



LOS ANGELES COUNTY
COMMISSION ON HIV



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HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

Agenda and meeting packet will be available prior to the meeting at <http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

Wednesday, May 25, 2022
5:30PM-7:00PM (PST)

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**PREVENTION PLANNING WORKGROUP
Virtual Meeting Agenda**

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AGENDA

- 1. Welcome and Introductions 5:30-5:45pm**
- 2. Co-Chairs' Report (5:45-5:50pm)**
 - a. Highlights from May 17 Planning, Priorities and Allocations (PP&A) Committee Meeting
- 3. Discussion: Review draft survey to assess Commissioner's understanding and capacity to engage effectively in integrated planning (5:50-6:30pm)**
- 4. Comprehensive HIV Plan 2022-2026 Update 6:30-6:40pm**
- 5. Revisiting PPW Meeting Time 6:40-6:45pm**
- 6. Commission on HIV Staff Updates 6:45-6:50pm**
- 7. Next Steps and Agenda Development for Next Meeting 6:50-6:55pm**
 - a. Finalize workplan using the list of ideas of key ideas presented at the April meeting.
 - b. Long-acting injectibles presentation?
 - c. Other items/ideas?
- 8. Public Comment + Announcements 6:55-7:00pm**
- 9. Adjournment 7:00pm**



VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)
Wednesday, April 27, 2022 | 5:30-7:00PM
MEETING SUMMARY

Attendees:

William King, MD (Co-Chair)	Miguel Martinez (Co-Chair)	Greg Wilson (Co-Chair)
Robert Aguayo	Martin Alatorre	Sierra Caraveo
Elvis Carrillo	Paul Chavez	Johnny Cross
Dwayne Davis	Kevin Donnelly	Marie Francois
Rigo Galvan	Thelma Garcia	Robert Gomez
Rachel Green	Jacob Heller	Crystal Hernandez
Matt Jones	AJ King	Rob Lester
Roxanne Lewis	Eric Matten	Dre Molette
Katja Nelson	Ester Ocon	Gabriel Previterra
Jeffrey Rodriguez	Brian Rogers	Hector Saavedra
Brandon Simpson		
Commission on HIV (COH) Staff: Cheryl Barrit, Jose Rangel-Garibay		
Division of HIV and STD Programs (DHSP) Staff: Paulina Zamudio, Pamela Ogata		

1. Welcome and Introductions

Greg Wilson, Co-Chair welcomed attendees and led introductions.

2. Co-Chairs’ Report

a. Highlights from March 15 Planning, Priorities, and Allocations (PP&A) Committee Meeting

- Kevin Donnelly provided an overview of the March PP&A meeting. The PP&A Committee is working on updating the program directives for maximizing Ryan White Part A and Minority AIDS Initiative (MAI) funding for program years 32, 33 and 34.

3. Discussion: Survey development to assess Commissioner’s understanding and capacity to engage effectively in integrated planning

a. Articulate purpose and scope of survey

- The purpose of the survey is to better assess the capacity of commissioners to engage in prevention efforts for their specific needs. The survey will provide a

baseline for understanding attitudes, knowledge, and beliefs toward prevention planning.

b. Clarify audience/survey recipients

- The audience/survey recipients include Commission on HIV (COH) commissioners and those involved in HIV prevention services.

c. Identify key questions or areas of inquiry

- Areas of inquiry include identifying prevention service gaps, how to increase HIV prevention and intervention efforts, and addressing the ability of commissioners and HIV service providers to improve HIV prevention strategies.

d. Identify timeline for completion

- The PPW did not specify a timeline for completion.

