance needs. A total of 28 voting (60%) and non-voting (40%) members

completed the survey. Some areas, mostly related to community engagement and bringing the voices of the populations we represent to the table for HIV planning, were identified as ones in which we should continue to make improvements. Janet commented that she was not certain how to interpret the results, however, since we have included numerous opportunities for discussion and input, at meetings, after presentations, and outside of meetings, throughout the year, to encourage and seek community input. There is only so much we can do if members do not take advantage of the opportunities they are provided.

Some members added written comments, most related to the webinar format of the meetings and how, even though it may have enhanced our ability to engage new community stakeholders in HIV planning meetings, it decreased the participation in planning of some voting members of the group. Janet commented that we hope to be able to have some face-to-face meetings next year, but as a group, we need to try our best to make our webinar meetings as valuable as possible since we will continue to have some meetings by webinar. We can't let the fact that we would prefer face-to-face meetings interfere with the HIV planning process.

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11:20 – 12:10 p.m.

- Implementing a LHD STD Clinic-based PrEP Program (30 minutes)

  Candi Crause, Champaign-Urbana Public Health District (CUPHD), HIV/STI Division Director
  Valerie Johansen, Lake County Health Department, STI Program

Candi Crause and Valerie Johansen presented on past and ongoing efforts at their respective LHD STD Clinics to implement PrEP programs.

Candi began by saying that CUPHD is in a moderate HIV prevalence region where there is a major university – U of I. She discussed the results of a stakeholder assessment of community need and corresponding client survey that was conducted in late 2014. Half of the MSM surveyed had never heard of PrEP but 69% would consider taking it based on what they currently knew. There also seemed to be a lot of misinformation about PrEP – client-level and provider-level. Once CDC's PrEP Guidance was released, CUPHD trained staff, including STI Clinic nurses (which was key), to do PrEP counseling. CUPHD contracted with facility to do PrEP-related testing and develop protocols and forms to be used in the clinic. Staff work with clients to do assessments, make required referrals to prescriber, and complete required testing. Clients are actively case-managed for financial assistance, treatment adherence counseling, and follow up testing and visits. The case management has reduced the number of clients lost to follow up. A Nurse practitioner was added to prescribe PrEP during clinic hours. 92 clients have initiated PrEP and 59 (73%) remain currently engaged. To date, no clients enrolled in PrEP through CUPHDS, have had to pay out-of-pocket costsfor the drug. There are several options for payment – Medicaid, health insurance, Gilead co-pay and medication assistance programs. The cost of staff time and required testing has been paid for through the prevention grant, insurance, Medicaid, and the health department's tax levy.

Lessons learned: PrEP has become an important part of CUPHD's prevention toolkit. Community awareness of PrEP remains low, however. PrEP is more than Truvada®. Positive benefits are that clients receiving PrEP receive STI testing every 3 months, as needed, are actively engaged in Medicaid, health insurance, and have a higher uptake of vaccines (HPV, hepatitis, flu).

Valerie presented about the PrEP experience at Lake County HD, which is also an FQHC (federally-qualified health center). Lake County is north of Cook County. The north part of the county is very poor, with a large Hispanic population, and the south part of the county is very rich. The STI Program performs LHD prevention functions, including PrEP/PEP Clinics and Navigation, but sits within the FQHC. STI Program staff are cross-trained in disease intervention/investigation services, HIV/STI testing and counseling, linkage to care, medication adherence, alcohol and substance abuse counseling, and medical benefits navigation, and most recently – PrEP/PEP navigation. Staff participate in weekly "cascade meetings" in which case assignments are made. There is discussion about current clients and issues with clients who are not yet actively accessing PrEP. They discuss referrals made, medication issues, cost issues, need for follow up testing and medical visits, etc. Staff also work closely with the Walgreen's Specialty Pharmacy in the area – that is a great resource for HIV and HCV medications, education, and linkage to assistance programs.

Challenges: Stigma, staff time, funding (Lake CHD has used Quality of Life grant funds and FQHC funds to support its PrEP program), utilizing social media (needed permission from county to access social networking sites outside the county to outreach to clients).

Lessons Learned: Develop a one-page handout about PrEP and other fact sheets, as needed, to educate and inform providers about the availability and importance of PrEP. Demonstrate how you can be valuable to community partners (i.e., providers, pharmacies, etc.) through increasing PrEP uptake in the community, and even help to facilitate their work.

