



## **(REVISED) BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE** **Virtual Meeting Agenda**

**Monday, May 24, 2021 @ 1-3PM**

To Register + Join by Computer: <https://tinyurl.com/28db569h>

To Join by Phone: +1-415-655-0001 | Access code: 145 496 2501

1. WELCOME + INTRODUCTIONS + CHECK IN 1:00pm – 1:05pm
2. COMMISSION CO-CHAIR REPORT 1:05pm – 1:30pm
  - Overview of Task Force Mission, Goal and Objective
  - Task Force Co-Chair Resignation
3. CO-CHAIR REPORT 1:30pm – 2:00pm
  - 5.10.21 BAAC Task Force Small Group Meeting | DEBRIEF + UPDATES
  - BAAC Task Force Small Group/Subject Matter Expert Meetings | REVISIT **\*\*ACTION ITEM\*\***
  - Committee, Caucus and Task Force Guidance | UPDATES
  - 4.26.21 Meeting Summary & Follow Up Items | REVIEW
4. DISCUSSION: 2:00pm – 2:55pm
  - DHSP Recommendations Tracker | REVIEW + FEEDBACK **\*\*ACTION ITEM\*\***
  - General Recommendation #9 **\*\*ACTION ITEM\*\***
    - Provide clear/concrete examples and feedback to DHSP on how current Request for Proposal (RFP) language around mandatory minimum requirements “boxes” out potential applicants
  - General Recommendation #3 **\*\*ACTION ITEM\*\***
    - Develop/determine a Targeted PrEP Social Media Marketing Campaign to Include General + Subpopulations
      - Continue review of existing campaigns, i.e. [Ready, Set, PrEP: I’m Ready](#), [Black AIDS Institutes \(BAI\) Black Women’s PrEP ToolKit](#) for ideas and a starting point
      - Develop/determine PrEP social media marketing campaign and provide final feedback to DHSP
  - General Recommendation #1 **\*\*ACTION ITEM\*\***
    - DHSP Implicit Bias Provider Training
      - Priority setting for training timeline & who gets trained, when
      - Identify training partners; consider “train the trainer” approach
5. NEXT STEPS/FOLLOW UP ITEMS/AGENDA DEVELOPMENT 2:55pm – 2:57pm
6. PUBLIC COMMENTS & ANNOUNCEMENTS 2:57pm – 3:00pm
7. ADJOURNMENT 3:00pm



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### **CODE OF CONDUCT**

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. 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 strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 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) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**



## **Black/African American Community (BAAC) Task Force May 24, 2021**

### Background & Mission

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

### Goals & Objectives

- Identify strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- Identify HIV prevention, care and treatment best practices in the Black/AA community
- Identify specific strategies to reduce HIV stigma in the Black/AA community

### Key Accomplishments

- Developed a comprehensive and community driven set of general and subpopulation-specific recommendations
- Held a hugely successful special panel presentation of Black medical professionals addressing HIV in Black/AA communities in February 2020 in commemoration of National Black HIV/AIDS Awareness Day
- Issued a solidarity statement in response to the George Floyd, Jr. murder and racial injustices
- Developed a Commitment Statement to reconstitute the Task Force's mission
- Developed an Task Force Interest Form for recruitment and outreach
- Successfully submitted relevant recommendations to the County's new PROSPERLA initiative; the County's effort to solicit innovative ideas to streamline the County's contracting process, assist businesses, and identify potential cost-savings to County operations
- Participated in the February 2021 PACE (Prevention through Active Community Engagement) Townhall in commemoration of National Black HIV/AIDS Awareness Day
- Developed a social media tool kit promoting the recommendations and the task force that was released February 2021 in commemoration of Black History Month and National Black HIV/AIDS Awareness Day
- Successfully accomplished General Recommendation #1:
  - Compiled and submitted list of training topics to DHSP
  - DHSP is incorporating requested trainings into new and renewing DHSP contracts
  - DHSP developed a comprehensive Implicit Bias training for all DHSP contracted providers
- Currently working with DHSP to develop a community wide PrEP social media marketing campaign with focus on the general Black/AA community and its subpopulations, i.e. women, trans, MSM, youth, IUD
- Currently working with DHSP to address key recommendations #3 and #9, and other recommendations identified within its scope

- Commission incorporated recommendations into its planning activities:
  - Public Policy Committee included recommendations into its policy priorities and legislative docket
  - Planning Priorities & Allocations Committee included the task force recommendations in its program directives
  - Additional Committees, Caucus and Task Forces have included the recommendations in their work plans and are strategizing ways to incorporate into its planning activities
- Recommendations were included in the Commission's Annual Report to the Board of Supervisors and included in the RWP Grant Application and progress reports to HRSA.



**(REVISED) Black/African American Community (BAAC) Task Force  
Recommendations**

October 10, 2019

**Introduction**

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

**Healthcare Disparities in the Black/AA Community**

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.<sup>(1)</sup> In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**<sup>(2)</sup>

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).<sup>(2)</sup>

**The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) was among African Americans (18 per 100,000).** The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).<sup>(2)</sup>



Black/AA Care Continuum as of 2016<sup>(3)</sup>

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
<b>African American</b>	<b>9,962</b>	<b>54.2%</b>	<b>65.9%</b>	<b>49.7%</b>	<b>50.3%</b>	<b>53.0%</b>
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period. <sup>(4)</sup>

**Objectives:**

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

**General/Overall Recommendations:**

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity . . . you’re at risk of HIV” in an effort to reduce stigma.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.



5. Support young people's right to the provision of confidential sexual health care services.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.
12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.
13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.



14. Increase mobilization of community efforts to include:

- a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
- b. Condom distribution in spaces where adults congregate;
- c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
- d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
- e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
- f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPep.

**Population-Specific Recommendations:**

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.<sup>(4)</sup>

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.



6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.<sup>(4)</sup>

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.<sup>(4)</sup>

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.



5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
  - a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
  - b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
  - c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.
  
6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:
  - a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
  - b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.
  
7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.



8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.
9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

Black/African American Men Who Have Sex with Men (MSM):

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. (4)

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.
2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.
3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.
4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.



## Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AIDS Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – “if you are sexually active, you are at risk”.

The adage is true – “to reach them, you have to meet them where they are” - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).



## Endnotes

1. [Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218](https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia;RH1225218)
  2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)<sup>i</sup>
  3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
  4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28
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THE LOS ANGELES COUNTY COMMISSION ON  
HIV BLACK/AFRICAN AMERICAN COMMUNITY  
(BAAC) TASK FORCE CORDIALLY INVITES THE  
COMMUNITY TO:



## A NATIONAL BLACK HIV/AIDS AWARENESS DAY (NBHAAD) PANEL DISCUSSION

The BAAC Task Force was formed in response to the 2019 Commission on HIV NBHAAD panel discussion to address the disproportionate impact of HIV/AIDS in the BAAC. This year, in commemoration of 2020 NBHAAD, the Task Force has convened a panel of Black/African American medical providers to share their experiences and best practices in serving Black/African Americans impacted by HIV/AIDS and STDs in Los Angeles County and address barriers and social determinants of health that disproportionately affect Black/African Americans and to identify solutions in ending the HIV epidemic once and for all.

Esteemed panelists to include:

**Derrick L. Butler, MD, MPH**

Chief Medical Officer

T.H.E. Health and Wellness Center

**Condessa Curly, MD, MPH, MBA**

Medical Director Clinic Services

Los Angeles County Department of Public Health

**William D. King, MD, JD, AAHIVS**

Founder + CEO

W King Health Care Group

**Rochelle Rawls, PA**

LAC+USC Medical Center, Rand Schrader Clinic

**WHEN:**

THURS, FEBRUARY 13, 2020  
10:00AM

\*Panel discussion is part of the  
Commission meeting which begins  
promptly at 9:00am

**WHERE:**

ST. ANNE'S CONFERENCE CENTER  
155 N. OCCIDENTAL BLVD.  
LOS ANGELES, CA 90026

\*\*Complimentary onsite parking  
available

\*\*\*CHILD CARE SERVICES AVAILABLE.  
TO RESERVE A SPACE, PLEASE  
CONTACT DAWN MCCLENDON AT  
DMCCLENDON@LACHIV.ORG OR 213.  
639.6716 NO LATER THAN FEB 10<sup>TH</sup>.

FOR MORE INFORMATION ABOUT  
THIS EVENT OR THE BAAC TASK  
FORCE, PLEASE CONTACT:



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## **TO END HIV, WE MUST END RACISM**

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On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV  
Black/African American Community (BAAC) Task Force

**#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE**

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.

## Black African American Community Task Force Commitment Statement

The Black African American Community Task Force (BAAC) convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the Los Angeles County (LAC) Commission on HIV (COH) and Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs<sup>i</sup> in all subsets of the Black/African-American (Black/AA) community by utilizing a community-wide mobilization effort.

With the full understanding that among **preventable, curable and medically manageable health conditions, Black/AA populations continue experience worse outcomes when compared with all other demographics across LAC, the BAAC aims to:**

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders to end HIV in the Black/AA community
- **Identify** HIV prevention, care, and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community



### Who we are:

The BAAC 'Village' is comprised of community advocates, leaders, and health care professionals. The diversity of both professional and life experience provides a unique opportunity to advise the DHSP; and other bodies who serve Black/AA people, on processes that ensure equitable allocation of funding and resources that will impact our people currently living with or at risk for HIV.

The BAAC actively focuses its efforts on equity, justice, and equality<sup>ii</sup> as the historical disparities in HIV morbidity and mortality is a direct reflection of unequal access to HIV prevention and treatment services. We believe equality requires the allocation of resources be proportionate to HIV incidence and prevalence. Equity considers the harmful impact of systemic racism, genderism, classism, and misogyny<sup>iii</sup> and recognizes resource distribution will not by itself close the historic health gap between Black/AAs and non-Black/AAs.

**Nothing about us without us!**

The BAAC will continue to operate from a position of solidarity and strength. The BAAC recognizes that it is comprised of individuals who share a common bond being vested within the Black/AA HIV community. We fully recognize that member diversity may lead to differences in problem solving approaches, opinions, and communication, which if unresolved, not celebrated, and unappreciated, can and will lead to a malfunctioning body. To remedy this, all members of the BAAC agree to a code of conduct exemplifying excellence, respect for self and other taskforce members and constructive methods of communication that honor and support our variety of viewpoints and opinions.

The BAAC is united in ensuring that the COH and DHSP is actively aware of disproportionate HIV/STI related outcomes by race, sex/gender, and class. We remain proactive in providing solutions that are constructed and discussed through an antiracist and antimisogynistic lens. The BAAC is unwilling to accept the current status quo that perpetuates continued lack of adequate medical care, support, and well-being.

As a testament to our commitment to the betterment of the sexual health of Black/AA in Los Angeles County, the BAAC offered 14 general/overall recommendations and 9 population-specific recommendations for consideration by the COH and DHSP. We invite all caucuses, committees, and working group of the COH, and leadership of DHSP to embrace these comprehensive recommendations to guide the development and allocation of resources that impact the most marginalized communities of Black/AA people.

***We consider these our truths and intentions respectfully submitted on behalf of the COH BAAC.***

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<sup>i</sup> At year-end 2019, there were 52,004 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) of those individuals diagnosed with HIV were Black/AAs, while representing only 8% of the population in LAC.** ([LAC HIV Surveillance Annual Report \(2019\)](#)), Division of HIV and STD Programs, LAC Department of Public Health.)

