Idaho Advisory Council on HIV and AIDS

Meeting Report

February 25 & 26, 2011

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Opening Remarks & Introductions

Gary Rillema and Bebe Thompson, Co-Chairs of IACHA opened the meeting with a welcome to all members and guests. Members were asked to introduce themselves and to state their potential conflicts of interest for serving with IACHA. Those with conflicts or perceived conflicts of interest were asked to complete Disclosure Statements. Three members advised that, for various reasons, they are moving out of state and will be resigning their membership – Margaret Legarreta, Carrie Brower-Breitwieser and Annie Clayville. Kimberly Van Wyk will be moving out of state, but wishes to maintain membership for now.

Also, Lynsey advised the group that Mike Hirschi and Barbara Harrison Condon have resigned their memberships. Treena Clark has also resigned, but will continue as a technical assistance provider.

2009-2011 Comprehensive Plan

Following are highlights reported by Teri Carrigan of the Comprehensive Plan updates.

Stigma and HIV Media Campaign:

1) FPSHP no longer receives state funding for the Statewide HIV Media Campaign. Money was taken out of the budget in 2009.
2) The IACHA Research Committee was involved in researching stigma interventions.
3) An ad hoc committee worked on efforts to educate legislators (Patricia Kemphthorne Event).
4) Our funding options for pharm educational grants were reduced when new regulations took effect in 2009.

Take home message: In our new Comp Plan we need to refocus on addressing stigma issues with providers and clients.

Insufficient HIV Knowledge: We lacked evidence for this objective. There is no standardized curriculum in the schools for HIV education, but some regions are making efforts. Lisa Kramer helps as a resource for increasing HIV and STD education in schools. Our collaboration with the Department of Education is moving forward. We are impacted by limited resources. Teri is working to meet with RPG's to gain support and involvement. We opened up options for using RPG funds in planning activities.

Lack of Providers and Support Systems: In an effort to increase the number of providers and support groups, we conducted a grant writing workshop. We need more focus in the future on HIV. We developed an RFP for prevention intervention services for highest priority populations. We are working to secure provider resources and time in some regions. Judy Thorne is providing clinicians and HIV testers with training.

Address Need for increased HIV Testing sites: More funds were allocated to increase HIV testing sites – increased to $175,000 from $130,000. Judy Thorne was trained in Social Network Strategies. Five Health Districts are testing offsite. Three organizations contracted to do testing including a.l.p.h.a., El Ada and Inland Oasis. We have MOAs with several agencies in various regions.

Response to the National HIV/AIDS Strategy

Teri reviewed how Idaho's 2012-2014 Care and Prevention Comprehensive Plan will be more integrated and recommended it focus on the National HIV/AIDS Strategy. Recommendations include that planning focus on:

- Allocating public funding to geographic areas consistent with the epidemic – prioritizing services to areas most affected by HIV in Idaho.
- Making recommendations for prevention interventions and care services.
- Taking clues from NHAS, ECHIPP, and EIIHA when selecting which services to emphasize in the Comp Plan.

The National HIV/AIDS Strategy Goals will be the focus of Idaho's Comp Plan. The three areas National is focusing on are:

1. Reducing HIV Incidence
2. Increasing access to care and optimizing health outcomes
3. Reducing HIV-related health disparities

The review of our 2009-2011 Comp Plan should include the following questions:

- Are current services targeting persons at greatest risk for acquisition or transmission?
- Are interventions effective? (evidence-based)
- Are resources distributed to people and communities at highest risk?

We will target our services based upon responses to these questions. The Enhanced Plan wants us to assess and address the gaps in coverage and/or resources and to ensure coordination of services along the HIV prevention and care treatment continuum.

