Idaho Advisory Council on HIV and AIDS

Meeting Report

September 23 & 24, 2011

Submitted by:
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Opening Remarks & Introductions

Chris Bidiman 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 role in support of their membership or involvement with IACHA. Sherry Dyer overviewed the agenda and meeting process.

Member Announcements

Rebecca Schliep is the IDHW HIV Prevention Coordinator assuming responsibility for Teri Carrigan's position. Teri left earlier this year to take a position at Boise State University. JoAnne Fletcher has announced that, after her many years of work with IACHA, she regretfully must step down from the Council due to continuing and growing demands of her job.

2012 Meeting Dates

Based upon discussions regarding potential budgetary constraints, IACHA members were advised the meeting schedule for 2012 might be reduced to 2 meetings. The group agreed to have longer meetings (start on Thursday) to ensure all critical actions and responsibilities could be fulfilled. The group also agreed to continue meeting at the Red Lion Hotel Downtowner. Lynsey will work out the details on meeting start and end times based upon travel options available to members for arrivals and departures.

- February 23, 24 & 25, 2012
- May 17, 18 & 19, 2012

If budgets are not cut and 3 meetings are still possible, members agreed on the date for the 3rd meeting.

- September 20, 21 & 22, 2012

2010 Ryan White Part B Summary and Next 6 Months

RWPB Grant Cycle is three years thru 2010. We need to address the current status of the waiting list and start a new list. We are seeing increasing numbers of people who qualify for poverty level services. From 2008 to 2010, the most notable funding change was for ADAP (ADAP Earmark funds increased and ADAP Emergency funds were introduced in 2010). Numbers of Ryan White Part B clients have been increasing since 2008. Bebe provided an overview of the last three years under the Grant Cycle (see presentation details on IACHA website). The final award for FY2011 is in September. We expect to receive it in spring/summer of 2012.

Idaho submitted an emergency funding request for ADAP to HRSA August 5, 2011, requesting $497,563 to support 45 clients. We are currently serving 130 ADAP clients (plus 37 on the waiting list). We do not know what we will get, but it is essential to get all our funding to serve our clients.

Bebe addressed important future decisions for the Finance Committee and IACHA:

- Based on the current wait list and current active ADAP clients, we are three individuals away from starting a wait list again. When we activate the 37 on wait list, we must start a new wait list as soon as we receive our emergency funding. (see "Decisions" regarding the wait list on page 10)

HIV+ Panel: Testimonials and Q & A

Seven men who are HIV+ participated in a panel to present their testimonials and to provide responses to several predetermined questions. Following are the key points and recommendations they shared in response to the questions:

1. What do you think would be the most powerful thing that could be done to prevent HIV transmission?

- Truth – openness – teaching – acceptance
- Education – education – education (gay people have become complacent with their sexual behavior as they experience long, productive lives).
- People need to know it is not fun to go through this – doctor visits, medications, costliness, impact on lifestyles, changes in diet, loss of friends, stigma, etc.
- Schools need to teach the children, but what is the right age? Must start somewhere.
- The public message is "we live a long time." It shows young, healthy people. The resulting perception may be that HIV is not a problem.
- Messages need realist pictures. It is a manageable disease, but not an easy situation.
- Need an outcry against the cost of care.

2. While seeking HIV services in Idaho, have you experienced any problems trying to get services? If so, what were they?

- The quality and quantity of service rests with the person. You must be thoroughly prepared. Bring all your papers needed. Call a superior if people don't provide the needed help.
- Be assertive.
- There are more sources in Boise, and District 7 is great. Breaking Boundaries in District 7 is huge.
- There is a reluctance to utilize us as volunteers. Most patients cannot afford to attend the fund raisers. We should be there.
- Sufficient services for mental health and behavior health is definitely lacking. Clients are fearful to talk about what is happening to them. Support groups are not effective – mostly chit-chat. Individual providers in District 5 are very helpful. In Districts 6 and 7 veterans do have access. Case managers have been a resource.

