



## PREVENTION PLANNING WORKGROUP Virtual Meeting Agenda

**Wednesday, September 22, 2021 @ 5:30 – 7:00pm**

To Register + Join by Computer: <https://tinyurl.com/za89xebb>  
To Join by Phone: +1-415-655-0001 | Access code: 2597 515 1342

1. Welcome and Introductions 5:30pm – 5:45pm
2. Engaging Women of Color in Prevention Data and Planning (Continued) 5:45pm – 6:20pm

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

6. Improving PrEP Referrals for Women: Collaboration Update with the Division of HIV and STD Programs 6:20pm – 6:30pm
7. Executive Director and Staff Update 6:30pm -- 6:45pm
  - Comprehensive HIV Plan
  - The full federal guidance may be found at <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>
7. Public Comment + Announcements 6:45pm – 7:00pm
8. Adjournment 7:00pm



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)**  
**Wednesday, August 25, 2021 | 5:30-7:00PM**  
**MEETING SUMMARY**

Miguel Martinez (Co-Chair)	Shary Alonzo	Jayshawnda (Jayda) Arrington
Valerie Coachman-Moore	Kiana Dobson	Kevin Donnelly
Thelma Garcia	Grissel Granados	Dr. Nina Harawa
Shellye Jones	Timothy Kordic	Veronica Montenegro
Dr. Guadalupe Morales - Avendano	Katja Nelson	Alberto Pina
Arathzy Portillo	Maryjane Puffer	Marina Quintanilla
Natalie Sanchez	Dr. LaShonda Spencer	Venus Uttchin
Cheryl Barrit (COH Staff)	Carolyn Echols-Watson (COH Staff)	Pamela Ogata (DHSP Staff)
Harlan Rotblatt (DHSP Staff)	Paulina Zamudio (DHSP Staff)	

**I. Welcome & Introductions**

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

The meeting packet for this meeting can be found on the Commission website at the following link: <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=SG0GuLON5g4%3d&portalid=22>

M. Martinez announced that the PPW is looking to fill 2 Co-Chair seats and encouraged attendees to consider the leadership positions.

**II. Engaging Women of Color in Prevention Planning**

As part of the group’s ongoing conversation on elevating data for women, in particular women of color, Dr. Nina Harawa and Dr. LaShonda Spencer shared data from Charles Drew University’s HIV Counseling and Testing program that show missed opportunities for referring women to PrEP and other HIV/STD prevention services. Key takeaways from the presentation include the following:

- Current referral guidelines from the Division of HIV and STD Programs (DHSP) do not adequately capture women at risk for HIV/STDs as most women do not perceive themselves to be at risk based on the questions used in screening forms.

- CDU's research questions entailed understanding 1) what can HIV testing data from the CDU testing site tell us about the utility of DHSP referral guidelines for PrEP, particularly for women? 2) do these data indicate ways that the guidelines be improved in order to identify more individuals of increased risk for HIV?; and 3) are the criteria in the guidelines better or worse for identifying increased risk in specific race and gender subgroups?
- The DHSP PrEP criteria (pre-2021) were: anyone, sex with HIV+ partner; anyone, IDU; MSM, sex without a condom; MSM, methamphetamine use; and at least one of the above.
- The criteria were particularly poor in identifying Black cisgender men and women. Of those newly diagnosed individuals who were missed, 40.8% were Black cisgender men; 26.7% were Black cisgender women; and 18.8% were Latino cisgender men. Of the 11 newly diagnosed transgender women, just 5 or 45.5% met the criteria for referral for PrEP; 6 or 54.5% were missed.
- Suggestions for improving the criteria include:
  - Adding crack cocaine use, homelessness, and identity as a transgender woman, would increase the ability to identify those who were newly diagnosed to 71.9% and would lead to another 2792 visits that resulted in referrals for PrEP.
  - Adding specific zip codes for cisgender males and females would increase PrEP referrals for these groups to 84.7% and would lead to an additional 3712 people for PrEP.
- P. Zamudio indicated that these PrEP criteria have not changed much. The new HIV testing form has a check box for linkage to PrEP. DHSP has not done data analysis of linkages of PrEP referral to HIV diagnosis or PrEP to STD cases.
- Dr. L. Spencer noted that women will be not be identified using these criteria. Based on numerous literature, women are not aware of their risks for HIV.
- P. Zamudio noted that these criteria for PrEP referrals are specific to contracted agencies, however, contracted agencies may go above these criteria. DHSP uses the criteria for contract performance metrics.
- Dr. N. Harawa inquired if the performance guidelines can be changed. P. Zamudio replied that DHSP is open to suggestions. DHSP is currently working on an RFP for PrEP Centers of Excellence for Women and/or Transgender community and now would be good time to discuss changes.
- G. Granados noted that the current criteria perpetuate the messaging that women do not count in HIV services or overall prevention and care. The community needs to be thinking about STDs for women; history of STDs should be considered for women.
- Dr. L. Spencer highlighted certain zip codes noted in the presentation. These key zip codes are important especially for Black women who for the most part, do not date outside of their race. A woman's risk is based on their man's risk and women do not know their man's risk. This is a pattern she sees amongst her patients.
- G. Granados noted that there is workforce knowledge gap about the risks for women because most testing programs are geared for men. Staff need training on what to look for specific risks and situations for women.

