



Illinois HIV Integrated Planning Council (IHIPC) Meeting Minutes-Draft

Monday, March 16, 2020, 11:30 am – 4:30 pm

11:30 am: Working lunch: Welcome; Introductions; Meeting process/instructions; Review of agenda/meeting objectives; Moment of silence

Co-Chairs J. Nuss and N. Holmes welcomed all members/guests to the meeting. Webinar instructions were reviewed. Following this, the group was led in a moment of silence for all people living with HIV past and present and for all those working to end the epidemic in Illinois.

All voting and at-large IHIPC members on the webinar were announced. The Co-Chairs then reviewed the meeting objectives, meeting agenda, and the IHIPC concurrence checklist.

The following announcement were made at the meeting:

- Minutes from all IHIPC standing committee meetings continue to be posted on the IHIPC webpage: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg/meetings>
- The Spring issue of the IHIPC newsletter has been released, and the Summer newsletter is anticipated to be released in May.
- Member updates:
 - o Voting member K. Ramirez-Mercado has resigned. T. Box has transitioned from at-large member into this vacant voting position. C. Montgomery has filled the vacant at-large member position.
- The HIV Care Compendium training will now take place in September (previously scheduled for May).
- The 2019 Community Engagement Meeting Report has been compiled and shared with Prevention and Care Leads Agents. The final draft is now being reviewed by IDPH Communications.
- Focus groups for targeted populations continue to be conducted by the Integrated Planning Program. Reports will be released as they become available.

11:50 am: IHIPC Appointed Liaison: Overview of Programs and Their Relevance to HIV Planning- (45 minutes)

IHIPC Appointed Liaisons

Each liaison gave a brief report:

Chicago Area HIV Integrated Services Council report by S. Gaylord: At the January CAHISC meeting, it was announced that CAHISC would be restructured as there have been some concerns about the group's efficiency. Members have been discussing this and strategizing to ensure that the restructuring is meaningful, respectful, and equitable for all parties. There are three components to the new structure: the Community Accountability Collective (provides direct feedback from community members to CDPH through community meetings held throughout the year); partnerships with Getting to Zero Committees; and the HIV Services Planning Council (will be composed of 17-23 members; focuses on mandated planning activities and outcomes of the Chicago HIV portfolio). All components will work together to influence decision making. A transition committee has been established to guide this new restructuring. At the March CAHISC meeting, CAHISC will vote to dissolve and will review next steps.

Illinois Department of Human Services, Division of Substance Use Prevention and Recovery report by J. Kowalsky: SUPR works to distribute naloxone through community-based overdose education and naloxone distribution (OEND) providers. In order for organizations to become eligible for distribution, they must register with the Drug Overdose Prevention (DOP) Program. At this time, SUPR is funding OEND providers in every county of the state. SUPR is also working to emphasize efforts in connecting people who use drugs to medication assisted recovery. As of January 2020, 580 overdose reversals have been reported, bringing the total of all overdose reversals reported in Illinois to almost 4,800 since establishment of DOP. Additionally, 100,000 people have been trained in naloxone administration since DOP's establishment. The program continues to grow, with hospitals and jails/prisons being targeted partners. The Illinois Helpline continues to run to connect people

using drugs to needed services. Agencies can request free materials from the program at ilhelpline.org. Additionally, the hotline supports IDPH's newly established Syringe Service Program Registry. Finally, the Governor recently issued an order to combat racial disparities in opioid deaths, which included a funding commitment to support efforts.

IDPH Centers for Minority Health Services report by R. Wheeler: The MAI-ADAP grant is currently going through its first phase of a continuation grant renewal. The program is currently focusing on referrals for clients lost to care. Overall, the grant is going well and is running smoothly.

IDPH IDOC Corrections Project report by M. Gaines: IDOC now has two HIV specialists who assist peer educators and work on linkage to care efforts. Planning efforts are underway to release a new HIV survey to county jails to assess current HIV education and testing efforts. Taylorville prison has hosted several HIV events with good participation. The HIV Section is continuing to collect opt-out testing data from IDOC which will be released at a later time. There are eight Summit of Hopes scheduled for this year so far, although these might change due to COVID-19 guidance. Naloxone kits will be provided at all events. IDPH continues to work with UIC on linkage to care efforts for recently released individuals. Approximately 170 PLWH have been recently released and 133 have been linked to care (some not linked to care included people who violated at the door or were sent to other prisons. Only six that were not linked to care are in need of additional follow up.).

