



## **Iowa Community Planning Group Membership Application**

**The Iowa Community Planning Group (CPG) is an advisory body to the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health.**

### **CPG Statement of Purpose:**

The CPG is composed of a group of people who have experience with HIV, STDs, and viral hepatitis, either because they belong to a population that is disproportionately affected by these conditions or because they work directly with people in these populations. Members of the CPG include people living with HIV/AIDS and/or hepatitis, health care providers, case managers, prevention service providers, educators, and people who represent populations affected by HIV and hepatitis.

The CPG's primary purpose is to act in an advisory capacity to the staff of the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health (IDPH), and the main task is to ensure that the state has an inclusive and participatory planning and evaluation process for the delivery of prevention and care services. Specific tasks are described in the Statement of Work below.

Funding and guidance for the CPG comes from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). These two agencies also provide funds to the Iowa Department of Public Health to support prevention and care activities in Iowa that contribute to and advance the goals of the [\*National HIV/AIDS Strategy\*](#) and the [\*Action Plan for the Prevention, Care & Treatment of Viral Hepatitis\*](#).

## **CPG Statement of Work:**

In an advisory capacity to the IDPH, the CPG will participate in the following activities:

- Review epidemiological data and highlight implications for current and future service provision;
- Review and discuss select core components of federal (notably HRSA and CDC) grant applications and work plans;
- Review prevention and care programmatic models and offer recommendations to strengthen programming, enhance service response, identify gaps in programming, and highlight emerging population groups or needs;
- Provide feedback to IDPH's federal funders and partners on grant applications and planning processes;
- Participate in the development, implementation, and evaluation of statewide plans for prevention and care services;
- Receive briefings on initiatives and programs that complement prevention and care service delivery, including partner services, substance use prevention and treatment, mental health services, educational programs, corrections programs, and homelessness/housing initiatives;
- Recommend policy changes and structural approaches that:
  - Support the delivery of prevention and care services in Iowa;
  - Support behaviors that reduce the risk of disease transmission;
  - Reduce stigma associated with HIV and hepatitis; and
  - Promote positive health outcomes for people living with HIV and/or hepatitis.

# Iowa Community Planning Group (CPG) Membership Application

Please provide all of the information requested.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Agency (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Indicate which phone numbers and email addresses IDPH staff may use to contact you.

Work Phone: \_\_\_\_\_  Work Email: \_\_\_\_\_  
 Personal Phone: \_\_\_\_\_  Personal Email: \_\_\_\_\_

CPG members will regularly receive information to review prior to CPG meetings. Indicate which method would work best for you to receive such materials.  Email  Mail

Indicate which category you would be able to represent as a member of the CPG.  
*Check all that apply.*

- HIV Service Provider
  - Prevention  Care  Other: \_\_\_\_\_
- Other Service Provider (Primary Care, Mental Health, Hepatitis, Social Service, etc.)
  - Prevention  Care  Other: \_\_\_\_\_
- Consumer (Person Living with HIV/AIDS)
- Community Member
  - Faith-Based Org. Leader  Family/Friend of Consumer  Business Owner/Manager
  - Member of Community or Group Disproportionately Impacted by HIV/AIDS
  - Other: \_\_\_\_\_

Indicate the size of community in which you reside:

I live in:	<input type="checkbox"/> Urban Metropolitan Population >100,000	<input type="checkbox"/> Urban Non-Metropolitan Population 2,500-100,000	<input type="checkbox"/> Rural Population < 2,500
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I am:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
I identify as:	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Other:
My age range is:	<input type="checkbox"/> 19 or under <input type="checkbox"/> 50 – 59	<input type="checkbox"/> 20 – 29 <input type="checkbox"/> 60 – 69	<input type="checkbox"/> 30 – 39 <input type="checkbox"/> 70 or over

My date of birth is:

I am living with:     HIV/AIDS         Hepatitis C        Willing to disclose status at CPG?  
 (Disclosure encouraged but not required.)

HIV Disclosure:    Yes     No

HCV Disclosure:    Yes     No

I am:                     Hispanic or Latino/a                     Not Hispanic or Latino/a

I am:                     White                     Black                     Asian  
 (select at least 1)     Native Hawaiian or Pacific Islander     American Indian or Alaskan Native

I am an employee, consultant, volunteer, or board member of the following organizations:

Organization	Role

Indicate which special skills, areas of expertise, or life experiences you would bring to the CPG?  
*Check all that apply.*

