LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
Virtual Meeting Agenda

Monday, March 22, 2021 @ 1:00 – 3:00pm

To Register + Join by Computer: https://tinyurl.com/5x6h6ep9
To Join by Phone: +1-415-655-0001 | Access code: 145 858 8459

1. Welcome + Introductions + Check In — 1:00pm – 1:05pm
2. Co-Chair Report — 1:05pm – 1:10pm
   A. Welcome DHSP
   B. Overview of goals and objective of discussion

3. DISCUSSION: — 1:10pm—2:45pm
   A. Overview of DHSP's existing efforts in addressing Recommendations
   B. Review of BAAC Recommendations w/ emphasis on:
      - General Recommendation #1
        - Suggested training topics + trainers
        - Incorporating training into new + renewing contracts
          - Mandatory, conditional, etc.
          - Measuring accountability
      - General Recommendation #6
        - Ending the HIV (EHE) Plan + increasing PrEP awareness and access in the Black/African American communities
        - PrEP 2.0 Promotion and Marketing
          - Inclusive promotion versus targeted promotion, i.e. women, Trans community, MSM, etc.
          - Leveraging current funding and programming to achieve overall goal
      - General Recommendation #9
        - Technical assistance for minority/AA-led CBOs in applying for competitive grants
      - General Recommendation #11
      - Population-Specific Recommendation – Black/African American Men Who Have Sex with Men (MSM), #1:
        - Specific and/or increased funding for vulnerable populations to include Black MSMs

4. Next Steps + Follow Up Activities — 2:45pm – 2:55pm
5. Public Comment + Announcements — 2:55pm – 3:00pm
6. Adjournment — 3:00pm

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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 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)**

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BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
Meeting Summary for 2.22.21

In attendance:

Danielle Campbell (Co-Chair)	**Greg Wilson (Co-Chair)**	Bridget Gordon (COH Co Chair)	David Lee (COH Co-Chair)
Laurie Aronoff	Robin Barkins	Pamela Coffey	Genevieve Clavreul
Stacy Dalgleish	Maria Diaz	La Keisha Farmer	Michael Fields
Liliana Franklin	Vivian Gallardo	Lourdes Gomez	Jeffrey King
Kimberly Martinez	Terri Reynolds	Isabella Rodriguez	Nayyiyah Abdul Salam
Dr. LaShonda Spencer	José Ortiz	Carolyn Echols-Watson (COH Staff)	Dawn Mc Clendon (COH Staff)
Cheryl Barrit (COH Staff)			

1. **Welcome + Introductions + Check In**
2. **Executive Director's/Staff Report**

   Commission + Committee Updates

   Cheryl Barrit, Executive Director, provided an update on Commission activities as follows:

   - Commission is partnering with HealthHIV to assess its effectiveness as a planning body. The assessment will be conducted via a survey and key informant interviews, with outcomes and recommendations provided in the form of a report to be presented to the Commission at the conclusion of the project.
   - Commission is also partnering with the LA County Human Relations Commission in a training series to provide tools and coaching in mediation and conflict resolution as well as engaging in difficult conversations around racial and social justice. This series will complement the recently Commission-approved reading activity of "So You Want to Talk About Race" by Ijeoma Oluo.
   - Standard and Best Practices (SBP) Committee is currently reviewing and updating the following service standards: (1) Home-Based Case Management, (2) Benefits Specialty, and (3) Substance Abuse/Residential Treatment.
   - Planning, Priorities & Allocations (PP&A) Committee formed a Prevention Planning work group to lead efforts in strengthening the Commission's work around prevention. The first meeting is March 22, 2021 @ 5:30-7pm; all are welcome to attend. Materials available on website at http://hiv.lacounty.gov/LinkClick.aspx?fileticket=wmVZfNgkh8k%3d&portalid=22 .
   - Public Policy Committee are finalizing their 2021 Policy Priorities for Commission's approval and developing the 2021 legislative docket.

3. Co-Chair Report

- Executive Committee approved to extend the task force for an additional year.
- Danielle Campbell will represent the task force as a panelist at the upcoming 2.24.21 PACE listening session in commemoration of National Black HIV/AIDS Awareness Day.

