

Table Discussion Notes

	Region 8	Region 9, 10, 11	Region 1 & 2	Region 7	Houston Area	East Texas	Dallas	Ft Worth
QUESTION- Envision the future	<ul style="list-style-type: none"> ▪ Down low condom distribution including text blasts, Facebook, & social nets, GPS (global positioning system) ▪ Condom demo strippers ▪ Ryan White policies for coordination with prevention ▪ Bridging care with pharmacies ▪ Personalize treatment ▪ Incentives for adherence & compliance ▪ Peer leadership ▪ More arts – creative education 	<ul style="list-style-type: none"> ▪ Incorporate HIV into larger healthcare, issues specific to the border ▪ Work closely with agencies like the police department, local gov't ▪ Use social network strategy to reach persons and promote programs in their network ▪ Use SNS to get persons to get tested? ▪ Educate private sector on condom distribution, i.e., condoms are locked at Walgreen's; local drug stores, card teens who get condoms ▪ Use a counselor/CR 	<ul style="list-style-type: none"> ▪ Staff – redefine prevention worker duties and roles, esp. in rural area - Cross-train/multiple roles per staff RRS, CRCS, EPI/HEI, linkage ▪ Community assessment (w/clients, stakeholder on condom access/distribution) - Condom preferences, service areas and condom sites, where get prevention supplies ▪ For HIV+, integrate roles of (CRCS/PCM/case finder/patient navigators/SNS/couples 	<p>CRCS=>HIV+ HR HIV – link to care Condom dist.-> testing GLI/CLI</p>	<ul style="list-style-type: none"> ▪ Testing/Education ▪ More screening ▪ Condom dist. At local businesses ▪ Social marketing/incentives for referrals ▪ Navigator for + clients 	<ul style="list-style-type: none"> ▪ Fund a regional planner – coordinate, identify resources in each community, find additional resources, new funding streams, community assessments. Look at the entire system – the “big” picture ▪ Community mobilization – educate physicians and medical staff ▪ Empower churches and social organizations to take up prevention and educational efforts – Train on EBI's ▪ Physician 	<ul style="list-style-type: none"> ▪ Drug stores – condom access (policy), HIV testing (Walgreens) ▪ Policy – NAAT testing for all ▪ Routine testing – local HD involved (advocate) ▪ Involving insurance companies – HIV testing reminders ▪ Funded mobile testing units ▪ Partner with stakeholders for events – prevention messages ▪ Care access – FQHC involvement – routine practice 	

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		<p>CS as a linkage to care coordinator/prevention for HIV (+)/case finders</p> <ul style="list-style-type: none"> ▪ Present HIV as one part of a system of healthcare/health issues 	<p>work/disclosure work/healthy relationships) good community solution, also saves resources by combining in rural area esp. b/c resources are limited</p> <ul style="list-style-type: none"> ▪ Best testing strategy for rural – SNS? ▪ Mobilize about common issue (like bullying) that has links to HIV, but is not explicitly focused on sex/disease/GTBQ. Broader theme that more partners can get behind ▪ Partner with key individuals (not just organizations) like parents, 			<p>engagement – (demonstration project) rural doctors and clinics get in tune with indicators and symptoms. Also teach about risks and high risk populations</p> <ul style="list-style-type: none"> ▪ Develop social network strategy for MSM and AA women to get testing – include incentives ▪ Adapting EBI's to reach greater portion of target community – get train the trainer for SISTA and other EBI's 		

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			doctors, etc. Non-traditional partners might take our efforts where we couldn't go before					