



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

**Monday, February 22, 2021 @ 1:00 – 3:00pm**

To Register + Join by Computer: <https://tinyurl.com/1j39mzl2>

To Join by Phone: +1-415-655-0001 | Access code: 145 036 7706

- |  |                 |
|--|-----------------|
| 1. Welcome + Introductions + Check In  | 1:00pm – 1:05pm |
| 2. Executive Director's/Staff Report   | 1:05pm – 1:10pm |
| • Commission + Committee Updates   |                 |
| 3. Co-Chair Report   | 1:10pm – 1:45pm |
| • Request to Executive Committee to Extend Task Force for One Year   UPDATE                            |                 |
| • 2.24.21 PACE Listening Session in Commemoration of NBHAAD  |                 |
| • Social Media Campaign + Tool Kit Launch   UPDATE   |                 |
| 4. BAAC Task Force Recommendations   | 1:45pm – 2:15pm |
| • Assignment of recommendations + corresponding guidance to Committees, Caucuses/Task Forces, and DHSP |                 |
| • March 22, 2021 Meeting w/ DHSP Planning  |                 |
| 5. Membership & Recruitment  | 2:15pm – 2:30pm |
| • Define and Determine Co-Chair Terms  |                 |
| 7. Meeting Recap and Agenda Development for Next Meeting   | 2:55pm – 2:58pm |
| 8. Public Comment + Announcements  | 2:58pm – 3:00pm |
| 9. Adjournment   | 3:00pm          |



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### 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)**



**BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE**  
**Meeting Summary for 1.25.21**

In attendance:

<b>Danielle Campbell (Co-Chair)</b>	<b>Greg Wilson (Co-Chair)</b>
Jayda Arrington	Bobby Dillard
Michael Fields	Gerald Garth
Bridget Gordon	Danielle Shonte
JaVantae Wilson	Jeffrey King
Dr. William King	Sonja Wright (COH Staff)
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:

- The Commission and Committees have developed their 2021 work plans and are working with its respective leadership and staff to assess priorities, capacity and encourage collaboration among each other in partnering on activities intersect.
- Executive Committee will meet on Thursday, January 28 will hear a presentation from HealthHIV on assessing planning council effectiveness in preparation of the project launch at February’s Commission meeting. A presentation from the LA County Human Relations Commission (HRC) will also take place as an introduction and to partner with the Commission in finding ways to address conversations around racial inequities and the “isms.”
- Public Policy Committee will meet Monday, February 1, 2021 and will continue development of its 2021 legislative docket, centering its policy priorities around equity and racial justice.
- Standards and Best Practices (SBP) Committee will meet on Tuesday, February 2 and will continue to update its Universal Standards of Care for Commission approval at its February meeting. Additionally, the Committee will develop recommendations on how to engage private health care providers/plans. Lastly, the Child Care Services Standards of Care is on hold pending feedback from DHSP on the results from its provider survey.
- Planning, Priorities & Allocations (PP&A) Committee last met on January 19 and formed a Prevention Planning work group. An email was sent out to subordinate work group members soliciting participation. If interested, please contact staff.

### County Counsel Guidance

Ms. Barrit shared the guidance of County Counsel provided during a recent annual check-in wherein staff was reminded that task forces are meant to be short term focusing on the task or activity assigned by the Commission or Executive Committee. Once that task/activity has been completed, the task force must dissolve. Should a subsequent task/activity be assigned by the Commission or the Executive Committee, then the task force may reconvene. Clarification was provided that if the task force evolves into a group w/ standing meeting dates/ and times and creates tasks outside of what was instructed/directed, it now becomes a Brown Act governed meeting, likened to a Committee. It was strongly advised that the Task Force reassess its goals and objectives as directed by the Commission and/or Executive Committee to ensure it is in line with the Brown Act and proceed accordingly. If the tasks have not been completed, the Task Force may request an extension of time from the body to complete its tasks. Staff was also reminded that the Task Force cannot exclude members of the public from participating, regardless of reflectiveness and representation.

The Task Force discussed whether to transition into a Caucus as an option to extend the lifespan of the goals and objectives of the Task Force or to request extension of completing its tasks as directed by the Commission as a Task Force via the Executive Committee at its next meeting. Concerns were expressed regarding dissolving the Task Force at this infancy stage when the initial directives from the Commission have not yet been completed; that is, develop recommendations and provide guidance to the Commission and DHSP on how best to implement the recommendations. The Task Force convened a vote resulting in 9 Yes, 1 No, and 1 Abstention. The Task Force co-chairs will request to extend the Task Force for an additional year to complete its directives at the January 28 Executive Committee meeting.

