



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# BLACK CAUCUS

## Virtual Meeting

**Thursday, October 20, 2022**  
**4:00-5:00pm (PST)**

Agenda and meeting materials will be posted on  
<http://hiv.lacounty.gov/Meetings> \*Other Meetings

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER  
LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK  
[HERE](#) FOR MORE INFO.

### TO JOIN BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m10c9bf2463904fe2be8bac57c4479a8a>

Meeting Password: BLACK

### TO JOIN BY PHONE:

1-213-306-3065

Access Code/Event #: 2599 285 3226

For a brief tutorial on how to use WebEx, please check out this video: <https://www.youtube.com/watch?v=iQSSJYcrglk>

*\*For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

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## LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • 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 misogyny, 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; 3/3/22)**



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

# **BLACK CAUCUS**

## **(Revised) Virtual Meeting Agenda**

Thursday, October 20, 2022 @ 4:00PM-5:00PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m10c9bf2463904fe2be8bac57c4479a8a>

Join by phone: 1-213-306-3065

Password: BLACK Access code: 2599 285 3226

- |   |                |
|---|----------------|
| 1. WELCOME, INTRODUCTIONS & MEETING GUIDELINES  | 4:00PM-4:03PM  |
| 2. CO-CHAIR REPORT/UPDATES  | 4:03PM -4:05PM |
| <ul style="list-style-type: none"><li>• November 10th Annual Meeting   REMINDER</li><li>• Holiday Meeting Schedule</li></ul>  |                |
| 3. DISCUSSION   | 4:05PM-4:50PM  |
| <ul style="list-style-type: none"><li>• PrEP Centers of Excellence Client Demographics (DHSP)</li><li>• Develop Survey Questions for Organizational Capacity Needs Assessment Among Black-Led Organizations</li></ul> |                |
| 4. RECAP AND NEXT STEPS   | 4:50PM-4:55PM  |
| 5. PUBLIC COMMENT & ANNOUNCEMENTS   | 4:55PM-5:00PM  |
| 6. ADJOURNMENT  | 5:00PM         |



## BLACK CAUCUS

Thursday, September 15, 2022 | 3:00PM to 5:00PM

### VIRTUAL MEETING SUMMARY

Meeting packet is available at: <https://hiv.lacounty.gov/meetings/>

*\*Contact staff for verification of attendance*

#### 1. Welcome & Introductions

Co-Chair Danielle Campbell welcomed attendees and led introductions.

#### 2. Co-Chair Report & Updates

Presidential Advisory Council on HIV/AIDS (PACHA) in Los Angeles – September 19-20, 2022 D. Campbell reminded the group of the upcoming PACHA meeting which will be held in-person at the Charles Drew University campus; details provided in meeting packet. Raniyah Copeland, PACHA member, shared that due to the COVID pandemic and prior administration, PACHA has not convened an in-person meeting in quite some time and expressed excitement that PACHA will be held in-person in Los Angeles, theme being “PACHA-to-the-People”.

Ryan White Conference. Feedback was shared that attending these types of conferences reengages and reminds you what we are here for. Additional feedback included messaging that addressed workforce burnout which is a timely discussion.

#### 3. DISCUSSION

Proposal: In-House Organizational Capacity Needs Assessment Among Black-Led Organizations. Contextual background was provided correlating this activity, as a building block, to the Black African American Community Task Force (BAAC) Recommendations to address capacity and technical needs among Black led organizations. The Caucus determine that a needs assessment must be administered, as a first step, to determine the needs of Black led organizations in order for DHSP to develop and/or tailor a technical assistance (TA) program that addresses capacity needs and gaps.

Mario Pérez, DHSP Director, cautioned against survey fatigue and recommended key informant interviews as an alternative. Moreover, M. Perez suggested a broader utility of the needs assessment by capturing feedback related to workforce development, capacity building and contracting.

Clarification was provided that the focus of the needs assessment is for non-traditional, Black-led organizations that do not have County contracts. The Caucus (fka Black/AA Workgroup) previously recommended the following nine agencies that could benefit in participating in a needs assessment: (1) Black Women for Wellness (2) First to Serve, Inc. (3) Healing with Hope (4) Invisible Men (5) Jenesse Center, Inc. (6) Umma Community Clinic (7) Unique Women’s Coalition (8) William King Medical Group, and (9) YWCA.

The Caucus agreed to move forward with developing a needs assessment in-house with the understanding that the findings of the assessment will help inform DHSP's coordination of key informant interviews with selected providers to secure as much information needed to support developing/implementing a TA program.

The Caucus agreed to convene an additional meeting ahead of the regularly scheduled October 20<sup>th</sup> meeting to develop questions for the needs assessment. Co-Chairs implored the group to come prepared with proposed questions to expedite the development of the assessment and be able to provide DHSP an inventory of final survey questions by close of 2022.

Comprehensive HIV Plan (CHP) | UPDATES. AJ King, CHP Consultant, provided a progress update on the status of the draft CHP. He is finalizing the Goals and Objectives section of the CHP and intends to submit to PP&A and DHSP for their preliminary review tomorrow. A. King shared that he incorporated the PrEP Marketing Focus Group findings, as presented by R. Copeland, under the Needs Assessment section of the CHP as it captured data that was consistent and/or overlapped with some of the findings of the CHP listening sessions. Additionally, to address disproportional PrEP utilization among the Black community, A. King suggested that language be included under the Prevention Pillar, that speaks to increasing the *proportion* of PrEP prescribed to Black individuals. Lastly, A. King suggested including the PrEP Marketing Campaign and needs assessment among Black-led organizations as an activity and fundamental tier, respectively.

A. King requested feedback on how to operationalize one of the Public Policy Committee's policy priorities to include in the CHP:

"Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities."

Co-Chairs recommended that an email be sent to the Caucus following the meeting to solicit feedback per A. King's request; staff to send email.

#### PrEP Marketing Campaign Focus Group Findings & Discussion:

R. Copeland and D. Campbell provided feedback from their attendance at the Black PrEP Summit in Atlanta and noted some of the overarching themes which included:

- Provider engagement
- Community mobilization
- De-stigmatization of PEP & PrEP
- Sex Positivity
- Black Marketing

D. Campbell shared that the marketing campaign for the Black PrEP Summit encapsulated all sectors and sub/priority populations of the Black community.

During the discussion, concerns and recommendations shared included:

- There must be myth busting efforts made addressing women and PrEP; current and historical messaging geared toward MSM.
- Overall PrEP messaging should be inclusive of non-traditional and hetero-normative communities.
- QR Codes should be included in all marketing materials
- Increase number of non-traditional providers and CBOs engaged in PrEP promotion
- Identify a less expensive vendor to accommodate a broader marketing campaign inclusive of the entire Black community

*Creation Direction.* It was the consensus of the Caucus that a PrEP marketing campaign must:

- Be inclusive of the entire Black community, across all genders, orientations and abilities
- Include local campaigns reflecting local people and influencers.

*Outcomes.* The Caucus determine that several desired outcomes include:

- Increase knowledge and awareness about PrEP
- Promote information sharing among non-traditional providers and CBOs
- Increase messaging involving women, non-traditional and hetero-normative communities
- Increase number of non-traditional providers and CBOs engagement in PrEP promotion
- Direct more individuals to PrEP Centers of Excellence (COE) although there are concerns expressed that COEs do not have cultural capacity to meet the needs of the Black community.
- Use data analytics and impressions as a measurement of outcome

M. Pérez acknowledged that based on the Caucus' feedback, there was enough information to move forward with a PrEP marketing campaign.

The Caucus continued its discussion around COE's capacity to serve the Black community. M. Pérez expressed that there is opportunity via the PrEP marketing campaign to engage the community and bring awareness to the COEs as culturally safe spaces and acknowledged that more training needs to be conducted at the provider level to expand cultural awareness among COEs. Dr. William King requested a breakdown of demographic client data of those who utilize the COEs for PrEP services, to include race and ethnicity.

M. Perez emphasized the importance of agencies' role and responsibility in increasing PrEP engagement and utilization among the communities they serve. He also recommended partnering with the nine agencies selected by the Caucus for the piloted needs assessment to collaborate on promoting PrEP in the community.

Caucus noted the urgency of a more inclusive strategy for PrEP, focusing on a PrEP for All/PrEP Equity model.

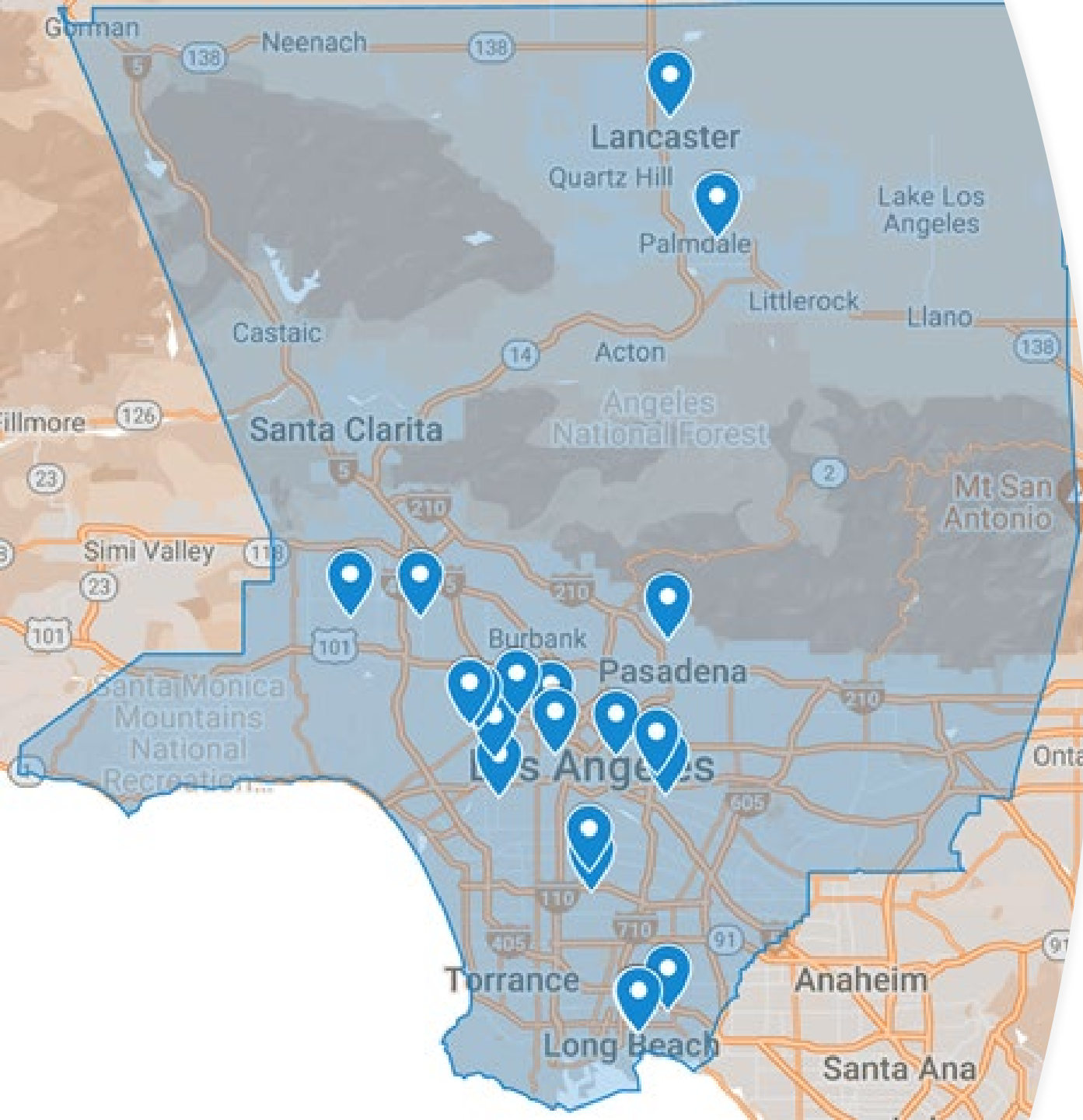
**4. Recap & Next Steps**

- Staff to schedule an additional meeting ahead of the regularly scheduled October 20 meeting for a dedicated space to discuss/develop the needs assessment
- Caucus to submit feedback to AJ King operationalize one of the Public Policy Committee's policy priorities to include in the CHP
- DHSP to move forward with PrEP marketing campaign based on Caucus feedback
- M. Perez to provide client demographic data for COEs, to include ethnicity and race.

