

Transcript

Juli Powers ([00:03](#)):

Well good afternoon everyone. Glad to see you. Thanks for joining. I'm Julie Powers and I am with the integrated H I V AIDS Planning Technical Assistance Center, or IHAP TAC.

([02:17](#)):

Many of you I'm sure are familiar with it because I recognize your names and I'm joined by several of my J S I colleagues. It's good to see. So many of you also interested in the topic of statewide HIV prevention and care planning bodies. Please note we are recording today's session and if you have joined an IHAP TAC event before, we're doing things a bit differently today. We're not going to have any speakers and we don't have a presentation, but rather this is the opportunity for you all to hear from each other, share resources, talk with each other, ask questions, and at the same time we realized that one hour is not a lot of time to talk about all things related to planning bodies. So we also welcome suggestions for additional topics or if we need to have follow up conversations, you'll have a post session evaluation that we'll share at the end and you can add those comments there.

([03:18](#)):

I'll also note we've received many questions in advance, so thank you for submitting those and we have tried to incorporate many of those today, but there are also some like discussions about EMIC work or duplication of planning efforts or sharing integrated plan updates. Those are all great questions and topics and they're going to make great topics for future discussions as well. So we're not going to get to everything today, again, one hour, but hopefully we'll be able to continue these discussions moving forward. So before we dive into our topic of the day, I do want to provide a couple of reminders and one of those is that the IHAP TAC offers individualized TA related to all things integrated planning. So you can always contact us via email and that's ihaptac@jsi.com, that Shaivi just put in the chat for us. So thank you Shaivi. And you can contact us if you need any support, any all things integrated planning related.

([04:24](#)):

So that is the way to reach us. The other thing I want to note is that we are currently conducting a needs assessment and that is to learn more about your jurisdiction's current level of H I V prevention and care integration. Also to learn about your integrated planning, technical assistance needs. And so we are requesting one response per part A or part B jurisdiction. And so an email was sent with the link to a key contact in the jurisdiction. So largely that was the Ryan White HIV-AIDS program director or coordinator. But I'll say we haven't received a lot of responses. So if you were the person that received that email, we encourage you to complete the assessment or if you did not receive it directly, you may want to follow up with your program director to do so and make sure that you're able to be represented in our assessment as well.

([05:24](#)):

And similarly, if you have any questions about the assessment, if you don't know whether your jurisdiction has submitted and you need more information, you can also contact us with that same email address ihaptac@jsi.com. So let us turn our attention to today's topic and I'm just looking to see where we are with the number of participants and if one of my team members, cause I can't see the screen right now, can tell me how we're doing. We're 42. I see. Okay. So our focus today is on statewide prevention and care planning bodies. So statewide, and I say this because unlike Ryan White Part A planning councils and c d c prevention planning groups, there are no legislative requirements or programmatic guidance on what a statewide HIV planning group looks like. Aside from it must engage community stakeholders and people with HIV.

([06:29](#)):

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So that said, there are many approaches to state planning, structure, composition, policies, procedures, and in our work many of you have told us that you'd like to hear from other jurisdictions about what they're doing. And so that is one of the main reasons we're here today. We also know many of you may represent Brian White Part A planning councils and jurisdictions. So we hope that this is an opportunity to learn about and then discuss potential collaborations with statewide planning groups. So to get us started, we are going to start with a few poll questions to understand some of the variability, some of the experiences you bring. And then if we stay about the numbers we're at, we'll stay in one big group for our conversation. If we end up having a bunch of people who join us by the end of the poll, then we'll end up dividing into two groups just so we have a manageable number, but we're going to have some breakout or at least conversations after these poll questions.

[\(07:35\)](#):

And so one thing I'll say when we, especially when we get into the discussion, if you're able to come on camera, we would love to see your faces. It'll help with the conversation. You can certainly raise your hand, you can come off mute. We are in a meeting rather than a webinar, so we're not dependent on just chatting things in. You can use the chat, but we want to hear voices, we want you to talk to each other. We have questions to get us started, but really again, we're responding to the request that you all want to talk to each other and hear from each other. So this is the chance to engage in conversation and use that chat if you have questions, want to add to things or something may come up where you have resources that you'd like to link to and share.