Our next steps for completing the 2012-2014 Comprehensive Plan will be to:

- Prioritize populations
- Review current Comp Plan
- Identify gaps
- Make recommendations for prevention and care

We will incorporate the "Required Activities," the appropriate "Recommended for Consideration" and "Innovative Local Activities", as outlined in the guidance documents

Epidemiology Update

Jared Bartschi, Epidemiology Health Program Specialist, provided an update of the HIV & AIDS 2005-2009 trends which will be published as part of the 2005-2009 Epi Profile. The profile is in the final stage of review before it is released. A summary of recent trends follow:

Incidence of HIV/AIDS for men in 2008-2009 saw significant increase. The female trend is flat. Data reflects recent increases in the 20-29 and 40-49 age categories. Ethnicity is mostly White. In the Risk category MSM have the greatest increase.

This report added "Presumed Heterosexual" category for females who do not know their partner's risk factors. Districts 6 and 7 both reflected significant increase of HIV/AIDS in 2008-09. We are still seeing the repercussions of the outbreak in Eastern Idaho. The death trend has declined in the last 10 years because of improved technology and life-saving drugs. Therefore trends reflect a steady increase in those living with HIV/AIDS. The largest age group for those living with HIV/AIDS is 40-49. District 4 has the most people living with HIV/AIDS.

A new data set was added to the Epi Profile to capture the incidence of persons who progress to AIDS within 12 months of their HIV diagnosis. The table indicated that Health Districts 1 and 5 have high rates of newly diagnosed individuals progressing to an AIDS diagnosis within 12 months. The rates were 54 percent and 50 percent respectively.

The data in the Epi Profile helps us to understand the issues within the State and allows us to tailor prevention activities. The official Epi report will be released this summer.

HIV Prevention Update

Teri Carrigan presented an update on Prevention related activities.

MSM Needs Assessments: A focus group was organized to gather information from young gay men in Boise (18-29yrs). Seven men registered. The IRB process slowed things down but recommendations were made to enhance confidentiality. Our efforts to gain sufficient information were affected by the lack of funding and time. We had hoped to administer an MSM survey online by the end of year. There may be the potential for some budget carry-over money which will allow us to do more work with assistance from the Research Committee.

For the Competitive Application process, CDC is working out what funding opportunities will look like. They will probably provide a menu of services, some requested and some recommended. Community Planning Guidance likely will not be provided; we will need to depend on National Guidelines. The HIV Prevention Project Officer has alluded that Community Planning will be streamlined in the future. We anticipate reduced funding for Community Planning that will include recommendations to meet face-to-face less often

and to concentrate meetings during plan years. We are anticipating longer terms for strategic planning. This would work for Prevention but could be more problematic for Care.

The HIV in Idaho workshop and video – Project HIV:USA. Duane Quintana of a.l.p.h.a. coordinated with Jason Roberts Evan on a writing workshop and video project for HIV Positives. This was the first time Jason has done this project in a low prevalence state. Some of the participants are current and former members of IACHA.

Note: Video was shown to IACHA group.

Sex Education Decision Making at the Boise School District

Annabeth Elliott, STD Program Coordinator with H & W conducted research for her Master's Theses regarding Sex Education. The Department of Education and Health and Welfare jointly conduct the Youth Risk Behavior Survey every other year regarding Sexual Health of Students/Teenagers in Ada County. The goal of Sex Education is to increase the proportion of youth that abstain from sexual activity. The Survey of 2004-2008 involving ages 15-19 showed that STDs increased 76%, teenage pregnancy increased 7% and teenage abortion 13% which is 57% higher than the rest of Idaho.

Teen pregnancy is associated with poverty, crime, child abuse, and a high school drop-out rate (80% are on Medicaid). Fifteen key informants from Ada County were asked their views of strategies to improve sexual health in Boise. They responded that there is a need for age-appropriate comprehensive sex education and increased instructional time on sex education. The Boise School District's stand on sex education in the school is to focus on abstinence which makes these strategies difficult to implement.

