



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# WOMEN'S CAUCUS

## Virtual Meeting

Monday, September 15, 2025

2:00-3:00pm (PST)

Agenda and meeting materials will be posted on  
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Meeting Password: WOMEN

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# **WOMEN'S CAUCUS**

## **Meeting Agenda**

**Monday, September 15, 2025 @ 2:00PM-3:00PM**

**To Join:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r49620f993158d2ce1e8b3233bdc1f4c2>

Password: WOMEN

To Join by Phone Dial +1-213-306-3065 Access Code: 2538 794 0398

- |  |                   |
|--|-------------------|
| 1. WELCOME + INTRODUCTIONS + CHECK-IN                    | 2:00 PM – 2:05 PM |
| 2. EXECUTIVE DIRECTOR/STAFF REPORT                       | 2:05 PM – 2:15 PM |
| • Operational and Programmatic Updates                   |                   |
| 3. CO-CHAIR'S REPORT                                     | 2:15 PM – 2:20 PM |
| • 2025 Workplan  |                   |
| • Remaining Meetings for 2025                            |                   |
| 4. DISCUSSION  | 2:20 PM – 2:52 PM |
| • Listening Sessions Recap                               |                   |
| • Women-Centered HIV Care and Prevention Recommendations |                   |
| 5. MEETING RECAP + NEXT MEETING AGENDA                   | 2:53 PM – 2:55 PM |
| 6. PUBLIC COMMENT + ANNOUNCEMENTS                        | 2:55 PM – 3:00 PM |
| 7. ADJOURNMENT   | 3:00 PM           |



## **WOMEN'S CAUCUS**

### **May 19, 2025 Virtual Meeting Summary**

- 1. Welcome & Introductions** – S. Alonzo, Women's Caucus co-chair, welcomed the members and led introductions.
- 2. Executive Director/Staff Report**
  - Executive Director, C. Barrit, shared upcoming Commission on HIV meeting cancellations for the months of June, August and September. The next Commission on HIV meeting will be on July 10 at 9am at the Vermont Corridor. She noted that all other committee and caucus meetings will continue to meet as scheduled. See Commission on HIV (COH) [website](#) for committee and caucus meeting dates and times.
  - The COH will be hosting their next Ryan White Program Virtual Training for Commissioners to further develop their knowledge and skills on Wednesday, May 21 from 12pm-1pm. The training will cover service standards, and it open to the public. See [training calendar](#) for registration information.
- 3. Co-Chairs Report**
  - Medicare/Medicaid Dual Enrollment – Undocumented PLWH
    - o M. Cielo, Women's Caucus co-chair, provided a brief overview of current issues undocumented people living with HIV are facing if they are currently enrolled in both Medicare and Medicaid (also known as Medi-Cal in California).
    - o Medicare is a federal program primarily for individuals aged 65 and older. Medi-Cal, California's version of Medicaid, provides health coverage to low-income residents. California has progressively expanded Medi-Cal to include undocumented residents. Initially, coverage was extended to older adults and children. As of January 2024, Medi-Cal was expanded to all low-income undocumented adults, regardless of age.
    - o Some undocumented individuals, upon turning 65, are being automatically enrolled in Medicare (even though they are not eligible to receive Medicare due to their undocumented status). The Department of Health Services has recently noticed these undocumented clients who were automatically enrolled in Medicare are unable to fill their ART prescriptions. Pharmacies are rejecting prescriptions due to the individual's immigration status.
    - o Clients experiencing this issue should consult with legal services, social workers, or clinic staff for guidance on navigating these issues and unenroll from Medicare. Once unenrolled, clients will continue to receive coverage under

Medi-Cal. A temporary solution, while Medicare is still active, is to enroll in the AIDS Drug Assistance Program (ADAP) to ensure medication coverage while working towards Medicare disenrollment.

- Other providers have not seen this issue but noted that they would inform their clients and suggested identifying clients who are aged 64 to inform them of the potential for automatic enrollment into Medicare.
- Listening Session Updates
  - Chairs announced the dates of the upcoming women's listening sessions:
    - Transgender Women's Listening session will be held on Wednesday, June 4, 2025 from 6pm-8pm. Registration is now open. Please share widely within your networks. See [flyer](#) for registration information.
    - East Los Angeles Women's Listening session will be held on Monday, June 16 from 10am-12pm at the old MCA administration building. This session will be held entirely in Spanish. Flyer and registration information are forthcoming and will be shared with the caucus as the date approaches.
    - South Los Angeles Women's Listening session will be held on Monday, June 30 from 3pm-5pm at Charles Drew University. Flyer and registration information are forthcoming and will be shared with the caucus as the date approaches.
    - Thank you to the Transgender Caucus, Thelma Garcia and Shellye Jones for assistance in planning the listening sessions.

