



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus

Virtual Meeting

If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care services in Los Angeles County

Thursday, May 12, 2022
3:00-5:00pm (PST)

Agenda and meeting materials will be posted on
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1-213-306-3065 & Access Code/Event #: 2598 078 2430

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CONSUMER CAUCUS (CC) VIRTUAL MEETING AGENDA

THURSDAY, May 12, 2022
3:00 PM – 5:00 PM

TO JOIN BY COMPUTER

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md80ba60aa10565dbf4eb454e2379b680>

MEETING PASSWORD: CAUCUS

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- | | |
|--|-----------------|
| 1. CO-CHAIR WELCOME & INTRODUCTIONS | 3:00PM – 3:05PM |
| 2. COH MEETING DEBRIEF | 3:05PM – 3:15PM |
| 3. ED/STAFF REPORT | 3:15PM – 3:25PM |
| a. 2022-2026 Comprehensive HIV Plan | |
| 4. CO CHAIR REPORT | 3:25PM – 3:55PM |
| a. Member Reports: Opportunity for COH Caucus members to provide updates from their assigned COH Committees to better coordinate activities and harness feedback from a consumer perspective | |
| b. Co-Chair Open Nomination & Elections | |
| 5. DISCUSSION: | 3:55PM – 4:35PM |
| a. 2022 Workplan Development: | |
| • Identify 3-4 specific task-oriented objectives in alignment with the Comprehensive HIV Plan | |
| b. 2021 Follow Up Items | |
| • COH STD Letter | |
| • Standards & Best Practices Committee Best Practices Project | |
| • Current state of the COH website and the HIV Connect website | |
| 6. AGENDA DEVELOPMENT FOR NEXT MEETING | 4:35PM – 4:45PM |
| 7. PUBLIC COMMENTS & ANNOUNCEMENTS | 4:45PM – 5:00PM |
| 8. ADJOURNMENT | 5:00PM |



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VIRTUAL MEETING—CONSUMER CAUCUS

Thursday, April 14, 2022 | 3:00pm to 5:00pm

MEETING SUMMARY

In attendance:

Alasdair Burton (Co-chair)	Thomas Green	Bridget Gordon
Damone Thomas	Jayda Arrington	Joseph Green
Katja Nelson	Kevin Donnelly	Lee Kochems
Paul Fischler	Shellye Jones	Carlos Moreno
Katja Nelson	Cheryl Barrit	Jose Rangel-Garibay

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

1. Welcome + Introductions + Check In

COH staff opened the meeting and led introduction. Co-Chair Alasdair Burton joined the meeting shortly after introductions concluded and facilitated the remainder of the meeting.

2. COH Meeting Debrief

Attendees shared their concerns for the return to in person meetings and asked if attendees can consumer water within the conference rooms. COH staff reminded the group that they do not need their IDs to enter the Vermont Corridor building; however, Commissioners require their County-issued IDs to access the 8th floor Board room at the Hall of Administration.

3. Staff Report/Commission Updates

Executive Director/Staff Report

Cheryl Barrit, Executive Director, reported that AJ King is in the process of writing the data section of the Comprehensive HIV Plan (CHP). She also reported that AJ King attended the Long Beach HIV planning group and held a feedback session.

4. Co-Chair Report

Co-Chair Open Nomination & Elections

Shellye Jones was nominated for the third co-chair seat, however she declined the nomination. There were no additional nominees.

Member Reports

Kevin Donnelly reported that the Planning, Priorities, and Allocations (PPA) committee is reviewing directives and invited consumers to attend the upcoming meeting on March 15th to

provide consumer perspectives/feedback. He also reported that the Prevention Planning Workgroup (PPW) will meet on April 27th at 5:30pm and is working on identifying ways to complete their goal of focusing on prevention planning; and preparing PPA to utilize a status neutral approach that addresses both care and prevention HIV concerns.

Katja Nelson reported that the Public Policy Committee (PPC) discussed the policy priorities and will convene a small group to review and update the document. She also shared highlights from the “Addressing the STD Crisis in Los Angeles County (Item 14, Board Agenda of September 20, 2021) report. The next PPC meeting is on May 2nd from 1-3pm and will feature discussion on developing the legislative docket for the Commission.

Bridget Gordon reported that the Executive Committee will convene a joint meet with the Aging Task Force to hold a discussion on the purpose/mandate of the Aging Task Force and differing viewpoints on aging and Task Force membership to determine appropriate tasks for the newly formed Aging Caucus to manage.

