

Homegrown Strategies

What do you think you can take into your own communities to address HIV/STD prevention in your communities?

1). What does homegrown strategies mean to you?

- Something that we make up ourselves; we design
- Unmet need (community need) that is being addressed in a specific community
- Tailored Need
- Enhance what's currently going on
- Recreating is difficult
- Addressing specific needs
- Some may not be relevant anymore
- More Innovation
- Some creativity for those who may be left out
- Something that you have tried and has worked in your community but not have a strong evaluation component or may not be evidence-based
- Non-Traditional
- Holistic Health/Human Services

2).

- UNB-Dallas → Mpowerment
- Bluff (South Texas) → take service to them
- Can officially do things that we are already doing anyway
- Not worried about getting credit for it (Outreach etc..)
- Safe Talk

2. Invited to high schools

- When you focus on one population other people get ignored
- EBI's are too targeted
- Reaching people who are not in your "target population"
- SISTA – tailored 6 session to target HRH Men

3. Gatekeepers

School Admin

Clergy

Athletic Dept (coaches) @ HBCU's

Health care providers

Legal system (criminal Justice)

Politicians

Business owners – Liquor store, Tattoo

3. Social organizations @ college and univ

4. Evaluation

- Having an openness to tailor and being creative
- Versatility to locations

- Messages from DSHS to policy makers, community leaders, executives
- Resources –edu material
- Flexibility
- Fidelity and Guidelines
- Flexibility w/incentives (types)

5. Needle Exchange

Faith-based strategies

+ Trans women

Free specialty condoms delivered to persons homes

Place for homeless to go to bath, laundry etc...

Homegrown strategy coordinator

What does homegrown strategies/interventions mean to you?

- Ability to come up w/new ideas
 - Specific to your area
 - Tweak an intervention that not working for your population
 - Something that's based on the evidence but still supported and effective
 - (non EBI;s)
 - Think outside the boxed interventions
2. What do you see your community already that relates to HG strategies?
- Tailored pipwe – 6 sessions to 4 twice a week ; new videos
 - Collaborations → different venues
 - Hip hop for HIV Houston
 - Support from hip hop stations
 - Celebration for life (Ft. Worth) radio stations/bands
3. Who would you bring to the table?
- Task force (HD, Stars, substance, MHMR) collaborative efforts
 - Homeless Shelters
 - City Govt.
 - Faith communities
 - School districts
 - Universities/colleges
 - Corrections
 - Medical staff
 - Gay friendly Org.
4. How can DSHS support you?
- Evaluation components
 - Definition of success
 - Fear of not succeeding → sanctioning
 - Support to make changes and adapt if its not working so well
 - Flexibility
 - If it works, support to validate to move toward an EBI/CDC list
 - Time to implement
 - Non-traditional monitoring
 - Support w/evaluation → someone from the outside
5. Wouldn't it be nice to fund _____
- Enough money to make it attractive and keep people engaged/motivate them, more sustainable
 - Long – term case mgmnt and followup
 - Maintance visit
 - Black men / men → engage counter part to SISTA for men

- MSM involvement ; something for more rural areas
- Internet
- Funding LGBT programs in rural areas community bldg
- Text messages
- Social media campaigns

6. What would you do?

- Pull from other interventions Pol, SISTA, etc... for Men
- Pull in Men/Partners
- Croup session w/partners so that they can hear the same message
- Healthy relationship
- Basic anatomy educate before you get to HIV
- Basic health education

7. What questions....

What will the format look like

1. What does homegrown strategies mean to you?
 - Unique and specific
 - To your area (localized)
 - Based on an approved intervention
 - Made up but researched
 - Flexibility
 - Specialty
 - Opportunity to be creative
 - You need to have a basis, framework, theory

2. What have you seen or what are you currently doing (HG) in your community?
 - El Paso → trained health edu models/wellness models (outreach workers)
 - Dallas → Boys II men ; Holistic approach juvenile detention center
 - Ft Worth → Super Club ; young gay college students/grads; mentoring program (informal) ; bring them into a different social network
 - Austin → Peer recruitment model recruiters retrieve incentive

3. Who else should be @ the table?
 - Providers (STD testing, y herpes tx, FSQHC's)
 - Target population that you are trying to reach
 - Gatekeepers
 - Churches
 - City council
 - Community leaders
 - Schools
 - Gay friendly Org.

4. How can DSHS support you?
 - Having guidance in writing ; something formal saying we will support it
 - Definitions and criteria
 - Time and money
 - Better way to communicate to one another (yahoo group) w/other contractors
 - Outcome monitoring?
 - Evaluation component
 - Process monitoring
 - Venue to discuss strategies
 - Publish a directory
 - Validity and credibility

5. Wouldn't it be nice to fund _____
Dallas – gay men and MSM ; structure that coordinates efforts
Coordinated plan

Austin – Expanded testing linked to STD testing
Rapid G and C (STD testing)

- STD testing in rural areas
- Tx Programs in rural areas
- Partnering w/ other associations
- Community development
- Address stigma
- Educating providers (school health counselors)

6. Questions...

How soon will we see this

Will we need a logic model

Sept 07 / Jan 08

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