



LOS ANGELES COUNTY  
COMMISSION ON HIV



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## HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

### Comprehensive HIV Plan (CHP) 2022-2026 | Prevention-Focused Planning & Community Engagement

Agenda and meeting packet will be available prior to the meeting at  
<http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

Wednesday, October 27, 2021

5:30PM-7:00PM (PST)

**JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:**

<https://tinyurl.com/3ftr3shm>

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001 US Toll

Access Code: 2595 402 1301

*Help prevent the spread of STDs and HIV. Let your  
voice be heard.*

*Your input will inform the planning of prevention  
services in your community.*

*Be a part of the solution!*

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## PREVENTION PLANNING WORKGROUP (PPW) Virtual Meeting Agenda

**Wednesday, October 27, 2021 @ 5:30pm – 7:00pm**

To Join by Computer: <https://tinyurl.com/3ftr3shm>

To Join by Phone: +1-415-655-0001 | Access code: 2595 402 1301

1. Welcome and Introductions 5:30pm – 5:45pm
  
2. UPDATE: Improving PrEP Referrals for Women: Collaboration with the Division of HIV and STD Programs 5:45pm – 6:00pm
  
3. Comprehensive HIV Plan (CHP) 2022-2026 (AJ King, Next Level Consulting) 6:00pm – 6:45pm
  - Plan Overview, Purpose, and Federal Guidance
  - Discuss Prevention Sections of the Plan
  - Discuss alignment with Ending the HIV Epidemic Plan
  - Discuss role of PPW and Strategies for Prevention-focused Community Engagement and Planning
  - Q&A
  - The Federal guidance on the Integrated Plan is available at <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>
  
4. Public Comment + Announcements 6:45pm – 7:00pm
  
5. Adjournment 7:00pm



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)**  
**Wednesday, September 22, 2021 | 5:30-7:00PM**  
**MEETING SUMMARY**

Miguel Martinez (Co-Chair)	Everardo Alvizo	Jayshawnda (Jayda) Arrington
Genevieve Clavreul	Valerie Coachman-Moore	Frankie Darling-Palacios
Kiana Dobson	Kevin Donnelly	Grissel Granados
Adjoa Jones	Veronica Montenegro	Katja Nelson
Elizabeth Pacheco	Natalie Sanchez	Greg Wilson
Commission on HIV (COH) Staff: Jose Rangel-Garibay, Carolyn Echols-Watson		
Division of HIV and STD Programs (DHSP) Staff: Victor Scott, Paulina Zamudio		

**1. Welcome & Introductions**

Miguel Martinez, PPW Co-Chair, called the meeting to order at approximately 5:36PM. Attendees were invited to introduce themselves, agency affiliation, and pronouns in the Chat Box.

The meeting packet for this meeting can be found on the Commission website at the following link: [http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt-PPW\\_09-21-21\\_updated.pdf?ver=ZyvcYeptfdLqNI1YB5zpvA%3d%3d](http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt-PPW_09-21-21_updated.pdf?ver=ZyvcYeptfdLqNI1YB5zpvA%3d%3d)

**2. Engaging Women of Color in Prevention Planning | Special Presentation and Discussion: HIV/STDs and Black Maternal, Child and Infant Health: Opportunities at Shared Intersections**, Adjoa Jones, MBA, CLES, Doula, AAIMM Outreach & Engagement Director, Maternal Child, Adolescent and Health Programs, Health Promotion Bureau, Los Angeles County Department of Public Health

As part of the group’s ongoing conversation on elevating data for women, in particular women of color, Ms. Adjoa Jones was invited as a guest speaker to shed light on intersecting opportunities for addressing Black maternal and infant health and HIV/STDs. A. Jones prefaced her presentation remarking the importance of seeking opportunities for collaborations. She leads a county-wide initiative African American Infant Maternal Mortality (AAIMM). The prevention focused initiative focuses on Black infants and mothers and ensuring that we look at how to support them in their pregnancy and birth outcomes.

