



LOS ANGELES COUNTY  
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

Join the Commission on HIV Email Listserv, [Click Here](#)



## HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

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

Wednesday, November 16, 2022  
4:00PM-5:30PM (PST)

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

<https://tinyurl.com/34scptr6>

To Join by Phone: +1-213-306-3065 US Toll

Access Code: 2597 011 8020

Password: PREVENT

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

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

Follow the Commission on HIV at



Interested in becoming a Commissioner? [Click here for membership application.](#)



**PREVENTION PLANNING WORKGROUP**  
**Virtual Meeting Agenda**  
**Wednesday, November 16, 2022 @ 4:00 – 5:30pm **\*\*NEW DAY\*\*****

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m9264cf67a330e0dd7e2bc7c2998d669a>

To Join by Phone: +1-213-306-3065 US Toll

Access Code: 2597 011 8020

Password: PREVENT

**AGENDA**

- 1. Welcome and Introductions (4:00-4:10 pm)**
- 2. Co-Chairs' Report (4:10-4:25 pm)**
  - a. Planning, Priorities and Allocations Committee Nov. 15 Meeting Highlights
  - b. Co-chair nominations
  - c. December Meeting
- 3. Comprehensive HIV Plan 2022-2026 Updates (4:25-4:30 pm)**
- 4. DHSP Don't Think Know Presentation (4:30pm-5:05pm)**
- 5. Prevention Knowledge, Abilities and Behaviors Survey Results Discussion (5:05-5:20 pm)**
- 6. Next Steps and Agenda Development for Next Meeting (5:20-5:25 pm)**
- 7. Public Comment + Announcements (5:25-5:30 pm)**
- 8. Adjournment (5:30 pm)**



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)  
 Wednesday, October 26, 2022 | 4:00-5:30PM  
 MEETING SUMMARY**

**Attendees:**

<b>William King, MD (Co-Chair)</b>	<b>Miguel Martinez (Co-Chair)</b>	<b>Greg Wilson (Co-Chair)</b>
Beverly Burgess	Brian Rogers	James
Katja Nelson	Kevin Donnelly	Menty Ayalew
Thelma Garcia		
Commission on HIV (COH) Staff: Cheryl Barrit, Catherine LaPointe, Jose Rangel-Garibay, Lizette Martinez, AJ King		
Division of HIV and STD Programs (DHSP) Staff: Anait Arsenyan, Pamela Ogata, Paulina Zamudio, Richard Salazar, Dr. Sid Puri (Substance Abuse Prevention and Control (SAPC))		

**1. Welcome and Introductions**

Miguel Martinez, Co-Chair, welcomed attendees and led introductions.

**2. Co-Chairs' Report**

**a. Planning, Priorities and Allocations Committee Oct. 18 Meeting Highlights**

- DHSP staff, Pamela Ogata, provided responses to COH directives but was only able to go through 4 directives. DHSP will continue with their responses at the next PP&A meeting on Tuesday, Nov. 15. Cheryl Barrit added that the Committee continues to look at opportunities to maximize Part A funding.
- K. Donnelly and M. Martinez gave a brief overview of the PPW workplan.

**b. Finalize and Adopt Workplan**

- The PPW went over and adopted the revised their 2022 Workplan. See meeting packet for details.

**c. Holiday Schedule (November and December)**

- November PPW meeting was rescheduled to Wednesday, Nov. 16<sup>th</sup> from 4-5:30pm to accommodate potential Thanksgiving holiday travel. C. Barrit noted the new meeting time conflicts with a mandatory Commissioner training on public policy at the same time.
- K. Donnelly offered time in a future Planning, Priorities and Allocations Committee meeting for PPW activities to ensure prevention activities are aligned with PP&A activities. Dr. William King stated it was a good idea.
- The determination of whether or not the PPW will meet in December will be revisited during the November meeting.

### **3. Comprehensive HIV Plan 2022-2026 Updates**

- AJ King provided a brief update on the Comprehensive HIV plan. He stated he is currently working on a second draft based on feedback he received. The document will be available for review and public comment beginning Nov. 1, 2022 and will end on November 21.

### **4. DHSP/SAPC Intersections of HIV and Substance Use, Harm Reduction and Syringe Exchange Presentation**

- Dr. Sid Puri, Associate Medical Director of Prevention with Substance Use Prevention and Control Program (SAPC) and DHSP staff, Paulina Zamudio, provided a presentation on current Syringe Exchange services/strategies in Los Angeles County. See meeting packet for the full presentation.
- Dr. King inquired about linkage to care for Engagement and Overdose Prevention Hubs (EOPS) that do not provide direct linkage to care in house. He stated concern about costs and linkage to care for differing insurance providers. P. Zamudio commented linkage to care for HIV in this scenario is similar to DHSP contracted agencies. Agencies link patients to care through established relationships with medical providers. If client does not have insurance, DHSP covers care costs for first 45 days until a medical home is established to avoid delay in care.
- Dr. Puri will follow up with more specific demographic information so the PPW can understand the overlap with COH priority populations.
- Dr. King suggested having another presentation focusing on how to create new referral partners for the EOPS/SSPs.
- M. Martinez inquired if there was an agency that could do a broad presentation on the principles and strategies of harm reduction to help build PPW understanding/capacity. Dr. King suggested reaching out to LA CADA or Harm Reduction Prevention Institute to provide a presentation. Dr. Puri also offered for SAPC's Harm Reduction unit to provide a training as well. M. Martinez suggested the presentation should be done during a PP&A Committee meeting. K. Donnelly agreed and recommended January, February, or March of 2023.

### **5. Prevention Knowledge, Abilities and Behaviors Survey Results**

- No survey results were reviewed due to time constraints. It was recommended that the PPW review the remaining results prior to the November meeting and be prepared for discussion.

### **6. Next Steps and Agenda Development for Next Meeting**

- Co-chair nominations
- December meeting

- DHSP “Don’t Think Know” Presentation
- Continue review and discussion of Prevention Knowledge, Abilities and Behaviors Survey Results

**7. Public Comment + Announcements** – There were no public comments

**8. Adjournment** – The meeting was adjourned by Miguel Martinez



# **DUTY STATEMENT**

## **COMMITTEE CO-CHAIR**

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, Committee Co-Chairs must meet the following demands of their office, representation and leadership:

### **COMMITTEE LEADERSHIP:**

- ① Serves as Co-Chair of a standing Commission Committee, and leads those monthly meetings
- ② Leads Committee decision-making processes, as needed
- ③ Meets monthly with Executive Director, or his/her designee, to prepare the Committee meeting agendas, course of action and assists Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate
- ④ Assigns and delegates work to Subcommittees, task forces and work groups
- ⑤ Serves as a member of the Commission's **Executive Committee**

### **MEETING MANAGEMENT:**

- ① Serves as the Presiding Officer at the Committee meetings
- ② In consultation with other Co-Chair and senior Commission staff member(s), leads the Committee meetings,
  - conducting business in accordance with Commission actions/interests
  - recognizing speakers, stakeholders and the public for comment at the appropriate times
  - controlling decorum during discussion and debate and at all times in the meeting;
  - imposing meeting rules, requirements and limitations
  - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed
  - determining consensus, objections, votes, and announcing roll call vote results
  - ensuring fluid and smooth meeting logistics and progress
  - finding resolution when other alternatives are not apparent
  - ruling on issues requiring settlement and/or conclusion
- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the Committee's Presiding Officer.

