

**Idaho Advisory Council on HIV and AIDS**  
**Meeting Report**  
**August 14 & 15, 2009**

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## **Opening Remarks**

Community Co-Chair, Katy Kujawski welcomed IACHA members and guests. Sherry overviewed the IACHA Operating Agreements and members introduced themselves, including information about the highlights of their summer.

## **Comprehensive Plan Updates**

A discussion about Comprehensive Plan Goals and Actions was facilitated by Lynsey, Katy and Sherry. Following are key decisions, actions and/or next steps for each Goal.

*Goal A, Action Step 3:* Increase access to pharmaceutical company education grants and activities and develop lists for IACHA and Strategic Planning Groups.

- Bebe attended the annual NASTAD ADAP Technical Assistance Meeting in July at which a number of drug manufactures normally attend.
- Companies highly represented at this meeting were those who have HIV related drugs in development. Those companies include Bristol-Meyers Squibb, Gilead, and Tibotec. All of these companies have excellent local government accounts managers whom are in frequent contact with the Idaho ADAP.
- After some discussions with staff manning the booths and with other state's ADAP staff, it became clear that once the new marketing regulations for pharmaceutical companies became effective in January, 2009, access and information related to corporate giving has tightened up and not all company staff are aware of the changes made.

***Next Steps:*** There are some pharmaceutical company websites that provide easy direction to accessing corporate giving mechanisms. However, many others do not. Attached is a short list of available information from websites for the major HIV drug manufactures.

The Administration Committee may want to discuss creating a project for assignment to either a committee or one volunteer to dig deeper into the available information and provide more specific information for community partners.

*Goal H, Action Step 1:* Continue project to link HIV Care data systems together.

- Meredith is testing the ability to create linkages in remote areas to link CAREWare across the state.
- The target date for completion of the project will be in early to mid October.

*Goal I, Action Step 2:* Provide data to Idaho State legislature in coordination with substance abuse regional advisory Councils and Wellness Center.

- The Patricia Kempthorne Award and Legislative Event will be held in February 2010. The conference will be attended by many legislators and other influential people. This would be a good opportunity to have an IACHA information booth, making our presence visible and educating legislators.
- The Idaho Conference on Drug and Alcohol Dependency will be held in May 2010. IACHA will be presenting on HIV/ AIDS during 2 sessions at the conference and will have a booth. We will also coordinate with speakers Michael Nieberg and Judy Thorne related to their presentation on Viral Hepatitis.
- When we know the specific dates of the conferences, we should attempt to coordinate our February and May IACHA meetings with the conferences, if possible.

**Next Steps:** A subcommittee consisting of Treena, Rebecca, Bebe, Katy and Lynn will develop the presentation, booth concept and the materials for booth. They will ensure a fact sheet is made available on trends and costs of HIV/ AIDS in Idaho to help legislators make informed decisions. It will also reflect stigma issues and medical costs. We should take advantage of the possible opportunity to recruit for IACHA.

*Goal J, Action Step 1:* Engage Regional Planning Groups to conduct Gap Analysis for community specific transportation needs.

- A letter has been prepared for RPGs as part of the process to conduct a survey about transportation issues in their areas.
- The decision was made to create a specific set of questions for Medical Case Managers related to client needs and resources specific to their locations. This survey will be completed first.
- A separate follow-up survey will then be sent to Regional Planning Councils to gather any additional information needed.
- The goal of the survey's will be to determine available transportation resources, barriers to access, including cost and availability, and sources of payment for each region.

**Next Steps:** Bebe will send the survey to Medical Case Managers in September for completion by the end of the month.

- Once the information is gathered, a next step will be to bring the transportation information to the HIV Care Funders meeting in November for discussion of combined efforts to develop a network of transportation assistance to PLWH in Idaho.

*Goal J, Action Step 3:* Explore tele-health as an alternative approach for accessing care.

**Next Steps:** Both, Bebe Thompson and Judy Thorne, have been watching for conferences in our area related to tele-health initiatives sponsored by the HRSA's Office of Health Information Technology. Conference information can be accessed at <http://www.hrsa.gov/healthit/workshops2009.htm>

## **HIV Prevention Updates**

Teri Carrigan provided updates in several areas of HIV Prevention.

