



LOS ANGELES COUNTY  
COMMISSION ON HIV



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## 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, June 22, 2022  
5:30PM-7:00PM (PST)

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

**PREVENTION PLANNING WORKGROUP**  
**Virtual Meeting Agenda**  
**Wednesday, June 22, 2022 @ 5:30 – 7:00pm**

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m7471ac661d592bd9d19904eba3b8582a>

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**AGENDA**

- 1. Welcome and Introductions 5:30-5:45pm**
- 2. Co-Chairs' Report (5:45-5:50pm)**
  - a. Highlights from June 21 Planning, Priorities and Allocations (PP&A) Committee Meeting
- 3. Discussion: Review updated/revised draft survey to assess Commissioner's understanding and capacity to engage effectively in integrated planning (5:50-6:30pm)**
- 4. Comprehensive HIV Plan 2022-2026 Update 6:30-6:40pm**
- 5. Revisiting PPW Meeting Time 6:40-6:45pm**
- 6. Select Key Areas of Focus or Activities for the Remainder of 2022 6:45-6:50pm**
- 7. Next Steps and Agenda Development for Next Meeting 6:50-6:55pm**
  - a. Long-acting injectibles presentation in August by Dr. William King
- 8. Public Comment + Announcements 6:55-7:00pm**
- 9. Adjournment 7:00pm**



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)**  
**Wednesday, May 25, 2022 | 5:30-7:00PM**  
**MEETING SUMMARY**

**Attendees:**

<b>William King, MD (Co-Chair)</b>	<b>Miguel Martinez (Co-Chair)</b>	<b>Greg Wilson (Co-Chair)</b>
Everardo Alvizo	Kevin Donnelly	AJ King
Rob Lester	Roxanne Lewis	Vicenta Martinez
Katja Nelson		
Commission on HIV (COH) Staff: Cheryl Barrit, Jose Rangel-Garibay		
Division of HIV and STD Programs (DHSP) Staff: Paulina Zamudio, Pamela Ogata		

**1. Welcome and Introductions**

- Greg Wilson welcomed attendees and led introductions.

**2. Co-Chairs’ Report**

- Miguel Martinez acknowledged the passing of Mr. Carlos Catano from Gilead Sciences. He was a fierce advocate for PLWH and the HIV movement and was a friend to many providers and community members in the County.
- M. Martinez reported that Al Ballesteros will return to serve as a co-chair for the Planning, Priorities, and Allocations (PPA) Committee. He will serve as co-chair with Kevin Donnelly

**a. Highlights from May 17 Planning, Priorities and Allocations (PP&A) Committee Meeting**

- PP&A continued their discussion on program directives, particularly regarding the integration of a status-neutral approach.
- The HIV workforce capacity survey has been sent out. The consumer survey will be sent out shortly after final revisions are made to the Spanish version.

**3. Discussion: Review draft survey to assess Commissioner’s understanding and capacity to engage effectively in integrated planning**

- M. Martinez presented a draft of the PPW Prevention Planning knowledge, attitudes, and beliefs (KABs) survey found in the meeting packet.
- Paulina Zamudio, DHSP supported the proposed purpose, audience, and timeline of the survey. The purpose of the survey is to create a baseline for an annual assessment of the knowledge, attitudes, and beliefs (KABs) of members of the Los Angeles Commission on HIV to increase the capacity of members to engage in prevention-focused planning activities. The audience will be Commission members, including committee members

only. Secondary focus on anyone in attendance at a Commission meeting within the past 6 months. The target timeline for completion is 3 months. Develop the survey during the months of May and June. Administer survey in July with recommendations developed in August/September.