4. Comprehensive HIV Plan 2022-2026 Update

- AJ King is in the process of developing two HIV workforce capacity surveys: one for consumers and one for providers. The surveys will be available in English and Spanish. The target date for survey dissemination is May 13th.
- AJ. King is working on hosting in-person community listening sessions to provide a space for feedback and engagement. Paulina Zamudio, DHSP noted that hosting a Spanish community listening session in only one health district creates a barrier for Spanish-speaking individuals who live in other districts. Dr. William King asked if AJ. King has identified health districts from which information will be gathered from. AJ. King responded that the health districts with high percentages of HIV diagnoses and people living with unsuppressed HIV will be chosen. Potential districts include Central LA, Hollywood, Wilshire, and South LA.
- K. Donnelly requested that AJ. King provide a definition of “status neutral approach.” A. King explained that a status-neutral approach refers to treating all people with equal dignity and respect and that all people have the same access to quality services regardless of their HIV status.

5. Commission on HIV Staff Updates

a. Staff support for PPW

- Cheryl Barrit will serve as support staff for the PPW.

b. PPW meeting time and day check

- C. Barrit informed the PPW that the conference rooms at the COH building are only available until 6pm. This is something for the PPW to consider once in-person meetings resume.

c. Planning for in-person, virtual, and/or hybrid meeting formats

- The Board of Supervisors (BOS) extended the continuation of virtual meetings through May 24th.

6. Next Steps and Agenda Development for Next Meeting

- The PPW will continue their discussion on the development of the survey to assess commissioners' understanding and capacity to engage effectively in integrated planning.
- The PPW will discuss and prioritize their goals for the rest of the year.
- Dr. King suggested holding an educational session on injectable PrEP. The information from this session can be distributed at the full body COH meeting.

7. Public Comment + Announcements

There were no announcements.

8. Adjournment.

The meeting adjourned at approximately 6:51 PM.



DRAFT FOR DISCUSSION ONLY
LOS ANGELES COUNTY COMMISSION ON HIV
PREVENTION PLANNING WORKGROUP
PREVENTION PLANNING KNOWLEDGE AND ABILITIES SURVEY

Purpose:

1. To create a strategy for ongoing assessment of the knowledge, attitudes, and beliefs (KAB) of participants of the LAC Commission on HIV to develop/modify strategies to increase the capacity of members to engage in prevention-focused planning activities.
2. To develop training and skills-building exercises to improve KABs on prevention-focused planning activities.

Audience: Commission members, including committee members only. Secondary focus on anyone in attendance at a commission meeting within the past 6 months.

Timeline: 3 months. Develop the survey during the months of May and June. Administer survey in July.

Survey Questions:

A. Demographics:

1. Questions about our usual demographic captures (Age, Race/Ethnicity, Gender, Sexual Orientation)
2. Experience with the Commission: Commissioner, Committee member
3. Length of time with Commission
4. Academic training
5. Length of Experience working with HIV

B. Knowledge Base

6. Which of the following bodily fluids CANNOT transmit HIV?
 - o Semen
 - o Vaginal Secretions
 - o Urine
 - o Breast Milk
 - o I don't know
7. Which of the following is NOT considered a biomedical intervention to prevent the spread of HIV?

- Pre-exposure prophylaxis (PrEP)
 - Internal condom/female condom
 - Female condom
 - Topical microbicide
 - Voluntary counseling and testing
 - I don't know
8. Which of the following biomedical interventions refers to the use of antiretroviral medication by HIV-negative individuals prior to HIV exposure with the goal of preventing HIV infection?
- Treatment as prevention (TasP)
 - Pre-exposure prophylaxis (PrEP)
 - Post Exposure Prophylaxis (PEP)
 - HIV vaccine
 - I don't know
9. From the list below, who is at the highest risk of acquiring HIV?
- An HIV-negative man who receives oral sex from an HIV-positive man
 - An HIV-negative woman who receives oral sex from an HIV-positive man
 - An HIV-negative man who has vaginal sex with an HIV-positive woman
 - An HIV-negative woman who has vaginal sex with an HIV-positive man
 - I don't know
10. Which of the following is NOT a way that a topical microbicide is believed to work?
- Contains an antiretroviral drug that blocks HIV activity directly
 - Stimulates the body's immune system to recognize and destroy HIV viral particles
 - Acts as a physical barrier to the mucosal lining of the vagina
 - Acts as a surfactant (detergent) or agent that buffers against and binds HIV
 - I don't know
11. "What do you think are elements of prevention? What are examples of interventions that prevent HIV?"
12. How familiar are you with California minor consent laws? (1 = Not familiar at all, 3 = somewhat familiar, 5 = very familiar).
13. How do you think HIV prevention services are funded in Los Angeles County?

