GILEAD COMPASS INITIATIVE®

# State of the South

The South Has Something to Say – State of the South: Recommendations for HIV Equity and Health Justice

## A Synthesis of Findings from the COMPASS Initiative®'s Dissemination Phase

This special report synthesizes ten community listening sessions, four in-person and six virtual listening sessions, conducted across the U.S. South in 2026, combining qualitative thematic analysis with quantitative pre/post event evaluation data.

**Prepared by** AIDS United on behalf of the Gilead COMPASS Initiative®

**In partnership with** Black South Rising

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# Executive Summary

The Southern United States remains the epicenter of the domestic HIV epidemic, bearing the highest burden of new diagnoses, illness, and deaths due to historical discrimination and systemic racism. For nine years, the Gilead COMPASS Initiative® (COMmitment to Partnership in Addressing HIV/AIDS in Southern States) has invested more than $133 million across the region to build community capacity, reduce stigma, and improve care access. Through 1,645 grants to 498 community-based organizations (CBOs), COMPASS has engaged more than 651,000 individuals and trained more than 590,000 community members. Figure 2. COMPASS Cumulative Impact Infographic

**As the initiative enters its dissemination phase, a clear pattern has emerged: while organizational capacity has grown significantly, the external political environment has become increasingly hostile. To understand this shifting landscape, the COMPASS Initiative® convened a series of "State of the South" community listening sessions.** Four in-person listening sessions were held in Houston, Texas; Columbia, South Carolina; Atlanta, Georgia; and Orlando, Florida, engaging 227 community stakeholders from 89 organizations representing 10 states, including grassroots leaders, frontline providers, and people living with HIV. These listening sessions were led by Black South Rising, a Black-led Southern movement project that builds political power, advances racial justice, and centers Black leadership to improve HIV and health outcomes across the South. Six additional virtual listening sessions engaged approximately 93 participants from nine Southern states, reaching Black gay men in Arkansas, transmasculine individuals in Atlanta, Georgia, community health workers (CHWs), and community members including, trans women and youth in Atlanta, Georgia, Latine communities across four states, and advocates in South Carolina.

This report synthesizes the findings from these listening sessions, combining qualitative thematic analysis with quantitative pre/post event evaluation data. The results reveal a critical pivot: the primary barriers to ending the HIV epidemic in the South are no longer only social determinants of health, but **political determinants of health (PDoH)**. Political determinants of health are the political decisions, structures, and systems, such as who holds power, how resources are distributed, and which policies are enacted or blocked, that shape the conditions in which people live and, ultimately, their health. Introduced by Daniel E. Dawes [1], the framework sits upstream of the more familiar social determinants of health like housing, food, and income, because political choices determine whether those conditions exist at all.

Across all sessions, community leaders consistently named immigration enforcement, anti-trans legislation, housing criminalization, voting restrictions, and the dismantling of federal health infrastructure as the upstream drivers shaping HIV outcomes. The community's vision for the future, characterized by words like safe, inclusive, freedom, and healing, stands in stark contrast to the barriers they named: white supremacy, stigma, systemic racism, and economic inequality.

To protect the gains of the last nine years and advance health equity, the HIV movement in the South must evolve. **The community's mandate is clear: build integrated approaches that connect basic**

[1] Daniel E. Dawes, *The Political Determinants of Health* (Baltimore: Johns Hopkins University Press, 2020).

**survival needs to HIV care, invest in durable coalition infrastructure, operationalize data justice, and build civic power at the local level.**

# I. Background: The COMPASS Initiative® and Its Legacy

## Origins and Mission

The Gilead COMPASS Initiative® was launched to address the disproportionate impact of HIV in the Southern United States, where more than half of new HIV diagnoses occur despite the region comprising only 38% of the U.S. population. The initiative was built on three core goals: change public perception of HIV/AIDS in the South, improve access to and quality of healthcare services for people living with HIV, and increase local leadership and advocacy capacity.

The initiative operates through five Implementing Partners, including four Coordinating Centers: Emory University Rollins School of Public Health, Wake Forest University School of Divinity, University of Houston Graduate College of Social Work, and the Southern AIDS Coalition (SAC), alongside AIDS United, which manages the Southern HIV Impact Fund (SHIF). Each partner brings a distinct topical focus:

- **Emory University Rollins School of Public Health:** capacity building and shared knowledge.
- **Southern AIDS Coalition:** awareness, education, and anti-stigma campaigns.
- **University of Houston Graduate College of Social Work:** well-being, mental health, substance use, and trauma-informed care.
- **Wake Forest University School of Divinity:** faith-based HIV stigma reduction and community engagement.
- **AIDS United / Southern HIV Impact Fund:** advocacy and movement-building, resourcing prevention, care and support, and policy across the South.

