



HIV Community Input Meeting Notes

March 20, 2015

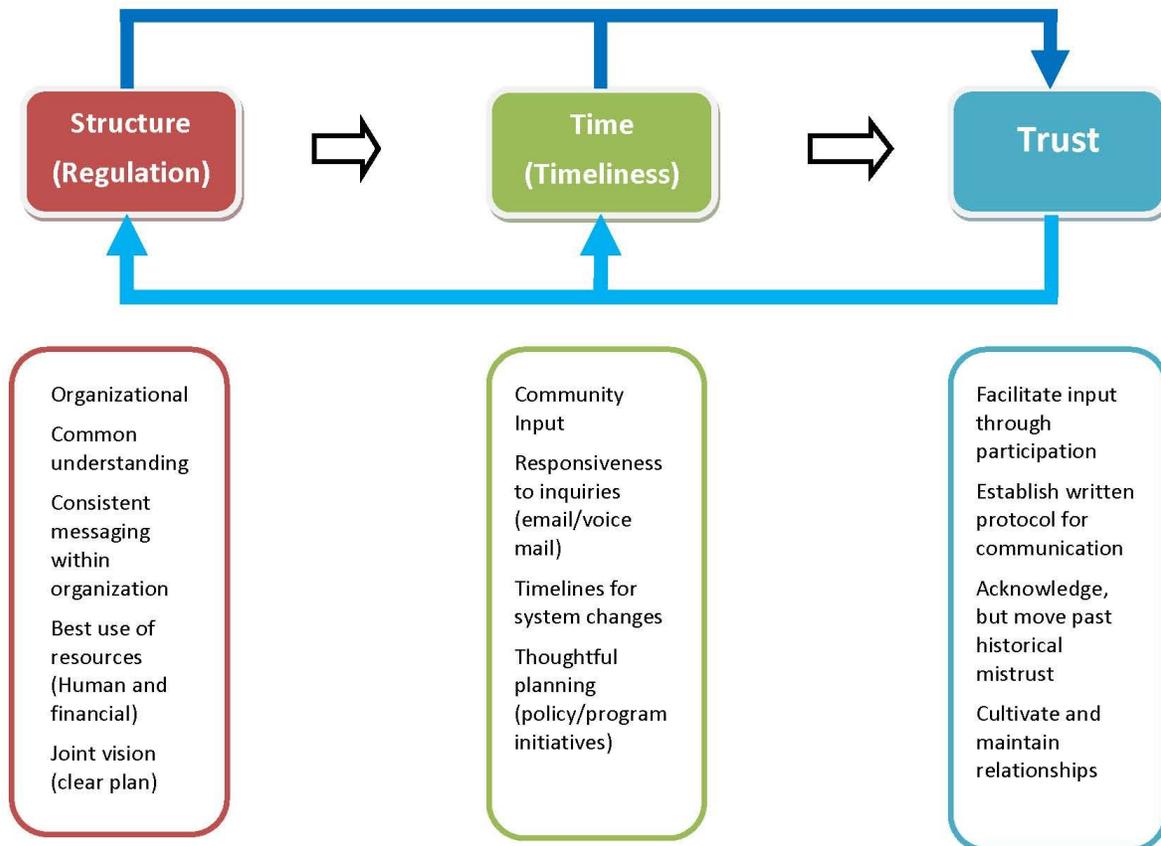
I. Meeting Summary:

On March 17, our HIV/STI/VH Branch held a community discussion. The agenda was based on input collected from stakeholders via an electronic survey and focused on developing strategies around communications and shared agreements for collaboratively moving forward.

II. Outcomes:

Participants identified three initial principles to guide communications over the next three to six months with the intention that these areas of focus will strengthen future efforts and partnerships.

Communication Framework: With Input and through structure, we can build a clear plan. This plan can be implemented in a timely and responsive manner, which in turn continues to maintain relationships and trust.