#### 4. Discussion

- DHSP HIV Care and Prevention Portfolio
  - Commission staff provided an overview of current HIV Care/Ryan White Program funded services in Los Angeles County. See [meeting packet](#) or refer to the [I Am Positive LA website](#) for more details.
- Ryan White Program Year 35 Allocations
  - Commission staff reviewed the approved Ryan White Program Year 35 (PY35) Allocations with the group.
  - Commission staff also shared that given the current political climate, the state of flux regarding the future of various public health programs and uncertainty around federal funding, the COH has developed contingency plans should the Ryan White Part A and Minority AIDS Initiative (MAI) award for Los Angeles County be reduced. Staff reviewed the various contingency plans developed and approved by the COH; see [meeting packet](#) for more details.
  - Staff noted that the Planning, Priorities and Allocations Committee will be having a discussion around HIV/STI prevention services in Los Angeles County at its next meeting on May 20, 2025 from 1pm-3pm and invited interested participants to

attend. Individuals can attend online or in-person. See Planning, Priorities and Allocations Committee May 20, 2025 [meeting packet](#) for registration information and more details.

**5. Meeting Recap and Next Meeting Agenda**

- Commission staff will share any upcoming events and announcements with the caucus.
- The next caucus meeting will review preliminary findings from the women's listening sessions.

**6. Public Comment and Announcements**

- The HIVE is offering a new pilot Memory Training that is reserved for women only starting June 3. At this time, there are a few spaces left for the four-week training. Participants would have to commit to attending all four workshop weeks for the \$60 incentive. See [flyer](#) for more details.
- Coping with Hope 2025 is on Monday, June 2, 2025 from 8:00 am to 4:00 pm at the California Endowment. See Coping with Hope event [website](#) for registration information and more details.

**7. Adjournment** – the meeting was adjourned by S. Alonzo at 3:08pm.



## Subordinate Working Unit Leadership Meeting Summary

Thursday, August 14, 2025

Attendees: Co-Chairs of Caucuses, Task Forces, and Workgroups

### Overview & Purpose

The meeting was well-attended by leadership from across the Commission's subordinate working units, including caucuses and task forces. Staff opened the session with a brief overview and refresher on the purpose of subordinate working units. As outlined in [Commission policy #08.1102](#), these units serve as extensions of the Commission, helping to fulfill its planning responsibilities by elevating consumer voice, developing recommendations, and supporting work around priorities such as the PSRA process, service standards, recruitment and outreach, the Assessment of the Effectiveness of the Administrative Mechanism (AEAM), and overall HIV service delivery planning in Los Angeles County.

### Brown Act Compliance

Staff informed participants that as part of the guidance from County Counsel in reviewing the proposed changes to the Commission's bylaws, Caucuses are currently out of compliance with the Ralph M. Brown Act due to their standing monthly meeting schedules. Under Commission policy and public meeting laws, only formal legislative bodies—like standing committees—can hold regularly scheduled meetings. All other subordinate units (such as Caucuses and Task Forces) must meet on an as-needed basis to avoid triggering Brown Act requirements.

To address the Brown Act compliance concerns, it was recommended that all future meetings be scheduled on an as-needed basis, from one meeting to the next, rather than following preset or recurring calendars. This approach aligns with the newly introduced [PURGE](#) tool, which helps determine whether a meeting is necessary based on specific criteria. Additionally, it was recommended that staff consult with County Counsel to explore any alternative options or structures that may support compliance while preserving the intent of the working groups.

### Introduction of the PURGE Tool

To assist working units in determining when a meeting is warranted, staff introduced the PURGE tool, which outlines five key criteria that must be met before a meeting is scheduled:





**P** – Purpose: Is there a defined objective or deliverable?

**U** – Urgency: Is the issue time-sensitive and unable to wait?

**R** – Readiness: Are materials and participants prepared, including commitment from at least two Commissioners in good standing?

