



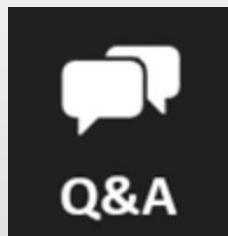
The Equitable Injectable PrEP in LA County Initiative
presents

*Implementing LAI PrEP with Black and Latino/a
MSM and Transgender Women (BLMSM/TW):
Practical and Cultural Considerations*

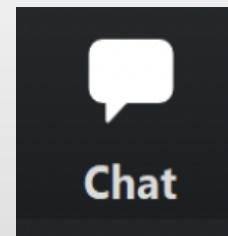
Thursday, September 28, 2023
10:00 – 11:30 AM PT

Workshop Logistics

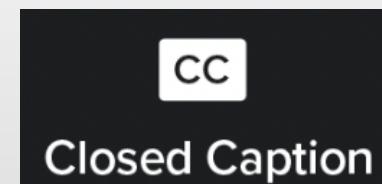
Use the **Q&A** function on your Zoom control panel to enter your questions at any time.



Use the **Chat** function on your Zoom control panel to share comments or resources with the group.



Select the **Closed Caption** option on your Zoom control panel to enable closed captions.



- Participants will be muted and videos will be disabled during the workshop.
- If you have technical issues, contact Elena Rosenberg-Carlson in the chat.

Featured Presenters



Christine Gutierrez, FNP, RN, MSN, MEd
PrEP/PEP/STI Practitioner
CARE Clinic
St. Mary Medical Center



William D. King, MD, JD, AAHIVS
Medical Director, W King Health Care Group
Associate Clinical Professor, Department of
Internal Medicine, Charles R. Drew
University of Medicine and Science



Harold Glenn San Agustin, MD, AAHIVS
HIV Medical Director
JWCH Institute, Wesley Health Centers

Initiative Funding and Team Members

- The ***Equitable Injectable PrEP in LAC Initiative*** is supported by an EHE supplement grant from the National Institute of Mental Health (NIMH) awarded to the UCLA Center for HIV Identification, Prevention, and Treatment Service (CHIPTS).
- UCLA CHIPTS team:
 - Ronald A. Brooks, PhD, Principal Investigator
 - Dilara Üsküp, PhD, PhD, Policy and Access Coordinator
 - Elena Rosenberg-Carlson, MPH, Community Workshop Facilitator
 - Omar Nieto, BA, Project Coordinator
 - Zuri Inzunza, BA, Graduate Student Researcher

Collaborators



Friends Community Center

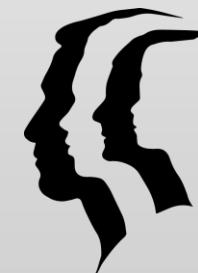
A Division of Friends Research Institute, Inc.



In The Meantime
Men's Group



LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

Initiative Background

- Historically, Latino/a and Black men who have sex with men (MSM) and transgender women have continuously lagged behind more privileged and well-resourced White gay male populations in receiving information about the latest innovations in both HIV treatment and prevention.
- As a result, Latino/a and Black MSM and transgender women have not benefitted from early adoption of highly effective HIV innovations. This has contributed to the disparity in HIV that persists today in these populations.

Initiative Goals

- This Initiative seeks to address the delay in disseminating information on the latest HIV innovation, Long-Acting Injectable Pre-Exposure Prophylaxis (LAI PrEP), to Black and Latina/o transgender women and men who have sex with men (BLTW/MSM) in Los Angeles County.
- To do this, we are implementing a series of online community workshops to provide accurate and up-to-date information on LAI PrEP-related topics that are of relevance to BLTW/MSM consumers and their service providers.

What is Long-Acting Injectable PrEP?

Apretude injectable PrEP is the newest HIV prevention option

- FDA approved in December 2021
- 1 injection every 2 months
- To start: Optional oral tablets for 28 days OR immediate injection
- Injection site: Muscle of buttocks



Workshop Agenda

- I. Gift Card Raffle #1**
- II. Presentations and Q&A**
 - A. William King, MD, JD, AAHIVS
 - B. Harold Glenn San Agustin, MD, AAHIVS
 - C. Facilitated Q&A
- III. Gift Card Raffle #2**
- IV. Presentation and Q&A**
 - A. Christine Gutierrez, FNP, RN, MSN, MEd
 - B. Facilitated Q&A
- V. Evaluation and Closing Remarks**
- VI. Gift Card Raffle #3**

IMPLEMENTING LAI PREP WITH BLACK MSM PRACTICAL AND CULTURAL CONSIDERATIONS

William D. King MD JD AAHIVS (He, Him, His)

Medical Director- WKHCG

Associate Professor Department of Medicine, Charles R. Drew University

Commissioner- LA Commission on HIV

September 28th 2023

Disclosures

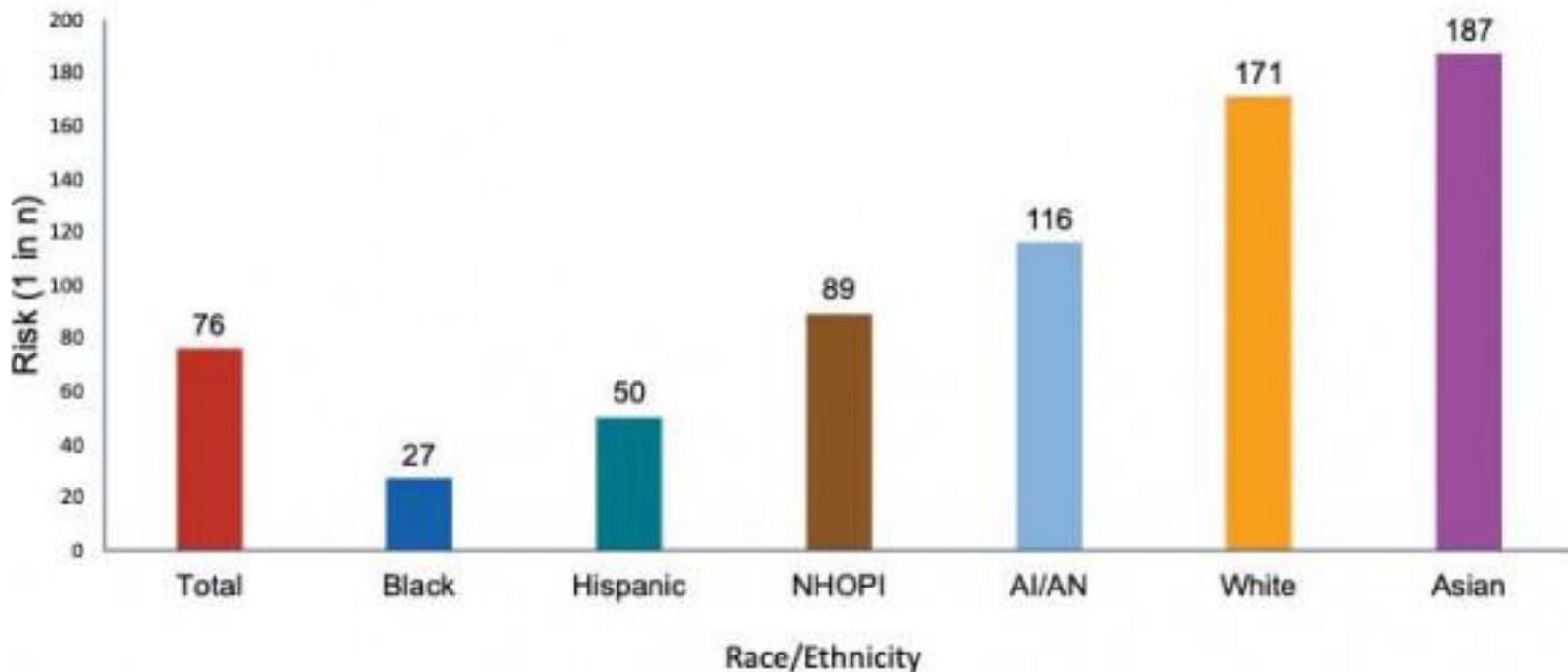
- Speaker for ViiV Health Sciences
- Receiving compensation for this presentation.

