

Strategic Initiative for HIV/AIDS Care and Prevention
Community Awareness Committee Meeting
January 6th, 2009

Where Do We Need To Be

- Education - everyone receiving same message
- Lift your voice - everyone take responsibility when they have heard the message and spread the word.
- Dispel myths - fear, untruths
- More workshops
- More town hall meetings - find out "what do you know?"
- More media, billboards, public service announcements
- Merchant participation
- More celebrity faces - locally and nationally
- Make noise! TALK ABOUT IT!
- Make message more universal - not just gays, IV drug users, etc.
- Update the message with virus
- Phone banking - anonymous hotlines offering information for people not willing to come forward
- Keep it on the forefront - don't let complacency take precedence
- Be more aggressive - marches (not just runs or walks)
- Reach younger people
- Theatrical presentations - on college campuses, involve participants who are HIV+ and HIV-, produce documentaries specific to the Sacramento region
- Rally the troops
- Stay on the cutting edge - create new approaches since old ways aren't working
- Increase connection/collaboration of service community to ensure a strong foundation and unified voice in addressing larger community as a whole (quarterly gatherings)
- Go to the "pillars" of specific communities to engage the "leaders", "fixtures" (ex: barbershops, churches, etc.)
- Create public art installations that involve community projects
- Develop affective ad campaigns
- Identify and engage people in community who are connected to elected officials
- Ongoing updates of success' and needs to elected officials (local/state)
- Old fashioned letters to elected officials

- Increase individual and community self love, pride and respect
- All groups interested/involved in HIV/AIDS, not same group of people
- No need for HIV/AIDS specialty providers if there were no stigma attached. It would look like a chronic disease (i.e. diabetes)
- No fear going for regular care, prescriptions
- Pastors being more interested, not fear being identified as HIV+ or have AIDS
- Budget cuts wouldn't effect HIV/AIDS services first
- Poor and needy would be priority, would be empowered and have a voice
- Communities take ownership over their issues/problems. Start within their own environment. Compassion would start within their own community of need, others would not enable that process
- Let go of blame and anger
- Being united within their community/group/status
- Early education to schools
- Taking away the though "it can't happen to me"
- Community leaders need to have a larger voice (more impactful)
- Keep the candle glowing...issues are talked about all the time, not just at certain events or on certain days
- Bring on new interests
- A "20 year anniversary" is not a good thing in our community
- Compassionate community would embrace self-reliance and care
- Outreach to high at risk communities beyond traditional methods and "brick-and-mortar" providers - partner with Community Based Organizations (CBOs)
- Change perception of HIV to "STDs" to challenge stigma
- Make HIV test and counseling more routine - AB 682 / AB 1894 implantation
- Empowerment of PLWH/A (individuals/clients) - Transportation (e.g. bus fare), legal, self-help, and employment/job counseling
- Federal National HIV/AIDS Strategy
- Increase contextual understanding & cultural/social/gender understanding
- Community Plan (not individual plan) - Increase partnerships & strategic collaborations with community groups [LINKAGE] (e.g. CBOs, religious, community clinics)
- Focus on high-risk populations (e.g. prisons/jails, migrant farmers, social marketing campaigns, homeless, youth, IDUs)
- Basic human right that should be protected and promoted
- Enhance knowledge, visibility, and diversity of HIV/AIDS in positive light (regional-wide HIV awareness week/day per year)
- Provider outreach/education of stigma/sensitivity training (e.g. Kaiser) and "de-silo"