**G** – Goal Alignment: Does the topic support Commission mandates or planning priorities?

**E** – Engagement: Is there meaningful community or stakeholder participation expected?

The recommendation is that all future meetings meet all five criteria, and that this tool be used to determine and justify each scheduled meeting, helping avoid automatic, standing schedules that can lead to compliance issues.

### **Federal Guidance on DEI Language and Impact on Caucuses**

Staff also shared updates from a recent meeting with the Commission’s HRSA Project Officer, where it was conveyed that under HR-1 and new Executive Orders, language referencing race, gender identity, sexual orientation, and other DEI-related categories must be sanitized from official government documents and planning frameworks.

This directive impacts the structure and naming of existing Caucuses, particularly the Black Caucus and Transgender Caucus, which will need to be reimagined in a way that aligns with federal guidance.

Co-Chairs were asked to share this information with their respective working groups and gather input on creative ways to continue the work in a compliant format. Staff acknowledged that while the structure may change, the core purpose of the Caucuses which is to support and uplift the voices of priority populations—must remain central to Commission planning.

Staff also noted that HRSA will be providing additional guidance on how to continue reflecting and engaging priority populations in planning without conflicting with current federal mandates.

### **Capacity Constraints & Recommendations**

Given the reduction in staff, looming additional budget cuts in PY 36, and the broader Commission restructure, staff emphasized the need for subordinate working units to reimagine their structure and activities. Working groups must align their work with both the current staffing capacity and the intent outlined in Policy #08.1102, which centers on planning, analysis, and supporting Commission



priorities—not simply meeting to plan or host events. Staff encouraged all working units to assess whether their current functions and meeting schedules are responsive to Commission-driven objectives and whether they are sustainable considering available resources. While there was support for increasing working unit independence, several members expressed concerns and cautioned against removing staff support entirely, noting the vital role staff play in ensuring consistency, coordination, and continuity across the Commission’s work.

### **Proposal to Create a Client/Consumer Committee**

One proposal raised during the discussion was to establish a formal Client/Consumer Committee that would function under the Brown Act and explicitly focus on ensuring consumer participation is embedded in all Commission planning processes. However, it was noted that if such a committee is formed, it would be subject to Brown Act requirements, including in-person meetings, quorum, and formal notice provisions.

As part of that recommendation, there was discussion about the potential to sunset the existing affinity-based Caucuses and instead create an umbrella structure that consolidates them while still carving out dedicated planning space for each priority population. Staff acknowledged that the safe space created by these Caucuses has been essential for many community members who do not feel comfortable at the main Commission table.

### **Next Steps**

Participants agreed to bring this information back to their respective working groups to gather feedback and ideas from members. The discussion will continue at the upcoming Executive Committee meeting and in subsequent planning meetings.

Commission staff and leadership remain committed to working collaboratively to ensure that the voices of communities most impacted by HIV remain centered in all aspects of Commission planning, regardless of structural adjustments that may be required moving forward.

**Attachments: [8.14.25 Meeting Packet](#)**



## Subordinate Working Units Meeting Decision-Making Tool

(July 2025)

For Caucuses, Task Forces & Work Groups – refer to [Policy #08.1102](#) for a description of the role(s), structures and governing rules of the Commission’s various types of subordinate committees and working groups.

This tool is designed to help leadership for subordinate working units to decide when to hold a meeting and why, ensuring that meetings are intentional, legally compliant, and aligned with strategic Commission goals.

### The PURGE Test

Use the acronym **PURGE** to determine whether a meeting should be scheduled. *All five criteria must be met.*

Decision Criteria	Guiding Questions	Proceed with Meeting?
<b>Purpose</b>	Is there a clear purpose or deliverable (e.g., planning an event, responding to a directive, presenting to full Commission)?	<input type="checkbox"/> Yes, if deliverable is identified
<b>Urgency</b>	Is there a time-sensitive issue that must be addressed before the next scheduled Commission meeting?	<input type="checkbox"/> Yes, if time-sensitive and cannot be addressed elsewhere
<b>Readiness</b>	Are the necessary materials, leadership, facilitators, or information available to conduct a productive meeting? Is there confirmed leadership capacity, including commitment from at least two Commissioners in good standing to lead the subgroup?	<input type="checkbox"/> Yes, if ready
<b>Goal Alignment</b>	Does the topic support the goals of the Commission, integrated plan, or specific motion/request? Can an existing committee fulfill the function or task?	<input type="checkbox"/> Yes, if aligned
<b>Engagement</b>	Will there be sufficient participation or community input to inform a meaningful discussion? Consider time, date, competing/conflicting events, meeting format (hybrid/in person/virtual)	<input type="checkbox"/> Yes, if members/stakeholders are confirmed
<p><i>If one or more PURGE criteria are not met, consider using an alternative format—such as email, workgroup, or leadership/staff facilitation—instead of holding a full meeting.</i></p>		

