

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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## Subject Highlight:

On this **World AIDS Day**, we both mourn the loss of those who have died from HIV/AIDS over the last 35 years and the lovers, friends and family left behind, as well as celebrate the ongoing successes in responding to HIV such as:

- Being on the cusp of long acting HIV and PrEP medications;
- Addressing health equity;
- Increasing pride of those living with HIV or taking PrEP; and
- Reducing shame and stigma that has been persistent from the beginning of the HIV Pandemic.

Our focus at OA is on ending the epidemics, recognizing the intertwined relationship between HIV, STDs, and Hepatitis C. We hold a vision of sexual health and nurturing the health of those who use drugs. It is clear that a harm reduction approach is critical to helping those who have been judged negatively and not received optimum healthcare services because they are active drug users.

We are working to meet the federal goal of reducing new HIV infections by 75 percent in the next five years, and by 90 percent in the next ten years. This will require new and innovative



approaches, not more of the same. It will require the collaboration of community organizations providing HIV services as well as those who provide other services, such as housing, SNAP, mental health, and employment assistance. We will continue to ensure access to medical care and medicines for all people living with HIV, as well as providing financial assistance for people who otherwise could not afford PrEP.

Thank you for all you have done and all you continue to do!

My wish is that today, all people living with HIV have pride in being strong, resilient people, ready to help someone whose shame and despair is disrupting self-care and seeking medical care. For the men and women, both younger and older using PrEP, be proud of choosing to protect yourself and working to avoid HIV infection. I hope that more young gay men, especially young gay men of color protect themselves, including considering PrEP as an option.

The next 5 to 10 years will see even more progress, but let us not forget that the progress to date is due to the thousands of men and women, HIV positive and HIV negative who have been effected by HIV and contributed to ending the HIV Epidemic, and now working to end HIV and Hepatitis C, and to make a U-turn from the increasing rates of STDs to lowering the number of people with STDs over the next five years.

Thank you and please take time today to remember how much progress has been made from the emergence of a fatal disease to the more preventable infection and chronic, manageable condition for those living with HIV that it is today.

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

### **Racial Justice and Health Equity:**

***“Equity is now officially at the core of one of the most important and influential frameworks in public health.”***

*– The Nation’s Health*

The Public Health Accreditation Board has released an updated version of the 10 Essential Public Health Services that places health equity at the center of all services. Originally released in 1994, the framework was the first to organize disparate definitions and practices into a simple list of key practices. Research that reviewed the use of the framework over the past 25 years highlighted “just how embedded it has become in public health practice, research and academia,” according to the American Public Health Association. “For example, laws in more than a dozen states specifically reference the 10 essentials; local health districts use it to define their roles...and the Council on Education for Public Health, which accredits public health schools and programs, lists the essentials as a required topic.” For the update, the language describing each of the essential services was reviewed and revised using an equity lens. For example, the description now includes explicit language that public health services must “actively promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination and other forms of oppression.” Read more at the [Nation’s Health website](https://www.thenationshealth.org/content/50/9/1.5): <https://www.thenationshealth.org/content/50/9/1.5>.

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

### Ending the Epidemics:

The six phase I counties working with CDPH OA are currently developing their work plans, creating SMART objectives and detailing the essential resources and actions necessary to initiate each of the interventions the community and the county recommended. The CDPH OA Ending the Epidemics team along with Facente Consulting is working with each county in the development of their work plans.

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

### PrEP-AP:

As of November 30, 2020, there are 203 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 two tables below.

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	218	5%	---	---	---	---	176	4%	394	9%
25 - 34	1,336	29%	2	0%	2	0%	933	21%	2,273	50%
35 - 44	725	16%	---	---	4	0%	386	8%	1,114	25%
45 - 64	341	8%	---	---	24	1%	250	5%	615	14%
65+	8	0%	---	---	128	3%	14	0%	150	3%
<b>TOTAL</b>	<b>2,628</b>	<b>58%</b>	<b>2</b>	<b>0%</b>	<b>158</b>	<b>3%</b>	<b>1,759</b>	<b>39%</b>	<b>4,546</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	164	4%	111	2%	39	1%	49	1%	---	---	5	0%	7	0%	19	0%	394	9%
25 - 34	1,036	23%	696	15%	164	4%	233	5%	2	0%	5	0%	36	1%	101	2%	2,273	50%
35 - 44	566	12%	343	8%	72	2%	77	2%	2	0%	3	0%	7	0%	44	1%	1,114	25%
45 - 64	252	6%	252	6%	41	1%	41	1%	2	0%	1	0%	2	0%	14	0%	615	14%
65+	14	0%	127	3%	4	0%	4	0%	---	---	---	---	1	0%	---	---	150	3%
<b>TOTAL</b>	<b>2,042</b>	<b>45%</b>	<b>1,529</b>	<b>34%</b>	<b>320</b>	<b>7%</b>	<b>404</b>	<b>9%</b>	<b>6</b>	<b>0%</b>	<b>14</b>	<b>0%</b>	<b>53</b>	<b>1%</b>	<b>178</b>	<b>4%</b>	<b>4,546</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: 11/30/2020 at 12:00:31 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

