Illinois HIV Integrated Planning Council (IHIPC) Webinar Meeting Minutes
Final

9:00 am: Welcome; Introductions; Moment of Silence; Meeting Agenda and Process; Instructions

IHIPC Co-chairs

Co-Chairs J. Nuss and N. Holmes welcomed all members/guests to the meeting. Webinar and housekeeping 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 present IHIPC members were announced, and the attendance of guests was recorded.

The Co-Chairs reviewed the meeting objectives, meeting agenda, and the IHIPC concurrence checklist. The meeting survey link was also shared and will be open until November 2nd for completion: http://bit.ly/IHIPCmeetingsurvey .

9:15 am: Ryan White Part B 2020 Client Survey Results

B. Madden presented information about the 2020 Ryan White Part B client (RWPB) survey results. This year, there were 488 respondents. The following demographic information of survey participants was shared: gender, age, race/ethnicity (although information about Hispanic ethnicity was not available due to a technical error), current living situation, time since diagnosis, HIV transmission category, and region of residence.

Each respondent was asked to identify which RWPB services they had received and were then asked questions about satisfaction with services. Survey results for the following services were reviewed: case management, outpatient/ ambulatory care, oral health/ dental services, mental health, ADAP/ medication assistance, CHIC/ insurance premium assistance, food/ meal assistance, housing, legal assistance, transportation assistance, and utility assistance. Clients were also asked risk reduction practices as well as about PrEP knowledge/ partner use. Clients were given the opportunity to identity services that they wanted more information about. Please see the presentation slides for specific information and satisfaction scores.

Overall, the survey results were favorable. The RWPB program will use survey information to improve programming as needed. They will also be sharing regional results with the Care lead agents for quality assurance purposes when the data becomes available.

Discussion (Q: Question, C: Comment, A: Answer):

C: Congratulations to providers and the Care/ADAP team on their great work.

Q: Do we know what happened with the glitch related to reporting of the Hispanic community? Is the data retrievable?

A: B. Madden responded: We are not sure exactly what happened with the glitch, but the data for another question was recorded as ethnicity. We tried to fix the error but couldn't.

Q: What was the overall return rate of the survey?

A: J. Maras responded: The response rate was 33 percent.

C: One challenge with a low response rate is that there can be a response bias with only those most satisfied responding

C: It would be interesting to see how access to telehealth changes mental health scores on future surveys.

A: J. Maras responded: Telehealth is a new environment for Ryan White, and we will build questions about it into the next year's survey.

C: Telehealth questions could also evaluate other activities like case management.

Q: Do we know what percent of responding clients are virally suppressed vs. not suppressed?

A: J. Maras responded: We don't collect this information. In the past, we have heard from clients that it could be stigmatic to ask about viral suppression on the survey. We are open to hearing and considering thoughts around this.

Q: Could we ask people about their most recent viral suppression results by range?

Q: Could we send a different survey code/link to people who are virally suppressed vs. not suppressed to record responses? I am not sure if that is doable, but knowing this information would be impactful to service offerings and service delivery.

C: Some people cannot reach an undetectable viral load status due to factors that are beyond their control. These reasons may include problems accessing treatment, past ART treatment that led their HIV virus to develop resistance or cause toxicities, and other comorbidities.

C: M. Andrews-Conrad responded: Yes, it is important that these factors are recognized.

Q: If we ask about viral suppression, maybe there can be a follow up question for those that are not suppressed to ask about their needs that would help them reach viral suppression? Or a question that lets a client explain why they might not be virally suppressed (i.e. drug resistance)?

A: J. Maras responded to the feedback regarding viral suppression questions: These are all good ideas. I agree that it is important to recognize that life experiences may change the way that clients can reach viral suppression and how that can affect that way they might respond to these types of questions on the survey. I do believe that because we have an aging population of individuals living with HIV in Illinois, so drug resistance and other long-term treatment issues leading to the inability to reach viral suppression could be the reality for many of our clients.

C: It was good to hear that AFC was adding case managers to specifically address the aging population and their needs

Q: It was great to hear of the numbers of participants and the response. I believe that the information that has been put out by the program about taking care of our health has led folks to participate more, especially for older clients. We might need to put more effort into getting young individuals to participate, and to make sure that they understand the importance in participating in the survey.

A: J. Maras responded: This is a great observation. As we work with the case management sub-committee as well as the lead agents, we will explore how we can target the younger generations. It is important to know that the Department issued tablets to case management agencies and were encouraging clients to take the survey in the office when appropriate (although this strategy may have been affected by COVID measures).

C: This could also be a task for Peers to encourage uptake of survey completion.

A: Yes, it is always to our benefit to integrate peer outreach and development into our work with clients, I would encourage this throughout our state wide programs.

Q: The question about number of partners can also be stigmatizing. A better question is to assess the risk reduction methods used with partners.

A: J. Maras responded: Questions about risk reduction and PrEP were composed and submitted by the Prevention Unit at IDPH. We are open to feedback from the program and others in revising the wording of these questions.