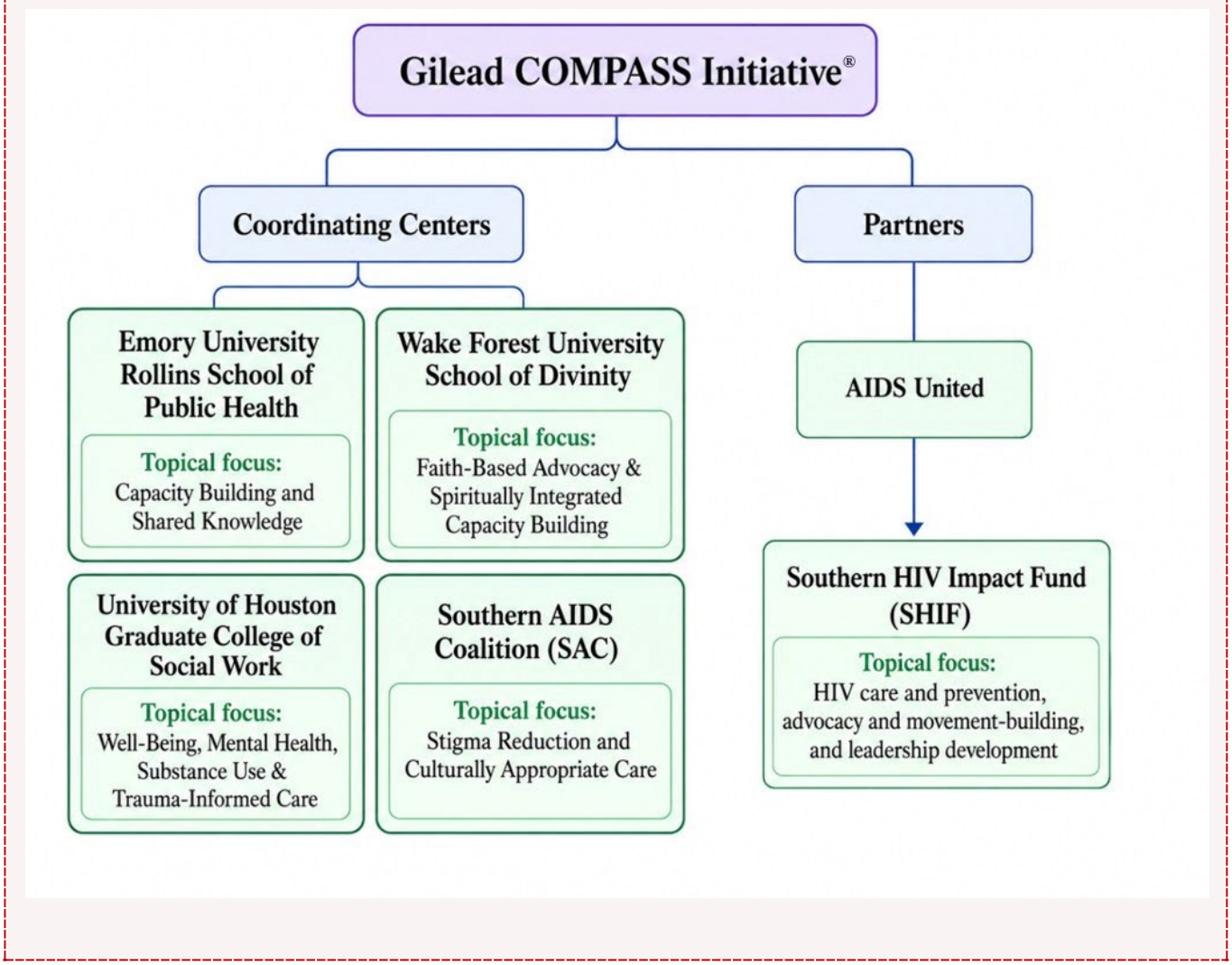


*Figure 1. COMPASS Coordinating Centers and Partners*

## Cumulative Impact (2017–2026)

Over the last nine years, COMPASS has fundamentally reshaped the infrastructure of the Southern HIV response. The initiative's impact is measurable in both financial support and the scale of community mobilization and organizational transformation:

| Metric | Cumulative Impact |
|---|---|
| **Total Funding Awarded** | $133+ Million (Includes direct giving) |
| **Organizations Funded** | 498 |
| **Total Grants Provided** | 1,645 |
| **Individuals Engaged** | 651,000+ |
| **Individuals Trained** | 590,131 |

| Metric | Cumulative Impact |
|---|---|
| **Additional Funding Leveraged by Partners** | $116.1 Million |
| **Organizations Led by Priority Populations** [2] | 84% |
| **Participants Reporting Stronger Leadership Skills** | 86% |
| **Individuals Reached Through Media Campaigns** | 123+ Million |

*Table 1. COMPASS Cumulative Impact (2017–2026)*

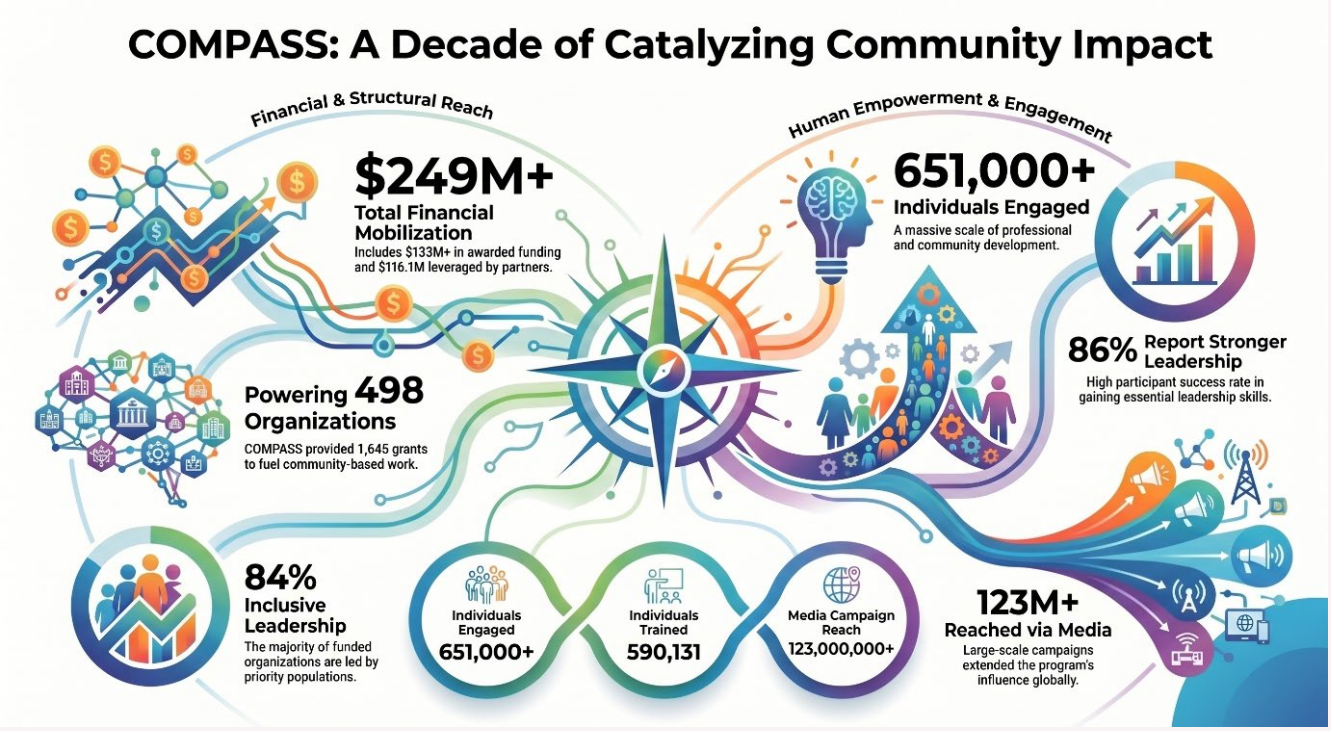


*Figure 2. COMPASS Cumulative Impact Infographic*

## The Dissemination Phase: Why "State of the South"?

As COMPASS moves into its dissemination phase, the Implementing Partners developed a shared goal: to report past successes and to chart the future collaboratively with the organizations and leaders representative of the communities most impacted by HIV in the South. The initiative has built lasting relationships, accumulated nine years of data, and identified lessons about what works in community-grounded HIV prevention and care. **To continue the progress made toward ending the HIV/AIDS**

[2] Priority populations are the communities most affected by HIV in the South, including Black and Latine communities, gay and bisexual men, Black women, transgender and gender-nonconforming people, people who use drugs, and people living with HIV.

**epidemic in the Southern United States, the "State of the South" listening sessions were designed to capture the lived experience of HIV in the South today, identify the gaps that persist after nearly a decade of investment, and hear directly from communities about what must change in strategy, policy, investment, and practice.** The process also served as one of the closeout evaluation activities for the COMPASS Initiative® and the Southern HIV Impact Fund, conducted in partnership with ETR.

**The timing is not incidental.** The current political environment, marked by federal funding cuts, the dismantling of agencies such as NIH, CDC, and HHS, anti-trans legislation spreading through Southern states, and escalating immigration enforcement, has created an urgent need to understand how communities are adapting and what they require to survive.

# II. Methodology: How We Listened

## Listening Sessions Design

The "State of the South" process was designed as a multi-modal community listening effort, combining structured group activities, community partner panels, open dialogue, evaluation instruments, and participatory visioning exercises. The design centered community expertise and prioritized creating conditions for honest, unfiltered conversation.

| Data Type | Method/ Instrument | Captured Information |
|---|---|---|
| Qualitative dialogue | Facilitated listening sessions (4 in-person, 6 virtual) | Lived experience, barriers, community priorities |
| Visioning data | Pre-session word clouds (Mentimeter) | Aspirations for the South and perceived barriers |
| Partner reflections | Community partner panels | Stories of COMPASS' impact on grantee organizations |
| Pre/post assessment | Paired 10-item survey (1–5 scale) | Growth in knowledge, confidence, and hopefulness |
| Program comprehension | COMPASS dissemination evaluation | Understanding of COMPASS history and impact |
| Post-event reflection | Reflective survey | Vision and the impact of the political climate |

*Table 2. Data Sources for the State of the South Process*

## Analysis

Analysis combined qualitative and quantitative methods. Qualitative data from session notes, transcripts, and facilitated activities were examined through thematic analysis to surface the cross-cutting themes presented in this report, with recurring concepts compared across cities and populations. Quantitative data from the pre/post assessments and surveys were analyzed descriptively, reporting average scores and the change before and after each session. The two strands were triangulated so the themes reflect both what participants said and what the assessment data showed.

