



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 7382816 · FAX (213) 637-4748
Website: <http://hiv.lacounty.gov> Email: hivcomm@lachiv.org

COMMISSION ON HIV MEETING

**Thursday, January 11, 2018
9:00 AM - 1:30 PM**

**St. Anne's Conference Center
Foundation Room
155 North Occidental Blvd.
Los Angeles, CA 90026**

LOS ANGELES COUNTY COMMISSION ON HIV



VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs).



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a “safe” environment. A “safe” environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No “Hidden Agendas”
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate



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1. APPROVAL OF THE AGENDA:

- A. Agenda**
- B. Membership Roster**
- C. Committee Assignments**
- D. Commission Member Conflict of Interest**
- E. Geographic Maps**
- F. January 2018 - April 2018 Meeting Calendars**



[REVISED] AGENDA FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
(213) 738-2816 / FAX (213) 637-4748
hivcomm@lachiv.org <http://hiv.lacounty.gov>

THURSDAY, JANUARY 11, 2018, 9:00 A.M. – 1:30 P.M.

St. Anne's Conference Center
Foundation Conference Room
155 North Occidental Boulevard, Los Angeles, CA 90026

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

AGENDA POSTED: January 8, 2018

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 5 business days' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at djauregui@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos cinco días antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered.

All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order and Roll Call 9:00 A.M. - 9:03 A.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|-----------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 9:03 A.M. - 9:04 A.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 9:04 A.M. - 9:06 A.M. |

II. REPORTS

- | | | | |
|----|---|--|-----------------------|
| 3. | Executive Director's Report | | 9:07 A.M. - 9:15 A.M. |
| 4. | Co-Chair's Report | | 9:15 A.M. - 9:25 A.M. |
| 5. | Housing Opportunities for
People Living With HIV/AIDS (HOPWA) Report | | 9:25 A.M. - 9:27 A.M. |

III. COLLOQUIA SERIES

9:27 A.M. - 10:30 A.M.

- | | | | |
|----|---|--|--|
| 6. | Familia, Hope, Resilience: Sin Verguenza Season 3- A strategy to reduce stigma, homophobia, transphobia, and addiction in Los Angeles
Natalie Sanchez, MPH; Hilda Sandoval, PhD; Ramon Garcia, MBA; J.M. Longoria III;
Joanna Zanella, AltaMed | | |
|----|---|--|--|

IV. BREAK

10:30 A.M. – 10:40 A.M.

V. DISCUSSION

10:40 A.M. – 11:10 A.M.

- | | | | |
|----|---|--|--|
| 7. | Los Angeles County HIV/AIDS Strategy: Community Engagement Opportunities for the Commission on HIV | | |
|----|---|--|--|

VI. REPORTS (Continued)

- | | | | |
|----|---|--|-------------------------|
| 8. | Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health | | 11:10 A.M. - 11:20 A.M. |
|----|---|--|-------------------------|

- | | | |
|-----|--|-------------------------|
| 9. | Division of HIV/STD Programs (DHSP) Report
Department of Public Health | 11:20 A.M. – 11:35 A.M. |
| 10. | California Office of AIDS (OA) Report | 11:35 A.M. - 11:45 A.M. |
| 11. | Standing Committee Reports: | 11:45 A.M. – 12:30 P.M. |
| | A. Public Policy Committee
1. Approve 2018 Policy Priorities and Agenda as presented MOTION #3
2. Healthcare Access Update | |
| | B. Standards and Best Practices (SBP) Committee
1. Prevention Services Standards and Housing Services Standards
PUBLIC COMMENT PERIOD: 12/14/17-1/12/18 | |
| | C. Operations Committee
1. Membership Management
2. Community Advisory Board Outreach
3. Assessment of Administrative Mechanism | |
| | D. Planning, Priorities and Allocations (PP&A) Committee
1. January 16, 2018 Meeting: Review YR 27 Expenditures Projections | |
| 12. | Caucus, Task Force and Work Group Reports | 12:30 P.M. – 12:35 P.M. |
| 13. | City/Health District Reports | 12:35 P.M. – 12:45 P.M. |
| 14. | SPA/District Reports | 12:45 P.M. – 12:55 P.M. |
| 15. | AIDS Education/Training Centers (AETCs) | 12:55 P.M. – 1:00 P.M. |
| | <u>VII. PUBLIC COMMENT</u> | 1:00 P.M. – 1:15 P.M. |
| 16. | Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. | |
| | <u>VIII. COMMISSION COMMENT</u> | |
| 17. | Non-Agendized or Follow-Up | |
| | <u>IX. ANNOUNCEMENTS</u> | 1:15 P.M. – 1:20 P.M. |
| 18. | Opportunity for members of the public and the committee to make announcements | |
| | <u>X. ADJOURNMENT AND ROLL CALL</u> | 1:20 P.M. - 1:30 P.M. |
| 19. | Adjournment for the meeting of December 14, 2017. | |

PROPOSED MOTION(s)/ACTION(s): PROCEDURAL MOTION(S):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Approve 2018 Policy Priorities and Agenda, as presented

All Commission meetings will begin at their appointed times. Participants should make every effort to be prompt and ready. All agenda items are subject to action. Public comment will be invited for each item. All "action" (non-procedural) motions are included on the consent calendar and are approved when the consent calendar is approved. A motion can be "pulled" from the consent calendar if there are objections to it, or if it is to be presented or discussed later in the meeting.

Commission on HIV Members:			
Ricky Rosales, Co-Chair	Grissel Granados, MSW, Co-Chair	Majel Arnold, MA-HSA	Traci Bivens-Davis
Al Ballesteros, MBA	Jason Brown	Joseph Cadden, MD	Danielle Campbell, MPH
Raquel Cataldo	Deborah Owens Collins, PA, MSPAS, AAHIVS	David Cunningham (Alternate)	Michele Daniels
Kevin Donnelly	Susan Forrest (Alternate)	Aaron Fox, MPM	Marcos Garcilazo (Alternate)
Jerry D. Gates, PhD	Joseph Green	Terry Goddard II, MA	Bridget Gordon
William King, MD	Lee Kochems, MA	Bradley Land	David P. Lee, MPH, LCSW (Alternate)
Eric Paul Leue	Abad Lopez	Andrew Lopez (Alternate)	Eduardo Martinez (Alternate)
Miguel Martinez, MSW, MPH	Anthony Mills, MD	José Munoz	Katja Nelson
Derek Murray	Frankie Darling-Palacios	Raphael Péna	Mario Pérez MPH
Juan Preciado	Thomas Puckett, Jr.	Ace Robinson, MPH	Rebecca Ronquillo
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Yolanda Sumpter
Greg Wilson	Russell Ybarra		
MEMBERS:	46		
QUORUM:	24		

COMMISSION ON HIV MEMBERSHIP SLATE

APPROVED BY COH ON 07/13/2017 12/14/17

MEMBERSHIP SEAT #	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (if any)	TERM BEGINS	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2017	June 30, 2019	
2	City of Pasadena representative			Vacant		July 1, 2016	June 30, 2018	
3	City of Long Beach representative	1	PP&A	Deborah Owens Collins, PA, MSPAS, AAHIVS	Dept. of Health and Human Services, City of Long Beach	July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	EXC	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2016	June 30, 2018	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2016	June 30, 2018	
7	Part B representative	1	PP&A	Majel Arnold, MHA	CDPH Office of AIDS	July 1, 2016	June 30, 2018	
8	Part C representative	1	PP	Aaron Fox, MPM	Los Angeles Gay and Lesbian Center (LAGLC)	July 1, 2016	June 30, 2018	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2016	June 30, 2018	
11	Provider representative #1	1	SBP	Joseph Cadden, MD	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
12	Provider representative #2			Vacant		July 1, 2016	June 30, 2018	
13	Provider representative #3	1	PP&A	Miguel Martinez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	EXC OPS	Raquel Cataldo	Tarzana Treatment Center	July 1, 2016	June 30, 2018	
15	Provider representative #5	1	PP	Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2016	June 30, 2018	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles Gay and Lesbian Center (LAGLC)	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shradler Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018	
19	Unaffiliated consumer, SPA 1	1	OPS	Michele Daniels	unaffiliated consumer	July 1, 2017	June 30, 2019	
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	unaffiliated consumer	July 1, 2016	June 30, 2018	
21	Unaffiliated consumer, SPA 3	1	PP&A	Jason Brown	unaffiliated consumer	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2016	June 30, 2018	Susan Forrest
23	Unaffiliated consumer, SPA 5	1	PP&A	Yolanda Sumpter	unaffiliated consumer	July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6			Vacant		July 1, 2016	June 30, 2018	David Lee, MPH, LCSW
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Péna	unaffiliated consumer	July 1, 2017	June 30, 2019	
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2016	June 30, 2018	
27	Unaffiliated consumer, Supervisorial District 1	1	PP	Jose Muñoz	unaffiliated consumer	July 1, 2017	June 30, 2019	Marcos Garcilazo
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2016	June 30, 2018	Andrew Lopez
29	Unaffiliated consumer, Supervisorial District 3			Vacant		July 1, 2017	June 30, 2019	Eduardo Martinez
30	Unaffiliated consumer, Supervisorial District 4	1	EXC OPS	Kevin Donnelly	unaffiliated consumer	July 1, 2016	June 30, 2018	David Cunningham
31	Unaffiliated consumer, Supervisorial District 5	1	SBP	Thomas Puckett, Jr.	unaffiliated consumer	July 1, 2017	June 30, 2019	
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	unaffiliated consumer	July 1, 2016	June 30, 2018	
33	Unaffiliated consumer, at-large #2	1	EXC OPS	Joseph Green	unaffiliated consumer	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	1	OPS	Kevin Stalter	unaffiliated consumer	July 1, 2016	June 30, 2018	
35	Unaffiliated consumer, at-large #4	1	OPS	Bridget Gordon	unaffiliated consumer	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2016	June 30, 2018	
37	Representative, Board Office 2			Vacant		July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	PP	Katja Nelson	APLA	July 1, 2016	June 30, 2018	
39	Representative, Board Office 4	1	SBP	Ace Robinson, MPH	No Affiliations	July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	unaffiliated consumer	July 1, 2016	June 30, 2018	
41	Representative, HOPWA	1	PP&A	Rebecca Ronquillo	City of Los Angeles, HOPWA	July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	unaffiliated consumer	July 1, 2016	June 30, 2018	
43	Local health/hospital planning agency representative			Vacant		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018	
45	HIV stakeholder representative #2	1	PP	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2016	June 30, 2018	
47	HIV stakeholder representative #4	1	PP	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2016	June 30, 2018	
49	HIV stakeholder representative #6	1	OPS	Traci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2016	June 30, 2018	
51	HIV stakeholder representative #8			Vacant		July 1, 2017	June 30, 2018	
	TOTAL:	40						