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III. Next Steps - 3 to 6 Months:

a) Structure - CDPHE, in partnership with stakeholder volunteers, will develop a chart that includes the Department and community organizations. The goal is to help provide clarity around duties, responsibilities, resources, and channels of communication.

b) Time/Timeliness - CDPHE will develop and disseminate a protocol as it relates to community input, opportunities, and other activities in order to provide clarity around various processes and timelines for specific changes.

c) Trust - Leveraging/cultivating the relationships of the Alliance, stakeholders and CDPHE will work to improve trust by focusing on one to two key successes.

d) Updates - CDPHE will provide a summary of the March 17th meeting via email. Together, CDPHE and meeting participants will work to engage those not in attendance in the efforts outlined above. By September 2015, CDPHE will provide a progress update on next steps and guiding principles.

IV. Flip Chart Notes:

Communication Needs:

- Use of technology for communications/messaging → social media
- Alignment → Trickle down (e.g. organizations, people)
- Clarification of obligations on both sides
- Process (slow down); community input
 - Timeline → reactions, transitions
 - Priming
 - Consistent communication; message
- Opportunity for input, negotiation, problem solving (study sessions?)
- Messaging - messengers, direct client contact
- People first
- Clarify acronyms, shorthand → not everyone knows

Communication Gaps:

- Speediness of resources (timeliness of responses) → e.g. marketing materials
- Trickle down of re-organization information
 - Business relations
 - Timeframe
 - Communications re grants; feedback
- Who is deciding what? Bound by what?
- Community buy-in process
- Alignment of values with actions
- Lack of time/limited time
- Limits on state agencies re external conversations



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- Getting to people → consistent messaging

Messengers:

- CDPHE
- CDPHE Volunteers
- HIV/AIDS Service Organizations
- Frontline staff
- Community based organizations
- Local public health agencies
- People at-risk or Living with HIV/AIDS
- Health care providers

V. Feedback obtained from Notecards:

Question - what three things can “we” do to improve communications?

- Own our part of communication breakdowns when they happen
- Let each other know when timelines change, when original commitments need re-negotiating
- Be realistic in our expectations of very busy people
- Ask for clarification early in a process if you need it
- Participate in a discussion if you have something to say
- Communicate simply - be straight forward.
- Do not assume the “little” things do not matter; re touching base → I received your email.
- Must ensure information presented at meetings is shared more broadly → communication.
- Capacity building for all of us is vital → open meeting requirements, federal mandates, etc.
- For CDPHE to formulate roadmaps and discuss with stakeholders and clients on all initiatives.
- For the community to read communications and ask questions.
- To have greater representation of minority populations and discuss health disparities.
- More timely communications, less email, more phone/text, in-person
- Fewer acronyms
- Training opportunities for community members to improve overall knowledge base
- Make sure to share information from top down.
- Be open to delegating/share the burden.
- Respond to inquiries in a better timeframe.
- CDPHE org chart - who does what?
- Respond to emails within 48 hours
- Find a way for consistent messaging, e.g. webinars, trainings, etc.
- From CDPHE - overview of programs and goals
- From community - more engagement
- From service organizations - participation in planning and on committees
- Timely and respectful emails - deliverables; works 2-ways
- Mechanism to check in with how/what folks are doing well/where missing the mark
- Cultivate relationships - more got to be engaged
- Respond to messages timely (email, voice mail, etc.)



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- Never assume everyone knows - share and share again! Expect the same from community partners!
- No more going to 5th floor unless accompanied by staff from 3rd floor
- More outreach to draw in clients, those at-risk, those living with HIV
- More “assume good intent” and be willing to engage one-on-one; pick up phone
- Community input
- Community buy-in
- Realistic timelines for systems change and scope of work implementation
- Respond even when you are only saying where you are in the process but not complete yet
- Clarification when one agency’s message might be different than another agency (i.e. prep messages)
- Respond to all emails within 24 hours
- Capacity building to engage community more effectively
- Meeting notes taken and distributed
- Community and CDPHE respond in timely manner
- CDPHE and community reads emails and other correspondences
- What is true risk level of what you want to do
- How can that risk be lowered
- How do “I” share information with peers