[\(08:20\)](#):

You can also do that in the chat. So with all of that said, we're going to launch our first poll, which is about planning body structure. So Shaivi, if you can launch that for us. All right, so there's a lot, it looks like a lot of options here. So describe your planning body structure. And so what we're looking at here is really, are you an integrated statewide planning group or some other iteration? So we have an option for part B only. We have statewide prevention only. We have integrated prevention and care. We have integrated part A and part B. We have a statewide integrating all the things prevention, part A, part B or just Ryan White Planning Councils. And then there's the not sure not applicable and another option. And it looks like we're waiting for a few more folks to add their responses. I know it takes a minute to sort through all those options.

[\(09:32\)](#):

So one, almost there. And I still see the numbers moving, so I want to give everyone a chance to, all right. Okay. We'll share our results. And so it looks like we have a kind of even split there with or even amount between an integrated statewide prevention and care planning body at 20%. Again, our numbers are six of 30 here and statewide integrated with prevention part A and part B coming together seven of 30 of 23%. So largely from this group, we've got a lot of integrated at the statewide level, which is great to see. All right, so in addition to that, we've got some representation of part B only and, and some part planning council. And thanks Nevada has separate prevention planning groups in Reno and Las Vegas and a party planning group in Las Vegas. Great. All right. Let's look at the next one.

[\(10:55\)](#):

And our next planning or our next poll is to help understand whether at the state level, again, this is in response to some of the questions we've received. Is there a staff member dedicated to community planning and engagement? And we know part a's have support staff, but we're looking at who oversees or supports planning body operations or community engagement in your jurisdiction. So is it someone in the health department who is in the health HIV planner or administrator type role? They might be called something else, but you get that idea. Is it an external organization and external contractor who's

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organizing, coordinating, do all, doing all the things with the planning group. Is it a single individual who is serving as a consultant and working with the planning group? Might there be other health department staff? Not sure. Not applicable. So, or I think we have an other as well. Yeah, and if you have another, would love to hear the details in the chat as well, what that looks like in your jurisdiction. And one thing I'll say, as numbers continue to come in we have a fair number that are showing health department staff at a kind of a HIV planner, administrator role, let's go ahead and share those results.

[\(12:28\)](#):

All right, so it looks about half of you have a health department planner administrator type role one request that we've received, if you have job descriptions for that particular role and you would be willing to share it, that is something that we would love to receive at the ihaptac@jsi.com email. Or you can put your email address in the chat and we, or, or your name in the chat and we will follow up with you to get those as well. But I know that is one of the requests that folks who are looking to restructure how they support planning groups are looking for that. So job descriptions for planning bodies is, or for health department staff overseeing planning bodies. And then I see North Dakota has a consultant who leads the planning group. Then a primary liaison is someone outside of HIV programming from a different unit.

[\(13:24\)](#):

So I'm in health equity community engagement in a different section of the health department. Great, thanks Alicia, for that additional description. Certainly when we get into the discussion there might be definitely more interest in, in what some of those look like. So let's look at one more poll question and then I'm going to stop talking so you all can actually talk to each other. So our third question is also getting at something that we've been receiving questions about. Folks are interested in compensating planning body members. And this is typically, you know, beyond our reimbursement for travel expenses and food or nominal gift cards that we may have done in the past. But what does meaningful compensation look like? And so would love to hear if anyone has moved in that direction with compensation for planning body members and if so, what that looks like. And so we would add, ask for additional details in the chat as well, because we couldn't figure out the whole constellation to put as a multiple choice answers there. So again, beyond kind of our typical reimbursement for meetings for travel food, those things we know are pretty much ongoing, but additional meaningful compensation and any details in the chat, Wisconsin able to compensate for childcare and for lost wages. Okay.

[\(15:02\)](#):

And thanks Darlene, an external contractor to support the planning group activities for this endemic approach. I think that goes back to our previous poll question as well. Yes, please keep responding and adding things to the chat as, as we're going as well. Any other compensation approaches we'd love to hear. We don't have, we have four who said yes. In addition to our typical meeting expenses and travel and so forth. So any other strategies I know folks are, are interested in? All right, well it looks like we are still at a number that looks pretty manageable for one group to stay in as far as being able to continue our conversation. So I'll just add our additional plug job descriptions if you have those for a health department role that is overseeing planning, we'd love to receive those. The other things of folks have been asking for are examples of planning body subcommittees. So if you have a summary of those we're all that you'd be willing to share or that you have a link on your website, we'd love to be able to take a look at those. And I think with that, let me stop there for a moment. Julie, anything that I'm missing before I kind of open up to our questions?