**5. Public Comment & Announcements. None**

**6. Adjournment**





## Pre-Exposure Prophylaxis (PrEP) Centers of Excellence (COEs), Los Angeles County

- Launched in mid -2016 with 9 contracted agencies
- Expanded to 12 agencies in 2019
- Primary goal to increase access to and use of PrEP among priority populations
  - Black/African American (AA) Men Who Have Sex with Men (MSM)
  - Latino MSM
  - Persons Who Identify as Transgender
  - Cisgender Women

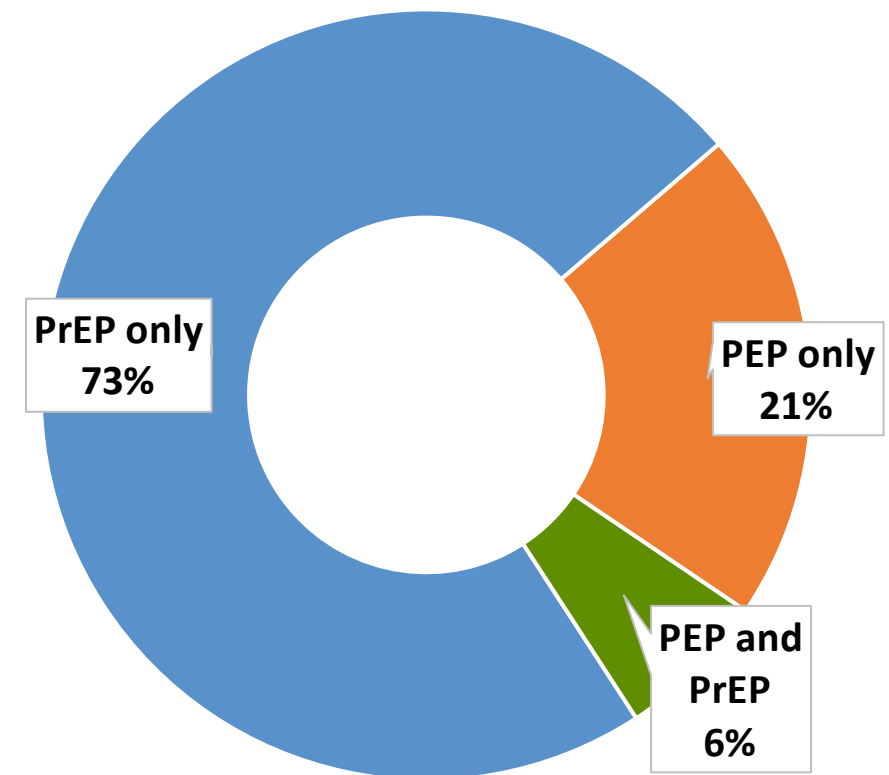




## Pre-Exposure Prophylaxis (PrEP) Centers of Excellence (COEs), Los Angeles County

- Biomedical services provided to a total 9,810 unique clients (July 2016-March 2022)
- Over half of clients were Latinx (46%) and Black (12%)
- Majority were cisgender men (89%) with 6% cisgender women and 5% reporting a transgender identity
- One in three (33%) were age 20-29
- Half (51%) were living at or below the federal poverty level

Biomedical Services Provided at COEs





## COE Dashboard Overview



**Annual dashboards  
summarize performance and  
outcomes**

Contract-level  
Agency-level  
New Clients  
Youth Aged 14-24  
Priority Populations



**Uses**

Performance monitoring and  
evaluation  
Contract management and  
quality improvement  
Planning



**Available on the DHSP  
website for contract year 6  
(July 1, 2020-June 30, 2021):**

[http://www.publichealth.lacounty.gov/dhsp/Reports/DHSP\\_Biomedical\\_Prevention\\_Services\\_Year\\_6.pdf](http://www.publichealth.lacounty.gov/dhsp/Reports/DHSP_Biomedical_Prevention_Services_Year_6.pdf)



## Dashboard Measures and Outcomes

Domain	Contract Summary	New Clients	Youth Aged 14-24	PrEP Priority Populations	Agency-Level
Client Demographics	✓	✓	✓	✓	✓
Enrollment	✓	✓	✓	✓	✓
Risk Indicators			✓	✓	✓
Contract Performance		✓			✓
PrEP Cascade				✓	
Retention and Adherence (6m)	✓	✓	✓	✓	✓
Service Delivery	✓			✓	✓



# Questions?

## **Contact information**

Wendy Garland, MPH

Chief Epidemiologist, Program Monitoring and Evaluation

[wgarland@ph.lacounty.gov](mailto:wgarland@ph.lacounty.gov)

## **Acknowledgements**

The COE clients and staff and Shoshanna Nakelsky, MPH for the management and analysis of the COE data and creation of the performance dashboards



## Dashboard Measures and Outcomes

Domain	Contract Summary	New Clients	Youth Aged 14-24	PrEP Priority Populations	Agency-Level
Client Demographics	✓	✓	✓	✓	✓
Enrollment	✓	✓	✓	✓	✓
Risk Indicators			✓	✓	✓
Contract Performance		✓			✓
PrEP Cascade				✓	
Retention and Adherence (6m)	✓	✓	✓	✓	✓
Service Delivery	✓			✓	✓



# Questions?

## **Contact information**

Wendy Garland, MPH

Chief Epidemiologist, Program Monitoring and Evaluation

[wgarland@ph.lacounty.gov](mailto:wgarland@ph.lacounty.gov)

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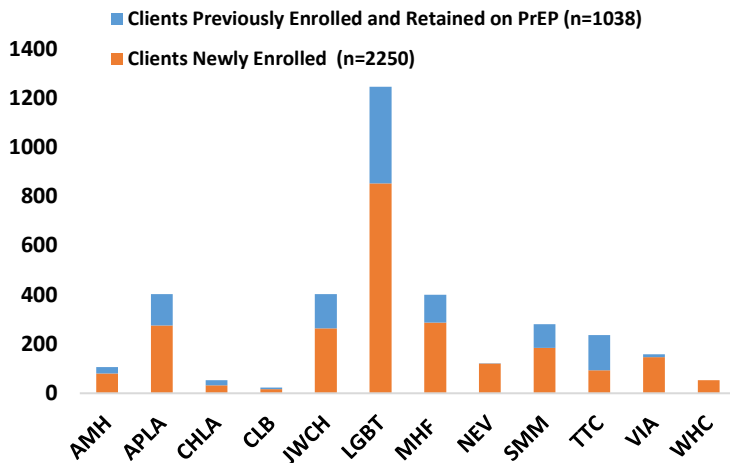


# CENTERS OF EXCELLENCE: PrEP CLIENTS

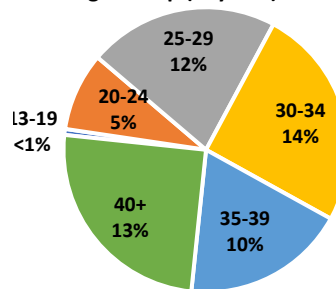
## PrEP Client Demographics

3235 clients were prescribed PrEP between July 1, June 30, 2021\*

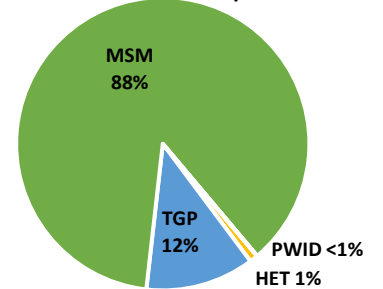
Number of Clients Served in Contract Year 6 by Clinic



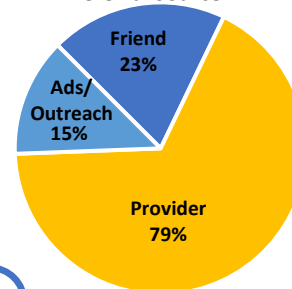
Age Group (in years)



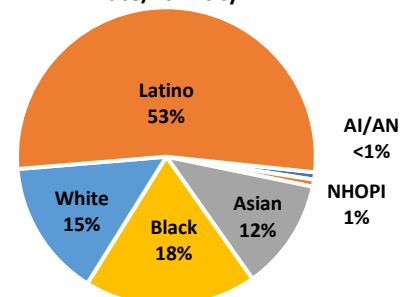
HIV Risk Group



Referral Source



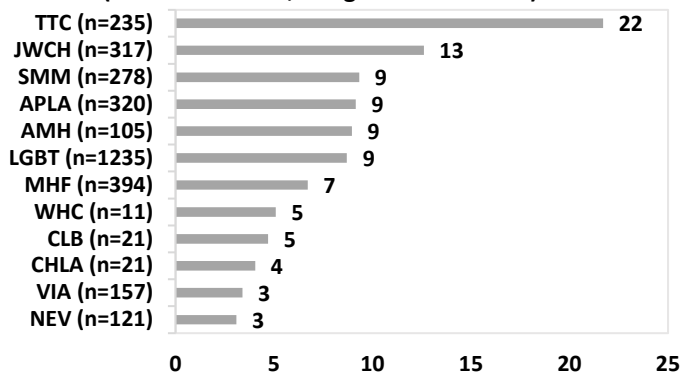
Race/Ethnicity



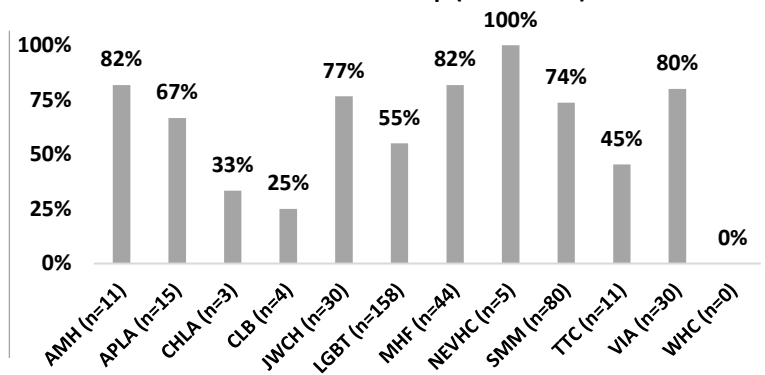
## Retention and Adherence

53% of clients were retained in PrEP services at a COE clinic for ≥ 6 months (n=1310)

Average Number of Months Retained on PrEP  
(Mean 9 Months; Range 0-130 Months)

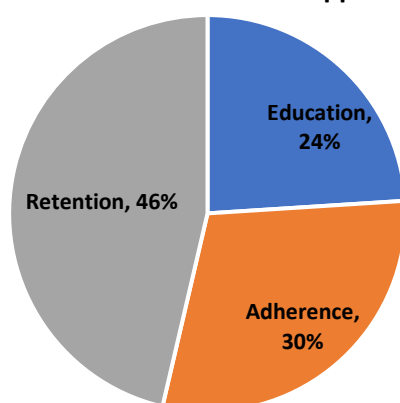


Clients Reporting 3 or More Doses in Past 4 Days at  
6-Months Follow Up (Mean 62%)

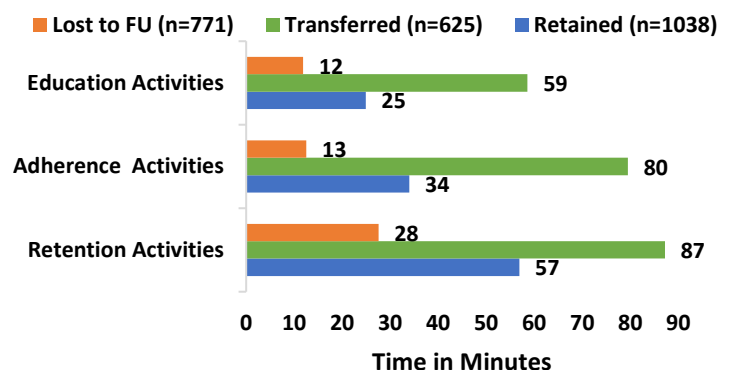


\*May not reflect adherence among clients using PrEP intermittently

Types of Activities Provided to Support PrEP Clients



The Impact of Service Activities on Retention of PrEP Clients



AMH=AltaMed; APLA=APLA; CHLA=Children's Hospital LA; CLB=City of Long Beach; JWCH=John Wesley Health Center; LGBT= LA LGBT Center; MHF=Men's Health Foundation; NEV=Northeast Valley Health Center; SMM=St. Mary's Medical Center; TTC=Tarzana Treatment Center; VIA=Via Care; WHC=Watt's Healthcare; MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who Inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; American Indian/Alaska Native

Preliminary data as of September 13, 2021. Trends may change as more clients are reported.



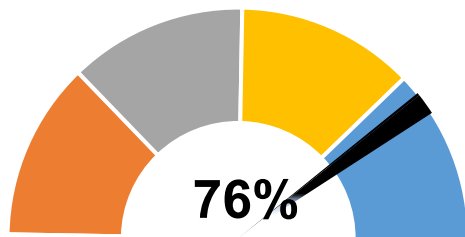


# CCENTERS OF EXCELLENCE: CLIENTS NEW TO PrEP

## Screening and Enrollment

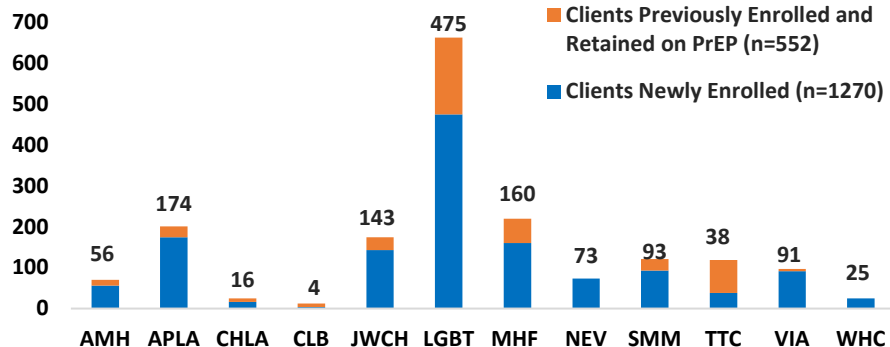
1388 PrEP naive clients were screened between July 1, 2020-June 30, 2021

### Proportion of Contract Goal Achieved



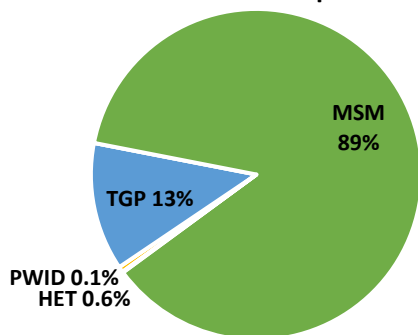
1270 clients were newly enrolled

### Number of PrEP Naive Clients Served by Clinic

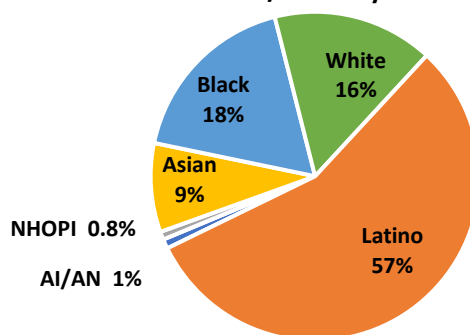


## PrEP Client Demographics

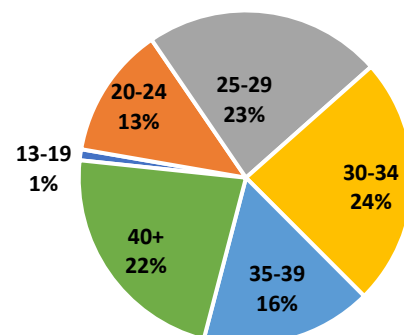
### HIV Risk Group



### Race/Ethnicity



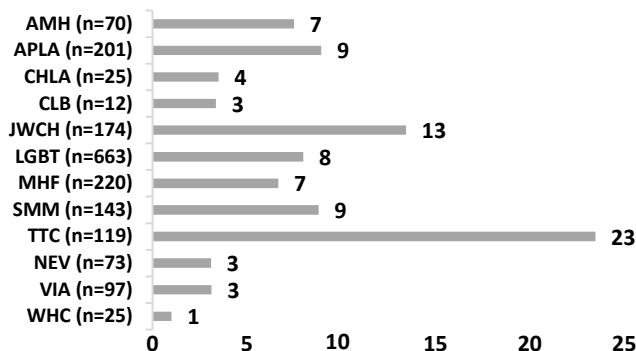
### Age Group (in years)



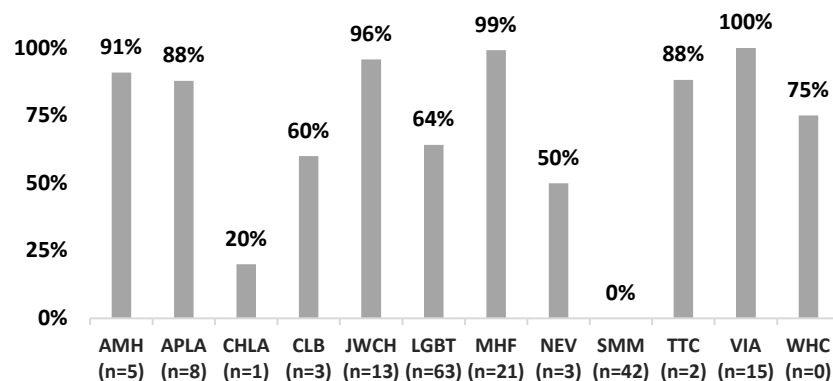
## Retention and Adherence

50% of PrEP naive clients were retained in PrEP services at a COE clinic for ≥ 6 months (n=1329)

### Average Number of Months Retained on PrEP (Mean 3 Months; Range 0-53)



### Adherence among Clients Retained ≥ 6-Months



AMH=AltaMed; APLA=APLA; CHLA=Children's Hospital LA; CLB=City of Long Beach; JWCH=John Wesley Health Center; LGBT=LA LGBT Center; MHF=Men's Health Foundation; NEV=Northeast Valley Health Center; SMM=St. Mary's Medical Center; TTC=Tarzana Treatment Center; VIA=Via Care; WHC=Watt's Healthcare; MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID=Persons who Inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

Data as of September 13, 2021. Trends may change as more clients are reported.