COMMITTEE ASSIGNMENT LEGEND: EXC (Executive), OPS (Operations), PP&A (Planning, Priorities & Allocations), PP (Public Policy), SBP (Standards and Best Practices)

■ = Vacant



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COMMITTEE ASSIGNMENTS (Updated 01/10/18)

Committee Member Name/ Alternate	Member Category	Affiliation	Notes
* =	Primary Committee Assignment	** =	Secondary Committee Assignment

EXECUTIVE COMMITTEE

Regular meeting day:	4 th Thursday of the month	Regular meeting time:	1:00pm–3:00pm
Number of Voting Members:	13	Number of Quorum:	7
Grissel Granados, MSW	Co-Chair, Comm./Exec.*		Commissioner
Ricky Rosales	Co-Chair, Comm./Exec.*		Commissioner
Al Ballesteros, MBA	Co-Chair, PP&A		Commissioner
Traci Bivens-Davis	Co-Chair, Operations		Commissioner
Jason Brown	Co-Chair, PP&A		Commissioner
Joseph Cadden, MD	Co-Chair, SBP		Commissioner
Raquel Cataldo	At-Large Member*		Commissioner
Kevin Donnelly	At-Large Member*		Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy		Commissioner
Joseph Green	At-Large Member*		Commissioner
Eric Paul Leue	Co-Chair, Public Policy		Commissioner
Mario Pérez, MPH	DHSP Director		Commissioner
Kevin Stalter	Co-Chair, Operations		Commissioner

OPERATIONS COMMITTEE

Regular meeting day:	4 th Thursday of the month	Regular meeting time:	10:00am-12:00pm
Number of Voting Members:	9	Number of Quorum:	5
Traci Bivens-Davis	Committee Co-Chair*		Commissioner
Kevin Stalter	Committee Co-Chair*		Commissioner
Danielle Campbell, MPH	*		Commissioner
Raquel Cataldo	*		Commissioner
Michele Daniels	*		Commissioner
Kevin Donnelly	*		Commissioner
Bridget Gordon	*		Commissioner
Joseph Green	*		Commissioner
Juan Preciado	*		Commissioner

Committee Assignment List

Updated: January 10, 2018

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Committee Member Name	Member Category	Affiliation	Notes
* = Primary Committee Assignment		** = Secondary Committee Assignment	

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE			
<i>Regular meeting day:</i> 3 rd Tuesday of the month		<i>Regular meeting time:</i> 1:00pm-4:00pm	
<i>Number of Voting Members:</i> 16		<i>Number of Quorum:</i> 9	
Al Ballesteros, MBA	Committee Co-Chair*		Commissioner
Jason Brown	Committee Co-Chair*		Commissioner
Susan Forrest	*		Commissioner
William D. King, MD, JD, AAHIVS	*		Commissioner
Abad Lopez	*		Commissioner
Miguel Martinez, MPH, MSW	*		Commissioner
Anthony Mills, MD	*		Commissioner
Derek Murray	*		Commissioner
Deborah Owens Collins, MPA, MSPAS, AAHIVS	*		Commissioner
Frankie Darling Palacios	*		Commissioner
Raphael Péna	*		Commissioner
Rebecca Ronquillo	*		Commissioner
LaShonda Spencer, MD	*		Commissioner
Yolanda Sumpter	*		Commissioner
Russell Ybarra	*		Commissioner
TBD	DHSP staff		DHSP Staff

PUBLIC POLICY COMMITTEE			
<i>Regular meeting day:</i> 1st Monday of the month		<i>Regular meeting time:</i> 1:00 pm-3:00pm	
<i>Number of Voting Members:</i> 10		<i>Number of Quorum:</i> 6	
Aaron Fox, MPM	Committee Co-Chair*		Commissioner
Eric Paul Leue	Committee Co-Chair*		Commissioner
Jerry Gates, PhD	*		Commissioner
Terry Goddard, MA	*		Commissioner
Lee Kochems, MA	*		Commissioner
Eduardo Martinez	*		Alternate
José Munoz	*		Commissioner
Martin Sattah, MD	*		Commissioner
Greg Wilson	*		Commissioner
Kyle Baker	DHSP staff		DHSP representative

Committee Assignment List

Updated: January 10, 2018

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Committee Member Name	Member Category	Affiliation	Notes
* = <i>Primary Committee Assignment</i>		** = <i>Secondary Committee Assignment</i>	

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE			
<i>Regular meeting day:</i> 1 st Thursday of the month		<i>Regular meeting time:</i> 10:00am-12:00pm	
<i>Number of Voting Members:</i> 6		<i>Number of Quorum:</i> 4	
Vacant	Committee Co-Chair*		Commissioner
Joseph Cadden, MD	Committee Co-Chair*		Commissioner
Bradley Land	*		Commissioner
Angelica Palmeros, MSW	*		Committee member
Thomas Puckett, Jr.	*		Commissioner
Wendy Garland, MPH	DHSP staff		DHSP representative
Ace Robinson, MPH	*		Commissioner

CONSUMER CAUCUS			
<i>Regular meeting day:</i> Following Comm. mtg.		<i>Regular meeting time:</i> 1:30pm–3:00pm	
<i>Open Membership</i>			
Joseph Green	Co-Chair		Commissioner
Yolanda Sumpter	Co-Chair		Commissioner
Raphael Péna	Co-Chair		Commissioner
Al Ballesteros, MBA	Member		Commissioner
Jason Brown	Member		Commissioner
Michele Daniels	Member		Commissioner
Kevin Donnelly	Member		Commissioner
Grissel Granados, MSW	Member		Commissioner
Bridget Gordon	Member		Commissioner
Lee Kochems, MA	Member		Commissioner
Brad Land	Member		Commissioner
Abad Lopez	Member		Commissioner
Eduardo Martinez	Member		Alternate
Anthony Mills, MD	Member		Commissioner
José Munoz	Member		Commissioner
Thomas Puckett	Member		Commissioner
Kevin Stalter	Member		Commissioner

WOMEN'S CAUCUS			
3 rd Wednesday of the month		<i>Regular meeting time:</i> 10:00am-12:00pm	
<i>Open Membership</i>			
Bridget Gordon	Co-Chair		Commissioner
Yolanda Salinas	Co-Chair		Commissioner

Committee Assignment List

Updated: January 10, 2018

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Committee Member Name	Member Category	Affiliation	Notes
* = <i>Primary Committee Assignment</i>		** = <i>Secondary Committee Assignment</i>	

TRANSGENDER TASK FORCE		
<i>Time/Date: TBD</i>		
<i>Open Membership</i>		
Destin Cortez	Co-Chair	Community Member
Michelle Enfield	Member	Community
Susan Forrest	Member	Commissioner
Jaden Fields	Member	Community
Kimberly Kisler, PhD	Member	Community
Maria Roman	Member	Community



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

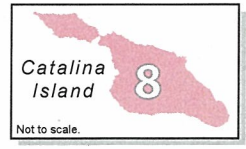
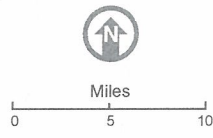
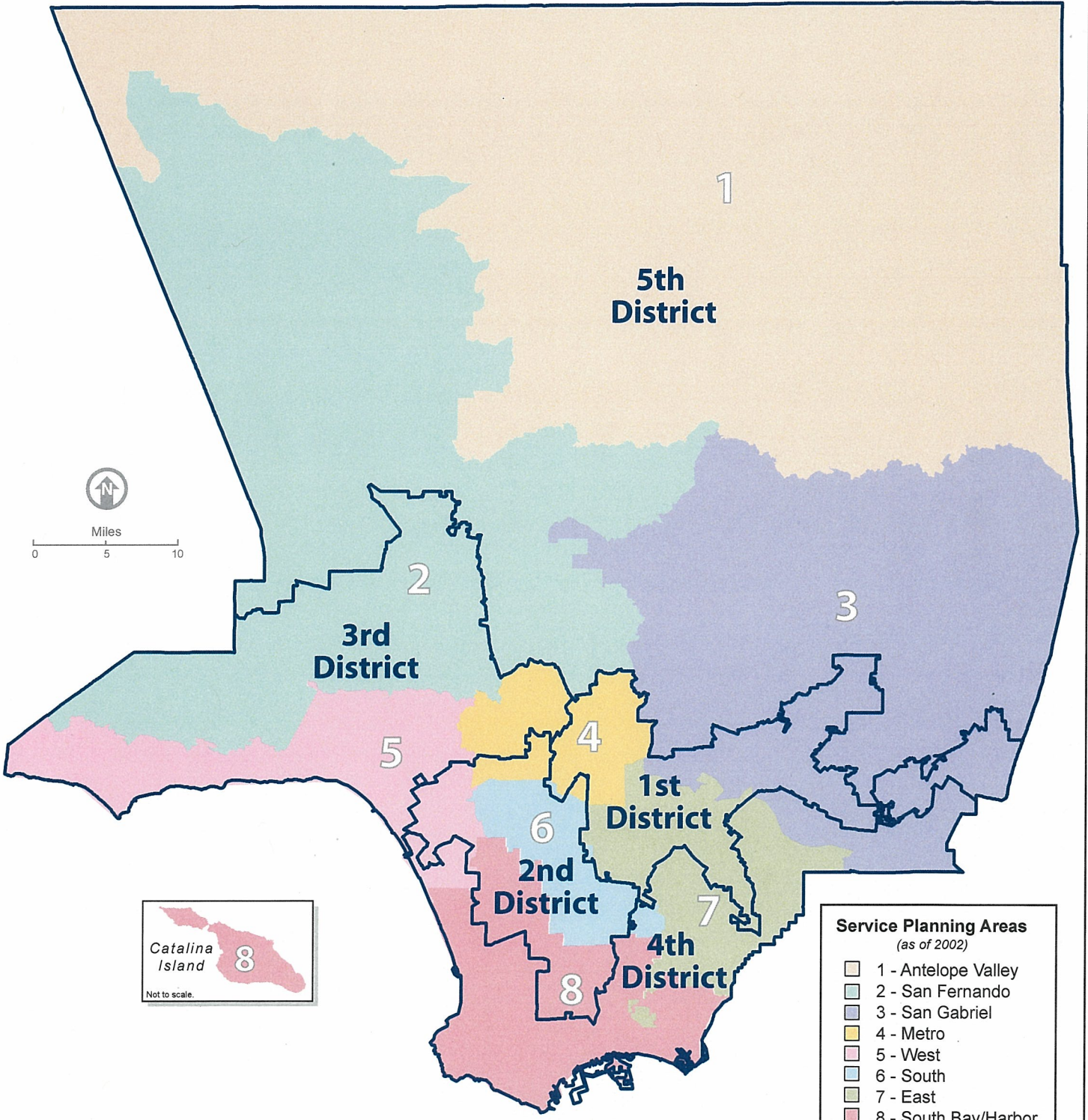
COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ARNOLD	Majel	California State Office of AIDS	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	Traci	No Affiliation	No Ryan White or prevention contracts
CADEN	Joseph	Rand Schrader Health & Research Center	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination
			Mental Health, Psychiatry
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Case Management, Home-Based
			Case Management, Transitional - Jails
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
			Medical Nutrition Therapy
CUNNINGHAM	David	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles Gay & Lesbian Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FORREST	Susan	Los Angeles Center for Alcohol and Drug Abuse	HIV/AIDS Health Education
			HIV/AIDS Substance Abuse
			Risk Reduction Prevention Services
			Residential Rehabilitation Services
FOX	Aaron	Los Angeles Gay & Lesbian Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GARCILAZO	Marcos	UCLA Center for Behavioral and Addiction Medicine	Medical Care Coordination Services
GATES	Jerry	Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	Terry	Alliance for Housing and Healing	Residential Care Facilities for the Chronically III (RCFCI)
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LAND	Bradley	Unaffiliated consumer	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV/AIDS Benefits Specialty Services
			HIV Counseling, Testing, and Referral Prevention Services
LEUE PAUL	Eric	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad	Unaffiliated consumer	No Ryan White or prevention contracts
LOPEZ	Andrew	Friends Research Institute	Health Education/Risk Reduction and HIV Testing Services
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			MH, Psychiatry
			MH, Psychotherapy
			Medical Specialty
			Oral Health
			HIV Counseling and Testing (HCT)
			STD Screening and Treatment
MARTINEZ	Miguel	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Medical Care Coordination (MCC)