According to the [LAC HIV Surveillance Annual Report \(2019\)](#), there are continued disparities in HIV diagnosis by population. **Black men and women had higher rate of HIV diagnosis** compared with other race/ethnicity groups. **Populations with lowest achievements in linkage to care included Blacks/AAs. Treatment coverage was lowest for Blacks/AAs** while the **greatest disparities in viral suppression also included the Black/AA population.**

Acquired Immunodeficiency Syndrome (AIDS) is now called "stage 3" per the World Health Organization's 2010 disease progression classification, (<https://journalofethics.ama-assn.org/article/who-clinical-staging-system-hivaids/2010-03>). **In Los Angeles County, the highest rate of stage 3 (AIDS) diagnoses was among African Americans (18 per 100,000).** The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).

<sup>ii</sup> **Equity** (defined as the quality of being fair and impartial. "equity of treatment"). **Equality** is defined as the condition of being equal, or the same in quality, measure, esteem or value. **Disparities** - a noticeable and usually significant difference. (<https://www.merriam-webster.com/>)

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iii **Systemic racism** – Institutional racism, also known as systemic racism, is a form of racism that is embedded as normal practice within society or an organization. It can lead to such issues as discrimination in criminal justice, employment, housing, health care, political power, and education, among other issues. These systems can include laws and regulations, but also unquestioned social systems. Systemic racism can stem from education, hiring practices or access. (<https://theconversation.com/explainer-what-is-systemic-racism-and-institutional-racism-131152>)

**Genderism** – Genderism may refer to: Gender binary, the classification of gender into two distinct, opposite, and disconnected forms of masculine and feminine. Gender essentialism, the theory that universal features in social gender are at the root of all differences between men and women. The belief that gender is a binary, comprising male and female, and that the aspects of a person's gender are inherently linked to their sex at birth. (<https://psychology.wikia.org/wiki/Genderism>)

**Classism** – prejudice or discrimination based on social class or a biased or discriminatory attitude based on distinctions made between social or economic classes; the viewing of society as being composed of distinct classes. (<https://www.nccj.org/classism-0>)

**Misogyny** – hatred, dislike, or mistrust of women, manifested in various forms such as physical intimidation and abuse, sexual harassment and rape, social shunning, and ostracism, etc. *The underlying misogyny in slut-shaming; historically witch hunts were an embodiment of the misogyny of the time.* Ingrained and institutionalized prejudice against women; sexism. (<https://www.merriam-webster.com/dictionary/misogyny>)



# Black African American Community (BAAC) Task Force TASK FORCE INTEREST FORM

The Black African American Community Task Force (BAAC) was formed in 2019 to develop a progressive and inclusive agenda to address, reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/African-American community by utilizing a community-wide mobilization effort.

To join in these efforts, we ask that you complete a short interest form.

Name: \_\_\_\_\_ Agency/Org Affiliation, If Any \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Commission Member: YES  NO  \*If no, are you interested in becoming a member? YES  NO

Are you able to commit 4-6 hours per month? Active participation and attendance at meetings are required. YES  NO

Do you have professional or personal experience in HIV/STD planning and/or advocating for the health and wellness of Black/African American communities in Los Angeles County? If so, please provide a brief summary of that experience.

Starting with 1 being the highest, please rank skills and expertise you are able and willing to contribute to the BAAC Task Force?

- |                                      |                             |
|--------------------------------------|-----------------------------|
| ___ Planning/ Strategic Thinking     | ___ Design                  |
| ___ Advocacy/ Activism               | ___ Direct Services Insight |
| ___ Research/ Evaluation             | ___ Communications          |
| ___ Community/ Leadership Engagement | ___ Other: _____            |

Please provide 1-3 examples on how the BAAC Task Force, as a planning body, can better meet the needs of Black/African Americans living with and impacted HIV/STDS.

- 1.
- 2.
- 3.

**Please email the Member Interest Form to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).  
Staff will contact you upon receipt for next steps. Thank you.**

**From:** McClendon, Dawn  
**To:** Danielle Campbell (danielle.m.campbell@gmail.com); ms.danielle.campbell@gmail.com; Greg Wilson  
**Cc:** Barril, Cheryl; Echols-Watson, Carolyn  
**Subject:** Confirmation of BAAC TF Recommendations Submitted to ProsperLA  
**Date:** Tuesday, November 17, 2020 12:25:00 PM  
**Attachments:** image001.png  
image002.png  
image003.png  
image004.png

Hi Danielle and Greg, just a FYI. I was hoping I'd get a copy of what was submitted, but so far this is all that I've received. I did attached the full BAAC TF recommendations in addition to submitting the specific recommendations agreed upon. I will keep watch on the updates to see if any of the task force's recommendations were accepted as an "actionable idea" and included in their quarterly report – cross fingers. Great job! - Dawn

#### grati-tude

*/'græd̩ t(y)ʊd̩/*

the quality of being thankful; readiness to show appreciation for and to return kindness.

#### Dawn P. McClendon (she.her.hers)

Assistant Director

Los Angeles County Commission on HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010

**\*County offices are closed to the public due to COVID-19 until further notice\***

Direct Cell: 213.509.9199

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Website: <http://hiv.lacounty.gov>

To join our email listserv, subscribe by clicking [here](#)



To end HIV, we must end RACISM. Click [here](#) for the Commission's Statement of Solidarity



Visit [www.hivconnect.org](http://www.hivconnect.org), a new online tool for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.

Disclaimer: This message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail in error, please notify the sender immediately.

# Stop HIV Together

a virtual panel discussion with  
Black American Community Leaders



**WEDNESDAY, FEBRUARY 24, 2021  
11:00 AM – 12:15 PM PST**

In Honor of **National Black History Month and National Black HIV/AIDS Awareness Day**, please join the *Prevention through Active Community Engagement Program*, Los Angeles County Commission on HIV, Faith-Based Action Coalition of San Diego, Christie's Place and the LGBTQ Center Long Beach on a virtual panel discussion with Black American community leaders to **increase awareness, spark conversations, and highlight missed opportunities to reduce HIV in the Black American community.**

## REGISTRATION IS NOT REQUIRED

Join from the **Meeting Link**

<https://hhs.webex.com/hhs/j.php?MTID=m0c0ed6010adf9b4b24f19e37ad487ad7>

Meeting number (Access code): 1991459867

Meeting password: mPx4wC3JdJ3

Join by **Phone** +1-415-527-5035

Access code: 1991459867#

**LOS ANGELES COMMISSION ON HIV  
BLACK/AFRICAN AMERICAN COMMUNITY  
TASK FORCE**

**CHRISTIE'S PLACE**

**FAITH-BASED ACTION COALITION  
OF SAN DIEGO**

**THE LGBTQ CENTER LONG BEACH,  
TRANSGENDER HEALTH PROGRAM**

## JOIN US TO LEARN THE FOLLOWING

- 1 Review key federal activities and ending the HIV Epidemic updates centered on Black American lives.
- 2 Raise awareness about how HIV/AIDS disproportionately affects the Black American community.
- 3 Consider the impact of stigma, discrimination, and other social determinations of health on ending the HIV Epidemic among Black American communities.
- 4 Share best practices for addressing missed opportunities to eliminate HIV disparities and inequities in the Black American community, combat HIV-related Stigma and advance HIV prevention, diagnosis, and treatment.

**#NBHAAD**



Ending  
the  
HIV  
Epidemic





# BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

## SOCIAL MEDIA TOOL KIT

### PURPOSE

Bringing awareness to and calling for community participation in joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve HIV-related health outcomes for our Black/African American communities in Los Angeles County.

### CALL TO ACTION

Please join us in mobilizing our efforts and share this Social Media Tool Kit far and wide in your communities.

**#nothingaboutuswithoutus**

Click links below to access resources

[COMMITMENT STATEMENT](#)

[STATEMENT OF SOLIDARITY](#)

[RECOMMENDATIONS](#)

[SOCIAL MEDIA POSTS](#)

[Sample #1](#)

[Sample #2](#)

[Sample #3](#)

[Sample #4](#)

[Sample #5](#)

[HASHTAGS](#)

[#nothingaboutuswithoutus](#)

[#BAAC](#)

[#BAACNBHAAD](#)

[INTEREST FORM](#)





**BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE  
SUGGESTED TRAINERS/CONSULTANTS + TRAINING CURRICULUM TOPICS  
(Updated 3.19.21)**

At its January 6, 2021 Pre-Meet with the BAAC Co-Chairs to address the BAAC Recommendations, in relation to Recommendation #1, DHSP requested the BAAC Task Force provide suggestions on trainers and training curriculum topics. The BAAC Task Force’s response is as follows:

<b>TRAINERS/CONSULTANTS</b>
<a href="http://www.traliant.com">www.traliant.com</a>
Diane Burbie @ The Aspire Group
Dr. David Malenbranche
<b>TOPICS</b>
<ul style="list-style-type: none"> <li>• Anti- Blackness</li> <li>• Behavioral Determinants of Health</li> <li>• Colorism</li> <li>• Counterculture</li> <li>• Cultural Competency</li> <li>• Diversity, Inclusion &amp; Sensitivity, Unconscious Bias, and Microaggressions in the Workplace</li> <li>• Homophobia/ Transphobia</li> <li>• Implicit and Unconscious Bias</li> <li>• Internalized Stigma</li> <li>• Intersectionality</li> <li>• Intersection of Homophobia and Race</li> <li>• Microaggressions</li> <li>• Misogamy</li> <li>• Preventing Discrimination and Harassment</li> <li>• Privilege</li> <li>• PTSD/ to include Post Traumatic Slavery Disorder</li> <li>• Racialized Trauma</li> <li>• Social Determinants of Health</li> <li>• Supremacy/ White and other</li> <li>• Systemic Racism</li> <li>• Toxic Masculinity</li> <li>• Medical Mistrust: Teach on historical and current medical history that leads to medical mistrust: medicine during slavery: e.g., Marion Sims, antebellum medicine; germs with color lines; Tuskegee syphilis experiment, forced sterilization, experimentation in Guatemala and in the incarcerated</li> <li>• Importance of physician: patient racial concordance and impact on positive health care outcomes and improved access</li> <li>• Paucity of physicians of color so need for these programs for non-AA and Latinx health care workers to not address racial and social stereotypes when developing these programs, addressing implicit and explicit bias, systemic racism within the health care system</li> <li>• History of the Black Church in community engagement and in early stigma, homophobia</li> </ul>



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HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

## **BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE**

### **Meeting Summary for 4.26.21**

*\*Attendance may be verified with Commission staff\**

#### **1. WELCOME + INTRODUCTIONS + CHECK IN**

Co-Chair Greg Wilson opened the meeting and led introductions.

#### **2. EXECUTIVE DIRECTOR/STAFF REPORT**

Cheryl Barrit, Executive Director, provided the following Commission updates/activities:

- Public Policy Committee is finalizing their 2021 legislative docket which incorporate BAAC recommendations
- Planning, Priorities & Allocations (PP&A) Committee is reviewing the priority setting and resource allocations (PSRA) that was approved last year and the program directives which also include BAAC recommendations
- Standards and Best Practices (SBP) Committee are reviewing and updating the Home-Based Case Management, Benefit Specialty, Substance Abuse Residential Treatment service standards.
- Executive Committee selected Bridget Gordon, Katja Nelson and Kevin Stalter as the Commission liaison for DHSP's Ending the HIV Epidemic (EHE) Steering Committee, replacing Al Ballesteros. The team will provide ongoing updates and participate in information sharing between the steering committee and the Commission.
- Community engagement and HIV awareness events have been planned by the Commission; all are encouraged to attend:
  - April 29, 2021 youth panel in commemoration of National Youth HIV/AIDS Awareness Day
  - May 6, 2021 age sensitivity training in partnership with Scan Health Plan

#### **3. CO-CHAIR REPORT**

- G. Wilson reported that he and Danielle Campbell attended the San Diego HIV Planning Council, Faith Based AIDS Coalition (FBAC) meeting and provided a brief overview of the BAAC Task Force, framed the purpose of the recommendations and engaged in information sharing with the group. G. Wilson expressed that the BAAC Co Chairs will continue to find ways to be more visible in representing the Task Force.
- D. Campbell reported that the Co-Chairs are working with staff to schedule rounds with the Committees, Caucuses and Task Forces to provide guidance on how to best incorporate the recommendations into their planning activities.
- G. Wilson reminded the group that the Co-Chairs were elected on January 27, 2020 and to prepare for elections in January 2022 as the Task Force agreed to two-year staggered terms for Co-Chairs.
- D. Campbell led the group in reviewing the March 22, 2021 task force meeting summary.

