

## 2021 Annual Illinois HIV Integrated Planning Council (IHIPC) Calendar of Activities\_ 12.2.20 Draft

- Face-to-face meetings     
  Webinars     
  Trainings: Required for All and/or New Members

January Office Hours	January-February	Thurs., Feb. 11	Tues., March 9	Weds., March 10	Thurs., April 29	Thurs., June 24	Thurs., Aug. 26	Tues Oct. 19	Weds. Oct. 20	Thurs., Dec. 9	Tues, Dec. 14	
Mon. January 11	Trainings to be completed Jan-Feb 2020	12 pm -4 pm IHIPC Leadership Development Training	9 am – 1 pm IHIPC Webinar	9 am – 1pm IHIPC webinar	IHIPC webinar 9:30 am- 12:00 pm	IHIPC webinar 9:30 am- 12:00 pm	IHIPC webinar 9:30 am- 12:00 pm	11:30 am -4:30 pm IHIPC In person Mtg.	8:30 am -1:30 pm In person IHIPC Mtg.	IHIPC webinar 9:30 am – 12:00 pm	Training: IHIPC New Member Orient. webinar 9a-12p	
Thurs., January 14	Webinar: Basic HIV Epidemiology/ Using Data for HIV Prevention Planning – 60 min (part of New Member Orientation)	Welcome; Overview of Day – 15 mins	Welcome and Introductions-15 minutes	Welcome and Introductions – 15 minutes	Increase Access to Health Care and Improve Health Equity: Linkage: 2021 Care Grant, Budgets and Integrated Plan – 40 minutes	Measuring Our Progress Through Data: FFY 20 HIV Care/Prevention Service Delivery & Mapping – 60 minutes	Care for Linked Conditions: COVID-19 Among People Living with HIV – Data review and Discussion – 50 minutes	Welcome and Introductions (working lunch) – 30 mins	Welcome and Introductions – 30 mins	Measuring Our Progress Through Data: Overview of Illinois' 2021 Integrated Plan Progress Report -45 minutes		
Tues., Jan. 19		Team Building Activity – 30 mins.	Regional Care/Prevention Lead Agent Updates –45 minutes	Improve Health Equity: IHIPC HIV Health Equity Workgroup Update – 45 minutes				Regional Care/Prevention Lead Agent Updates – 45 mins	HIV Section/IHIPC Liaison Brief Reports Relevance to HIV Planning – 30 minutes			Measuring Our Progress Through Data: Updated State/Regional HIV Care Continua – 45 mins
		Gender Language Training 2.0- 45 min	HIV Section/IHIPC Liaison Brief Reports Relevance to HIV Planning – 30 minutes					Care for Linked Conditions: Liaison Update: Substance Use and Prevention Recovery Program – 45 minutes				
		Breaks										
	Webinar: Conflict of Interest; IHIPC Meeting Process, Robert's Rules of Order-60 min (part of New Member Orientation)	Build the Future Workforce: Leadership Development Training – 2 hrs.	Measuring Our Progress Through Data: Illinois HIV Epi Trends – 45 minutes	Care for Linked Conditions: Addressing HIV & Aging to GTZ-IL - 45 minutes	Increase Efficiency through Coordination: COVID-19 Vaccine Development –Safety, Uptake, and Opportunities in communities impacted by HIV- 50 minutes	Overview: Current Membership Demographics/Gap Analysis for 2022 Membership – 30 mins	Overview of Integrated Plan, Concurrence, Discussion, and Vote -60 minutes	Increase Access to Health Care and Improve Health Equity: Discuss Proposed 2022 I&S Guidance – 45 minutes (This can be removed if no new recommendations are made)	Measuring Our Progress Through Data: Overview of NHAS 2020 Indicators and Update on our 2020 Progress- 45 mins	Overview of 2021 Committees/Workgroups, 2022 IHIPC Committee Plans – 40 mins		
			Care for Linked Conditions: Addressing Illinois' STD Epidemic to GTZ-IL- 45 minutes	Increase Access to Health Care and Improve Health Equity: 2022-2026 Integrated Plan Development -45 minutes		Update: GTZ-IL Implementation – 20 minutes	Update: GTZ-IL Implementation – 20 minutes	Improve Health Equity: IDPH HIV Corrections Update -45 minutes				
			Update: GTZ-IL Implementation – 20 minutes	Public Comment/ Parking Lot – 15 minutes		40 minutes	40 minutes		2020 RWPB Client Survey Results – 45 minutes	Present/Vote on Proposed Changes to the IHIPC Bylaws – 30 mins	Overview of 2022 Draft Calendar, Recognizing New and Exiting Members: 25 minutes	
					2 15-minute breaks					Networking Lunch – 45 mins		
	Gender Language Training-60 min (part of New Member Orientation)		Parking Lot - 10 minutes			Public Comment/Parking Lot – 10 minutes	Public Comment/Parking Lot – 10 minutes	2 15-minute breaks	Results & Vote: 2021 New Member Selection – 30 min	Overview of Leadership Roles and Selection of 2022 IHIPC Leadership -20 mins.		
					Public Comment/Parking lot -10 mins					Public Comment/ Parking Lot – 10 minutes		
	Online: IL Open Meetings Act Training – 60 mins (part of New Member Orientation)		2 15-minute breaks			1 10-minute break	1 10-minute break	1 10-minute break	Committee Breakout Meetings (Finalize 2022 Objectives) –45 mins	1 10-minute break		

Please visit <http://www.dph.illinois.gov/ihipc/meetings-trainings> to register for IHIPC meetings.