## Women's Caucus Workplan 2025

- **PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Women's Caucus will lead and advance throughout 2025
- **CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the [2022-2026 Comprehensive HIV Plan \(CHP\)](#), and 3) align with COH staff and member capacities and time commitment.
- **CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	ACTIVITY	ACTION STEPS	TIMELINE	STATUS
1	<b>Women-focused Needs Assessment -</b> <i>Collaborate with the Planning, Priorities and Allocations Committee and the Transgender Caucus to develop needs assessment focusing on the needs of Women Living with HIV.</i>	<ol style="list-style-type: none"> <li>1. Identify locations and target populations.</li> <li>2. Develop needs assessment questionnaire(s).</li> <li>3. Analyze results and share findings and recommendations to address the needs of women living with HIV in LA County.</li> </ol>	Ongoing	
2	<b>Women-Centered HIV-Related Programming</b>	Work in collaboration with DHSP to Identify programs and services centered around women, assess their effectiveness in meeting the needs of women, provide specific strategies to address gaps.	Ongoing	
3	<b>Provide Caucus Perspective -</b> on various Commission/HIV-related issues impacting the Ryan White Program	Provide feedback on relevant Commission on HIV action items and motions including, but not limited to, service standards, priority setting and resource allocation, membership and recruitment, and needs assessments.	Ongoing	



## **Summary Report: Transgender Women Listening Session – June 4, 2025**

Total Participants = 18

This report highlights the lived experiences and insights of transgender women living with HIV in Los Angeles (LA) County. It focuses on sexual health care access, provider interactions, prevention knowledge, stigma, and systemic barriers. The findings underscore the urgent need for gender-affirming, culturally competent, and holistic services.

### **Knowledge & Comfort Discussing Sexual Health**

Most participants reported feeling comfortable or very comfortable discussing sexual health with their healthcare providers. Healthcare providers who created safe, judgment-free environments enabled open conversations. Trust and feeling "seen" played a major role in participants engaging in care. A few participants expressed some discomfort when accessing sexual health services, citing internalized fear of judgment or prior bad experiences engaging in care. Common questions or concerns around sexual health included:

- How to practice safe sex with partners.
- Managing HIV disclosure and protection for partners.
- The possibility of maintaining a healthy, fulfilling sex life.
- Emotional support and peer dialogue around living with HIV.

These concerns underscore a desire not just for medical advice but for holistic guidance around intimacy.

### **HIV Prevention & Intervention Awareness**

Most participants were aware of HIV prevention tools and expressed interest in finding new ways to protect and/or provide them to partners.

Participants had mixed experiences when accessing HIV care services. Some felt seen and cared for when providers proactively offered education and prevention tools for partners. Others reported initial frustration and neglect, especially when focus remained solely on medication without acknowledging concerns around possible interactions with gender-affirming care (hormone therapy), mental health, or partner needs. Participants noted that connecting with LGBTQ+ and trans-specific clinics are vital for feeling respected, informed and empowered.

### **Access, Referral & Collaboration**

When seeking sexual health care, nearly all participants preferred to go to a trusted healthcare provider or doctor. Peer-led spaces and community clinics were especially valued for offering dignified, affirming, and nonjudgmental care. Several participants reported experiences of discrimination, misgendering, and outright denial of services. These include:

- Refusing care due to being transgender or HIV-positive.



- Humiliating interactions—e.g., being deadnamed in waiting rooms or being falsely judged for lifestyle assumptions.

These experiences led to delays in care, feelings of shame and mental anguish, and loss of trust in the system.

Suggestions to improve access to HIV-related care and support included more trans-led clinics and trans staff, more gender-affirming and culturally competent providers including increased training on understanding the unique health needs of transgender women. Additionally, participants noted that transgender women often face financial hardships, unstable housing or unemployment and suggested increased access to affordable care, expanded Medicaid for all, insurance coverage for gender-affirming treatment and housing/job support.

