



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, October 26, 2022
4:00PM-5:30PM (PST)

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PREVENTION PLANNING WORKGROUP
Virtual Meeting Agenda
Wednesday, October 26, 2022 @ 4:00 – 5:30pm **NEW TIME******

To Join by Computer:

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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 [Sept 28](#) Meeting Highlights
 - b. Finalize and Adopt Workplan
 - c. Holiday Schedule (November and December)
- 3. Comprehensive HIV Plan 2022-2026 Updates (4:25-4:35 pm)**
- 4. DHSP/SAPC Intersections of HIV and Substance Use, Harm Reduction and Syringe Exchange Presentation (4:35-4:55pm)**
- 5. Prevention Knowledge, Abilities and Behaviors Survey Results (4:55-5:20 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, September 28, 2022 | 4:00-5:30PM
 MEETING SUMMARY**

Attendees:

William King, MD (Co-Chair)	Miguel Martinez (Co-Chair)	Greg Wilson (Co-Chair)
Robert Aguayo	Vicki Ashley-Johnson	Genevieve Clavreul
Kevin Donnelly	Thelma Garcia	Joseph Green
Julie Kirk	Katja Nelson	Richard Salazar
Amanda Wahnich		
Commission on HIV (COH) Staff: Cheryl Barrit, Catherine Lapointe, Lizette Martinez, Jose Rangel-Garibay, Sonja Wright		
Division of HIV and STD Programs (DHSP) Staff: Pamela Ogata, Paulina Zamudio		

1. Welcome and Introductions

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

2. Co-Chairs' Report

a. Planning, Priorities and Allocations Committee August 16 Meeting Highlights

- The Planning, Priorities and Allocations (PP&A) Committee meeting highlighted data regarding funding streams for HIV-related care.
- Pamela Ogata, DHSP informed the PPW that DHSP is working on ensuring that the transition to different systems of care is smooth and that no barriers for clients arise.
- Dr. William King noted the lack of adequate funding to address the STI crisis in LA County and recommended reaching out to federal partners to request more funding.

b. Finalize and Adopt Workplan

- The PPW went over their 2022 Workplan revisions. See meeting packet for details.
- Paulina Zamudio and Robert Aguayo recommended splitting the topics of harm reduction and sex parties/commercial sex venues (CSV). The topic of syringe exchange should state what the programs would offer, including HIV/STI testing.
- P. Zamudio suggested working with LA County Substance Abuse Prevention and Control (SAPC) to implement syringe exchange sites.
- P. Zamudio recommended focusing on identifying strategies to increase in-person HIV/STI testing for the remainder of the year.

- G. Wilson recommended identifying ways to increase PrEP uptake among Black and Latinx men who have sex with men (MSM).

3. Comprehensive HIV Plan 2022-2026 Updates

- C. Barrit reported that AJ King, Comprehensive HIV Plan (CHP) Consultant, has sent out a first draft of the CHP to the PP&A Committee and DHSP staff for review. The deadline to submit comments is Monday October 3rd. Once all feedback is received, A. King will develop a second draft to send out for public comment. At the Annual Meeting, A. King and PP&A Co-Chairs will provide an overview of the CHP.

4. Prevention Knowledge, Attitudes, and Beliefs Survey Results

- Catherine Lapointe, COH staff, provided an overview of the Demographics and Knowledge sections of the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey. See meeting packet for the full presentation.
- Dr. King commented that more work needs to be done regarding increasing knowledge on PrEP knowledge, STIs, and home-testing kits. He recommended holding in-service informational sessions on the different STIs and PrEP/PEP.
- M. Martinez commented that an HIV prevention fact sheet can be included in onboarding materials for new commissioners. P. Zamudio commented that this can be done in an orientation packet.

5. Next Steps and Agenda Development for Next Meeting

- C. Lapointe will present the Attitudes and Beliefs sections of the KAB survey at the October PPW meeting.
- The PPW will present their revised workplan.
- C. Barrit will work with P. Zamudio to contact a representative from SAPC to discuss syringe exchange programs.