3. What HIV prevention programs do you think work? Which do you think don't work?

- Magazines and posters don't work. Realistic pictures do help.
- A gap exists in quality of education/quantity of education.
- Testimonials at schools do work.
- The video, HIVUSA-Idaho that was produced by ALPHA should be made available. (note: several panelists were not aware of this video)
- Develop a speaker's bureau.
- Involve the panelists - a real picture of HIV.

4. What are the most valuable HIV-related services you are using now or have used in the past year? How did you locate those HIV services in Idaho?

<u>Needs Improvement</u>

- Eye Care
- Dental
- Increase awareness that we can choose our case managers
- More help from doctors regarding:
    - specific healthcare needs
    - transportation (especially rural)
- Better partnerships

<u>Helpful/Useful</u>

- Wellness Center in Boise
- Volunteer Physician's Network
- HOPWA
- Breaking Boundaries
- Case managers

5. What would be your recommendations for public schools regarding sex education and HIV education?

- Personal testimonies and stories
- Protocol appropriate to age group. Early enough to impact and again later because we all forget
- Get over notion that kids are not having sex – get rid of abstinence message
- Get into schools when children are young. Provide honest information
- Condom use – essential for all orientations
- Get the right people to share
- Ensure they understand there are all types of diseases one can catch with unprotected sex
- Focus on target groups
- Be more frank, factual, real
- Provide a picture of the meds we take and the costs – gives a reality check
- More access to natural healing approaches – need to educate people on other options

6. Additional Feedback from Panelists

- We need access to medications more than once per month. Need buffer time between scheduled monthly access. We experience high stress without the buffer.
- RPGs – Develop campaigns that are relevant for geographic areas.

Comprehensive Plan - From the Care Perspective

The SCSN (Statewide Coordinated Statement of Need) is a written document that must address each of the following areas:

- Barriers to accessing care
- Gaps and overlaps in care services
- Priorities for addressing underserved populations
- Needs of PLWH/A not in care
- Needs of any identified special populations
- Needs of individuals unaware of status
- Description of any shortfalls in healthcare workforce

SCSN as a separate document is due to HRSA by June 1, 2012. The HIV Prevention and Care Comprehensive Plan are due to HRSA and CDC by June 15, 2012.

There are specific areas of the plan that need to be addressed by the Data, Research and Finance Committees.

Data Committee: Examine existing sources of information, identify gaps in information and determine which populations need to be assessed
Research Committee: Develop questions to ask for the needs assessment (population to be determined by the Data Committee) and work with Rebecca Schliep to determine methods to use for needs assessment
Finance Committee: Determine funding options for Needs Assessment.

The timelines for this information are:

- Data collection process November thru December 2011. Analyze data and prepare to present to IACHA for February 2012 meeting.
- IACHA will agree on long term and short term goals for Prevention and Care Programs. Needs to be finalized by May 1, 2012.
- Mountain States Group and Program Coordinators will submit a draft of the HIV Care and Prevention Comprehensive Plan for review by IACHA the end of May or the first part of June. The final copy of the plan will be submitted to HRSA and CDC by June 15th, 2012.

Update on Unmet Needs Estimate and Profiles:

We are still working to develop our unmet need estimate. Our profiles will combine individuals in Care with those reported diagnosed and others who have moved to Idaho. The Epi Survey is requesting access to death records to ensure accurate numbers. RWPB will attempt to review CAREWare notes and comments for indications in closed cases where clients have moved out of state. The target date for completion is mid-January or sooner.

RPG involvement in the Resource Inventory:

RWPB Contractors will be asked to work with their RPGs to complete district-specific resource inventories for service areas by December 15, 2011. Lynsey and Bebe will work with Medical Case Managers and RPGs to have these completed and ready for review by the Data Committee prior to the February IACHA meeting.

All of these processes and resulting data sets will be pulled together during the first part of 2012 for use by IACHA members before and during our February 2012 meeting.

Ethnic Diversity Overview

Judy Thorne joined with a small medical team from the Veteran's Administration and Elks Rehab to provide medical assistance to Nsumba Orphanage in Uganda, Africa. They tested 600 students at the orphanage for HIV/malaria. The testing reflected a drop of positive screens to roughly 3%, compared to 30+% 10 years ago. The medical team also worked to identify and hire a Ugandan clinical officer to be on site at the orphanage.

