



LOS ANGELES COUNTY
COMMISSION ON HIV



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WOMEN'S CAUCUS

Virtual Meeting Agenda

Monday, April 19, 2021 @ 2:00PM – 4:00PM

To Register + Join by Computer:

<https://tinyurl.com/uurmuk>

Join by phone

+1-415-655-0001

Access code: 145 538 0844

For a brief tutorial on how to use WebEx, please check out this video:

<https://www.youtube.com/watch?v=iQSSJYcrglk>

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|---|-----------------|
| 1. Welcome + Introductions + Check-In | 2:00PM – 2:05PM |
| 2. Executive Director Report | 2:05PM – 2:30PM |
| • Commission Updates | |
| • Child Care Services + Language Services Updates | |
| 3. Co-Chair Report | 2:30PM – 2:45PM |
| • Debrief: 3.15.21 Special Women's Caucus NWGHAAD Presentation | |
| • 2021 Work Plan + Caucus Activities REVIEW | |
| 4. PRESENTATION: Cis-Gender Women + PrEP (Danielle Campbell, MPH) | 2:45PM – 3:30PM |
| 5. Meeting Recap + Agenda | 3:45PM – 3:50PM |
| 6. Public Comments + Announcements | 3:50PM – 4:00PM |
| 7. Adjournment | 4:00PM |

- In an effort to better understand the needs of community members and support the services being offered by Ryan White providers, DHSP distributed a short online survey regarding the childcare, interpretation and translation needs of clients
- The survey consisted of 7-10 questions and was estimated to take 5-10 minutes
- The link was emailed to 42 Ryan White agencies on 12/16/2020
- 16 of the 42 agencies responded (38%) at this time
- The link was emailed again to agencies on 3/02/2021 to ask for participation
- An additional 8 agencies responded
- **Overall response rate was a total of 24/42 (57%)**

24 out of 42 RW agencies responded (57%)

- AIDS Health Care Foundation
- APLA
- Bienestar
- Children’s Hospital Los Angeles
- City of Long Beach
- DHS Harbor UCLA Medical Center
- DHS High Desert Health
- DHS Hubert Humphrey – Main Street Clinic
- DHS Long Beach Comprehensive Health Center
- DHS Olive View, UCLA
- DHS Rand Schrader Clinic
- East Valley Community Health Center
- El Proyecto del Barrio
- JWCH
- Oasis Clinic
- Northeast Valley Community Clinic
- Saban Community Clinic
- St. John’s Well Child and Family Center
- St. Mary’s Care Center
- Tarzana
- T.H.E. Clinic Inc
- UCLA Care Clinic
- UCLA Peds/LAFAN
- Watts Health Care Corporation



Top 5 RW Agencies with Highest Proportion of Female Clients of Childbearing Age

Agency	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
Salvation Army Alegria	17 (60.7%)
MCA Clinic	230 (49.6%)
Center for Health Justice	18 (18.8%)
Children's Hospital, LA	8 (16.7%)
Watts HealthCare Corporation	19 (9.1%)

*Highlighted color denotes agencies that completed and submitted the Provider Survey

- None of the agencies who responded to the survey currently provide childcare services
- 11/24 (46%) identified a need for childcare
 - 9/11 (82%) said 25% or less of their clients needed childcare about 2 days/week

Would you consider applying for childcare if DHSP offered it?

- YES: 11/24 (46%)
 - 5 agencies who did NOT identify a need for childcare would apply anyway
- NO: 13/24 (54%)
 - 4 agencies who stated they needed childcare would NOT apply for funding
 - Main reasons: Don't have the client need, **lack of space**, no females of childbearing age served

