NMCPAG
NEW MEXICO COMMUNITY PLANNING & ACTION GROUP

New Mexico HIV Prevention Engagement Plan

New Mexico HIV Prevention Community Planning and Action Group (CPAG)

and

New Mexico Department of Health (NMDOH) HIV Prevention Program

September 2012

I. Background and Structure of CPAG

The Federal Centers for Disease Control and Prevention (CDC) mandates that each State implement a data-driven HIV planning process. The revised *HIV Planning Guidance* that describes this process was released by CDC in July 2012. In New Mexico, this planning has been conducted by the New Mexico HIV Prevention Community Planning and Action Group (CPAG) since 1995, in collaboration with the New Mexico Department of Health (NMDOH) HIV Prevention Program.

The mission of the CPAG is as follows.

> *The overall mission of the New Mexico HIV Prevention Community Planning and Action Group is to develop a comprehensive plan for HIV Prevention in the State of New Mexico. This process will promote health and prevent HIV and other diseases by facilitating collaboration among New Mexico's diverse communities and empowering its people through advocacy, respect, dignity, compassion, and social justice.*

The CPAG developed a vision for its work during 2004. This statement illustrates the shared goals of this diverse body.

> *The New Mexico CPAG is committed to eliminating HIV infection.*

The group also adopted a motto during 2007, based on the historic chant from HIV activist groups such as ACT-UP that "silence = death".

> *Action = Life*

Five core values of the group were identified, to ensure an open and inclusive approach to HIV prevention planning.

- *Respect diversity*
- *Support and care for all membership*
- *Commit to the process*
- *Accountability*
- *Catalyst*

The CPAG operates as a single statewide body that plans for HIV prevention needs. It is supported by six Regional Advisory Groups (RAG) that each focus on the needs of a specific geographic area or demographic group. Each RAG convenes local meetings and solicits input from the communities it represents. Therefore, while all HIV prevention plans in New Mexico are statewide documents with shared priorities, regional detail is provided to illuminate the needs and resources that vary across New Mexico.

The CPAG has written bylaws that guide its operation. The current bylaws were initially adopted on July 1, 1999. Revisions have been made several times to reflect enhancements to the group's membership, structure or activities. The most recent amendments were approved in January 2012. The bylaws specify roles and responsibilities for the CPAG as a whole, its committees and task forces, and individual CPAG members.

All CPAG statewide, regional and committee meetings are open to the public. Individuals are invited and welcomed to attend and speak, regardless of whether they are decision-making members. This helps to promote discussion and encourage input from diverse communities.

II. CPAG Membership Guidelines

The CPAG makes ongoing efforts to ensure that its membership reflects the principles of Parity, Inclusion, and Representation (PIR) of the diverse populations of New Mexico and of the HIV/AIDS epidemic within the State. Various areas of interest and expertise are found among members who include affected populations, community leaders and advocates, epidemiologists, social scientists, school educators, community-based and government HIV prevention providers, HIV care providers, and NMDOH staff.

The CPAG may have up to 30 members, according to the group's bylaws, including both regional representatives and statewide at-large members. Each member represents an affected community, rather than an organization. Members are called "decision makers" rather than voting members, since the group operates by consensus.

These 30 membership seats include:

1) Three (3) statewide co-chairs;
2) Twelve (12) co-chairs of the six Regional Advisory Groups (RAG); and
3) Fifteen (15) at-large members.

While the CDC requires community planning groups to have co-chairs who represent both the community and the jurisdiction's health department, New Mexico has expanded upon this requirement to improve representation. The CPAG is led by a team of three co-chairs, representing: 1) Community, 2) Persons living with HIV/AIDS, and 3) the New Mexico Department of Health. The NMDOH co-chair is a staff person designated by the agency. The two other co-chair positions are nominated and approved by the CPAG membership.

Each of the six RAG has two co-chairs who are CPAG decision-making members, reflecting 12 of the total seats. Among this group, NMDOH appoints four Disease Prevention Team (DPT) staff who serves as representatives of the NMDOH Public Health Regions. There are an additional 15 at-large members from all parts of New Mexico who add to the membership's overall diversity.

CPAG members are asked to make a commitment for a 2-year term. Terms begin upon appointment to the CPAG via consensus, which may be at any time during the planning year. Upon completion of their terms, decision making members may apply and be re-appointed through CPAG consensus to continue their memberships.

RAG co-chairs are nominated by each of these bodies through their own consensus process. Once nominated, the candidates are reviewed by the CPAG PIR Committee, which makes recommendations to the entire decision-making membership for approval. They are then confirmed as CPAG decision-makers through consensus of the full body.

