



ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Fall 2019

Volume 2, Issue 3

FROM THE CO-CHAIRS

Hello, everyone.

On behalf of the Illinois Department of Public Health (IDPH) and the Illinois HIV Integrated Planning Council (IHIPC), we hope you enjoy this fall issue of the IHIPC Newsletter.

The IHIPC has had an eventful summer! Many of our members participated along with our HIV community stakeholders and providers in one of the eight regional community engagement meetings that the care and prevention lead agents have been conducting since July. There are still a few yet to be held, so please refer to the Calendar of Upcoming Events on page 2 for more information. The IHIPC Needs Assessment Workgroup developed the needs assessment activity that is a major part of these meetings. The input from these activities should provide the IHIPC and the IDPH HIV Section with valuable input on updating our statewide plan for HIV care and prevention and on ways we might meet our Getting to Zero (GTZ) Illinois outcomes – zero new HIV infections and zero people living with HIV not on antiretroviral medication. We hope you have benefited from these meetings and we hope to see many more of you at the upcoming meetings!

Submitted by Janet Nuss, HIV Community Planning Administrator, IHIPC Coordinator/Co-chair, IDPH

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CALENDAR OF UPCOMING EVENTS

HIV Community Engagement Meetings

July 24–Region 7 (Wheaton): Completed
 August 22–Region 3 (Springfield): Completed
 August 28–Region 4 (Collinsville): Completed
 September 4–Region 8 (Park Forest): Completed
 September 17–Region 5 (Carbondale):
 Completed

October 8–Region 1 (Rockford): Completed

October 15–Region 2 (Peoria): Completed

November 14–Region 6 (Champaign)

December 12

IHIPC Webinar Meeting

The webinar registration link is yet to be released. It will be released on the [IHIPC webpage](#) shortly.

HIV SECTION TRAINING CALENDAR

Please contact Jamie Burns at jamie.burns@illinois.gov if you represent an IDPH-funded agency and are interested in attending any of the following trainings:

November 5-8

Risk-Based Testing

Belleville, IL

November 19-20

HIV Navigation Services and Motivational Interviewing

Elgin, IL

December 3

Surveillance Based Services

Elgin, IL



SNIPPETS OF INFORMATION

Find all IHIPC documents, meeting schedules, and meeting registration links/recordings at <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg>.

We have published video tutorials for navigating the IHIPC website and Webex™. View each video at the links below to learn more:

- [IHIPC Website Tutorial](#)
- [Webex™ / Registration Tutorial](#)

CDC released finalized National Sexually Transmitted Disease (STD) data in September. To view CDC releases, please visit the [2019 releases page](#). Look for more information on STD data in the Winter issue of the IHIPC Newsletter!



Save the Date! 2020 STD New Counselor Trainings will be held March 24-27 and September 15-18. Please contact Lesli Choat at lesli.choat@illinois.gov if interested.



IHIPC UPDATE

Thanks to all voting and non-voting IHIPC members, IDPH HIV Section staff, and other community stakeholders who participated in our June and August IHIPC meetings this year. Engaging key stakeholders from diverse communities throughout the state is critical to the IHIPC's ability to thoroughly assess and have meaningful discussion on issues important to HIV care and prevention planning in Illinois.

Through everyone's participation in these meetings, the planning group has been informed and provided input on the topics below. Detailed information about these topics, including presentation slides, can be accessed via the [IHIPC Meeting and Training Resource page](#):

- ❖ Updates from the Regional Care and Prevention Lead Agencies, IHIPC liaisons, and the IDPH HIV Section,
- ❖ Assessment and mapping of IDPH's FY2018 HIV prevention and care services,
- ❖ Prioritized populations (and their risk-group definitions) for targeted prevention services in 2020,
- ❖ 2019 inventory of HIV care and prevention grants and contracts,
- ❖ 2020 changes to the *HIV Prevention Intervention and Services Guidance*,
- ❖ The *Illinois HIV Cluster Detection and Response Plan*,
- ❖ IHIPC membership gap analysis and 2020 recruitment,
- ❖ Illinois HIV policy and legislation update,
- ❖ 2020 IDPH HIV prevention grant workplan and funded services, and
- ❖ IDPH HIV Corrections Project update.