### **REPRESENTATION:**

In consultation with the Executive Director, Committee Co-Chairs:

- ① May **ONLY** serve as Committee spokesperson at various events/gatherings, in the public, with public officials and to the media if approved by the Commission Co-Chairs and Executive Director
- ② Take action on behalf of the Committee, when necessary

## **Duty Statement: Committee Co-Chair**

Page 2 of 2

- ③ Generates, signs and submits official documentation and communication on behalf of the Committee
- ③ Present Committee findings, reports and other information to the full Commission, Executive Committee, and, as appropriate, other entities
- ⑤ Represent the Committee to the Commission, on the Executive Committee, and to other entities
- ⑥ Support and promote decisions resolved and made by the Committee when representing it, regardless of personal views

### **KNOWLEDGE:**

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STI, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ Ryan White Program legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑧ **Minimum of one year active Committee membership prior to Co-Chair role**

### **SKILLS/ATTITUDES:**

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Take-charge, "doer", action-oriented; ability to recruit involvement and interest
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Firm, decisive and fair decision-making practices

### **COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors



# I Know

## LAC DPH DHSP



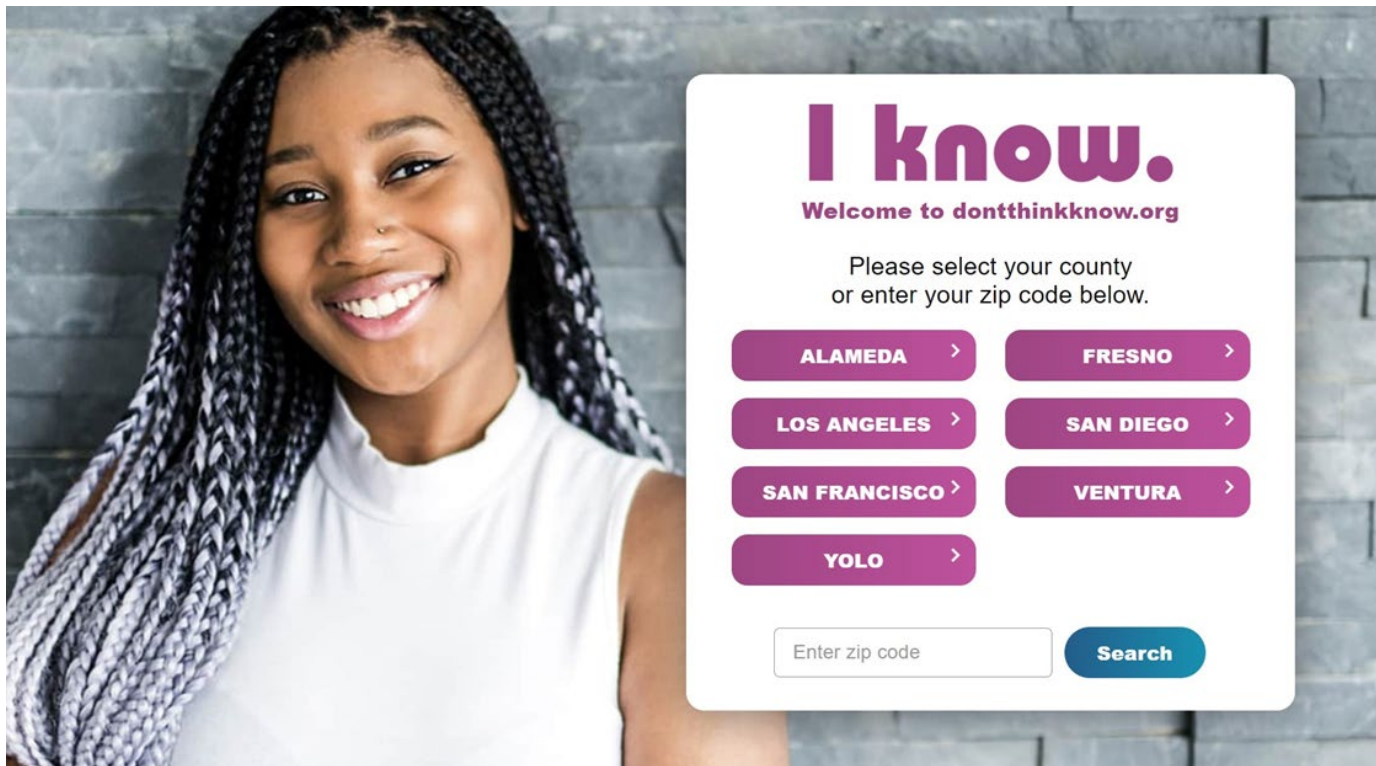
COUNTY OF LOS ANGELES  
**Public Health**

**LAC Commission on HIV, Prevention Work Group**  
**Nov. 16, 2022**





# I Know - dontthinkknow.org



# What is “I Know” ?



- Free chlamydia (CT) and gonorrhea (GC) home test kit
  - Aptima Combo 2 NAAT assay with vaginal swab
  - Self collected specimen mailed to lab
- Program website also offers:
  - Free condoms
  - Clinic referrals and other resource links, multiple languages
  - Kits available in English and Spanish
  - Mobile optimized

# “I Know” in LAC



- 2009: First launched by LAC DPH in
- April 2022: Relaunched on new software platform
- Aug – Sept 2022: Recent Ad campaign

Los Angeles County  
Change Location

English ▾

Login

## I know.



Order  
a Test



Testing  
Instructions



Care  
Near You



Facts  
& FAQ



Home



Chlamydia and gonorrhea are curable.

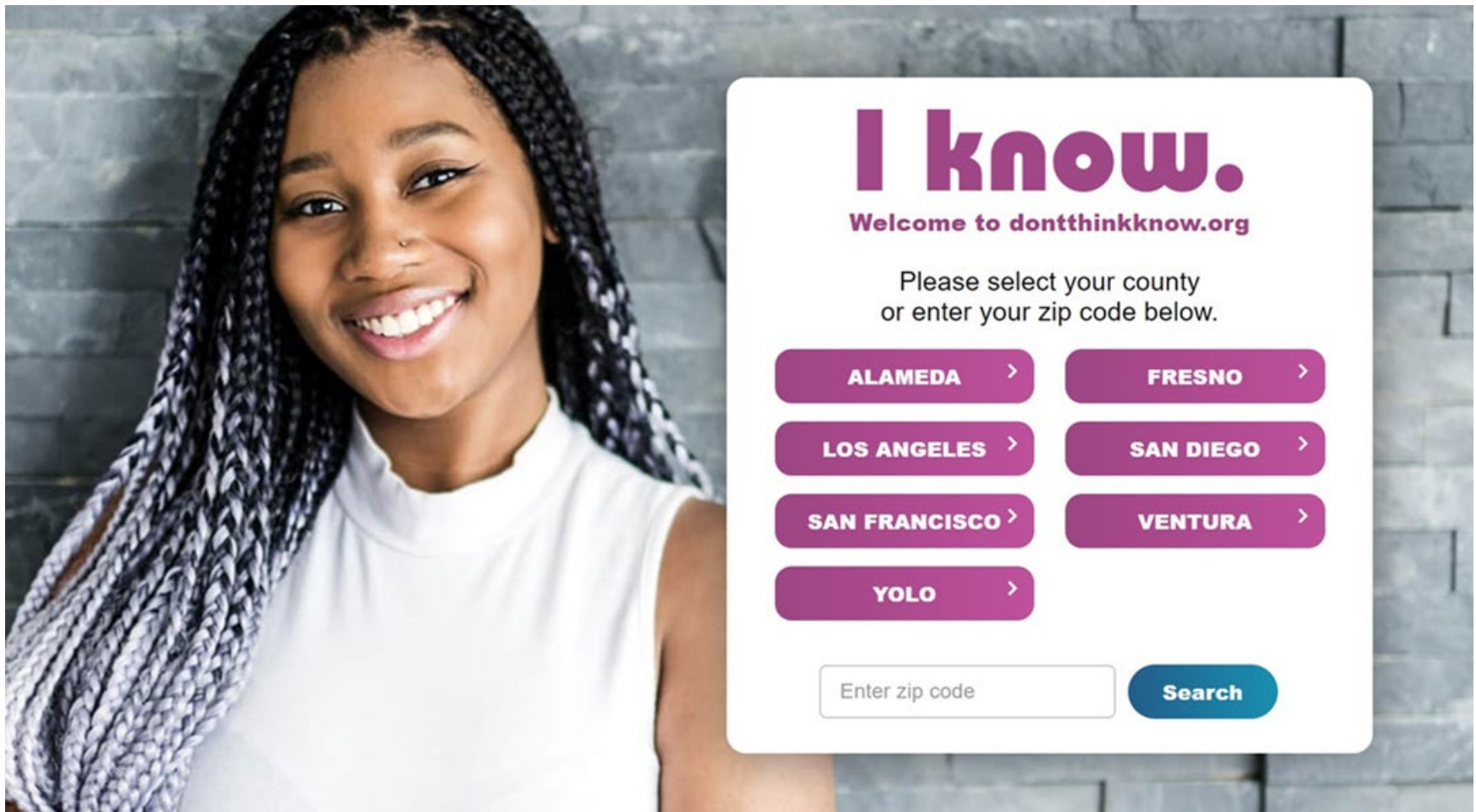
ORDER A HOME TEST >

GET RESULTS >

# “I Know” in CA



In six other CA counties, more coming in 2023.