- Dr. N. Harawa noted that you need a good instrument not just more trainings and reminders to staff.
- P. Zamudio stated that it would be good to look at Ryan White (RW) data as well if clients did not come from testing sites.
- The group indicated support for reviewing RW care, targeted testing, and STD data for women. P. Zamudio noted that COVID-19 impacted data for services.
- V. Coachman-Moore noted the importance of looking at the interconnection with Black Infant Health programs and HIV/STD programming. P. Zamudio stated reaching out to the Office of Women's Health for partnership, education, and to understand how much related work is being done by their office.
- G. Granados inquired what is being done in gynecology departments. She shared that her gynecologist did not know anything about PrEP. P. Zamudio concurred that many providers are not aware of PrEP.
- For ideas on other sources of data, the group suggested looking at social determinants intimate partner and domestic violence data.
- Dr. G. Morales-Avendano noted that Latinas do not feel comfortable talking about sex or their bodies.
- G. Granados asked what the group intends to do with the additional data. Who will do the analysis (Commission or DHSP)? She suggested focusing on revising the referral form, criteria and staff training.
- M. Martinez suggested using short data summaries when reviewing additional data and be mindful of data overload.
- P. Zamudio noted that DHSP can look at the form but changing the form will still not reach a certain group of women for HIV prevention. A longer-term activity could be looking at data.
- S. Alonzo who uses public health clinics noted that she felt mistreated by staff and being seen by a different provider does not foster a trusting relationship.
- G. Granados asked the group to consider thinking about other groups that can be rallied or stakeholders that are broader than the scope of PPW.
- V. Montenegro stated that it is important to focus on action, not just reviewing data. We already know what the barriers are for women.
- V. Coachman-Moore concurred that no additional data collection is needed as many community organizations have been doing ongoing data collection. Think of 1 to 2 activities that would lead to concrete action and structural change.

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

1. Action planning with other organizations missing at the table, such as AIDS Education Training Center, Office of Women's Health, and Planned Parenthood.
2. Follow-up with DHSP on making recommendations to the testing form and PrEP referral criteria. Drs. Spencer & Harawa, G. Granados, S. Jones volunteered to meet with P. Zamudio separately to work on the form.
3. P. Zamudio will check with W. Garland if it is possible to provide RW data at the

next meeting.

4. Invite Adjoa Jones from DPH African American Maternal and Infant Mortality Program and Melissa Franklin from First 5 Los Angeles

**IV. Public Comment and Announcements:** M. Martinez reminded the group to consider running for one of the 2 vacant Co-Chairs seats for the PPW.

**V. Adjournment**

The meeting was adjourned at approximately 7:03PM.

Every mother and every child deserve a healthy and joyous birth...let's work together to end the injustice of Black infant and maternal deaths in the County.

[LEARN MORE](#)

**AFRICAN AMERICAN INFANT AND MATERNAL  
MORTALITY PREVENTION INITIATIVE**

# AAIMM COMMUNITY ACTION TEAMS



Adjoa Jones, MBA, Doula, CLES  
AAIMM Community Outreach & Engagement Director  
Maternal, Child and Adolescent Health Programs  
L.A. County Dept. of Public Health  
[ajones@ph.lacounty.gov](mailto:ajones@ph.lacounty.gov)



**South Los Angeles/South  
Bay African American  
Infant And Maternal  
Mortality Community  
Action Team (SLA/SB  
AAIMM CAT)**





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# **SCOPE OF WORK**

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Reduce Black Infant and  
Maternal Mortality

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Strategies to Improve  
Pregnancy and Birth Outcomes

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Community and Local  
Government Partnership

# AAIMM CAT HISTORY

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Community Action Team Launched October 2018

