

IPG Policies & Procedures

Updated June 19, 2019

Purpose

The Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group (IPG) is a community stakeholder group whose mission is to advise the Oregon Health Authority HIV/STD/TB Section on issues related to HIV care and prevention and co-occurring sexually transmitted infections and hepatitis C. Specifically, the IPG developed the End HIV Oregon strategy, in partnership with OHA, and provides ongoing guidance on ways to achieve the End HIV Oregon goals.

Membership

Goals

The IPG aims to have a broad cross-section of Oregonians participate and provide input on End HIV Oregon efforts. Members are the lifeblood of IPG, and recruitment is ongoing. People living with HIV, viral hepatitis, and STIs are key contributors to this work. Membership goals will be determined based on epidemiological data indicative of populations living with and at risk for HIV and co-infections. Membership goals will be reassessed at least once every three years. Data will be collected via 1) the member application and 2) phone calls from the state IPG co-facilitator to applicants.

Monitoring

Membership data will be tracked and shared as follows:

- CivCom will track member attendance at meetings and share data with OHA after each IPG meeting.
- CivCom will track and report to the Operations Committee by the end of each calendar year:
 - The demographic characteristics of members who attended at least one meeting in the past 12 months.
 - Members who have not attended any meetings in the past 12 months. These individuals will then be contacted and asked if they are interested in continuing to serve on the IPG and receive IPG communications. These individuals will also be categorized as IPG partners (rather than members with voting rights) until they attend an IPG meeting.



Applications

IPG applications are solicited and accepted on a continuous basis throughout the year, and are reviewed as received by the Operations Committee. All individuals interested in IPG membership must complete an application (available at <https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/IPG/Pages/index.aspx>)

For the remainder of 2019, the IPG Operations Committee will prioritize new applicants who bring expertise or knowledge of populations disproportionately impacted by HIV and STIs based on Oregon epidemiologic and program data. These populations are:

1. Black or African American
2. Latinx
3. Youth ages 18-29
4. People with lived experience having a substance use disorder, which may include injection drug use
5. Transgender persons

Co-chairs

IPG and Operations Committee meetings will be facilitated by two co-chairs: a state co-chair and a community co-chair. The state co-chair will be an OHA employee appointed by OHA leadership. The community co-chair will be an IPG member not employed by OHA and will be elected by the Operations Committee for a 2-year term. Community co-chairs may be re-elected for subsequent terms. All IPG members will have an opportunity to self-nominate.

Member Benefits & Responsibilities

The IPG sub-committee meetings held as needed. The IPG Operations Committee is working to make IPG more accessible to community stakeholders across Oregon, including creating opportunities for participation by phone or video. Members may be eligible for travel and lodging reimbursement to attend in-person meetings if certain mileage criteria are met.

IPG terms of membership do not expire, with a few exceptions. The IPG Operations Committee does reserve the right to terminate the membership of IPG members who:

- Commit verbal or physical threats against persons in attendance during IPG meetings;
- Continuously are disruptive, combative and/or counterproductive to exhaustion during meetings; and
- Have continuous absences from IPG activities and/or are nonresponsive to communications.



Voting

While the primary role of members is to advise the Oregon Health Authority HIV/STD/TB Section, members may be asked to vote on occasion. In these instances, decisions will be made based on the votes of a majority of members who are present or responsive.

Operations Committee

The Operations Committee will be comprised of a subset of IPG members, including OHA staff, IPG Co-Chairs, and at least 3 IPG members-at-large. OHA, HIV/STD/TB Section staff who are voting members will be limited to 1) the state co-chair, 2) the HIV/STD prevention and surveillance manager, 3) the HIV community services manager, 4) the CAREAssist manager. Operations Committee responsibilities include:

- Develop IPG meeting agendas. Troubleshoot issues that arise related to group direction, dynamics, or logistics.
- Review membership data to identify membership gaps and recruitment needs.
- Ensure that new members are oriented and connected with the co-chairs prior to their first meeting.
- Develop and implement a plan to recruit prospective members, particularly for slots that have typically been challenging to fill. Monitor current and upcoming vacancies and openings of member and officer positions, and develop plans to fill them.
- Conduct outreach to businesses, organizations and groups that represent underrepresented groups on IPG.
- Review new membership applications and make recommendations for nomination based on the applicant's potential to contribute to IPG goals, including considerations related to diversity and representation. When a new application is received:
 - Within 2 business days, CivCom will 1) thank the applicant for their interest in contributing to the IPG's work and 2) share the application with the Operations Committee for a vote.
 - Within 5 business days of receiving the application, Operations Committee members will submit their votes to either recommend that the application is accepted or denied.
 - Within 2 business days of receiving votes, CivCom will submit a tally of the votes to OHA staff on the Operations Committee.
 - Within 2 business days of receiving the tally of votes, OHA staff will inform the Operations Committee of its decision to accept or deny the application.
 - Within 2 business days of receiving a decision to accept a new applicant, the OHA co-facilitator will attempt to contact the applicant by phone. This call will serve to 1) inform the person that their application was accepted, 2) welcome the new member and answer any questions, 3) explain that the IPG seeks information about applicants' HIV status to ensure representation, 4) explain that OHA takes multiple steps to protect member data, and 5) ask if the person is willing to disclose their

HIV status. The OHA co-facilitator will maintain data regarding members' HIV status and will only share aggregate data with stakeholders.

- Within 2 days of receiving a decision to deny an application, the OHA co-facilitator will send the applicant an email thanking them for their interest and notifying them of the decision.

Conflict Resolution

- Formal disputes, complaints or concerns about individuals, processes or IPG-specific issues should initially be lodged with the IPG co-chairs.
- If the conflict cannot be resolved at that level, the IPG co-chairs shall formally bring the dispute to the IPG Operations Committee for resolution.
- If the conflict is taken to the IPG Operations Committee, a decision from the IPG will be provided directly to the individual who submitted the original complaint.

Exit Interviews

- IPG Co-Chairs should conduct all exit interviews within four weeks of a member's departure.
- Summary documents from all of the exit interviews will be shared with the IPG Operations Committee. Reasons given for departures will be tracked over time.

