



## ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Spring 2020

Volume 3, Issue 1

### 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 Spring issue of our 2020 IHIPC Newsletter.

The IHIPC is off to another busy but eventful year! We plan to continue the cycle we began in 2019 and conduct 3-4 more focus groups with our risk-targeted populations in 2020. At our in-person meetings this year, the membership of the IHIPC and our community stakeholders will have opportunities to review and discuss these results, consider appropriate actions, and provide thoughtful, meaningful input into the State's next Integrated Plan for HIV Prevention and Care.

Our meeting presentations and discussions will continue to focus on topics pertinent to the *Getting to Zero (GTZ) IL Plan* domains and to achieving the goals of the National HIV/AIDS Strategy (NHAS). We invite all community stakeholders interested in ending the HIV epidemic in Illinois to join in our meetings, participate in these vital discussions, and provide input to help guide our planning efforts!

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

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## CALENDAR OF UPCOMING EVENTS

March 16-18

**2-day in-person IHIPC meeting (March 16-17), followed by an in-person training day (March 18) for IHIPC members**

Springfield, IL or by webinar

- March 16-17 Registration: <http://bit.ly/IHIPCMarch2020meeting>
- Activities on March 18 will be geared towards current IHIPC members, client representatives, and community stakeholders interested in future IHIPC membership. Please contact [janet.nuss@illinois.gov](mailto:janet.nuss@illinois.gov) if you are interested in attending.

March 20

**National Native HIV/AIDS Awareness Day**

April 10

**National Youth HIV & AIDS Awareness Day**

April 18

**National Transgender HIV Testing Day**

April 30

**IHIPC Webinar**

Registration information will be available on the [IHIPC webpage](#) closer to the meeting date.



## HIV SECTION TRAINING UNIT UPDATE

The HIV Training Unit is currently working to revamp its website with new features, including access to training registration links and a training newsletter. Stay tuned to this section for more updates.

If you have any questions about upcoming IDPH-sponsored trainings for funded agencies, please contact Michelle Ferguson at [michelle.ferguson@illinois.gov](mailto:michelle.ferguson@illinois.gov).

## 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 a video tutorial for navigating the IHIPC website. View the video at the link below to learn more:

- [IHIPC Website Tutorial](#)

**April is National STD Awareness Month:** The STD Section is planning a series of lunchtime webinars (with CEU opportunities) in April to commemorate this. Webinar dates and topics are to be announced. Please contact [lesli.choat@illinois.gov](mailto:lesli.choat@illinois.gov) for more information.

**Save the Date:** 2020 STD New Counselor Trainings will be held September 15-18. Please contact Lesli Choat at [lesli.choat@illinois.gov](mailto:lesli.choat@illinois.gov) if interested.



## IHIPC UPDATE

Thanks to those who participated in our December 12, 2019, IHIPC webinar meeting. About 60 people were in attendance for the live webinar. If you missed the meeting or know of colleagues who are interested in learning more, remember that all IHIPC meetings are recorded. Please see the link below for more information.

At the December meeting, planning group members were provided with information on topics important to their role as members on a statewide HIV planning/advisory group. There was also collective discussion with IDPH Program staff and other community partners present on the following topics:

- ❖ The 2019 Activities Report on *Illinois' Integrated Plan for HIV Prevention and Care: 2017-2021*
- ❖ Updates to Integrated Plan Activities for 2020
- ❖ Review of the Vetting Process to Consider Updating the Prioritized Populations' Risk Group Definitions
- ❖ 2020 IHIPC Meeting and Activities Calendar and Committee Objectives
- ❖ 2020 New IHIPC Membership
- ❖ Selection of New 2020 IHIPC Leadership Positions

Webinar slides and minutes from the meeting are available here: <http://bit.ly/IHIPCDecember2019MtgDocs> .

