



# Alaska Integrated HIV Advisory Group Charter Membership Guidebook

Updated 2023

## Article I. Name

The name of this community advisory group will be the Alaska Integrated HIV Advisory Group (AIHAG).

## Article II. Mission and Purpose

### Mission and Purpose

The mission of the Alaska Integrated HIV Advisory Group (AIHAG) and its partners is to promote evidence-based planning, collaboration, and education to reduce the spread of HIV, provide access to services for individual living with HIV, and to promote the health and wellbeing of all Alaskans.

The purpose of the Advisory Group is to provide guidance and insight for HIV-related issues statewide, with a particular focus on creating, maintaining, implementing, and evaluating an integrated Alaska HIV Prevention and Care Plan, which identifies service gaps and areas of greatest need for HIV prevention and care services.

## Article III. Duties and Responsibilities

### Section 1. Duties of AIHAG

The Advisory Group will:

1. Develop processes to ensure involvement of persons representative of the HIV prevention and care services in Alaska in the Advisory process. This shall include persons with expertise relevant to HIV care and prevention services, representatives from those Alaskan communities and populations with the greatest burden of HIV, and individuals from community-based and other organizations who serve people living with HIV/AIDS.
2. Assess the nature of HIV in different areas of the State based on epidemiologic data, evaluation research, behavioral and social science research, cost-effectiveness research, and needs assessment data. The Advisory Group shall seek input from public health providers in these areas, community-based organizations, and other service providers to better understand the data collected.
3. Develop and monitor an integrated HIV prevention and care service guidance for Alaska. This plan must consider, but is not limited to, planning requirements in the Centers for Disease Control (CDC) cooperative agreements with health departments for HIV Prevention and Surveillance and the Health Resources and Services Administration (HRSA) cooperative agreements for HIV Care and Ryan White.
  - a. Submit a letter of concurrence or nonconcurrence with the Integrated Plan.
  - b. Implement the Integrated Plan through its implementation cycle.
  - c. Monitor and evaluate execution of the Integrated Plan through its implementation cycle.
4. Amplify consumer voices by educating key partners, including health care providers, lawmakers, and influential decision makers about the health impacts that HIV, STDs, and HCV have on Alaskans. Promote and advocate for effective HIV prevention and care efforts and the planning process as it supports this goal.

5. Follow the Alaska Integrated HIV Advisory Group Charter and update the document as necessary.
6. Observe State regulations and policies for all Advisory Group activities.

## Section 2. Responsibilities of Alaska Department of Health (DOH)

1. Provide administrative and staff support to the AIHAG for activities necessary to carry out its responsibilities and address its logistical needs, including coordinating meetings, sending out meeting reminders and minutes, and identifying and authorized DOH representative staff person to retain AIHAG records.
2. Supply appropriate epidemiologic data and technical assistance to assist with needs assessments and other program evaluations required by federal funders.
3. Draft the Alaska Integrated HIV Prevention and Care Plan, as required by federal funders.
4. Retain all records pertaining to the AIHAG for a minimum of six (6) years, including meeting agendas, meeting minutes, membership applications, membership terminations, and other AIHAG correspondences.
5. Prepare cooperative agreement applications for HIV-associated federal funds. With feedback from the AIHAG methods for addressing technical assistance needs of key governmental and community-based provider organizations, as appropriate, to assist them to plan and evaluate HIV-associated federal programs
6. Coordinate the integration of HIV planning activities amongst federal funders, including HIV Prevention, HIV Care, and those for Ryan White part B activities.

## Article IV: Membership

### Section 1. Number of Members

The AIHAG will have at least 10 and no more than 20 members. Co-Chairs count towards the membership total. Members will be representative of the priority agencies, organizations, populations, and technical advisors outlined in *Appendix A: Recommended AIHAG Member Composition by Type*. If the Group membership falls below the minimum number at any time, the AIHAG shall convene a Membership Subcommittee to identify and nominate potential new members who meet the needs identified by the Subcommittee, with particular emphasis placed on ensuring there is equal representation from both HIV prevention and HIV care. Vacancies will not prevent the AIHAG from carrying out business.