6. Public Comment + Announcements

- Dr. King stated that he is open to answering any questions regarding his August 24, 2022 presentation on injectable PrEP for HIV prevention and treatment.
- P. Zamudio announced that Arming Minorities Against Addiction & Disease (AMAAD) and the LAC+USC Foundation held an event on September 27th in which they presented a short film by Donnie Hue titled “Roux’s Blues: Promise Me You’ll Be There,” which focuses on issues that Black gay men face such as relationships and community barriers.

7. Adjournment

The meeting was adjourned by M. Martinez.



LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP WORK PLAN
DRAFT/FOR REVIEW (07.13.22; Revised 7.27.22; 08.8.22; 08.15.22; 09/6/22; 10/7/22)

Prioritization Considerations: Select activities that are feasible and within the influence/capacity of the Prevention Planning Workgroup (PPW). PPW was established to infuse and strengthen prevention efforts in the Commission on HIV's planning and priority setting processes and discussions.		
# of Votes	Approval Date:	Revision Dates:
	TASK/ACTIVITY	TARGET COMPLETION DATE
5	Increase access to syringe exchange and other harm reduction programs and services. Include HIV, STI and hepatitis c screening, education and treatment in harm reduction programs. <i>Combined all syringe access/harm reduction activities together.</i>	
4	How do we truly target populations/create standards or focus on populations that cannot access organizations based on hours. <i>Proposed Revision: Discuss standards/guidelines for prevention contracts/services to be accessible to target populations that also address social determinants of health. Include but not limited to hours of operation, geographic locations, mental health, housing.</i>	
4	Address unique prevention and health and wellness needs of youth and aging populations	
4	Provide wrap-around services for high-risk negative individuals	
4	Marketing campaign to support awareness of resources about HIV-related services (including influencers)	In progress
4	Identify primary and secondary prevention efforts and develop layered interventions, <i>including but not limited to U=U. Any layered intervention should include situational factors and social determinants of health, including homelessness, employment, supportive social networks, etc.</i>	
3	Identify strategies to <i>increase</i> in-person HIV, STD and Hep C testing and <i>self</i> HIV testing overall	
3	Merge mental health and biomedical prevention efforts/programs	
3	Navigating sex for high-risk negative individuals	
3	Address housing needs of high-risk negative individuals	



**LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP WORK PLAN
DRAFT/FOR REVIEW (07.13.22; Revised 7.27.22; 08.8.22; 08.15.22; 09/6/22; 10/7/22)**

2	Conduct a thorough evaluation of existing directives to infuse prevention focus. <i>We should include quantitative data so that as we infuse new prevention focus, we're moving towards directives that are empirically-based and against which we can measure progress</i>	
2	Request data regarding HIV/STD testing, diagnosing, and PrEP for aging population. <i>I'm not prioritizing this separately, but as part of creating dashboards, we should break out data for the highest risk populations, including, if appropriate, ageing individuals.</i>	
2	Advocate for a minimum number of prevention-focused presentations each year. <i>These topics should be dictated in part by the results of the KAB survey and include dashboard data to provide a quantitative foundation for the presentations.</i>	
1	Review B/AA Task Force recommendations to identify prevention-focused items.	
1	Injectable PrEP information/education focused on navigators at organizations	
1	Recenter conversations and planning back to health districts including requesting prevention indicators (HIV and STD testing, PrEP uptake) by health district. <i>I think this would necessarily involve our developing a dashboard of prevention metrics that we can use to establish a baseline and against which we measure progress.</i>	
1	<i>Identify ways to increase PrEP uptake in Black and Latinx MSM population. Based on data from the AHEAD dashboard, PrEP uptake is low in LAC.</i>	
1	Look at creating space for supporting the assessment of readiness for injectable PrEP (at the provider level).	
0	Develop trainings to build the capacity of Commission members based on the knowledge, attitudes, and beliefs (KAB) survey to guide further prevention activities.	In progress
0	Support PrEP Center(s) of Excellence for women (in line with recommendations with B/AA task force). -- **Contracts have been awarded although no agencies selected to serve women exclusively.**	In progress <i>Completed. No one applied to serve women.</i>
0	Look at ways to support the development of resources to build the capacity of smaller orgs to respond to RFAs/WOS.	In progress
0	Efforts to target monolingual populations regarding prevention information	



