Idaho Advisory Council on HIV and AIDS

Meeting Report

September 27 & 28, 2013

Submitted by:
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Contents

Opening Remarks & Introductions

Chris Bidiman, Community Co-Chair and Aimee Shipman, DHW Co-Chair welcomed the membership and guests and facilitated introductions of those present.

Sherry Dyer, Meeting Facilitator, referred to a very full agenda and the need of all those present to be aware of potential time constraints for achieving the agenda. Sherry also reinforced that a Public Comment Period had been set aside on the agenda for guests or members during the afternoon of the first day for any questions or issues to be brought forward during the meeting. Time was also provided on Saturday morning if additional time was needed to respond to public comments.

A Coordinated Response to Social Determinants Relation to HIV/AIDS – Patrick Piper

Patrick Piper of the California STD/HIV Prevention Training Center provided a presentation and led group discussions related to the National HIV/AIDS Strategy. He stated that HIV incident rates for new infections had plateaued. The question: Is this good? Something seems to be working –whether due to changing behaviors or biomedical access is not clear yet. Patrick provided an historical perspective on HIV from 1981, when the first case of GRID (Gay Related Immune Deficiency Syndrome) was identified in New York City, through 1996, when Anti-Retroviral Therapy became available on the open market.

There are several social determinants of health outside of individual control that can influence behaviors (environment, culture, economic status, geography, familial history/practice, etc.). Hostility in Idaho toward gay men with AIDS has been at the root of challenges for addressing the HIV/AIDS situation. Plus the early term for AIDS (GRID) marked the illness as a gay men's illness. This created a powerful stigma for a specific group of people which was held by a majority of the US population.

Patrick encouraged everyone to think about these issues from the perspective of a Planning Group role. Evaluate the words and terminology used in IACHA's Jurisdictional Comprehensive Plan and whether some words inadvertently perpetuate the misunderstandings and stigma. Externalized public opinion impacts what is internalized and can determine how you feel about yourself. African Americans have layers of stigma, as do other groups in the United States. Resiliency Factors (e.g. "outness", family acceptance and life satisfaction) can mediate factors related to risk such as self-esteem, isolation and substance abuse. Among MSM, health disparities such as undiagnosed HIV, lack of utilization of medical services and closed social/sexual networks can lead to lack of awareness and to increased transmission.

Patrick led the group in an exercise related to the goals of IACHA's Jurisdictional Comprehensive Plan. Each group discussed the challenges and solutions related to their particular Plan focus area (Reducing Incidence, Increasing Access to Care,

Reducing Disparities). Patrick encouraged the groups to utilize this information to inform their work on the IACHA's Jurisdictional Comprehensive Plan goals.

Patrick concluded his session by asking the question "What is being done to address HIV stigma and homophobia in the US? He then discussed several strategies for Structural Intervention: Social Marketing Campaigns, Pharmaceutical HIV Testing, Changing Criminalization Laws, Gay Pride Celebrations, and Marriage Equality. Patrick challenged the group to continue to develop next steps for influencing directions and outcomes in Idaho.

Idaho's HIV Criminalization Laws Update – Lynsey Winters Juel

This past summer, the Idaho Medical Association House of Delegates unanimously passed the resolution to update HIV transmission laws. Earlier this month (September) the IMA lawyers, with the help of Dr. Blue, began drafting the legislation which will follow the recent HIV statute change in Iowa. Iowa started their efforts to change the law in July of 2010. The wording of this statute is being challenged as unconstitutional. Currently, 36 states have laws regarding the criminalization of HIV transmission.

Lynn Opdycke shared information pertaining to HIV criminalization that she learned while at the US Conference on AIDS:

- Iowa's law is being challenged as unconstitutional
- Britain is ahead of the U.S. in writing legislation. It is becoming an issue globally due to the continuing imprisonment of those with HIV.
- For more info: www.seroproject.org

The IMA's lobby team recognizes the effort is likely a multi-tiered and multi-year approach. We are encouraged to keep a long term strategy in mind as we plan shorter-term actions. It is important to start with what we really want – changes to BOTH criminalization and medical language – and then we can negotiate from there, as necessary. IMA will preview this issue with legislators this fall and help them understand the current medical law is outdated and will assess the feedback heard during those meetings. Molly Steckel has spoken to several legislators over the summer to put the issue on their radar. She is hopeful that in 2014 this issue will be brought to the legislature.