Provider Survey: Childcare Needs



Agency	Need Childcare? Yes/No	Consider Childcare if DHSP funded?	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
AIDS Healthcare Foundation	No	No	163 (4.3%)
APLA	No	Yes	61 (2.3%)
Bienestar	No	Yes	2 (2.5%)
Children's Hospital	No	Yes	8 (16.7%)
DHS Harbor UCLA	No	No	56 (6.7%)
DHS High Desert	No	Yes	7 (4.8%)
DHS Long Beach	No	No	4 (2.5%)
East Valley Community Clinic	No	No	21 (4.8%)
JWCH	No	Yes	34 (3.7%)
Saban Community Clinic	No	No	---
St. Mary's Care Center	No	No	41 (3.9%)
T.H.E. Clinic	No	No	13 (6.3%)
UCLA CARE Clinic	No	No	16 (2.4%)

Provider Survey: Childcare Needs



Agency	Need Childcare? Yes/No	Consider Childcare if DHSP funded?	Total RW Females Served, Aged 15-44 (%) - March 2019-February 2020
City of Long Beach	Yes	No	10 (4.9%)
DHS Hubert Humphrey – Main Clinic	Yes	Yes	18 (5.0%)
DHS Rand Schrader	Yes	Yes	147 (7.9%)
DHS Olive View UCLA	Yes	Yes	46 (8.5%)
El Proyecto Del Barrio	Yes	Yes	10 (4.7%)
MCA Clinic	Yes	No	230 (49.6%)
Northeast Valley Health Corp	Yes	No	42 (5.9%)
OASIS Clinic	Yes	No	27 (7.6%)
St John’s	Yes	Yes	6 (6.9%)
Tarzana	Yes	Yes	19 (3.3%)
Watts Health Care Corporation	Yes	Yes	19 (9.1%)



Top 5 RW Agencies with Highest Proportion of Non-English Speaking Clients

Agency	Total Non English Speakers (%) - March 2019-February 2020
Bienestar	69 (87.3%)
El Proyecto Del Barrio	146 (68.2%)
AltaMed	750 (59.3%)
Rand Schrader	1030 (55.7%)
MCA Clinic	251 (54.1%)

*Highlighted color denotes agencies that completed and submitted the Provider Survey

- **21/24 (88%) currently offer translation/interpretation service**
- Those that offered translation/interpretation services noted they use:
 - *“A translation/interpretation service is used for the whole company. When we had PALS it was more convenient.”*
 - *“Staff are bilingual and so can meet most language needs on their own.”*
 - *“We use a telephone translation service or staff members when needed. Providers are never really sure that patients are understanding medication instructions or are able to answer all patient questions. Medical interpretation would also be a plus for deaf clients. In the past, GLAAD Case Managers would meet clients for appointments and were able to explain medication regimens, ask questions and assist with other client needs.”*
 - *“We have traditionally used PALS for languages other than Spanish.”*
 - *“We utilize facility resources for on site and telephonic interpretation or I-pad for sign language.”*
- **Only 9/24 (38%) identified a need for translation services among 25-50% (avg) of their clients**
 - Languages requested: Spanish, Cantonese, Mandarin, Farsi, Tagalog, French

Provider Survey: Interpretation/Translation



Agency	Need Interpretation?	Need Translation?	Total Non English Speakers (%) - March 2019-February 2020
AIDS Healthcare Foundation	No	No	1495 (22.8%)
APLA	No	No	579 (22.5%)
Bienestar	No	Yes	69 (87.3%)
Children's Hospital	No	No	3 (6.3%)
DHS Harbor UCLA	No	No	342 (40.6%)
DHS High Desert	No	Yes	20 (13.7%)
DHS Hubert Humphrey – Main Clinic	No	No	130 (36.6%)
DHS Long Beach	No	No	38 (23.3%)
DHS Olive View UCLA	No	No	249 (46.2%)
Northeast Valley Health Corp	No	No	313 (43.9%)
Saban Community Clinic	No	Yes	---
St John's	No	No	46 (52.9%)
St. Mary's Care Center	No	Yes	197 (19.1%)
Tarzana	No	No	53 (9.2%)
UCLA Care Clinic	No	Yes	79 (11.9%)