4. BAAC Task Force Recommendations

- Feedback on the assignment tracker and/or recommendations was solicited; none were provided. Danielle Campbell suggested that if the task force has additional feedback after the meeting to send them directly her.
- Dr. William King suggested, in absentia, that the task force schedule a special meeting dedicated to planning for the meeting with DHSP on March 22, 2021; the task force agreed, and staff will send out a poll.
- Additional training topics related to Recommendation #1 to be presented to DHSP were suggested to include: internalized stigma, colorism and the intersection of homophobia and race.

5. Membership & Recruitment

- The task force agreed to postpone a fuller discussion of Co-Chair terms at April's meeting.
- Greg Wilson announced that he will be stepping down as Co-Chair after his term has concluded; staff to determine when Co-Chairs were elected.

6. Meeting Recap and Agenda Development for Next Meeting

- Ms. Campbell led a round robin soliciting responses on how attendees heard about the task force and what brings them to the table. Responses included:
    - Never heard/knew about the task force until a recent Commission meeting;
    - Now able to attend due to its virtual format
    - Work involves a focus on vulnerable populations and would like insight on the needs of the Black/African American community, to assist in those efforts.
- Agenda Development for next meeting:
    - Staff to provide information on when Co-Chairs were elected
    - Discuss Co-Chair term limits and leadership structure
    - Review recommendations and finalize assignments and discuss potential revisions

7. Public Comment + Announcements

- Jeffrey King announced he will no longer participate on the task force. Mr. King further announced that he is working with Cynthia Davis to roll out the Black AIDS Monument (BAM) and if interested in participating, contact him at 323.733.4868. The BAM will launch on National Testing Day and World AIDS Day.
- The next regularly scheduled task force meeting will be March 22, 2021 @ 1-3pm. However, a special meeting to prepare for the March 22, 2021 is pending time/date; staff will notify the task force.

8. Adjournment

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BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
Special Meeting Summary for 3.8.21

In attendance:

Danielle Campbell (Co-Chair)	**Greg Wilson (Co-Chair)**	Bridget Gordon (COH Co Chair)	Carolyn Belton
Genevieve Clavreul	Jaylen Hibbert	Eduardo Ibarra	Dr. William King
Bill Le	Prudence Mandiola	Jose Ortiz	Angela Peavy
Terri Reynolds	Mallery Robinson	Isabella Rodriguez	Armen Ter-Barsegyan
Dr. Shanetta Weatherspoon	Carolyn Echols-Watson (COH Staff)	Dawn Mc Clendon (COH Staff)	Cheryl Barrit (COH Staff)

1. **Welcome + Introductions + Check In**
2. **DISCUSSION: Preparation for March 22, 2021 Task Force Meeting w/ DHSP Leadership to Address Recommendations**
   - **A. Agenda Development/Key Topics to Address**
     - Recommendation #1.
       - How will the training topics as suggested by the task force be incorporated into new and renewing contracts and implemented? Suggestions included:
         - Make a requirement to ensure quality of services are culturally appropriate
         - Agencies to produce a work plan documenting how they will address the training topics and how they are incorporated
         - What will be the measure of accountability be in addressing diversity and inclusion?
         - Ensure service providers are those who reflect the community for whom they serve; hire people of color
     - Recommendation #6:
       - Invite the Caucuses to participate in the discussion on promotion of PrEP in the Black/AA community
       - Should promotion be inclusive or targeted to subsets of the community, i.e. women, MSM, trans persons
     - Recommendation #7.
       - Increase PrEP uptake in Black/AA communities
       - How has DHSP incorporated into the Ending the EHE Plan?

- Recommendation #9:
    - How can technical assistance for minority-owned/based providers be provided for competitive grants? According to recent data provided by DHSP, 7 out of 56 (12.5%) DHSP contracted agencies are African-American led – unacceptable
- Recommendation #11. Invite Carl Highshaw and David Lee to provide context. *Staff will ensure both Mr. Highshaw and Mr. Lee receive agenda/meeting notification.*
- Population-Specific Recommendations: Recommendation #1 Black Men Who Have Sex with Men
    - Specific funding for vulnerable populations to include MSMs
- Ending the HIV Epidemic (EHE):
    - How are the Recommendations addressed and followed up on in the EHE Plan?
- COVID-19:
    - How has DHSP addressed the needs of the Black/AA community and the task force's recommendations in the COVID-19 era?