Sonja Wright reported that the Operations Committee completed the Commissioner Application update project. Additionally, Jose Magana and Jayda Arrington were voted into the COH during the full-body meeting earlier today. The next Operations Committee meeting will be on Thursday April 28th at 10am.

5. Discussion

2022 Workplan Development

The Caucus discussed having the COH develop a letter encouraging providers to have their clients attend COH meetings, in particular the Consumer Caucus. The Caucus held a robust discussion on answering “Why would someone want to participate in the Caucus?” and discussed the possibility of setting up meetings at various agencies to advertise the Caucus and COH meetings. Additionally, the Caucus discussed using the Public Announcement portion on the COH general body meeting agenda to encourage people to attend Caucus meetings.

2021 Follow-up Items:

COH STD letter: Katja Nelson, PPC co-chair, shared highlights from the “Addressing the STD Crisis” report from the Department of Public Health to the Board of Supervisors. Further discussion on the item is deferred to the May 12th caucus meeting. Additionally, the Standards and Best Practices Committee Best Practice template discussion was deferred to the May 12th caucus meeting.

6. Agenda Development for Next Meeting

- Member reports
- 2022 Workplan development
- 2021 Follow-up items:
 - i. COH STD letter
 - ii. Standards and Best Practices Committee Best Practices Project
 - iii. Current state of the COH website and the HIV Connect website

7. Public Comments and Announcements

Damone Thomas commented that Caucus attendees should encourage providers to share information with their clients as a way to increase participation in the Consumer Caucus.

Jayda Arrington commented that as a client she has seen a lack of resources in clinics from other organizations and asked if APLA or other contracted agencies promote the COH meetings? Katja Nelson noted she will follow up with APLA staff to see what is happening.

Joseph Green commented that he promotes the COH meetings at a Community Advisory Board (CAB). He also added a comment regarding the COH website and HIV connect recommended the group continue the discussion in a future meeting.

Shelly Jones commented that developing a welcome video to make consumers feel welcome to join meetings [might help with recruitment].

Paul Fischler commented that as a client, he has had subpar experiences receiving care and expressed not knowing where to get information from. He added that he is confused by technology required to participate in meetings. He also commented that agencies providing subpar care may not be willing to tell consumers about the COH meetings to avoid people advertising their shortcomings in a public setting.

Thomas Green commented that developing a flyer for the consumer caucus and the HIV Commission [to help advertise meetings].

8. The meeting adjourned at: 5:15pm



Consumer Caucus Workplan 2022

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2022.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022 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.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	Create a safe environment for consumers (<i>people in need of HIV care and prevention services</i>)	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	
2	Advocacy: <i>Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation</i>	Advocate for items the Caucus prioritizes	Ongoing	
3	Comprehensive HIV Plan (CHP): <i>Participate in the development of the CHP to ensure the consumer voice is prioritized in all aspects of the CHP.</i>	Continued participation in CHP development	October 2022	Ongoing activity
4	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	Refer to training list developed by the Operations Committee
5	HealthHIV Planning Council Effectiveness Assessment Findings: <i>Address areas of improvement.</i>	Commission staff to set up a WebEx meeting where new Caucus members can join and learn how to navigate WebEx	Ongoing	Operations Committee is updating applicant interview questions to be more consumer friendly; have implemented the WebEx language interpretation function for meetings; revamped 2022 mandatory training for Commissioners currently being implemented with virtual study hours to offer additional support, especially for consumers.

6	<p>Consumer Recruitment & Participation in COH: <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> -Identify an easier mechanism for consumers to join virtual meetings -Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies -Recruit members that are not consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus -Have the Caucus become a hybrid meeting format to allow newcomers join virtually; provide lunch during meetings and gift cards for those attending virtually 	Ongoing	<p>Question:</p> <ul style="list-style-type: none"> -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?
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From: [Barrit, Cheryl](#)
Cc: [Wright, Sonja](#); [Lapointe, Catherine](#); [Garibay, Jose](#)
Subject: FW: BOS Motion STD Report Summary
Date: Friday, April 15, 2022 9:26:14 AM
Attachments: [9.28.21 LAC BOS STD Motion.pdf](#)
[Commission on HIV STD Letter.pdf](#)
[1122150 AddressingtheSTDCrisisinLosAngelesCounty Item14 Agenda9.28.21 .pdf](#)

Hello Commissioners:

Please review the summary provided by Commissioner Katja Nelson on the Department of Public Health, Division of HIV and STD Program's response to the Board's STD motion.