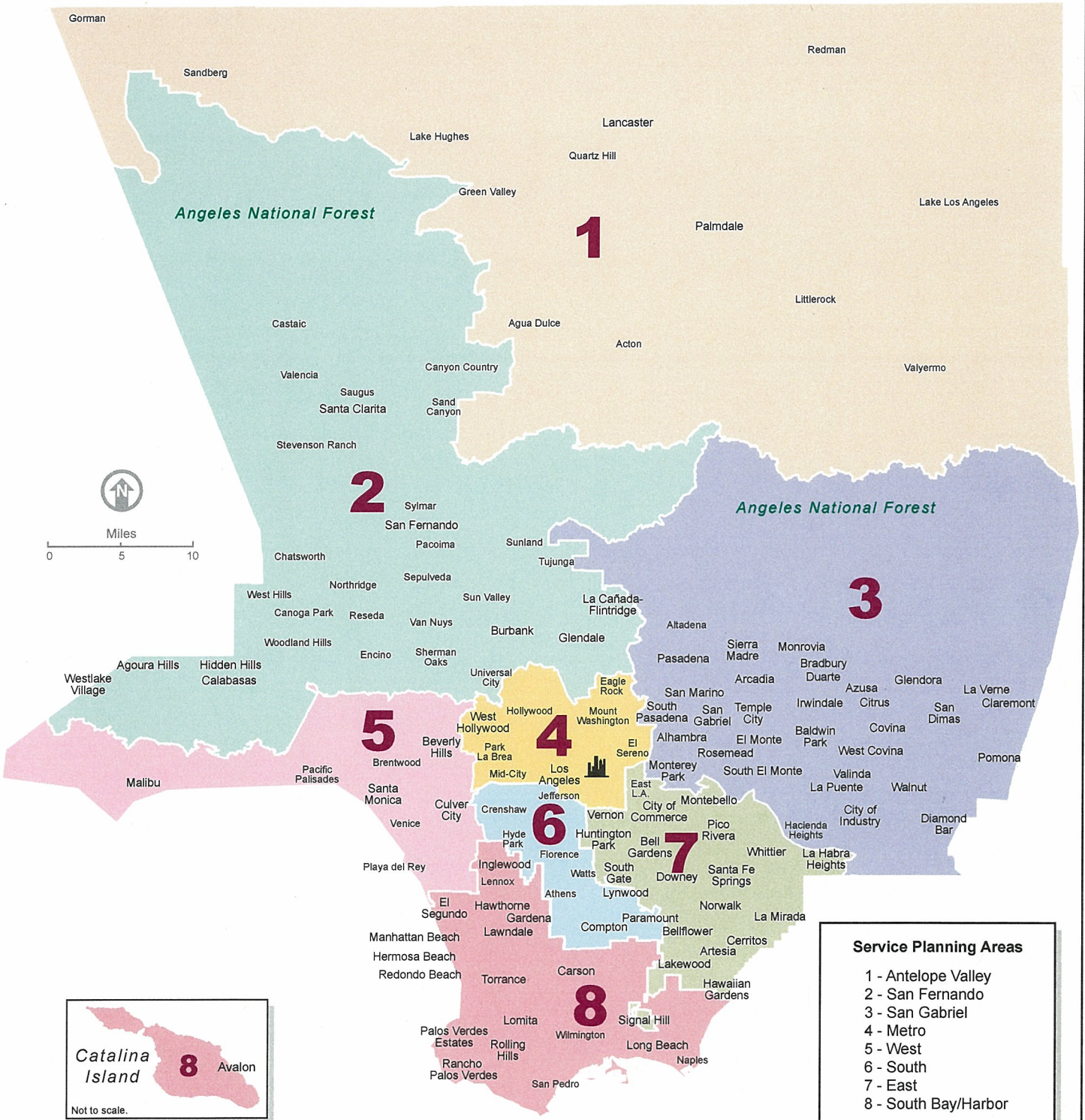
COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MUNOZ	Jose	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Benefits Specialty Case Management, Non-Medical (LCM) Case Management, Home-Based Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT) Mental Health, Psychotherapy Nutrition Support Oral Health Biomedical Prevention Medical Care Coordination (MCC)
OWENS COLLINS	Deborah	Long Beach Department of Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PEÑA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PUCKETT, JR.	Thomas	Unaffiliated Consumer	No Ryan White or prevention contracts
ROBINSON	Ace	No Affiliation	No Ryan White or prevention contracts
RONQUILLO	Rebecca	City of Los Angeles, HOPWA	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
STALTER	Kevin	The Brotherhood IMPACT Fund	No Ryan White or prevention contracts
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
WILSON	Gregory	In the Meantime Men's Group, Inc.	HIV/AIDS Health Education/Risk Reduction Prevention Services
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Los Angeles County Service Planning Areas by Supervisorial District



- Service Planning Areas**
(as of 2002)
- 1 - Antelope Valley
 - 2 - San Fernando
 - 3 - San Gabriel
 - 4 - Metro
 - 5 - West
 - 6 - South
 - 7 - East
 - 8 - South Bay/Harbor
-
American Indian Children's Council covers all SPAs

Los Angeles County Service Planning Areas



Service Planning Areas

- 1 - Antelope Valley
- 2 - San Fernando
- 3 - San Gabriel
- 4 - Metro
- 5 - West
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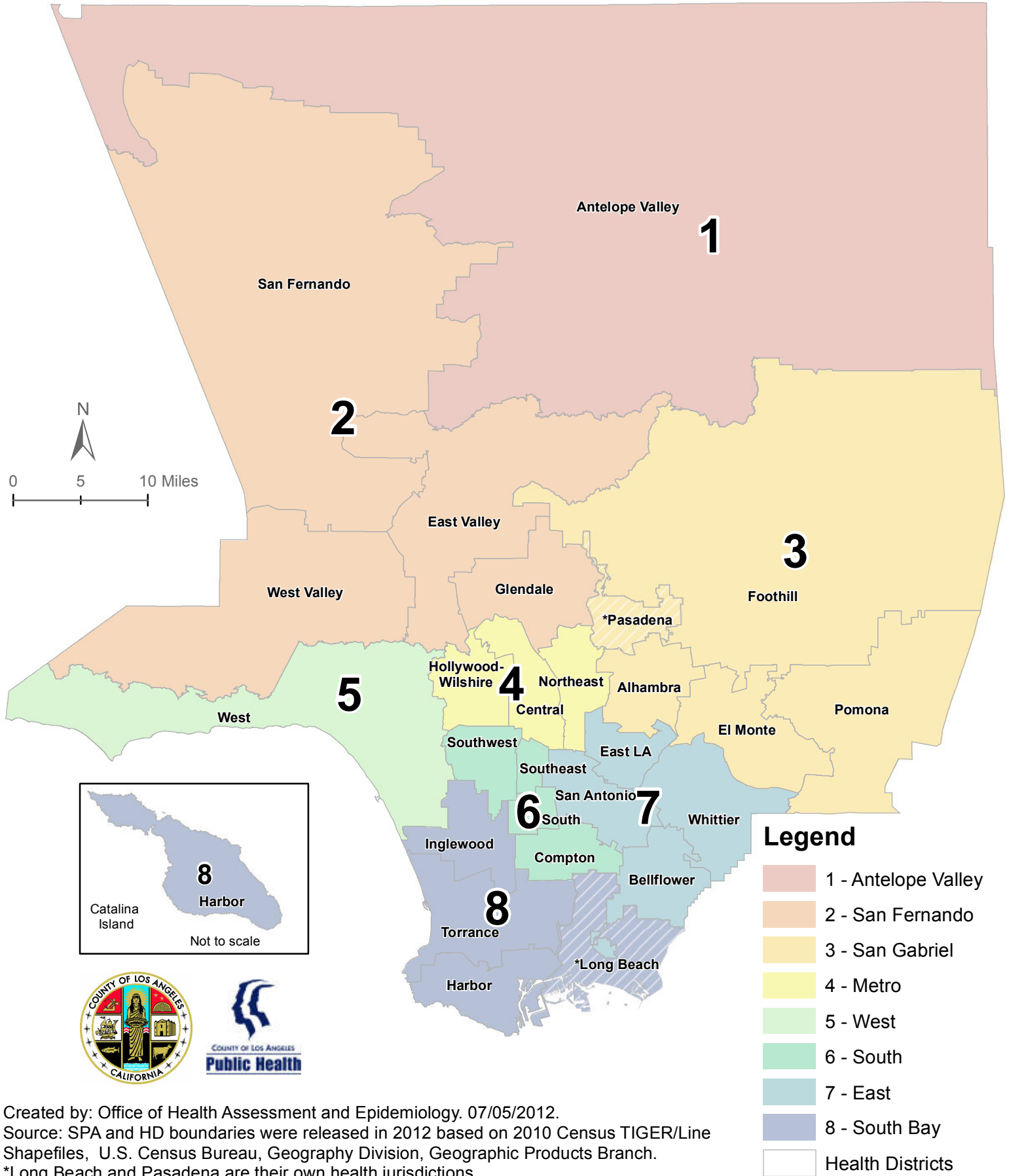
American Indian Children's Council covers all SPAs



Note: City names are shown in **BLACK**.
Communities are shown in **GRAY**.

