



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, January 25, 2023
4:00PM-5:30PM (PST)

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PREVENTION PLANNING WORKGROUP
Virtual Meeting Agenda
Wednesday, January 25, 2023 @ 4:00 – 5:30pm

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DRAFT - AGENDA

- 1. Welcome and Introductions (4:00-4:10 pm)**
- 2. Co-Chairs' Report (4:10-4:30 pm)**
 - a. Planning, Priorities and Allocations Committee Jan. 17th Meeting Highlights
 - b. Co-chair Elections
 - c. Meeting format for 2023
 - d. February Workgroup Meeting
 - e. Discuss prevention integration with PP&A
- 3. 2023 Work Plan Review (4:30pm-4:45pm)**
- 4. Training Opportunities Identified from Knowledge, Abilities and Behaviors Survey Results (4:45-5:05 pm)**
- 5. Next Steps and Agenda Development for Next Meeting (5:05-5:15 pm)**
- 6. Public Comment + Announcements (5:15-5:30 pm)**
- 7. Adjournment (5:30 pm)**



VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)
Wednesday, November 16, 2022 | 4:00-5:30PM
MEETING SUMMARY

Attendees:

William King, MD (Co-Chair)	Kevin Donnelly	Genevieve
Vicki Ashley	Rob Lester	Terry Smith
Lee Kochems		
Commission on HIV (COH) Staff: Cheryl Barrit, Catherine Lapointe, Lizette Martinez		
Division of HIV and STD Programs (DHSP) Staff: Pamela Ogata, Paulina Zamudio, Harlan Rotblatt, Maggie Esquivel		

1. Welcome and Introductions

Dr. William King, Co-Chair, welcomed attendees and led introductions.

2. Co-Chairs' Report

a. Planning, Priorities and Allocations (PP&A) Committee Nov. 15 Meeting Highlights

- K. Donnelly, PP&A Co-Chair reported, DHSP staff, Pamela Ogata, provided the remaining responses to COH directives. DHSP provided the most recent expenditure report which showed approximately \$2.3 million to carry over to Program Year 33.
- December PP&A Committee meeting was cancelled. The next meeting will be Jan. 17, 2023. January's meeting will include a discussion on the STI crisis and exploring ways to bring the work of PPW into the PP&A process.

b. Co-Chair Nominations

- The existing co-chairs Dr. William King, Miguel Martinez, and Greg Wilson were nominated for co-chair for the next year. Dr. King accepted the nomination. M. Martinez and G. Wilson will be notified of their nomination.

c. December Meeting

- The December PPW meeting was cancelled. The next PPW meeting will be Jan. 25, 2023.

3. Comprehensive HIV Plan 2022-2026 Updates

- Cheryl Barrit reminded attendees the Comprehensive HIV Plan is posted on the Commission on HIV website and is open for public comment until Nov. 21st.

Feedback will be incorporated into the plan before it is submitted to HRSA in early December.

4. DHSP Don't Think Know Presentation

- DHSP staff, Harlan Rotblatt, provided a presentation on the I Know (aka Don't Think Know) presentation – a free chlamydia and gonorrhea home collection test kit for people who have a vagina aged 12-24 in Los Angeles County. See meeting packet for the full presentation.
- H. Rotblatt noted that the platform the I Know program uses can be expanded to include testing for other sexually transmitted infections. He also noted the program is in the process of revamping the list of STD treatment providers as it is currently out of date.
- C. Barrit noticed approximately half of clients requesting tests do not submit them. She inquired if there was follow-up to see why clients were not submitting the test to identify strategies to ensure tests are submitted. H. Rotblatt commented there are no current data, but the program is being restructured to address the issue.
- Dr. King inquired about the timeline for getting individuals who tested positive into treatment. H. Rotblatt stated the initial policy allowed clients a week to self-refer to treatment services before DHSP staff would follow up to link to treatment. The program has now shifted to a 1-2 day time frame after positive diagnosis to link individuals to treatment.
- Dr. King also inquired if treatment providers have the capability of telemedicine. H. Rotblatt stated all providers offer Family PACT services and should be capable but cannot confirm.
- K. Donnelly inquired about the capacity to provide partner services. H. Rotblatt commented the program instructs individuals to ensure that their partner gets treatment but would need to expand this effort in the current program format.

5. Prevention Knowledge, Abilities and Behaviors (KAB) Survey Results

- Catherine Lapointe provided an overview of responses from the Attitudes and Beliefs sections of the KAB survey. See meeting packet for presentation slides.
- K. Donnelly noted there is a desire from the Commission of HIV for more informational in-services/workshops.
- Commission staff will analyze the survey results and identify key training opportunities for 2023.

6. Next Steps and Agenda Development for Next Meeting

- Co-chair elections
- Commission staff will follow up with co-chairs to further discuss next steps

- Commission staff to present potential training opportunities

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

8. Adjournment – The meeting was adjourned by Dr. King.



LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP WORK PLAN **DRAFT**/FOR REVIEW (12.22.22)

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.

