LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

All Caucus Kick-Off Meeting Summary

Tuesday, June 23, 2026 | 4:00PM – 6:00PM







Meeting Materials: CLICK HERE

At-a-Glance

Strong Participation	Community Feedback	Connection + Engagement
The All-Caucus Kick-Off Meeting brought together more than 40 participants from all five caucuses for an evening of strong engagement, community voice, and shared learning.	Attendees participated in discussions and activities that gathered feedback on community needs, service experiences, and ways caucuses can better support the Commission's work.	Participants connected across caucus spaces, enjoyed dinner provided by Gilead Sciences, and took part in a raffle for four $50 gift cards.

Purpose of the Meeting

The Commission on HIV convened the All-Caucus Kick-Off Meeting to bring together the Aging, Black, Consumer, Transgender, and Women's Caucuses after a period of transitions and to reaffirm the purpose and value of these caucus spaces. Caucuses are designed to elevate community voices and lived experiences within the Commission's planning efforts. Their role is not to function independently, but to strengthen the ways the Commission listens, learns, and responds to what communities are observing and experiencing.

The meeting gathered over 40 community members, consumers, providers, partners, and caucus leaders to explore how caucus input supports the Commission's Ryan White Program planning. This included discussions on service standards, needs assessments, recruitment, outreach, engagement, identifying service gaps, and advancing the Integrated HIV Prevention and Care Plan.

The room was full and the engagement was strong, showing that an all-caucus format can work when the purpose is clear and the space is welcoming. Co-Chair nominations opened for each caucus, elections will follow once caucus meetings are scheduled, and four $50 gift cards were raffled.

Community Feedback on Caucus' Priorities

Participants filled out an engagement worksheet during the meeting and joined group discussions; a copy of the worksheet is included in the meeting materials. Participants expressed a strong desire for deeper connection, clearer communication, more meaningful community engagement, and better coordinated services. Many attended to learn about the Commission and its caucuses, explore ways to get involved, and help community needs are clearly represented. Several participants shared that they left the meeting feeling more informed and reminded them that they are not doing this work alone. They also shared appreciation for Commission staff, while noting that more people are needed at the table to help move the work forward. Participants highlighted several areas where caucuses can offer helpful input over the next year: community engagement, HIV education and awareness, recruitment and outreach, needs assessment, service standards, reviewing community feedback, and identifying barriers, gaps, and community needs.

Common Themes

Whole-person care: Care should reflect the full reality of people's lives, not just one diagnosis or service need.	**Culturally responsive care:** Need for better provider education, cultural humility, and respect.
Service navigation: Weak referrals, unclear steps for getting help, and the need for better coordination between providers and Community-based organizations.	**Awareness and outreach:** Many people still do not know what services are available, where to go, or how to get connected.
Stigma and mistrust: Stigma, misinformation, and past harm continue to shape whether people feel safe accessing services.	**Shared and specific needs:** Many barriers overlap across communities, while some needs may require focused workgroups, task forces, or listening sessions.
Missing voices: Need to hear more from people aging with HIV, youth, Indigenous communities, immigrant communities, and others who aren't fully represented.	**Action and accountability:** Community feedback should help shape next steps and come back to the community.

Nutrition Support Services Feedback

The Division on HIV and STD Programs' (DHSP) Clinical Quality Management team presented on Nutrition Support Services and gathered feedback from consumers and providers. Participants learned what the service offers, how it fits into the Ryan White system, and how it supports whole person care. Feedback highlighted barriers such as low awareness, paperwork challenges, eligibility questions, and the need for better coordination among nutrition services, case management, food programs, and medical care. Participants also emphasized that nutrition needs are closely linked to housing, transportation, income, health, and overall stability. Overall, the input gave DHSP and the Commission clearer insight into how the service is understood, where access is difficult, and where better communication and coordination are needed.