SAPC & DHSP Collaboration -Syringe Exchange Programs in Los Angeles County

October 26, 2022





Agenda

- Overview of Syringe Exchange Programs - Dr. Puri
 - Number of sites funded
 - Services provided
- HIV Testing at SSPs – P. Zamudio
- Highlight Initiatives - SAPC



SAPC





Engagement and Overdose Prevention (EOP) Hubs

- 7 EOP Hubs funded by SAPC
 - Tarzana Treatment Center
 - Venice Family Clinic
 - Community Health Project Los Angeles
 - Homeless Healthcare Los Angeles
 - Bienestar
 - HOPICS/SSG



Engagement and Overdose Prevention (EOP) Hubs

- Required Services:
 - Policies employ harm reduction principles
 - Provide needs-based/low threshold access to syringes
 - Provide sharps containers and education on disposal
 - Provides Naloxone
 - Provides safe injection supplies (tourniquets, alcohol swabs, water, band aids, cotton balls, cookers)
 - Provides safe smoking supplies (pipes, lip balm, straight shooters)
 - Provides wound care supplies
 - Provides direct or referred testing for: HIV and HCV
 - Provides referrals for treatment: HIV/HCV, substance use treatment, specialized mental health, or medical care.



Engagement and Overdose Prevention (EOP) Hubs

- Community engagement:
 - Fixed sites (brick and mortar)
 - Mobile sites (using a mobile van near another agency/community space)
 - Field-based sites (engaging community members in encampments)

Engagement and Overdose Prevention (EOP) Hubs

Fixed Site Locations

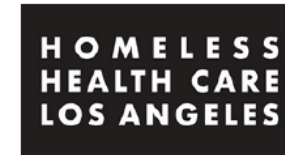


Community Health Project LA (CHPLA)

1151 N Western Blvd., Los Angeles CA 90029
Hours: M-F 9am-5pm
Email: infor@chpla.org
Phone: 323.380.5469
Website: <http://chpla.org/>

Homeless Health Care Los Angeles (HHCLA)

512 East 4th St. Los Angeles CA 90013
Hours: M-Sun 8:30am-3:30pm
Phone: 213.617.8408
Website: <https://www.hhcla.org>



Bienestar Human Services

5314 East Beverly Blvd. Los Angeles, CA 90022
Hours: M-F 10am-2pm & 4pm-7pm
Phone: 866.590.6411
Website: <https://www.bienestar.org/syringe-exchange/>

Tarzana Treatment Centers (TTC)

7101 Baird Avenue, Reseda CA 91335
Hours: M-F 8am-4pm
Phone: 818.342.5897
Website: <https://www.tarzanatc.org/>



Venice Family Clinic (VFC)

Common Ground, Judy and Bernard Briskin Center
622 Rose Ave., Venice CA 90291
Hours: M-F 9am-5pm
Phone: 310.314.5480
Website: <https://venicefamilyclinic.org/>

Asian American Drug Abuse Program (AADAP)

652 E. Manchester Blvd. Inglewood CA 90305
Hours: M-F 9am-5pm
Phone: 424.331.5799



Homeless Outreach Program/Integrated Care System (HOPICS)

5849 Crocker St. Los Angeles, CA 90003
Hours: M-F 8am-4:30pm
Phone: 323.432.4399
Website: <https://www.hopics.org/>

**Scheduled hours are subject to change without notice. Please contact the participating agency to confirm service hours and locations.*

This program is supported in part by the County of Los Angeles, Department of Public Health.