### Section 2. Membership Types

Members are those who have completed an application for AIHAG membership and have been approved and appointed by decision of a majority of AIHAG.

The AIHAG will engage a variety of stakeholders, including those representing HIV prevention, HIV care, state residents living with HIV/AIDS, and the DOH. Participation can be achieved through one of the following engagements:

**Co-Chair:** The co-chairs share responsibility for guiding the AIHAG in accomplishing its purpose and goals. Two co-chairs will serve at all times: one representing the DOH and the other representing Members. The DOH co-chair will be appointed by the State of Alaska HIV/STD Program; the Member co-

chair will be appointed by a majority vote of Members. Each co-chair will have a vote in those situations where vote is necessary.

**Member:** Appointed by a majority vote after the completion of an application process, Members have full voting rights, are subject to membership terms and attendance requirements, outlined in *Section 4. Terms of Membership*.

**Associate Member:** Appointed by the co-chairs after the completion of an application process, Associate Members do not count towards the AIHAG membership numbers, have no voting rights, no attendance requirements, and no membership terms.

**Guest:** Guests may be invited to attend Advisory Group meetings, teleconferences, Working Groups, or Subcommittees at the request of any Co-Chair, Member, or Associate Member. Guests do not count towards the AIHAG membership numbers and have no voting rights.

**Technical Advisory:** Technical Advisors may be invited to attend Advisory Group meetings, teleconferences, Working Groups, or Subcommittees at the request of any Co-Chair, Member, or Associate Member to provide topic-specific information, education, or advice related to AIHAG activities.

### Section 3. Initiation of Membership

#### Application

All potential Members must complete an application. Please contact the DOH Co-chair if you would like an application.

#### Application Review

When evaluating potential Member applications, the following will be considered:

- Whether the applicant is representative of one of the 13 priority groups identified for Membership
- How the applicant contributes to the current balance of AIHAG voting membership (i.e., balanced voting member representation from HIV prevention and care, current number of representatives from their agency or agency type, current number of representatives from specific consumer populations, or current number of representatives with specific skills or expertise).
- The likelihood that the applicant will meet the attendance requirements for full voting members and participant in Sub-committee and Work Groups

During the review process, potential members' references may be contacted, and the following questions will be asked.

- How do you know the applicant?
- The mission of AIHAG and its partners is to promote evidence-based planning, collaboration, and education to reduce the spread of HIV, provide access to services for people living with HIV, and promote the health and well-being of all Alaskans. Do you think the applicant will be able to contribute experience, expertise, or skills to help the group meet its mission? Why or why not?

- In order to be a full voting member, the applicant must be willing and able to attend and participate in four advisory group meetings a year, either in person in Anchorage or via phone/webinar. To the best of your knowledge, if the applicant is accepted to the advisory group, will they prioritize attending and participating in group meetings?
- Do you have any other thoughts or comments about whether the applicant should be a member of the Alaska Integrated HIV Planning Group?

Acceptance into AIHAG

After being accepted, AIHAG members receive a formal letter of acceptance.

#### Section 4. Co-Chairs

Two co-chairs will serve at all times: one representing DOH and the other representing Members. The DOH co-chair will be appointed by the HIV/STD Program. Member co-chairs will be appointed by a majority vote of Members and can be nominated by any Member.

Co-chairs are tasked with equally representing the interests of HIV Prevention, HIV Care, and Hepatitis Prevention. The responsibilities of the co-chairs include but may not be limited to:

- Lead AIHAG meetings, including observing meeting rules of order as outlined in the Charter. If neither co-chair is available, leadership may be delegated to another Member.
- Coordinate with DOH to contact Advisory Group membership about meetings, Subcommittees, Working Groups, and other events associated with the AIHAG.
- To the best of their ability, engage in training and other educational opportunities for the purpose of sharing knowledge, skills, and practices with the AIHAG membership.
- Identify and recruit new members to the AIHAG, with a particular emphasis on ensuring that the Membership is equally representative of HIV Prevention and Care.
- Available to provide signature authority for AIHAG documents, including any required Federal submissions.