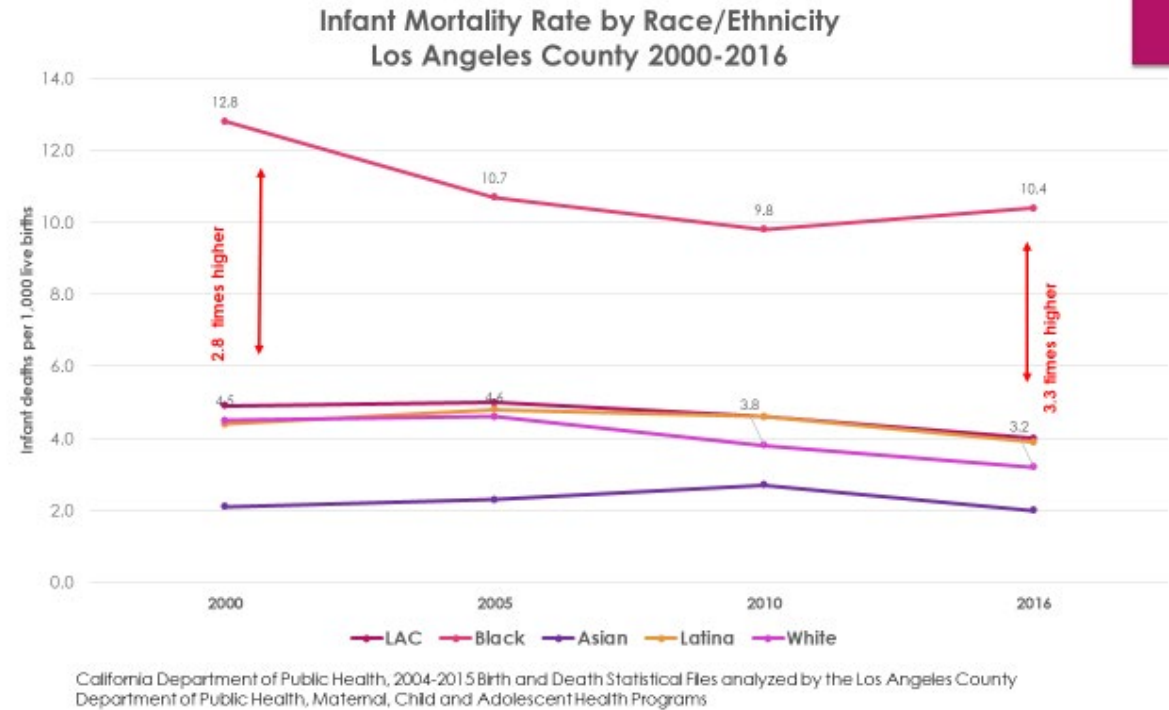
Community Collaborative Partnership

Vision and Mission Created

CAT Structure Established

# INFANT MORTALITY FACTS

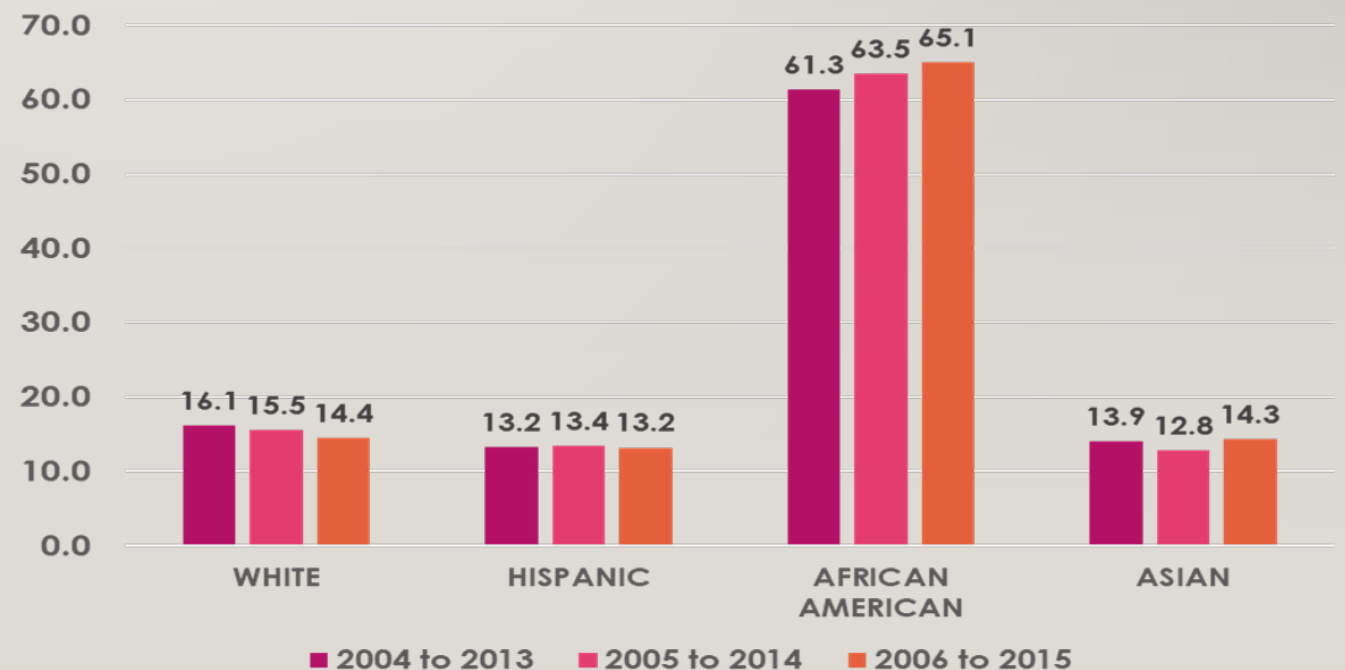
- The death of an infant within the first year of life.
- Nationally, equates to 4,000 Black babies lost.
- Black babies die at 2-3 times the rate of white babies in L.A. County.



