

Strategic Initiative for HIV/AIDS Care and Prevention
Prevention Committee Meeting
January 21st, 2009

Where Do We Need To Be

TOP AREAS/THEMES OF DISCUSSION: Education and Prevention, Specific Populations, Technology, and Dissemination of Information

- Bring our prevention efforts and messages together (advertise each others prevention activities, etc.)
- Make the prevention message about sexual health or just health – it can't be about HIV
- Addressing “neuro” reasons a person can not make healthy decisions
- Communities personally responsible for each other
- Harm reduction as a universal message (allowed in public forums)
- Sexual health (pulling away from “death” “disease”)
- Possible sexual health clinics
- Move focus from disease prevention to health promotion
- Be more open and accessible regarding condoms and other prevention methods
- Increase trust and belief in prevention message among all communities
- Reduce risks
- Increase our message in schools
- Get health reps from schools to the table
- Increase in virtual/online prevention
- Increase knowledge of how HIV/AIDS is transmitted
- Increase knowledge of the severity of the disease (i.e. rx side effects, opportunistic infections)
- Educate those that are HIV positive about the benefits of staying care....taking medications and how it decreases chances of transmission.
- Educate family and friends of those HIV positive in a culturally sensitive approach.
- Connect and get a buy in from community role models (IV drug user in recovery, pastors, MSM's, etc.)
- Get community bars/hotspots to allow prevention material to be present (bathroom/bar area)
- Educate “bug chasers/catchers” about the disease and the severity of it. Identify what the motivation is to “wanting” the disease.
- Promote “stop bare backing” and other safe sex advertising/education.
- Life skills presentations implemented into school system and community
- Safety aspects.
- Education for older adults.
- Education of mental health/substance abuse providers.

- Education in prisons and jails.
- Education in the hospital for patients.
- Cultural competency.
- Education in comfortable environment.
- Target groups.
- Sexual health messages.
- Effects in community.
- Empowerment in relationships.
- Identify peer driven groups for education of others.