



EAST SIDE PLAYA LARGA FINAL REPORT

PrEP and PEP Workshop

In collaboration with:
The Long Beach Department of Health
and Human Services and
St. Mary's Medical Center Dignity
Health

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May 5th, 2021

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Dear Everardo Alvizo,

Team East Side Playa Larga is pleased to enclose our final report for the PrEP and PEP Workshop. This final report is a culmination of the nine months in which our team was engaged with the 90813 community, developing partnerships with you as well as St. Mary's Dignity Health. This report will include the development, implementation, and evaluation of the project that we created with your help.

The purpose of the final report is to provide a reference to establish and sustain engagement among service providers within the community in order to further work towards ending the HIV epidemic. The information provided can also be utilized should you chose to replicate the PrEP and PEP Workshop or in the creation of future workshops.

Team East Side Playa Larga would like to extend our deepest gratitude to you for your time and involvement in the project.

Sincerely,

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Executive Summary

Abstract

The objective of the Pre-exposure Prophylaxis and Post-Exposure Prophylaxis (PrEP and PEP) workshop was to increase awareness of HIV prevention among service providers serving underserved residents in the 90813 zip code. A virtual PrEP and PEP workshop was developed in collaboration with the Long Beach Health Department as a response to the need to reduce the number of new HIV cases in Long Beach. The workshop included a panel of service providers within the 90813 community as well as providers from the surrounding communities. The workshop also included a list of community resources that were available for all participants. The service providers that attended the workshop were recruited via phone calls from the list of providers that was given to us by Everardo Alvizo, HIV/STD Strategic Implementation Specialist from the Long Beach Department of Human Health Services. The aims of the workshop were to increase service providers' awareness and knowledge of PrEP and PEP, including resources that they can provide to their patients. The skills outcome was that 50% of participants felt more equipped to discuss PrEP and PEP with their patients. As a result of the implemented virtual workshop, the service providers who attended demonstrated an increase in awareness of PrEP and PEP as an HIV prevention treatment option and resource available. As a result of the workshop, 75% of participants will start referring patients to receive PrEP and PEP. Even though there were multiple attempts to recruit different service providers in the 90813, there were still some providers that were not interested and not participating in the workshop. The implications on social challenges were the lack of knowledge of PrEP and PEP and the lack of interest in learning of the benefits PrEP and PEP can provide to clients/patients.

Social Challenges

In assessing the challenges of the 90813 area code, it was observed that there was a lack of resources available to those who were at risk of being exposed to HIV and who were already exposed to HIV. One of the strengths and challenges that were identified in the 90813 zip code were the diversity of this community. The challenge assessed the disproportionate rate of HIV among those who were experiencing homelessness or who were at risk of becoming homeless. With Biomedical HIV prevention tools such as PrEP and PEP, the rates of HIV among the homeless community are alarming. Hence, an educational workshop offered to a broad range of service providers in the Long Beach area was deemed necessary and advocated by the Long Beach Health Department HIV and their HIV/STD Strategic Implementation Specialist. A need of participation and engagement from the service providers are identified. It is important for the service providers such as doctors, nurses, pharmacists and case managers that work closely with the patient to increase awareness of PrEP and PEP resources because they are a strong asset that can provide linkage to the patients. As a result of this PrEP and PEP workshop, we expect service providers to feel more comfortable providing referrals to their patients regarding PrEP and PEP resources to reduce the rate of HIV infections within underserved individuals.

Targeted Population and Community

The targeted population for this project is the underserved community residents in Long Beach 90813 zip code. Within the 90813 zip code, there are diverse ethnicities that consist of White, (51.7%) followed by Hispanic or Latino origin (65.2%), Asian (12.9%), Black or African Americans (12.4%), and lastly other races (16.9%).