Affordable Care Act in Idaho Update—Dieuwke Spencer

A $3 million grant was awarded to Mercer, a global consulting company, for assistance with the evaluation of the entire healthcare system in Idaho and for their support on the development of the Idaho healthcare system. Idaho was one of 16 states to receive funding for development of a State Health Innovation Plan (SHIP) This initiative involved 56 focus groups and many Town Hall meetings across the State.

The goal is for independent nonprofit organizations to manage health care for the State and its citizens. Patient responsibility is a significant part of the approach. Different efforts are occurring throughout the State with the same goal. These 501c (3) regional alliances, aim to improve health and care, lower costs and increase patient responsibility. St Lukes is one example of these “Accountable Care Organizations”. Their patient centered medical home approach may not be feasible for much of rural Idaho.

The Health Insurance Exchange is called “Your Health Idaho”. It should be operational on October 1, 2013 with open enrollment provided through March 31, 2014. The website will provide a variety of choices based upon an individual’s or family’s profile. There are 146 health plans being provided by 7 Idaho companies statewide. There are 13 dental plans available.

The State of Idaho chose the Blue Cross of Idaho Health Service, Inc. PPO plan out of the top 3 largest small group plans sold in 2012.

Regarding Medicaid coverage in 2014, standard Medicaid populations will still remain eligible for Medicaid Coverage. States choosing to expand Medicaid will be able to provide coverage for all adults under 133% FPL. Newly eligible Medicaid recipients will be covered by an Alternative Benefit Plan chosen in a similar way as the benchmark used to define private plans.

The Supreme Court made Medicaid Expansion a State option. States must pass legislation to authorize their State Medicaid Departments to accept federal dollars to cover newly eligible populations. Every year that a state waits to implement expansion, they will forego a year of federal matching funds. Idaho has 77,000 people who do not make enough money to qualify for these benefits. The CAT (Catastrophic) Fund is all that will be available for these people.

Idaho is among 21 States that are not moving forward with Medicaid expansion. 24 States are moving forward. 6 are still in the debate.

HIV Prevention Update – Rebecca Schliep

The HIV Prevention Program is part of the Family Planning, STD and HIV Programs within the Bureau of Clinical and Preventive Services, Division of Public Health. Rebecca provided an overview of activities during FY2013, the FY2014 Funding Request, and an overview of the recent HIV Prevention Federal Site Visit on September 18-19, 2013. The entire report details can be found as on the PowerPoint used by Rebecca for this presentation; for a copy, please contact Lynsey Winters Juel.

The FY13 Prevention Program funding was $877,181. Of this amount, 76% was allocated to required programs and the remaining 24% to recommended activities. Core program components include HIV Testing, Comprehensive Prevention with Positives

(CPwP), Condom Distribution and Policy. Required activities cover Community Planning, Training, Monitoring and Evaluation, and Travel & Staff. Recommended components include evidenced based HIV Prevention Programs and Social Marketing.

Sequestration, or automatic spending cuts, reduced the Prevention budget by 6% ($53,850). Final program funding was $823,331. These cuts impacted the social marketing allocation, reducing it by 72%. The CPwP was reduced by 6%, the internal FPSHP website search engine optimization funding was eliminated, and funding for non-performing contracts was decreased.

Rebecca provided a review of the prevention activities conducted for the first six months of 2013. HIV tests were conducted in health care settings between January and June of 2013 totaling 1,204. Of that number, 3 were newly diagnosed positives and 1 was a previously diagnosed positive. For details by gender, race/ethnicity and risk category see the PowerPoint presentation on the IACHA website. In non-healthcare settings, HIV testing totaled 700 with no newly positive tests or previous positives diagnosed from the testing events.

The prevention services for behavioral interventions for HIV+ were not funded. The seven DHDs and 4 CBOs were funded for condom distribution. For the first half of 2013, the 7 health districts distributed a total of 63,873 condoms to high-risk negatives and HIV positives. The CBO's reported 28,711 distributed condoms to high-risk negatives and HIV positives. FPSHP Training was provided to a total of 381 people; classes included Fundamentals of Waived Rapid Testing, Integrating Viral Hep into Your Workplace, and RESPECT. Capacity building assistance for program marketing and materials development was provided by AIDS Project Los Angeles to Inland Oasis.