Judy also reported on the Idaho profile for the African Born Needs Assessment. Of the 1,254 reported cases of HIV & AIDS in Idaho in 2010, 7% are black or African American and 2% are African born. The African Born Study included Washington, Idaho, Oregon and Alaska and measured several metrics regarding barriers for providing care.

Judy provided information about Native American's in Idaho. Training on rapid testing was provided in Ft. Hall in January, 2011. There is interest in offering rapid testing for the Nez Perce, as part of the "Teen Health Check" clinic.

HIV Prevention Grant Application

Rebecca Schliep provided the update on the HIV Prevention Application. CDC announced a 5-year funding opportunity for 2012, aligned with the National HIV/AIDS Strategy. Through this FOA, the CDC is realigning resources to put dollars where the epidemic is greatest. As a result, some states will receive more and some less – Idaho will likely receive less. However, no grantee will be reduced by more than 25%. The minimum award amount is $750,000. If Idaho is limited to the minimum, that will mean a 16.3% reduction for the State. The funding focus will be on reducing new infections, increasing access to care, improving health outcomes for people living with HIV and promoting health equity. (See IACHA website for full presentation to obtain further details regarding required core components, required activities and recommended activities and preliminary dollars Idaho could receive for each area).

IACHA will need to submit to CDC a letter of concurrence, non concurrence or letter of reservations at the May, 2011 meeting. The letter is due to CDC June 15. Rebecca will discuss the actual funding amounts for IACHA to consider during the February meeting.

Comprehensive Plan – From the Prevention Perspective

- Gaps Analysis

We will review the gaps analysis reports to determine what interventions we are willing to give up (in light of funding reductions). Teri started work with the Regional Planning Groups. Bebe and Rebecca will continue working with them to get the work completed. District 4 has provided their input on prevention interventions. Districts 1 & 2 were given the Gaps Analysis tools and should have their work completed soon. Districts 3, 5, 6 and 7 have not yet received the gaps analysis tools.

The Research Committee has been requested to review, prioritize and make recommendations by February, 2011 regarding the Prevention Interventions. Specifically, they are asked to give suggestions on Condom Distribution as a structured intervention.

- Prioritization of Populations

States are directed by the CDC to prioritize populations most affected by HIV. This helps ensure direct funding goes to areas where the need is greatest. The Data Committee provided the prioritization tool that the RPGs are using. Final rankings for each Health District jurisdiction will be presented by the Data Committee to the Council for approval and adoption into the 2012-2014 Comprehensive Plan. Currently District 4 has completed their ranking. Districts 1, 2 and 6 have begun the process. District 5 has made the commitment to get started. We have not, as yet, been successful engaging Districts 3 and 5.

Prevention interventions will be funded based upon 2008 data. Emphasis will be placed on testing, linkage to care and prevention for positives. The types of interventions we are reviewing include:

- HIV CTR and Screening (all districts)
- Comprehensive Prevention for Positives (partner services in all districts and CRCS in districts 1, 4 and 5)
- Condom distribution in all districts
- Evidence based HIV Prevention for HIV Negative (PCC in District 4, Cuidate in District 3 and Mpowerment in Districts 4 and 6)

Administrative Update

Lynsey Winters Juel provided an update on several administrative points.

The Ryan White Project Director requested that Idaho develop an ADAP advisory committee. The Structural Committee developed the following recommended addition to Section II of the IACHA Policies and Procedures related to the role of IACHA serving as the ADAP Advisory Committee. The language reads as follows:

IACHA will serve as the ADAP Advisory Committee as needed by ensuring the following:

i. *That when new FDA-approved antiretroviral medications are available, the state ADAP Coordinator will communicate with the Idaho HIV Medical Director to determine any potential need for medical review of cases prior to prescribing medications, including the potential need for prior authorization.*
ii. *Following any change to the ADAP Formulary, the state ADAP Coordinator writes a report summarizing the communications and decision making process.*
iii. *That the state ADAP Coordinator meets with the Idaho HIV Medical Director and Pharmacist as needed, but at least twice per year.*
iv. *That, in the case of major changes to the ADAP Program, the state ADAP Coordinator notifies ADAP clients and their care teams to collect and review comments.*
v. *The major changes to ADAP may include proposed implementation of a wait list, changes to the ADAP formulary, and major changes to funding levels. Contact may include, but is not limited to, email, traditional mail and telephonic communication.*
vi. *That at each IACHA meeting, the state ADAP Coordinator will provide an overview report to IACHA for acceptance. When applicable, this report will include the following:*
    1. *A description of the process that took place with the HIV Medical Director regarding changes to the ADAP Formulary*
    2. *A description of the communication that took place between ADAP clients and their care teams regarding changes to the ADAP Program.*

Decision: The IACHA members agreed by consensus to the new language in the Policies and procedures. Bebe will communicate this change to Dr. Blue.

Regional Planning Group Funds Report: Lynsey stated that funding of $1000 per year is made available for each District for RPG activities. She provided a summary of the status for the use of those funds to date.

- D 1: Applied for gas cards, which was denied since RWPB provides gas cards. The RPG was encouraged to resubmit their application.
- D 2: $500 requested for a World AIDS Day event. A report will be provided in 2012.
- D 3: Did not apply for funds
- D 4: $1000 requested for recruiting RPG members. Request is pending a report from the RPG.
- D5: requested $340 for recruiting RPG members. They did not use up all the funds. An update will be provided in February, 2012.
- D6: $150 was requested for HIV Testing Day. The request is pending their report.

The RW Brochure was finalized and made available to RPGs. Please advise Lynsey if additional copies are needed.

Lynsey reported that implications to the decrease in Prevention funding and possible changes to Care funding could have financial implications for IACHA. Historically, IACHA has been funded primarily by Prevention. These implications could mean reduced resources for members to attend the national conferences. Also it could require a reduction in the number of meetings, but in order to achieve all the work of IACHA, meetings may need to be longer.

Decision: IACHA members agreed by consensus to lengthen the first two meetings of IACHA in 2012 to ensure work and goals are achieved. See page 3 for agreed upon meeting dates and meeting location.

Members were reminded to remain vigilant about travel expenses in the future.

Conference Report

Kituta Asimba reported on the 2011 National HIV Prevention Conference he attended in Atlanta this summer. There were many people from Care and Prevention, representing all different backgrounds and organizations, both private and public. Asimba stated it is important that more people representing Care and Prevention in Idaho need to attend this annual conference. Transgender is an often overlooked group – there is a need to address stigma in this area. There was a lot being said at the convention about the budget cuts. Most programs are being affected by the cuts, but there were also some mixed messages about the cuts. While it is important as a Global fight and a National fight against HIV, Asimba sees the greatest opportunity is at the local level. It is important to restore the energy to the fight against HIV.

Health Care Reform Update

Bebe provided a status report regarding Health Care Reform in Idaho and at the National level. She also suggested 2 websites which provide a means to stay informed on this topic.

The Idaho Health Care Council is working on a Health Insurance Exchange. The Governor's website contains the information. www.healthexchange.idaho.gov

Also, the Kaiser Family Foundation website is a great resource for what other states are doing. www.kff.org/healthreform

Bebe suggested a February, 2012 agenda item should be a discussion regarding Health Care Reform.

Decision: The IACHA group discussed the need presented earlier in the meeting by Bebe about the possibility that an ADAP wait list will once again be started. It is IACHA's opinion that an ADAP waitlist should not be started when there are other financial options for this purpose. The group agreed that a letter from IACHA be drafted by the end of September, 2011 by Bebe and Lynsey addressing this matter with Governor Butch Otter, Dick Armstrong, HRSA and the Project Officer.