Latino/Latine Caucus Recommendation

Participants discussed the idea of creating a Latino/Latine Caucus, with mixed opinions. Some felt communities might be stronger combined under one caucus, while others supported creating a Latino/Latine Caucus since other priority groups have their own. The conversation raised broader questions about the purpose of caucuses, capacity, representation, and sustainability, as well as whether certain community needs are better addressed through a caucus, workgroup, task force, or other focused engagement approach. The Membership and Community Engagement (MCE) Committee will continue exploring these issues as part of its caucus oversight role.

Key Outcomes and Next Steps

- ✓ Staff will schedule the first individual caucus meetings and support next steps.
- ✓ Co-chair nominations are now open for caucuses; elections will happen once those meetings are scheduled.
- ✓ The Membership and Community Engagement (MCE) Committee will review the request for a Latino/Latine Caucus and discuss broader questions about the caucus structure.
- ✓ Staff will use engagement feedback to guide caucus planning, community engagement, needs assessment, recruitment, outreach, and service feedback.

Final Thoughts

The June 23 All Caucus Kick-Off Meeting was a meaningful step in bringing the caucuses back together with clearer purpose, stronger connection, and renewed community engagement. The feedback shared will help guide next steps, strengthen how caucuses support the Commission's planning work, and ensure that community voice and lived experience remain centered in the work ahead.

Need help Accessing HIV or STD Services?

If you or someone you know is having difficulty accessing services from a HIV service provider, or has concerns about the quality of services received, the DHSP Customer Support Program can help.

Contact: dhspsupport@ph.lacounty.gov | (800) 260-8787
Online: http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

LOS ANGELES COUNTY COMMISSION ON HIV

CAUCUS FRAMEWORK

Consumer Caucus + Community Caucus

COH Approved 9/10/26

The idea is simple: keep a dedicated space for consumer voice, create one broader space for priority populations, and use short-term workgroups when deeper community-specific work is needed.

THE STRUCTURE

CONSUMER CAUCUS

Dedicated space for people living with HIV and people at risk for HIV.

- Centers lived experience, service access, barriers, unmet needs, and care experiences.
- Supports meaningful consumer involvement in HIV prevention and care planning.
- Brings consumer priorities and recommendations into the Commission's work.

COMMUNITY CAUCUS

Dedicated space for priority populations to lift community voices, experiences, and perspectives.

- Houses the former Black, Aging, Women's, and Transgender Caucuses, and includes Latine and other priority communities as needs emerge.
- Creates space to connect around shared needs while honoring community-specific experiences.
- Brings community themes and recommendations back through MCE and the Commission.

WHEN A COMMUNITY NEEDS A DEEPER FOCUS

Population-specific workgroups can be created as needed for a focused planning activity, task, or emerging issue. They are short-term and end when the work is complete.

- Identify unmet needs and service barriers.
- Review service standards through a community lens.
- Gather community input and needs assessment feedback.
- Inform Priority Setting and Resource Allocation.
- Support recruitment, outreach, and reflectiveness.
- Address emerging issues and develop recommendations.

HOW COMMUNITY VOICE MOVES FORWARD

1. CONNECT	2. FOCUS	3. BRING IT FORWARD
Consumer or Community Caucus identifies a need, concern, or priority.	A workgroup is created when community-specific attention is needed.	Themes and recommendations move through MCE to the appropriate committee or Commission.

LEADERSHIP

- Consumer Caucus and Community Caucus each have Co-Chairs.
- Former population-specific caucus leaders can stay connected to their communities, help identify needs, support outreach, and help lead focused workgroups when appropriate.
- Workgroups use a lead or facilitator as needed; they do not require permanent Co-Chair positions.

OUR GOAL: Keep community voice strong, honor community-specific needs, and connect that voice directly to the Commission's planning and decision-making.

Commission policy will be revised to reflect the new caucus structure.

LOS ANGELES COUNTY
COMMISSION ON HIV

Community Caucus Quick FAQ

What is the Community Caucus?
A shared space that brings together the Commission's former Aging, Black, Women's, and Transgender Caucuses. It connects common concerns while keeping the distinct experiences and needs of these communities visible.

What is its purpose?
To bring community experiences, concerns, and ideas into the Commission's HIV prevention and care planning, priorities, and recommendations.

