



LOS ANGELES COUNTY
COMMISSION ON HIV



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BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Virtual Meeting Agenda

Monday, April 26, 2021 @ 3:00pm – 5:00pm*

**note change in time*

To Register + Join by Computer: <https://tinyurl.com/24t95wth>

To Join by Phone: +1-415-655-0001 | Access code: 145 977 4520

- | | |
|---|-----------------|
| 1. WELCOME + INTRODUCTIONS + CHECK IN | 3:00pm – 3:05pm |
| 2. EXECUTIVE DIRECTOR/STAFF REPORT | 3:05pm – 3:10pm |
| 2. CO-CHAIR REPORT | 3:10pm – 3:20pm |
| <ul style="list-style-type: none">• San Diego HIV Planning Council FBAC Meeting Attendance & Feedback• Guidance to Committees & Working Group• Finalize Co-Chair Terms & Elections• Brief Review 3.22.21 Meeting Summary & Follow Up Items | |
| 3. DISCUSSION: | 3:20pm – 4:50pm |
| <ul style="list-style-type: none">• DHSP Provider Implicit Bias (IB) Training Presentation<ul style="list-style-type: none">○ Provide feedback to DHSP○ Determine standard on who should receive training○ Coordinate DHSP training “walk thru” with BAAC Task Force• Develop a Targeted PrEP Promotional Campaign to Include Subpopulations<ul style="list-style-type: none">○ Determine funding availability○ Review 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○ Provide concrete examples and feedback to DHSP on what the campaigns should look like and what should be included• General Recommendation #9<ul style="list-style-type: none">○ Provide clear examples and feedback to DHSP on how current Request for Proposal (RFP) language around mandatory minimum requirements “boxes” out potential applicants• Coordinate Four (4) Follow Up meetings w/ DHSP<ul style="list-style-type: none">○ Identify 5-6 key topics to agendize, i.e., PrEP Centers of Excellence for Women, Technical Assistance/Capacity Building for Minority Based Agencies, etc.○ Convening small group discussions with BAAC leadership and/or community subject matter experts, i.e., Black medical doctors | |
| 4. NEXT STEPS/FOLLOW UP ITEMS/AGENDA DEVELOPMENT | 4:50pm – 4:55pm |
| 5. PUBLIC COMMENTS & ANNOUNCEMENTS | 4:55pm – 5:00pm |
| 6. ADJOURNMENT | 5:00pm |

*The BAAC Social Media Tool Kit can be accessed by clicking [here](#)
The BAAC Task Force Recommendations can be found [here](#)*



BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE Meeting Summary for 3.22.21

Attendance may be verified with Commission staff

1. Welcome + Introductions + Check In

Co-Chairs Danielle Campbell and Greg Wilson opened the meeting and led introductions.

2. DISCUSSION: Preparation for March 22, 2021 Task Force Meeting w/ DHSP Leadership to Address Recommendations

Mario J. Pérez, MPH, Director, Division of HIV and STD Programs (DHSP) kicked off the discussion by stating that he and his team have reviewed all the general and population specific BAAC recommendations and provided the following general assessments:

- there are recommendations that have different time periods to complete while some are currently in process.
- there are some recommendations that are client-level while others are more agency, systemic and/or County level thus requiring different approaches, scopes, and time frames. As an example, the living wage recommendation is more of a social construct and would require a systemic level response which is outside of DHSP's scope.
- there are a few recommendations that need additional feedback from the BAAC before they can be fully addressed:
 1. Recommendation #11: Should PrEP promotion be targeted, reflecting specific subsets of the Black/AA community, or inclusive.
 2. Demo Projects: Need BAAC feedback on what that looks like and how do we scale up mental health/psychosocial capacity to assure cultural responsiveness.
- Mr. Pérez indicated that his team developed a tracking tool to assist with addressing the BAAC recommendations in an efficient manner; refer to DHSP Tracking Tool.

The BAAC, in collaboration with DHSP addressed the following recommendations:

- Recommendation #1.
 - Mr. Pérez indicated that new and renewing DHSP-contracts will now include required training in key topics around racial and social justice and equity as suggested by the BAAC TF. DHSP's training team, under the lead of Amber Wilborn, developed a comprehensive Implicit Bias (IB) training which will be rolled out to approximately 60 contractors and over 100 staff persons.
 - *The BAAC TF requested to review the training slides prior to its release.*

- Recommendation #6.

- Mr. Pérez noted that at the time the BAAC TF recommendations were released, there was no PrEP marketing budget. However, thanks to Ending the HIV Epidemic (EHE) funding, Mr. Pérez shared that there is funding now available and perhaps an opportunity to align efforts with the federal PrEP campaign.
- Julie Tolentino, MPH, provided examples of existing PrEP campaigns to include [“Ready, Set, PrEP: I’m Ready”](#) and [Black AIDS Institute’s Black Women PrEP ToolKit](#), and asked the BAAC to consider using those materials as a starting part to see how we can best leverage efforts and resources.
- Ms. Tolentino also suggested there may be an opportunity to work with its newly selected Community Engagement Mobilization contractor on campaigns.
- The BAAC agreed that there should be both targeted and inclusive promotions as the Black community is not monolithic and that it is important that each subpopulation see themselves in the marketing. The community knows when marketing is a blanketed promotion versus a very intentional effort to celebrate the intersectional identities of its subpopulations.
- Danielle Campbell recommended DHSP’s budget constraints be considered before developing subpopulation-specific campaigns and requested the amount of funding available for this effort.
- The BAAC discussed various modes of marketing and determined that a social media campaign would be best suited for this effort as it is the most cost-effective way to have the greatest impact. Social media is the most effective way to reach millennials.
- Dr. William King recommended that the social media campaign be also used as a link to services; provide links to resources the community can access to bring PrEP awareness, uptake, and persistence. Direct the community to PrEP Centers of Excellence.
- Mr. Pérez noted that they are making efforts to increase the number of PrEP Centers of Excellence and an open solicitation for partners to become PrEP Centers of Excellence was recently released. The BAAC members were unaware of the recent solicitation and expressed this type of information should be widely disseminated, especially among minority-based agencies and providers.
- In response to Black women and creating more women-centered services, Mr. Pérez shared that DHSP is open to developing an Request for Application (RFA) for a PrEP Center of Excellence for Women and offered the idea of perhaps leveraging efforts with existing PrEP Centers of Excellence to serve population-specific needs, i.e. women. However, Ms. Campbell reminded the group that according to the epidemiological data, there is not enough agencies who have the capacity to provide women-centered services and therefore a PrEP Center of Excellence for women is necessary.
 - *Staff to coordinate a meeting with Mr. Pérez, BAAC Co Chairs, Dr. LaShonda Spencer, Dr. William King and Dr. Butler to discuss further on establishing a PrEP Center of Excellence for women after the April BAAC meeting.*

- **Black MSM Population-Specific Recommendation #1**
 - Greg Wilson suggested that there should be additional funding invested in the vulnerable population grants and that the term for contracts should be extended for continuity and effectiveness to 10 years.
 - Mr. Pérez indicated that the County would not have an appetite for a contract that long and that it would be more of a disservice to the community especially for contractors with uneven performance.
 - Mr. Pérez expressed that contracts with terms of 3-5 years with the option to renew is reasonable.
- **Recommendation #9**
 - Mr. Pérez noted that this recommendation might pose some challenges in that DHSP would have to find a way to support capacity building efforts for minority-based agencies without there being a conflict of interest. In other words, as the contracting agent, technical assistance would need to be provided to all agencies versus targeting specific agencies to avoid any perceptions of bias or conflicts of interest. However, Mr. Pérez acknowledged there is merit in improving capacity in all Black/AA-based agencies for funding opportunities.
 - The BAAC shared that RFPs are written in a way that blocks minority-based agencies from successfully competing and that RFPs should be reassessed and written in a way that grass root agencies are able to apply.
 - Mr. Pérez indicated that he would like to hear more from the BAAC regarding minimum mandatory requirements when it comes to RFPs
 - Mr. Pérez suggested that at least four follow up meetings be scheduled, once every 2-3 weeks, to be able to address these concerns in expeditious and efficient manner.
 - Additionally, Mr. Pérez recommended that the BAAC identify 5-6 key topics that a smaller group of the BAAC be invited to, comprised of subject matter experts, i.e. Dr. Spencer, Dr. King, Dr. Butler, to assist in addressing some of the recommendations such as the PrEP Center of Excellence for Women.
- **DHSP Implicit Bias Training Presentation.**
 - Amber Wilburn, PhD, MPH, presented to the BAAC the newly developed IB training for providers; see PPT slides.
 - Ms. Wilburn shared that the training will be a four-hour webinar for all providers of DHSP contracts which include the most senior managers to line staff.
 - *BAAC requested that they have time to review the PPT, discuss, and provide feedback at their April 26, 2021 meeting.*