Three members of the IHIPC leadership ended the terms of their leadership roles in December 2019. Nicole Holmes transitioned from her term as the Community Co-chair Elect into her 1-year term as the new Community Co-chair, effective January 1, 2020. Cynthia Tucker's 2-year term as Secretary and Scott Fletcher's 2-year term as Parliamentarian also ended December 31, 2019. We sincerely thank them for their dedication to the IHIPC during the periods in which they served in those leadership roles.

At the December meeting, an overview of the roles and responsibilities of the available leadership positions on the IHIPC was provided, nominations were solicited, then all members who accepted the nominations briefly spoke to the group expressing their interest in the position(s) and their ability to carry out the duties. Based on the results of the ballot vote that was conducted, the following members were elected to serve in IHIPC leadership positions in 2020:

- Community Co-chair Elect: Len Meyer
- Parliamentarian: Christofer Rodriguez
- Secretary: Susan Rehrig



Thank you all for your commitment to the planning group. We welcome you in your new positions!

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



## FOLLOW UP RESOURCES: UNDOING RACISM

In August and September 2019, IHIPC members, IDPH staff, and other community stakeholders had the opportunity to participate in a series of Undoing Racism Trainings conducted by the People’s Institute for Survival and Beyond. For many participants, the training was challenging yet thought provoking. The experience also left people feeling that more research, conversations, and action steps would need to take place to address racism within HIV planning and programming in Illinois.

Below are several resources that can be used to further one’s knowledge and understanding of topics that were included in the Undoing Racism Trainings, such as implicit bias, structural racism, etc. Resources below were compiled by Public Health: Madison and Dane County in Wisconsin (as shared during their “Racism in the Sexual Health Field” workshop at the 2019 National Sexual Health Conference) and the IDPH Health Equity Council.

### Articles:

- [Implicit Bias Sites and Resources](#), compiled by Racial Equity Tools
- [Managing Unconscious Bias: SPACE2 Model](#), by Culture Plus Consulting
- [White Privilege: Unpacking the Invisible Knapsack](#), by Peggy McIntosh
- [White Fragility](#), by Robin DiAngelo
- [White Supremacy Culture](#), by Tema Okun
- [Four Ways White People Can Process Their Emotions without Bringing White Tears](#), by Jennifer Loubriel

### Videos/ trainings:

- [Implicit Bias Module Series](#), published by Kirwan Institute for the Study of Race and Ethnicity
- [Putting Racism on the Table](#), by Washington Regional Association of Grantmakers
- [Equity and Empowerment Lens: A Tool to Create Equitable Policies and Programs](#), by HHS Office of Minority Health
- [Implicit Bias: How Our Unconscious Minds Lead Us Astray](#), by IDPH Center for Minority Health Services
- [How Racism Makes Us Sick](#), by TEDMED

### Tools:

- [Racial Equity Impact Assessment Guide](#), by Race Forward
- Strategic Practices and Resources from [healthequityguide.org](http://healthequityguide.org)
- [Implicit Association Test](#), by Project Implicit

At the March 17, 2020 IHIPC meeting, there will be a video shown during the working lunch and a session entitled “Addressing Racism in the HIV Workforce” to continue discussions about racism and its impact on HIV and related services in Illinois. All are invited to attend this meeting to continue the conversation, share perspectives, and ultimately make further progress in achieving racial and health equity for all communities.



## POSITIVE LIVED EXPERIENCE

Hello, my name is Tawana Howard and I am 49 years young. I am a mother, grandmother, sister, daughter, and aunt; and I am HIV positive.

My journey with HIV started in the late 80's and 90's when the virus hit and was wreaking havoc in communities across the country. I tried to learn as much as possible about it. I started getting tested as soon as a test was available (first every three months, then six months, then finally once a year).

In July of 2017, I went in for my yearly checkup and test. On October 3, 2017, I received a call from my doctor's office: a new doctor I had never seen before wanted to see me. When I asked why, I was told that my doctor was out of the office and they weren't sure when she would be returning. I went into the office and received the news that I myself was positive. I wasn't surprised because I had spoken with my children and told them about the call. I discussed that if they are calling me in, I had to have tested positive for HIV or I had cancer. I, of course, was praying for HIV because I knew that HIV today is not like HIV of years past.



