



District of Columbia HIV Prevention Community Planning Group

Guidelines for Membership Recruitment

MAY 2006

This document describes the criteria and procedures used by the District of Columbia HIV Prevention Community Planning Group (HPCPG) to recruit, select and recommend new and continuing members for the HPCPG.

The 2003 HIV Prevention Community Planning Guide of the Centers for Disease Control and Prevention states that community planning groups and health Departments have a shared responsibility to:

- Regularly re-examine the HPCPG's composition, selection, appointment, and terms of office to ensure that the HPCPG reflects, as much as possible, the population characteristics of the epidemic in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection.
- Develop and apply criteria for selecting the individual members of the HPCPG

Section 1: Composition of the HPCPG

The Community Planning Guide specifies that representation on a community planning group should include:

- Persons who reflect the characteristics of the current and projected epidemic in that jurisdiction (as documented by the epidemiologic profile) in terms of age, gender, race/ethnicity, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), and risk for HIV infection. Members should articulate for, and have expertise in understanding and addressing, the specific HIV prevention needs of the populations whose perspectives they represent.

At the same time, they must be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

(In addition, the HPCPG Bylaws require that 20% of the members be people living with HIV/AIDS, so HIV status is one of the characteristics considered in the process of reviewing applications.)

- Staff of state and local health departments, including the HIV prevention and STD treatment programs; staff of state and local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, corrections).
- Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.
- Representatives of key non-governmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment,

mental health services, homeless shelters, HIV care and social services) to persons with or at risk for HIV infection.

- Representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).

Section 2: Identification of Gaps

The HPCPG's Membership and Bylaws Committee (MBC) analyzes and identifies gaps in HPCPG membership representation and summarizes it in the HPCPG Membership Demographics Table.

This tool compares the characteristics of the AIDS epidemic in the District, taken from the most recent HIV Prevention Plan and Epidemiologic Profile of the District of Columbia, with the characteristics of current HPCPG membership (excluding members whose terms will end within the six months).

Information on current members – including age, race/ethnicity, gender, sexual orientation, geographic distributions, HIV exposure status and category, and which population's perspectives they represent – is taken from their applications for membership in the HPCPG and member surveys. The information is used to help guide both recruitment and selection efforts.

Section 3: Membership Selection Criteria

The selection of new and continuing members is based on the following criteria:

- The member selection process is guided by the principles of inclusiveness, representation, and parity, along with consideration of the specific qualifications of individual candidates, balance in the group, and the ability of individual candidates to fulfill their roles and responsibilities.
- HPCPG membership should reflect the following characteristics of the epidemic: age, race/ethnicity, gender, sexual orientation, geographic distributions, HIV exposure status and category.⁴
- Members should understand and address the HIV prevention needs of the populations they represent.
- Membership should include scientific experts; service providers; organization representatives (such as state and local health departments and state and local education agencies); other relevant governmental agencies (substance abuse, mental health, corrections); experts in epidemiology, behavioral and social sciences, and evaluation research; and health planning representatives of both nongovernmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment, mental health services, HIV care and social services).
- Particular efforts should be made to include socioeconomic and at-risk groups and emerging populations that are underserved by existing HIV prevention programs.

Section 4: Membership Recruitment Process

Nominations for new members are solicited through an open process and candidates are selected based on criteria established by the HPCPG and AHPP.

Current members interested in continuing to serve on the HPCPG submit an “Application for 2nd or 3rd term as a Member of the HPCPG” to AHPP.

Recruitment of new members is conducted through advertising and mailings, by mass media, word-of-mouth, at community meetings and forums, health fairs, via efforts of current HPCPG members and when requested by individuals, organizations and communities. The HPCPG's Member Recruitment Packet includes the membership application.

Recruitment for new HPCPG members is ongoing, beginning in January of each year, when AHPP develops and the HPCPG reviews the Membership Demographics Table.

Based on information in the table, the HPCPG and AHPP begin the recruitment process, setting a deadline for applications one (1) month after the recruitment is announced via newspaper advertisements and through other means. The announcements specify the representation categories that the HPCPG is trying to fill.

Individuals interested in HPCPG membership complete an application and submit it to the Department of Health's Administration for HIV Policy and Programs (AHPP).