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

Los Angeles County Department of Public Health Service Planning Areas (SPA) and Health Districts (HD) - 2012



Created by: Office of Health Assessment and Epidemiology. 07/05/2012.
 Source: SPA and HD boundaries were released in 2012 based on 2010 Census TIGER/Line Shapefiles, U.S. Census Bureau, Geography Division, Geographic Products Branch.
 *Long Beach and Pasadena are their own health jurisdictions.

HIV Calendar								
January 2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	Week 1		1 New Year's Day - Holiday (COH Office Closed) 1:00 PM [CANCELED] Public Policy Committee	2 9:30 AM Board of Supervisors (BOS)	3 9:30 AM BOS Agenda Review	4 10:00 AM [CANCELED] Standards & Best Practices (SBP)	5	6
7	Week 2		8 1:00 PM Public Policy Committee	9 9:30 AM Board of Supervisors (BOS)	10 9:30 AM BOS Agenda Review	11 9:00 AM Commission Meeting	12	13
14	Week 3		15 Martin Luther King, Jr. Day - Holiday: COH Office Closed	16 9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	17 9:30 AM BOS Agenda Review	18	19	20
21	Week 4		22	23 9:30 AM Board of Supervisors (BOS)	24 9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce Meeting	25 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	26	27
28	Week 5		29 1:00 PM Data and Epidemiology Overview	30 9:30 AM Board of Supervisors (BOS)	31 9:30 AM BOS Agenda Review	1 10:00 AM Standards & Best Practices (SBP)	2	3

HIV Calendar								
February 2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	Week 5		29 1:00 PM Data and Epidemiology Overview	30 9:30 AM Board of Supervisors (BOS)	31 9:30 AM BOS Agenda Review	1 10:00 AM Standards & Best Practices (SBP)	2	3
4	Week 6		5 1:00 PM Public Policy Committee	6 9:30 AM Board of Supervisors (BOS)	7 9:30 AM BOS Agenda Review	8 9:00 AM Commission Meeting	9	10
11	Week 7		12	13 9:30 AM Board of Supervisors (BOS)	14 9:30 AM BOS Agenda Review	15 1:00 PM Effective Communication and Active Listening	16	17
18	Week 8		19 Holiday: COH Office Closed	20 9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	21 9:30 AM BOS Agenda Review	22 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	23	24
25	Week 9		26	27 9:30 AM Board of Supervisors (BOS)	28 9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce Meeting	1 10:00 AM Standards & Best Practices (SBP)	2	3

HIV Calendar								
March 2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	Week 9		26	27	28	1	2	3
				9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce Meeting	10:00 AM Standards & Best Practices (SBP)		
4	Week 10	5	6	7	8	9	10	
		1:00 PM Public Policy Committee	9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review	9:00 AM Commission Meeting			
11	Week 11	12	13	14	15	16	17	
			9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review	1:00 PM Running and Facilitating Meetings			
18	Week 12	19	20	21	22	23	24	
			9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	9:30 AM BOS Agenda Review	10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting			
25	Week 13	26	27	28	29	30	31	
		César Chávez Day - Holiday; COH Office Closed	9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce Meeting				

HIV Calendar						
April 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Week 14	2 1:00 PM Public Policy Committee	3 9:30 AM Board of Supervisors (BOS)	4 9:30 AM BOS Agenda Review	5 10:00 AM Standards & Best Practices (SBP)	6	7
8 Week 15	9	10 9:30 AM Board of Supervisors (BOS)	11 9:30 AM BOS Agenda Review	12 9:00 AM Commission Meeting	13	14
15 Week 16	16	17 9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	18 9:30 AM BOS Agenda Review	19 1:00 PM Planning Council Refresher & Committee Spotlight	20	21
22 Week 17	23	24 9:30 AM Board of Supervisors (BOS)	25 9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce Meeting	26 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	27	28
29 Week 18	30	1 9:30 AM Board of Supervisors (BOS)	2 9:30 AM BOS Agenda Review	3 10:00 AM Standards & Best Practices (SBP)	4	5



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 7382816 · FAX (213) 637-4748
Website: <http://hiv.lacounty.gov> Email: hivcomm@lachiv.org

2. MEETING MINUTES

A. December 14, 2017 Commission Meeting Minutes

DRAFT OF MINUTES ARE REMOVED FOR
WEBSITE PUBLISHING UNTIL APPROVED BY
THE FULL COMMISSION MEETING ON
01/11/2018.



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4. CO-CHAIR'S REPORT



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
<http://hiv.lacounty.gov>

January 8, 2018

To: Board of Supervisors Health Deputies
From: Cheryl Barrit, Executive Director, Commission on HIV

At the November 9th Annual Meeting, the Commission on HIV (COH) passed a motion for the Board of Supervisors' consideration. Please see the details provided below.

Motion: Endorse the Undetectable = Untransmittable (U=U) Consensus Statement from the Prevention Access Campaign and forward the recommendation to the Board of Supervisors.

The U=U Consensus Statement shares new evidence-based research that persons living with HIV (PLWH) with an undetectable viral load do not transmit HIV to others. This new research is of exceptional importance to the PLWH community, including healthcare providers, public health, and community based organizations providing legal services, psychosocial support, housing, and additional whole person care to PLWH and their intimate partners.

The endorsement of U=U will not only increase knowledge and awareness of the groundbreaking research throughout the County, but will be an important factor in ending the HIV/AIDS epidemic. Endorsing U=U will help decrease HIV transmission locally, nationally, and globally by:

- Encouraging PLWH to begin or adhere to treatment to attain or maintain an undetectable viral load
- Working towards increased access to antiretroviral therapy for all PLWH
- Decreasing stigma associated with HIV and HIV transmission

With the recent release of the LA County HIV/AIDS Strategy by the Department of Public Health, Division of HIV and STD Program (DHSP), concurrence with U=U is timely, imperative, and will resonate with Angelenos throughout the County. DHSP has been a leader in developing programs that promote treatment as prevention and, with the nationally recognized, "Get PrEP LA" social marketing campaign promoting broad community access to pre-exposure prophylaxis, the COH's support of the U=U campaign is in line with DHSP's mission and vision to end the HIV epidemic once and for all.

The letter of support from the COH endorsing the U=U Consensus Statement is included in this memo. Thank you for your time and support.

Attachments: 1) Support Letter from the Commission on HIV for Undetectable = Untransmittable Consensus Statement; 2) Undetectable = Untransmittable Consensus Statement



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
<http://hiv.lacounty.gov>

January 8, 2018

The Honorable County Board of Supervisors
Sheila Kuehl, Chair, Third District
Hilda Solis, First District
Mark Ridley-Thomas, Second District
Janice Hahn, Fourth District
Kathryn Barger, Fifth District

Kenneth Hahn Hall of Administration
500 West Temple Street,
Los Angeles, CA 90012

Re: Recommendation to Endorse the Undetectable = Untransmittable (U=U) Consensus Statement from the Prevention Access Campaign

Dear Supervisors:

The Los Angeles County Commission on HIV (COH) strongly recommends that the Board of Supervisors endorse the Undetectable = Untransmittable (U=U) Consensus Statement released by the Prevention Access Campaign. The statement confirms new evidence-based research that persons living with HIV (PLWH) on antiretroviral therapy treatment, with an undetectable viral load, do not transmit HIV to others (Attachment A). To date, lead researchers and 500 community partners from 65 different countries have endorsed U=U to increase awareness that PLWH with an undetectable viral load are not infectious, promote HIV prevention and adherence to treatment, as well as end the stigma associated with HIV and HIV transmission. Below you will find an overview of U=U and its significance to the PLWH community which, in addition to PLWH, includes healthcare providers, public health, and community based organizations providing legal services, psychosocial support, housing, and additional whole person care to PLWH and their intimate partners.

Demographics

As of 2016 there were an estimated 60,946 persons living with HIV/AIDS in Los Angeles County, and of those individuals, 8,654 (14.1%) are undiagnosed.¹ In 2016, 1,881 HIV cases were newly diagnosed; 84% were men who have sex with men (MSM). The epidemic continues to be primarily driven by sexual activity between males. HIV incidence is highest among MSM of color,

¹ County of Los Angeles Division of HIV and STD Programs. Los Angeles County HIV/AIDS Strategy for 2020 and Beyond. December 2017.

young MSM (YMSM) ages 18-029, and transgender persons.² The highest HIV and STD burden among health districts from 2010-2014 spans across all supervisorial districts and includes the Hollywood-Wilshire, South, Southwest, Central, Southeast, Inglewood, Compton, Long Beach, Northeast, and East Valley Health Districts.³

Treatment as Prevention

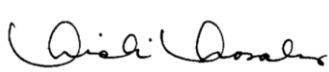
In regard to HIV prevention, U=U not only signifies the importance of utilizing treatment as prevention, but will be an imperative factor in ending the HIV epidemic. According to the Centers for Disease Control and Prevention (CDC), the national goal for PLWH is 80% viral suppression, demonstrating the need for increased focus on PLWH in Los Angeles County.⁴ With the recent release of the LA County HIV/AIDS Strategy by the Department of Public Health, Division of HIV and STD Program and the traction with U=U, we have an opportunity to widely share this groundbreaking research, and ensure Angelenos are informed and able to access the care and information they deserve. The Los Angeles County HIV/AIDS Strategy for 2020 and Beyond outlines key goals to help bring an end to the epidemic, including reducing the number of annual HIV infections; increasing HIV status awareness among persons living with HIV; and increasing viral suppression rates among people who are diagnosed with HIV.