Launched in 2018, the initiative originally established a Community Action Team (CAT) in South Los Angeles to address maternal and infant health, along with homelessness, substance use, mental health, access to care and medical home. The CAT looked at public-private partnerships and addressing racism, racial disparities and inequities. Black babies die 2-3 times the rate of

white babies in Los Angeles County. Black mothers and babies fare worst under the care of white doctors.

The AAIMM Initiative offers various services to the community: capacity building and technical support; funding; training; doula training; and educational resources. Engaged community through bi-monthly CAT meetings with focused topic conversations and educational sessions (breast feeding, sexual health, pregnancy outcomes, etc.). Hosted Black daddy virtual dialogues to engage fathers of Black children in being active participants in family and community wellness. Initiative conducted policy work by advocating for provider training on implicit bias in medical settings. There are now 4 CATs in the County.

The initiative has been challenged by COVID, staff reassignments and career changes, and reliance on government for services and as the backbone organization for the county-wide initiative. Sustainability is also a challenge. Doula certification requirements may impede more Black women to become doulas in the community.

**Group discussion highlights:**

- How do you stay sexually healthy in a COVID pandemic environment?
- The data presented by A. Jones underscore the racist and unacceptable disparities in Black maternal and infant health.
- It is important to call out racism. How do we call out racism in the way it impacts STDs/HIV? Working with providers and doctors has been a good strategy for AAIMM Initiative. Have conversations on what racism looks like in various setting, like healthcare, community, education, history, etc.
- One way to collaborate is to have both groups know about each other's issues; leverage Ending the HIV Epidemic Community Mobilization project and share information.
- Look at and address data that show similar and overlapping disparities affecting the same communities and geography.
- Connect Black women to sexual health resources, early prenatal care to prevent and treat syphilis. Don't sweep under the rug who is impacted the most. Acknowledge the problem and address with real solutions. AAIMM is doing training for DCFS staff because they acknowledge racist policies of removing Black children from their homes.
- Need to raise issue with the entire DPH—there seems to be no ownership or acknowledgement of HIV and STDs as a countywide issue.
- Empower people to know that they have choices with services.

**Next Steps for DHSP:** Meet with Medical Car Coordination (MCC) teams and consider sharing resources and stories A. Jones presented. Connect Black women to resources and fully understand data.

3. **Improving PrEP Referrals for Women: Collaboration Update with the Division of HIV and STD Programs** -- Meeting with P. Zamudio will be held on September 30. No new updates at this time.

## 7. Executive Director and Staff Update

### Comprehensive HIV Plan (CHP)

- The full federal guidance may be found at <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>
- K. Donnelly, Planning, Priorities and Allocations (PP&A) Committee Co-Chair, announced the release of the federal guidance on the development of the CHP. The CHP is an integrated 5 year coordinated HIV prevention and care plan. The federal government refers to the plan as “Integrated Plan” and will cover 2022-2026. K. Donnelly would like to see the plan elevate equity and ensure a strong prevention component. The plan will be due to Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration (HRSA) in December 2022. Non-Commissioners and broader community members are encouraged to be a part of the CHP development. The COH will work a consultant to help guide the process and writing of the plan. All COH subgroups will be engaged in shaping the plan.
- M. Martinez informed attendees to keep an eye out for a message from the COH regarding in-person meetings. He noted that since the PPW is not subject to the Brown Act, the workgroup will continue to meet virtually.

## 8. Public Comment + Announcements

- The California Planning Group (CPG) and the Office of AIDS will be hosting a four-day virtual CPG meeting on October 6, 8, 13, and 15. Except for October 6, each meeting day will be open to the public. The meeting will be comprised of four separate Zoom sessions (three hours each day, 1:00 – 4:00 pm). For more information, visit [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_CPG.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx)

## 9. Steps and Agenda Development for Future Meetings:

- Revisit focus, purpose, and direction of the PPW. What are the desired outcomes of this group?
- Fill 2 PPW Co-Chair vacancies.
- Would like to see more DHSP and/or CDC funded prevention agencies in the County participate in PPW and other prevention related conversations.
- Consider substance use and mental health issues. Should we continue to focus on women until issues identified by the PPW are resolved before moving to another issue? Make sure problems are addressed and not just discussed.
- Conduct an inventory of prevention resources in the County. What does Prevention 2.0 look like? Where is the innovation? COVID impacted innovation and ability to learn and try new strategies. How do we modernize prevention? What effective prevention strategies are effective in other countries that are well represented in Los

Angeles?