# MATERNAL MORTALITY FACTS

- The death of a mother within one year of the end of a pregnancy.
  - Postpartum Hemorrhage
  - Pre-Eclampsia
  - Pulmonary Embolism
  - Infection
  - Other Direct or Indirect Causes

Maternal Mortality Ratio (per 100,000 live births) by Race/Ethnicity, 10-Year Average, 2004-2015



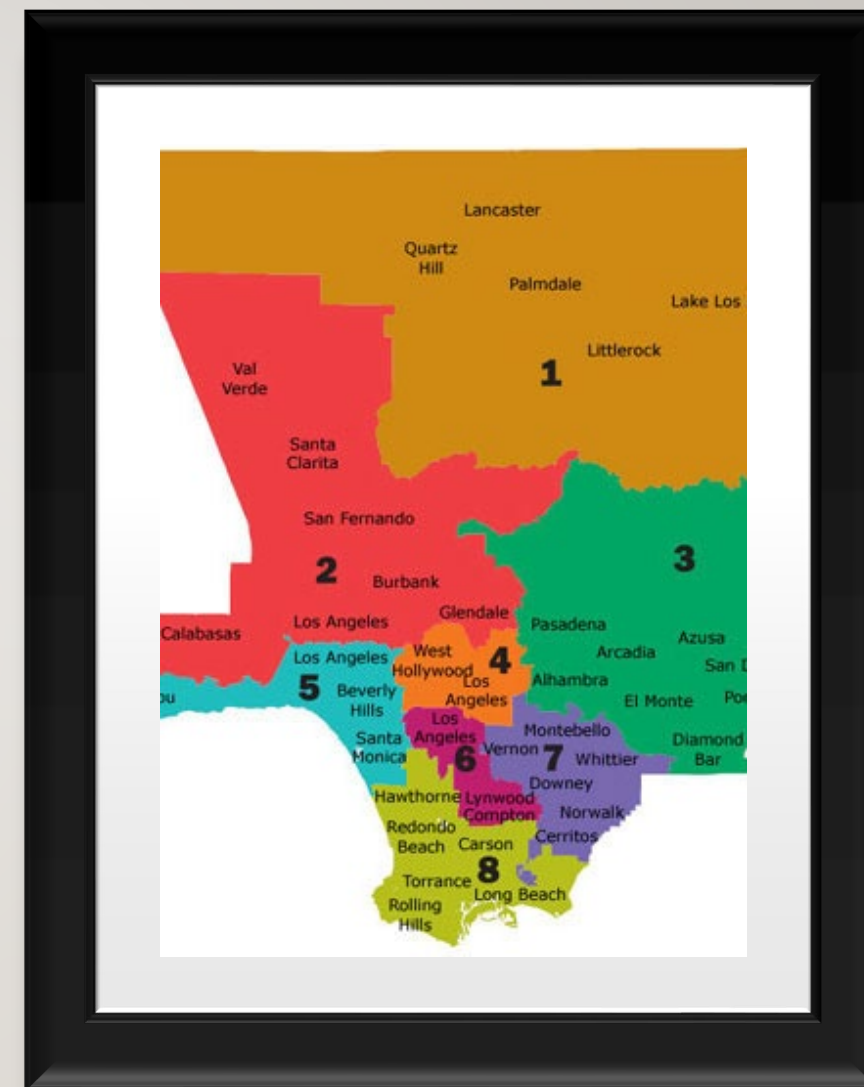


# • ENVIRONMENT

## African American Infant & Maternal Mortality Need in Service Planning Areas (SPAs) 6 & 8

- ❑ Nearly 3 in every 5 African Americans live in SPAs 6 & 8
- ❑ Nearly 2/3 of African American Babies live in SPAs 6 & 8
- ❑ Nearly 2/3 of African American infants who died live in SPAs 6 & 8
- ❑ Nearly 1/2 of the maternal deaths between 2005 and 2015 were mothers who lived in SPAs 6 & 8

Source: L.A. County DPH Maternal, Child & Adolescent Health Programs Research & Evaluation Unit



Source: L.A. County Department of Mental Health

# PRODUCTS AND SERVICES DELIVERED TO COMMUNITY

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- Capacity and technical support from County Departments
- Funding Opportunities
- Free Trainings provided by Department of Public Health
- Free Doulas For African American Pregnant Mothers
- Developed Doula Policy Adapted by Board of Supervisors
- Created website [www.blackinfantsandfamiliesla.org](http://www.blackinfantsandfamiliesla.org)
- Presented at National and Local Conferences

LET'S START  
IN THE  
MIDDLE:  
LESSONS  
LEARNED TO  
ADVANCE A  
RACIAL  
HEALTH  
EQUITY  
INITIATIVE

1. The importance of collaborative governance.
2. The importance of transparency, especially around money.
3. The critical importance of calling out racism by name, explicitly and repeatedly, and by different voices.



# CURRENT OUTREACH

- 500+ Member Listserv

Join us at the next meeting of the  
**South LA/South Bay AAIMM CAT**  
 African American Infant & Maternal Mortality Community Action Team



Thursday, July 11, 2019  
 1:30 PM - 4:00 PM  
 Ward African Methodist Episcopal Church  
 Fellowship Hall  
 1177 W. 25th Street  
 Los Angeles, CA 90007

Please RSVP using the following link: <http://bit.ly/AAIMMSLASB>

We encourage African American/Black women, fathers, and families, providers who serve South LA, Inglewood, Hawthorne, Gardena, Compton, and Long Beach (perinatal clinicians, mental health providers, doulas, midwives, caseworkers), advocates, and allies to attend.