Recommended Program Components represented 24% of 2013 funding. Funds were provided to Mpowerment in District 4, the Genesis Project in District 6 and Cuidate in District 3. In 2013 $14,800 was allocated for social marketing, media and mobilization. Campaigns have reached an estimated 442,000 individuals throughout the State

The submission deadline for the 2014 budget and interim progress report was September 16,2013. The 2012-2015 HIV Prevention, HIV Care and viral Hepatitis Jurisdictional Comprehensive Plan were also submitted to CDC along with IACHA's letter of concurrence. FPSHP will be working to revise the budget and narrative based upon feedback from the federal site visit. The total funding request is $988,642.

The federal Site Visit that occurred September 18 -19, 2013 resulted in CDC having a much better understanding of our issues for Care and Prevention. Given the State's funding and resource issues, their current template could further constrain us and force us to target resources that do not necessarily match our epidemiology. CDC will be providing the HIV Prevention program with a site visit report; their comments will be shared with agencies as appropriate.

STD Prevention Grant Overview – Tobie Barton

We are in the final year of the 5-year STD grant cycle and have submitted an application for a new grant that will fund the STD Prevention Program from 2014-2018. The new grant shifts away from funding clinical services (only 13.5% of the overall grant may be spent on clinical services) to broader support of building data systems, monitoring and increasing screening rates, partner services, partnerships with primary care and others, monitoring policies, etc.

We have applied for just over $400,000 but anticipate an award around $385,000. There are a number of ways that the new grant overlaps with HIV prevention. For example:

- Pilot a change in investigative guidelines in District 4, so that all persons previously diagnosed with HIV who are diagnosed with a new STD (syphilis and gonorrhea) are offered partner services
- Support linkage to care for new HIV diagnoses through STD testing and STD partner services
- MSM as a priority group for services
- Support development of a state-wide sexual health plan
- Collaborate with the Department of Education to continue HIV health education in Idaho's schools, and investigate school-health care linkages for youth needing services.

The HIV Prevention grant dollars are very prescribed, so the STD prevention grant offers an opportunity to expand HIV awareness and programming more broadly. The HIV and STD Prevention programs will be closely integrated under Tobie's supervision, with Rebecca and Rafe supporting HIV work and Diana Gardner supporting STD work.

Viral Hepatitis Update – Rafe Hewett

The Program is in the first year of a 3-year grant cycle. Idaho has been awarded $19,904 for this year. We are expecting the same level of funding for year 2 of the grant.

Year 1 major projects include Managing and Monitoring the rapid HCV testing program; developing the Idaho Viral Hepatitis Prevention Program (through a task force co-chaired by Rafe and Judy Thorne), and the Integration of Viral Hep Prevention into Idaho's Jurisdictional Comprehensive Plan. The Viral Hep program secured testing MOUs with ISU Meridian, Intermountain Hospital and Port of Hope in Caldwell. High-risk testing criteria were established. During the first 6 months of the plan year, 235 tests were performed with 13 (5.53%) reactive test results.

The Viral Hep Prevention Task Force has met 3 times – we meet before each IACHA meeting. The task force has patterned its 3 goals after those of IACHA, but with a focus on Hepatitis Prevention. Rafe provided copies of the Viral Hep plan to all meeting

attendees. The next meeting is in January, before the IACHA meeting. The Task Force has developed a viral hepatitis integration survey that has been submitted statewide to all District Health Departments. We are seeking a new representative from District 5 to replace a member that had to resign due to workload.

Ryan White Part C In Idaho – Jamie Strain

Jamie provided a thorough description of The Family Medicine Residency of Idaho (FMRI) as a Part C grantee starting in 1998. Their current grant cycle ends in 2015. The Family Medical Health Center (FMHC) has 5 clinics in Ada County – its Emerald Clinic also houses the Wellness Center. Staff includes 5 medical providers, 3 nurses, two medical case managers, one receptionist and one patient assistant/ADAP representative (including refugee patient support).

The service areas for the clinics are Southern Idaho, the prison population (5 facilities, including the women's prison), Twin Falls has a monthly clinic utilizing space at St. Lukes serving approximately 40 patients. The current grant cycle is July, 2013 through August, 2014. The grant is $712,255 which covers a) core services which has a required 50% + allocation, b) clinical quality management including staff training and travel, c) support services which involves non-medical case management such as transportation and interpretation, and d) administration.

Services include In-House, Referrals and Support Services. In-House services cover primary medical care, HIV specialty care, MCM, registered dietician, HIV counseling and testing, pharmacy, lab and mental health. Referrals involve specialty care, oral health and mental health. Support services provide transportation, interpretation, nutritional supplements and support groups.