Within one week of receipt of each application, AHPP sends a notice of receipt to the applicant. The notification outlines the time frame of the review process.

AHPP staff conducts an initial screening of applications to determine if they are complete. The applications are submitted to MBC members within one week after the applications deadline. The first meeting of the MBC to review the applications is held within one week of receipt of the documents.

Section 5: Qualification Considerations for New HPCPG Members

The MBC reviews the applications (including those held on file from the previous recruitment process) and scores them, using the HPCPG Membership Application Score Sheet. Committee members then interview the candidates that meet the selection criteria and recommend new members to the full HPCPG, which makes the appointments of new members. Once appointments are made the MBC conducts an orientation for new members.

The MBC considers the following factors when reviewing the membership application of each applicant:

- Current membership needs of the HPCPG in terms of individuals that reflect the perspectives of at risk populations
- The demographic and HIV risk factors of the candidate, as well as the candidate's HIV status
- Experience, resources and personal attributes or skills that the individual would bring to the HPCPG.
- The individual's civic, social and professional organizational affiliation. [Note: Individuals are not appointed as agency representatives, but as individuals who reflect the perspectives of a particular population, and possess specific HIV and/or health planning, behavioral science or evaluation expertise.]
- The perspective the candidate brings to the process (e.g., an organization, discipline or affected community).
- The candidate's willingness and capacity to participate actively in all HPCPG activities.

Section 6: Rankings and Recommendations for New Members:

After reviewing the applications of new members, the MBC ranks each candidate as follows:

1. *Qualified and meets current HPCPG needs.*

- a. A uniform set of interview questions is asked of all candidates in this category, to determine their willingness to participate in all HPCPG activities and their ability to reflect the perspectives of the population they would represent on the HPCPG. The interview questions are as follows:
 1. Why do you want to serve on the HPCPG?
 2. Based on information provided by the HPCPG, which committee would you be willing to serve on and what skills would you bring to that committee?
 3. Have you had other organizational involvement that included participation in any type of community planning process? If so, tell us about it.
 4. On your application, you indicated that your priority expertise is in the area of _____. Could you please elaborate on your experience in this area?
 5. What do you believe is the purpose of the HIV Prevention Community Planning Group?
 6. What outreach mechanisms would you bring to the HPCPG? (To be asked in the context of constituent representation and feedback.)
 7. Participation in the HPCPG and its committees requires a minimum of 12 hours of your time each month, often during the evening. Do you believe you can dedicate a minimum of eight hours to the work of the HPCPG each month?
- b. Candidates who successfully complete the interview process are recommended for membership by the MBC chair or designee to the Director of the Department of Health or her/his designee. The candidates that are approved by the Director of DOH are then submitted to the HPCPG for appointment.
- c. Candidates who **do not** successfully complete the interview process will be sent a letter by the logistical support staff informing them of the determination and recommending committee participation when appropriate.

2. *Qualified but does not meet current HPCPG needs.*

- a. These applicants will not be interviewed for current vacancies
- b. Within one week of the MBC's determination, AHPP staff will mail a letter to each applicant informing her/him of the determination and that their application will be kept on file for one year. The letter will also recommend that the candidate participate in the HPCPG's standing committees or becoming an alternate for a current HPCPG member.
- c. AHPP will forward each applicant's contact information to the chair of a standing committee, based on the candidates interests or qualifications, and the chair will contact the applicant and invite her/him to the next committee meeting.
- d. Each application will be kept on file for one year and reviewed as vacancies are created and membership needs change. If an applicant meets the criteria for new members, she/he will be interviewed and considered for membership.

3. Not qualified

- a These applicants will not be considered for membership.
- b “Not qualified” criteria include but are not limited to:
 - (1) Residency outside of the District of Columbia
 - (2) Unable to meet membership requirements (e.g., time commitment)
- c. Candidates who are not residents of the District of Columbia may not be members of the HPCPG with two exceptions:
 - 1. Applicants to the HPCPG who are not residents of the District of Columbia should offer proof of affiliation with a District agency i.e., employment or volunteer capacity. Once approved for membership the member should maintain a relationship with a District entity. If the member severs the relationship with the agency of record he or she must notify the Chair/s of the Membership Committee within 30 days. Upon notification the Membership Chair/s shall assess participation and meeting attendance of the member and if the member is in good standing he or she shall retain membership for the duration of his or her term.
 - 2. Applicants to the HPCPG who are not residents of the District of Columbia but have skills or knowledge that is underrepresented among the HPCPG membership will also be allowed to become members. These include but are not limited to epidemiologists and behavioral scientists.