The purpose of the research was to understand what influences this policy decision and to facilitate adoption of evidence-based sexual education programs. Through interviews and document research, four main themes emerged regarding what influences sexual education decisions:

1. Conflict – fear and a preference to avoid controversy.
2. Adherence to the abstinence-only policy – to avoid controversy
3. Communication is getting lost in bureaucracy, and
4. Values vs. Reality (assumption that the community values abstinence-only education)

Recommendations from the Research:

- Present the Board with the need for evidence-based sex education providing Real Data and Real Impact.
- Collaborate with nurses, teachers, parents and other community members to mobilize community support.

What can IACHA do? Keep this information and need in mind as IACHA moves forward with the Comprehensive Plan. Sex education is a "life" skill.

Personal Responsibility Education Program (PREP)

Katherine Humphrey of the Adolescent Pregnancy Prevention Program of DHW provided a report regarding the education program for Adolescent Pregnancy Prevention.

The goal of Prevention is to promote positive youth development – healthy individuals in healthy communities. Findings of the Youth Risk Behavior Survey show that 39% of all high school students reported sexual activity. Hispanic youth reflected that 51% are sexually active. The Idaho pregnancy rate is a little higher than the National rate.

Two years ago the DHW Division of Public Health made a decision to support a Comprehensive Sexual Health Education approach, moving away from abstinence only education. This year, seven school districts from around the State are piloting a sex education program called Reducing the Risk, which is a16 lesson curriculum. A funding application for this Personal Responsibility Education Program was submitted February 1. We are waiting for the decision on funding. The best implementations of these programs are in areas where Health Districts and school teachers have good relationships.

We are working to support the culturally specific programs being provided through Cuídate for Latino Youth. We want to augment what is already being done and are submitting an RFP to expand the program through Cuídate.

HIV Care Update

Bebe Thompson presented a new section of the FY2011 Ryan White Part B Grant Application, Early Identification of Individuals with HIV/AIDS (EIIHA), that lays out the responsibilities of RWPB programs in conjunction with the National HIV Strategy. In addition to these responsibilities, more focus is being made on determining Unmet Need defined as individuals that know their status who are not in care or have fallen out of care. It is very difficult to estimate that number using the current data collection strategies the state has. More people are moving into Idaho as they lose their jobs and are turning to their families for support. We know that regardless of why they are coming to Idaho, they need care and need to ensure we increase access. A key piece of this issue is to identify who is not in care.

The National HIV/AIDS Strategy Goals are:

1. Reduce HIV incidence: We must identify individuals who are HIV positive through testing and then ensure we inform, refer, and link them to care. Through data collection we need to determine who knows their status but are not in Care,

then follow up to ensure they get into Care. We must make efforts to replicate best practices across all Districts.
2. Increase access to care and optimizing health outcomes: We do a good job in this area. The key is implementation of the Quality Management Plan. It is important for members to read Section 4, EIIHA and Unmet Need of the Grant application and provide feedback.
3. Reducing HIV – related health disparities.

It is essential that the Care & Prevention plan together.

Northwest AIDS Education & Training Center

Judy Thorne provided an overview of the FY 2011 Goals. Through focusing on longitudinal trainings and TA they trained 419 providers last year and project 500 will be trained this year. Work was coordinated through Terry Reilly Health Centers, District Health Departments/Family Planning Programs and Idaho State University Family Dental Services.

Perceptorships supported NWAETC's capacity-building focus. Training was completed for Nurse Practitioners in Districts 2 and 3, a Nurse in District 5, an HIV Fellow at the Wellness Center, a Pharmacist in District 6 and a Case Manager in District 4.

During the Spring and Fall of 2010, the faculty and students from ISU Meridian screened a total of 114 individuals at three locations. Both genders were screened (male = 59 and female = 51), with 77% reporting to be Caucasian. The average age of participants was 47, ranging from 22 to 87 years old.

The screening is reaching the targeted population: 78% of those screened were not under the care of a health care provider. Overall 64%of the participants received some kind of referral information for assistance with health issues.
In addition to the health screening to date 87 flu vaccines and 22 Hepatitis A/B vaccines have been administered.