Prospective candidates for the CPAG's 15 at-large membership slots are recruited through an open process that ensures that PIR principles are achieved. The CPAG has a standing PIR committee that accepts nominations, assists candidates in completing membership applications

(that cover expertise areas and demographic information), educates them about the CPAG process and role, and forwards nominations to the entire membership. New members are then approved by the entire CPAG through a consensus process.

The PIR committee reviews membership demographics and representation on an ongoing basis. Steps are taken to recruit additional members when gaps are found. The following are examples of strategies used to bring new members to the CPAG, with particular emphasis on underrepresented populations.

- The PIR committee gives a monthly report to the CPAG on any resignations and nominations. At this time, the committee identifies any ongoing areas where representation is needed.
- Each RAG coordinates recruitment efforts with the PIR committee when there is a deficiency in membership from its region. This assists in having local contacts who know the community, local organizations, and community advocates.

Due to the fact that there are not significant gaps in representation, CPAG has not conducted targeted recruiting efforts since 2009 for any particular ethnic/racial group or risk population. Prior gaps included limited representation of African American and MSM/IDU members. While there has been turnover in membership, these communities have not been underrepresented in recent years.

III. Profile of Current Membership and Strategies for Recruitment

The CPAG had 28 decision-making members, as of January 2012. These individuals reflect the diversity of the State of New Mexico and the HIV/AIDS epidemic within this jurisdiction. The following demographic profile is based on self-reported information from 27 out of 28 members who completed surveys in January 2012. It is also summarized in the following Table 1.

- Members are diverse in gender and sexual orientation. Among the 27 members who completed surveys, 14 are male (52%), 10 are female (37%), and 3 are transgender (11%). Men who have sex with men and transgender persons (MSM and T), who account for the largest proportion of HIV/AIDS cases in New Mexico, are well represented. One third of members (9 of 27) self-identify as MSM, MSM/IDU, gay, bisexual, and/or transgender. Two CPAG members represent injection drug users (IDU), while one other represents MSM/IDU. Six members self-identify as high-risk heterosexuals (HAR).
- The ethnic/racial profile of CPAG members mirrors the overall State and HIV epidemic. Among the 27 decision makers who completed surveys, 12 are White (44%), 8 are Hispanic/Latino (30%), 9 are American Indian/Alaskan Native (33%), and 3 are African American (11%). Four CPAG members self-identify as being of two or more races.
- While the CPAG lacks any members under age 18, youth are represented by several members in their 20s.
- CPAG members live in all five NMDOH Public Health Regions and all six CPAG planning regions. There is a balance between persons from rural/frontier areas and persons who reside in urban areas such as Albuquerque, Santa Fe or Las Cruces.

- Diverse professional disciplines and areas of expertise are represented both by CPAG decision-making members and ex-officio participants. Ex-officio participants are typically staff and consultants from NMDOH and other State agencies, such as the New Mexico Public Education Department. The following expertise areas are represented among either decision-making members and/or ex-officio participants: NMDOH HIV/AIDS staff, NMDOH STD/STI staff, NMDOH hepatitis staff, NMDOH epidemiology staff, representatives of the substance abuse community, representatives of the mental health community, representatives of the education community, staff from community-based HIV prevention agencies, staff from social services agencies including those who provide homeless services, community members affected by HIV/AIDS, volunteers, advocates and consumers. These areas of expertise are illustrated in Table 2.
- Five members (19%) have self-disclosed that they are living with HIV/AIDS. According to the CPAG bylaws, this includes at least one statewide co-chair position. In addition, based on an amendment to the bylaws in 2012 that encourages membership of persons infected with and affected by adult viral hepatitis, one member has self-disclosed as living with hepatitis C (HCV).