### *1. State Contracting Process (including RFPs) and Funding Allocation Decisions*

A change in the contracting process at the State level affects community planning. After the May meeting, IACHA presented 20 plus recommended interventions. In July, the Management Services Division advised us that RFPs had to be submitted for each specific intervention or service. This has required us to make tough decisions about our priorities. It required us to shift the focus of funding and interventions on Persons Living with HIV (PLWH) and Men Who Have Sex with Men (MSM).

The IACHA Administrative Committee met with Teri by conference call on July 10, 2009. Teri proposed that a higher percentage of funding be allocated to the MSM population because we have a gap in this area and MSM represented 44% of all new infections in the 2008 Epi Profile. The Genesis Project will continue to be funded in District 6. Personalized Cognitive Risk Reduction Counseling was proposed to serve MSM in District 4. Prior to the call Teri and Rick had done some investigation into this intervention and it seemed the most feasible for implementation in Idaho. It was proposed that the remainder of the funding allocated for MSM be utilized for an on-line intervention. Teri also proposed releasing an RFP for Cuidate for Latino youth in District 3 and if there are funds remaining to reach the High Risk Heterosexual population an RFP for Voices/Voces. The Administrative Committee supported the proposed interventions at the end of the call.

Margaret suggested a possible partnering opportunity with a Professor at the University of Wyoming to research, develop and pilot for online intervention for MSM.

Teri overviewed the newly finalized 2008 Epi Profile. We do not have good information from District 3 regarding its Hispanic/ Latino representation. For example, 54% of new infections were among Hispanic race, but 64% of all new infections exposure category was risk not specified.

Health Communication/ Public Information (HC/PI) activities will be targeted to jurisdictions that do not have any health education/risk reduction (HE/RR) services

targeted. The greatest need exists in Districts 1, 2, 4, 6 and 7. Contracting processes are to be determined.

Training of providers for HIV Rapid Testing and Client-Centered Counseling will be contracted to Judy Thorne (ISU).

There was discussion from IACHA members regarding the changes to the funding methods. There is support for the prioritization of funding, but concerns regarding changes made by Management Services to the methods for submitting RFPs. We will need to ensure we budget funds to interventions in a new and more focused basis. This may actually be a more meaningful method. But it may require feedback to Management Services.

## *2. HIV Prevention Cooperative Agreement Status*

There will be a Competitive Application for 2010 – 2011. This fits with the Comprehensive Plan that ends 2011. The state is expecting level funding for each year of the 2-year cooperative agreement. The grant application is due October 5, 2009. The state will require a letter of concurrence/nonconcurrence from IACHA and will determine a process through working with the Administrative Committee for completion of a letter.

The next cooperative agreement application will be for a five-year time span and the state will apply in fall 2011. CDC anticipates more prevention dollars at that time.

## *3. TA Request for Community Planning Membership Recruitment*

NASTAD contacted Teri about the request for recruitment support.

**Next Steps:** Katy, Bebe, Mike and Teri will meet via conference call to develop recommendations. IACHA members will be kept informed.

## *4. Results of the TA survey of IACHA Membership*

A survey was sent to IACHA members regarding development of interventions to combat stigma and community planning for HIV Prevention. Ten surveys were returned. Results were summarized and the top needs were reviewed.

- a) TA for development of interventions to combat stigma
  - Consensus Top needs:
    - Implement Selected Models locally: 63%
    - Conduct Needs Assessment: 63%
    - Mobilize and Develop Multi-Sector Partnerships: 88%

- b) Strengthening Community Planning for HIV Prevention
  - Consensus Top needs:
    - Use of data for decision making and prioritization strategies: 63%
    - Partnerships and coalition building: 75%

**Next Steps:** Teri will pursue the requested assistance with NASTAD

## 5. Biomedical Update

Teri provided a handout “Pre-Exposure Prophylaxis (PrEP) for HIV Prevention – A Fact Sheet for Advocates, April 2008, which reviews an experimental HIV-prevention strategy that would use anti-retrovirals (ARVs) to protect HIV-negative people from HIV infection.

