



IHIPC Epidemiology/Needs Assessment Committee Meeting Minutes

Thursday August 6th 2020, 10am – 11am

Attending: M. Andrews – Conrad, **Co-Chair** J. Charles, J. Filicette, C. Hicks, N. Holmes, T. Howard, C. Jackson, J. Kowalski, L. Lewis, **Co-Chair** M. Maginn, J. Maras, J. Nuss, A. Meirick, P. Murphy, C. Ward, R. Wheeler

Absent: F. Ma

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

- 1) Review/Finalize Revised Risk Group Definitions Document - Review the Response letter to the Gender Language Workgroup:** M. Maginn updated the committee on the amended Priority Populations document highlighting the accepted recommendations made by the Gender Language Workgroup. They included; changing *Risk Groups* to *Prioritized Populations*, updated percentages on the 2019 data, added the statement that prioritization is evidence based, changing the terms *Male* and *Female* to *Man* and *Woman*, and changing *Same Sex Attracted* to *Same Gender Loving*. It was also discussed with the GLW that this document is for internal use only, for distribution among providers and staff, and based on epidemiology / data analysis. It was explained to the GLW that this document is not the ideal platform to address some of the issues that they brought to the table. The GLW was appreciative of these points and the serious consideration given to their recommendations. M. Maginn expressed that he felt it was a useful exchange.
C. Hicks gave an example in which the GLW asked the committee to remove the terms *Cis Gender* and *Transgender* from the document. He made clear that the use of these terms in the Priority Populations Definitions document was deliberate because the document is distributed to counselors throughout the State of Illinois with varying levels of experience interviewing transgender individuals. Specific language is used in order to help them understand and acknowledge these individuals' gender identities. He also explained that data specific to *Non-Binary* individuals did not support prioritizing them as a specific population within the document which is the only reason they are not included. The GLW had expressed concern that "*Non-Binary* people were being erased" by this exclusion, and he assured them that this is not the intention. Effective prioritization requires that some populations be excluded.
M. Andrews-Conrad mentioned the committee's recommendation that the GLW create trainings and resources to help in educating providers on Gender Affirming Care was accepted.

M. Maginn asked that the committee approve the *PPD* document for distribution ahead of the August 20th IHIPC meeting and there were no objections.

2) Review/Finalize Risk Group Definitions Presentation for the August 20th IHIPC Meeting:

C. Hicks gave an overview of the slide presentation, mentioning that this is a draft and the format will be improved for the final draft. In addition to including the information on gender language related recommendations from above, there were two other submissions for vetting submitted for consideration in 2020. The first population that was recommended for vetting was *HRH females whose partners were incarcerated within the last year*, a population that had previously been prioritized. However the positivity rates for this group did not indicate prioritization. The next population/item recommended for vetting was to change the PWID prioritization for testing from HIV to HCV. This recommendation is based on 2014 to 2016 data showing PWID HIV Positivity rates of 0.06% compared with HCV-positivity rates of 10%. This change would greatly improve the health impact on the PWID networks for the same expenditures. The slides then included a summary of all of the proposed changes included in the 2021-2023 PPD document.

The committee had no objections to approving the presentation for the August 20th IHIPC meeting.

3) Adjourn:

Next meeting: September 3rd, 2020