

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](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf).

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## Staff Highlight:

OA is pleased to welcome Assistant Division Chief, **Artnecia Ramirez** to the OA Team! Artnecia has been the Assistant Deputy Director for the California Department of Public Health (CDPH) Office of Health Equity (OHE) since November 2019. Prior to this role she worked in the CDPH Financial Management Branch from 2015-2019 in various roles, such as the Budget Officer, Assistant Budget Officer and Associate Budget Analyst. Her vast experience in state budgeting, as well as her previous management experience at a non-profit organization, and continued dedication to optimizing the health and well-being of the people of California make her a great addition to OA.

Before joining the state, Artnecia served as the Assistant Site Director for a community-based nonprofit organization that focused on the overall wellness and reintegration of military veterans from all eras. She played an active role in the implementation of programs that specialized in assisting homeless veterans with housing, employment, behavioral health assistance, and job-training.

She received her Bachelor's degree in Business Administration from California State University, Sacramento and her Master's in Public Administration from California State University, Dominguez Hills. Welcome Artnecia!



## HIV Awareness:

### **April 10 – National Youth HIV/AIDS Awareness Day:**

OA would like to recognize National Youth HIV/AIDS Awareness Day (NYHAAD). NYHAAD is a day to raise awareness of the challenges

faced by young people living with or impacted by HIV/AIDS. According to CDC 2018 data, one in five new HIV diagnosis in the United States occurs in young people between the ages of 13-24. In California, the rate of new infections increases significantly in the 20-24 age group and increases further in the 25-29 year-old age group. Young people living with HIV are less likely to remain in care and reach viral suppression. NYHAAD highlights the importance of education, HIV testing, prevention, treatment, and care of young people. To counter the increasing rates of HIV among young people, the use of PrEP and other prevention measures is important.

As a part of the National Ending the HIV Epidemic (EHE) Initiative, [CDCs Let' Stop HIV Together campaign](#) promotes HIV testing, prevention, treatment and stigma. More information can be found at [https://www.cdc.gov/stophivtogether/?utm\\_awarenessday=nyhaad&utm\\_year=2021&utm\\_platform=fbtw&utm\\_sender=user&utm\\_post=2A\\_general](https://www.cdc.gov/stophivtogether/?utm_awarenessday=nyhaad&utm_year=2021&utm_platform=fbtw&utm_sender=user&utm_post=2A_general).

### **March 31, 2021 - International Transgender Day of Visibility:**

International Transgender Day of Visibility (TDOV) is an annual event occurring on March 31st dedicated to celebrating transgender people, raising awareness of discrimination faced by transgender people, and a means to celebrate their contributions to society. Transgender people come from all walks of life. TDOV is an attempt to break cycles of violence and discrimination against trans people.

The day was founded in 2009, by a US-based transgender activist named Rachel Crandall, to increase the worldwide recognition of trans people. She was frustrated that the only other well-known transgender awareness day was Transgender Day of Remembrance, which mourned the transgender victims of hate crimes and violence. As important as that day is, observing it failed to acknowledge and celebrate living members of the transgender community.

## **Celebrating Trans People During a Pandemic**

To say this past year has been difficult for the trans community would be an understatement. During this period, trans people have been largely unable to provide in-person support to one another, and those who have had physical changes can't fully celebrate those changes with friends. Furthermore, the past year has seen an escalation in legislation that targets trans people with sports bans and attempts to limit access to health care and in some states, criminalize it. Over 25 states have introduced at least one anti-trans bill in 2020. Alabama, Arkansas, Mississippi, and Tennessee have already passed bills. That kind of coordinated policy campaign against a very small community – estimated to be less than 1% of the U.S. population – sends a very specific message to the trans community – trans people are not welcome.

### **Celebrating Dr. Rachel Levine**

Despite the States actions, last week, Pennsylvania's health secretary, Dr. Rachel Levine, was confirmed as Assistant Secretary for Health in the department of Health and Human Services! Her confirmation makes Dr. Levine the first openly transgender official to be confirmed by the Senate in U.S. History. Dr. Levine's nomination and confirmation will literally save lives. Her high-profile visibility, expertise and leadership will be paramount, especially for our nation's most vulnerable trans youth and kids. You can [learn more about TDOV](https://www.pinknews.co.uk/2021/03/23/trans-day-of-visibility-2021-international-transgender-theme-events/) at <https://www.pinknews.co.uk/2021/03/23/trans-day-of-visibility-2021-international-transgender-theme-events/>.