A: M. Andrews-Conrad responded: At their November meetings, the LRAV and Primary Prevention Committees will have the opportunity to review the questions and give recommendations for edits.

C: The question about meeting with your case manager outside of the office might need to be revised. The rate was roughly 50%, but a lot of clients may not need to meet with their case manager outside of that setting, so that percent is somewhat misleading and may give the impression that the case managers won't meet with clients out of the office.

A: B. Madden responded: This is a good observation. I think this question might also need to be revised as case managers might not be meeting clients in physical spaces due to COVID.

C: There is survey fatigue in the community. Every program is trying to administer a survey. It may be good to think of incentives to help increase the numbers. This may be unallowable under RW, but agencies may be able to leverage other funding.

A: J. Maras responded: Incentives are difficult because they are not allowable under Ryan White funding or General Revenue dollars. I would be interested to hear how agencies are providing incentives through other avenues. I also want to share that the program is considering keeping this survey open year-round so that clients can participate any time they are engaged in services. I do agree that there is survey fatigue among our population, especially those that receive services from several Ryan White parts. We would be open to collaborating on cross-part surveys to try to reduce the number of surveys clients are asked to complete.

C: In Region 4, we are incentivizing case managers to have clients complete as many surveys as possible by providing a gift card to the case manager that 'collects' the most responses (although that gift card was purchased through non-RW funds).

A: Several participants noted that this was a great idea.

Q: Could it be possible to evaluate Medicaid/Managed Care on the client satisfaction with the plans themselves and not on the quality of the medical care received? By exploring people's experience, we could evaluate if they understand their benefits and their ability to navigate components such as securing appointments with specialists.

A: J. Maras responded: We could consider this and could ask questions about these types of plans. However, because Medicaid is not our program, I'm not sure how we would use this information. We want to be sure to ask questions/retrieve results from clients that we can apply to our programming in the future.

C: Some groups have incorporated measures related to managed care into their programming/surveys. I would be happy to share this information.

10:00 am: Increase Efficiency through Governmental Coordination: Liaison Update – St. Louis Planning Council

Wendy Bradley, St. Louis Planning Council Liaison to the IHIPC

W. Bradley presented the St. Louis Planning Council Update. Components of the presentation included a review of the St. Louis Transitional Grant Area and related HIV

trends; an explanation of Ryan White Part A programming, services, and funding (compared to Ryan White Part B); and an overview of the St. Louis Planning Council's purpose, mission, structure (including in-depth descriptions of committees), and activities such as needs assessments, priority setting, and funding and resource allocation. Please see the presentation slides for details.

Discussion (Q: Question, C: Comment, A: Answer):
C: Just a reminder to please use the word "use" instead of "abuse" when talking about substance use services.
C: I appreciated the explanations of EMA, TGA, Ryan White A & B! Very helpful and clear!
Q: Are the Planning Council's meetings been conducted virtually due to COVID? If so, how can interested participants attend?
A: W. Bradley and R. November responded: The Planning Council meetings are open for all to attend. They will continue to be conducted virtually at least into next year. Meeting information can be found at www.stlplanningcouncil.com.
C: R. November asked participants: If anyone has ideas or has successfully implemented virtual opportunities for client/community engagement, I would be open to hearing that information.
A: J Nuss responded: You might take a look at the Safer Services Protocol that the Prevention unit created. It might contain some engagement ideas in this COVID environment.

10:45 am – 11:00 am: Brief break

11:00 am: Improve Health Equity: GTZ-IL through Provision of Minority Health Services
Rose Wheeler, Center for Minority Health Services Liaison to the IHIPC

R. Wheeler presented the Center for Minority Health Services (CMHS) Update. Components of the presentation included an in-depth review of the development, implementation, and activities of the COVID-19 Health Equity Team, which is a collaboration between IDPH, local agencies, and key community stakeholders to address COVID-19 related racial disparities; and an overview of CMHS funded HIV programs and an explanation of how their work aligns with GTZ. Program barriers/challenges related to COVID-19 were also discussed.
Discussion (Q: Question, C: Comment, A: Answer):
Q: I'm not sure if this is still the case, but Communities of Color Grant tests are not entered in Provide™. Can you talk about why this is?
A: R. Wheeler responded: At this time, testing information for this grant is entered into EGRAMS.
C: IPHA is offering virtual Social Media Trainings to reach young MSM of color through the Communities of Color grant. We welcome any interested attendees at these monthly trainings.

11:30 am: Public Comment/Parking Lot Period
D. Hunt submitted a request for Public Comment regarding the recently formed IHIPC HIV Health Equity Workgroup. As co-chair of the group, Don shared information about current workgroup goals and objectives and invited all interested individuals to reach out with questions or a desire to join the workgroup.

M. Andrews-Conrad announced that both J. Nuss, IDPH HIV Community Planning Administrator and IHIPC Government Co-Chair, and A. Danner, IDPH HIV Assistant Section Chief, planned to retire by the end of 2020. Both were congratulated on their years of service and were presented Kudoboards in celebration of their upcoming retirements. Many participants expressed well wishes for both during the meeting.

11:45 am: Adjourn