- What types of prevention work are we doing under the EHE initiative? Anything specific to women?
- Invite others to join conversation on prevention inventory in LAC. Personal invitations are more effective.

#### **4. Public Comment and Announcements:**

- J. Arrington shared that she needs support to address her housing situation. M. Martinez mentioned the DHSP Grievance Line as a resource to address her complaint and to reach out to P. Zamudio for guidance. P. Zamudio provided her contact information in the Chat to facilitate a follow-up conversation with J. Arrington. K. Nelson from APLA will also assist.
- Project Fierce meetings next week and members are encouraged to call V. Montenegro.
- Project New Hope has beds available for transitional housing. P. Zamudio has additional information.

#### **5. Adjournment**

The meeting was adjourned at approximately 7:03PM.



## DEPARTMENT OF HEALTH & HUMAN SERVICES

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June 30, 2021

Dear Ryan White HIV/AIDS Program and Centers for Disease Control and Prevention Colleagues:

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), and the Centers for Disease Control and Prevention's (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to provide the attached guidance, *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026*. This guidance outlines the planning requirements for Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and all DHAP-funded state and local health departments.

Submission of the Integrated HIV Prevention and Care Plan meets HRSA and CDC legislative and program requirements, and serves as a jurisdictional HIV strategy guiding all HIV-related resources for the jurisdiction.

In acknowledgement that many of you developed other jurisdictional planning documents, such as Ending the HIV Epidemic (EHE) or Getting to Zero plans, HRSA HAB and CDC DHAP restructured this guidance to allow for the submission of existing documents to satisfy some of the requirements. Recipients should review *Appendix 1: CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist* for more information on submission requirements, and to document where existing documents are being used to satisfy the requirement.

Planning is imperative for effective local and state decision making to develop systems of HIV prevention and care responsive to the needs of persons at-risk for HIV infection and for people with HIV. HRSA and CDC encourage RWHAP recipients and HIV prevention programs at the local and state levels to integrate existing planning activities, such as joint comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, and integrated HIV prevention and care planning body meetings.

Overall, planning groups are encouraged to streamline their approaches to HIV planning. HRSA and CDC recognize the necessity of developing an integrated plan, and therefore, allow jurisdictions to incorporate associated planning costs into their budgets.

Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States. We encourage you to incorporate your community engagement efforts with your integrated planning activities. Recipients may use, to the extent that it is helpful, existing planning bodies, such as integrated HIV prevention and care planning bodies or EHE planning bodies to conduct necessary community engagement events, and to identify new stakeholders who may need to participate.

Our continued joint expectation is that RWHAP Parts A and B recipients and DHAP-funded state and local health departments utilize their existing Integrated HIV Prevention and Care Plans, as well as other jurisdictional plans, (e.g., EHE Plans, Fast Track Cities), as their jurisdictional HIV strategy or roadmap until submission of the new integrated plan in December 2022.

To support jurisdictions in submitting their HIV Prevention and Care Integrated Plan, HRSA HAB and CDC DHAP will host a technical assistance webinar in the next several weeks; announcements for the webinar will go out to all HRSA and CDC funded recipients.

HRSA and CDC look forward to continued work with all partners and stakeholders involved in HIV prevention and care planning to accomplish the national goals set forth in the *HIV National Strategic Plan: A Roadmap to End the Epidemic 2021- 2025*.

Sincerely,

/Laura W. Cheever/  
Laura W. Cheever, MD, ScM  
Associate Administrator, HIV/AIDS Bureau  
Health Resources and Services Administration

/Demetre Daskalakis/  
Demetre Daskalakis, M.D.  
Director, Division of HIV/AIDS Prevention  
National Center for HIV/AIDS, Viral  
Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention



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# Development of LA County Integrated HIV Prevention and Care Plan, 2022-2026

LA County Commission on HIV  
Prevention Planning Workgroup Meeting

10.27.2021

AJ King, Next-Level Consulting, Inc.