Laying the Foundation

Lifetime Risk of an HIV Diagnosis Among Males

Lifetime Risk of an HIV Diagnosis Among Males

Assuming 2017-2019 Diagnosis Rates Continue



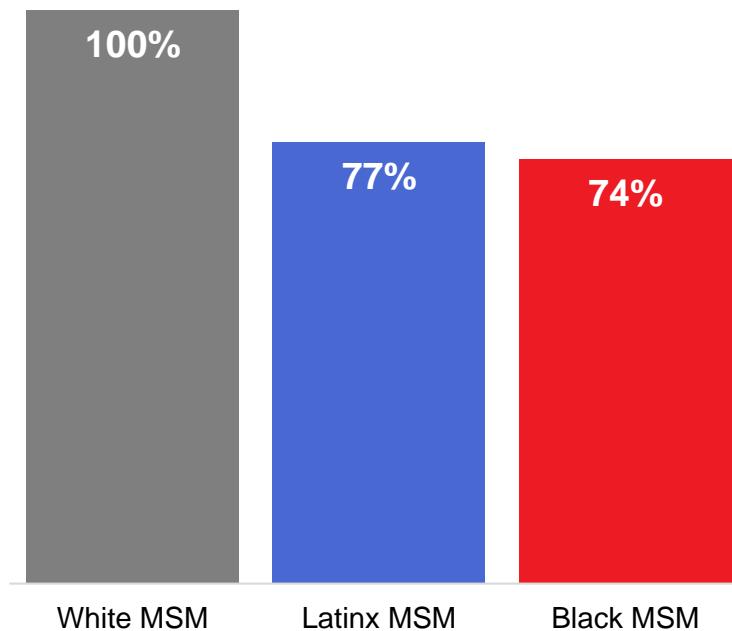
AI/AN = American Indian/Alaskan Native; NHOPI = Native Hawaiian/Other Pacific Islander

What is Happening in LA County (2019)

- Black males account for **4% of population but 16.4% of people living with HIV**
- Latinx males account for **24.3% of population but 39.8% of people living with HIV**
- Most new cases of HIV (81%) are acquired via male-to-male sexual transmission, compared with 66% nationally

Knowledge of HIV Status

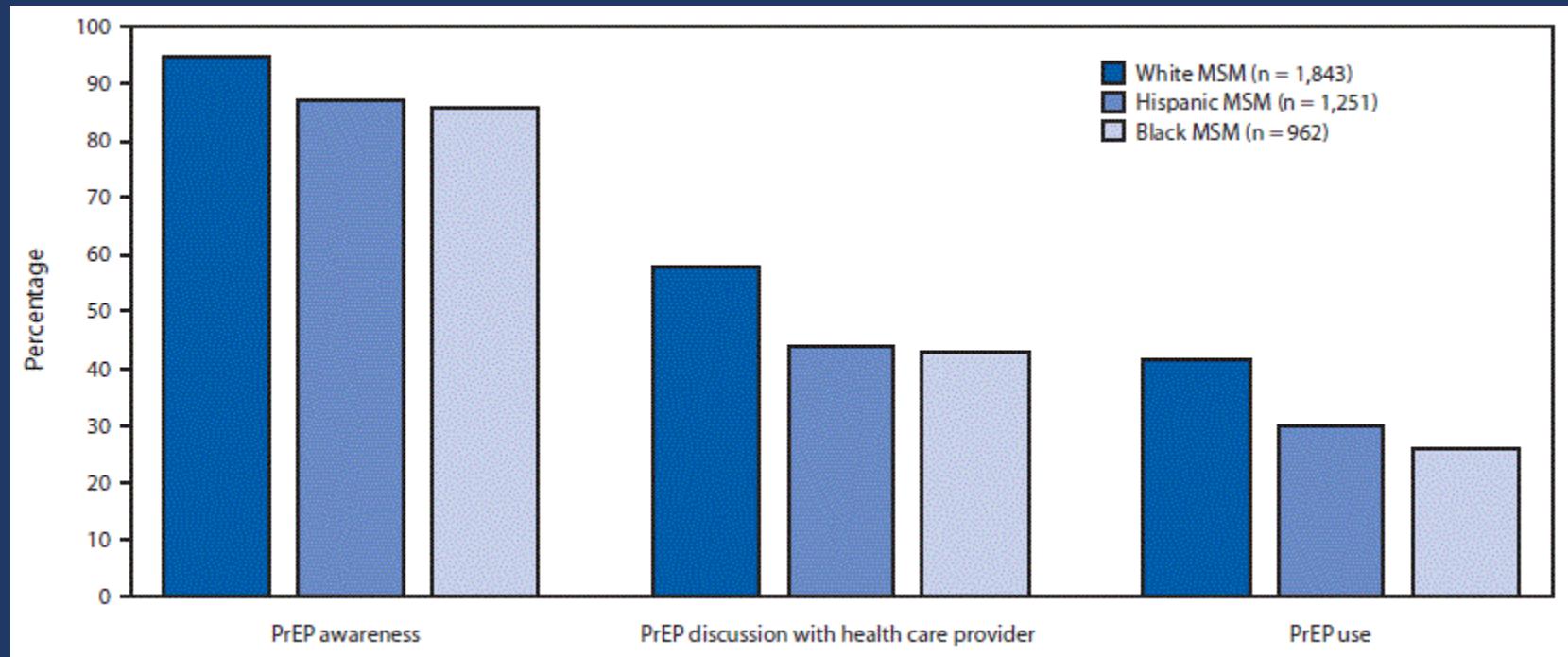
Black MSM in LA county with HIV are **least likely** of all MSM to know they have HIV



Initial Theory of PrEP Access



PrEP awareness, discussion, and use, by race/ethnicity, among men who have sex with men (MSM) with a likely indication for PrEP use

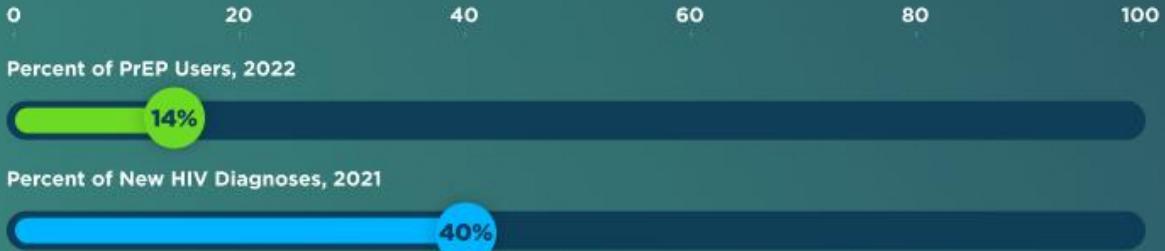




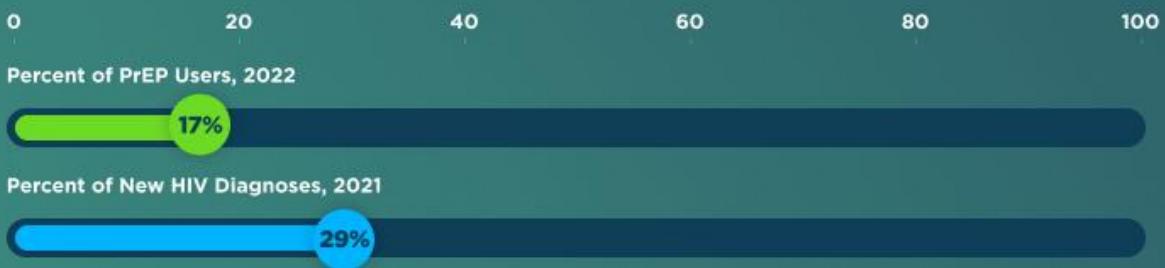
Black people represented only **14% of PrEP users (2022)** but accounted for **40% of new HIV diagnoses (2021)**, indicating a significant unmet need for PrEP.



Black People



Hispanic/
Latinx
People



White
People

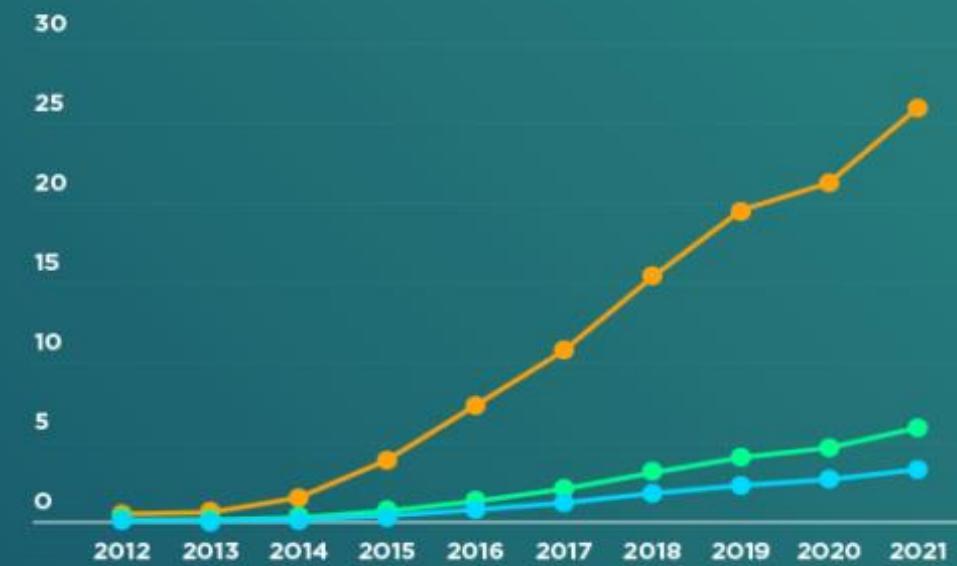


While the **rate of PrEP use** has increased consistently across all races/ethnicities, equity in PrEP use by race/ethnicity has **decreased** over time.