When they told me I was positive, they also tried to tell me that I contracted this via sex, and I was almost positive I hadn't. They stated they needed my partner information and I stated that they didn't have to contact anyone because I was going to and that he would be attending my appointment with me. Indeed, he accompanied me to my appointments, and he tested negative. We at that point started asking the doctor if it was possible that I could have contacted this virus years ago and it was just now presenting itself. The doctor told us it was impossible. He stated to us that if I was telling the truth about my partners, they were not sure how I acquired it and that they were just going to focus on keeping me healthy. I learned last year that my viral load at that time (October 2017) was 760 and my CD4 was 604. Knowing this, I understood why he made the comments he did and asked all the additional questions.

Today, people ask why I am so happy and say that I do not look like I have the virus. My response is that the virus doesn't have a look and that anyone can get it. I've been told by several women that if they tested positive, they couldn't live knowing they are going to die. My response is: we all are going to die and that is a given regardless of if it is from cancer, diabetes, an accident, etc. This virus was wreaking havoc around the world; however, doctors and scientists today have learned so much more about the virus that people with it are living much longer, and for that I am grateful. I will always be positive and will try to reach those who are affected and those that are at high risk to tell them my story: there is hope of living a healthy life and that early detection is best!

*Submitted by Tawana Howard, IHIPC At-Large Member*

*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](mailto:marleigh.andrews-conrad@illinois.gov) for more information.*



## NAESM'S AFRICAN AMERICAN MSM LEADERSHIP CONFERENCE 2020



I attended the 30<sup>th</sup> Annual National African American MSM Leadership Conference on Health Disparities and Social Justice hosted by the National AIDS Education and Services for Minorities (NAESM) in Atlanta, GA January 16-19, 2020. I found the conference incredibly relevant to a variety of current public health/social trends involving black MSM (men who have sex with men).

Conference goers had the opportunity to hear from members of the Silver Lining Project, a brotherhood, comprised of black gay men over the age of 50, focused on promoting social health and improving health outcomes in the community through the “organic mentoring” of younger black gay men. The speakers also presented highlights of their Silver Skills Curriculum that certifies participants to be peer educators.

One of the conference plenary sessions, entitled “Is the Juice Worth the Squeeze? Pushing Back on Invasive Public Health Surveillance”, included a healthy and passionate discussion with public health professionals about how people living with HIV feel about their information being accessible in this way and their fear of possible identification. In another session, “Sex Work and PrEP”, the presenter, who is a full-time sex worker, shared best practices for supporting sex workers in their pursuit of PrEP, from his own experiences in the field.

Of all the sessions I attended, the most impactful presentation was the workshop entitled “The Toxic Relationship between HIV Prevention and the Black MSMs Who Do the Work.” I was one of two women in this session that I could describe as uncomfortable, supportive, and therapeutic. The presenter spoke about various topics identified by black MSM as barriers to their advancement in the workplace such as being labeled as a “problem child” after speaking up about racial injustice in the workplace; sexual harassment; and not being allowed to present their work when they were involved in development of a research study. There was also discussion about work-life balance and the assumption by supervisors that MSM were available to work weekends and were often chosen to work weekends over colleagues in similar work titles that have a spouse or children. By the end of the session, audience members were hugging and sharing contact information with each other and offering support to address these issues.

Overall, the NAESM conference for black MSM and by black MSM, affirmed how life experiences of the community can help further our understanding of relevant health and social justice topics and assist in the development of best practices for supporting that community. I am grateful to have had the experience to attend such a conference and I look forward to the next phase of our collective work as public health professionals using information gained and exchanged at the 2020 NAESM conference.

*Submitted by Nicole Holmes, IHIPC Community Co-chair*



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## BIOMEDICAL HIV PREVENTION SUMMIT



Andrea Danner, HIV/AIDS Assistant Section Chief, and Michelle Ferguson, HIV/AIDS Training Administrator, attended the Biomedical HIV Prevention Summit in Houston, Texas on December 3-4, 2019.