Table 1. Demographic Profile of CPAG Decision-Making Members, as of January 2012

	Latino/ Latina	More Than One Race	Black or African American	American Indian/ Alaska Native	Asian	Native Hawaiian or Pacific Islander	White	Totals
Male	5	3	3	5	1		4	14
Female	3	1		3			6	10
Transgender MTF				1			1	2
Transgender FTM							1	1
Self-reported information on risk categories. Members could mark both a risk group and that they are living with HIV/AIDS and/or hepatitis C (HCV).								
MSM	3	3	2	3			3	8
High Risk Heterosexual	1			1			2	6
IDU	1						1	2
MSM/IDU				1				1
Living with HIV/AIDS			1				4	5
Living with HCV							1	1

Table 2. Professional Affiliation and Expertise of CPAG Decision-Making Members, as of January 2012

Professional and Community Representation	Number of Members Who Noted This Affiliation or Expertise
Health department HIV/AIDS staff	6
Health department STD/STI staff	2
Health department hepatitis staff	1
Health department tuberculosis staff	
Health department epidemiologist	
Other health department staff (identify):	1 (Syringe Services Programs)
Non-Health Department Staff:	
Health or health services researchers	2
Program evaluators	
Behavioral or social scientists	2
Representatives of the substance abuse community	6
Representatives of the mental health community	5
Representatives of the education community	6
Representatives of the corrections/criminal justice community	
Medical doctors	
Staff from community-based HIV prevention agencies	11
Staff from community-based social service agencies (includes services for homeless persons)	5
Faith leaders	
Community members interested in or affected by HIV/AIDS	13
Other (identify): NM Attorney General's Office Refugees/ Displaced Individuals CBO Advocacy for HIV/AIDS/Hepatitis PLWH/A Advocate	4

IV. Engagement Plan

CPAG has worked during its entire history to ensure that its membership is diverse and reflects the HIV/AIDS epidemic in New Mexico. Therefore, the group has been a model of the values of Parity, Inclusion and Representation (PIR).

Based on the new CDC requirements for an Engagement Plan, CPAG has reviewed its membership and recruiting strategies to identify any gaps based on the expectation of broader membership. Table 3 reflects CPAG's analysis of current strengths and gaps. It also describes the priority areas and some potential strategies for recruiting in the coming 18 months during 2012-2013. CPAG will be establishing an Ad Hoc Engagement Task Force in September 2012 to add additional strategies and potential perspectives to this plan.

Some general strategies for broadening membership and participation apply to a number of these populations. They include the following ideas, developed by CPAG through a brainstorming exercise in summer 2012.

- Hold joint meetings between CPAG and the HIV Services Advisory Council on a regular basis, roughly two to four times per year, to ensure closer coordination between HIV prevention and care/support services and providers. The first joint meeting is tentatively scheduled for October 12, 2012.
- Continue coordination of meetings between CPAG and Harm Reduction Provider group, which typically occur two to four times per year. For the past three years, almost all Harm Reduction Provider meetings have been held on Friday afternoons, immediately following CPAG statewide monthly meetings.
- Invite individuals to attend either monthly statewide CPAG meetings and/or the Annual Planning Summit. They might attend sporadically for certain topics, without the more time-consuming requirement to become a decision-making member or attend all meetings. Perhaps invite experts to give presentations.
- Invite individuals to attend the local Regional Advisory Groups (RAG), which can bring their input, suggestions and ideas back to the statewide CPAG. This reduces the travel burden.
- RAG can educate community members about the HIV Planning process, to reduce barriers to participation. RAG can be an easier entry point than larger statewide meetings.
- Continue to promote CPAG involvement through the website at www.nmcpag.org.
- Invite experts to serve as ex-officio participants based on their professional expertise or affiliation.
- Provide reminders that all CPAG statewide, regional, task force and committee meetings are open to the public.
- Continue to provide food for meetings and travel support (i.e. mileage reimbursement) to reduce barriers to participation.