In FY 2012 the Training Center will focus on:

- Continued longitudinal focus on Federally Qualified Health Centers and Family Practice settings
- Rapid testing in non-traditional settings (County Clinics)
- nPEP/PrEP requests as needed
- HCV/co-infection coordinated care model (County Clinics)
- Capacity building in underserved areas
- (IACHA members were encouraged to assist with this effort by identifying opportunities to increase involvement in training).

State Department of Education Update

Lisa Kramer provided an update from the Department. In April of this year, there will be a conference in Sun Valley on prevention. Some workshops will focus on comprehensive sexual education practices and policies.

The Youth Risk Behavior Survey will be conducted as a Statewide Random Survey Process. This will be the first year that questions about condom use will be added.

Lisa invited IACHA to involve her and the DOE as resources for data that is available for the Comprehensive Plan.

Lisa also encouraged members to find out what is happening in the schools in their respective communities to help determine means to understand and work better with School Boards.

Impact of Routine HIV Testing in Family Planning Clinics

Gary Rillema discussed the impact of routine HIV testing which was implemented in family planning clinics in January, 2010. Three new State grantees were awarded funds for routine testing – Idaho was one of them. The grants are for 3 years. Tests were distributed through the Health Districts.

There have been some significant barriers including staffing. In District 7 they have administered about 200 tests. Each test adds 1 hour to a provider's work demands. However, an important outcome is that people leave with a risk reduction plan.

Administrative Updates

Lynsey Winters Juel covered the following administrative updates.

- HIV Conference Opportunities for 2011. Members need to submit requests for conference funds as early as possible. Criteria to submit requests:
    - Member for 1 year
    - Potential leadership interest
    - Level of involvement in IACHA

  The Administrative Committee, who reviews and approves all requests, may consider adding other criteria which would assess the level of demonstrated committee involvement and participation. The conference list is not all inclusive. Members may be aware of other opportunities. The due date for requests: March 15, 2011.

- RPG Funds Reports

- North Idaho received $1500 for transportation to medical facilities and for World AIDS Day. They also received $1260 for marketing and training tools for Blood Lines.
- District 6 received $280 for World AIDS Day
- District 7 received $2500 for World AIDS Day, for education/prevention presentations at a Juvenile detention center, an alternative high school and a local university and a presentation at Rexburg Drug Court.

- IACHA Idaho pins are available through Lynsey
- The letter to Legislators regarding IACHA's concerns for the new Freedom of Conscience for Medical Health Care Providers was sent in January, 2011, to several Idaho House and Senate Committee Chairs. A copy was sent to AARP.
- At the June, 2011 meeting, members will be nominating and electing a Community Co-Chair in accordance with IACHA's Policies and Procedures.
- **Upcoming 2011 IACHA Meetings – Reminders!**
  June 3 and 4
  September 23 and 24

Comprehensive Plan Brainstorming

Members were given the opportunity to brainstorm key issues and points identified and discussed during this IACHA session that they thought would be essential points to be covered in the Comprehensive Plan, particularly as they relate to Access to or Linkage to Care, Disparities, and Decreasing Incidence. Following is a list of those key issues identified:

1. Transportation assistance - training/studying where we are re: time it takes to get the newly diagnosed to care.

2. Youth Education

3. Decrease number of persons that progress to AIDS within 12 months, particularly Regions 1 and 5

4. Educate Medical and Community Providers about Care resources. Mental Health Counseling, Dental, General Physicians, Housing

5. Stigma

6. RPG – possible cut in funding. Ways to keep connected. Focus on prevention within each district

7. ADAP – may need to close program to new individuals in 2011, due to funding shortfalls

8. Community Health screenings – more public awareness and a checklist for tracking of care.

9. Testing of Heterosexuals and IDUs and late testers

10. Potential collaboration opportunities – better integrate cooperative opportunities – DOE, Judy Thorne, Pregnancy Prevention Program.

11. Community Viral Load – (community resistance genotyping), determine a state wide viral load then break it down by health district.

