

History of the Idaho Advisory Council on HIV and AIDS

To help understand the Idaho Advisory Council on HIV and AIDS as it currently functions, it may help to review the history of name changes. In 1994, Idaho embraced a community planning process to assist in the development of a plan to target HIV prevention efforts to those populations at greatest risk for HIV transmission. At this point, the HIV prevention group was known as the Idaho Prevention Planning Group. In 2003, this group expanded to address the care needs of people living with HIV and AIDS, thus changing their name to the Idaho Care and Prevention Council. Reflecting a desire to better integrate the spectrum of concerns and issues related to HIV and AIDS, the council once again underwent a name change, becoming the Idaho Advisory Council on HIV and AIDS in October 2007. Thus, as it currently stands, Idaho has one statewide community planning group addressing the diverse needs of HIV and AIDS: the Idaho Advisory Council on HIV and AIDS (IACHA).

Purpose and Function

The purpose of IACHA is to strengthen Idaho's HIV and AIDS care and prevention programs. IACHA participates in the development of the comprehensive HIV care and prevention plan that is evidence-based, relevant to Idaho's populations at risk of infection and based on meaningful community input.

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. Most recently, IACHA has become more closely involved with quality management of HIV and AIDS care. IACHA's decisions are based on many sources of data, including an epidemiological profile of who is infected in Idaho, population-specific needs assessments and studies of what interventions have proven to be successful in reducing HIV.

IACHA incorporates the views, knowledge and experiences of many individuals and agencies. Ideally, 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. IACHA Membership Committee is charged with ensuring inclusion, parity and representation of the membership. IACHA leadership ensures that that every member is included equally in meeting discussions and decision-making.

Structure

With an allowable membership of up to 26 persons, IACHA currently stands at 20 members. Terms of membership are three years, with the option to reapply. The Community Co-Chair is appointed by the membership; the FPSHP Co-Chair is appointed by FPSHP. IACHA meets three times per year for two-day sessions.