PrEP Use Rate by Race/Ethnicity Over Time, 2012-2021



PrEP-to-Need Ratio by Race/Ethnicity Over Time, 2012-2021



The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

HPTN 073- Open Label PrEP Initiation and Adherence Study Targeting BMSM

- Los Angeles, DC and Chapel Hill study sites
- Offered Truvada in combination with C4, HIV testing, risk reduction and clinical monitoring over the course of 52 weeks.
- C4- comprehensive risk counseling and services with self determination theory
- Results:
- 226 enrolled – 86% self identified as Black or AA
- 79% started PrEP and 64% remained on PrEP at week 26

Why Are We Expecting a Change?



Injection with 1.5- 2" Needle

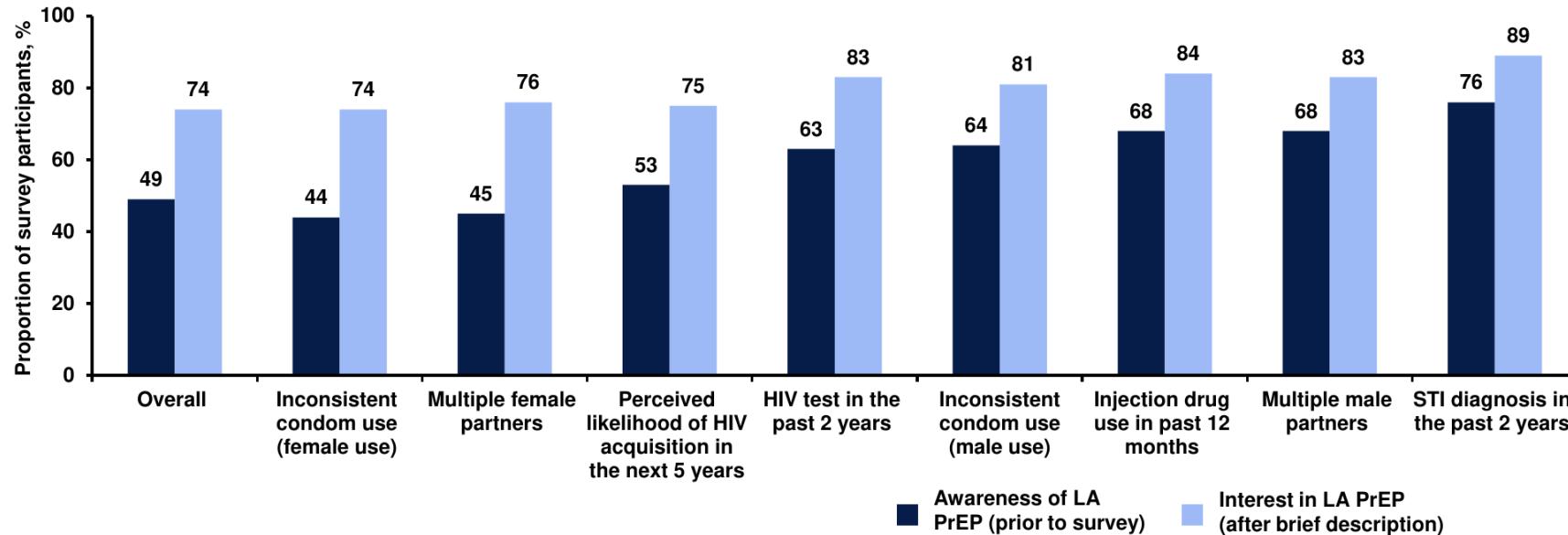
Requires: 1m, 1m, skip then Q2m dosing

Must be done in provider's office



Awareness and interest in LA PrEP among Black and Hispanic men who would benefit from PrEP: Survey results

Awareness and interest to use LA PrEP among Black and Hispanic men by select characteristics (n=1,728)



Findings illustrate high interest for LA PrEP in this population of Black and Hispanic men, and the need to increase LA PrEP awareness in this population

STI, sexually-transmitted infection

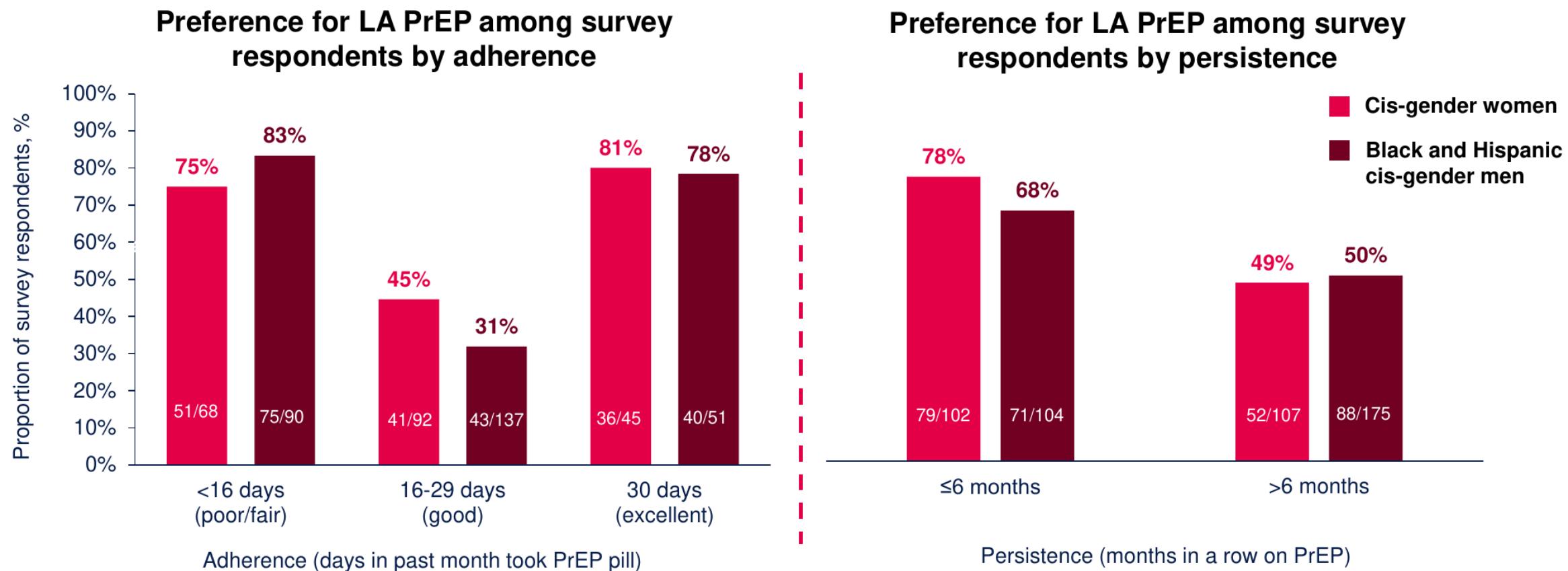
Adapted from Poteat T, et al. IAS 2023. Poster 3356

FOR REACTIVE USE ONLY

60



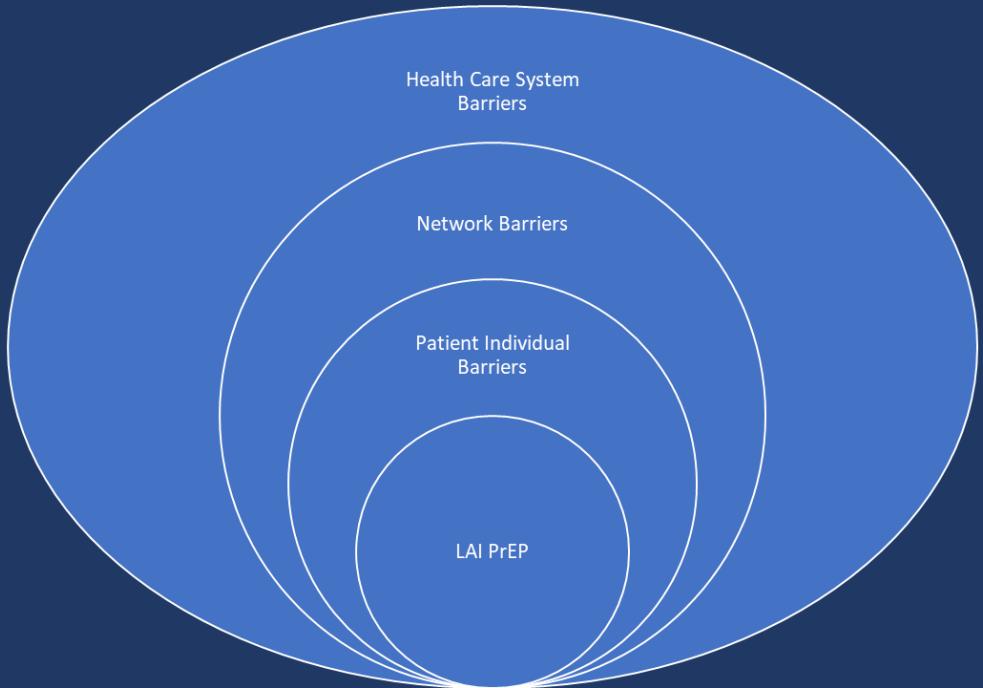
Preference for LA PrEP among cis-gender women and Black and Hispanic men taking daily oral PrEP