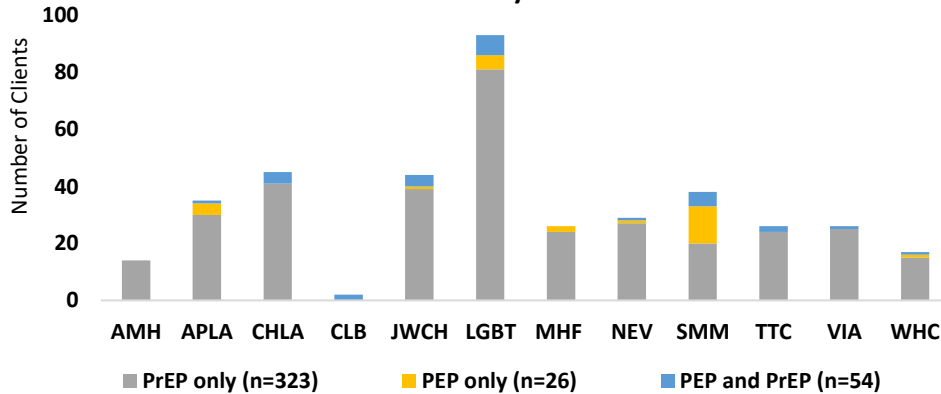




## Screening and Enrollment

377 clients age 14-24 years were screened for Biomedical HIV Prevention between July 1, 2020-June 30, 2021

Number of Clients by Clinic and Treatment



### Top 3 indicators for PrEP

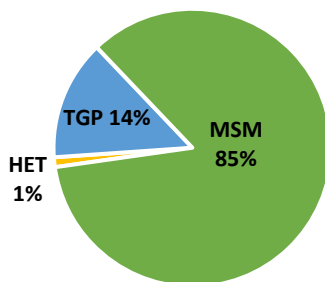
1. Multiple Partners
2. Condomless Receptive Sex
3. Anogenital STD/Syphilis

### Top 3 indicators for PEP

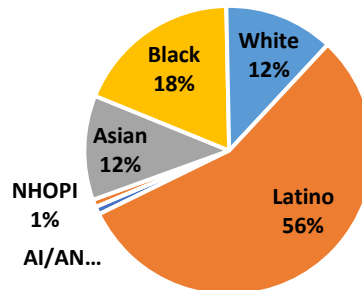
1. Multiple Partners
2. Condomless Receptive
3. HIV Positive Partner

## PrEP Client Demographics

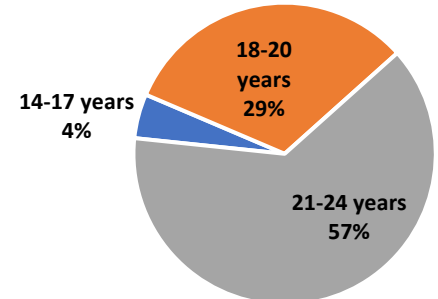
HIV Risk Group



Race/Ethnicity



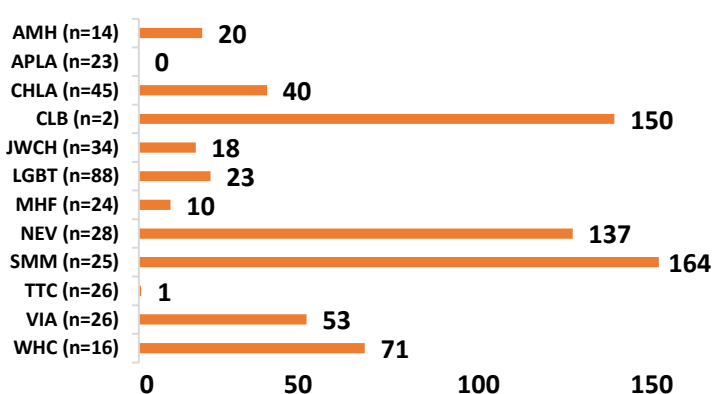
Age Group



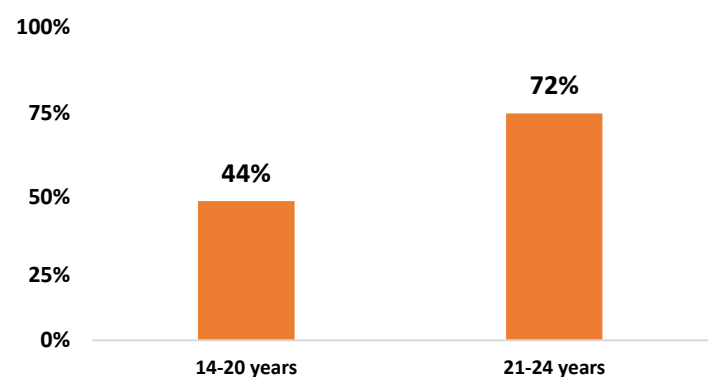
## Retention and Adherence

22% of young clients were retained in PrEP services at a COE clinic for  $\geq 6$  months (n=76)

Average Number of Months Retained on PrEP



Adherence among Clients Retained  $\geq 6$ -Months\*



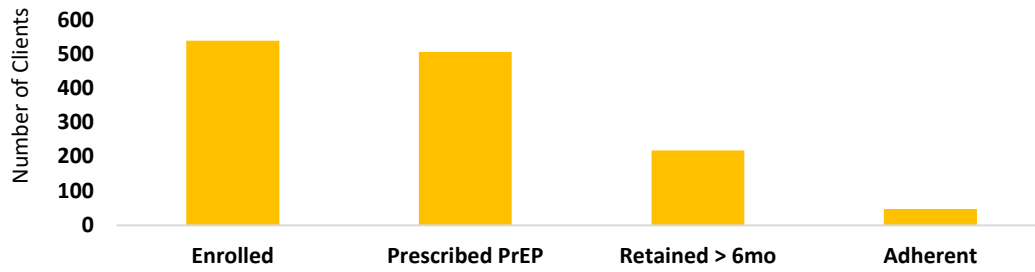
\*Adherence measured as >3 does in past 4 days and may miss adherence among clients using PrEP intermittently

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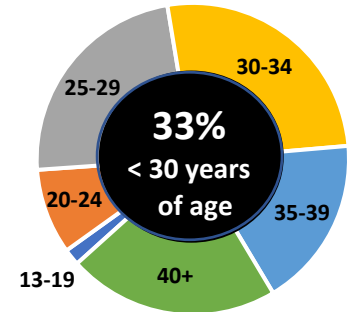


# PrEP Priority Populations

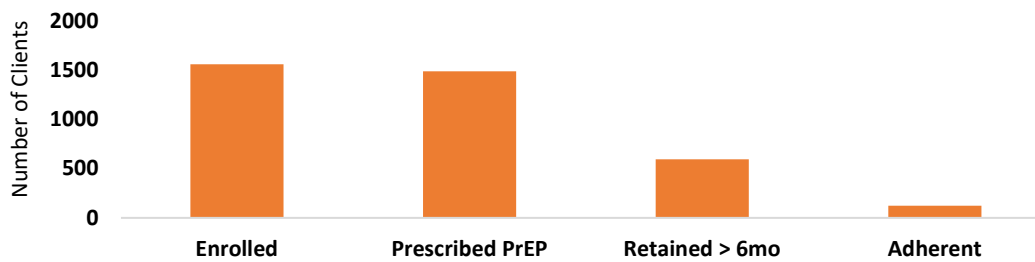
## Black MSM



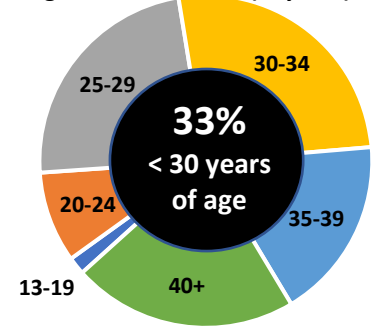
Age of PrEP Clients (in years)



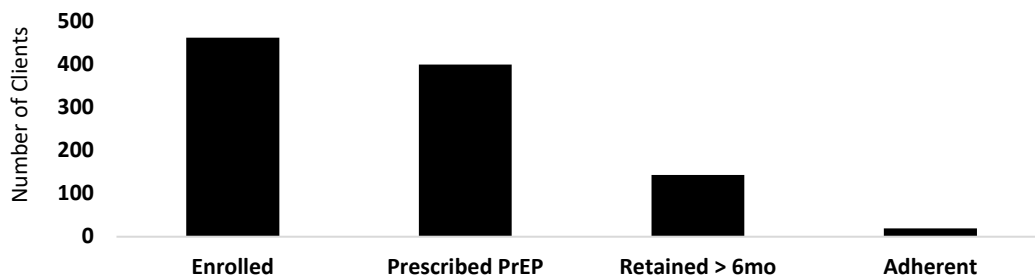
## Latino MSM



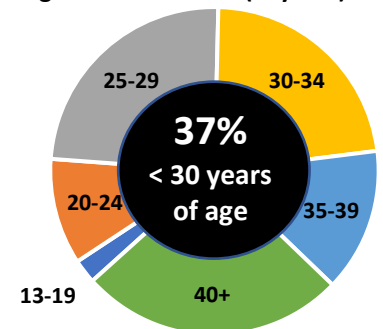
Age of PrEP Clients (in years)



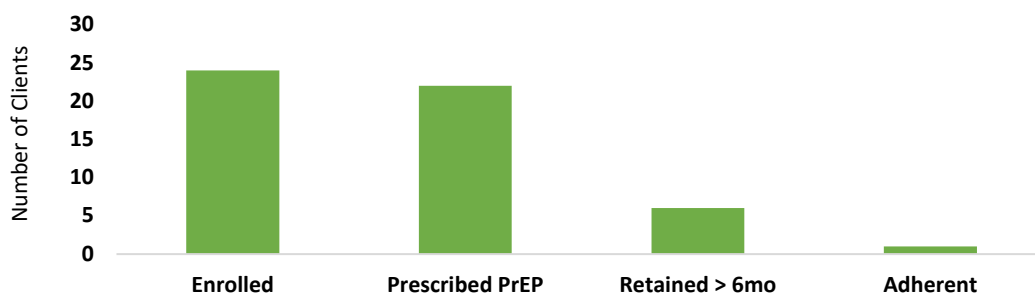
## Transgender Persons



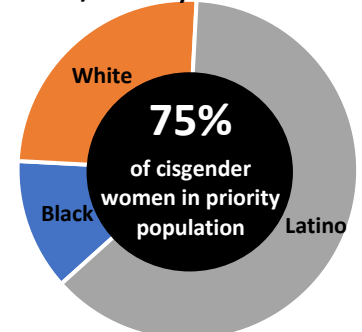
Age of PrEP Clients (in years)



## Cisgender Women



Race/Ethnicity of PrEP Clients





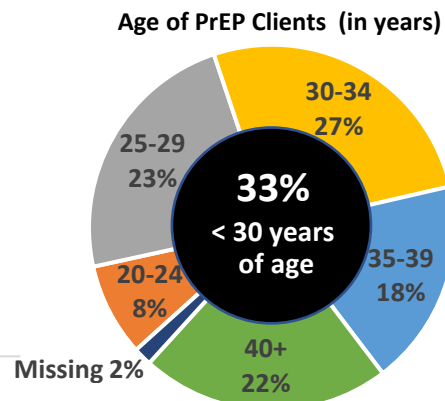
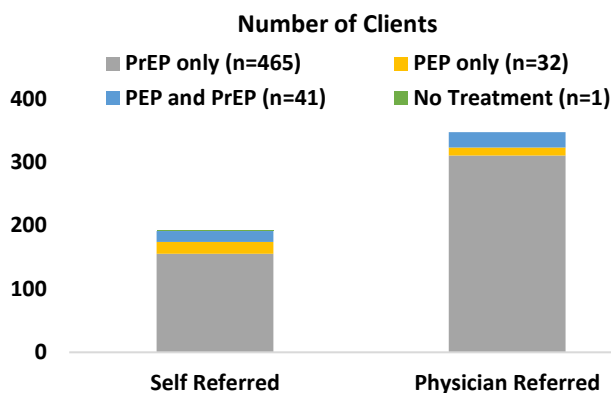
## CENTERS OF EXCELLENCE: BLACK MSM