#### Section 5. Terms of Membership

Advisory Group Members will have a term of up to three years, renewable upon application. The DOH shall send every member of whose terms is three months from ending a membership reapplication form requesting the member to choose either to continue their membership or decline continued membership. The member has two months to return the form to the DOH. If the member does not respond within this time frame, the member automatically relinquishes their membership to the Advisory Group. A member may resubmit a membership form every three years indefinitely. Membership records shall be kept by the HIV/STD Program Co-chair.

#### Section 6. Vacancies

If the number of Members falls below 10, a Membership Subcommittee will convene, within a reasonable period of time, to identify and recruit new member candidates, with a particular emphasis on maintaining a balance of representatives from the HIV prevention and care communities and keeping representation from the community.

If a Co-chair position becomes vacant, nominations and voting for a replacement Co-chair will be held at the next AIHAG meeting. Voting may take place via email if an AIHAG meeting is not scheduled in the next 30 days from the vacancy.

## Section 7. Removal of Members and Associate Members

Automatic removal from the Advisory Group results when a *Member* misses three meetings within a member's term and without explanation to one of the Co-chairs. This section does not apply to absence due to illness. The State-identified Advisory Group Coordinator shall track attendance.

The Advisory Group will have the right to remove an Advisory Group *Member* or *Associate Member* for cause. A complaint in writing must be made to the Co-chairs. The proposed removal will be presented in a special announcement to be sent to the Advisory Group Members at least one week before the meeting at which the proposed removal will be discussed. The member involved has the right to attend and discuss the proposal. An in-depth discussion of the issue will precede an anonymous vote by Members. A two-thirds (2/3) vote of the full membership is required for removal. If two-thirds of the full membership is not present at that meeting, the vote will be completed via email to those who are not present in the meeting.

## Section 8. Membership Matrix

Advisory Group membership shall do its best to be representative of all persons, agencies, organizations, and other stakeholders representing PLWH, HIV prevention, HIV care, and Hepatitis prevention in Alaska, with its highest priority to represent consumers.

# Article V: Governance of Meetings

## Section 1: Types of Meetings, Scheduling

Regular meetings of the AIHAG will be held periodically as necessary to carry out the Advisory Group's responsibilities, but no less frequent than once a year. The DOH will set meeting dates, times, and locations after consultation with the Members. Meetings will be held by teleconference or webinar.

Special meetings of the Advisory Group may be held if called by any of the Co-chairs, or at the written request of a simple majority of the AIHAG Members. If a special meeting is called, all members will be notified of the meeting time and place at least once week before the meeting is to start. Scheduled meetings of Working Groups and Subcommittees will be set by the Working Group or Subcommittee chairs.

## Section 2. Attendance

Attendance at meetings of the AIHAG, Subcommittee meetings, and other activities of the Group will be documented by roll call. No more than three absences within a Member's term will be allowed unless prior notification of absence is provided. Members who cannot attend a meeting of the Advisory Group should notify one of the Co-chairs at least 24 hours before the meeting. In the case of illness, the notification should take place as soon as possible. The DOH Advisory Group Coordinator shall track attendance.

### Section 3. Agenda

DOH staff will prepare a written agenda to AIHAG members before the meeting. The agenda will be sent out at least two business days before regularly scheduled meetings and at least 48 hours before special meetings.

### Section 4. Meeting Management

The elected DOH and Community Co-chairs will be responsible for governing or delegating governance of all advisory group meetings. Subcommittee Chairs will be responsible for managing Working Group or Subcommittee meetings.

### Section 5. Rules of Order

Meetings will be governed by Ground Rules agreed upon by the Advisory Group, except that this charter has primacy.

