

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

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

Monday, 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

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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.	BAACTask 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



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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.
- 5) We focus on the issue, not the person raising the issue.
- We give and accept respectful and constructive feedback.
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).
- 9) We give ourselves permission to learn from our mistakes.

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19)**



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

In attendance:

Danielle Campbell (Co-Chair)	Greg Wilson (Co-Chair)
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

<u>Commission + Committee Updates</u>

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 1st 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.
- o 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.

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

- 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.
- 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









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

COMMITTMENT STATEMENT

STATEMENT OF SOLIDARITY

RECOMMENDATIONS

SOCIAL MEDIA POSTS

Sample #1

Sample #2

Sample #3

Sample #4

Sample #5

HASHTAGS

#nothingaboutuswithoutus #BAAC #BAAC NBHAAD

INTEREST FORM







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	RECOMMENDATIONS	OPERATIONS	PUBLIC POLICY	PLANNING, PRIORITIES & ALLOCATIONS	STANDARDS & BEST PRACTICES	CONSUMER CAUCUS	TRANSGENDER CAUCUS	WOMEN'S CAUCUS	DHSP	NOTES
GENERAL										
	Provide on-site cultural sensitivity and education training – to									Submitted to ProsperLA on November 19,
	include addressing implicit bias and medical mistrust within the									2020
	Black/AA community – for all County-contracted providers and									
	adopt cultural humility into the local HIV provider framework.									
1.	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.									
	Revise messaging County-wide around HIV to be more									
2.	inclusive, i.e., "If you engage in sexual activity you're at risk									
	of HIV" in an effort to reduce stigma.									
	Incorporate universal marketing strategies for HIV prevention									
3.	that appeal to all subsets of the Black/AA community in an									
	effort to reduce stigma and increase awareness.									
	Provide resources to Community-Based Organizations (CBOs)									
4.	to develop, implement and evaluate primary prevention									
	interventions which are culturally appropriate and relevant									
	Support young people's right to the provision of confidential									
5.	sexual health care services									
	Increase Pre-exposure Prophylaxis (PrEP) advertising within the									
	Black/AA community to increase awareness. Marketing									
6.	materials must depict the very community it is attempting to									
	reach - specifically, Black/AA youth, women, transgender									
	individuals, and gender nonconforming populations.									
	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									
7.	purports to study. Community reflectiveness in academic and									
	CBO partnerships should include training in instrument									
	development, data interpretation, presentations and									
	publications									
	Increase use of local statistics regarding new infections and									
	disparities to educate and plan for the community; request									
8.	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									Submitted to ProsperLA on November 19,
	obtaining funds for culturally sensitive services									2020
10.	Proactively reach out to engage CBOs that are connected to the									Submitted to ProsperLA on November 19,
	local Black/AA community									2020
	End the practice of releasing Request for Proposals (RFPs) that									Submitted to ProsperLA on November 19,
	have narrowly defined "Proposer's Minimum Mandatory									2020
11.	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									



				(LECOVIIVIENDATI	STANDARDS &	CONSUMER		WOMEN'S		
	RECOMMENDATIONS	OPERATIONS	PUBLIC POLICY	PLANNING, PRIORITIES & ALLOCATIONS	BEST PRACTICES	CAUCUS	TRANSGENDER CAUCUS	CAUCUS	DHSP	NOTES
	creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory									
	Requirements", but at an agreed upon standard, to identify the									
	proven and effective grassroots/community empowerment									
	efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the									
	efficacy of methodologies for outreach, linkages to care,									
	retention in care, and other sensitive treatment and prevention									
	interventions that are effective in reducing new HIV cases.									
	Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset									
12.	populations of the Black/AA community (i.e. Trans									
	men/women, women & girls, MSM) to address barriers and									
	social determinates of health									
	Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach									
13.	mini-grant process that will target all various subset									
	populations of the Black/AA community, i.e. Trans community,									
	women & girls, MSM.									
	Increase mobilization of community efforts to include: a. Increase community awareness fairs and social media									
	campaigns intended to promote health and wellness in the									
	Black/AA community, with concentration in high incidence									
	areas;									
	b. Condom distribution in spaces where adults congregate;c. HIV education and access to prevention tools in schools,									
	spiritual communities, social clubs, neighborhood associations,									
14.	etc.;									
14.	d. Fund one social marketing campaign that addresses stigma									
	and internalized homophobia as it relates to health and wellness around HIV;									
	e. Support efforts that will ensure additional research and									
	evaluation support be made available to agencies that provide									
	services to the Black/AA community and to increase their									
	capacity to link and collaborate with research institutions; and f. Provide training and incentives for CBOs within high incidence									
	areas to prescribe PreP and nPep.									



