

## **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 Idaho Sexual and Reproductive Health Program 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 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 the Sexual and Reproductive Health Program.

For a membership application to the IACHA, please contact Lynsey Juel at Mountain States Group, 1607 West Jefferson Street, Boise ID 83702. You may also call her at (208) 336-5533, ext. 384 or (208)401-4242 or email her at [lrjuel@mtnstatesgroup.org](mailto:lrjuel@mtnstatesgroup.org).



4. The IACHA has a variety of membership categories. Please indicate the category(ies) you believe you represent and provide further details regarding your membership category(ies) below:

Population infected by HIV/AIDS\*

Public health representative

Population at risk of HIV/AIDS\*\*

Elementary/secondary/higher education

Please specify:

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Corrections

HIV prevention services provider organization

Substance abuse

HIV/AIDS care provider organization

Mental health

Behavioral/social science

Other organization relevant to HIV prevention and care

Epidemiology

Health planning

State health department

Program evaluation

\* CDC defines this category as a member who him or herself is infected by HIV.

\*\* Defined as men who have sex with men, current or former injection drug users, or persons who have unsafe heterosexual sex.

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?

Please submit your application to:

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1607 West Jefferson Street  
Boise, ID 83702  
Office Phone: (208) 336-5533 ext. 384  
Cell Phone: (208) 401-4242  
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