Who can participate?
Community members, former caucus participants, Commissioners, providers, partners, and allies. You do not need to be a Commissioner to participate. People with lived experience and those most directly affected should remain at the center of the discussion.

What happens to the work of the former caucuses?
That work remains part of the Commission's planning. Prior listening sessions, outreach, and recommendations provide a foundation for identifying what needs continued attention. The Community Engagement Findings Report brings together feedback from these and other engagement activities.

Can we still focus on a specific community or issue?
Yes. The Community Caucus offers opportunities to establish time-limited workgroups focused on priority populations or specific projects. Participants can bring ideas to caucus leadership and staff to discuss the purpose, intended outcome, timeframe, and connection to Commission work.

How does our input move forward?
Co-Chairs and staff summarize community themes and recommendations for the Membership & Community Engagement (MCE) Committee. MCE helps route them to the appropriate committee, DHSP, or full Commission for follow-up.

What do the Co-Chairs do?
Work with staff to identify topics, encourage participation, guide respectful discussions, and help move community input and workgroup updates forward.

How often will the Caucus meet?
As needed, in alignment with Commission work and topics where community input is needed. Caucus meetings under the current structure are not governed by the Brown Act. Subscribe to the Commission's listserv for meeting notices and participation opportunities.

How is this different from the Consumer Caucus?
The Consumer Caucus centers people who access HIV prevention and care services. The Community Caucus brings together priority population perspectives and supports focused community work. You may participate in both.

Advocacy and the Caucuses.
The Consumer and Community Caucuses can advocate for change by sharing lived experiences, identifying service barriers and policy concerns, and developing recommendations that inform the Commission's work. Caucus recommendations move through Commission staff and the Membership & Community Engagement (MCE) Committee for appropriate review and follow-up. Official legislative, policy and budget advocacy must follow County procedures, including coordination with the Chief Executive Office's Legislative Affairs and Intergovernmental Relations (LAIR) team. Caucuses cannot independently take positions or speak on behalf of the Commission or County without authorization. Participants may also advocate personally or through other organizations, while making clear whom they represent.

Stay connected

Subscribe: tinyurl.com/y83ynuzt | hiv.lacounty.gov

Instagram: @hivcommla | Facebook: HIVCommissionLA

Community engagement submissions: forms.office.com/g/AzzWK2DHA2

Questions: hivcomm@lachiv.org | 213-738-2816

Click Here For More Information About the Community Caucus

LOS ANGELES COUNTY
COMMISSION ON HIV

2024 -2026 COMMUNITY ENGAGEMENT

FINDINGS

What We Heard Across Listening Sessions, Focus Groups, Surveys and Community Events



October 2026

INTRODUCTION

The Los Angeles County Commission on HIV regularly creates opportunities to hear directly from people living with HIV, communities most impacted by HIV, service providers, and other community partners. As the Ryan White HIV/AIDS Program Part A Planning Council for Los Angeles County, hearing from people with lived experience is a core part of our planning responsibility. Federal Ryan White guidance calls on planning councils to assess the needs of people with HIV and to create meaningful opportunities for people with HIV, including people who are not planning council members, to participate in needs assessment and comprehensive planning through community meetings, listening sessions, caucuses, focus groups, and other forms of engagement.

For the Commission, this means intentionally lifting the voices of people living with and impacted by HIV, especially communities disproportionately impacted by HIV and communities that may not always have an easy pathway into traditional planning spaces. Community input helps us understand not only what services people need, but what it is actually like to find care, enter services, navigate systems, and stay connected.

These findings do not represent every person or every experience in Los Angeles County. They reflect what participants shared and are one part of the Commission's broader needs assessment process. They should be considered alongside epidemiologic data, Ryan White service data, and other information used to guide priority setting, resource allocation, service standards, and planning. Most importantly, this report helps keep community voice where it belongs: at the center of the planning process.

BACKGROUND

This report brings together qualitative insights from a range of Commission-led community engagement activities conducted across Los Angeles County between 2024 and 2026, including listening sessions, focus groups, educational events, community forums, surveys, needs assessment activities, caucus activities, and other engagement opportunities (see Appendix A).