### **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](http://www.cdph).

ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

The OA Harm Reduction Unit continues to collaborate with the CA Office of Emergency Services and the CDPH OHE to deliver personal protective equipment and hygiene supplies to the approximately 150,000 Californians served by harm reduction organizations. As of March 2021, more than 6 million units of PPE have been purchased for harm reduction programs, which have prioritized distribution to people experiencing homelessness.

CDPH guidance issued in March includes people experiencing homelessness as eligible for vaccination. People who live or work in congregate residential settings, including homeless shelters, are included, as well as all people experiencing homelessness, as they may transition into congregate settings at short notice. More information is available through the California Business, Consumer Services and Housing agency, and their new fact sheet, [Preparing to Vaccinate People Experiencing Homelessness](https://www.bcsd.ca.gov/hcfc/documents/vaccinate_unsheltered.pdf), available at [https://www.bcsd.ca.gov/hcfc/documents/vaccinate\\_unsheltered.pdf](https://www.bcsd.ca.gov/hcfc/documents/vaccinate_unsheltered.pdf).

### **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.

The OA RHE workgroup has decided to pause and reflect on our efforts over the past year and will re-convene in May to develop a strategic plan going forward.

In addition to our RHE workgroup, OA utilized the California nonprofit CA4Health 21-Day

Racial and Health Equity Challenge as a starting point for creating a mandatory office-wide 21-day racial and health equity challenge for all OA staff. The CA4Health curriculum was inspired by the following themes: building a foundation, expanding our knowledge and understanding how racism affects lives, how racism is perpetuated, taking action, and moving the conversation forward. The challenge was revised by OA to include topics and materials relevant to our work in HIV and ending the epidemics. Interwoven throughout the challenge are “conversation” videos and articles to help us to expand our perspectives. Also included are definitions of relevant words provided by the CDPH OHE, to help us build a shared vocabulary.

OA recently completed its first cohort of the 21 Day Challenge where OA facilitators lead small groups of OA staff in weekly discussions on the assigned reading materials. The 21-day challenge is one of the many ways that OA is continuing to do the work and holding ourselves accountable to dismantle institutional and structural racism, and the elimination of white supremacy until there is equal justice for all. Understanding our role and power to change the circumstances that support systemic injustices, we are pushing ourselves to new limits to ensure that we are doing our part to educate our staff and creating an anti-racist workplace that continuously keeps the goals of race and health equity at the forefront of our work. We recognize that creating effective social justice habits, particularly those dealing with issues of power, privilege and leadership, is like any lifestyle change and requires a basic understanding of ourselves and the role(s) we can play in issues of race, power, and justice. OA will continue to push ourselves to new limits to ensure that we are doing our part to educate ourselves, develop a shared vocabulary, relinquish policies and hiring practices that are rooted in racist ideologies, and create an environment that is culturally humble.

## 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](http://www.cdph.ca.gov/programs/cid/doa/pages/oain.aspx) at [www.cdph.ca.gov/programs/cid/doa/pages/oain.aspx](http://www.cdph.ca.gov/programs/cid/doa/pages/oain.aspx), to stay informed.

## Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EHE counties. These interventions are based on significant community input and will be described in the Integrated Plan strategies they impact. In this issue, we will highlight **Orange County**. Over the next several months, all six county plans will be described. Several of the interventions will impact multiple Integrated Plan strategies.

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



Did you know Californians can now access [Pre-Exposure Prophylaxis \(PrEP\)](#) or [Post-Exposure Prophylaxis \(PEP\)](#) at some pharmacies without needing to visit a doctor? In 2019, the California Legislature passed Senate Bill 159, which allows pharmacists to initiate and dispense PrEP and PEP to an HIV negative person without a prescription. Use the [Board of Pharmacy Health Services Provided by Pharmacists search tool](#) to find a pharmacy near you that provides PrEP or PEP without a doctor's prescription.