- **Follow Up items/Next Steps.**

- Review existing PrEP campaigns as suggested by Ms. Tolentino to determine whether to leverage efforts or use as a starting point.
- Provide concrete feedback and specific examples on what the PrEP campaigns should look like for both targeted and inclusive promotions.
- DHSP to release a RFA for a PrEP Center of Excellence for Women. Will work with Drs. Spencer, King and Butler to discuss strategies and bring back to the BAAC; staff to coordinate after the April 26 BAAC meeting.
- Further discussions w/ DHSP on Black MSM Population-Specific Recommendation #1 related to increasing funding for vulnerable population grants.
- Further discussion w/ DHSP on General Recommendation #9 on how to increase pool of applicants to ensure no perceived conflict of interest. DHSP would like to hear more from BAAC on how current RFP language around mandatory minimum requirements “boxes” out potential applicants.
- Schedule four (4) follow meetings w/ DHSP to meet every 2-3 weeks to address pending items.
 - Small group settings of community partners suggested, i.e. PrEP Centers of Excellence=Drs. Spencer, King and Butler.
- BAAC to identify 5-6 key topics they would like agendaize for the follow up meetings with DHSP.
- Review DHSP’s tracker tool
- BAAC to review DHSP’s IB Training PPT slides and provide feedback at its April 26, 2021 meeting:
 - DHSP to send IB training PPT slides and training protocols for BAAC’s review and feedback
 - DHSP to coordinate a training “walk thru” w/ the BAAC
 - Determine a standard for who should receive trainings, i.e. front line, senior managers, CEO, all DHSP-contracted employees
 - Consider inclusion of the following topics: trauma informed care, generational trauma, macro/micro aggressions, intersections between race & age.

3. Public Comment + Announcements

- For information regarding the next Black AIDS Monument (BAM) planning meeting, contact Greg Wilson at greg.itmt@yahoo.com.
- Next BAAC meeting is Monday, April 26 @ 1-3pm.

4. Adjournment



Addressing Implicit Bias, Medical Mistrust and Cultural Humility

Division of HIV and STD Programs
Provider Support
2021



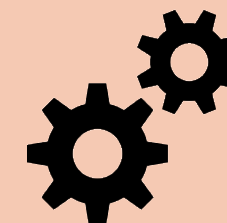
VIRTUAL TRAINING GUIDELINES

Idris Elba
He/him/his

**Screenname must be
First & Last name**
Pronouns can be added



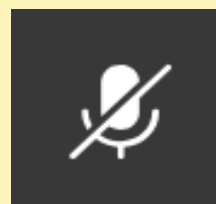
**Focus – Be in a limited
distraction environment.**



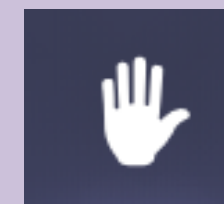
**Make sure you have a
stable connection.**



**Turn off your
video camera.**



**Make sure your
microphone is muted.**



**Raise your hand if you
want to be unmuted.**



Addressing Implicit Bias, Medical Mistrust and Cultural Humility

Division of HIV and STD Programs
Provider Support and Quality Assurance
2021



CERTIFICATE

- ✓ Full attendance/participation in virtual training
- ✓ Pre-test
- ✓ Post-test (Score 80% or higher)
- ✓ Evaluation form



DHSP does not re-issue certificates.

MICROSOFT TEAMS - BUTTONS

MEETING
TIME

MICROPHONE:
ON or OFF

MORE
OPTIONS

CHAT BOX

LEAVE
MEETING

00:16



VIDEO:
ON or OFF

SHARE
SCREEN

RAISE
HAND

PARTICIPANT
LIST

VIRTUAL WORKING AGREEMENTS

1. Please turn off your webcam.
2. Please mute your microphone when you are not speaking.
3. Please make sure you are in an environment with no distractions.
4. You are expected to be present for the entire class.
5. Be back on time from breaks or lunch.
6. Agree to respectful engagement.
7. Take risks, make mistakes.
8. Protect confidentiality.
9. Remember to raise your hand or comment (& keep it professional)!
10. Participate and have fun 😊



GROUP INTRODUCTIONS

- ☐ What is your name and your pronoun(s)?
- ☐ Where do you work?
- ☐ What is your role?
- ☐ What is your new quarantine hobby?

Hello
my name is

Background

This course was developed to meet the recommendations of the LAC Commission's Black/African American Community Task Force

The purpose of this workshop is to provide education on medical mistrust and implicit bias for all County-contracted providers in order to adopt cultural humility into the local HIV provider framework.

Goal and Objectives

Goal: To increase provider knowledge about how implicit bias influences care HIV providers provide their Black/African American patients

By the end of the training, participants will be able to:

- 1 Define implicit bias and cultural humility
- 2 Explain at least 3 ways provider implicit bias can contribute to health disparities among their Black/African American patients
- 3 List 2 ways to reduce medical mistrust among Black/African American patients
- 4 List 3 ways HIV providers can adopt cultural humility when working with the Black/African American community

Some Things You Should Know...

- This is a safe space
- This training is centered around the African American experience
- You may become uncomfortable
- You may feel triggered
- Be aware of your feelings and privilege

Take some time to write down some of the groups you identify with
(race, gender, sexual orientation and identity, religion, age, etc.)

VIRTUAL AGENDA

- ✓ Welcome, Introductions & Housekeeping
- ☐ Icebreaker
- ☐ What is Implicit Bias?
- ☐ Historical Perspective
- ☐ What the Research Says
- ☐ How To Reduce Implicit Bias and Increase Cultural Humility



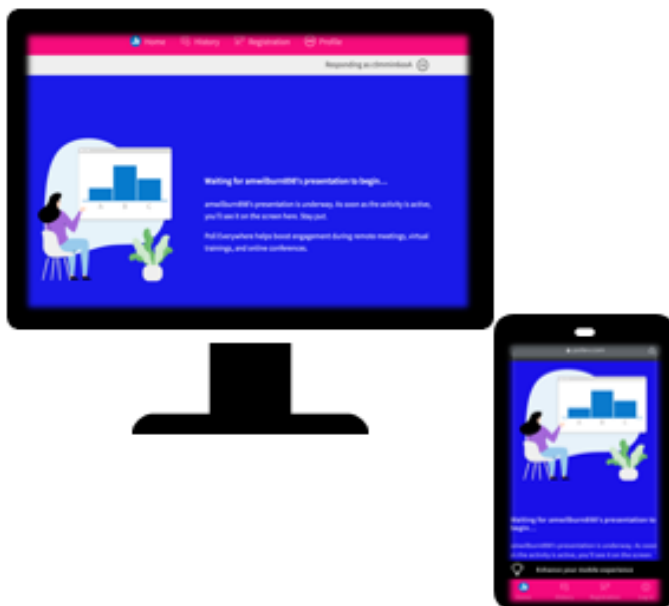
Icebreaker



HOW TO JOIN Poll Everywhere

WEB

www.pollev.com/amwilburn898



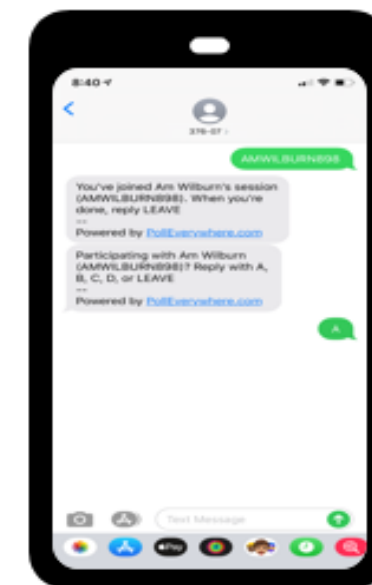
APP

Enter username
"AMWILBURN898".



TEXT

Text "AMWILBURN898"
to 37607 to join.





Why Do You Think We Did This Activity?



What is Implicit Bias?



Bias

- Natural reaction
- Way to classify things and people
- Tendency, feeling or opinion, especially one that is preconceived



Bias:
Tide

Stereotype

- Beliefs that we hold about the attributes or characteristics that other groups are likely to have
- What we expect a person to be like based on the group they belong to
- Apply to the whole group
- Can lead to biases when information is unclear



Stereotype:
People who like Tide are
smart

Prejudice

- Negative feelings people have toward other groups
- Negative evaluations
- If people can easily associate a group of people with negativity



Prejudice:

People who don't like Tide are not smart. People who like Purex are the dumbest.

Discrimination

- To treat differently based on the group the person is from
- Choices and behavior
- Actions and what people do



Discrimination:
Only people who use Tide
can use washing machine.

Racism

- Prejudice plus power
- Unequal distribution of power based on race
- One racial group holds power* over other racial groups
- Power can be financial, political, medical, etc.



Racism:

We will create a policy that says if you can't buy Tide, you can't use washing machines.

Implicit Bias

- When someone is unconsciously influenced by stereotypes or prejudices.
- Escapes conscious detection
- automatically activated and often unintentional
- the bias in judgment and/or behavior that results from subtle thought processes that often operate at a level below conscious awareness and without intentional control



Implicit Bias:

It doesn't matter if the person uses Tide or Dreft or Purex.

subconscious But it's a bad decision to use anything other than Tide



Activity





Mind Games

I cdnoul blveiee that I cluod aulacly uesdnatnrd waht I was rdanieg.