The patient population of 515 is 81% male/19% female; 71% white, 14% Hispanic and 19% African American. 35% of patients have private insurance, 33% are uninsured, 21% are Medicare patients and 11% are Medicaid. The patient risk factor profile is 50% MSM, 23% heterosexual, 9% unknown/unreported, 8% IDU, 5% MSM-IDU and 4% other.

Currently, FMRI is addressing the shift to the Affordable Care Act requirements by adding a coordinator position with Part B and developing policies for ACA benefits. A new NIH/CFAR grant will focus on retention in care which is a significant factor for HIV/AIDS care.

Ryan White Part B and ADAP Update – Bebe Thompson

Bebe informed IACHA members that during this presentation they would be asked to approve the RWPB FY14 funding allocations.

The Federal FY13 RWPB Grant Award was $1,290,968 which was down by approximately $74,500 from FY12 which represented a 5.5% cut. For State Fiscal Year 14, July 1, 2013 to June 30, 2014) we have $801,800 from State General Funds. ADAP Emergency Relief Funding is $570,295, which we hope to confirm the first week of October. We are asking for $770,295 in Emergency Relief Funding – the grant period is for 6 months because the HRSA HIV/AIDS Bureau (HAB) wants to realign the grant application with the annual grant renewal for RWPB. We are conservatively estimating FY14 rebates at $3.3 million.

The FY13 Part B core medical and support service allocations total $1,068,851. The FY13 core medical services allocations includes $286,540 for medical case management, which covers contracts with NIAC, Inland Oasis, SIPHD, EIPHD and Pocatello Family Medical Center. Part B has also allocated $63,800 for HIV Monitoring Labs, which is pass-through funding between the Wellness Center and Pocatello Family Medical Center.

Support Services allocations of $27,177 will fund Emergency Financial and Medical Transportation and a new service category, Referral for Health Care and Supportive Services, for a .6FTE Wellness Center staff person who will provide in-person assistance for education, eligibility determination and enrollment in health coverage.

$42,554 was allocated as indirect costs for updating the ADAP database to the new platform. We will be able to add new fields required for Client Level Data Reporting. We requested spending authority for $3.3 million for ADAP rebates from 200 ADAP enrollees. Our spending authority last year was $2.6.

Decision: Bebe requested approval for the 2013, RWPB and ADAP budget, including the projected use of rebate funds. By full consensus, IACHA members agreed to support the FY13 budget.

Bebe provided an overview of the ADAP Technical Assistance Meeting. Dr. Frederick Altice of Yale University discussed the approval of the ViiV Healthcare drug, Trivicay (or dolutegravir). The treatment has fewer side effects than Isentress. Viral load testing is preferred over CD4 counts. Indications are that this will be the future direction, which includes elements of cost containment.

The HRSA Policy overview was presented by Heather Hauck, Division of State HIV AIDS Programs. The 6 new policies are not a lot different than what was already in place. http://hab.hrsa.gov/manageyourgrant/policiesletters.html

Regarding Policy Notice 13-04, (Eligibility for Private Health Insurance and RW as Payer of Last Resort), we are advised that "grantees and their contractors are expected to ***vigorously*** pursue enrollment. If the client remains un-enrolled in HC coverage after extensive documented efforts, they may continue to receive services." Grantees must document all steps taken to enroll eligible clients in health coverage. We will need to better understand what "***all steps***" means and how it will be done. Challenges and Strengths of this Policy Notice as well as the entire RWPB/ADAP presentation can be accessed on the PowerPoint used by Bebe for this presentation; for a copy, please contact Lynsey Winters Juel.

Public Comment Period

Space is allocated on the IACHA meeting agenda for public comment. There was no requested discussion or comments.

Subcommittee Focus Area Discussion/Preparation – Lynsey Winters Juel

Lynsey stated that the Administrative Committee reviewed the Strategic Plan goals and realized there was overlap of some committee goals and/or felt that there could be goals of a committee that might be better served by being incorporated with one of the other committees. Lynsey led some discussion about better defining the parameters of the committees to help drive the development of goals. Lynsey also encouraged committee members to consider the input of our morning speaker, Patrick Piper, as they worked through their Plans. In particular, she encouraged members to take a step back and clearly define the target area.

At this time, members of each of the Three Focus Areas divided into their groups and began work on updating and refining their Strategic Plan goals, strategies, activities, etc.