B. Recommendation Assignment Tracker/Grid

- ALL Recommendations assigned to DHSP
- Recommendation #1: Planning, Priorities & Allocations (PP&A), Public Policy, Standards and Best Practices (SBP), all Caucuses, and DHSP
- Recommendation #10: Hold; too broad. Task Force to deconstruct and provide additional context and/or language.
- Recommendation #11: Hold. Invite Carl Highshaw and David Lee to provide context and offer concrete examples as to why the practice is discriminatory in nature. Perhaps invite additional providers to the table to speak to this item. Provide examples of demonstration projects and provide additional context on what would this look like; what specific kind of funding for what specific programming.
- Ms. Campbell will complete the remainder of the assignment tracker and present to the task force at its next meeting.
- Include substance users, homeless and incarcerated populations in the next iteration of the Recommendations.

6. Meeting Recap and Agenda Development for Next Meeting

- Next regularly scheduled meeting will be March 22, 2021 at 1-3pm

7. Public Comment + Announcements

N/A

8. Adjournment

BAAC Task Force & DHSP Leadership Meeting Recap
January 6, 2021

Attendees: Danielle Campbell & Greg Wilson, BAAC Task Force Co-Chairs; Bridget Gordon, COH Co Chair; Mario J. Peréz and Julie Tolentino, DHSP; and Cheryl Barrit, Dawn Mc Clendon and Carolyn Echols Watson, Commission staff

Meeting Objective: To initiate discussions and create a framework on how DHSP can best address the BAAC Task Force (BAAC) recommendations ahead of a fuller discussion at the task force's March 22, 2021 meeting.

- MPeréz shared DHSP is working with Monique Collins, Chief, Contract Administration and County Counsel to address REC #1[1] to "fold in" training requirements into new and renewing DHSP provider contracts as a condition of award to address cultural competency/sensitivity, medical mistrust, implicit bias, etc.
- MPeréz acknowledged BAAC's desire to identify/select potential trainers, however, cautioned that if the trainers are not current County vendors, there may be a delay in procuring services which may require technical assistance to walk the vendors through the County's procurement process, thus increasing the time in which vendors are procured. If the vendors are in fact current County vendors, then the time and process by which the trainers can be procured will be simplified.
- MPeréz suggested that to meet a training expectation of approximately 1,000 provider staff, there will need to be more than one trainer/vendor.
- GWilson stated that all staff, both front line and senior management, be included in the training requirement.
- DCampbell suggested that the BAAC weigh in to determine the specific set of criteria/key topics to include in the training curriculum and provide a list of potential trainers.
- JTolentino shared that DHSP is currently discussing efforts to align its PrEP campaign efforts under the Ending the HIV Epidemic (EHE) Plan with the RECs to increase PrEP uptake in Black/African American communities.
- MPeréz shared he received conflicting feedback from the community regarding PrEP promotional messaging – there are subset of the community who want to see PrEP marketing reflective of and specific to their communities, i.e. Black women, Black Trans, Black MSM, etc; while there are those who want to see a more inclusive reflectiveness of the community.
- MPeréz shared DHSP's current PrEP campaign aka PrEP 2.0 intends to identify resources to keep navigators in place and to identify resources to expand PrEP for women. However, while there isn't funding allocated this program year to incorporate the BAAC's RECs regarding PrEP promotion and marketing, the BAAC & DHSP should initiate discussions to identify a set of resources that can support a PrEP promotional/marketing campaign, to include a social media campaign, that meet the needs of the Black/African American community.
- MPeréz suggested that a meeting with BAAC be held soon to discuss a PrEP campaign to include DHSP's marketing vendor.

[1] Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.

- MPeréz acknowledged there were RECs that were either outside of DHSP's scope or responsibility or those that would be a very difficult task to achieve. One of which is REC #11[2] and indicated that the County's contracting process is not discriminatory in nature but there is room for improvement. It was reminded that the RFPs are framed by the Commission's standards of care and perhaps there should be further conversations in collaboration with the Standards and Best Practices (SBP) Committee to address this particular REC.
- CBarrit suggested that there is opportunity to improve the contracting process by developing a technical assistance program to assist non-traditional minority-based organizations to successfully compete for contracts.
- GWilson expressed that this conversation should be before the full task force to include David Lee and Carl Highshaw as they were co-contributors of the RECs to better understand and capture the spirit of why these particular RECs were included.
- MPeréz further acknowledged additional RECs that were potentially outside of DHSP's scope or may not operational which include:
    - Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.[3] *DHSP currently supports and provides tools and resources to those providers who provide culturally specific services; not sure how to widely operationalize this REC.*
    - Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not.[4] *DHSP currently tracks the patterns of those who fall out of care; not sure if a study is needed?*
- DMcClendon suggested that DHSP provide an overview to the BAAC on what programs and efforts are currently in place relevant to the BAAC RECs as a means to not reinvent the wheel but to perhaps capitalize and make adjustments/accommodations to existing efforts that could address the RECs.
- MPeréz agreed to draft a summary of activities DHSP is currently engaged in relation to the RECs as a starting point for BAAC's reaction and, offer suggestions on how BAAC can best address the RECs.
- Overall MPerez would like to work with the BAAC TF to get more specificity on the recommendations.