Phase one of the federal Ending the HIV Epidemic Initiative has identified 57 jurisdictions eligible for increased resources, technology, and expertise to help end the HIV epidemic by 2030. The summit explored how to end the epidemic among black men and women and Latinx individuals along with many other topics presented by health departments from across the country. The program for the conference can be viewed [here](#).

One of the plenaries included “Long Acting Injectables and the MOSAICO Vaccine Study” which discussed how injectables could help increase PrEP uptake among Black and Latino MSM. This vaccine study is the largest study of its kind and results could be available within 5 years.

Another presentation focused on HIV criminalization and the modernization of statutes and how they impact and keep women and Black/Latinx men from being tested. One of the presenters was Nikko Briteramos, a former Huron University basketball player, who was convicted in 2002 for not informing his partner of his HIV status before having sex. He received national attention as the first person arrested under a South Dakota law requiring that persons inform prospective sexual partners that they are HIV positive. He became the subject of debate regarding the unconstitutionality of partner notification laws. He later sued and won a \$75,000 lawsuit against a barbershop for discrimination after they denied him services due to his HIV status.

The Summit provided valuable information and face-to-face networking that will help us enhance PrEP and nPEP programs in Illinois. Examples of best practices and innovative approaches that can be replicated were presented by several states. Sessions describing the latest research and how the results can be applied to our programs were a big benefit. We returned with new ideas and tools we will use to motivate ourselves as well as our grantees!

Submitted by Andrea Danner and Michelle Ferguson, IDPH







## TEXT 2 SURVIVE: TEXTING APPLICATION FOR HIV PREVENTION SERVICES

Did you know that IDPH has texting applications that can help clients locate HIV, STI, or PrEP clinics in their communities? Did you know that IDPH has a text-based medication reminder program that can remind clients on a daily, twice-daily, or weekly basis to take their medications?

The IDPH Center for Minority Health Services, in conjunction with the Illinois Public Health Association (IPHA), has developed texting applications for all of these uses!

- Clients simply text "IL" and their zip code to 36363 to find HIV/STI testing clinics near them.
- Clients simply text "PREP" and their zip code to 36363 to find PrEP clinics near them.
- Clients simply text "MED" to 36363 to receive daily, twice daily, or weekly medication reminders at times of their choosing.

Please help us promote these helpful new technologies with your HIV prevention and care clients!



**TEXT  
36363  
TODAY**

**TEXT "IL" PLUS YOUR ZIP CODE TO FIND AN HIV AND STI TESTING CENTER NEAR YOU!**

**TEXT "MED" TO SIGN UP TO RECEIVE DAILY, TWICE DAILY, OR WEEKLY MEDICATION ADHERENCE REMINDERS!**

**TEXT "PREP" PLUS YOUR ZIP CODE TO FIND PREP PROVIDERS NEAR YOU!**

Texting service funded by IDPH Center for Minority Health Services.

★ For questions about the program or to add your agency/site to this texting application, please email Jeffery Erdman at [jerdman@ipha.com](mailto:jerdman@ipha.com). ★

*Submitted by Jeffery Erdman, IHIPC member*



## CDC DEAR COLLEAGUE LETTER: HIV VITAL SIGNS REPORT

*This article contains excerpts from a Dear Colleague Letter distributed by CDC's Division of HIV/AIDS Prevention on December 3, 2019, regarding a new Vital Signs report on ending HIV transmission in the United States. To view the full report, please click [here](#).*

On December 3, 2019, the Centers for Disease Control and Prevention (CDC) released a new [Vital Signs](#) report on ending HIV transmission in the United States. The findings show that progress in reducing new HIV infections in the United States has stalled in recent years and that too many Americans with HIV remain unaware of their status. The analyses also show too few have the virus under control through effective treatment, and too few are taking pre-exposure prophylaxis or PrEP—a pill that when taken daily on a regular basis can prevent HIV.