These activities created opportunities to hear directly from people living with and impacted by HIV, priority populations, service providers, and other community partners about the barriers, needs, strengths, and lived experiences that influence HIV prevention, care, access, retention, and overall well-being.

Taken together, the findings provide a broader picture of what communities are experiencing, what is working, where gaps remain, and what people say is needed to strengthen HIV prevention and care in Los Angeles County.

A NOTE ABOUT THE FINDINGS

Listening sessions, focus groups, and community conversations reflect the experiences of the people who participated and should not be read as representing every person in Los Angeles County. Where this report includes survey percentages, those findings describe the people who responded to that specific activity and should not be treated as countywide prevalence estimates.

THEMES WE HEARD OFTEN

Throughout our community engagement activities, participants repeatedly identified specific named needs, including:

- **People need to feel safe before they can use a service** - Stigma, discrimination, racism, transphobia, homophobia, language barriers, and judgment all affect whether someone feels comfortable seeking care.
- **Finding the service can be as hard as receiving it** - People repeatedly described not knowing what exists, whether they qualify, where to go, or what happens after a referral.
- **The system asks people to do too much of the navigating** - Consumers often have to connect providers, repeat their story, follow up on referrals, understand multiple benefit systems, and advocate for basic information themselves. Streamlined service access and insurance navigation is needed including strengthening coordination among Ryan White providers, Benefits Specialty Services, Medi Cal enrollment systems, DPSS, and legal services.
- **Trust and respect are part of quality** - People stay connected when they feel heard, believed, respected, and able to speak openly without judgment. Culturally and linguistically responsive care is needed across all communities.
- **Mental health cannot be separated from HIV care** - Trauma, grief, depression, isolation, stigma, and stress surfaced in several communities and affect quality of life and engagement in care.
- **Whole-person care matters** - Housing, dental care, aging, sexual health, gender-affirming care, benefits, employment, family, and relationships all affect HIV health.
- **Trusted community approaches work** - Peer navigators, community health workers, culturally rooted organizations, faith leaders, and other trusted messengers can help people engage in services.
- **Access is practical** - A service may exist, but long waits, limited hours, distance, transportation, cost, paperwork, and insurance issues can still put it out of reach.

WHAT WE HEARD AT-A-GLANCE

FEEL SAFE Stigma and discrimination affect access.	**FIND SERVICES** People need clear, current information.	**NAVIGATE LESS** Systems should carry more of the burden.	**BUILD TRUST** Respect and feeling heard are part of quality.
MENTAL HEALTH Emotional well-being is connected to HIV care.	**WHOLE-PERSON CARE** Housing, dental, aging and other needs matter.	**TRUSTED COMMUNITY** Peers and community partners help people connect.	**PRACTICAL ACCESS** Hours, distance, cost and paperwork matter.

SHARED THEMES ACROSS COMMUNITIES

Stigma, Culture of Silence, and Trust

Stigma emerged as a central barrier across populations. Faith-based norms reinforced silence around sexuality, discouraging open dialogue and care-seeking behaviors. SGL Black men described intergenerational stigma and shame, which limited disclosure even when they were aware of U=U or used PrEP. Women reported persistent stigma in families, communities, and some clinical environments, leading many to disclose their HIV status only to a small, trusted circle due to fear of judgment or breaches of confidentiality. Black immigrant participants highlighted confidentiality concerns and fear of community-level information sharing as significant obstacles to engagement. Transgender women described misgendering, deadnaming, humiliating interactions, and denial of services, directly contributing to shame and avoidance of care. Black transgender participants also described barriers shaped by the combined effects of anti-Black racism and transphobia, including misgendering, provider knowledge gaps, identification-document issues, and difficulty finding affirming services.

Older adults experience stigma with additional complexity, facing both HIV-related and age-related discrimination. Aging with HIV was associated with isolation and reluctance to seek support, particularly among older women who reported cultural stigma surrounding loneliness. These experiences reveal the need for safe, supportive environments where older adults can openly address aging-related challenges without fear of dismissal or judgment.