IDPH STD Section report by L. Choat: The STD Section oversees STD prevention and surveillance through CDC's Prevention and Control for Health Departments (PCHD) grant. Grant activities include disease investigations and interventions, promotion of CDC recommendations, monitoring of potential outbreaks, and conducting screening programs for populations with high STD morbidities (please note that these IDPH activities serve Illinois excluding Chicago). The STD section offers three sub-grants at this time. Although the IDPH HIV and STD sections remain separate, they partner on several activities, including prevention efforts, PrEP projects, STD testing of people in HIV care, and surveillance of HIV/STD co-infections. The STD section is currently working on finalizing STD data for 2019. Provisional data is available on the STD Section website. April is STD awareness month, and the STD section will be conducting several webinars throughout the month to commemorate this (please see the STD website for details).

Illinois Primary Health Care Association report by C. Hoots: IPHCA represents 49 health centers in the state of Illinois with 390 clinic locations. In February, HRSA released \$117 million in funding in efforts to End the HIV Epidemic. In Illinois, eight health centers in Cook County received awards totaling approximately \$2.4 million dollars. More information will be shared during an in-depth IPHCA report to be presented at the March 17 IHIPC meeting.

St. Louis Area HIV Services Planning Council report by W. Bradley: St. Louis is a Part A transitional grant area that includes five counties in Illinois. The St. Louis Planning Council works to prioritize services for PLWH and to allocate funding for said services. Partial funding allocations have been made for FY20. The Needs Assessment Committee is currently preparing to implement a new to care/lost to care client survey to assess engagement and retention efforts. Several other priorities for the planning council include the restructuring of St. Louis's case management system and the hiring of a grants manager for the area.

Discussion:

Q: For M. Gaines, could you explain what "violated at the door" means?

A: M. Gaines responded: Violation at the door means that an individual is due for release from an IDOC prison, but they may not be released from the correctional system due to the following: they have warrants for federal charges or for charges in other states, or they do not have housing arrangements that are in alignment with the conditions of their parole (this most often affects sex offenders).

12:20 pm: Increase Access to Health Care and Improve Health Equity: Results of 2019 Regional Community Engagement Meetings' Needs Assessment Activity; Q & A, Discussion, Input - (60 minutes)

Marleigh Andrews-Conrad, IDPH HIV Community Planning Program Specialist

M. Andrews-Conrad presented the results of the 2019 Regional Community Engagement Meetings. The presentation began with an overview of the planning, purpose, objectives, and logistics of the meetings.

Summaries of the meeting questions and responses were then reviewed. It was noted that the summaries were representative of statewide results as responses were similar from region to region. Question topics led to the identification of the following: greatest needs to improve the Illinois Care Continuum and to Get to Zero; strategies for addressing barriers and inequities; PrEP-related recommendations for populations most impacted by HIV; resources/relationships that enhance PrEP

services/availability; policies, procedures, and services that can enhance linkage to care and viral suppression; and resources/relationships that enhance linkage to care and viral suppression education and related services.

Responses from each question were reviewed. Collectively, topics/themes that were identified most often included the following:

- HIV educational/awareness efforts are needed for the general public and specific communities. The use of social media was identified as an important component of this theme.
- Physicians/private providers need to be engaged in information sharing/trainings around HIV (including PrEP) and cultural competency.
- Partnerships between HIV prevention and care providers as well as non-related HIV agencies/entities should be expanded.
- Peer-led activities/support groups are vital to HIV prevention and care services.
- Clients should be served holistically for best outcomes.

Discussion:

Q: Currently the STD section is strategizing to create an STI awareness campaign to be done with anticipated CDC supplemental funding. What areas or things do we need to be sure we cover?

A: M. Andrews-Conrad responded: Yes, this is a great question and is applicable to HIV as well. It would be great to hear ideas about how to start campaigns and to identify which components are most important to include for effectiveness.

A: C. Wade responded: IPHA offers social media trainings that covers those questions.

Q: Are there any initiatives in place or being considered for educating participants on how to apply/reapply for ADAP?

A: M. Andrews-Conrad responded: Although there are no Care representatives on the call at this time, I believe the best way to get a client engaged and educated about ADAP would be to get them connected to a case manager.

