



LOS ANGELES COUNTY  
COMMISSION ON HIV



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## HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

Agenda and meeting packet will be available prior to the meeting at <http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

Wednesday, September 28, 2022

4:00PM-5:30PM (PST)

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**PREVENTION PLANNING WORKGROUP**  
**Virtual Meeting Agenda**  
**Wednesday, September 28, 2022 @ 4:00 – 5:30pm **\*\*NEW TIME\*\*****

To Join by Computer:

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**AGENDA**

- 1. Welcome and Introductions (4:00-4:10 pm)**
- 2. Co-Chairs' Report (4:10-4:35 pm)**
  - a. Planning, Priorities and Allocations Committee [August 16](#) Meeting Highlights
  - b. Finalize and Adopt Workplan
- 3. Comprehensive HIV Plan 2022-2026 Updates (4:35-4:55 pm)**
- 4. Prevention Knowledge, Abilities and Behaviors Survey Results (4:55-5:15 pm)**
- 5. Next Steps and Agenda Development for Next Meeting (5:15-5:25 pm)**
- 6. Public Comment + Announcements (5:25-5:30 pm)**
- 7. Adjournment (5:30 pm)**



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)**  
**Wednesday, August 24, 2022 | 5:30-7:00PM**  
**MEETING SUMMARY**

**Attendees:**

<b>William King, MD (Co-Chair)</b>	<b>Miguel Martinez (Co-Chair)</b>	<b>Greg Wilson (Co-Chair)</b>
Robert Aguayo	Andre	Mary Cummings
Tony A DLA	Kevin Donnelly	Thelma Garcia
Joe Green	Julie Kirk	Rob Lester
Menty	Richard Salazar	
Commission on HIV (COH) Staff: Cheryl Barrit, Catherine Lapointe		
Division of HIV and STD Programs (DHSP) Staff: Pamela Ogata, Paulina Zamudio		

**1. Welcome and Introductions**

Miguel Martinez, Co-Chair, welcomed attendees.

**2. Special Presentation and Discussion:** Long-acting Injectables for Prevention and Treatment, William D. King, MD, JD, FCLM, AAHIVS, Board Certified Internal Medicine, W King Health Care Group

- Dr. William King gave a special presentation on long-acting injectables for HIV prevention and treatment. Key points were as follows:
  - Long-acting formulations of HIV medications will be the new direction of care and prevention.
  - Cabenuva and Apretude are the medications being used for injectable pre-exposure prophylaxis (PrEP) and anti-retroviral therapy (ART).
  - Long-acting antiretrovirals are beneficial because they address problems related to adherence, drug-to-drug interactions, oral absorption concerns (trouble swallowing pills, dysphagia, short dumping syndrome), and stigma.
  - Black/African American people represent 14% of PrEP users, but accounted for 42% of new HIV diagnoses in 2021. Hispanic/Latinx people represent 17% of PrEP users, but accounted for 27% of new HIV diagnoses in 2021.
  - Apretude (Cabotegravir) is an injection received every two months. Common side effects include injection site reactions, fatigue and depression, and liver toxicity.
  - Dapivirine: silicone intravaginal ring (IVR) is a female-controlled vaginal ring used for HIV prevention. It has not yet been approved by the Food and Drug Administration (FDA) but has been approved by the World Health Organization (WHO), European Union (EU), and several Sub-Saharan African countries. The

Dapivirine Ring has benefits such as being safe, not being felt by the user, and being inserted privately.

- The top three barriers to implementation include participant ability to keep appointments/risk of resistance, enough staff to perform injections, and patient soreness.
- Long-acting injectables are FDA approved for patients who are virally suppressed, do not have active hepatitis B and do not have treatment failure.
- Implementing these strategies will take a team effort, but once in place is a positive addition to clinics.
- More treatment and prevention modalities for women are needed.
- Joe Green asked if it is feasible/practical for pharmacies to get involved with injectables. Dr. King stated this would be difficult in regards to maintaining treatment, but is a possibility.
- Menty recommended that clinics need to become more open to discussing sexual health and PrEP promotion.