According to the STD/HIV Surveillance Annual Report 2018, as of December 31, 2018, there were approximately 4, 319 Long Beach residents diagnosed and living with HIV (LBDHHS, 2021). Although the number of new diagnoses has dropped compared to previous years, the rate of new infections in Long Beach is about 21 per 100,000 individuals. With Whites being at 37%, Latinx at 35%, African Americans at 20%, and Asians/Pacific Islander at 4%. Furthermore, 85 % of the newly diagnosed with HIV were male, 35% Latinx, and 32% were between the ages of 30-39 years of age (LBDHHS, 2021). Source of transmission was categorized as MSM with 73% (LBDHHS, 2021).

In addition to HIV, STD's have greatly impacted the city of Long Beach especially in the 90813 community. According to the Surveillance Report of 2018, 90813 community rates consist of Chlamydia being at 660 per every 100,000 individuals with 60% being men and 40 % women. Gonorrhea consists of 474 per every 100,000 with 71% being men and 29% women. Finally, Early Syphilis is at 98 per every 100,000 with 83% men and 11% women (LBDHHS, 2021). Based on these statistics, it would be crucial and beneficial for service providers and the underserved community residents to have an understanding and knowledge of the Prep and PEP resources that are available in the 90813 community which allow the community resident to seek medical treatment as early as possible.

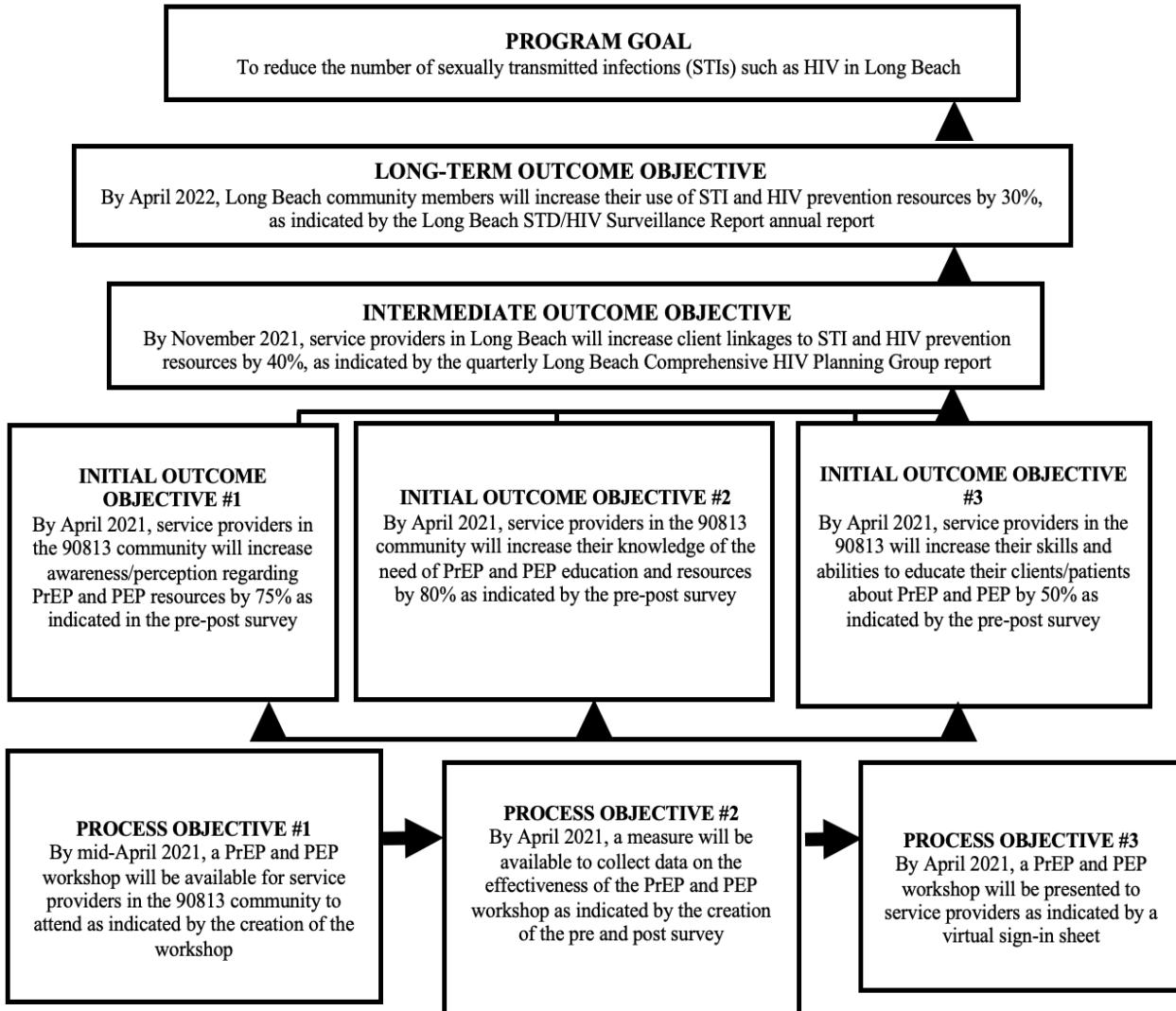
The city of Long Beach is currently addressing this social problem by providing HIV/STD testing and treatment in their local clinics. Based on the official Long Beach City website, the number of estimated HIV/STD services providers are about 4-5 clinics within the 90813 area, including a mobile clinic that serves the city of Long Beach (Long Beach, 2021). The main clinics consist of Long Beach Health Center, The CARE CENTER-St. Mary Medical Hospital, Main Health and Human Services Facility, North Facilities Center, and Multi-Service Center for the Homeless. With the PrEP and PEP workshop there will be more service providers in the 90813 zip code that are aware of the PrEP and PEP resources and start to refer their patients (Long Beach, 2021).