Katja: Thank you so much for developing the summary.

From: Katja Nelson <knelson@aplahealth.org>
Sent: Thursday, April 14, 2022 4:11 PM
To: Barrit, Cheryl <CBarrit@lachiv.org>; Wright, Sonja <SDWright@lachiv.org>; Garibay, Jose <JGaribay@lachiv.org>; Lapointe, Catherine <CLapointe@lachiv.org>
Cc: 'Bridget Gordon (bridget.gordon@gmail.com)' <bridget.gordon@gmail.com>; Danielle Campbell <danielle.m.campbell1@gmail.com>; Lee Kochems <LMKanthroconsult@aol.com>
Subject: BOS Motion STD Report Summary

Hi Cheryl,

In case you want to send to Commissioners (or at least PPC), here are my notes for the summary of the STD report:

The [DPH/DHSP report](#) on LA's STD crisis in response to the September 2021 Board Motion has now been posted on the [Board Correspondence webpage](#). As a refresher, the Commission sent a letter (attached) to the Board of Supervisors calling on them to take action to combat the STD crisis. Sup. Solis' office authored a motion (attached) asking for an updated landscape of the crisis and opportunities to improve infrastructure and expand resources in LA County.

As part of the report, [DHSP](#) has launched a new public-facing STD dashboard that shows data in real-time (cases reported through 3-months prior to the current date) for syphilis, congenital syphilis, and gonorrhea: <http://publichealth.lacounty.gov/dhsp/dashboard.htm>. The dashboard breaks out cases by demographic characteristics and geographic area for 2019, 2020, and 2021. Future iterations of the dashboard will include key STD metrics and milestones, and DHSP hopes to include a mapping function in the future.

The report is 40 pages long – the main points are summarized below:

- The report reiterates the 2020 statistics included in the Board motion with an emphasis on the increase in syphilis and congenital syphilis rates over the last decade (450% increase among females, 235% increase among males, and an 1100% increase in congenital syphilis cases) and emphasizes that year-to-year increases in STD morbidity have been consistently reported long pre-dating the COVID-19 pandemic.
- The report stresses many times throughout that the STD crisis has not benefited from the same infusion of resources that the HIV epidemic and COVID-19 pandemic have received, including year-to-year increases in federal and state appropriations commensurate to increases in morbidity, large

new federal investments to support national strategies/initiatives, disease control efforts that have longevity, and infusion of resources to undergird all parts of STD control efforts instead of only a few.

- The report stresses that an updated County STD response must align with the magnitude of the existing responses to HIV and COVID-19 in order to have deliberate and sustained progress in reducing STDs in LAC.
- Pages 3-4 name existing partners (Health plans and providers accessed through employer-based or private plans, FQHCs and CHCs, [FPACT providers](#), DPH clinics, DHS-operated care, Ryan White supported programs, community based specialty STD providers, Jail-based services, street medicine and mobile testing for PEH, and [school based wellness centers](#)) and a summary of DHSP's funding (which complements STD control efforts from health plans, FPACT, and FQHCs):

Table 1: Summary of Current STD Control Resources Managed by Public Health

Source	Grant Name/ Funding Source	Term	Annual Amount	Target or Focus Areas
Federal (CDC)	Strengthening STD Prevention and Control for Health Departments (PCHD)	January 1, 2022 – December 31, 2022	\$3,371,049	Support health department-based STD services
Federal (CDC)	Gonococcal Isolate Surveillance Project (GISP)	January 1, 2022 – December 31, 2022	\$15,000	Lab support to detect levels of gonococcal resistance to antibiotics
State (CDPH)	California STD Control Branch – Core STD Program Management	July 1, 2021 – June 30, 2022	\$547,050	Personnel, Training, Patient Delivered Partner Therapy, Education, Essential Access Health (EAH)
State (CDPH)	California STD Control Branch – STD Management and Collaboration	July 1, 2021 – June 30, 2022	\$497,400	Rapid Tests Kits, STD SDTS Contracts, STD Casewatch, Condoms
County DPH (DHSP)	STD Net County Cost	July 1, 2021 – June 30, 2022	\$9,800,000	Personnel, service contracts
County DPH (SAPC)	Federal Substance Abuse Block Grant	July 1, 2021 – June 30, 2022	\$9,150,000	School-based Wellness Centers
Resources with Partial STD Focus				
Federal (CDC)	CDC Disease Investigation Specialist (DIS) Infrastructure for COVID, HIV, STD, TB, and Hepatitis (via PCHD Grant)	January 1, 2021 – December 31, 2022	TBD (STD-related investment out of \$6,598,516 total)	DIS, Training, Mapping, Evaluation
County DPH (Clinic Services)	Net County Cost	July 1, 2021 – June 30, 2022	\$25,300,000 (STD-related investment out of \$63,250,000)	Public Health STD Clinic Services