At the [June 27, 2019 IHIPC meeting](#), the planning group was provided with a summary of the final *GTZ Illinois Plan* that was released May 14, 2019. After review of the plan's guiding principles, primary domains, and objectives, the IHIPC voted its support of the *GTZ Illinois Plan*. It was announced that the GTZ Committee is establishing an Implementation Committee to provide strategic direction and oversight of plan activities and that Mike Benner, the current IHIPC Community Co-chair, has been designated to represent the IHIPC on this committee.

At the [June 28, 2019 IHIPC meeting](#), the planning group continued work on the Health Disparities Project that has been a joint initiative of the Integrated Planning Program and the IHIPC Health Disparities Workgroup. Through this project, the following persistent disparities along the State's HIV Care Continuum were identified: low utilization of PrEP (pre-exposure prophylaxis for HIV), lower rates of viral suppression among people of color, and lower rates of linkage to care among youth. The results of an intense review of literature and the root cause analysis of each disparity were presented to the IHIPC at the June meeting. Breakout groups for each disparity were then formed to more thoroughly discuss the root causes of the disparity and to identify, through group discussion and consensus, some tangible strategies and activities that the IHIPC and IDPH HIV Programs could undertake to address the disparities. The recommendations from the three breakout groups were presented at the [August IHIPC webinar meeting](#) and have since been provided to the IHIPC standing committees and to the HIV Section program administrators for their consideration for inclusion in their 2020 Integrated Plan activities.

Submitted by Janet Nuss, HIV Community Planning Administrator, IHIPC Coordinator/Co-chair, IDPH



HIV THIRD-PARTY BILLING PROJECT

While local health departments (LHDs) and community-based organizations (CBOs) in Illinois are some of the most common providers of HIV testing and other HIV services, few of them have developed the capacity to bill public or private payors (health plans). As a state, Illinois has seen a reduction in HIV prevention funding from the Centers for Disease Control and Prevention (CDC) in recent years. With these challenges in mind, it is essential for LHDs and CBOs to have a reliable revenue stream to continue to provide vital HIV services.



LHDs and CBOs are “safety net” providers, ensuring that low-income clients, many newly insured under the Affordable Care Act (ACA) and expanded Medicaid, have access to HIV testing and other needed HIV services.

To assist LHDs and CBOs with navigating this sometimes-confusing system and securing a reliable revenue stream through insurance billing, the Illinois Public Health Association (IPHA) operates the HIV Third-Party Billing Project. This is a three-year grant through IDPH that offers LHDs and CBOs free technical assistance and capacity-building to:

- Become credentialed and contracted with Medicaid and private health plans
- Learn how to bill these payors for HIV testing, PrEP, and other HIV services
- Implement an Electronic Health Record (EHR) system

Additionally, the IPHA HIV Third-Party Billing Project offers LHDs and CBOs billing-related resources such as webinars, white papers, billing guides, a one-day billing workshop, a dedicated e-mail address to answer billing questions, and a Stakeholder Advisory Group that allows providers to network with others in the billing field.

Through the grant, the IPHA HIV Third-Party Billing Project offers incentives for LHDs and CBOs to become a billing provider of HIV services and/or to implement an EHR. We are always looking for new sites to join the project, so if your organization is interested in HIV billing, please contact Billing Project Associate Kevin Atchason at 217-522-5687 or katchason@ipha.com. Additional HIV billing resources can be found on the IPHA webpage at: www.ipha.com/news/hiv-billing.