Aoccdrnig to rscheearch at Cmabrigde Uinervtsy, it deosn't mttar waht oedrr the ltteers in a wrod are, the olny iprmoatnt thing is that the frist and lsat be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit a porbelm. Tihs is bcuseae the haumn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.





Historical Perspective



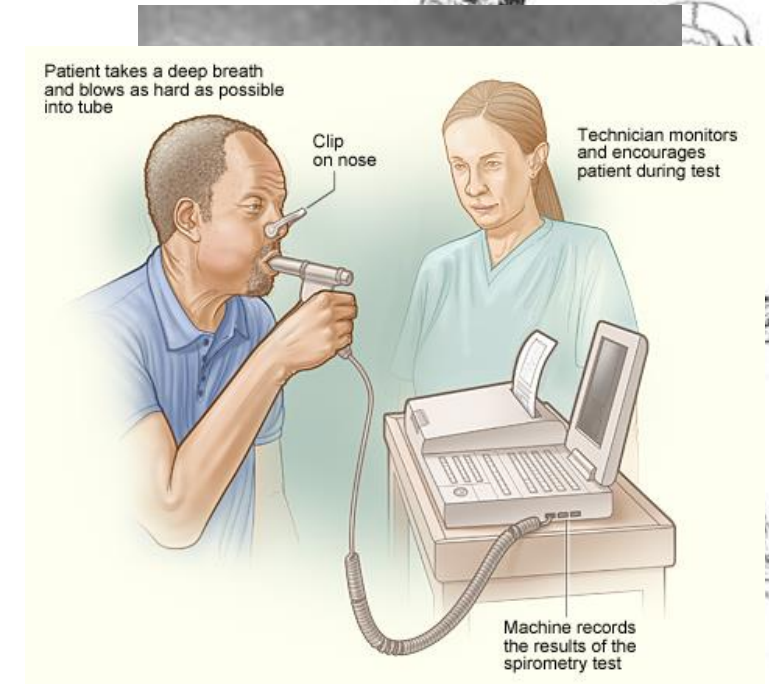
17th Century “Science”

- Monogenism vs polygenism
- Races were distinguished by:
 1. Physical traits (skin color, skull size, etc.)
 2. Natural manners
 3. Internal qualities of the mind
- Scale of Man descended from Middle Europeans to “Guiney Negroes”
 - Belief: white Europeans as the norm from which other 'races' deviated
 - Belief: inhabitants of the Cape of Good Hope (Khoikhoi people) were the “most beastlike of all the souls” and the closest to apes and other lesser creatures.
 - This became one of the theories that helped justify the Atlantic Trade of enslaved Africans.



18th – 19th Century “Science”

- Science continued trying to prove that whites were the original people
- Medical conditions to support this claim
 - Dark skin developed as a response to warmer climates
 - Negroidism
 - Drapetomania
 - Dyaesthesia Aethiopica
- Scientific measurements supported this claim:
 - Phrenology: the belief that character traits could be read through different shaped skulls
 - Spirometer: measures lung capacity



Saartji Baartman (Sarah Bartman)

- Khoikhoi woman from Cape of Good Hope, South Africa
- Also known as “Hottentot Venus”
- “Hottentot” became synonymous with:
 - female hypersexuality
 - enlarged labia and buttocks
- Scientists believed that African women were wildly hypersexual and had larger birth canals than other women
- Stereotype: Women who wear fewer clothes are hypersexual
- Stereotype: Black women have large birth canals, are able to give birth easier, feel less pain during childbirth
- Prejudice: Black women are hypersexual
- Discrimination: Black women don’t need (as much) pain medication during childbirth



Other Scientific Beliefs about Africans/African Americans

- Required less sleep
- More “ardent” after their female
- Inferior reason and intellect
- Experienced grief as transient
- Did not know “true pain” because of their primitive nervous system
- “Riddled with imperfections from head to toe”

Examples of Medical Experimentation

- Medical Schools use Black bodies as “anatomical materials”
- James Marion Sims
- Tuskegee Syphilis Experiment
 - 1932 – July 1972
 - Record the natural history of syphilis in Blacks to justify treatment programs
 - 399 with syphilis and 201 without syphilis
 - Treatments included: mercury, bismuth
 - Penicillin withheld
- Involuntary sterilization
- Birth control Experiments

How Bias Allows Medical Experimentation

- Biases, stereotypes, prejudices lead to discrimination and institutional racism
- **Bias:** Black and white people are different based on their skin color.
- **Stereotype:** Black people don't know "true pain"
- **Prejudice:** It's ok to experiment on Black people because they don't know true pain
- **Discrimination:** I can study this treatment on my Black patient(s) because they don't know true pain.
- **Racism:** We can use Black people in experiments that we would not use white people for because Black people aren't like us and don't experience true pain.

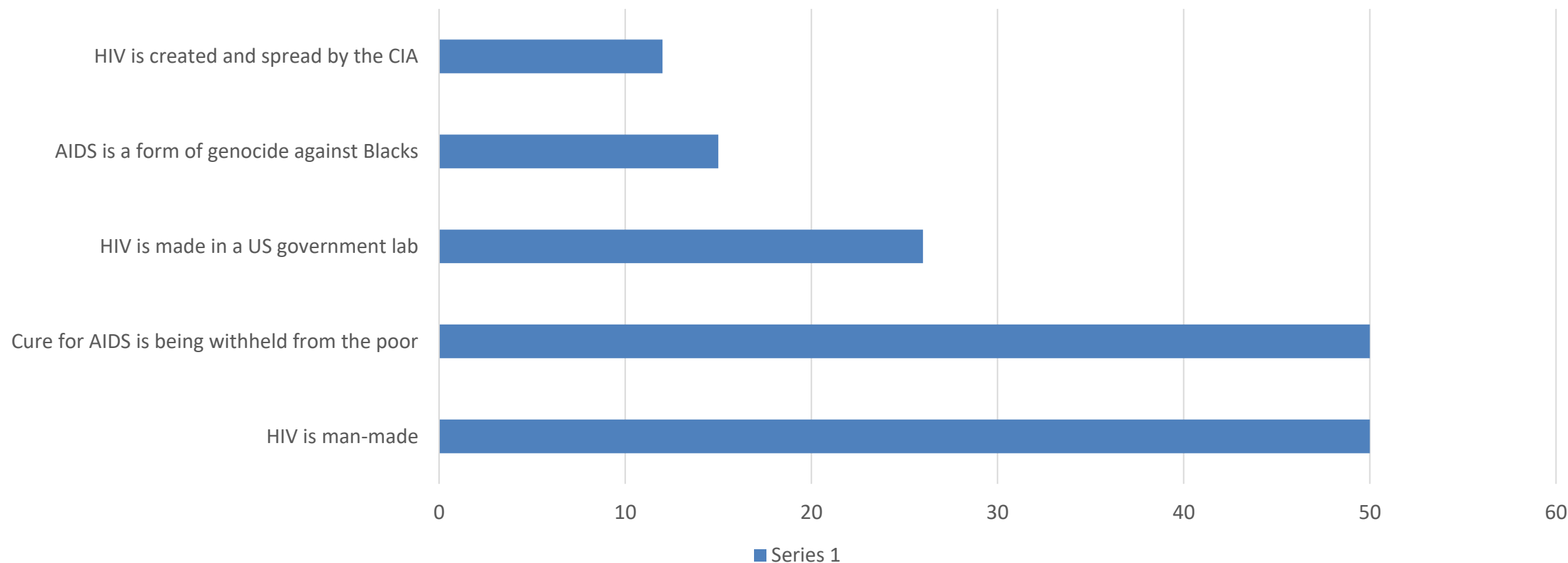


Medical Mistrust in HIV Treatment

- Infectious disease risk in Black communities often used to justify forced home removals, increased surveillance and unsolicited medical intervention
- History of exploitation embedded in decisions to (not) participate in research studies and clinical trials
- Population continued to subvert “traditional” medical systems

Legacy of Mistrust

Distrust among African Americans in Regards to AIDS Testing and Treatment





Why do you think we talked about this?

Is knowing this history important?

Cultural Humility

“Lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.”

National Institutes of Health (NIH)

Cultural Humility

- Is distinct from cultural competency.
 - Cultural Competency: idea that we can learn about other cultures and become proficient in them
 - Cultural Humility: requires life-long learning about another person's culture rather than reflecting on one's own background
- Requires historical awareness
 - Be aware of historic realities against certain groups of people
 - History of mistrust has led to skepticism about the purpose of research and treatment





What the Research Says



“A father and son were involved in a car accident in which the father was killed and the son was seriously injured. The father was pronounced dead at the scene of the accident and his body was taken to a local morgue. The son was taken by ambulance to a nearby hospital and was immediately wheeled into an emergency operating room. A surgeon was called. Upon arrival and seeing the patient, the attending surgeon exclaimed “Oh my God, it’s my son!’ Can you explain this?”