[\(16:36\)](#):

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All right, so I think we're going to stay all together. So I'm going to ask my colleagues to, to jump in as well as we get it into this conversation. And again, if you're able to come on camera, that would be great. You can come off mute and respond to things verbally. You can also add things to the chat. But I kind of want to start off a little bit general here and frame this in the way that, you know, we just saw that there's significant variation in the structure, in the composition, in the approach of statewide planning bodies. So what aspects of your current structure are working well? It's kind of a, a very broad question, but would love to hear and any, this is open to everyone. So what is working well for you currently with your planning body structure? And let me just also what you all are thinking about that response, if you came in with additional questions that, that you want answered we are open to those as well so they can be in the chat and you can ask those. But to get us started, I want to hear what's working well and it may be something you've changed, it may be something that just continues to work, but related to your structure.

[\(18:11\)](#):

And I do see a follow up to a question on the on the stipend. So we'll keep that conversation going in the chat too. Go ahead. I'm sorry Rachel. No

Speaker 3 [\(18:22\)](#):

Worries. Hi everybody, my name is Rachel. I am from Wisconsin department of Health Services and something that I will say it's working better this year than it was last year. Is really depends is that we have myself as well as our prevention coordinator, so I'm a care coordinator or prevention coordinator who are our state co-chairs for our planning group. But then we also have community co-chairs so that we aren't just sitting in our silo of public health and thinking we know what we should be talking about or letting, like there's, I don't know if you all experienced this as well, there's usually a lot of people who want to come and get the opinions of the planning body want to come and get the feedback of the planning body. And so we're able to, in a way like gate keep that time because it should also be a time for our planning body to do what they would like to do in advance their wants and needs as part of the communities that we're serving.

[\(19:24\)](#):

And we do some of that work through like subcommittees like you were saying, but we just started doing that. So I, I really do think that having the community co-chairs is really helpful. If you have the right people in those positions, they are elected through our membership. And I will say sometimes folks are more committed to that role than others. And so when you have people who are able to commit that time and able to be committed, it's very helpful. And so we do a planning meeting about six weeks out from the co-chairs, have a planning meeting about six weeks out from our large group planning meeting to plan our agenda to talk about logistics and all of that thing. And then the second thing that's been work or the other thing's working, been working really well if you have the resources, is that we are able to offer every one of our meetings in a hybrid capacity still. Just we know how to do it, we can do it. I'm very passionate about offering that when possible. And so we've been able to continue that and it's really helped with people still being able to be engaged regardless of whatever else they have going on in their life with, maybe they can't make it to one of the major cities or wherever we're hosting our event or our meeting.

Speaker 1 [\(20:43\)](#):

Thanks. So the community co-chairs are new in this year, in this round?

Speaker 3 [\(20:48\)](#):

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Yeah, so we, well we do like a cycle. So we'll have a community cochair and a community co-chair elect. So the, it's two year commitment to be a community co-chair. So then you always have somebody who has a year of experience in that role and then you have the new person cycle on and then the person who was there the year before kind of mentors the new person or that's ideally what is supposed to happen, right? But you know, things come up, people may change jobs, life may change in that two years and so it can be sometimes some management of that, but that's okay. I would rather still maintain like community voice and like in that planning of the planning group process, but also then in the facilitation of the meeting. Because I don't need to be the loudest voice in that room at all ever. So I'm just kind of there more for logistics and support and I'll facilitate if I need to. But, you know, kind of let our co our community co-chairs really take the reins when they feel comfortable to do so.

Speaker 1 ([21:51](#)):

Thank you.

([21:53](#)):

And I'll note, Sterling, I see your hand, so we'll come to you next and just note that Stuart also kind of piggybacking on Rachel's comment about continuing with hybrid meetings as well. So what does that look like for folks? And you can chat in your response. Are you continuing with those hybrid meetings? Is it a combination of in-person for some hybrid for others? We're hearing different models and I think to your point Rachel, the hybrid allows folks to continue to participate remotely if they can't travel or participate in person. All right, Darlene,

Speaker 4 ([22:33](#)):

Hi there. I'm going to organize now and chat in. I was asked to answer something to everyone, so I'm going to do that. I can't even see where I'm anymore. I think there was a question on the planning board body itself. And to answer with everyone, because 78% of our community or our planning body are community members. So they have, they're subject matter experts because they have lived experiences from community and it's been really interesting convening. I'm relatively new to, I'm le I'm less than a year in to all things. I come from family health. So coming, coming into this endemic planning group a lot of restructuring was done just to be more person-centered and using human-centered design when we, when we really wanted to co-create some of our deliverables and activities and approaches that we wanted to use.

