

Illinois HIV Integrated Planning Council (IHIPC) Committee Descriptions (Jan 2021)

In addition to the IHIPC Steering Committee, the IHIPC has four standing committees that complete work related to HIV prevention and care planning goals. The committees regularly meet monthly by conference call. IHIPC members must be assigned to and serve on one committee but may participate on additional committees. Annually, each committee develops a workplan for the upcoming year, identifying objectives and tasks that are directly related to planning group roles 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. These tasks and activities should align with established priorities that have been identified in the annual *Illinois Integrated HIV Prevention and Care Plan*, the *National HIV/AIDS Strategy (NHAS)*, and the goals of the *Getting to Zero Illinois (GTZ-IL) Plan*. The following job description represents the Committee roles and responsibilities as outlined in the IHIPC Bylaws and other IHIPC documents.

The priorities of the Illinois Integrated HIV Plan and the goals of the GTZ-IL Plan and the NHAS fall largely within these four main categories: Achieving Viral Suppression, Reducing New Infections, Strengthening Data Coordination, and Reducing Disparities. The IHIPC will therefore has established committees with identified objectives for the following four goal areas/categories –

1. Achieving Viral Suppression
2. Reducing New Infections
3. Strengthening Data Coordination and Information Sharing
4. Reducing HIV Disparities

Each committee is encouraged to form several workgroups throughout the year (no more than 2 at any one time) to work on development of short- and long-term strategies and completion of tasks designed to accomplish the committee's primary goal and objectives. Most of these workgroups should be ad hoc in nature so may complete their tasks within 3-6 months; others may be more long-term in nature. A committee could identify as many workgroups it would like to establish but could delay establishing a workgroup(s) until the work of another workgroup(s) is completed. The strategies and tasks identified by each workgroup will focus on how to achieve the priorities of the Integrated Plan, the goals of the GTZ-IL Plan, and the goals of the NHAS by addressing needs, service gaps, barriers, and challenges that hinder their achievement.

Under this structure, less time during regularly scheduled committee meetings will be used reviewing presentations and materials prepared by IDPH Program staff, so there will be more time during the regularly scheduled meetings for workgroup discussions, work on activity(ies), and/or provide updates to the full committee. A committee may also decide to use a regularly scheduled meeting of the full committee to focus solely on the work of one of its workgroups. If more time is needed by the workgroup to continue the discussion/work, a separate meeting may also be scheduled.

These are the four standing committees. Below are **examples** of workgroups and associated strategies and actionable tasks that **may** be established, as needed:

1. Achieving Viral Suppression Committee

- Antiretroviral Therapy/Treatment Adherence Workgroup

Sample strategies:

- Increase rates of viral suppression among Black and Latinx gay and bisexual MSM and transgender persons, youth, and PLWH over the age of 50.
- Maintain and expand programs that provide linkage to care, discharge planning, and care coordination services for PLWH to be released from correctional facilities.

- Housing, Supportive Services, and Services for Substance Use and Mental Health Workgroup

Sample strategies:

- Work with the IL Dept. of Rehabilitation and the IL Dept. of Employment Services to identify employment opportunities for PLWH.
- Increase the number of clients provided with tenant based rental assistance.
- Assess the State's unmet need for transportation to access HIV care services.

- Barriers to Access to Care Barriers Workgroup

- Linkage and Retention in Care Workgroup

Sample strategies:

- Identify effective strategies and interventions aimed at enhancing LTC and RRC.

Composition

The Achieve Viral Suppression Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by the Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for recommended inclusion on this subcommittee:
 - PLWHA (Persons Living With HIV/AIDS)
 - Part A, B, C, D providers
 - Part F (MATEC) – Midwest AIDS Education and Training Center
 - County/Municipal Health Department staff

Roles and Responsibilities

- Assess access and utilization of HIV care and treatment services and health outcomes of populations identified in the updated Illinois HIV epidemiological profile and Continuum of Care with the greatest burden of the epidemic.*
- Identify opportunities and assist in the planning of methods to assess PLWH disparities, barriers, and challenges to achieving viral suppression; review results; and make recommendations on strategies to address barriers and improve rates of viral suppression among PLWH.
- Make recommendations for revisions or additions to the prioritized list of cost and behaviorally effective prevention for positives services and interventions for PLWH, best practices for care services for PLWH, and guidance for these approved interventions and services to be included in the development and annual update of the Interventions and Services Guidance and Care Compendium.*
- Use epidemiological analyses, needs assessment, and service delivery analyses to provide feedback and input to the HIV Care Program on HIV care priority setting and resource allocation.*
- Provide input to IDPH staff on all data presentations to the IHIPC that provide information on current HIV care service utilization and regional needs and gaps in HIV care and treatment services before presentation to the full IHIPC.*