DHSP has been a leader in developing programs that promote treatment as prevention and, with the nationally recognized, “Get PrEP LA” social marketing campaign promoting broad community access to pre-exposure prophylaxis, the COH’s support of the U=U campaign is in line with DHSP’s mission and vision to end the HIV epidemic once and for all.

Your endorsement of the Undetectable=Untransmittable Consensus Statement and Campaign demonstrates leadership and commitment to lead the Nation in our collective effort to end new HIV infections.

Thank you for your support.

Sincerely,



Ricky Rosales, Co-Chair



Grissel Granados, Co-Chair



Cheryl Barrit, Executive Director

cc: Mario Perez, MPH, Division of HIV and STD Programs, Department of Public Health
Lorayne Lingat, Assistant Executive Officer, Executive Office, Board of Supervisors

² Division of HIV and STD Programs, Los Angeles County Department of Public Health. Los Angeles County HIV/AIDS Strategy. http://publichealth.lacounty.gov/dhsp/Presentations/DPH_PRESENTATION_7.13.17_FINAL.pdf. July 2017.

³ Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2010-2014 HIV & STD Burden by Health District. <http://publichealth.lacounty.gov/dhsp/Mapping.htm>. Published May 2016. Accessed 11/2/17.

⁴ McCray, Eugene and Jonathan H. Mermin. Dear Colleague: Information from CDC’s Division of HIV/AIDS Prevention. <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>. Published September 2017. Accessed 11/17/17.

RISK OF SEXUAL TRANSMISSION OF HIV FROM A PERSON LIVING WITH HIV WHO HAS AN UNDETECTABLE VIRAL LOAD

Messaging Primer & Consensus Statement

There is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV (PLHIV), who is on Antiretroviral Therapy (ART) and has achieved an undetectable viral load in their blood for at least 6 months is negligible to non-existent. (Negligible is defined as: *so small or unimportant as to be not worth considering; insignificant.*) While HIV is not always transmitted even with a detectable viral load, when the partner with HIV has an undetectable viral load this both protects their own health and prevents new HIV infections.[i]

However, the majority of PLHIV, medical providers and those potentially at risk of acquiring HIV are not aware of the extent to which successful treatment prevents HIV transmission.[ii] Much of the messaging about HIV transmission risk is based on outdated research and is influenced by agency or funding restraints and politics which perpetuate sex-negativity, HIV-related stigma and discrimination.

The consensus statement below, addressing HIV transmission risk from PLHIV who have an undetectable viral load, is endorsed by principal investigators from each of the leading studies that examined this issue. It is important that PLHIV, their intimate partners and their healthcare providers have accurate information about risks of sexual transmission of HIV from those successfully on ART.

At the same time, it is important to recognize that many PLHIV may not be in a position to reach an undetectable status because of factors limiting treatment access (e.g., inadequate health systems, poverty, racism, denial, stigma, discrimination, and criminalization), pre-existing ART treatment resulting in resistance or ART toxicities. Some may choose not to be treated or may not be ready to start treatment.

Understanding that successful ART prevents transmission can help reduce HIV-related stigma and encourage PLHIV to initiate and adhere to a successful treatment regimen.

The following statement has been endorsed by:

- Dr. Michael Brady – Medical Director of Terrence Higgins Trust and Consultant HIV Physician, London, UK
- Dr. Myron Cohen – Principal Investigator, HPTN 052; Chief, Division of Infectious Diseases, UNC School of Medicine, North Carolina, USA
- Dr. Demetre C. Daskalakis, MPH – Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control New York City Department of Health and Mental Hygiene, New York, USA

- Dr. Andrew Grulich – Principal Investigator, Opposites Attract; Head of HIV Epidemiology and Prevention Program, Kirby Institute, University of New South Wales, Australia
- Dr. Jens Lundgren – Co-principal Investigator, PARTNER; Professor, Department of Infectious Diseases, Rigshospitalet, University of Copenhagen, Denmark
- Dr. Mona Loutfy, MPH – Lead author on Canadian consensus statement on HIV and its transmission in the context of the criminal law; Associate Professor, Division of Infectious Diseases, Women's College Hospital, University of Toronto, Toronto, ON, Canada
- Dr. Julio Montaner – Director of the British Columbia Centre for Excellence in HIV/AIDS; Director of IDC and Physician Program Director for HIV/AIDS PHC, Vancouver BC, Canada
- Dr. Pietro Vernazza – Executive Committee, PARTNER; Author, Swiss Statement 2008, Update 2016; Chief of the Infectious Disease Division, Cantonal Hospital in St. Gallen, Switzerland

The following statement has also been endorsed by over 400 organizations from 60 countries including:

- ACT - AIDS Committee of Toronto - Canada
- African and Black Diaspora Global Network on HIV/AIDS - ABDGN - Canada
- AIDES - France
- AIDS ACTION NOW - Canada
- AIDS Alabama - United States
- AIDS Foundation of Chicago - United States
- AIDS United - United States
- APLA Health - United States
- AIDS Solidarity Movement - Cyprus
- Australian Federation of AIDS Organizations - Australia
- Being Positive Foundation – India
- Black AIDS Institute - United States
- British Columbia Centre for Excellence in HIV/AIDS - Canada
- British HIV Association - United Kingdom
- Canadian AIDS Society - Canada
- Canadian HIV/AIDS Legal Network - Canada
- Canadian Positive People Network - Canada
- CATIE - Canadian AIDS Treatment Information Exchange - Canada
- Chicago Department of Health - United States
- Czech AIDS Help Society - Czech Republic
- Desmond Tutu HIV Foundation - South Africa
- District of Columbia Department of Health - United States
- GMHC - United States
- HIV Medicine Association – United States
- Housing Works - United States
- Human Rights Campaign - United States
- ICASO - International Council of AIDS Service Organizations - Canada
- INA - Māori, Indigenous & South Pacific HIV/AIDS Foundation - New Zealand

- [International AIDS Society](#) - Switzerland
- [International Community of Women Living with HIV](#) - Kenya
- [Latino Commission on AIDS](#) - United States
- [Michigan Department of Health & Human Services](#) - United States
- [MSMGF \(the Global Forum on MSM & HIV\)](#) - United States
- [NAM aidsmap](#) - United Kingdom
- [National AIDS Trust](#) - United Kingdom
- [National Alliance of State and Territorial AIDS Directors \(NASTAD\)](#) - United States
- [National Black Justice Coalition](#) - United States
- [New York City Department of Health and Mental Hygiene](#) - United States
- [New York State Department of Health](#) - United States
- [Positive Women's Network - USA](#) - United States
- [San Francisco AIDS Foundation](#) - United States
- [Sensoa](#) - Belgium
- [Sidaction](#) - France
- [Southern AIDS Coalition](#) - United States
- [Terrence Higgins Trust](#) - United Kingdom
- [Whitman-Walker Health](#) - United States
- [YouthCO HIV & Hep C Society](#) - Canada

(The [full list](#) of organizational endorsements is [here](#).)

People living with HIV on ART with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV. Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits.

NOTE: An undetectable HIV viral load only prevents HIV transmission to sexual partners. Condoms also help prevent HIV transmission as well as other STIs and pregnancy. The choice of HIV prevention method may be different depending upon a person's sexual practices, circumstances and relationships. For instance, if someone is having sex with multiple partners or in a non-monogamous relationship, they might consider using condoms to prevent other STIs.

“NEGLIGIBLE” = so small or unimportant as to be not worth considering; insignificant.

ADDITIONAL EXPERT QUOTES, SOURCES, AND EXPLANATIONS ^[iii]

1. "When ART results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission. Across three different studies, including thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner." U.S. Centers for Disease Control & Prevention (CDC), [Dear Colleague Letter](#) (September, 2017)
2. "The science really does verify and validate U=U." Anthony S. Fauci, M.D., Director, NIAID, NIH, [Speech at the United States Conference on AIDS](#) (September, 2017)
3. "Last month, the global medical and scientific community at the forefront of HIV research and care came together in Paris for the ninth International AIDS Society Conference, where they announced – unequivocally – that an undetectable HIV viral load means HIV is untransmittable." Dr. Julio Montaner, UBC-Killam Professor of Medicine; UBC-St. Paul's Hospital Foundation chair in AIDS Research, [Editorial](#) (August, 2017)
4. "In addition to the positive impact upon the health of people living with HIV, there is increasing consensus among scientists that people with undetectable HIV in their blood do not transmit HIV sexually. This knowledge can be empowering for people living with HIV. The awareness that they are no longer transmitting HIV sexually can provide people living with HIV with a stronger sense of being agents of prevention in their approach to new or existing relationships." [UNAIDS Explainer](#) (July, 2017)
5. "If you diligently take your medicine and keep your viral load to below detectable levels, you will not be dangerous to your partner. We now have the scientific data to say you may be "infected" but you are not "infectious". That goes a long way toward eliminating the stigma associated with HIV." Anthony S. Fauci, M.D., Director, NIAID, [NIH Video interview](#) (July, 2017)
6. "Scientists never like to use the word 'Never' of a possible risk. But I think in this case we can say that the risk of transmission from an HIV-positive person who takes treatment and has an undetectable viral load may be so low as to be unmeasurable, and that's equivalent to saying they are uninfected. It's an unusual situation when the overwhelming evidence base in science allows us to be confident that what we are saying is fact." Anthony S. Fauci, M.D., Director, NIAID, NIH [NAM aidsmap](#) (July, 2017)

7. "People who take their ART effectively and in whom the virus is suppressed to undetectable levels are no longer infectious. A massive public health and social justice response has led to unprecedented scale up of this miraculous treatment." [UNAIDS Science Report, Issue #6](#) (July, 2017)

8. "As the UK's leading voice for HIV health professionals, our backing for U=U is unequivocal. There should be no doubt about the clear and simple message that a person with sustained, undetectable levels of HIV virus in their blood cannot transmit HIV to their sexual partners. This fact is a testament to the preventive impact of effective HIV treatment and highlights the need to maximise access to treatment in order to minimise and ultimately eradicate HIV transmission. Spreading the U=U message is also an important way to help reduce the stigma experienced by people living with HIV, whose sexual partners may fear infection unnecessarily." British HIV Association Chair, Professor Chloe Orkin, statement from [BHIVA](#) (July, 2017)