([23:32](#)):

So it, once I onboarded, there was a lot more questions and reframing of a lot of the ideas because the first thing that I noticed is that people coming from community are again, not having the professional that, you know, that level of experience, which is a completely different, you know, as we know, completely different mindset when you're reading papers or attending meetings rather than being in it in community and having those lived experiences letting them lead. So we've to, so I, I'm with Washington State Department of Health and we let them lead based on their level of comfort. And what we learned from them re really quickly, really early on was that our members wanted more discussion. They wanted to know, they wanted to understand, they wanted the context and the details and the examples. They didn't want to be talked at.

([24:27](#)):

The other thing they didn't want was checking boxes. They didn't just want to check boxes again. They wanted that level of understanding. They wanted that comprehension. And so our meetings are designed to be in part discussion pieces and allowing for a lot of time for discussions so people can

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absorb and understand and cross reference and crosscheck and ask questions. And then there's it, you know, the discussion pieces leading to some form of consensus on, you know, I mean there's going, there's got to be a goal and an education piece. So a piece of that is learning about our world at the Department of Health. And so every meeting that is held, there's usually someone from one of the sections who will present on one of their programs for, again, that opportunity, that learning opportunity. And then the piece about the stipend, the way that works is we've, we've broken up into several meetings and several different committees and projects.

(25:22):

And so we have sort of a base stipend for those who have, and it's based on capacity, right? We want to be really thoughtful and intentional people again coming from, you know, lived experiences. And I think my colleague trying to find their name now, Rachel, I believe Rachel just spoke before me. So, you know, when Rachel was speaking about lived experiences, there's other lives and people transition in and out of their jobs and just things happen. So, you know, at D O H Department of Health, we're really cognizant of that as well. And so if members are able to only attend the, the general meetings, which is open to the public as well, you know, once every two months, then that's that sort of baseline stipend. Those who are on the steering committee, they're offered, you know, another level of a stipend in the process.

(26:11):

You know, they're offered that honorarium or stipend a higher level. And then those, again, doing some extra projects. We have some community caucuses, also known as listening sessions that are community me or W S p, sorry, I don't think I've let you know. <Laugh>, W S P G is the Washington EMIC planning group. So those members who took on the extra project, it was a pilot project, which has turned out really well as a demonstration with listening learning sessions with the communities that they're representing, they also will receive that extra layer of monetary support for their efforts. Okay. I think I answered everything.

Speaker 1 (26:54):

Thanks Darlene. I know there were folks asking for additional details about the stipend, so hearing about the different levels I think is very helpful. All right. Other things that are working well for folks or responding to what you've already heard from Rachel and Darlene? We have lots of things coming in the, the chat as examples, and I see a combination of trying to do some in-person. Again, folks still wanting to be virtual, the requirement to be in person with Sunshine laws hybrid meetings in New Orleans. But, and I guess similar to what we read up above with, with Florida, only meet people meeting in person count toward quorum, right? I know other things are working well. I think, oh, go ahead, start.

Speaker 5 (28:01):

I'd just be curious to hear more. It seemed like most of the planning bodies had health department staff supporting the work. I was just curious to if people had anything more to say about the interactions between the planning body and the state health department. Again, in the spirit that Julie said of what's working well and what are some of the challenges.

Speaker 3 (28:41):

So I think for Wisconsin, having myself and my colleague intervention there we have both been within part of working in H I V work and being part of the G B T Q community in the larger cities in our state for a couple of decades. So like knowing a lot of the people and kind of like having the trust of people by being in those spaces for so long and like, like showing that we are going to show up, showing that we're

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not there just to check boxes has been really helpful. I think in the past other states co-chairs have struggled in those relationships or like gaining that trust. Cause the me, our membership does change every four people cycle up every four years or whenever they want voluntary obviously. I think just really we again, lucked out in a sense that both of us already had a lot of those connections. So then you have connection with community leaders that can basically like bow for you. Yes, these people are from the state, but like, it's fine. They've, they've showed up, they've shown that they could show up, they've shown they I don't know how you would replicate that without that history. But I I it's been just a change in the atmosphere at our planning body in a very, in my opinion great way people feel open, feel like they can speak and be vulnerable. That's been a really cool experience

Speaker 1 ([30:35](#)):

For others who had responded yes to the, the health department staffing and interactions with the planning group, what that looks like.