### **3. Co-Chair Report**

#### DHSP Pre-Meet Debrief

The Co-Chairs reported that they met with Mario J. Perez (DHSP) to prepare for the March 22, 2021 meeting with the Task Force and to also discuss how DHSP can address the BAAC recommendations that are within its scope.

It was further reported that DHSP requested that the Task Force provide suggestions on trainers and a training curriculum to address BAAC Recommendation #1; see Recommendations. Staff sent out an email soliciting feedback but to date, only one member responded.

### **4. NBHAAD Activities**

#### Social Media Campaign + Tool Kit Review & Next Steps

The Task Force reviewed the final draft of the social media tool kit and agreed to provide any additional feedback by Wed, Jan 27.

The social media tool kit launch will kick off Monday, February 1<sup>st</sup> to commemorate Black History Month and NBHAAD. All members are expected to promote the social media tool kit through their professional or personal social media platforms. The Commission will promote the campaign through its subscription listserv of more than 15,000 recipients and through its social media accounts on Facebook and Twitter.

## 5. BAAC Recommendations

The Task Force discussed completing the assignment tracker to provide guidance to the Commission, Committee, Subordinate Work Groups and DHSP on how the recommendations should be implemented. The group agreed to extend the deadline until Friday, January 29 to complete the assignment. Ms. Campbell and Mr. Wilson will finalize the assignment tracker and present to the Task Force at its February meeting for feedback.

## 6. Membership & Recruitment

### Co-Chair Terms

The Task Force postponed defining and determining co-chairs terms until its next meeting.

## 7. 2021 Work Plan

### Coordinate Efforts with District 2

Efforts to coordinate with District 2 have been placed on hold at the request of D2. Commission staff reached out to D2 and was told that Supervisor Holly Mitchell is still in the process of transition but asked that we loop back sometime in February.

### Special Lunch & Learn Series to Address Black Women + Communities, Violence and Healing

Ms. Campbell reported that planning is still underway and will provide updates appropriately.

### Other Suggestions

Work in partnership with community-based organizations who provide women-centered services and care to bring more women to the table. Agencies suggested included Delta Theta Beta, Black Women for Wellness, AKA (Alpha Kappa Alpha), Shellye Jones @ UCLA FAN, and Dr. Lashonda Spencer @ Drew CARES

## 7. Meeting Recap and Agenda Development for Next Meeting

- Co-chairs to seek extension of task force activities for one additional year at January 28 Executive Committee meeting
- Members to suggest trainers and training curriculum topics pertaining to Recommendation #1 and email to staff.
- Feedback for Social Media Tool Kit due by Wed, January 27; launch on Mon, February 1st
- Recommendations assignment tracker/worksheet to be completed by Friday, January 29 and final version presented at February's task force meeting
- Define/determine "staggered" terms at the February meeting
- Next meeting dedicated to planning for March meeting w/ DHSP

## 8. Public Comment + Announcements

- Jeffrey King announced In The Meantime's e-Magazine for February 2021 will be disseminated soon and will feature Dr. LaShonda Spencer as the new Director for CDU Drew CARES.
- Dr. William King noted that if there is anyone 65+ who is a healthcare worker and has not been vaccinated against COVID-19, to contact him at [drwdking@gmail.com](mailto:drwdking@gmail.com) .

## 9. Adjournment

# Stop HIV Together

a virtual panel discussion with  
Black American Community Leaders



**WEDNESDAY, FEBRUARY 24, 2021  
11:00 AM – 12:15 PM PST**

In Honor of **National Black History Month and National Black HIV/AIDS Awareness Day**, please join the *Prevention through Active Community Engagement Program*, Los Angeles County Commission on HIV, Faith-Based Action Coalition of San Diego, Christie's Place and the LGBTQ Center Long Beach on a virtual panel discussion with Black American community leaders to **increase awareness, spark conversations, and highlight missed opportunities to reduce HIV in the Black American community.**