# “Yo Se”

## Entire website translated into Spanish



Condado de Los Angeles  
Cambiar ubicación

Español ▾

Iniciar sesión

# Yo Sé.



Solicita  
una  
prueba



Instrucciones  
para hacer la  
prueba



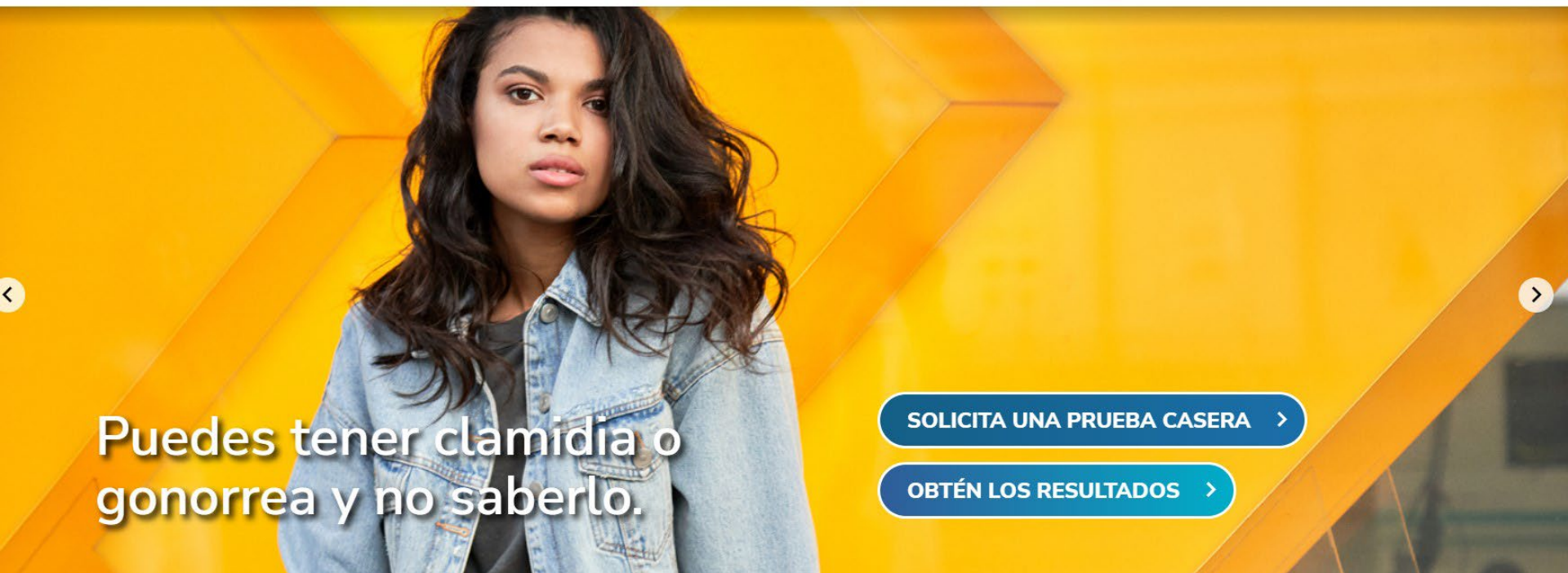
Busca atención  
médica cerca de  
ti



Hechos y  
Preguntas  
frecuentes



Inicio



Puedes tener clamidia o  
gonorrea y no saberlo.

SOLICITA UNA PRUEBA CASERA >

OBTÉN LOS RESULTADOS >


# Who is “I Know” For?



- Program eligibility:
  - LAC resident (including Long Beach and Pasadena)
  - Women, trans men, or anyone with a vagina
  - Ages 12-24
  - Not pregnant (→ clinic)
  - No symptoms (→ clinic)
- Program focus, based on LAC disease burden and impact disparities:
  - SPAs 1, 4, 6, and western part of 7
  - African American and Latina females

# Why Home Testing?



- Free
- Eliminates other perceived costs / barriers to testing:
  - Transportation to clinic
  - Time
  - Time off work, lost wages
  - Childcare
  - Perceived stigma, fear of being seen by others
    - Extra stigma and access issues at clinics for trans clients
- Access testing directly from promotions with 

# How It Works



## I know.



Order a Test



Testing Instructions



Care Near You



Facts & FAQ



Home

Order a home test



Collect your sample



Mail in your samples



Log back in for your results



I can order a **FREE** home test kit **TODAY!**

[ORDER A HOME TEST >](#)

[GET RESULTS >](#)



Why Get Tested?



Who Can Get Tested?



How Does It Work?



# Placing An Order



I know.

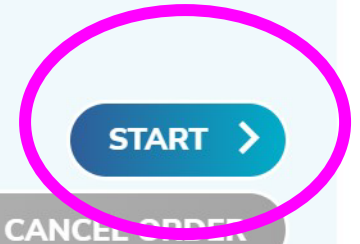


## Get a FREE Home STI Test

To get started, we will need to gather some basic information from you like your name and address and ask you some sexual health related questions.



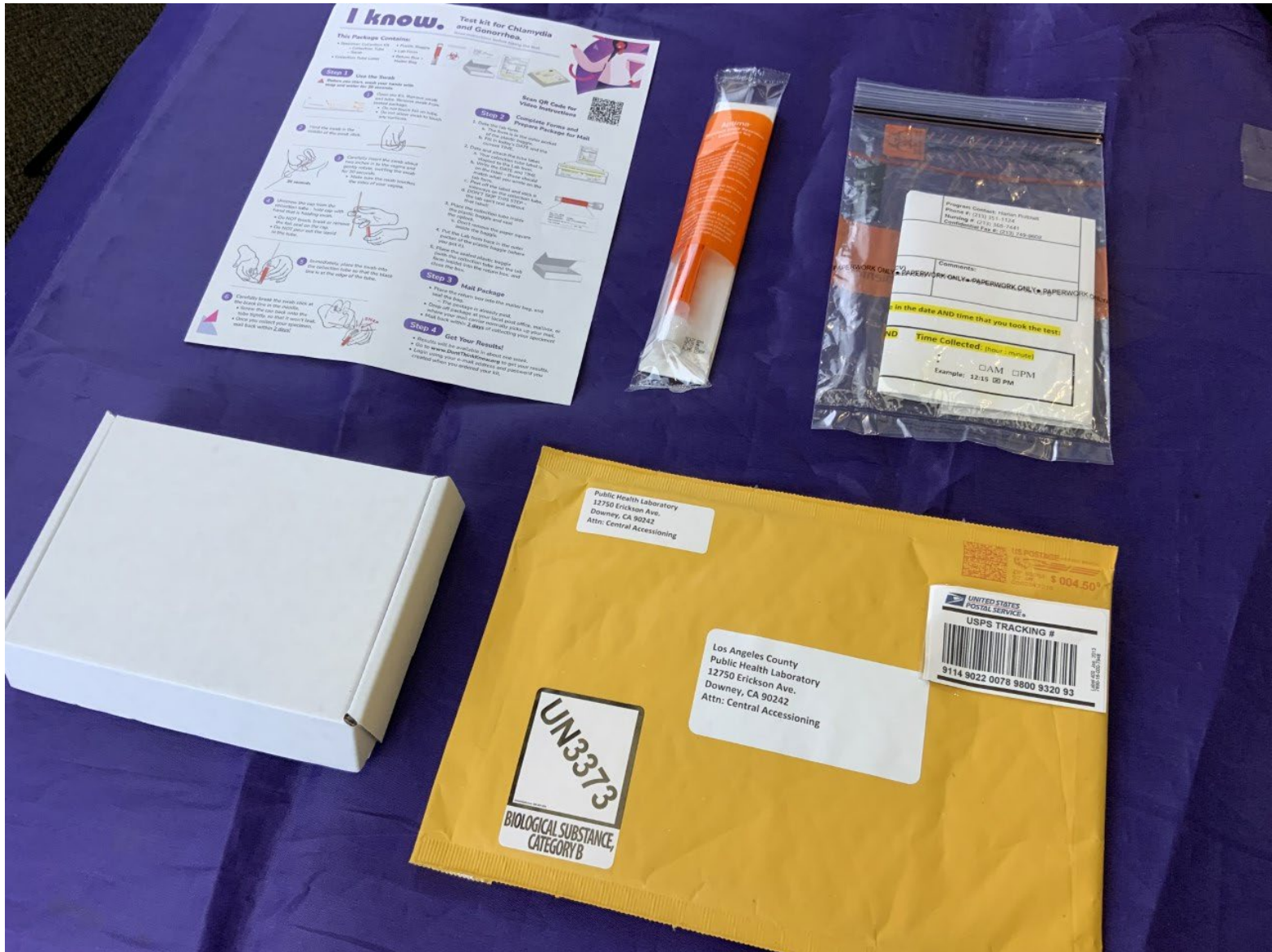
Don't live in Los Angeles County?  
Click [here](#) to change your location.