– Questions & Answers, Discussion, Input (10 minutes)

Question: Julio asked is Candi could repeat what happened to the client prescribed PrEP who became HIV+?

Answer: Candi said that the client did not fill the prescription after receiving it and the next time the client came into the STD clinic, he was tested and diagnosed as HIV+. That demonstrates a missed opportunity and the importance of follow up and the case management piece of the PrEP program. It is more than Truvada. Understanding where the clients are at, answering their questions, and helping them meet their needs (e.g., lack of experience in filling prescriptions) is key.

Comment: Tobi stated that both were great presentations. She particularly loves how Lake CHD works for the benefit and needs of its clients.

Question: Curt asked how frequently they find that clients need prevention case management sessions to keep them compliant with filling their prescriptions and taking the medication?

Answer: Valerie said that Lake CHD follows up regularly on clients and puts this follow up on their case loads of staff. The follow up can be weekly or monthly depending on the client and their needs.

Answer: Candi said that after 1 week, CUPHD does a follow-up phone call with the client and then follows up in another 2-3 months.

Question: Lexie asked how many clients they have had success with using PrEP?

Answer: Candi said that as of October, CUPHD had 59 clients on PrEP. Now it is closer to 70.

Answer: Valerie said that Lake CHD has not tracked the numbers yet since the Cascade meetings were just implemented this past summer.

Question: Lexie expressed concern about clients who cannot afford the fees and copays that FQHCs charge. She also asked about the training needs of staff for implementing PrEP.

Answer: Valerie stated that her staff received PrEP 101 training and medication adherence counseling training provided by MATEC.

Comment: Candi added that Walgreen's Specialty Pharmacies can be incredible resources to the LHD staff as well as to clients in education and accessing assistance programs.

12:10 -12:20 pm.

- Vote: Election of 2017 ILHPG leadership–10 mins

  Janet Nuss, ILHPG Co-chair

  Valerie Johansen, ILHPG Co-chair

  The Co-chair explained that we still need to elect a Community Co-chair Elect for 2017 as a backup to the Community Co-chair. Because we plan to form a new Integrated Planning Group that will assume the functions of the ILHPG by the end of 2017, that person will not transition to Community Co-chair unless the existing Community Co-chair cannot fulfill her duties. A new leadership selection process will be put into place for 2018 for the new Integrated Planning Group. But we fill it is necessary to have that backup plan.

  The Co-chair provided an overview of the roles of the Community Co-chair Elect. Members who have been voting members more than 6 months are able to nominate themselves or members could be nominated by others. If nominated, members will first be asked if they accept the nomination. Once all nominations are confirmed, nominees will be unmuted and each will be asked to address the group with a brief statement about his/her interest in the elected position. The Co-chair then asked for nominations for the position. The following nominations were made:

  Mike Maginn nominated Jill Dispenza for Community Co-chair Elect. Jill was asked if she accepted the nomination. She said she would. The Co-chair asked if there were any other nominations. Receiving none, she asked Jill to make a statement to the group about her interest in the position.

  Jill stated that she appreciates the nomination and that she has gotten a lot from her time on the ILHPG and her experience on the Interventions and Services committee. She is interested in taking on this new role.

  12:15 p.m.: The Co-chair stated that she would now entertain a motion to elect Jill Dispenza as the Community Co-chair Elect to the ILHPG for 2017. The motion was made by Lexie Arjona and seconded by Scott Fletcher. A roll-call vote of voting members was then taken (see meeting's final voting log). The Co-chair announced that will 14 votes in favor, 0 opposed votes, and 9 members from which no vote was cast/received, the motion carried. Jill Dispenza will be the Community Co-chair Elect to the ILHPG in 2017.

  Members were asked to cast their votes for one of the 2017 Community Co-chair Elect nominees either by using the "Chat" feature on the webinar or by raising their hands and asking to be unmuted. All votes were then announced and tabulated. The following results were announced:

12:20-12:30 p.m.

- Public Comment Period/Parking Lot (10 minutes)

  The Co-chair announced that with no requests for Public Comment having been received and with no items placed on the Parking Lot, the meeting was concluded.

- Adjourn

  The meeting was formally adjourned. Members were wished a happy holiday season and were told that we look forward to our first meeting of 2017.