- The report stresses that for many partners, DPH is not involved in financing of services nor is it able to easily influence responsiveness, completeness, or accessibility.
- The report then summarizes the various workgroups DHSP pulled together in the fall to elicit key recommendations. These groups included an internal LAC group, an internal/external group, and an internal metrics and milestones group. Recommendations include:
 - Having an initial focus on strategies to flatten the STD curve
 - Focusing on congenital syphilis and perinatal HIV transmission
 - Identifying interim and long-term benchmarks and reviewing data collection and measurement progress
 - Focusing on clinical practices/provider detailing like syphilis screening during pregnancy
 - Identifying intersecting program areas/strategies to maximize opportunities
 - Ensuring broader access to Bicillin for syphilis and Expedited Partner Therapy ([EPT](#)) for gonorrhea and chlamydia
 - Better engaging physicians (provider detailing) and pharmacists (targeted education to increase PrEP and EPT antibiotic prescribing practices)
- On page 17, DPH identified 4 key measures from the [Federal STI Strategic Plan](#) that LAC will focus on:

Table 3: STD Performance Indicators and Targets¹ for Adoption in LA County (LAC)

Core Indicator	2020 National Baseline	2025 National Target	2030 National Target	2019 LAC Baseline	2020 LAC Baseline
2. Reduce rates of Primary & Secondary (P&S) syphilis	13.6 per 100,000	13.2 per 100,000	12.2 per 100,000	25 per 100,000	TBD
3. Reduce rates of congenital syphilis ²	67.7 per 100,000	57.6 per 100,000	33.9 per 100,000	86 per 100,000	114 per 100,000
8. Reduce P&S syphilis rate among MSM ³	461.2 per 100,000	440.4 per 100,000	392.0 per 100,000	385 per 100,000	TBD
12. Reduce gonorrhea rate among African Americans/Blacks	632.9 per 100,000	604.5 per 100,000	538.0 per 100,000	644 per 100,000	TBD

¹ Rates (per 100,000 population) are provisional due to reporting delay and subject to change.

² Cases include probable congenital syphilis cases and syphilitic stillbirths. Case counts for 2020 congenital syphilis cases were made available after consultation with the cities of Long Beach and Pasadena. Data source: Long Beach Health and Human Services STD Surveillance (as of 10/29/2021), Pasadena Health Department STD Surveillance (as of 11/3/2021). Rate calculated per 100,000 live births. 2020 live births not yet available. 2020 rates calculated using 2019 live births as a proxy.

³ MSM defined as men who have sex with men or both men and women. Data for the cities of Long Beach and Pasadena do not differentiate between sexual partners who identify as men and sexual partners who identify as transgender women (male-to-female transgender individuals), and therefore, both are included in the case counts. Rates for MSM were calculated with the assumption that 8% of men in LA County are estimated to be MSM. This was estimated utilizing data from the 2017 National HIV Behavioral Surveillance Survey conducted in LA County

- Additionally, the report emphasizes that more robust reporting, compliance, and monitoring can accelerate STD control efforts:

Table 4: Current Monitoring Mechanism and Consequences for Non-Compliance

Performance Item	Implementation Partner	Service Description	Oversight Body	Systematic Tracking Mechanism	Impact/Consequence for Non-Compliance
California Healthy Youth Act	School Districts in California	2016 California law requiring school districts to provide comprehensive sexual education once each in middle school and high school	California Department of Education	None; please see Appendix F for more information	None
HEDIS Measure for Chlamydia intended to drive high quality patient centered care	Health Plans (Commercial HMO, Commercial PPO, Medicaid HMO)	Performance metric tied to annual CT screening of young women 16 to 24	National Committee for Quality Assurance		Influences Health Plan Ratings
National Health Center Program Uniform Data System (UDS)	Federally Qualified Health Centers		Health Resources and Services Administration	UDS System; Reporting compliance is high due to rate influence	Reimbursement Rates
1 st and 3 rd Trimester Screening for Syphilis Among Pregnant Persons	Ob/Gyns, Emergency Room Physicians,	Require syphilis screening during 1 st and 3 rd trimester of pregnancy	N/A	None	Unclear
Expedited Partner Therapy Utilization	Physicians/Health care providers diagnosing an STD	EPT allows diagnosing clinicians to prescribe or pharmacists to provide treatment for GC or CT for the partners of index patients with a medical visit or a partner name	N/A	None	N/A