Provider Survey: Interpretation/Translation



Agency	Need Interpretation?	Need Translation?	Total Non English Speakers (%) - March 2019-February 2020
MCA Clinic	Yes	Yes	251 (54.1%)
OASIS Clinic	Yes	Yes	83 (23.3%)
City of Long Beach	Yes	Yes	36 (17.7%)
DHS Rand Schrader	Yes	No	1030 (55.6%)
East Valley Community Clinic	Yes	Yes	136 (30.9%)
El Proyecto Del Barrio	Yes	Yes	146 (68.2%)
JWCH	Yes	No	242 (25.9%)
T.H.E. Clinic	Yes	Yes	64 (31.4%)
Watts Health Care Corporation	Yes	Yes	91 (43.8%)

Oral health services was brought up only in the LAFAN group:

- For oral health appointments, the majority of clients indicated not having access to interpretation services during their visits
- They indicated there are sometimes dental assistants that are bilingual who would quickly explain the procedures and/or interpret for the dentist, but this was not always available.
- Everyone confirmed that phone interpretation was not available during their dental visit.

“I did not know they were going to pull my tooth; no one was able to explain to me what was going to happen.”

- For mental health services, a couple of participants indicated having used phone interpretation services.
 - One client stated they were satisfied with the service because they had built a relationship with the interpreter who was always the same one.
 - Another client did not feel that phone interpretation worked for this type of service because the flow of the conversation was lost, when they needed to pause for the interpreter. They also felt that the “feelings” were never able to be conveyed.
 - In the other groups, everyone felt that mental health should be provided in Spanish and not through an interpreter.

All the participants indicated needing translation services that included:

- Translating forms
- Getting assistance to fill out forms/applications
- Having all documents needed to be signed (consent forms, etc.) in Spanish
- Clients reported paying someone to translate documents

“I helped a friend fill out an application as much as I could, but when they submitted it, their application was denied because information was missing.”

Listening Sessions Summary



- ✓ Clients indicated there is a need for services to be offered in Spanish as a preference.
- ✓ Clients prefer to have interpreters in person and not via the phone.
- ✓ Interpreters need to be professional so that the information shared is accurate
- ✓ There is a need for interpreters for oral health services
- ✓ There is a need for translation services

How has COVID-19 impacted your services?

18/24 (75%) stated there were no major disruptions to their services. Comments from the other 6 providers who noted some impact included:

- *“Phone translation has increased the time for patient care”*
- *“More tele-health services resulting in less childcare issues”*
- *“Only change is that most services for patients are now completed on the telephone.”*
- *“Parents now have canceled visits due to restrictions on number of participants during the visit. Not having an option for additional members, rather than the patient has limited the drive to continue care.”*
- *“Having onsite childcare and translation services will positively impact adherence to medical appointments.”*
- *“The only change we have had is that we no longer have an in-person interpreter in our clinic. These are all done over the phone with staff from our Culture and Linguistics Department here at LAC+USC. We do have staff who are bilingual and help with interpretation.”*

Summary/Key Take Aways



- Fewer than half of the 24 providers who responded to the survey stated they needed childcare services and just over half indicated they would not apply for additional funding if available (58%). Most also indicated it was a need only 1-2 days a week.
- Most providers offer interpretation/translation services (88%) and only 33% indicated an additional need for these services. However, the comments implied that while these services may be available, they could be improved especially for languages other than Spanish (e.g. Cantonese, Mandarin, Farsi, Tagalog, French).
- Three out of four of the providers (75%) reported no huge disruptions to their services from COVID-19. The main barrier or change noted was that services have moved to tele-health.
- Only 57% of the 42 DHSP-funded agencies responded to the survey so results may not represent the experience of all contracted agencies.

Embodying Meaningful Involvement of People Living with HIV

Nothing About us Without Us!

Venita Ray, Co-Executive Director

March 15, 2021





The only national organization in the US led by and for women and trans people living with HIV
Founded in 2008 by 28 diverse women living with HIV, including women of trans experience

Our mission: To *prepare and involve* women and people of trans experience living with HIV in all levels of policy and decision-making.