Submitted by Kevin Atchason, Jeffery Erdman, and Walter Howe, Illinois Public Health Association



POSITIVE LIVED EXPERIENCE

Hello everyone and thanks for taking the time to read this new section of our newsletter. Along with being the IHIPC Community Co-chair, I have also been living with HIV since 2004.



After my first year of what I thought was coping with my diagnosis, I had what I refer to as my 'crash and burn'. I returned to my self-destructive behavior, entered a very toxic relationship, and ended with three suicide attempts over the course of one year. With all these things happening in my life at the time, I was fortunate to connect with a then-progressive doctor in Chicago who was willing to start prescribing HAART (Highly Active Antiretroviral Therapy) immediately.

This was at a time when the CDC guidelines suggested treatment not begin until a patient's CD4 count was below a particular number (mine was too high at around 375). I was not able to find a doctor in the Champaign-Urbana area who was willing to begin treatment even though I asked. From that time on, I realized that I was the one who had to take charge of my own health care. Physicians are needed as part of my care but educating myself about HIV was the most valuable tool I could have.

Since then, I have maintained an undetectable viral load and a CD4 count of about 700. I've been fortunate that I have only been on four different regimens, changed only for more effective medications with fewer side effects. I consider myself very fortunate that my regimen has only consisted of a maximum of 2 pills a day, which has been great for my adherence, along with pill cases. Adherence, as we all know, is vital for maintaining and/or improving our health and U=U (Undetectable=Untransmittable).

Finding at least one other person to share my experience with has been what has made this journey much easier. That started with an online HIV chatroom. I slowly ventured outside of cyber land and into the breathing world of a support group. It wasn't easy, but finally finding those couple of other people who I felt I could trust has resulted in long term friendships.

I have found that spending time with my family, enjoying the outdoors, traveling, and meditation all keep me grounded and able to live a somewhat balanced life. That balance is what helps defines me as a person that just happens to be living with HIV.

Submitted by Mike Benner, IHIPC Community Co-Chair

The Positive Lived Experience Feature in the IHIPC newsletter is a space for people living with HIV to share about their experience with HIV. If you are a person living with HIV and would like to submit a Positive Lived Experience article, please contact marleigh.andrews-conrad@illinois.gov for more information.



TRUVADA SAFETY: TALKING POINTS FOR PrEP AND HIV TREATMENT

This article contains excerpts from “Truvada Safety: Talking about PrEP and HIV Treatment in a Time of Class Action Lawsuit” published by Positively Aware: the HIV Treatment Journal of Test Positive Aware Network (TPAN) and written by Howard Brown Health’s Cori Blum, MD, AAHIVS. To view the full article, click [here](#).

Earlier this year, multiple advertisements started to appear on social media and late-night television pertaining to a number of class action lawsuits against Gilead, the company that makes the antiretroviral drug Truvada. The lawsuits typically claim extreme harm occurring to HIV-negative individuals who take Truvada as PrEP (to prevent HIV) or in combination with other antiretroviral medications as HIV treatment for folks living with HIV.

These ads are hyperbolic, misleading, and cause unnecessary fear, confusion, and anxiety within communities impacted by HIV—affecting people living with HIV and those vulnerable to it. These problematic messages are, in some cases, leading people to make decisions about their healthcare that may not be in their best interests. Some people who were taking Truvada as PrEP have discontinued the medication without speaking to their providers. Some folks living with HIV who are on Truvada, or who have been on Truvada, are expressing concerns about their health. Additionally, some are confusing HIV treatment medications and want to discontinue their current regimen, even if it does not include Truvada.

