



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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*Join us in developing a progressive and inclusive agenda to address the disproportionate impact of HIV/STDs in our Black communities*

# BLACK CAUCUS

## Virtual Meeting

**Thursday, March 20, 2025  
4:00PM-5:00PM (PST)**

Agenda and meeting materials will be posted on <http://hiv.lacounty.gov/Meetings> \*Other Meetings

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. [CLICK HERE](#) FOR MORE INFO.

**TO VIEW THE BLACK CAUCUS' RECOMMENDATIONS, [CLICK HERE](#)**

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<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m0ad3d02777c474159493a7411ce43341>

### TO JOIN BY PHONE:

1-213-306-3065 Access Code/Event #: 2531 600 3012

Meeting Password: BLACK

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# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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# BLACK CAUCUS

## Virtual Meeting Agenda

Thursday, March 20, 2025 @ 4:00PM-5:00PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m0ad3d02777c474159493a7411ce43341>

Join by phone: 1-213-306-3065

Password: BLACK Access code: 2531 600 3012

- |    |  |               |
|----|--|---------------|
| 1. | WELCOME, INTRODUCTIONS & MEETING GUIDELINES  | 4:00PM-4:05PM |
| 2. | COH STAFF REPORT/UPDATES <ul style="list-style-type: none"><li>• Operational/County Updates</li></ul>  | 4:05PM-4:10PM |
| 3. | CO-CHAIR REPORT/UPDATES <ul style="list-style-type: none"><li>• NBHAAD Activities Feedback</li><li>• 2025 Workplan Review</li></ul>  | 4:10PM-4:15PM |
| 4. | 2025 CO-CHAIR NOMINATIONS & ELECTION   | 4:15PM-4:20PM |
| 5. | DISCUSSION <ul style="list-style-type: none"><li>• Organizational Needs Assessment for Black-Led &amp; Servicing Organizations<ul style="list-style-type: none"><li>✓ Convene Focus Group: Host a focus group for organizations that did not participate in the initial assessment.</li></ul></li><li>• Community Listening Sessions: Complete the remaining sexual health listening sessions to engage key Black community populations. Insights will inform recommendations for stakeholders and partners to create a more equitable, culturally responsive healthcare system.<ul style="list-style-type: none"><li>✓ Transgender</li><li>✓ Youth</li><li>✓ Justice Involved</li><li>✓ Heterosexual Men/Men Who Do Not Identify as MSM</li></ul></li></ul> | 4:20PM-4:50PM |
| 6. | RECAP AND NEXT STEPS   | 4:50PM-4:55PM |
| 7. | PUBLIC COMMENT & ANNOUNCEMENTS   | 4:55PM-5:00PM |
| 8. | ADJOURNMENT  | 5:00PM        |

***The Caucus' mission is to address the disproportionate impact of HIV and STIs within the Black communities of Los Angeles County through advocacy, education, and mobilization.***

**TO VIEW THE BLACK CAUCUS' RECOMMENDATIONS, CLICK [HERE](#)**



## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

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

### CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, "... authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

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## Black Caucus Overview

The Commission on HIV established the Black/African American Community (BAAC) Task Force in response to the 2019 National Black HIV/AIDS Awareness Day panel discussion, recognizing the urgent need to address the disproportionate impact of HIV/AIDS in Black communities across Los Angeles County. The Task Force developed strategic [recommendations](#) to take immediate action toward eliminating the health disparities experienced by Black/African American individuals. These recommendations were crafted by both Commission members and community stakeholders with direct ties to the populations they serve.

Building on this foundation, the Black Caucus was established as a dedicated space for Commission and community members to engage in open, judgment-free discussions about their lived experiences and insights. The Caucus fosters meaningful dialogue among those who share and understand the unique challenges facing Black communities in HIV prevention, care, and treatment.

Beyond fostering dialogue, the Black Caucus ensures that Black voices are effectively heard in Commission discussions and decision-making. Through advocacy and strategic engagement, it amplifies the perspectives of Black people affected by and working in HIV-related fields.

To fulfill its mission, the Black Caucus upholds four core responsibilities:

- **Facilitating a forum for dialogue** – Providing a safe space for candid discussions that drive shared learning and problem-solving.
- **Developing the caucus voice** – Strengthening its presence within the Commission and the broader community to advocate for policies and initiatives that serve Black communities.
- **Providing the caucus perspective** – Ensuring that Black experiences, concerns, and priorities shape the Commission's work and improve culturally responsive services.
- **Cultivating leadership** – Empowering members to take on leadership roles in advocacy, mentorship, and community-driven change.

Through these efforts, the Black Caucus remains steadfast in its mission to elevate Black voices, dismantle health disparities, and drive meaningful change in HIV prevention, care, and support throughout Los Angeles County.

The Black Caucus meets virtually on the third Thursday of each month from 4:00 to 5:00 PM and is led by two co-chairs who guide its discussions and initiatives.

***For more information about the role and responsibilities of Caucuses, please review the [Policy #08.1102: Subordinate Commission Working Units](#)***





## Black Caucus Workplan 2025

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Black Caucus will lead and advance throughout 2025.

**CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), 3) identify strategies to address the Black/AA Community Task Force Recommendations, and 4) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	PURPOSE	TIMELINE/ DUE DATE	ACTION ITEMS+NEXTSTEPS+FOLLOWUP
1	<b>National Black/AA HIV/AIDS Awareness Day (NBHAAD)</b>	Plan activity(ies) promoting health/wellness, lifting the Black community, and addressing stigma and the disproportionate impact of HIV within the Black community	February 2025	Suggestion: Develop a PSA campaign to highlight Black Caucus initiatives and/or launch targeted recruitment efforts for the focus group with Black-led and Black-serving organizations.
2	<b>Organizational Capacity Needs Assessment for Black-led Organizations</b>	Administer a qualitative and quantitative needs assessment to the nine selected, Black-led organizations to help inform and implement a TA program so that Black-led organizations can better compete for County contracts.	2025	Lead the next phase of the assessment by convening a focus group with Black-led and Black-serving organizations to engage those who did not participate in the initial phase. Secure funding and resources to develop a small-scale technical assistance (TA) program.
3	<b>Community listening sessions to address the state of HIV in the Black community</b>	Hold candid community conversations by Black folx, for Black folx, addressing stigma and its relation to the faith-based community.	2025	Remaining listening sessions: <ul style="list-style-type: none"> <li>• Non-Traditional HIV Providers</li> <li>• Youth</li> <li>• Justice Involved</li> <li>• Transgender</li> <li>• Men Who Not Identify as MSM</li> </ul>
4	<b>Next steps &amp; future of the Black/AA Community Task Force Recommendations</b>	Review recommendations for revisions/updates and determine next steps.	2025	Add a demographic section for those who are incarcerated, ultimately addressing the industrial prison complex.

In Commemoration of 2025 National Black  
HIV/AIDS Awareness Day #NBHAAD

# Black Communities Speak: Insights from Our Listening Sessions

We asked. You answered. Here's what we heard from Black Women, Faith-Based Communities, Non-US Born Immigrants, and Same-Gender-Loving (SGL) Men about sexual health, HIV, and community wellness in our Black communities of Los Angeles County.

## What We Heard

### Women

- Lack of culturally competent healthcare providers leads to mistrust and avoidance of services.
- Stigma and judgment prevent open conversations about sexual health and HIV.
- More safe spaces are needed for Black women to discuss sexual wellness without fear or shame.

### Faith-Based

- Many desire faith-led, stigma-free conversations about sexual health and HIV.
- Misinformation and silence around HIV contribute to fear and discrimination.
- Trusted faith leaders can play a vital role in breaking down stigma and encouraging testing and care.

### Non US Born Immigrants

- Language barriers and immigration concerns create fear in seeking healthcare.
- Lack of awareness about available HIV services and rights leads to missed opportunities for care.
- Culturally inclusive outreach and multilingual resources are critical.

### Same-Gender-Loving (SGL) Men

- Stigma, discrimination, and medical mistrust discourage engagement with healthcare.
- Limited representation of Black SGL men in health messaging reduces relatability and trust.
- More affirming spaces are needed where Black SGL men feel seen, valued, and safe accessing care.

## Our Voices. Our Strength. Our Solutions.

We need culturally competent, judgment-free care, open conversations about sexual health, and accessible services free from stigma and barriers. Black-led advocacy must drive solutions, and safe spaces should empower honest dialogue and healing.