Orange County's (OC) Ending the HIV Epidemic in America (EtHE) prevention plan funded by CDC PS20-2010 will expand HIV Prevention activities such as the implementation of the Mail to Home Test Kit pilot program. OC will mail HIV and/or STI test kits to a person's home or

other preferred location. This program will help eliminate barriers to testing for clinic patients as well as individuals in the community who have not tested in over a year or who have never tested and will increase the use of PrEP/PEP. The hiring of a contract nurse practitioner will lead the development of the program and provide oversight of all related clinical activities. In addition, the Orange County Health Care Agency (OCHCA) will provide training for clinicians on how to assess clients for PrEP and screen for eligibility. OCHCA will offer free PrEP educational materials to Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs) and other clinics to distribute to PrEP eligible clients.

## PrEP-Assistance Program (AP):

As of March 30, 2021, there are 204 PrEP-AP enrollment sites covering 156 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 tables at the top of page 5.

## Strategy B: Increase and Improve HIV Testing

OC will make HIV and/or STI testing more available to EtHE priority populations by the implementing or expanding key innovative activities to include; Mail to Home Test Kit Pilot Program, Mobile Testing, STD Care, and Referral Services for at-risk groups, and the expansion of Health Summits for Gay Men and Transgender Persons. OC will collaborate with a CBO to offer mobile services to people who are unable to visit a provider office for testing, treatment, or referral services due to barriers such as homelessness. The mobile services will focus on underserved populations to include MSM of color (especially Black and Latinx MSM), youth, transgender

### 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	231	5%	---	---	---	---	97	2%	328	7%
25 - 34	1,318	28%	1	0%	1	0%	723	16%	2,043	44%
35 - 44	934	20%	---	---	4	0%	372	8%	1,310	28%
45 - 64	521	11%	---	---	24	1%	231	5%	776	17%
65+	26	1%	---	---	132	3%	14	0%	172	4%
<b>TOTAL</b>	<b>3,030</b>	<b>65%</b>	<b>1</b>	<b>0%</b>	<b>161</b>	<b>3%</b>	<b>1,437</b>	<b>31%</b>	<b>4,629</b>	<b>100%</b>

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	150	3%	95	2%	31	1%	33	1%	---	---	4	0%	4	0%	11	0%	328	7%
25 - 34	970	21%	592	13%	148	3%	216	5%	5	0%	4	0%	27	1%	81	2%	2,043	44%
35 - 44	754	16%	333	7%	74	2%	79	2%	2	0%	3	0%	10	0%	55	1%	1,310	28%
45 - 64	427	9%	242	5%	41	1%	44	1%	2	0%	1	0%	2	0%	17	0%	776	17%
65+	33	1%	130	3%	5	0%	3	0%	---	---	---	---	1	0%	---	---	172	4%
<b>TOTAL</b>	<b>2,334</b>	<b>50%</b>	<b>1,392</b>	<b>30%</b>	<b>299</b>	<b>6%</b>	<b>375</b>	<b>8%</b>	<b>9</b>	<b>0%</b>	<b>12</b>	<b>0%</b>	<b>44</b>	<b>1%</b>	<b>164</b>	<b>4%</b>	<b>4,629</b>	<b>100%</b>

Both 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: 3/31/2021 at 12:00:36 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

persons, people who inject drugs (PWID) and those experiencing homelessness. The Health Summit for Gay Men and Transgender Persons will increase awareness of health issues faced by these communities in OC and provide tools and community resources to include HIV testing and PrEP.

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, 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 5 months, between September 1, 2020 and February 28, 2021, 1103 tests were distributed, including 125 tests distributed in February. Of those ordering a test in January, 48.4% reported never before receiving an HIV test, 64.8% were 18 to 29 years of age. Of those reporting ethnicity, 51.4% were Hispanic/Latinx, and 48.8% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 149 recipients have filled out an anonymous follow up survey, with 96.6% indicating that they would recommend TakeMeHome HIV test kits to a friend.

## **Strategy C: Expand Partner Services**

OC will develop Health Education Videos in multiple languages to address the unique needs priority populations face in the HIV epidemic. Videos will be tailored to newly diagnosed, youth and immigrants. A Health Communications Consultant (HCC) will be hired to provide expertise in the production and promotion of the health education videos to address barriers for linkage to and retention in care. OC will also develop a Viral Suppression Patient Incentive Program for persons who are not recipients of the Ryan White HIV/AIDS Program (RWHAP). The development of this program will incentivize people living with HIV (PLWH) to engage in HIV care, reach and maintain viral suppression, and use case management and partner services. The HCC will lead implementation of the focus groups with PLWH who are not virally suppressed and work closely with a Program Consultant to develop and implement the Viral Suppression Patient Incentive Program. Additional strategies addressed in these interventions include **Strategy D: Improve Linkage to Care**; **Strategy E: Improve Retention in Care**; **Strategy G: Improve Availability to Care**; **Strategy I: Improve Case Management for People Living with HIV (PLWH) with High Need**; and **Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity**.