LA PrEP was strongly preferred over daily oral PrEP in survey respondents with poor/fair and excellent adherence and in those who were persistent with daily oral PrEP for ≤6 months



Real World Barriers

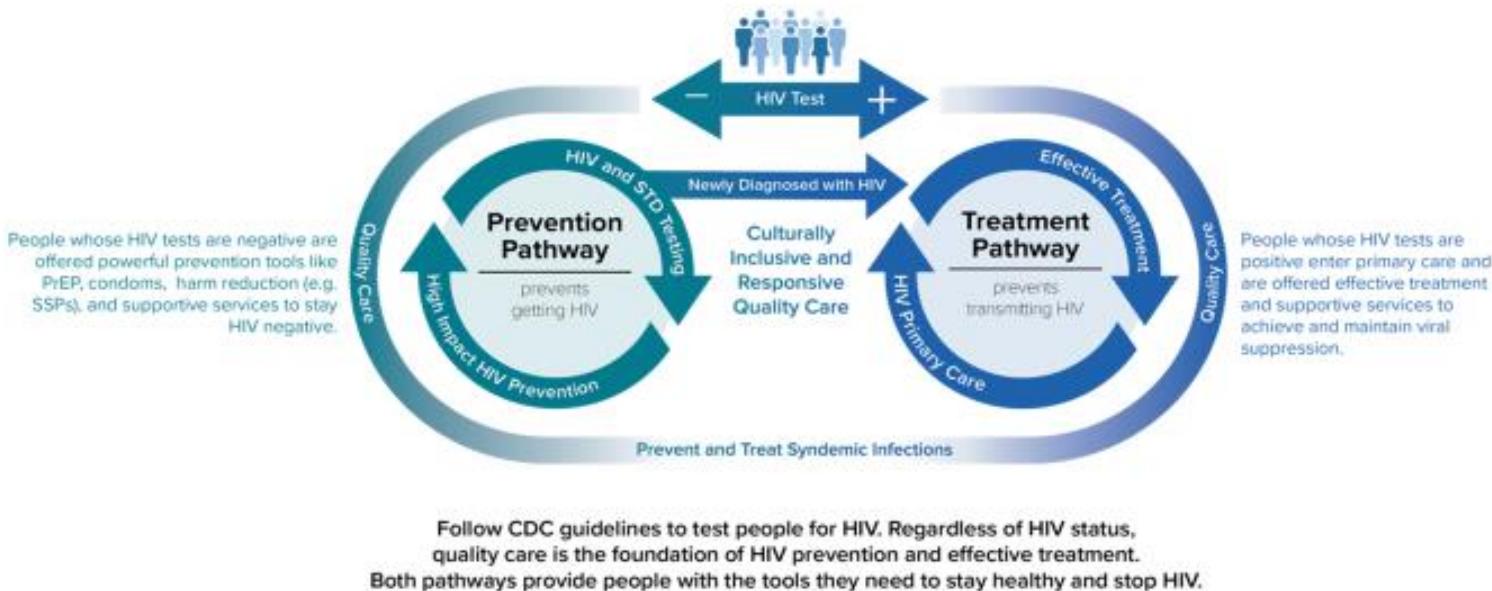


- Patient Level Barriers
 - Stigma
 - Perception of Risk of HIV acquisition
 - Knowledge Re LAI
 - Exchanging 90d for 60d
 - Exchanging Telehealth for In Office
- Network Barriers
 - Insurance Coverage (generic vs new medication)
 - Provider Reimbursements
 - Hidden Costs: Labs, Copays
- Health Care System Barriers
 - Knowledgeable and Willing Providers
 - Workflow Concerns

My Strategy: Applying Evidence to Real World Clinical Care.

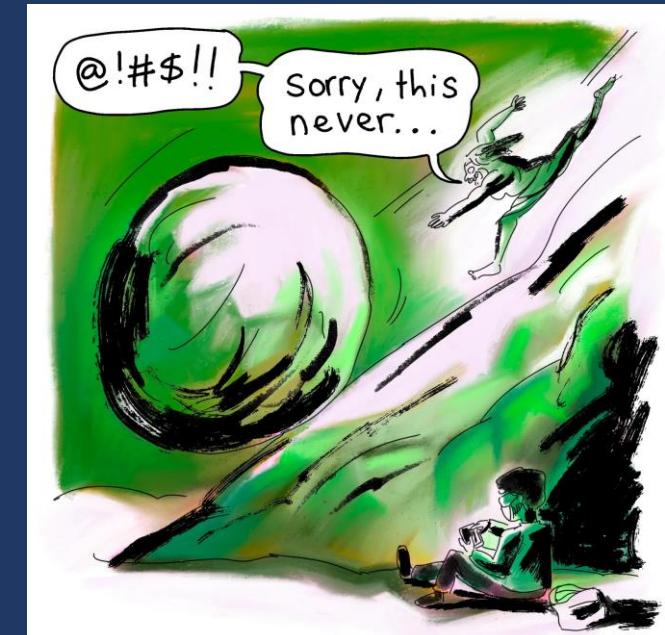
Possible Solution

Status Neutral HIV Prevention and Care



Building Trust

- Organic
- You have to be vested
- You have to be accountable
- You and your patients must recognize that you are human
- You must be willing to apologize
- Use your home training



Trusted and Willing Messengers!



- 1st Step: Office/ Clinic
- 2nd Step: Front Office Staff
- 3rd Step: Patient Provider Interaction
- 4th Step: Understand Why the Patient is there.
- 5th Step: Create Recurrent Touchstones
 - U.C. Visits → Annual Visit Conversion
 - PrEP Visits → Annual Visit Conversions
 - Consent to increase PrEP labs to annual labs
- 6th Step: Prepare to take a Financial Hit
 - Patient insurance changes; non reimbursable action items



- New Medication- New Molecule
- Injection
- Unclear how long last in body
- Apretude is FDA approved INSTI since 2021. INSTI have been around since 2017
- Injection- We can use medication to numb the surface before the injection. I will be doing the injection.
- People are different- up to 12 months or longer

W King Health Care Group
W King No PRESSURE to Change or to Start!

Conclusions

Closing the PrEP to Need Ratio racial gap between BMSM and WMSM will require:

- 1) an authentic, cultural conscious health care team vested in improving BMSM overall health;
- 2) Respecting patient autonomy and decision making;
- 3) Advocacy to improve nuances in insurances; hidden costs
- 4) Trust building

Questions?

William D. King MD JD AAHIVS
3756 Santa Rosalia Drive Suite 506
323 617 5409
drwdking@gmail.com

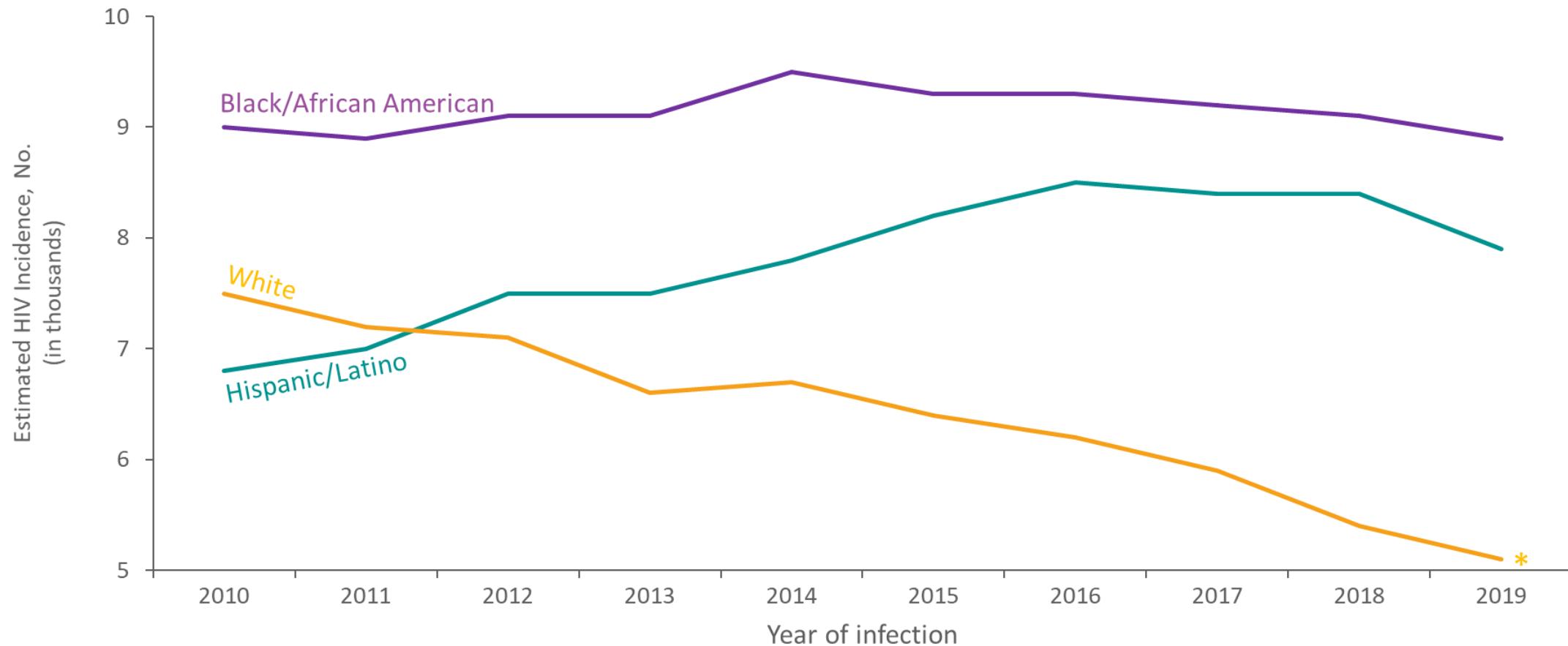
LAI PrEP for BLMSM/TW in Los Angeles

Harold Glenn San Agustin, MD, AAHIVS (he/him/his)