9. "This is a landmark development in the response to HIV and too many people are not hearing this message and receiving its full benefit. A person living with HIV with a sustained suppressed viral load poses no risk of transmitting HIV. This development puts each one of us living with HIV at the forefront of stopping new infections, and gives everyone strong, clear and direct language to stop the stigma and move all communities faster towards ending the epidemic." Jesse Milan, Jr., President & CEO, statement from [AIDS United](#) (March, 2017)

10. "Research demonstrating that people living with HIV who are virally suppressed cannot transmit HIV to others is one of the most important developments in HIV prevention in the last decade. It is now more important than ever that we ensure universal access to antiretroviral therapy and educate our communities about the public health benefits of effective HIV treatment." Craig E. Thompson, Chief Executive Officer, statement from [APLA Health](#) (March, 2017)

11. "Desmond Tutu HIV Foundation strongly endorses the Prevention Access Campaign core message: Undetectable HIV is Untransmittable HIV (U=U). An HIV-positive person who maintains an undetectable viral load with the aid of regular, successful treatment cannot transmit HIV sexually. This knowledge has the potential to alter negative perceptions around the disease, yet the message still hasn't reached everyone." Statement from [Desmond Tutu HIV Foundation](#) (March, 2017)

12. "NAM aidsmap, one of the foremost sources of HIV information in the world, strongly endorses the 'Undetectable Equals Untransmittable' (U=U) Consensus Statement issued by the Prevention Access Campaign. The scientific evidence is clear. Someone who has undetectable levels of virus in their blood does not pose an infection risk to their sexual partners. This understanding transforms the way that HIV is considered with enormous implications for what

it now means to live with HIV and the best ways to prevent it." Statement from [NAM aidsmap](#) (February, 2017)

13. "NASTAD joins public health experts and leaders in affirming that there is now conclusive scientific evidence that a person living with HIV who is on antiretroviral therapy (ART) and is durably virally suppressed (defined as having a consistent viral load of less than <200 copies/ml) does not sexually transmit HIV." Statement from [NASTAD](#) (February, 2017)

14. "All of us here at CATIE, and indeed around the world, are celebrating the most significant development in the HIV world since the advent of effective combination therapy 20 years ago – people living with HIV with sustained undetectable viral loads can confidently declare to their sexual partners “I’m not infectious!” This is an absolute game-changer and those who live with HIV can proudly share this information. At the same time, service providers working in HIV must get up to speed fast and share this far and wide with their communities." Laurie Edmiston, Executive Director, Statement from [CATIE - Canadian AIDS Treatment Information Exchange](#) (January, 2017)

15. "The scientific evidence is clear and unequivocal: effective treatment reduces HIV transmission risk to zero. The Consensus Statement highlights unprecedented scientific consensus that early diagnosis and treatment with antiretroviral therapy (ART) not only restores people living with HIV to a normal life expectancy, but it also has far-reaching public health impacts." Joint statement from [ICASO \(International Council of AIDS Service Organizations\)](#) and [INA \(Māori, Indigenous & South Pacific\) HIV/AIDS Foundation](#) (January, 2017)

16. "...studies have proven that when an individual living with HIV is on antiretroviral therapy and the virus is durably suppressed, the risk that he or she will sexually transmit the virus is negligible." Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases; Carl W. Dieffenbach, Ph.D., Director, Division of AIDS, NIAID. [NIH Statement on World AIDS Day 2016](#) (December, 2016)

17. "If you are durably virologically suppressed you will not transmit to your partner... I'll say this again, for somebody who is in a discordant couple, if the person [with HIV] is virologically suppressed, 'durably' --there is no virus in their system, hasn't been for several months -- your chance of acquiring HIV from that person is ZERO. Let's be clear about that: ZERO. If that person the next day stops therapy for two weeks and rebounds, your chance goes up. That's why we talk about 'durable' viral suppression...You're as durably virologically suppressed as good as your adherence." Carl W. Dieffenbach, Ph.D., Director, Division of AIDS, NIAID, NIH. [NIH Video interview](#) (November, 2016)

18. "When an HIV positive person first starts on treatment, it takes a few months before viral growth is completely suppressed. During that short window of time, the couple should use

condoms. Alternatively, the HIV negative partner might use antiretroviral agents as pre-exposure prophylaxis [PrEP].” Dr. Myron Cohen Chief, Division of Infectious Diseases, UNC School of Medicine, North Carolina, USA; Principal Investigator, HPTN 052. [POZ magazine](#) (September, 2016)

19. Suppressing the viral load of a person living with HIV to undetectable levels "not only saves their lives but prevents them from infecting others. So the higher percentage of people who are on treatment, in care and get their viral loads to undetectable, the closer you get to literally ending the epidemic.” Anthony S. Fauci, M.D., Director, NIAID, NIH. [NIH Video Interview](#) (August, 2016)

20. “Once you begin therapy, you stay on therapy, with full virologic suppression you not only have protection from your own HIV...but you also are not capable of transmitting HIV to a sexual partner. With successful antiretroviral treatment, that individual is no longer infectious.” Carl W. Dieffenbach, Ph.D., Director, Division of AIDS, NIAID, NIH. [NIH Video](#) interview (August, 2016)

21. “We can now say with confidence that if you are taking HIV medication as prescribed, and have had an undetectable viral load for over six months, you cannot pass on HIV with or without a condom.” Dr. Michael Brady, Medical Director, [Terrence Higgins Trust](#), London, England (July, 2016)

22. "The force of evidence in both real world and clinical trial experience confirms that individuals with suppressed viral loads have a negligible risk of transmitting HIV. Treatment as prevention, pre-exposure prophylaxis, and traditional prevention measures, like condoms, make up an HIV prevention toolkit based in harm-reduction that allows individuals to make personalized and enlightened decisions to both maintain their health and prevent HIV and STI transmission.” Dr. Demetre C Daskalakis, MPH - Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control New York City Department of Health and Mental Hygiene (July, 2016)

23. “Does this work over a long period of time for people who are anxious to be suppressed? The answer is absolutely yes, we now have 10,000 person years (of follow-up) with zero transmissions from people who are suppressed.” Dr. Myron Cohen. [Medpage; NEJM](#). (July, 2016)

24. “Among serodifferent heterosexual and MSM couples in which the HIV-positive partner was using suppressive ART and who reported condomless sex...there were no documented cases of within-couple HIV transmission” among 58,000 condomless sex acts. Reporting on PARTNER study, Dr. Alison Rodger, et al. [JAMA](#). (July, 2016)

25. "These results are simple to understand – zero transmissions from over 58,000 individual times that people had sex without condoms...[PARTNER study] provides the strongest estimate of actual risk of HIV transmission when an HIV positive person has undetectable viral load – and that this risk is effectively zero." Simon Collins, Steering Committee, PARTNER, [i-BASE](#) (July, 2016)

26. "The [Swiss] statement [was the first position statement that] addressed the infectiousness of an HIV-positive person once the virus was stably suppressed for at least 6 months with ART. [T]he [Swiss Federal Commission for AIDS-related Issues] felt, based on an expert evaluation of HIV transmission risk under therapy, that the risk of HIV transmission in such a situation was negligible." Dr. Pietro Vernazza, chief of the Infectious Disease Division, Cantonal Hospital in St. Gallen, Switzerland; Executive Committee, PARTNER [Swiss Medical Weekly](#) (Jan., 2016, confirming the original 2008 Swiss statement)'

27. "[T]he HPTN 052 study saw only cases of transmission during ART that occurred shortly (days) after the initiation of therapy. If only transmissions after the first six months of ART are considered (as stipulated in the Swiss statement) the efficacy would have been 100% with a transmission risk of zero." Dr. Pietro Vernazza, [Swiss Medical Weekly](#) (Jan., 2016)

28. "Achieving viral suppression protects the body's immune system, helps people living with HIV stay healthy and prevents transmission of HIV to other people." [UNAIDS - Joint United Nations Programme on HIV/AIDS](#) (2016)

29. "We have...rigorous confirmation that treatment prevents the spread of HIV and improves the health of infected people." Dr. Thomas R. Frieden, Center for Disease Control Director, USA [New England Journal of Medicine](#) sourcing HPTN 052 & PARTNER studies (Dec., 2015)

30. "EATG calls for much better public information to be made available in Europe and globally about the prevention benefits of antiretroviral therapy (ART), and in particular (about) the fact that HIV-positive people with undetectable viral loads are not infectious. Widespread ignorance of this fact helps perpetuate stigma against and criminalisation of people living with HIV and it should be the subject of a funded public awareness campaign, possibly to run in conjunction with a PrEP awareness campaign." [European AIDS Treatment Group \(EATG\)](#) (October, 2015)

31. "If people are taking their pills reliably and they're taking them for some period of time, the probability of transmission in this study is actually zero." Dr. Myron Cohen, Chief, Division of Infectious Diseases, UNC School of Medicine, North Carolina, USA; Principal Investigator, HPTN 052 Interview with [plus](#) (August, 2015)

32. “[People with HIV] will not pass on the infection, if the virus is undetectable, to their partners...” Professor David Cooper - Director of the Kirby Institute for Infection and Immunity in Society. University of NSW, Australia; [ABC AU interview](#) (May, 2015)

33. When asked what the study tells us about the chance of someone with an undetectable viral load transmitting HIV, presenter Alison Rodger said: "Our best estimate is it's zero." Reporting on PARTNER study interim results. Dr. Alison Rodger, University College London, United Kingdom; Lead Author PARTNER, [NAM -AIDSMap](#) (March, 2014)

34. People living with HIV “are leading lives that are normal in quality and length. With effective treatment, they are not infectious.” Health care workers on effective HIV treatment are “totally safe.” Professor Dame Sally Davies, Chief Medical Officer, England. [The Telegraph](#) (Aug., 2013)

35. "Many people want to know their status, because they want to be rendered not contagious, because of confidence in living their lives normally. So I've heard dozens of stories of people who came in and said, 'I want to be tested, because if I'm infected I don't want to be transmissible.' Inspiring.” Dr. Myron Cohen, Chief, Division of Infectious Diseases, UNC School of Medicine, North Carolina, USA; Principal Investigator, HPTN 052; [MEDPAGE Today](#) (Jan., 2013)

36. “In reality, if you give the treatment the opportunity to get on with its work, you will have zero transmission.” Dr. Julio Montaner, Director of the British Columbia Centre for Excellence in HIV/AIDS; Director of IDC and Physician Program Director for HIV/AIDS PHC: [TED Talk](#) referring to HPTN 052 (Nov., 2011)

[i] Much of the current prevention messaging refers to this as Treatment as Prevention or TasP. As of the writing of this primer, there have been no confirmed cases of HIV transmission from a person with an undetectable viral load in any studies. The official cut-off point for an undetectable viral load as defined by the WHO ranges from <50 copies/ml in high-income countries to <1,000 copies/ml in low to middle-income countries. **For the purposes of this statement, an undetectable viral load is defined as under <200 copies/ml, which is also the measurement for viral suppression.**

[ii] Only a small proportion of people living with HIV in a large US treatment study regarded themselves as non-infectious after up to three years on antiretroviral therapy (ART), and a third of participants regarded their chance of transmitting HIV to a partner as still 'high', even though only 10% of participants actually had a detectable viral load.” [NAM aidsmap](#) (2016)

[iii] Acknowledgements: In addition to PAC’s Founding Task Force and Bruce Richman (PAC Executive Director), Professor Carrie Foote (Indiana University-Indianapolis; [HIV Modernization Movement](#)) and Edwin Bernard ([HIV Justice Network](#)) reviewed and provided valuable input on the Primer.