Table 3. Engagement Plan - Partners to Recruit

Note: Priority for future engagement efforts based on two factors:
1) Whether the category is already represented, and
2) How important the perspective is in terms of its role in planning and/or delivering HIV prevention in New Mexico.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
Ryan White Part A funded organizations	Not applicable in New Mexico	---	---	---	---
Ryan White Part B funded organizations	Perspective recommended by CDC and NHAS	• NMDOH HIV Services Program Manager and other staff • HIV Service Provider (HSP) Representatives including program administrators and case managers • New Mexico HIV Services Advisory Council	• Regional Advisory Group (RAG) meetings • Reports from HIV Services Advisory Council members • Attendance and engagement of NMDOH HIV Services Program Manager	Medium – highly engaged to date but additional partners can be added	Hold quarterly combined meetings to ensure collaborative planning. Consider making HIV Services Program Manager report as standing item on agenda. Develop Case Management questionnaire for prevention.
Ryan White Part C and D funded organizations	Perspective recommended by CDC and NHAS	• Southwest CARE Center (SCC) and Truman Health Services Clinic staff including program administrators and case managers	• RAG meetings • Attendance and engagement of representatives from funded organizations	Medium – highly engaged to date but additional partners can be added	Invite organizations to send staff to serve as decision-making members.
AIDS Education and Training Center (AETC)	Perspective recommended by CDC and NHAS	• Staff of the New Mexico AETC, part of the University of New Mexico (UNM)	• RAG meetings • Attendance and engagement of representatives from NM AETC	Low – fully engaged to date	Name as ex-officio participant.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
State Medicaid entity	Perspective recommended by CDC and NHAS	• New Mexico Human Services Department	• Engagement via HIV Services Advisory Council	High – limited engagement to date	Identify and approach candidate. Name as ex-officio participant.
New Mexico high-risk insurance pool	Key perspective identified by CPAG	• New Mexico Medical Insurance Pool (NM-MIP) administrators	• Engagement via HIV Services Advisory Council	High – limited engagement to date	Identify and approach candidate. Name as ex-officio participant.
Veteran's Administration (VA)	Perspective recommended by CDC and NHAS	• Veteran's Administration clinicians and administrators	• None to date	High – limited engagement to date	Identify and approach candidate. Name as ex-officio participant.
Indian Health Service (IHS)	Perspective recommended by CDC and NHAS	• Community Health Representatives (CHR) from New Mexico tribes • Navajo Nation Division of Health, Health Education and Social Hygiene Departments • Indian Health Service (IHS), Gallup and Albuquerque service units	• RAG Meetings • Sporadic attendance of IHS staff at meetings • Attendance and engagement at annual planning summit in Gallup, NM in April 2012	Medium – highly engaged to date but additional partners can be added	Identify and approach candidate. Name as ex-officio participant.
Tribal entities including community-based organizations serving American Indian/Alaskan Native tribes	Key perspective identified by CPAG	• First Nations Community Healthsource (FNCH) • Albuquerque Area Indian Health Board (AAIHB) • Navajo AIDS Network (NAN)	• Community-based organizations are highly engaged as decision-making members • Participation and leadership from Region 7 RAG	Medium – highly engaged to date but additional partners can be added	Region 7 engagement plan.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
Substance Abuse and Mental Health Services Administration (SAMHSA) funded organizations	Perspective recommended by CDC and NHAS	• UNM LGBTQ Resource Center • Albuquerque Health Care for the Homeless (AHCH) • Optum Health, the coordinating agency for the State Behavioral Health Purchasing Collaborative	• RAG Meetings • Attendance and engagement of representatives from UNM center and AHCH	High – limited engagement to date	Identify and approach candidate from Optum Health. Name as ex-officio participant.
Housing and Urban Development (HUD) funded organizations, with an emphasis on Housing Opportunities for Persons with HIV/AIDS (HOPWA) programs	Perspective recommended by CDC and NHAS	• Southwest CARE Center (SCC) • New Mexico AIDS Services (NMAS) • Santa Fe Community Housing Trust (SFCHT)	• SCC and NMAS engaged as decision-making members.	High – limited engagement to date	Approach SFCHT staff and engage in process. Name as ex-officio participant.
Organizations responsible for HIV services planning	Perspective recommended by CDC and NHAS	• NMDOH • HIV Services Advisory Council	• Reports from HIV Services Advisory Council Members • Attendance and engagement of NMDOH HIV Services Program Manager • Regional Advisory Group (RAG) Meetings	Medium – high level of coordination but lack of joint planning	Hold periodic (i.e. quarterly) combined meetings with the HIV Services Advisory Council.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
Consumers living with HIV/AIDS and their family members	Perspective recommended by CDC and NHAS	• CPAG Statewide PLWH/A Co-Chair position • New Mexico Consumer Advocacy Council (CAC)	• Many PLWH/A are decision-making members • Statewide PLWH/A Co-Chair position • RAG Meetings • Reports during CPAG meetings from CAC on their activities	Low – fully engaged to date	Continue partnering with CAC.
Community advocates and those at risk of acquiring HIV	Key perspective identified by CPAG	• Most decision-making members represent a risk group. There are currently no major gaps in Parity, Inclusion and Representation (PIR) in terms of either risk populations or ethnic/racial groups.	• RAG Meetings • Many decision-making members represent risk groups • Statewide Community Co-Chair position	Low – fully engaged to date	Continue activities through PIR Committee.
Expanding testing initiative and ECHPP funded sites	Not applicable in New Mexico	---	---	---	---
Community-based organizations receiving direct funds for HIV prevention from CDC Division of HIV/AIDS Prevention (DHAP)	Not applicable in New Mexico	---	---	---	---