According to the Vital Signs report:

- About 154,000 people with HIV (14%) don't know it and need testing so they can benefit from medication that will allow them to stay healthy, control the virus, and prevent transmission of HIV to others.
- About 37% of those who know they have HIV don't have the virus under control through effective treatment. Young people and African Americans were least likely to have the virus under control.
- 82% (4 in 5 people) who could benefit from PrEP are not getting it. This is especially true for young people and racial/ethnic minorities. PrEP coverage for whites is 4 to 7 times as high as for Latinos and blacks, respectively.

To end HIV transmission in the United States, a scale-up of HIV testing, treatment, and prevention is required, in addition to addressing health disparities. The HHS-led *Ending the HIV Epidemic* initiative, proposed earlier this year, would leverage critical scientific advances by coordinating highly successful federal programs with agency resources. The initiative would substantially increase resources, technology, and expertise where they are needed most, with the goal of reducing new HIV infections by at least 90% by 2030.



To achieve maximum impact, the initiative would focus first on 50 areas that account for over half of new HIV diagnoses and seven states with a substantial rural burden. The initiative would scale up four evidence-based strategies that can end the epidemic:

- **Diagnose** all people with HIV as early as possible, with a target of diagnosing at least 95% of HIV infections.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression, with a target of at least 95% of people with diagnosed HIV maintaining [viral suppression](#).
- **Prevent** new HIV transmissions by using proven interventions, including PrEP, syringe services programs (SSPs), and condoms. For PrEP, the target is for at least 50% of people who could benefit from it to receive a prescription.
- **Respond** quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

For more information about CDC's role under the proposed initiative, [visit: www.cdc.gov/endinghiv](http://www.cdc.gov/endinghiv). Please visit the [Vital Signs website](#) to learn more about how we can stop HIV together and end the HIV epidemic in America. We also encourage you to share these materials with your colleagues.



## IHIPC MEMBERSHIP SPOTLIGHT: DERRIUS CARTER

My name is Derrius Carter (he/him/his) and I am relatively new to the field of public health, but I have been engaged in HIV/AIDS advocacy for several years. I'm excited to embark on this new journey as an IHIPC member and mobilizing change with an amazing group of people.

I have always been inspired by "folx" who have changed the world and in turn, many social justice advocates have shaped me into the person I have become today. This passion for social change inspired me to create change on my alma mater's campus. As both an undergrad and graduate student at the University of Illinois in Urbana-Champaign, I worked as Multicultural Advocate, a position created by University Housing to ensure each residence hall had a student that trained other housing staff to be culturally competent, resolve issues of bias and intolerance, and create hall-wide programming. The majority of my programs surrounded HIV prevention and increasing awareness surrounding PrEP and U = U.



While studying at the U of I, I received both my bachelor's in Community Health and a Master of Public Health in a rigorous 5 year dual-degree program (BS-MPH). The BS-MPH program allowed me to further explore my passion for health policy, disease prevention, and social justice. I have always been well aware of the HIV epidemic and knew we needed more young black queer public health practitioners to lead the charge to help us "get to zero."

This passion for social justice and healthcare drew me to the mission of the Champaign-Urbana Public Health District (C-UPHD), where I met Candi Crause, MPH (current IHIPC voting member). She, along with Nancy Johnson, HIV Prevention Coordinator, gave me some of my first experiences in the field of public health, as well as my first job post-graduate school.

In my current role as a Prevention Specialist at C-UPHD, I am able to utilize my skill set of public speaking, program development, counseling, social justice education, and behavioral health theory. I am excited to see more people get on PrEP, specifically young queer black "folx" who want to get on the medication but are worried about being able to afford the medication. In the future, I hope to follow in the footsteps of Candi Crause and become a part of leadership for a prestigious public health organization.

*Submitted by Derrius Carter, IHIPC At-Large Member*

*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](mailto:marleigh.andrews-conrad@illinois.gov).*