The primary task of the IHIPC is to partner with IDPH to address how the jurisdiction can collaborate to accomplish the National HIV/AIDS Strategy and the Getting to Zero Illinois goals and objectives. The primary goal of the IHIPC is to inform the development and update of the Illinois Integrated Plan for HIV Prevention and Care.

<b>Standing Committees</b>	<b>Prevention Strategies &amp; Interventions</b>	<b>Epi Profile and Health Disparities Data</b>	<b>Community Services Assessment (CSA) Activities</b>	<b>Gap Analyses</b>	<b>Priority Populations</b>
Monthly conference calls; break-out meetings during face-to-face IHIPC meetings; work to complete committee objectives; present findings to IHIPC. <ul style="list-style-type: none"> <li>• Reduce HIV Incidence</li> <li>• Achieve Viral Suppression</li> <li>• Reduce HIV Disparities/Achieve Health Equity</li> <li>• Strengthen Data Coordination and Information Sharing</li> </ul>	IHIPC presentations and discussions about prevention strategies and interventions and associated recommendations to address the NHAS goals for consideration for inclusion in the Integrated Plan.	Description of the HIV/AIDS and HIV/STD co-infection epidemic in Illinois. Epi Profile data is updated annually by the HIV and STD Sections and supplemented with data such as Unmet Need, MMP, Continuum of Care, social determinants, and applicable research.	Process to determine jurisdictional needs, gaps, barriers, and challenges associated with HIV prevention and care services for PLWH and populations at highest risk of HIV infection. Includes review of the current resource inventory, analyses of needs assessment activities collected/conducted during the year, review of other applicable needs assessment data from other agency/program areas, and identification of strategies to address needs, gaps, barriers, and challenges.	Process led by IDPH, with input from the IHIPC Committees, to <ol style="list-style-type: none"> <li>1). Determine gaps between the HIV/AIDS epidemic and HIV prevention and care service delivery in the jurisdiction, and</li> <li>2). Determine gaps in IHIPC membership. IDPH presents the results of the gaps analysis to the full IHIPC and solicits recommendations and input.</li> </ol>	The multi-step process to identify and define the populations prioritized for targeted prevention strategies and interventions efforts in the upcoming year.

**Six Domains of the GTZ-IL Plan:**

I. Build the Future Workforce

The HIV health care and public health workforce is the backbone of our HIV service delivery system, providing needed services to individuals living with or vulnerable to HIV. As scientific and practical knowledge changes, our workforce must learn new approaches and adapt to the evolving needs of people living with or vulnerable to HIV.

II. Increase access to health care

People must know that HIV services are available to them and can bring value to their lives. Regardless of HIV status or where a person receives services, people screened for HIV must be linked to high-quality health care services that support use of ARV medications for HIV treatment or PrEP, as well as other services necessary to achieve health and wellness. After connecting to health care, people must receive needed support to stay connected and to use ARV medications consistently and correctly.

III. Improve Health Equity

The data are clear: grave disparities exist in the HIV epidemic. These disparities map to race, ethnicity, sexual orientation, gender identity, age and a person’s other lived experiences. We must use data to define which communities face the greatest disparities and in what context. With this information, we can set tangible and aggressive targets. The first set of goals and strategies in this section define the population-based metrics that will guide investments in our effort to build health equity. report back actual advancement toward goals.

IV. Increase Efficiency Through Governmental Coordination

State and local public health departments play a key role in organizing, funding, monitoring and improving quality programs and services for individuals living with or vulnerable to HIV. When these institutions intentionally and effectively coordinate with each other, the overall HIV service system is more efficient, expansive and effective.

V. Care for Linked, Co-occurring Conditions

People living with or vulnerable to HIV often need services beyond those that address HIV alone. Many need comprehensive behavioral health care (including mental health and substance use treatment), screening and treatment for sexually transmitted infections (STIs), and vaccination against sexually transmittable or communicable diseases such as viral hepatitis and meningitis. Appropriate, timely and seamless care for these and other conditions helps individuals maximize HIV services and achieve positive health outcomes.

VI. Measuring Our Progress Through Surveillance and Other Data

Our success relies on our ability to define, measure and evaluate key goals and strategies. Where available, outcomes data will be essential to measuring progress. When competing data systems exist, they should communicate and offer seamless integration to avoid duplication of efforts. Collecting meaningful and timely data at state, city and community levels will be essential to tracking GTZ-IL’s progress and ensuring the 20+20 Target is achieved.