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# Agenda

- Integrated Plan Guidance
  - Required Sections
  - Proposed Timeline
  - Discussion: *How best to engage stakeholders*
-

# Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021



- 
- Second iteration of Integrated Plan Guidance (first in 2015)
  - Necessitates engagement from wide range of stakeholders including people at risk for and living with HIV
  - Aligned with national goals but reflective of local vision, values and needs
  - May submit portions of EHE plans as long as the submission addresses broader needs of jurisdiction and applies to the entire HRSA & CDC HIV funding portfolio.
-

Requirement	Requirement Details
<b>Section I: Executive Summary</b>	<p>a. Describe <u>approach</u> to preparing the Integrated Plan submission (e.g., updated previously submitted plan, integrated sections of existing plans or other documents, developed an entirely new plan, etc.).</p> <p>b. List and describe <u>all documents used</u> to meet submission requirements, including existing materials and newly developed materials used for each requirement.</p>
<b>*Section II: Community Engagement and Planning Process</b>	<p>Purpose: To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements.</p> <ul style="list-style-type: none"> <li>a. Entities involved in process</li> <li>b. Role of the RWHAP Part A Planning Council</li> <li>c. Role of Planning Bodies and Other Entities</li> <li>d. Collaboration with RWHAP Parts</li> <li>e. Engagement of people with HIV</li> <li>f. Priorities that arose out of planning and CE</li> <li>g. Updates to other plans used</li> </ul>

\*This requirement may include submission of portions of other submitted plans including the EHE plan

Requirement	Requirement Details
<p><b>*Section III: Contributing Data Sets and Assessments</b></p>	<ol style="list-style-type: none"> <li>1. Data Sharing and Use</li> <li>2. Epidemiologic Snapshot</li> <li>3. HIV Prevention, Care and Treatment Resource Inventory:               <ol style="list-style-type: none"> <li>a. Strengths and gaps; b. Approaches and Partnerships</li> </ol> </li> <li>4. Needs Assessment:               <ol style="list-style-type: none"> <li>a. Priorities; b. Actions Taken; c. Approach</li> </ol> </li> </ol>
<p><b>*Section IV: Situational Analysis</b></p>	<p>Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. Include any analysis of structural and systemic issues impacting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies The situational analysis should include an analysis in each of the following areas: Diagnose; Treat; Prevent; Respond</p> <ol style="list-style-type: none"> <li>a. Priority Populations - Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.</li> </ol>

\*This requirement may include submission of portions of other submitted plans including the EHE plan

Requirement	Requirement Details
<p><b>*Section V: 2022-2026 Goals and Objectives</b></p>	<p>Purpose: To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding.</p> <ol style="list-style-type: none"> <li>1. Goals and Objectives - how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process.               <ol style="list-style-type: none"> <li>a. Updates to Other Strategic Plans Used to Meet Requirements</li> </ol> </li> </ol>
<p><b>*Section VI: Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up</b></p>	<p>Purpose: To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases: 1. Implementation; 2. Monitoring; 3. Evaluation; 4. Improvement; 5. Reporting and Dissemination</p>
<p><b>Section VII: Letters of Concurrence</b></p>	<p>Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the jurisdiction.</p>

\*This requirement may include submission of portions of other submitted plans including the EHE plan







Deliverables					
	2021				
	11/1 – 4/1	4/1	5/2	6/1	7/1
Pre-Planning and Planning	X				
Submit draft of Section III: Contributing Data Sets and Assessments		X			
Submit draft of Section IV: Situational Analysis			X		
Submit draft of Section V: 2022-2026 Goals and Objectives				X	
Submit draft of Section VI: Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up; and Other Sections: Executive Summary (Section I), Community Engagement and Planning Process (Section II), Data Sharing and Use					X

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# Examples of Stakeholders to Consider for Community Engagement