Our work is grounded in racial justice, gender justice and economic justice.



Session Goals

Learn about the history of MIPA and why it is important from the perspective of PLHIV

Learn what MIPA is and what is not MIPA

Discuss barriers to MIPA

Share ways to practice MIPA in your organization

Share perspective on why Black women are most impacted by HIV



Take the Poll

1. Do you know what MIPA is? YES//No
1. What does meaningful involvement of people with HIV mean?
 - A. Being supportive and providing supportive services
 - B. Community advisory board create own agenda and impact decision making
 - C. Providing employment for PLHIV
 - D. None of the above
 - E. All of the above
1. Have you ever been involved in meaningful HIV decision making? YES/NO



MIPA: history & context



In the beginning...



HIV  **Empowerment** Know the Denver Principles.

When a group of people with AIDS met at a hotel room in Denver in 1983 and wrote a manifesto outlining the rights and responsibilities of people with AIDS,

the Denver Principles,

it was the first time in the history of humanity that people who shared a disease organized to assert a collective political voice.

Michael Callen,
1955 -1993
AIDS Activist & Co-Author
of the Principles.

⇒ WORLD AIDS DAY: **DEC. 1** 

SEANSTRUB.COM 

- 12 “people with AIDS” who met for the first time at the 5th annual Gay & Lesbian Health Conference, held in Denver, CO, June 1983

- Manifesto outlines rights and responsibilities of “PWAs” as well as healthcare providers and care providers



THE DENVER PRINCIPLES

Statement from the
Advisory Committee
of People with AIDS

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."



Recommendations for people with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.



So... What *is* MIPA?

MIPA = **meaningful** involvement of people living with HIV/AIDS

GIPA = **greater** involvement of people living with HIV/AIDS



GIPA means meaningfully involving people living with HIV in the programmatic, policy and funding decisions and actions that impact on our lives by ensuring that we participate in important decisions.

- *Global Network of People Living with HIV/GIPA Report Card*



So why does MIPA matter?

- Those most impacted by a decision should lead decision-making
- It leads to better decisions and responsive planning
- Real connection to community
- Reduction in stigma and discrimination
- Increased effectiveness of policies & programs
- Building sustainable, shareable power in communities
- Holds organizations that serve us accountable to us
- What else?



Early challenges with MIPA

- Cis white gay male dominance in visibility and power
- Leadership by Black/Brown communities, women, folks of trans experience, others often not visible
- Death, poor health, burn-out, trauma
- Pressures of “professionalization” had consequences for community engagement
- As the demographics of the epidemic visibly shifted, commitment to PLHIV leadership did the same
- Resulted in the whitening of the movement



MIPA or Not?

What is meaningful involvement and what is not?



MIPA is...

- Centering PLHIV in all decision-making
- Recognizing value of lived experience and that PLHIV are subject matter experts
- Seeing important contribution PLHIV can have on program design/implementation
- Staff reflects diversity of community being served
- Ensuring PLHIV involvement is meaningful and not tokenism or “check the box”



What's NOT MIPA?

There's a person
with HIV on the
board!

Let's ask X
what to do.
He's living with
HIV.

Well, we
already have a
CAB...

We can't find the
right people!



MIPA is not...

- Expecting PLHIV to be permanent volunteers
- Support services are not necessarily MIPA
- Meetings set for times folks can't make unless they are employed in the field
- The “community panel” and “sand box”
- Invitations to be the “face” of a campaign... after the messaging has already been defined
- Getting information that we don't have time to process
- Race/gender/class-neutral PLHIV representation
- Gatekeeperism: “I can represent PLHIV/POC/Black folks/women all by myself, forever!”
- Using the same “go to PLHIV” all the time



Your turn...

What is not MIPA?