The group also agreed that Bebe would take the lead to identify an external agency that would write a proposal regarding the best way to address the matter of an ADAP waitlist. This would be completed by December 31, 2011

Refugees and HIV

Sherry Dyer, facilitator, reported on a workshop she attended at the National ORR 2011 Consultation in Washington, D.C. The workshop titled Resettlement Needs of LGBTI Refugees provided information about the difficulties refugees from Muslim countries experience. The abusive treatment they receive in their own countries, as well as the lack of acceptance within their communities once they come to the United States force many LGBTI to make the decision to not declare their orientation. Honor killings, medical abuse, forced sexual reassignment and forced psychiatric treatment are common experiences in their countries. Moving with family members or living with other single refugees of their own gender also force them to remain silent once they reach the United States. Education and knowing English provide the best option for refugee survival in the United States, but LGBTI often remain uneducated in their own countries due to fears of abuse, so are limited in their ability to advocate for resources on their own behalf once they come to the United States. 31% of LGBTI refugees resettle to San Francisco because of greater acceptance and available services.

Kituta Asimba provided similar information about the difficulties of resettlement for HIV and AIDS victims resettling in the United States. Women have a more difficult time due to their cultural standing. Sex education is taboo in Muslim countries adding to the misunderstanding of the causes and the potential cures for HIV. Upon arrival refugees can receive voluntary HIV testing at their family medicine clinics. Asimba offers free HIV testing at his office or at the annual Refugee Day at the Grove in Boise. He conducts classes using the Brothers curriculum (adapted from the SISTA model). He has invited other specialists in the community to be a part of the training. Through these contacts and the training, Asimba has been better able to understand the misconceptions refugees have about HIV in the U.S., including a perception that the U.S. has a cure for HIV. More education is needed for refugees related to HIV and AIDS and increased efforts to educate women by women are essential. Refugee agencies need to provide health education classes.

Additional Areas of Discussion and Agreement by IACHA

The HIV USA – Idaho video will be added as a link to the IACHA website. Bebe will ensure it is located on the Health and Welfare site. Gary and Rebecca will pursue having the video on the Health District website links throughout the state. Lisa Kramer will send the link to the teacher network. Whitney will contact Duane regarding distribution and any copyright protection requirements.

It was suggested that IACHA initiate a Speakers Bureau, including the names of the panelists who spoke at this meeting and who are willing to be a part of the Speakers Bureau. Lynsey Winters Juel will look into this opportunity.

Committee Updates

Data Committee Update

Main Project: SCSN Data Gap Analysis
Description: Review HRSA SCSN requirements and expectations, review currently available data, analyze gaps in knowledge required for SCSN, refer identified needs to the Research Committee and address other needs identified by DHW Program Staff.

Identified Needs/Gaps:

- Complete Priority Population Matrix and Gap Analysis (All districts) – Dec 2011
- Complete IDU Needs Assessment – April 2012
- Ensure complete Resource Directory Project – Dec 2011
- Provider Survey and Claims Data Entry Review – Jan 2012

1. Priority Populations Matrix
    - All District Priority Populations Matrices and GAP Analysis completed – this data supports multiple expectations of the HRSA guidance.
    - Remaining Districts: 3, 5, 6, and 7
    - Proposed Plan of Action:
        - District 5 RPG (Whitney) complete with TA assistance from Chris in District 2. (October 2011)
        - District 3 complete by DHW using existing data and regional providers. (December 2011)
        - District 6 and 7 RPGs complete with TA assistance from Whitney in District 5. (December 2011)

2. Complete IDU Needs Assessment
    - Last IDU Needs Assessment completed in 2003 by Clearwater.
        - Reliability and validity of report is not known
    - Newly Diagnosed Infections: IDU (Idaho Epi Profile 2005 – 2009)
        - 31% in D2 15% in D5 11%in D7
    - Proposed Plan of Action:
        - Data Committee refers project to Research Committee – copies of report and expectation statement; regional special populations assessment. (October 2011)
        - Research Committee presents research plan. (Feb. 2012)
        - IDU Needs Assessment data collected and reported. (April 2012)

3. Resource Directory Project
    - Districts submit local resource guides annually (Part B requirement)
    - They are compiled into a standard format for statewide use.