Implicit Bias in Medical Assessment

Individuals with at least some medical training hold and may use false beliefs about biological differences between Blacks and whites to inform medical judgments.

Implicit Bias vs. Explicit Bias in Medical Assessment

- Physicians reported no explicit preference (bias) for white versus Black patients
- However, the Implicit Association Test (IAT) showed that the bias against Blacks was measurable (favored white Americans)
- As physicians' pro-white implicit bias increased, they were more likely to:
 - Treat white patients and not treat Black patients
 - Believe Black people were less cooperative with medical procedures
 - Have poorer patient-provider communication
 - Differ in treatment recommendations and pain management options
 - Have less empathy

How Implicit Bias Becomes Institutionalized

- **Bias** =
- **Stereotype** = Black people are not medically cooperative
- **Prejudice** = My client is Black will not follow my medical advice
- **Discrimination** = I will not spend time with my Black client because they will not follow my medical advice
- **Racism** =
 - Doctors report asking fewer open-ended questions and spending less time with their Black clients when compared to their white clients
 - Black people received fewer prescriptions and are less likely than whites to receive needed services

Implicit Bias in Medical Assessment

- A 2016 study found many white medical students wrongly believe Black people have a higher pain tolerance than white people.
- Participants believed Black people have:
 - thicker skin
 - less sensitive nerve endings
 - stronger immune systems
 - blood that clots faster than other racial groups
- The greater the false beliefs about Black bodies, the greater the racial bias in their pain treatment recommendations

**73% of participants
held at least
one of these beliefs**

Implicit Bias in Medical Assessment

- 2019 study on analgesia use for acute pain management in emergency rooms found Black patients were:
 - 40% less likely to received medication for acute pain when compared to white patients
 - 34% less likely to be prescribed opioids than white patients
- When experiencing pelvic pain, Black women were:
 - Less likely to be diagnosed with endometriosis than white women
 - More likely to be diagnosed with pelvic inflammatory disease (PID)
- Dismissed pain causes patients to have less trust in the medical system

How Implicit Bias Becomes Institutionalized

- **Bias** = Black people aren't like me
- **Stereotype** = Black people have higher pain tolerance
- **Prejudice** = My Black client doesn't need pain medication
- **Discrimination** =
 - I do not believe my Black clients when they complain about pain
 - I will not prescribe my Black clients pain medication if they complain about pain
- **Racism** = Black clients get prescribed less pain medication and fewer doses of pain medication when compared to white clients

How Implicit Bias Becomes Institutionalized

- **Bias** = Black women aren't like me
- **Stereotype** = Black women are hypersexual
- **Prejudice** = My Black female client is experiencing pelvic pain because she has an untreated STD
- **Discrimination** =
 - I only run STD tests for my Black female clients experiencing pelvic pain
 - I will not prescribe my Black female clients pain medication if they complain about pain
 - I do not believe my Black female client has endometriosis
- **Racism** = Black women are less likely to be diagnosed with endometriosis than white women

Implicit Bias in HIV Treatment Assessment

- People of color "are less likely than whites to receive needed services, including clinically necessary procedures."
- African Americans with HIV infection are less likely to receive:
 - antiretroviral therapy
 - prophylaxis for pneumocystis pneumonia
 - protease inhibitors
- African Americans more likely to report "unusual source of care"
- Black (and Hispanic) patients at non-VA hospitals were:
 - more likely to die during hospitalization
 - less likely to undergo bronchoscopy in the first two days of admission

How Implicit Bias Becomes Institutionalized

- **Bias** =
- **Stereotype** = Black people are hypersexual
- **Prejudice** = My Black client is hypersexual
- **Discrimination** = Because my client is Black (and, therefore, hypersexual), they will get HIV so I don't need to talk to them about safer sex
- **Racism**

Emergency Room Admittance

- Between 2005 and 2016, medical professionals were 10% less likely to admit Black patients to the hospital than white patients.
- Black patients were:
 - 7% less likely to receive an urgent ESI score than white patients
 - less likely to receive immediate or emergent scores, as opposed to semi- or non-urgent scores.
 - 1.26 times more likely than white patients to die in the ED or hospital.

Implicit Bias in Medical Assessment Algorithms

- A 2019 study investigated the algorithm used by health systems and insurers to determine which patients with chronic conditions needed extra care.
 - 18% of Black patients as needing more care compared to about 82% of white patients
 - levels of sickness were similar
- Key factors:
 - algorithm uses health costs as a proxy for health needs
 - algorithm falsely concluded that Black patients are healthier than equally sick white patients

Non-verbal Indicators of Implicit Bias

- Physical location of the agency
- Structural characteristics such as the physical space of an agency
- Staff diversity, especially in position(s) of power, reflects the facility's values and culture related to racial equity



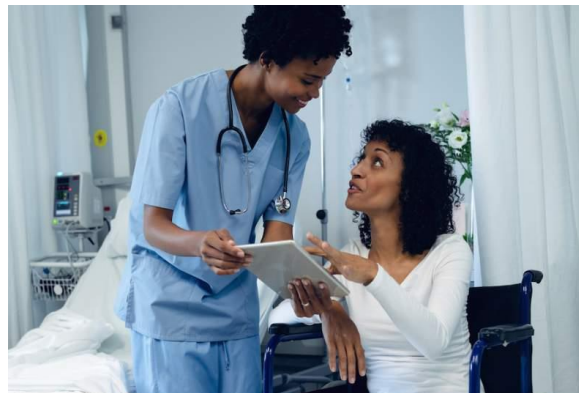
“We reinforce race-based medicine and shape clinical decision making through flawed guidelines and practices, which exacerbate health inequalities. We teach that race – rather than racism – is a risk factor for poor health outcomes. Our students and trainees watch as we assume the worst of our patients from marginalized community of color.”

~Dr. Ndidi Unaka

Associate Program Director of the Pediatric residency training program at
Cincinnati Children’s Hospital

Other Health Studies

- Health outcomes for Black patients are better when they are treated by Black doctors.
- Findings:
 - Black patients were 29% more likely to talk to Black (male) doctors about health problems
 - Black physicians were 35% more likely to write notes about Black patients than non-Black physicians





**What does this mean for you as you provide HIV services to the
Black/African American community?**

How to Reduce Implicit Bias and Increase Cultural Humility



Know When You Are Most Susceptible (to Implicit Bias)

- Information is ambiguous or incomplete
- Time constraints
- Compromised cognitive control
 - Fatigue
 - Feeling overwhelmed
 - Anger

SPACE2 Model of Mindful Inclusion

- Slowing Down
- Perspective Taking
- Asking Yourself
- Cultural Intelligence
- Exemplars
- Expand

SPACE2 Model of Mindful Inclusion

- Slowing Down — being mindful and considered in your responses to others



SPACE2 Model of Mindful Inclusion

- Slowing Down — being mindful and considered in your responses to others
- **Perspective Taking** — actively imagining the thoughts and feelings of others



SPACE2 Model of Mindful Inclusion

- Slowing Down — being mindful and considered in your responses to others
- Perspective Taking — actively imagining the thoughts and feelings of others
- **Asking Yourself** — active self-questioning to challenge your assumptions
 - Does this person remind you of yourself?
 - Does this person remind you of anyone else? Is it positive or negative?
 - Are there things about this person that particularly influence your impression? Are they relevant to the treatment?
 - What assessment have you already made? Are these grounded in solid information of your assumptions?



SPACE2 Model of Mindful Inclusion

- Slowing Down — being mindful and considered in your responses to others
- Perspective Taking — actively imagining the thoughts and feelings of others
- Asking Yourself — active self-questioning to challenge your assumptions
 - Does this person remind you of yourself?
 - Does this person remind you of anyone else? Is it positive or negative?
 - Are there things about this person that particularly influence your impression? Are they relevant to the treatment?
 - What assessment have you already made? Are these grounded in solid information of your assumptions?
- **Cultural Intelligence**— interpreting a person's behavior through their cultural lens rather than your own



SPACE2 Model of Mindful Inclusion

- Slowing Down — being m
- Perspective Taking — acti
- Asking Yourself — active s
 - Does this person remind
 - Does this person remind
 - Are there things about th
 - What assessment have yo
- Cultural Intelligence— int
- Exemplars — identi



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r assumptions?
ther than your own



SPACE2 Model of Mindful Inclusion

- Slowing Down — being mindful and considered in your responses to others
- Perspective Taking — actively imagining the thoughts and feelings of others
- Asking Yourself — active self-questioning to challenge your assumptions
 - Does this person remind you of yourself?
 - Does this person remind you of anyone else? Is it positive or negative?
 - Are there things about this person that particularly influence your impression? Are they relevant to the treatment?
 - What assessment have you already made? Are these grounded in solid information of your assumptions?
- Cultural Intelligence— interpreting a person's behavior through their cultural lens rather than your own
- Exemplars — identifying counter-stereotypical individuals
- **Expand** — the formation of diverse work networks

How to Increase Cultural Humility

- Examine your own biases and prejudices
- Have a basic understanding of the culture(s) clients come from.
- Know some reasons why medical mistrust exists
- Know the National Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Know that there are some things you don't know and may never know about a culture that is not your own.