# Kit As It Arrives



# Kit Contents



# Return Materials

## Postage is Paid!



COUNTY OF LOS ANGELES  
Public Health



# Instructions



## I know. Test kit for Chlamydia and Gonorrhea.

Read instructions before taking the test.

### This Package Contains:

- Specimen Collection Kit
  - Collection Tube
  - Swab
- Plastic Baggie
- Lab Form
- Return box + mailer bag



Scan QR Code for Video Instructions

### Step 1 Use the Swab

**▲ Before you start, wash your hands with soap and water for 20 seconds.**

1. Open the Kit. Remove swab and tube. Remove swab from sealed package.
  - Do not touch foil on tube.
  - Do not allow swab to touch any surfaces.



2. Hold the swab in the middle of the swab stick.
3. Carefully insert the swab about two inches in to the vagina and gently rotate, swirling the swab for 30 seconds.
  - Make sure the swab touches the sides of your vagina.



4. Unscrew the cap from the collection tube - hold cap with hand that is holding swab.
  - Do NOT touch, break or remove the foil seal on the cap.
  - Do NOT pour out the liquid in the tube.



5. Immediately, place the swab into the collection tube so that the black line is at the edge of the tube.
6. Carefully break the swab stick at the black line in the middle.
  - Screw the cap back onto the tube tightly, so that it won't leak.
  - Once you collect your specimen, mail back within 2 days!



### Step 2 Complete Forms and Prepare Package for Mail

1. Date the lab form.
  - a. The form is in the outer pocket of the plastic baggie
  - b. Fill in today's DATE and the current TIME.
2. Date and attach the tube label.
  - a. Your collection tube label is stapled to the Lab form.
  - b. Write the DATE and TIME on the label - these should match what you wrote on the Lab form.
  - c. Peel off the label and stick it sideways on the collection tube.
  - d. DON'T SKIP THIS STEP - the lab can't test without that label!
3. Place the collection tube inside the plastic baggie and seal the ziplock.
  - a. Don't remove the paper square inside the baggie
4. Put the Lab form back in the outer pocket of the plastic baggie (where you got it)
5. Place the sealed plastic baggie (with the collection tube and the lab form inside) into the return box, and close the box.



### Step 3 Mail Package

- Place the return box into the mailer bag, and seal the bag.
- The postage is already paid.
- Drop off package at your local post office, mailbox, or where your mail carrier normally picks up your mail.
- Mail back within 2 days of collecting your specimen!

### Step 4 Get Your Results!

- Results will be available in about one week.
- Go to [www.DontThinkKnow.org](http://www.DontThinkKnow.org) to get your results.
- Login using your e-mail address and password you created when you ordered your kit.

## Yo Sé. El paquete de prueba para clamidia y gonorrea.

Lee las instrucciones antes de tomar la prueba.

### Este paquete contiene:

- Recolección de muestras
  - Tubo para recoger
  - Hisopo
- Etiqueta de tubo de colección
- Bolsa de plástico
- Formulario de laboratorio
- Caja de devolución
- Bolsa de correo



Escanear código QR para obtener instrucciones en video

### Paso 1 Usa el hisopo

**▲ Antes de comenzar, lávate las manos con agua y jabón durante 20 segundos.**

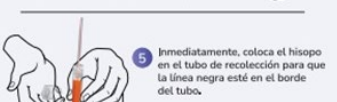
1. Abre el paquete. Retira el hisopo y el tubo. Retira el hisopo del paquete sellado.
  - No toques la lámina en el tubo.
  - No permitas que el hisopo toque ninguna superficie.



2. Sostén el hisopo en el medio de la varilla del hisopo.
3. Inserta cuidadosamente el hisopo aproximadamente dos pulgadas en la vagina y gira suavemente, girando el hisopo durante 30 segundos.
  - Asegúrate de que el hisopo toque los lados de la vagina.



4. Desenrosca la tapa del tubo de recolección: sostén la tapa con la mano que sostiene el hisopo,
  - NO toques, rompas ni retires el sello de aluminio de la tapa.
  - NO tires el líquido en el tubo.



5. Inmediatamente, coloca el hisopo en el tubo de recolección para que la línea negra esté en el borde del tubo.
6. Rompe con cuidado la marca del hisopo en la línea negra en el medio.
  - Vuelve a enroscar la tapa en el tubo con fuerza, de modo que no se riege.
  - Una vez que recojas tu espécimen, envíalo por correo dentro de los 2 días!



### Paso 2 Compara formularios y prepara el/los paquetes para el correo

1. Fecha de colección.
  - a. Mete la forma en el bolsillo exterior de la bolsa de plástico.
  - b. Pon la FECHA de hoy y la HORA actual.
2. Completa la etiqueta para el tubo.
  - a. Pon la etiqueta en el tubo de colección.
  - b. Escribe la FECHA y la HORA en la etiqueta: deben coincidir con lo que escribiste en el formulario de laboratorio.
  - c. Despega la etiqueta y pégalas en uno de los lados del tubo de recolección.
  - d. NO TE SALTE ESTE PASO: ¡el laboratorio no puede procesar tus pruebas sin esa etiqueta!
3. Coloca el tubo de recolección dentro de la bolsa de plástico y séllala.
  - a. No retires el cuadrado de papel dentro de la bolsa.
4. Vuelve a colocar el formulario en el bolsillo exterior de la bolsa de plástico
5. Coloca la bolsa de plástico sellada (con el tubo de recolección y el formulario en el interior) en la caja de devolución y cierra la caja.



### Paso 3 Paquete de correo

- Coloca la caja de devolución en la bolsa de correo y sella la bolsa.
- Los gastos de envío ya están prepagados.
- Deja el paquete en tu oficina de correos local, buzón de correo o donde tu cartero normalmente recoge tu correo.
- (Envíalo por correo dentro de los 2 días después de la recolección de tu espécimen)

