

## Tips to Form Effective Community Testimony To Shape a Results-Oriented National HIV/AIDS Strategy

***The purpose of this worksheet is to help you prepare effective public testimony for the upcoming National HIV/AIDS Strategy (NHAS) town hall meetings. For additional background on the Call for a National HIV/AIDS Strategy please visit: [www.nationalaidsstrategy.org](http://www.nationalaidsstrategy.org). For additional information on the White House commitment to the NHAS, visit: [www.whitehouse.gov/administration/eop/onap/](http://www.whitehouse.gov/administration/eop/onap/).***

***This Fall, the White House Office of National Policy (ONAP) will also launch an online portal for collecting written testimony. This guide can also be useful in helping you shape a submission but is primarily oriented to oral, town meeting testimony***

### **Background: The National HIV/AIDS Strategy Town Hall Meetings**

Since the HIV epidemic was recognized in 1981, the U.S. has never developed a coordinated, national plan to fight the epidemic in our own country. In 2007, U.S. HIV advocates came together to demand that the federal government develop a coordinated, strategic, and effective response to HIV/AIDS. During his campaign, President Barack Obama committed to developing and implementing a NHAS that would:

- 1) reduce HIV incidence
- 2) increase access to care and
- 3) reduce HIV-related health disparities.

As part of its commitment to engage the public in the development of the Strategy, the White House Office of National AIDS Policy (ONAP) will hold a series of town hall meetings in communities across the country. The purpose of these town hall meetings is to learn more about what is happening with respect to HIV in various local and regional areas.

***Your voice is important – and your carefully thought-out recommendations could have a significant impact as ONAP and the inter-governmental agency NHAS panel charged with creating the plan. Please share your ideas on how best to deliver and coordinate HIV prevention, care, treatment, and support services to achieve the three goals articulated in the NHAS.***

### **Tips for Creating Effective Public Testimony:**

- Make it personal – talk about who you are and what expertise you bring (as a person living with HIV, someone working in the field, a concerned community member)
- Don't just complain – offer solutions (talk about what's working in addition to what can be done better)
- Keep your recommendations succinct and to the point. Brief and to-the-point comments may have more impact than long-winded testimonies.

### **Tips for Framing Your NHAS Comments:**

- **Don't be afraid to be BOLD in your recommendations! The HIV prevention and care system can work differently (and better) than it does and your ideas for systemic change are needed!**
- Think about contextualizing your recommendations into one or more of the three stated goals of the NHAS or as a cross-cutting theme (a change which would impact more than one of the goals)
- Focus on issues that you think are the highest priority for a National HIV/AIDS Strategy to address
- Describe specific and measurable changes to help advance the fight against HIV/AIDS in the U.S.
- Don't be afraid to think "outside the box" – What are some creative solutions to have a significant impact on the HIV epidemic in the U.S.?
- Remember that this is not just about asking for more money. Innovative solutions will also be needed.

# WORK SHEET TO HELP PREPARE TESTIMONY ON THE NATIONAL HIV/AIDS STRATEGY

## **Introduction:**

*Relevant info about me:*

*About my community:*

*Relationship to the epidemic:*

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## **My issue relates most to:**

### Outcomes

Prevention  Care  Health Disparities  
 Cross-cutting strategies (strategies which would impact more than one of these areas)

### Process

*or*  Creating a NHAS  
 Accountability  
 Priority Setting  
 Coordination

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## **My Concern (in 10-30 words):**

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## **Solving this concern requires (no more than 3 factors):**

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## **Beyond funding, action on this issue also requires (3 or less factors):**

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## **Who is responsible for addressing this concern (Who in the Federal government, other public and private partners?)**

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## **Consequence of not addressing this concern:**

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## **I will know this change has occurred when (list measurable result):**

# SAMPLE

**Introduction:**

*Relevant info about me: I'm a gay Latino man*

*About my community: Chicago's Northwest side*

*Relationship to the epidemic: Living with HIV for 14 years*

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**My issue relates most to:**

## Outcomes

**■ Prevention**

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**My Concern (in 10-30 words):**

*Young Latino gay men have no role models and suffer so much anti-gay stigma that they internalize homophobia, become depressed, and put themselves at increased risk from drug use and risky sex*

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**Solving this concern requires (no more than 3 factors):**

*(1) safe spaces and services for Latino gay youth; (2) mentoring activities that are fun, educational, and inspiring; (3) peer and mental health professionals to help counsel troubled teens*

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**Beyond funding, action on this issue also requires (3 or less factors):**

*(1) Recognition of social/cultural, peer-based services as valid HIV prevention (2) capacity development for small gay Community Based Organizations (CBOs) (3) planning and leadership to build systems and services that help teens at highest risk obtain the skills, knowledge and support (from mentors and peers) to navigate a world with HIV*

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**Who is responsible for addressing this concern (Who in the Federal government, other public and private partners?)**

*Local youth services; National Institutes of Health (NIH) to develop effective models; Centers for Disease Control and Prevention (CDC) to fund and coordinate and require public health to prioritize these models; community leaders to nurture these types of organizations*

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**Consequence of not addressing this concern:**

*Rapid growth in number of Latino gay teens and young adults who acquire HIV*

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**I will know this change has occurred when (list measurable result):**

*More gay Latino teens are in educational or mentorship programs than in the streets; when rates of Latino youth enrolling in colleges and universities increase; when the number of gay Latino programs doubles; when risk-taking by Latino youth declines; when HIV rates in this group stabilize*

## PUTTING IT ALL TOGETHER AS TESTIMONY:

**[INTRODUCTION:]** *I'm a gay Latino man from Chicago who has been living with HIV for 14 years.*

**[ISSUE RELATES TO:]** *I'm concerned about our country achieving better results in prevention, particularly for Latino gay youth who are a high risk for HIV/AIDS and other problems.*

**[MY CONCERN:]** *I believe anti-gay stigma hurts gay Latino youth psychologically and physically and results in many young men becoming isolated, hopeless, and ultimately turning to drugs and high-risk sex as a coping mechanism*

**[SOLUTIONS:]** *Solutions include (1) creating safe spaces and services for Latino gay youth; (2) mentoring activities that are fun, educational, and inspiring; and (3) peer and mental health professionals to help counsel troubled teens*

**[SYSTEMS CHANGES NEEDED:]** *In addition, the government must (1) Recognize that social/cultural, peer-based services are valid HIV prevention; (2) nurture the capacity of small gay Community Based Organizations; (3) and spur planning and leadership to build systems and services that help teens at highest risk obtain the skills, knowledge and support (from mentors and peers) to navigate a world with HIV*

**[RESPONSIBILITY:]** *The federal government must develop these new models, fund them, and coordinate with local public health and other entities to make sure they are prioritized through Community Planning and other mechanisms. Gay community leaders must work with government to make these vital services available*

**[CLOSING:]** *My greatest wish is that, because of the National HIV/AIDS strategy, there is renewed energy to help get gay Latinos off the streets and into supportive environments that build their confidence, knowledge, and self-esteem to pursue higher educational attainment and protect themselves. If we ignore this at-risk population, more of our gay Latino youth will acquire HIV and need more intensive services in the future*

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