## 6. Lisa Kramer provided information about an 8-Session Intervention on HIV Prevention called “Be Proud/ Be Responsible”.

This provides training for alternative high schools and Juvenile Corrections. It is being held October 7 and 8 in Boise. If you are interested, contact Lisa.

Lisa also announced the availability of HIV/ STD videos. The Department of Education is going to determine their currency and usefulness and then make the best ones available. If interested in accessing these materials, please contact Lisa.

## **IACHA Policies and Procedures/ Membership Accountability**

Katy Kujawski conducted a discussion on membership accountability for committee work in a volunteer organization. This is especially related to committee work that takes place between IACHA meetings. Katy raised the following questions:

- How do we create higher level accountability to engage people and to complete assignments?
- What “is” participation?
- Should we use conference funds as an incentive?
- What updates are needed in Policies and Procedure, if any?
- Why don’t people participate?

Members reviewed some of the barriers and concerns related to their participation in committee meetings.

- Time constraints – not available Monday through Friday
- Some members are on 2 committees and lack time to give to both
- Lack of background knowledge (e.g. not involved in CARE)
- Committee chair may lack knowledge of the committee assignment
- Committee work seems dependent upon the computer and internet. Some don’t have access or consistent access.
- Some members prefer and need more one-on-one interaction
- Committee chairs need to take more responsibility to ensure members receive information and have electronic access for meetings

- Members need to better communicate their personal needs and be more transparent about their ability to be involved with committee work.

How do we consider the barriers and move forward for more successful committee participation?

***Decision:***

- Discuss and address barriers during committee meetings.  
Develop within each committee agreements on how each committee will work to ensure the involvement of its members.
- Resolve members concerns about serving on two committees:
  - JoAnne resigned from the Research Committee
  - Idaho resigned from the Finance Committee
- Defer any immediate decision about tying committee participation to conference attendance

**Review of IACHA Meeting Timeline**

Lynsey Winters Juel spoke to the group about whether, in their views, the IACHA meeting schedules and timelines (February, May and August meetings) were working in the context of Epi reporting, Care and Prevention Plan timelines, etc.

The group agreed the timeline is working. An observation was made that flexibility is important, considering there likely would be Council “business” that would need to be addressed in between some of the meetings. A specific example is the need for a letter of concurrence/nonoccurrence for the Prevention Application due in October. The Administrative Committee will need to address the process for development and reaching agreement on the letter.

It was noted that in recent years the Epi profile seems to be coming out later than has been the case historically. Also, the Comprehensive Plan is completed every 3 years and does not always jibe on timing. We will likely move the updated HIV Prevention Priority Population report from the February meeting to the August meeting.

***Conclusion:*** The meeting dates in February, May and August of each year seem to be working for the needs and business of IACHA. (see page 9 for 2010 meeting dates of the Council.

**Part B Update – Medical Case Management**

Alfredo Hernandez, of Family Medicine Residency of Idaho presented a comprehensive picture of Idaho’s new Case Management Approach for Part B patients. Based upon the

Ryan White Annual Data Report, there was a clear need for Care to link health care, psychosocial care and other services. Access is a significant factor – timely and coordinated. There needs to be ongoing assessment of clients and key family members. Treatment readiness and adherence counseling is also a key part of the process. Treatment must be tied to scientific evidence or required care.

The Goal of this Case Management approach is to become a model of successful case management based upon adherence to performance measures.

Case management requires assessment, planning, coordination of services, monitoring and periodic evaluation. Factors impacting quality case management include access to care; substance abuse, mental health, housing (environmental stability), domestic violence, adherence and social support.

The application process is necessarily more extensive than in the past. The application uses several assessments to identify factors for care. Uses of the assessments are coordinated to understand the levels of motivation of clients to adhere to care programs. The level of motivation provides care managers with knowledge of how to develop a case management program unique to each individual. Knowledge, motivation and attitudes influence medical adherence.

### **Committee Action Planning**

The Research, Data, Finance and Membership Committees met separately for 2 hours and developed their reports and action steps. See Attachment 1.

### **Regional Planning Group Funds**

Lynsey Winters Juel reported on the Regional Planning Group fund requests and status.