I have skills and experience with:	<input type="checkbox"/> Advocacy/Awareness Building	<input type="checkbox"/> Advisory/Planning Bodies
	<input type="checkbox"/> Community Organizing	<input type="checkbox"/> Legal/Financial Services
	<input type="checkbox"/> Research and Evaluation	<input type="checkbox"/> Substance Use Disorder Services
	<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Harm Reduction Services
	<input type="checkbox"/> Public Health Administration	<input type="checkbox"/> Housing Services
	<input type="checkbox"/> Agency Administration	<input type="checkbox"/> Case Management Services
	<input type="checkbox"/> Health Communications/Public Info.	<input type="checkbox"/> Academic/Education
	<input type="checkbox"/> Individual/Group HIV Prevention Services	<input type="checkbox"/> Primary Health Services
	<input type="checkbox"/> Social Media/Marketing	<input type="checkbox"/> Sexually Transmitted Disease Services
	<input type="checkbox"/> HIV Outreach/Field Work Services	<input type="checkbox"/> Holistic Health Services
	<input type="checkbox"/> HIV Counseling & Testing Services	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Behavioral or Social Science	<input type="checkbox"/> Dental Health Services
	<input type="checkbox"/> Faith-Based Communities	<input type="checkbox"/> Family Planning Services
	<input type="checkbox"/> Group Leadership	<input type="checkbox"/> Other:

I have personal and/or professional expertise regarding these populations:	<input type="checkbox"/> Men who have Sex with Men <input type="checkbox"/> Injection Drug Users <input type="checkbox"/> Non-Injection Drug Users <input type="checkbox"/> Heterosexuals <input type="checkbox"/> People Living with HIV/AIDS <input type="checkbox"/> People Living with Hepatitis C <input type="checkbox"/> People with Past/Present STDs <input type="checkbox"/> People Living with Mental Illness <input type="checkbox"/> People Who are/have been Sex Workers <input type="checkbox"/> Other:	<input type="checkbox"/> Partners of People Living With HIV <input type="checkbox"/> Homeless <input type="checkbox"/> Transgender Individuals <input type="checkbox"/> Youth (ages 13-24) <input type="checkbox"/> Survivors of Domestic/Sexual Violence <input type="checkbox"/> Immigrants/Refugees <input type="checkbox"/> Communities of Color <input type="checkbox"/> Inmates/Ex-Offenders <input type="checkbox"/> Seasonal/Migrant Workers
Other expertise, skills, or experiences:		

Please respond briefly to the questions below.

1.	From the above list of skills, expertise, and life experiences, which do you find most pertinent in shaping the perspective and advisory guidance you will share with the CPG?
2.	Why would you like to be a CPG member?

### Letter of Recommendation

Please ask a provider or a colleague to write a letter of recommendation for you. **This is a required application component.** The letter should explain how s/he knows you and describe your work with HIV/AIDS and affected communities, your meeting participation skills, and other personal qualities or experiences that would be relevant to your membership on the CPG. **IDPH staff may not provide a recommendation letter for applicants.** The letter should be sent directly to Biz McChesney via email, mail, or hand delivered using the address information provided below.

I have asked \_\_\_\_\_ to submit a letter of recommendation for me.

## Statement of Applicant Commitment

If selected to serve as a member of the Iowa Community Planning Group:

- I understand that CPG meetings are open to the public and meeting minutes and materials are available to the public upon request. Therefore, I agree that:
  - My name and picture may be used in documents produced in relation to CPG meetings.
  - Statements that I make during the course of CPG meetings will not be confidential.
  
- I will devote sufficient time and energy to actively assist the CPG in meeting its goals and the objectives set forth by the Iowa Department of Public Health. Therefore, I agree that:
  - I will attend the CPG Orientation Meeting.
  - I am willing to volunteer for a three-year term.
  - I will attend all of the scheduled CPG Meetings.
  - If a meeting must be rescheduled, I will make every effort to attend.
  - If I must be unexpectedly absent from a meeting listed above due to illness, family emergency, etc., I will inform the IDPH Community Planning Co-Chair with as much notice as possible.
  - If conference calls or other CPG activities are conducted, I will make every effort to participate.
  - I understand that I will be asked to sign a Conflict of Interest Disclosure form.
  - I give permission to share any of the information I have provided in this application with the CPG Membership Committee for the purpose of membership selection.
  - I give permission to contact the person who wrote the Letter of Recommendation.
  
- I cannot agree to all of the statements above. Explanation: \_\_\_\_\_

**Thank you. We look forward to receiving your application.**

If you have questions about joining the CPG or about the membership application process, please contact Biz McChesney. She can be reached at 515-242-5149 or [biz.mcchesney@idph.iowa.gov](mailto:biz.mcchesney@idph.iowa.gov)

<b>Submit completed application and recommendation letter to:</b>	Email:	<a href="mailto:biz.mcchesney@idph.iowa.gov">biz.mcchesney@idph.iowa.gov</a>
	Mail or Drop Off:	Biz McChesney Iowa Dept. of Public Health Lucas State Office Building 321 E. 12 <sup>th</sup> Street Des Moines, IA 50319-0075