Speaker 6 ([30:49](#)):

Hi, this is Alicia Belay. Can you hear me? In North Dakota here.

Speaker 1 ([30:52](#)):

We sure can. Thanks Alicia.

Speaker 6 ([30:53](#)):

All right. Hi. I can't come off camera. Sorry. I, it wouldn't be good for anyone on the call. <Laugh>.

Speaker 1 ([30:59](#)):

All good. We can hear

Speaker 6 ([31:00](#)):

You. I was swimming with my kiddo before this on, on my lunch. So <laugh>. So I, I, in North Dakota, I am the liaison to the board. That's kind of how we phrase it. We have a facilitator who is a paid consultant from another state that is, it has a lot of lived experience and has worked in this area for many, many years and is quickly gaining trust with our, our board members. But my role is that I'm the liaison from a different, I'm in a different unit. So I, I you know, have a dotted line to report to the director of our H I V work, but mostly I'm in community engagement. I'm the assistant director in that, in that role. And most of my staff work on the ground with the community. And I'm pretty connected with the community.

([31:48](#)):

So some of what Rachel was saying, I see play out in North Dakota in kind of a different way in that people see me in this kind of neutral role as being somebody who is really, really committed to the, the community engagement pieces and the, you know, getting out and hearing the community voice. And that's my role in my, in my work. The H I V staff, the program staff don't attend meetings and then I, I come back and report what, what the group has said and, and what they're feeling. And I feel like that has created kind of a, a good environment for us here in North Dakota because they don't see me as a person who's making any big decisions, <laugh>, but they see me as a person who is really committed to the community and will be sure to voice what they're saying back to the program. So I, I feel like it's working well. I don't know if everybody would feel that way, but I think so I think people are liking that

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structure. And they feel like they can really be free to say what they want because they've got a consultant there who is just, you know, is paid to be there and understands what's going on. And then they've got a person that they see as kind of neutral from the health department that's there to make sure they stay connected to the division of public health.

Speaker 1 ([32:58](#)):

Thank you so much for, I think you put that in the comment and so really helpful to hear you explain it as well. And also just, it's fantastic to hear about these different models because, you know, we said, and we did our poll that yes, there's variation but how different those look is, is why this, this conversation I think is so valuable. So other folks, and noting Heather said she loves the consultant idea as well.

Speaker 7 ([33:33](#)):

This is Amy from New Hampshire. I recently moved to New Hampshire from Oklahoma. So I had previous work in Oklahoma where we were a Ryan White part a recipient. And so we had to have a very structured planning body. We had a staff member, which was myself or one of my staff members, that was the state co-chair. And then we had a community co-chair. And while I was in that position the community co-chair had lived experience and we moved, he and I moved to make him more of the facilitator of meetings to kind of not the state, not be the one facilitating that. The state there in Oklahoma, we wrote our I H P in-house. We did all of that stuff in-house in New Hampshire, because it is a much smaller state, the morbidity numbers are smaller. We have two staff members, myself and one of my peers who are state co-chairs for the state program.

([34:40](#)):

And then we have two comm community co-chairs. And we do contract out to have somebody who does all the administrative support for the planning body. It's, it's definitely a whole different, I've had to do a paradigm shift and I had to do it periodically because I'm used to a large community and a large population, and we have literally the size of the Oklahoma City metropolitan is equal to the entire state of New Hampshire. So it's a huge paradigm shift. And we are predominantly a white state, like 92 plus percent white. So one of our problems is getting diversity within our planning body. And that's something that I'm really, really pushing, and that's my soapbox that I'm standing on for the I H P is to bring for our, our monitoring group to include people in that are truly diverse.

([35:42](#)):

And we don't that because New Hampshire is part B Ryan White recipient, it's not as structured as part A are required. And so I'm also pushing for a little bit more structure. Mostly the meetings are educational of nature and not, you know, what's going on. Nobody's reporting out on what actions they're doing, and that's what I'm accustomed to. And I think people want to hear that. So it's just a little bit of a different dynamic and trying to work within that and work with the people that have been here the longest and, and encourage them to do something different, which we know is all very difficult changes very hard. So just different, different ways.