- Supports HRSA expectations of existing services knowledge.
- Proposed Plan of Action:
  - Bebe will forward materials to Lynsey prior to taking medical leave. (October 2011)
  - Lynsey will compile the resource directory. (December 2011)

4. Provider Survey and Claims Data Review
   - Survey providers of current needs and claims data entry practice
   - Propose using Survey Monkey (anticipate 70% response rate)
   - Proposed Plan of Action:

     Lynsey, Bebe, Merideth and Data Committee will work with
     CAREware claims data & previous provider survey (Oct. 2011)
     Survey will be developed & tested (November, 2011)
     Survey Deployment (Nov. or Dec. 2011)
     Results and data will be compiled and drafted (Jan 2012)

Finance Committee Update

- Care

  PCIP – Purchase of high-risk pool insurance
  1. Write letter to Governor, Health and Welfare, HRSA that the waiting lists are not acceptable.
  2. Need to get providers to register with Federal High Risk Insurance pool
  3. Going to need funding to write a proposal (new sources of funds for IACHA meetings)
     - $5,000 support emergency medical/transportation, $125,000 unallocated
     - $5,000 proposal writing
     - $5,000 needs assessment (support another meeting) next year
     - $110,000 ADAP

- Prevention

  - (Prevention for positives) Reallocation of money to where it will do most good.
  - Local funds for HERR, (SNAP/Breaking Boundaries).
  - CBOs will need to be inventive and find additional funding sources.
  - New sources of funds
    - Foundations
    - RPGs getting involved
    - Fundraising

Research Committee Updates

Committee Co-Chairs: Mary and Alisha
Date: 9/23/11
Committee Members Present: Mary, Frances, Rick, Joe, and Denielle

Describe Goal #1 (Rebecca):
Look at core requirements and how to list interventions in new plans! Recommendations: which groups to target in your community to get prevention out there?

- Review recommendations; see if we would like to add/change.
- The group talked about reaching out to their communities to start the process of community engagement and then to move toward community mobilization. February Meeting

Describe Goal #2 (Bebe):
Best tools to use for determining the providers and clients.

- Focus group/survey
- Case Managers
- Manual or electronically
- Check universities
- CBO'S, districts, Doctors, Pharmacists, Dentists

Hopefully gather thoughts and concerns by the February meeting.

Membership Committee Update

Membership Applications – Renewals

- Lynn Opdycke – Recommend approval for renewal in Mental Health slot
- Darlene Burke – recommend approval for renewal in Transgender Slot

Decision: Unanimous decision to renew

Membership Applications – New Members

- Sky Blue – recommend approval for Care (Direct) slot
- Tasha Wiegand – recommend denial – lack of available slots

Decision: Unanimous decision to support recommendations (review other ways for Tasha to be involved with IACHA

Membership Accountability Tool

Based upon the June Meeting Guidance that was approved

- Conference calls: Members are expected to participate in all necessary conference calls unless the "Call Lead" has been notified of impending absence.
- Email correspondence – Members should respond to email correspondence, that requires member response, within 10 business days
- Snail mail correspondence – Members should respond to written correspondence, that requires member response, within 30 calendar days

Decision: Unanimous decision to support recommendations

Meeting Attendance

- This is an ongoing issue that requires consideration of extenuating circumstances.
- Resolution:
- The Membership Committee will contact the member to determine the lack of participation. If there is no good cause, or if there is a pattern of non-participation even with good cause. The Membership Committee will then discuss with the member his or her continued commitment to IACHA and whether membership should be continued.

Decision: Unanimous support of the resolution

Attachment 1: IACHA Committee Membership Roster

Updated September, 2011

Data Committee – Standing*
Co-Chairs: Katy Kujawski and Casey Moyer (TA/non-member)
Jonny Walker
Jamie Perry (TA/non-members)
Jesse Tellez (temporary)
Stacie Lechot (temporary)
Whitney Holman

Research Committee – Standing*
Co-Chairs: Mary Beaver and Alisha Rodgers
Frances Nagashima
Joe Swartz
Mary Linn
Denielle Townsend
Mercedes Walser
Stacie Lechot

Finance Committee – Standing*
Co-Chairs: Gary Rillema and Shane Anderson
Lynn Opdyke
Rebecca Schliep (TA/non-member)
Jamie Perry (TA/non-member)

Membership Committee – Standing*
Chair: Chris Bidiman
Darlene Burke
Idaho Purce
Kituta Asimba
Jesus Tellez

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

**Chairs and Co-Chairs also serve on the Administrative Committee

Lynsey Winters Juel, Rebecca Schliep, and Bebe Thompson are resources to all committees.

