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

Tuesday, March 17, 2020, 8:30 am – 4:30 pm

8:30 am: Welcome; Introductions; Review of agenda/meeting objectives; Moment of silence

The IHIPC Co-chairs welcomed everyone to the meeting. The webinar facilitator identified all IHIPC voting and at-large members who had logged onto the webinar and identified others who either had sent notification of their absence or were not present. The agenda and meeting objectives were reviewed. There was a moment of silence for people past and present living with HIV and a special recognition for people impacted and responding to the COVID-19 epidemic.

8:45 am: Community Services Assessment: Regional Care and Prevention Lead Agent Overviews/Updates; Q&A, Discussion, Input (60 minutes)
Regional lead agents

The Regional Care and Prevention lead agents provided the following updates:

Region 1 (Care): Crusader Community Health has had a lot of staff changes and has reached out to Winnebago County Health Department (CHD) to strengthen their partnership in providing HIV services. Winnebago CHD has been doing HIV and STD presentations in the schools and has recently hired a new supervisor of disease investigation services who will also be working with the PrEP program. The HD is looking to secure five additional PrEP providers.

Region 1 (Prevention): A joint care and prevention regional meeting was held in February. Providers funded through the prevention grant have identified two new positives in the region this year. Chicago Recovery Alliance is still providing harm reduction services in the region. Lee CHD has hired a new nurse to do surveillance-based services (SBS) and risk-targeted testing. Open Door Health Center which provides services to some clients in this region has been going through a lot of staff changes; the situation continues to evolve.

Region 2 (Care): There have been 11 new HIV diagnoses and intakes into the Ryan White (RW) system since January. Positive Health Solutions is serving 40 gender-affirming patients and has 70 PrEP clients. The Program is down one RW case manager and in light of COVID-19, is not doing home visits and is discouraging clients from just walking in for services. It has been a challenge having some staff pulled into the COVID-19 response and with implementation of the new grant.

Region 2 (Prevention): The regional quarterly meeting was held in February. HIV prevention-funded providers have identified one new positive. This region has not had a lot of prevention staff/provider turnover.

Region 3 (Care): The region held its fourth client retreat. It was well-attended and included many sessions that were both educational and empowering for clients. The Program holds a weekly meeting about its 17 clients who are not virally suppressed, two of which are newly-diagnosed. The others have had more long-standing issues with achieving virally suppression.

Region 3 (Prevention): Two new positives, both of whom have been linked to care, have been identified through the prevention grant. The region is doing very well implementing social media and marketing; most agencies are still challenged with identifying peer workers in the region. Providers in the region need more SBS and HIV Navigation Services (HNS) training.

Region 4 (Care): St. Clair CHD will continue as the Region 4 lead agent. The region completed its RFA process and will continue to contract with East Side Health District (ESHD), Coordinated Youth and Human Services, MADCAP, and Washington University for case management. The regional has two new client representatives who are eager to take on their new roles and will be passionate and vocal advocates for PLWH. The big challenge in the region is COVID-19. The Program is waiting to hear from IDPH if HRSA will waive the 6-month eligibility determination requirement for clients in light of COVID-19.

Region 4 (Prevention): A regional meeting was held at ESHD in February. The lead agent has been providing a lot of technical assistance about scope completion to prevention providers since the grant year ends June 30. Five new positives have been identified through risk-based testing and seven new positives through routine testing. Since the region lost Bethany Place as a syringe services provider, Phoenix Center and ESHD are now both providing syringe exchange services in the region. A training for TWIST (an intervention for transgender persons) has been scheduled for May. The region is hopeful that will still happen in light of COVID-19. Prevention providers are struggling with how to provide prevention services while still maintaining social distancing guidelines.