#### 4. DISCUSSION:

##### DHSP Provider Implicit Bias (IB) Training Presentation

Amber Wilburn, PhD, MPH, led the group in a review of the updated IB training slides for final feedback. Feedback included:

- Include historical context dating back to Spain where race was used to justify slavery
- Add Truvada & Gilead as examples and race-based qualifiers on how the affects of these drugs impact bone density and kidneys of Black/AA people, as example.
- Include examples when addressing implicit bias and medical experimentation
- Add “Historical Trauma Response” (HTP)
- Include a role play or includes specific questions on how to advocate for healthcare
- Add a Glossary
- Include more user/community friendly language; eliminate technical language
- Include an evaluation at the end of the training to assess comprehension of the training to include 20-25 multi choice and fill in the blank options, including but not limited to the following topics:
  - IB definition
  - Medical Mistrust
  - Cultural Humility

A. Wilburn noted that the training will be made available on the DHSP website under the Training tab; providers will be able to register online. Training will be required for all DHSP-contracted providers.

The final version of the IB training slides will be presented to the Task Force when they are available.

Mario J. Pérez, Director, DHSP, noted that the IB training will be a living presentation and will be modified appropriately as needed.

M. Pérez indicated that given DHSP’s training capacity and the amount of provider staff needing to be trained, it is important for the Task Force to prioritize which staff and agencies are trained first; perhaps consider prioritizing agencies according to the services provided, i.e. Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), and HIV Testing.

M. Pérez also suggested that the Task Force will need to identify training partners to help provide the IB training; perhaps consider “train the trainer” approach. If relying upon DHSP exclusively, it will take a very long time to train all provider staff. M. Pérez requested that the Task Force determine:

- Priority setting
- Secure trainers outside of DHSP

##### Develop a Targeted PrEP Promotional Campaign to Include Subpopulations

Julie Tolentino, MPH, DHSP EHE Program Coordinator, led the group in a review of a compilation of existing PrEP social media campaign promotions by other jurisdictions around the country, courtesy of Phil Hendricks.

J. Tolentino stressed the importance of not recreating the wheel in the essence of time and efficiency and recommended that the Task Force utilize one or more of the existing campaigns and fill in the gaps where needed.

The Task Force suggested that the following subpopulations be included in the campaigns:

- Trans individuals
- Substance users

#### **5. Next Steps/Follow Up Items/Agenda Development**

- DHSP to update IB training slides and present final version to Task Force
- Task Force to prioritize who receives IB training and in what order; create a timeline
- Task Force to provide feedback on the PrEP social media campaign samples as a starting point
- Task Force to provide DHSP feedback (concrete examples) on the Mandatory Minimum Requirements (MMR) which narrow Request for Proposals (RFP); identify what obstacles are present so that DHSP can determine whether there is an opportunity to make adjustments/modify RFPs.
- Dawn Mc Clendon, COH Staff, will send out a proposed small group meeting schedule to interested parties via a Doodle Poll following the meeting.

#### **6. Public Comment + Announcements**

- Genevieve Clavreul commented that Black people have different absorption rates/levels of medications relating to PrEP intake and that there are no discussions being held on this topic.
- Next BAAC meeting is Monday, May 24 @ 1-3pm.

#### **7. Adjournment**



**Black African American Community (BAAC) Task Force (TF) &  
Division of HIV/STD Program (DHSP)  
Leadership Meeting Recap  
May 10, 2021**

Attendees: Danielle Campbell & Greg Wilson, BAAC Task Force Co-Chairs; Bridget Gordon, COH Co Chair; Mario J. Pérez, Paulina Zamudio and Julie Tolentino, DHSP; and Cheryl Barrit and Carolyn Echols Watson, Commission staff

Meeting Objective: To coordinate future BAAC TF meetings and maximize time and focus in discussing TF recommendations with DHSP. Discussions included clarifying, analyzing, and assigning actions to BAAC TF recommendations related to Implicit Bias training, Biomedical/PrEP services and campaigns, and minimum mandatory requirements (MMRs) for Request for Proposals (RFP).

The follow are highlights of the discussion.

- DHSP and BAAC TF Co-Chairs confirmed the TF had no further feedback regarding the Implicit Bias training presented by DHSP. The training will now be finalized by DHSP.
- DHSP sought specific examples of MMRs causing barriers to BAAC organizations when applying for provider contract services.
  - It was noted that some providers may not have all technical resources needed to be successful in their grant applications.

DHSP noted that requirements are in place to give the best shot of funding services that the community deserves, meet service standards, and ensure quality services for the community

- DHSP requires providers to define services provided and who is served.
- DHSP defines some of the MMRs to include 1. Nonprofit; 2. Medical Licensing; 3. HIV Specialist; 4. Adhere to HIV standards; 5. Ensure that DHSP performance standards are met
- B. Gordon, COH Co-Chair, suggested requiring providers that are not HIV specialists to be required to obtain training as part of the contract. Thus, eliminating the barrier of being a specialist at the time of applying. Additionally, it was noted the RFP process systematically excludes some and entitles others in the process.
- DHSP noted technical assistance has been provided to organizations in the past by DHSP, but due to high staff turnover in some agencies, the knowledge imparted left with individuals that received the training. DHSP recommended to build organizational capacity, which includes not only assistance with application completion, but also implementation and establishing of organizational systems to sustain contract requirements. This would include establishing written policies and procedures to maintain the technical knowledge received.
- DHSP noted agency staff understanding of contract requirements is needed. Implementation is a critical issue.
- B. Gordon, COH Co-chair, requested a copy of DHSP MMRs.

- DHSP will review the 5 largest service categories (by investment) and extract the MMRs used. These will be provided to BAAC TF Co-Chairs and COH Co-Chairs. The Vulnerable Populations and other prevention RFP MMRs will be included as well.
- DHSP requested a conversation on biomedical services among medical providers for technical assistance and capacity building. LaShonda Spencer, MD and William King, MD, and Dr. Butler were noted as experts that should be included in this conversation.
- DHSP discussed possibly partnering grant applicants with an agency such as Southern California Grant Makers to provide technical assistance in submitting responses to RFPs. It was noted, the appearance of favoritism and/or transparency in such an effort needs to be considered to reduce the probability of lawsuits against the County and the providers selected through the RFP process.
- Danielle Campbell noted smaller agencies may want to partner with bigger agencies to obtain contracts. (Essentially a subcontractor to the larger agency.)
  - David Lee and Carl Highshaw were noted as having comments about MMRs and capacity building. DHSP requested a meeting with them in attendance to obtain their input on specific issues and barriers with regard to MMRs
- Biomedical prevention and PrEP social marketing campaign were discussed. It was noted, staff sent BAAC TF an email reminder requesting feedback on the campaign information provided by DHSP at a previous BAAC TF meeting.
  - All responses received will be provided to DHSP.
  - *The idea of conducting focus groups for each of the BAAC TF priority populations to get their feedback on the sample social marketing campaigns provide by DHSP.*
  - DHSP and BAAC TF Co-Chairs agree to the following criteria when establishing focus groups to gain feedback on sample PrEP and PEP campaigns and, if those examples will not work for the community, establish ideas for new campaigns.
    - Used trusted community members to lead the groups
    - Use CABs from the Vulnerable Populations program to participate in the focus groups. G. Wilson stated he could have this completed by the end of May).
    - Administer a focus group focused on women and the transgender community.
    - Luckie Fuller, Unique Women’s Coalition, and Dahlia Ferlita were noted as resources for establishing this group(s).
    - Include DHSP EHE campaign slides in the focus groups
    - DHSP staff suggested working with Connect 2 Protect Los Angeles for the focus groups. G. Wilson stated that there should be a discussion specifically focused on Black YMSM.
    - G. Wilson stated In the Meantime will administer a focus group for the African American MSM population.
    - D. Campbell stated she will coordinate/lead the focus groups for ciswomen and transgender populations and also noted that she can get the focus groups completed by the end of May.
    - DHSP will work with Entercom to
      - Draft focus group questions
      - DHSP stated the organization has the expertise to get specific and useful information from focus groups. They can elicit honest feedback.
        - DHSP indicated they need to know if some of the current established campaigns (presented as examples to the BAAC TF) can be used right now with minimal change.
        - Second, DHSP wants to obtain new campaign ideas for implementation in the long term.

- DHSP wants to know what components of the campaign are most effective (i.e., flyer, pamphlets, radio ads, social media, etc.)
    - Focus groups will be setup through ZOOM as a more user-friendly platform.
    - Focus group time was identified to be most effect between 6-7PM
- B. Gordon requested an updated DHSP response to BAAC TF recommendations. The tracking grid is to be sent to B. Gordon, D. Lee, G. Wilson, and D. Campbell.
  - DHSP has agreed to provide.
- May 24, 2021 from 1-3pm is the next BAAC TF meeting. DHSP did not have it on calendar but was open to attending.
  - C. Barrit will establish WebEx meeting for May 24, 2021 from 1-3PM
- G. Wilson expressed a desire to do away with small group meetings. He “did not want to exclude anyone”.
- G. Wilson stated he would no longer attend any small group meetings.
- DHSP agreed to meet every 2 weeks if BAAC TF preferred.
- DHSP suggested Co-Chairs review all recommendations and identify those recommendations requiring the entire TF participation and those that required subject matter experts such as Biomedical services.
- DHSP wants to review all BAAC TF recommendations expeditiously.
- DHSP requested the TF close the loop on issues. That would include the following. 1) Ensuring the right people at the meetings to ensure productive; 2) Clearly identify topics for discussion at the full TF and small group meetings; 3) establish TF deadlines.
  - DHSP requested BAAC TF reconcile the meetings issue by Thursday, May 13, 2021 Commission meeting.

Los Angeles County Department of Public Health  
 Division of HIV and STD Programs  
 Tracking Document: COH Black/AA Task Force Recommendations & Related COH Directives, Y30-32  
 Updated 5/20/21

**Black/African American Task Force Recommendations**

Recommendation	DHSP Response	Next Steps/Notes
<b>General Recommendations</b>		
1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.	Confirmed as an allowable inclusion by County Counsel. Developed and presented Powerpoint presentation to Taskforce at two meetings to garner feedback.	DHSP next steps: a. DHSP will begin to schedule trainings with current providers. b. Future efforts: Develop contracting monitoring process.
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity... you’re at risk of HIV” in an effort to reduce stigma.	U=U Campaign included a Language Matters guide to help reduce stigma among providers and within the community.	DHSP & Task Force: a. Distribute U=U Language Matters guide to increase promotion throughout the community. <a href="http://publichealth.lacounty.gov/dhsp/U=U/Entercom-U=U_Kit-LanguageMatters_final.pdf">http://publichealth.lacounty.gov/dhsp/U=U/Entercom-U=U_Kit-LanguageMatters_final.pdf</a> b. Continue to promote person first language within DHSP and to contractors. c. Encourage community engagement teams and other groups to adopt inclusive messaging.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.	Interested in hearing potential marketing strategies from the Task Force.	Task Force next step(see recommendation #6): a. Submit invitation list for focus groups to DHSP for review. b. Conduct focus groups with key stakeholders on development of community-led campaign (Task Force, CABs, Consumer Caucus, providers) in collaboration with Audacy (DHSP marketing contractor).