District 1 requested \$1,500 for activities related to World AIDS Day. This was a well developed application. The request was approved.

District 4 requested \$2,080 (only \$1,500 was made available for each RPG).

The purpose for the request included several activities related to addressing stigma. The Administrative Committee requested additional information related to the request. The decision is pending their response.

District 5 requested \$1,500 for HIV Testing Day activities. The request was for advertising, fact sheets, team shirts and bottled water for those being tested. The request was approved. District 5 reported the event was a success and that they hope to have another event in the future.

District 6 requested \$390 for activities related to National HIV Testing Day and World AIDS Day. These requests were approved. They also requested \$400 for Project WISE. This request has not yet been reviewed by the Administrative Committee and is pending. District 6 provided details of their event successes.

### **Conference Opportunities and 2010 IACHA Meeting Dates**

Lynsey Winters Juel reported that information has not yet been released on available conferences in 2010. She will keep members informed as she receives information.

**Decision:** 2010 IACHA Meeting Dates were set as follows:

- February 19 and 20
- May 21 and 22
- August 20 and 21

### **Future Meeting Agenda Ideas**

- February, 2010 meeting – Myers-Briggs Personality Assessment  
Sherry and Lynsey will work on this.
- Panel involving women of color who are HIV+. Perhaps for the 2010 May or August meeting. Idaho, Denielle, Joanne and Lynsey will work on this possibility.
- Visit Part C clinic to understand their services. Visit would be during hours the clinic is closed.

**Decision:** The Administrative Committee will use the IACHA timeline as they develop future agendas. They will take these ideas under consideration.

### **Membership Committee**

Mike Hirschi, Chair of the IACHA Membership Committee presented 5 renewing members and 8 new members to IACHA members for consideration and approval.

**Consensus:** The following renewing members were approved: Rick Pongratz, Mary Beaver, Gary Rillema, Mike Hirschi and Mercedes Walser.

**Consensus:** The following new members were approved: Jesus Tellez, Kituta Asimba, Annie Clayville, Christopher Bidiman, Mary L Linn, Carrie Brower-Breitwieser, Kimberly Van Wyk and Alisha Rux.

Current IACHA members volunteer to mentor the new members with mentoring assignments as follows:

Jesus – Joanne Fletcher  
Asimba – Mary Beaver  
Annie – Teri Carrigan  
Christopher – Shane Anderson  
Mary – Margaret Legarreta  
Carrie – Mike Hirschi  
Kimberly – Katy Kujawski  
Alisha – Mercedes Walser

New member orientations will be held Thursday, February 19, 2010 before the regular IACHA meeting on February 20, 2010.

See attached Membership Committee Report for details.

## **MEETING SUMMARY and FUTURE ACTIONS**

**Following are the key decisions, conclusions and next steps (and/or page references for their location) noted in this meeting record.**

**Next Meeting Date:** February 19 & 20, 2010 (New Member Orientation to be on February 18)

**Provide data to Idaho State Legislature related to work of IACHA** (page 4): Treena, Rebecca, Bebe and Katy constitute a subcommittee to organize a presentation, booth concept and booth materials for the Idaho Conference on Drug and Alcohol Dependency scheduled for May, 2010

**Engage Regional Planning Groups to conduct Gap Analysis regarding transportation needs** (page 4): Bebe will contact Case Managers in August to get feedback of survey content.

**TA request for Community Planning Membership Recruitment** page 6): Katy, Bebe, Mike and Teri will meet via conference call to develop recommendations.

**Strengthening Community Planning for HIV Prevention** (page 6): Teri will pursue the requested assistance with NASTAD

**2010 IACHA Meeting Dates** (page 10):

February 19 & 20

May 21 & 22

August 20 & 21

**Membership Committee** (page 10): See page 10 for renewing members, new members and mentoring commitments .

### **Important!**

**Please see the following pages for Committee Reports and Next Steps:**

Membership Committee: Page 13

Research Committee: Page 14

Data Committee: Page 15 & 16

Finance Committee: Page 17

## **Membership Committee Update (August, 2009)**

### IACHA Membership Committee Meeting Minutes/ Report

Members Present: Mike Hirschi, Joanne Fletcher, Idaho Purce, Darlene Burke

There are 5 current members' terms that are up for renewal at the end of 2009. They are Rick Pongratz, Mary Beaver, Gary Rillema, Mike Hirschi and Mercedes Walser. All current members whose terms expire did complete the application for renewal of another term. The committee voted on the renewal applications and unanimously voted to approve renewal of each of their terms. (The Chair of the Committee abstained from the vote on his own renewal application.)