## In-Person Listening Sessions

Four in-person listening sessions were held across the South:

| City | Date | Geographies Represented |
|---|---|---|
| Houston, TX | February 12, 2026 | Texas, Louisiana |
| Columbia, SC | February 26, 2026 | South Carolina, North Carolina, Virginia |
| Atlanta, GA | March 12, 2026 | Georgia, Mississippi, Alabama |
| Orlando, FL | April 2, 2026 | Florida, Tennessee |

*Table 3. "State of the South" In-Person Listening Sessions*

Each in-person session included a structured sequence of activities facilitated by Black South Rising:

- an icebreaker exploring responses to freedom and collective action;
- a visioning activity using pre-session word clouds;
- a Political Determinants of Health presentation and discussion;
- a community needs and infrastructure mapping exercise; and
- a knowledge-sharing and scenario-response activity; and
- a closing commitment exercise.

## Virtual Listening Sessions

In addition to the in-person listening sessions, six virtual listening sessions were held. They complemented the in-person listening sessions by creating smaller, population- and state-specific spaces that allowed for greater depth and candor than larger gatherings can accommodate, reaching communities whose experiences warranted dedicated focus. Led by AIDS United in partnership with trusted community organizations, they were designed to move beyond surface-level dialogue, using the Political Determinants of Health framework to examine how systemic power structures shape health and to envision how the South can continue to build, thrive, and heal in a rapidly shifting political environment.

| Session | Population | Geography | Dates |
|---|---|---|---|
| Trans Men | Transmasculine individuals | Atlanta, Georgia | April 15, 2026 |
| Black Gay Men | Black gay men and LGBTQ+ advocates | Arkansas (Little Rock, Texarkana, rural areas) | April 23, 2026 |
| Advocates | HIV advocates and organizers | South Carolina | April 29, 2026 |
| Community Health Workers, Community Members | CHWs and community members including, trans women and youth | Atlanta, Georgia | April 30, 2026 |
| Latine Communities | Latine/Latinx communities, immigrants, mixed-status families | Tennessee, Mississippi, North Carolina, Texas | May 6, 2026 |
| Rural PLHIV & Multiply-Marginalized Communities | Rural PLHIV, women, people with disabilities, people experiencing addiction or homelessness, and trans individuals | Alabama, Arkansas, Louisiana, Mississippi (Jackson, MS) | April 15-17, 2026 |

*Table 4. "State of the South" Virtual Listening Sessions*

To support a consistent approach while letting facilitators respond to their own communities, AIDS United provided each facilitator with a draft guide that could be edited and finalized based on feedback. The guide included an overview of the Political Determinants of Health framework, a full list of potential discussion questions, and a sample pre-meeting survey. As a result, the virtual listening sessions followed the same overall arc as the in-person listening sessions: an optional pre-session visioning survey, a grounding in the Political Determinants of Health framework, and facilitated discussion organized around shared questions spanning political and structural barriers, a vision for the South's future, community needs and infrastructure, knowledge sharing and solidarity, and closing commitments to collective action.

# III. What COMPASS Built: Reflections from Community Partner Panels

Before examining the current landscape, it is essential to understand what COMPASS created over the last nine years. This section draws on the narratives shared and captured during community partner panels at the listening sessions, where current and former COMPASS community partners reflected on the initiative's impact on their organizations and communities. The most detailed panels took place at the Atlanta, Georgia and Orlando, Florida listening sessions, where grantees responded to structured questions about COMPASS' impact. The themes that emerged, organizational growth, expanded access, sustainability through diversified funding and collaboration, and the need for peer mentorship and leader self-care, were echoed in participant feedback across all four cities.

## 1. The Transformative Power of "Bundled" Support

> *A women-focused HIV organization in Selma and Montgomery, Alabama, described receiving its first grant of $85,000 through COMPASS after being told by other funders that it was "just a program" and should fold into a larger organization. That larger organization later went bankrupt. The COMPASS grant provided not just resources, but legitimacy, unlocking a cascade of state funding, federal grants, referrals, and coalition membership.*
>
> *A Mississippi Delta organization serving Black women described COMPASS as a source not only of funding but of grant-writing mentorship and funder relationships that felt like family, which it reinvested by routing grants to local faith institutions and colleges to build collective capacity across the region.*

**The most consistent finding across all community partner reflections was that funding alone was not the primary differentiator of COMPASS, it was funding paired with coaching, training, peer connection, and sustained relationship.** Small emerging CBOs need more than capital; they need an organizational framework to use capital well. When both are provided together, the outcomes are significant.

> *An organization serving the Latino and immigrant community statewide in Alabama credited the University of Houston's belief in linguistic justice as the catalyst for a multi-year community survey project and a strategic planning process that engaged 62 community members.*

## 2. Visibility as a Precondition for Survival

*An Atlanta-based organization in Georgia, described gaining the language and frameworks to write competitive grants, diversify programming beyond HIV, and build a coalition of peer organizations.*

*An organization focused on transmasculine community reproductive and sexual health in Atlanta, Georgia, moved from a fiscal-sponsorship model into owning its own building, which now serves as a community space for workshops and events. The organization produced the first-ever reports on trans men's sexual health, data now used by community leaders to advocate for healthcare access.*

*A trans-led organization in South Florida described moving from a white-led space into a community-centered group grounded in authentic representation, with COMPASS infrastructure grants and trauma-informed care training strengthening its governance and sustainability. A South Florida harm reduction group similarly credited COMPASS with affirming community-led, rather than clinician-led, programming.*

*Organizations serving trans men, rural Black communities, and undocumented immigrants described being systematically overlooked by mainstream health infrastructure. COMPASS served as both an impactful funder and a legitimizing force. The function of early-stage capacity funding is as much about institutional recognition as it is about dollars.*

**A recurring and emotionally resonant theme was the experience of invisibility before COMPASS.** Organizations described operating for years without recognition from funders, health departments, or peer organizations, doing critical work in communities but lacking the institutional legitimacy that comes with being named, resourced, and connected. Being selected as a COMPASS grantee conferred credibility, signaled to other funders that the organization had been vetted, connected leaders to peer networks that reduced isolation, and created a platform for organizations to tell their own stories. For several panelists, COMPASS was the first time their work was seen by anyone outside their immediate community.

## 3. Collaboration as a Survival Strategy

*Orlando, Florida panelists likewise described building authentic community relationships as a core outcome of COMPASS support, shaping how they deliver services and partner with peers.*

While collaboration is often invoked as an aspirational principle, panelists described it in survival terms. With federal funding being pulled, reimbursement delays straining cash flow, and trans-specific funding being cut, **the organizations staying open are doing so by pooling resources, sharing administrative capacity, and building informal economies of mutual support– sharing office space, skill-swapping, and co-authoring grants.** One organization is now actively mentoring smaller programs to become 501(c)(3)s, offering to incubate them the way it once needed to be incubated.