### **3. Comprehensive HIV Plan 2022-2026 Updates**

- Cheryl Barrit reported that a Comprehensive HIV Plan (CHP) feedback form was sent out to commissioners.

### **4. Co-Chairs' Report – *No report provided.***

#### **a. Review Updated Workplan**

### **5. Next Steps and Agenda Development for Next Meeting**

- The next Prevention Planning Workgroup meeting will be on September 28<sup>th</sup> from 4:00-5:30 PM.

### **6. Public Comment + Announcements – *There were no public comments.***

### **7. Adjournment – The meeting was adjourned by Miguel Martinez.**



**LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP WORK PLAN  
DRAFT/FOR REVIEW (07.13.22; Revised 7.27.22; 08.8.22; 08.15.22; 09/6/22)**

<b>Prioritization Considerations:</b> Select activities that are feasible and within the influence/capacity of the Prevention Planning Workgroup (PPW). PPW was established to infuse and strengthen prevention efforts in the Commission on HIV's planning and priority setting processes and discussions.		
# of Votes	Approval Date:	Revision Dates:
TASK/ACTIVITY		TARGET COMPLETION DATE
5	Engage in conversations around syringe exchange. Expand conversations beyond syringe exchange related to harm reduction. Increase access to syringe exchange and other harm reduction programs and services. Include STIs and hepatitis c screening, education and treatment in harm reduction programs. <i>Combined all syringe access/harm reduction activities together.</i> <i>I'm looking at "harm reduction" in this context broadly. So, what does harm reduction look like for people engaged in survival sex? What about for people using drugs or iv drug use? People who attend sex parties or CSVs?</i>	
4	How do we truly target populations/create standards or focus on populations that cannot access organizations based on hours. <i>Proposed Revision:</i> <i>Discuss standards/guidelines for prevention contracts/services to be accessible to target populations that also address social determinants of health.</i> <i>Include but not limited to hours of operation, geographic locations, mental health, housing.</i>	
4	Address unique prevention and health and wellness needs of youth and aging populations	
4	Provide wrap-around services for high-risk negative individuals	
4	Marketing campaign to support awareness of resources about HIV-related services (including influencers)	<i>In progress</i> <i>12/30/22</i>
4	Identify primary and secondary prevention efforts and develop layered interventions, <i>including but not limited to U=U.</i> <i>Any layered intervention should include situational factors and social determinants of health, including homelessness, employment, supportive social networks, etc.</i>	
3	Identify strategies to <i>increase encourage</i> in-person HIV testing and <i>self</i> HIV testing overall	
3	Merge mental health and biomedical prevention efforts/programs	<i>12/30/22</i>
3	Navigating sex for high-risk negative individuals	<i>12/30/22</i>
3	Address housing needs of high-risk negative individuals	<i>12/30/22</i>



**LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP WORK PLAN  
DRAFT/FOR REVIEW (07.13.22; Revised 7.27.22; 08.8.22; 08.15.22; 09/6/22)**

2	Conduct a thorough evaluation of existing directives to infuse prevention focus. <i>We should include quantitative data so that as we infuse new prevention focus, we're moving towards directives that are empirically-based and against which we can measure progress</i>	
2	Request data regarding HIV/STD testing, diagnosing, and PrEP for aging population. <i>I'm not prioritizing this separately, but as part of creating dashboards, we should break out data for the highest risk populations, including, if appropriate, ageing individuals.</i>	12/30/22
2	Advocate for a minimum number of prevention-focused presentations each year. <i>These topics should be dictated in part by the results of the KAB survey and include dashboard data to provide a quantitative foundation for the presentations.</i>	
1	Review B/AA Task Force recommendations to identify prevention-focused items.	
1	Injectable PrEP information/education focused on navigators at organizations	
1	Recenter conversations and planning back to health districts including requesting prevention indicators (HIV and STD testing, PrEP uptake) by health district. <i>I think this would necessarily involve our developing a dashboard of prevention metrics that we can use to establish a baseline and against which we measure progress.</i>	
1	<i>Identify ways to increase PrEP uptake. Based on data from the AHEAD dashboard, PrEP uptake is low in LAC.</i>	
1	Look at creating space for supporting the assessment of readiness for injectable PrEP (at the provider level).	
0	Develop and implement a survey of Commission members to look at knowledge, attitudes, and beliefs (KAB) regarding prevention to guide further activities.	In progress
0	Support PrEP Center(s) of Excellence for women (in line with recommendations with B/AA task force). -- <b>**Contracts have been awarded although no agencies selected to serve women exclusively.**</b>	<del>In progress</del> <i>Completed. No one applied to serve women.</i>
0	Look at ways to support the development of resources to build the capacity of smaller orgs to respond to RFAs/WOS.	In progress
0	Efforts to target monolingual populations regarding prevention information	