A: J. Nuss responded: A Care representative would have to confirm, but there may be new initiatives planned to address this once Care's FY20 training grant is executed.

A: C. Laskowski responded: ADAP and PAP can also be applied for on-line at HIV Care Connect: <https://hivcareconnect.com/>.

Q: How much attention is being given to training, employing, and/or utilizing people with lived experience with answering these questions? I understand that it is being done, but can there be a unified system that may expand opportunities for people such as people living with HIV (PLWH), formally incarcerated people, people in recovery from alcohol and other drugs, people with a history of experiencing domestic violence, etc.?

A: M. Andrews-Conrad responded: Yes, if our strategy is to build up peers and support groups, I think this is very important to ensure voices from all experiences are being heard.

A: J. Nuss responded: This is one of the purposes of the focus groups that the Integrated Planning Program has been conducting. The focus groups ensure that we collect input from unique populations that can be incorporated into our planning and program efforts.

Q: Are we working with research programs that could be beneficial for participants, providers, and committees such as IHIPC?

A: M. Andrews-Conrad responded: Research programs could be a great place for us to consider partnerships.

C: Please consider making PLWH over 50 a priority population and to engage them with social marketing.

C: In regards to employment services for clients, I wanted to share that IDOC has started re-entry units that assists incarcerated people in preparing for the workforce. Once released, corrections cases managers work with clients on obtaining employment, sometimes in partnership with the Illinois Department of Employment Security which prioritizes employment assistance, referrals, and trainings for recently incarcerated individuals. When it comes to engaging recently incarcerated peers, this can be difficult as they cannot come into contact with other recently released individuals while on parole.

A: M. Andrews-Conrad responded: That is great information about the Illinois Department of Employment Security. I wonder if they have models for general populations that non-correctional case managers could be trained on to assist clients. This would be a great partner as well.

C: J. Nuss commented: I would really like to encourage programs (HIV section, lead agents, grantees, etc.) to view this report and consider how the recommendations/strategies identified can be incorporated into practice. These themes have been common throughout all of our needs assessment activities, so it is important that we address them.

1:20-1:40 pm: Break

1:40 pm: Measuring Our Progress Through Data: Trends in the Illinois HIV Epidemic; Q&A, Discussion, Input - (30 minutes presentation, 30 minutes interactive discussion/activity)

Cheryl Ward, IDPH HIV Surveillance Administrator

C. Ward presented information on Illinois's HIV Epidemiological Profile and Trends. Information included Illinois HIV incidence and prevalence data by gender (including data for transgender people), race/ethnicity, age, and HIV transmission category. Please note that most incidence data were reported on Illinois outside of Chicago only, while prevalence data included all Illinois cases. Late diagnosis data was also reviewed. (Please refer to the slides to review specific data in more detail).

The following summarizes recent HIV trends in Illinois:

- Since 2009, HIV diagnoses in Illinois are down 21 percent, or an average of 2.4 percent per year.
- Since 2009, diagnoses among women in Regions 1-8 declined 35 percent.
- Since 2009, the proportion of cases testing late in Regions 1-8 are down 35 percent.
- An estimated 14.6 percent of people living with HIV (PLWH) are unaware of their status.
- In 2018, 7 in 10 PLWH were in care, and 6 in 10 were virally suppressed.
- All genders, ages, racial/ethnic groups, and geographic regions are affected by HIV, but not all are affected equally. Since 2009:
 - New diagnoses among Black people are relatively unchanged.
 - New diagnoses among Hispanic/Latino MSM are up by 53 percent.
 - New diagnoses among 20-24 year-olds significantly increased.
 - The rate of new HIV infection among African Americans is significantly higher compared to other racial/ethnic groups.

Discussion:

Q: Why has the number of HIV cases increased in the Hispanic MSM population? Has there been more screening in that group?

A: C. Hicks responded: Yes, we have made a number of efforts, especially in screening, for Latino MSM within the last several years. Because of incidence-based targeted testing, we have been able to allocate more scopes/services to Latino MSM. We also have funding for social media and social network strategies specifically for Latino MSM to increase outreach, which has resulted in increased testing. Increasing rates of HIV among Latino MSM might also be part of a national trend. For undocumented people in this community, there may be fears around getting needed services. If people are living with HIV and not accessing care, this might be contributing to increased transmission in the community.

C: M. Andrews-Conrad: It is also interesting that of the late testing data by race/ethnicity, Hispanic/Latinx people had the highest rate. This might be an indicator that we are better reaching this population through testing efforts.

