



Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection
Integrated Planning Group (IPG)



Committee: Executive

Date: 2/29/12

Number of voting members present: 9 of 9

Number of non-voting members present: 3 of 4

Agenda Item/Topic	Key Themes in Discussion	Outcomes (Decisions or Next Steps)
Reflection on 1 st IPG meeting	The group shared positive feedback. The membership is diverse, though there are still a few gaps in the membership grid. The integration of groups and topics means there is a learning curve for all members.	If possible in future meetings: <ul style="list-style-type: none"> - Either find a larger room or use a different seating structure to allow all members to sit at the table - Project a larger image on the screen for presentations
Role of OHA leadership on committees	The group discussed how the presence of OHA managers in committee meetings may impact willingness to give honest feedback, as well as have questions answered. The group agreed that the presence and participation of OHA managers is valuable.	<ul style="list-style-type: none"> - OHA managers will each select and join a committee - Chairs will establish a norm of open discussion - A committee may ask a member of another committee to join their discussion if their input or expertise is desired.
IPG membership recommendations	<u>New applications</u> Three new applications were received. Based on discussion and a review of the membership graphic, one application was recommended for approval. This member	<ul style="list-style-type: none"> - One new IPG membership application was approved. - A process for following up with absent members will be developed

	<p>is from Region 1 and brings a connection to Federally Qualified Health Centers.</p> <p><u>Process for following up with absent members</u></p> <p>More time is needed to develop a follow-up process for excused and unexcused absences.</p> <p><u>Mentoring process for new members</u></p> <p>The group recommended a process for connecting new members (who did not attend the first IPG meeting) with another member of their committee to be a resource if they have questions.</p> <p><u>Committee selection for new members</u></p> <p>The group discussed how to balance the need for sufficient representation on all committees with the benefits of allowing new members to select committees that reflect their interest or expertise.</p>	<ul style="list-style-type: none"> - The IPG will be asked for volunteers to serve as mentors - New members will select the committee they wish to join. Assignments will only be made if the Executive Committee decides there is a need. - The Membership Committee will continue to promote itself and remind members they are able to change committees.
Committee updates	<p><u>Membership</u></p> <p>The committee has been drafting procedures for tracking and following up with absent members.</p> <p><u>Coordination</u></p> <p>The group is researching Coordinated Care Organizations and their impact on our work. The group developed many data questions to help inform where services should be targeted to reduce health disparities.</p> <p><u>Prevention</u></p> <p>The group developed many data questions, such as the prevention needs of unfunded counties, and is waiting for more information before meeting next.</p> <p><u>Access</u></p> <p>The group's discussion focused on barriers to accessing services, as well as cultural and clinical competence.</p>	<ul style="list-style-type: none"> - The Membership Committee will be responsible for ice breakers at IPG meetings

IPG meeting evaluation plans	The group discussed their goals for IPG meeting evaluations.	<ul style="list-style-type: none"> - Future IPG meetings will include an evaluation assessing members' perceptions of the meeting's value, the environment, their ability to participate, and committee work. - The next meeting evaluation will also include a question about the IPG orientation webinar. - The first IPG meeting will not be evaluated.
Data questions / strategy for 2 nd IPG meeting	Committees drafted about 60 questions that fall under 6 themes. There is a need for committees to be familiar with their goals and tasks, as well as who they can seek input from to fill gaps in representation. Daniel reviewed gaps in representation.	IPG members will receive a document with answers to data questions via email and receive a presentation of the highlights at the next IPG meeting.
Concerns from the Statewide Planning Group (the previous HIV prevention planning group)	The group discussed how the IPG can use the Statewide Planning Group's prior work (e.g., establish priority populations, needs assessments on hidden populations). The group discussed the challenges of targeting resources to groups most impacted while also striving to serve all groups impacted and recognizing gaps in knowledge.	Information from needs assessments can be included in the data summary to be sent to IPG members.
Developing an IPG meeting agenda	The group established key agenda items for the next IPG meeting. An STI/VH epi profile presentation would be helpful to members, though time is limited at the next meeting.	<ul style="list-style-type: none"> - The agenda will be sent to the co-facilitators for review, then to the Executive Committee. - An STI/VH webinar will be developed and made available to members (and others) on the OHA website.
Process for tracking and reporting absence	The group discussed who should be responsible for tracking absences.	The Membership Committee will finalize a proposal for tracking and reporting excused

		and unexcused absences from the IPG and committee meetings.
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