### Section 6. Quorum

A quorum of the AIHAG, its Subcommittees or Working Groups must be present at any meeting in order for the group to make an official decision. A quorum will be in place when one-half or more of the appointed Membership is in attendance. Vacant seats on the Advisory Group, Subcommittees, or Working Groups will not be counted in calculating the quorum. Meetings can be held without a quorum present, but decisions made during such meetings will be advisory only. If a quorum is in place at the start of a meeting, it is considered in place for the entirety of the meeting.

### Section 7. Conflict of Interest

Members of the AIHAG will disclose all group affiliations or vested interests related to HIV/AIDS and/or issues on which the Group is making decisions. No member will knowingly take action to influence the conduct, decisions, or votes of the Advisory Group in any way that can financially benefit the member, their family, or any corporation in which they are an employee or have significant interest as a stockholder, director, or officer. In the event that a matter which raises possible conflict of interest comes before the Advisory Group, the member shall disclose the conflict of interest as soon as they become aware of it, the disclosure will be recorded in the minutes of the meeting, and the Members shall recuse themselves from voting.

## Article VII. Subcommittees and Work Groups

Subcommittees or Working Groups may be appointed by the AIHAG to address specific tasks or to do background work, which is then brought to the entire Group for consideration. Subcommittees or Working Groups will be created as determined by the AIHAG. Each such group will have at least two Group members and others with appropriate expertise. The chair of such groups will be appointed by the AIHAG Co-chairs.

The Advisory Group will approve a purpose statement for each Subcommittee or Working Group. All such groups will keep minutes and attendance and submit records to the DOH Co-chair for retention.

## Article VIII. Records

The AIHAG, Subcommittees, and Working Groups will keep minutes of all meetings and other records necessary to fulfill its purpose and meet its obligations. All records must be submitted to the DOH Co-

chair for retention. AIHAG records shall be retained for six (6) years. All records are public information unless otherwise protected by State or Federal law. Any disclosures to the Advisory Group, its Subcommittees, or Working Groups that contain information that could identify an individual such as, but not limited to, HIV status, mental health and substance use records, will be held in confidence and not reflected in the minutes.

## **Article IX. Amendments to the Charter**

The Charter may be changed at any regular or special meeting of the AIHAG. Written notice of a proposed Charter change will be sent to each member so that it is received at least five (5) business days before the meeting. Charter changes require a two-thirds (2/3) vote of the full roster of Group members.

## **Article X. Ratification**

A revised Charter goes into effect upon a decision of a minimum of two-thirds of Advisory Group Members.

## **Article XI. Dissolution**

This Charter will be in effect unless a two-thirds (2/3) majority of the Advisory Group decides to dissolve the Charter.



## Appendix A: Recommended AIHAG Member Representation

To ensure that the AIHAG is representative of all Alaskans affected by HIV, Co-chairs and Members are tasked with ensuring that representation from the following groups is prioritized:

1. Consumers, including:
  - a. PLWH
  - b. LGBTQ+
  - c. Youth and Young Adults
  - d. PWID
  - e. Rural Alaska
  - f. Hub/Sub-urban Alaska
2. HIV Care grant sub-recipients
3. HIV Prevention grant sub-recipients
4. State of Alaska HIV Staff
5. State of Alaska Hepatitis Staff
6. Tribal Health
7. Municipality of Anchorage Department of Health and Human Services
8. Anchorage Neighborhood Health Center
9. Planned Parenthood
10. Agency or organization representing the unhoused community
11. Agency or organization representing the LGBTQ+ community
12. Agency or organization representing people who are living with HIV (PLWH)
13. Agency or organization representing PWID and/or substance use treatment facilities

To ensure that AIHAG membership has access to the information and data it needs to make informed decisions, technical advice from the following Technical Advisors should be sought as needed.

1. HIV Primary Care
2. HIV Surveillance
3. Substance Use Treatment
4. Medicaid
5. AETC
6. Mental/Behavioral Health
7. Department of Veteran's Affairs
8. Military
9. Department of Corrections
10. Pharmacy
11. State of Alaska STD Staff