LOS ANGELES COUNTY COMMISSION ON HIV

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Website: <http://hiv.lacounty.gov> Email: hivcomm@lachiv.org

6. COLLOQUIA SERIES

Familia, Hope, Resilience: Sin Verguenza Season 3- A strategy to reduce stigma, homophobia, transphobia, and addiction in Los Angeles

The Los Angeles County Commission on HIV and the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) invite you to attend

No Stigma, No Shade, No Shame! Addressing Life, Love, Sex, and HIV Through Digital Media



Thursday, January 11, 2018
9:30am to 10:30am*

St. Anne's Maternity Home
155 N. Occidental Blvd
Los Angeles, CA 90026



LOS ANGELES COUNTY
COMMISSION ON HIV



CHIPTS
Center for HIV Identification, Prevention
and Treatment Services

*as part of the Commission on HIV meeting agenda. No registration required.

SPEAKER BIOGRAPHIES

Natalie Sanchez, MPH

Natalie has dedicated her career to HIV prevention with 15 years of HIV work experience implementing CDC evidence based prevention interventions, developing Social Marketing campaigns, and successfully incorporating CDC recommended guidelines for HIV and Hepatitis C screening and PrEP implementation into AltaMed's 24 clinic network. Natalie is a two time BRUIN with a Master in Public Health degree from UCLA's Executive MPH Program and holds a Bachelor degree in Sociology. Natalie is Studer-trained in Evidence-Based Leadership which has improved clinical quality, patient satisfaction, and more importantly employee engagement. She has a background in program development, project management, and community planning. She is well-known for her work as creator and writer of the award-winning telenovela webseries "Sin Vergüenza" which addresses HIV in Latino communities. Her educational training in socio-cultural and gender related topics has influenced her approach to addressing public health issues. As the HIV Prevention Manager at AltaMed, she has created and led some of the largest and most successful HIV campaigns as well as implemented a combination of public health strategies to reduce HIV infections in Southern California. Natalie is currently the Administrator of AltaMed's Specialty Department where she manages a team of 50 employees overseeing medical and prevention services for HIV and Hepatitis C. AltaMed serves over 1700 HIV positive clients and is one of the largest Latino HIV medical providers in Southern California with clinics in Los Angeles and Orange County.

Hilda Sandoval, PHD

Hilda co-wrote and produced the Sin Vergüenza and Ask Me About webseries. As a Mexican-American and trained mental health professional, she served as an instrumental subject matter expert on the impact of HIV in the Latino community. She is currently the Mental Health Manager at AltaMed and has worked on many initiatives designed to promote wellness, education, and increase HIV awareness in a culturally appropriate manner to HIV and LGBT communities. Hilda received her PHD from The Chicago School of Professional Psychology.

Ramon Garcia, MBA

Ramon developed, led, and executed the creative vision and the marketing promotional strategic plan for the Sin Vergüenza series. He is part of the award winning team who has been recognized by the Imagen Foundation and MarCom Awards. Ramon has nine years of marketing experience in brand management and strategy development resulting in successful marketing campaigns that target Latino, African-American, and LGBT markets revolutionizing the HIV healthcare industry. As Marketing Manager at AltaMed, he has developed and executed several AltaMed, first of its kind, digital campaigns. Ramon received his BA from UC Santa Barbara and is currently an MBA candidate from the Marshall School of Business at USC.

J.M. Longoria III is proud to be a part of the Sin Vergüenza family and educating Latinos about HIV prevention. This Texas native has co-starred in several television shows including FOX's "*Mulaney*". Most recently J.M. can be seen in Sony Pictures, "*Miracles from Heaven*."

Joanna Zanella in love with acting from the age of four, this Mexican-American actress has appeared in a variety of television campaigns. More recently, she achieved her dream of becoming the host for Univision Deportes. She will also host for UFC Español, covering the US and Latin America.

No Stigma, No Shade, No Shame!

Addressing Life, Love, Sex and HIV Through Digital Media

Presented By

Natalie Sanchez, MPH
Hilda Sandoval, PHD
Ramon Garcia, MBA



Objectives

Sin Vergüenza
Season Three

- Describe the process of developing a HIV Social Marketing Campaign that is relevant and accessible to Latinos across multiple generations.
- Demonstrate the effectiveness of using the Sin Vergüenza Season 3 Telenovela for igniting conversation in Latino communities around HIV treatment and treatment adherence through the use of educational entertainment.
- Evaluate the use of entertaining content to increase awareness on HIV-related issues including STD testing and treatment, HIV stigma, Transphobia, and LGBT shame and stigma.



AltaMed

Who We Are

Sin Vergüenza

Season Three



The largest independent Federally Qualified Community Health Center in the U.S.

Delivering more than 930,000 annual patient visits through its 43 sites in Los Angeles and Orange Counties

AltaMed HIV Services

Sin Vergüenza

Season Three

5 HIV Treatment Sites

Los Angeles & Orange County
1,700 HIV positive clients

2009 Opt-out HIV screening

2011 Systemize routine HIV testing in all clinics

Screen all persons 13-64

1986

Founded with Substance Abuse Treatment
Expanded Care now includes
Medical & Oral Health
Psychosocial Services
Prevention Services

HIV Testing

Over 5,000 HIV targeted tests annually
Over 30,000 Opt out HIV tests annually
Over 70 HIV+ persons identified annually

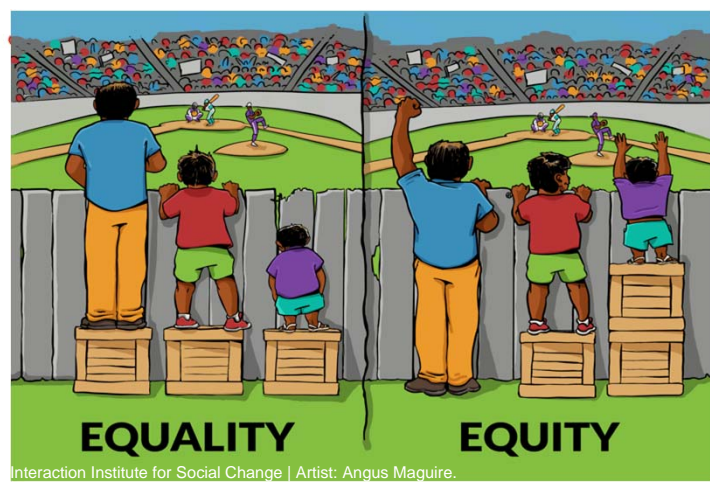


HIV in the US

Sin Vergüenza
Season Three

Centers for Disease Control and Prevention
(July 2012)

Released the Stages of Care, a comprehensive analysis showing that only 25% of the 1.1 million Americans living with HIV have their virus under control



Interaction Institute for Social Change | Artist: Angus Maguire.

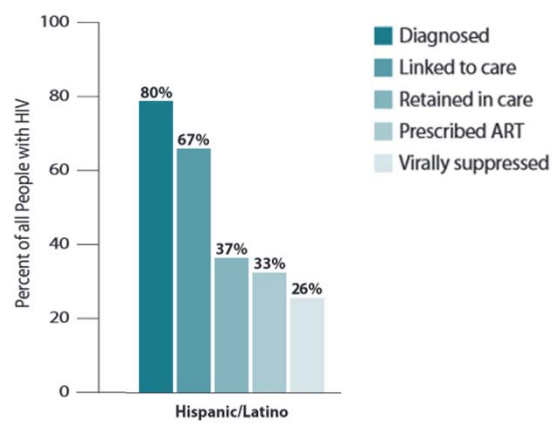
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HIV & Latinos in the US

Sin Vergüenza
Season Three

Centers for Disease Control and Prevention
(July 2012)

- New HIV infection among Latinos in US was more than 3x as high as that of whites.
- Among Latino men who have sex with men (MSM), 67% of estimated new HIV infections occurred in those under age 35.
- 70% of Latinas living with HIV/AIDS were infected through heterosexual contact



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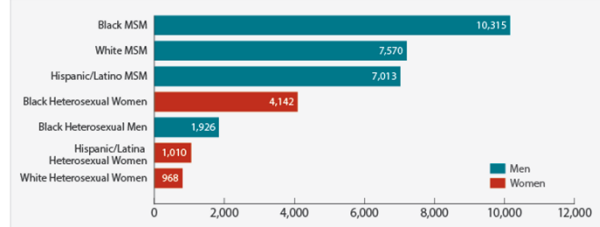
Women and HIV/AIDS

Sin Vergüenza
Season Three

Centers for Disease
Control and Prevention
(July 2015)

- Overall 86% of HIV diagnoses among women were attributed to heterosexual sex.
- Among all women with HIV diagnosed in 2015, 61% were African American, 19% were White, and 15% were Hispanic/Latino.
- Women represent 23% of the cumulative HIV/AIDS in the U.S.
- Only 76% are linked to HIV care.

HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015



AltaMed

About the Series

Created in 2012, the series encourages people to seek HIV testing by featuring character stories highlighting the impact HIV has on Latino families.

11-episode Telenovela web series
Bilingual: English and Spanish

Watch at SVseries.org



Why a telenovela?