### Cultural Responsiveness & Community Trust

Many participants noted facing implicit and explicit racism, transphobia, and/or stigma, including dehumanizing language and dismissive tone, healthcare providers expressing discomfort or ignorance about treating transgender women, and false assumptions linking HIV status and trans identity to "irresponsible" behavior. These experiences led to many participants feeling unwelcome, ashamed, angry, and invisible. Some participants "brushed off" these experiences, but many were deeply impacted, leading to trauma, isolation, and avoidance of care.

### Capacity & Support Needs

Participants expressed the need for services that address the unique needs of transgender women. Specifically, a need for:

- Whole-person care with integrated services addressing mental health, physical health, housing, employment, and food security in one place.
- Peer-led support groups and community education.
- Mental health care and counseling for trauma, gender dysphoria, and stigma.
- Job training and financial support.
- Safe spaces where trans women feel respected and affirmed.

Participants called for comprehensive HIV care system that includes support from medical clinics, community-based organizations and County partners alike including:

- **Inclusive, nonjudgmental, and trauma-informed clinics** that provide respectful and supportive healthcare tailored to the needs of marginalized and underserved populations.
- **Community-based organizations** that offer comprehensive services, including legal assistance, peer support groups, food aid, HIV and STI testing and treatment, and guidance in accessing gender-affirming healthcare and stable housing.



- **County-level services** that include expanded housing programs, job placement and employment support, and public education initiatives aimed at reducing stigma and discrimination in the community.

Transgender women living with HIV in LA County are clear: they want respectful, comprehensive, and affirming care. The system must evolve beyond clinical access to holistic care and unbiased inclusion. Implementing these recommendations will move LA County toward equity, justice, and compassion for the transgender community.



## **Summary Report: East Los Angeles Women's Listening Session – June 14, 2025**

*Focusing on the Experiences of Spanish-Speaking Women Living with HIV*

Total Participants = 4

The session was part of a broader initiative by the Women's Caucus of the Los Angeles County Commission on HIV to gather firsthand accounts of women's experiences receiving HIV-related and sexual health services, understand service gaps and barriers within the Ryan White Care Program and inform recommendations for improving care and support for women living with HIV.

### **Experiences with Sexual Health Services**

Many women noted mostly positive experiences in accessing sexual health services and described strong relationships with specific providers, particularly those who offered empathy, continuity of care, and specialized knowledge in maternal and HIV care. For several participants, HIV was discovered during pregnancy, which led to mixed emotions of fear and joy, and many were referred to providers who had experience in providing HIV care. Most women noted that their children were the catalyst for seeking treatment and continuing care.

### **Gaps and Barriers in Services**

Some women reported that providers failed to ask comprehensive sexual health questions, leaving critical gaps in prevention and risk assessment. A persistent shortage of Spanish-speaking mental health professionals was cited. Many had to rely on interpreters, which disrupted trust and emotional safety. Multiple participants recounted painful experiences of being stigmatized by medical professionals as well as family and community. Concerns were raised about potential service cuts, particularly to mental health programs and Ryan White-funded services, increasing participants' vulnerability. The group expressed the need for routine, respectful screening for sexual health risks, mental health, and substance use. They also called for increased education for medical staff on HIV stigma and trauma-informed care, and the need to adapt care and services to the unique experiences of women.

### **Mental Health Challenges and Support Needs**

Participants emphasized the importance of mental well-being in their HIV journey. Many of the women expressed that, while they had learned to manage their physical health, their emotional well-being remained an ongoing challenge. Depression, suicidal ideation, trauma, and unresolved grief were common threads. Despite seeking help, several participants reported





systemic failures in accessing mental health care. Language barriers, lack of culturally appropriate therapists, and high turnover among counselors left them feeling adrift. They expressed a need for consistent, Spanish-speaking therapists who understand both cultural context and the emotional toll of living with HIV and called for consistent follow-up when therapists or providers leave.

The women also spoke about the importance of community and of feeling seen and heard. Many described how support groups, church communities, and relationships with other women living with HIV had helped them rebuild their sense of worth and connection. One woman shared how her faith journey brought healing after being estranged from her mother and family. Another explained that group therapy at a women's center gave her the space to process a recent loss that no one else had helped her navigate. The group called for increased funding for women-focused HIV support groups, peer navigation, and mentorship programs that foster community and resilience.