Region 5 (Care): S St. Julian retired 12-31-2019. P. Partridge accepted the HIV Prevention Grant/Treatment Adherence Coordinator position. The viral suppression rate for the Region 5 RW Program is 92%. The PrEP clinic continues to stay busy. PrEP Program has evaluated over 100 clients so far and has recently expanded its PrEP services to two new locations in the region. Two local FQHCs will begin offering PrEP this month and a third FQHC is in the early planning stages to begin training. There are now five infectious disease physicians in Region 5. JCHD's initiative to provide HCV testing to the birth cohort and those at risk is yielding a positivity rate of 29%. JCHD hosted a social media training and a PrEP user focus group both on March 12.

Region 5 (Prevention): No new positives have been identified by prevention-funded providers. Jackson County HD (JCHD) has been working to expand social marketing/media services. Community Action Place (CAP) has had challenges with PROVIDE Enterprise since the merger.

Region 6 (Care): M. Benner has been doing a great job as Peer Supervisor in the region. The region hopes to have five by mid-year. The region has a new Spanish-speaking case manager and has recently been able to contract with a second dentist, which was a significant need.

Region 6 (Prevention): There are five prevention providers on the grant. One new positive was identified by the Kankakee CHD through risk-based testing; three new positives were identified through routine testing. There are now three syringe service providers in the region. The region has been doing a lot of good work using geo-fencing and hookup aps.

Region 7 (Care): AFC has been working with Open Door Health Center. They have had a lot of staff turnover and transition over the last six months. They have talked through a lot of issues and provided a lot of technical assistance. Open Door will be submitting an action plan to AFC. AFC is working with the Region 7 Prevention lead agent to strengthen the regional advisory board.

Region 7 (Prevention): Illinois Public Health Association (IPHA) has been encouraging regional prevention providers to attend the regional meetings and do cross-collaboration. IPHA has been working on a backup plan in case it loses Open Door HC as a prevention provider. There are still a lot of good providers in Region 7 with four syringe service providers. The region has been doing a lot of social media work and work with peers. There have been 15 new positives identified in the region through risk-based testing.

Region 8 (Care): AFC has added seven new providers in the region. Case managers will be implementing a Behavioral Health Screener with questions about mental health and substance use. After its pilot, AFC will evaluate the data, the effectiveness of the tool, and assess the referrals that were provided. AFC has partnered with Center on Halsted to implement a Resource Hub which includes hotline and call center services and can provide both positive and negative clients with linkages to resources and financial assistance for services.

Region 8 (Prevention): There have been some significant changes in staff coordinating the programs and providing direct services. Public Health Institute of Metropolitan Chicago (PHIMC) has been providing a lot of technical assistance and capacity building to providers. Four new positives have been identified through risk-based testing and 27 new positives through routine testing. PHIMC is looking at incidence and prevalence maps and using them to identify outreach sites for services. Many regional providers are being drawn into the COVID-19 response.

9:45 am: Introduction of New IDPH HIV Section Chief and Section Updates; Q&A, Discussion, Input (25 minutes)
Andrea Perez, Chief, IDPH HIV Section

Andrea Perez introduced herself as the new HIV Section Chief. She previously worked for the Indiana State HD for 13 years – ten years in the HIV, STD, and Viral Hepatitis Division and two years as Director of the division. Prior to coming to IDPH, she worked at Heartland Health for one year as a grants manager.

The following HIV Section updates were provided:

Ryan White Part B Program

- RW Part B Lead Agent competitive grant applications have closed and new lead agents have been selected and are undergoing trainings. The Regional RWPB Lead Agents are: R1: The Project of Quad Cities, R2: UIC School of Medicine/ Positive Health Solutions; R3: SIU School of Medicine; R4: St. Clair County Health Department; R5: Jackson County Health Department; R6: Champaign County Health Department; and R7 and R8: AIDS Foundation of Chicago.
- RW Part B Program staff have fully overhauled the case management training curriculum to encompass the new tiered case management platform that will roll out on April 1, 2020. Program will be conducting statewide trainings by webinar in March and April.
- RW Part B Program is proud to announce that in this new grant year housing services will incorporate both Short Term Rent, Mortgage, and Utility Assistance (STRMU) and Tenant-Based Rental Assistance (TBRA). HUD funding with Lead Agents will only be obligated towards TBRA and Mortgage Assistance.
- Reminder that the Ryan White Part B Program's federal fiscal year begins April 1, 2020 and runs till March 31, 2021.