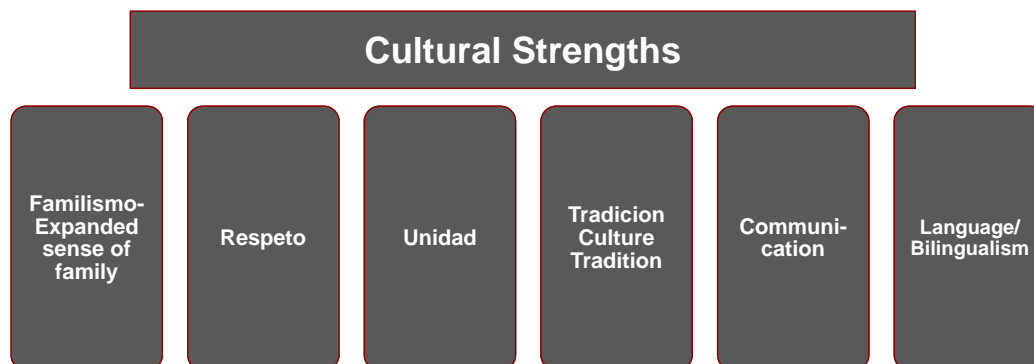
- Telenovelas are a fundamental part of the Latino experience and culture in the US
- Have roots in Latin America
- Are a cultural touchstone, especially for Spanish speakers across the globe.
- Popular story arcs like long-lost family members resonate with Latinos whose families may have emigrated.
- Telenovela viewership in the United States is booming with 5.6 million people tuning in across the country (Jacobson, 2012)

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Cultural Strengths

Sin Vergüenza

Season Three



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Sin Vergüenza = Without Shame

Shame

Informs you of an internal state of inadequacy, unworthiness, dishonor, or regret about which others may or may not be aware.



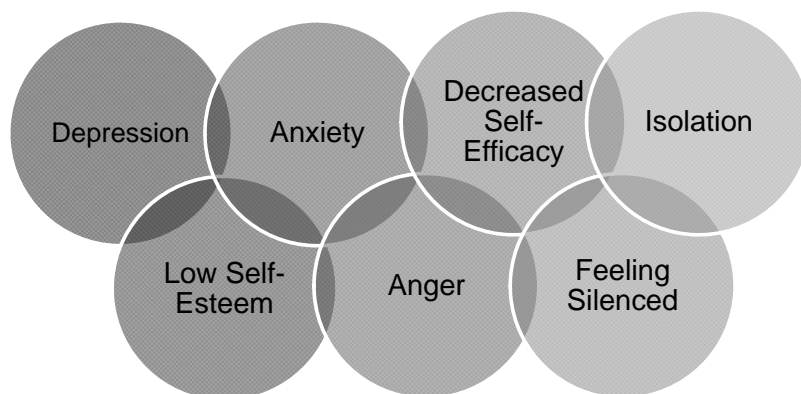
Another person, circumstance, or situation can trigger shame in you, but so can a failure to meet your own ideals or standards whether or not they are perfectionist

(Lamia, 2011)

Shame

Sin Vergüenza

Season Three

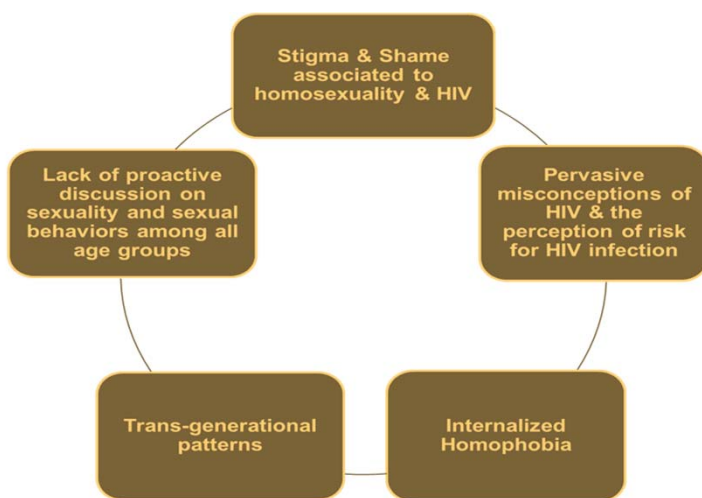


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Themes/Contributors of Risk

Sin Vergüenza

Season Three



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Season One

Goals for the season:

- Encourages people to seek HIV testing.
- Raises awareness of HIV risk regardless of age, gender, relationship status or sexual orientation.
- Addresses shame and stigma associated to sexual orientation and HIV.



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Season Two

Goals for the season:

- Combats stigma and shame tied to HIV
- Promotes treatment as a form of prevention for those living with HIV and PrEP for those at risk of becoming infected with HIV.
- Addresses prevention methods to reduce Mother to Child transmission of HIV
- Addresses the differences in coping for persons living with HIV (mental health, substance abuse, and disclosure)



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Sin Vergüenza

Season Three

Meet The Salazars

Sin Vergüenza
Season Three

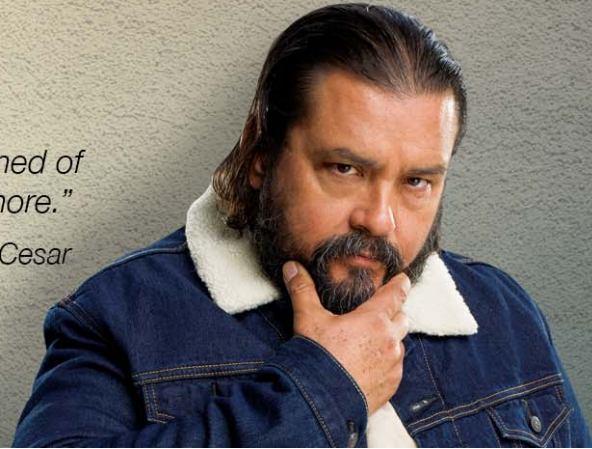


Cesar Salazar

Sin Vergüenza
Season Three

"I ran away because I was so ashamed of who I was, but I just can't run anymore."

- Cesar



Cesar Salazar

Sin Vergüenza
Season Three

HIV positive and infected his wife of 28 years. He turned to alcohol as a means to cope and accessed the 12-step program to deal with shame and guilt.



Adriana Salazar

Sin Vergüenza
Season Three

*"It hasn't been easy,
but I know I'll be ok."*
- Adriana



Adriana Salazar

Sin Vergüenza
Season Three

She's coping with her HIV diagnosis by accessing mental health to work through changes in her relationship and health



Tatiana

Sin Vergüenza
Season Three

*"I've dealt with this my whole life. I get harassed for simply being a transwoman."
- Tatiana*



Tatiana

Sin Vergüenza
Season Three

She represents transwomen who have been victims of assault and abuse. Her character highlights chronic abuse experienced and the challenges in accessing protections from authorities.



Enrique Salazar

Sin Vergüenza
Season Three

*"I thought I was
being careful."
- Enrique*



Enrique Salazar

Sin Vergüenza
Season Three

Young openly gay man who is knowledgeable and proactive in HIV prevention and self-care. He's an LGBT advocate and helps those who are underrepresented.



Christina Salazar

Sin Vergüenza
Season Three



*"You can't get HIV
like you catch a flu."
– Christina*

Christina Salazar

Sin Vergüenza
Season Three

She has been deeply impacted by her parents' HIV diagnosis and family secrets. As a young mother, she is trying to stop her dysfunctional relationship with her son's father and reclaim her voice.



Esther Salazar

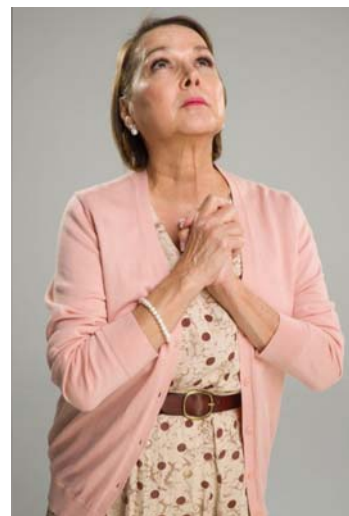
Sin Vergüenza
Season Three



Esther Salazar

Sin Vergüenza
Season Three

La Abuela is struggling to adjust to changes in her family. She is forced to re-evaluate her expectations of a woman's role in the family and explore the benefits of dating.



Sin Vergüenza

Season Three

Episode One

Transphobia

Sin Vergüenza

Season Three

- Call for justice.
- Stand up against discrimination and crimes of hate against the transgender community



AltaMed

Sin Vergüenza

Season Three

Episode Two

HIV Stigma

Sin Vergüenza

Season Three

- Eliminating shame, stigma and misconceptions about HIV in our community.
- Highlighting the value of HIV treatment compliance.
- Undetectable = Untransmittable



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Sin Vergüenza

Season Three

Episode Three

STD Testing & Treatment

Sin Vergüenza

Season Three

- The rate of new HIV and STD infections continues to rise each year.
- PrEP and regular condom use are important ways to reduce the risk of transmission of HIV and other STDs



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Sin Vergüenza

Season Three

Episode Four

LGBT Shame & Stigma

Sin Vergüenza

Season Three

- Eliminate homophobic messages that are both harmful and hateful.
- These impact many LGBT persons and can cause a deep sense of shame and stigma about who they are.



AltaMed

Sin Vergüenza

Season Three



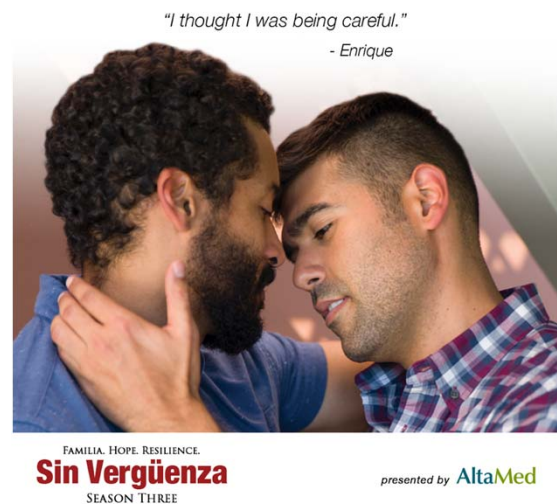
What's Being Done to Disseminate and Engage the Community?

Social Media
Press Media
Partnerships
Community Showings
You!

AltaMed

What's Next

- Survey to Assess Impact of SVII Developed in Collaboration with Gino Galvez, PhD, CSULB
- Media Kits for Season Three Available to Share the Telenovela with your Communities



Connect With Us

SEASON THREE

NOW AVAILABLE

Watch at SVseries.org



Follow us for updates on:



@AltaPride

Sin Vergüenza

Season Three

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**PARTS II and
III ARE
AVAILABLE
ON THE
WEBSITE AS
SEPARATE
FILES.**