

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy B
- Strategy C
- Strategy J
- Strategy K
- Strategy M
- Strategy O

Staff Highlight:

OA is pleased to announce that **Yesenia Corona** has accepted a promotion to Health Program Specialist (HPS) II within the SuPER branch, where she will be working closely with staff involved in “data to services” activities, along with other duties related to report publication and acting as a liaison between surveillance and program.

Yesenia joined OA in December 2017 as a HPS I in the Surveillance Section. In this position, she worked on publishing all HIV/AIDS surveillance related reports and fact sheets ensuring all documents meet ADA compliance requirements. She coordinated with programs within the office by providing internal reports for program planning purposes. She also serves as OA liaison on the Women's sub-committee of the CPG, tasked with working on issues specific to HIV and women.

Prior to OA, Yesenia worked for the California Department of Public Health (CDPH) Licensing and Certification Program and has been with the state for over 11 years.

Yesenia received her bachelor's degree in Business Administration from California State University, Sacramento. In her free time, Yesenia loves to travel, bake, and spend time with her family including her dog, Snoopy.



Additionally, OA is pleased to announce and congratulate **Chris Kent** on his promotion to Care Housing Unit Chief. In his new role, Chris will be overseeing the Housing Opportunities for Persons with AIDS Program, the Housing Plus Project, and the Minority AIDS Initiative. We are very excited to have Chris working with the Special Programs Section!

Chris (pronouns: he, him, his) has worked at OA since January 2020. He served as an Associate



Chris

Governmental Program Analyst and HPSI in the Care Section of the Care Branch. Prior to joining OA, he worked in higher education for almost a decade at Sacramento State, serving in coordinator roles for social justice centers and mentoring programs. Chris also graduated from Sacramento State (stingers up!) with a BA and MA in History, with a focus on 20th Century US history and gender/sexuality in the US. He also served as board president and volunteer coordinator for the Lavender Library, a local Queer/Trans nonprofit, for four years. In his free time, he loves hanging out with his partner Jesus and cat Mary Jane, playing tennis, and visiting family and friends back in his hometown of Fresno.

Congratulations to both Yesenia and Chris!

HIV Awareness:

August 31 is International Overdose Awareness Day (IOAD). This day is observed to honor lives lost to overdose and reduce the stigma associated with drug-related death. IOAD

is also recognized to educate and remind people that addiction is a disease and bring awareness that overdose death is preventable.

Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications. It can be given through nasal spray (Narcan) or through auto-injector into the outer thigh. Those at risk for opioid overdose to include those taking a high-dose opioid medication, should carry naloxone.

By way of overdose awareness, education and resources, countless lives can be saved. The [Naloxone Finder](#) from the National Harm Reduction Coalition, provides location information in the community.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](#) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Monkeypox (MPXV)

OA is committed to providing updated information related to Monkeypox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>, to stay informed.

On August 2, the CDPH hosted a Monkeypox LGBTQ+ Community Stakeholder Meeting for Community Based Organizations (CBOs) serving the LGBTQ+ community, local health department

sexual health programs, and community advocates for a briefing about monkeypox in California. CDPH provided up to date information about diagnoses, vaccines, and responding to monkeypox cases. If you were unable to attend, the [webinar was recorded](#). The passcode is: As!1WhkU

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](#) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics Strategic Plan



CDPH-OA/STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in August as we review all of the community stakeholder input from our provider needs assessment, community survey and regional listening sessions. We have

reached a diversity of stakeholders including consumers, advocates, public health, and CBO staff. Thank you for your ideas about how to drill down into our **30 strategies** organized across **six social determinants of health**. Also, thanks to Facente Consulting for leading this community engagement effort.

In September we will be releasing a blueprint draft for community input based on what we learned. There will be a comment period that will last through October. Thank you in advance for reviewing this draft plan to be finalized by the end of November and submitted to the CDC and HRSA by their deadline on December 9th. Below is the [website that documents our work](#) including the draft roadmap, the recording our Statewide Town Hall, and the list of completed regional listening sessions:

- <https://tinyurl.com/CDPHStratPlan>

Ending the HIV Epidemic (EHE)

On July 18th the California Consortium, a quarterly meeting of the eight EHE-funded counties in California met to share challenges and successes about workforce development as part of the EHE initiative: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco. We learned about the Community Health Leadership Initiative being implemented in San Francisco. This initiative is aimed at making sure that the future HIV/STI/HCV workforce looks like those most impacted by the epidemic.

In August, EHE counties will attend a special training offered by the Keck School of Medicine about the Street Medicine Model to help strengthen their mobile services especially aimed and people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plan to help accelerate the end of HIV in California.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP-Assistance Program (AP)

As of July 27, 2022, there are 195 PrEP-AP enrollment sites covering 175 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 5 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 22 months, between September 1, 2020, and June 30, 2022, 3369 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 163 (61.5%) of the 265 total tests distributed.

Of individuals ordering a test in June, 34.0% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting ethnicity, 41.9% were Hispanic/Latinx, and of those reporting sexual history, 64.6% indicated 3 or more partners in the past 12 months. To date, 392 recipients have completed an anonymous follow up survey,

with 94.1% indicating they would recommend TakeMeHome® HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.7%) or having had more than one sex partner in the past 12 months (62.5%).

