

IHIV PREVENTION COMMUNITY PLANNING GROUP MEETING

October 18, 2011

10:00 to 2:45 p.m.

Indiana Government Center South,

Conference Room 17

302 W. Washington Street

Indianapolis, IN 46204

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**ATTENDANCE**

**Present CPG Members:**

Balash, Jonathan	Greene, Latorya	Revalee, Brian
Brinegar, Emily	Miller, Marissa	Rush, Nate
Florence, Candace	Morton, Ramon (Community Co-Chair)	Trulley, Denice

**Absent CPG Members:**

Goode, Angela	Knight, Gregory	Perez, Andrea (State Co-Chair)
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**Present Technical Advisors:**

Exom, Michael	Feldheiser, Rochelle	Gillespie, Tony
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**Present ISDH Staff:**

Anderson, Alicia	Bain, Cena (CPG Liaison)	Newton, Susan
Arnold, Vivian	Foltz, Darin	Writt, Amanda

**GENERAL INFORMATION**

- Meeting called to order at 10:21 a.m., by Cena Bain, CPG Liaison
- Introduction by Cena Bain, CPG Liaison
- Ground Rules read by Darin Foltz, ISDH TA
- All present attendees introduced themselves, region, and populations they represent.
- Review of Agenda

**Motion to Approve September 2011 Meeting Minutes**

- Consensus made

### **Review of Attendance Sheets**

- Reviewed, no changes to be made

### **Review of Expenses**

- Few members having trouble getting travel reimbursement checks.
  - Members need to make sure that the address on travel voucher is correct.

### **Review of Group Assessment Form**

- Comments on assessment are still too vague.
  - If a member is not comfortable enough speaking freely or elaborating on their comment made in assessment; please speak to co-chairs or CPG Liaison so that issues/concerns can be handled.
- Member again asked about electronic way of submitting assessment
  - Both full body and Executive committee voted and agreed that paper forms will still be utilized.
  - If a member is not worried about anonymity they can submit their completed form to ISDH support staff by a certain day electronically or via facsimile.

### **Interventions Presentation (Intervention Committee)**



The Four Strategies  
to Picking an Intervent

-First part of presentation pertained to information that member learned during an Interventions training.

- Training was designed to assist organizations in implementing interventions that would best fit their organization and help agencies to determine if they have the capacity to carry-out intervention.
- Technical Advisor inquired about any interventions targeting the “populations to watch” category that was recommended by the Epi/Pop committee
  - No, committee only selected interventions for our targeted prioritized populations
  - Interventions chair briefly explained the intentions of the committee to be able to provide additional technical assistance to organizations that would like to implement an intervention within their organization during the RFP process
    - Technical Advisor recommends that the Capacity Building Assistance (CBA) process be explained in more detail and be able to provide some linkage between the actual requestor, ISDH, and the CBA provider.

- Member inquires about the decision to select CLEAR as an optional intervention given that it is extremely costly and overtime lacks participation from clients.
  - Committee wanted to include this intervention, because if carried out can be very successful in changing risk behaviors.
    - An organization may adapt an intervention to best fit the needs of the clients etc.
- Member inquires about Counseling, Testing, and Referral (CTR) along with Comprehensive Risk Counseling and Services (CRCS)
  - Given that they are Public Health Strategies, they will be included under a separate category within the Interventions Narrative located within the Prevention Plan.
- Technical Advisor inquires about homegrown and/or home-based interventions regarding definition of homegrown and does not want them excluded from the list.
  - This will be part of narrative as well located within the Interventions Narrative located within the Prevention Plan.

**Motion to accept the Recommended Interventions adding SUMIT to PLWH/A as well as it remaining to be included for MSM**

- Consensus made

**Division Report (Cena Bain):**

- The AVHPC position was posted and has closed, Prevention manager is in the process of reviewing the applications and setting up interviews.
- Still waiting on Technical Review from CDC regarding the Prevention grant.

-Technical Advisor inquires about an update on the National HIV/AIDS Strategy (NHAS).

- Recommended for ISDH to have coordinated conversations with CBO's.
- request will be discussed with Prevention Program Manager.

**Member Retention Discussion:**

Question: Why do you think we are having a hard time retaining members for CPG?

- They do not understand the process at first; it takes time to understand how slow the process works and its functions.
  - May be beneficial to have the Orientation for only new members so they can be more comfortable asking questions.
- May want to look into orienting differently.
  - Look into creating a 5 minute video that explains the main goals of the CPG, prior to the full orientation.
- The attendance policy seems to be more burdensome then necessary.
  - Members need to participate, but sometimes life gets in the way.