- Existing community advisory boards
  - Community members that represent the demographics of the local epidemic
  - STD clinics and program
  - City, county, tribal, and other state public health department partners
  - Clinics & school-based healthcare facilities; clinicians; and other medical providers
  - Medicaid/Medicare partners and private payors
  - Correctional facilities, juvenile justice, local law enforcement
  - Community- and faith-based organizations, including civic and social groups
  - Professional associations
  - Local businesses
  - Local academic institutions
-

## Examples of Community Engagement Activities

- Focus groups or interviews
  - Town hall meetings
  - Topic-focused community discussions
  - Community advisory group or ad hoc committees or panels
  - Collaboration building meetings with new partners
  - Public planning body(s) meetings or increased membership
  - Meetings between state and local health departments
  - Social media events
-

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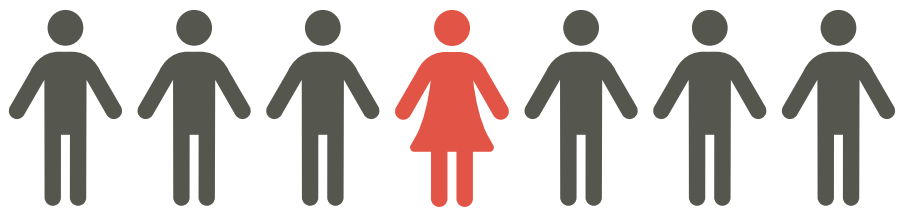
**Thank you!**

**[ajking@next-levelconsulting.org](mailto:ajking@next-levelconsulting.org)**

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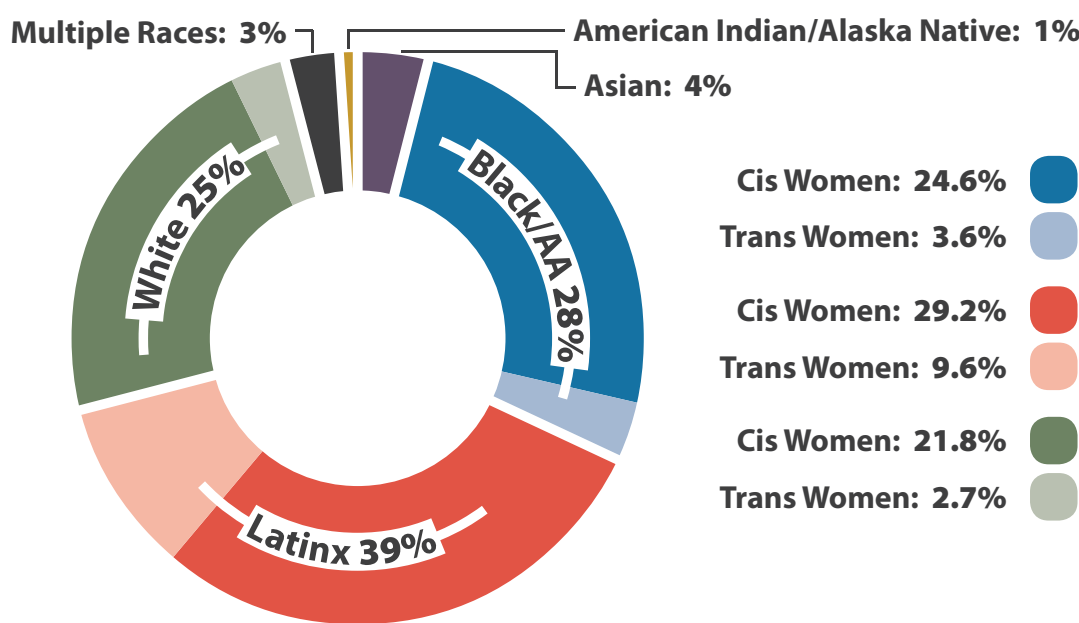
# HIV & WOMEN

There were **4,396** new HIV diagnoses in California in 2019. Of those, **15%** were among women (12% among cisgender women and 3% among trans women).