At the time of the meeting on 8/14/2009 there were 4 new member applications submitted. The committee did discuss what to do with applications from potential new members that were not submitted in time for discussion at the scheduled meeting in August. The consensus of the membership committee was to accept and consider the applications.

- The new membership application for Jesus Tellez was approved by the committee. (Population at Risk of HIV/AIDS and care provider in a hospital setting)
- The new membership application for Kituta I Asimba was approved by the committee. (Access to migrant and refugee population, prevention educator)
- The new membership application for Annie Clayville was approved by the committee. (Population at risk, prevention educator)
- The new membership application for Christopher Bidiman was approved by the committee. (Population at risk, prevention educator, representative from Northern Idaho)
- The new membership application for Mary L Linn was submitted during the membership meeting and her application was approved by the committee. (Works with population at risk)
- The new membership application for Carrie Brower-Breitwieser was received 8/15/2009 and was approved by the committee (Behavioral/social science background, experience with elementary and secondary education)
- The new membership application for Kimberly Van Wyk was approved by the committee. (Pharmacy resident at a care provider in Idaho)
- The new membership application for Alisha Rux was approved by the committee. (Youth representative, care provider of family member)

The membership committee 'To Do items' for next meeting is to review the timeline of IACHA meetings and determine appropriate time frame to accept and approve new member applications. In addition, mentors will need to be identified for the new members that are accepted.

## **Research Committee Update (August, 2009)**

### **Role of Committee:**

1. Identify best practices for Prevention and Care
2. Evaluate current prevention and care interventions
3. Determine best practice in consultation with the State (Teri & Bebe)
4. Make recommendations to IACHA, Quality Management Committee and t Administrative Committee
5. Ensure regular communications with IACHA, the Quality Management Committee and the Administrative Committee

**Goal:** Bring Idaho into the forefront of dealing with stigma prevention. Stigma education leads to prevention.

### **Action Steps:**

1. The Research Committee will continue with their efforts to identify resources and contacts related to best practice interventions and use of media for addressing stigma. Create a resource list.
2. The Council agreed we need to include in the Prevention Intervention RFPs the requirement and encouragement to address stigma in their applications.
3. Involve the Regional Planning Groups. Have them help determine what the message needs to be. (*Note: in the Comprehensive Plan under Goal B of Stigma, the Administrative Committee was to contact RPGs for this purpose by March 30, 2009*)
4. Develop an RFP for broad-based statewide stigma training and education. Use a survey to identify where the stigma exists in Idaho communities.
5. Teri will request support (technical assistance) from CDC for stigma training/ intervention. Bebe will request funds/ support from CARE.
6. Review the potential to utilize the Case Management Assessment process presented by Alfredo Hernandez to provide a definition of "what a person with HIV/AIDS looks like".
7. Tap into Sam Byrd's work with Hispanic Partnership for Health for resources on disparities.
  8. Request technical assistance from NASTAD for a needs assessment for Community Planning.

**Next Step:** Rick Pongratz will organize a Committee call.

## **Data Committee Update (August, 2009)**

### **1<sup>st</sup> Objective: ADAP Funded Health Insurance**

The Data Committee presented a PowerPoint overview of the extensive research they had conducted to educate themselves, to scope the issue, to understand options and to benchmark Idaho with other low incident states plus Washington, since some of our Idaho population go to Washington for service. Washington could become a model.

The Data gathered provided information on prescription drug payments, insurance payments and total expenditure for these states. Idaho does not pay for insurance and Idaho is much higher in per person costs. The data tells us we really do need to look at gaining insurance payments within the state. Continuity programs are a cost effective method for maintaining care, reduces fiscal impact on publicly funded programs by cost sharing, can be less expensive than direct payment for medical expenses and provides assistance until individuals qualify for Medicaid or Medicare.