- The PPW attendees were split into three breakout groups. Each group was assigned a section of the survey to provide feedback on their respective topics. The three sections were 1) knowledge base, 2) attitudes, and 3) beliefs.
- G. Wilson provided a summary of feedback on the knowledge base section. Key points were as follows:
  - This group noted that target populations and geographic information should be added.
  - Dr. King recommended including questions regarding other sexually transmitted infections (STIs).
  - A clear definition of prevention should be provided.
  - Clarity regarding cisgender and transgender inclusion should be added.
  - Homeless and incarcerated populations should be included in the survey.
  - Question #11: “What do you think are elements of prevention? What are examples of interventions that prevent HIV?” should either be reduced or not open-ended.
  - The group suggested the possibility of providing training to commissioners that would provide baseline knowledge on HIV prevention.
  - Pamela Ogata suggested adding a question about the intersectionality between syphilis and HIV.
- Dr. King provided a summary of feedback on the attitudes section. Key points were as follows:
  - The survey should address other STIs in addition to HIV.
  - Open-ended questions should be changed to questions with stems.
  - Some questions may need to be moved to the knowledge base section.
- M. Martinez provided a summary of feedback on the beliefs section. Key points were as follows:
  - The group recommended making some of the questions more specific.
  - Some grammar issues need to be fixed.
  - Questions on beliefs about the effectiveness of different HIV prevention strategies should be added.
  - Questions on beliefs about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) should be added.
  - A question asking the top three barriers to prevention access should be included.
- The PPW will present the framework of the survey to PP&A. Once approved, PPW will finalize and administer the survey to the full Commission.
- The purpose of the survey is to identify what training on HIV prevention is needed.
- P. Zamudio suggested administering the survey annually.

#### **4. Comprehensive HIV Plan 2022-2026 Update**

- AJ King reported that the HIV provider survey has been sent out. The purpose of the survey is to assess the HIV workforce capacity. The survey is available in both English and Spanish.
- The consumer survey will be disseminated by May 27<sup>th</sup>.
- A King and Cheryl Barrit are working on hosting in-person community engagement sessions to learn more about HIV needs directly from the affected communities.

#### **5. Revisiting PPW Meeting Time**

- The PPW will revisit this item at its June meeting.

#### **6. Commission on HIV Staff Updates**

- C. Barrit announced that Dawn McClendon is back to work following her leave.

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

##### **a. Finalize workplan using the list of key ideas presented at the April meeting.**

- The PPW is currently working on finalizing their work plan.

##### **b. Long-acting injectables presentation?**

- Dr. King has reached out to a pharmaceutical liaison present on long-acting injectables. The liaison agreed; however, the presentation cannot be recorded. This presents a concern for the Commission, as all meetings are public.

##### **c. Other items/ideas?**

- The PPW will continue revising the Prevention Planning KABs survey and incorporate feedback.

#### **8. Public Comment + Announcements**

- There were no public comments.

#### **9. Adjournment**

- The meeting adjourned at approximately 6:52 PM.



**DRAFT FOR DISCUSSION ONLY (Version 2; 06.13.22)**

**LOS ANGELES COUNTY COMMISSION ON HIV  
PREVENTION PLANNING WORKGROUP  
PREVENTION PLANNING KNOWLEDGE, ATTITUDES, AND BELIEFS SURVEY**

**Purpose:**

To create a baseline for an annual assessment of the knowledge, attitudes, and beliefs (KABs) of members of the Los Angeles Commission on HIV to increase the capacity of members to engage in prevention-focused planning activities.

**Audience:** Commission members, including committee members only. Secondary focus on anyone in attendance at a Commission meeting within the past 6 months.

**Timeline:** 3 months. Develop the survey during the months of May and June. Administer survey in July with recommendations developed in August/September.

**A. DEMOGRAPHIC INFORMATION**

- Age
- 13-19
- 20-29
- 30-39
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

**Race/Ethnicity *\*\*Please select all that apply\*\****

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Multi-Race
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other

**Gender Identification**

- Non-Binary/Gender Non-Conforming
- Transgender: Female to Male

- Transgender: Male to Female
- Female
- Male
- If your gender identity is not listed above, please use this space to share how you self-identify:

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

- Less than 1 year
- Between 1-2 years
- Between 3-4 years
- 5 years or more

What is the highest level of education you have completed?

- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree

What is your length of experience in the HIV field? (Suggestion: Eliminate this question)

- less than 1 year
- 1-3 years
- 4-6 years
- 7-10 years
- 11-15 years
- 16-20 years
- more than 20 years

## **B. KNOWLEDGE**

1. What do you think are elements of prevention? What are examples of interventions that prevent HIV? Check all that apply.