Partner Agency

The PrEP and PEP workshop was created in collaboration with Everardo Alvizo, LCSW, Strategic Implementation Specialist with Long Beach Department of Health and Human Services (LBDHHS) and Luciano Dumonde, PrEP and PEP Navigator with St. Mary Medical Hospital-Dignity Health. With the support of LBDHHS and Dignity Health as the key leaders this project

was able to be implemented and work towards HIV disparities in the Long Beach community. LBDHHS served as the contact point to connect with other service providers in need of this information. East Side Playa Larga helped with furthering the goal of the department.

Program Diagram Figure



Recommendations

It is recommended for the Long Beach Health and Human Services HIV/STD Strategic Implementation Specialist to continue to collaborate with local service providers in the 90813 zip code as an intervention to increase the dissemination of PrEP and PEP information to reduce the rate of HIV positive cases, a strategic goal of their department. Furthermore, there should be more PrEP and PEP workshops or meetings to maintain the connection between the service providers and the PrEP and PEP collaborative workforces. It is also recommended to keep up to date with new research and any new resources that might benefit community residents. Lastly, it is recommended to have the PrEP and PEP workshop in different languages, such as Spanish and Khmer, in order to make it easier for all providers and their staff to bridge the cultural gap in providing their patients with resources.

Project Background and Project Development

Demographics and Prevalence

Direct observations were made to have a better understanding of the 90813 community, specifically the physical characteristics and the environment of the community. According to the U.S. Census Bureau, in the 2018 American Community Survey (ACS; 2018), there is a total population of 59,000 residents residing in the 90813 zip code. The highest age group ranged from 24-44 years (accounting for 30.9% of the population) and the lowest age range for the residents that reside in the 90813 zip code is 85 years and over (0.6%). Furthermore, the median age of residents in the 90813 community is 29.1 (US Census Bureau, 2018). Females make up 50.3% of the population, while males make up 49.7%. The largest ethnicity is White (51.7%), followed by Hispanic or Latino origin (65.2%), Asian (12.9%), Black or African Americans (12.4%), and lastly other races (16.9%). The median household income is \$36,075, which is \$4,347 more than the overall income in Long Beach, which is \$31,728 (US Census Bureau, 2018). These demographic statistics of the 90813 zip code give a more precise interpretation of the city's population.