## 4. The Structural Funding Crisis

*Across the Orlando, Florida panel, panelists described using COMPASS capacity-building to diversify revenue streams, which prevented layoffs as external funding contracted, and they named self-care and patience as survival practices against burnout.*

The sustainability conversation was the most honest and politically charged part of the listening sessions. Panelists described a funding environment structurally hostile to the organizations doing the most critical work:

- Reimbursement-based contracts creating 60-to-90-day cash-flow gaps
- One-year grants preventing organizational planning
- Federal rollbacks eliminating programs mid-cycle
- Major banks declining lines of credit to small CBOs
- Trans-specific funding being disproportionately slashed
- Funders quietly distancing themselves from trans organizations

**The human cost was made explicit: staff hired on contracts rather than as employees, office closures, leaders forgoing their own pay to keep organizations alive, and an inability to offer health insurance to the people doing the work.** The call for multi-year, flexible funding was described as a structural necessity for keeping doors open.

**The reflections from community partner panels make clear that COMPASS succeeded in building organizational capacity, visibility, and collaborative infrastructure. Yet the same panelists who described transformation also described an external environment that is actively eroding those gains.** This tension between internal strength and external threat is the central finding of the "State of the South" listening sessions process. The six cross-cutting themes that follow represent the community's collective analysis of what must change.

# IV. What We Learned: Cross-Cutting Themes from Listening Sessions

This section synthesizes the qualitative data gathered across all ten listening sessions, including facilitators' notes, session transcripts, participants' responses to the structured activities, and the narratives shared during the community partner panels. Examined through thematic analysis, these sources reveal a profound alignment across states and populations. The community's analysis of the current landscape is sharp, urgent, and deeply political.

## The Visioning Data: What Participants Brought to the Room

Pre-session word clouds provide a powerful visual representation of the community's aspirations and the barriers they perceive. Prominence tiers reflect frequency of appearance across all four city word clouds and relative size in the original visualizations. Words appearing in all four cities at the largest size are classified as "Most Prominent."

### What Communities Want to See in the South

| Tier | Words |
|---|---|
| **Most Prominent** | Safe, Inclusive, Freedom, Thriving, Healing, Connected |
| **Highly Prominent** | Proactive, Affirming, Progressive, Liberated, Restorative, Community-Driven |
| **Notable** | Southern Coalition, Self-Sustaining, People Power, Equity, Mutual Aid, Trans Friendly, Stigma Free, United, Decolonial |

*Table 5. Aspirational Word Cloud Themes*


*Figure 3. Aspirational Word Cloud*

## The Barriers Communities See

| Tier | Words |
|---|---|
| **Most Prominent** | White Supremacy, Stigma, Systemic Racism, Discrimination, Economic Inequality |
| **Highly Prominent** | Misinformation, Anti-Blackness, Poverty, Healthcare Gaps, Political Polarization, Funding Cuts |

| Tier | Words |
|---|---|
| **Notable** | Carceral System, Political Repression, Underinvestment, Historical Erasure, Anti-Trans, White Christian Nationalism, State Government |

*Table 6. Barriers Word Cloud Themes*


*Figure 4. Barriers Word Cloud*

The significance of this data is that communities are not naming individual-level barriers (for example, "lack of motivation" or "poor health literacy"). **They are naming structural and political forces. This represents a fundamental shift in how the community understands the epidemic, and it demands a corresponding shift in how the movement responds.**

Six cross-cutting themes emerged consistently.

## Theme 1: The Pivot from Social to Political Determinants of Health

The most significant finding across the entire listening sessions process is the community's insistence that the HIV movement must name and address political determinants of health explicitly. **Participants across all cities and populations identified the political architecture of the South, not just poverty or lack of education, as the primary driver of health disparities.**

- In Columbia, South Carolina, participants described a shift from "what services do we need?" to "who has the power to decide whether those services exist?"
- A clinic consolidation in the region from more than 30 clinics to approximately 12 was cited as a direct example of political decisions eliminating access.
- In Houston, Texas, immigration enforcement checkpoints in the Rio Grande Valley were described as functioning as health policy that prevents people from reaching care.
- In Orlando, Florida, gerrymandering was elevated as a structural block to representation that shapes everything downstream.

The pre/post-assessment data confirms this shift in understanding. Familiarity with political determinants of health increased by 55% across participants, the largest growth of any measure assessed.

## Theme 2: Safety and Criminalization as Health Determinants

In all four states, policy and enforcement realities were cited as primary drivers of health outcomes. **Immigration fear, policing, the criminalization of poverty and substance use, and anti-trans legislation directly shape whether people can access care, engage in community, or participate in advocacy without fear.**

- The Houston, Texas listening session was particularly striking. Participants from Texas border communities described a community of roughly 60,000 people served by a single hospital, with the next hospital 2.5 hours away. High ICE presence drives fear that prevents people from seeking any form of care.
- In Orlando, Florida, participants named housing criminalization, citizenship barriers, and punitive drug policies as functioning as health policy, creating instability that makes sustained engagement in HIV care impossible.
- The virtual listening session with Black gay men in Arkansas highlighted how criminalization intersects with housing instability: more than $5,000 was spent on hotel fees in a two-month period just to keep clients housed, because the criminal-justice system and housing discrimination create cascading barriers to stable living.

## Theme 3: Basic Needs Infrastructure Is HIV Infrastructure

**Housing, food, transportation, mental health access, harm-reduction supplies, and digital access were repeatedly named as prerequisites for prevention and treatment continuity.** Where systems are overstretched or eligibility rules exclude people, health outcomes deteriorate even when clinical services exist.

- The Latine communities virtual listening session across four Southern states highlighted how mixed-status families sacrifice healthcare access due to fear of public programs. Participants described a backlog at Federally Qualified Health Centers (FQHCs), a lack of Spanish-speaking staff, and the absence of mental health services as compounding barriers. Two specific anti-immigrant

bills were discussed (Tennessee SB 1915 / HB 1710 and Mississippi SB 2114) as examples of policy directly restricting access.

- In Atlanta, Georgia, participants noted that 30% of community members in some areas are living without health insurance, and that the gap between ADAP coverage and cost-of-living realities leaves people functionally unable to access care even when technically eligible.

## Theme 4: Narrative, Truth, and Memory as Movement Battlegrounds

**Historical erasure, revisionist storytelling, and misinformation were described as direct threats to community health and organizing capacity.** Participants emphasized the need for trusted information pipelines, plain-language translation, and durable storytelling infrastructure to protect truth and strengthen legitimacy.

- In Orlando, Florida, public-education attacks and book bans were named as direct barriers to well-being, shaping community knowledge, belonging, and long-term capacity. The community framed control of narrative and memory as a form of power: those who control the story control what communities believe is possible and what they are willing to fight for.
- The virtual transmasculine listening session in Atlanta, Georgia, emphasized the erasure of trans people from state data systems as a form of structural violence. When trans and gender-nonconforming communities are not counted, they cannot be resourced. Participants called for community-generated data to counter state erasure and for digital storytelling as a tool for visibility and advocacy.

## Theme 5: Solidarity Must Be Operational, Not Aspirational

**Each state emphasized that coalitions must be built before crises and maintained through consistent presence, resource sharing, and mechanisms for accountability and repair.** People named real barriers to solidarity, fragmentation, gatekeeping, competition for funding, and internal sabotage, alongside concrete antidotes: shared planning, facilitation, and norms that require power-sharing.