It is crucial for all members of our communities to come together and provide some clarity about the safety of Truvada. Here are a few key messages that need to be reaffirmed to our friends, lovers, patients, and clients who utilize Truvada for prevention or treatment:

- The class action lawsuits regarding Truvada are not uncovering any new information. As mandated by the FDA, all side effects associated with Truvada, from common ones to rare ones, must be communicated in all advertising and with every prescription filled.
- There is always a risk when taking any medication. However, for most people, Truvada is safe and very effective in preventing and treating HIV.
- The potential risks associated with Truvada have been clear for many years, including the risks associated with taking Truvada as PrEP. When the guidelines are followed, PrEP is safe. Furthermore, it received a grade A by the U.S. Preventative Services Taskforce.
- It is safest for anyone taking Truvada for prevention or treatment to do so in close collaboration with medical providers to ensure regular, ongoing monitoring. This ongoing monitoring can address side effects big and small and provides regular opportunities to check in and ensure patients are healthy and happy.
- One in 200 people may have decreased kidney function because of taking PrEP. Those who do are more likely to be older, diabetic, and/or have chronic high blood pressure. If someone presents with reduced kidney function after taking PrEP, it is usually reversible when the medication is discontinued. Regular kidney function screening is part of Truvada treatment guidelines.
- In research studies, people taking Truvada have experienced reversible bone density loss, at a very low level of 1%, which rarely resulted in bone health issues. This is mostly a concern with very young patients and older adults. Bone density screening is not necessary for most people, and is not a regular part of testing for people who take Truvada.
- Truvada is not processed through the liver, therefore it holds no risk of liver damage.
- If you are taking Truvada for prevention or treatment, please contact your medical provider to discuss your concerns and assess your specific situation. Please don’t make changes to your health regimen without consulting a trusted provider.

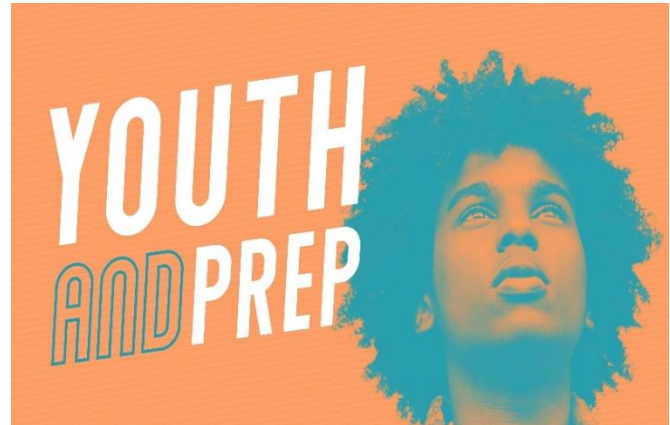


ILLINOIS APPROVES YOUTH ACCESS TO PrEP

This article contains excerpts from “ Illinois Approves Youth Access to PrEP” published by AIDS Foundation of Chicago on August 7, 2019 To view the full article, click [here](#).

On Wednesday, August 7, Gov. JB Pritzker signed HB 2665 (the Youth PrEP bill) into law. This enables young people across Illinois to access preventive health care services, like PrEP, without parental consent. The law will become effective on January 1, 2020.

"Young people don't wait to have sex until they're 18, and HIV doesn't wait either. This legislation will help ensure young people under the age of 18 have easy access to an incredibly effective and safe HIV prevention tool," said Jim Pickett, AIDS Foundation of Chicago's (AFC's) Senior Director of Prevention Advocacy and Gay Men's Health.



This law would align Illinois law with existing federal guidance by the U.S. Food and Drug Administration, who in 2012 approved PrEP for use by young people who do not have HIV to reduce the risk of transmission of HIV. PrEP is nearly 100% effective at preventing HIV transmission when used consistently and correctly. Increasing access to PrEP is critical to helping the state achieve its [Getting to Zero Illinois](#) goal of ending the HIV epidemic in Illinois by 2030.

"I am so proud to have introduced and be the chief House sponsor of the Youth PrEP Bill," Rep. Lamont Robinson (D-Chicago) shared.

"While new HIV/AIDS transmissions are down 35% in Illinois over the last decade, black gay men are experiencing an increase in HIV cases, particularly among youth. They need easy access to the highly successful PrEP drug, and this will help them achieve that. Thank you to the AIDS Foundation of Chicago for its initiative on this issue, to Sen. Robert Peters for sponsoring it in the Senate and to Gov. Pritzker for his support," said Robinson.