Please contact Substance Abuse Prevention and Control (SAPC) at harmreduction@ph.lacounty.gov



Engagement and Overdose Prevention (EOP) Hubs

Mobile Outreach

MONDAY

CHPLA

9401 Zamora Ave. Los Angeles CA 90059
3pm-5pm
South Side of 6th St.
between Wall and San Julian
9am-11am

AADAP

660 E. Manchester Blvd.
Inglewood, CA 90301
10am-5pm

TTC

11770 Block of Borden Ave.
Pacoima CA 91331
1:30pm-4:00pm
7500 Block of Valjean Ave.
Van Nuys CA 91406
4:30pm-6:00pm

BIENESTAR

Coastal Recovery Center
117 E. Harry Bridges Blvd.
Wilmington, CA 90744
10am-12pm
5982 Arroyo Dr.
Los Angeles, CA 90042
3:30pm-5pm

TUESDAY

AADAP

BAART Medmark Clinic:
11682 S. Atlantic Ave.
Lynwood, CA 90262
7am-9:30pm

TTC

6800 Block of Eton Ave.
Canoga Park, CA 91303
9:30am-11:30am
12178 San Fernando Rd.
Sylmar, CA 91342
1pm-3pm

WEDNESDAY

CHPLA

Spectrum Community Clinic at
Drew University
1731 W. 120th St. Building M.
Los Angeles CA 90059
5pm-7pm

AADAP

Medmark Clinic
11900 S. Avalon Ave.
Los Angeles CA 90059
7:30am-10am

TTC

8741 Laurel Canyon Blvd.
Sun Valley, CA 91352
9:30am-11am
514500 Block of Hamlin St.
Van Nuys, CA 91411
12:30pm-3pm

BIENESTAR

527 N. Spring St.
Los Angeles, CA 90012
4pm-6pm

THURSDAY

CHPLA

Hollywood
1625 N. Schrader Blvd.
Los Angeles, CA 90028
7pm-10pm

AADAP

Lawndale Medical & Mental
Health Services
4023 Marine Ave.
Lawndale, CA 90260
7am-10am

TTC

11770 Block of Borden Ave.
Pacoima, CA 91331
1:30pm-4:00pm

BIENESTAR

Tavarua
8207 Whittier Blvd.
Pico Rivera, CA 90660
10:30am-12pm
Lincoln Heights
Corner of Alhambra Ave &
Johnston St. Los Angeles CA
3:30pm-5pm

FRIDAY

CHPLA

Skid Row/Downtown LA
South Side of 6th St.
9am-11am
BAART Clinic Boyle Heights
1701 Zonal Ave.
Los Angeles, CA 90033
12pm-2pm

AADAP

Hollywood Medical Clinic
5015 W. Pico Blvd.
Los Angeles, CA 90019
8am-11am



Engagement and Overdose Prevention (EOP) Hubs

- SAPC Funding:
 - Local (Care First Community Investment, DHSP, ACDC viral Hepatitis, Tobacco settlement) and Federal (SAHMSA, CRRSAA)



Other Syringe Safety Programs certified by SAPC

- 3 SSPs (currently not receiving funding)
 - Being Alive
 - Melanin Angels
 - LA CADA



Challenges with HIV testing

- Staffing:
 - Comfort level of EOP/SSP staff to discuss HIV/STI testing with client.
 - Concern over how/where to refer patients for treatment.
- Field work:
 - In addition to providing harm reduction services adding HIV/STI testing seemed impossible for them
 - Gathering individual level data on patients can be difficult.



HIV Testing in SSP





Goal: Increase the availability of HIV testing in non-traditional settings

- Linked Referrals to HIV testing
- Linked Referrals to STD screening and treatment
- Distribution of HIV self-test kits
- Conduct HIV testing on site
- Conduct STD screening on site



DHSP will:

- Provide technical assistance to set up testing program
 - Quality Assurance
 - Data Collection
 - Licenses
- Provide training to non-medical staff – Basic 1



Questions & Answers



Adjourment





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

PREVENTION PLANNING WORKGROUP VIRTUAL MEETING

WEDNESDAY, SEPTEMBER 28, 2022

4:00 – 5:30 PM

Purpose

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

Q1: What is your age?