Training Program

- The HIV Section has been working with the CDC to bring TWIST training (Transgender Women Involved in Strategies for Transformation) to Illinois. The training is scheduled for April 6-9 in Belleville but may need to be rescheduled due to COVID-19.

- Other upcoming trainings include the following: STD, ARTAS, HIV Navigation, Risk Based Testing, Surveillance Based Services, and Intro to HIV Prevention. These may be rescheduled.
- The PrEP Summit scheduled for March 31 in Springfield has been cancelled; hopefully it can be rescheduled in the summer or fall.
- Staff in the Training Program have been trained to take over responsibility for PrEP4Illinois application approvals for PrEP drug assistance.

Surveillance and Evaluation Programs

Both units are collaborating to produce the following data tools which will illustrate progress toward reaching NHAS targets:

- HIV Provider Report Cards: Report cards will provide HIV care facilities with aggregate data about the HIV care outcomes of their patients including retention in HIV care and viral suppression (Spring 2020).
- HIV Surveillance Data Dashboard: The interactive, web-based dashboard will contain measures using data from the Enhanced HIV/AIDS Reporting System (eHARS) for Illinois excluding Chicago (Fall 2020).

Prevention Program

- African American Response Act - A Notice of Funding Opportunity will shortly be posted in EGrAMS for the African American AIDS Response Act Grants. The competitive process is expected to fund 14 projects totaling $1 million per year for a 3-year cycle. Eligible agencies must be located in predominately African American communities, serve predominately African American clients, and have a Board of Directors comprised of a majority of African Americans.
- Direct GRF Grants - In the coming SFY2021, Direct Grant awardees will enter Year Three of their three-year award cycle.
- Third Party Billing Project - A Notice of Funding Opportunity for the next cycle of the Third-Party Billing Project will have an expanded mission. Building capacity to bill public and private insurance will be expanded from a predominate focus on Routine HIV Screening to Immunization and STD services including 340B billing. In addition, the project will be tasked with training HIV Prevention providers to assist clients with public and private insurance enrollments to help eliminate health access disparities by race and ethnicity. The grant will support agencies not yet so equipped to implement Electronic Medical Records systems (EMR) integrated with Revenue Cycle Management systems. It will also support the development of training materials to assist agencies in building and maintaining 3rd party billing practices.
- Routine HIV Screening - A Notice of Funding Opportunity will soon be posted for Routine HIV Screening Capacity Building. This project will focus on health care providers including University Student Health Centers in currently unserved zip codes with the highest numbers of recent HIV cases.
- Perinatal - Perinatal Enhanced Case Management will be fully consolidated into the Ryan White Case Management Grants beginning April 1, 2020.
- Quality of Life - A Notice of Funding Opportunity will shortly be posted in EGrAMS for the HIV Quality of Life Grant. The competitive process is expected to fund 12 projects totaling $900,000 per year for a 3-year cycle.
- Personnel -R. Hurtado has accepted the HIV/HCV Testing Direct Grant Manager position. Vacancies currently exist for the Routine Screening Grant Manager the Regional Grant Manager, and the Prevention Supplies Coordinator.

HIV Section Update

- The competitive Training and Education grant for 2020 is live in EGrAMS. It will be awarded for 3 years.
- There are several vacancies in the Section that are in various stages of the hiring process.

Discussion:

Q: Will trainings such as ARTAS and HIV Navigation be provided by webinar? We have a lot of providers who need those trainings in order to fulfill their scopes.

A: A. Danner responded: The Training Program and the Section will be discussing that. Many of the trainings are not conducive to being delivered by webinar. We will reconsider this if the COVID-19 situation continues.