Note: As part of the discussion, C. Ward asked participants the following: what is your agency doing to address health disparities in HIV/AIDS? Comments are below:

C: IDPH has an agency wide Health Equity Council working to advance health equity within IDPH. Our director is quite involved and it is an agency priority.

A: Thanks for sharing.

C: IPHA is conducting social media and social marketing training to ASOs, CBOs, and LHDs to reach Black/Latinx YMSM of color. The material is targeted but is adaptable to other populations.

A: Thanks for sharing.

C: MATEC has a fantastic training entitled "Black MSM - Cultural Considerations for Getting to Zero". This training engages individuals in strategy sessions for targeted outreach and recruitment, provides present historical data implications, and applies patient-centered health care models to optimize client management.

A: J. Nuss responded: This and the IPHA training that was previously mentioned are both excellent trainings that I would highly recommend for everyone.

C: I would encourage people to build up their workforces by hiring more people of color (not specifically peers) in the workforce overall. I would also encourage people to look at the Black AIDS Institute's We The People Plan (<https://blackaids.org/we-the-people/>). It is a Black plan for ending the epidemic that includes input from communities of color. It has four pillars that address racial and systemic justice, institutional practices, enhancing resources and services specially for people of color, and building partnerships with Black and Latinx-established organizations.

A: Thanks for sharing.

C: PHIMC has Region 8 partners who are working to hire peer, bilingual staff who know the area and can identify new outreach locations.

A: Thanks for sharing.

Q: At Open Door, I know we have some Spanish speaking providers/staff that helps clients connect to us. There are other agencies in the Chicago suburbs that don't have any Spanish speaking staff so they will reach out to us sometimes for assistance.

A: Thanks for sharing.

C: The Regional HIV Prevention Grant also includes funding specifically for hiring HIV Prevention providers who are peers to Latino and Black MSM. Other IDPH HIV prevention grants including capacity building dollars that can be used for hiring peers or sending staff to trainings (i.e. cultural competency) for community engagement purposes.

A: Thanks for sharing.

C: At Planned Parenthood, we've hired three HIV fellows to reach out specifically to people of color, women, and trans women.

A: Thanks for sharing.

C: After the discussions the IHIPC has had about targeting certain populations, it is great to see our efforts come full circle and be effective.

2:15 pm: Care for Linked Conditions: Addressing Illinois' STD Epidemic to GTZ-IL – (30 minutes presentation, 30 minutes interactive discussion/activity)
Lesli Choat, IDPH STD Coordinator

L. Choat began the presentation by discussing important STD updates and resources. Topics included expedited partner therapy, the CDC STD treatment guidelines, STD surveillance data resources, and current STD outbreak plans and guidance (please see the presentation slides for links/details).

Trends in chlamydia, gonorrhea, and primary, secondary, and congenital syphilis were then presented, all of which have been increasing in Illinois and nationally since 2014. Further information was then shared about the following topics: gonorrhea, chlamydia, syphilis, extra-genital screening, and HIV/STD co-infections (please see the presentation slides for more details).

Interactive discussion on the topics above occurred throughout the presentation and is outlined below.

Discussion:

Q: Could extra-genital screening be part of the increase in diagnosed STIs? On the other hand, lack of extra-genital screening could also increase transmission among partners.

A: L. Choat responded: We are doing additional extra-genital screening in Illinois, but there is still a need for increased education and training for providers and clinics. Some do extra-genital screening really well while others do not. Illinois did not implement extra-genital screening until 2017, though, so it wouldn't be solely responsible for increases.

Q: I think that HIV rates are decreasing and STI rates are increasing at least in the MSM population because PrEP has led to a lot more condomless sex. So, STIs go up, even while HIV rates may be dropping? This is my perception and the perception in my social circles.

A: L. Choat responded: That is a trending topic that many people are talking about. While PrEP has increased condomless sex, it has also increased screening, so the increased rate of STIs among PrEP users may be attributed to this.

A: I think with use of PrEP there is increase of STIs because people are being screened more often for STIs and being diagnosed.

C: I think there has been hyper-focus on HIV/AIDS while condom use and education has been decreased.

A: Thank you for sharing.

Q: I think there is more extra-genital screening with heterosexual populations, too.

A: L. Choat responded: Yes, we want this to become regular screening for people who need it. Provider education will need to be increased to achieve this.