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
Directly funded cities from CDC DHAP or HRSA	Not applicable in New Mexico	---	---	---	---
Hepatitis prevention and service providers	Key perspective identified by CPAG	• CPAG Viral Hepatitis Task Force. • NMDOH Harm Reduction and Hepatitis Program Manager • NMDOH Adult Viral Hepatitis Program Coordinator (AVHPC) • NMDOH HIV & Hepatitis Epidemiology Program • Albuquerque Health Care for the Homeless (AHCH) • Southwest CARE Center (SCC) • UNM Project ECHO • New Mexico Hepatitis C Alliance	• AVHPC is an ex-officio participant and co-facilitates the CPAG Viral Hepatitis Task Force. • Project ECHO has given several presentations. • Annual updates from HIV & Hepatitis Epidemiology Program include both HIV and hepatitis data. • Service providers are highly engaged. • Combined meetings with Harm Reduction providers 2-4 times per year. • Chair of New Mexico Hepatitis C Alliance is a CPAG member.	Low – fully engaged to date	Continue combined meetings and engagement with these partners.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
HIV and hepatitis epidemiology programs	Key perspective identified by CPAG	• NMDOH HIV & Hepatitis Epidemiology Program	• NMDOH HIV & Hepatitis Epidemiology Program staff is highly engaged. Provide annual data reports and presentations of the annual Epidemiological Profile. Also help to interpret data and provide special reports as requested by CPAG or individual members. • Serve as ex-officio participants.	Low – fully engaged to date	Name as ex-officio participants.
Extension for Community Healthcare Outcomes (ECHO) Project of the University of New Mexico Health Sciences Center (UNM-HSC)	Key perspective identified by CPAG	• Project ECHO staff and community-based partners.	• Presentations to CPAG by ECHO team members of Prison Education Program (PEP). • HIV Services Advisory Council meets via ECHO telehealth network.	Low – fully engaged to date	Name ECHO staff as ex-officio participant.
STD prevention and service providers	Key perspective identified by CPAG	• NMDOH STD Program Manager • Planned Parenthood of New Mexico (PPNM)	• Many CPAG decision-making members conducted STD work and are partially paid by STD funds. • PPNM highly engaged.	Low – fully engaged to date	Name NMDOH STD Program Manager as ex-officio participant.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
TB service providers	Key perspective identified by CPAG	• NMDOH TB Program Manager and program nurses	• Discussion within NMDOH Infectious Disease Bureau.	Medium – high level of coordination but lack of joint planning	Name TB Program Manager as ex-officio participant.
Harm Reduction service providers	Key perspective identified by CPAG	• NMDOH Harm Reduction and Hepatitis Program Manager and other Harm Reduction Program staff • Santa Fe Mountain Center (SFMC) • Alianza of New Mexico (ANM) • NMAS • AHCH • La Familia/Santa Fe Healthcare for the Homeless	• Harm Reduction service providers highly engaged as many are decision-making members. • Combined CPAG and Harm Reduction providers Meetings	Low – fully engaged to date	Name Program Manager as ex-officio participant. Continue combined meetings on a regular basis.
Correctional institutions and service providers in these settings	Key perspective identified by CPAG	• Representative from NMDOC	• Formerly had representative as a decision-making member.	High – inconsistent engagement to date	Identify and approach candidate from NMDOC. Name as ex-officio participant.
Institutions of higher education	Key perspective identified by CPAG	• New Mexico Public Education Department (PED) • UNM LGBTQ Resource Center	• PED staff member is engaged in the process as an ex-officio participant.	High – limited engagement to date	Identify and approach candidates from universities, particularly individuals associated with public health and other health care departments. Name as ex-officio participant.

Category of Partner	Reason for Inclusion	Agencies and Individuals Representing this Category	Engagement to Date During 2011-2012 Planning Cycle	Priority for Future Engagement Efforts	Strategies for Future Efforts at Engagement
K-12 education organizations	Key perspective identified by CPAG	• PED • Youth Intervention and Prevention in Schools (YIPES) task force	• PED staff member is engaged in the process as an ex-officio participant. She convenes YIPES.	Medium – high level of coordination but lack of joint planning	Continue ongoing efforts.
Organizations focusing on border health and issues of immigrant populations	Key perspective identified by CPAG	• US-Mexico Border Health Foundation (USMBHA) • International AIDS Empowerment (IAE) • NMDOH Office of Border Health	• RAG Meetings	High – limited engagement to date	Identify and approach candidates. Name as ex-officio participant.