C: M. Gaines announced that C. Wade and B. Drummond both received a Community Service award at the downstate Reentry Conference recently held.

Q: J. Kowalsky asked if any work was being done in the Section to do outreach and promote the new syringe service registry to prevention providers.

A: ***Addendum:*** C Hicks responded after the meeting: The Prevention program will send notice of the registry to all current grantees so that current harm reduction providers may register and others are aware.

Q: How can we continue to provide services to our immune-compromised clients? Can we waive the 6-month recertification so that clients can self-quarantine?

A: J. Maras responded: From a legal standpoint, signatures on client authorizations are required to provide services. Case managers have the ability to get signatures in the field electronically on their tablets or by fax, email, and regular mail. The RW Program is working on development of protocol that would streamline the process but still meet federal requirements and protect clients' safety. The Program has asked HRSA for guidance about possibly reducing eligibility requirements but is still awaiting a response.

10:10 am: GTZ-IL Implementation Update; Q&A, Discussion, Input (15 minutes)
Mike Benner, IHIPC Liaison, GTZ-IL Implementation Council

M. Benner provided an update on GTZ-IL implementation plans. The GTZ-IL Implementation Council had its first meeting in October. Since then many workgroups that align with the objectives of the plan have been established. Each workgroup is developing year-long work plans with associated strategies and activities. If anyone is interested in being on one of the workgroups, membership is open. The established workgroups are: PrEP, Sexually Transmitted Infections, Reducing Isolation among Older Adults and Long-term Survivors, Standards of Equity, and Communications. Workforce and Behavioral Health workgroups are in the process of being formed. AFC will be raising money this spring and summer to be able to issue small grants to agencies to implement systems, tools, or processes that align with GTZ-IL Plan outcomes.

Discussion: There were no questions at this time.

10:25 am: Results of 2019 Member Satisfaction Survey and 2020 Member Demographic Survey; Q&A, Discussion (35 minutes)
Marleigh Andrews-Conrad, IDPH HIV Community Planning Specialist

M. Andrews-Conrad provided an overview of the demographics and professional, personal, and risk representation of the IHIPC's current members. This is different than the membership gap analysis to be done in June that compares the membership going into the next IHIPC year to the statewide epidemic, which enables the IHIPC to determine gaps in membership by region, race, ethnicity, risk, etc., and helps in targeting new member recruitment and prioritize selection. Currently, about half of the IHIPC members are 50 and older; over half are white; five are Hispanic or Latinx members; 27% identify as PLWH; there is representation from all identified personal and professional expertise areas; and there are several regions that are underrepresented – Regions 1, 2, and 5.

The 2019 Member Satisfaction Survey results were summarized. 18 members completed the survey. Use of social media was identified as a way to better reach communities affected by HIV. All members felt actively engaged in the IHIPC. Most respondents were very satisfied or satisfied with IHIPC processes and leadership, with some dissatisfaction with use of webinars for meetings and representation from specific populations. M. Andrews-Conrad noted that these are things the Program and the Membership Committee continually try to address but are always open to input/ideas from members. Most respondents were very satisfied or satisfied with the planning and support provided by IDPH and committee leadership as well as support of the IHIPC. Most stated that the community is highly or somewhat engaged in the planning process, but there was some disagreement that webinar meetings have improved the level of community engagement.

Questions and Comments:

Q: Does the list of risks that a member can self-identify as include a category for "at-risk" heterosexual?

A: M. Andrews-Conrad responded: No, but that is something we can consider adding.

Q: Can you discuss how the Membership Committee addresses "dissatisfied" responses on meeting surveys and comments.

A: M. Andrews-Conrad responded: All survey results and comments are reviewed by the Membership Committee to determine if there are issues that need to be addressed. The Committee reads those comments and strategizes on how to improve meetings and processes all the time. The Membership Committee encourages people to be very specific in their comments so that it can determine exactly what causes the dissatisfaction.

C: Members can also request public comment time at IHIPC meetings to voice concerns or suggest ideas.