Structural Committee Report

Katy Kujawski reviewed the recommendations of the Structural Committee. Key points made about Regional Planning Groups include:

RPGs are able to ask for $1000 for support of activities at the local level. It is important to ensure that RPGs are in all 7 Districts and are active. District 5 is the most needful of support. They are also the most interested in becoming more active. A recommendation was made to change the Policies and Procedures to provide opportunity for RPGs to participate in selected topics of IACHA meetings and to identify issues for discussion at IACHA meetings.

Consensus Decision: Accept funding recommendations for RPGs of $1000. Accept changes to Policies and Procedures (Sections III. L. and V. B.) regarding RPGs as submitted, including participation opportunities and access to IACHA meeting minutes.

Technical Assistance for RPGs: Teri and Bebe want involvement of the community (through RPGs) to identify priority populations and gaps. It will be important to provide technical assistance and assist them in using the tools developed by the Data Committee. Guidance will be provided by Teri. Information will also be added to the Resource Directory. Need to determine RPGs willingness to participate in gaps analysis and priority populations. We also need to determine their potential for QM participation. Analysis needs to be completed by May, 2011 for the Research Committee. We will need to identify the appropriate interventions for the Comp Plan.

Quality Management Committee Update

Lynsey Winters Juel provided the QM Committee update. The QM Committee met with a technical assistance provider who identified ways in which the QM Program can better align with the National HIV Strategy. The revised QM Plan will address the following areas:

1) Retention in Care (Medical Visit, Viral Load, CD4 Count)

2) Viral Load Suppression (Community Level) for Idaho and each health district
3) ADAP Recertification
4) ADAP Eligibility

Lynsey reviewed the 2010 data results (see below).

Core Clinical Measures	Idaho Data		
Percent of active ADAP and/or Part B clients with HIV Infection who **had 2 or more CD4 T-cell counts** performed in the measurement period	**Numerator**	116	**76.82%** 2009: 63% Goal: 90%
	Denominator	151	
Percent of active ADAP and/or Part B clients with HIV Infection who had 2 or more **Viral Load counts** performed in the measurement period	**Numerator**	118	**78.15%** 2009: 63% Goal: 90%
	Denominator	151	
Percentage of active ADAP and/or Part B clients with HIV infection who **had two or more medical visits** in an HIV care setting in the measurement year	**Numerator:**	151	**76.65%** 2009: 81% Goal: 90%
	Denominator:	197	
Percentage of active ADAP clients with HIV infection and a **CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis**	**Numerator:**	22	**84.62%** 2009: 85% Goal: 100%
	Denominator	26	
Percent of active ADAP and/or Part B clients who are at least 18 years old, who had a serologic test for **syphilis** at least once in the measurement year **NOTE: REMOVED AS MEASURE FOR 2011**	**Numerator:**	123	**81.46%** 2009: 82% Goal: 90%
	Denominator:	151	
Percent of active ADAP and/or Part B clients who receive a **cervical cancer** screening every 12 months	**Numerator:**	28	**80%** Added as new measure in 2010 (but 68.57% in 2009) Goal: 90%
	Denominator:	35	
Percent of active ADAP and/or Part B clients who receive a **Gonorrhea** screening every 12 months. **NOTE: REMOVED AS MEASURE FOR 2011**	**Numerator:**	73	**48.34%** 2009: 45% Goal: 90%
	Denominator:	151	
Percent of active ADAP and/or Part B clients who receive a **Chlamydia** screening every 12 months. **NOTE: REMOVED AS MEASURE FOR 2011**	**Numerator:**	73	**48.34%** 2009: 45% Goal: 90%
	Denominator:	151	
Percent of active ADAP and/or Part B clients who receive a **substance abuse/ mental health** screening every 12 months	**Numerator:**	89	**58.94%** Added as new measure in 2010 (but in 2009, 78.81%) Goal: 90%
	Denominator:	151	
	Denominator:		
Proportion of ADAP enrollees recertified for ADAP eligibility criteria every six months	**Numerator:**	11	**11.7%** 2009: 20% Goal: 70%
	Denominator:	94	

Data Committee Update

Casey Moyer provided an overview of the Data Committee goals.