Speaker 1 ([36:35](#)):

Thanks Amy. You were able to illustrate different ways all in, in one, one experience there. I think your point about diverse participation and diverse representation as well goes along with Stuart's comment or question in the chat too, about how folks are able to maintain a diverse and representative planning body and how this has changed as we've gone through covid. And if that continues to evolve, especially as you continue meeting virtually in many places or hybrid anyway. So folks have responses to what that

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ongoing engagement looks like. One of the challenges we've heard is that while roles are elected I know Rachel, you were the one who were talking about the, the community co-chairs initially and, and the elected positions. Other places have said, yeah, they're elected, but we're not getting anyone even to, to nominate or to step up. And so going along with this, this challenge of recruitment and diverse recruitment, what does that look like for folks? And adra, I also see that, I hope I said your name correctly, so please correct me if I did not see your response. If you want to come off mute and talk a little bit more about what you wrote in the chat, if you're able connections with providers, most unaligned consumers are referred by provider or friends who's on the council or membership and training committee also looks at diversity when making membership nominations. Melanie, do you want to talk about your application process?

Speaker 8 ([38:45](#)):

Sure thing. My apologies. I'm trying to squeeze in lunch while listening to you. Wonderful folks. Appreciate it. Thanks. so yeah, so we at New Jersey actually went through a bit of a revamp in the last two or three years with the support of Julie and her wonderful team there was a transition in contractor or external contractor to support the planning body. So that started with new, you know, processes, procedures or establishing processes, procedures that were more verbal and not really put into place. As we transitioned on one of those processes and procedures was an application process that would be equitable and inclusive. So the way that we work is we have rolling applications where we conduct interviews throughout the year. But we nominate and vote in membership twice a year. And that process looks like the individual submits an application along with a resume if they have it available.

([39:45](#)):

They then go through an interview process where they're interviewed by a panel of three intentionally three, one of those being a support team member. So somebody from my staff as well as a governance committee member, we have a governance committee to ensure kind of bylaws and things are met. And third being a member from the planning group. So it could be any member who's just really excited about interviewing new potential members. There's a standardized questions that we share. We split that up between the three panelists interview the potential applicant. And then after that, the all of the feedback is compiled from those forms and presented to the governance committee who then views a, what we call a member profile, which reviews the demographic breakdown and such within the actual membership of the planning group, as well as the breakdown or epidemiological profile across the state of New Jersey.

([40:49](#)):

So it does kind of like a apples to apple juice comparison because you know how data can be collected in different ways. So we do our best to kind of translate that in a way that our folks can understand and make informed decisions on where gaps may lie where some limitations are for the group and how they select potential new members with that members given a three year term. So they can have a total of two terms. So six years with membership, then they are what we call termed out. They take a break for a year and then they're able to reapply if they wish. But that allows for, you know succession planning a little bit more of diversity within the group because folks know when they kind of hop in or hop out as well as develop a mentorship opportunity so folks know who, who know that they're terming out and might be leaders within the group can start developing succession plans.

Speaker 1 ([41:51](#)):

Thanks Melanie. And I know Ara was trying to speak, but

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Speaker 9 ([41:58](#)):

Yeah. Are you able to hear me now? Now? Yes we can. Okay, perfect. Yeah, hi everyone. My name is Audra. I'm from the Minnesota care and prevention body. And in like, specifically in terms of how we maintained diverse membership, I think that was something that our council has struggled with in the past. But we really like heavily rely on our providers, our funded providers who help us recruit unaligned consumers specifically to be on the council. And we also work with like our state health department and department of Human Services who help us sort of emphasize like the role of the council in Minnesota's care and prevention planning. Our membership and training committee is also, it sounds really similar to New Jersey, but is really like heavily responsible for looking at membership.

([42:54](#)):

We look at like several, several different categories to make sure that we are maintaining reflectiveness of the local epidemic in our T G A and then also in the state of Minnesota because we are statewide. So we look at race and ethnicity, age, gender, sexual orientation gender identity, and then geographic location as well. Because we do want representation from greater Minnesota. So there's a whole bunch of different factors that our committee looks at when making membership nominations to the council. And we also utilize a work plan for all of our, for the council, our executive committee, and then all of our other committees. And that sort of helps us plan out when we need to start looking at vacancies on our council, who is going to be terming off the council because you can do two consecutive two year terms.