HIV Medical Director – JWCH Institute, Wesley Health Centers

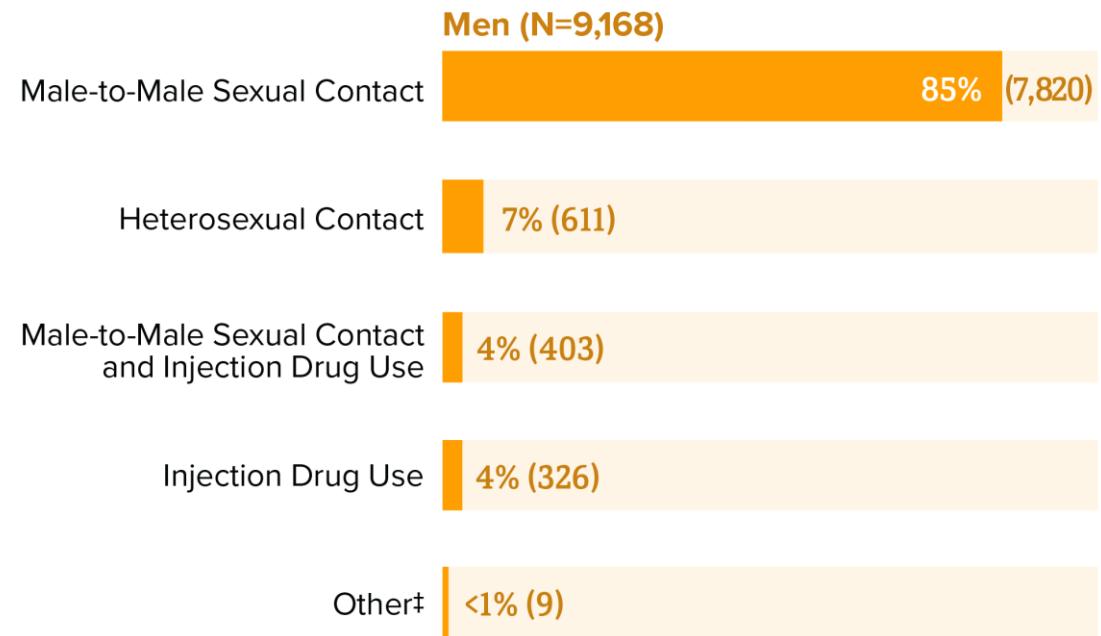
September 28, 2023

Estimated HIV Incidence among Men Who Have Sex with Men Aged ≥ 13 Years by Race/Ethnicity, 2010–2019—United States



HIV and Latino MSM

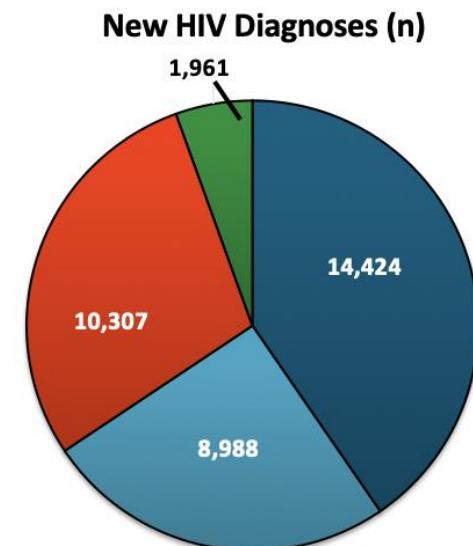
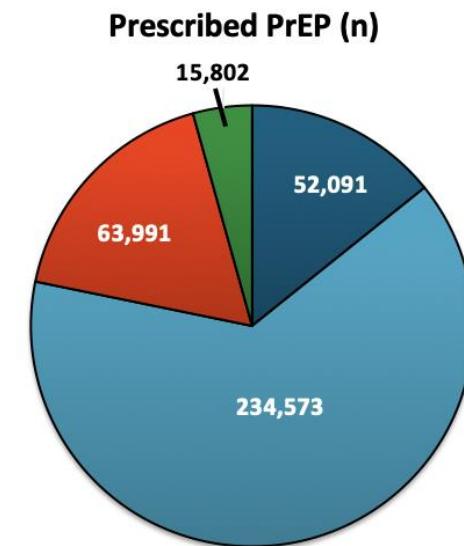
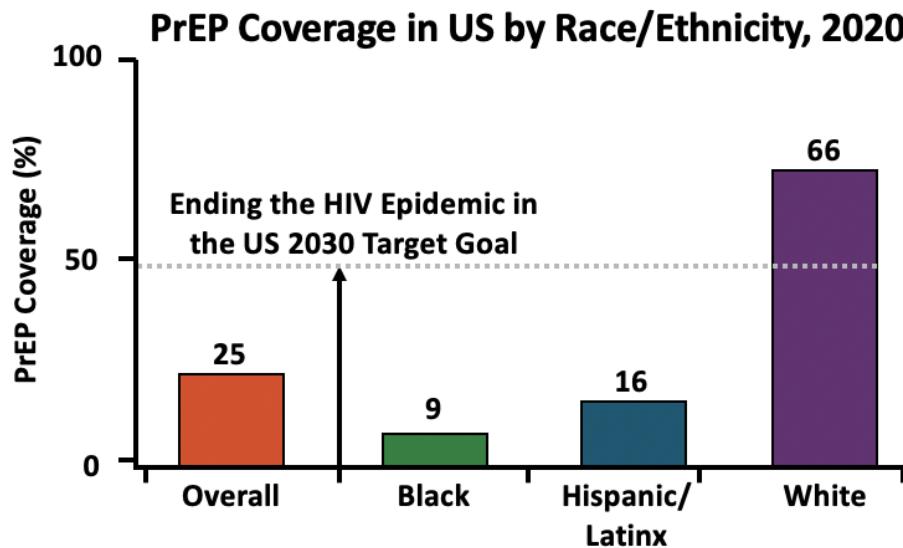
- In 2019, an estimated 1.2 million people had HIV. 294,200 were Hispanic/Latino people.
 - For every 100 Hispanic/Latino people with HIV, 84 knew their HIV status.
- Of the 35,000 estimated new HIV infections in the US in 2019, 9,168 (25%) were among Hispanic/Latino men.
 - 85% were male-to-male sexual contact
- 14% of Hispanic/Latino people who could benefit from PrEP were prescribed PrEP.
 - 23% of people overall who could benefit from PrEP were prescribed PrEP.



