A Conversation with Aimee Shipman, Manager of HIV, STD, and Hepatitis Programs at the Idaho Department of Health and Welfare

May 20, 2015 By NASTAD

By Anna Caroll

Aimee Shipman has been the Program Manager of the HIV, STD, and Hepatitis programs at the Idaho Department of Health and Welfare since 2012. Aimee has been actively involved with NASTAD since she assumed this position, having become a member of NASTAD's 2013-2014 Executive Committee, and currently serving as NASTAD's Secretary. Aimee began providing technical assistance (TA) to NASTAD Global in 2014, and recently returned from a trip to Uganda, where she was supporting NASTAD Global's efforts to improve district-level engagement and capacity to plan for and manage the Ugandan HIV response.

I spoke with Aimee about her experiences with NASTAD, both in receiving TA from NASTAD at the Idaho Department of Health and Welfare, and in providing TA to NASTAD Global's partners in Uganda. Below are edited excerpts from our conversation.

Can you tell us about your experience with NASTAD as a state AIDS director, and how that led to your role as a TA Provider for NASTAD Global?

I really plunged right in with NASTAD; in 2013 I was nominated for the position on the Executive Committee, and that really immerses you right away. Overall, NASTAD has been a tremendous resource for us in Idaho. I think we are representative of a low-incidence, low-resource, small-staff state. My staff are incredibly committed and energetic, but they often do not have time to do the research, to make the connections that NASTAD is able to facilitate for us. The staff at NASTAD seem to anticipate issues that we're going to need to look at more closely, or complications with program implementation that we haven't quite experienced but that are headed our way.

The peer-to-peer connections that NASTAD facilitates are also incredibly valuable for us. That's something I've tried to focus on, because it is so valuable for the staff. Not necessarily solely with states similar to us, because we also have a lot to learn and potentially borrow from our bigger, better-resourced neighbors.

NASTAD Global hosted a Global TA Program Session at the 2013 Annual Meeting, and I reached out to them following that session, because I've had a lot of in-country development experience in Botswana, and I was interested in learning more about NASTAD Global's work and where program implementation was heading. I'm little bit of an atypical AIDS director, because my background was really in HIV research, and I did my dissertation work on HIV in Botswana, examining the relationship between economic inequality and health outcomes. That was where my formative background with HIV prevention and care really began. I'm probably more predisposed to the international side of NASTAD's work than many colleagues, because of my background in HIV research in Botswana and other previous international development experience.

How has your TA work with NASTAD Global in Uganda impacted you and your work in Idaho?

The goal of the work in Uganda is to change the way national and district partners engage with one other and with U.S. supported implementing partners (IPs) to set and monitor programmatic priorities, and manage the overall HIV response. Ahead of our trip to Uganda in March, I contributed to the development a Capacity Assessment for Uganda Ministry of Health (MoH) staff. The tool was well received. It was revised to incorporate Uganda CDC and MoH input and then distributed at the National Technical Review for the Public Health Response to HIV/AIDS in Kampala, Uganda for broad implementation and use. It was pretty cool! This is one strength of involving US state AIDS directors in NASTAD Global TA, in this capacity building role. We are prepared to ask questions like, 'What tools would MoH staff need to adequately implement a district-led HIV program? What would that look like?' When we take on a project in the US, we have to ask ourselves the same questions - what tools do we have and what staff do we have? We have parallel constraints in terms of staff, resources, and to some extent infrastructure.

My trip to Uganda was a phenomenal experience. So much exposure was packed into so few days on the ground. There are a number of aspects of the trip that I took home to my position in Idaho. Working globally gave me a different perspective on our situation at home, because sometimes we have a tendency to focus on the negatives in our domestic work, and a country like Uganda has a much greater disease burden.

International work also gives us an opportunity to think differently about our work at home. It's interesting to compare similarities in the challenges faced in the Uganda HIV response versus our work in Idaho, and compare successes as well. It's helpful and exciting to realize that there are partners in the public health response outside of our country that we can have a productive rapport and a dialogue with.

What is your perspective on NASTAD's peer-to-peer model and exchange of experiences and information across state and international boundaries?

I've spoken about how valuable the peer-to-peer exchange is domestically, and it is mirrored in the domestic-international peer-to-peer exchange. But there's another dimension to this: HIV is a global disease. It's not just in the United States. Working with NASTAD Global allows us to

participate in that global conversation about the variations in prevalence, about different interventions and their efficacy. It gives us a broader landscape to have conversations about public health engagement with HIV, where there may be similarities and where there may be differences, and how we all can have the greatest impact.

Any concluding thoughts you'd like to share?

There are many opportunities for us, as AIDS directors, to learn from what's happening in NASTAD Global's work. In many ways, the international settings are more resource constrained than our own. There is a 'thinking outside-the-box' mentality around technology and service delivery that is happening in developing world settings, such as the integration of mobile technology, that we haven't been as quick to implement at home in the US. There is so much expertise that has been developed in both the global and domestic HIV responses, and through NASTAD there is opportunity for greater cross-pollination and collaboration between the two.

If you are interested in learning more about becoming a NASTAD Global TA Provider, please contact Gen Meredith.

Visit NASTAD.org/global to learn more about NASTAD Global.

This entry was originally published on NASTAD.org. Reprinted with permission.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/blog/aimee-shipman-idaho