### Screening and Enrollment

539 Black MSM were screened for biomedical HIV prevention between July 1, 2020 - June 30, 2021

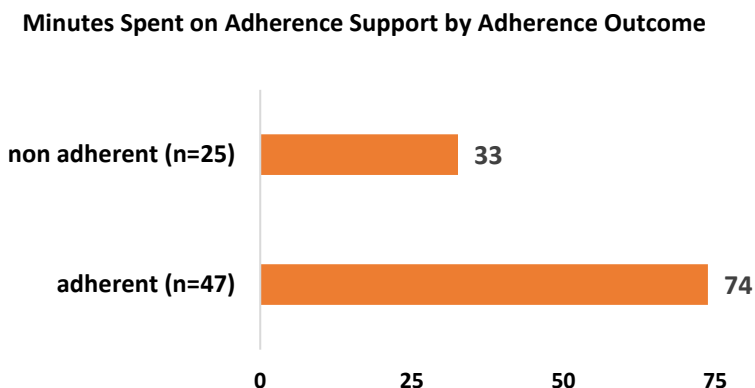
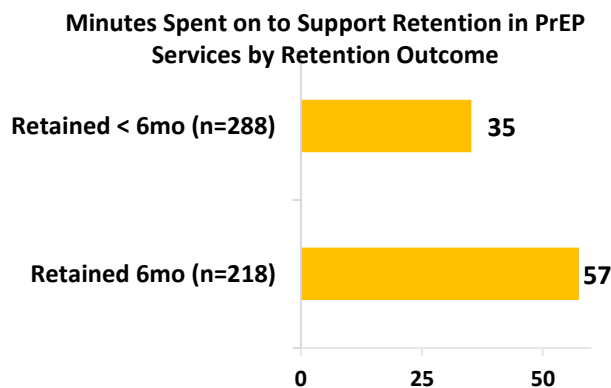
**94%**

of Black MSM  
screened were  
enrolled in PrEP



### PrEP Retention and Adherence

43% of Black MSM were retained in PrEP services at a COE clinic for  $\geq 6$  months (n=218)

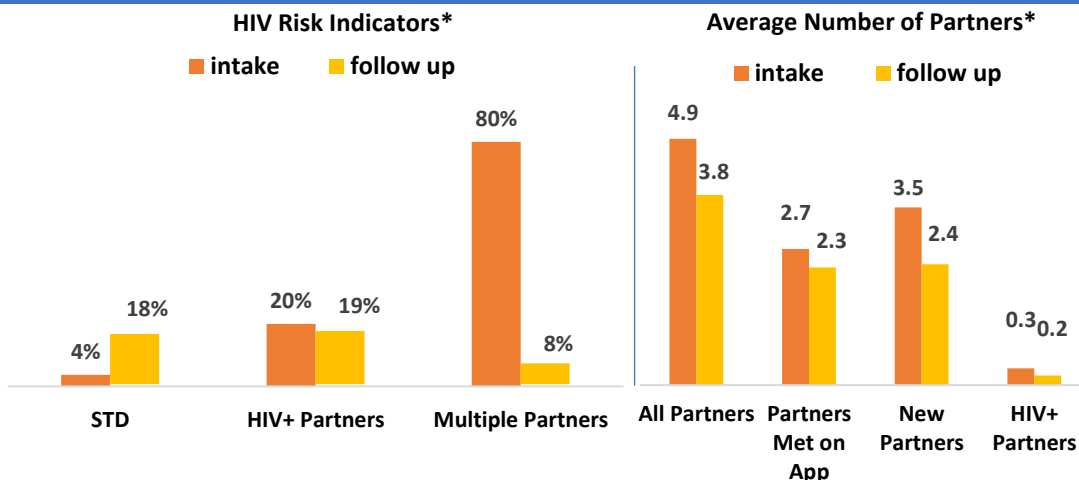


### Risk Indicators Before and After PrEP

Black MSM retained on PrEP reported a decrease in the average number of partners at follow up

#### Top 3 PrEP Indicators

1. Multiple Partners
2. Condomless Receptive Sex
3. Anogenital STD



\*Risk behaviors reported for the 3-months prior to visit; STDs include syphilis or gonorrhea reported to STD Surveillance in 6-months before and after PrEP.



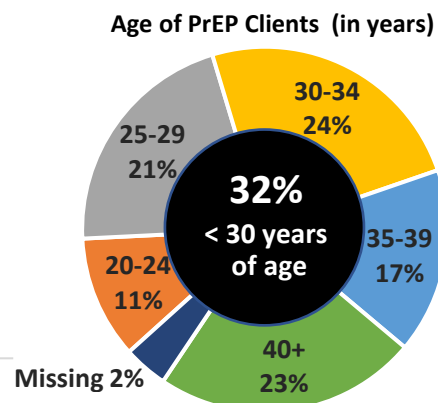
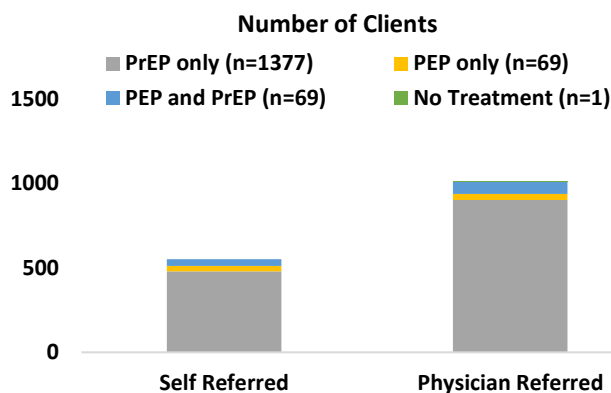
# CENTERS OF EXCELLENCE: LATINO MSM

## Screening and Enrollment

1560 Latino MSM were screened for biomedical HIV prevention between July 1, 2020 - June 30, 2021

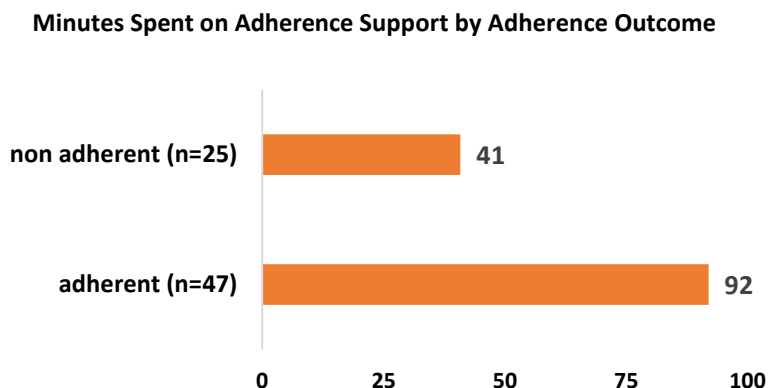
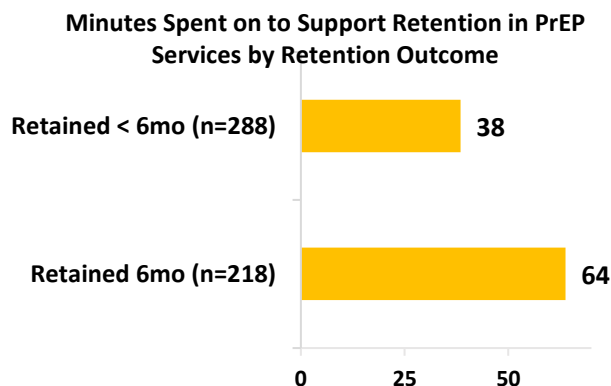
**96%**

of Latino MSM  
screened were  
enrolled in PrEP



## PrEP Retention and Adherence

40% of Latino MSM were retained in PrEP services at a COE clinic for  $\geq 6$  months (n=593)

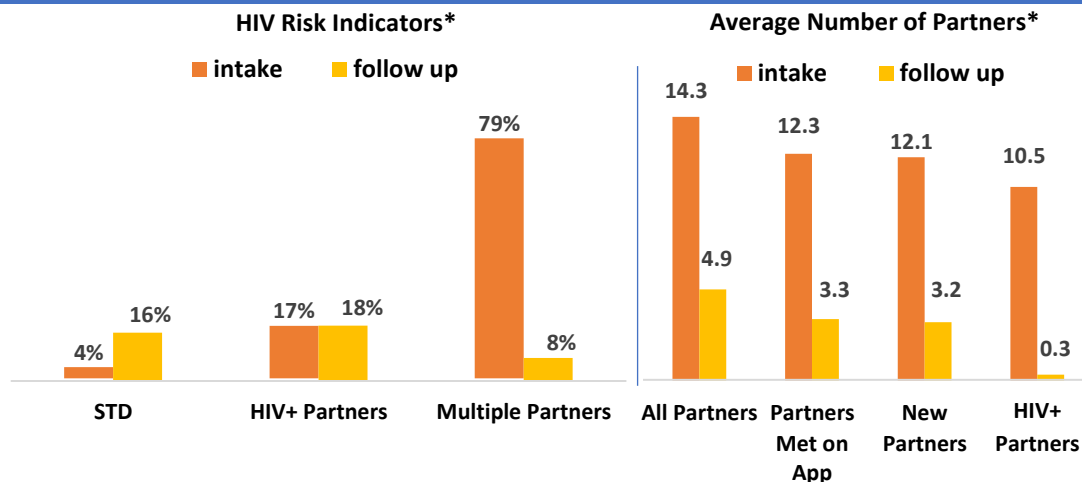


## Risk Indicators Before and After PrEP

Latino MSM retained on PrEP reported a decrease in number of partners at follow up

### Top 3 PrEP Indicators

1. Multiple Partners
2. Condomless Receptive Sex
3. Anogenital STD



\*Risk behaviors reported for the 3-months prior to visit; STDs include syphilis or gonorrhea reported to STD Surveillance in 6-months before and after PrEP.



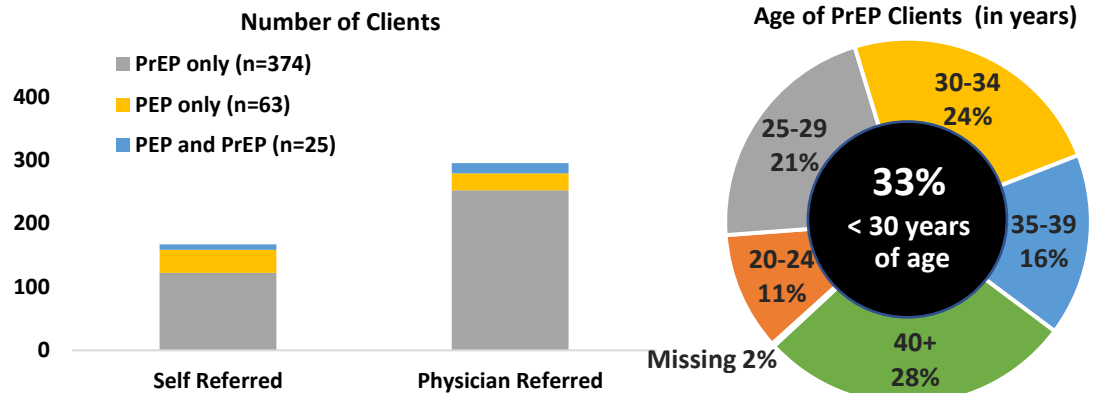
# CENTERS OF EXCELLENCE: TRANSGENDER PERSONS

## Screening and Enrollment

462 transgender persons were screened for biomedical HIV prevention between July 1, 2020 - June 30, 2021

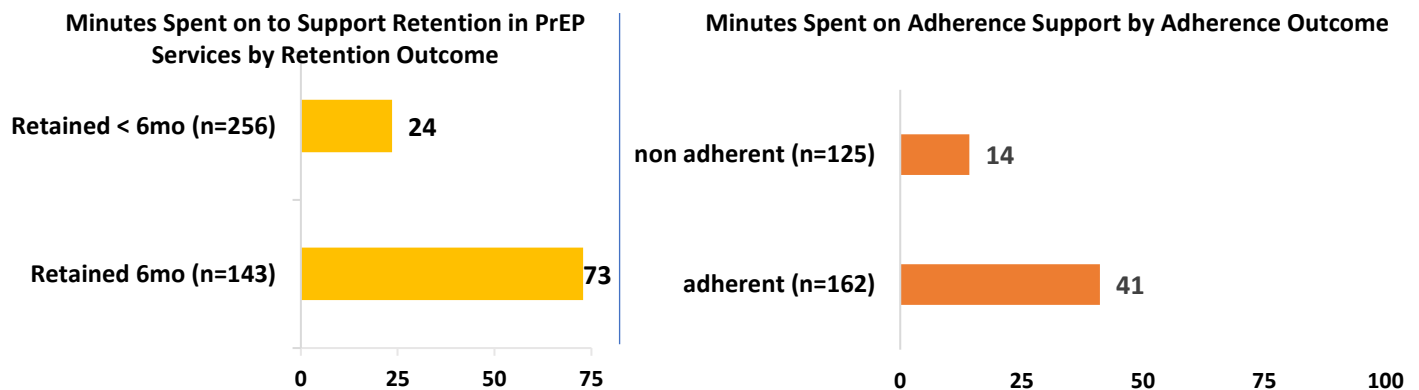
**86%**

of TGP screened  
were enrolled in  
PrEP



## PrEP Retention and Adherence

36% of transgender persons were retained in PrEP services at a COE clinic for  $\geq 6$  months (n=143)

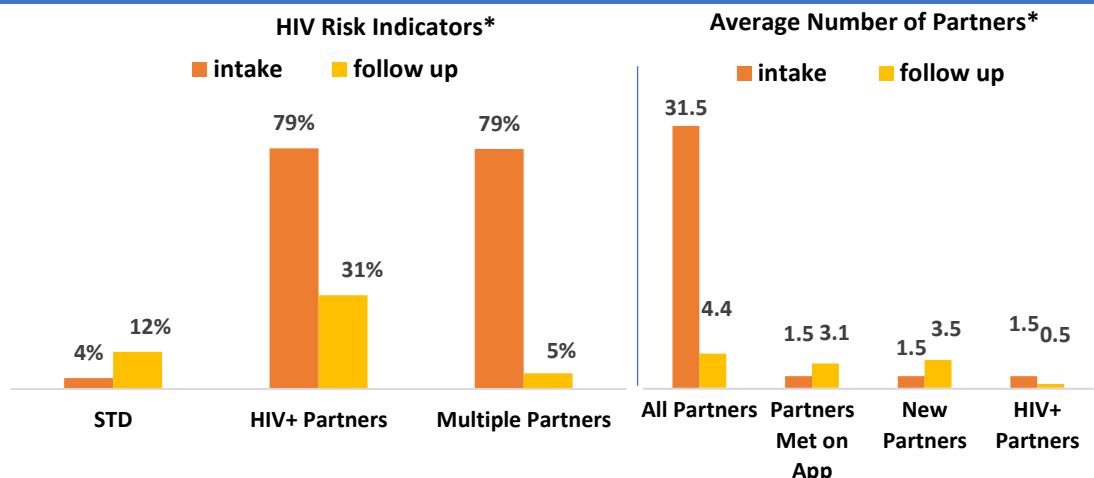


## Risk Indicators Before and After PrEP

Transgender persons retained on PrEP reported a decrease in number of partners at follow up

### Top 3 PrEP Indicators

1. Multiple Partners
2. Condomless Receptive Sex
3. Previous PEP and ongoing behavioral risk



\*Risk behaviors reported for the 3-months prior to visit; STDs include syphilis or gonorrhea reported to STD Surveillance in 6-months before and after PrEP.