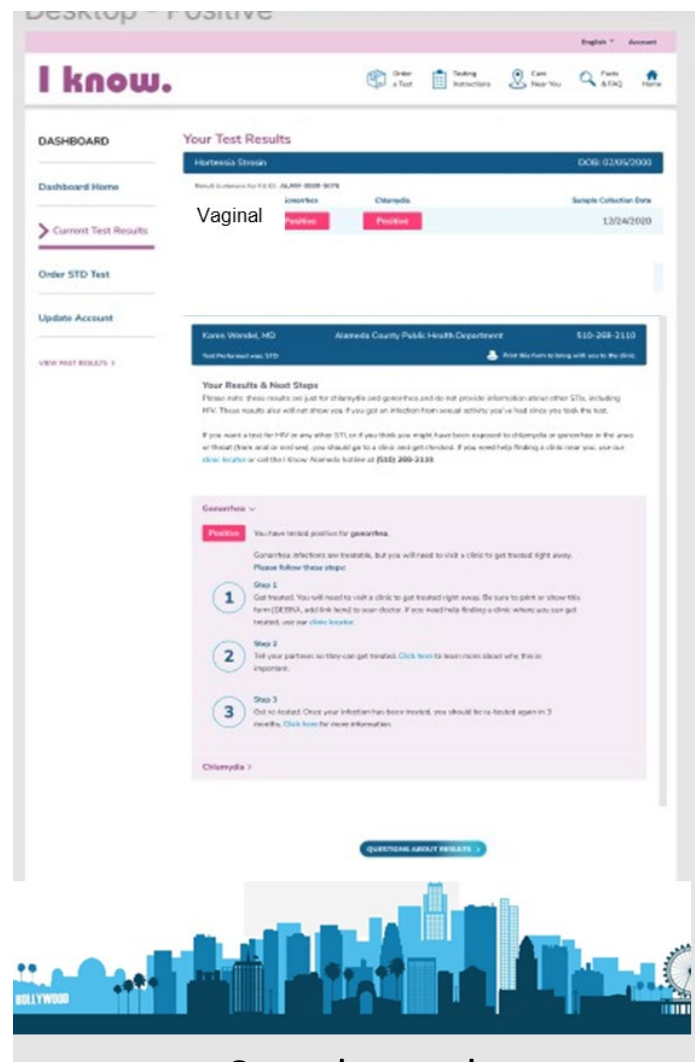
### Paso 4 ¡Obtén tus resultados!

- Los resultados estarán disponibles en aproximadamente una semana.
- Visita la página web: [www.DontThinkKnow.org](http://www.DontThinkKnow.org) para obtener tus resultados.
- Inicia sesión con tu correo electrónico y contraseña que crease cuando solicitaste tu paquete.

# “I Know” Test Results



- Results ready ~1 week from PH Lab receiving specimen
- Client notified by text or email when results are ready
- Client accesses results online using password, or by calling DHSP
- All positive clients followed up by DHSP staff
- Free treatment options available through website



Sample result  
actual result format may vary

# Treatment Resources



## I know.



Order a Test



Testing Instructions



Care Near You



Facts & FAQ



Home

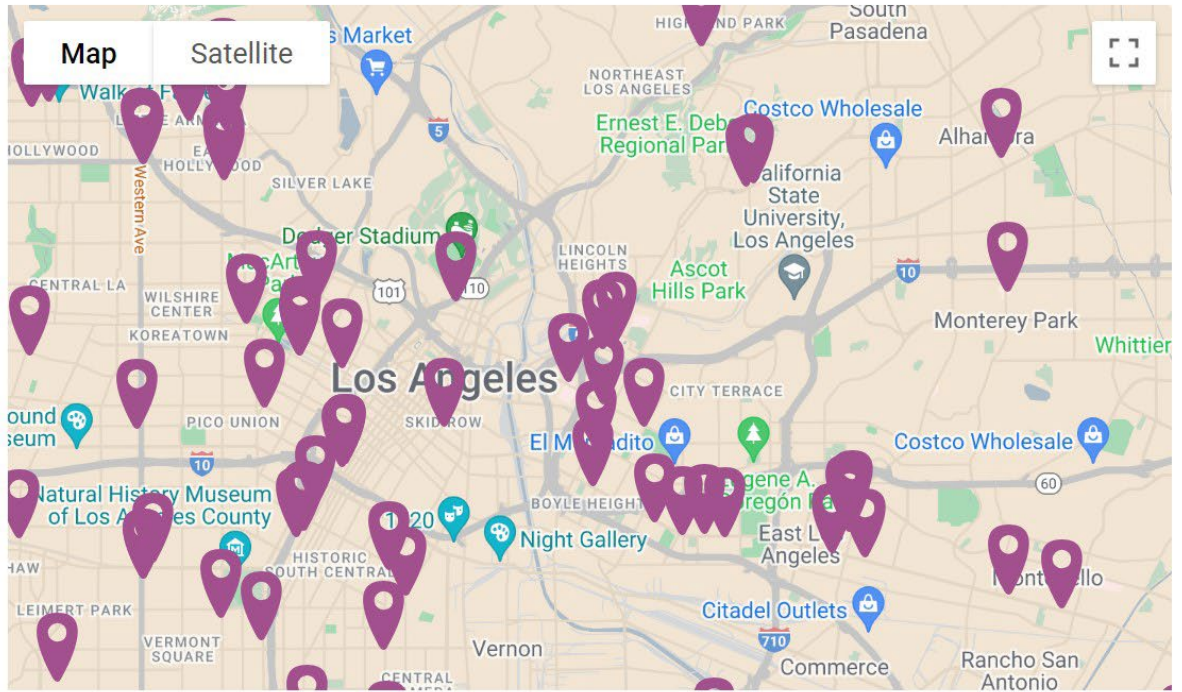
Locate resources near you. Please choose a resource type. You may also type your address below.

### FILTER RESULTS

Enter Your Address or Zip

- All
- Has Weekend Hours
- Accepts Walk-in Visits
- Speaks Spanish
- Has Evening Hours

UPDATE MAP >



# Proven Impact

## in 4 Counties, 2009-2019



- Kit orders: 11,816 (9,419 in LAC)
- High use by African American, Latina women: 41-76% (76% LAC)\*
- About ½ of orders (49.8%) led to testable specimen sent to lab
- Any positive: 8.9%

\* LAC race/ethnicity data 76% approximate within 2%





**I know.**



Order  
a Test



Testing  
Instructions



Care  
Near You



Facts  
& FAQ



Home



# Expanding “I Know” Reach in 2023

# Build Partnerships



- Partner with County and Community agencies to
  - Post or distribute posters and other promo materials
  - Link back to [www.dontthinknow.org](http://www.dontthinknow.org) from agency websites
  - Enable clients to use agency address to receive kits
  - Participate in or provide locations for outreaches
  - Become direct distribution partners (4-5 opportunities)

# Poster, Table Tent



## FREE HOME STI TESTING FOR WOMEN AND TRANSMEN

Thousands of women in L.A. have chlamydia or gonorrhea and don't even know it

### The Only Way to Know is to Test

- #1** Order your FREE test kit online
- #2** Collect sample and mail to the lab
- #3** Get results at [DontThinkKnow.org](http://DontThinkKnow.org)

**I know.**

**COUNTY OF LOS ANGELES Public Health**

**I know.**

[DontThinkKnow.org](http://DontThinkKnow.org)

Get results at  
test kit online  
and mail to the lab

Order your FREE  
Collect sample  
#1 #2 #3

**The Only Way to Know is to Test**

Thousands of women in L.A. have chlamydia or gonorrhea and don't even know it

**FREE HOME STI TESTING FOR WOMEN AND TRANSMEN**

**PRUEBAS DE ETS CASERAS GRATUITAS PARA MUJERES Y HOMBRES TRANS**

Miles de mujeres en Los Angeles tienen clamidia o gonorrea y ni siquiera lo saben

La única manera de saber es haciéndote la prueba

- #1** Solicita tu kit de prueba GRATIS en línea
- #2** Recoger la muestra y enviarla por correo al laboratorio
- #3** Obten tus resultados en línea

[DontThinkKnow.org](http://DontThinkKnow.org)

**Yo sé.**

**COUNTY OF LOS ANGELES Public Health**


# Wallet Card, Stickers



**I know.**

**FREE home STI testing for women and transmen.**

Easy. Confidential. Accurate.  
No line. No hassle.  
Get tested on your terms.



[DontThinkKnow.org](http://DontThinkKnow.org)



**I know.**



PEEL HERE



[DontThinkKnow.org](http://DontThinkKnow.org)

# Other Promo Items



Drawstring Bag



Hand Sanitizer  
(also have lip balm)



# Link to Website



**I know.**

You can have STIs and not know it

**FREE** home test kits at

**DontThinkKnow.org**



970 x 250

**Yo sé.**

Puedes tener ITS y no saberlo

Kits de prueba casera **GRATUITA** en

**DontThinkKnow.org**



970 x 250

# Digital Ads

## Multiple Taglines



**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy.  
Confidential.  
Accurate.



320 x 480

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy.  
Confidential.  
Accurate.



160 x 600

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy.  
Confidential.  
Accurate.



300 x 600

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy.  
Confidential.  
Accurate.



728 x 90

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy.  
Confidential.  
Accurate.