# Prevention Planning Knowledge, Attitudes, and Beliefs Survey – Results from Commissioners

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PREVENTION PLANNING WORKGROUP VIRTUAL MEETING

WEDNESDAY, SEPTEMBER 28, 2022

4:00 – 5:30 PM



# Purpose

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This survey was developed by the Prevention Planning Workgroup to create a baseline for an annual assessment of the knowledge, attitudes, and beliefs (KABs) of members of the Los Angeles County Commission on HIV to increase the capacity of members to engage in prevention-focused planning activities.



# DEMOGRAPHICS

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# Q1: What is your age?

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Answered: 13    Skipped: 0

ANSWER CHOICES	RESPONSES
▼ 13-19	0.00% 0
▼ 20-29	0.00% 0
▼ 30-39	30.77% 4
▼ 40-49	30.77% 4
▼ 50-59	23.08% 3
▼ 60+	15.38% 2
<b>TOTAL</b>	<b>13</b>

# Q2: What is your race/ethnicity?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ American Indian or Alaska Native	0.00% 0
▼ Asian	7.69% 1
▼ Black or African American	15.38% 2
▼ Hispanic or Latinx	30.77% 4
▼ Multi-Race	7.69% 1
▼ Native Hawaiian or Other Pacific Islander	0.00% 0
▼ White or Caucasian	30.77% 4
▼ Other	7.69% 1
<b>TOTAL</b>	<b>13</b>

# Q3: What is your gender identification?

Answered: 13 Skipped: 0

ANSWER CHOICES		RESPONSES	
▼ Non-Binary/Gender Non-Conforming		0.00%	0
▼ Transgender: Female to Male		0.00%	0
▼ Transgender Male to Female		7.69%	1
▼ Female		15.38%	2
▼ Male		76.92%	10
▼ Other (please specify)	Responses	0.00%	0
<b>TOTAL</b>			<b>13</b>

## Q4: How long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?

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Answered: 13    Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Less than 1 year	15.38% 2
▼ Between 1-2 years	23.08% 3
▼ Between 3-4 years	15.38% 2
▼ 5 years or more	46.15% 6
<b>TOTAL</b>	<b>13</b>

# Q5: What is the highest level of education you have completed?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ High school graduate, diploma, or the equivalent (for example: GED)	0.00% 0
▼ Some college credit, no degree	7.69% 1
▼ Trade/technical/vocational training	0.00% 0
▼ Associate degree	7.69% 1
▼ Bachelor's degree	38.46% 5
▼ Master's degree	30.77% 4
▼ Doctorate degree	15.38% 2
<b>TOTAL</b>	<b>13</b>

# KNOWLEDGE

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# Q6: What do you think are elements of prevention? What are examples of interventions that prevent HIV?

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Answered: 12   Skipped: 1

- The U.S. Department of Health and Human Services (HHS) has proposed the Ending the HIV Epidemic in the U.S. (EHE) initiative to end the HIV epidemic in the United States within 10 years. This initiative will leverage critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices. CDC works closely with states and local communities, national partners that work on behalf of people with and at risk for HIV, as well as government partners, to scale up the highest-impact HIV prevention, care, treatment, and outbreak response strategies. Examples can be found here: <https://www.cdc.gov/hiv/effective-interventions/a-to-z.html>
- Outreach/Education on sexually transmitted diseases, Health education, Prep and Pep education and availability. Reducing barriers to medical care
- Information, available care. Example: there's not enough unbiased information and easy compassionate care. There's a lot of information that I would not know if I was not a Commissioner.
- Like a spectrum, I think everything from testing to treatment is prevention. Including PEP, PrEP, Health Education, Risk Reduction, STI testing and treatment, housing, drug treatment, and many more.