2. Reducing HIV Incidence Committee

- PrEP and nPEP Utilization Workgroup
 - Sample strategies:
 - Educate healthcare providers that Illinois law enables minors 12 and older to access sexual health services, including PrEP, without a parent's consent.
- Priority-based and Routine Testing Workgroup
 - Sample strategies:
 - Reduce rates of new HIV diagnoses among youth, Black and Latino gay and bisexual MSM, and Black and Latinx transgender persons.
 - Identify and define the populations that will be prioritized for risk-targeted prevention (needed every 3 years).
- STIs and Viral Hepatitis among PLWH and At-risk Populations Workgroup
 - Sample strategies:
 - Ensure that Ryan White case managers assess the need for STI screenings in client intake and reassessments.
 - Ensure PLWH and people at risk of HIV have access to condoms.
- Harm Reduction Workgroup
 - Sample strategies:
 - Support statewide availability of harm reduction programs, including HIV/HCV screening, syringe exchange, and naloxone overdose prevention.

Composition

The Reducing HIV Incidence Committee should be composed of IHIPC voting members, non-voting community members approved by Steering Committee, and non-voting IDPH support staff.

- Populations and Professional affiliations (not inclusive) for possible inclusion in this subcommittee:
 - Gay and bisexual men
 - Communities of color
 - Black and Latina heterosexual women
 - Youth and transgender individuals representing priority populations
 - People who inject drugs (PWID)
 - County/Municipal Health Department staff

- Providers of prevention services - RBT (Risk-based Testing), LTC (Linkage to Care), PS (Partner Services), RRA (Risk Reduction Activities), SBS (Surveillance-based Services)

Roles and Responsibilities

- Use updated Illinois epidemiological profile to identify priority populations with the greatest and most disproportionate burden of new HIV and STI diagnoses.*
- Assess access and utilization of HIV prevention services and LTC rates for the prioritized populations.*
- Identify opportunities and assist in the planning of methods to assess factors contributing to new infections in Illinois and barriers and challenges to accessing and utilizing prevention services; review results, and make recommendations on practical strategies to address barriers and improve utilization and LTC rates for those newly diagnosed with HIV.*
- Annually review emerging national and local data on high impact prevention, public health strategies, scalability of services, and CDC-approved cost- and behaviorally-effective prevention interventions.*
- Makes recommendations for revisions or additions to the prioritized list of cost- and behaviorally-effective prevention for negatives services and interventions for prioritized populations and guidance for these approved interventions and services to be included in the development and annual update of the Interventions and Services Guidance.*
- Use epidemiological analyses, needs assessment, and service delivery analyses to provide feedback and input to the HIV Prevention Program on HIV prevention priority setting and resource allocation.*
- Provide input to IDPH staff on all data presentations to the IHIPC that provide information on current HIV prevention service utilization and regional needs and gaps in HIV prevention services before presentation to the full IHIPC.*

3. Reducing HIV Disparities/Achieving Health Equity

- HIV Public Awareness and Education Workgroup

Sample strategies:

- Provide continuing education trainings for healthcare and non-healthcare providers on lesbian, gay, bisexual, transgender and queer (LGBTQ) cultural awareness and affirmation; LGBTQ-affirming health care; and anti-HIV stigma and anti-racism practices.
- Implement a statewide marketing and media campaign focusing on HIV/STI testing, PrEP and nPEP, and U=U.
- Support referral and linkage to care by supporting the work of the Resource Hub and providing them with updated statewide information about HIV care and prevention resources.