### **Social and Structural Challenges**

Structural challenges were equally pressing. Some women explained how they were never asked about their sexual health needs by doctors. Topics like risk behaviors, drug use, or STI screenings were often ignored. Others noted how growing fear around immigration enforcement had become a significant barrier to attending appointments or community meetings. Even women with documentation expressed feeling hunted or unsafe in public spaces. The group acknowledged the need to mitigate the impact of immigration enforcement, and family separation and ensure continued access to maternal health, reproductive care, and integrated HIV services.

For many, stigma was still the greatest obstacle. Whether it came from family, community, or within the healthcare system, it created silence, shame, and distance. One woman tearfully recounted how she had been called "sidosa" (AIDS-infected) in her neighborhood, others avoided touching her, and even social workers treated her as if she were dangerous. Many felt alone in their diagnosis and lacked family or community support. Participants also noted that stigma is compounded for heterosexual women, especially when men deny responsibility or hide same-sex behaviors. Participants recommended partnering with faith-based and community organizations to reduce stigma and increase service reach.

The listening session revealed deep emotional narratives shaped by resilience, trauma, and systemic inequities. Despite stigma and isolation, participants demonstrated a strong will to advocate for themselves and others. Ensuring continuity, empathy, and culturally appropriate services will be vital to improving outcomes for women living with HIV in Los Angeles County.



## **Summary Report: South Los Angeles Women's Sexual Health Listening Session – June 30, 2025**

Total Participants = 4

The South LA Women's Sexual Health Listening Session offered a comprehensive view into the experiences, concerns, and unmet needs of women living with HIV as they navigate sexual health services in Los Angeles County. The testimonies from participants illuminated several recurring themes and underscored the importance of more tailored, consistent, and compassionate care for this community.

### **Access to Sexual Health Services**

When asked about accessing sexual health services, some participants commented that they do not have trouble accessing and receiving comprehensive services, including Pap smears, mammograms, STI testing, and PrEP counseling, where appropriate. Others noted having difficulty accessing these services or did not know what services they were eligible for. Participants also commented that the quality of care received was inconsistent with some providers offering complete care while others neglected important screenings (e.g., Pap smears). Several women noted confusion around what services HIV care providers offer. Participants stressed the importance of finding the right provider noting numerous changes until finding a provider that they felt comfortable with. One participant noted experiencing frequent doctor changes at her local clinic, making it difficult to build rapport with her provider or receive consistent care.

### **Barriers to Care**

Participants reported several barriers to accessing necessary healthcare services. Long wait times for appointments, sometimes extending over a month, led to delays in receiving timely care. Many expressed frustrations with inadequate communication and follow-up, noting a lack of proactive outreach from their providers regarding screenings, vaccinations, and other essential services. As a result, individuals often felt they had to self-advocate or seek out information on their own. Another significant concern was provider sensitivity and communication. Participants frequently emphasized the importance of being heard and respected by their healthcare providers. Women shared that dismissive or judgmental attitudes from providers created barriers to open communication, which discouraged them from fully disclosing their concerns. There was a general preference for female healthcare professionals, particularly for gynecological services and mental health therapy, where emotional and physical vulnerability is common. Some participants felt that male providers, or providers who projected personal beliefs into their care, failed to create a safe space for honest discussion. Furthermore, participants emphasized the need for accessible low or no-cost sexual health supplies such as condoms (including female condoms), Plan B emergency contraception, and tampons/feminine pads.



## **Mental Health and Trauma Support**

Participants expressed significant concerns the lack of mental health integration within sexual and reproductive health services, emphasizing that existing services often lacked a trauma-informed approach and failed to address the unique experiences of women. As mentioned, a strong preference for female providers was evident, particularly in mental health and OB/GYN care, as many women found it difficult to open up to male providers due to past trauma, discomfort and lack of empathy. The group expressed a desire for mental health care that is empathetic, woman-focused, and connected to their broader healthcare needs. Participants emphasized the importance of self-love, self-care, and spirituality in helping manage their mental health and highlighted the value of peer-oriented therapy and group support as vital outlets for healing and empowerment.