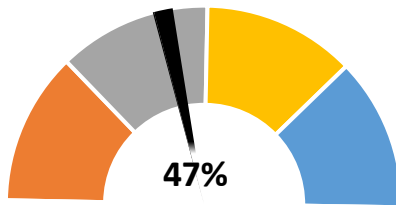


# ALTAMED PrEP CONTRACT PERFORMANCE INDICATORS

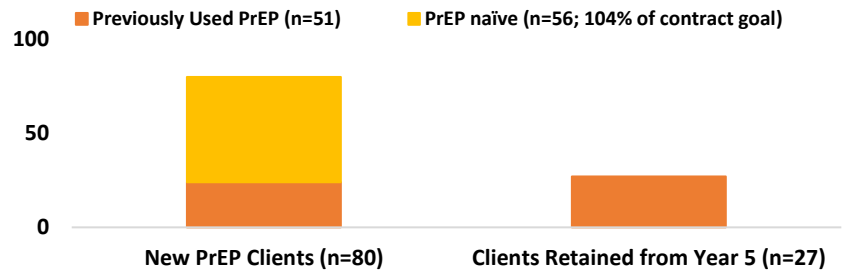
## Enrollment

107 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

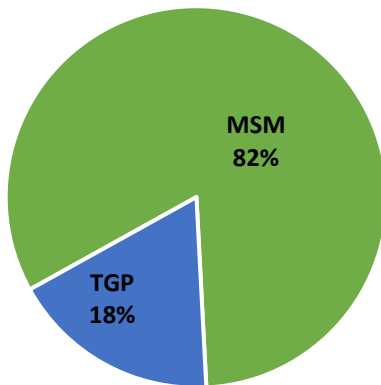


Number of Clients Enrolled in DHSP Contracted Services

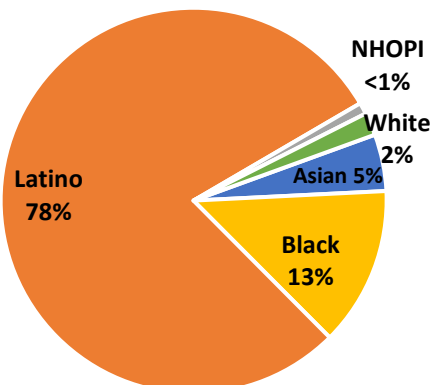


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Condomless Anal Receptive Sex
2. Multiple Partners with unknown HIV Status
3. Partner living with HIV

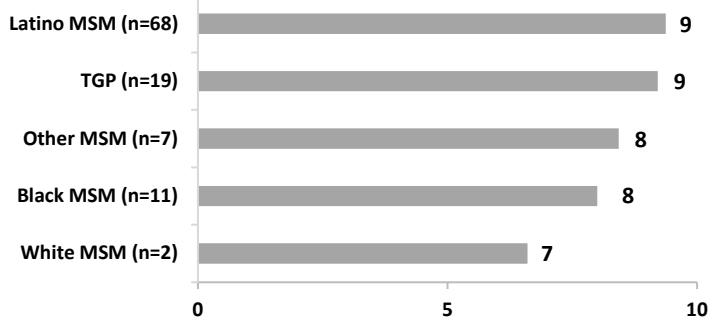
40%

of clients were adolescents or young adults < 30 years of age

## Retention and Adherence

54% of clients were retained in PrEP services at AltaMed for  $\geq 6$  months (n=44)

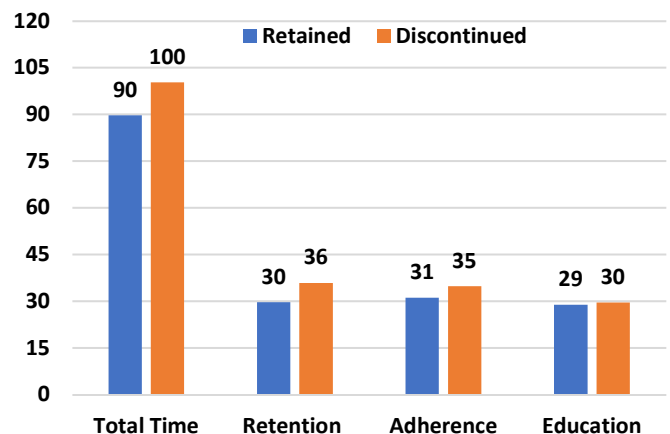
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=48)

1. Lost to follow up (94%)
2. Transition to primary care (2%)
3. Decreased Risk (2%)

Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=107)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

Data reported in CaseWatch as of September 13, 2021.





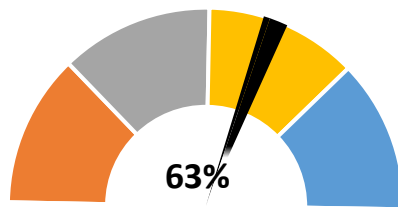


# APLA PrEP CONTRACT PERFORMANCE INDICATORS

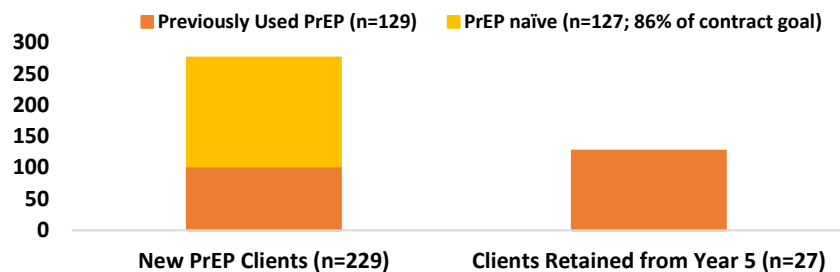
## Enrollment

403 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

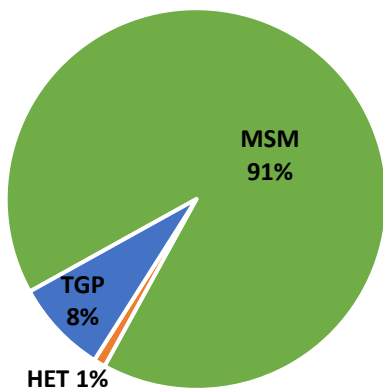


Number of Clients Enrolled in DHSP Contracted Services

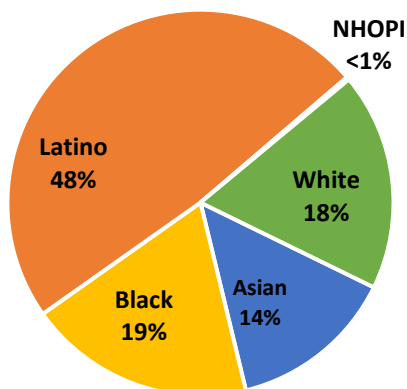


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Multiple Partners with unknown HIV Status
2. Condomless Anal Receptive Sex
3. Partner living with HIV

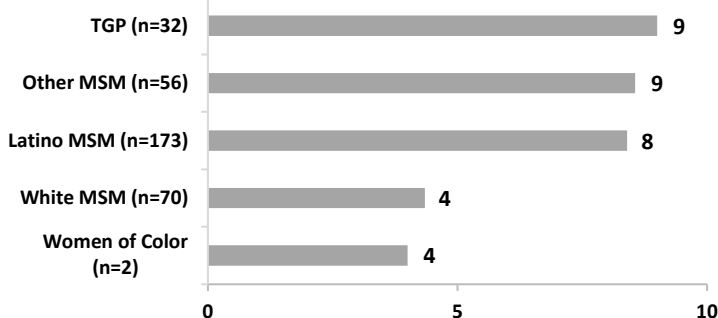
26%

of clients were adolescents or young adults  
< 30 years of age

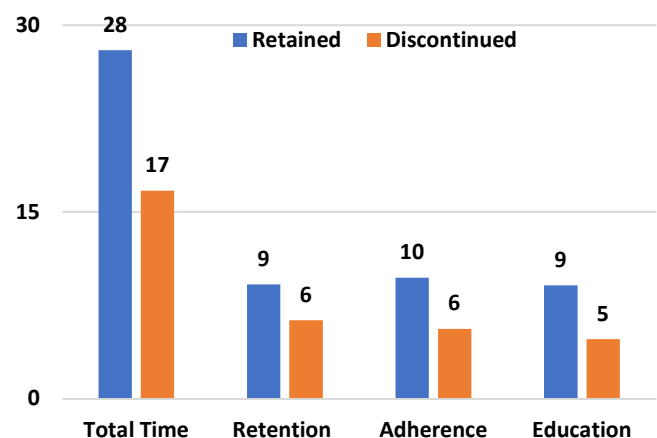
## Retention and Adherence

37% of clients were retained in PrEP services at APLA for >6 months (n=136)

Average Number of Months Retained on PrEP



Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=403)



### Top Reasons for Discontinuation (n=48)

1. Lost to follow up (93%)
2. Transition to primary care (2%)
3. Decreased Risk (1%)

MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

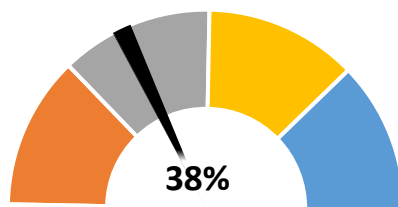


# CHLA PrEP CONTRACT PERFORMANCE INDICATORS

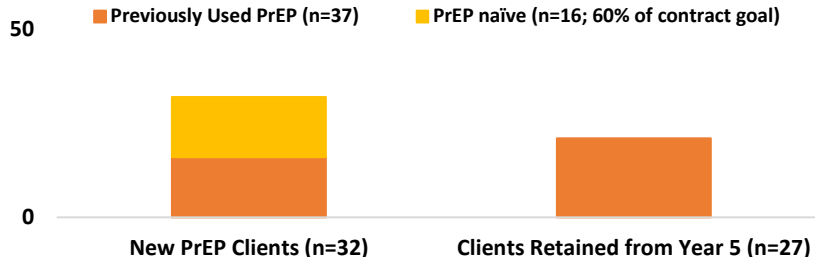
## Enrollment

53 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

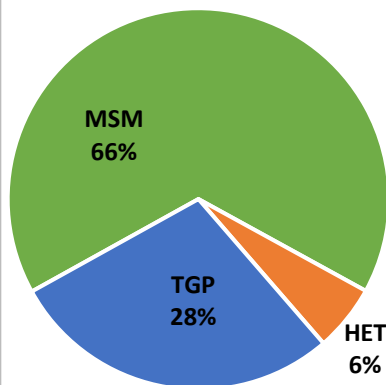


Number of Clients Enrolled in DHSP Contracted Services

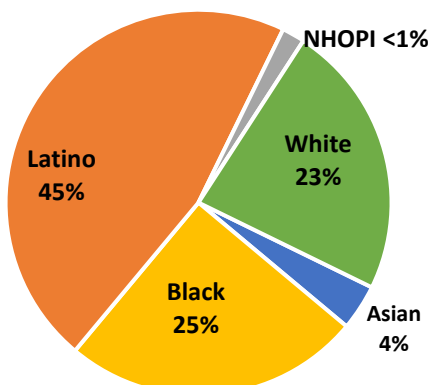


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Multiple Partners with unknown HIV Status
2. Condomless Anal Receptive Sex
3. Partner living with HIV

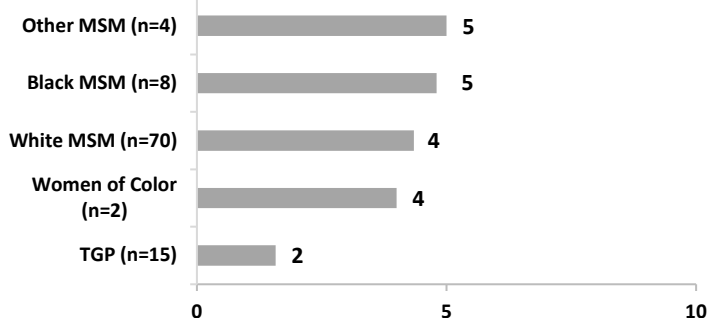
100%

of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

24% of clients were retained in PrEP services at CHLA for ≥6 months (n=10)

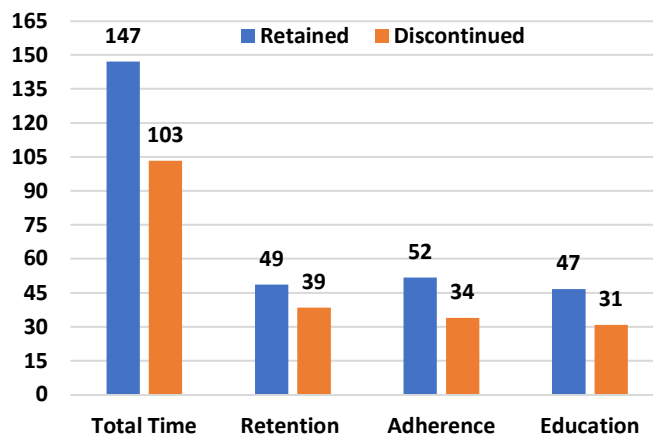
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=48)

1. Transition to primary care (35%)
2. Decreased Risk (30%)
3. Lost to follow up (25%)

Mean Time (in Minutes) Spent with PrEP Clients  
by Type of Activity (n=53)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