([43:45](#)):

So we will know at the beginning of the year who is ineligible to run again. If we know that someone's not eligible to run again or if someone may choose to not run for a second term we'll often, you know, speak with them, have conversations with them if they know anyone in their networks who may be able to replace them on the council. And then we go through like the application and interview process as well. And our membership and training committee makes nominations to the executive committee and then it then goes to the full council for a vote.

Speaker 1 ([44:24](#)):

Thanks. And I like that that point about the use of social networks, that that individual who's not going to continue is also able to identify new folks to come on as well. And I'm seeing in the chat Kara's comment and Melanie in agreement consistent engagement and, and the challenge associated with burnout and turnover and everything everyone's been going through for the last several years and trying to do many more jobs than they're actually should be doing at any one point. Kara, I don't know if you have anything to, to add to that one and all right, I see a hand. Excellent. Oh, please tell me how to say your name. Elia. Elia. Elia. Okay, go ahead. I'm from the

Speaker 10 ([45:24](#)):

Orlando Planning Council from, for the, we have a combined part a part B prevention plan planning council, and we actually do associate members as well as full membership and our associate members are, or training ground for full membership. Our associate members can apply to the council just to be, be a member of one specific committee. So they don't have a lot of meetings to attend, but they get to understand the processes. And, and we do, we do do two three year terms. We cannot do mentorship. So our planning comes to support, do a lot of training with new members because of the sunshine law here in Florida. Two or more individuals getting together to <laugh> discuss business that may come before the council is considered a meeting and therefore would be in violation of the Sunshine Law if that's not noticed to the public and all of that thing.

Transcript

(46:37):

We do year-round recruitment mainly because we don't have a full quota of planning council members or bylaws. Laws indicate that we can have a maximum of 35 members, but we have never reached 35 members. Right now I believe we're at 25 and that's the highest we have been for quite some time. But we do have a very diverse membership body because our membership committee pays close attention to that on a monthly basis. And then they make recommendations to fill vacancy gaps to the executive committee and then to the full body who then makes the recommendation to the mayor for appointment to the council. And they routinely identify where in p i r in representation there are gaps and that's the area that they seek to attract members to fill positions. And right now we're kind of trying to recruit younger members people below the age of 30 because that's where we're lacking in membership.

Speaker 1 (48:14):

I don't think you are alone in that, that one, that is one a group. We have heard challenges recruiting folks as well. Does anyone, can anyone speak to strategies that have worked for recruiting younger individuals to planning activities, planning groups, planning bodies? I'd love to hear how you reach the younger folks who often we've we're seeing gaps in, in the planning groups.

Speaker 6 (48:55):

One thing that we've done in North Dakota is we work really closely with our other statewide community boards. So our community engagement unit has an immigrant based board, an LGBTQ plus twos plus board and a youth advisory board as well as we have a, a tribal health director's meeting that, that we also participate in. And so we, we've leveraged those other boards to recruit folks and we have a liaison from each of those boards that serves on the planning group. And for the youth, I think that's helpful because they when the liaison goes back to their board, they present information that happened at our board meeting for the H I V planning group, they present it to, so the youth liaison goes back and does this presentation and I attended the youth advisory board the day that she gave the presentation and she was so engaging and talking about this great work and so I think she generated interest that way. So that's one way we've done it in North Dakota.

Speaker 1 (49:59):

Thanks for that. Alicia, I also love that your unit is community engagement. So the, the opportunities there, what questions do you all have for one another?

Speaker 11 (50:16):

So Julie, we did get a question a bit back. Yes. so Amy from New Hampshire asked I would love to hear how others are engaging communities most affected by the endemics who have a low morbidity with a less diverse community. Statewide an easy one. <Laugh>.

Speaker 1 (50:38):

<Laugh>. Thanks Molly. Can you say that one? Can you do it one more time?

Speaker 11 (50:41):

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Yeah, absolutely. Would love to hear how others are engaging communities most affected by the endemics who have a low morbidity with a less diverse community statewide. And this question came from Amy in New Hampshire.

Speaker 1 ([51:10](#)):

Kara, did you mean to be on off mute? Are you responding?