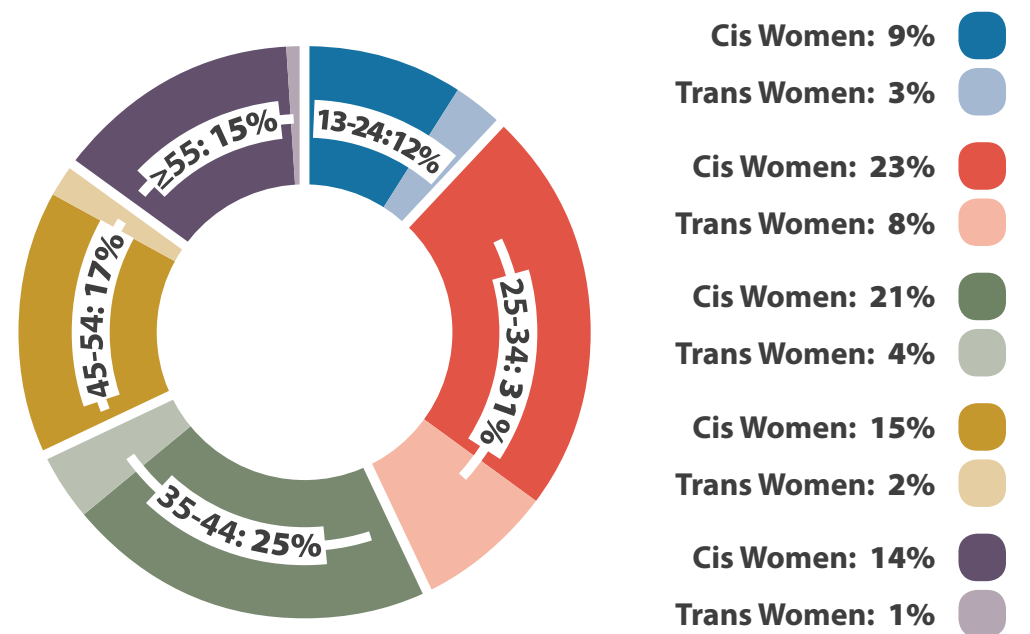


**ONE** in seven new HIV diagnoses are among **WOMEN**

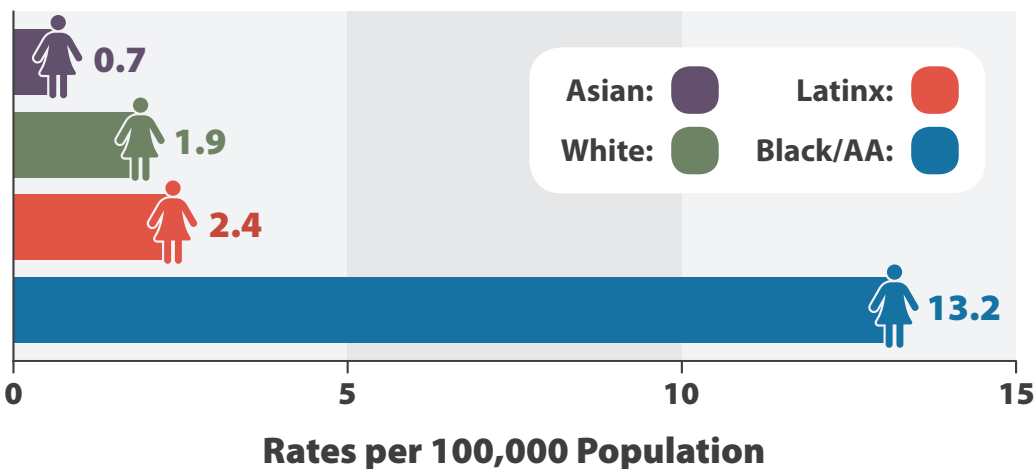
## Black/African American & Latinx Women are Disproportionately Affected by HIV