320 x 50

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy. Confidential. Accurate.



970 x 250

**I know.**  
FREE HOME STI TESTING  
DontThinkKnow.org  
Easy. Confidential. Accurate.



300 x 250

COPY1 English

# Contact



**Harlan Rotblatt, LAC DPH DHSP**

**213-351-1124**

**[hrotblatt@ph.lacounty.gov](mailto:hrotblatt@ph.lacounty.gov)**



# Thanks!



COUNTY OF LOS ANGELES  
**Public Health**





# Prevention Planning Knowledge, Attitudes, and Beliefs Survey – Results from Commissioners

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PREVENTION PLANNING WORKGROUP VIRTUAL MEETING

WEDNESDAY, SEPTEMBER 28, 2022

4:00 – 5:30 PM

# Purpose

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This survey was developed by the Prevention Planning Workgroup to create a baseline for an annual assessment of the knowledge, attitudes, and beliefs (KABs) of members of the Los Angeles County Commission on HIV to increase the capacity of members to engage in prevention-focused planning activities.

# DEMOGRAPHICS

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# Q1: What is your age?

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Answered: 13    Skipped: 0

ANSWER CHOICES	RESPONSES
▼ 13-19	0.00% 0
▼ 20-29	0.00% 0
▼ 30-39	30.77% 4
▼ 40-49	30.77% 4
▼ 50-59	23.08% 3
▼ 60+	15.38% 2
<b>TOTAL</b>	<b>13</b>

# Q2: What is your race/ethnicity?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ American Indian or Alaska Native	0.00% 0
▼ Asian	7.69% 1
▼ Black or African American	15.38% 2
▼ Hispanic or Latinx	30.77% 4
▼ Multi-Race	7.69% 1
▼ Native Hawaiian or Other Pacific Islander	0.00% 0
▼ White or Caucasian	30.77% 4
▼ Other	7.69% 1
<b>TOTAL</b>	<b>13</b>

# Q3: What is your gender identification?

Answered: 13 Skipped: 0

ANSWER CHOICES		RESPONSES	
▼ Non-Binary/Gender Non-Conforming		0.00%	0
▼ Transgender: Female to Male		0.00%	0
▼ Transgender Male to Female		7.69%	1
▼ Female		15.38%	2
▼ Male		76.92%	10
▼ Other (please specify)	Responses	0.00%	0
<b>TOTAL</b>			<b>13</b>

# Q4: How long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?

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Answered: 13    Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Less than 1 year	15.38% 2
▼ Between 1-2 years	23.08% 3
▼ Between 3-4 years	15.38% 2
▼ 5 years or more	46.15% 6
<b>TOTAL</b>	<b>13</b>



# Q5: What is the highest level of education you have completed?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ High school graduate, diploma, or the equivalent (for example: GED)	0.00% 0
▼ Some college credit, no degree	7.69% 1
▼ Trade/technical/vocational training	0.00% 0
▼ Associate degree	7.69% 1
▼ Bachelor's degree	38.46% 5
▼ Master's degree	30.77% 4
▼ Doctorate degree	15.38% 2
<b>TOTAL</b>	<b>13</b>

# KNOWLEDGE

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# Q6: What do you think are elements of prevention? What are examples of interventions that prevent HIV?

---

Answered: 12   Skipped: 1

- The U.S. Department of Health and Human Services (HHS) has proposed the Ending the HIV Epidemic in the U.S. (EHE) initiative to end the HIV epidemic in the United States within 10 years. This initiative will leverage critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices. CDC works closely with states and local communities, national partners that work on behalf of people with and at risk for HIV, as well as government partners, to scale up the highest-impact HIV prevention, care, treatment, and outbreak response strategies. Examples can be found here: <https://www.cdc.gov/hiv/effective-interventions/a-to-z.html>
- Outreach/Education on sexually transmitted diseases, Health education, Prep and Pep education and availability. Reducing barriers to medical care
- Information, available care. Example: there's not enough unbiased information and easy compassionate care. There's a lot of information that I would not know if I was not a Commissioner.
- Like a spectrum, I think everything from testing to treatment is prevention. Including PEP, PrEP, Health Education, Risk Reduction, STI testing and treatment, housing, drug treatment, and many more.

## Q6: What do you think are elements of prevention? What are examples of interventions that prevent HIV? (continued)

---

Answered: 12   Skipped: 1

- Testing, Biomed (PrEP and PEP), Health Education, Behavioral Health, Employment support, Navigation, Structural Interventions
- Education, awareness/stigma reduction, access (both physical and financial)
- Interventions Treatment Pep Prep
- Treatment as prevention - undetectable levels of viral loads among HIV+ persons; Bio Medical Condoms Education and Information
- Improving poverty and housing stability, outreach, and education.
- Testing Screening PrEP/PeP
- Empathy Education - Peer to Peer Money
- Treatment as Prevention (U=U), Pre-exposure prophylaxis (oral and injectable), Post-exposure prophylaxis, Condom use, Vaginal ring, broadly neutralizing antibodies, HIV vaccine.

# Q7: What are the top 3 barriers to HIV prevention in Los Angeles County?

---

Answered: 13    Skipped: 0

- 1. lack of access to health care; 2. lack of housing; 3. lack of programs to address substance abuse and mental health
- Services, Information and behavioral changes
- Homelessness, Lack of sexual health knowledge, Lack of access to healthcare.....+stigma
- Providers caring more about profit than prevention. Not enough HIV doctors. Lack of information and access to care.
- The size of the county, the diversity of the county, and competing interests like homelessness prevent us from fully realizing the goal of ending HIV.
- Political will, sector burnout, recruitment of participants
- Lack of education/awareness, lack of culturally competent care, lack of knowledge around access

# Q7: What are the top 3 barriers to HIV prevention in Los Angeles County? (continued)

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Answered: 13    Skipped: 0

- Lack of \$ Lack of Willingness Political fear
- Lack of Expertise at the Prevention Planning Body Lack of Focus and Attention on Prevention Lack of Advocacy and Strong Voices at the Prevention Planning Body, HIV Commission and Ending the Epidemic Planning Committee Lack of funding Lack of adequate expertise in community agencies and health centers in general Lack of truly embracing U=U. No leadership on this issue In Question #29, this survey does not even put Treatment as Prevention in the ranking order. That is a major oversight
- Poverty, housing affordability, substance abuse
- 1. Stigma 2. Medical Mistrust 3. Lack of access
- Stigma Fear Ignorance
- Provider resistance, patient and community lack of knowledge, and access to timely PrEP services.

# Q8: What is Pre-Exposure Prophylaxis (PrEP)?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ A pill that individuals can take daily before HIV exposure to prevent HIV acquisition	100.00% 13
▼ A pill that individuals can take daily after HIV exposure to prevent HIV acquisition	0.00% 0
▼ An experimental drug that might prevent HIV, research is still being done	0.00% 0
▼ I don't know	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q9: To your knowledge, how effective is PrEP at preventing HIV transmission when having sex without a condom?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Not at all effective	0.00% 0
▼ Minimally effective	0.00% 0
▼ Somewhat effective	7.69% 1
▼ Very/completely effective	84.62% 11
▼ I don't know	7.69% 1
<b>TOTAL</b>	<b>13</b>



# Q10: PrEP is currently offered via which route of administration?

---

Answered: 13    Skipped: 0

ANSWER CHOICES	RESPONSES
▼ One (1) oral tablet	76.92% 10
▼ Two (2) oral tablets	15.38% 2
▼ Three (3) oral tablets	7.69% 1
▼ Long-acting injectables	61.54% 8
<b>Total Respondents: 13</b>	

# Q11: What is the current recommended dose for PrEP to effectively prevent HIV infection?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Every 12 hours (twice per day)	0.00% 0
▼ Once per day	100.00% 13
▼ Every other day	0.00% 0
▼ Once per week	0.00% 0
▼ Once per month	0.00% 0
▼ Once per six months	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q12: Which of the following drugs are current FDA-approved administrations of PrEP? \*\*Select all that apply\*\*

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES
▼ Apretude	50.00% 6
▼ Atripla	8.33% 1
▼ Biktarvy	16.67% 2
▼ Triumeq	0.00% 0
▼ I don't know.	25.00% 3
<b>Total Respondents: 12</b>	