Access Barriers — Hours, Geography, Transportation, and Continuity

Access barriers significantly affected HIV prevention and care engagement. In the Antelope Valley, centralized services, limited evening and weekend availability, and long travel times—often exceeding

two hours—created major obstacles. Women in South LA described long wait times, frequent provider changes, and inconsistent follow-up, which undermined continuity of care. Participants across sessions expressed confusion about the services HIV providers offer and emphasized the need for proactive scheduling of preventive care such as Pap smears, mammograms, and STI testing.

Medi-Cal enrollment/renewal were described as paperwork heavy and time sensitive, with digital literacy and income documentation requirements posing barriers, especially for clients without conventional pay stubs or computer skills. Benefits Specialty Services were viewed as a critical bridge across Ryan White, Medi Cal, SSI, and other benefits; participants stressed the need for stronger training and early legal referrals when denials/appeals arise.

For adults aged 50+, access challenges combined with health-insurance complexity and declining mobility created additional barriers. Many older adults relied almost exclusively on their primary care providers to navigate services due to unfamiliarity with available programs. Aging-focused events reinforced that service navigation remains a substantial barrier and that older adults want more assistance identifying and accessing community-based or medical resources. Service sustainability was also highlighted; funding cuts threaten critical programs supporting older adults aging with HIV.

Housing Stability, Affordability, and Safety

The Housing Task Force's 2025 Housing Needs Assessment included 50 responses and reinforced that housing instability is closely connected to health and engagement in care. Nearly half of respondents reported some form of homelessness or housing instability in the prior two years. Housing costs, deposits, waitlists, credit, and housing quality and safety were common concerns.

The bottom line: housing is part of HIV care. Stable housing supports rest, safety, privacy, medication storage, food access, and the ability to stay connected to care.

Provider Competency, Cultural Responsiveness, and Biomedical Knowledge

Across population groups, participants described provider competency gaps in discussing PrEP, PEP, and doxy-PEP. Spanish-speaking women noted that providers often failed to ask comprehensive sexual-health questions, resulting in missed prevention opportunities. Black women identified dismissive care, delayed diagnoses, and communication barriers. Transgender women emphasized the importance of affirming clinics where identities are respected. Non-traditional providers described insufficient referral pathways and limited integration with existing HIV systems.

Adults aged 50+ highlighted the importance of providers who understand HIV and aging, including cognitive changes, chronic conditions, and the behavioral impacts of social isolation. Medicare education sessions demonstrated the need for stronger provider support in helping older adults navigate insurance benefits.

Mental Health and Wraparound Supports

Mental-health needs were prevalent across sessions. Women described depression, suicidality, trauma, grief, and the need for integrated trauma-informed mental-health care, preferably delivered by female and Spanish-speaking therapists. Antelope Valley stakeholders cited long mental-health wait times and substandard care among a large unhoused population requiring wraparound services. Transgender women expressed a desire for whole-person care that integrates HIV prevention, gender-affirming care, mental health support, housing, employment programming, and spiritual care.

Adults aged 50+ described loneliness and social isolation as major contributors to weakened immunity, insomnia, decreased energy, and reduced adherence. Many older adults relied on faith communities, HIV support groups, hobbies, and positive self-talk to manage isolation, but these strategies were not always sufficient. They requested more support for social connection and mental-health integration tailored to older adults.

Information, Language Access, and Resource Visibility

Spanish-speaking women emphasized the need for linguistically and culturally concordant mental-health resources, noting that reliance on interpreters disrupted trust. Immigrant participants requested discreet information channels to navigate stigma and language barriers. Across sessions, participants called for a centralized, vetted resource hub listing culturally competent and LGBTQ-affirming providers.

Older adults reported that clinics rarely display relevant age-specific events or information, limiting visibility of support groups, educational sessions, and social programs essential for maintaining connection and engagement.

WHAT WE HEARD BY POPULATION, COMMUNITY, AND SYSTEM

The short summaries below lift what came through most clearly from each community engagement activity listed in Appendix A. They are intended to make the range of voices visible while keeping the report grounded in what participants actually shared.

Black Faith Communities

Participants described silence and shame around sexuality in some faith settings, while also seeing churches and faith leaders as potentially powerful partners in sexual health education and community support.