Relevant Issues In 90813 Community

This project discusses HIV and homelessness, both of which are relevant issues in the 90813 community. According to research being conducted by Long Beach community news source “The Grunion” it is said that the homeless population has increased by 7% in the year of 2020 compared to 2019 (Munguia, 2020). Homelessness makes it difficult to achieve personal development. According to Maslow’s hierarchy of needs, it is very important for individuals to attain basic physiological needs such as food, shelter, sleep, and clothing (Henwood et al., 2015). Without having the physiological needs met, the individual cannot move to the next stage of

needs in the hierarchy, which are safety, love and belonging, esteem, and self-actualization (Henwood et al., 2015). In addition, homelessness can have a huge impact on an individual's ethnocultural development. There is still on-going racial disparity in the U.S. such as race, ethnicity, and homelessness, which connects in many ways. When asked how these individuals became homeless, according to "The Grunion", 35% was due to loss of income and loss of employment. A 15% of individuals reported having lost their housing due to a lack of resources and could no longer afford their rent. The last 18-19% were homeless due to mental health illness and/or substance abuse, and some were victims of domestic violence who felt the need to run from their aggressor and felt safer staying in the streets than at home (Munguia, 2020). In addition, the LGBTQ population that experiences homelessness also encounters other barriers that lead them to health issues such as HIV/STD (Keuroghlian et al., 2014).

The LGBTQ population are at a higher risk of homelessness (Roades et al., 2018). According to Poteat et al., (2015) current research suggests that there is 19.1% transgender women that experience HIV worldwide compared with the adult population. The 19.1 % in transgender women indicate that they are significantly more prone to getting a HIV/STD. One of the factors that play a role in getting HIV/STD is having no choice but to become a sex worker to make ends meet.

Gap in Services, Resources, and Interventions

Based on the community assessment, our group found that there was a gap in services, resources, and interventions. The gap in services was found in efforts to bring awareness about PrEP and PEP. The Long Beach Department of Health and Human Services are providing resources to the community. However, there is still a lack of awareness and language barriers that prevent service providers from administering and referring patients to PrEP and PEP. Furthermore, during the project implementation we, as a group, had a challenging time reaching

out to doctors, nurses, pharmacists, and other agencies. Our goal was to spread awareness so these medical professionals can refer their clients to PrEP and PEP resources. When outreaching, the majority of the service providers did not understand what PrEP and PEP are, or they had never heard it.

Project Description

Description and Goals

Our group, Eastside Playa Larga, developed a PrEP and PEP workshop to expand awareness about these resources among the service providers in the 90813 zip code, and thus reduce the number of sexually transmitted infections (STIs), specifically HIV infections, in the area. The long-term outcome objective is that by April 2022 an increase of 30% of 90813 service providers will utilize STIs and HIV prevention resources available to them and the community. Eastside Playa Larga's process objective one was that, by mid-April, 2021, a recorded PrEP and PEP workshop will be available to the service providers in the 90813 community. Service providers will gain knowledge about PrEP and PEP as an HIV and STI treatment option. Before and after viewing the workshop, service providers were asked to complete a pre- and post-survey to measure their knowledge and awareness regarding PrEP and PEP resources in the community. Process objective two, completed by April 2021, was that the pre- and post-survey will be collected from the service providers and analyzed to measure the effectiveness of the PrEP and PEP workshop. The survey also assessed the service providers' ability to screen for HIV, share information about PrEP and PEP prevention resources (or provide appropriate referrals to these resources), and administer treatment for HIV infection. Our group's last process objective, completed by April 2021, was that the presentation will be available to the 90813 service providers for future reference. This presentation can be used as a training tool to help

community members to utilize HIV resources and help providers to administer PrEP and PEP and to test for HIV/STI infection.

Target population

The goal of the PrEP and PEP workshop was to target the primary beneficiaries, which include service providers such as doctors, nurses, pharmacists, and mental health providers in the 90813 community. The service providers play an important role in the development and implementation of the project through increased awareness of PrEP and PEP and increased knowledge of the community and its available resources. Furthermore, service providers can help their patients to have a better understanding of PrEP and PEP as an HIV intervention and show patients how they can benefit from PrEP and PEP as treatment options. The secondary beneficiary are the community residents who are at a high risk of HIV and STI infection. The benefit for the secondary beneficiary is to increase the accessibility of resources available such as PrEP and PEP when needed and improve the mental health and physical health outcomes of residents within the 90813 zip-code by giving them access to resources through providers they encounter. Lastly, the tertiary beneficiary is the Long Beach community as a whole. The Long Beach community will benefit from lower numbers of new HIV cases in Long Beach, improving the overall health of the community, and increasing the community's knowledge of and access to STI/HIV resources.