- Post-exposure prophylaxis (PEP)
- Pre-exposure prophylaxis (PrEP)
- Structural interventions (e.g., effecting policy or legal changes; enabling environmental changes; shifting harmful social norms; catalyzing social and political change; and empowering communities and groups)
- HIV screening
- Mental health
- Substance use prevention and treatment
- Harm reduction

- Health education
  - Navigation and linkage
2. What are the top three barriers to HIV prevention in Los Angeles County?
3. What is Pre-Exposure Prophylaxis (PrEP)?
- A pill that individuals can take daily before HIV exposure to prevent HIV acquisition
  - A pill that individuals can take daily after HIV exposure to prevent HIV acquisition
  - An experimental drug that might prevent HIV, research is still being done
  - I don't know, I need more training to be able to talk about this with my clients
4. To your knowledge, how effective is PrEP at preventing HIV transmission when having sex without a condom?
- Not at all effective,
  - Minimally effective,
  - Somewhat effective,
  - Very/completely effective,
  - I don't know
5. PrEP is currently offered via which route of administration?
- One (1) oral tablet
  - Two (2) oral tablets
  - Three (3) oral tablets
  - Vaccine injection
6. What is the current recommended dose for PrEP to effectively prevent HIV infection?
- Every 12 hours (Twice per day)
  - Once per day
  - Every other day
  - Once per week
  - Once per month
  - Once per six months
7. Which of the following drugs are current FDA-approved administrations of PrEP? [select all that apply.]
- Atripla
  - Biktarvy
  - Complera
  - Descovy
  - Genvoya
  - Stribild
  - Triumeq
  - Truvada
  - I don't know.



8. What is Post-Exposure Prophylaxis (PEP)?
- A pill that individuals can take daily before HIV exposure to prevention HIV acquisition
  - A pill that individuals can take daily after HIV exposure to prevent HIV acquisition
  - An experimental drug that might prevent HIV, research is still being done
  - I don't know, I need more training to be able to talk about this with my clients
9. HIV treatment (antiretroviral medication) works to:
- Increase HIV viral load and decrease CD4 cells
  - Decrease HIV viral load and decrease CD4 cells
  - Decrease HIV viral load and increase CD4 cells
  - Increase HIV viral load and increase CD4 cells
10. Bacterial sexually transmitted infections (STIs) (Chlamydia, Gonorrhea, and Syphilis) are curable.
- Yes
  - No
  - I Don't Know
11. A person must start PEP within \_\_\_\_\_ after a potential HIV exposure.
- 120 hours.
  - 24 hours.
  - 48 hours.
  - 72 hours.
12. A 4th generation HIV test detects:
- Antigens only
  - Antibodies only
  - Antibodies and Antigens
  - A person's viral load

C. **ATTITUDES:** ( Where are the STI questions) See "BELIEFS" section

1. Treatment as prevention means: (Check all that apply):
- knowing your HIV status
  - being in care if HIV positive
  - being in care if HIV positive and Viral load is undetectable.
2. What does serostatus neutral mean?
- knowing your HIV status
  - prevention services or interventions targeting persons regardless of HIV status.
  - not knowing your HIV status
3. What are the most important tenets of HIV community planning to you? ( Please list two)

4. How comfortable are you with utilizing health districts as the geographic lens for planning efforts? (1 = very uncomfortable, 2 = uncomfortable, 3 = neutral, 4 = comfortable, and 5 = very comfortable).
5. If you answered 1-3, would you want to have an in-service on the utilization of health districts for planning purposes. ( Y/N)
6. How confident are you in understanding prevention-related data? (1 = Not confident at all, 3 = somewhat confident, 5 = very confident).
7. If you answered 1-3, would you want to have an in-service on the utilization of prevention-related data for planning purposes. ( Y/N)
8. Which is not part of a sex-positive approach to working with individuals
  - Discussing human anatomy
  - Using non-judgmental language
  - Urging them to be sexually active with other people
  - Supporting them in choosing their identity

#### **D. BELIEFS**

1. Please indicate how much you agree or disagree with the following statements. (Strongly disagree; Somewhat disagree; Neither agree nor disagree; Somewhat agree; Strongly agree)
  - Pre-exposure prophylaxis (PrEP) could be effective at reducing new HIV infections in Los Angeles County.
  - Treatment as Prevention (TasP)/Undetectable = Untransmittable (U=U) could reduce new HIV infections in Los Angeles County.
  - Suppressing HIV viral loads to undetectable levels with antiretroviral treatment reduces the risk of transmitting HIV to others.
  - If properly funded and programmed, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in the United States.
  - If properly funded and programmed, PrEP and TasP are tools that can drastically reduce new HIV infection rates and community viral loads in my community.
  - 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.