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
TOTAL	13

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
TOTAL	13

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
TOTAL			13

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

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
TOTAL	13

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
TOTAL	13

KNOWLEDGE

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)

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
TOTAL	13

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
TOTAL	13

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
Total Respondents: 13	

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
TOTAL	13

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
Total Respondents: 12	

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
TOTAL	13

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
TOTAL	13

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
TOTAL	13

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
TOTAL	13

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
Total Respondents: 13	

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
Total Respondents: 12	

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
Total Respondents: 13	

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
Total Respondents: 13	

ATTITUDES

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
TOTAL	13

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
TOTAL	13

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
TOTAL	12

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

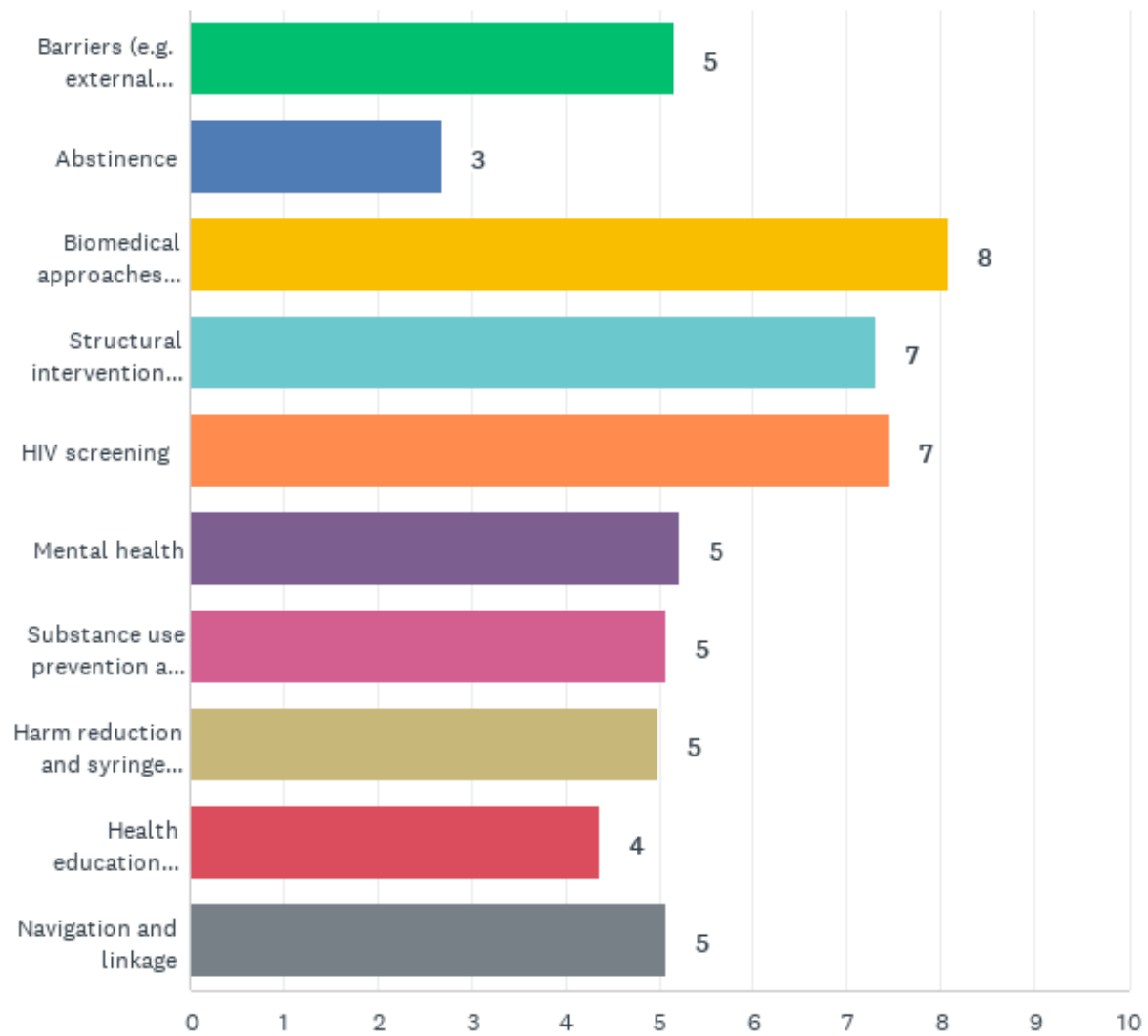
Answered: 12 Skipped: 1

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
TOTAL	12

BELIEFS

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

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)

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?