Collaborative Community Partners

To be able to develop and implement the PrEP and PEP workshop, Eastside Playa Larga collaborated with the Long Beach Department of Health and Human Services and Dignity Health. Both community partners already have a strong connection within PrEP and PEP monthly meetings with agencies in the community. Furthermore, both community partners are

very knowledgeable and are the experts in PrEP and PEP. However, limitations apply due to the barriers in engagement with service providers such as doctors, nurses, and pharmacists. The barriers that have been identified by the collaborative community partners are having service providers involved by administering PrEP and PEP and referring their patients to PrEP and PEP resources. Due to the limitation that was provided from the service providers, East Side Playa's overall goal was to expand awareness of PrEP and PEP in 90813

Project Implementation

The engagement and recruitment activities consisted of the East Side Playa Larga team connecting with participants by doing community outreach and gathering information from providers within the community. We also connected with Everardo Alvizo, HIV/STD Strategic Implementation Specialist from the Long Beach Department of Human Health Services in early March. In collaboration with the HIV/STD Strategic Implementation Specialist, we were able to promote the benefits of PrEP and PEP with providers.

Everardo, the HIV/STD Strategic Implementation Specialist was a key leader in the planning of the event. Specifically, the HIV/STD Strategic Implementation Specialist provided input on the panel agenda, project plans and provided a list of agencies within the Long Beach community who would benefit from attending the PrEP and PEP workshop. The workshop invitation was extended to agencies surrounding the 90813 area code to expand PrEP and PEP awareness. Prior to the workshop, we would meet with the HIV/STD Strategic Implementation Specialist on a bi-weekly basis to discuss in depth the proposed intervention and the progress of our intervention. The HIV/STD Strategic Implementation Specialist also reviewed our flyer and pre- and post- surveys prior to distributing them to the potential participants. The HIV/STD Strategic Implementation Specialist also connected us with Luciano Dumonde, a PrEP and PEP

Navigator from St. Mary's Dignity Health. The PrEP and PEP Navigator volunteered to be one of the main presenters for our workshop and provided knowledgeable information on the importance of PrEP and PEP.

We, as a group, contacted the agencies by phone as well as by email on March 1st and provided them with brief educational information on the benefits of PrEP and PEP. We followed up with the agencies with friendly reminders of the workshop via email and by phone on April 2, 2021, to let them know about a raffle of a \$25 amazon gift card as an incentive for their participation in our workshop. Together as a group, including the HIV/STD Strategic Implementation Specialist, we developed the workshop agenda and decided on a one-day 1.5-hour workshop on April 9th. We felt it would be long enough to deliver the information to the eight participants who joined our workshop. The workshop was held via Zoom due to the Covid-19 restrictions. Three days prior to the workshop, the participants were provided with the Zoom link and registration link using the Google Forms platform via email as well as access to the pre-survey.

The major milestones that came about from the workshop were a success. The workshop was delivered via Zoom and all participants who registered were present and on time, eager to learn about PrEP and PEP. Each member of the team had a specific role to make the workshop a success (see Appendix D for a detailed event agenda). We began with Claudia doing the opening introductions by introducing the team, including Everardo, the HIV/STD Strategic Implementation Specialist and Luciano, the PrEP and PEP Navigator from St. Mary's Dignity Health. The HIV/STD Strategic Implementation Specialist then introduced the topic of PrEP and PEP and what was going to be covered during the workshop. Sonia followed with sharing the purpose of the project and importance of PrEP and PEP and how beneficial it would be to

provide it to at risk individuals. Mayra then talked about the 90813 needs assessment and what we found during our research, such as the cohesiveness of the community and how they all wanted to see their community improve as well as the needs of the community. Sochetra then followed with emphasizing the risk factors the community is facing, such as lack of housing, limited healthcare and the high rate of homelessness, and how PrEP and PEP can alleviate these factors. Julie then expressed the challenges we faced in getting providers to participate due to cultural challenges, and how detrimental it is to be culturally sensitive due to their lack of knowledge regarding the PrEP and PEP and its benefits. A PowerPoint presentation was provided for participants to be able to follow along during our presentation (see Appendix F).