What came through most clearly: affirming faith partnerships, safer spaces for LGBTQ+ people and youth, and trusted faith-based messengers.

Source: Faith-Based Community Listening Session, April 26, 2024

Black Immigrant Communities and African Diaspora

Participants described stigma around HIV, sexuality, and mental health. Language, culture, and limited access to trusted health information also shaped whether people sought care.

What came through most clearly: information developed with communities, not simply translated, along with trusted messengers and culturally responsive mental health support.

Source: Black Non-U.S.-Born Immigrant Community Listening Session, August 11, 2024

Women Over 50: Loneliness and Social Isolation

Women over 50 described loneliness, social isolation, and stigma as important parts of their health experience. Participants discussed the value of social connection, supportive spaces, and mental-health supports that recognize the realities of aging with HIV.

What came through most clearly: age-responsive support, opportunities for connection, and spaces where older women can talk openly about loneliness, aging, and HIV without judgment.

Source: Loneliness and Social Isolation: Women Over 50 Educational Event, September 23, 2024

Same-Gender-Loving, Gay and Bisexual Men

Participants raised stigma, medical mistrust, limited knowledge of resources, and gaps in provider knowledge about HIV and sexually transmitted infection prevention. Some described having to educate their own providers.

What came through most clearly: inclusive sexual health education, knowledgeable providers, simpler referrals, and safer spaces for honest conversations about sexuality, prevention, and HIV.

Source: Same-Gender-Loving Men Listening Session, September 26, 2024

Black Women

Women described feeling dismissed or not taken seriously in healthcare. Some spoke about symptoms being minimized, having to repeat their stories, and not receiving proactive sexual health information.

What came through most clearly: care that listens, respects lived experience, improves continuity, and connects physical, sexual, and mental health.

Source: Black Women's Listening Session, October 22, 2024

Antelope Valley Communities

Geography added another layer to access. Participants raised limited services, lack of awareness of resources, provider knowledge gaps, stigma, and the need for services outside central locations and during evenings or weekends.

What came through most clearly: more local access, extended hours, better HIV and sexually transmitted infection education, and one easy place to find current service information.

Source: Antelope Valley Listening Session, October 28, 2024

Ryan White Dental Consumers and Providers

Consumers described confusion about eligibility, dental coverage, and where to go for care. Long waits, travel, insurance coordination, and limited awareness of Ryan White dental benefits also created barriers.

What came through most clearly: clearer dental information, easier referrals, better coordination with other coverage, and less burden on consumers.

Source: Ryan White Program Dental Services Listening Session, April 10, 2025

Black-Led and Black-Serving Organizations

Organizations described small staff, burnout, limited infrastructure, complicated contracting processes, and funding systems that can be difficult for smaller organizations to navigate. Participants also stressed that Black-led and Black-serving are not the same thing.

What came through most clearly: sustainable support, simpler and more transparent funding processes, ongoing capacity building, and meaningful involvement before decisions are made.

Source: Black-Led & Black-Serving Sexual Health Providers Focus Group, April 30, 2025

Black Non-Traditional HIV Providers

Doulas, pharmacists, nurses, mental health professionals, holistic healers, and other community providers said people already come to them with sexual health questions. They did not always have enough HIV prevention training or a reliable place to refer people.

What came through most clearly: practical HIV prevention training, clear referral pathways, current resource information, and recognition of trusted community providers as part of the system.

Source: Non-Traditional HIV Provider Listening Session, May 13, 2025

Transgender Women Living with HIV

Participants said trust and feeling seen mattered. They wanted care to include intimacy, disclosure, emotional support, partner protection, and the relationship between HIV treatment and gender-affirming care.

What came through most clearly: gender-affirming providers, peer support, stronger referral networks, and care that treats the whole person.

Source: Transgender Women Listening Session, June 4, 2025

Spanish-Speaking Women Living with HIV in East Los Angeles

Women valued providers who showed empathy and understood HIV, but a shortage of Spanish-speaking mental health professionals made it harder to have deeply personal conversations without an interpreter. Stigma, trauma, grief, and depression also surfaced.