Recommendation	DHSP Response	Next Steps/Notes
		DHSP next steps: a. Work with marketing vendor and TaskForce Co-Chairs once ready to schedule focus group meetings. b. Print and/or promote campaign materials when developed.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.	DHSP contracts with CBOs under the premise that CBOs understand the communities they serve and provide culturally appropriate resources.  Examples: Vulnerable Population contracts, CAB requirements include resources that have been invested to support culturally appropriate and relevant interventions.	DHSP Next Steps: a. Explore and identify limitations and solutions on current CBO resources. b. Consider standardized evaluation of current programs serving Black/AA populations.
5. Support young people’s right to the provision of confidential sexual health care services.	Provider guide developed. DHSP works with multiple organizations and groups to support this effort (C2PLA, YCABs and (pending) PS 18-1807, Planned Parenthood? Student Wellness Centers?)	Will continue to support activities that support this recommendation.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.	Currently aligning with the new federal PrEP campaigns under EHE (Ready, Set, PrEP and I’m Ready). Interested in utilizing resources to implement PrEP uptake strategies in EHE Plan.  During U=U focus groups, community requested not to target subsets of populations to avoid stigmatization.	Task Force next steps (see recommendation #3): a. Per 5/10/21 meeting: COH staff sent PrEP campaigns to group for feedback/recommendations. b. Submit invitation list for focus groups to DHSP for review. c. Conduct focus groups with key stakeholders on development of community-led campaign (Task Force, CABs, Consumer Caucus, providers) in collaboration with Audacy (DHSP marketing contractor).  DHSP next steps: d. Obtain focus group questions from Entercom to share with COH. e. Work with marketing vendor to print and/or promote materials.

Recommendation	DHSP Response	Next Steps/Notes
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.	Outside of DHSP scope.	DHSP will communicate with research partners as needed.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.	DHSP utilizes local data to inform program development.	DHSP Next Steps: <ol style="list-style-type: none"> <li>a. Expand surveillance capacity and data to care activities under EHE; delayed due to COVID response.</li> <li>b. Update Health District maps with the most recent data as staff capacity increases.</li> <li>c. Explore other data sets including the Healthy Places Index as it relates to the social determinants of health and the Office of Health Assessment and Epidemiology (OHAE) neighborhoods.</li> </ol>
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.	Outside of DHSP scope. See response below for #11.	Task Force Next Steps: <ol style="list-style-type: none"> <li>a. Gather specific details regarding technical assistance for culturally sensitive services.</li> </ol> COH Next Steps: <ol style="list-style-type: none"> <li>a. Submitted recommendation to re-examine MMRs to Prosper LA as part of community wide call.</li> </ol>
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.	Ongoing effort to engage and recruit new CBOs, in addition to new partnerships/voices.	DHSP Next Steps: <ol style="list-style-type: none"> <li>a. Will continue efforts and is open to CBO recommendations.</li> </ol> Task Force Next Steps: <ol style="list-style-type: none"> <li>a. Identify new CBOs/partners and share with DHSP.</li> </ol>
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined “Proposer’s Minimum Mandatory Requirements.” This discriminatory practice purposely disqualifies	Discuss further with Task Force. County contracting process is intended to be equitable/fair, however there is always room for improvement. Note that program	Task Force Next Steps: <ol style="list-style-type: none"> <li>a. Gather specific details regarding the MMRs from D.Lee, C.Highshaw, W.King and others.</li> </ol>

Recommendation	DHSP Response	Next Steps/Notes
<p>existing relevant CBOs and other agencies that provide intersection health and human services. When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.</p>	<p>development and contracting processes are subject to County requirements and may be outside of DHSP scope.</p> <p>Agencies need infrastructure to support County contracts. Capacity building TA opportunity.</p>	<p>b. COH submitted recommendation to re-examine MMRs to Prosper LA as part of community wide call.</p> <p>DHSP Next Steps: Per 5/10/21 meeting: DHSP to share MMRs with small group from 5 largest funded service categories (VP grants, Community engagement, etc.)</p>
<p>12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women &amp; girls, MSM) to address barriers and social determinates of health.</p>	<p>Overall assessment of VP portfolio will be conducted. Convene best practices and lessons learned to use as concrete guidance on contracts moving forward.</p>	<p>DHSP Next Steps: a. Evaluate VP contracts.</p>
<p>13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women &amp; girls, MSM.</p>	<p>Currently aligning with the new federal PrEP campaigns under EHE (Ready, Set, PrEP and I'm Ready).</p> <p>HIV Testing Services contracts required to link clients to PrEP via new performance indicator.</p>	<p>DHSP Next Steps: a. Amend Biomedical Prevention Contracts in 2021. b. Identify partners to support with PrEP education. c. Promote PEP-AP once launched.</p> <p>Task Force Next Steps (see recommendation #6): a. Identify partner(s) interested in development of community-led campaign (Task Force, community mobilization teams, CABs, Consumer Caucus). Work with marketing vendor to print and/or promote materials.</p>

Recommendation	DHSP Response	Next Steps/Notes
<p>14. Increase mobilization of community efforts to include:</p> <ul style="list-style-type: none"> <li>a. Increase community awareness fairs and <b>social media campaigns</b> intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;</li> <li>b. Condom distribution in spaces where adults congregate;</li> <li>c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;</li> <li>d. Fund one social <b>marketing campaign</b> that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;</li> <li>e. Support efforts that will ensure additional <b>research and evaluation</b> support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and</li> <li>f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPEP.</li> </ul>	<p>DHSP supports community engagement mobilization efforts. Community engagement contractor will be a part of this effort, mobilizing 10 teams across the County. EHE Steering Committee may support. YCAB teams will be working on EHE projects.</p> <p>See responses above for marketing activities.</p> <p>DHSP cannot link with research institutions due to conflict of interest, but supports research related to Black/AA community.</p> <p>Participating in PUSH Initiative at Drew/MLK campus - monthly meeting with representatives from MLK Outpatient, Drew, Oasis, APLA, and sometimes MLK Community Hospital staff.</p>	<p>Will continue to support activities that support this recommendation.</p> <p>DHSP will discuss opportunities to implement standardized evaluation on agencies serving the Black/AA community or building capacity of agencies to conduct comprehensive evaluations of programs.</p>
<b>Black Trans Men</b>		
<p>1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.</p>	<p>National HIV Behavioral Surveillance (NHBS) cycle assessed transgender persons, although mostly focused on trans women. CDC is exploring funding a second cycle.</p>	<p>DHSP will consider pursuing once staff capacity increases.</p>
<p>2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.</p>	<p>DHSP adopted SOGI measures based on Williams Institute recommendations into HIV Casewatch, HIV testing forms, Orchid and will be in IRIS.</p>	<p>Will continue to support activities that align with recommendation.</p>
<p>3. Include Trans men in program decision making.</p>	<p>DHSP will continue to recruit individual's representative of the populations served (EHE Steering Committee, CABS, etc). Revisiting workforce/professional development project to increase roles in leadership and workforce opportunities.</p>	<p>DHSP and COH will continue to include representatives from the trans community in decision making for program development and RFPs, among others.</p>

Recommendation	DHSP Response	Next Steps/Notes
	Encourage the COH to continue to recruit Commissioners that are representative of the populations affected by HIV.	
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says “Trans masculine individuals . . . this is for YOU.” Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.	Currently aligning with the new federal PrEP campaigns under EHE (Ready, Set, PrEP and I’m Ready). Interested in utilizing resources to implement PrEP uptake strategies in EHE Plan.  During U=U focus groups, community requested not to target subsets of populations to avoid stigmatization.	DHSP & Task Force: a. See General Recommendation #6 above.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.	Provider trainings (on multiple topics) are included as a strategy in EHE. External partners needed to help support.  Encourage SBP to consider working with TG Caucus to develop best practices for TG populations.	DHSP Next Steps: a. Inventory trans care providers and resources in LA County. Develop resources to distribute to the community.  Task Force Next Steps: b. Identify partners to support recommendation. c. Identify trainings or curriculum to share with partners. d. Encourage SBP to consider working with TG Caucus to develop best practices for TG populations.
6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.	Clarification needed on focus of pilot project. Discuss further with Task Force.	Task Force next Steps: a. Clarification needed on focus of pilot project. Submit to DHSP.
<b>Black Trans Women</b>		
1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.	Review NHBS data from Epi team. Review survey results on PrEP and U=U from Epi team.	DHSP Next Steps: a. Review most recent data.

Recommendation	DHSP Response	Next Steps/Notes
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.	DHSP updated case report forms and HIV testing forms, and included SOGI standard.	Will continue to support activities that align with recommendation.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.	DHSP adopted SOGI measures based on Williams Institute recommendations.	Will continue to support activities that align with recommendation.
4. Include and prioritize Trans women in program decision making.	<p>DHSP will continue to recruit individuals who represent of populations most impacted by HIV (EHE Steering Committee, CABs, etc).</p> <p>Encourage the COH to continue to recruit Commissioners that are representative of the populations affected by HIV.</p>	DHSP and COH will continue to include representatives from the trans community in decision making for program development and RFPs, among others.
5. Address stigma and the increasing violence against Trans women.	Identify partners for support.	<p>DHSP Next Steps:</p> <p>a. Enlist County Human Relations for County-wide transgender awareness/education campaign. Bring to DPH Office of Health Equity LGBTQ Committee.</p>
<b>Black/African American Women and Girls (Defined as either childbearing women between the ages of 15-44 and those 50 Years and Older)</b>		
1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.	<p>Currently aligning with the new federal PrEP campaigns under EHE (Ready, Set, PrEP and I'm Ready). Interested in utilizing resources to implement PrEP uptake strategies in EHE Plan.</p> <p>During U=U focus groups, community requested not to target subsets of populations to avoid stigmatization.</p>	<p>DHSP &amp; Task Force:</p> <p>a. See General Recommendation #6 above.</p>
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.	Explore opportunities related to recommendation.	<p>DHSP Next Steps:</p> <p>a. Consider adjusting Biomedical Prevention Contracts in 2021.</p> <p>b. Engage partners in discussions (T.H.E, MCA, MLK)</p> <p>c. Re-release RFP for partners to apply.</p>

Recommendation	DHSP Response	Next Steps/Notes
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.	Identify partners for support.	DHSP Next Steps: a. Update existing inventory.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.	Review most recent data and distribute to community.	DHSP Next Steps: a. When Surveillance team capacity increases, develop 1-page summaries on key HIV and STD data on women. Update annually.
5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to: a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know. b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.	Health Education Risk Reduction (HERR) and HIV Testing Storefront (HTS) staff are currently trained on motivational interviewing, cultural sensitivity, etc. although not women focused.  Provider trainings (on multiple topics) are included as a strategy in EHE. External partners needed to help support. Currently exploring opportunities with EHE TA Providers.	DHSP Next Steps: a. Update contracts as mentioned above. b. Identify opportunities for conducting trainings including ongoing trainings and CEU credits.  Task Force: a. Identify trainings or curriculum to share with partners. Prioritize training needs.
6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:	Clarification needed on demonstration projects. Discuss further with Task Force.	DHSP Next Steps: a. Conduct inventory of current programs related to Black women.