Section 8: New Member Selection and Confirmation Process

Following completion of candidate interviews, the MBC Chair or his/her designee submits recommended candidates to the Director of the Department of Health or his/her designee, who shall have 20 days to approve or disapprove of the recommendations.

Candidates approved by the Director of DOH will be submitted to the HPCPG, which approve or disapprove of the recommendations by simple majority vote. The presentations to the HPCPG should include a brief summary of each candidate’s qualifications.

. The HPCPG Co-Chairs send a letter of appointment to each successful applicant and a letter of rejection to each unapproved candidate. Included with the letter of appointment will be a new member orientation notice and an Appointment Acceptance Form and Conflict of Interest Disclosure Form that the new member must complete and return to the HPCPG.

Section 9: New Member Orientation and the Mentor System

The HPCPG Bylaws require that all new members complete an orientation session before voting at HPCPG meetings. The MBC is assigned the task of ensuring that new members are appropriately oriented to the HIV prevention community planning process. In conjunction with AHPP staff, the MBC coordinates group orientation sessions for all newly appointed HPCPG members within 30 days of their appointment.

The HPCPG and each standing committee will prepare new member information packets that will include but not be limited to: HPCPG bylaws, the responsibilities of each standing committee, goals and objectives for the year, and a roster of members.

Each new member is assigned a veteran HPCPG member “mentor” for three months. The mentor will help the new member understand the planning process, materials, procedures and other issues as they arise.

Section 10: Qualification Considerations and Appointment of HPCPG Members for a 2nd or 3rd term

- The MBC reviews the applications of members who want to serve a second or third term and scores them. In addition to the factors listed below, the MBC considers three factors for current members:
- The MBC considers the following factors when reviewing the membership application of these applicants:
 - Current membership needs of the HPCPG in terms of individuals that reflect the perspectives of at risk populations
 - The demographic and HIV risk factors of the candidate, as well as the candidate's HIV status
 - The candidate's willingness and capacity to participate actively in all HPCPG activities.
 - Attendance records during the past two years
 - The level of participation in HPCPG committees during the past two years
 - How actively and effectively the member represented the HIV risk population whose perspectives she/he represented during the past two years
- After reviewing the applications of members who want to serve a 2nd or 3rd term, the MBC ranks each candidate as follows:
 - Qualified and meets current HPCPG needs.
 - Qualified but does not meet current HPCPG needs.
- The names of the qualified candidates are recommended for membership by the MBC chair or designee to the HPCPG for appointment.

Approved May 11, 2006



District of Columbia HIV Prevention Community Planning Group

Member Appointment Acceptance Form

May 2006

I am in receipt of the notice that I have been selected to serve as a member of the District of Columbia's HIV Prevention Community Planning Group.

I attest by my signature below that:

- (1) I accept this appointment
- (2) I am committed to the community planning process and its results
- (3) I will attend all regular monthly meetings and special meetings of the HPCPG. In the event I cannot attend, I will must notify the Community or Government Co-Chairs, or their designee, prior to the meeting.
- (4) I will designate an alternate to represent me at up to 25% of HPCPG meetings each year. The alternate will represent the perspectives of the same HIV risk population as I represent.
- (5) I understand that failure to participate in 75% of regular meetings will result in my removal from the HPCPG.
- (6) I will represent the perspectives of a specific HIV risk population
- (7) I will participate in all decision making and problem-solving.
- (8) I will attend a one-day orientation for new members.
- (9) I will co-chair the process or lead a committee or workgroup if asked to
- (10) I will serve on at least one standing committee and complete assigned tasks.
- (11) I will work with the health department to gather and analyze data and other information
- (12) I will serve as a liaison to the communities I represent — bringing the communities' ideas and needs to the HPCPG and communicating the work of the HPCPG back to the community

Signature _____ Date _____