Idaho Advisory Council on HIV and AIDS An Introduction

Thank you for your interest in the Idaho Advisory Council on HIV and AIDS (IACHA)!

The IACHA was created by the Idaho Department of Health and Welfare. Its purpose is to promote effective HIV care and prevention programming in the state of Idaho, and to reduce the further spread of HIV infection.

The IACHA uses a "community planning" process to accomplish its work. Members work in partnership with the Family Planning, STD and HIV Programs (FPSHP) to assess prevention and care needs in the state, determine the populations most at-risk of HIV infection, and recommend effective prevention strategies to reach these populations.

The IACHA's decisions are based on many forms of data, including an epidemiological profile of who is infected in Idaho, and evidence-based studies of what interventions have proven to be successful in reducing HIV.

The IACHA incorporates the views, knowledge and experiences of many individuals and agencies. IACHA membership includes persons infected by HIV, persons representing populations at risk of HIV, HIV prevention and care providers, health department representatives, educators, and persons with expertise in behavioral science, substance abuse, corrections, health planning, epidemiology, and evaluation. The IACHA leadership ensures that that every member is included equally in meeting discussions and decision-making.

IACHA members hold a three-year term. The group meets 2-3 times per year, and meetings usually last 2-3 days. Members are expected to participate fully in all meetings. In addition, each IACHA member serves on a committee that works between IACHA sessions. Transportation, lodging, and meal costs for IACHA meetings are covered by FPSHP.

For additional information, please contact Lynsey Winters Juel at Mountain States Group, 1607 West Jefferson Street, Boise ID 83702. You may also call her at (208) 401-4242 or email her at lynseyjuel@gmail.com.

IDAHO ADVISORY COUNCIL ON HIV AND AIDS MEMBERSHIP APPLICATION

Name:	J	Date:		
Address:				
City:	State:	Zip:		
INSTRUCTIONS: No one and is used to help the Membershis applications will keep the inforthis application, but please mu	aswer determines who will be a ip Committee learn more about ormation you provide in confide	ence. You may hand-write or type		
2. What amount of time wou work?	lld you be able to commit to IA	ACHA meetings and committee		
 What experience do you h HIV? 	ave with HIV prevention; HIV	V/AIDS care; or people at risk for		

4. The IACHA has a variety of membership categories. Please indicate the category(ies) you believe you represent (whether by identifying with a particular category or directly working with a particular category) and provide further details regarding your membership category(ies) below:

Community Based Organization Prevention	Care (Direct)	Corrections	State Health
Public Health	Substance abuse	Faith Based	Criminal Justice
Education	Behavioral Science	Care (Medical)	Mental Health
Youth	Elderly	Low Income	People of Color
Hispanic	MSM	IDU	HIV Positive
High Risk Heterosexual	Transgender	General Population	

Further explanation of your membership category(ies):

5.	Briefly provide additional information about yourself that you feel is unique or of importance in regard to being an IACHA member (include skills, assets, or knowledge).
6.	What changes would you like to see in HIV prevention or care services on the local, regional, statewide, or national levels?
Ple	ase submit your application to:
Mo 160 Bo Ce Fax	nsey Winters Juel ountain States Group 07 West Jefferson Street ise, ID 83702 Il Phone: (208) 401-4242 x: (208) 331-0267 nail: lynseyjuel@gmail.com