

**NMCPAG**  
NEW MEXICO COMMUNITY  
PLANNING & ACTION GROUP



c/o HIV Prevention Program, New Mexico Department of Health (NMDOH)  
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September 24, 2012

**RE: Concurrence with New Mexico Department of Health (NMDOH) *Jurisdictional Plan* and *Engagement Plan* submitted to the CDC under Funding Opportunity CDC-PS-12-1201**

As representatives of the New Mexico HIV Prevention Community Planning and Action Group (CPAG), we have been authorized to report that the CPAG decided unanimously via consensus on September 14, 2012 to **concur without reservations** with the New Mexico Department of Health's (NMDOH) *HIV Prevention Jurisdictional Plan* and *HIV Prevention Engagement Plan*. Both documents were submitted to the Centers for Disease Control and Prevention (CDC) on September 21, 2012 to comply with requirements of Funding Opportunity CDC-PS-12-1201.

NMDOH provided a full draft of its *Jurisdictional Plan* on September 7, 2012 to a nine member "reading committee" made up of CPAG members and ex-officio participants. A second reading committee received the *Engagement Plan*. The two committees conducted a careful review of these documents and reported their findings during the statewide CPAG meeting on September 14<sup>th</sup>. This process confirmed that the *Jurisdictional Plan* and *Engagement Plan* appropriately reflect CPAG priorities, so the New Mexico CPAG decided to **concur without reservations** with both plans. The CPAG is pleased that the NMDOH plan reflects common ideals shared with NMDOH, as expressed in the CPAG Vision Statement: ***"The New Mexico Community Planning & Action Group is committed to eliminating HIV infection."***

The CPAG completed the prior *New Mexico Comprehensive HIV Prevention Plan: 2009 – 2011* in June 2009. CPAG began a new 18-month planning process in January 2011 to develop our first-ever statewide *Jurisdictional Plan* and *Engagement Plan*. This process was guided by a written "Plan to Plan". Given new guidance in PS12-1201 and the newly released "CDC HIV Planning Guidance 2012", we updated our "Plan to Plan" to fulfill all new requirements.

We have begun implementing our newly adopted *Engagement Plan* to enhance participation in our HIV planning efforts for the next *Jurisdictional Plan*. To align with the spirit of the National HIV/AIDS Strategy, we have begun the process of becoming more comprehensive in our planning efforts. We have recently amended our bylaws to ensure representation of the HIV/Hepatitis co-infected population. In addition, we are beginning efforts to enhance collaborative planning efforts with HIV services and treatment. The first combined meeting of CPAG and the New Mexico HIV Services Advisory Council is scheduled for October 12, 2012.

**New Mexico is eager to contribute to the national goal of reducing new HIV infections by 25%. However, at the same time, it is essential to note that stable funding from the CDC Division of HIV/AIDS Prevention (DHAP) is integral to the core public health infrastructure of HIV, STD and viral hepatitis services.** In meetings and listening sessions with CDC staff over the past two years, we received some assurance that any reallocation formula, once implemented, would be phased-in over time and that funding shifts from year to year would not be so drastic as to be destabilizing. **We are concerned that annual cuts to New Mexico under PS12-1201, Category A averaging 25% in 2012, 2013 and 2014 are very significant. With such a major loss in resources, there will be major challenges to our local HIV prevention and other interconnected programs as we implement our state plans to advance the NHAS.**

**New Mexico is highly committed to improving access to prevention and care services for all Americans in accordance with the NHAS. We also have great concerns that the national picture presented by NHAS overlooks the large burden of HIV/AIDS in some communities felt by our American Indian/Alaskan Native (AI/AN) brothers and sisters.** According to the New Mexico HIV and Hepatitis Epidemiology Program's *2011 Annual Surveillance Report*, AI/AN comprise about 11% of New Mexico's population. In 2010, they accounted for 18% of newly reported HIV infections and had the second highest rate (12.0 per 100,000 population) of any ethnic/racial group. Incidence rates continue to rise in the New Mexico AI/AN population, and the current rate is double that of the 2006 rate. High Risk Heterosexuals (HRH) have also been de-emphasized in the NHAS. In New Mexico, the second most common transmission risk group (11%) was HRH. While NHAS sets overall national goals, it is important to acknowledge jurisdictional differences with regards to health disparities. New Mexico is a *majority/minority* state where the minorities are often more disproportionately affected by HIV/AIDS.

The New Mexico CPAG continues to be disheartened about the reinstatement of the ban on the use of federal funds to support Syringe Services Programs (SSP). The end to this ban on using federal funds for syringe exchange could have significant positive impact in reaching the goals of the NHAS. While New Mexico already boasts a comprehensive statewide program, it had been limited by its reliance solely on state funds. These burdens were eased by the PS10-1001 Supplemental Award in 2010, but the reinstatement of this ban has renewed these unnecessary barriers to effective programs.

Thanks again to CDC for your ongoing funding, technical assistance and support of quality HIV prevention services in New Mexico.

Sincerely,



Will McLauchlin



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