## REGISTRATION IS NOT REQUIRED

Join from the **Meeting Link**

<https://hhs.webex.com/hhs/j.php?MTID=m0c0ed6010adf9b4b24f19e37ad487ad7>

Meeting number (Access code): 1991459867

Meeting password: mPx4wC3JdJ3

Join by **Phone** +1-415-527-5035

Access code: 1991459867#

**LOS ANGELES COMMISSION ON HIV  
BLACK/AFRICAN AMERICAN COMMUNITY  
TASK FORCE**

**CHRISTIE'S PLACE**

**FAITH-BASED ACTION COALITION  
OF SAN DIEGO**

**THE LGBTQ CENTER LONG BEACH,  
TRANSGENDER HEALTH PROGRAM**

## JOIN US TO LEARN THE FOLLOWING

- 1 Review key federal activities and ending the HIV Epidemic updates centered on Black American lives.
- 2 Raise awareness about how HIV/AIDS disproportionately affects the Black American community.
- 3 Consider the impact of stigma, discrimination, and other social determinations of health on ending the HIV Epidemic among Black American communities.
- 4 Share best practices for addressing missed opportunities to eliminate HIV disparities and inequities in the Black American community, combat HIV-related Stigma and advance HIV prevention, diagnosis, and treatment.

**#NBHAAD**



Ending  
the  
HIV  
Epidemic





# BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

## SOCIAL MEDIA TOOL KIT

### PURPOSE

Bringing awareness to and calling for community participation in joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve HIV-related health outcomes for our Black/African American communities in Los Angeles County.

### CALL TO ACTION

Please join us in mobilizing our efforts and share this Social Media Tool Kit far and wide in your communities.

**#nothingaboutuswithoutus**

Click links below to access resources

[COMMITMENT STATEMENT](#)

[STATEMENT OF SOLIDARITY](#)

[RECOMMENDATIONS](#)

[SOCIAL MEDIA POSTS](#)

[Sample #1](#)

[Sample #2](#)

[Sample #3](#)

[Sample #4](#)

[Sample #5](#)

[HASHTAGS](#)

[#nothingaboutuswithoutus](#)

[#BAAC](#)

[#BAACNBHAAD](#)

[INTEREST FORM](#)



**BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE  
RECOMMENDATIONS TRACKER**

	RECOMMENDATIONS	OPERATIONS	PUBLIC POLICY	PLANNING, PRIORITIES & ALLOCATIONS	STANDARDS & BEST PRACTICES	CONSUMER CAUCUS	TRANSGENDER CAUCUS	WOMEN'S CAUCUS	DHSP	NOTES
<b>GENERAL</b>										
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.									Submitted to 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” 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									Submitted to ProsperLA on November 19, 2020
10.	Proactively reach out to engage CBOs that are connected to the local Black/AA community									Submitted to ProsperLA on November 19, 2020
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									Submitted to ProsperLA on November 19, 2020











BLACK AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE  
RECOMMENDATIONS TRACKER

**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



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

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:

<b>TRAINERS/CONSULTANTS</b>
<a href="http://www.traliant.com">www.traliant.com</a>
Diane Burbie @ The Aspire Group
<b>TOPICS</b>
<ul style="list-style-type: none"> <li>• Diversity, Inclusion &amp; Sensitivity, Unconscious Bias, and Microaggressions in the Workplace</li> <li>• Racialized Trauma</li> <li>• Implicit Bias</li> <li>• Cultural Competency</li> <li>• Privilege</li> <li>• Social Determinants of Health</li> <li>• Behavioral Determinants of Health</li> <li>• Homophobia/ Transphobia</li> <li>• Toxic Masculinity</li> <li>• Systemic Racism</li> <li>• Misogamy</li> <li>• Microaggressions</li> <li>• Counterculture</li> <li>• Implicit Bias</li> <li>• Anti- Blackness</li> <li>• Intersectionality</li> <li>• Supremacy/ White and other</li> <li>• Unconscious Bias</li> <li>• Preventing Discrimination and Harassment</li> <li>• PTSD/ to include Post Traumatic Slavery Disorder</li> <li>• <u>Medical Mistrust</u>: Teach on historical and current medical history that leads to medical mistrust: medicine during slavery: eg, Marion Sims, antebellum medicine; germs with color lines; Tuskegee syphilis experiment, forced sterilization, experimentation in Guatemala and in the incarcerated</li> <li>• <u>Importance of physician- patient racial concordance and impact on positive health care outcomes and improved access</u></li> <li>• <u>Paucity of physicians of color</u> 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</li> <li>• <u>History of the Black Church in community engagement and in early stigma, homophobia.</u></li> </ul>