Gay youth constitute 85% of new HIV diagnoses among youth aged 13-24. Black and Latinx youth are disparately impacted.

"There are a lot of young people who don't feel safe going to their parents with issues like these, which puts them at risk. No kid should be afraid due to shame or cost to get their medical needs met," said Sen. Robert Peters (D-Chicago), Senate Sponsor of HB 2665.

"With this new law, young people will be empowered to take control of their health."

AFC thanks Gov. JB Pritzker, House sponsor Rep. Lamont Robinson and Senate sponsor Sen. Robert Peters for their leadership on this issue. AFC also thanks Rep. Kelly Cassidy (D-Chicago), Sen. Linda Holmes, Sen. Emil Jones and Sen. Toi Hutchinson for standing up for young people across Illinois during the floor debate in the House and Senate and assisting in getting HB 2665 passed this past legislative session.



NATIONAL SEXUAL HEALTH CONFERENCE

The [2019 National Sexual Health Conference](#) was held in Chicago, IL on July 10-12, 2019. The conference was attended by over 800 participants from multi-disciplinary sexual health fields and aimed to “create opportunities to share information, efforts, and best practices around sexual health across the lifespan by bridging the varied disciplines of education, advocacy, and clinical care, among others.” Illinois was represented at the conference by IDPH employees, several IHIPC members, and many HIV and Sexually Transmitted Infection (STI) prevention and care service providers from throughout the state.

The conference began with a plenary called “The Spectrum Ignited: The Cutting Edge of Sexual Health in the United States”, which introduced important information about the conference’s primary topics and tracks: Prevention, Care, and Treatment of HIV, STIs, and Hepatitis C (HCV); Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Health Equity; and Reproductive Health. The opening plenary set the stage for exciting, innovative workshops and discussions to follow throughout the conference. Topics of interested included, but were not limited to, the following:

- Sexual Violence Prevention
 - Comprehensive Sexual Health Education
 - Tapping into Community Innovation to Address Disparities
 - Gender Affirming Surgery
- 
- Sexual Health in Rural Settings
 - Political Advocacy for Sexual Health
 - Racism in the Sexual Health Field
 - Sexual and Reproductive Health for Youth

In addition to being participants at the conference, several Illinois representatives conducted workshops or submitted posters to share innovative ideas and sexual health programming. IDPH’s HIV Integrated Planning Program was pleased to present a poster entitled “Conducting HIV/STI/ HCV Needs Assessments Among Special Youth Populations”. The poster outlined methodologies, summaries, key findings, and recommendations from youth/young adult needs assessment activities conducted in Illinois Juvenile Detention Centers, an LGBTQ support group, and at a Summit of Hope. Another poster entitled “PrEP-aring for Comprehensive Sexual Health” was also presented by IDPH STD and HIV Section staff.

Overall, this conference experience was very valuable as it allowed participants to broaden their knowledge on sexual health topics and current issues outside of their regular, specified fields. The IDPH HIV Integrated Planning Program has and will continue to incorporate lessons learned at the conference into practice through IHIPC and other planning activities.

It is exciting to know that many Illinois sexual health programs, providers, and advocates presented information during the conference and are national leaders in their concentration areas. Congratulations to everyone who presented at this prestigious event!

Submitted by Marleigh Andrews-Conrad, Illinois Department of Public Health



DEAR COLLEAGUE LETTER: DRUG USE AMONG HETEROSEXUALS WITH SYPHILIS

This article contains excerpts from a CDC Dear Colleague Letter regarding rising rates of drug use among heterosexual with syphilis, released on February 14, 2019. To view the full letter, click [here](#).