- The report recognizes that with limited infrastructure and resources, DHSP must currently support interventions based on core public health principles and functions that will have the greatest impact on reducing rates.
- A chart on page 8 summarizes DHSP's current programming and implementation level across STDs, followed by a description of and current challenges for each intervention on pages 9-14:

Table 2: Summary of Interventions: Current Outreach, Education and Other Program Efforts

Implementation Level

No implementation due to limited funding
Low level implementation
Medium level of implementation
High level of implementation
Service Not Applicable
Highly Recommended Intervention

Congenital Syphilis Focused Interventions	Syphilis Focused Interventions	Gonorrhea Focused Interventions	Chlamydia Focused Interventions
Social Marketing	Social Marketing	Social Marketing	Social Marketing
Community Engagement	Community Engagement	Community Engagement	Community Engagement
Provider Outreach/ Public Health Detailing	Provider Outreach/ Public Health Detailing	Provider Outreach/Public Health Detailing	Provider Outreach/Public Health Detailing
Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training
	Condom Distribution	Condom Distribution	Condom Distribution
	Sexual Health Education	Sexual Health Education	Sexual Health Education
		School-Based Well-being Centers	School-Based Well-being Centers
Syphilis Screening During Pregnancy and Delivery	Screening, Diagnosis, and Treatment Services	Screening, Diagnosis and Treatment Services	Screening, Diagnosis and Treatment Services
Pre-natal Care for Pregnant Persons			
Bicillin Delivery Program	Bicillin Delivery Program		
		Expedited Partner Therapy	Expedited Partner Therapy
Treatment Verification	Treatment Verification	Treatment Verification	Treatment Verification
Partner Elicitation and Notification Services	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services

- The report highlights the intersection between racism and disparities in STD rates. DPH will work with the County's [Center for Health Equity](#) and [Anti-Racism, Diversity, and Inclusion Initiative](#) on the following recommendations:
 - Increase contracting incentives and target outreach programs; support utilization of equitable contracting policies to increase eligibility and capacity of diverse organizations led by and who serve disproportionately impacted communities in LAC (including Black and other women of color)
 - Increase inclusion of people with lived experience and more diverse service providers
 - Expand workforce training to ensure staff can identify and address sexual health needs of highly impacted populations (including youth and women of color)
 - Increase access to and utilization of STD services by integrating sexual health and STD prevention programming through community partners and schools
 - Provide training that addresses racism, transphobia, homophobia, and other biases among providers that perpetuate stigma and shame among clients
 - Provide guidance and reporting support to disaggregate data by race and ethnicity and normalize data collection and reporting of sexual orientation and gender identities
 - Facilitate collaboration among multiple County partners to reduce siloed efforts
 - Incorporate data with Equity Explorer to display geographic concentrations of STD infections, increase awareness of geographic need amongst partners and drive investment and collaboration
- The report emphasizes that there is a significant need for training a wide range of public and private sectors to improve sexual health service access patterns, screening rates, treatment rates and the use of partner service and EPT to reduce the number of new infections
- The report concludes on pages 19-25 with a summary of the most recent federal and state investments (including [ETE](#) budget and bill successes), [LAC's legislative office's](#) support for various budget asks, and a reiteration of the lack of STD resources commensurate with the magnitude of the crisis. The report includes a set of recommendations to increase federal and state funding to support the various activities and challenges described in the report, including:

Table 5: Federal Advocacy Recommendations

Recommendation 1	Appeal to Secretary of Health and Human Services Xavier Becerra to support an STD Control Pilot Program for LA County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal STI Strategic Plan.
Recommendation 2	Appeal to Secretary of Health and Human Services Xavier Becerra to launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched EHE Initiative and that enlists a renewed commitment from federal agencies, States, Counties and Cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis.
Recommendation 3	Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan HEDIS measure tied to annual chlamydia screening for young sexually women ages 16 to 24. Furthermore, given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations.