Recommendations of the Data Committee for next steps:

1. Research Idaho's ADAP eligibility criteria and eligibility criteria used in other States
2. Research what insurance continuity programs cover in other States
3. Research Insurance Requirements:
  - Idaho Individual High Risk Reinsurance Pool
  - Evaluate conversion policies for COBRA

NASTAD may be able to provide Technical Assistance in support of this effort based upon the fact that this would be a cost achievement measure.

May also consider providing additional coverage for covered individuals whose plans fall short of sufficient support.

The Data Committee may want to consider providing some communications for the February legislative luncheon.

**2<sup>nd</sup> Objective:** Explore Standardized Tool for Prioritizing Populations. Modify Tools to adapt to Idaho Needs

Key Components for an Idaho Model

- Population grid
- Regional prioritization form
- Priority setting worksheet (step work)
- Summary

## **Data Committee (continued)**

Research of other states priority population tools

1. Grid – Tracking change (Regional prioritization form)
2. Materials needed – Epi, STD facts/ rates, SUD data, Survey or other assessment tools
3. Rate of increase
4. Measure risky behavior
5. Step by step guide – Kansas

### Next Steps:

1. Terri will email materials chosen to Data Committee members  
Date: 8/21/09
2. Data Committee Members will further review and give feedback  
Date: 12/1/09
3. Terri and Data Committee members will draft documents  
Date: 1/15/10
4. Conference with Data Committee call to finalize  
Date: TBD
5. Report – February meeting

## **Finance Committee Update (August, 2009)**

Goal: Determine poverty level guidelines

### Committee Discussion Notes:

- We need to examine these questions: What is the impact if the poverty level is raised? What is most cost effective?
- Finance Committee needs to rely on the work of Data Committee
- Need analysis of changes and funds expenditure trends
- Lab cost and Case Management are highest expenditures in each district. If we go to an insurance program, could funds go to offset transportation?
- Lynsey will provide more aggregate data that will help determine average cost per client
- Data reports were useful but difficult to achieve key conclusions.
- We are looking at how we can find out how many clients are above the 200% poverty level.
- The Case Management Assessment process (presented by Alfredo) will help us gain better information on the client base.
- How can we get data on people above 200% poverty level?
- Could purchasing insurance for clients free some money from lab costs/ medical visits that could be used in Dental and/ or transportation?
  - Lab costs/ Case Management are highest expenses
  - Data we have shows varying conclusions per district (some data are not available at this time.
  - Average per client per district (this could be helpful to case managers)
- Efforts are parallel and linked with the data gathering work of Data Committee.
- Transportation Needs Assessment :
  - What are resources available in community and if financing dollars are available how would we be able to apply the funds most efficiently?
  - Have there been efforts to identify other funds being provided for transportation that are being used for other needs?
  - Sources if information:
    - a) Case managers
    - b) RPGs

### Action Steps:

1. Need feedback from Bebe in October regarding analysis of changes made to the new contract on the cap for clients (feedback from case managers, information on remaining funds).
2. Get new viewpoint of data. Working with Lynsey on this
3. Work with Data Committee to analyze and determine how this is relevant related to insurance.
4. Obtain new data/ reports from Lynsey by 8/28/09
5. Implement message board for communication with Finance Committee members by 9/4/09

**IACHA Committee Membership Roster**  
August, 2009

**Data Committee – Standing\***

Co-Chairs: Treena Clark and Mike Hirschi  
Katy Kujawski  
Annie Clayville

**Research Committee – Standing\***

Co-Chairs: Rick Pongratz and Margaret Legarreta  
Mary Beaver  
Denielle Townsend  
Mercedes Walser

**Finance Committee – Standing\***

Chair: Gary Rillema  
Jamie Perry (not a member)  
Barbara Harrison Condon  
Rebecca Schliep (not a member)  
Lynn Opdyke  
Shane Anderson

**Membership Committee – Standing\***

Co-Chairs: Mike Hirschi and JoAnne Fletcher  
Darlene Burke  
Idaho Purce  
Kituta Asimba