On February 14, the CDC published [a new analysis in Morbidity and Mortality Weekly Report \(MMWR\)](#) finding **drug use more than doubled among heterosexuals with syphilis from 2013-2017**. CDC also released a detailed [Syphilis Surveillance Supplement](#) with tables presenting data on reported risk behaviors and characteristics for primary and secondary (P&S) syphilis cases for these same years.

To better understand recent and significant increases in syphilis rates among heterosexuals nationally, the MMWR article analyzed self-reported risk behaviors of women and men who have sex with women (MSW) diagnosed with P&S syphilis from 2013-2017. The data showed a substantial spike in methamphetamine, injection drug, and heroin use over the five-year period. The proportion of individuals who reported drug use in the past 12 months were as follows:

- **Methamphetamine use** increased from 6.2% to 16.6% among women and 5.0% to 13.3% among MSW.
- **Heroin use** increased from 2.1% to 5.8% among women and 0.8% to 2.7% among MSW.
- **Injection drug use** increased from 4.0% to 10.5% among women and from 2.8% to 6.3% among MSW.

These data suggest a merging of two epidemics: heterosexual syphilis and drug use. Confronting these intersecting epidemics will require collaboration on all fronts. STD programs should identify opportunities to partner with substance use disorder prevention and treatment programs, as well as harm reduction programs and other organizations providing services to people with substance use disorders in the local community:

- **STD programs** such as health department STD clinics or Disease Intervention Specialists, can integrate screening for substance use disorders and link to drug use prevention and treatment services, when needed.
- **Substance use disorder and harm reduction programs** and other community-based organizations can integrate screenings for syphilis/other STDs, link to treatment services when needed, promote safer sex practices, and distribute condoms.

Steps such as these move us closer towards the more holistic care our patients and clients need — care that takes us beyond a diagnosis to consider who a person is, what circumstances they face, and how those circumstances may affect their risk. These considerations are essential to breaking an endless cycle that endangers the health and wellbeing of too many.

ILLINOIS SYPHILIS AND DRUG USE DATA:

Illinois did see an increase in injection drug use among P&S cases in women, MSW, and MSM from 2013-2017, but the prevalence in these groups remains low. Illinois saw a slight increase in heroin use in MSW in this time period, but no increases of heroin use in women or MSM P&S cases. Illinois did not see increases in methamphetamine use among P&S cases in any of these groups over this time period.

While the data in Illinois does not mirror what CDC reported nationally in their analysis, it is an opportune time to reach out to substance use disorder groups and partner with them. Illinois has a strong harm reduction network already in place to offer services and information to these populations using drugs and this MMWR report informs us of the need to also test these populations for syphilis.

Submitted by Lesli Choat and Margie Smith, IDPH STD Section



DEAR COLLEAGUE LETTER: NEW CDC HIV RESOURCES

This article contains excerpts from a CDC Dear Colleague Letter regarding new CDC HIV Resources, released on September 3, 2019. To view the letter, click [here](#).

On September 3, CDC released a suite of communication tools and resources that support our ongoing efforts to prevent HIV and help people with HIV stay healthy. The new and revised tools also support the work of the proposed HHS initiative, [Ending the HIV Epidemic: A Plan for America](#). [CDC's role in the initiative](#) includes working closely with other HHS agencies, local and state governments, communities, and people with HIV to coordinate efforts to expand key HIV strategies. While communities will develop plans based on their own needs, they will focus on four key strategies: Diagnose, Treat, Prevent, and Respond. The resources unveiled today can assist communities in each of these four key areas. The suite of resources includes:

- A new website for the [Let's Stop HIV Together](#) campaign. CDC's 10-year campaign, *Act Against AIDS*, has undergone a name change to *Let's Stop HIV Together*. Those familiar with Act Against AIDS may recognize *Let's Stop HIV Together* as the name of the anti-stigma efforts under that campaign. The campaign consists of [resources](#) and [partnerships](#) aimed at stopping [HIV stigma](#) and promoting HIV [testing](#), [prevention](#), and [treatment](#). *Let's Stop HIV Together* empowers communities, partners on the ground, and health care providers to reduce stigma among all Americans, prevent HIV among the hardest-hit populations, and help people with HIV stay healthy.
- A new [HIV Nexus](#) website that provides clinicians with a credible source of information to help them stay abreast of the latest HIV recommendations and research, diagnose and treat patients as early as possible, and prevent new HIV transmissions. *HIV Nexus* will also support clinicians in communicating with patients and caregivers about HIV prevention, screening, and treatment.
- A combined [HIV prevention services locator widget](#). The new widget combines four key HIV prevention services (HIV testing, PrEP, PEP, and condoms) in one locator. Through the locator widget, users can find HIV prevention services near them with a simple zip code search.
- A new [CDC HIV home page](#) that guides visitors to unique content for consumers, clinicians, and public health partners. You will find the familiar CDC HIV prevention information, tools, and resources under the Public Health Partners section.



Another resource coming later this month, is an updated and redesigned HIV Risk Reduction Tool created to deliver comprehensive, accurate, and timely information about HIV, its risk factors, and ways to prevent HIV transmission and acquisition. The HIV Risk Reduction Tool's content can be tailored based on gender, gender of sex partners, and HIV status.

The resources released today will equip communities, health care providers, and partners with the tools, information, and resources needed to support their vital work. CDC encourages you to share these resources with your colleagues and looks forward to continuing collaborations to end the HIV epidemic in America.



IHIPC MEMBER SPOTLIGHT: LEN MEYER

Len Meyer is currently the Downstate Community Engagement Manager at Planned Parenthood of Illinois (PPIL) and has been with Planned Parenthood since 2018. At PPIL, Len has forged relationships with the Illinois Department of Corrections and the Department of Justice to help consult and train correctional officers and first responders on transgender issues. Len is a connoisseur in Gender Diversity education, as well as education in reproductive and sexual health. Len works tirelessly to help healthcare organizations and community partners to have more LGBTQ inclusive spaces for patients and folks that they serve.

Before their work at PPIL, Len founded the Central Illinois Pride Health Center in May 2015. The Center was the brainchild of Len's capstone work for their undergraduate degree. The work at the Center allowed Len to start their work as a patient advocate for the LGBTQ community in Bloomington-Normal and surrounding areas. Len also started various social groups through the Center including the youth group "Friends Like Us" in Normal.



In their former life, Len was an Emergency Medical Technician (E.M.T.) for over 16 years serving areas in St. Louis, MO; Dunn and Kinston, NC; and Metro East and Gibson City, IL. Len worked in many capacities in Emergency Medical Services (E.M.S.) such as emergency care, transportation of convalescent patients, pediatric and newborn transport, and in industrial settings such as the Mitsubishi Motors Plant in Normal, IL. E.M.S. is where Len developed the passion to help people in their worst times. Len also was certified to teach C.P.R. and Basic Trauma Life Support. Len served as a leader of a teen E.M.S. Explorer troop in St. Louis. Len had a knack for being able to strap a person to a backboard securely and start an IV rolling down the street in a moving ambulance.

Len has earned a bachelor's in Healthcare Services Administration through Lincoln College, and a master's in Healthcare Services Administration through the University of St. Francis in Joliet. Len was the recipient of two Acorn Equality scholarships and the Multicultural Leadership Program Community Service Leadership Award.

Len is currently serving a two-year term as an IHIPC voting member assigned to the LRAV Committee. Len also serves on the Community Action Group for Equality Illinois, the LGBTQ Committee for the Center of Prevention and Abuse, and the newly formed LGBTQ Advocacy Committee for Advocate Aurora. Last but not least, in their spare time, Len is an Adjunct Instructor for Lincoln College-Normal.

Submitted by Len Meyer, Planned Parenthood of Illinois

Interested in having your HIV planning news shared with the IHIPC membership and community stakeholders? Feel free to send your submissions for the newsletter to marleigh.andrews-conrad@illinois.gov.