Project: Idaho ADAP Insurance. The Data Committee is partnering with the Finance committee on this project. A case study presentation of 3 states currently utilizing insurance for ADAP will be developed. During February and March the following actions will be addressed: Identify the States for the case study; Identify needed 8 – 9 data elements, conduct research with the States, assemble the committee presentation and provide materials to the Finance Committee.

Project: Epi Profile Evaluation. The Committee will evaluate the draft Epi Profile recommendations with the help of Teri and present recommendations for prioritization by region for a decision of membership at the June meeting.

The Committee has openings for anyone desiring to participate as a member.

Finance Committee Update

Gary Rillema provided an overview of the Finance Committee goals and actions. The Finance Committee is partnering with the Data Committee on their ADAP goal.

Goal: Idaho ADAP Insurance. It is necessary to review other states' ADAP insurance programs and compare costs versus High Risk Insurance costs. Cost considerations include monitoring labs and provider visits for mental health, dental and transportation. Jamie will review clinic records of the 18 current clients and 1-2 new clients. This will determine the Part C medical services costs.

Jamie Perry will complete her research by late March and forward the information to Bebe Thompson. Bebe will schedule a March 14 or 15 conference call. Next steps will be developed and another conference call will be scheduled for about April 10.

Goal: Medicaid Research. Casey Moyer will request a meeting with Medicaid for late February and ask for information about their current method of CHIP program and insurance program premium, co-pay, etc. Casey will report his findings to Bebe and Gary.

Research Committee Update

The Committee has elected new co-chairs: Alisha Rux and Mary Beaver.

Committee members present: Rick, Carrie, Annie, Margaret, Mercedes, Mary, Stacey, Mary, and Alisha

- Update from Terri

- Reviewed of the MSM focus group project
- Changes made to focus group questions
  - Changed MSM to “gay/bi”
- Internal Review Board outcome:
  - Full board review not needed
  - Project determined not to be considered research

- GOAL #1: Create the online questionnaire for gay men living in Idaho
  - Completion date: May 1ST
  - How goal will be accomplished:
    - Review the Boise gay men’s focus group information
    - Create the questionnaire on survey monkey
    - State group will still advertise the survey
    - Streamline the questionnaire
    - Provide feedback to Terri about the questions on the survey

- GOAL #2: Review the comprehensive plan
  - Completion Date: June meeting
  - How goal will be accomplished:
    - Review the Epi profile
    - Look for indentified needs

Membership Committee Update

Chris Bidiman provided information about the Committee’s review of the Membership Matrix. There is a need to review at least one of the member slots.

The Membership Committee asked IACHA members to proactively recruit new members, especially focusing on the open slots on the Matrix.

Section III. E of the Policies and Procedures – The Committee recommended changes to the time frame for submissions and consideration of membership applications to read *“. . . no less than 10 business days prior to the next scheduled IACHA meeting. The Membership Committee will consider all applications received by the appointed deadline and make its new member recommendations to IACHA members for final approval at the scheduled meeting during which the applications are considered. Approved members will begin their terms the following regularly scheduled meeting and are required to attend an orientation session immediately preceding their first meeting.”*

Consensus Decision: Change approved by the membership.

Section III. F of the Policies and Procedures – The Committee recommended changes regarding membership terms to read *“one-third of member’s terms expiring each year. Term expiration will occur at the same sequential meeting of the year that the term*

began . . . . . Renewal applications are to be submitted to the Membership Committee 10 business days prior to the expiration meeting for immediate consideration. Approved renewal terms will continue with no lapse in membership."

Consensus Decision: The membership struck the reference to "one-third" from paragraph F and approved the remaining recommendations in this section.