Next Steps:

1. Commission staff to send email to BAAC requesting suggestions on trainers and training curriculum topics/criteria ahead of the March BAAC meeting and provide to DHSP.
2. BAAC Co Chairs to develop questions and lead a guided discussion in collaboration with DHSP for the March 22, 2021 BAAC meeting with primary focus on operationalizing RECs within DHSP's scope and agree on a clear path forward.
3. Include on March BAAC agenda a discussion on REC #11 in an effort for the BAAC to share the intent behind the development of this and other RECs.
4. Coordinate multiple follow up meetings with DHSP and BAAC, focusing on dedicated topics, i.e. PrEP campaign.

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[2] End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services. When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.

[3] Population-Specific Recommendations: Black/African American Trans Men: #5

[4] Additional REC included in October 9, 2020 Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32

BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
SUGGESTED TRAINERS/CONSULTANTS + TRAINING CURRICULUM TOPICS
(Updated 3.19.21)

At its January 6, 2021 Pre-Meet with the BAAC Co-Chairs to address the BAAC Recommendations, in relation to Recommendation #1, DHSP requested the BAAC Task Force provide suggestions on trainers and training curriculum topics. The BAAC Task Force's response is as follows:

TRAINERS/CONSULTANTS
www.traliant.com
Diane Burbie @ The Aspire Group
Dr. David Malenbranche

TOPICS

- Anti- Blackness
- Behavioral Determinants of Health
- Colorism
- Counterculture
- Cultural Competency
- Diversity, Inclusion & Sensitivity, Unconscious Bias, and Microaggressions in the Workplace
- Homophobia/ Transphobia
- Implicit and Unconscious Bias
- Internalized Stigma
- Intersectionality
- Intersection of Homophobia and Race
- Microaggressions
- Misogamy
- Preventing Discrimination and Harassment
- Privilege
- PTSD/ to include Post Traumatic Slavery Disorder
- Racialized Trauma
- Social Determinants of Health
- Supremacy/ White and other
- Systemic Racism
- Toxic Masculinity
- Medical Mistrust: Teach on historical and current medical history that leads to medical mistrust: medicine during slavery: e.g., Marion Sims, antebellum medicine; germs with color lines; Tuskegee syphilis experiment, forced sterilization, experimentation in Guatemala and in the incarcerated
- Importance of physician: patient racial concordance and impact on positive health care outcomes and improved access
- Paucity of physicians of color so need for these programs for non-AA and Latinx health care workers to not address racial and social stereotypes when developing these programs, addressing implicit and explicit bias, systemic racism within the health care system
- History of the Black Church in community engagement and in early stigma, homophobia

LOS ANGELES COUNTY COMMISSION ON HIV

BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPERATIONS	PUBLIC POLICY	PLANNING, PRIORITIES & ALLOCATIONS	STANDARDS & BEST PRACTICES	CONSUMER CAUCUS	TRANSGENDER CAUCUS	WOMEN'S CAUCUS	DHSP	NOTES
GENERAL										
1.	Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.			X	X	X	X	X	X	Submitted via ProsperLA on November 19, 2020.
2.	Revise messaging County-wide around HIV to be more inclusive, i.e., "If you engage in sexual activity . . . you're at risk of HIV" to reduce stigma.								X	
3.	Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.								X	
4.	Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant								X	
5.	Support young people's right to the provision of confidential sexual health care services								X	
6.	Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.								X	
7.	Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications								X	
8.	Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.								X	
9.	Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services								X	Submitted to ProsperLA on November 19, 2020
10.	Proactively reach out to engage CBOs that are connected to the local Black/AA community								X*	Submitted to ProsperLA on November 19, 2020 *Hold; too broad. BAAC to provide specific strategies.