	RECOMMENDATIONS	OPS	PPC	PP&A		CONSUMER		WOMEN'S	DHSP	NOTES
	RECOMMENDATIONS	OF 3				ommendations:	INANSOLINDLIN	WOIVILIN 3	Dilist	NOTES
			'	-		an Trans Men				
1.	Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.									
2.	Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming									
3.	Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming									
4.	Include and prioritize Trans women in program decision making.									
5.	Address stigma and the increasing violence against Trans women.									
	<u> </u>			Black/African	American	Trans Women:				
1.	Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.									
2.	Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming									
3.	Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.									
4.	Include and prioritize Trans women in program decision making.									
5.	Address stigma and the increasing violence against Trans women.									
	Black/African American Women an	d Girls: (DHSP de	fined Black/A	A women and	girls as eith	ner childbearing w	omen between the ages	of 15-44 and those 5	0 Years and Olde	er)
1.	Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.									
2.	Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.									
3.	Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health									



	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER		WOMEN'S	DHSP	NOTES
		UF3	PPC	PPQA	JDP	CONSOIVIER	INANSGENDER	WOIVIEW 3	DHSP	NOTES
	Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high									
4.	rates of STIs; include women-specific data in summits,									
	reports, and community forums									
	Reorganize and adopt educational approaches to care and									
	prevention that incorporate information and knowledge									
	on how preventative methods can benefit the woman									
	within the context of her life. Such approaches include but									
	should not be limited to:									
	a. Integrate train-the-trainer models for community									
	health outreach workers and testing staff that use									
	motivational and empowerment strategies as a tool for									
	risk reduction. Generating collective approaches and									
	solutions that promote honesty and integrity within self									
	and relationships with others is paramount. Hold agencies									
	accountable to host honest adult conversations and have									
5.	the courage to meet people where they are and build on									
	what they know.									
	b. Generate collective approaches and solutions that									
	promote honesty and integrity of self and relationships									
	with others is paramount; and c. Train community health outreach workers in all HIV									
	Testing Sites to have conversations that validate the									
	experience and power dynamics women confront within									
	their relationships. Most often partners are missing from									
	engagement, enrollment, and retention strategies. Include									
	sexual and social networks in education, outreach, testing									
	and other interventions that support family sustainability									
	as a method of retention.									
	Allocate money to partner with institutions to support									
	three demonstration projects at \$250,000 each led and									
	facilitated by and for Black women:									
	a. Ensure agencies have tools available to demonstrate									
	accountability and cultural									
	competence. Staff should be linguistically and culturally									
	representatives of the community and any intervention									
6.	include a navigation component to address barriers to									
	recruitment, uptake and retention of prevention and care based programming.									
	b. All protocols should explicitly embrace the experience									
	of women who have sex with men of known or unknown									
	status as well as those diagnosed with HIV/AIDS. Further,									
	qualitative interviews or Audio Computer-Assisted Self-									
	Interview (ACASI) instruments should									
	interview (ACASI) instruments should									