C: To adequately perform partner services as it relates to STDs, we definitely need more staff. There is no way counties with a lot of morbidity can call every person that is exposed.

A: L. Choat responded: I agree. Illinois is a decentralized state for disease investigation and partner services, meaning that counties are responsible for these activities. We currently don't have a statewide disease investigation specialist, but we have discussed ways to implement this especially in counties that have higher morbidities. There are some challenges associated with this such as funding and coordination.

C: People may be engaging in HIV risk-reduction activities like oral sex and not understanding their risk of STIs through oral sex.

A: L. Choat responded: Excellent point. Many people don't know that they can acquire an STI outside of their genitals, so it is our job to educate them and screen appropriately.

Q: What do you think about potency supplements and other sex enhancement drugs such as Viagra playing a role in increased sexually transmitted disease?

A: L. Choat responded: I don't feel that we should do away these types of drugs/supplements, but we could consider targeting education towards people who use them so that they are aware of symptoms and know how to seek treatment or screening if needed.

C: U=U has made people feel more comfortable with unprotected sex. That has contributed to increases of STIs among people living with HIV, too. It also increases STIs in general among all populations.

A: L. Choat responded: With PrEP and U=U, it is a really exciting time when we are aiming to Get to Zero. Although these might impact STI increases, we should not do away with these interventions but rather change our education campaigns and strategies around STIs to compliment them.

C: When someone comes in our health center for an STI test, we ask them if they want to be tested for all STIs, not just one.

A: Thank you for sharing.

Q: Can you explain why gonorrhea in the throat is harder to treat?

A: L. Choat responded: It is known that because the tissues in the throat are different, it is harder for medication to become concentrated enough to work effectively. This is very much like PrEP and the fact that protection is available much sooner in rectal tissue (which is thinner and more blood flow) than in vaginal tissue which is thicker and more difficult to get the medication in a protective level. Guidelines for treating gonorrhea in the throat compared to other sites are different and include two medications. Providers must be aware of this so that they can treat patients effectively.

Q: Are the increased numbers of STDs attributed to opioid misuse? What about other co-morbidities?

A: L. Choat responded: In some cases, yes. CDC recently released a report about increasing rates of syphilis among heterosexuals who use drugs: https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a4.htm?s_cid=mm6806a4_w .

Q: I have seen providers that are confused with how to treat Syphilis. Why would this be?

A: L. Choat responded: This is really common. Syphilis is hard to understand and complex. Providers have to do a lot of detective work to identify staging and then treat people appropriately. Physicians don't get a lot of training on syphilis, so we need more clinician education for staging and treatment.

Q: Where can we refer providers for that information?

A: L. Choat responded: Providers can go to the CDC for more information: <https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm> . IDPH is also happy to talk to providers as well. We have created a few factsheets that can also be shared.

C: We implemented routine testing a few years ago at all of our sites. We are also screening clients at our substance use programs for all STIs.

A: Thank you for sharing.

C: We do STI screening for all of our HIV+ clients twice a year. It is routine so they do not need to ask for it. Our PrEP patients get quarterly testing.

A: Thank you for sharing.

Q: Do you feel the public is aware that having an STI increases the risk for HIV acquisition? Not only do I think the public may be unaware, but I don't think they are aware of the treatment obstacles they may face if they were to test positive for HIV and an STI.

A: L. Choat responded: I agree. I think that as we are looking at STI awareness campaigns, we need to include information about the relationship between HIV and STIs so people have a better understanding.

3:10 pm: Parking Lot; Adjourn

The following items were addressed in the Parking Lot:

Q: Could IDPH address issues with COVID-19? There are lots of concerns about how this affects clients, partner agencies, etc.

A: J. Nuss responded: C. Hicks shared an email with Prevention grant monitors that contained COVID-19 guidance. This should be sent to Prevention grantees shortly if it has not been already. The Care program is working on a similar set of guidance to be released soon. At the March 17 meeting, the IDPH section is providing an update, so more information will most likely be available at that time.

C: MATEC will be hosting a webinar on Thursday, March 26 with Dr. Renslow Sherer on COVID-19 and HIV. Here is the registration link: www.matec.info/event?ER_ID=36112 .

C: The IDPH website has a daily briefing from the Governor posted. It is easy to find on dph.illinois.gov.

The meeting adjourned at 3:15pm.