Recommendation	DHSP Response	Next Steps/Notes
<p>a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.</p> <p>b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.</p>		<p>Taskforce Next Steps:</p> <p>a. Clarification needed on demonstration projects. Submit to DHSP.</p>
<p>7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.</p>	<p>Currently aligning with the new federal PrEP campaigns under EHE (Ready, Set, PrEP and I'm Ready). Interested in utilizing resources to implement PrEP uptake strategies in EHE Plan.</p> <p>Minimal uptake on FC2, is there data to support increase?</p>	<p>DHSP &amp; Task Force:</p> <p>a. See General Recommendation #6.</p>
<p>8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.</p>	<p>Mental health partnerships for needs assessment in development and included in EHE workplan.</p>	<p>DHSP Next Steps:</p> <p>a. Review data to inform program development.</p> <p>b. Implement/reshape programming based on assessment results.</p>

Recommendation	DHSP Response	Next Steps/Notes
<p>9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.</p>	<p>DHSP supports hiring practices but operates under Civil Service rules and aligns with Board of Supervisors (BOS)/County requirements.</p> <p>DHSP contract language recommends hiring staff reflective of the population served.</p> <p>BOS supports living wage policies and contract language is included in all County contracts.  <i>“COMPLIANCE WITH THE COUNTY’S LIVING WAGE PROGRAM: Living Wage Program: This Contract is subject to the provisions of the County’s ordinance entitled Living Wage Program as codified in Sections 2.201.010 through 2.201.100 of the Los Angeles County Code, a copy of which is available at <a href="http://publichealth.lacounty.gov/cq/index.htm">http://publichealth.lacounty.gov/cq/index.htm</a>.”</i></p>	<p>DHSP Next Steps:</p> <ul style="list-style-type: none"> <li>a. Explore professional development opportunities for PLWH.</li> </ul> <p>COH Next Steps:</p> <ul style="list-style-type: none"> <li>a. Offer NMAC BLOC training to PLWH.</li> </ul>
<b>Black MSM</b>		
<p>1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.</p>	<p>Overall assessment of VP portfolio will be conducted. Convene best practices and lessons learned to use as concrete guidance on contracts moving forward.</p>	<p>DHSP Next Steps:</p> <ul style="list-style-type: none"> <li>a. Evaluate VP contracts.</li> </ul>
<p>2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.</p>	<p>Inventory needed of programs focused on Black MSM.</p>	<p>DHSP Next Steps:</p> <ul style="list-style-type: none"> <li>a. Conduct inventory of programming.</li> </ul>
<p>3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.</p>	<p>Ongoing efforts to increase resources related to under EHE (U=U campaign, EFA, Rampart Mint, etc.).</p>	<p>Will continue to support and align with COH PP&amp;A process and recommendations.</p>
<p>4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.</p>	<p>Identify partners to align with recommendation.</p>	<p>DHSP Next Steps:</p> <ul style="list-style-type: none"> <li>a. Bring to Meth Task Force.</li> </ul> <p>Task Force Next Steps:</p> <ul style="list-style-type: none"> <li>a. Connect with Act Now Against Meth Coalition.</li> </ul>

Commission on HIV **Program Directives** related to Black/African American Task Force Recommendations

Program Directive	DHSP Response	Next Steps/Notes
<p>2. Implement the recommendations developed by the Black/African Community (BLAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&amp;A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:</p>	<p>In agreement with recommendations.</p>	<p>In agreement with recommendations.</p>
<p>2.1 Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum</p>	<p>In agreement, see responses above.</p>	<p>In agreement, see responses above.</p>
<p>2.2 In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women.</p>	<p>In agreement, see responses above.  Seek clarification from COH on definition of “large sample size.”</p>	<p>In agreement, see responses above.</p>
<p>2.3 Assess available resources by health districts by order of high prevalence areas.</p>	<p>In agreement, see response above.</p>	<p>In agreement, see responses above.</p>
<p>2.4 Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not.</p>	<p>Consider utilizing existing data from LRP.  Very limited capacity due to COVID response and challenges with recruiting out-of-care individuals for assessment needs.</p>	<p>DHSP review data from LRP to look at health district of residence vs. HD of last service provider and see what that looks like by race/ethnicity.</p>
<p>2.5 Fund mental health services for Black/African American women that are responsive to their needs and strengths.</p>	<p>In agreement, see response above.</p>	<p>In agreement, see response above.</p>

2.6 Ear mark funds for peer support and psychosocial services for Black gay and bisexual men.	Discuss with COH or Task Force.	Task Force next steps: a. Provide recommendations on programming. Submit to DHSP.
2.7 It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community.	Discuss with COH or Task Force. COH convene subject matter experts to review Standards of Care to determine whether standards address needs and provide any additional recommendations for program development.	Task Force next steps: a. Provide recommendations on programming. Submit to DHSP.



COUNTY OF LOS ANGELES  
**Public Health**





# HIV Prevention Just Got Easier— NYC

[http://www.socialmarketing.com/campaign/hiv\\_prevention\\_just\\_got\\_easier](http://www.socialmarketing.com/campaign/hiv_prevention_just_got_easier)

**HIV prevention just got easier**

PrEP is a once a day pill that can keep you HIV negative.\*

Call 800-541-2437  
800-233-7432 (Spanish)  
**prep for sex.org**

\*condoms should be used for STD protection

NEW YORK STATE Department of Health

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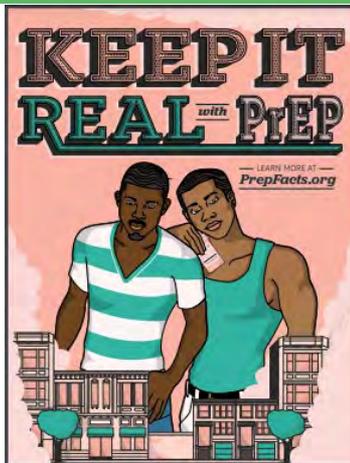
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NEW YORK STATE Department of Health



# PrEP Facts SFAF <http://prepfacts.org/asset-library/>



## KEEP IT REAL with PrEP

LEARN MORE AT  
[PrepFacts.org](http://PrepFacts.org)

Is PrEP right for you?

PrEP is a newly available **HIV prevention strategy**, not a cure for HIV

### PrEP

Pre-Exposure Prophylaxis is where HIV- negative people take medication to reduce their risk of getting infected with HIV

### Adherence Matters

Risk for HIV infection reduced by 92% to 99% among those who take PrEP daily and consistently

### Safe & Well Tolerated

Nausea is most commonly reported side effect but typically goes away after first month

### Coverage

Most insurance and Medicaid cover Truvada for PrEP with payment assistance program available for those who qualify

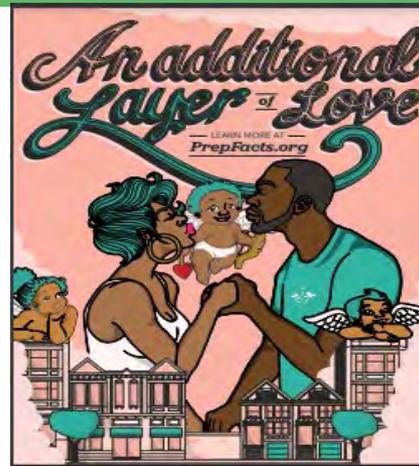
LEARN MORE AT  
[PrepFacts.org](http://PrepFacts.org)



**PrEP Facts**

**Truvada** +  
take one pill  
by mouth  
mg  
qty

must take daily



## An additional Layer of Love

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[PrepFacts.org](http://PrepFacts.org)

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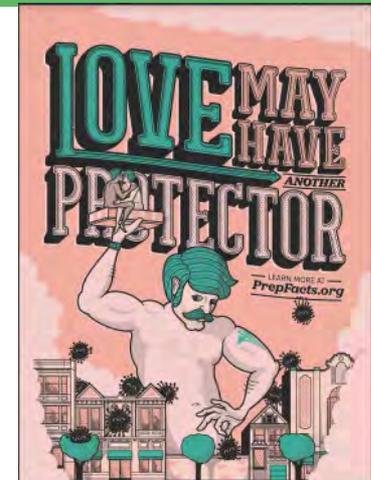
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## LOVE MAY HAVE ANOTHER PROTECTOR

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# Ask About PrEP –SF <https://askaboutprep.org/>

FREQUENTLY ASKED QUESTIONS

## What is PrEP?



### PrEP stands for Pre-Exposure Prophylaxis.

PrEP (Pre-Exposure Prophylaxis) is a daily HIV prevention pill for HIV-negative individuals who are concerned about their HIV risk. Truvada is currently the only FDA-approved drug used as PrEP. Several studies have shown that PrEP can reduce the risk of becoming HIV-infected when taken as prescribed.

PrEP is highly effective against HIV but doesn't protect against other STDs. Combining PrEP with condoms will provide additional protection against HIV and STDs. PrEP is not a vaccine against HIV nor a cure for HIV.

Protect yourself from other diseases by getting vaccinated for Hepatitis A, B and meningitis.

## Your Freedom, Your Choice. PrEP is here to support you.



PrEP is a personal choice that allows you to take control of your sexual health and wellness. PrEP is intended for people who are HIV-negative, and is recommended for those with potential exposure to HIV.

### How can I get PrEP?

PrEP is covered by most insurance programs including Medi-Cal.

If you have health insurance (including Medi-Cal), you can:

1. Talk to your primary care physician about getting a prescription for PrEP.
2. Find a local PrEP-friendly provider below.
3. Call the Citywide PrEP Navigation Line for assistance: (415) 634-PrEP (7737) (accessible with or without insurance)

Payment assistance programs are available if you do not have health insurance. This assistance can help cover out-of-pocket costs, regardless of your citizenship status.

PREP RESOURCES —

## Does PrEP really work?

Studies have shown that PrEP is more than 90% effective at reducing the risk of getting HIV from sex when used as directed. Among people who inject drugs, PrEP reduced the risk of getting HIV by more than 70%. PrEP is most effective when combined with other prevention methods such as condoms. PrEP can be taken even if drinking alcohol, using recreational drugs or taking hormones.

## How do I talk to my doctor about PrEP?

When discussing your options, be clear and give your healthcare provider any and all details that may pertain to your health. Explain your interest in PrEP and remember, your healthcare provider is here to help you and provide the best practices for your total life health.