## Q6: What do you think are elements of prevention? What are examples of interventions that prevent HIV? (continued)

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Answered: 12   Skipped: 1

- Testing, Biomed (PrEP and PEP), Health Education, Behavioral Health, Employment support, Navigation, Structural Interventions
- Education, awareness/stigma reduction, access (both physical and financial)
- Interventions Treatment Pep Prep
- Treatment as prevention - undetectable levels of viral loads among HIV+ persons; Bio Medical Condoms Education and Information
- Improving poverty and housing stability, outreach, and education.
- Testing Screening PrEP/PeP
- Empathy Education - Peer to Peer Money
- Treatment as Prevention (U=U), Pre-exposure prophylaxis (oral and injectable), Post-exposure prophylaxis, Condom use, Vaginal ring, broadly neutralizing antibodies, HIV vaccine.

# Q7: What are the top 3 barriers to HIV prevention in Los Angeles County?

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Answered: 13    Skipped: 0

- 1. lack of access to health care; 2. lack of housing; 3. lack of programs to address substance abuse and mental health
- Services, Information and behavioral changes
- Homelessness, Lack of sexual health knowledge, Lack of access to healthcare.....+stigma
- Providers caring more about profit than prevention. Not enough HIV doctors. Lack of information and access to care.
- The size of the county, the diversity of the county, and competing interests like homelessness prevent us from fully realizing the goal of ending HIV.
- Political will, sector burnout, recruitment of participants
- Lack of education/awareness, lack of culturally competent care, lack of knowledge around access

# Q7: What are the top 3 barriers to HIV prevention in Los Angeles County? (continued)

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Answered: 13    Skipped: 0

- Lack of \$ Lack of Willingness Political fear
- Lack of Expertise at the Prevention Planning Body Lack of Focus and Attention on Prevention Lack of Advocacy and Strong Voices at the Prevention Planning Body, HIV Commission and Ending the Epidemic Planning Committee Lack of funding Lack of adequate expertise in community agencies and health centers in general Lack of truly embracing U=U. No leadership on this issue In Question #29, this survey does not even put Treatment as Prevention in the ranking order. That is a major oversight
- Poverty, housing affordability, substance abuse
- 1. Stigma 2. Medical Mistrust 3. Lack of access
- Stigma Fear Ignorance
- Provider resistance, patient and community lack of knowledge, and access to timely PrEP services.

# Q8: What is Pre-Exposure Prophylaxis (PrEP)?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ A pill that individuals can take daily before HIV exposure to prevent HIV acquisition	100.00% 13
▼ A pill that individuals can take daily after HIV exposure to prevent HIV acquisition	0.00% 0
▼ An experimental drug that might prevent HIV, research is still being done	0.00% 0
▼ I don't know	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q9: To your knowledge, how effective is PrEP at preventing HIV transmission when having sex without a condom?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Not at all effective	0.00% 0
▼ Minimally effective	0.00% 0
▼ Somewhat effective	7.69% 1
▼ Very/completely effective	84.62% 11
▼ I don't know	7.69% 1
<b>TOTAL</b>	<b>13</b>

# Q10: PrEP is currently offered via which route of administration?

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Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ One (1) oral tablet	76.92% 10
▼ Two (2) oral tablets	15.38% 2
▼ Three (3) oral tablets	7.69% 1
▼ Long-acting injectables	61.54% 8
<b>Total Respondents: 13</b>	



# Q11: What is the current recommended dose for PrEP to effectively prevent HIV infection?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Every 12 hours (twice per day)	0.00% 0
▼ Once per day	100.00% 13
▼ Every other day	0.00% 0
▼ Once per week	0.00% 0
▼ Once per month	0.00% 0
▼ Once per six months	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q12: Which of the following drugs are current FDA-approved administrations of PrEP? \*\*Select all that apply\*\*

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES
▼ Apretude	50.00% 6
▼ Atripla	8.33% 1
▼ Biktarvy	16.67% 2
▼ Triumeq	0.00% 0
▼ I don't know.	25.00% 3
<b>Total Respondents: 12</b>	