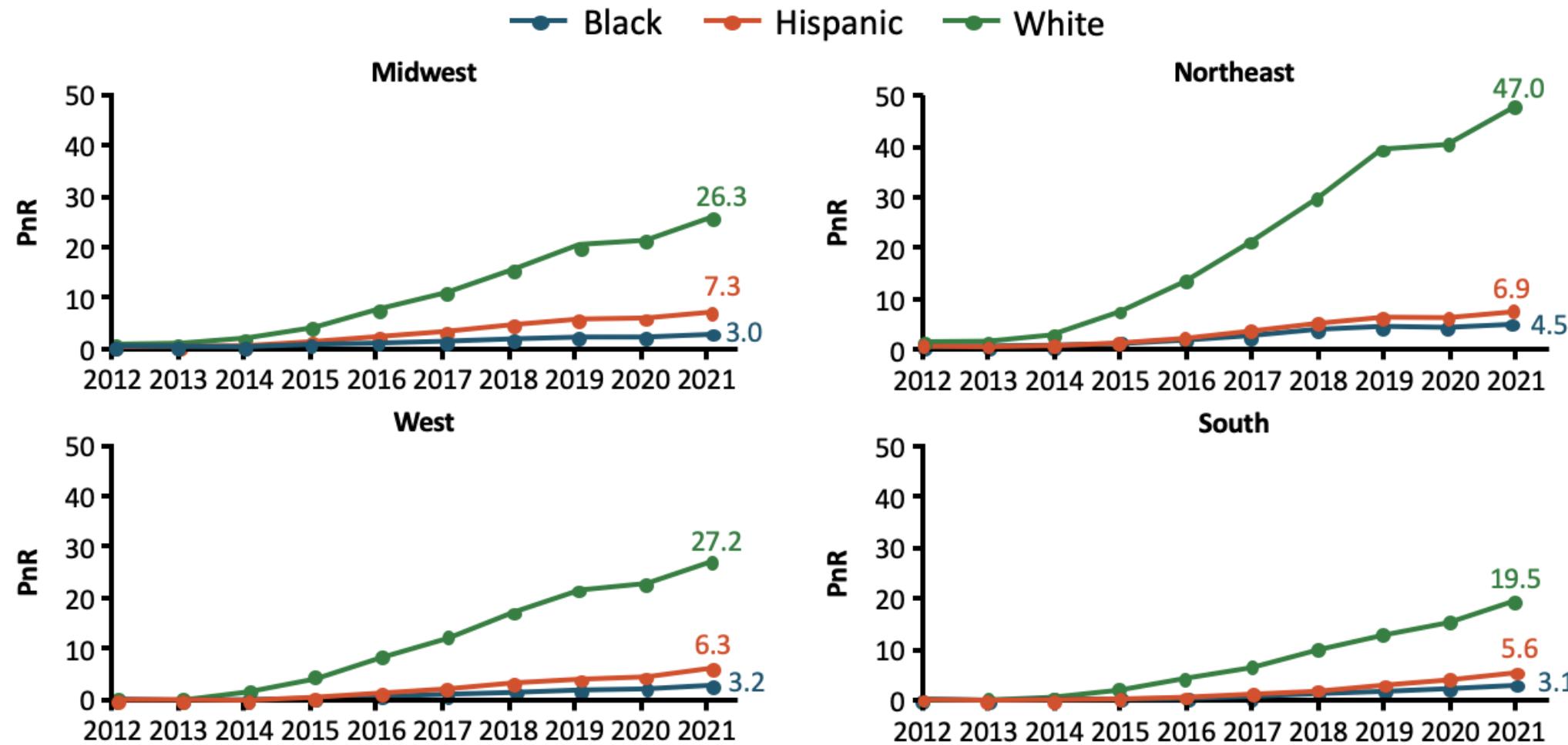
Inequities in PrEP Coverage and Uptake

Significant inequities in PrEP coverage exist based on race/ethnicity

- Low PrEP uptake in Black and Hispanic people compared to White people
- Black and Hispanic people accounted for 69.3% of new HIV diagnoses but only 31.7% of people prescribed PrEP in the US in 2021



PrEP-to-Need Ratio (PnR) by Geographic Region



PrEP Disparities in Kaiser Permanente Cohort

Characteristic	PrEP Status, HR (95% CI)		
	Prescription	Initiation	Discontinuation
Age, yr			
▪ 18-25	1 [Reference]	1 [Reference]	1 [Reference]
▪ 26-35	1.33 (1.26-1.41)	1.04 (0.98-1.10)	0.63 (0.58-0.69)
▪ 36-45	1.41 (1.33-1.50)	1.10 (1.03-1.17)	0.52 (0.46-0.58)
▪ >45	1.21 (1.14-1.29)	1.09 (1.02-1.16)	0.46 (0.42-0.52)
Race and ethnicity			
▪ White	1 [Reference]	1 [Reference]	1 [Reference]
▪ Latino/a	0.88 (0.84-0.93)	0.90 (0.86-0.95)	1.33 (1.22-1.46)
▪ Asian	0.96 (0.91-1.02)	1.06 (1.00-1.12)	1.06 (0.96-1.18)
▪ Black	0.74 (0.69-0.81)	0.87 (0.80-0.95)	1.36 (1.17-1.57)
▪ Other/unknown	0.91 (0.84-0.97)	1.03 (0.95-1.11)	1.19 (1.04-1.36)
Women	0.56 (0.50-0.62)	0.71 (0.64-0.80)	1.99 (1.67-2.38)

**Age 18-25 vs older groups,
Black and Latino/a vs White,
women vs men were:**

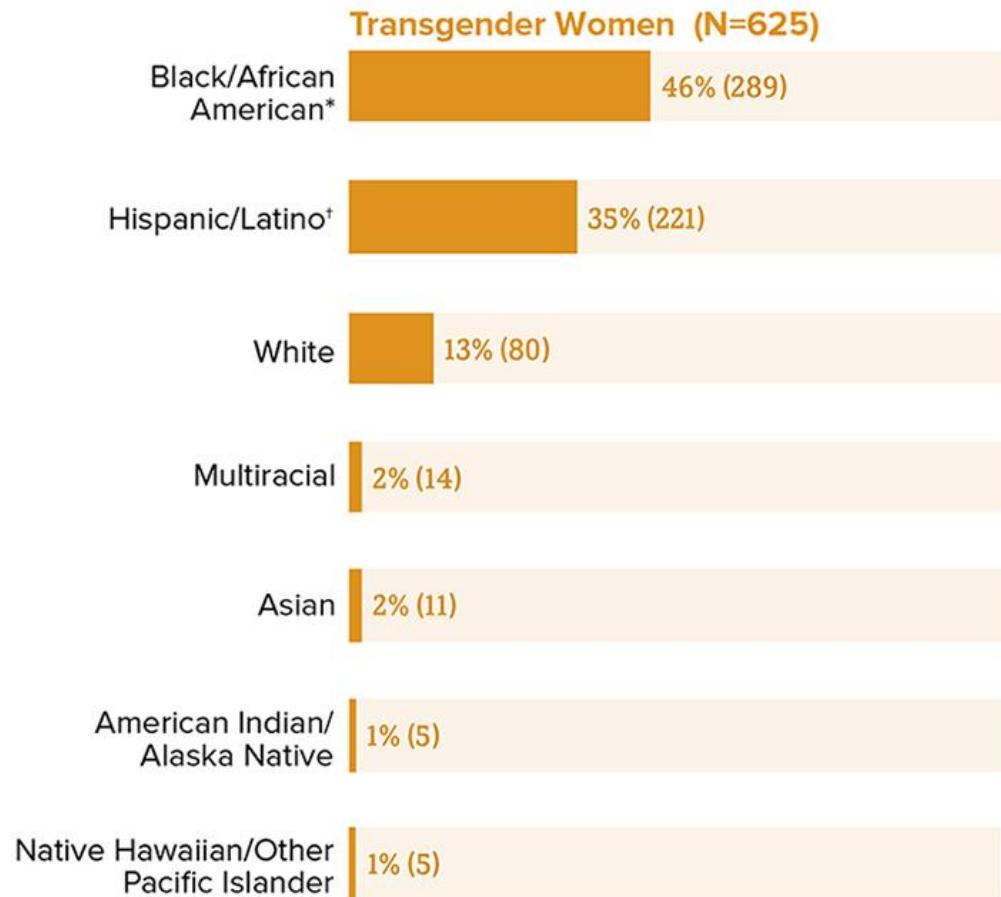
- **Less likely** to be prescribed PrEP
- **Less likely** to initiate PrEP
- **More likely** to discontinue PrEP

HIV and Latino MSM – Prevention Challenges

- Racism, discrimination, HIV stigma, and homophobia
- Poverty, lower educational level, and language barriers lead to decreased access to HIV and STI testing, treatment, and prevention services.
 - Not knowing positive HIV status increases forward transmission of HIV
 - Other sexually transmitted infections increases risk of HIV
- Immigration status
 - Some may not seek HIV testing, treatment, and prevention services due to fear of disclosing their immigration status.
- Mistrust of the health care system
 - Lower levels of trust can reduce the likelihood of clinic visits and result in lower use of and adherence to antiretroviral medications.

HIV and Transgender Women

- TGW are disproportionately affected by HIV.**
 - Estimated HIV prevalence 14% in TGW and 44% in Black TGW.
- 96% reported ever being tested for HIV
 - 82% reported being tested in the last 12mo
- High PrEP awareness but low utilization.**
 - 92% were aware of PrEP. 32% used PrEP.
- Of the 35,000 estimated new HIV infections in the US in 2019, 625 (2%) were among TGW:
 - 46% Black/African American
 - 35% Hispanic/Latino



Barriers to PrEP Uptake in Transgender Women

Individual Factors	Interpersonal and Community Factors	Structural Factors
<ul style="list-style-type: none">▪ Cost concerns▪ Mental health concerns▪ Substance use▪ PrEP adverse events▪ FHT interaction	<ul style="list-style-type: none">▪ Romantic partner influence▪ Patient–provider communication▪ Stigma▪ Negative community opinions▪ Negative experiences in healthcare settings	<ul style="list-style-type: none">▪ Employment▪ Transportation▪ Housing security

HIV and Transgender Women – Prevention Challenges



- Transphobic discrimination (transphobia)
- HIV stigma may prevent transgender people from learning their HIV status.
- Racism and discrimination may increase HIV risk-related behaviors and lead to health disparities in HIV.
- Transgender and other gender minority youth may be less likely to engage in HIV prevention and treatment services.
- Multilevel interventions for transgender people may be needed to address disparities.
- Unmet need for gender affirmation, including gender affirming hormone therapy, may impact or delay HIV treatment.