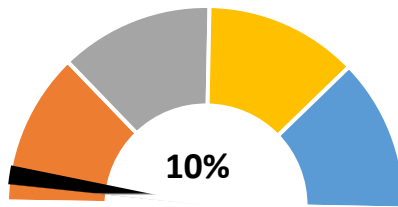


# CITY OF LONG BEACH PrEP CONTRACT PERFORMANCE INDICATORS

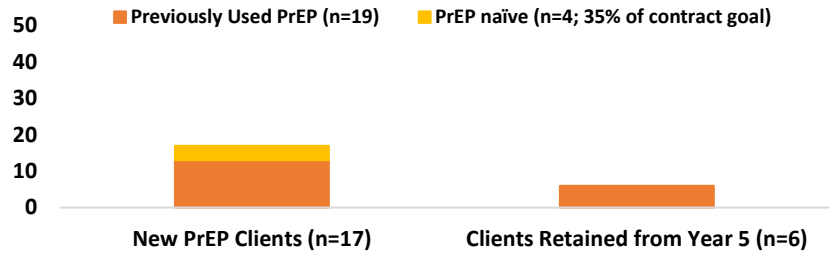
## Enrollment

23 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

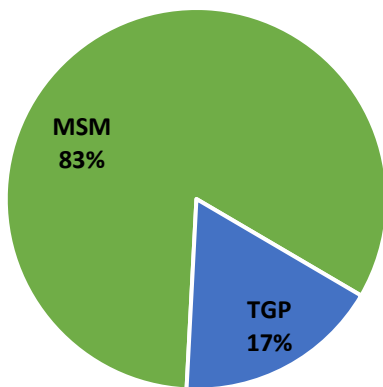


Number of Clients Enrolled in DHSP Contracted Services

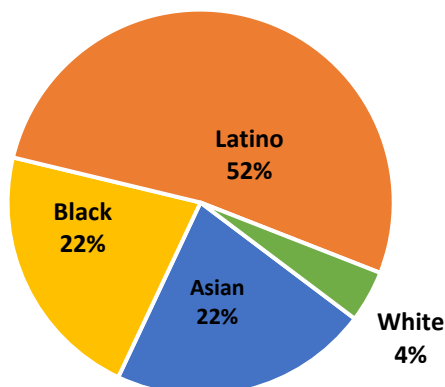


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Condomless Anal Receptive Sex
2. Multiple Partners with Unknown HIV Status
3. Anogenital STD in Past 12-Months

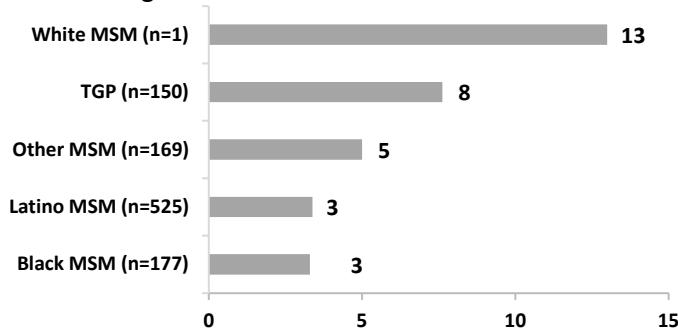
26%

of clients were adolescents or young adults < 30 years of age

## Retention and Adherence

23% of clients were retained in PrEP services at CLB for >6 months (n=5)

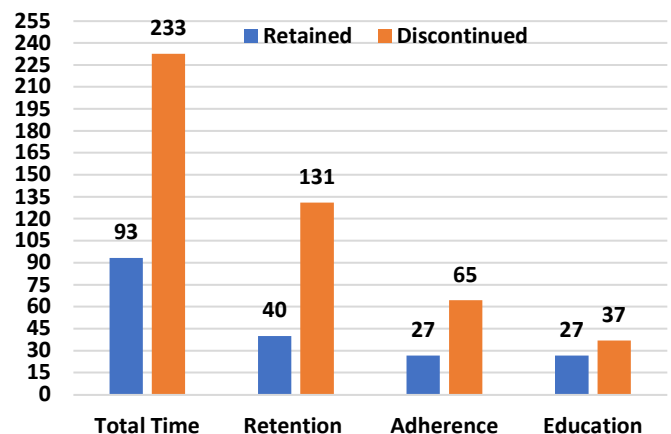
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=246)

1. Transition to primary care (63%)
2. Difficulty with PrEP Adherence (21%)
3. Lost to follow up (16%)

Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=23)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

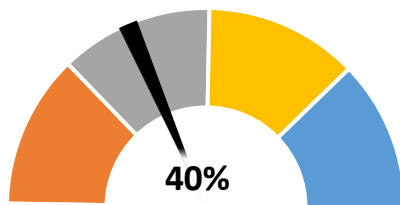


# JWCH PrEP CONTRACT PERFORMANCE INDICATORS

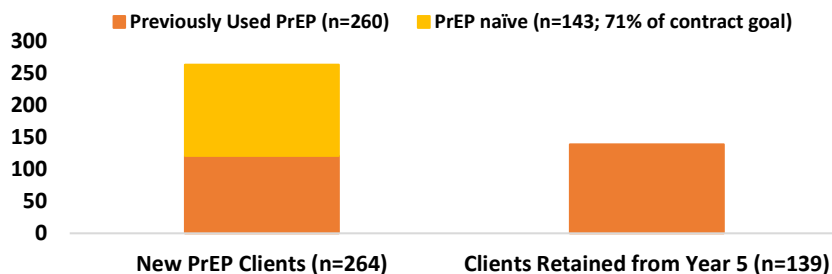
## Enrollment

403 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

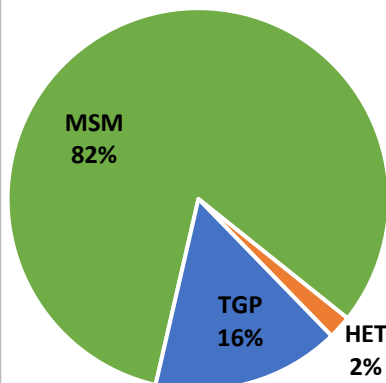


Number of Clients Enrolled in DHSP Contracted Services

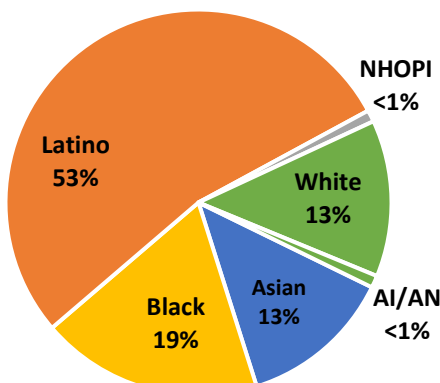


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



Top PrEP Indicators

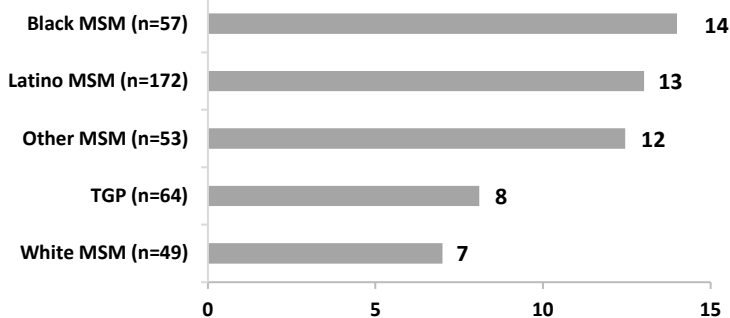
1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Partner Living with HIV

**32%**  
of clients were adolescents or young adults  
< 30 years of age

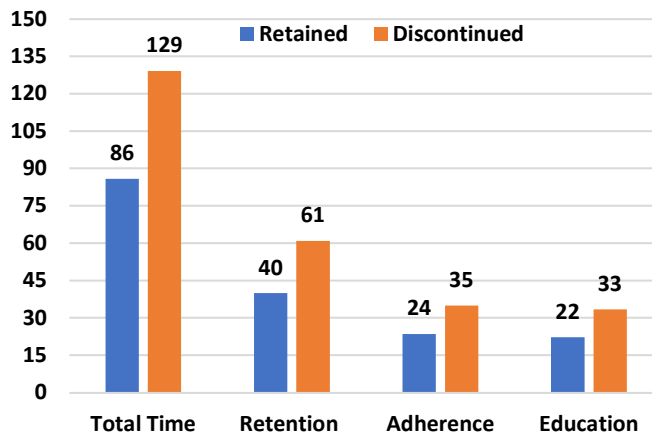
## Retention and Adherence

55% of clients were retained in PrEP services at JWCH for  $\geq 6$  months (n=182)

Average Number of Months Retained on PrEP



Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=403)



Top Reasons for Discontinuation (n=246)

1. Lost to follow up (62%)
2. Transition to primary care (34%)
3. Difficulty with PrEP Adherence (3%)

MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPi=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

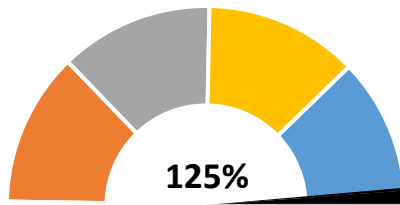


# LGBT CENTER PrEP CONTRACT PERFORMANCE INDICATORS

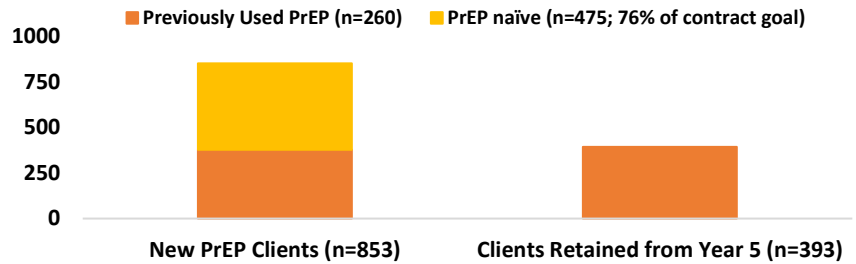
## Enrollment

1246 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

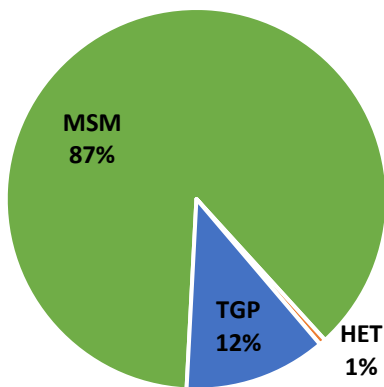


Number of Clients Enrolled in DHSP Contracted Services

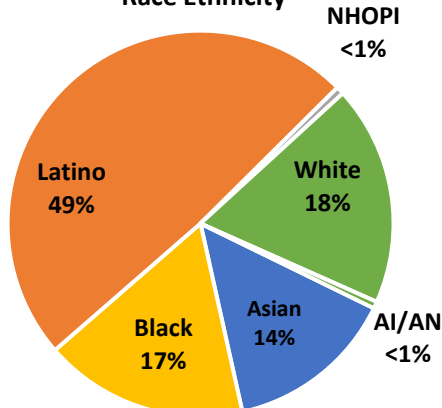


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

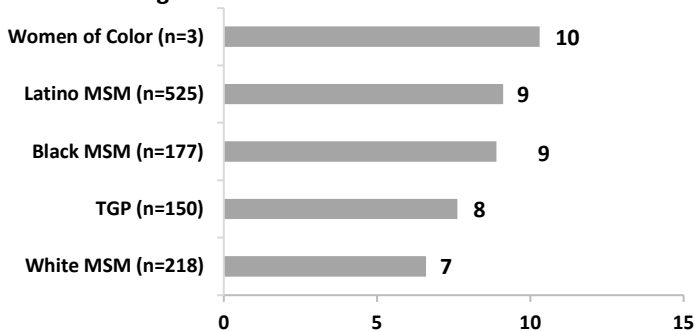
1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Anogenital STD in Past 12-Months

**29%**  
of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

60% of clients were retained in PrEP services at LGBT for  $\geq 6$  months (n=537)

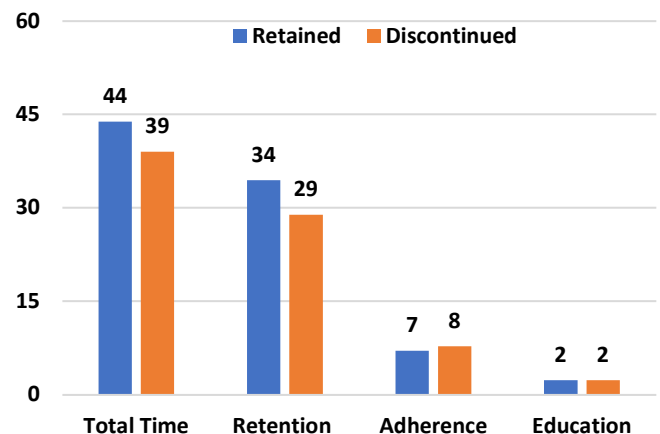
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=246)

1. Lost to follow up (91%)
2. Difficulty with PrEP Adherence (6%)
3. Transition to primary care (2%)

Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=1246)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

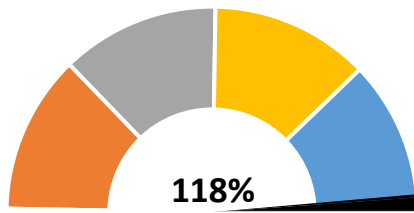


# MEN'S HEALTH FOUNDATION PrEP CONTRACT PERFORMANCE INDICATORS

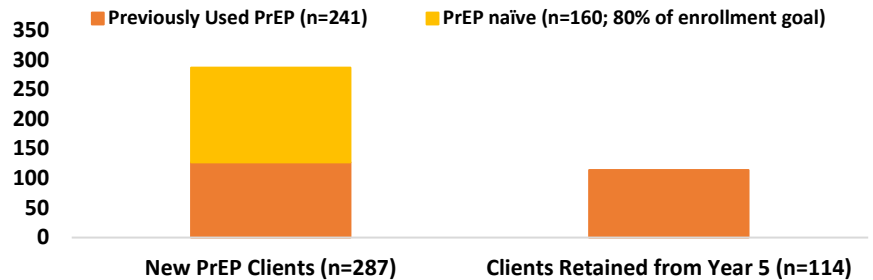
## Enrollment

401 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

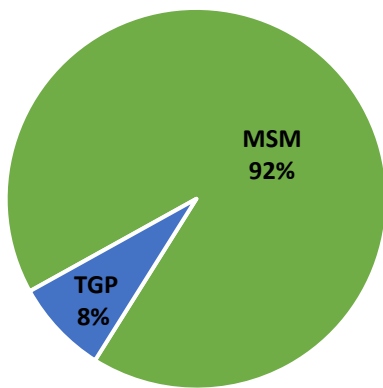


Number of Clients Enrolled in DHSP Contracted Services

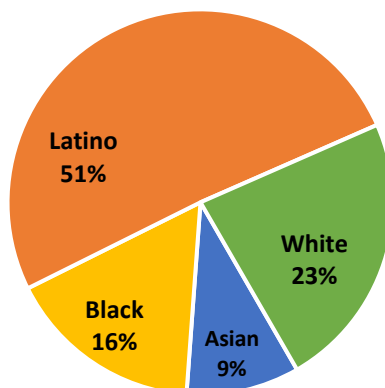


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Multiple Partners with unknown HIV Status
2. Condomless Anal Receptive Sex
3. Previous PEP use and ongoing risk behaviors