Chris presented the committee's Technical Assistance recommendations regarding full time assistance for IACHA membership in the area of Substance Abuse

Consensus Decision: The Membership Co-Chairs were requested to develop a letter requesting the technical assistance. They were asked to be specific in their request including "full time assistance at all 3 meetings each year". They were also asked to provide rationale for the request -- the "what" and the "why". This letter is to be provided by March 1, 2011.

Summary of Conference Attendance Reports

- HIV Prevention Leadership Summit – Annie Clayville and Alisha Rux

Putting a face in HIV was an important part of this Summit. There is a tendency to focus and fund more on addressing HIV following exposure than to work to prevent exposure to begin with. It was also useful to compare what IACHA does in community planning compared to other state organizations, especially related to member slots. The "We are Greater than AIDS" campaign was very impressive. The ad has been receiving good exposure.

- National Harm Reduction Conference – Mary Linn and Mercedes Walser

Mary Linn brought a great deal of valuable materials to share with members.

A focus of the conference was advocating change – pushing for change. There was a real sense of meeting right where they are including involving youth that are actively using having a role on a panel discussion, advocating for needle exchange programs, etc. The focus was on advocacy and collaboration, including with law enforcement.

- United States Conference on AIDS – Shane Anderson and Bebe Thompson

The entire conference was very worthwhile and provided a great networking opportunity. Everything was very appropriate to the work we do in our own roles and within IACHA. A section regarding recovery for meth users was presented by a doctor who specializes in treatment. Kathy Sebelius, the new head of the National Strategy for Prevention and Care also made a worthy presentation.

- American Public Health Association Annual Meeting – Gary Rillema

The theme of the HIV/AIDS section of the Annual Meeting was Social Justice. Co-morbidity was a key topic as a critical issue given the high transmission risk of HIV. The youth are at great risk for co-morbidity. Many are abused and homeless youth. We need to do all we can to affect youth who are accessing internet sites. Worldwide research was presented regarding the Sub-Saharan areas where there are significant issues with HIV/AIDS. This is especially an issue involving violent sexual trauma. Other topics of interest included Rural Appalachia, Bisexuality as a new epidemic; and Reproductive Health.

Attachment 1

IACHA Committee Membership Roster

Updated February, 2011

Data Committee – Standing*

Co-Chairs: Katy Kujawski and Casey Moyer (non-member)
Kimberly Van Wyk
Jonny Walker

Research Committee – Standing*

Co-Chairs: Mary Beaver and Alisha Rux
Mary Linn
Denielle Townsend
Mercedes Walser
Stacie Lechot

Finance Committee – Standing*

Chair: Gary Rillema
Shane Anderson
Lynn Opdyke
Rebecca Schliep (non-member)
Jamie Perry (non-member)

Membership Committee – Standing*

Chair: Chris Bidiman
Darlene Burke
Idaho Purce
Kituta Asimba
Jesus Tellez
JoAnne Fletcher

Structural Committee – Ad Hoc**

Chair: Katy Kujawski
Mary Beaver

*Chairs and Co-Chairs also serve on the Statewide Quality Management Committee and the IACHA Administrative Committee

**Chair also serves on the Administrative Committee
Lynsey Winters Juel, Teri Carrigan, and Bebe Thompson are resources to all committees

Attachment 2

Idaho Advisory Council on HIV and AIDS
February 2011 Meeting Attendees

Members:
Alisha Rux
Annie Clayville
Bebe Thompson
Carrie Brower-Breitwieser
Christopher Bidiman
Cynthia Lynn Opdycke
Darlene Burke
Denielle Townsend
Gary Rillema
Jesse Tellez
JoAnne Fletcher
Jonathan Walker
Katy Kujawski
Kimberly Van Wyk
Kituta Asimba
Margaret Legarreta
Mary Beaver
Mary Linn
Mercedes Walser
Rick Pongratz
Shane Anderson
Stacie Lechot
Treena Clark

Non Members:
Annabeth Elliott
Casey Moyer
Diane Zhitlovsky
Jamie Perry
Jared Bartschi
Katherine Humphrey
Lisa Kramer
Lynsey Winters Juel
Rebecca Schliep
Shane Ames
Sherry Dyer
Teri Carrigan