Conference Reports

HIV Prevention Planning Leadership Training (for low incidence states)

Note: This training was mandatory attendance for Community Planning leaders and was attended by both Aimee Shipman as Co-Chair representing DHW and Chris Bidiman as Co-Chair representing community members. A flash drive of the sessions is available through Lynsey.

Aimee Shipman: Aimee attended the segment on CDC's new planning guidelines which were issued during the summer of 2012 for State and Community Co-Chairs. These guidelines included a High Impact Prevention Model which included potential interventions, efficacy effectiveness, costs and feasibility, development of models, and prioritized interventions and implementation. During the Department's site visit which was conducted September 18-19, we were informed we must do better at conformance with this new model.

Several attendees expressed issues with the new framework/guidelines and indicated they are concerned about the approach of the conference presentations that focused on the High Impact States Prevention Model. This model does not fit for Low Incidence States. There was discussion about the possibility of a future meeting that would be unique to Low Incidence States.

The high-impact implications for HIV Planning are to focus interventions with the greatest impact on epidemic. There is an increased focus on matching prevention funding to the Epidemic Disease Burden. We are not certain yet what the implications will be for low-incidence States.

High Impact HIV Planning means: we are to focus on building our program infrastructure to enhance funding considerations, in line with "required" vs. "recommend"; strengthening and building up the State's role within the Planning Group. Non-traditional stakeholders emphasized the need for involvement of non-traditional partners. Otherwise, it is difficult to do what is being required of us.

Questions were raised regarding how active HIV Planning Groups should be in setting direction. It was obvious that our workshop planners and our guidance resources are not on the same page. During the workshops we were advised the focus of HIV Planning Groups should be High-Impact Interventions with less reliance on planning group involvement. However, in a later discussion, the opposite was stated about planning group involvement. We were told we need to beef up our justification for our planning body and its efforts.

The Low Incidence discussions were very valuable. It is a strong body. We agreed on the need to organize our thoughts and to convey a message regarding values of the efforts we make and issues we have with meeting the targets that are developed for high incidence environments.

Chris Bidiman: Chris reinforced Aimee's concerns that input from those involved with the Official Guidance & Jurisdictional Planning is disorganized. They are still trying to figure out what they are doing.

Chris attended the HPG Co-Chair Boot Camp. About a dozen states were participating. It is clear that IACHA really has its act together. For example, only one other state had "hepatitis" in their profile.

Participants were encouraged to look at the models of other states. Some states are struggling to figure out how to approach/structure for a “membership” model. Others are struggling with how to organize and ensure success of a “committee” model.

USCA Conference

Four IACHA members attended this conference.

Chris Bidiman reviewed sessions he attended.

- Couples HIV Testing and Counseling – Couples are encouraged to discuss and agree how they will talk about their health and to develop a plan for their future, e.g. family. It is important to establish your sexual agreement with each other and how you move forward with your agreement.
- Chris recommended that IACHA and the Idaho Health Department put on their websites a link to www.myhivhandup.com . This website provides interactive online information. There are also materials that can be ordered and provided to case managers.
- Logo and Avenue Q are partnering to provide educational online material. Their websites are www.logotv.com and www.searchforavenueQ.com . These websites provide interactive, online information. There are also materials that can be ordered and provided to case managers.
- The Mr. Friendly Campaign works to normalize talking about HIV in a public environment. www.MrFriendly.com
- The Stigma Project presentation focused on Live with HIV Neutral. It has strong new social messages. www.thestgmaproject.org

USCA offers membership options which provide for reduced costs for conference attendance. Idaho needs to be represented at this conference every year.

AGREEMENT: Chris suggested that, based upon all the new information and increasing access to information, IACHA’s State Brochure needs to be revisited and updated. The State Health Department staff will move this forward.

Shane Anderson reviewed the sessions he attended. This is Shane’s 3rd time at USCA. Each time it has been a strong learning experience and he is grateful for the opportunity to attend.

Shane attended a segment regarding the Affordable Care Act and its impact on CARE & Prevention. People involved in efforts as payers of last resort are upset and fired up regarding the impact on undocumented people. They have worked so hard to get them into testing and care. There was discussion regarding options for how to continue this effort under the ACA. MTV’s “I’m Positive” featured some of those efforts in a DVD. Everyone was given a copy of the DVD and Shane can make it available to all who are interested.