11:00 am: Committee Breakout Meetings and Reports

The Co-chair noted that there was a scheduled time on the agenda for IHIPC Committee breakout meetings to discuss a draft proposal for restructuring IHIPC Committees and Workgroups in 2021 to more fully align with the goals of GTZ-IL while still focusing on the priorities and activities identified in the State's Integrated Plan for HIV Prevention and Care. The written proposal had been sent to committee members and others who registered for the meeting last week with instructions to review and come prepared to discuss. Even though the meeting is now being held by webinar, the discussion was held to receive feedback from members and others on their thoughts and the feasibility of the plan.

With the current committee structure, the IDPH Community Planning Program and other HIV Program staff have the primary responsibility for developing many of the presentations and final work products of the IHIPC (i.e., HIV Care and Prevention service delivery presentations, HIV Epidemiology Updates, Illinois Continuum of Care Updates, Prioritized Populations, Membership Selection Processes, IHIPC Bylaws and Procedures, etc.) after review by, discussion with, and receiving input from IHIPC committees and the full body. Many of these documents become part of the State's Integrated Plan for HIV Prevention and Care (or updates thereof) and must be presented to and informed by the IHIPC, so it is critically important that IHIPC committees and the full body provide input and have an

opportunity to review and discuss these documents. That input and discussion will still happen with the new proposal; it just won't take up so much of the committees' time nor be their major focus, and it may also be done in different ways. For example, some of the work that currently takes up so much committee time (i.e., reviewing previous years' presentations and giving input into what is needed for upcoming presentations) could be accomplished via email correspondence.

Also, because of the nature of functions of the Membership Committee, most of its work projects are led by the IDPH Community Planning Program. The input from and work of that committee (review of meeting evaluations, discussion of member issues, review of updates to the bylaws and procedures) could either be absorbed by the Steering Committee or by establishing ad hoc teams (i.e., for annual New Member Selection).

Over the last two years, the accomplishments and success of several workgroups (Needs Assessment, Health Disparities, Gender Language, Structural Interventions, Care Compendium) established by the committees supports the conviction that the talent and expertise of the IHIPC membership might be put to better use by focusing less committee time on work products that are the primary responsibility of IDPH HIV Programs and that often have only minor changes each year. The success of these workgroups along with the above rationale has inspired the Community Planning Program to make this proposal to modify the structure and functions of IHIPC Committees and Workgroups:

The proposal would take the standard committee work to a higher level and draw more upon the skills and expertise of committees and workgroups to develop strategies and action plans that can truly assist Illinois in achieving GTZ and Integrated Plan goals and objectives. It would involve forming these four committees that align with the priorities of the Illinois Integrated HIV Plan and the goals of the GTZ-IL Plan and the NHAS:

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

Each committee would be encouraged to form several workgroups throughout the year (no more than 2 at any one time) to develop short- and long-term strategies and complete tasks to accomplish the committee' s primary goal and objectives. Most workgroups would be ad hoc in nature so may complete their tasks within 3-6 months; others may be long-term in nature. A committee could identify many workgroups to establish but delay establishing a workgroup(s) until the work of another is completed. The strategies/tasks identified by the workgroups would focus on achieving the goals of the GTZ-IL Plan and the NHAS by addressing needs, service gaps, barriers, and challenges that hinder their achievement. With this proposal, less time during regular committee meetings would be taken up with reviewing presentations/materials prepared by IDPH Programs, so there should be time during the regularly scheduled meetings for the workgroups to have discussion, work on its activity(ies), and/or provide updates to the full committee. A committee could also decide to use the regularly scheduled meeting in a particular month 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 could be scheduled.