Attachment 2: Idaho Advisory Council on HIV and AIDS

Meeting Attendees
September 2011

Members:
Alisha Rodgers
Bebe Thompson
Christopher Bidiman
Darlene Burke
Denielle Townsend
Frances Nagashima
Gary Rillema
Idaho Purce
Jesse Tellez
Joe Swartz
Katy Kujawski (Friday only)
Kituta Asimba
Lynn Opdycke
Mary Beaver
Mary Linn
Rick Pongratz
Shane Anderson
Whitney Holman

Technical Assistance Providers:
Casey Moyer
Jamie Perry
Lynsey Winters Juel
Rebecca Schliep
Sheri Cook
Sherry Dyer

Guests:
Annabeth Elliot
Deborah Wafer
Diane Zhitlovsky
Eric Egner
Eric Seelbach
James Heider
Jason Crawford
Johnathan Morris
Judy Thorne
Lisa Kramer
Meredith Duran
Michael Christensen

Attachment 3: IACHA Meeting Evaluation

September 23-24, 2011

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

1 2 3 (1) 4 (5) 5 (9)

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 (11)

Pretty good, but need more HIV+

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 (3) 5 (10)**

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

Hotel Rooms **1 2 3 4 (3) 5(10)**

Comments:

- Loved all the upgrades
- More table space would be appreciated
- Need better place to meeting with committee- quieter and more private
- Loved the big room!
- Not a huge fan of breakfast. Very mushy. Chicken was super dry.

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

1 2 3 4(1) 5 (11)

Comments:

- Love her
- Keeps group in focus

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

- The dissemination of information from individuals and groups
- Committee work. The panel!!
- Committee work, panel time
- Everything
- Committee work and panel discussions
- HIV Pos panel
- Coordinated committee work
- The panel was extremely useful. Meeting with committee is important and useful also

- HIV panel and committee meeting
- Presentations on SCSN and Prevention Grant application and the comprehensive plan. The Panel testimonials.
- I feel this meeting went very well
- I was only here on Saturday… I think the presentation from Sherry and Asimba is super important to continue to address.
- Loved the panel discussion- gave such insight into the issues HIV+ are dealing with on a daily basis
- The panel

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

    - I found all of the parts useful
    - Ethnic diversity report and the health and welfare reform update
    - Conference reports
    - Conference update and healthcare reform: Both were interesting but not helpful in moving IACHA or informing us on issues we can act on. Issues that matter, but not needed for our purposes here. The ADAP insurance stuff from finance committee is needed but the rest could be done in email (national and state conflict)
    - Ethnic diversity overview

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

    - Service directories/ contacts throughout the state
    - More info on what individual RPGs are doing
    - Perhaps more info about the pharmacological aspects on medication treatments

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.)

    - I would like to be a face of HIV+ guest speaker
    - Mental health/ clinical perspective, community participation/outreach/testing

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

    - The meeting room was cold
    - Thanks for the hard work!
    - Great time
    - The organization and structure of the meeting was great overall. I would have liked more time for the panel as they were unable to provide a lot of insight to what they began sharing/discussion. I felt they were rushed and not given enough time.
    - Thank you. I appreciate the work that all members bring to this body. Excellent job!
    - Thank you for taking me for pizza. I had fun and it was nice to go out as a group. Thank you Lynsey.
    - Real important that committee work be coordinated/structured with adequate conference calls and good participation
    - Great to see the men on the panel. Great job.

- Thank you! It was a wonderful experience for me and I look forward to the next meeting. I do have one observation, however. I was a bit disappointed that the panel members were not allowed to answer all of the questions and were put on a time limit. We thought and prepared for the entire list of questions and when it was cut off because of a one hour time limit it was rather disappointing since this was the first time for most of us that we felt our voices and concerns were truly being heard by a group of people who both cared about us and also wanted to know how we felt. Other than that all was good!