## **Knowledge and Use of PrEP and PEP**

There was a broad consensus about the lack of education and outreach regarding PrEP and sexual health among heterosexual women. Many participants had never considered PrEP to be relevant to them due to its marketing being predominantly focused on the LGBTQ+ community. Participants noted a lack of targeted education toward heterosexual women around HIV and PrEP and called for more inclusive education campaigns that center the voices and needs of heterosexual women. Use of social media platforms to normalize conversations about PrEP and HIV utilizing women with lived experience were recommended to help spread awareness and reduce stigma.

## **Stigma and Disclosure**

Stigma remained a powerful barrier for many. Stigma around HIV remains deeply entrenched in families and communities. Women expressed fears of being judged or ostracized by friends, family, or even providers. Most women noted that they have avoided disclosing their status to most people except for a select few trusted individuals due to fear of confidentiality breaches. They recounted hearing insensitive or ignorant comments from others, which reinforced their reluctance to disclose their experiences or educate others. As a result, many women living with HIV chose to remain silent about their HIV status and HIV care needs.

## **Gaps in Supportive Services Supportive Services and Resources**

Several logistical and structural recommendations were identified and discussed due to gaps in supportive services and resources. These included the need for wraparound services such as assistance with government paperwork (such as assistance with obtaining a handicap placard), reliable transportation, and reminders for screenings like mammograms and Pap smears. Additionally, participants suggested integrated services for housing, transportation, mental health, and domestic violence support into one location to ease stress and burden with finding and accessing these services. Participants also wanted healthcare systems to be more proactive in managing their care by scheduling preventive services and providing firm guidance rather than relying on patients to navigate complex systems alone. They also advocated for expanded access to free or low-cost supplies such as condoms (including female condoms), Plan B emergency contraception, menstrual products, and even vending



machines with emergency sexual health supplies. Finally, women noted the need to provide accessible information about available supportive services and resources such as Metro Micro, an Uber-like service offered by Metro in select areas of LA County that provides transportation for the price of a standard Metro ride.

A recurring recommendation was the need for women-centered spaces and services. Participants expressed a desire for clinics and programs specifically designed for women living with HIV, separate from broader HIV or LGBTQ+ spaces. While they acknowledged the value of shared experiences within the larger community, they believed that women face distinct social, medical, and psychological challenges that warrant dedicated attention. Women-only support groups and retreats were cited as particularly healing and empowering environments.

In summary, this listening session revealed a pressing need for more inclusive, accessible, and empathetic healthcare for women living with HIV. Recommendations include establishing dedicated women's clinics, training providers in trauma-informed and culturally sensitive care, improving access to consistent providers, expanding sexual health education, integrating mental health services, and addressing stigma through peer-led initiatives and public awareness on HIV. These improvements could help ensure that women feel supported, empowered, and respected as they manage their health and well-being.



## Women's Caucus

### Strengthening HIV Programs for Women in Los Angeles County: Women-Centered HIV Care and Prevention Recommendations

#### Background

Women living with HIV in Los Angeles County face unique challenges shaped by stigma, trauma, systemic inequities, and gaps in supportive services. Listening sessions with Spanish-speaking women, South LA women, and transgender women revealed common themes of resilience and advocacy alongside unmet needs in healthcare access, mental health, and social support. These insights underscore the importance of developing programming that is inclusive, culturally competent, trauma-informed, and responsive to the realities of women's lives.

#### Key Findings

- **Mental Health Gaps:** Women experience depression, trauma, and stigma, yet lack access to consistent, culturally and linguistically appropriate mental health providers. Provider turnover also disrupts continuity of care.
- **Healthcare Inconsistencies:** Access to Pap smears, mammograms, STI testing, contraception, and maternal health is inconsistent across providers.
- **Stigma and Discrimination:** Stigma within families, communities, and healthcare settings discourages disclosure and limits trust. Transgender women face compounded stigma, misgendering, and outright denial of care.
- **Need for Women-Centered and Trans-Affirming Spaces:** Participants across sessions emphasized the value of women-only and trans-led spaces for safety, healing, and empowerment.
- **Structural Barriers:** Transportation, housing instability, employment challenges, and immigration-related fears limit access to consistent care.
- **Lack of Inclusive Sexual Health Education:** Heterosexual women often do not see themselves reflected in HIV prevention campaigns, and transgender women face gaps in care that integrates HIV services with gender-affirming treatment.