## Women Aged 25 to 34 had the Largest Proportion of New Diagnoses



## Black/African American Cisgender Women Have the Highest Rate of New HIV Diagnoses

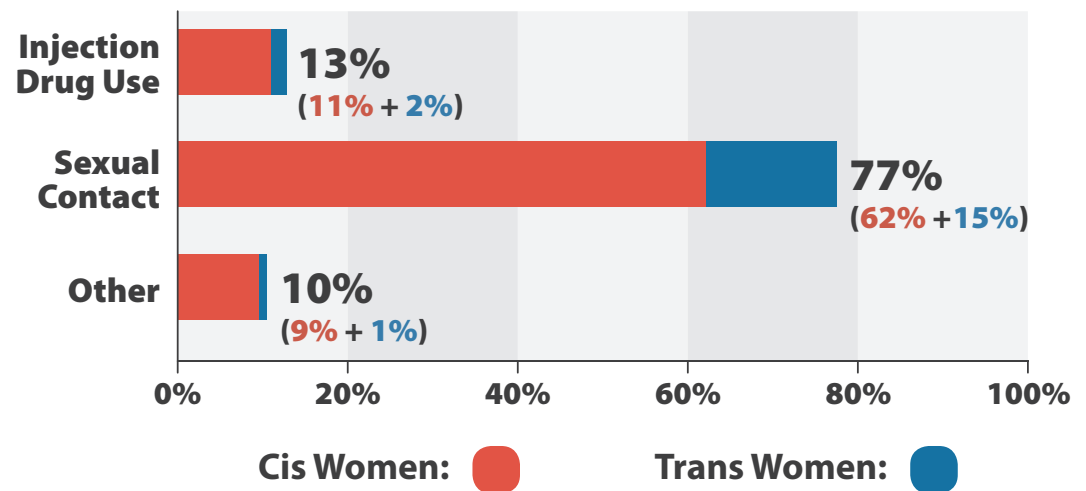


Rates among newly diagnosed Black/African American cis women are 6.9 times higher than White cis women, and among Latinx cis women, 1.3 times higher than White cis women. Although rates for transgender individuals are unknown, National HIV prevalence among transgender individuals is estimated at 9.2%, with transgender women among the groups most affected by HIV.<sup>1</sup>

Source of Figures: California Department of Public Health, Office of AIDS, California HIV Surveillance Data

<sup>1</sup> Becasen JS, Denard CL, Mullins MM, Higa DH, Sipe TA, Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017. Am J Public Healthexternal 2018 Nov 29:e1-e8. doi: 10.2105/AJPH.2018.304727.

## Most New HIV Diagnoses Among Women are Attributed to Sexual Contact



Risk categories are in order of highest transmission risk (Injection Drug Use, Sexual Contact, and Other). Individuals with multiple risk factors are reported in the category most likely to result in HIV transmission. "Other" includes perinatal exposure and risk factors not reported or identified.

# PrEP Can Reduce Your Chance of Getting HIV

Pre-Exposure Prophylaxis (PrEP) is a pill that reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.<sup>2</sup>



PrEP is safe to take during pregnancy and breastfeeding, and can help protect you and your baby from getting HIV.



There are no known drug conflicts between PrEP and hormone therapy, and no reason why the drugs cannot be taken at the same time.



PrEP is covered by most insurance plans as well as Medicaid programs. There are also programs that provide PrEP for free or at a reduced cost.

<sup>2</sup> PrEP Effectiveness (https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html)



[pleaseprepme.org/california](https://pleaseprepme.org/california)



[getyourprep.com](https://getyourprep.com)  
(855) 447.8410

## HIV Prevention

**Partner Status**  
Know your partner's HIV status.

**Condom Use**  
Helps prevent the sexual transmission of HIV and other STIs.

**Clean Syringes**  
Use clean syringes and injecting equipment when you inject.

Services Near You



## HIV Testing

The only way to know your status is to GET TESTED.

Find an HIV testing site near you.



[locator.hiv.gov](https://locator.hiv.gov)

Order FREE in-home HIV test kits.



[takemehome.org](https://takemehome.org)

undetectable = untransmittable



- People living with HIV are leading lives that are normal in quality and length. With effective treatment, they are NOT infectious.
- Effective treatment reduces HIV transmission to ZERO.
- There is currently no cure for HIV, but there is treatment.
- If you are HIV positive, get in care, stay in care, and live well.



For More Information: [cdph.ca.gov/programs/cid/doa/pages/hiv-women-additional-resources.aspx](https://cdph.ca.gov/programs/cid/doa/pages/hiv-women-additional-resources.aspx)