Talking to Clients: Motivational Interviewing Techniques

- Listen actively
- Give information simply
- Curiosity and context
 - Ask open-ended questions
 - Ask about the risk behavior they are engaging in
 - Ask about the knowledge that they have and the information they need
 - Ask about their pain levels
- Emphasize that they are the expert in their situation
- Roll with the resistance
- Acknowledge mistrust and distrust

Let's Talk

Close-Ended Questions	Open-Ended Question
"Do you know what HIV is?"	"What do you know about HIV?"
"Do you have any STDs ?!"	"How do you feel about getting infected by an STD?"
Did you know that disclosing someone else's HIV status is illegal?	What do you know about the confidentiality law for HIV?

How to prepare clients to talk to their medical provider

Planning for the visit

- Ask client where they will go
- Ask client what they will say
 - Role-play with client, ask them how they will talk to their provider about their risk behaviors
- Ask client how they will proceed if they get a negative reaction from their doctor

Before starting new medication(s), patients should tell their healthcare provider about all prescription and nonprescription medications they are taking, medication allergies, and any history of kidney or liver disease.



What are some strategies you and your agency can develop to increase cultural humility?



ANY QUESTIONS?

POST-TEST

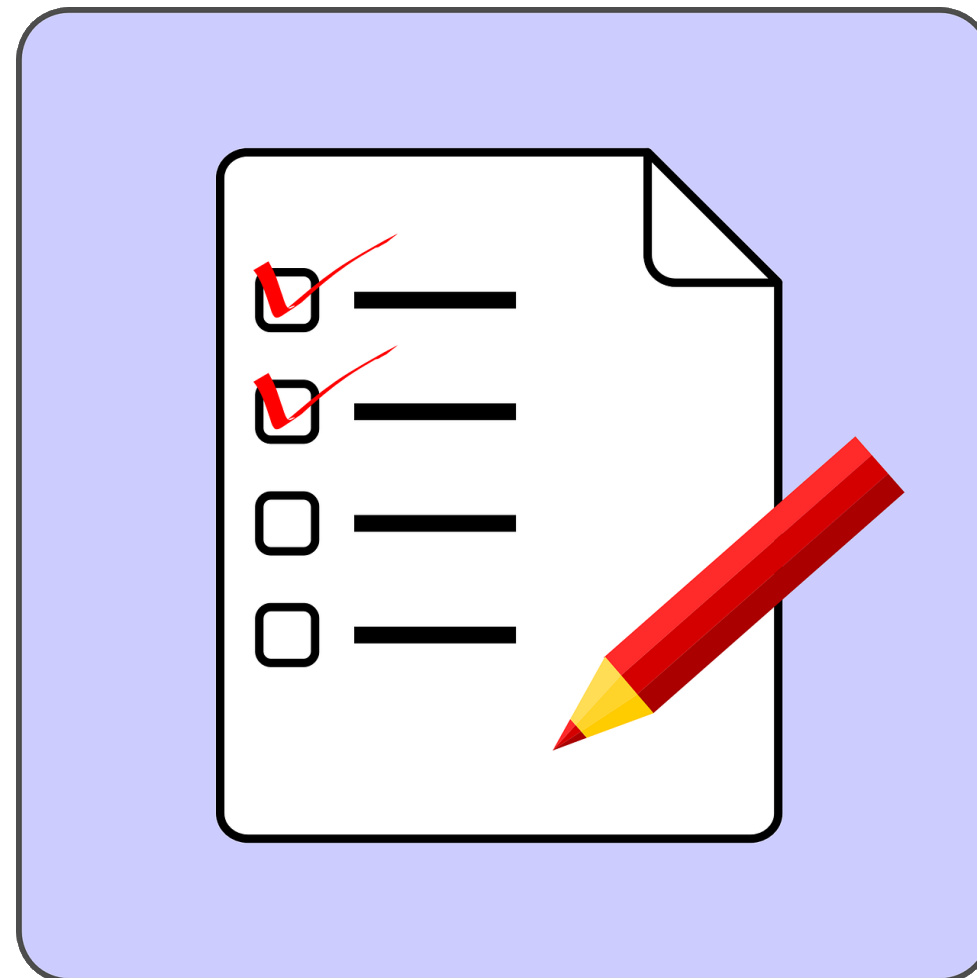
Passing Score 80% +

Google Forms

Link in the calendar invite...

30 minutes after training concludes.

You will need to receive an 80% or higher on the post-test in order to pass Addressing Implicit Bias, Medical Mistrust and Cultural Humility.



EVALUATION FORM

Google Forms

Link in the calendar invite...

45 minutes after training concludes.



CERTIFICATE

- ✓ Full attendance/participation in virtual training
- ✓ Pre-test
- ✓ Post-test (Score 80% or higher)
- ✓ Evaluation form



DHSP does not re-issue certificates.



COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

Email: trainingquestions@ph.lacounty.gov
URL: <http://publichealth.lacounty.gov/dhsp/>



TRUE OR FALSE?



HOW TO JOIN Kahoot!

WEB

Go to www.kahoot.it

Type in the game pin and press
“Enter” to join the game.

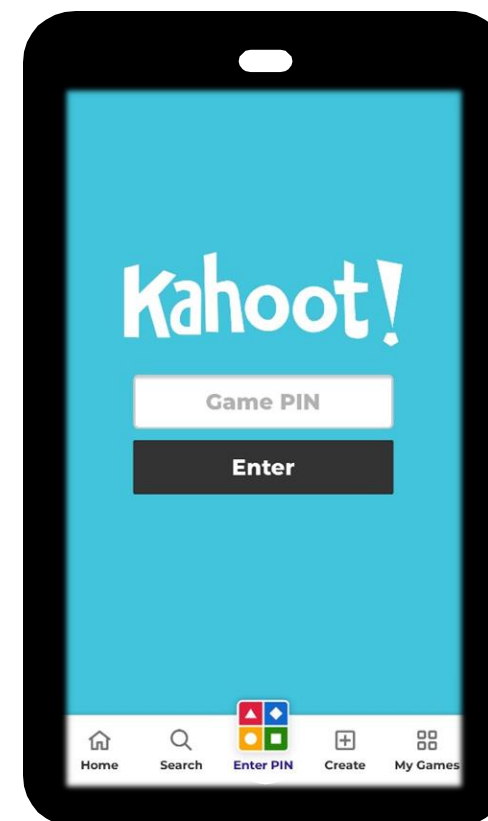


APP

Download the
Kahoot! App.

Press “Enter Pin”
and type in the
game pin.

Then, press “Enter”
to join the game.



✓ **TRUE**

✗ **FALSE**

Kahoot!





HIV Prevention Just Got Easier— NYC

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 (toll-free)
prep for sex.org

*condoms should be used for STD protection

NEW YORK STATE Department of Health

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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

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

Supported by funding from Glaxo Sciences, Inc.



PrEP Facts

Truvada +
take one pill
by mouth
mg
qty

must take daily

© 2014



An additional Layer of Love
— LEARN MORE AT —
PrepFacts.org

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LEARN MORE AT
PrepFacts.org

Supported by funding from Glaxo Sciences, Inc.



LOVE MAY HAVE ANOTHER PROTECTOR
— LEARN MORE AT —
PrepFacts.org

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LEARN MORE AT
PrepFacts.org

Supported by funding from Glaxo Sciences, Inc.