- I have the proper knowledge and training to advocate for my community to use PrEP
- I have the proper knowledge and training to advocate for my community to use TasP to prevent new HIV infections.
- There are sufficient programs to address access to PrEP in Los Angeles County.
- I have the proper knowledge and training to advocate for my community to use long-acting Injectables to prevent new HIV infections.
- I believe that we have the proper knowledge and training to incorporate long-acting antiretrovirals within my organization.
- I believe that PLWH who take medication and are virally suppressed (undetectable) cannot transmit HIV.
- 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 for HIV exposure to PrEP and primary care at every test encounter.
- I believe that most HIV treatment regimens are highly toxic drugs with many side effects.
- I would trust condoms to protect me against HIV and STIs.
- 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 test result.
- I believe immediate linkage to HIV care and treatment for people who test HIV-positive is important.
- I believe PrEP causes people to make riskier choices around their sexual practices.
- I would recommend PrEP to a friend or family member who is at risk for continued HIV exposure.
- I see HIV testers as a critical part of ending the HIV epidemic.
- I believe insurance is a barrier to accessing PrEP services- medical visits, labs, and medication.
- I believe Partner Services is key service to help end the HIV epidemic.

- I believe outreach to priority populations is key for successful HIV testing programs.
  - I believe PrEP is safe and highly effective.
2. Which of the following activities/strategies have been shown to address HIV transmission and acquisition? (Select all that apply)
- Abstinence
  - Barriers (e.g. external condoms)
  - Biomedical approaches (e.g. PEP, PrEP)
  - Health education (e.g., individual and group level interventions)
  - Structural interventions (e.g., policy changes, community mobilization)
  - Mental health
  - Substance use prevention/treatment
  - Syringe exchange
  - Other: (Please specify)

**From:** [Martinez, Miguel](#)  
**To:** [Barrit, Cheryl](#); [William D. King MD JD](#); "[greg.itmt@yahoo.com](mailto:greg.itmt@yahoo.com)"  
**Subject:** PPWG list for discussion  
**Date:** Tuesday, April 26, 2022 9:59:03 AM

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Cheryl-

Per meeting wanted to share list (in no particular order) that Dr King, Greg and I develop around Ideas/Areas of focus for prioritization for a workplan for PPWG

- Develop and implement a survey of Commission members to look at knowledge, attitudes and beliefs (KAB) regarding prevention to guide further activities.
- Conduct a thorough evaluation of existing directives to infuse prevention focus.
- Recenter conversations and planning back to health districts including requesting prevention indicators (HIV and STD testing, PrEP uptake) by health district
- Advocate for a minimum number of prevention focused presentations each year.
- Look at creating space for supporting assessment of readiness for injectable PrEP (at provider level)
- Support PrEP Center(s) of Excellence for women (in line with recommendations with B/AA task force)
- Look at ways to support development of resources to build the capacity of smaller orgs to respond to RFAs/WOS/.....
- Engage in conversations around syringe exchange
- Review B/AA Task Force recommendations to identify prevention focused items
- Request data regarding HIV/Testing testing and DX and PreP for aging population

Miguel Martinez, MSW, MPH | Program Manager, Senior

Pronouns: He/Him/His

Division of Adolescent and Young Adult Medicine Children's Hospital Los Angeles

5000 Sunset Blvd. 4th Floor Suite #416 | Los Angeles, CA 90027

Ph: 323-361-3908 | Fax: 323-913-3614 | [mimartinez@chla.usc.edu](mailto:mimartinez@chla.usc.edu) [www.chla.org/adolhealth](http://www.chla.org/adolhealth)

**From:** [Katja Nelson](#)  
**To:** [Barrit, Cheryl](#); [McClendon, Dawn](#); [Garibay, Jose](#); [Wright, Sonja](#); [Lapointe, Catherine](#); [Greg Wilson](#); [mimartinez@chla.usc.edu](mailto:mimartinez@chla.usc.edu); [drwking@gmail.com](mailto:drwking@gmail.com); "Lee M. Kochems"  
**Subject:** FW: A Plan to Accelerate Access and Introduction of Injectable CAB for PrEP  
**Date:** Thursday, June 9, 2022 3:04:46 PM

FYI – a possible informational item for the next PPW meeting packet.