**Save the date for our 2019 SLASB AAIMM CAT Meetings!**

Thursday, September 5, 2019 9:30 AM - 12:00 PM  
 Thursday, October, 31, 2019 1:30 PM - 4:00 PM

For more information, please contact Jeannette Johnson:  
 JJohnson8@dhs.lacounty.gov

SOUTH LA/SOUTH BAY (2019)  
 AFRICAN AMERICAN INFANT &  
 MATERNAL MORTALITY COMMUNITY  
 ACTION TEAM (CAT)  
 SLASB AAIMM CAT



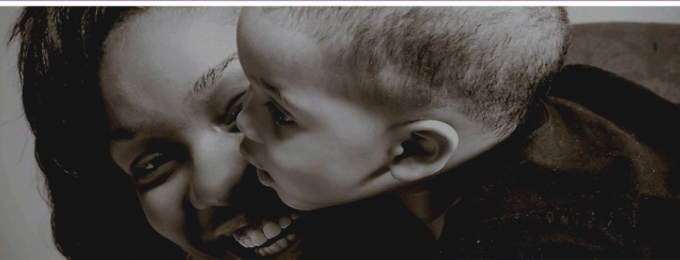
Join us for the launch of our SPA 6 & 8  
**AFRICAN AMERICAN  
 INFANT & MATERNAL MORTALITY  
 COMMUNITY ACTION TEAM**

Thursday, January 24, 2019  
 9:30 AM - 11:30 AM  
 Victoria Community Regional Park - Community Room  
 419 E 192nd St.  
 Carson, CA 90746

African American/Black women and families, providers who serve South LA to Long Beach (perinatal clinicians, mental health providers, doulas, midwives, caseworkers), advocates, and allies are encouraged to attend.  
 For more information, please contact: JJohnson8@dhs.lacounty.gov

JOIN US FOR THE MAY  
 South LA County  
**AAIMM CAT Meeting**  
 African American Infant & Maternal Mortality

THURSDAY, MAY 23, 2019  
 1:30 PM - 4:00 PM  
 HOLMAN UNITED METHODIST CHURCH  
 L.L. WHITE FELLOWSHIP HALL  
 3320 W ADAMS BLVD., LOS ANGELES, CA 90018



RSVP using the following link: <http://bit.ly/AAIMMCATSLA>

African American/Black women, fathers, and families, providers who serve South LA, Inglewood, Hawthorne, Gardena, Compton, and Long Beach (perinatal clinicians, mental health providers, doulas, midwives, caseworkers), advocates, and allies are encouraged to attend.

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South LA County Health Department  
 AAIMM CAT  
 first 516

A. Jones, SLASB AAIMM CAT

# IMPACT: COMMUNITY-LEVEL ACTION

- Hundreds of people coming together each month across communities
- Black Daddy Dialogue (SLASB AAIMM CAT)
- Village Support Groups (AV AAIMM CAT)
- Policy and Advocacy Efforts (SLASB AAIMM CAT)
- VirtualiTEA Offerings (SLASB AAIMM CAT)
- SGV and SFV/SCV AAIMM CAT Progress

The San Gabriel Valley African American Infant and Maternal Mortality Prevention Initiative Presents

## African American Infant and Maternal Mortality, Toxic Stress, and Systemic Racism: What's the Connection?

**Friday, July 10, 2020**

5:00pm-7:00pm Learn more about the connection between infant and maternal health, toxic stress and systemic racism from local leaders in the African American/ Black community

7:05pm-8:00pm Engage in Healing Circles with fellow attendees to help process and grow on your journey of empowerment and self-care

**FREE TO JOIN!**  
Register on Eventbrite to receive Zoom link:  
[bit.ly/SGVAAIMMJuly102020](https://bit.ly/SGVAAIMMJuly102020)

**NOTE:** 5pm-7pm presentations have unlimited attendance. 7:05pm-8pm Healing Circles Activity is limited to 80 people. Please see Eventbrite link for further information or contact [atrejo@ph.lacounty.gov](mailto:atrejo@ph.lacounty.gov).

## Virtual Event – Zoom

**Thursday, October 20th, 2020  
10am-12pm**

Join the movement to support local efforts as we work together to end Black infant and maternal deaths in Los Angeles County.

Please RSVP through Eventbrite:  
<https://bit.ly/SFSCVAIMMOctober2020>  
Link will be sent by email after registration

### The Village

A VIRTUAL MENTAL HEALTH SUPPORT GROUP FOR BLACK / AFRICAN AMERICAN MOMS  
WEDNESDAYS AT 11 AM

Topics include:

- Addressing trauma
- Domestic violence
- Empowering African American Women
- Depression, anxiety, and stress
- Postpartum Support
- Building Healthy relationships

For questions please contact Denise at [CDenise@ph.lacounty.gov](mailto:CDenise@ph.lacounty.gov) (213) 247-6678

### SOCIAL SUPPORT GROUP

Changing the Narrative of African American/Black Fathers and Families  
Beginning June 13, 2020 virtually Every 2nd Saturday 10:30am-12pm

- Father/figures of all ages raising African American/Black children are welcome!!
- Support for Black Father/figures who support pregnant women or children 0-



# COMMUNITY DOULA TOWN HALL

SATURDAY FEBRUARY 22, 2020  
10:30 AM - 1 PM

FAME Renaissance Center  
1968 W. Adams Boulevard  
Los Angeles, CA 90018

Learn about opportunities to receive FREE doula services!