# The Chill Pill – Better World

[http://www.socialmarketing.com/campaign/chill\\_pill\\_tranquilo](http://www.socialmarketing.com/campaign/chill_pill_tranquilo)

## Chill Pill

I worried about getting **HIV**  
Now I take a pill called **PrEP**  
**PrEP** prevents HIV

  
[HIVChillPill.org](http://HIVChillPill.org)



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# Harlem United NYC

[https://www.harlemunited.org/prep/?mc\\_cid=bdf7671eff&mc\\_eid=%5bUNIQID%5d](https://www.harlemunited.org/prep/?mc_cid=bdf7671eff&mc_eid=%5bUNIQID%5d)



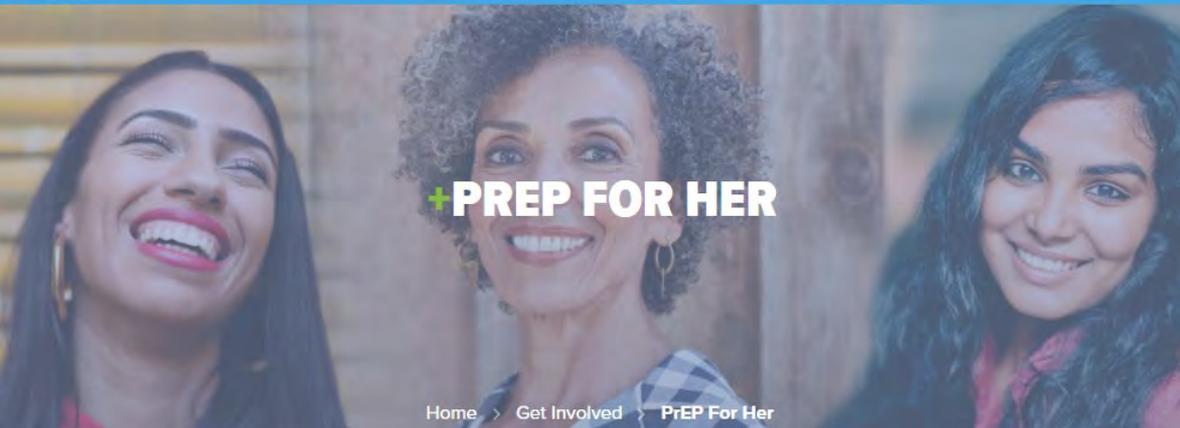


# PrEP for Her – D.C.

<https://sexualbeing.org/get-involved/prep-for-her/>



MENU ☰



[Home](#) > [Get Involved](#) > [PrEP For Her](#)



PrEP is a safe, daily pill that helps prevent HIV.

[#PrEPForHer](#)

# Take Control / I PrEP – Black AIDS Institute

<https://blackaids.org/black-women-and-prep-toolkit/>

**Take control.**  
PrEP is a daily pill that can prevent HIV.



**BLACK WOMEN AND PREP**  
THE BLACK AIDS INSTITUTE  
blackaids.org

**Take control.**  
PrEP is a daily pill that can prevent HIV.



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THE BLACK AIDS INSTITUTE  
blackaids.org

*I PrEP because: I crave peace of mind.*



**BLACK WOMEN AND PREP**  
THE BLACK AIDS INSTITUTE  
blackaids.org

*I PrEP because: I never want to be unsure.*



**BLACK WOMEN AND PREP**  
THE BLACK AIDS INSTITUTE  
blackaids.org

*I PrEP because: I love.*



**BLACK WOMEN AND PREP**  
THE BLACK AIDS INSTITUTE  
blackaids.org

*I PrEP because: I never want to be unsure.*



**BLACK WOMEN AND PREP**  
THE BLACK AIDS INSTITUTE  
blackaids.org



# This is why I PrEP— Better World

[http://www.socialmarketing.com/campaign/prep\\_aware\\_week\\_2020\\_0](http://www.socialmarketing.com/campaign/prep_aware_week_2020_0)

“ Tomo PrEP para protegerme contra el VIH  
— Erika



**PrEP**  
AWARE WEEK Oct 25-31

Por eso **tomo PrEP**

PrEPforSEX.org

“ I PrEP so I can enjoy sex  
— Damon



**PrEP**  
AWARE WEEK Oct 25-31

This is **why I PrEP**

PrEPforSEX.org



# Get PrEP TN- Tennessee HD

<https://getpreptn.com/>

It's a simple step you can add to your daily routine in order to take control of your sexual health.

PrEP offers protection against HIV, but it does not protect against STIs or pregnancy.

Condom use is always encouraged to help protect against STIs, pregnancy and HIV.

Love confidently with just **ONE** pill, **ONCE** a day.

Get PrEP Now!

Studies have shown the medication approved for PrEP to be *at least 99% effective* when taken as prescribed.

**GET PrEP NOW!**

If you're HIV-negative and sexually active, it might be time to take control with PrEP if you identify with any of the following statements:

# NYC – Transit Ads -NYC



# Our Sexual Revolution— Better World

[http://www.socialmarketing.com/campaign/our\\_sexual\\_revolution](http://www.socialmarketing.com/campaign/our_sexual_revolution)

**OUR SEXUAL REVOLUTION**  
.ORG

PrEP

**PrEP IS A PILL FOR PEOPLE WHO ARE HIV NEGATIVE IT PROTECTS YOU FROM HIV**

**PrEP IS SAFE AND EFFECTIVE  
CONDOMS PREVENT OTHER STDs**

San Francisco Department of Public Health

**OUR SEXUAL REVOLUTION**  
.ORG

PrEP

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CONDOMS PREVENT OTHER STDs**

San Francisco Department of Public Health

**OUR SEXUAL REVOLUTION**  
.ORG

PrEP

**PrEP IS A PILL FOR PEOPLE WHO ARE HIV NEGATIVE IT PROTECTS YOU FROM HIV**

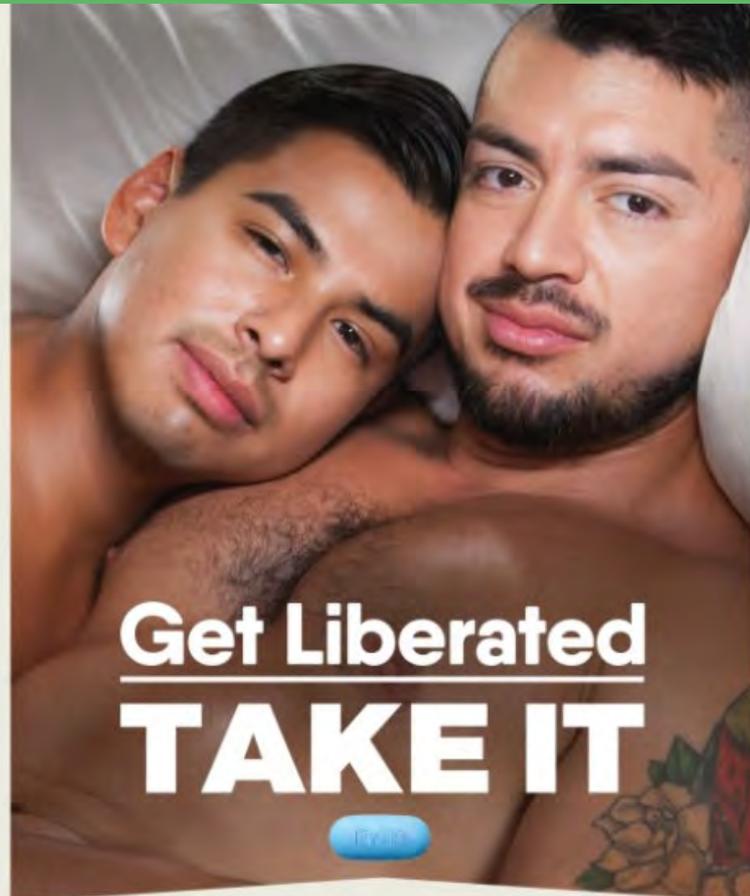
**PrEP IS SAFE AND EFFECTIVE  
CONDOMS PREVENT OTHER STDs**

San Francisco Department of Public Health



# Get Liberated TAKE IT – Better World

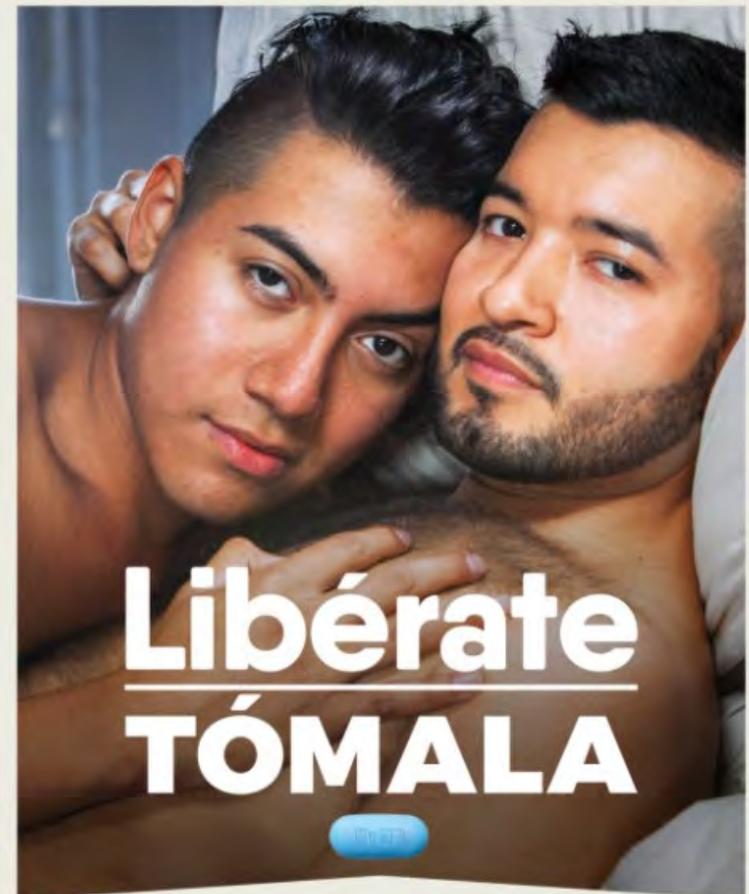
[http://www.socialmarketing.com/campaign/prep\\_aware\\_week\\_2020\\_0](http://www.socialmarketing.com/campaign/prep_aware_week_2020_0)



**PrEP** is a pill that prevents HIV. Take it once a day. **Stay negative.**

[PrEPisLiberating.org](http://PrEPisLiberating.org)

GETTING  
TO ZERO  
with Confidence



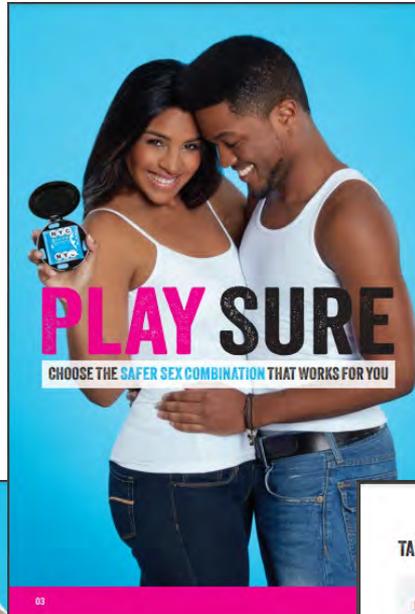
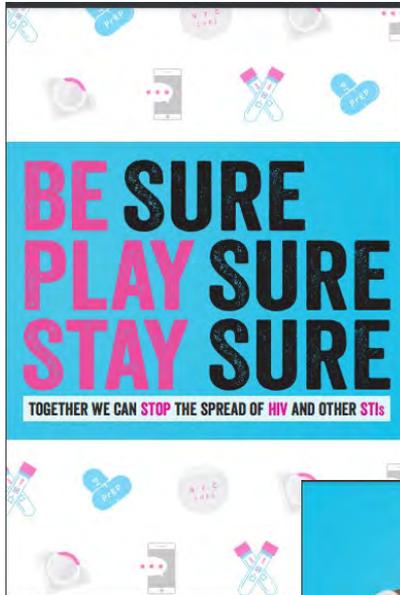
**PrEP** es una pastilla que previene el VIH. Tómala a diario. **Mantente negativo.**

[PrEPteLibera.org](http://PrEPteLibera.org)

GETTING  
TO ZERO  
with Confidence

# Be Sure, Play Sure, Stay Sure

<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/beplay-staysure-booklet.pdf>



## GET TESTED FOR OTHER STIs

- STIs (sexually transmitted infections) can make it easier to get HIV or to pass it to others.
- **You may not know if you have an STI.** Most infections do not cause symptoms.
- If you are a man or transgender person who has sex with men, your medical provider should test your blood and any parts of your body that you use during sex. **If you use it, check it!**
- **Get tested at least annually;** some people may need to get tested every three to six months. Talk to your provider to see what's best for you.