With the new proposal, some modifications to committee participation requirements will need to be made to give members some credit for workgroup participation. That all still needs to be worked out. Participation on regular monthly meetings of standing committees is still important because 1) IHIPC committees are required to have a quorum of members present at meetings to conduct business (just like the IHIPC is for its full body meetings), and 2) committee co-chairs are accountable for reporting to the Steering Committee on the work of all the workgroups established by their respective committees, and therefore, need to use that meeting to debrief members of the committee on each workgroup's progress and provide technical assistance and follow up as needed. If membership agrees with the proposal, IHIPC can explore giving voting and at-large members some credit for participation in their assigned committees' ad hoc workgroups as long as changes in the requirements for committee participation don't impact the ability of the standing committees to reach quorums to actually be able to conduct business and complete tasks at a meeting.

The Co-chair noted that the proposal has been reviewed and discussed with HIV Section administrators and members of the IHIPC Steering Committee and it has received their preliminary approval. She asked members to express their thoughts -positive, negative, any concerns, etc. If membership as a whole concurs with the proposal, the Program can proceed with planning and working out details over the next 9 months.

Discussion: There were no questions. Several members expressed approval of the proposal and thanked leadership for taking the IHIPC in a direction more aligned with GTZ-IL.

With no further discussion, the Co-chair noted that we were 45 minutes ahead of schedule. **J. Nuss motioned to change the lunch break to 11:20-noon, resuming the meeting at noon. J. Filicette seconded the motion. With no discussion voiced, members were asked to submit their votes via the Chat box or asking to be unmuted. The motion carried with a vote of 27 in favor and 8 votes not received (either because the members were absent or did not cast a vote).**

11:20 pm: Lunch Break

12:00 pm: Video

As an introduction to the next session, a YouTube video on Understanding the Invisible Package of Privilege was viewed by all.

12:15 p.m.: Improve Health Equity: Addressing Racism in the HIV Workforce; Q&A, Discussion, Input (30 minutes presentation, 30 minutes interactive discussion/activity)

Mildred Williamson, Executive Director, Cook County Hospitals and Health System

M. Williamson provided a thought-provoking, informative presentation on racism, health equity, and their intersection with HIV and the workplace. Several concepts were covered, including health and human rights, social determinants of health, racism and intersectionality, health equity, the workplace, and action steps to address these topics.

Discussion:

C: There were several comments thanking M. Willamson for an excellent presentation.

C: There was a suggestion to read "The Awake to Woke to Work" framework: https://www.equityinthecenter.org/wp-content/uploads/2019/04/Equity-in-Center-Awake-Woke-Work-2019-final-1.pdf .

C: There was a suggestion to read "How to Be an Anti-Racist".

C: I hope the IHIPC continues to talk about topics like this.

Q: This was a fabulous presentation. We need to understand the issue in order to make progress in changing it. Racism is so embedded in society. How do we correct this in a country that has racism institutionalized in every fabric of society?

A: M. Williamson responded: We can never learn enough about racism from history. There are so many lessons from the 1950s-60s Civil Rights and Labor Movement that we can learn from.

C: Agencies need to establish positive associations with people of color and chose people of color and diversity to help lead and be change agents in their agencies.

C: Mildred, this was very enlightening. As we look at how racism has become engrained in these structures and institutions, we need to move forward with change. The Black AIDS Institute has recently released a We the People Plan with pillars for addressing racism: https://blackaids.org/we-the-people/ .

Q: Do you have any more ideas about how to incorporate reducing racism in our workplace?

A: M. Williamson responded: Definitely through hiring practices and policies. If we aren't in decision-making positions about hiring, at least we can help people of color compile their resumes; we can mentor them; we can include them as part of a team; we can help with their personal and professional development. There are also many ways to communicate and demonstrate to others our anti-racist beliefs in the workplace – Be inclusive in our discussions and decision-making; value the input and skills of people of color.