Table 7: State Advocacy Recommendations

Recommendation 1	Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea.
Recommendation 2	Appeal to the Secretary of Health and Human Services to develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306.
Recommendation 3	Appeal to Governor Newsom to appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID response.

- The report includes 4 appendices including the 2020 STD Data Snapshot released last year, a list of workgroup participants, a 2021 CDPH letter about expanded HIV and syphilis testing for pregnant women, and the core STD indicators summary from the Federal STI National Strategic Plan

I'm going to forward this to some of my other networks, including the folks cc'd in the Commission letter. Any questions can be directed to me and I'll do my best to answer or refer to someone else who might be able to answer 😊

Thanks,

Katja

Katja Nelson, MPP | Local Affairs Specialist, Government Affairs

APLA Health

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Pronouns: She, Her, Hers

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CONSUMER CAUCUS (BEST PRACTICES COMPILATION) Updated 4/6/22

ID	Keywords	Title and Source	Description	Notes
1	Factsheets Brochures English/Spanish	HIV Resource Library: Consumer Info Sheets Consumer Info Sheets Resource Library HIV/AIDS CDC	Collection of factsheets. Topics include: -Basic information on HIV -PEP -PrEP -Safer Sex for HIV -HIV Testing, Living with HIV -HIV Treatment Can Prevent Sexual Transmission -HIV and Injecting Drugs -How to Clean Your Syringes -HIV Consultation and Referral Services -HIV Content Syndication -HIV Social Media Resources -HIV Web Resources	
2	FAQ Resource English/Spanish	HIV Basics: Living with HIV Living With HIV HIV Basics HIV/AIDS CDC	Contains information on the topics such as: -Newly Diagnosed with HIV -Understanding Care -HIV Treatment -AIDS and Opportunistic Infections -Telling Others, Protecting Others -Stigma and Mental Health -Healthy Living with HIV -Family Planning -Traveling with HIV -Resources for People with HIV	
3	Guide Quality Improvement Consumer Involvement	A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs FINALconsumer08_24_06.indd (ucsf.edu)	Collaboration between the New York State Department of Health AIDS Institute and the HRSA HIV/AIDS Bureau Published in August 2006. Opportunity to develop training modules to promote and enhance consumer involvement.	-Consumer involvement programs should be designed to increase the involvement of consumers in decision-making and to provide input into the quality improvement process within an agency -Consumer involvement strategies and practices
4	Ryan White Conference 2020 Consumer Engagement Consumer Involvement	Engaging People with HIV in Quality Improvement: Best Practices to	Presentation learning objectives: At the end of this session, participants will:	Missouri Ladder: Used as a guide to support consumer decision-making in involvement

	Quality Improvement	<p>Meaningfully Engage and Involve</p> <p>PowerPoint Presentation (mnhivcouncil.org)</p>	<ul style="list-style-type: none"> • Understand the importance of people with HIV participation in clinical quality management program activities • Learn effective strategies to overcome common barriers in engaging consumers in quality improvement activities • Know where to access resources to improve participation of people with HIV in quality improvement efforts • Develop hands-on strategies for receiving meaningful input by people with HIV to improve HIV care 	<p>structures as well as an assessment of current involvement for improvement activities</p> <p>-Consumer involvement matrix</p> <p>-Highlight the impact support groups have on consumer involvement and engagement</p> <p>-Focus on Quality Improvement</p>
5	US PLHIV Caucus Consumer Engagement Consumer Involvement Denver Principles Self-Empowerment	<p>The Denver Principles</p> <p>Denver Principles - US PLHIV CAUCUS</p>	<p>Outline a series of rights and responsibilities for healthcare professionals, people with AIDS and all who are concerned about the epidemic. It was the first time in the history of humanity that people who shared a disease organized to assert their right to a political voice in the decision-making that would so profoundly affect their lives.</p>	
6	AIDS United Consumer Involvement Meaningful Involvement Resources	<p>Meaning Involvement of People with HIV/AIDS (MIPA)</p> <p>Meaningful Involvement of People with HIV/AIDS (MIPA) - AIDS United</p>	<p>A collection of resources that share best practices to incorporate MIPA/mechanisms for greater involvement of people living with HIV</p> <p>Related Webinar: MIPA and Young Adults: Focusing on Ageism and Adultism Webinar</p>	<p>Embodying Meaningful Involvement of People Living with HIV: Putting the Pieces Together- Guide includes history and lessons learned from the community</p> <p>MIPA Fact Sheet (available in English/Spanish/French_</p>