# Q13: What is Post-Exposure Prophylaxis (PEP)?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ A pill that individuals can take daily before HIV exposure to prevent HIV acquisition	0.00% 0
▼ A pill that individuals can take daily after HIV exposure to prevent HIV acquisition	100.00% 13
▼ An experimental drug that might prevent HIV, research is still being done	0.00% 0
▼ I don't know	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q14: HIV treatment (antiretroviral medication) works to:

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Increase HIV viral load and decrease CD4 cells	0.00% 0
▼ Decrease HIV viral load and decrease CD4 cells	0.00% 0
▼ Decrease HIV viral load and increase CD4 cells	92.31% 12
▼ Increase HIV viral load and increase CD4 cells	7.69% 1
<b>TOTAL</b>	<b>13</b>

# Q15: Bacterial sexually transmitted infections (STIs) (Chlamydia, Gonorrhea, and Syphilis) are curable.

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Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	13
▼ No	0.00%	0
▼ I don't know	0.00%	0
<b>TOTAL</b>		<b>13</b>

Q16: A person must start PEP within \_\_\_\_ after a potential HIV exposure.

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Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ 120 hours	0.00% 0
▼ 24 hours	30.77% 4
▼ 48 hours	15.38% 2
▼ 72 hours	53.85% 7
<b>TOTAL</b>	<b>13</b>

# Q17: What activities can put you at risk for STIs? Check all the apply.

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Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Having anal, vaginal, or oral sex without a condom	100.00% 13
▼ Having sex with multiple partners, especially anonymous partners	92.31% 12
▼ Having sex while using drugs or alcohol	92.31% 12
<b>Total Respondents: 13</b>	



# Q18: What STIs can likely lead to HIV? Check all that apply.

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Chlamydia	75.00% 9
▼ Genital herpes	75.00% 9
▼ Gonorrhea	83.33% 10
▼ Human Papillomavirus (HPV)	50.00% 6
▼ Syphilis	91.67% 11
▼ Trichomoniasis	25.00% 3
<b>Total Respondents: 12</b>	

# Q19: What are 5 ways STIs can be transmitted?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Vaginal sex	100.00% 13
▼ Anal sex	100.00% 13
▼ Oral sex	100.00% 13
▼ Skin contact	69.23% 9
▼ Sharing personal items, such as toothbrushes or razors, with someone who has an STI	61.54% 8
<b>Total Respondents: 13</b>	

## Q20: How can STIs be prevented?

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Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Practice abstinence	100.00% 13
▼ Use condoms	100.00% 13
▼ Have fewer partners	76.92% 10
▼ Get vaccinated	61.54% 8
▼ Talk with your partner	84.62% 11
▼ Get tested	92.31% 12
<b>Total Respondents: 13</b>	

# ATTITUDES

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## Q21: Treatment as prevention: (Check all that apply).

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Knowing your HIV status	53.85% 7
▼ Being in care if HIV positive	61.54% 8
▼ Being in care if HIV positive and viral load is undetectable	92.31% 12
<b>Total Respondents: 13</b>	

## Q22: What does serostatus neutral mean?

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Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Knowing your HIV status	7.69%   1
▼ Prevention services or interventions targeting persons regardless of HIV status	92.31%   12
▼ Not knowing your HIV status	0.00%   0
<b>TOTAL</b>	<b>13</b>

## Q23: What are the two most important tenets of HIV planning to you? Please list two.

---

Answered: 13    Skipped: 0

- Inclusion; parity
- Teamwork and collaboration
- 1. Use of data to target outbreaks and hot spots. 2. Educating the community sexual health issues and solutions
- What are tenets? Please use common, easy to understand words for those with limited knowledge of the English language. Thank you.
- Data focused, grounded in the community, communication and engagement, and collaborative
- Parity and inclusion

## Q23: What are the two most important tenets of HIV planning to you? Please list two. (continued)

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Answered: 13   Skipped: 0

- Community participation from a broad set of community partners, making sure that all folks are represented. Making sure folks understand how to plan, how to use data, etc
- Equity Accessibility Culturally appropriate
- Involve those at-risk of infection Involve those living with HIV infection Involve the community and treating providers
- Housing Stability and increased positive health outcomes
- 1. Awareness 2.
- Involvement by people living with HIV / AIDS Partnerships by people with HIV and the service and medical organizations
- That the planning body be informed from both provider perspectives and community perspectives.