#### Recommendations

1. **Expand Mental Health Services**
  - Increase trauma-informed, culturally competent, and language-specific mental health providers.
  - Integrate mental health within HIV care.



**2. Develop Women-Centered Clinics and Programs**

- Create dedicated women's clinics, where feasible.
- Fund women-only (cis and trans) support groups.

**3. Strengthen Peer and Community Support**

- Expand women's (cis and trans) peer navigation and support groups.
- Partner with community and faith-based organizations to reduce stigma.
- Support trans-led and peer-led safe spaces.

**4. Improve Comprehensive Sexual and Reproductive Health Access**

- Provide consistent access to Pap smears, mammograms, STI testing, and contraception.
- Train providers to ask comprehensive and respectful sexual health questions.
- Expand free or low-cost sexual health supplies (condoms, Plan B, menstrual products).

**5. Address Stigma Through Education and Outreach**

- Provide stigma-reduction and cultural humility training for providers, including front-line staff.
- Develop inclusive HIV and PrEP education campaigns for heterosexual women, Spanish-speaking communities, and transgender women.
- Use social media and lived-experience storytelling to normalize HIV care.

**6. Increase Accessibility and Wraparound Services**

- Integrate housing, transportation, childcare, legal aid, and domestic violence support with HIV services, where feasible.
- Provide reminders to consumers for preventive screenings.
- Simplify navigation through coordinated case management.

**7. Advance Structural Supports**

- Address immigration-related fears to ensure all women can access services safely.

**8. Ensure Gender-Affirming and Inclusive Care**

- Train providers on integrating HIV and gender-affirming care, including front-line staff where appropriate.
- Hire and support transgender staff and leaders across healthcare and community-based organizations.

Los Angeles County can strengthen outcomes for all women living with HIV by adopting these recommendations across healthcare, community-based, and policy systems. Immediate priorities should include expanding trauma-informed mental health services, creating women-centered and trans-affirming spaces, and integrating wraparound supports that reduce structural barriers. With investment and commitment, the County can ensure women living with HIV are supported, respected, and empowered to thrive.



# ARE YOU A WOMAN LIVING WITH HIV?



## WOMEN SHINE

is studying ways to support women in their HIV care.

Participate in a research study today!

### WHO CAN PARTICIPATE?

- 18 years or older
- Cisgender women (born female and identify as a woman)
- Living with HIV/AIDS
- Living in California

### WHAT IS INVOLVED?

- Up to 5 online surveys over 16 months
- Up to 5 self-collected hair samples over 16 months
- If selected to be a part of the intervention group, you will receive additional HIV support services
- Receive up to \$540 for your time



For more information, call, text, or email

**English: (858) 354-0381**

**Spanish: (619) 694-7637**

**womenshine@health.ucsd.edu**

**womenSHINEstudy.com**

# ¿ERES UNA MUJER QUE VIVE CON VIH?



## WOMEN SHINE

está estudiando maneras de apoyar a las mujeres con su atención del VIH.  
¡ Participe en un estudio de investigación ahora mismo y sea compensada!

### ¿QUIEN PUEDE PARTICIPAR?

- 18 años o más
- Mujeres cisgénero
- Viviendo con VIH
- Que vivan en California

### ¿QUÉ ESTÁ INVOLUCRADO?

- Hasta 5 encuestas en línea durante 16 meses
- Hasta 5 muestras de cabello recolectadas por usted misma durante 16 meses
- Si es seleccionada para formar parte del grupo de intervención, recibirá servicios adicionales de apoyo para el VIH
- Reciba hasta \$540 por su tiempo

Escanéame  
con su  
teléfono



Para obtener más información, llame, envíe un mensaje de texto o envíe un correo electrónico

**(619) 694-7637**

**womenshine@health.ucsd.edu**

**womenSHINEstudy.com**



# ***THE POWER OF AGING: NAVIGATING SERVICES IN TIMES OF UNCERTAINTIES***

**September 19, 2025 | 9:30am - 3:00pm**

**Lunch will be provided.**

**Vermont Corridor**

**510 S. Vermont Ave 9th Floor, Los Angeles, CA 90020**

**VALIDATED PARKING: 523 SHATTO PL, LA 90020**

**Scan QR code to  
RSVP.**



Questions? Email  
[hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or  
call 213-738-2816



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**GILEAD**

***Special thanks to Gilead Sciences for sponsoring this community event.***