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

Chill Pill

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


HIVChillPill.org



Chill Pill

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


HIVChillPill.org



Chill Pill

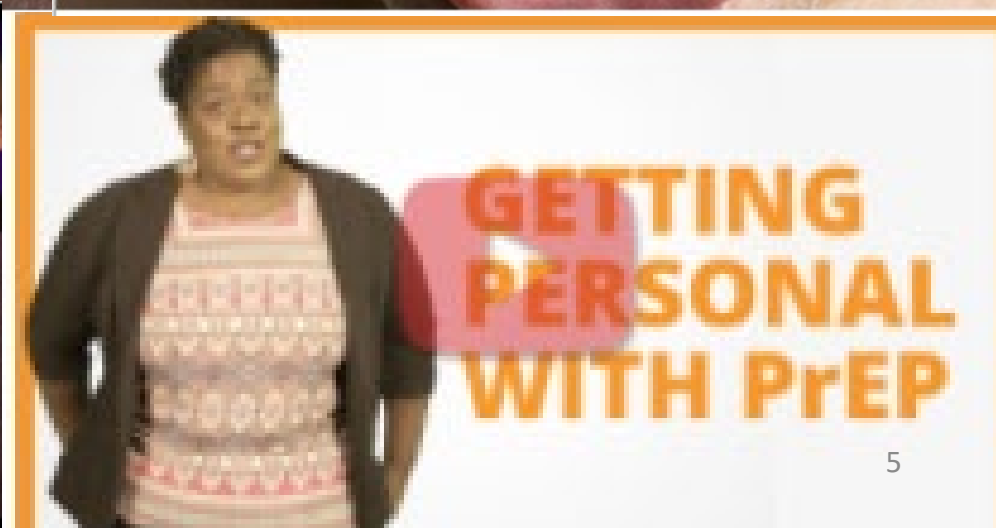
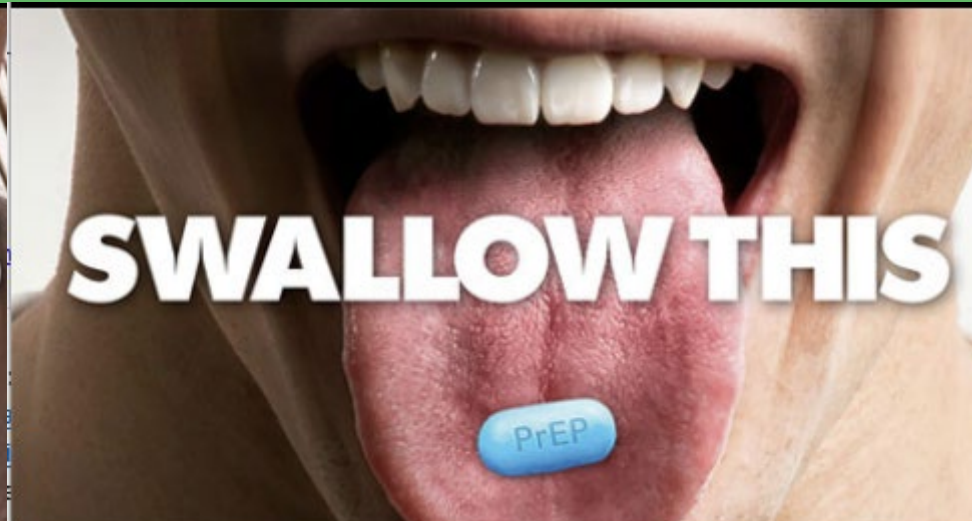
I worried about getting **HIV**
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PrEP prevents HIV


HIVChillPill.org



Harlem United NYC

https://www.harlemunited.org/prep/?mc_cid=bdf7671eff&mc_eid=%5bUNIQID%5d



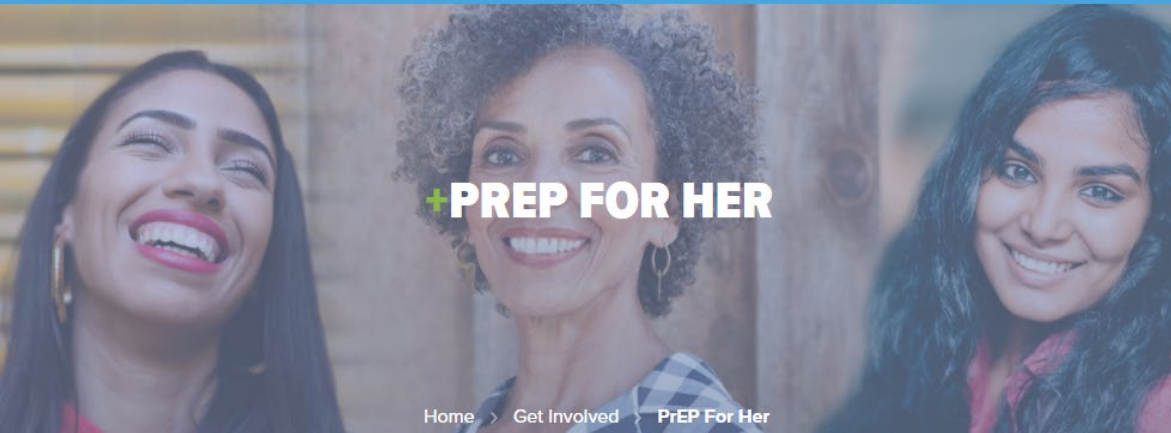


PrEP for Her – D.C.

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



MENU ≡



PrEP is a safe, daily pill that helps prevent HIV.
Sex on her terms. Life on her terms. You have choices at PrEPForHer.com #PrEPForHer

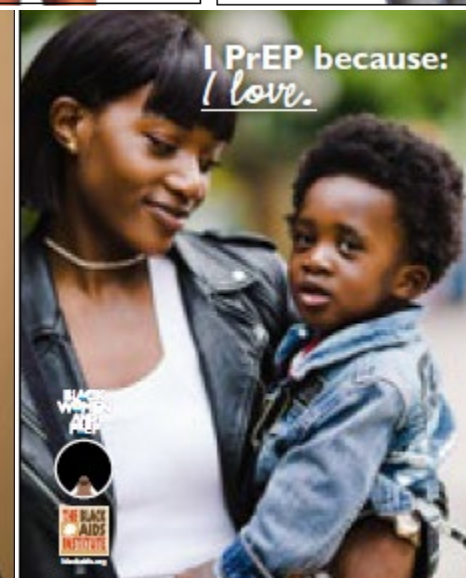
DC HEALTH
NATIONAL BLACK EMPOWERMENT





Take Control / I PrEP – Black AIDS Institute

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





This is why I PrEP— Better World

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

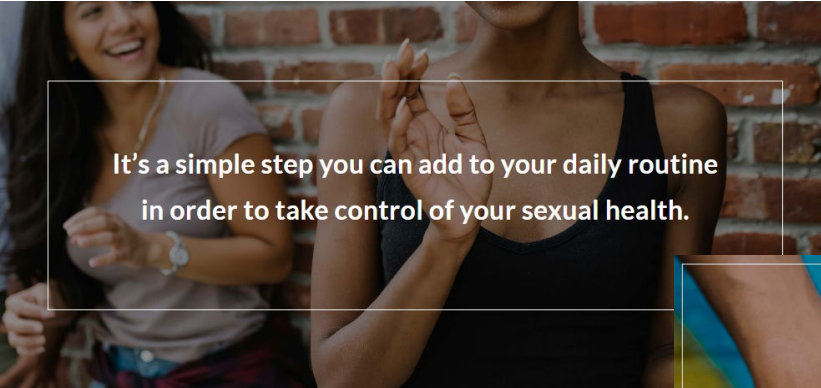
This is
**why
I PrEP**

PrEPforSEX.org

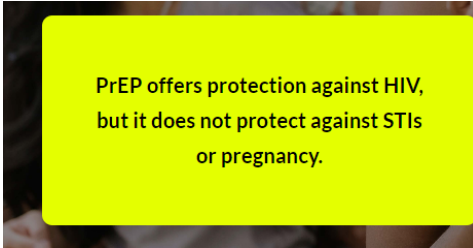


Get PrEP TN- Tennessee HD

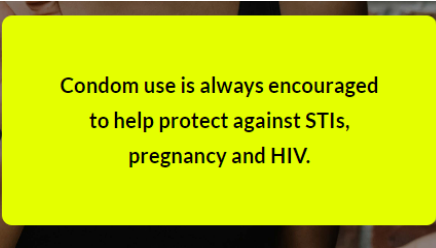
<https://getpreptn.com/>



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.

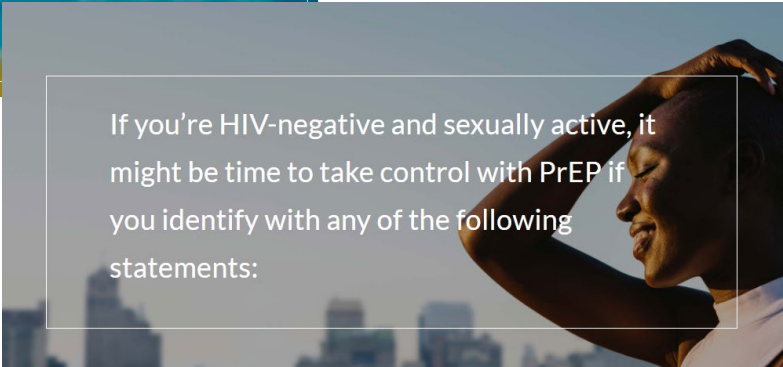


Love confidently with just **ONE**
pill, **ONCE** a day.

Get PrEP Now!

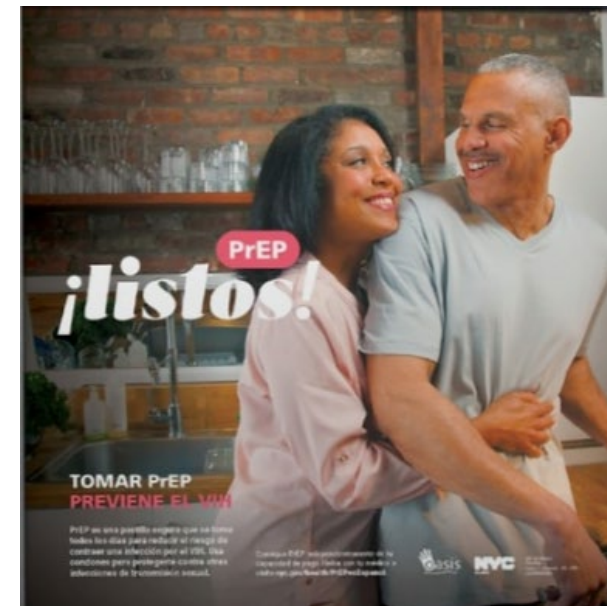
Studies have shown the medication approved for PrEP
to be
at least 99% effective when taken as prescribed.

