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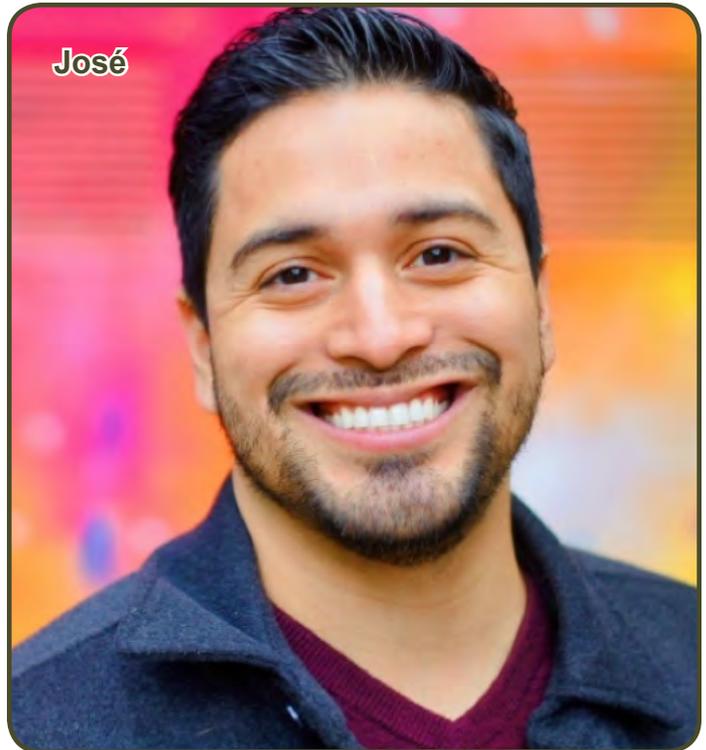
This newsletter is currently organized to align with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](#) is available on the Office of AIDS' (OA) website.

STAFF HIGHLIGHT

OA would like to welcome **José Emmanuel Vega** (He, Him) to the OA Prevention Branch, where he will provide both fiscal and programmatic support to the Harm Reduction Unit. Jose will be the lead for the Harm Reduction Supply Clearinghouse, which provides a baseline level of supplies to the 72 syringe services programs in CA. And he'll be our contracts expert, guiding us through the process of developing scopes of work and budgets for our many projects.

José is a dedicated health educator, ACE's advocate, and administrative professional with a passion for public health, LGBTQ+ issues, harm reduction, and community development. José is passionate about the inclusion of diversity, health equity, eliminating homophobia / transphobia, and sexual health education. Holding a degree in health administration with a minor in communications, José motivates and inspires others to become involved and improve their community's health by amplifying voices and sharing his network with marginalized communities.

José and his team in Oklahoma helped open and start Tulsa's first walk-in PrEP clinic, followed by his assistance in California in opening South Sacramento's first community HIV, STD, and PrEP resource testing center. There, he added Covid testing and vaccines in the midst of the 2020 Covid Pandemic, along with launching



at-home HIV testing and rapid PrEP virtual navigation. At the start of the Mpox pandemic in the summer of 2022, José assisted the Oklahoma Health Department in Tulsa's rapid response vaccine center in partnership with the Dennis R. Neill Equality Center. Together they managed to vaccinate 400 patients in two months, educating the community and physicians about the virus, thereby helping reduce the spread of Mpox in Tulsa County.

José continues his work in public health as a disease intervention trainer, volunteering as a contributor for the Pornhub Sexual Wellness Center website, and providing education on HIV,

STD, PrEP, and Doxy-PEP. In his free time, Jose enjoys the Cinema experience - you can find him at the movies every weekend, hiking when weather is amazing, cuddling with his chihuahua (Pebbles), and eating Thai food – his favorite.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the *Ending the Epidemics Strategic Plan*, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is on-going.

The *Strategic Plan* has 30 strategies organized over 6 social determinants of health and its accompanying *Implementation Blueprint* helps us drill-down into these strategies. Please continue to use and share these documents. The California Department of Public Health (CDPH) has made technical assistance available to counties that want to customize this blueprint for their communities. Please check out [Facente Consulting's webpage](#) to get more information about our ongoing community engagement and available technical assistance.

HIV AWARENESS

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about HIV/AIDS prevention, care and treatment in the Black/African American community. NBHAAD is celebrated to promote HIV education, testing, and community involvement among Black communities. The theme this year is “Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities”.

Although black communities have made progress in reducing HIV, they are significantly

impacted by social and structural determinants of health such as racism and medical mistrust. These and other factors affect whether Black people seek, receive HIV treatment or are aware of life saving measures such as Pre-exposure Prophylaxis (PrEP).

According to CDPH HIV Surveillance data, in 2020 Black/African Americans make up approximately 6% of California's population however, they account for 17% of living HIV cases and 17% of newly diagnosed cases. A [factsheet depicting demographics and health outcomes](#) for this community has been made available.

In honor of NBHAAD, engage, become empowered and get tested.

GENERAL 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](#) to stay informed.

> Mpox

OA is committed to providing updated information related to mpox. 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](#) to stay informed.