## BLACK CAUCUS COMMUNITY LISTENING SESSIONS

# EXECUTIVE SUMMARY

APRIL 26, 2024  
“BRIDGING FAITH AND SEXUAL HEALTH  
IN THE FIGHT AGAINST HIV”

### INTRODUCTION

The “Bridging Faith and Sexual Health in the Fight Against HIV” listening session took place on Friday, April 26, from 6-8 PM at Saint Mark LA United Methodist Church. Facilitated by Dr. Donta Morrison and Lilieth Conolly, the session brought together 16 participants from LA County's Black interfaith communities. It fostered engaging dialogue, resulting in actionable insights addressing the root causes of stigma and shame within the Black interfaith communities, addressing the disproportionate impact of STIs and HIV. Participants were provided with a \$50 gift card, a nourishing meal, and community 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

**Culture of Silence:** Within the church, there is a pervasive silence surrounding sexuality and romantic feelings, fostering confusion and encouraging individuals to hide due to prevailing stigma and shame.

**Sexuality as Sin:** Sexuality is often deemed sinful within church discourse, leading to a widespread avoidance of discussions on the topic.

**Harmful Practices:** Practices such as attempting to "pray the gay away" persist within certain church circles, perpetuating discrimination and harm.

**Safe Spaces for Youth:** Some churches prioritize creating safe spaces for youth through dedicated services and panels, fostering an environment where young individuals feel comfortable discussing sensitive topics.

**Challenges for Traditional Churches:** Traditional churches encounter challenges adapting to the evolving needs of younger generations, often struggling to maintain relevance and engagement.

**Eroded Safe Spaces:** Historical shifts have eroded the status of Black churches as safe spaces, where they once served as vital sources of information and community resources.

**Programs for Youth:** Investing in programs tailored to the needs of young people, including dedicated budget allocations, demonstrates a commitment to their well-being and engagement.

**Youth Inclusion:** Youth inclusion in decision-making processes and leadership development is crucial for ensuring the relevancy and sustainability of church communities.

**Progressive Attitudes:** While some churches embrace progressive attitudes and demonstrate LGBTQIA+ inclusivity in leadership, many others lag behind in this regard.

**Community-Centric Approaches:** There is a pressing need for community-centric approaches and increased opportunities for dialogue within faith spaces to address community needs.

**Patriarchy:** Churches must address the entrenched danger of patriarchy and actively work to dismantle systems that marginalize and silence women's voices.

**Collaboration and Unity:** Building collaboration and unity among churches is essential, moving away from division and competition towards collective efforts to address societal challenges.

**Sexual Health Education:** Implementing sexual health education and awareness programs within churches can address stigma and promote understanding of diverse sexualities and identities.

## CONTACT INFO

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## FINDINGS & RECOMMENDATIONS

### Involvement of Healthcare Professionals in Church Leadership:

- Integrate healthcare professionals into church leadership to provide expertise in addressing sexual health issues within faith communities.

### Need for Sexual Health Education and Resources:

- Half of participants feel ill-equipped to discuss sexual health, highlighting a crucial gap in knowledge and resources within faith communities.
- The majority lack awareness of where to refer individuals for sexual health resources, emphasizing the need for accessible and culturally responsive referral systems.
- There is a consensus on the importance of vetting resources to ensure their cultural relevance and effectiveness in supporting sexual health initiatives.

### Marketing and Education Strategies:

- Creative marketing strategies, mirroring approaches used on platforms like TikTok, are suggested to promote faith-based sexual health education.
- Normalizing sexual health discussions and incorporating educational materials into various church settings and community events can help destigmatize the topic.

### Youth Involvement and Advocacy:

- Incentivize youth involvement and include advocacy and training on STIs and HIV as essential components of comprehensive sexual health initiatives.

- Listening sessions throughout faith communities can provide a platform for individuals to share their experiences and needs.

### County Support and Funding:

- Establish a county ambassador program within faith networks to disseminate information and resources effectively.
- Participants express dissatisfaction with current county services and emphasize the need for specific funding and technical assistance tailored for faith communities.
- Technical assistance is needed to build infrastructure, address barriers in grant applications, and provide grant writing training to enhance skills and collaboration among faith leaders.
- Create an incubation academy specific to faith communities to provide technical assistance and support to churches in implementing sexual health programs.
- Propose the creation of a Los Angeles County Coalition of Black Churches, funded via a Request for Proposal (RFP), aimed at combating STIs and HIV, providing comprehensive support and resources, and advocating for the sexual health needs of the community.
- Provide basic HIV, STI, and sexual health training and education to equip faith leaders with the necessary knowledge and skills.
- Offer guidance on how to communicate with individuals living with or at risk of HIV, and how to bridge the gap between faith teachings and scientific knowledge.



## FINAL THOUGHTS

The insights gathered from the "Bridging Faith and Sexual Health in the Fight Against HIV" listening session underscore the critical need for culturally responsive HIV prevention and care services within LA County's Black interfaith communities. The session highlighted the pervasive culture of silence and stigma surrounding sexuality, particularly within church settings, and emphasized the importance of fostering open, empathetic dialogue.

Key recommendations include integrating healthcare professionals into church leadership, providing comprehensive sexual health education and resources, and employing creative marketing strategies to normalize sexual health discussions. Additionally, prioritizing youth involvement and establishing a county ambassador program within faith networks were identified as essential steps to enhance community engagement and support.

The proposed creation of a Los Angeles County Coalition of Black Churches, supported by targeted funding and technical assistance, aims to build infrastructure and collaboration among faith leaders. This coalition will play a pivotal role in addressing the sexual health needs of the community, advocating for the inclusion and support of individuals living with or at risk of HIV.

By implementing these recommendations, we can work towards a more inclusive, informed, and supportive environment within our Black interfaith communities, ultimately improving the overall health and well-being of our Black communities.







BLACK CAUCUS COMMUNITY LISTENING SESSIONS

# EXECUTIVE SUMMARY

AUGUST 11, 2024

“EMPOWERING HEALTH: CONVERSATIONS ON SEXUAL  
HEALTH & HIV IN BLACK IMMIGRANT COMMUNITIES”

## INTRODUCTION

On August 11, 2024, the Los Angeles County Commission on HIV Black Caucus and the U.S. Africa Institute hosted a community listening session at Airport Royal Cuisine in Los Angeles. Facilitated by Damone Thomas and Kofi Peprah, this event convened members of the Black immigrant community, including the African diaspora, to discuss the stigma surrounding sexual health and HIV, challenges in accessing healthcare, and the impact of cultural factors on healthcare engagement. Attendees received a \$50 gift card, a meal, and access to community 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

**Mental Health Stigma:** Participants voiced a pronounced reluctance within the Black immigrant community to address mental health concerns, attributing this to deep-rooted cultural beliefs and a lack of support systems. The stigma associated with mental health prevents many individuals from seeking or even discussing necessary mental health services, highlighting a critical area for community education and intervention.

**Access to Information:** A recurring theme was the community's struggle with accessing reliable and relevant health information. Participants noted that information about healthcare services is often not available in accessible languages or formats, which hampers the community's ability to navigate the healthcare system effectively. There is a clear need for targeted information campaigns that are linguistically and culturally appropriate.

**Cultural Factors Impacting Healthcare Access:** Cultural beliefs and practices were identified as significant factors that hinder access to healthcare services. Participants noted that traditional views on sexuality and health can discourage open conversations about these topics and prevent individuals from seeking care.

**Cost of Healthcare:** Financial constraints were identified as a major obstacle to accessing healthcare services. Many community members, especially those with uncertain immigration status, find the cost of healthcare prohibitive. This issue is compounded by a lack of insurance coverage and knowledge about available financial assistance programs, underscoring the need for cost-effective healthcare solutions and enhanced awareness of available support.

**Cultural Barriers:** Cultural differences, including language barriers and varying norms around discussing health, particularly sexual health, create significant obstacles. The stigma surrounding HIV and sexually transmitted diseases (STDs) and other sensitive health topics makes it difficult for community members to seek help. Addressing these cultural barriers through community education and culturally competent healthcare services is vital.

**Trust in Healthcare Providers:** Trust emerged as a crucial factor affecting healthcare access. Concerns about confidentiality and fears that healthcare providers might share their health information within the community deter many from seeking care. Building trust through ensuring confidentiality and improving the cultural competence of healthcare providers is essential.

**Religious Beliefs:** Strong religious beliefs in the community often conflict with certain healthcare practices, particularly those related to sexual health and reproductive services. These beliefs can prevent individuals from seeking information and treatment for STDs and other health issues. Culturally sensitive approaches that respect religious values while providing accurate health information are needed to navigate this complex landscape.