- The Columbia, South Carolina listening session was particularly direct about gatekeeping as a structural barrier: knowledge hoarding, inequitable access to funding, and larger organizations crowding out grassroots providers. Participants described competitive dynamics shaped by funder requirements that unintentionally push organizations into scarcity behaviors rather than solidarity.
- The virtual listening session with CHWs and community members including, trans women and youth in Atlanta, Georgia, emphasized that organizations with power often only show up when issues directly affect them. Participants called for structural humility audits, intentional partnerships, and a commitment to centering Black women and Black trans women in decision-making, not as beneficiaries, but as leaders.

## Theme 6: Power-Building Through Governance and Representation

Across states, people named the importance of decision-making structures and local levers: planning councils, prevention and care coalitions, caucuses, city councils, school boards, commissioners, and

voter engagement. **The common theme was that representation goes beyond symbolism; it determines resource flow, policy implementation, and community trust.**

- Orlando, Florida participants cited Seminole County as proof that relationship-building and mobilization can lead to policy amendments and major electoral shifts, especially through local races. The "We Are Here" coalition of 20+ organizations limiting police collaboration with ICE was named as a concrete example of local power-building that protects community safety.
- In South Carolina, the advocates listening session emphasized that only 2 people from the state attended AIDS Watch, highlighting the gap between the urgency of the policy environment and the capacity for sustained advocacy. Participants called for grooming new leaders, building genuine coalitions, and pooling collective resources for advocacy rather than competing for the same scarce funding.

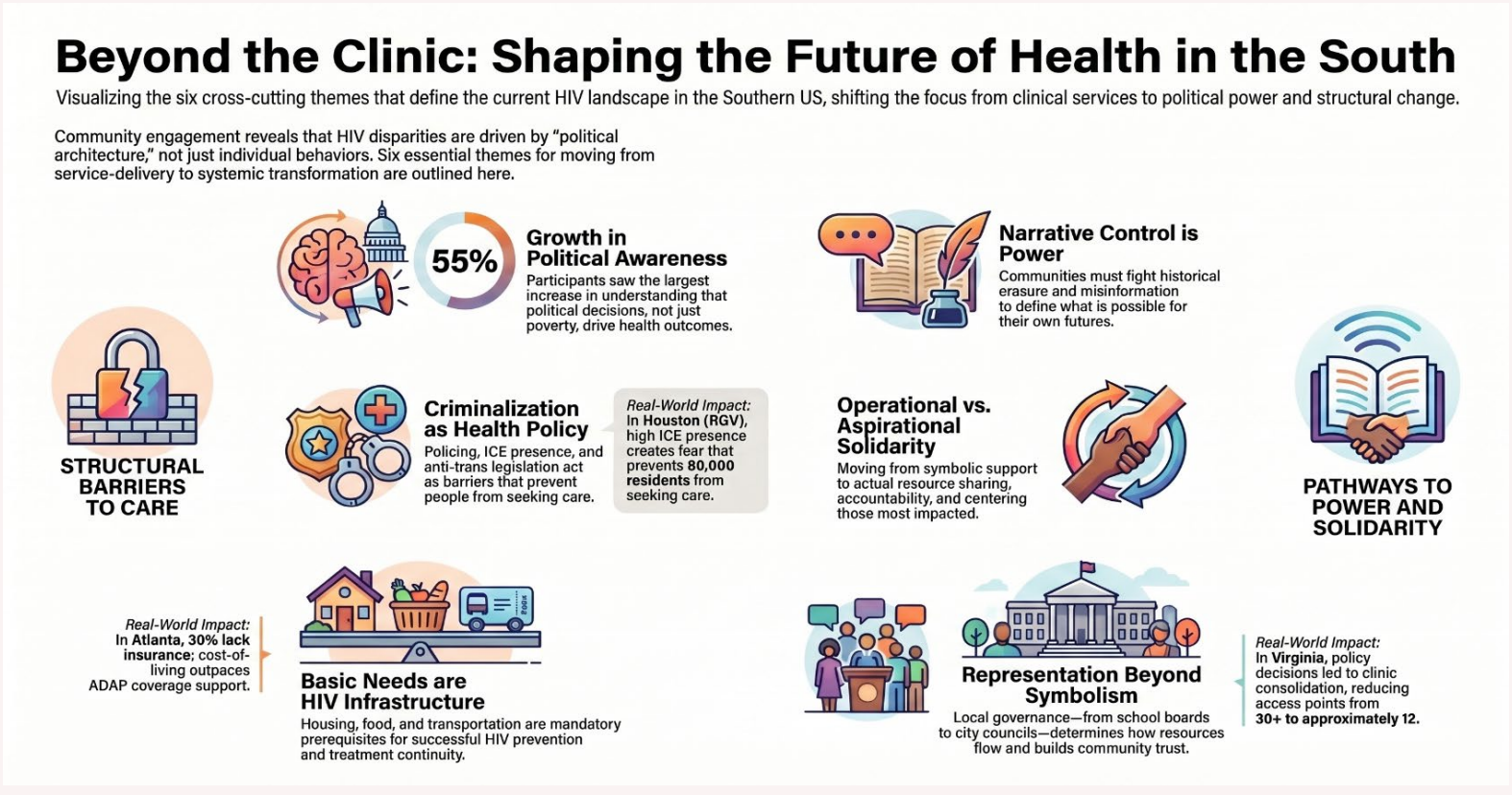


*Figure 5. State of the South Cross-Cutting Themes*

## City-Specific Distinctions

While the six themes emerged consistently across all sessions, each city's conversation was shaped by its distinct political and structural landscape. These local variations illustrate how the same structural

forces manifest differently depending on geography, demographics, and the specific policy environment communities navigate.

| City | Defining Context | Key Examples |
|---|---|---|
| Houston, TX | Immigration and border proximity | Rio Grande Valley: ~60,000 people share one hospital; **ICE checkpoints deter care-seeking**; enforcement fear functions as health policy. |
| Columbia, SC | Organizational isolation and rural scarcity | **Competitive grant dynamics undermine solidarity**; vast rural geographies with limited infrastructure; organizations described as "surviving, not thriving." |
| Atlanta, GA | Concentration of trans-led organizations and the visibility paradox | Trans-specific funding being slashed; funders distancing from gender-affirming work; **organizations visible enough to be funded but not enough to be protected**. |
| Orlando, FL | Tourism economy, housing criminalization, and domestic violence | **City's public image masks deep poverty**; people cycle between homelessness and incarceration; **gerrymandered districts ensure political invisibility.** |

*Table 7. City-Specific Distinctions*

# V. Population-Specific Insights from Virtual Listening Sessions

The six virtual listening sessions, led by AIDS United, provided critical depth on the experiences of specific populations whose needs are often subsumed within broader HIV conversations. The findings are integrated throughout the cross-cutting themes in Section IV; this section presents them in fuller, population-specific detail.