Here's a chance for African American/Black pregnant and parenting women and birthing persons to meet doulas and enroll into FREE doula services. Join us for a community town hall meeting to discuss the importance of Doula Care as a strategy to improve birth outcomes for Black women, infants and their families.



## AAIMM

African American Infant Maternal Mortality

# THE BLACK DADDY DIALOGUE

### Social Support Group

Changing the Images of AA/Black Fathers and Families

- ❖ Feeding the Mind, Body and Spirit of Fathers to support the AA/Black Mother.
- ❖ Provides Support to Black Dads in a supportive role to pregnant women or Child/Children 0-5 Years Old, in partnership with Black Mothers
- ❖ Father/figures of all ages raising African American child/children are welcome

Light Refreshments

**Beginning February 1, 2020 Every 1<sup>st</sup> and 3<sup>rd</sup> Saturday 10:30am -12pm**

Community Healing and Trauma Prevention Center Martin Luther King Jr. Center For Public Health

11833 S. Wilmington Ave Los Angeles, Ca. 90059



and Childbirth Act, targets the disproportionately large amount of Black women who die giving birth or due to pregnancy-related causes. This law will require (1/2)



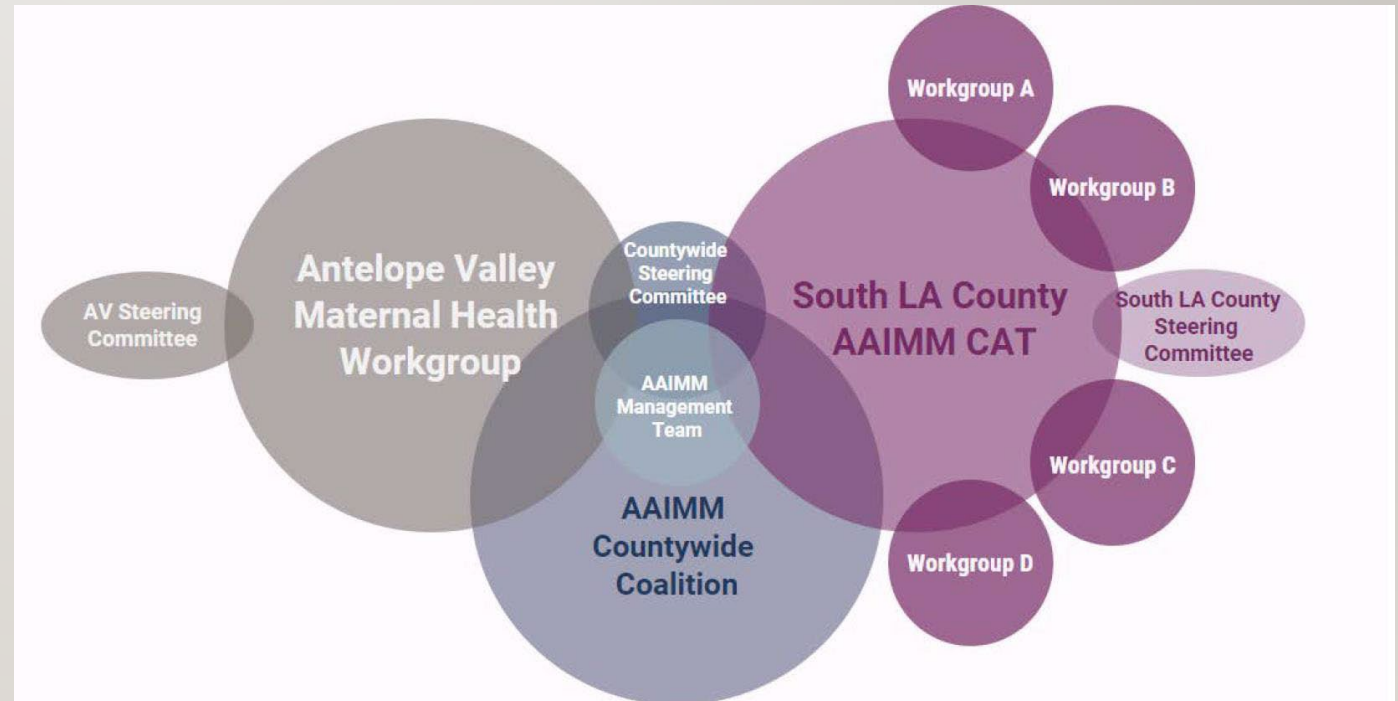
A. Jones, SLASB AAIMM CAT



# STRUCTURE

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- Open To All Interested Parties
- Planning Team Comprised of Community & County
- Unilateral Cross Sharing – Direction And Leadership
- Bi- Monthly CAT Meetings
- Bi- Weekly Planning Team Meetings
- Monthly Work Group Meetings