## CONTACT INFO

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## FINDINGS & RECOMMENDATIONS

**Develop Anonymous Online Resources:** Implement online platforms that provide health information discreetly to help overcome stigma and language barriers.

**Create Culturally Sensitive Safe Spaces:** Establish environments where community members feel safe to discuss health issues openly, which will help in building trust and encouraging the use of healthcare services.

**Promote Regular Health Checkups:** Advocate for the importance of regular health screenings to foster early detection and intervention, which can also help in normalizing healthcare discussions.

**Enhance Cultural Competency of Healthcare Providers:** Provide training for healthcare workers to better understand and interact with diverse cultural backgrounds, improving the trust and effectiveness of the healthcare they provide.

**Intensify Community Outreach:** Increase efforts to educate and engage the African communities about the available healthcare resources, aiming to reduce stigma and inform about preventive measures.

## FINAL THOUGHTS

This listening session was a significant step towards understanding and addressing the healthcare needs of Black immigrants in Los Angeles. By implementing the recommended strategies, there is a strong potential to improve healthcare access and outcomes for this community. Continued dialogue and partnership between community leaders, healthcare providers, and policymakers will be essential to the success of these initiatives. Emphasizing cultural sensitivity, confidentiality, and inclusivity will be key in overcoming the longstanding barriers to healthcare access faced by Black immigrants in Los Angeles County.









## BLACK CAUCUS COMMUNITY LISTENING SESSIONS

# EXECUTIVE SUMMARY

OCTOBER 22, 2024

“VOICES OF STRENGTH: A LISTENING SESSION  
FOR BLACK WOMEN ”

### INTRODUCTION

On October 22, 2024, the Los Angeles County Commission on HIV Black Caucus hosted a community listening session for Black women at the Dollarhide Community Center in Compton.

The session, facilitated by Danielle Campbell, MPH, PhDc, and Dr. Erica Holmes, brought together 19 Black women to share personal experiences, challenge stereotypes, and discuss systemic and cultural barriers to accessing sexual health services. Participants received a \$50 gift card, catered dinner, and access to women-centered 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

**Barriers to Quality Care:** Participants expressed that they often feel dismissed by healthcare providers, with symptoms minimized or ignored. Participants shared stories of delayed diagnoses and the frustration of navigating fragmented systems, where they are forced to repeat medical histories over and over. This lack of continuity creates distrust and leaves them feeling that stereotypes about Black women matter more to providers than actual needs. These experiences make accessing quality care an uphill battle.

**Role of Stigma and Silence:** Participants shared that stigma around sexual health is a constant barrier. Fear of judgment—both from providers and within their own communities—often makes them hesitant to seek care or speak openly about their concerns. Shame and silence are deeply ingrained, and this culture prevents many of them from advocating for themselves in healthcare settings. These stigmas are not just personal struggles; they're systemic issues that need to be addressed to create safer spaces for us.

**Need for Culturally Competent Care:** Participants discussed desiring providers who truly understand and respect their unique experiences. Too often, Black women encounter professionals who lack cultural awareness, leaving them feeling unheard and undervalued. Building trust is crucial. Participants expressed the need for healthcare environments where they can have open, judgment-free conversations. When providers listen, validate their concerns, and genuinely care, it makes all the difference.

**Holistic Healthcare is Essential:** Participants called for integrated, “one-stop-shop” care models that address sexual, mental, and physical health needs in a single location. This approach would reduce barriers, streamline care, and improve communication among providers. A holistic view of health, which recognizes the interconnectedness of these aspects, is critical to ensuring equitable and comprehensive care for Black women.

**Importance of Proactive Care:** Many participants expressed frustration with having to request sexual health services rather than having them routinely offered by providers. This lack of proactive care often leaves Black women feeling that their needs are deprioritized, particularly when it comes to HIV and STD prevention and testing. “We want providers who take initiative and advocate for our health without us having to demand it.”

**Trust in Representation:** Participants expressed that having providers who look like them doesn't always guarantee culturally competent care, but it matters when they understand lived experiences. Participants shared that they have encountered providers who share their background yet still perpetuate harmful biases. Trust is built not only through shared identity but through a genuine effort to connect, listen, and treat with dignity and respect..

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## FINDINGS & RECOMMENDATIONS

**Address Barriers to Quality Care:** Black women continue to face significant barriers to quality care, including dismissive treatment, delayed diagnoses, and fragmented healthcare systems that force them to repeatedly share their medical histories. These experiences, compounded by stereotypes and implicit biases, erode trust and lead to poor health outcomes. To address these challenges, providers must undergo cultural competency training to recognize and eliminate biases, actively listen to patients, and prioritize patient-centered approaches that validate Black women's concerns and build trust.

**Combat Stigma and Normalize Sexual Health Conversations:** Cultural and societal stigmas around sexual health further exacerbate these issues, often deterring Black women from seeking care or discussing sensitive topics with their providers. Fear of judgment and shame perpetuate a culture of silence, limiting opportunities for self-advocacy and proactive care. Normalizing sexual health discussions in clinical settings and promoting empowering narratives through media and community engagement can help reduce stigma and encourage open dialogue.

**Promote Holistic and Integrated Care Models:** The interconnected nature of sexual, mental, and physical health highlights the need for holistic and integrated care models. Black women often struggle to access comprehensive services due to fragmented systems. Establishing one-stop-shop care models that co-locate services can streamline access, reduce barriers, and provide a more patient-centered experience. Holistic care approaches that address the whole person, rather than isolated symptoms, are essential.

**Empower Black Women Through Education and Community Resources:** Participants also emphasized the importance of education and access to resources. Many Black women lack awareness of available services and how to navigate the healthcare system effectively. Non-clinical factors, such as housing, transportation, and mental health support, also play a significant role in overall health. Expanding culturally relevant education, outreach efforts, and partnerships with community organizations can empower Black women to advocate for their health and address these broader needs.

## FINAL THOUGHTS

The Women's Listening Session highlighted critical gaps in healthcare for Black women in Los Angeles County and underscored the urgent need for systemic change. The insights shared by participants highlighted the profound impact of cultural stigmas, provider biases, and fragmented care systems on their health outcomes.

The session emphasized that addressing these barriers requires a collaborative effort among providers, policymakers, and community stakeholders to ensure that healthcare systems are equitable, accessible, and culturally competent.

As one participant shared, "There's so much that plays a role in why we speak up, what we say when we speak up, and how we say it." By prioritizing the voices of Black women and taking actionable steps to address their concerns, we can create a healthcare system that truly meets the needs of all its patients.





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.

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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.



# **Los Angeles County Black-Led Organizations Assessment: Integrated Report**

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Assessing and Strengthening  
Public Health Programming for Black-led  
Organizations in LA County

EQUITY & IMPACT  
SOLUTIONS

# Executive Summary

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Black-led organizations are at the frontlines of promoting health and well-being in Black communities, yet they continue to face significant challenges accessing adequate funding and tailored capacity building to sustain and grow. The Black Caucus (formerly Black/African American Community Task Force) of the Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) recognize the unique capabilities of Black-led organizations to effectively serve their communities, specifically as part of Ending the HIV Epidemic in Los Angeles County.

This integrated assessment report combines insights from two iterations of research conducted with Black-led organizations in Los Angeles County. The iterations included both a survey and interviews with organizations identified by the Black Caucus, DHSP, and Equity and Impact Solutions (EIS).

The combined assessment confirms persistent challenges facing Black-led organizations while providing deeper insights into potential solutions. Across both iterations, key themes emerged:

1. **Funding Process Challenges:** Black-led organizations consistently describe DHSP's grant processes as complex, difficult to navigate, and often misaligned with organizational realities.
2. **Staffing and Capacity Limitations:** Organizations struggle with recruitment, retention, and specialized staffing requirements.
3. **Unique Population Needs:** Black-led organizations serve populations with specific needs that are often overlooked in funding opportunities.
4. **Partnerships and Collaboration Barriers:** Geographic, bureaucratic, and operational barriers limit effective collaboration.

The evolution of recommendations from the initial and subsequent iterations provides DHSP with actionable strategies across three categories:

1. **Funding Approaches:** From expanding funding scope to implementing specific structural changes like upfront funding and increased indirect rates.
2. **Capacity Building:** From general technical assistance to targeted initiatives like CHW certification programs and compliance training.
3. **Process Improvements:** From improved communication to modernized digital application systems and population-specific funding requirements.