ISU talked about their organized event related to the Oregon Testing Program. They have developed creative ideas for testing for HIV, Hep C and Syphilis. One approach is

to have “House Parties” for testing which are organized events. The cost is $50 or less depending upon ability to pay. No one is denied for lack of ability to pay. The Oregon Health Department helps to cover costs.

Lynn Opdycke reviewed some of the highlights of sessions she attended. Two in particular that Lynn was impressed with was the session on “Women Over 50”. These women are generally late testers. This was a panel discussion made up of a mix of women including heterosexual positives, late testers, etc. They discussed the importance of interventions to reach late testers. The rate of new infections is 23% women.

Also, Lynn attended a segment of Story Telling. An effort is underway to engage young people through an essay contest. There were several youth attending this session. The value of story-telling for HIV+ is to normalize their being positive. Stories provide a useful way for people to discuss what is going on in their lives.

Alex Zamora was unable to attend the IACHA meeting, but sent a written synopsis of his experience. Alex attended many of the smaller sessions that focused on Latino outreach. The National Latino AIDS Awareness Day noted how various communities have conducted this event and how the organization, through CDC, can provide technical support to communities in this effort. Another great session spoke to addressing stigma around testing in the Latino community. AltaMed, an organization in Los Angeles, created a telenovela miniseries addressing stigma from a cultural standpoint. The series, Sin Verguenza, is a tool that can be used in any community and is available on YouTube.

Alex attended a session addressing sexual stigmas with “Top, Bottom, Vers”, a condom campaign. The logic is to encourage people to engage in sexual conversations around condom use and promoting safer six. Also valuable was a session on Motivational Interviewing in case management.

Efforts following attendance of the conference include speaking with an organization in Caldwell to provide assistance and support in conducting a NLAAD event this year. Alex also followed up via telephone with someone from Philadelphia regarding the implementation of Motivational Interviewing in practice, specifically, what resources could be leveraged to assist in the reproduction of that component in Idaho with non-clinical staff.

IACHA ADMINISTRATIVE UPDATE – Lynsey Winters Juel

Lynsey passed out information cards for the Idaho Suicide Prevention Hotline, which is a Program of Mountain States Group. She stated that more volunteers are needed and that training is in place for people interested in volunteering. The intent is to expand the

program and new hours will be 24/7. HIV/AIDS training is included for Hotline volunteer training. The program needs more well-trained volunteers.

Lynsey announced that we are moving back to 3 face-to face meetings each year. There is a possible change in the meeting location. The meeting space is available at the First Congregational Church of Christ which is located a short distance from the Red Lion Hotel which would continue to accommodate our members and guests who require overnight accommodation. Meeting at the Church supports our strategy for faith-based alignment.

DECISION: IACHA members are in favor on trying this location out for one year. Members also agreed with the recommended meeting dates for 2014:

- **February 7-8**
- **May 30-31**
- **September 26-27**

The updates to the Resource Directory will be completed in December, 2013 or January, 2014. This was a joint effort of Aimee, Bebe, Rebecca and Treena. One addition was made – The Suicide Prevention Hotline. Drafts will be sent out for review and feedback should go to Lynsey. There will be several groups added to the distribution list. The next steps will be to determine the distribution method and list of recipients for the Directory. If you have additional individuals or groups you want included for distribution, please advise Lynsey.

The CDC Monitoring Questions were prepared and emailed out to members for review and input. We will continue to update the information. We rely upon our members to review and provide feedback.

IACHA Member Applications for new and renewing members were received and vetted. We have 3 member renewals and 2 new members for consideration.
Renewing members are Francis Nagashima for our education slot; Whitney Holman for our HRH slot; Shane Anderson for our MSM slot.

Our new member applicants are Gina Holt for our homeless slot and Ryan Giles for our direct care slot.

DECISIONS: Current IACHA Membership approved all renewing and new members and the recommended slots they will fill on the Membership Matrix. Chris Bidiman will serve as mentor for Gina, and Stacie Lechot will serve as mentor for Ryan.

Lynsey stated that we need more representation of HIV+. Shane suggested an option would be for members to invite people to attend IACHA meetings as guest who could potentially become members and fill the additional slots, particularly HIV+.

Alex Zamora has been working on the Latino Conference, which is scheduled for November 15, 2013. Lynsey has 5 complimentary tickets for anyone who wants to

attend. IACHA's Health Related Disparities committee discussed having a table at the Conference. We can have an unstaffed table at the Conference, which will be in the foyer of the conference room. Materials should include CDC material, video clips, etc. Lynsey, Rebecca and Chris will help set the table up for the conference.