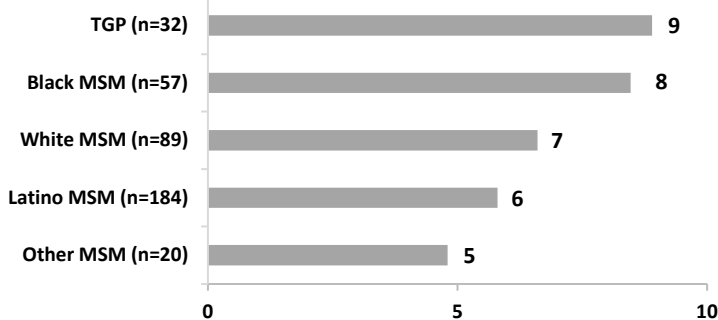
28%

of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

46% of clients were retained in PrEP services at Men's Health Foundation for  $\geq 6$  months (n=210)

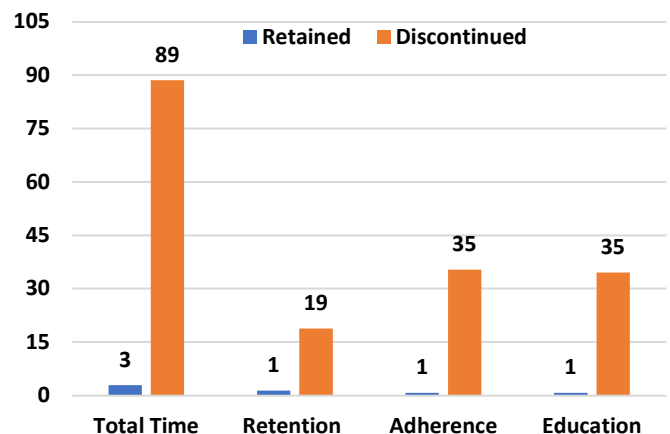
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=346)

1. Transition to primary care (97%)
2. Lost to follow up (3%)

Mean Time (in Minutes) Spent with PrEP Clients  
by Type of Activity (n=284)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

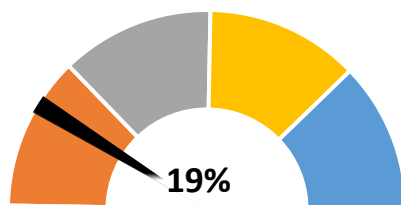


# NORTHEAST VALLEY HEALTHCARE PrEP CONTRACT PERFORMANCE INDICATORS

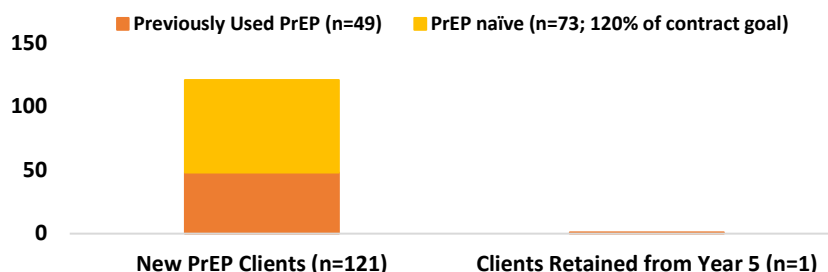
## Enrollment

122 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

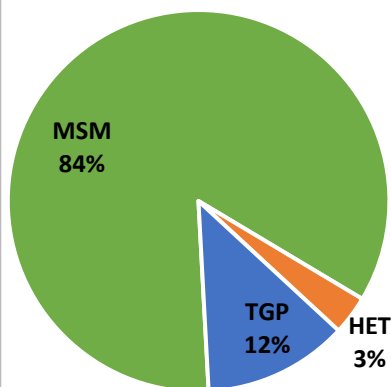


Number of Clients Enrolled in DHSP Contracted Services

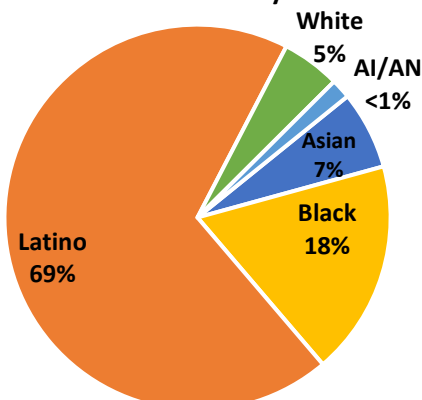


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Partner Living with HIV

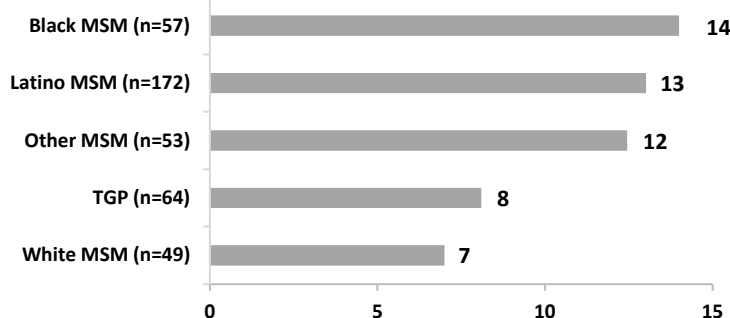
45%

of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

26% of clients were retained in PrEP services at JWCH for  $\geq 6$  months (n=22)

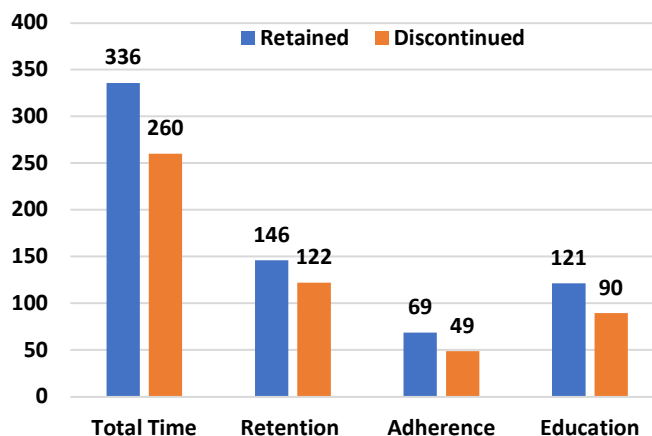
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=38)

1. Lost to follow up (95%)
2. Transition to primary care (5%)

Mean Time (in Minutes) Spent with PrEP Clients  
by Type of Activity (n=122)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native



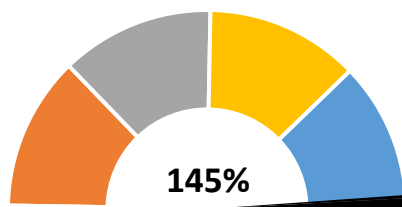


# ST. MARY MEDICAL PrEP CONTRACT PERFORMANCE INDICATORS

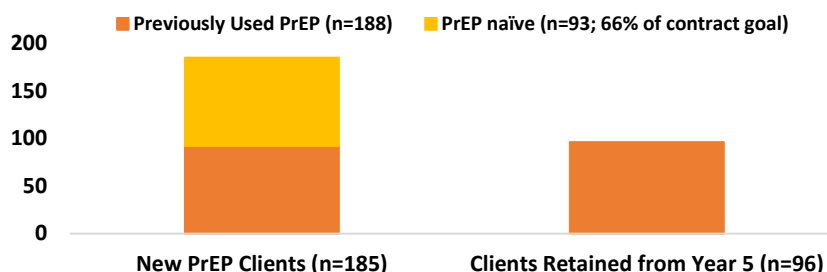
## Enrollment

281 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

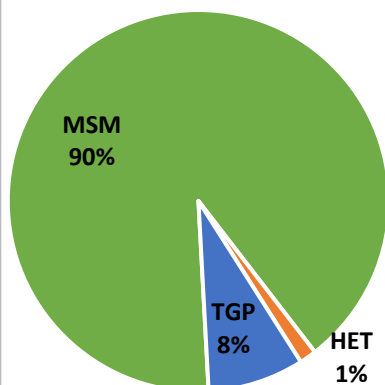


Number of Clients Enrolled in DHSP Contracted Services

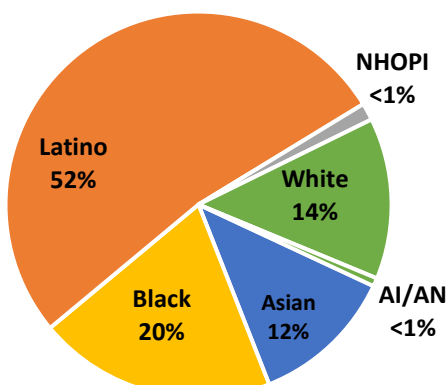


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

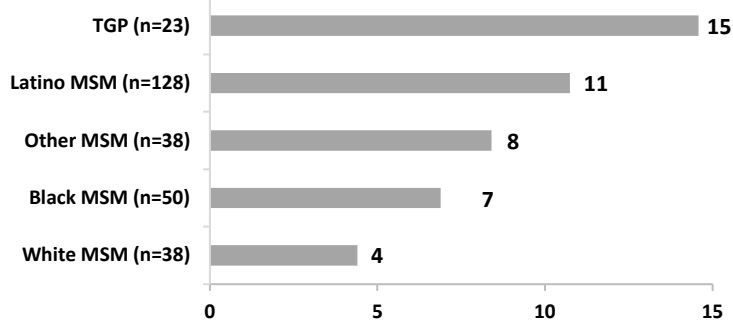
1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Anogenital STD in Past 12-Months

**30%**  
of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

43% of clients were retained in PrEP services at St Mary Medical for  $\geq 6$  months (n=100)

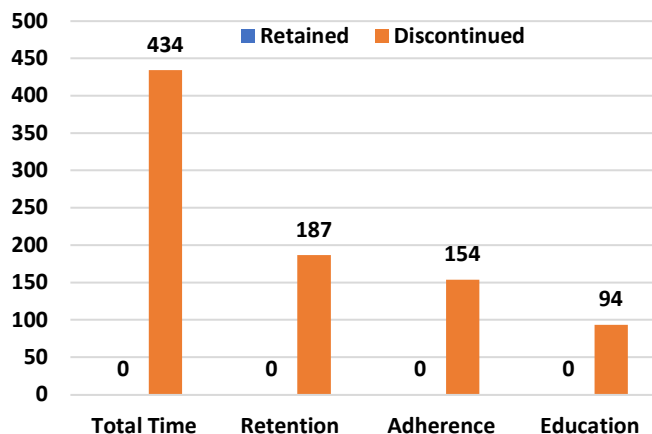
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=250)

1. Transition to primary care (81%)
2. Moved out of Jurisdiction (16%)
3. Decreased HIV Risk (2%)

Mean Time (in Minutes) Spent with PrEP Clients  
by Type of Activity (n=281)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPi=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native



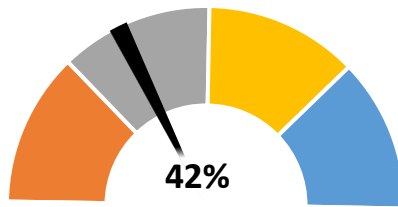
# TARZANA TREATMENT CENTER

## PrEP CONTRACT PERFORMANCE INDICATORS

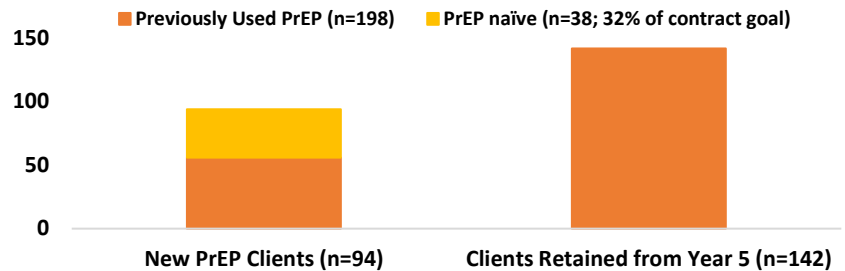
### Enrollment

236 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

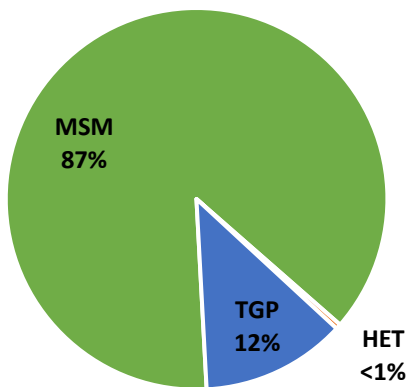


Number of Clients Enrolled in DHSP Contracted Services

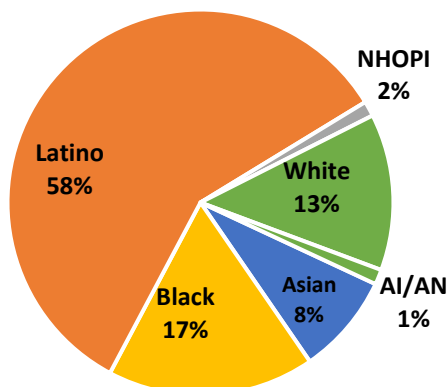


### PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



#### Top PrEP Indicators

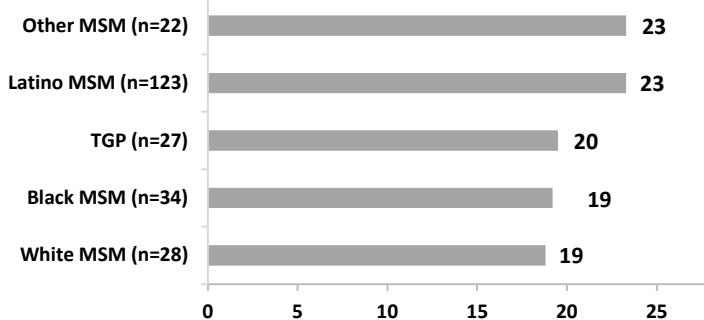
1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Anogenital STD in Past 12-Months