GET PrEP NOW!



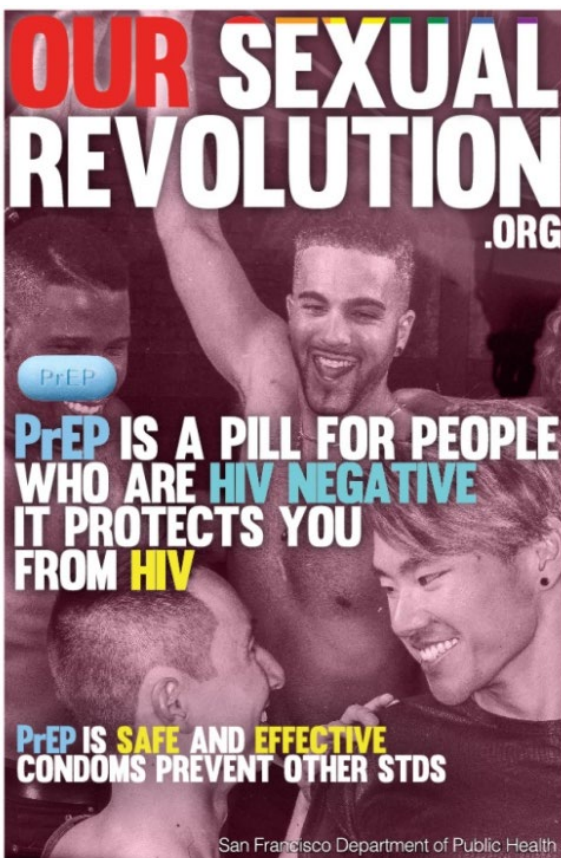
If you're HIV-negative and sexually active, it
might be time to take control with PrEP if
you identify with any of the following
statements:

NYC – Transit Ads -NYC



Our Sexual Revolution— Better World

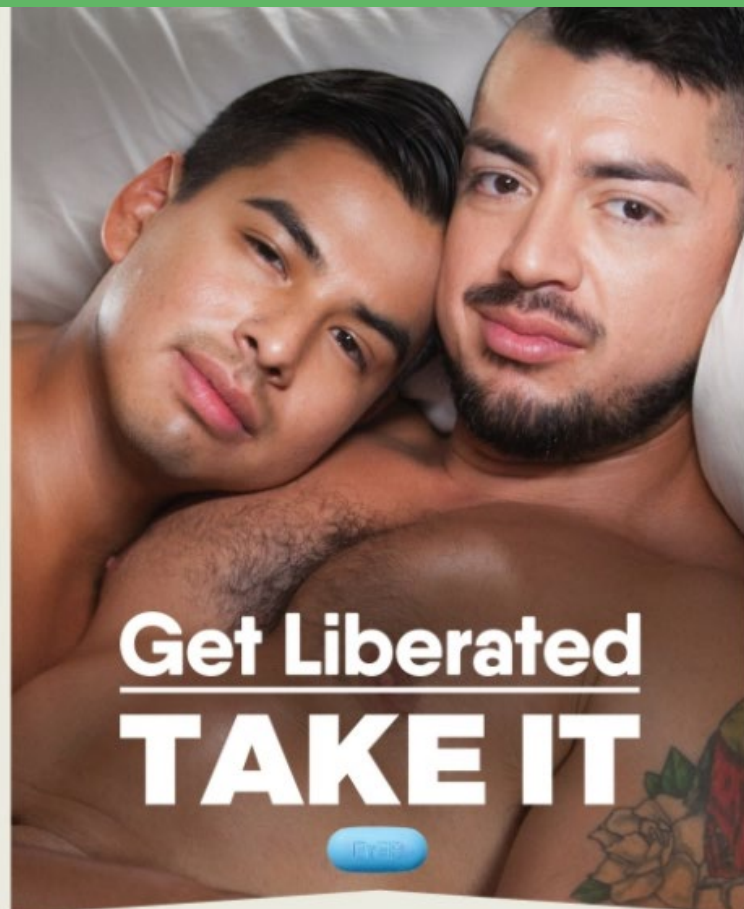
http://www.socialmarketing.com/campaign/our_sexual_revolution





Get Liberated TAKE IT – Better World

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

GETTING
TO ZERO
Los Angeles County



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

PrEPteLibera.org

GETTING
TO ZERO
Los Angeles County

Be Sure, Play Sure, Stay Sure

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



TALK TO YOUR PARTNERS

- Discuss **what you like and don't like** to keep your sex life pleasurable and safe.
 - Share **when you last got tested** for HIV and other STIs. To be sure, get tested together.
 - **Talk about PrEP** as an option for HIV prevention, especially if you don't use condoms every time you have sex.
- applicable, plan on how to prevent unintended pregnancy.
support partners living with HIV to **get treatment and stay in care**, so they stay healthy and reduce the risk of passing HIV to others.



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, talk to your doctor,
call 311 or visit nyc.gov and search "HIV PrEP and PEP"

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 311 or visit
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, talk to your doctor,
call 311 or visit 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 311, text "TEST NYC" to 877877 or search "HIV" on nyc.gov

NYC Health

December 2014

WE PLAY SURE



PrEP + CONDOMS

BE SURE & GET SURE
If you're a frequent sex partner, PrEP is a safe pill that protects you from HIV. Condoms add more protection against HIV and help prevent other sexually transmitted infections. Combine these tools to keep healthy and prevent HIV and other STDs.

PLAY SURE Kit: We've got the goods to help you stay safe and 100% protected from HIV.

NYC Health

PlaySure I
December 2015

NYC PLAYS SURE



WHATEVER YOUR PLEASURE, WHETHER YOU ARE, ALWAYS BE READY TO PROTECT YOURSELF FROM HIV AND STD

NYC BRINGS YOU THE NYC PLAY SURE KIT
An easy way to staying the right at anytime confidence that works for you.
PrEP medication to stay negative, 100% protection to stay healthy and prevent
preventing HIV, STDs, and other STDs.

Just take it all day and not just at night. It's the only one that works for you.

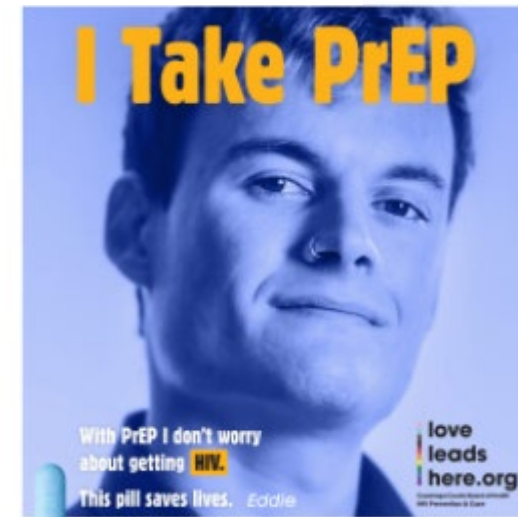
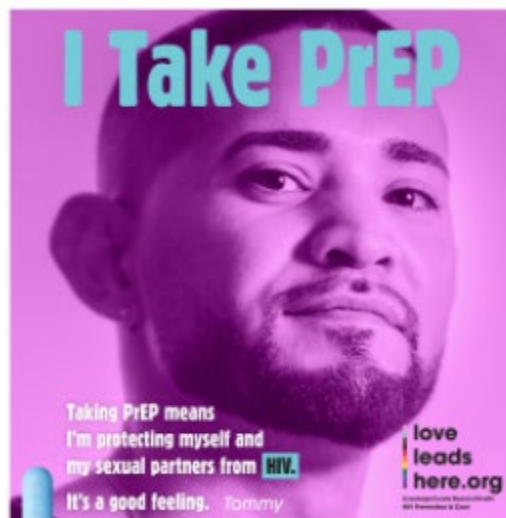
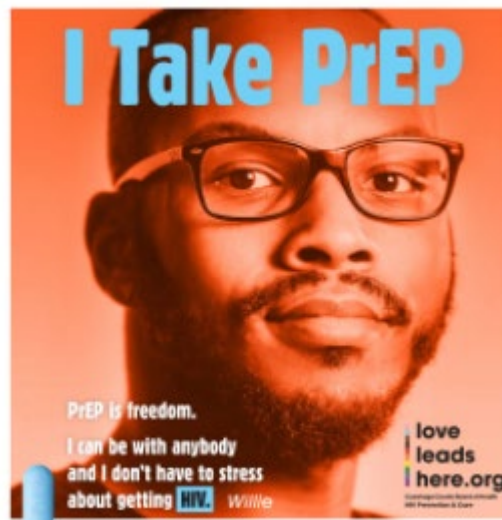
NYC Health