Addressing PrEP Concerns and Misconceptions

Daily oral PrEP	<p>“It’s toxic and causes issues with your kidneys and bones”</p> <p>“It causes weight gain”</p>
On-demand oral PrEP	<p>“It’s less effective”</p> <p>“It’s more difficult to prescribe and monitor”</p> <p>“Patients won’t take it properly”</p> <p>“Patients won’t be able to always anticipate when they will have sex”</p>
Injectable PrEP	<p>“It’s difficult to get”</p> <p>“It can’t be used in patients that get implants and fillers”</p>
Any PrEP option	<p>“It will interact with my hormone therapy”</p>

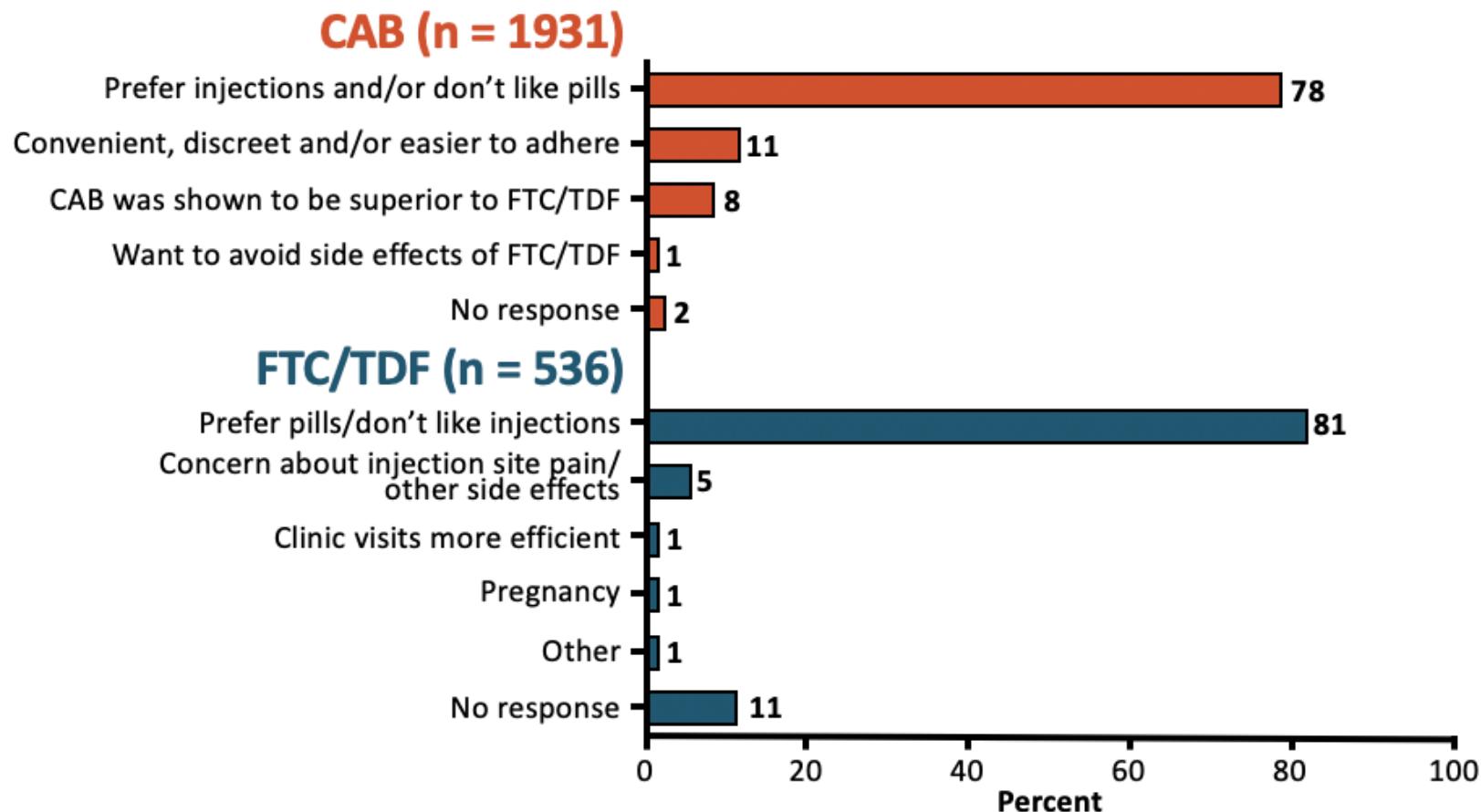
Patient Experience with LAI PrEP

- LMSM patient previously unable to tolerate oral PrEP (both TDF/FTC and TAF/FTC) due to side effects (nausea/vomiting), now protected by using LAI PrEP.
- Some TGW would like to be on LAI PrEP but cannot adhere to clinic appointments due to commercial sex work (sporadic availability, extended travel, etc.).
- **Survey results:**

Likes	Dislikes
“No pills, no stomach pain”	“Needles and strict appointments”
“Not forgetting to take tablets anymore”	“The possibility of skipping an appointment”
“Prevention from HIV”	“Discomfort with needles”
“Long-lasting, no side effects”	“The potential costs”
“Comfort in knowing I’m a ton safer from getting HIV”	“The 2-day soreness”
“Convenience”	“Injection/needle”
“Easy, worriless, manageable”	“None”
“Convenient, long-lasting, effective”	“It hurts for ten days, and gap while international travel”

HPTN 084 Open-Label Extension: Product Choice

78% of participants chose LAI-CAB over daily oral TDF/FTC



Is LAI PrEP the Solution?

Prevention Challenges Latino MSM	Prevention Challenges TGW	LAI-PrEP
HIV Stigma, discrimination	HIV Stigma, discrimination	<i>"Convenient, long-lasting, effective"</i>
Racism, homophobia	Racism, transphobia	Discreet
Decreased access to testing, treatment, and prevention services	Decreased engagement to testing, treatment, and prevention services	Convenient, easier for adherence <i>"Not forgetting to take tablets"</i> <i>"Easy, worriless, manageable"</i>
Medical mistrust	Medical mistrust	Data shows CAB is superior to TDF/FTC <i>"No pills" / "No side effects"</i>
Immigration status	Unmet need for gender affirming care	Preference for injections , visits can be coupled with GAHT hormone injections

How to Address Inequities in PrEP Uptake

- ✓ Community-based education to raise awareness, combat implicit and unconscious bias, and instill trust in healthcare system
- ✓ More Black HCPs as trusted community sources of knowledge
- ✓ Address unfounded beliefs about risk compensation that feed reluctance to PrEP
- ✓ Positive messaging to patients via social networks and social media to improve knowledge and attitudes and reduce stigma
- ✓ Support prevention messages for HIV and STIs through monitoring and testing

Implementing LAI PrEP with Black and Latino/a MSM and Transgender women: Practical Considerations

Christine Gutierrez, FNP, RN, MSN, MEd
PreP/PEP/STI Practitioner

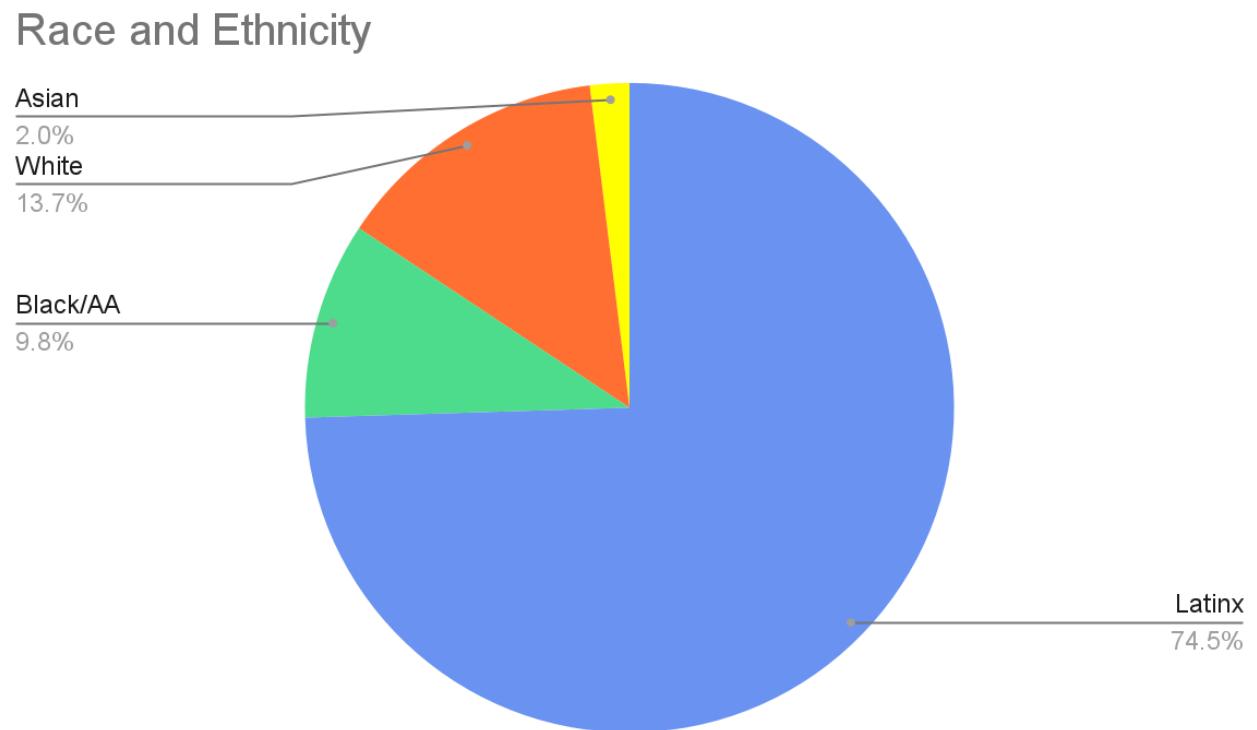
Alejandra Campos (She/Ella)
Biomedical Prevention Coordinator