DHSP has a unique opportunity to strengthen Black-led organizations through implementing these recommendations, which will ultimately improve service delivery and health outcomes in Black communities most impacted by HIV.



# 1. Introduction

# 1.1 Background

In Los Angeles County, Black people represent 20% of new HIV diagnoses despite comprising only 8% of the total population (Ferrer et al., 2022). This disproportionate impact underscores the importance of directing resources to organizations that can effectively reach and serve Black communities.

The federal Ending the HIV Epidemic (EHE) Initiative aims to reduce HIV by 75% by 2025 and 90% by 2030 (U.S. Department of Health and Human Services, 2025). To achieve these goals in Los Angeles County, a significant scale-up and expanded reach of proven and new interventions are needed, particularly strategies that address health inequities, dismantle racism, and focus on communities most impacted by HIV.

Black-led organizations are uniquely positioned to address these challenges, as they often have established trust within Black communities and understand the specific social, cultural, and structural factors affecting HIV prevention and care. However, these organizations face historical underinvestment, with research showing that revenues of Black-led organizations are, on average, 24% smaller than their white-led counterparts (Dorsey et al., 2020).

Black-led organizations serve as critical pillars in their communities, responding to negative health conditions and providing culturally appropriate care. Their ability to respond and adapt is contingent on infrastructure, capacity, and access to sustainable funding.

These organizations are often trusted messengers in communities that may have historical mistrust of government institutions or the healthcare system. They provide comprehensive services that address not only HIV prevention and care but also related social determinants of health, including housing, substance use, mental health, and economic stability.

Research indicates that investment in Black-led organizations has not been equitable, reporting that only 2.4% of foundations' overall grant-making was directed to Black communities in 2020 (Taffe & Gilpin, 2021). To effectively support public health programming and address HIV disparities in LA County, funders must strengthen their relationships with Black-led organizations and understand their unique needs and challenges.



# 1.2 Project Evolution

## First Iteration

The Black Caucus of the Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) initiated this assessment to understand the capacity and organizational health of Black-led organizations in Los Angeles County. The first iteration, conducted from 2023 to 2024, employed a mixed-methods approach that included both a quantitative survey and qualitative interviews. This initial assessment focused on:

- Initial assessment of Black-led organizations' experiences with DHSP
- Mixed-methods approach: Surveys and interviews
- Identification of preliminary themes and challenges

While providing valuable insights, this first iteration left opportunities for deeper exploration with a broader range of organizations.

## Second Iteration

The second iteration, conducted in early 2025, expanded upon these findings through in-depth interviews with additional Black-led organizations representing diverse service models, funding experiences, and geographic areas within LA County. This second phase:

- Built upon first iteration findings with deeper exploration
- Added perspectives from diverse organizational models
- Strengthened evidence for recommendations

This iterative approach has provided a more comprehensive understanding of the challenges and opportunities for supporting Black-led organizations.

# 1.3 Assessment Approach

## Cumulative Organizational Voices

This integrated report combines findings from both assessment iterations to provide a comprehensive understanding of the needs and challenges of Black-led organizations in Los Angeles County.

1. 11 total Black-led organizations across both iterations
2. Diverse service models, populations, and funding experiences
3. Geographic variation across LA County

## Methodological Consistency

Across both iterations, the assessment maintained methodological consistency:

1. Key informant interviews and surveys
2. Thematic analysis
3. Focus on actionable recommendations

Both iterations were crafted to address three overarching questions:

1. What barriers inhibit Los Angeles County Black-led organizations' abilities and desires to contract with Los Angeles County and other government funders for public health programming?
2. What do Black-led organizations in Los Angeles County need from funders to increase their sustainability and impact?
3. What is the organizational capacity of Black-led organizations in Los Angeles County to support public health programming?

The interviews and surveys explored organizational priorities, program implementation, staffing, funding experiences, partnerships, and aspirations for serving Black communities in LA County.

The findings from both project iterations have been synthesized to identify persistent themes, provide deeper insights, and formulate strengthened recommendations for DHSP to support Black-led organizations.



## **2. Participant Organizations**



# 2.1 Organizations

The first iteration included executive-level participation from Black-led organizations, all identifying as community-based organizations (CBOs):

- **AMAAD**
- **Black Women for Wellness**
- **Essential Access Health**
- **Healing with Hope**
- **In the Meantime**
- **Unique Women's Coalition\***
- **W. King Healthcare Group**

## Key Findings From the First Iteration Included:

- Black-led organizations' capability to support public health programming
- Their needs from funders to increase sustainability and impact
- Barriers hindering their ability to contract with DHSP

The second iteration expanded the assessment through engagement from diverse organizational models:

- **T.H.E. Clinic:** An established Federally Qualified Health Center (FQHC) with significant experience in receiving and managing DHSP funding
- **Invisible Men:** A smaller community-based organization focused specifically on Transmasculine populations
- **TruEvolution:** A multi-county provider with experience in both Riverside/San Bernardino Counties and LA County
- **LeadersUp:** An organization focused on workforce development with connections to the health sector
- **Unique Woman's Coalition\*:** A CBO focused on empowering the Black Transgender community

The diversity of these organizations provided a more comprehensive understanding of the challenges and needs of Black-led organizations across different service models and funding experiences.

Some organizations were contacted but unable to participate in either iteration of the assessment. These included:

- **First to Serve, Inc.**
- **Jenesse Center, Inc.**
- **UMMA Clinic**
- **YWCA**
- **Community Coalition**
- **MLK Campus Partners**
- **Minority AIDS Project**

The challenges in securing participation from these organizations may reflect limited capacity, competing priorities, or potential fatigue with assessments that have not led to tangible changes in the past—a theme mentioned by some participants in the second iteration.

\*Note: A representative from Unique Woman's Coalition completed the survey during the first iteration and completed the interview during the second iteration.

## 2.2 First Iteration Organizations

First Iteration						
Agency Name	Recommended By	Survey Completed	Interview Completed	Applied for Funding	Received Funding	Services Provided
Black Women for Wellness	Yes*	No	Yes	Unknown	Unknown	Community health & wellness for Black women
AMAAD	Yes <sup>#</sup>	Yes	Yes	Yes	Yes	HIV, housing, mental health, and wellness, reentry, development, and substance recovery support services
Essential Access Health	Yes <sup>%</sup>	Yes	Yes	Yes	Yes	Sexual/reproductive health services
Healing with Hope	Yes <sup>#</sup>	Yes	Yes	No	No	Mental health services
Unique Women's Coalition	Yes*	Yes (First Iteration)	Yes (Second Iteration)	No	No	Black Transgender community support
In the Meantime	Yes <sup>#</sup>	No	Yes	Unknown	Unknown	Support for Black gay/bisexual men
W. King Healthcare Group	Yes*	Yes	Yes	No	No	Healthcare services

\*Identified by the Black Caucus

<sup>#</sup>Identified by DHSP

<sup>%</sup>Identified by EIS

## 2.3 Second Iteration Organizations

Second Iteration						
Agency Name	Recommended By	Survey Completed	Interview Completed	Applied for Funding	Received Funding	Services Provided
Jenesse Center	Yes*	No	No	Unknown	Unknown	Domestic violence intervention
Umma Clinic	Yes*	No	No	Unknown	Unknown	Community healthcare clinic
Volunteers of America	Yes%	No	No	Unknown	Unknown	Housing, healthcare, addiction recovery
TruEvolution	Yes%	Yes	Yes	Yes	No	Multi-county housing, HIV, & other health services
T.H.E Clinic	Yes%	Yes	Yes	Yes	Yes	Established Federally Qualified Health Center (FQHC)
Invisible Men	Yes*	Yes	Yes	Yes	Yes	Services for Transmasculine individuals
LeadersUp	Yes%	Yes	Yes	No	No	Workforce development
Brotherhood Crusade	Yes#	No	No	Unknown	Unknown	Community empowerment
LA Urban League	Yes%	No	No	Unknown	Unknown	Economic development and advocacy
Minority AIDS Project	Yes%	No	No	Unknown	Unknown	HIV prevention & care for people of color

\*Identified by the Black Caucus

#Identified by DHSP

%Identified by EIS





## 3. Key Findings

# 3.1 Finding Theme 1: Funding Process Challenges

## Initial Understanding (First Iteration)

The first iteration revealed significant challenges with funding processes:

- 60% of participants perceived funders' applications as difficult
- 80% of participants reported inadequate guidance for completing applications

Organizations noted frustration with bureaucratic processes, including being unaware of funding opportunities until shortly prior to the submission deadline, as well as lacking the specialized capacity to apply in a timely manner. One participant stated, "It's not worth the bureaucracy to apply for LA County funding."