## 1. Black Gay Men in Arkansas

The Arkansas listening session revealed the unique challenges of organizing in a deeply conservative, rural state. Participants described 16 pride events that expanded into rural communities by 2025, a remarkable achievement, alongside more than 300 clients served through telemedicine-based PrEP navigation. However, they also described ACA premium costs increasing 50–70%, a lack of culturally competent providers, and a disconnect between policymakers and community reality. The funding model was criticized as insufficient, or "crumbs" relative to the scale of need. **Participants called for "life-changing money" and direct funding to community-led organizations rather than routing resources through larger institutions that act as bottlenecks.**

## 2. Transmasculine Communities in Atlanta, Georgia

The transmasculine listening session highlighted the unique invisibility of trans men within both the broader HIV response and the transgender community itself. Participants described a lack of data, a lack of targeted programming, and the disproportionate slashing of trans-specific funding. **The session emphasized that trans men's health needs, including reproductive and sexual health, remain systematically absent from the research record and from service design.**

### 3. CHWs and Community Members including, Trans Women and Youth in Atlanta, Georgia

This Atlanta, Georgia listening session, which centered CHWs and community members including, trans women and youth, surfaced the compounding impact of anti-trans legislation, housing instability, and employment discrimination on HIV outcomes. Participants described the erasure of trans women from leadership spaces even within LGBTQ+ organizations, the disproportionate impact of federal funding cuts on trans-specific programming, and the need for healing-centered approaches that address trauma as a precondition for engagement in care. **The listening session emphasized that trans women of color are simultaneously among the most impacted by HIV and the least resourced to respond, and called for direct funding, leadership development, and organizational models designed by and for trans women and the young people coming up behind them.**

### 4. Latine Communities Across Four States

The Latine communities listening session (Tennessee, Mississippi, North Carolina, Texas) surfaced the compounding impact of anti-immigrant policy on HIV prevention and care. Fear of deportation prevents people from accessing public health programs, and mixed-status families make impossible choices between healthcare and safety. Participants described a concentration of power among larger organizations controlling 340B funding, dwindling resources for community spaces, and a backlog at FQHCs that leaves people waiting months for care. **They called for a Southern Latine community resource guide and a collective policy tracker for anti-immigrant and anti-LGBTQ bills.**

### 5. Advocates in South Carolina

The South Carolina advocates listening session focused on HIV criminalization law, the threat of Project 2025, and the need for unified coalition efforts. Participants described an inequitable and divisive political environment where personality conflicts and siloed advocacy prevent collective action. **The session emphasized building genuine coalitions, developing leadership pipelines, and creating consistent messaging across organizations to combat political barriers.**

### 6. Rural PLHIV and Marginalized Communities Across Four States

The regional listening session, held in Jackson, Mississippi in partnership with We the Positive and facilitated by Black South Rising during the ALL ARMS PLX SUMMIT, drew participants from Alabama, Arkansas, Louisiana, and Mississippi. Participants named housing, transportation, and mental health access as their most urgent unmet needs, and identified churches, HBCUs, and community health workers as the partners best positioned to help meet them. A recurring finding was disconnection from the national HIV movement: participants reported that most people living with HIV in the region had never heard of established advocacy organizations, leaving communities to rebuild solidarity infrastructure without access to existing networks. For some participants, the session was their only in-person contact with another person living with HIV all year, underscoring the acute isolation many rural Southern communities face. Participants also voiced skepticism toward repeated needs assessments that document the same findings without follow-through, a tension worth naming alongside the recommendations that follow.

# VI. Quantitative Findings: Pre/Post Assessment Data

Pre- and post-assessments (N=44) conducted during the in-person "State of the South" listening sessions measured changes across ten paired items related to knowledge, confidence, and hopefulness about political determinants of health and advocacy capacity. T**he largest growth was in familiarity with political determinants of health (+55%)**, followed by hopefulness about the future of health and equity in the South (+37%) and knowledge of how other Southern communities are responding to similar challenges (+32%). Four additional items clustered at 28–29% growth, while three items with already-high baseline scores (4.0–4.3 out of 5) showed modest but expected gains of 13–19%.

Post-event reflections (N=54) revealed a consistent dual experience, heightened threat alongside deepened resolve, with community, collective action, and collaboration, the most frequently named concepts. Participants described the listening sessions as clarifying, energizing, and urgency-affirming.

Full data tables and narrative appear in the Appendix.

# VII. Implications for the Field

The State of the South findings carry significant implications for funders, policymakers, capacity-building organizations, and the broader HIV movement.

## For Funders

The data makes a compelling case for restructuring how HIV prevention and care and capacity building are funded in the South. While most funders prioritize short-term, restrictive grants that require organizations to compete for scarce resources, findings show that this model actively undermines the solidarity and sustainability that communities need. **Funders must move toward multi-year, flexible funding (a minimum of three years) that allows organizations to plan, hire permanent staff, and invest in infrastructure.** They must also recognize that basic-needs funding (housing, food, transportation) as well as general operating costs for CBOs, are HIV funding, and that advocacy is a legitimate and necessary use of health dollars.

## For Policymakers

**The findings underscore that policy decisions at every level, from local zoning to federal agency structure, function as health interventions**. Medicaid expansion remains the single most powerful structural intervention available in the South, and its absence in several states is a direct driver of HIV outcomes. Policymakers must also address the implementation gap: federal guidelines do not automatically translate into local practice, and communities need mechanisms to hold systems accountable for rollout.

## For Capacity-Building Organizations

**The next phase of capacity building must evolve beyond organizational development into political education and power-building.** Communities are asking for civic-engagement training, policy literacy,

data-justice tools, and support for local governance engagement. They are also asking for sustainability support that goes beyond traditional grant-writing, including social entrepreneurship, revenue diversification, and relationships with mission-aligned lenders such as community credit unions.

### For the HIV Movement

The 'State of the South" findings challenge the HIV movement to expand its frame. **The community is clear that HIV cannot be addressed in isolation from housing, immigration, criminal justice, education, and economic justice.** The movement must build cross-sector coalitions that treat these issues as interconnected, and it must center the leadership of those closest to the problem, particularly trans-led, immigrant-led, and PLWHA-led organizations.

## VIII. Recommended Next Steps: Six Priority Areas

Based on the convergence of findings across all listening sessions, six priority areas emerge for the next phase of Southern HIV investment. Each priority maps directly to the cross-cutting themes that surfaced in the listening sessions process.

### 1. Southern Coalition Continuity Spine

**Fund coalitions, ongoing infrastructure, and convenings so that coalitions can act between meetings and scale what works.** Every city listening session named the absence of sustained connective tissue between organizations as a barrier; participants described coalitions that form during crises but dissolve without ongoing infrastructure. The Columbia, South Carolina listening session was particularly direct: competitive dynamics shaped by funder requirements push organizations into scarcity behaviors rather than solidarity. *This priority responds to Theme 5 (Solidarity Must Be Operational) and Theme 6 (Power-Building Through Governance).*

### 2. Data Justice and Narrative Lab

**Resource community-led data collection and interpretation, storytelling training and dissemination, plain-language and multilingual translation, and access to data tools and literacy.** The outcome: communities document their impact, counter erasure, and influence funders and policymakers. Across listening sessions, participants described being rendered invisible by data systems that do not count them: the transmasculine listening session emphasized systematic absence from the research record, while the Latine listening session described how fear of deportation prevents people from appearing in any data system at all. The Arkansas listening session named misinformation as a top barrier. *This priority responds to Theme 4 (Narrative, Truth, and Memory).*

### 3. Local Power and Governance Accelerator

**Support planning-council re-engagement, caucus strengthening, and local mobilization strategy, including civic-engagement trainings that broaden advocacy beyond traditional marches into sustained tactics.** The Orlando, Florida listening session provided real examples of relationship-building and mobilization leading to policy amendments and major electoral shifts through local races; the South

Carolina advocates listening session called for grooming new leaders, building genuine coalitions, and pooling collective resources for advocacy. *This priority responds to Theme 6 (Power-Building Through Governance and Representation) and Theme 2 (Safety and Criminalization).*