THE ONLY WAY TO BE HIV AND STI SURE IS TO GET TESTED

## TAKE MEDICATIONS TO HELP YOU STAY NEGATIVE

**PrEP\*** is a daily pill that greatly reduces your risk of HIV infection, especially if you don't always use condoms. Talk with your doctor or nurse about PrEP.



**PEP\*** is an emergency medication that can prevent HIV infection, if started within 36 hours of exposure. If you may have been exposed to HIV, go immediately to a clinic or emergency room and ask for PEP.

Remember PrEP and PEP help prevent HIV, but they do not protect against other STIs. Use condoms to add more protection against STIs, including HIV.



Call 311 to find a provider with experience providing PrEP or PEP.

\*PrEP: Pre-exposure prophylaxis  
\*PEP: Post-exposure prophylaxis



**Share the Night,  
Not HIV**

**PrEP** is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection.  
For more information on PrEP, call 211 or visit [nyc.gov](http://nyc.gov) and search "PrEP and HIV".

**NYC** Health

**PEP**  
Kept Me  
**HIV-**

If you think you've been exposed to HIV, go immediately to a clinic or ER and ask for PEP.

For more information, call 211 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP".

**NYC** Health

**We Share  
Everything  
but HIV**

**PrEP** is preventive medication that can help you stay negative, even if your partner is positive.

Condoms provide additional protection.  
For more information on PrEP, call 211 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP".

**NYC** Health

**BE HIV  
SURE**

ONE NIGHT  
CAN CHANGE YOUR HIV STATUS.  
BE SAFE, BE SURE, AND  
GET TESTED FREQUENTLY.

FOR FREE TESTING  
Call 211, text "TEST211" to 877872 or search "HIV" on [nyc.gov](http://nyc.gov).

**NYC** Health

**WE PLAY SURE**  
PrEP + CONDOMS

WE WIN & YOU SURE!  
If you're interested in PrEP, it's \$200 off for anyone who has an STD. Or, if you're not, you can get a free STD test. Visit [nyc.gov](http://nyc.gov) for more information.

**NYC** Health

**NYC PLAYS SURE**

WEAVED YOUR PLANNING, WHETHER FOR AIL, A HOP, OR READY TO PROTECT YOURSELF FROM HIV AND STD.

NYC BRINGS YOU THE NYC PLAY SURE KIT  
As always, we're giving the right to choose. PrEP is now available for you. PrEP is available to all NYC residents. PrEP is covered by many health and private insurance plans. PrEP is available to all NYC residents. PrEP is available to all NYC residents.

**NYC** Health

December 2014

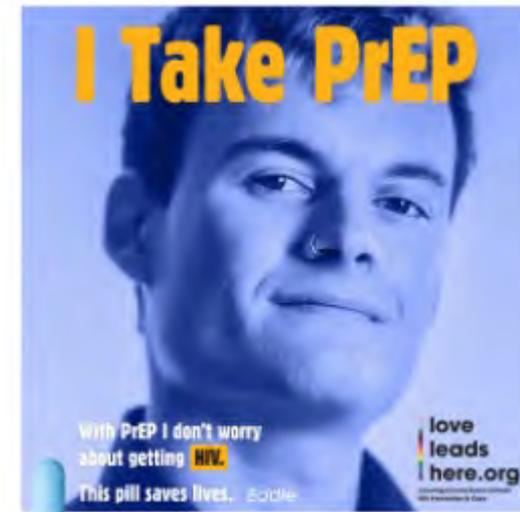
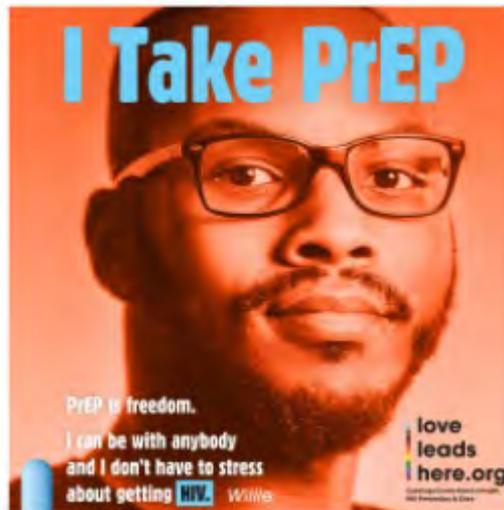
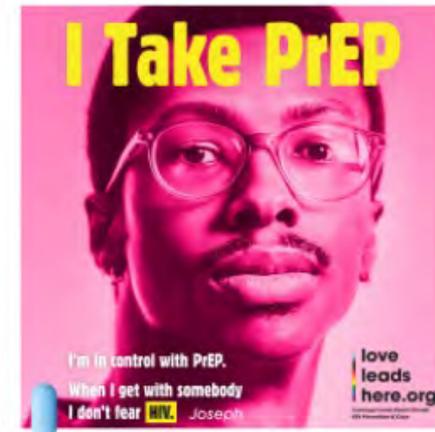
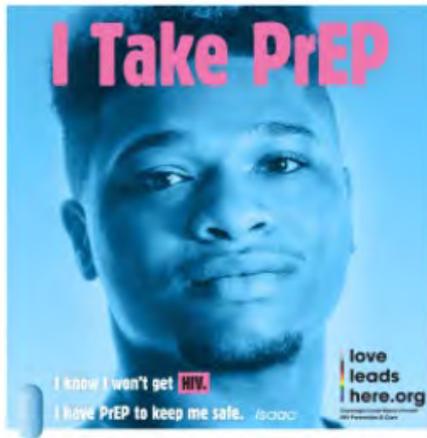
PlaySure I  
December 2015

PlaySure II  
May 2016



# I Take PrEP – Love Leads Here.

<https://www.loveleadshere.org/prep/>





# Get PrEP'd— Empowerment Resource Center.

<http://www.erc-inc.org/get-prepd#>

Empowerment Resource Center

HOME ABOUT PROGRAMS GET HELP NEWS/EVENTS WAYS TO HELP CONTACT

CAREERS

**DONATE TODAY**

# GET PrEP'd

**PrEP IS A DAILY PILL TO REDUCE THE RISK OF GETTING HIV.**

**#GETPrEPd**

**1 in 48 African-American Women will contract HIV in their Lifetime.**



**Is There a Pill to Prevent HIV?**  
Yes and it's called **PrEP.**

PrEP is a prescription medication like birth control but for HIV prevention. Find out how well it works, who it is for, and answers to other questions. Most people pay little or nothing for PrEP.

[▶ Find out if PrEP is right for you!](#)

## Paying for PrEP

Most insurance, including Medicaid and Medicare, cover PrEP. Financial assistance is also available for people with and without insurance.

[▶ Find out more](#)

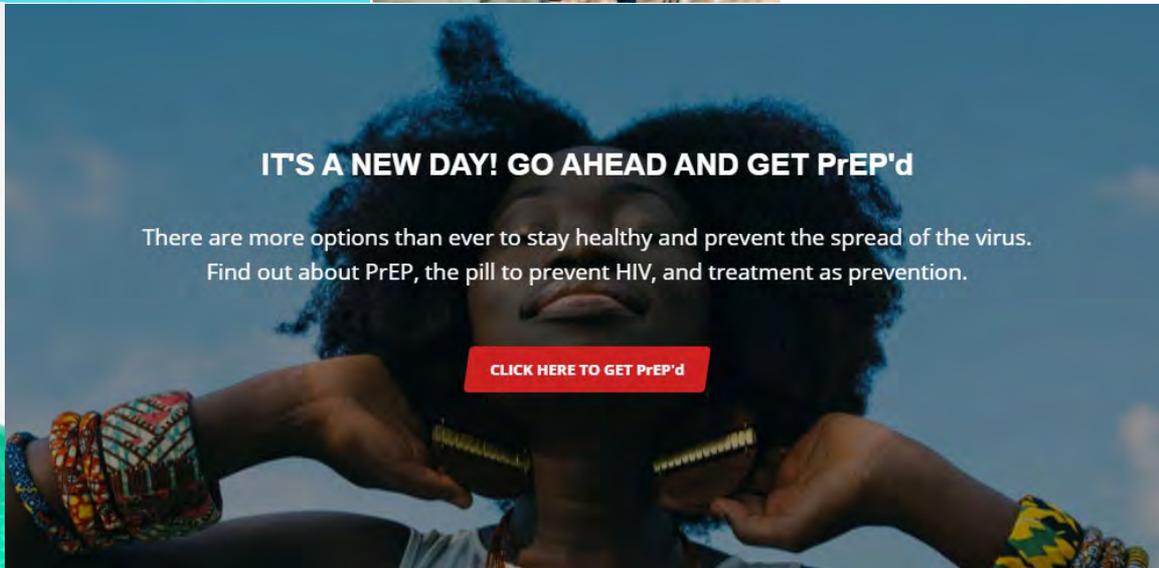
Private & Confidential



## IT'S A NEW DAY! GO AHEAD AND GET PrEP'd

There are more options than ever to stay healthy and prevent the spread of the virus. Find out about PrEP, the pill to prevent HIV, and treatment as prevention.

[CLICK HERE TO GET PrEP'd](#)



# Love Your Brotha – Do You Philly!

<http://www.doyouphilly.org/love-your-brotha>

**LOVE YOUR BROTHA**

This is the city of brotherly love.  
Let's do more to keep each other healthy.  
Let's protect ourselves from **HIV** and **STDs**.

Let's do it with **CONDOMS** and **PrEP**. [LoveYourBrotha.org](http://LoveYourBrotha.org)

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# I am LIFE - Houston HD

<https://houstoniamlife.com/prep/overview/>



**PrEP UP**  
before you play



HOUSTON HEALTH  
DEPARTMENT

**PrEP UP**  
before you play.  
**TAKE PrEP**  
daily to be safe.

[houstonIamLife.com](https://houstoniamlife.com)  
[#takePrEPdaily](https://twitter.com/takePrEPdaily)

# I AM HERE. I EXIST. I MATTER.



# #LetsTalkAboutPrEP - The Black Women's Health Imperative

<http://prep.bwhi.org/>



## Why PrEP Matters

**87%** of Black women with HIV were infected through heterosexual contact

Help me PrEPare

## What is PrEP?

PrEP, short for pre-exposure prophylaxis, is a safe and effective way to prevent HIV infection.

**90%** PrEP has been shown to reduce the risk of HIV infection from sex by more than **90 percent\***

PrEP only works if you are HIV negative!



# PrEP is for: – Better World

[http://www.socialmarketing.com/campaign/prep\\_is\\_for](http://www.socialmarketing.com/campaign/prep_is_for)

**PrEP** is for:  
drag queens & bears



It's not about who you are or how much sex you have.

PrEP protects you from HIV. Take it and stay negative.

**Get Liberated**

[PrEPisLiberating.org](http://PrEPisLiberating.org)

GETTING TO ZERO

**PrEP** is for:  
singles & couples



It's not about who you are or how much sex you have.

PrEP protects you from HIV. Take it and stay negative.

**Get Liberated**

[PrEPisLiberating.org](http://PrEPisLiberating.org)

GETTING TO ZERO

**PrEP** is for:  
good boys & bad boys



It's not about who you are or how much sex you have.