## Deepened Understanding (Second Iteration)

The second iteration provided more specific insights into these challenges:

- "The grant process for DHSP is archaic, confusing, very not supportive, secretive." (P1\*)
- "It was released too last minute...not thoughtful in timing." (P3)
- "There is a weighted focus on 'is the RFP done correctly' rather than 'is the substance and innovation of your program thoughtful.'" (P3)
- "Being able to support a large monthly carry-over liability for a large DHSP program without an initial draw-down" identified as major barrier (P3)

One participant described a "secretive" process where "you ask somebody, 'I can't talk about it, you know, can't tell you anything,'" and noted that while this may be intended for equity reasons, "there should be an avenue that you could get clarification on things." -P1

A key informant highlighted the difficulty of tracking relevant funding opportunities: "... It just becomes difficult to identify if there is a pre-existing alignment or shooting in the dark." -P3

They also emphasized challenges with reimbursement-based funding: "Being able to support a large monthly carry-over liability for a large DHSP program without an initial draw-down" was identified as a major barrier, with the organization advocating for "Fully draw-down fiscal contract. No reimbursement. Only draw-down." -P3

## Synthesized Insight

Across both iterations, Black-led organizations consistently describe DHSP's application processes as overly complex, with inadequate guidance and unrealistic timelines. The bureaucratic nature of the process diverts resources from program design and impact considerations toward administrative compliance, creating a significant barrier, particularly for smaller organizations or those new to DHSP funding.

\*To maintain privacy and ethics standards, participating leaders' names are replaced with designations of P1, P2, etc.

## 3.2 Finding Theme 2: Staffing and Capacity Limitations

### Initial Understanding (First Iteration)

The first iteration revealed that:

- 75% of participants reported staff size of 40 or less
- 70% of participants lacked well-developed sustainability/strategic plans
- 80% of participants lacked monitoring and evaluation systems

These findings indicated significant capacity constraints that limit organizations' ability to effectively implement and evaluate public health programming.

### Deepened Understanding (Second Iteration)

The second iteration provided deeper insights into staffing challenges:

- "Staffing...is everybody's issue. My clinic, we need case managers..." (P1)
- "Either you're inefficient or you're efficient, but you're efficiently burning them in the ground." (P3)
- "For anyone that does fee for services, there's an enormous amount of administrative and compliance requirements." (P3)
- "There almost needs to be one person per function per contract, which is impossible." (P3)

One key informant identified "Evaluations" as their top training/technical assistance need, along with "Compliance and administrative knowledge to meet rapidly changing Federal, State, and County requirements." -P3

Participants also noted limitations in their capacity for specialized services. "Capacity for specific projects (e.g. Transgender health)" was identified as a top barrier to applying for funding. (P1)

### Synthesized Insight

Black-led organizations face significant challenges in recruiting and retaining qualified staff, particularly for specialized roles required by funders. Grant funding may not provide adequate compensation for high-demand positions like nurses or case managers, creating an impossible choice between operating understaffed or overworking existing staff. These challenges are compounded by increasing specialization requirements and grant-mandated staffing structures that do not align with organizational realities.



# 3.3 Finding Theme 3: Unique Population Needs

## Initial Understanding (First Iteration)

The first iteration identified that:

- Black-led organizations serve populations with specific needs
- Organizations focus on cultural responsiveness
- Provide comprehensive services aligned with CDC strategic priorities

Organizations reported providing comprehensive HIV services, including testing, education, PrEP engagement, and community mobilization.

## Deepened Understanding (Second Iteration)

The second iteration revealed more specific population gaps:

- "Many public health funding opportunities do not explicitly include Transmasculine individuals in their focus." (P2)
- "People don't provide resources for [assigned female at birth] folks...so prep at one point was just for gay men and not for ladies, not for Trans men." (P2)
- "The way we have to address them may not apply exactly the way the county wants them done...the way you want things done in West Hollywood and set up may not be working in Inglewood." (P1)
- "Education needs to happen around the Trans masc community." (P2)

Participants highlighted the systematic exclusion of Transmasculine individuals, with one adding: "Many public health funding opportunities do not explicitly include Transmasculine individuals in their focus, making it difficult for us to secure funding that directly supports our initiatives. This exclusion results in a lack of research, resources, and healthcare services tailored to Transmasculine health needs." -P2

Participants noted the disconnect between county-wide approaches and community-specific needs, saying:

"The way we have to address them may not apply exactly the way the county wants them done... the way you want things done in West Hollywood and set up may not be working in Inglewood." -P1

Key informants also emphasized the need for education, with one suggesting: "A lot of education needs to happen around the Trans mac community, because, you know, there's an assumption that you become a Trans man and you're like straight... But that's so far from the truth." -P2

## Synthesized Insight

Black-led organizations serve populations with unique needs that are often overlooked in mainstream funding and program design. Transgender masculine individuals, Black gay and bisexual men, and Black women face specific health challenges that require tailored approaches. Funding opportunities frequently use language and frameworks that exclude certain populations or fail to acknowledge the different approaches needed in different geographic and cultural contexts within LA County.

# 3.4 Finding Theme 4: Partnerships and Collaboration Barriers

## Initial Understanding (First Iteration)

The first iteration revealed that:

- 80% of participants collaborate with other organizations
- Partnerships include diverse provider types
- Need for DHSP-facilitated networking

Organizations reported collaborating with various partners, including AIDS service organizations, health clinics, faith-based institutions, and civic organizations, but faced challenges in coordinating care effectively.

## Deepened Understanding (Second Iteration)

The second iteration provided specific insights into geographic barriers:

- "Compared to my relationships in [other areas], LA County really, the providers...really assert their own fiefdoms...this is my block." (P3)
- "In LA County very much like, what SPA do you serve? What SPA are you in?" (P3)
- "[An executive leader in another organization] has used his unrestricted dollars to pay for hotel stays and vouchers for folks who were homeless." (P3)
- "It's probably best to come clear with an 80% fully fleshed out plan and allow the partner to come in with 20%." (P3)

Participants highlighted the challenges of working across county lines, and one noted:

"We've actually primarily used Riverside and San Bernardino County monies to touch the area and serve the area of Pomona as well as our private funding. We don't, we have never received any LA County funding to serve an LA County city." -P3

The leaders described challenges working with the county, with one adding: "Like working with the county, contracting the county... the county does not have a plethora of individuals committed to addressing systemic barriers... County is very bureaucratic, and the county is not innovative." -P4

## Synthesized Insight

Geographic and jurisdictional boundaries create significant barriers to collaboration and comprehensive service delivery. Organizations serving areas that cross county lines (like Pomona) face challenges accessing funding from both jurisdictions. Within LA County, the SPA-based approach to service delivery can create artificial barriers to collaboration and comprehensive care. These geographic challenges particularly impact clients who move between jurisdictions or live in border areas.



## 4. Recommendations

# 4.1 Recommendations Category 1: Funding Approaches

## Initial Recommendations (First Iteration)

The first iteration recommended:

- Expand funding scope to focus on social determinants
- Support Black-led organizations' growth and capacity
- Provide seed funding for program expansion

These initial recommendations identified the need for broader funding approaches but lacked specific implementation strategies.

