



An Introduction of the Idaho Advisory Council on HIV and AIDS (IACHA) for Potential Applicants

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

IACHA is a statewide community planning group 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.

IACHA uses a “community planning” process to accomplish its work. Members work in partnership with the HIV, STD, and Hepatitis Programs (HSHP) 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.

It is through the IACHA membership that the views, knowledge and experiences of many individuals and agencies are incorporated into the state’s Jurisdictional plan.

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.
- IACHA typically meets 1-2 times per year, and meetings usually last 1.5 days.
- Members are expected to participate fully in all meetings.
- Transportation, lodging, and per diem for IACHA meetings are covered by HSHP.

For additional information, please contact the HIV, STD, and Hepatitis Programs at 450 West State Street, 4th Floor, Boise, ID 83702, 208-334-5937, or email schliepr@dhw.idaho.gov

The IACHA has a variety of membership categories. Please highlight 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:

<p>Behavioral Science</p> <p>To be filled by an individual working within the field of behavioral science (ex. psychologist, counselor, etc.)</p>	<p>Care (Direct)</p> <p>To be filled by an individual providing direct care to HIV/AIDS + persons (ex. doctors, nurses, pharmacists)</p>	<p>Care (Medical)</p> <p>To be filled by an individual working with HIV/AIDS + persons to achieve care (ex. medical case managers, HOPWA case managers, social workers)</p>	<p>CBO Prevention</p> <p>To be filled by an individual working with CBOs providing preventative services</p>
<p>Corrections/Criminal Justice</p> <p>To be filled by an individual in the law enforcement system (ex. parole officer, police officer, lawyer)</p>	<p>Education</p> <p>To be filled by an individual previously, or currently, involved in the educational system (ex. Board of Education member, educational outreach worker, etc.)</p>	<p>Foreign Born</p> <p>To be filled by an individual who was not domestically born (ex. immigrant, refugee, etc.)</p>	<p>Hispanic</p> <p>To be filled by an individual of Hispanic affiliation</p>
<p>HIV+</p> <p>To be filled by an individual with a medical HIV/AIDS positive diagnosis</p>	<p>HIV+ (55+)</p> <p>To be filled by an individual with a medical HIV/AIDS positive diagnosis aged 55 years or older</p>	<p>Homeless</p> <p>To be filled by an individual who is either currently or chronically homeless as defined by HUD or be an individual actively working with the homeless population</p>	<p>High Risk Heterosexual</p> <p>To be filled by an individual either self-identified, or working directly with the HRH population</p>
<p>IDU</p> <p>To be filled by an individual self-identified as a current or former injection drug user</p>	<p>Low Income</p> <p>To be filled by an individual either self-identified, or working directly with low-income persons</p>	<p>Mental Health</p> <p>To be filled by an individual working within the field of mental health</p>	<p>MSM</p> <p>To be filled by an individual self-identified as a man who has sex with men</p>
<p>MSM Youth (18-24)</p> <p>To be filled by an individual self-identified as a man who has sex with men, aged 18-21 years old at time of application</p>	<p>People of Color</p> <p>To be filled by an individual self-identified as a person of color</p>	<p>Public Health</p> <p>To be filled by an individual working within the public health sector</p>	<p>State Health</p> <p>To be filled by an individual working with the Department of Health & Welfare</p>

Substance Use	Transgender	Viral Hepatitis	
To be filled by an individual self-identified as a current or former substance user, or working directly with substance using persons/population	To be filled by an individual self-identified as a member of the transgender population/community	To be filled by a person with a medical Hepatitis (A, B, or C) diagnosis. May have a multiple Hepatitis diagnosis or a HIV/Hepatitis co-diagnosis	

Further explanation of your membership category(ies):

4. 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).

5. What changes would you like to see in HIV prevention or care services on the local, regional, statewide, or national levels?

Please submit your application to:

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