## 4. Safety and Basic Needs Integration Fund

**Create flexible funding that ties housing navigation, food access, transportation, mental health, harm-reduction supplies, and digital-access support to HIV prevention and care continuity, including rapid-response mutual-aid capacity.** Every listening session named basic needs as inseparable from HIV outcomes: Houston, Texas participants described how enforcement fear and a single regional hospital keep people from care, while Atlanta, Georgia participants cited high uninsured rates and a gap between ADAP coverage and cost-of-living realities that makes coverage meaningless in practice. *This priority responds to Theme 2 (Safety and Criminalization) and Theme 3 (Basic Needs as HIV Infrastructure).*

## 5. Trusted Messenger and Third-Space Organizing

**Fund culturally rooted convenings and outreach in "third spaces" (community circles, coffee shops, informal gatherings), paired with trusted messengers (faith connectors, community workers, youth leaders).** These are the machinery of solidarity and sustained participation. The Arkansas listening session described expanding 16 pride events into rural communities and serving 300+ clients through telemedicine-based PrEP, both achieved through trusted messengers, not institutional outreach. The Latine listening session called for a Southern Latine community resource guide. *This priority responds to Theme 4 (Narrative, Truth, and Memory) and Theme 1 (Pivot from Social to Political Determinants).*

## 6. Leadership Sustainability and Intergenerational Pipeline

**Provide structured supports: mentorship, internships and fellowships, sabbatical or respite models, facilitation and conflict-navigation training, and leadership development grounded in lived experience.** The panel narratives revealed that COMPASS built visibility and capacity, but organizations described a structural funding crisis threatening those gains through staff turnover, burnout, and the absence of succession planning. The South Carolina listening session called for "grooming new leaders" and intergenerational pipelines, and the CHWs and community members including, trans women and youth listening session emphasized the need for leadership models designed by and for the most impacted. *This priority responds to Theme 5 (Solidarity Must Be Operational).*


*Figure 6. Recommended Next Steps*

## IX. Conclusion

The "State of the South" listening sessions make it undeniably clear: the Southern HIV movement is at a critical inflection point. COMPASS Initiative® Implementing Partners have successfully built a robust network of CBOs, trained hundreds of thousands of individuals, and proven that community-led interventions work. The data shows that 84% of funded organizations are led by members of priority populations, that partners have leveraged an additional $116 million beyond COMPASS funding, and that 86% of participants report stronger leadership skills after capacity-building programs.

However, these gains are currently threatened by a political environment that actively undermines the safety, stability, and rights of the communities most impacted by HIV. **The community's message is unequivocal: the next phase of investment cannot simply replicate what came before. It must evolve to meet the moment.**

The vision participants articulated, a South that is safe, inclusive, free, thriving, and healed, is not naive. It is grounded in a clear-eyed analysis of the structural forces that prevent it and a concrete set of

strategies for building toward it. By centering the voices and expertise of those closest to the problem, by naming political determinants explicitly, and by investing in the infrastructure of solidarity, power, and sustainability, the HIV movement in the South can protect what has been built and advance toward true health justice.

**The community is ready. The question is whether the systems around them will match their urgency.**

## Acknowledgments

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We are especially grateful to Black South Rising for stewarding the in-person listening sessions process across the South, including facilitation of listening sessions in Houston, Texas, Columbia, South Carolina, Atlanta, Georgia, and Orlando, Florida. Their leadership ensured that the listening sessions were grounded in community trust, cultural resonance, and a commitment to centering those closest to the epidemic.

We also acknowledge the organizations that co-facilitated and convened the virtual listening sessions. Their relationships with their communities made honest, vulnerable conversation possible.

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Finally, we honor the 498 organizations resourced across the full COMPASS Initiative®. Their daily work in clinics, living rooms, third spaces, statehouses, is what this report seeks to protect and advance.

In addition, would like to acknowledge the following organizations that led virtual listening sessions:


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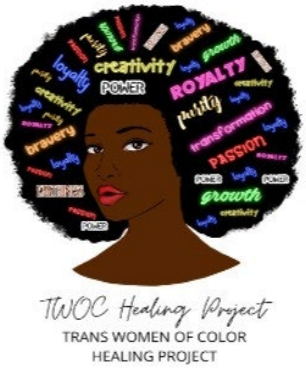
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# Appendix: Quantitative Findings in Detail

## A1. Key Growth Metrics (In-Person Sessions)

| Assessment Item | Pre | Post | Diff. | Growth |
|---|---|---|---|---|
| Familiarity with PDoH concept | 3.0 | 4.7 | 1.7 | +55% |
| Hopefulness about future of health & equity in the South | 3.2 | 4.3 | 1.2 | +37% |
| Knowledge of how other Southern communities respond | 3.5 | 4.6 | 1.1 | +32% |
| Awareness of community-led / intersectional approaches | 3.7 | 4.8 | 1.1 | +29% |
| Understanding how political decisions influence health | 3.7 | 4.7 | 1.1 | +28% |
| Ability to identify how conditions perpetuate disparities | 3.8 | 4.8 | 1.1 | +28% |
| Sense of solidarity with other communities and leaders | 3.8 | 4.9 | 1.1 | +28% |
| Belief collective action can create meaningful change | 4.1 | 4.8 | 1.0 | +19% |
| Confidence in health equity dialogue | 4.0 | 4.7 | 0.8 | +19% |
| Belief in ability to contribute expertise / resources | 4.3 | 4.8 | 1.0 | +13% |

*Table 8. Key Growth Metrics. All scores on a 1–5 scale. N=44 respondents across four in-person sessions.*

**Familiarity with political determinants of health showed the largest growth (+55%), suggesting that many participants entered the listening sessions without a clear framework for understanding how political decisions shape health outcomes and left with significantly greater analytical clarity.** The second-largest growth was in hopefulness about the future of health and equity in the South (+37%), indicating that the listening sessions moved participants from frustration or despair toward strategic possibility, likely driven by hearing concrete examples of community-led wins and connecting with peers across the region. The third tier, knowledge of how other Southern communities are responding (+32%), reflects the value of cross-regional connection; participants repeatedly described the listening sessions as the first time they had heard what organizations in other states were doing.

Four additional items clustered at 28–29% growth: awareness of community-led and intersectional approaches; understanding how political decisions influence health; ability to identify how social and political conditions perpetuate disparities; and sense of solidarity with other communities and leaders, together suggesting that the listening sessions meaningfully shifted participants' structural analysis, awareness of collective strategies, and felt sense of connection to a broader movement. Notably, the three items with lower growth (13–19%) were those where participants entered with already-high pre-session scores: belief in collective action (4.1), confidence in dialogue (4.0), and belief in their own expertise (4.3). The ceiling effect is itself a finding: the people in the room already believe in their own capacity and in the power of collective action. What they gained was the analytical framework and relational infrastructure to act on those beliefs.