Lynsey discussed the new Medicaid Option for Idaho. Mountain States Group is involved in a grass roots effort regarding the Medicaid Option, which would provide healthcare and support for families who could fall through the insurance gap. The Option would provide low cost medical coverage. Material is available for use by members and guests (link to info graphic at: http://idahokidscount.org/uploads/idaho_coverage_gap_families.pdf).

What is Happening in Your Districts?

Whitney reported that in District 5 they conducted a Community survey. They contacted the Mexican Consulate to gain support for an information pamphlet. Waiting to see what Medical Case Management will look like.

Chris reported that in District 2 they conducted a 3-day intervention for young women to support more young women to get tested. There is an increasing focus for an HIV program for the tribal population.

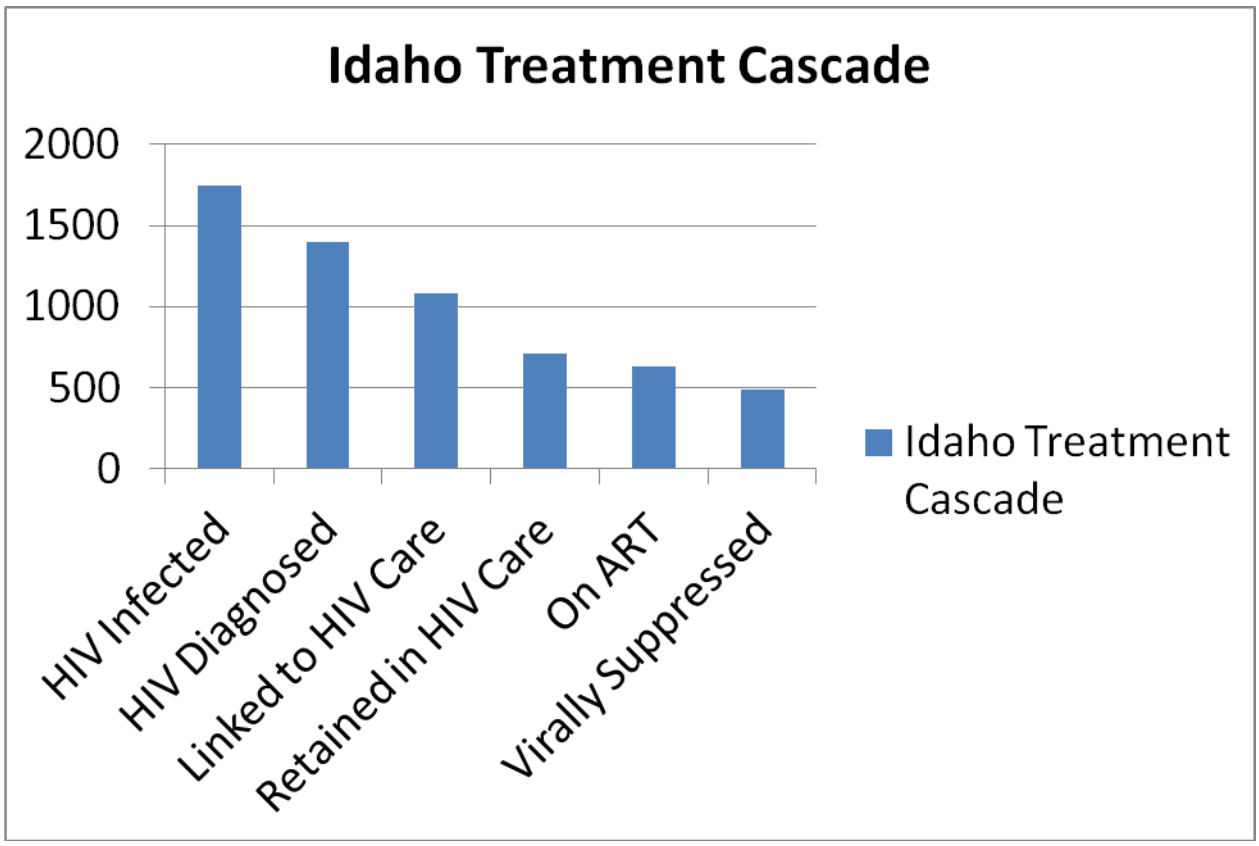
Asimba reported that in District 4 City of Light is focusing efforts on 50-60 people to support substance abuse treatment.