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RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPERATIONS	PUBLIC POLICY	PLANNING, PRIORITIES & ALLOCATIONS	STANDARDS & BEST PRACTICES	CONSUMER CAUCUS	TRANSGENDER CAUCUS	WOMEN'S CAUCUS	DHSP	NOTES
11.	End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services. When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.								X*	Submitted to ProsperLA on November 19, 2020 *Hold; too broad. BAAC to deconstruct and provide concrete examples and offer additional language as to why the practice is discriminatory. Perhaps, have those very providers at the table to offer their perspective. *Lean on Carl Highshaw and David Lee for additional context.*
12.	Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health								X	
13.	Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.								X	
14.	Increase mobilization of community efforts to include: a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas; b. Condom distribution in spaces where adults congregate; c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.; d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV; e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and f. Provide training and incentives for CBOs within high incidence areas to prescribe PreP and nPep.								X	

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BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER	TRANSGENDER	WOMEN'S	DHSP	NOTES
Population-Specific Recommendations: Black/African American Trans Men										
1.	Conduct a Countywide needs assessment of the Trans male community to address barriers and social determinants of health to better provide more targeted programming.								X	
2.	Increase efforts in collecting epidemiological data through surveillance on Trans male for purposes of planning more targeted programming								X	
3.	Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming								X	
4.	Include and prioritize Trans male in program decision making.								X	
5.	Address stigma and the increasing violence against Trans male.								X	
Black/African American Trans Women:										
1.	Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.								X	
2.	Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming								X	
3.	Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.								X	
4.	Include and prioritize Trans women in program decision making.								X	
5.	Address stigma and the increasing violence against Trans women.								X	
Black/African American Women and Girls: (DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)										
1.	Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.								X	
2.	Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.								X	
3.	Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health								X	

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BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER	TRANSGENDER	WOMEN'S	DHSP	NOTES
4.	Obtain data for all populations of women, especially those who are pregnant, or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums								X	
5.	Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to: a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know. b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.								X	
6.	Allocate money to partner with institutions to support three demonstration projects at $250,000 each led and facilitated by and for Black women: a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care-based programming. b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should								X	

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RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER	TRANSGENDER	WOMEN'S	DHSP	NOTES
	include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.									
7.	Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.								X	
8.	Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.								X	
9.	Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making								X	
Black/African American Men Who Have Sex with Men (MSM):										
1.	Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.								X	
2.	Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.								X	
3.	Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.								X	

LOS ANGELES COUNTY COMMISSION ON HIV

BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
RECOMMENDATIONS TRACKER

(Updated 3.8.21)

	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER	TRANSGENDER	WOMEN'S	DHSP	NOTES
4.	Address Chem-sex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.								X	
SUGGESTED POPULATIONS TO INCLUDE IN UPDATED ITERATION OF RECOMMENDATIONS										
Substance User										
Homeless										
Incarcerated										

BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE
RECOMMENDATIONS TRACKER
(Updated 3.8.21)

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management		X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils

(REVISED) Black/African American Community (BAAC) Task Force Recommendations

October 10, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Healthcare Disparities in the Black/AA Community

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.(1) In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**(2)

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).(2)

The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) **was among African Americans (18 per 100,000).** The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).(2)

Black/AA Care Continuum as of 2016[3]

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
African American	**9,962**	**54.2%**	**65.9%**	**49.7%**	**50.3%**	**53.0%**
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period.[4]

Objectives:

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

General/Overall Recommendations:

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*

2. Revise messaging County-wide around HIV to be more inclusive, i.e., "If you engage in sexual activity . . . you're at risk of HIV" in an effort to reduce stigma.

3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.

4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.

5. Support young people's right to the provision of confidential sexual health care services.

6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.

7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.

8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.

9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.

10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.

11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.

12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.

13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.

14. Increase mobilization of community efforts to include:
    a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
    b. Condom distribution in spaces where adults congregate;
    c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
    d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
    e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
    f. Provide training and incentives for CBOs within high incidence areas to prescribe PreP and nPep.

Population-Specific Recommendations:

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.(4)

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.

6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.(4)

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.(4)

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.

5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
   a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
   b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
   c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.

6. Allocate money to partner with institutions to support three demonstration projects at $250,000 each led and facilitated by and for Black women:
   a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
   b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.

7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.

8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.

9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

<u>Black/African American Men Who Have Sex with Men (MSM):</u>

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. (4)

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.

2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.

3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.

4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.

Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AID Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – "if you are sexually active, you are at risk".

The adage is true – "to reach them, you have to meet them where they are" - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).

Endnotes

1. Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218
2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)[i]
3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28