# Q24: How comfortable are you with utilizing health districts as the geographic lens for planning efforts?

Answered: 13 Skipped: 0

VERY UNCOMFORTABLE	UNCOMFORTABLE	NEUTRAL	COMFORTABLE	VERY COMFORTABLE	TOTAL
7.69%	15.38%	15.38%	53.85%	7.69%	13
1	2	2	7	1	

# Q25: If you answered 1-3, would you want to have an in-service on the utilization of health districts for planning purposes?

---

Answered: 13    Skipped: 0

ANSWER CHOICES ▼	RESPONSES ▼
▼ Yes	84.62% 11
▼ No	15.38% 2
<b>TOTAL</b>	<b>13</b>

# Q26: How confident are you in understanding prevention-related data?

Answered: 13 Skipped: 0

	NOT CONFIDENT AT ALL	SOMEWHAT CONFIDENT	VERY CONFIDENT	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	46.15% 6	53.85% 7	13	4.08

Q27: If you answered 1-3, would you want to have an in-service on the utilization of prevention-related data for planning purposes?

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Answered: 12   Skipped: 1

ANSWER CHOICES ▼	RESPONSES ▼
▼ Yes	75.00% 9
▼ No	25.00% 3
<b>TOTAL</b>	<b>12</b>

# Q28: Which is not part of a sex-positive approach to working with individuals?

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES
▼ Discussing human anatomy	8.33% 1
▼ Using non-judgmental language	16.67% 2
▼ Urging them to be sexually active with other people	75.00% 9
▼ Supporting them in choosing their identity	0.00% 0
<b>TOTAL</b>	<b>12</b>

