

Table Discussion Notes


	Region 8	Region 9, 10, 11	Region 1 & 2	Region 7	Houston Area	East Texas	Dallas	Ft Worth
<p>QUESTION- 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"> ▪ Work with churches more: <ul style="list-style-type: none"> - Match risk reduction to faith & values - Church support to stay in care - Draw on Pope's comments ▪ Implement Mpowerment in SA ▪ Start giving negative results on phone 	<ul style="list-style-type: none"> ▪ CRCS & RWCM should work together & work with medical ▪ CRCS focuses on sero-discordant couple ▪ CRCS work with early intervention ▪ Using Social Network Strategies to reach HIV (+) and high risk negative individuals ▪ Using a GLI to focus on risk red action and have persons who finish "take message to community" ▪ Using Social Networking to reach "hard to reach" pops like military ▪ Use social 	<ul style="list-style-type: none"> ▪ "More bang for our buck!" ▪ Work w/surveillance , bring that data together to find out where people are testing HIV+ ▪ Focus on in-depth education for HIV+s, not general population. Maybe we "can give the work away" to partners for things like HIV 101. BUT huge problems is if they are busy & cannot add this to their specialized workload (i.e. A/D facilities) ▪ Train the trainers 	<ul style="list-style-type: none"> ▪ Greater focus on affected pops ▪ Impact on community outreach and mobilize community ▪ Scalability: How do we broaden focus to mobilize community and stay engaged ▪ Addressing need for support services for new HIV+'s 	<ul style="list-style-type: none"> ▪ Create a better system of linkage to care ▪ More targeted testing of high priority populations: MSM, black women 	<ul style="list-style-type: none"> ▪ Refocus CRCS to enroll positives ▪ More targeted testing – new collaboration ▪ Look at data - > surveillance to locate positive clusters ▪ Work w/medical and care to maintain care ▪ Refocus EBI – include new component 	<ul style="list-style-type: none"> ▪ More MSM testing ▪ Think creative about linkage ▪ CRCS as HEI?? ▪ Social support components? 	<ul style="list-style-type: none"> ▪ Primary to secondary prevention ▪  collaborations ▪ Retention in care ▪ Re-direct activities

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		<p>media to reach “hard to reach” like military</p> <ul style="list-style-type: none"> ▪ Finding new +’s thru social media, finding out venues where men meet other men such as Macy’s, university bathrooms, Wal-Mart parking lot, public sex venues 						
<p>QUESTION- 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"> ▪ Expand work of “Faith in Action”, Black Men’s Initiative, & HIV/Syphilis Task Force ▪ Work with club and bar owners to access MSM -Start w/bartenders 	<ul style="list-style-type: none"> ▪ In Laredo, building with non-traditional partners, such as alternative schools, faith based. Packaging HIV as part of a package, such as suicidal ideation and bullying. ▪ Partnering 	<ul style="list-style-type: none"> ▪ “Buddy System” for adherence for HIV+’s (ideas from Ed Mateliski – used to have this in the past) (i.e. HIV+ who is engaged in care is paired as a mentor/patient navigator) ▪ BCAR just got 	<ul style="list-style-type: none"> ▪ Structured prevention/Hama Red. Msg. ▪ Need for prevention for +’s can be built upon ▪ Return to care Collaboration & CBO groups can be built upon ▪ Looking at established 	<ul style="list-style-type: none"> ▪ Strengthen links to service care agencies and prevention services ▪ Treatment is prevention ▪ CPG, Ryan White Planning Council already exists ▪ Have a large HD, Harris County and 	<ul style="list-style-type: none"> ▪ Close/strong collaboration w/case management ▪ SPNA – women of color linkage model to collaborate and learn from ▪ Plenty of capacity to provide care ▪ Telemedicine – instant link 	<ul style="list-style-type: none"> ▪ Combine funding efforts ▪ HIV testing coordination meetings - potential collaboration - best practices ▪ Community Prevention Network - Black MSM (leadership) ▪ Coordinate with Ryan White 	<ul style="list-style-type: none"> ▪ Combining skill sets ▪ Expanding CRCS ▪ Networking w/non-traditional organizations

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		<p>and have in-house substance abuse, homeless, drug treatment services</p> <ul style="list-style-type: none"> ▪ In a large organization, disseminate information on changes with other programs, and with other agencies in community 	<p>funded by Tarr Lo for a (peer) patient navigator – awesome</p>	<p>partnerships and how can we educate them to broaden scope</p>	<p>City of Houston</p>	<p>to care</p> <ul style="list-style-type: none"> ▪ CRCS – incentives and SPNS ▪ <u>Established</u> Healthy Relationships Program adapt to include partners at end of program 		
<p>QUESTION- Imagine your community in alignment with the future of HIV Prevention. What would it look like? Who would be</p>	<ul style="list-style-type: none"> ▪ Church leaders, esp. Catholic ▪ Gay bar/club owners ▪ Less fatalism among MSM ▪ Pride event organizers ▪ K-12 education ▪ Colleges & Universities 	<ul style="list-style-type: none"> ▪ Collaborative partners in area – will be difficult to sustain alone ▪ Access to summits such as this has been helpful ▪ Upgrading data entry is helpful ▪ There needs to be education on 	<ul style="list-style-type: none"> ▪ Focus on partners of prevention of HIV+ even after new diagnosis i.e. as relationship w/case manager develops. Not just through DIS or traditional partner elicitation 	<ul style="list-style-type: none"> ▪ More involvement and medical partners ▪ Increasing involvement and identifying new HIV+'s ▪ Agencies with whom we have established partnerships 	<ul style="list-style-type: none"> ▪ Increase alignment and Black business owners: i.e. beauty salons, barbershops, clubs, churches, stores ▪ Increase working & correctional facilities addressing linkage to care 	<ul style="list-style-type: none"> ▪ All positives in care and treatment ▪ 90% positives know status ▪ All agencies and clinics working in tandem to provide care ▪ Low in new cases ▪ EBI's broader scope 	<ul style="list-style-type: none"> ▪ Easily assessable testing ▪ Multiple partners involved in testing <ul style="list-style-type: none"> - med prevention - Walgreens ?? ▪ Smooth transition into healthcare ▪ More adherence 	<ul style="list-style-type: none"> ▪ Equal access to all health care & services ▪ Entirely client centered ▪ FBO's ▪ Reduced isolation among vested agencies ▪ Perfectly fluid process of inter-agency involvement & collaboration

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involved?		viral load, CD4, especially HIV (+) <ul style="list-style-type: none"> ▪ Work with FQHC's? ▪ Work with RWC providers ▪ Communities need education 	<ul style="list-style-type: none"> ▪ Need to re-assess collaboration and partners (i.e. testing and education site) yes, they may have the target pop, but we are spending resources here w/out finding or linking HIV+s ▪ Need help from DSHS, HRSA to get focus on board to care for HIV+s ▪ Need to educate partners on new focus 		issues <ul style="list-style-type: none"> ▪ Have a central place that serves as a resource for activities in the city & surrounding areas 		programs	