**Katja Nelson, MPP | Local Affairs Specialist, Government Affairs**

APLA Health

The David Geffen Center | 611 S. Kingsley Dr. | Los Angeles, CA 90005

*Pronouns: She, Her, Hers*

213.201.1652 (o) | 213.201.1595 (f)

[knelson@apla.org](mailto:knelson@apla.org) | [aplahealth.org](http://aplahealth.org)

**From:** prep-access-advocates@googlegroups.com <prep-access-advocates@googlegroups.com> **On Behalf Of** Mitchell Warren

**Sent:** Thursday, June 9, 2022 6:21 AM

**To:** global-aids-policy-partnership@googlegroups.com;  
research\_working\_group@googlegroups.com; prep-access-advocates@googlegroups.com; global-prep-action@googlegroups.com; fed\_aids\_policy@googlegroups.com

**Subject:** [PrEP Access Advocates] A Plan to Accelerate Access and Introduction of Injectable CAB for PrEP

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FYI,  
Mitchell

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**Accelerating Access and Introduction of Injectable CAB for PrEP**

*June 9, 2022*

Dear Advocate,

Late last month, ViiV Healthcare, the maker of injectable cabotegravir (CAB)

[announced](#) that it is "actively negotiating voluntary licensing terms" of CAB for PrEP to the [Medicines Patent Pool](#) (MPP) and is "committed to supplying" the product at a non-profit price for public programs in low-income and all sub-Saharan African countries until a generic is available. This announcement comes after months-long pressure from advocates and others, demanding that ViiV does its part to make good on the promise of injectable CAB for PrEP to advance HIV prevention and global health equity – see a number of [important statements from advocates](#) emerging from these discussions.

While this is an important step forward, and an example of advocacy at its best, this is only one piece of the puzzle that will make CAB for PrEP available to all who need and want it. Advocates have much more work ahead to ensure swift and equitable access to CAB.

### And AVAC has a [plan](#).



AVAC's [Plan for Accelerating Access and Introduction of Injectable CAB for PrEP](#) provides a comprehensive view of all the moving parts involved in delivering this new PrEP option and identifies priorities for ensuring time is not wasted and opportunity is not squandered. The plan focuses on [learning the lessons from the first ten years of delivering oral PrEP](#) and how to move faster, more strategically, and with greater coordination to maximize the impact of injectable CAB for PrEP.

AVAC's plan calls on ViiV, policy makers, normative agencies, donors, program implementers, researchers, civil society, advocates and communities to act on a range of key activities, [which include](#):

- A transparent commitment from ViiV, and a negotiated guarantee from donors, to a cost-effective and affordable price and volume of CAB for PrEP to support early launch, introduction and rollout.
- Inclusion of injectable CAB for PrEP in WHO guidelines, which are expected ahead of AIDS 2022.
- National programs in priority countries complete CAB for PrEP registration or secure relevant waivers.
- Voluntary licensing from ViiV to select generic manufacturers, including technology transfer as required.
- Donor investments in generic manufacturing capacity.

- Market assessments and demand forecasts are updated with data from initial projects, to inform programming, manufacturing and cost.
- Operational research and implementation science studies identify successful, scalable delivery channels; a testing algorithm that balances resistance risk with the needs of users and providers; ongoing engagement with communities and civil society; and a mechanism for independent coordination.

The plan also lays out advocacy priorities and calls on advocates to hold decision-makers accountable, for the rollout of CAB for PrEP – and on prevention generally. Is there clarity about next steps? Are there targets and milestones in place? Is there adequate funding to support strategic and accelerated rollout? How might decisions be made about who would get the product first, if it's licensed and introduced through phased rollout?

In the days, weeks and months to come, advocates will continue to engage with ViiV, WHO, donors and other decision-making bodies focused on the future of CAB for PrEP and HIV prevention at large. [Read our full statement here.](#) AVAC hopes this plan will be the guide. As always, we will be tracking the progress, investing support, and keeping you informed.

All the best,  
AVAC

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