2:00 pm: Improve Health Equity: Addressing Stigma in HIV; Q&A, Discussion, Input (30 minutes presentation, 30 minutes interactive discussion/activity)

Mike Maginn and James Charles, Co-chairs, IHIPC Epidemiology/Needs Assessment Committee

M. Maginn provided an overview of HIV related stigma and why understanding and addressing it are so important. He reviewed types of stigma, many influencers of stigma, and ways stigma can be exhibited. Experiences of stigma lead to poor healthcare utilization and poor health outcomes such as not testing, not accepting PrEP, delayed LTC, difficulties with adherence to ART, etc. There was discussion about ways HIV stigma and discrimination can be reduced and a variety of training and other resources available to health workers, PLWH, and community members. M. Maginn ended the presentation by asking participants to share what their agencies are doing to address stigma.

Discussion:

C: The GTZ-IL STI workgroup is addressing this by developing a Taking a Sexual Health History infographic.

C: Providers need to be open and non-judgmental when having conversations with clients.

Q: How can we address stigma that exists among medical providers?

A: M. Maginn responded: We need to enhance providers' education on stigma.

Q: Are any agencies using an anti-stigma curriculum?

A: L. Choat responded: Mental Health is doing anti-stigma campaigns.

A: C. Laskowski responded: How to address stigma is part of our weekly staff meetings at SIU.

A: M. Willams responded: Illinois Certification Board (ICB): iaodapca.org, Illinois Crisis Prevention Network (ICPN), and Illinois Association for Behavioral Health (IABH) are a few agencies that offer trainings.

C: We need to start addressing stigma by building a solid rapport with clients when they enter the system (care or prevention).
C: How about making stigma a part of an organization's (and the IHIPC's) annual competency training?
A: M. Maginn responded: This is a great idea.
C: In a recent discussion with physicians, one doctor commented that doctors get enough education and don't need education on this.
C: We need to train medical students while they are open to learning and developing lifelong practices.

2:35-2:50 pm: Break

2:50 pm: Care for Linked Conditions: IHIPC IPHCA Liaison Update-Leveraging Opportunities to GTZ-IL; Q&A, Discussion, Input (30 minutes presentation, 30 minutes interactive discussion/activity)
Cheri Hoots, IHIPC Liaison, Illinois Primary Health Care Association (IPHCA)

C. Hoots provided an overview of the composition, functions, and the numerous services (clinical, workforce development, data and research, community development, advocacy, training and events) provided by the IL Primary Health Care Association and how it is partnering with community health centers to help end the HIV epidemic. There are 51 Illinois community health centers with 390 clinic locations. Eight health centers in Chicago received a total of $2.4 million in funding to aid in ending the HIV epidemic. Cheri asked how health centers can reach out to other organizations in their area to help reach clients prioritized in the ETE initiative?

Discussion:
Q: Does IPHCA offer training to professionals other than health centers?
A: C. Hoots responded: Yes, IPHCA has a clearinghouse of trainings and webinars on its website (www.iphca.org) that are available to all. IPHCA is also working on development of a learning management system. It also offers pipeline training for students and workers at health centers.
Q: Is IPHCA advocating for routine HIV screening (that is reimbursable through public and private insurance) at health centers?
A: C. Hoots responded: Not at this time, but feel free to send me information on this and I will forward it to the public policy staff at IPHCA.

3:45 pm: Public Comment/Parking Lot Period
The following items were addressed in the parking lot:
C: In regards to bringing the TWIST intervention to Illinois for the first time: the Puerto Rican Cultural Center has already been doing this intervention through training directly from CDC.
Q: Are there telehealth options available for HIV ambulatory medical care for patients that are under self-quarantine for COVID-19?
A: J. Maras responded: The Department already allows telehealth as an option for HIV Care Connect regions.
Q: M. Williamson was asked: Are there other correlations with HIV and southern states other than health care? Can you provide specific HIV data about Puerto Rico?
C: ***Addendum:*** Further information about these topics can be found via the HIV Ending the Epidemic website (https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview) and via AIDSVu (https://aidsvu.org/ending-the-epidemic/).
C: It was suggested that IHIPC members be required to take the anti-stigma training at the beginning of each year.

4:00 pm: Adjourn
The meeting was formally adjourned at 4pm.