	RECOMMENDATIONS	OPS	PPC	PP&A	SBP	CONSUMER	TRANSGENDER	WOMEN'S	DHSP	NOTES
	include an assessment of historical care and prevention	013	110	HUA	361	CONSCIVILIV	MANAGEMBER	VVOIVILIV 3	Dilor	140123
	•									
	participation as well as barriers to continuous									
	engagement and participation.									
	Strategically reflect the needs of women in the									
	jurisdictional stigma reduction efforts by funding projects									
	that reduce stigma and increase access to female									
	controlled HIV preventive tools such as Pre-Exposure									
7.	Prophylaxis (Prep), Post Exposure Prophylaxis (PEP), and									
	the Female Condom 2 (FC2). Support agencies to integrate									
	comprehensive opportunities for education, research and									
	a complement to other strategies that give women the									
	power to take control of their lives and situations in which									
	have historically had little to no influence.									
	Expand the availability of community-based mental health									
	services as a part of a continuous effort									
	to treat women holistically: HIV and mental health education									
	and awareness should accompany a									
	range of holistic services that recognize that a woman may									
8.	have multiple traumas that inform her choices. Increased									
	collaborations between community and the private sector									
	which is necessary to build awareness and reduce cultural									
	and social based stigmas associated with mental health care.									
	Increased education and training of non-HIV/AIDS service									
	providers in hopes of offering a full circle of multidisciplinary									
	services to those in need.									
	Develop a standard requiring all contracted organizations									
	offer living wages as an incentive to									
	hiring persons with lived experience. Initiating programming for Black women enables									
9.										
Э.	organizations to invest in their peers. Further, increased access to professional development opportunities and									
	resources (ex. Income) enables them to self-sustain and									
	decrease the impact that social correlates of health such as									
	poverty have on informed sexual decision making									
	person, have an informed sevadi decision making		Black/Africa	an American N	/len Who I	lave Sex with Mer	n (MSM):			
	Continue to increase the investment in innovative layered									
4	interventions that target young MSM and address barriers									
1.	and social determinates of health like the Vulnerable									
	Populations Grant.					<u> </u>				
	Develop and release of Request for Application/Request for									
2.	Proposal (RFA/RFP) that focuses on HIV positive MSM of all									
	ages who are sexually active and at risk of co-infections.									
3.	Increase funding and resources in treatment as prevention,									
٥.	social support efforts, housing and mental health services.									
	Address Chemsex within the Black/AA MSM community									
4.	through CBO led group sessions, evidence-based medicine									
	directed intervention and medication assisted treatment.									



COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	сон
Carry Out Needs Assessment	PP&A	х	х
Do Comprehensive Planning	PP&A	Х	х
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		х
Manage Procurement		Х	
Monitor Contracts		Х	
Evaluate Effectiveness of Planning Activities	PP&A	х	х
Evaluate Effectiveness of Care Strategies	SBP	Х	x
Do Quality Management		x	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		х
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:

TRAINERS/CONSULTANTS

www.traliant.com

Diane Burbie @ The Aspire Group

TOPICS

- Diversity, Inclusion & Sensitivity, Unconscious Bias, and Microaggressions in the Workplace
- Racialized Trauma
- Implicit Bias
- Cultural Competency
- Privilege
- Social Determinants of Health
- Behavioral Determinants of Health
- Homophobia/ Transphobia
- Toxic Masculinity
- Systemic Racism
- Misogamy
- Microaggressions
- Counterculture
- Implicit Bias
- Anti- Blackness
- Intersectionality
- Supremacy/ White and other
- Unconscious Bias
- Preventing Discrimination and Harassment
- PTSD/ to include Post Traumatic Slavery Disorder
- Medical Mistrust: 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
- Importance of physician- patient racial concordance and impact on positive health care outcomes and improved access
- Paucity of physicians of color so need for these programs for non-AA and Latinx health care workers to not address racial and social stereotypes when developing these programs, addressing implicit and explicit bias, systemic racism within the health care system
- History of the Black Church in community engagement and in early stigma, homophobia.