Meeting Minutes

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

Committee: Executive
Date: 4/15/13
Number of voting members present: 5 of 9
Number of others/non-voting members present: 3

Agenda Item/Topic	Key Themes in Discussion	Outcomes (Decisions or Next Steps)	Responsible Party
Review of February IPG meeting evaluations	Most members (75%-95%, depending on item) strongly or somewhat agreed that the meeting was well organized, had a positive tone, had clearly stated objectives, and that they felt their opinions were respected at IPG. There were a few open-ended comments indicating that those members did not feel clear about the purpose of the IPG or the work to be accomplished. Concerns were expressed by 1 or 2 people about a range of topics, including temperature of the room, lack of food, a joke made in a presentation, the unexplained presence of guests, issues with handouts/AV equipment, and the selection of meeting topics. A handful of people expressed appreciation for various aspects of IPG, including the meeting organization, usefulness, diversity of	There was discussion about the need to continuously review the overall purpose of the IPG and of individual meetings. Most members provided feedback that meetings are well organized with clearly stated objectives, but the fact that a minority of members lack clarity is concerning and underscores the need to revisit the purpose briefly at each meeting. In addition, there may be a need for more personal connection with members, particularly with those who are new, by staff and the membership committee. Specific next steps: *The overall purpose of IPG will be revisited briefly at the beginning of each	Co-chairs

	membership/opinions, and the feeling of camaraderie within the group. One person expressed the desire to see a summary of meeting evaluations each time and voiced concern about not hearing resolution of an issue that was identified in a previous evaluation (holding meetings at the Salvation Army). Issues identified by 1 or 2 people may not always be addressed specifically in the minutes because of lack of space. The Salvation Army issue was discussed at length last year. Because this issue was raised a 2nd time, the decision will be detailed at right.	meeting. Meeting objectives will be written on agendas at each IPG meeting. *Guests and new members will always be introduced at the beginning of each meeting. *A rep from Exec will connect with the Membership Committee to develop a plan for reaching out to individual members to check in. *Meeting evaluations will continue to be summarized and posted on the IPG Website in this format. *The concerns raised in meeting evaluations were discussed and those that needed immediate/short-term resolution were resolved (e.g., feedback was shared with speakers, plans to clairfy that handouts will be posted on the website unless printing is requested, and AV equipment set up). *A member expressed dissatisfaction with IPG's use of the Salvation Army (SA) Center in Salem. Although there was also positive feedback about that space, the concerns about SA's history of homophobia were discussed at length and the decision was made to not hold another meeting there. In addition, an Exec Member spoke with Jean O'Connor (deputy director of the public health division at the time) about	

		the member's concerns, since OHA's involvement with SA in another area was also being questioned at that time.	
Review of IPG input on 2013 meetings/Update on member learning opportunity efforts	Tom & Dano sent out a survey to membership about their training needs and desire around learning opportunities. Seven people responded. No patterns emerged related to training needs. However, one theme was brought up on this survey, in the evaluations, and at the last meeting: the desire to learn more about what other IPG members and member organizations do. We discussed ways to incorporate more professional networking and peer-to-peer learning into the IPG meetings without losing sight of the main focus (which is to advise OHA programs on their work). Exec also agreed that IPG should facilitate connection to learning opportunities for its members, but doesn't need to re-create the wheel. The idea was also presented that while many educational opportunities might be interesting to IPG members (and can be shared), it would be beneficial to highlight for IPG members those opportunities that would be helpful to their participation on IPG.	Exec will explore ways to integrate opportunities for professional networking and peer-to-peer learning into the meetings. Two immediate ideas include: 1. Having a working lunch where people could exchange ideas. This could be completely informal (e.g., just provide the space and let people talk amongst themselves) or loosely organized (e.g., sign up for topic discussion groups, tables, etc). OHA has some constraints on providing food, so this would likely be an unhosted event, although Exec is willing to brainstorm some creative options. 2. Exec will talk with Membership about having a peer-to-peer networking session as part of their activities at the next meeting. NOTE: We discussed the importance of emphasizing that regardless of whether consumers are employed in the field (or at all), consumers have the highest level of professional expertise because they are living with HIV.	Exec and Membership Committees, PDES

		3. Exec will explore the idea of creating a document on membership areas of expertise. One committee started to do this in 2012. It is a good idea, but will take a leader to pull it together and no one has been identified to do this work as yet. Other next steps: *OHA staff will continue to share training events and other opportunities open to IPG members via the HIV/STD/VH mailing list, which any member may use to share information. *OHA staff will continue sending the mailing list to IPG members (which includes training info). The co-chairs will consider sending a personal note to the membership highlighting specific opportunities that might be particularly helpful to IPG members, and let them know why. *Co-chairs will encourage IPG members to also post information to the listserv to encourage more diversity of opportunities. *PDES staff will create a check list of suggested “core competencies” for IPG members. This is to address the idea that some members may want some guidance in what areas would be helpful	

		for them to focus on in receiving more training. This list will be posted on the web site when ready for use by those who are interested. *OHA staff will create an acronym list and some signs for use at the meetings, as it was pointed out that despite good intentions, some folks still use acronyms and not everyone knows what these mean.	
Goals for IPG meetings in 2013 - Role of committees	We discussed the fact that 2013 will look very different from 2012, as the goals are slightly different. The goals in 2012 were to: 1. Complete successful integration of the 2 planning groups. 2. Identify strategic priorities for the integrated group. 3. Create an implementation plan to guide the work of the OHA programs. The committees were an essential part of accomplishing those goals. In 2013, the role of the group will be to monitor progress on the implementation plan. This will likely require less committee work in meetings. This is consistent with membership feedback—2/3 said in a recent survey that they would like to work in both committees and randomly assigned groups at meetings and 90% said they would like to provide input on all topics, not just the topics of their 2012 committee (e.g., access, coordination, prevention,	Continue to clarify for IPG the role and goal of IPG. Maintain committee structure, but plan to have more flexible and varied groupings for meetings in 2013, per IPG member input. Continue to focus on better integration. Integration is a process and 2012 represented the first baby steps. Recognize that integration will be ongoing.	

	membership). Exec decided that we will plan meeting structure based on the specific purpose of the meeting (e.g., not schedule committee time just to have it). However, even though we will broaden the meeting structures and use less committee time, we will not disband committees for 2013. Committee chairs will also remain on Exec for their term. There are some specific “products” or topics that need IPG input. These include things like input on/concurrence with the jurisdictional plan and input on HIV prevention messaging. Areas of focus in 2013 for IPG might include seeking better integration opportunities (e.g., further integrating prevention & care, as well as integrating STI and VH into more activities/areas) and a focus on health care reform/CCOs.		
August IPG Meeting agenda development	Several ideas emerged as leading topics/sessions for the August meeting: *Sessions on health reform, effective advocacy & consumer involvement. *Session on AETC—breadth of what they are doing & what they can do in your community (e.g., provider training, Grande Ronde casino, etc) *Review jurisdictional plan *IPG “speed dating”: (peer-to-peer learning	Co-chairs and PDES will take the feedback and draft an agenda to share with Exec for feedback.	Co-chairs and PDES

	opportunity) *Update on implementation plan progress/feedback from members		
Committee updates	No updates at this meeting		