Following the introductions, the PrEP Navigator presented background information related to benefits on PrEP and PEP, how well does PrEP work, and how safe is PrEP. Throughout the workshop, participants provided us with insightful questions and were curious as to how they can implement the services to their agencies. The PrEP and PEP Navigator also provided open-ended questions to give participants a chance to share with the group how they plan to use PrEP and PEP with their clients/patients. Most participants were very engaging throughout the workshop and asked insightful questions.

Project Evaluation

The following section discusses the protocol for the evaluation portion of the project. These are suggested steps that future facilitators should follow to increase responses to the survey and to minimize participant confusion.

Pre- and Post-Test Survey Protocol

For future project implementation, evaluating the workshops in addition to collecting participant data is encouraged. In order to do so, a pre- and post-test survey was created and

administered to measure the knowledge, skills, perception, and satisfaction of the participants. Both of the surveys, the pre- and post-test, were created using the Google Forms platform, which is an online platform that allows the creation and administration of surveys. This allowed for both of the surveys to be administered via email to participants who expressed interest and provided the group with their email addresses after initial phone contact with them has been made. Afterwards, participants were encouraged to register for the event using the Google Forms link in order to receive the Zoom meeting information. The link also served as the pre-survey with questions to measure the participants' knowledge, skills, and perception of PrEP/PEP prior to attending the workshop. The post-survey link was administered at the conclusion of the workshop at two different times: at the end of the workshop via Zoom's chat feature, and again through email. Participants were then entered into a raffle for a \$25 Amazon gift card for their completion of the post-survey.

Once the pre- and post-test surveys were administered, participants would be able to click on the link and be taken to the Google Forms page. From there, participants can read the instructions at the top of the page on their own and answer each question accordingly. Anonymity was not guaranteed as each submission required a name and email in order to be sent the Zoom meeting information after registration. Completion of each of the surveys would take no longer than five minutes of their time. An example of the evaluation instrument is provided in Appendix I.

Analysis Plan

In order to gather data on knowledge, skills, perception, and satisfaction, both quantitative and qualitative data will be collected, which means multiple methods to analyze data

will be implemented. This section will discuss the methods and outline the processes used to analyze the data.

The first few questions in the pre-survey address the demographics of the participant and include questions such as name, email address, name of clinic they are associated with, age, and ethnicity. The following four questions are a combination of yes/no questions and short answers to measure participants' perception of PrEP/PEP and skills to administer or refer patients out to receive PrEP or PEP treatment. The last three questions in the pre-survey further measure awareness using the measurement instrument known as the Likert scale with a range of ratings from 1-5. The following ratings are assigned for each of the values: (1) Strongly Disagree (2) Disagree (3) Undecided (4) Agree (5) Strongly Agree.

The post-survey includes all of the same questions as the pre-survey, including some additional questions to better measure knowledge, skills, and satisfaction. Four additional Likert scale questions using the same ratings were added to further measure participants' perception, knowledge, and skills. The questions added were "PrEP is a pill you take every day to prevent HIV", "I am aware of where to direct my patients to receive PrEP and PEP", "I have gained useful knowledge related to PrEP and PEP", and lastly, "I feel equipped to discuss PrEP and PEP with my patients,". Descriptive statistics and frequencies generated using the Google Forms platform will be computed to measure the data based on participants' entries.