PrEP protects you from HIV. Take it and stay negative.

**Get Liberated**

[PrEPisLiberating.org](http://PrEPisLiberating.org)

GETTING TO ZERO

# Ready Set PrEP – HIV.gov

<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program-resources#im-ready>

## READY SET PrEP

**READY, SET, PrEP IS PART OF ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA**

The President's goal is to reduce the number of new HIV infections in the U.S. by:

- 75% BY 2025
- 90% BY 2030

**What if there were a pill that could help prevent HIV?**

**THERE IS.** Pre-exposure prophylaxis (or PrEP) is a way to prevent people who do not have HIV from getting HIV, by taking one pill every day as prescribed.

The Ready, Set, PrEP program makes PrEP medications available at no cost for people who qualify.

**HOW CAN I ENROLL IN THE READY, SET, PrEP PROGRAM?**

To receive PrEP medication through the Ready, Set, PrEP program, you must:

- Test negative for HIV
- Have a valid prescription from your healthcare provider
- Not have insurance that covers prescription drugs

**WHERE CAN I LEARN MORE AND APPLY FOR THE PROGRAM?**

Find out if PrEP medication is right for you. Talk to your healthcare professional or find a provider at [www.getyourprep.com](http://www.getyourprep.com).

➔ [GETYOURPREP.COM](http://GETYOURPREP.COM)  
➔ 855.447.8410

## READY, SET, PrEP

makes PrEP medications available at no cost.

➔ **FIND OUT IF YOU QUALIFY**

Learning the HIV epidemic | **READY SET PrEP**

## "WATCH ME BE ME."

READY, SET, PrEP provides **FREE HIV-PREVENTION MEDICATION** for those who qualify. ➔ [LEARN MORE](#)

3 YEARS TO GO

## "I BECAME MY OWN SUPERHERO."

**I TAKE PrEP AND I'M READY TO PREVENT HIV.**

➔ [GETYOURPREP.COM](#)  
➔ 855.447.8410

## "PODEMOS CAMBIAR NUESTRA NARRATIVA."

**YO TOMO PrEP Y ESTOY LISTO PARA PREVENIR EL VIH.**

➔ [GETYOURPREP.COM](#)  
➔ 855.447.8410

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**READY, SET, PrEP IS PART OF ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA**

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➔ [GETYOURPREP.COM](http://GETYOURPREP.COM)  
➔ 855.447.8410



# Take Your PrEP Everyday – GMHC bus shelter ad

**Take your PrEP every day.**

**I missed the bus, but I don't miss a dose.**

Pre-exposure prophylaxis (PrEP) is a daily pill for HIV-negative people that can help prevent HIV infection before exposure to the virus. PrEP is more than 90% effective when taken daily as prescribed, and can be used by both men and women.

For more information about PrEP and how to access this medication, please visit [gmhc.org/PrEP](http://gmhc.org/PrEP) or call our Hotline: **1-800-243-7692**.

#TYPrEP

**GMHC**  
END AIDS. LIVE LIFE.  
gmhc.org

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#TYPrEP

**GMHC**  
END AIDS. LIVE LIFE.  
gmhc.org

# Gutsy Genuine & Living Sure – NYC Internet ad



#PLAYSURE

## GUTSY GENUINE & *LIVING SURE*

**ENJOY SEX WITH ONE LESS WORRY.  
PrEP CAN KEEP YOU HIV NEGATIVE.**

If you are HIV negative, PrEP is a safe, daily pill that protects you from HIV. PrEP will not interfere with hormonal birth control. Condoms offer additional protection against other sexually transmitted infections and unintended pregnancy.

**PLAYSURE:** Talk to your doctor or visit [nyc.gov/health](http://nyc.gov/health) and search for "PrEP".

**NYC** Department of Health & Mental Hygiene

# #ItFeelsGood – APLA Health and Wellness

#ItFeelsGood

...protecting myself  
**AGAINST HIV**  
with PrEP

WANT TO KNOW  
IF PrEP IS RIGHT  
FOR YOU?

(844) 830-PrEP APLAHW.ORG/PrEP APLA  
Health & Wellness

#ItFeelsGood

...telling my friends that  
PrEP helps protect them  
**AGAINST HIV**

WANT TO KNOW IF PrEP  
IS RIGHT FOR YOU?

(844) 830-PrEP APLAHW.ORG/PrEP APLA  
Health & Wellness

#ItFeelsGood

...protecting myself  
**AGAINST HIV**  
with PrEP

#ItFeelsGood

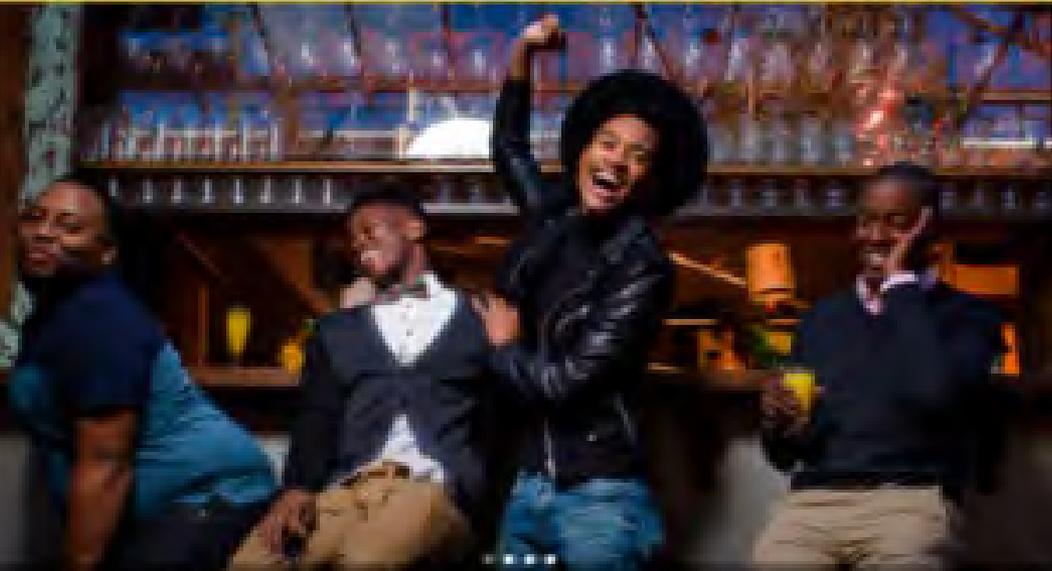
...talking to PrEP  
WITH MY DOCTOR



# Ask Me About PrEP— Altamed

To Find a PrEP Provider Near You Click Here.

Ask Me  
**About**  
PrEP



Don't let the risks of HIV/AIDS ruin your fun. Get educated, be empowered, and stay safe with PrEP, a daily pill that can reduce the risk of HIV by over 90% when taken as prescribed. PrEP doesn't protect against STD's, so remember to still use a condom.

AltaMed has been dedicated to providing quality HIV and AIDS health care to diverse communities for over 30 years.

Resource Links:

[PrEP: Get the Facts](#)  
[AltaMed.org/PrEP](#)  
[CDC.gov/HIV/PrEP](#)

**AltaMed**

What is PrEP?

Be Empowered

PrEP Provider Education

ABOUT



# PrEP HERE – LA LGBT Center

**F\*CK  
W/OUT  
FEAR** **PREP  
HERE**



**LOS ANGELES LGBT CENTER®**

ONE **PrEP** PILL A DAY CAN PREVENT HIV.

PREVENT STDs  WITH A CONDOM.

**WHAT  
R U  
INTO?**



It's a new era of sex.  
Whatever you're into, looking for your  
sexual health in our top priority at the  
new Los Angeles LGBT Center Walks.

[walks.lgblife.org](http://walks.lgblife.org)  
#walksthere



LOS ANGELES  
LGBT  
CENTER  
WALKS



**PREP'D AF**

ONE PILL A DAY  
PREVENTS HIV



**PREP'D AF**

**PREPHERE.ORG**



# Evergreen Health Services – Buffalo NY



**Prep for tonight.**

ONE PrEP PILL A DAY IS  
99% EFFECTIVE AT PREVENTING HIV.

To learn more about PrEP, call Evergreen  
at 716.541.0676 or visit [takeprep.com](http://takeprep.com).

 Evergreen Health Services  
Prevention. Policy. Power. By Community.



**Prep for the unexpected.**

ONE PrEP PILL A DAY IS  
99% EFFECTIVE AT PREVENTING HIV.

To learn more about PrEP, call Evergreen at 716.541.0676 or visit [takeprep.com](http://takeprep.com).

 Evergreen Health Services  
Prevention. Policy. Power. By Community.

908



# PrEP4Love – Chicago HD



# A Users Guide To PrEP

<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/prep-user-guide.pdf>

**A USER'S GUIDE TO**

**PrEP**

**NYC**  
Health

**PrEP**

Enjoy sex with one less worry. PrEP can keep you HIV-negative.

**PrEP and Reproductive Health**

- PrEP will not interfere with hormonal birth control, including emergency contraception.
- PrEP may be an option if you are trying to get pregnant, while you are pregnant or while breastfeeding. Ask your doctor for more information.
- PrEP is safe to use during menopause.

**See the doctor**

- Visit your health care provider every three months for refills and checkups, including HIV testing.
- Your provider will ask you:
  - If side effects are bothering you
  - Whether you are taking PrEP every day
  - About your sex life, sexual health and risk for HIV
- Your provider will also test you for other sexually transmitted infections (STIs) at a frequency that is right for you.
- Tell your provider right away if you experience fevers, swollen glands or a rash – these may be signs of an early HIV infection.



# Greater Than (Videos)

<https://www.greaterthan.org/stories-lets-talk-about-prep/>



"The extra protection gives me peace of mind."



"PrEP has relieved anxiety for myself and for my family."



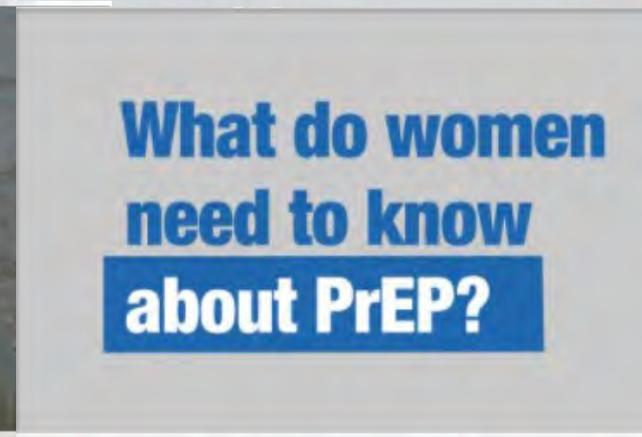
"It makes me more confident."



"I'm ready for what's next."



"Everybody should know about PrEP."



"I like to look at PrEP as birth control for HIV."

# AltaMed Short Videos

<https://www.altamed.org/sexual-health-campaigns>



## Kiki n' Brunch

Listen in on real, raw talk among friends as they dish on life, love, sex, and taking PrEP to protect their status.

[View Now](#)



## Ella/Fierce:

Stay healthy while celebrating your authentic life. Only you can decide how to take care of yourself. Watch how these women live their lives to the fullest!



## ¡READY!

Safe sex can still be hot, sexy sex. The key is planning ahead. See how these boys include PrEP into their daily routines to stay LISTO for whatever comes up.

[View Now](#)



## Free To Be

This campaign created positive discussions about sexuality and sexual health among young Black and Latino gay and bisexual men. Learn more about HIV and other STIs through these videos that captured some intimate moments.

[Learn More](#)