- The DVD is a great idea; CHSPAC had created one a few years ago and could be used as a guide.
  - The mentoring assignments have always been an issue; new members should be assigned a mentor that is within the same area.
  - The issues that are being expressed today need to really be addressed.
- Even adjusting the Orientation or creating a video will not prepare you for sitting around the table.
  - Recruitment should prepare members for how on slow the process is.
- The DVD is a great idea; however as a new member this year, I liked having all the seasoned members around the table during Orientation because it helped me understand the process a little better.
  - I think the attendance policy needs to be addressed in regards to committee meetings and full CPG meetings and the importance of full attendance to both.
  - The appeal process may make people feel like a failure, and if granted the appeal and something happens again people may not feel comfortable utilizing the appeal process again.
- Creating a fact sheet for interested applicants or new applicants that summarizes the main concepts of CPG would be very beneficial
- Inviting/Requiring interested members to attend a CPG meeting prior to applying would be a good idea so they can see how slow the process can actually be.
- Allowing committee time during regular CPG meetings may assist in some of the work
  - Creating an open line of communication between the members needs to be improved.
  - Computers and cell phones are more of distraction during meetings. Most the time members are not “taking notes” and miss a lot of what is going on during the meeting.
- Creating a better description on the expectations of a CPG member prior to them applying needs to occur
  - A job description of a member is now included in with the application packet.
- The recruitment grid is not clear; we are seeking members from areas that have a low disease burden, it is not clear why applicants are waitlisted if there are openings.
  - By-laws indicate that an individual from each region should make up at least 9 of the CPG seats.
- May look into tweaking the CPG map to mirror prevalence rates.
  - Even if we had someone from every region-we still have at least 15 openings.
- Perhaps creating a 2 tier approach
  - At first priority, and if no applicants are received by a certain time move to the 2<sup>nd</sup> list of priorities.
- Some boards allow “share-chairing” allowing another individual from an area to sit in place in case of an absence.
- Creating a response letter to send to persons after they apply detailing the process.

**Lunch from 12:30 p.m. to 1:30 p.m.  
Reconvened at 1:32 p.m.**

## **Committee Reports**

### **Membership (Latorya Greene):**

- Although during September meeting the extension for applications was set at 10/30; needs to be changed to 10/31.
  - Question asked that given the circumstances of only having 11 people on CPG and that it was decided to not add anyone mid-year, is it necessary to transition people off this year?
    - Consensus made to not transition people off for this year.

### **Epi/Populations:**

- No update, narrative for prevention plan is complete

### **Interventions:**

- No additional update

### **Needs Assessment (Emily Brinegar):**

- No update other than still waiting on Black Men's Health Study findings

### **Evaluations (Cena Bain and Ramon Morton):**



Evaluation  
Presentation-Knowledge

### **Additional Discussion Surrounding Retention**

- We spend too much time on our process
- Time should be set aside for regional updates
  - Time will be added to agenda, similar to committee reports, that will allow members to update full CPG on regional events/current affairs
- Is it mandatory for members to physically be present at the meetings, can Skype be an option for those members who are unable to attend?
- CPG should incorporate industry standards to volunteerism
- Focus should be more on Membership engagement, rather than membership retention.

### **Q/A and Old/New Business/Announcements & Celebrations**

- Member asks about the success rates for interventions at CBO's
  - For d-Up!; cannot be determined at this time

- Members would like to hear from the community on behavior changes, would like to see the success of interventions from the clients.
- On 10/6 AIDS Ministries/AIDS Assist hosted its 18<sup>th</sup> annual Women and AIDS conference with success.
- The 8<sup>th</sup> Annual HIV Statewide Awareness Program will take place on November 16<sup>th</sup> from 10 a.m. to 12 p.m. at the Madame Walker Theatre Center located at 617 Indiana Avenue, Indianapolis, IN with Keynote Speaker Flex Alexander.
  - Given that this event directly follows a CPG meeting, if members are interested staying an additional evening in order to attend please advise ASAP.
- ISDH staff member is a new home owner-congratulations!!!!
- Community Co-Chair will be celebrating his 47<sup>th</sup> birthday on 11/1!

### **Public Comments**

None

**Adjourn at 2:30 p.m.**

**NEXT MEETING ON NOVEMBER 15, 2011 AT 10:00 A.M.**