# A COLLABORATIVE OF COLLABORATIVES

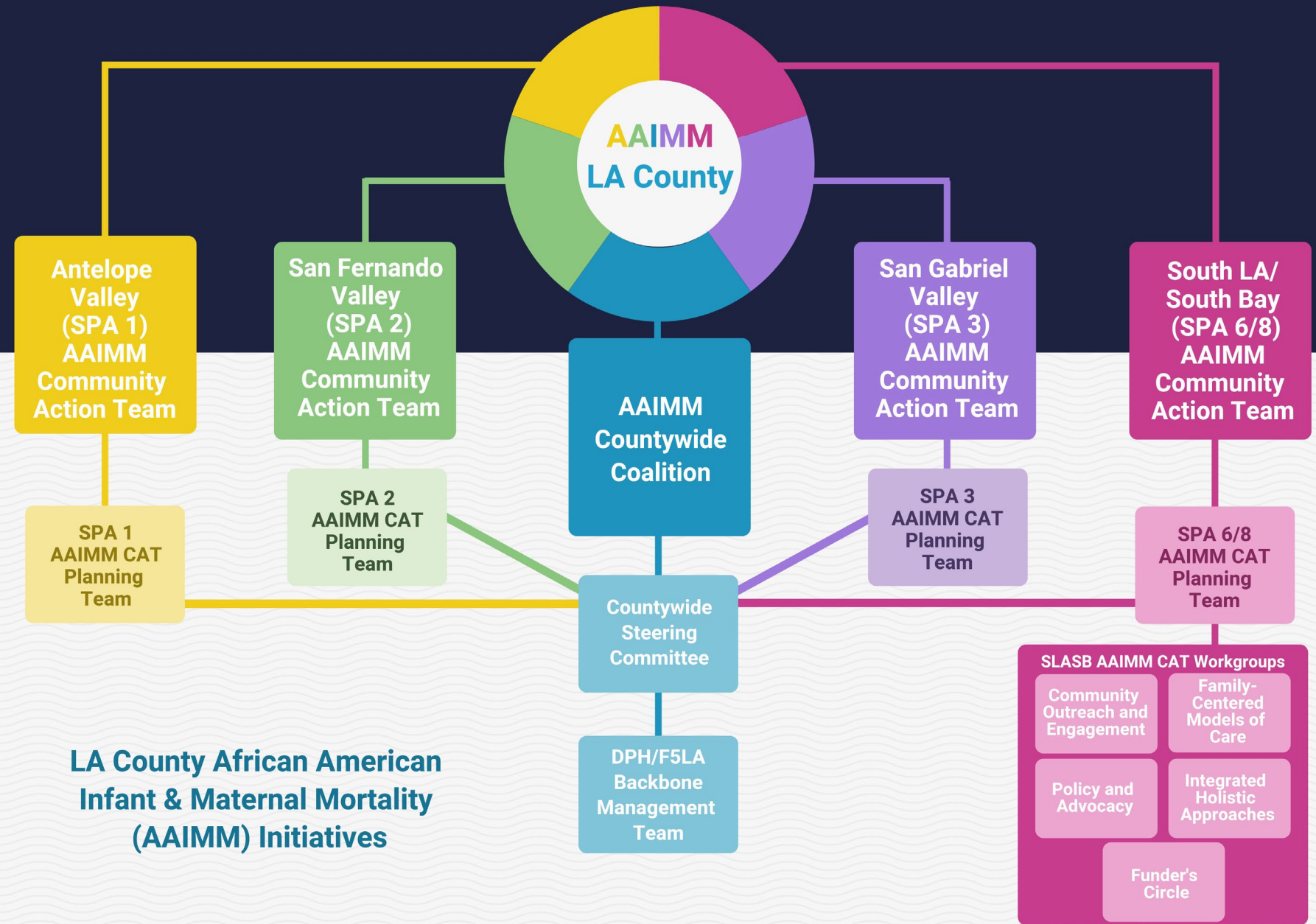


**Aspirational Goal:** to eliminate racism and reduce the effects of racism on Black women’s bodies.

**Initiative Goal:** to reduce the Black-White infant mortality gap in LA County by 30% over 5 years.

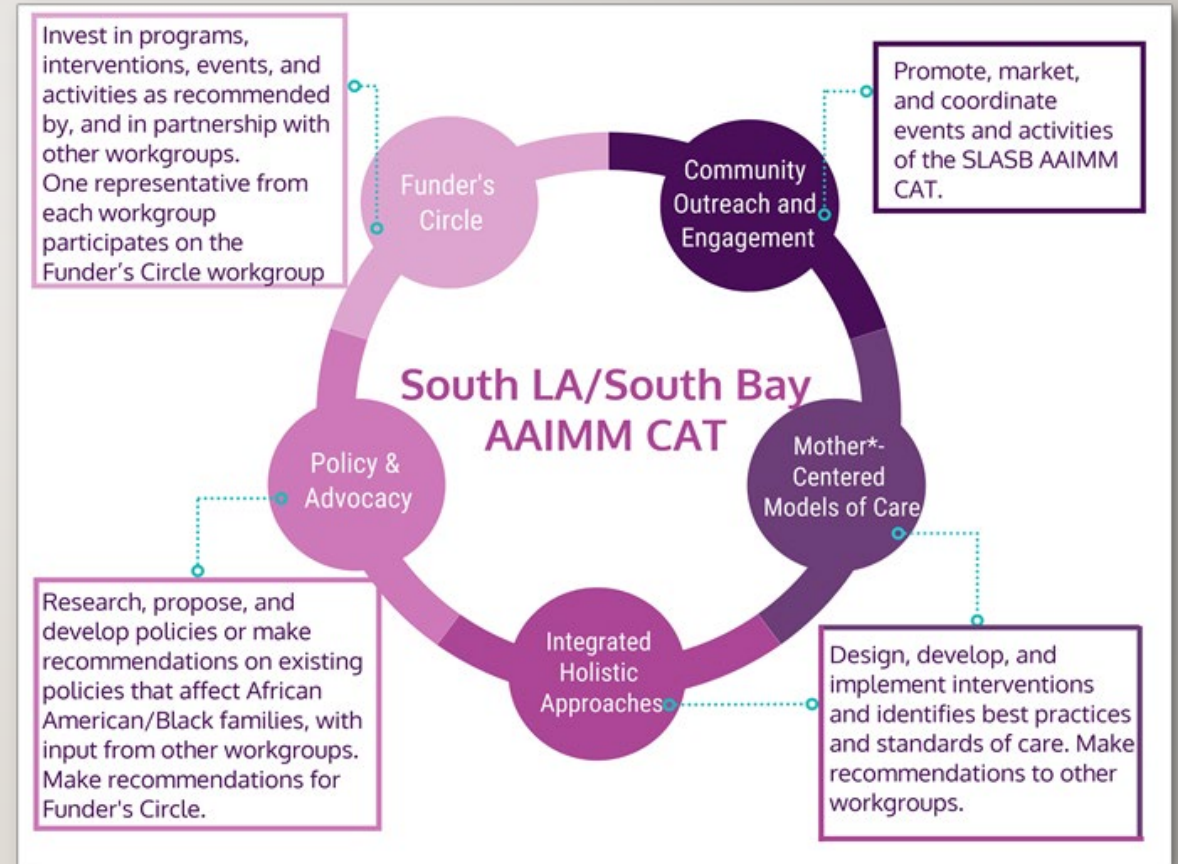


**AAIMM  
COUNTYWIDE  
INITIATIVE  
(PRESENT DAY)**



# STRUCTURE - WORKGROUPS

- Funder's Circle
- Community Outreach & Engagement
- Policy & Advocacy
- Mother Centered Models of Care
- Integrated Holistic Approaches







A Public-Private-Community Collaboration

**Black Infants & Families**  
LOS ANGELES

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



DESIGNED BY COMMUNITY LEADERS  
WITH 2-WAY EDUCATION AND WITH  
FUNDERS

**Center for  
Strategic  
Partnerships**



SELECTION COMMITTEE OF  
COMMUNITY MEMBERS WITH  
VARYING LEVELS OF LEADERSHIP

FISCAL INTERMEDIARY AVAILABLE  
UPON REQUEST

# GOALS FOR CHANGES IN PRODUCTS AND SERVICES DELIVERED TO COMMUNITY

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- SLA/SB AAIMM CAT Chartered Coalition
- By 2023 Black Infant and Maternal Mortality rates reduced by 30%
- Obtain account with Mailchimp or other platform for 600+ member listserv
- Published master calendar for all CAT events
- Doula services expanded for entire Medi-Cal population
- Develop online and print resource guide

# **GOALS FOR CHANGES IN FUNDING, STAFFING, FACILITIES & TECHNOLOGY**

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- Expand community membership and leadership