About CARE Center

- Founded at the rise of the AIDS Crisis in 1986
- CARE is the largest provider of HIV Services in Long Beach, CA and surrounding areas
- HIV prevention: PrEP and PEP services
 - **LAI Implementation: February 2022**

LAI PrEP at CARE Center

- Total Active Patients: 51
- Latinx: 38
- Black/AA: 5
- White: 7
- Asian: 1



LAI PrEP Implementation

- Address common questions and concerns (side effects, efficacy, etc.)
- Assess whether LAI PrEP dosing schedule fits into their lifestyle
 - Injection appointments scheduled every 2 months
 - Ensure commitment from patient
- Implementation not immediate
 - Approval including prior auths
 - benefits verification
 - Patient assistant enrollment

LAI PrEP Implementation

- Initiating LAI PrEP if ON oral PrEP
 - labs and injection same day
 - advise patient to continue oral prep until day prior to injection appointment
- Initiating LAI PrEP if NOT on oral PrEP
 - HIV test result within 7 days
 - Advise patient on abstaining from unprotected sex until injection date

Practical Considerations

● Uninsured

- Enroll into ViiV Patient Assistance Program via Enrollment Form online or via fax and allow ~2 weeks for processing
- Usually sent to Alliance Rx Walgreens

● Insured

- Complete Enrollment Form and fax to ViiV for benefits verification and enroll into co-pay card (\$7,850 each calendar year)
- Determine if insurance will cover Apretude under medical or pharmacy benefit or under buy and bill
- Identify specialty pharmacy associated with coverage from insurance
- Utilize ViiV representative to expedite process

● Medi-Cal

- Speciality pharmacy
 - Establish agreement to coordinate and arrange pick up or delivery of rx
- Obtain authorization for injection (~2 weeks)

ViiVCONNECT.COM • PHONE: 1-844-588-3288 • FAX: 1-844-208-7676
APRETUDE (cabotegravir) ENROLLMENT FORM
ViiVConnect provides comprehensive information on access and coverage to help Patients get their prescribed ViiV Healthcare medications.

Check this box if you only need benefits verification

THE FOLLOWING INFORMATION SHOULD BE FILLED OUT BY THE PATIENT

1. Patient Information (REQUIRED)

First Name	M.I.	Last Name	D.O.B. (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Gender Identity
Street Address	Apt./Bldg./Fl.	City	State	ZIP Code	Phone #
Email <input type="checkbox"/> Request Spanish-language materials					

! PATIENT AUTHORIZATION AND RELEASE (SIGNATURE REQUIRED)

A I authorize ViiVConnect to provide me with information on my benefits and other communications that contain reference to ViiVConnect through the following: Any Phone Text Email Mail

B If I am unavailable when contacted, I authorize ViiVConnect to leave a voicemail with the Access Coordinator's name, a reference to ViiVConnect, and a call back phone number. Yes No

If I do not authorize ViiVConnect to leave a voicemail with the Access Coordinator's name, a reference to ViiVConnect, and a call back phone number, I will be responsible for contacting ViiVConnect.

Please read the Patient Authorization and Release, then sign below. If the Patient is under 18 years of age, provide Caregiver information and signature.

Patient Name (Please print) REQUIRED	Patient Signature REQUIRED	Date REQUIRED
Caregiver Name (Please print)	Caregiver Signature	Relationship to Patient
		Date

MARKETING AUTHORIZATION AND RELEASE (Optional)
I request and authorize ViiV or companies working for or with ViiV to contact me for marketing purposes, including providing me with information about my medication, refill reminders, surveys, and other information and alerts that ViiV believes may be of interest to me (and some of which may be sent directly to my phone). ViiV will not sell or transfer your name, address, or email address to any other party for their marketing use. For additional information regarding how ViiV Healthcare handles your information, please see our privacy notice at <https://viivhealthcare.com/en-us/privacy-notice/>

Patient or Caregiver Name (Please print)	Patient or Caregiver Signature	Date
--	--------------------------------	------

! PATIENT AUTHORIZATION AND RELEASE

I understand that I must complete and sign this Enrollment Form before I can participate in ViiVConnect. I also understand that ViiV Healthcare Company and any other companies that ViiV Healthcare Company uses (collectively, "ViiV") need to receive, use and disclose my personal information for ViiVConnect to provide services to me.

Information that will be used and disclosed: My personal information, such as my name, address, date of birth, insurance information, financial information, medications, prescriptions, medical information, and any other information contained in this Enrollment Form.

Persons and entities authorized to use and disclose my personal information: I authorize my

Commercial Insurance:

Buy and Bill	Pharmacy Benefit	Medical Benefit
<ul style="list-style-type: none">• <u>CARE Center does not buy and bill for Apretude</u>• Under this model, a clinic will use their funds to buy LAI PrEP and submit a claim to the insurance company for reimbursement	<ul style="list-style-type: none">• Licensed specialty pharmacy can process the Rx and receive payment for it immediately• Medical Mall Pharmacy is a specialty pharmacy that can process all managed/straight Medi-Cal LAI PrEP Rxs via pharmacy benefit with \$0 co-pay and no Prior Authorization required	<ul style="list-style-type: none">• Some insurance companies cover LAI PrEP under Medical Benefit and allow a specialty pharmacy to fill Rx• Specialty pharmacies include:<ul style="list-style-type: none">• Genoa Specialty Pharmacy• Accredo Specialty Pharmacy• CVS Specialty Pharmacy• Alliance Rx Walgreens

Practical Considerations: Shipments

- Arrange shipment to clinic where injection will be administered
 - Choice to be sent to patient's home.
- Some pharmacies ship automatically
- Some pharmacies must be contacted by clinic to arrange shipment prior to appointment
- Arrange shipment to arrive 1- 2 weeks prior appointment date
- Medi-Cal patients: Clinic to make shipping arrangement with selected specialty pharmacy

Practical Considerations: Labs

- Labs must be completed within 7 days of injection
- Some labs require appointments or take walk-ins
- Insurance determines which lab appropriate (Quest, Labcorp, etc.)
- Print future lab orders
- Labs to be completed prior to injection appointment

Everybody deserves CARE.

The CARE Center



Dignity Health.[®]
St. Mary Medical Center



Contact:

Christine Gutierrez, FNP, RN, MSN, MEd
christine.gutierrez3@commonspirit.org

Alejandra Campos, Biomedical Prevention Coordinator
alejandra.camposgonzalez@commonspirit.org

Evaluation Time!!

- We entered a link to complete an **anonymous evaluation** of today's community workshop in the chat.
- Once you submit your evaluation, you will be redirected to another form to enter our raffle for an opportunity to win one of three \$50 electronic gift cards.
- The raffle winners will each receive an email with a link to their gift card on Friday, October 6, 2023.
- **Please stay on the line with us as you complete your evaluation** – we'll end the session with a few closing remarks at 11:28 AM.

Closing Remarks

- Thank you for attending this LAI PrEP community workshop.
- We will be offering additional workshops over the next 12 months.
- Tentative topics for future workshops include:
 - Conversations with leaders of community organizations serving Latino/a and Black MSM and transgender women about the use of LAI PrEP.
 - Your suggestions!

Thank you!

For more information on the ***Equitable Injectable PrEP in LAC Initiative***, or to hear recordings of our prior workshops, please visit:

<https://chipts.ucla.edu/upcoming-events/the-equitable-injectable-prep-in-la-county-initiative/>

To be included in our listserv for future community workshops, please contact Elena Rosenberg-Carlson:

erosenberg-carlson@mednet.ucla.edu