

## Table Discussion Notes

	Region 8	Region 9, 10, 11	Region 1 & 2	Region 7	Houston Area	East Texas	Dallas	Ft Worth
<p><b>QUESTION-</b> Knowing the information you were just provided and that the future funding will follow the epidemic, how might this affect your agency/community?</p>	<ul style="list-style-type: none"> <li>▪ Re-focus on our populations</li> <li>▪ Prioritize targeted population</li> <li>▪ More focus on all levels of framework (include community level)</li> <li>▪ Mobilize community at larger scale</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shifting focus on targeting your population</li> <li>▪ Training, on cultural groups</li> <li>▪ Having a gate keeper</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rural issues epidemic looks different</li> <li>▪ Less MSM infection</li> <li>▪ White, not AA</li> <li>▪ Women getting infected by straight MSM men</li> <li>▪ Sex not talked about in communities</li> <li>▪ Issues w/religious community</li> </ul>	<ul style="list-style-type: none"> <li>▪ 🔄 flexibility and innovation</li> <li>▪ Force people to be more innovative, resourceful, collaborative</li> <li>▪ Re-focus to the epidemic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focusing on single encounter sessions instead of multi-session EBI's</li> <li>▪ Shifting on more individual rapid testing, knowing your status; and prevention for +</li> <li>▪ \$\$ following the morbidity</li> </ul>	<ul style="list-style-type: none"> <li>▪ 🔄 funding for testing AA women</li> <li>▪ IDU testing \$ and how IDU &amp; MSM are counted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduce testing IDU</li> <li>▪ 🔄 MSM testing</li> <li>▪ Black MSM focus</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integrating current activities w/other agencies</li> <li>▪ Willing collaboration</li> <li>▪ Coalition sustainability</li> <li>▪ Adaptation of existing activities -&gt; targeted</li> <li>▪ New campaigns</li> </ul>
<p><b>QUESTION-</b> What strengths/resources in your agency/community can you build upon to align with the goals of the HIV National Strategy?</p>	<ul style="list-style-type: none"> <li>▪ Build/continue ties with key sites</li> <li>▪ Normalize HIV (reduce stigma) all affected</li> <li>▪ Targeted efforts/testing</li> <li>▪ Cohesive continuum of services (comprehensive &amp; coordinated)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Going to non-traditional sites</li> <li>▪ Target high risk areas</li> <li>▪ Online outreach</li> <li>▪ Community mapping</li> <li>▪ Protect our protectors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordinated response b/c although programs are small have resources in house (early intervention)</li> <li>▪ Working on policies &gt; take next steps to coordinate (esp. internally)</li> <li>▪ Using social network for MSM (not</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community mobilization</li> <li>▪ Key community stakeholders and organization</li> <li>▪ Maximizing resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Diverse staff to engage any population</li> <li>▪ Linkage to care resources are available &amp; identify a person of contact per agency</li> </ul>	<ul style="list-style-type: none"> <li>▪ Utilize church's to lead education in AA women and children (SISTA)</li> <li>▪ Sorority/Frats – community conversations</li> <li>▪ Active healthcare community – asking the questions about HIV</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experience with prevention for +</li> <li>▪ Experience w/MSM</li> <li>▪ Relationships w/care orgs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further networking</li> <li>▪ Collaboration with non-traditional partners</li> <li>▪ Internal program merging/crossing</li> <li>▪ Stronger existing collaborations</li> </ul>

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	Region 8	Region 9, 10, 11	Region 1 & 2 social media)	Region 7	Houston Area	East Texas	Dallas	Ft Worth
<p><b>QUESTION-</b> Imagine your community in alignment with the future of HIV Prevention. What would it look like? Who would be involved?</p>	<ul style="list-style-type: none"> <li>▪ The church</li> <li>▪ Politicians</li> <li>▪ Outside condom box (1 size does not fit all)</li> </ul>	Partners collaborations to maximize resources not necessary \$\$\$		<ul style="list-style-type: none"> <li>▪ More routine testing at clinical settings and in the community</li> <li>▪ Quicker DX and 📍 linkage to care. Sustain linkage to care</li> <li>▪ Undetectable viral load. 📍 gatekeeper involvement \$ 📍 contacts (relationship/ CHS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ State funded, SAMSA, city funded agencies</li> <li>▪ Religious communities</li> <li>▪ County hospitals, FQHC's, PMD</li> <li>▪ Expanded testing funded agencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ No Stigma! People would test openly</li> <li>▪ Churches, schools, medical counter/clinic, rec centers, civic groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ Companies (e.g. Walgreens)</li> <li>▪ Community involvement</li> <li>▪ Politicians involved</li> <li>▪ Medicaid providers all testing and providing HIV care</li> <li>▪ Sex education in schools</li> <li>▪ Universal health care</li> <li>▪ Health focused society</li> <li>▪ Other health concerns</li> </ul>	<ul style="list-style-type: none"> <li>▪ Everybody!</li> <li>▪ Coalescing public policy initiatives</li> <li>▪ Combining capacity/non-traditional sources</li> <li>▪ Mobilized communities</li> </ul>