## Strengthened Recommendations (Second Iteration)

The second iteration provided more concrete funding recommendations:

### ***Provide upfront funding rather than reimbursement-based contracts***

- **Evidence from Assessment:** "25% draw-down of contract to support initial 3 months of start-up" (P3); "Fully draw-down fiscal contract. No reimbursement. Only draw-down." (P3)
- **Implementation Guidance:**
  - Revise contract templates to include an initial payment provision of 25% of the total contract amount upon execution
  - Establish a simplified advance payment request process that organizations can complete at contract signing
  - Create clear documentation requirements for how advance payments should be reconciled with actual expenses
  - Implement a phased transition starting with smaller contracts (under \$100,000) to test systems before expanding to larger contracts
  - Develop monitoring protocols that focus on outcomes rather than receipts/reimbursements

### ***Increase administrative/indirect rates***

- **Evidence from Assessment:** "20% Administrative Indirect Rate" (P3); "General operating support" (P4)
- **Implementation Guidance:**
  - Revise standard contract terms to increase the indirect rate from current levels (typically 10-15%) to a minimum of 20%
  - Create a phased implementation timeline if immediate full implementation is not fiscally feasible
  - Establish clear definitions of what constitutes direct vs. indirect costs to ensure consistency
  - Provide technical assistance to help organizations effectively utilize and document indirect costs



# 4.1 Recommendations Category 1: Funding Approaches (continued)

## ***Create flexible funding categories***

- **Evidence from Assessment:** Organizations reported needing to respond to emerging community needs that may not fit within narrowly defined service categories
- **Implementation Guidance:**
  - Create a percentage-based flexibility provision that allows organizations to shift funds (up to 20%) between line items without formal contract amendments
  - Establish innovation seed funding specifically for Black-led organizations to pilot new approaches
  - Implement a rapid-response mini-grant program for emerging community needs with a streamlined application process

## ***Develop multi-year funding commitments***

- **Evidence from Assessment:** Organizations reported that short funding cycles create instability and absorb disproportionate administrative resources
- **Implementation Guidance:**
  - Move from annual to 3-year base contracts with 2-year renewal options
  - Create a simplified renewal process that minimizes paperwork for organizations with successful performance
  - Implement a formal long-term partnership framework for organizations with consistent strong performance

These strengthened recommendations provide specific structural changes that can be implemented to address the financial challenges facing Black-led organizations while maintaining appropriate fiscal accountability and oversight. By adapting funding approaches to the operational realities of these organizations, DHSP can help build a more equitable and sustainable service delivery system.

## 4.2 Recommendations Category 2: Capacity Building

### Initial Recommendations (First Iteration)

The first iteration recommended:

- Provide organizational infrastructure technical assistance
- Support program sustainability planning
- Offer monitoring and evaluation support

These initial recommendations identified general capacity-building needs but would benefit from specificity about types of support needed.

### Strengthened Recommendations (Second Iteration)

The second iteration provided more targeted capacity-building recommendations:

#### ***Create a Community Health Worker (CHW) certification program***

- **Evidence from Assessment:** "More widely available CHW certification program" (P3); "Valuable right now, because there's a lot of Federal and State grants that really call for people who have certified community health workers" (P3)
- **Implementation Guidance:**
  - Partner with the National Association of Community Health Workers (NACHW), community colleges, and/or workforce development agencies to develop a CHW certification program specifically focused on HIV prevention and care in Black communities
  - Design a curriculum that includes both core CHW competencies and specialized modules on HIV, cultural responsiveness, and social determinants of health
  - Subsidize participation costs for staff from Black-led organizations through scholarships or stipends
  - Develop multiple training delivery methods (in-person, online, hybrid) to accommodate working professionals
  - Create a pipeline program that connects certified CHWs with employment opportunities at funded organizations
  - Advocate with other funders to recognize this certification in their grant requirements

## 4.2 Recommendations Category 2: Capacity Building (continued)

### ***Develop compliance training and technical assistance***

- **Evidence from Assessment:** "How does the building need to be set up? What are the requirements for ADA? What are the requirements for your insurance products?" (P1); "Compliance and administrative knowledge to meet rapidly changing Federal, State, and County requirements" (P3)
- **Implementation Guidance:**
  - Create a comprehensive compliance guide specific to DHSP contracts that explains requirements in plain language
  - Develop a series of compliance training modules covering key topics:
    - Facility requirements (ADA, safety, privacy)
    - Documentation and record-keeping requirements
    - Financial management and audit preparation
    - Staff credentialing and background check requirements
    - HIPAA and data security compliance
  - Establish a compliance technical assistance email address where organizations can get quick answers to specific questions
  - Create a peer learning community where organizations can share compliance strategies and resources
  - Develop templates for required policies and procedures that organizations can adapt

### ***Provide specialized evaluation capacity building***

- **Evidence from Assessment:** 80% of organizations reported lacking monitoring/evaluation systems
- **Implementation Guidance:**
  - Develop simplified evaluation frameworks that focus on practical, meaningful measures
  - Provide training on data collection methods that can be integrated into service delivery
  - Offer technical support for database development or selection of appropriate software
  - Create evaluation toolkits with templates, sample instruments, and analysis guides

### ***Establish peer learning and leadership development***

- **Evidence from Assessment:** Organizations reported isolation and limited opportunities for shared learning
- **Implementation Guidance:**
  - Create a formal learning collaborative for Black-led organizations providing HIV services
  - Fund an executive leadership development program specifically for Black leaders in HIV service organizations
  - Host quarterly convenings focused on shared challenges and innovative solutions
  - Develop a knowledge management platform for sharing resources, templates, and best practices

These strengthened recommendations provide specific approaches to building organizational capacity that address the particular challenges identified by Black-led organizations. By implementing these targeted capacity-building initiatives, DHSP can help Black-led organizations build sustainable infrastructure while maintaining their unique approaches to serving their communities.

# 4.3 Recommendations Category 3: Process Improvements

## Initial Recommendations (First Iteration)

The first iteration recommended:

- Improve communication about funding opportunities
- Provide greater clarity in application requirements
- Develop relationship-building strategies

These initial recommendations identified general process improvement needs but would benefit from specific implementation strategies.

## Strengthened Recommendations (Second Iteration)

The second iteration provided more concrete process improvement recommendations:

### ***Modernize grant application processes***

- **Evidence from Assessment:** "Technology, technology, technology -- things should be all digital platform, easy drag-n-drop functionality, digital signatory protocol, and workflow automation in your grant process." (P3); "Focus less on whether a grant was 'done correctly' and encourage grantees to focus on innovation, creativity, and style" (P3)
- **Implementation Guidance:**
  - Develop a comprehensive digital grant management system that handles the entire grant lifecycle:
    - Registration and eligibility verification
    - Application submission with auto-save functionality
    - Document uploads with verification
    - Digital signature capabilities
    - Automated notifications and reminders
    - Electronic contract execution
    - Financial reporting and invoicing
    - Performance reporting
  - Create pre-populated application forms that retain organizational information across funding cycles
  - Implement a two-stage application process:
    - Brief concept paper/letter of intent phase to determine alignment
    - Full application only for organizations whose concepts align with funding priorities
  - Revise evaluation criteria to prioritize program impact and innovation (60-70%) over technical compliance (30-40%)
  - Provide application templates with clear character/word limits and guiding questions
  - Establish a technical support helpdesk during application periods
  - Create application workshops with hands-on support for smaller organizations
  - Implement user testing with Black-led organizations to ensure the system meets their needs

## 4.3 Recommendations Category 3: Process Improvements (continued)

### *Design funding requirements for population-specific needs*

- **Evidence from Assessment:** "More inclusive language and program design for Trans people" (P2); "Clear guidelines that explicitly state how grants address the needs of Trans individuals" (P2)
- **Implementation Guidance:**
  - Establish a community review panel to assess RFP language for inclusivity before release
  - Develop population-specific funding streams with tailored requirements:
    - Black gay men and MSM
    - Black women (cisgender and Transgender)
    - Black Transgender communities (with specific inclusion of Transmasculine individuals)
    - Black youth
    - Black older adults
  - Revise standard language in all RFPs to explicitly acknowledge diverse gender identities and sexual orientations
  - Create flexible service delivery models that allow for geographic and cultural adaptation
  - Implement scoring bonuses for proposals that demonstrate specific competencies in serving priority populations
  - Require explicit strategies for reaching and engaging specific populations within the Black community
  - Create funding opportunities specifically designed to address gaps in service for underrepresented populations

### *Enhance communication and transparency*

- **Evidence from Assessment:** Organizations reported unclear eligibility requirements and difficulty tracking opportunities
- **Implementation Guidance:**
  - Create a dedicated DHSP funding newsletter with:
    - Advance notices of upcoming RFPs
    - Clear eligibility guidelines
    - Timeline for application, review, and awards
    - Contact information for questions
    - Links to resources and technical assistance
  - Develop a public-facing funding calendar showing all anticipated opportunities for the fiscal year
  - Create a searchable online database of current and past funding opportunities
  - Implement a notification system allowing organizations to select areas of interest
  - Provide feedback to unsuccessful applicants about proposal strengths and weaknesses



## 4.3 Recommendations Category 3: Process Improvements (continued)

### *Develop relationship-building and feedback mechanisms*

- **Evidence from Assessment:** Organizations reported feeling disconnected from DHSP decision-making
- **Implementation Guidance:**
  - Establish quarterly "office hours" where organizations can meet with DHSP staff
  - Establish a Black-led organizations advisory committee that meets regularly with DHSP leadership
  - Create opportunities for DHSP staff to visit and learn about Black-led organizations' work
  - Host an annual convening of grantees to share program successes and lessons learned

These strengthened recommendations provide specific approaches to improving funding processes that address the particular challenges identified by Black-led organizations. By implementing these process improvements, DHSP can create a more accessible, transparent, and equitable funding environment.