Strategy C: Expand Partner Services

CDPH-OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new CalREDIE disease condition called “STD/HIV Field Investigation Incident” or SHFII will be available in CalREDIE starting in August 2022. Several counties will be piloting its use, with plans to expand to all counties by the end of 2022. SHFII is not intended for use by all counties until pilot testing is complete.

SHFII can be used to document HIV field services for:

- Newly diagnosed HIV infection
- Contacts to HIV (Partner Services)
- Data to Care (D2C)
- Linkage and re-engagement in care
- Outbreak/molecular cluster

A SHFII can be linked to an HIV surveillance incident, as well as a Hepatitis C incident. Field services for both syphilis cases and co-infected Syphilis and HIV cases should continue to be documented only in the syphilis incident. OA will provide training materials and user guide to participating jurisdictions. If you have [questions on SHFII implementation](#), contact Brett AugsJoost (brett.augsjoost@cdph.ca.gov), Outbreak and Field Investigation Unit Chief.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

As of July 27, 2022, the [number of ADAP clients enrolled in each respective ADAP Insurance Program](#) are shown in the table at the top of page 6.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	334	9%	---	---	---	---	50	1%	384	10%
25 - 34	1,094	28%	2	0%	---	---	295	8%	1,391	36%
35 - 44	882	23%	---	---	3	0%	202	5%	1,087	28%
45 - 64	634	16%	1	0%	22	1%	127	3%	784	20%
65+	32	1%	---	---	161	4%	10	0%	203	5%
TOTAL	2,976	77%	3	0%	186	5%	684	18%	3,849	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	184	5%	---	---	42	1%	27	1%	---	---	94	3%	9	0%	28	1%	384	10%
25 - 34	773	20%	---	---	139	4%	83	2%	2	0%	312	8%	9	0%	73	2%	1,391	36%
35 - 44	682	18%	4	0%	96	2%	52	1%	1	0%	208	5%	9	0%	35	1%	1,087	28%
45 - 64	530	14%	3	0%	58	2%	19	0%	---	---	160	4%	---	---	14	0%	784	20%
65+	26	1%	1	0%	6	0%	3	0%	---	---	161	4%	---	---	6	0%	203	5%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	362	9%	1	0%	18	0%	9	0%	---	---	11	0%	1	0%	5	0%	407	11%
Male	1,698	44%	7	0%	304	8%	172	4%	3	0%	902	23%	23	1%	140	4%	3,249	84%
Trans	125	3%	---	---	15	0%	2	0%	---	---	15	0%	1	0%	4	0%	162	4%
Unknown	10	0%	---	---	4	0%	1	0%	---	---	7	0%	2	0%	7	0%	31	1%
TOTAL	2,195	57%	8	0%	341	9%	184	5%	3	0%	935	24%	27	1%	156	4%	3,849	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2022 at 12:02:13 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	554	-1.42%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,971	-2.59%
Medicare Part D Premium Payment (MDPP) Program	2,056	-0.82%
Total	8,581	-2.10%

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

CDC Reports Significant Overdose Deaths Rates of Black and Indigenous People

In July, the CDC released a [report that surveyed overdose data from 25 states and the District of Columbia](#). The report found young Black people, ages 15 to 24, had the biggest death rate increase from 2019 to 2020, at 86%, compared to 34% for white people that age. American Indian or Alaska Native women from age 25 to 44 died from overdoses at nearly twice the rate of white women in that age group, and overdose death rates in older Black men were nearly seven times as high as those in older white men. The deaths were broadly driven by illicit fentanyl, though deaths attributed to other types of drugs, including stimulants like methamphetamine, have also been rising. In 2021, CDPH data shows Blacks (25.7%) surpassing whites (19.98%) in deaths attributable to psychostimulants (including methamphetamine and cocaine).

Strategy M: Improve Usability of Collected Data

The [California HIV/AIDS Health Disparities Report](#) is now available on the [OA Case Surveillance Reports](#) webpage. The report focuses on disparities among new HIV diagnoses by looking at rates of new HIV

diagnoses, rate trends over time, and health outcomes by demographics. This report highlights differences in HIV burden and health outcomes by gender, race/ethnicity, and transmission category.

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California

Recruiting members for HIV Cluster Detection and Response Community Advisory Board!

OA in partnership with the Los Angeles County Department of Public Health is currently seeking members to serve on the HIV Cluster Detection and Response Community Advisory Board (referred to hereafter as “the community advisory board”). The community advisory board is being formed to have real-time community input integrated into HIV cluster detection and response activities. Utilizing public health data (including data on new HIV diagnoses, data from partner services, and data from HIV sequence summaries) is a method to identify possible transmission clusters that would otherwise go unrecognized. Identifying a transmission cluster and understanding its characteristics that may result in a high number of HIV transmissions can help focus HIV prevention and treatment interventions on communities and networks of people who need increased access.

CDPH is committed to ensuring the representation of the population living with and affected by HIV is appropriately represented on the community advisory board. Those who wish to apply must be aware that their HIV-positive status may become known due to their participation and are required to sign an Applicant Acknowledgement and Consent Form, agreeing to hold CDPH/OA harmless for any disclosures.

If you wish to [apply to serve as a member](#), please contact James.Vo@cdph.ca.gov for the application and cover letter. Please submit the completed application to both James.Vo@cdph.ca.gov and cibarra@ph.lacounty.gov by Friday August 12, 2022.

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.