[Mpox digital assets](#) are available for LHJs and CBOs.

OA is thrilled to announce the **Mpox Vaccine Incentives Program** – a new patient benefit available for a limited time. Rates of mpox

infections in California have declined but not gone away. As people with HIV have been more susceptible to severe mpox infections, now is the time to improve protection in the community with the highly effective mpox vaccine. This program allows clinics to request a vaccine incentive gift card for people with HIV who are receiving their first or second dose of JYNNEOS. The program is open to clinics that provide HIV care and is expected to run until June 30, 2024.

If your clinic would like to learn more about the **Mpox Vaccine Incentives Program**, please [contact](mailto:rw.partbcqm@cdph.ca.gov) rw.partbcqm@cdph.ca.gov.

➤ **Racial Justice and Health Equity**

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the 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**

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

➤ **Ending the HIV Epidemic**

Reminder: We have expanded our OraQuick HIV self-testing program to all counties in California through the [Building Healthy Online](#)

Communities: Take Me Home program (BHOC-TMH). This is a collaboration between BHOC-TMH, CDPH, and local health departments. The program puts an effective, free HIV screening tool directly into the hands of Californians who request it via the [TMH website](#). Outreach for this program is automated mostly through advertising on dating apps and websites.

There are plenty of resources allocated in this program through June 2025. Please help market it through your own social media using these [tools in English](#) and [in Spanish](#). They can be used as part of your organization's social media or printed out with your information to co-brand the program.

Also, a special thank you to the California Planning Group (CPG) and other Planning Councils, Commissions, and Groups across California who have been integral partners in the review, improvement, and implementation of our Ending the HIV Epidemic work and the [Ending the Epidemics Integrated Statewide Strategic Plan](#).

If you'd like to become involved in an HIV planning group in your area, contact your local health department. Listed below are the websites of the planning councils and or commissions for all eight EHE counties in California. Please connect to their important work:

- [Alameda County](#)
- [Orange County](#)
- [Sacramento County](#)
- [San Bernardino/Riverside County](#)
- [San Diego County](#)
- [San Francisco County](#)
- [Los Angeles County](#)

For more information about the [California EHE Initiative](#), visit our OA webpage.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of January 31, 2024, there are 200 PrEP-AP enrollment sites and 191 clinical provider sites that currently make up the PrEP-AP Provider network.

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:

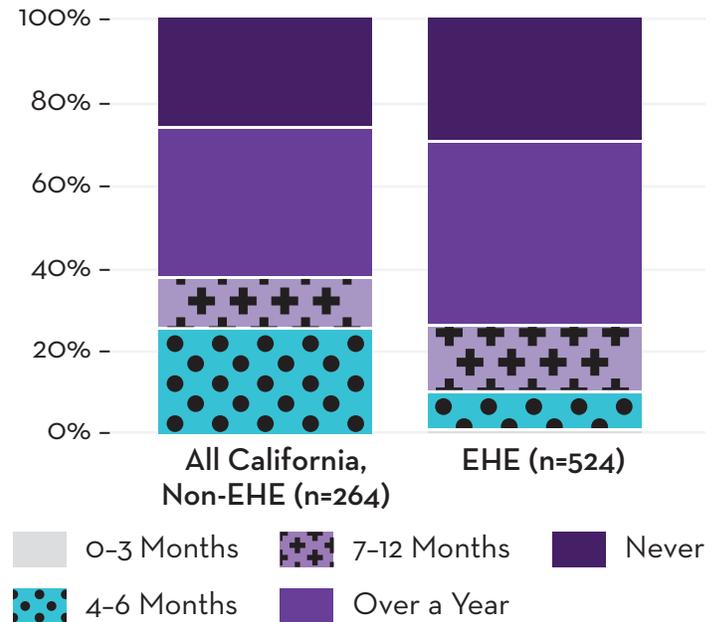
As we mentioned previously, OA continues to implement its BHOC-TMH self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, TakeMeHome[®], (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In December, 264 individuals in 37 counties ordered self-test kits, with 184 (69.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 40 months, between September 1, 2020, and December 31, 2023, 8896 tests have been 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 290 (55.3%) of the 524 total tests distributed in EHE counties. Of those ordering rapid tests, 142 (60.7%) ordered 2 tests.

TAKEMEHOME



HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Dec. 2023



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	50.9%	59.1%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.2%	38.9%
Were 17-29 years old	54.0%	43.9%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.3%	46.0%