Once all participants entered their data and filled out each of the surveys, the Google Forms platform automatically generated a summary of the data using tables and charts for each of the questions. Of the 8 participants who responded to the surveys, 75% of participants initially said they do not refer patients out to receive PrEP and PEP treatment. As a result of participating in the workshop, 100% of participants stated they would start referring patients out to receive

PrEP and PEP treatment. Additionally, 75% of participants gained useful knowledge related to the topic and 50% felt equipped to discuss PrEP and PEP with their patients. Two participants shared recommendations for future implementation of the workshop, which included, “expanding workshop to populations that are at risk” and “education about this is very important, please reach out to other agencies”. These recommendations, which are elaborated on in the next section, will help to strengthen the mission and goals of this project.

Recommendations

A major strength of the project was that the team was able to connect with an already established comprehensive planning group that was working towards similar goals. With the support of the Long Beach Department of Health and Human Services (LBDHHS), the team was able to easily network with other community-based organizations and medical groups who provided the team with additional educational information, resources, and discussions regarding previous used strategies/efforts to prevent an increase of HIV/STD infections. The team was able to successfully have LBDHHS and Dignity Health be part of the group of presenters.

A limitation that the team was confronted was the lack of interest some of the service providers showed when the team attempted to reach out via phone calls and emails to introduce PrEP and PEP. Various service providers declined to provide contact information for registration purposes and others did not follow up with the registration link which initially led to low number of participants registered. Lastly, the team was unable to carry out in-person outreach due to the restrictions from the COVID 19 pandemic and many offices were not accessible to the public. The team’s only option to engage providers was via phone calls which could have led to distrust of providers towards the team that led to lower number of participants.

Our project resulted in several implications. First it was noted that after the completion of

the PrEP and PEP workshop, service provider's level of comfort had increased and were more likely to discuss treatment options with their clients and/or linked clients to the appropriate services. Second, making the workshop accessible to diverse groups of professionals such as mental health clinics, shelters, and other social services agencies would increase the dissemination of information that can help support the reduction of new HIV cases. Finally, through this project, we found that there are still more culturally competent studies needed to reduce the stigmatization that prevents those individuals from seeking the appropriate medical attention.

Based on our outcomes, future recommendations at the micro level would be to provide culturally competent awareness workshops and/or information that can help educate individuals or families with accurate facts about HIV risks, prevention, and transmission. Tackle misconceptions and stigma to eliminate barriers of HIV prevention. This can be carried out by healthcare organizations through primary care doctors, healthcare workers or the Department of Public Health. Expand access to effective prevention services such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). At the mezzo level, invite providers in the surrounding communities to the Monthly Long Beach PrEP and PEP meetings to begin developing structural approaches on how to reduce stigma, increase accessibility of HIV prevention efforts, such as testing and preventive care, psychoeducational workshops for high-risk communities and how to provide care and support for those living with HIV. Work towards improving health outcomes by researching evidence-based programs that address social determinants of health. Finally, at the macro level, continued financial support of the Department of Health and Human Services (DHHS) from our U.S Government to nationally meet the goal of preventing transmission and infections of HIV by 75% in 5 years. Continued funding/grant

notices for innovative ideas, resources, and data tools to help reach this goal. Prompt national social marketing campaigns and utilize new technologies. This can include continued funding of PrEP and PEP and increasing awareness and accessibility to high-risk communities. Access to free testing and preventive care services to millions of Americans through the Affordable Care Act allowing expansion of coverage through Medicare or the health insurance marketplace.

Overall, the results of this applied project can help pave the way for many individuals to be informed and seek the appropriate preventative services or treatment options. By being informed, healthy and appropriate decisions can be made regarding the overall health of an individual.

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Appendix A

Glossary of Key Terms or Concepts

HIV/ STI - Human immunodeficiency viruses/sexually transmitted infections

Individual Experiencing Homelessness – A person that has no home

LGBTQ - Lesbian, gay, bisexual, transgender, and queer

LBDHHS - Long Beach Department of Health and Human Services

MSM - Men having sex with men

Pre- and Post- Survey – Data collection method in which data is gathered at a baseline and after treatment or intervention

PrEP - Pre-exposure prophylaxis

PEP - Post exposure prophylaxis

Quantitative Data – Data measured by quantity of something

Qualitative Data – Data measured by interview or focus group from first-hand observation