Attachment 3

Idaho Advisory Council on HIV and AIDS Meeting
February 25-26, 2011
MEETING EVALUATION

1. On a scale of 1 – 5 with five being the highest score, how do you rate this meeting?

   1 **2** **3** **4 (8)** **5 (12)**

2. According to the CDC Guidance, IACHA must ensure parity in community planning meetings (*parity* implies that all members have equal opportunity to provide input and have equal voice voting and in decision-making). With this in mind, how do you rate degree to which you felt you had the chance to voice your opinion and be a part of the decision-making processes in this meeting (with 1 being the least amount of parity and five being the highest degree of parity)?

   1 **2** **3** **4 (3)** **5 (15)**

   - I think we do an excellent job with PIR!

3. On a scale of 1-5 with five being the highest score, how do you rate meeting location?

   Meeting Rooms **1** **2** **3 (2)** **4 (8)** **5 (10)**

   Meals **1** **2 (1)** **3 (5)** **4 (8)** **5 (6)**

   Hotel Rooms **1** **2** **3 (1)** **4 (8)** **5 (8)**

   Comments:

   - Room is cold and hard to hear
   - The background noise is an ongoing issue
   - The clanking made by the chandeliers was distracting

4. On a scale of 1-5, with five being the highest score, how do you rate the facilitator?

   1 **2** **3** **4 (5)** **5 (14)**

   Comments:

   - Sherry is the bomb! She is a highly skilled facilitator.

5. Which parts of the meeting did you find the most useful?

   - Education in schools
   - The use of key points/purpose on our agenda
   - Brainstorm on what we need to ensure is addressed in the comp plan
   - Epi update is always helpful

- The information about the RPGs was helpful. I found the time spent in individual groups to be very beneficial
- Overall: Excellent

- I think the education reports were the most useful as the presenters identified areas of change that would require financial resources
- All information can be more useful. Individual reports especially the frustrations of education opportunities in school.
- Multiple presentations on education and youth
- Committee work
- The board as a whole has more responsibilities. It feels as if we are doing more and making a difference!!
- Feedback session- aha moments- for helping developing comp plan
- Presentations on Comprehensive Plan, RPG info, Ryan White funding, Education changes
- Presentations and input regarding programs and accessibility
- Presentations from Annabeth, Lisa and Katherine
- Teri and Annabeth's info
- Group meetings
- Ryan White Part B, Education, Annabeth's presentation

6. Which parts of the meeting did you find least useful?

- I feel it was a good, productive, thorough meeting
- NWAETC
- Over-discussion
- Conference reports

7. What additional types of information, training or technical assistance would you like to receive at future meetings?

- ADAP 101
- I would like to be able to go to school to speak
- Ways to distribute HIV care info to professionals who are not in our "loop"
- How a Community Planning Group can approach the co-morbidity factors that are vital to be addressed in the HIV epidemic
- An online directory of all resources and data presented would be helpful vs. requesting it or emailing it out to everyone.
- Focus on stigma and training to help us feel more confident in talking to school boards
- Collaboration efforts from all 7 districts as far as prevention is concerned

8. What expertise can you offer to the IACHA meetings in the way of presentations, trainings, etc? (Please include your name so that we can contact you.)

    - Mental health and affects district II has with no supports aside from Inland Oasis
    - Data collection, behavioral social science perspectives

9. Do you have any other comments regarding the meeting and/or accommodations?

    - Excellent facilitation of information
    - Arrangement of room continues to be problematic at times—long arrangement difficult for some to hear
    - I feel we are getting a lot more done
    - Thank you Lynsey! As always you do excellent work!
    - Working lunches do not seem to be productive to me and seems to limit my mental respite
    - The process of meetings has greatly improved over the past few years. I think this current council had a very positive level of commitment and insight to get us to our current place
    - I found my room to be more clean and appropriate than last time