- Health Equity (Addressing Stigma, Racism, and Gender Bias) Workgroup

Sample strategies:

- Provide capacity building assistance to HIV service organizations to ensure culturally and linguistically appropriate prevention, care, and support services.
- Establish expectations for grantees that HIV service organizations work to dismantle stigma, racism, and implicit bias in their practices and organizational policies.
- Establish/implement programs and services for populations most disproportionately impacted by HIV.
- Enhance leadership of HIV communities impacted by discrimination.
- Examine the impact that Illinois' current HIV criminalization law has on perpetuating HIV stigma.

- Reaching/Serving Youth/Young Adults, Transgender, and MSM of Color Workgroup

Sample strategies:

- Enhance representation of PLWH and at-risk populations, focusing on Black and Latino MSM and transgender persons, in the HIV workforce.

- Addressing Issues Related to Aging with HIV Workgroup

Composition

The Reducing HIV Disparities/Achieving Health Equity Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for possible inclusion in this subcommittee:
 - Providers of human services, mental health and drug & alcohol treatment services; homeless and Housing for People Living with HIV/AIDS (HOPWA) providers
 - Representatives of PLWH and priority populations, in particular those most disproportionately affected
 - Public health and human services academia
 - HIV planners and epidemiologists

Roles and Responsibilities

- Make recommendations to the HIV/AIDS Section on epidemiological analyses to include in presentation of the Illinois HIV Epidemiological Profile to the IHIPC*
- Provide input and assist the HIV/AIDS Section in a comprehensive analyses of social determinants of health data to determine their impact on the HIV epidemic in Illinois and existing HIV-related health inequities and disparities.*
- Soliciting input from IHIPC members and community stakeholders, review epidemiological and service delivery analysis and other sources of research and professional literature and make recommendations to the IDPH HIV Prevention Programs on populations prioritized for targeted HIV prevention services and the definitions for these priority populations.*
- Identify opportunities and assist the HIV/AIDS Section, as requested and as able, in the planning, conduct, and analysis of activities (focus groups, town hall meetings, surveys, etc.) needed to thoroughly assess the impact of social determinants of health and health disparities on the HIV epidemic in Illinois and to identify practical strategies to address these disparities.*

4. Strengthen Data Coordination and Information Sharing

- Illinois HIV Continuum of Care/NHAS Indicators Data Reporting Workgroup

Sample strategies:

- Educate healthcare providers about continued disparities along the Illinois HIV Care Continuum and Illinois' HIV reporting laws, ensuring they know the significance of reporting, retention in care, and U=U.

- Enhancing Data to Care (Quality Management, Surveillance-based Services) Workgroup
- Improving Data Systems and Information Sharing Workgroup

Sample strategies:

- Improve health care provider HIV case reporting.

- Enhancing Collaboration with External Partners Workgroup

Sample strategies:

- Optimize resources by strengthening relationships and building partnerships with other programs within public health and with other state and local agencies (i.e., FQHCs, Illinois Medical Association, Women's Health, etc.)

Composition

The Strengthening Data Coordination and Information Sharing Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by the Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for possible inclusion in this subcommittee:
 - Providers of human services, mental health and drug & alcohol treatment services; homeless and Housing for People Living with HIV/AIDS (HOPWA) providers
 - Representatives of PLWH and priority populations, in particular those most disproportionately affected
 - Public health and human services academia
 - HIV planners and epidemiologists

Roles and Responsibilities

- Provide input and assist the HIV/AIDS Section in identifying secondary sources of data and information needed from external partners for a comprehensive analyses of the social determinants of health and other factors that impact the HIV epidemic in Illinois.*
- Make recommendations to the HIV/AIDS Section on needed analyses of data obtained from external partners for presentation to the IHIPC.*
- Annually assess the state's progress in achieving the National HIV AIDS Strategy (NHAS) goals and identify recommended measures to address unmet goals.*
- Identify opportunities for engagement of external community partners, conduct outreach to p to establish or build relationships, and explore opportunities for continued data sharing and mutually-beneficial collaborations.*
- Educate and inform external community partners on trends in the HIV epidemic in Illinois, existing health disparities, and of available care and prevention resources.*
- Assess barriers and challenges in coordination and integration of HIV care and prevention activities (e.g., case managers and prevention providers, etc.) and quality improvement activities to address identified issues.*

*Roles shared with other parties (e.g., Steering Committee, IDPH).

5. Steering Committee

The Steering Committee is comprised of the IDPH Co-Chair, the co-chairs of the four standing committees, and the following elected IHIPC positions: 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.