What came through most clearly: bilingual and bicultural mental health care, trauma-informed care, and routine attention to sexual health and emotional well-being.

Source: East Los Angeles/Spanish-Speakers Women's Listening Session, June 14, 2025

Women Living with HIV in South Los Angeles

Women described uneven access to sexual health services. Long waits, provider changes, weak follow-up, and uncertainty about available services often meant they had to advocate for themselves.

What came through most clearly: clear information, better follow-up, shorter waits, and respectful, nonjudgmental communication.

Source: South Los Angeles Women's Sexual Health Listening Session, June 30, 2025

Black Transgender Community

Participants described the combined effects of anti-Black racism and transphobia. Misgendering, provider knowledge gaps, identification-document issues, and difficulty finding affirming services created barriers.

What came through most clearly: Black transgender-led and affirming services, peer navigation, provider accountability, and better connections to housing, employment, mental health, and gender-affirming care.

Source: Centering the Voices of the Black Transgender Community, July 9, 2025

Ryan White Program & Medi-Cal Navigation

Consumers, providers, case managers, enrollment workers, and system partners described a process that can be slow, paperwork-heavy, and difficult to manage without hands-on help. Short renewal windows, long waits with DPSS, proof-of-income requirements, digital and basic literacy barriers, and late or missed notices can create problems.

What came through most clearly: engage early, explain the process in plain language, provide in-person help when needed, strengthen Benefits Specialty Services training, use early reminders and authorized representatives where appropriate, and improve coordination between Ryan White, Medi-Cal, DPSS, and legal services.

Source: Navigating the Ryan White Program & Medi-Cal Listening Session and Follow-Up Survey, July 10, 2025

People with HIV Experiencing Housing Instability

The Housing Needs Assessment included 50 responses. Nearly half reported some form of homelessness or housing instability in the prior two years. Housing costs, deposits, waitlists, credit, and unsafe housing conditions were common concerns.

What came through most clearly: housing stability that supports medication storage, safety, privacy, rest, food access, and continued connection to care.

Source: Housing Needs Assessment, August 2025

People Aging with HIV

Older adults and providers emphasized the need to connect HIV care with aging services, Medicare and benefits navigation, legal support, peer connection, and other services people may need as they age.

What came through most clearly: better coordination between HIV and aging systems, practical benefits navigation, peer support, and person-centered care.

Source: The Power of Aging: Navigating Services in Times of Uncertainty, September 19, 2025

Black Youth and Young Adults

The Black Caucus, in partnership with First Star Bruin Guardian Scholars and the Los Angeles County Youth Commission, held a listening session with 25 youth and young adults. Most participants reported feeling okay going to a doctor or clinic (96%), feeling treated respectfully (80%), and knowing where to go for healthcare or support (84%). At the same time, 48% said they felt confident asking questions, 62% expressed some level of nervousness about appointments, and 46% knew how to change their doctor if needed. Youth also emphasized clear communication, whole-person check-ins, flexibility, choice, and being able to speak up safely with providers.

What came through most clearly: youth want care that is respectful, easy to understand, flexible, and gives them a real voice in decisions. Trusted adults are an important support, and creative, culturally responsive health education may help young people engage more comfortably.

Source: Black Caucus x LAC Youth Commission Listening Session (with First Star Bruin Guardian Scholars), February 7, 2026

A SHARED POINT FROM COMMUNITY AND PROVIDERS

People often rely on relationships and trusted community organizations to bridge the gap between a service existing and a person actually reaching it. Across the engagement activities, peer navigators, community health workers, trusted messengers, and strong referral relationships repeatedly showed up as part of access - not simply an added benefit.

FACILITATORS FOR ENGAGEMENT

What helps people connect to care and stay connected?

Across populations and geographic areas, participants consistently described many of the same things that help people engage in HIV prevention and care. Much of what we heard was not necessarily about creating something new, but about making the existing system easier to navigate, more connected, and more responsive to the people using it.