# Q13: What is Post-Exposure Prophylaxis (PEP)?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ A pill that individuals can take daily before HIV exposure to prevent HIV acquisition	0.00% 0
▼ A pill that individuals can take daily after HIV exposure to prevent HIV acquisition	100.00% 13
▼ An experimental drug that might prevent HIV, research is still being done	0.00% 0
▼ I don't know	0.00% 0
<b>TOTAL</b>	<b>13</b>

# Q14: HIV treatment (antiretroviral medication) works to:

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Increase HIV viral load and decrease CD4 cells	0.00% 0
▼ Decrease HIV viral load and decrease CD4 cells	0.00% 0
▼ Decrease HIV viral load and increase CD4 cells	92.31% 12
▼ Increase HIV viral load and increase CD4 cells	7.69% 1
<b>TOTAL</b>	<b>13</b>

# Q15: Bacterial sexually transmitted infections (STIs) (Chlamydia, Gonorrhea, and Syphilis) are curable.

---

Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Yes	100.00% 13
▼ No	0.00% 0
▼ I don't know	0.00% 0
<b>TOTAL</b>	<b>13</b>

Q16: A person must start PEP within \_\_\_\_ after a potential HIV exposure.

---

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ 120 hours	0.00% 0
▼ 24 hours	30.77% 4
▼ 48 hours	15.38% 2
▼ 72 hours	53.85% 7
<b>TOTAL</b>	<b>13</b>

# Q17: What activities can put you at risk for STIs? Check all the apply.

---

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Having anal, vaginal, or oral sex without a condom	100.00% 13
▼ Having sex with multiple partners, especially anonymous partners	92.31% 12
▼ Having sex while using drugs or alcohol	92.31% 12
<b>Total Respondents: 13</b>	



# Q18: What STIs can likely lead to HIV? Check all that apply.

Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Chlamydia	75.00% 9
▼ Genital herpes	75.00% 9
▼ Gonorrhea	83.33% 10
▼ Human Papillomavirus (HPV)	50.00% 6
▼ Syphilis	91.67% 11
▼ Trichomoniasis	25.00% 3
<b>Total Respondents: 12</b>	

# Q19: What are 5 ways STIs can be transmitted?

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Vaginal sex	100.00% 13
▼ Anal sex	100.00% 13
▼ Oral sex	100.00% 13
▼ Skin contact	69.23% 9
▼ Sharing personal items, such as toothbrushes or razors, with someone who has an STI	61.54% 8
<b>Total Respondents: 13</b>	

## Q20: How can STIs be prevented?

---

Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Practice abstinence	100.00% 13
▼ Use condoms	100.00% 13
▼ Have fewer partners	76.92% 10
▼ Get vaccinated	61.54% 8
▼ Talk with your partner	84.62% 11
▼ Get tested	92.31% 12
<b>Total Respondents: 13</b>	

# ATTITUDES

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## Q21: Treatment as prevention: (Check all that apply).

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Knowing your HIV status	53.85% 7
▼ Being in care if HIV positive	61.54% 8
▼ Being in care if HIV positive and viral load is undetectable	92.31% 12

**Total Respondents: 13**

## Q22: What does serostatus neutral mean?

---

Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Knowing your HIV status	7.69%   1
▼ Prevention services or interventions targeting persons regardless of HIV status	92.31%   12
▼ Not knowing your HIV status	0.00%   0
<b>TOTAL</b>	<b>13</b>

## Q23: What are the two most important tenets of HIV planning to you? Please list two.

---

Answered: 13    Skipped: 0

- Inclusion; parity
- Teamwork and collaboration
- 1. Use of data to target outbreaks and hot spots. 2. Educating the community sexual health issues and solutions
- What are tenets? Please use common, easy to understand words for those with limited knowledge of the English language. Thank you.
- Data focused, grounded in the community, communication and engagement, and collaborative
- Parity and inclusion

## Q23: What are the two most important tenets of HIV planning to you? Please list two. (continued)

---

Answered: 13    Skipped: 0

- Community participation from a broad set of community partners, making sure that all folks are represented. Making sure folks understand how to plan, how to use data, etc
- Equity Accessibility Culturally appropriate
- Involve those at-risk of infection Involve those living with HIV infection Involve the community and treating providers
- Housing Stability and increased positive health outcomes
- 1. Awareness 2.
- Involvement by people living with HIV / AIDS Partnerships by people with HIV and the service and medical organizations
- That the planning body be informed from both provider perspectives and community perspectives.



# Q24: How comfortable are you with utilizing health districts as the geographic lens for planning efforts?

Answered: 13 Skipped: 0

VERY UNCOMFORTABLE	UNCOMFORTABLE	NEUTRAL	COMFORTABLE	VERY COMFORTABLE	TOTAL
7.69%	15.38%	15.38%	53.85%	7.69%	13
1	2	2	7	1	

# Q25: If you answered 1-3, would you want to have an in-service on the utilization of health districts for planning purposes?

---

Answered: 13   Skipped: 0

ANSWER CHOICES	RESPONSES
Yes	84.62%   11
No	15.38%   2
<b>TOTAL</b>	<b>13</b>

# Q26: How confident are you in understanding prevention-related data?

Answered: 13 Skipped: 0

	NOT CONFIDENT AT ALL	SOMEWHAT CONFIDENT	VERY CONFIDENT	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	46.15% 6	53.85% 7	13	4.08

Q27: If you answered 1-3, would you want to have an in-service on the utilization of prevention-related data for planning purposes?

---

Answered: 12   Skipped: 1

ANSWER CHOICES	RESPONSES
▼ Yes	75.00% 9
▼ No	25.00% 3
<b>TOTAL</b>	<b>12</b>

# Q28: Which is not part of a sex-positive approach to working with individuals?

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES
▼ Discussing human anatomy	8.33% 1
▼ Using non-judgmental language	16.67% 2
▼ Urging them to be sexually active with other people	75.00% 9
▼ Supporting them in choosing their identity	0.00% 0
<b>TOTAL</b>	<b>12</b>

