



BLACK CAUCUS COMMUNITY LISTENING SESSIONS

EXECUTIVE SUMMARY

MAY 13, 2025

“BEYOND TRADITIONAL CARE: UPLIFTING NON-TRADITIONAL PROVIDERS IN BLACK SEXUAL HEALTH”

INTRODUCTION

On May 13, 2025, the Black Caucus of the Los Angeles County Commission on HIV hosted a community listening session at Charles R. Drew University, centering non-traditional HIV providers—such as doulas, pharmacists, nurses, mental health professionals, and holistic healers—who play vital roles in Black sexual health. Facilitated by Dr. LaShonda Spencer and Dr. William King, the session explored provider comfort, biomedical awareness, access barriers, cultural responsiveness, and support needs. Six participants attended and received a \$50 Visa gift card, refreshments, and community resources.

OBJECTIVE

Through community listening sessions focusing on seven key populations identified in the Black Caucus (formerly the Black/African American Community Taskforce [BAAC]) recommendations, we aim to quantify the sexual health needs of Black communities in Los Angeles County. These discussions will guide improvements in HIV prevention and care service delivery, ensuring cultural responsiveness and a comprehensive understanding of the diverse sexual health care needs of our Black communities in Los Angeles County.



KEY DISCUSSION TAKEAWAYS

Sexual Health Comfort & Training Gaps:

Participants reported that while they regularly encounter clients with sexual health questions, they often feel ill-equipped to address them due to a lack of formal training on HIV prevention tools and culturally responsive communication. There is strong interest in trainings that bridge this gap.

Limited Awareness & Utilization of Biomedical Interventions:

While some participants were familiar with PrEP, PEP, and Doxy-PEP, most expressed uncertainty around how to refer clients or discuss these tools confidently. Several indicated that clearer referral pathways and informational materials tailored for non-clinical providers would help.

Barriers to Access & Referral Systems:

Participants described fragmented and inconsistent referral systems, noting difficulties in identifying LGBTQ-affirming, Black-serving clinics. Many rely on personal networks or online searches, which can be unreliable. There was a call for a vetted, user-friendly resource guide.

Cultural Responsiveness & Client Trust:

Participants emphasized that mistrust in medical systems, fueled by racism and historical trauma, continues to be a barrier for Black clients. Participants' noted that their cultural alignment and lived experience often serve as bridges to trust, and this should be formally recognized and supported.

Support & Integration Needs: There was a strong desire to be included in future HIV prevention efforts. Participants called for ongoing partnerships, mentorship opportunities, and compensation for time spent referring and educating clients about sexual health. Ideas included collaborative workshops, access to HIV prevention materials, and peer support spaces.

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FINDINGS & RECOMMENDATIONS

- Create a Centralized Resource and Referral Directory:** Develop a living directory of Black-affirming, culturally competent HIV service providers and clinics accessible to non-traditional providers.
- Expand Training & Certification Opportunities:** Offer tailored continuing education on HIV/STI prevention, PrEP navigation, and trauma-informed care for non-traditional providers.
- Formalize Partnerships with HIV Systems of Care:** Fund collaborative pilots that integrate non-traditional providers into HIV prevention initiatives with defined roles, reimbursement, and support.
- Develop Culturally Responsive Materials & Campaigns:** Co-create educational resources that providers can share with clients to reduce stigma and promote HIV prevention tools in a relatable way.
- Fund and Validate Non-Traditional Provider Roles:** Recognize the unique impact of these providers in community health by creating pipelines for inclusion in public health initiatives and contract opportunities.

FINAL THOUGHTS

This session underscored the need to reimagine partnerships, elevate community-rooted care models, and acknowledge that health equity requires expanding beyond traditional silos. This session marks an essential step in building an inclusive, responsive, and culturally competent system of care.