FEEL SAFE & RESPECTED

Build cultural responsiveness, language access, and gender-affirming care into service quality. People are more likely to engage when they feel heard, respected, and free from judgment, misgendering, stigma, and discrimination.



MAKE CONNECTIONS STICK

Warm handoffs, peer navigation, referral follow-through, and stable provider relationships help people feel supported rather than left to navigate the system on their own.



USE TRUSTED MESSENGERS

Community-rooted organizations, culturally aligned providers, peers, faith communities, and other trusted messengers can help bridge mistrust and create more comfortable pathways into care.



MAKE INFORMATION EASY TO FIND

People need clear, current, plain-language information about services, eligibility, and where to go. Information should be available in multiple languages and formats and shared beyond traditional HIV settings.



CARE FOR THE WHOLE PERSON

Mental health, housing, dental care, aging, employment, mobility, social connection, and other needs all affect a person's ability to stay healthy and connected to care.



MAKE ACCESS PRACTICAL

Hours, distance, transportation, wait times, cost, and paperwork matter. Services may exist, but if they are difficult to reach or navigate, they may still be inaccessible.

The Bottom Line: People stay connected when care is safe, trusted, coordinated, easy to navigate, and responsive to their whole life - not just their HIV status.

CLOSING: WHAT WE CARRY FORWARD

This report is not the end of the conversation. It is a reflection of what people chose to share with us across listening sessions, surveys, focus groups, community events, and other engagement activities. Those voices give us important context about what is working, where people continue to experience barriers, and what may need more attention as we plan for the future. Community input is one part of the broader picture and should be considered alongside epidemiologic, Ryan White service, and other planning data.

What we heard reinforces something simple: **services work better when people can find them, trust them, access them, and feel respected when they use them.** The Commission's responsibility is to keep listening, continue filling the gaps in what we know, and make sure community experience remains connected to the decisions we make about priorities, resources, service standards, and the broader HIV system.

Most importantly, we want the people and communities who shared their experiences to see that their voices matter; not only because we listened, but because what we heard helps shape what comes next.

ACKNOWLEDGMENTS

The Commission on HIV extends its sincere thanks to everyone who participated in the listening sessions, surveys, focus groups, community events, caucus activities, and other engagement opportunities reflected in this report.

We are especially grateful to the people living with and impacted by HIV who shared their experiences, perspectives, and ideas with us. We also thank our Caucuses, community-based organizations, service providers, peer leaders, academic and system partners, and everyone who helped create spaces for these conversations to happen.

Your time, honesty, and willingness to speak openly help the Commission better understand what is working, where gaps remain, and what communities need from the HIV prevention and care system.

Thank you for trusting us with your voices. Our responsibility is to make sure what we heard continues to inform the work.



APPENDIX A: Data Sources

April 26, 2024	Faith-Based Community Listening Session
August 11, 2024	Black Non-U.S.-Born Immigrant Community Listening Session
September 23, 2024	Loneliness and Social Isolation: Women Over 50 Educational Event
September 26, 2024	Same-Gender-Loving Men Listening Session
October 22, 2024	Black Women's Listening Session
October 28, 2024	Antelope Valley Listening Session
April 10, 2025	Ryan White Program Dental Services Listening Session
April 30, 2025	Black-Led & Black-Serving Sexual Health Providers Focus Group
May 13, 2025	Non-Traditional HIV Provider Listening Session
June 4, 2025	Transgender Women Listening Session
June 14, 2025	East Los Angeles/Spanish-Speakers Women's Listening Session
June 30, 2025	South Los Angeles Women's Sexual Health Listening Session
July 9, 2025	Centering the Voices of the Black Transgender Community
July 10, 2025	Navigating the Ryan White Program & Medi-Cal Listening Session and Follow-Up Survey
August 2025	Housing Needs Assessment
September 19, 2025	The Power of Aging: Navigating Services in Times of Uncertainty
February 7, 2026	Black Caucus x LAC Youth Commission Listening Session (with First Star Bruin Guardian Scholars)

Stay Connected with the Commission

hiv.lacounty.gov | hivcomm@lachiv.org

510 S. Vermont Avenue | Los Angeles, CA 90020



We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs





Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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