Barriers to MIPA: organizational examples

- Hiring practices that prevent clients/PLHIV from applying – arbitrary degree requirements – no considering lived experience
- Lack of board bylaws that require PLHIV or most impacted participation
- Disempowered CABs – no input on agenda - tokenism
- Programming FOR PLHIV not by PLHIV
- PLHIV that are speaking do not reflect those most impacted by the epidemic
- Language (monolingual) and stigma



Other Barriers to MIPA

- **Lack of clear commitment to address racism, classism, educational privilege, cis privilege, patriarchy etc**
- **Creating “safe space” does not mean that everyone has to be comfortable**
- **Don’t believe our voice matters**
- **Lack of confidence**



Which one is MIPA?

Organization A

- Led by non-POC HIV neg person
- PLHIV do not lead CAB
- Provides great social support for PLHIV
- PLHIV give input on website, graphics, webinars, and programs

Organization B

- Founded and run by Black WLHIV
- Has PLHIV on staff
- All programs designed by and for PLHIV
- All governance boards are led by PLHIV



MIPA in Practice

Commit to MIPA principles by acknowledging room for improvement
- evaluate how programs are developed

Be explicit about committing to MIPA - tell the world!

Train staff and the people you serve on MIPA

Require PLHIV to serve on governance boards

Pay PLHIV for participation - it shows value; sharing our story
requires emotional labor

MIPA is not race/gender neutral



MIPA in Practice

Involve PLHIV in the planning, design and implementation

Programs/services should be developed by and for PLHIV

Expand leadership beyond your “go to” HIV leadership

Restructure and empower CABs

Watch the use of stigmatizing language and images

Commit to building leadership and power of the people you serve by offering:

- Professional development opportunities
- Advocacy/leadership/mentorship
- Trainings and support



Katrina Haslip



March 12, 2021

**Celebrate & Honor Black Women in the HIV Movement
Town Hall**



Thank you!

Nothing About us Without Us!

Venita Ray

PWN - USA Co-Executive Director

venita@pwn-usa.org





**LOS ANGELES COUNTY COMMISSION ON HIV 2021
WOMEN'S CAUCUS WORKPLAN**

Caucus Name: Women's Caucus		Co-Chairs: Shary Alonzo & Dr. LaShonda Spencer		
Caucus Adoption Date: 1.26.21		Revision(s) Date: 2.23.21		
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.				
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Child Care Services Standards of Care	Ensure the service meets the needs of parents; follow up on how to include non-licensed childcare providers.	Ongoing	Waiting for provider survey updates. Identify strategies in supporting non-licensed childcare providers.
2	Take Me Home (TMH) HIV Tests	Ensure service is inclusive of women, to include how and to whom TMH is marketed.	Ongoing	Ongoing monitoring of program.
3	Emergency Financial Assistance (EFA) Service	Ensure unfettered access to EFA by those who need it most.	Ongoing	Ongoing monitoring of service to ensure effective roll out, ability to access, and the number of individuals who have submitted applications vs accepted.
4	Plan topical discussions via Virtual Lunch & Learns, special Caucus meetings and in collaboration with other working groups. Topics to include: <ul style="list-style-type: none"> • Advocacy 101 (March) • U=U + STDs + Reproductive Justice (April) • Coping w/ Stress + Social Support (May) • Trauma + IPV • Women + Aging • Women Giving Birth to Babies w/ & w/out HIV • Demo/Geo Epi Data 	Follow up to 2020 VLL series in addressing barriers and social determinants of health of women living with and impacted by HIV through community engagement activities.	2021	A special Women's Caucus will be held on March 15 to address Advocacy 101. Venita Rey from PWN has been invited as a guest speaker. An all-Caucus meeting has been confirmed for March 9, 2021.
5	Address technical challenges among consumers especially monolingual Spanish speakers	Identify solutions to mitigate challenges in accessing virtual meetings.		Suggestions expressed include eliminate registration, research potential translation feature on WebEx, develop a "cheat sheet" or tutorial.
6	Coordinate w/ D2 to partner on policy priorities involving women living with HIV.	Partners with D2 on matters involving women living with HIV.		Per D2, Supervisor HMitchell still in transition, reach back in mid-February to coordinate. Staff will follow up.