# **5. Implementation Framework**

# 5.1 Short-Term Actions (0-6 months)

To move from recommendations to action, DHSP can employ a structured implementation framework that sequences actions strategically while building momentum and demonstrating commitment. This framework outlines a comprehensive approach across three timeframes.

The following short-term actions require minimal resources, can be implemented quickly, and will demonstrate DHSP's commitment to change while building trust with Black-led organizations:

## Develop and Distribute a DHSP Funding Newsletter

### Action Steps:

- Identify a dedicated staff member to manage newsletter development
- Create a standardized template and content guidelines
- Develop an initial distribution list from current and past grantees
- Establish a regular publishing schedule (recommended: monthly)
- Include upcoming opportunities, application tips, resources, and profiles of successful programs
- Implement a simple opt-in process for new subscribers
- Gather feedback after first three issues to refine format and content

## Create Simplified Guidance Documents

### Action Steps:

- Review all current application and compliance guidance materials
- Identify most frequent questions and areas of confusion
- Develop plain-language explanations with visual aids
- Make materials available in both digital and print formats
- Create short video tutorials for key processes

## Host a "Funding Fair" with County Departments and Other Funders

### Action Steps:

- Identify and invite funding representatives from across county departments
- Secure participation from other major funders (foundations, federal programs)
- Implement both in-person and virtual attendance options
- Structure for both presentations and one-on-one consultation time
- Create follow-up mechanisms for questions and connections
- Develop a post-event resource guide with all funding opportunities

## Establish Quarterly "Office Hours" for Guidance

### Action Steps:

- Create a regular schedule of both virtual and in-person office hours
- Establish a rotation of program officers and compliance staff
- Develop a simple reservation system while allowing drop-ins
- Create tracking system for frequently asked questions

## Conduct Review of Current Requirements to Eliminate Barriers

### Action Steps:

- Develop criteria for identifying unnecessary or burdensome requirements
- Review all application, contracting, and reporting requirements
- Develop recommendations for immediate requirement reductions and a plan for phased implementation

## 5.2 Medium-Term Initiatives (6-18 months)

These initiatives require more planning, resources, and potential policy changes, but can build on momentum from short-term actions:

### **Develop Digital Application Platform**

#### **Action Steps:**

- Conduct needs assessment with both applicant organizations and internal staff
- Research existing platforms that could be adapted vs. custom development
- Create training materials and support mechanisms
- Implement phased rollout starting with smaller funding opportunities
- Establish ongoing user feedback and improvement process

### **Create CHW Certification Program**

#### **Action Steps:**

- Partner with educational institutions and community organizations
- Research existing CHW programs for best practices
- Create multiple learning pathways (in-person, online, hybrid)
- Secure recognition of certification by other funders

### **Establish Technical Assistance (TA) Program**

#### **Action Steps:**

- Conduct needs assessment to identify priority TA needs
- Create resource library of templates, tools, and guides
- Establish peer learning communities around specific challenges

### **Develop Cross-departmental Funding Alignment**

#### **Action Steps:**

- Identify departments with complementary funding priorities
- Establish leadership-level commitments to collaboration
- Develop unified application and reporting requirements

## 5.3 Long-Term Changes (18+ months)

These structural changes require significant policy shifts, system redesign, and sustained commitment, but have the greatest potential for transformative impact:

### **Transition to Tiered Funding Model\***

#### **Action Steps:**

- Develop criteria for organizational tiers based on capacity
- Establish pathways for advancement between tiers
- Develop capacity-building supports for each tier
- Secure necessary policy approvals for tiered approach
- Create implementation guidelines for program staff
- Establish monitoring system to assess effectiveness
- Develop communication strategy to explain the model

### **Increase Administrative/Indirect Rates**

#### **Action Steps:**

- Conduct fiscal analysis of budgetary impact
- Research best practices for indirect rate structures
- Develop policy justification based on organizational sustainability
- Create phased implementation plan, if needed
- Develop guidance on appropriate use of indirect funds
- Establish tracking mechanism for fiscal impacts
- Develop communication strategy explaining the rationale

### **Implement Multi-year Funding Commitments**

#### **Action Steps:**

- Secure necessary policy approvals for longer contract terms
- Develop criteria for multi-year eligibility
- Create simplified renewal processes
- Establish performance metrics and monitoring protocols for continued funding
- Develop funding reserves to ensure sustainability

\*Appendix A contains additional details.



## 5.3 Long-Term Changes (continued)

### Develop Population-specific Funding Streams

#### Action Steps:

- Conduct gap analysis of current services by population
- Establish clear definitions and priorities for each population
- Create RFP language that ensures cultural responsiveness
- Establish review criteria that values lived experience
- Implement community-informed scoring mechanisms

### Create Comprehensive Data and Evaluation System

#### Action Steps:

- Develop standardized outcomes framework, utilizing community input
- Develop capacity-building supports for data collection
- Implement data sharing protocols between organizations
- Develop learning communities around evaluation approaches
- Create system to translate findings into program improvements

# 5.4 Implementation Management Strategy

To ensure successful implementation, DHSP should:

**Establish an Implementation Task Force** including:

- DHSP staff
- Representatives from Black-led organizations

**Develop a Detailed Implementation Plan** with:

- Specific action steps for each recommendation
- Assigned responsibilities
- Resource requirements
- Timeline with milestones
- Success metrics for each phase

**Create a Transparent Tracking System** that:

- Documents progress on each recommendation
- Identifies barriers and challenges
- Celebrates successful implementation

**Establish a Feedback Mechanism** for:

- Regular input from Black-led organizations
- Course correction as needed
- Suggestions for further improvements

**Allocate Dedicated Resources** including:

- Staff time for implementation management
- Budget for necessary system changes
- Technology resources for modernization efforts
- Training resources for staff and grantees

By implementing changes across these timeframes with proper management and oversight, DHSP can address immediate needs while working toward systemic changes that will create a more supportive funding environment for Black-led organizations. This comprehensive approach balances quick wins with sustainable transformation.



## **6. Significance & Conclusion**

# 6.1 Significance of the Second Iteration

## Strengthened Evidence Base

The second iteration significantly enhanced the assessment by providing multiple layers of validation and deeper insights:

- **Confirmed persistent challenges across different organization types:** The inclusion of organizations ranging from established FQHCs to small community-based organizations, from multi-county providers to specialized population-focused groups, revealed that these challenges are systemic rather than isolated to particular organizational models. This consistency across diverse organizations strengthens the case for structural rather than organization-specific interventions.
- **Identified new dimensions of known issues:** While the first iteration identified funding process challenges, the second iteration provided concrete examples of how these challenges manifest, such as the specific barriers created by reimbursement-based contracts and inadequate indirect rates. This more granular understanding allows for more targeted interventions.
- **Revealed previously unexplored barriers:** The second iteration uncovered barriers that were not apparent in the first assessment, particularly around Transmasculine health needs, geographic challenges in cross-county service delivery, and the administrative burden of compliance requirements. These newly identified barriers help create a more comprehensive picture of the challenges facing Black-led organizations.

## More Nuanced Understanding

The expanded assessment provided significantly deeper insights in several key areas:

- **Greater appreciation for organizational diversity:** The inclusion of diverse organizational models revealed how different types of Black-led organizations experience challenges in unique ways. For example, FQHCs struggle with different staffing challenges than smaller community-based organizations, while multi-county providers face distinct geographic barriers. This understanding helps avoid one-size-fits-all solutions that may not meet the needs of all organization types.
- **Better insight into population-specific needs:** The second iteration revealed gaps in current service models and funding approaches that need to be addressed through more inclusive language and targeted programming.
- **Clearer picture of geographic challenges:** Organizations highlighted geographic insights revealing how administrative boundaries can impede effective service delivery to mobile populations or those living in border areas.
- **Specific process improvement recommendations:** While the first iteration identified general needs for process improvements, the second iteration provided detailed recommendations for technological solutions, language changes, and structural reforms. These specific recommendations create a clearer pathway for implementation.

The second iteration moved beyond identifying problems to specifying concrete solutions, providing DHSP with actionable strategies that address the specific challenges identified by diverse Black-led organizations. This nuanced understanding allows for more targeted and effective interventions.