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#>



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

**DONATE
TODAY**

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

GET PrEP'd

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

#GETPrEPd



**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

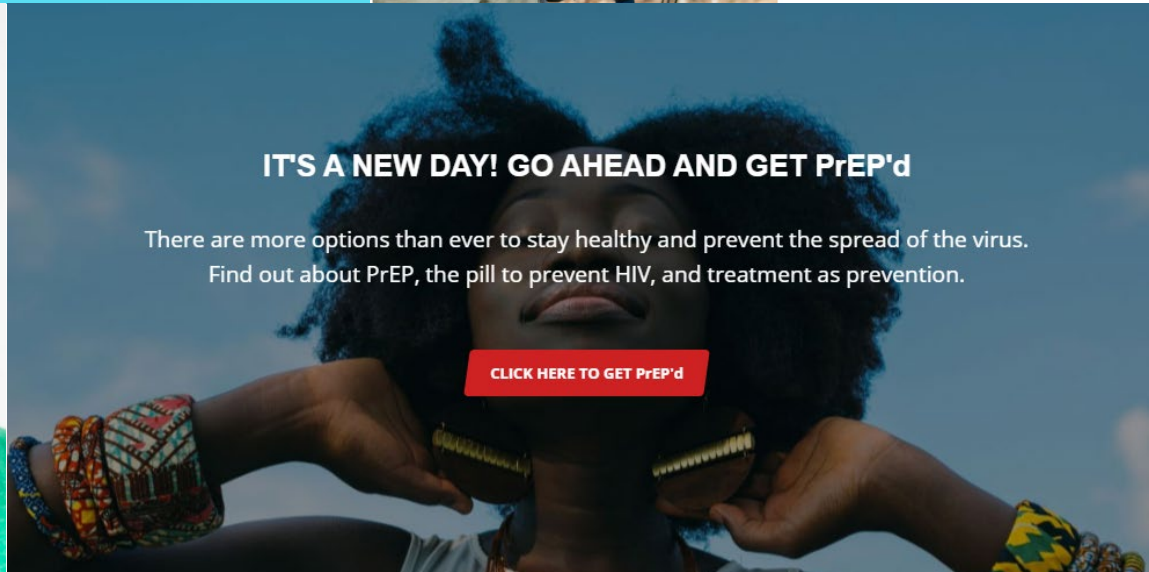
**Private &
Confidential**



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



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LoveYourBrotha.org



I am LIFE - Houston HD

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

I am LIFE™

PrEP

PrEP UP
before you play

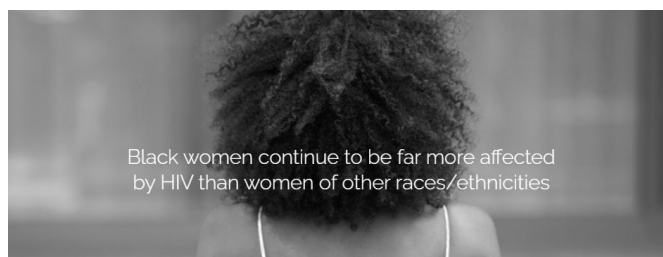
HOUSTON HEALTH
DEPARTMENT

PrEP UP
before you play.
TAKE PrEP
daily to be safe.
[houstonIamLife.com](https://houstoniamlife.com)
#takePrEPdaily

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

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

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

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

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

- 75% IN 5 YEARS
- 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?

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

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

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 locator.hiv.gov.

→ GETYOURPREP.COM
→ 855.447.8410

READY, SET, PrEP

makes PrEP medications available at no cost.

→ FIND OUT IF YOU QUALIFY

"WATCH ME BE ME."

READY, SET, PrEP provides FREE HIV-PREVENTION MEDICATION for those who qualify.

→ LEARN MORE

"I BECAME MY OWN SUPERHERO."

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

"PODEMOS CAMBIAR NUESTRA NARRATIVA."

YO TOMO PrEP Y ESTOY LISTO PARA PREVENIR EL VIH.

READY SET PrEP

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→ 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 or call our Hotline: 1-800-243-7692.

#TYPPrEP

GMHC
END HIV. LIVE LIFE.
gmhc.org

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#TYPPrEP

GMHC
END HIV. 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 and search for "PrEP".

NYC Department of Health and Mental Hygiene

#ItFeelsGood – APLA Health and Wellness



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 20 years.

Resource Links:

[PrepMe.org](https://www.PrepMe.org)

[Altamed.org/PrEP](https://www.Altamed.org/PrEP)

[CDC.gov/HIV/PrEP](https://www.CDC.gov/HIV/PrEP)

Altamed

Kid n' Brunch

Trans Empowered

PrEP Provider Education

JUSTICE



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.



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.

 Evergreen Health Services
Helping the Tri-State Region Stay Healthy



Prep for the unexpected.

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

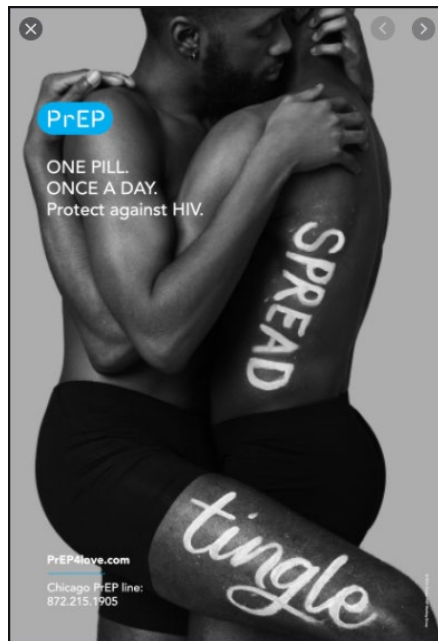
To learn more about PrEP, call Evergreen at 716.541.0676 or visit takeprep.com.

 Evergreen Health Services
Helping the Tri-State Region Stay Healthy

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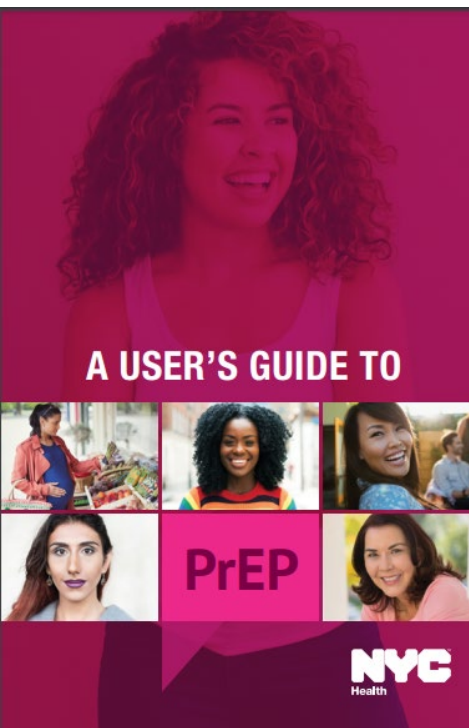


PrEP4Love – Chicago HD



A Users Guide To PrEP

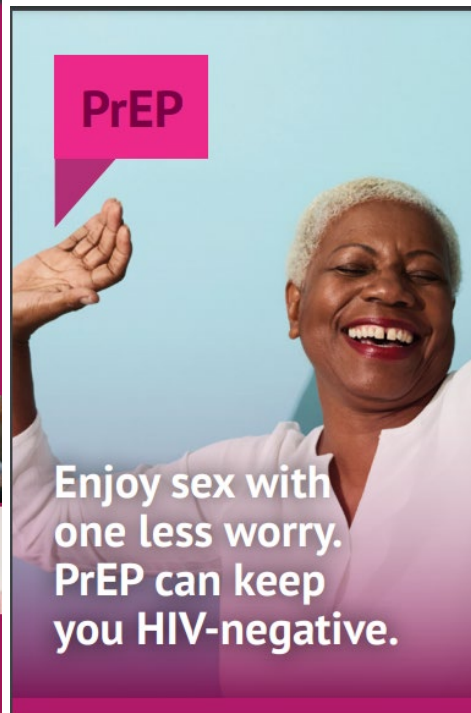
<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/prep-user-guide.pdf>



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)

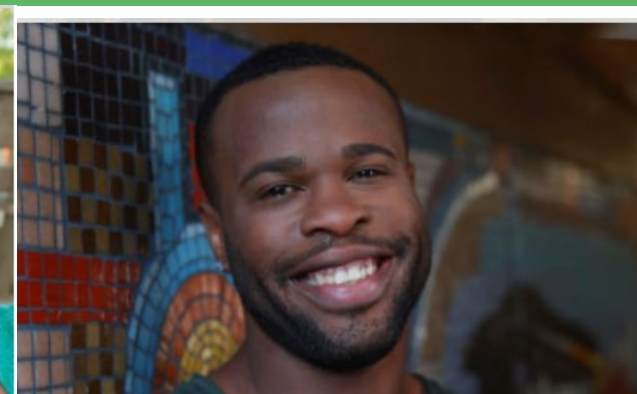
<https://www.greaterthan.org/stories-lets-talk-about-prep/>



"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."

**What do women
need to 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](#)