Approval Date:		Revision Dates:	
#	TASK/ACTIVITY	TARGET COMPLETION DATE	COMMENTS/SUGGESTIONS
1	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.		
2	Identify strategies to increase in-person HIV, STD and Hep C testing and HIV self-testing.		
3	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.
4	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	STIs, health literacy, PrEP identified in KAB survey.
5	Discuss standards/guidelines for prevention contracts/services to be accessible to target populations including, but not limited to, hours of operation, language needs, geographic locations, access to mental health and housing services.		
6	Address unique HIV, STI and HCV prevention and health and wellness needs of youth and aging populations.		Strategies should be tailored to each age group.
7	Provide wrap-around services for high-risk negative individuals.		
8	Marketing campaign to support awareness of resources about HIV-related services (including influencers).	In progress	

**LOS ANGELES COUNTY COMMISSION ON HIV 2022 PREVENTION PLANNING WORKGROUP
WORK PLAN **DRAFT**/FOR REVIEW (12.22.22)**

9	Identify primary and secondary prevention efforts and develop layered interventions, 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.
10	Merge mental health and biomedical prevention efforts/programs.		
11	Navigating sex for high-risk negative individuals.		
12	Address housing needs of high-risk negative individuals.		
13	Look at ways to support the development of resources to build the capacity of smaller orgs to respond to RFAs/WOS.		Black Caucus is currently leading this effort

DRAFT

Commission Training Opportunities Identified via KAB Survey Results

- PreP Overview
 - Effectiveness
 - Administration (pill and injection)
 - Access including where to locate and cost
- STIs – General overview
 - Potential for population specific sub-training(s) in collaboration with Caucuses
 - Testing/treatment resources
- HIV status neutral training – models for prevention to complement care services
- Overview of health districts and how to use them for planning efforts
- Prevention data for planning purposes

* Health literacy – not identified in KAB survey. Priority area identified in the Comprehensive HIV Plan.



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?

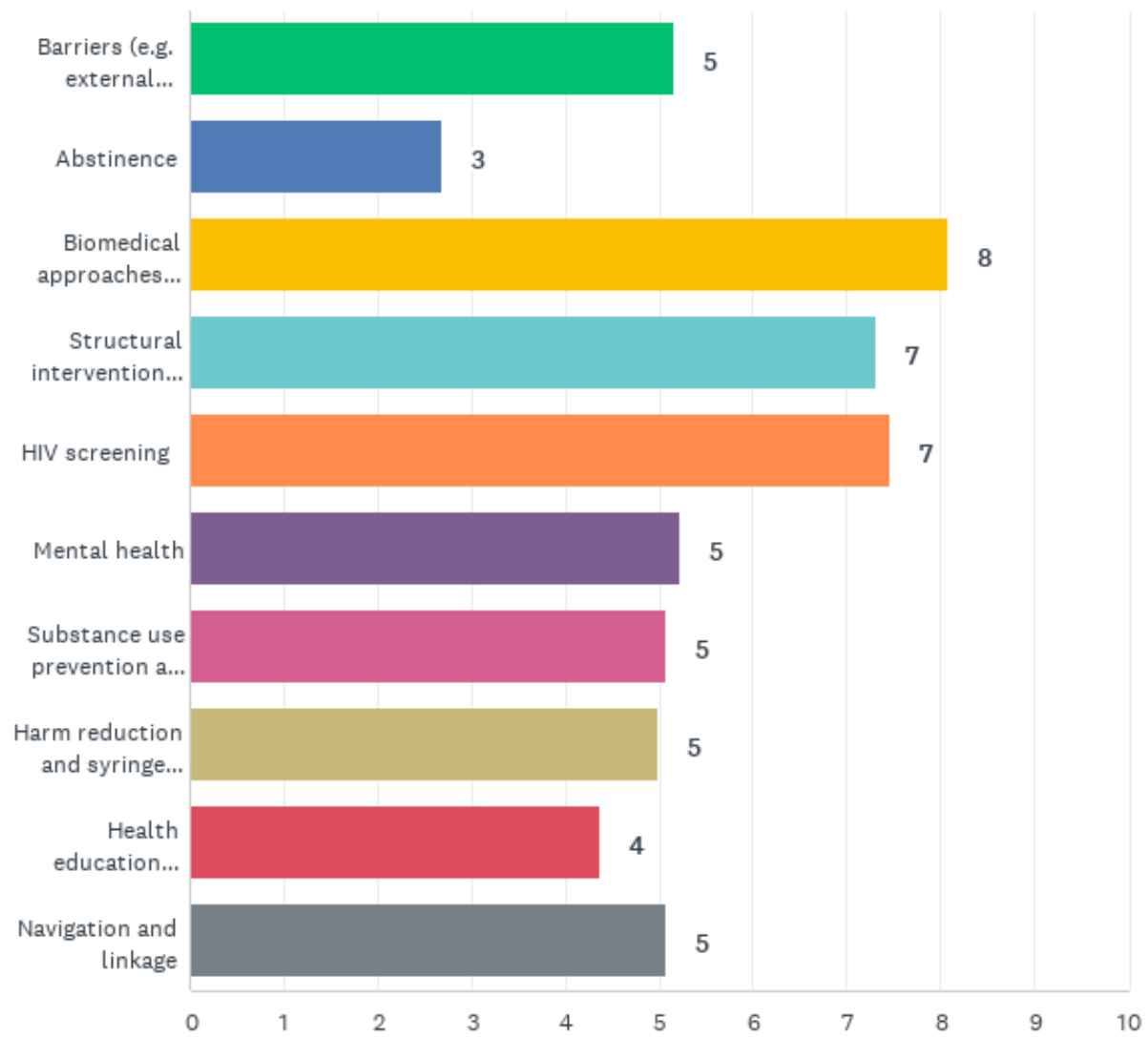
Answered: 12 Skipped: 1

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.