



BLACK CAUCUS COMMUNITY LISTENING SESSIONS

# EXECUTIVE SUMMARY

SEPTEMBER 26, 2024

“EMPOWER, ENGAGE & EVOLVE: SEXUAL HEALTH & HIV  
DIALOGUE FOR SAME GENDER LOVING MEN ”

## INTRODUCTION

On September 26, 2024, the Los Angeles County Commission on HIV Black Caucus hosted a community listening session for same-gender-loving (SGL) Black men at APLA Health, Out Here Sexual Health Center, Baldwin Hills.

The session, facilitated by Leon Maultsby, MHA, and Dr. Donta Morrison, brought together Black and Latino gay and bisexual men aged 18 to 50+ to discuss stigma, healthcare access barriers, and cultural influences on healthcare engagement. Participants received a \$50 gift card, a meal, and sexual health resources.

## OBJECTIVE

Through community listening sessions focusing on seven key populations identified in the Black Caucus (formerly the Black/African American Community Taskforce [BAAC]) recommendations, we aim to quantify the sexual health needs of Black communities in Los Angeles County. These discussions will guide improvements in HIV prevention and care service delivery, ensuring cultural responsiveness and a comprehensive understanding of the diverse sexual health care needs of our Black communities in Los Angeles County.



## KEY DISCUSSION TAKEAWAYS

**Generational Differences in Sexual Health Awareness & Education:** Participants noted generational differences in knowledge and attitudes towards sexual health, with younger generations being more open and informed. Participants emphasized the need for comprehensive, inclusive, and age-appropriate sexual health education in schools, especially for high school students. Participants spoke about how the absence of LGBTQ-focused groups within the LAUSD adds to lack of knowledge around sexual health for MSMs of color.

**Barriers to Accessing Sexual Health Services:** Stigma, lack of knowledge about available resources, and complex referral processes were identified as key barriers to accessing sexual health services. Participants highlighted the importance of culturally competent providers and representation in healthcare settings to address the specific needs of diverse communities.

**Awareness and Utilization of Biomedical Interventions:** Participants discussed the importance of awareness and access to biomedical interventions like PrEP and Doxy PEP, but noted gaps in knowledge and utilization, especially among heterosexual communities. Participants shared concerns around medical mistrust and how that contributes to why some are resistant to biomedical interventions.

**Intergenerational Stigma and Shame:** Participants acknowledged the intergenerational stigma and shame associated with discussing sexual health, which contributes to the lack of open conversations and disclosure. Strategies to normalize these discussions and create safe spaces for dialogue were identified as crucial.

**Community Engagement and Funding Priorities:** Participants stressed the importance of community engagement and targeted funding to support sexual health services that addresses the unique needs of diverse populations. The need for more community based events and testing opportunities was highlighted to increase awareness and access.

**Responsibility and Disclosure in Sexual Relationships:** Participants discussed the shared responsibility of both partners to be aware of their sexual health status and disclose relevant information, rather than placing the burden solely on one individual. The conversation highlighted the complexities around disclosure, especially in the context of undetectable viral load and PrEP use.

**Challenges with Medical Access and Navigation:** Participants shared experiences of navigating healthcare systems to access medications like PrEP and doxy PEP, emphasizing the need for referrals and the lack of provider knowledge. The importance of having a provider who is knowledgeable and can guide individuals through the process was emphasized. Participants who are HIV-found themselves having to educate their primary care physician about biomedical interventions; which created concerns about clinic/hospital inclusivity.

## CONTACT INFO

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## FINDINGS & RECOMMENDATIONS

**Comprehensive Sexual Health Education Across Age Groups:** There is a significant generational difference in knowledge, attitudes and comfort levels when discussing sexual health. Develop tailored outreach and campaigns to address generational sexual health needs.

**Targeted Outreach & Awareness Campaigns:** Barriers in accessing sexual health services include the lack of knowledge about available resources. Create targeted outreach and awareness campaigns.

**Intergenerational Stigma and Shame:** Intergenerational stigma and shame associated with discussing sexual health contributes to the lack of open conversations and disclosure. Normalize discussions and create safe spaces for dialogue through community-based programs and collaboration with trusted messengers, e.g., influencers, ambassadors, to destigmatize discussions.

**Cultural Competency of Healthcare Providers:** The need for culturally competent providers and representation in healthcare settings was emphasized. Invest in culturally competent healthcare providers to effectively address the needs of diverse communities and medical mistrust.

**Awareness and Utilization of Biomedical Interventions:** Gaps in knowledge and utilization of PrEP and Doxy PEP require comprehensive educational campaigns for providers and community along with ongoing training and support for healthcare providers.

## FINAL THOUGHTS

The insights and recommendations gathered through this listening session underscore the unique challenges and opportunities in addressing sexual health within the Same Gender Loving Men community. Participants highlighted the generational differences in knowledge, attitudes and comfort levels when discussing sexual health, particularly around biomedical interventions like PrEP and Doxy PEP. Bridging this gap through comprehensive inclusive and age-appropriate education will be crucial in empowering individuals to make informed decisions about their sexual well-being. Equally important is the need to address the persistent stigma and shame that continue to hinder open dialogues and access to essential services. By creating safe spaces for peer to peer discussions and collaborating with trusted community leaders, we can work towards normalizing these conversations and fostering a more supportive environment for same gender loving men to prioritize their sexual health.