The difficulty of having an actual number of people in Care: There are another 300 people out of treatment? who have not been diagnosed. This is a baseline estimate. Need to consider in our goals and methods. We can get zip code data for viral loads, but not all will be detectable. Surveillance is a factor in getting better information. There is a public health benefit of having Viral Load information, even when not detectable.

IACHA Committee Reports

For updates from each committee, please see attached/updated Strategic Plan.

Additionally, Chris led a discussion regarding the Idaho Treatment Cascade. This concept will be further reviewed by the sub committees (see below).


Idaho Treatment Cascade
2000
1500
1000
500
0
HIV Infected
HIV Diagnosed
Linked to HIV Care
Retained in HIV Care
On ART
Virally Suppressed
Idaho Treatment Cascade

Attachment 1: IACHA Meeting Attendee List

Members

Aimee Shipman
Chris Bidiman
Cynthia Lynn Opdycke
Frances Nagashima
Gary Rillema
Kituta Asimba
Linwood Fraser
Mary Linn
Rick Pongratz
Shane Anderson
Whitney Holman-Ginder

Technical Advisors

Lisa Kramer
Judy Thorne
Tobie Barton
Lynsey Winters Juel
Bebe Thompson
Sheri Cook
Rebecca Schliep
Treena Clark
Jamie Perry Strain
Rafe Hewett
Sherry Dyer

Guests
Nancy Lowe
Patrick Piper
Dieuwke Spencer

Attachment 2: Meeting Evaluation

Idaho Advisory Council on HIV and AIDS Meeting
September 27-28, 2013

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

1	2	3(3.5=1)	4 (3)	5 (6)

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(1)	4 (1)	5 (8)

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

Meeting Rooms	1	2	3 (3)	4 (5)	5 (3)
Meals	1	2 (1)	3 (6)	4 (2)	5 (2)
Hotel Rooms	1	2 (1)	3 (1)	4	5 (6)

Comments:

- Hotel staff was rude at times- hallways and entry ways smelled awful.

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

1	2	3	4 (2)	5 (9)

Comments:

- Need better time keeping; too many sessions went over
- I wish we stayed on time

5. Do you feel that current committee placement is appropriate? Would you like to sit on another committee? If you have concerns, please identify them (along with your name) so that the Adm Committee may make changes.
   - Yes
   - More HIV+
   - I am fine with the committee I am on.
   - I feel committee placement is fine for me. However, I am concerned about various time commitments of other committee members.
   - Yes- current committees make sense as long as they reflect NHAS
   - I feel that my placement is appropriate

6. Which parts of the meeting did you find the most useful?
- Most everything. Reports are valuable resources
- Work group
- The information provided by the conference attendees.
- Patrick's training was a great opening to focus the meeting
- The refocus of committee work/tasks. I think the refocus is really important.
- Bebe/Rebecca/Rafe
- Patrick Piper- let's follow suggestions to use a cascade for special populations and age, etc. Makes a lot of sense
- Patrick's presentation, subcommittee breakouts, conference presentations, Jamie's update
- Workgroups, updates on various dept and conferences, carryover presentation on CPTC training

7. Which parts of the meeting did you find least useful?
- Too many program updates
- I felt like the committee reports were a bit long. I would prefer a general concept with more detailed info in the written document that is mailed.
- The viral hepatitis update
- This info could be provided in another streamlined format
- Work group reports
- Updates from prevention and care- focus more on specific needs for input from IACHA

8. What additional types of information, training or technical assistance would you like to receive at future meetings?
- Media and social marketing
- I would love additional trainings of the same caliber of the social determinants
- Let's look at Washington (state) and their draft HIV Program logic model and evaluation indicators. Rafe brought back examples from USCA. It's very clear and easy to follow.
- Perhaps info from other states about what works well
- Nice to have more updates on what members are doing in their communities

9. 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.)
- CDC Guidance, state perspective
- Various community guests (providers, faith based, HIV+, etc)
- Happy to provide a report of my World AIDS Day event at the next meeting if it goes forward

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

- None- but seeking ways to invite more HIV positive for Region 4
- I was slightly frustrated with hotel. I would hope that they would be more flexible with us considering how long we have been holding meetings/staying here.
- I think the committees get too bogged down in the process of trying to work through the table, then the report back gets too long and is hard to track- except for Rick's review which was very refreshing and thankfully brief.
- Thanks- great meeting.
- Great job on the meeting!
- Thank you for another great meeting!
- Thanks for doing a great job.