## **Strategy D: Improve Linkage to Care**

The development of OC's Mobile Testing, STD Care, and Referral Services unit will collaborate with community provider(s) to reach marginalized and hard-to-reach individuals. OC will monitor and map new HIV cases for strategic deployment of mobile unit services.

## **Strategy E: Improve Retention in Care**

OC plans to expand access to their existing Rapid Antiretroviral Treatment (Rapid ART) to individuals who are newly diagnosed or have

fallen out of care. Currently, Rapid ART is only available at selected care sites. OC will develop and implement a protocol for Rapid ART implementation in the county clinic and jails and make improvements to create a seamless continuum of care from the jail system to release and re-entry.

## **Strategy F: Improve Overall Quality of HIV-Related Care**

OC will leverage long-standing partnerships with HIV Prevention and care service providers within the county to create Trauma-Informed Prevention and Care Services for Black/African American (B/AA) and Transgender Populations. This innovative intervention will identify and address barriers to care, inform service delivery, and build capacity within the communities to provide culturally competent and trauma-informed care.

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

### **ADAP's Insurance Assistance Programs:**

As of March 30, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart on the top of page 7.

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

### **Federal Funds for Harm Reduction:**

The recently passed American Rescue Plan Act of 2021, also called the COVID-19 Stimulus Package, included funds to support harm reduction. The budget includes \$30 million to support overdose prevention programs, syringe services programs and other harm reduction services. This achievement is the first-time federal funds have explicitly been allocated to support harm reduction efforts in the U.S.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	589	-0.20%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,564	+2.43%
Medicare Part D Premium Payment (MDPP) Program	2,018	+3.27%
<b>Total</b>	<b>9,171</b>	<b>+2.43%</b>

### The Impact of the Overdose Crisis on the Latino Community in California:

The opioid-involved overdose death rate for Latinos in California nearly doubled between 2016 and 2019. The Drug Policy Alliance collaborated with independent researchers to examine the impact of the overdose crisis on Latinos in California. The [factsheet](https://drugpolicy.org/sites/default/files/overdose-crisis-latino-population.pdf) compares state and national trends, and makes policy recommendations that can help address the impact of opioid use and overdose risk within the Latino community. It can be found at <https://drugpolicy.org/sites/default/files/overdose-crisis-latino-population.pdf>.

### Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

CDPH, OA has submitted an application for the CDC PS21-2104, Partnering and Communicating Together (PACT) funding. If awarded, it would support funding for use of the CDC's *Let's Stop HIV Together (Together)* social media and marketing campaign. The Notice of Funding Opportunity prioritized Ending the HIV Epidemic in America (ETE) Phase I counties. OA is writing on behalf of all eight Phase I counties: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco. If funded, a social media and

marketing company will be contracted to assist counties, community-based organizations funded through CDC funds, and non-funded community organizations to customize the materials of the CDC *Together* campaign for placement on their websites, Facebook, Twitter, Linked-In, and other media platforms. The goal of the funding is to increased use of HIV testing, care and prevention services by the populations prioritized in the ETE plans.

### Strategy M: Improve Usability of Collected Data

The [Supplemental Tables to the California HIV Surveillance Report - 2019](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Supplemental_Tables_to_the_California_HIV_Surveillance_Report2019.pdf) is now available on the OA website at [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Supplemental\\_Tables\\_to\\_the\\_California\\_HIV\\_Surveillance\\_Report2019.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Supplemental_Tables_to_the_California_HIV_Surveillance_Report2019.pdf). This report includes statewide summary tables and summary tables by local health jurisdiction of new diagnoses of HIV infection, persons living with HIV infection, and persons classified as Stage 3 (AIDS) by selected demographics and transmission category for 2015-2019. This report provides information supplemental to the [California HIV Surveillance Report - 2019](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ART/ART%20Surveillance%20Report%20-%202019.aspx).

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