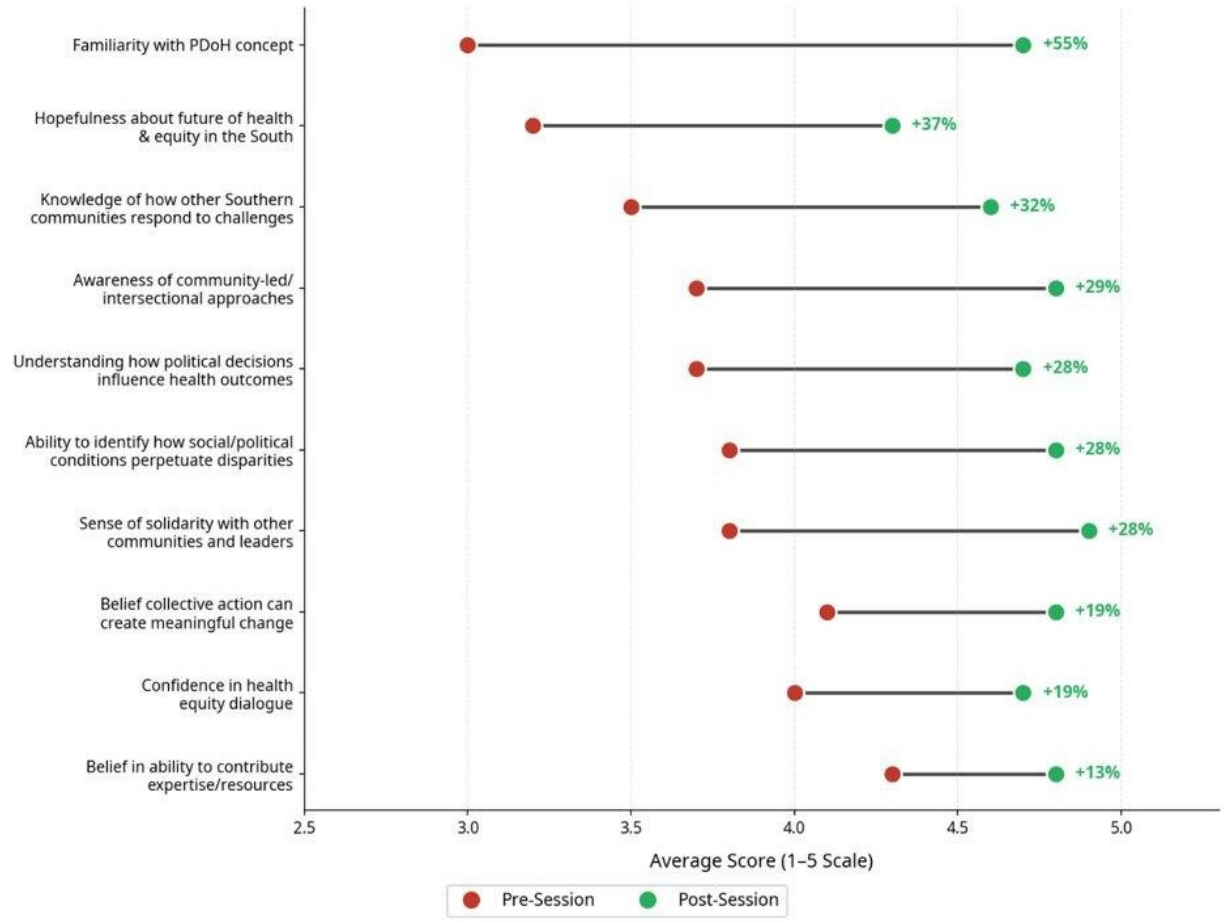


*Figure 7. Pre/Post Assessment Growth, "State of the South" Listening Sessions (N=44).*

## A2. COMPASS Dissemination Listening Session Findings

A separate evaluation (N=11) assessed the COMPASS overview component, which introduced participants to the initiative's history and cumulative impact before the discussions began.

| Assessment Item | Pre | Post | Growth |
|---|---|---|---|
| Clearer understanding of COMPASS impact and results | 3.4 | 4.9 | +46% |
| Can describe what COMPASS is and what it does | 3.6 | 4.9 | +38% |
| Understand how COMPASS supports organizations | 3.7 | 4.9 | +32% |
| Can name a practical idea to apply in my work | 3.8 | 4.7 | +24% |

*Table 9. COMPASS Dissemination Listening Session. All scores on a 1–5 scale. N=11 respondents across four in-person sessions.*

**Across all four measures, the COMPASS overview moved participants from moderate baseline familiarity into near-universal confidence, with every post-session average reaching 4.7 or higher on the 5-point scale.** The largest gains came in understanding COMPASS' impact and results and in describing what the initiative is and does, and though the sample is small (N=11), the consistent upward shift across every item indicates the overview reliably oriented participants before the discussions that followed.

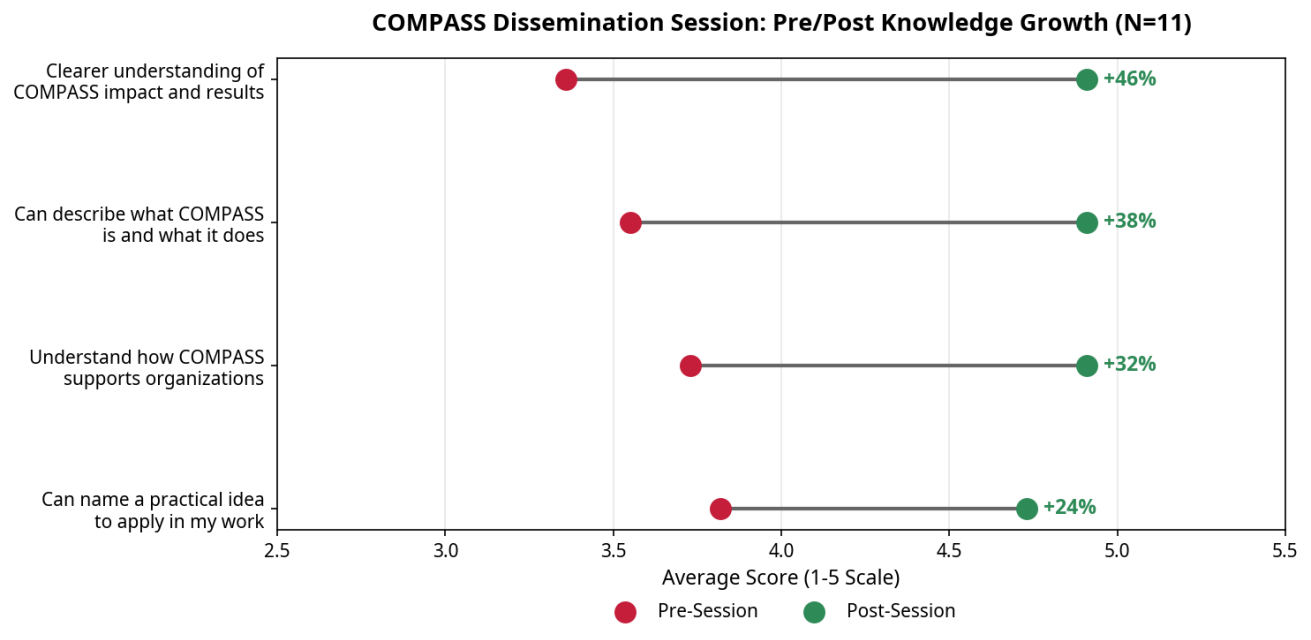


*Figure 8. COMPASS Dissemination Session*

## A3. Event Survey Findings

Fifty-four participants across all four cities completed a post-event reflective survey exploring their vision for the South and how the current political climate has shaped their work. Thematic analysis revealed a consistent dual experience: heightened threat alongside deepened resolve. The most frequently referenced concepts were community and collective action, followed by funding cuts, policy threats, and organizing. Despite naming fear and survival concerns, the dominant frame was resilience through collective purpose. As one Orlando, Florida respondent wrote:

> *My vision is still very much alive. If anything, the social and political climate has clarified it and reinforced its urgency.*