- County staff permanently assigned
- Strategic Plan for 2030 and beyond
- Partnership with online tech companies
- Annual Budget - \$350,000 minimum
- Partnership and membership with National Black birthing organizations/associations

# RISKS, UNCERTAINTIES, AND OBJECTIONS

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- Risks
  - Divergent ideas and plans
  - Staff Reassignment
  - Underachieved Mortality Rate Reduction
  - Community complete Reliance on Government



# RISKS, UNCERTAINTIES, AND OBJECTIONS

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- Uncertainties
  - Sustainability of SLA/SB AAIMM CAT
  - Doula Pilots funding extended
  - Doula Expansion for Statewide Medi-Cal Coverage
  - Continued Community Interest and Partnership
  - Success of Health Agency 5-Year Objectives

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# RISKS, UNCERTAINTIES, AND OBJECTIONS

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- Objections
  - Community Intellectual Ideas/Property cited appropriately
  - Black-Led Leadership of Initiative
  - Non-Black Allies
  - Community concerns about current AAIMM CAT Leadership





Amber Isaac, seen with partner Bruce McIntyre, passed away shortly after giving birth at the Montefiore Medical Center in The Bronx.  
Photo: Courtesy of Bruce McIntyre



**THERE IS NO  
"ACCEPTABLE RATE"  
OF MATERNAL  
MORTALITY**



“  
LET’S CONTINUE TO PARTNER  
TOGETHER TO SAVE THE LIVES OF  
BLACK MOMS AND BABIES  
”

*Thank you for your partnership*

*As we can not accomplish our goals without you.*