C. Attitudes:

Commented [wk1]: I don't see any questions on STIs for knowledge, attitudes or beliefs. It would be interesting to see Attitudes and beliefs re SSP and safe injection sites.

Commented [wk2]: Should we table microbicide questions until there is a FDA approval for one that works?

1. In your own words, what does treatment as prevention mean?
14. In your own words, what does serostatus neutral mean?
15. In your words, what does HIV community planning mean?
16. How comfortable are you with utilizing health districts as the geographic lens for planning efforts? (1 = very uncomfortable, 2 = uncomfortable, 3 = neutral, 4 = comfortable, and 5 = very comfortable).
17. How confident are you in understanding prevention-related data? (1 = Not confident at all, 3 = somewhat confident, 5 = very confident).
18. A sex-positive approach to working with individuals includes all of the following, EXCEPT:
 - A. Discussing human anatomy
 - B. Using non-judgmental language
 - C. Urging them to be sexually active with other people
 - D. Supporting them in choosing their identity

D. Beliefs.

19. Please indicate how much you agree or disagree with the following statements. Assume the biomedical intervention is shown to be effective, and it will be used in combination with other effective prevention practices.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

- I believe Pre-exposure Prophylaxis (PrEP) can be effective at reducing new HIV infections.
- I believe Treatment as Prevention (TasP) could reduce new HIV infections.
- I believe suppressing HIV viral loads to undetectable levels with antiretroviral treatment reduces the risk of transmitting HIV to others.
- If properly funded and programmed, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in the UNITED STATES.
- If properly funded and programmed, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in MY COMMUNITY.
- I believe the use of PrEP could impede existing HIV prevention efforts in any of the following ways: providing a false sense of security, lead to reduced condom use, or lead to other high-risk behaviors.
- I have the proper knowledge and training to advocate for my community to use PrEP
- I have the proper knowledge and training to advocate for my community to use TasP to prevent new HIV infections.

- I have the proper knowledge and training to advocate for my community to use Long Acting Injectables to prevent new HIV infections.
- I believe that we have the proper knowledge and training to incorporate long acting antiretrovirals within my organization

From: [Martinez, Miguel](#)
To: [Barrit, Cheryl](#); [William D. King MD JD](#); "greg.itmt@yahoo.com"
Subject: PPWG list for discussion
Date: Tuesday, April 26, 2022 9:59:03 AM

Cheryl-

Per meeting wanted to share list (in no particular order) that Dr King, Greg and I develop around Ideas/Areas of focus for prioritization for a workplan for PPWG

- Develop and implement a survey of Commission members to look at knowledge, attitudes and beliefs (KAB) regarding prevention to guide further activities.
- Conduct a thorough evaluation of existing directives to infuse prevention focus.
- Recenter conversations and planning back to health districts including requesting prevention indicators (HIV and STD testing, PrEP uptake) by health district
- Advocate for a minimum number of prevention focused presentations each year.
- Look at creating space for supporting assessment of readiness for injectable PrEP (at provider level)
- Support PrEP Center(s) of Excellence for women (in line with recommendations with B/AA task force)
- Look at ways to support development of resources to build the capacity of smaller orgs to respond to RFAs/WOS/.....
- Engage in conversations around syringe exchange
- Review B/AA Task Force recommendations to identify prevention focused items
- Request data regarding HIV/Testing testing and DX and PreP for aging population

Miguel Martinez, MSW, MPH | Program Manager, Senior

Pronouns: He/Him/His

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