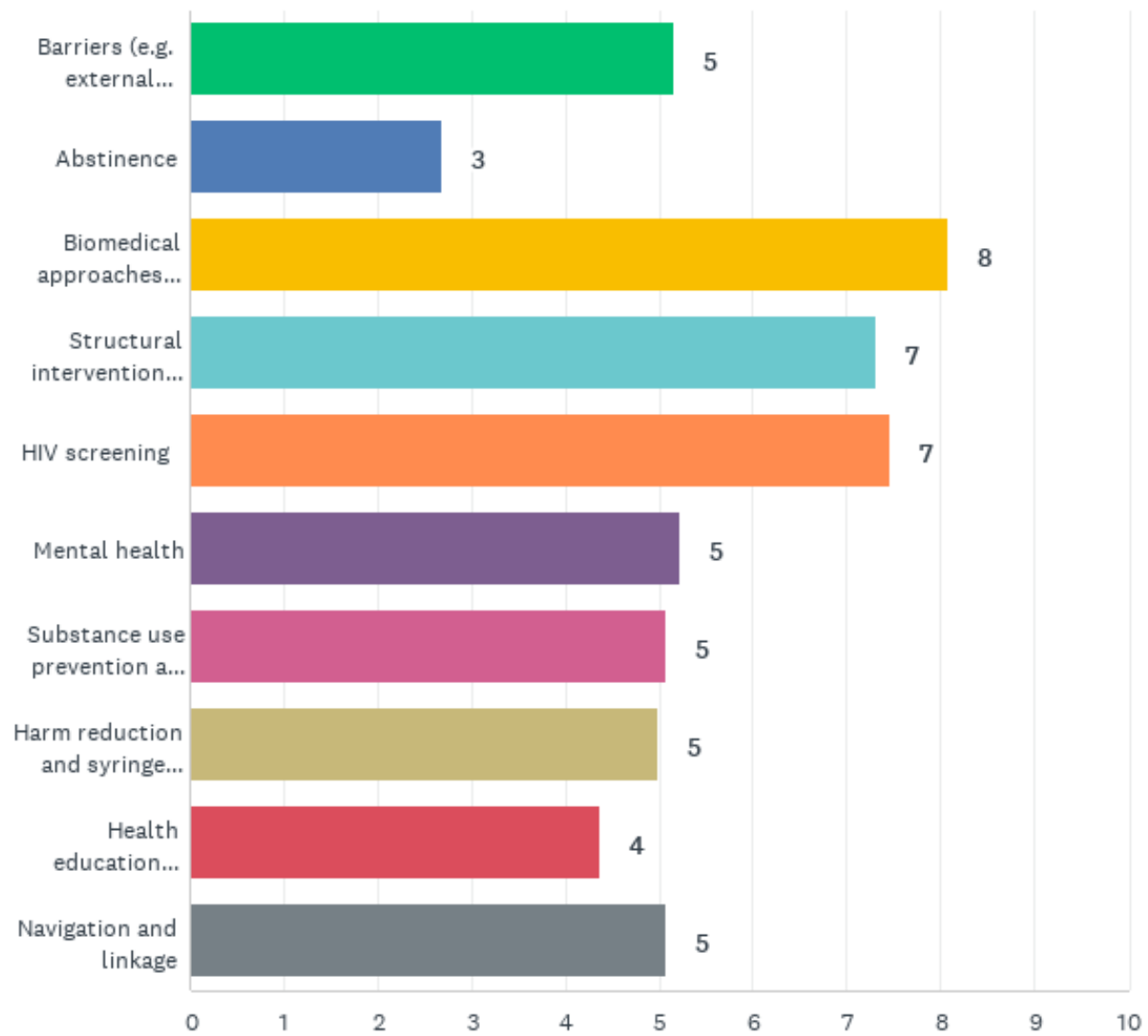
# BELIEFS

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Q29: Please rank the following interventions based on what you think are the most important ways to prevent HIV. (next slide)

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Answered: 13    Skipped: 0





Q30: Please indicate how much you agree or disagree with the following statements (next slide)

---

Answered: 13    Skipped: 0

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL
<p>▼ Pre-exposure prophylaxis (PrEP) could be effective at reducing new HIV infections in Los Angeles County.</p>	0.00% 0	0.00% 0	0.00% 0	7.69% 1	92.31% 12	13
<p>▼ Treatment as Prevention (TasP)/Undetectable = Untransmittable (U=U) could reduce new HIV infections in Los Angeles County.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ Suppressing HIV viral loads to undetectable levels with antiretroviral treatment reduces the risk of transmitting HIV to others.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ If an agency has the capacity and infrastructure, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in my community.</p>	7.69% 1	0.00% 0	0.00% 0	7.69% 1	84.62% 11	13
<p>▼ I believe the use of PrEP could obstruct existing HIV prevention efforts in any of the following ways: providing a false sense of security, lead to reduced condom use, or lead to other high-risk behaviors.</p>	61.54% 8	7.69% 1	7.69% 1	15.38% 2	7.69% 1	13

▼ I have the proper knowledge and training to advocate for my community to use PrEP.	0.00% 0	0.00% 0	23.08% 3	46.15% 6	30.77% 4	13
▼ I have the proper knowledge and training to advocate for my community to use TasP to prevent new HIV infections.	0.00% 0	0.00% 0	23.08% 3	30.77% 4	46.15% 6	13
▼ There are sufficient programs to address access to PrEP in Los Angeles County.	30.77% 4	23.08% 3	15.38% 2	23.08% 3	7.69% 1	13
▼ I have the proper knowledge and training to advocate for my community to use long-acting injectables to prevent new HIV infections.	7.69% 1	0.00% 0	38.46% 5	30.77% 4	23.08% 3	13
▼ I believe that we have the proper knowledge and training to incorporate long-acting antiretrovirals in Los Angeles County.	0.00% 0	30.77% 4	15.38% 2	30.77% 4	23.08% 3	13
▼ I believe that PLWH who take medication and are virally suppressed (undetectable) cannot transmit HIV.	8.33% 1	0.00% 0	0.00% 0	8.33% 1	83.33% 10	12
▼ I believe it is an important part of the role of an HIV tester to link people who receive an HIV-negative test result who are at risk of HIV exposure to PrEP and primary care at every test encounter.	0.00% 0	0.00% 0	0.00% 0	15.38% 2	84.62% 11	13

▼ I believe that most HIV treatment regimens are highly toxic drugs with many side effects.	46.15% 6	15.38% 2	7.69% 1	23.08% 3	7.69% 1
▼ I would trust condoms to protect me against HIV and STIs.	0.00% 0	15.38% 2	15.38% 2	53.85% 7	15.38% 2
▼ I believe it is an important part of the role of an HIV tester to link individuals to HIV treatment if they receive a positive result.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 13
▼ I believe immediate linkage to HIV care and treatment for people who test HIV-positive is important.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 13
▼ I believe PrEP causes people to make riskier choices around their sexual practices.	38.46% 5	15.38% 2	7.69% 1	23.08% 3	15.38% 2

▼ I would recommend PrEP to a friend or family member who is at risk for continued HIV exposure.	0.00% 0	0.00% 0	0.00% 0	7.69% 1	92.31% 12	13
▼ I see HIV testers as a critical part of ending the HIV epidemic.	0.00% 0	0.00% 0	7.69% 1	15.38% 2	76.92% 10	13
▼ I believe insurance is a barrier to accessing PrEP services, medical visits, labs, and medication.	0.00% 0	7.69% 1	23.08% 3	23.08% 3	46.15% 6	13
▼ I believe Partner Services is a key service to help end the HIV epidemic.	7.69% 1	0.00% 0	15.38% 2	46.15% 6	30.77% 4	13
▼ I believe outreach to priority populations is key for successful HIV testing programs.	0.00% 0	0.00% 0	0.00% 0	15.38% 2	84.62% 11	13
▼ I believe PrEP is safe and highly effective.	0.00% 0	0.00% 0	0.00% 0	23.08% 3	76.92% 10	13

## Q31: What areas of HIV prevention would you like to learn or gain more knowledge?

---

Answered: 11    Skipped: 2

- HIV and STI prevalence rates in LA County
- Unsure have to think about it
- Pep and Prep access with basic data on functionality and side effects
- We need to talk more about funding for STIs and talk about the infrastructure that exists so that we can provide recommendations for improvement.
- Policy development and change, harm reduction
- Further discussions on how to expand community engagement, health education, etc.

## Q31: What areas of HIV prevention would you like to learn or gain more knowledge? (continued)

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Answered: 11    Skipped: 2

- Best practices for delivering the above interventions
- I am still very new to all of it, so I would like to continue a broad breadth of trainings and presentations to increase my knowledge.
- I'm willing to learn anything new
- The basics
- How to better reach key populations and vulnerable communities.

Q32: What is your preferred way of learning? In what ways would you like to learn? (e.g., reading materials, self-study, workshops, lectures)

---

Answered: 13    Skipped: 0

- Reading materials; workshops; lectures
- Workshops, lectures, focus groups and infographics
- Workshops
- Regular mediums of information like TV, radio, internet and social media sites
- I am relatively flexible in how I learn, but reading is my preferred route.
- all of it!
- Workshops, lectures
- Any and all
- reading materials
- In-person or virtual workshops and lectures.
- All methods
- Workshops and lectures
- Self-study, Workshops



## Q33: Do you have any comments you would like to share?

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Answered: 12   Skipped: 1

- N/A
- Thank you!
- Knowledge is power.
- None
- Thanks!
- Nothing additional
- Hopefully something meaningful will be done with this information. Too often the Commission and its subcommittees just collect information and do absolutely nothing with it. It sits on a shelf.
- I enjoy being on the commission and doing my part in helping EHE.
- Good survey
- I thought some of the Questions were somewhat skewed to guide one to answer in a certain way
- #14 - Antiretroviral therapy does not "increase" CD4 cells. Rather, it suppresses the virus thereby allowing the body to recover CD4 cells through its own immunologic mechanisms. #16 - While the guidelines state PEP should be given "within 72 hours", the reality is PEP is most effective if given within 24 hours, and only 50% effective if given at 48 or 72 hours. Thus, PEP should be viewed as a "medical emergency" and should be initiated within 24 hours to be maximally effective.