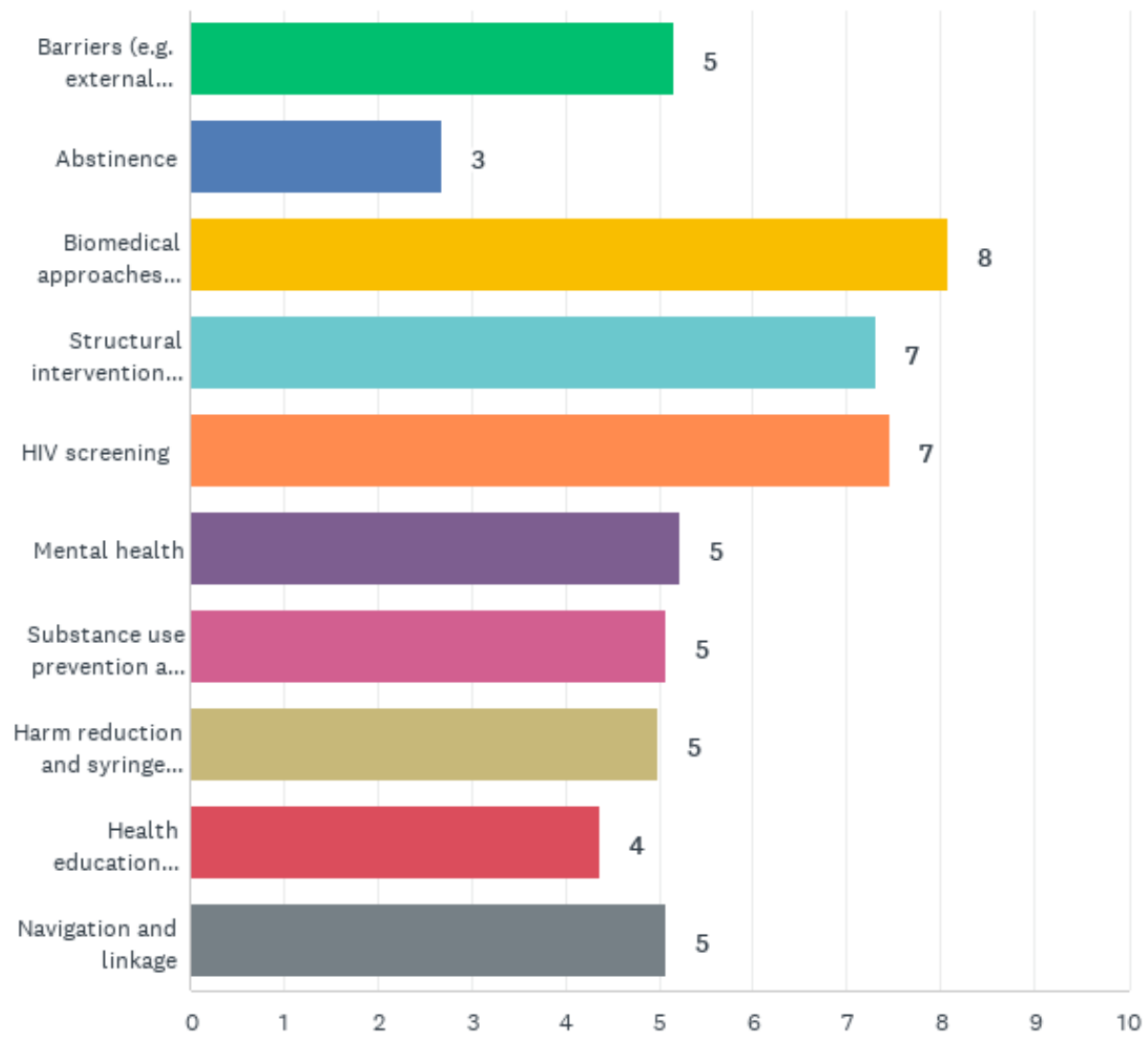
# BELIEFS

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Q29: Please rank the following interventions based on what you think are the most important ways to prevent HIV. (next slide)

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Answered: 13    Skipped: 0





Q30: Please indicate how much you agree or disagree with the following statements (next slide)

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Answered: 13    Skipped: 0

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL
<p>▼ Pre-exposure prophylaxis (PrEP) could be effective at reducing new HIV infections in Los Angeles County.</p>	0.00% 0	0.00% 0	0.00% 0	7.69% 1	92.31% 12	13
<p>▼ Treatment as Prevention (TasP)/Undetectable = Untransmittable (U=U) could reduce new HIV infections in Los Angeles County.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ Suppressing HIV viral loads to undetectable levels with antiretroviral treatment reduces the risk of transmitting HIV to others.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ If an agency has the capacity and infrastructure, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in my community.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ I believe the use of PrEP could obstruct existing HIV prevention efforts in any of the following ways: providing a false sense of security, lead to reduced condom use, or lead to other high-risk behaviors.</p>	61.54% 8	7.69% 1	7.69% 1	15.38% 2	7.69% 1	13

▼ I have the proper knowledge and training to advocate for my community to use PrEP.	0.00% 0	0.00% 0	23.08% 3	46.15% 6	30.77% 4	13
▼ I have the proper knowledge and training to advocate for my community to use TasP to prevent new HIV infections.	0.00% 0	0.00% 0	23.08% 3	30.77% 4	46.15% 6	13
▼ There are sufficient programs to address access to PrEP in Los Angeles County.	30.77% 4	23.08% 3	15.38% 2	23.08% 3	7.69% 1	13
▼ I have the proper knowledge and training to advocate for my community to use long-acting injectables to prevent new HIV infections.	7.69% 1	0.00% 0	38.46% 5	30.77% 4	23.08% 3	13
▼ I believe that we have the proper knowledge and training to incorporate long-acting antiretrovirals in Los Angeles County.	0.00% 0	30.77% 4	15.38% 2	30.77% 4	23.08% 3	13
▼ I believe that PLWH who take medication and are virally suppressed (undetectable) cannot transmit HIV.	8.33% 1	0.00% 0	0.00% 0	8.33% 1	83.33% 10	12
▼ I believe it is an important part of the role of an HIV tester to link people who receive an HIV-negative test result who are at risk of HIV exposure to PrEP and primary care at every test encounter.	0.00% 0	0.00% 0	0.00% 0	15.38% 2	84.62% 11	13