**Structural Committee – Ad Hoc\*\* (continuing at this point)**

Chair: Katy Kujawski  
Mary Beaver  
Treena Clark

\*Chairs and Co-Chairs also serve on the Statewide Quality Management Committee and the IACHA Administrative Committee

\*\*Chair also serves on the Administrative Committee

Teri Carrigan and Bebe Thompson are resources for all committees

**Idaho Advisory Council on HIV and AIDS Meeting  
August 14<sup>th</sup> and 15<sup>th</sup>, 2009  
MEETING EVALUATION**

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

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

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 (1)                      5(12)**

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

Meeting Rooms            **1(1)                      2                      3(1)                      4 (4)                      5 (8)**

Meals                            **1(1)                      2                      3(3)                      4(2)                      5 (8)**

Hotel Rooms                **1                      2                      3                      4(3)                      5(7)**

Comments:

- Need bigger coffee cups! ☺
- This new room is much better than the old one!!!

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

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

Comments:

- Always keeps us on time for meeting parts

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

- The presentation from different groups
- Alfredo's presentation
- Getting into groups fro our committees to determine where we can help and what needs to be done for our part
- The committee reports were informative and created a lively discussion
- Committee meetings, Data presentation and Alfredo's presentation
- Committee work and reports (4 people)
- Updates from the state by Teri C.
- The discussions
- Clarity of information presented
- When we got into groups- feeling better that I was able to let the group know I wasn't good at email. Phone calls. Thanks for working with me on that. ☺

- Committee meeting, Comp plan update, IACHA Policy and Membership Accountability discussion
6. Which parts of the meeting did you find least useful?
- I found it all to be useful (3 people)
  - Breakfast
  - It was all good. A little cold at times.
  - People not listening and then asking the same question after it has been answered multiple times
7. What additional types of information, training or technical assistance would you like to receive at future meetings?
- More presentations from different stakeholders and challenges they face on grassroots level so that we can understand better in decision making
  - I'm not sure at this point
  - What tools I need to become a better speaker
  - Will collaborate as need to assist for our committee in future
  - Information about how other states deal with barriers regarding issues such as stigma, availability of services and resources and funding.
  - I think a tour of the Boise HIV Clinic would be great
  - Always think that updates from medical provider would be good (i.e. Dr. Blue or Dr. Blutrago)
  - I am a political animal. I like to know where the bodies are buried. This maybe a no-no for this committee.
  - Maybe a microphone for the soft spoken so those who cannot hear can hear- just a thought.
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 can offer presentation in addressing some issues such as stigma and preventive measure where needed (Asimba)
  - Any info about mental health (Lynn Opdycke)
  - Regional information and prevention expansion. But because we do not have an individual to write the RFP, unable to start prevention program in Region II (Mercedes).
  - Just tell me what you need and I'll do what I can and let you know if I can't!
  - I can offer the African American perspective. Willing to service participate knowledge of legislative process.
  - Thank you for changing our menus. Excellent choice, but would like milk served with breakfast. Need to say night staff at desk was very rude. I detected some discrimination in the actions as well as mannerisms.

9. Do you have any other comments regarding the meeting and/or accommodations?
- Very informative and there is nothing wrong with coming together and meeting the need of our population. So, let's stay focused.
  - Thank you for all your hard work at making the meeting so successful.
  - I have served on this committee a long time and have seen first hand the many changes. I continue to be excited about being involved. Good meetings. Good people.
  - Great meeting. As always, thanks Lynsey for of all your expertise and hard work!
  - Great meeting. Thanks to all.
  - This was a very effective meeting
  - I had a great time.

**Idaho Advisory Council on HIV and AIDS**  
August 2009 Meeting Attendees

**Members:**

Shane Anderson  
Darlene Burke  
Treena Clark  
JoAnne Fletcher  
Mike Hirschi  
Katy Kujawski  
Margaret Legarreta  
Lynn Opdycke  
Idaho Purce  
Gary Rillema  
Bebe Thompson  
Denielle Townsend  
Mercedes Walser

**Support Staff:**

Teri Carrigan  
Sherry Dyer  
Rebecca Schliep  
Lynsey Winters Juel

**Guests:**

Annie Clayville  
Alfredo Hernandez  
Asimba Kituta  
Lisa Kramer