Speaker 12 ([51:16](#)):

I was going to from earlier. Please do. I just, I'm just a little blown away. Like hearing others talk about having the options to be diverse in their groups and having term limits <laugh> and because we, I mean it's just really, it really is a struggle. We have such a limited staff pretty much anywhere throughout the state and at the state level as well, which they, they work really hard to support all of this. But I mean there's, there's just so many people that can do so many things. So we find, like in our subgroups we kind of see the same faces all over the place. And so I, I'm just sitting here like jaw drop and I mean we are definitely a little bit more rural and spread out I think than some of the other people that have talked about that.

([52:11](#)):

But I would just love to be able to figure out how we do get, I mean even even getting staff involved because everyone's just so overwhelmed with trying to do their everyday job. And then I know for some of us like we have direct versus indirect time that is, you know, by the grants and contracts where only this small percentage of your time can be even spent doing anything besides just working with clients and, and things like that. And so if those same people are the same ones that are also on the committees, they're going against, you know, that part of their job. So I'm just blown away and hope to be able to take a lot of this feedback from others how they're doing it, but would definitely be interested in hearing from like some more of the like rural people. Like how are, how are you guys making this happen if you're in a rural area kind of like Kansas is.

Speaker 1 ([53:20](#)):

Thanks Kara. That also echoes Amy's question as with the rural areas, other folks who are in rural communities, rural states, and have some nuggets of wisdom or things you've learned along the way to make this all work with limited folks and a lot to do. Or even those states where you, you have an urban area but you also have the rest of the state and trying to make it work in in the rest of the state.

Speaker 5 ([54:06](#)):

I'm guessing some of the remote and hybrid options have helped, but you guys are the experts.

Speaker 7 ([54:19](#)):

Well this is Amy again. I know Stuart, you just prompted me to think again. I know, so yesterday the people that are actually predominantly the, the steering our advisory committee met yesterday to talk about the implementation and the monitoring effort for the I H P. And when we were talking about incentives outside of, you know, gift cards, those kinds of things, some of the barriers that were identified were lack of computer access to a computer lack of potential internet. Because New Hampshire's more populated towards the south. Some of our areas in the south are under Boston's e m a Don't ask me what E M A stands for cause I haven't figured that out yet. I see you laughing Stewart. And so it's been, we were told that Boston's planning group does provide iPads for some of their

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members that can't meet in person or don't have those, those or have the accessibility issues. I'm not sure that we have the ability to do that. So that is another barrier are the, the people who don't have, who have accessibility issues just simply by not having a computer or what have you to participate in any of this, but yet might be a champion for us.

Speaker 1 ([56:00](#)):

Excellent point Amy.

Speaker 5 ([56:02](#)):

And it's an equity issue too, right? If part of your state can have access to that through their, through another state's e m a, but not everyone, not people in the rest, the remainder of the state. Okay.

Speaker 1 ([56:15](#)):

Point. Stuart, Stuart, I'm also looking at our time. We've got just a couple minutes left. Is there anything that you would like to add to wrap up and Kara yes. Funds money always a factor when we're considering those additional technology limitations too?

Speaker 5 ([56:33](#)):

Yeah, I don't, I don't want to steal your thunder Juli, but maybe, maybe with two minutes to go or so we can encourage people to complete the evaluation that'll pop up on their screen when they check out.

Speaker 1 ([56:47](#)):

Absolutely. And again, this is my plug. If there are job descriptions, if there are committee descriptions, things to share. We are recording this as we said. We're going to be summarizing things and pulling out all these nuggets as well as would love to have additional conversations, want to hear from you in that evaluation too. What other topics do you want to talk about or hear about? Hopefully that this forum was a helpful thing to hear directly from peers and from other colleagues and we would like to be able to continue this if this, this works for you all as well. This is hopefully meeting your needs. Shave dropped the link to sign up for the mailing list as well in order to get our updates about activities things that are coming out and so forth. So and thanks. Keep adding those things to the chat. I know that there are many barriers, many more things that we, we could continue to talk about. Appreciate your time today. If we can support and provide additional assistance. Please also follow up with us directly. Appreciate it. Thank you all for your participation and I hope for those of you who are grabbing lunch, I hope you are, get well fed and have a great rest of your day and, and get some rest in there as well. Thank you all, we appreciate it.