▼ I believe that most HIV treatment regimens are highly toxic drugs with many side effects.	46.15% 6	15.38% 2	7.69% 1	23.08% 3	7.69% 1
▼ I would trust condoms to protect me against HIV and STIs.	0.00% 0	15.38% 2	15.38% 2	53.85% 7	15.38% 2
▼ I believe it is an important part of the role of an HIV tester to link individuals to HIV treatment if they receive a positive result.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 13
▼ I believe immediate linkage to HIV care and treatment for people who test HIV-positive is important.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 13
▼ I believe PrEP causes people to make riskier choices around their sexual practices.	38.46% 5	15.38% 2	7.69% 1	23.08% 3	15.38% 2

▼ I would recommend PrEP to a friend or family member who is at risk for continued HIV exposure.	0.00% 0	0.00% 0	0.00% 0	7.69% 1	92.31% 12	13
▼ I see HIV testers as a critical part of ending the HIV epidemic.	0.00% 0	0.00% 0	7.69% 1	15.38% 2	76.92% 10	13
▼ I believe insurance is a barrier to accessing PrEP services, medical visits, labs, and medication.	0.00% 0	7.69% 1	23.08% 3	23.08% 3	46.15% 6	13
▼ I believe Partner Services is a key service to help end the HIV epidemic.	7.69% 1	0.00% 0	15.38% 2	46.15% 6	30.77% 4	13
▼ I believe outreach to priority populations is key for successful HIV testing programs.	0.00% 0	0.00% 0	0.00% 0	15.38% 2	84.62% 11	13
▼ I believe PrEP is safe and highly effective.	0.00% 0	0.00% 0	0.00% 0	23.08% 3	76.92% 10	13

## Q31: What areas of HIV prevention would you like to learn or gain more knowledge?

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Answered: 11   Skipped: 2

- HIV and STI prevalence rates in LA County
- Unsure have to think about it
- Pep and Prep access with basic data on functionality and side effects
- We need to talk more about funding for STIs and talk about the infrastructure that exists so that we can provide recommendations for improvement.
- Policy development and change, harm reduction
- Further discussions on how to expand community engagement, health education, etc.

## Q31: What areas of HIV prevention would you like to learn or gain more knowledge? (continued)

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Answered: 11    Skipped: 2

- Best practices for delivering the above interventions
- I am still very new to all of it, so I would like to continue a broad breadth of trainings and presentations to increase my knowledge.
- I'm willing to learn anything new
- The basics
- How to better reach key populations and vulnerable communities.

Q32: What is your preferred way of learning? In what ways would you like to learn? (e.g., reading materials, self-study, workshops, lectures)

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Answered: 13    Skipped: 0

- Reading materials; workshops; lectures
- Workshops, lectures, focus groups and infographics
- Workshops
- Regular mediums of information like TV, radio, internet and social media sites
- I am relatively flexible in how I learn, but reading is my preferred route.
- all of it!
- Workshops, lectures
- Any and all
- reading materials
- In-person or virtual workshops and lectures.
- All methods
- Workshops and lectures
- Self-study, Workshops



## Q33: Do you have any comments you would like to share?

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Answered: 12    Skipped: 1

- N/A
- Thank you!
- Knowledge is power.
- None
- Thanks!
- Nothing additional
- Hopefully something meaningful will be done with this information. Too often the Commission and its subcommittees just collect information and do absolutely nothing with it. It sits on a shelf.
- I enjoy being on the commission and doing my part in helping EHE.
- Good survey
- I thought some of the Questions were somewhat skewed to guide one to answer in a certain way
- #14 - Antiretroviral therapy does not "increase" CD4 cells. Rather, it suppresses the virus thereby allowing the body to recover CD4 cells through its own immunologic mechanisms. #16 - While the guidelines state PEP should be given "within 72 hours", the reality is PEP is most effective if given within 24 hours, and only 50% effective if given at 48 or 72 hours. Thus, PEP should be viewed as a "medical emergency" and should be initiated within 24 hours to be maximally effective.