(continued on 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	336	9%	---	---	---	---	21	1%	357	10%
25 - 34	1,271	34%	2	0%	1	0%	185	5%	1,459	39%
35 - 44	956	25%	---	---	4	0%	160	4%	1,120	30%
45 - 64	444	12%	---	---	19	1%	108	3%	571	15%
65+	25	1%	1	0%	210	6%	9	0%	245	7%
TOTAL	3,032	81%	3	0%	234	6%	483	13%	3,752	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	194	5%	---	---	40	1%	14	0%	2	0%	63	2%	3	0%	41	1%	357	10%
25 - 34	866	23%	1	0%	135	4%	76	2%	8	0%	266	7%	9	0%	98	3%	1,459	39%
35 - 44	662	18%	4	0%	105	3%	54	1%	6	0%	219	6%	10	0%	60	2%	1,120	30%
45 - 64	333	9%	---	---	54	1%	18	0%	3	0%	132	4%	2	0%	29	1%	571	15%
65+	23	1%	---	---	3	0%	5	0%	---	---	205	5%	---	---	9	0%	245	7%
TOTAL	2,078	55%	5	0%	337	9%	167	4%	19	1%	885	24%	24	1%	237	6%	3,752	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	77	2%	---	---	8	0%	8	0%	1	0%	15	0%	1	0%	10	0%	120	3%
Male	1,815	48%	4	0%	303	8%	151	4%	18	0%	841	22%	22	1%	194	5%	3,348	89%
Trans	157	4%	---	---	20	1%	6	0%	---	---	14	0%	---	---	8	0%	205	5%
Unknown	29	1%	1	0%	6	0%	2	0%	---	---	15	0%	1	0%	25	1%	79	2%
TOTAL	2,078	55%	5	0%	337	9%	167	4%	19	1%	885	24%	24	1%	237	6%	3,752	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: 01/31/2024 at 12:01:47 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Since September 2020, 999 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 354 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.4%
Identify as a man who has sex with other men	57.4%	60.5%
Reported having been diagnosed with an STI in the past year	8.8%	9.3%

STRATEGY G

Improve Availability of HIV Care:

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Solano County. [Request for Application \(RFA\) #24-10015](#) was released on February 2, 2024, and posted on our website.

HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments, housing authorities, or community development agencies) and non-profit community-based organizations may apply. The award amount for Solano County is approximately \$416,343 per year.

OA will host a [technical assistance webinar](#) through MS Teams on February 12, 2024 (11

AM to 12 PM). If you are interested in applying, submit an e-mail of intent to HOPWARFA@cdph.ca.gov by February 26, 2024, and you will be sent the application materials. Applications are due March 11, 2024.

STRATEGY J

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

As of January 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

STRATEGY K

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

➤ RESEARCH: Health Risks Associated with Smoking Versus Injecting Fentanyl

The Journal Drug and Alcohol Dependence published a study conducted by RTI International that suggests that people who injected fentanyl were at higher risk for overdose and skin and soft tissue infections than people who only smoked fentanyl. It is the first study to report associations between different methods of fentanyl administration and health care outcomes in the U.S. Findings suggest that distribution of safe smoking supplies may facilitate transitions from injecting to smoking fentanyl, thereby reducing health risks associated with fentanyl use.

Full Study: [“Health risks associated with smoking versus injecting fentanyl among people who use drugs in California - ScienceDirect”](#)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	501	- 0.59%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,529	+ 5.29%
Medicare Part D Premium Payment (MDPP) Program	2,004	- 4.06%
Total	8,034	+ 2.42%

Source: ADAP Enrollment System

➤ **RESOURCE: Maintaining Connection: Strategies to Manage a Virtual Harm Reduction Workplace**

The National Council for Mental Wellbeing published a guide that aims to support harm reduction organizations operating in virtual environments and summarizes some of the strategies that harm reduction organizations have developed and found to be effective at maintaining connection while doing harm reduction work virtually.

Full Resource Guide: [“Maintaining Connection: Strategies to Manage a Virtual Harm Reduction Workplace”](#)

STRATEGY M

Improve Usability of Collected Data:

We have published our comprehensive report, [Epidemiology of HIV in California, 2017-2021](#). The report contains the content from our usual publications like population reports, disparities report, and continuum data as well as trends and a new section on social determinants of health.

Thanks to the many staff who contributed to this effort. We are working now to finalize 2022 data

which will be published in our annual surveillance report in the next month or two.

STRATEGY N

Enhance Collaborations and Community Involvement:

➤ **University of California San Francisco (UCSF)**

On January 8, 2024, California launched its first [online statewide survey](#) documenting the needs and priorities of mid-life and older LGBTQIA+ residents, funded by the California Department of Aging (CDA). Openhouse, a team responsible for coordinating a statewide coalition of organizations to serve LGBTQIA+ older adults, partnered with the CDA, the Sexual and Gender Minority Health Equity Lab at UCSF, which designed and deployed the survey with the help of an Advisory Committee; the Center for the Advanced Study of Aging Services at the University of California Berkeley; and the Center for Information



Technology Research in the Interest of Society, at UC Berkeley. [This survey](#) covers a range of topics to include but not limited to:

- Living arrangements and relationship status;
- Service needs and access;
- Advanced care planning;
- Behavioral health and addiction;
- Disability status;
- Individual and community safety; and
- Discrimination.

Findings will provide current and comprehensive data which will help policy makers and

community partners develop services and programs to meet the needs of this LGBTQIA+ population. Please click on the link below to participate and make your voice heard. The survey concludes on March 31, 2024.

If you have any [questions about the survey](#), please e-mail LGBTQIA_Study@ucsf.edu.

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