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.

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

Q9

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	Total
Less than 1 year	0	0	0	1	1	2
	0%	0%	0%	7.69%	7.69%	
	0%	0%	0%	50%	50%	
	0%	0%	0%	9.09%	100%	
Between 1-2 years	0	0	1	2	0	3
	0%	0%	7.69%	15.38%	0%	
	0%	0%	33.33%	66.67%	0%	
	0%	0%	100%	18.18%	0%	
Between 3-4 years	0	0	0	2	0	2
	0%	0%	0%	15.38%	0%	
	0%	0%	0%	100%	0%	
	0%	0%	0%	18.18%	0%	
5 years or more	0	0	0	6	0	6
	0%	0%	0%	46.15%	0%	
	0%	0%	0%	100%	0%	
	0%	0%	0%	54.55%	0%	

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

Q10

PrEP is currently offered via which route of administration?

	One (1) oral tablet	Two (2) oral tablets	Three (3) oral tablets	Long-acting injectables	Total
Less than 1 year	2	0	0	0	2
	15.38%	0%	0%	0%	
	100%	0%	0%	0%	
	20%	0%	0%	0%	
Between 1-2 years	1	1	1	0	3
	7.69%	7.69%	7.69%	0%	
	33.33%	33.33%	33.33%	0%	
	10%	50%	100%	0%	
Between 3-4 years	1	1	0	2	2
	7.69%	7.69%	0%	15.38%	
	50%	50%	0%	100%	
	10%	50%	0%	25%	
5 years or more	6	0	0	6	6
	46.15%	0%	0%	46.15%	
	100%	0%	0%	100%	
	60%	0%	0%	75%	

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

Q11

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

	Every 12 hours	Once per day	Every other day	Once per week	Once per month	Once per six months	Total
Less than 1 year	0	2	0	0	0	0	2
	0%	15.38%	0%	0%	0%	0%	
	0%	100%	0%	0%	0%	0%	
	0%	15.38%	0%	0%	0%	0%	
Between 1-2 years	0	3	0	0	0	0	3
	0%	23.08%	0%	0%	0%	0%	
	0%	100%	0%	0%	0%	0%	
	0%	23.08%	0%	0%	0%	0%	
Between 3-4 years	0	2	0	0	0	0	2
	0%	15.38%	0%	0%	0%	0%	
	0%	100%	0%	0%	0%	0%	
	0%	15.38%	0%	0%	0%	0%	
5 years or more	0	6	0	0	0	0	6
	0%	46.15%	0%	0%	0%	0%	
	0%	100%	0%	0%	0%	0%	
	0%	46.15%	0%	0%	0%	0%	

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

Q12

Which of the following drugs are current FDA-approved administrations of PrEP? **Select all that apply.**

	Apretude	Atripla	Biktarvy	Triumeq	I don't know.	Total
Less than 1 year	1	0	0	0	1	2
	8.33%	0%	0%	0%	8.33%	
	50%	0%	0%	0%	50%	
	16.67%	0%	0%	0%	33.33%	
Between 1-2 years	1	1	0	0	1	3
	8.33%	8.33%	0%	0%	8.33%	
	33.33%	33.33%	0%	0%	33.33%	
	16.67%	100%	0%	0%	33.33%	
Between 3-4 years	2	0	0	0	0	2
	16.67%	0%	0%	0%	0%	
	100%	0%	0%	0%	0%	
	33.33%	0%	0%	0%	0%	
5 years or more	2	0	2	0	1	5
	16.67%	0%	16.67%	0%	8.33%	
	40%	0%	40%	0%	20%	
	33.33%	0%	100%	0%	33.33%	