## 6.2 Conclusion

### Evolution of Understanding Across Iterations

This integrated assessment has provided a comprehensive understanding of the challenges and opportunities for supporting Black-led organizations in addressing HIV disparities in Los Angeles County. Through two iterations of research with diverse organizational models, we have developed a nuanced picture of how these organizations experience the funding landscape and what changes are needed to support their vital work.

The first iteration identified key themes around funding processes, capacity limitations, population-specific needs, and collaboration barriers. The second iteration confirmed these themes while providing deeper insights into their manifestations across different organizational types and service models. This evolutionary approach has yielded a robust evidence base for the recommendations presented in this report.

### Strengthened Case for Support Based on Cumulative Evidence

The cumulative evidence from both iterations strengthens the case for targeted investment in Black-led organizations as a critical strategy for addressing HIV disparities in Los Angeles County. The consistency of themes across different organizational types and service models—from established FQHCs to small community-based organizations—demonstrates that these challenges are systemic rather than isolated to particular organizations.

The assessment also reveals the unique value that Black-led organizations bring to HIV prevention and care in Black communities. Their cultural relevance, community trust, and integrated approaches to addressing social determinants of health make them essential partners in ending the HIV epidemic. By addressing the barriers these organizations face, DHSP can leverage their expertise and community connections more effectively.

### Call to Action

The findings and recommendations in this report provide DHSP with a roadmap for strengthening Black-led organizations and improving health outcomes in Black communities most impacted by HIV. However, these potential benefits will only be realized through committed action and sustained investment.

1. **Embrace this vision for change:** Commit to the transformation outlined in this report as an essential strategy for addressing HIV disparities.
2. **Allocate necessary resources:** Dedicate the staffing, funding, and policy support needed to implement these recommendations.
3. **Center Black leadership:** Ensure that Black-led organizations have meaningful roles in designing and monitoring implementation.
4. **Start immediately:** Begin with the short-term actions identified in this report while building toward longer-term structural changes.
5. **Maintain transparency:** Communicate openly about progress, challenges, and adjustments throughout the implementation process.
6. **Document and share learnings:** Capture lessons learned to inform similar efforts in other health departments and funding agencies.

By implementing the strengthened recommendations identified in this report, DHSP has an opportunity to create a more equitable and effective funding environment that recognizes and supports the unique contributions of Black-led organizations in ending the HIV epidemic in Los Angeles County.





# **Appendix A:**

# **Tiered Funding**

# **Guidance**

# Tiered Funding Guidance

A tiered funding model is defined here to support distributing financial resources, categorizing recipients/programs into levels (tiers), with each tier receiving different amounts of funding based on specific criteria. A tiered funding model for DHSP could work as follows:

## Basic Structure of a Tiered Funding Model

### Tier 1 (Entry Level)

- Lower funding amounts (e.g., \$10,000-\$50,000)
- Fewer administrative requirements and simplified reporting requirements
- Designed for newer, smaller, or first-time recipients
- Focused on building capacity and establishing program foundations

### Tier 2 (Intermediate Level)

- Medium funding amounts (e.g., \$50,000-\$150,000)
- Moderate administrative requirements and standard reporting requirements
- For organizations with some track record and demonstrated capacity
- Expanded program expectations

### Tier 3 (Advanced Level)

- Larger funding amounts (e.g., \$150,000+)
- More rigorous administrative and compliance requirements
- For established organizations with strong track records
- Comprehensive program expectations, as well as detailed reporting and evaluation requirements

## Benefits of a Tiered Funding Model for DHSP and Black-led Organizations

### Accessibility

- Creates entry points for smaller or newer Black-led organizations
- Reduces barriers to first-time funding recipients

### Growth Pathway

- Provides a clear progression for organizational development
- Organizations can start at lower tiers and advance as they build capacity
- Creates sustainability through stepped funding increases

### Risk Management

- Allows DHSP to test new partnerships at lower funding levels
- Matches administrative requirements to organizational capacity

### Customization

- Can be tailored to specific service types or population needs



# **Appendix B:**

# **References**


# References

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# **Appendix C:**

# **Interview &**

# **Survey Items**



# Key Informant Interview Items

1. What are your organization's current programmatic priorities?
2. What are the main areas of support your organization needs to successfully carry out your organization's mission?
3. In what ways does your organization support and engage in public health programming (ex: HIV, STI programs) in LA County?
4. How does leadership involve staff in the planning and implementation of public health programming?
5. How does your organization support the health and well-being of staff to minimize burnout when implementing public health programming?
6. Who is your organization collaborating with to advance public health efforts in LA County?
7. What have been some successes when collaborating with other organizations to support public health programming in LA County?
8. How does your organization monitor and evaluate its successes/challenges/lessons-learned from supporting public health programming in LA County?
9. What support is needed to increase involvement in LA County's public health programming?
10. How is your organization made aware of funding opportunities that supports public health programming in LA County?
11. Describe your experience when applying for funding from LA DHSP?
12. What percentage of your organization's overall budget is allocated towards public health efforts in LA County?
13. Describe your organization's relationship with funders supporting public health programming in LA County?
14. What support does your organization need to successfully apply for funding that to implement public health programming in LA County?
15. If funds were unlimited, how would your organization successfully address the health disparities in Black communities?

# Survey Items

1. Gender Identity/Pronouns
2. Organization Representing
3. Organizational Role/Title
4. Number of Years at Organization
5. City Location of Organization in Los Angeles County
6. Type of Organization
7. Organization Operating Budget
8. Number of Staff at Organization
9. Knowledgeable of the health conditions, such as HIV, viral hepatitis, sexually transmitted infections, substance, and behavioral issues impacting Black communities in LA County.
10. Familiar with LA County's public health mission and strategy.
11. Has the organizational capacity to lead public health programming in LA County.
12. Collaborated with other organization(s) to support public health programming in LA County.
13. Aware of other funding opportunities that supports public health programming in LA County.
14. Aware of DHSP funding opportunities to support public health programming in LA County.
15. Applied for funding to support public health programming in LA County.
16. Received funding to support public health programming in LA County.
17. Willing to apply for funding in the next 6 - 12 months to support public health programming in LA County.
18. Participated in trainings and technical assistance opportunities to strengthen organization's capacity to support public health programming in LA County.
19. Detail the top 3 barriers that may hinder your organization from applying for funding to support public health programming in LA County (e.g., grant submission timeline, grant award amount, purpose of grant does not align with mission of organization, organization may lack the ability to perform the deliverables of what the grant is asking for)
20. Funders are invested to address the health conditions, such as HIV, viral hepatitis, sexually transmitted infections, substance use, and behavioral issues, impacting Black communities in LA County.
21. Funders are invested in the growth and sustainability of Black-led organizations in LA County.

# Survey Items (continued)

22. Funders' eligibility requirements for funding are aligned with your organization's capacity.
23. Funders provide guidance and assistance for what is required to complete funding application.
24. Time allotted to apply for funders' grant application is reasonable.
25. Submission of funders' grant application is not difficult.
26. Compared to other grant applications, applying for and submitting grant applications to LA DHSP is more complex.
27. How many grant applications has your organization submitted in the past 3 years to support public health programming in LA County?
28. How many grant awards has your organization received in the past 3 years to support public health programming in LA County?
29. What are the top 3 resources/support needed to increase your organization's capacity to apply for LA DHSP funding (e.g., community partners, staffing, evaluation, grant writing, etc.)?
30. What are the top 3 resources needed to increase your organization's sustainability and impact (e.g., community partners, staffing, evaluation, grant writing, etc.)?
31. What are 3 best practices grantors have in their grantmaking process that you think are impactful for an organization like yours (e.g., grant award amount, communications with grantors, clarity in grant applications, timeline for grant submission, timeframe of grant award, etc.)?
32. Staff are clear of their responsibilities and execute those responsibilities effectively.
33. Staff are offered professional development trainings to support public health programming in LA County.
34. Board members are active and clear of their responsibilities and execute those responsibilities effectively.
35. Organizational policies are equitable and do not hinder community engagement strategies.
36. Organization has diversity in leadership and decision-making.
37. Organization has diversity in funding sources.
38. Organization has a well-developed sustainability/strategic plan.
39. Organization has monitoring and evaluation systems to measure success and impact in supporting public health programming.
40. Organization's staff recruitment and retention are barriers hindering your organization's performance.
41. What are the top 3 training and technical assistance needs to strengthen your organization's capacity to support public health programming in LA County?

**Engage communities.  
Build trust.  
Advance equity.**

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