**31%**  
of clients were adolescents or young adults  
< 30 years of age

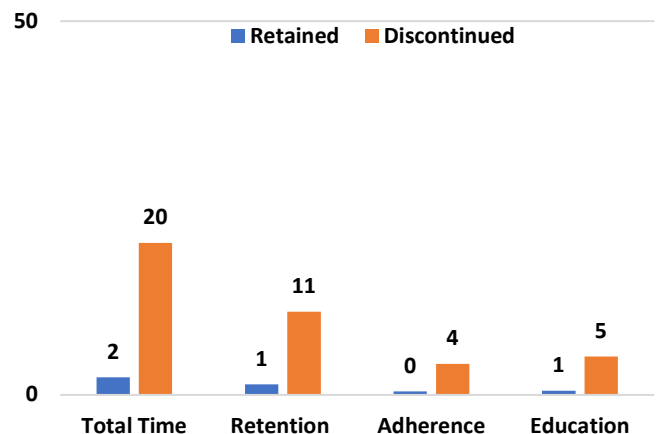
### Retention and Adherence

79% of clients were retained in PrEP services at Tarzana Treatment Center for  $\geq 6$  months (n=157)

Average Number of Months Retained on PrEP



Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=236)



#### Top Reasons for Discontinuation (n=250)

1. Lost to Follow Up (52%)
2. Decreased HIV Risk (18%)
3. Transition to primary care (16%)

MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native

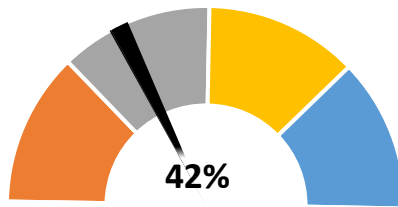


# VIA CARE PrEP CONTRACT PERFORMANCE INDICATORS

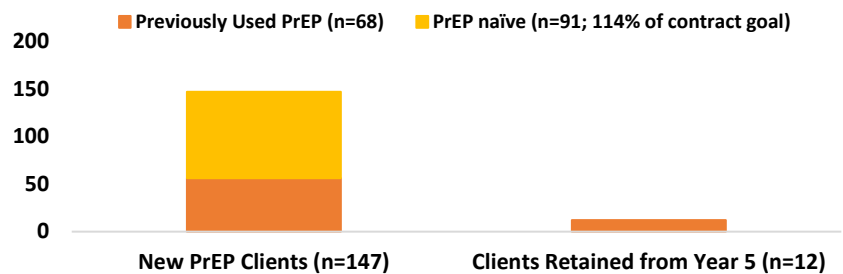
## Enrollment

159 clients were prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

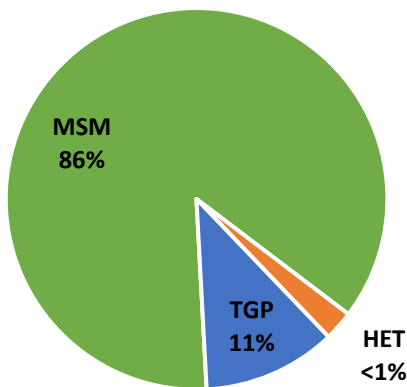


Number of Clients Enrolled in DHSP Contracted Services

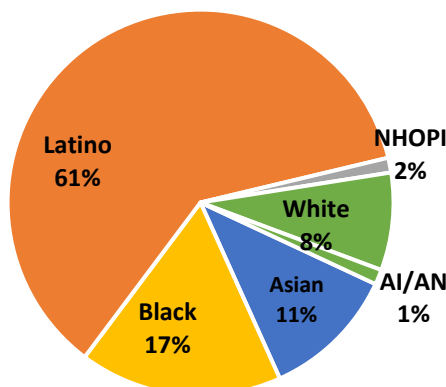


## PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



### Top PrEP Indicators

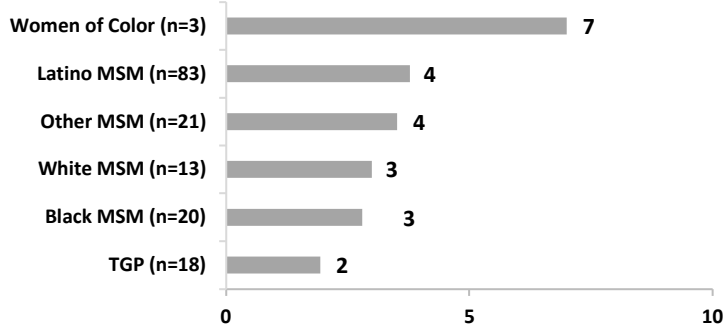
1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Anogenital STD in Past 12-Months

**38%**  
of clients were adolescents or young adults  
< 30 years of age

## Retention and Adherence

34% of clients were retained in PrEP services at Via Care for ≥6 months (n=31)

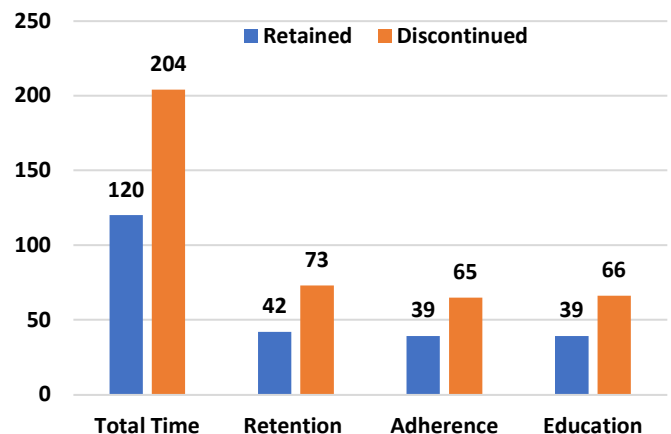
Average Number of Months Retained on PrEP



### Top Reasons for Discontinuation (n=48)

1. Lost to Follow Up (36%)
2. Difficulty with PrEP Adherence (31%)
3. Change in Program Eligibility (4%)

Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=159)



MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native



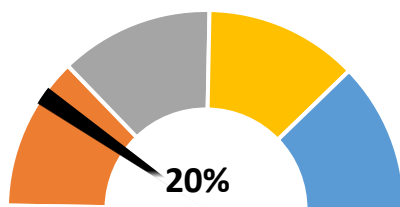
# WATTS HEALTHCARE

## PrEP CONTRACT PERFORMANCE INDICATORS

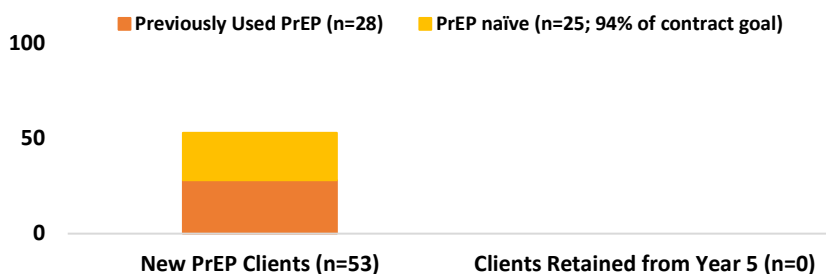
### Enrollment

53 Clients prescribed PrEP between July 1, 2020-June 30, 2021

Proportion of Contract Service Goal Achieved

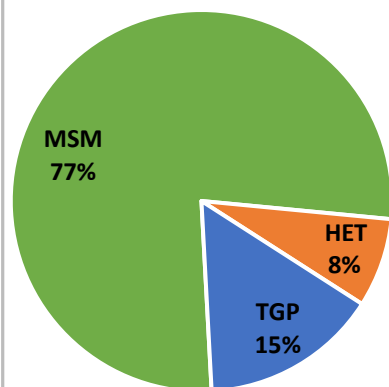


Number of Clients Enrolled in DHSP Contracted Services

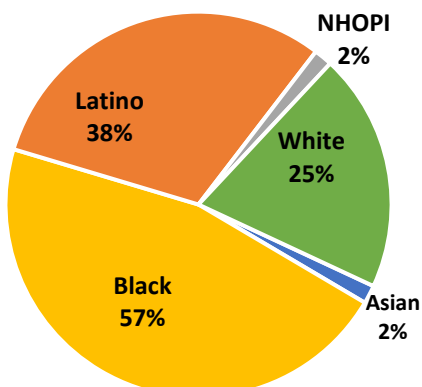


### PrEP Client Demographics and Indicators

HIV Risk Category



Race Ethnicity



#### Top PrEP Indicators

1. Multiple Partners with Unknown HIV Status
2. Condomless Anal Receptive Sex
3. Anogenital STD in Past 12-Months

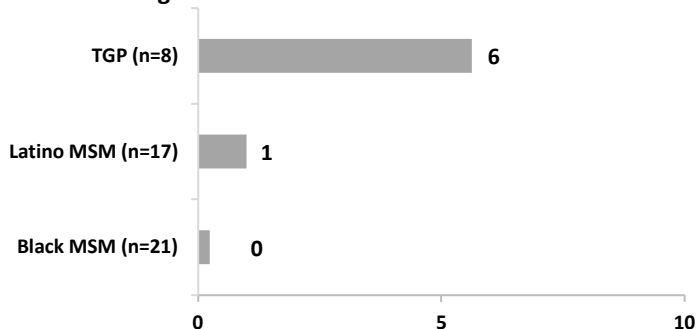
53%

of clients were adolescents or young adults  
< 30 years of age

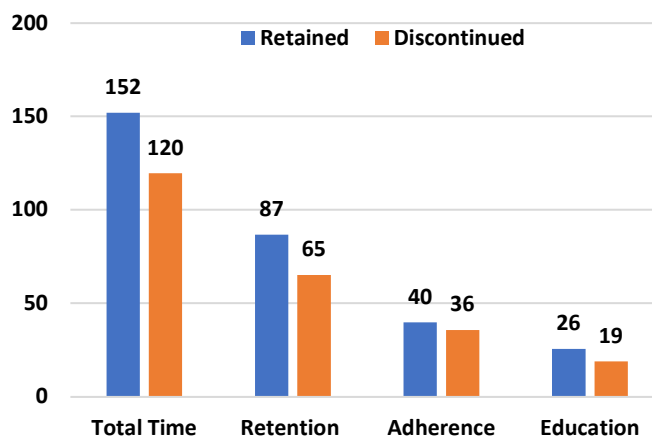
### Retention and Adherence

13% of clients were retained in PrEP services at Watt's Healthcare for >6 months (n=5)

Average Number of Months Retained on PrEP



Mean Time (in Minutes) Spent with PrEP Clients by Type of Activity (n=53)



#### Top Reasons for Discontinuation (n=35)

1. Lost to Follow Up (100%)

MSM=Men who have sex with men; TGP=Transgender persons; HET=Heterosexual; PWID; Persons who inject drugs; NHOPI=Native Hawaiian and Other Pacific Islander; AI/AN=American Indian/Alaska Native



# Black/African American Taskforce Needs Assessment of Black-led organizations

Raquel Gilson, MPH



# Purpose

- To continue discussion of preliminary work that needs to be performed in order to develop a needs assessment for Black-led/servicing organizations to assess their needs, gaps, resources, and barriers to applying for and successfully performing under DHSP/County contracts.

# What is a Needs Assessment?

- A systematic process of collecting and analyzing information in order to understand service needs or gaps between current and desired conditions
- Collection of information about a target population or community
- Knowledge gained is used to identify what changes are needed to help fill those service gaps and meet identified needs
- Action requires setting priorities and deciding how best to use available resources for positive change



# The Needs Assessment Process

1. Plan for the needs assessment
2. Design the needs assessment methodology
3. Collect the information required for the needs assessment
4. Analyze the information and present the results in useful formats

# Data Types

## Input

- Resources
- Materials
- Training
- Support
- Workforce development

## Output

- Health outcomes
- Behavior outcomes
- Care engagement
- Knowledge
- Overall culture

## Demographics

- Patient/client population
- Staff population (and trends)
- Patient/client subgroups



# Common Data Collection Methods

- Questionnaires
- Surveys
- Key informant interviews
- Focus groups
- Observation
- Service utilization data

## Discussion Questions

- Why is this needs assessment important?
- What do we want our Taskforce to have at the end of our needs assessment to guide decision-making?
- What processes or activities will be informed by the needs assessment results?

# Planning for the needs assessment

- **What is the desired scope of the needs assessment?**
  - Whose needs are being assessed and what information will be sought about each of these individuals/populations?
  - Who are the individuals or groups you will target to obtain information on your assessment?
  - What programs and services will be addressed, and which will receive the most attention?

# Planning for the needs assessment

- **Timetable and Budget**
  - What is the timetable for the needs assessment?
  - What are the deadlines for specific tasks such as collection of information, analysis of data, and preparation of the needs assessment report?
  - What is the budget for the needs assessment?

## Final List of Black-led/Servicing Organizations

- **Black Women for Wellness**
- **First to Serve, Inc**
- **Healing with Hope**
- **Invisible Men**
- **Jenesse Center, Inc**
- **Umma Community Clinic**
- **Unique Women's Coalition**
- **William King Medical Group**
- **YWCA**

## Next Steps

- **Formulate timeline for needs assessment**
- **Assign member tasks**
- **Create list of objectives we'd like to meet**
- **What kind of information do we need to gather from each agency?**
- **Formulate appropriate questions to address the objectives**
- **Re-evaluate before moving forward**





# Plan for the Needs Assessment

## Timeline

## Member Tasks



# Plan for the Needs Assessment

## Objectives

## Information to gather



# Plan for the Needs Assessment

**Questions**

**Further Steps**



# Questions?





# Presentation Extras





## Extras: Text Box Highlight Treatment