## **Strategy B: Increase and Improve HIV Testing**

An HIV home-testing distribution demonstration project is being implemented through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Men using specific dating and chat apps see an ad for home testing and are offered a free HIV-home test kit. There is an option to provide additional information and to share the results through an anonymous on-line survey. In the first 2 months, 486 tests have been distributed since the project began on 9/1/2020, with 41.8% of tests sent to people who had never tested before. The largest percentages of tests were sent to people 20 to 30 years of age, Latinx, and a third of individuals had 3 or more partners. If shown effective, the project will be extended into other California jurisdictions as well.

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

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

As of November 30, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from October</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	605	-3.51%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,106	-0.52%
Medicare Part D Premium Payment (MDPP) Program	1,975	+0.25%
<b>Total</b>	<b>8,686</b>	<b>-0.56%</b>

## **Ryan White HIV/AIDS Program:**

The OA Ryan White HIV/AIDS Program (RWHAP) Part B Clinical Quality Management (CQM) program has kicked-off quality improvement activities to increase comprehensive healthcare coverage (CHC) for clients served by the RWHAP Part B grant. On November 16, OA staff hosted a webinar for HIV Care Program's non-medical case management providers titled: *Improving Comprehensive Healthcare Coverage among Clients*. During the current Covered California's open enrollment period (November 1, 2020 to January 31, 2021), as providers help clients enroll into CHC, the CQM program will focus on identifying barriers and best practices for getting clients enrolled into CHC. If you have any feedback regarding how to improve healthcare coverage for people living with HIV, please [email the CQM program](mailto:RW.Partbcqm@cdph.ca.gov) at RW.Partbcqm@cdph.ca.gov.

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

**Free staff training resource:** this fall, the [National Harm Reduction Coalition](https://harmreduction.org) (https://harmreduction.org) launched a new website that includes many new guides, fact sheets and resources for issues ranging from fentanyl

overdose to policy change to end the HIV epidemic. Resources for California include free self-paced, online learning modules that groups and individuals can complete on their own schedule and terms, in a user-friendly format. Available trainings include *Foundations of Harm Reduction, Engaging People Who Use Drugs, and Overdose Prevention and Response*. To [take these trainings](https://harmreduction.org/our-work/training-and-capacity-building/online-training-institute/), go to <https://harmreduction.org/our-work/training-and-capacity-building/online-training-institute/>, and enter code **CASSP100** at checkout for free access.

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

Did you know? When medical providers conduct routine opt-out testing (ROOT) during all patient visits they are following CDC guidance that every person ages 13 to 64 be tested at least once in their life time. ROOT decreases stigma, can identify some of those infected with HIV but are unaware of their infection, and link individuals to care rapidly. Does your health care provider routinely screen their patients? If not, can you encourage them to do so? Routine Opt-out testing can help end the epidemic sooner.

### **Strategy M: Improve Usability of Collected Data**

The six phase I counties implementing the CDC PS20-2010 federal Ending the HIV Epidemic in America prevention grant are finalizing evaluation and monitoring plans that

will demonstrate progress and challenges as interventions are implemented. As of mid-November, the CDC was still finalizing their requirements, but Allison Hargreaves, Research Scientist II overseeing all evaluation and monitoring for the grant is working with each county to develop measures helpful for their county's ongoing quality improvement.

### **Strategy N: Enhance Collaborations and Community Involvement**

The Ending the Epidemics Community Coalition, a group of more than 120 citizens and organizations throughout California, hosted a webinar in November to continue to consider how to most effectively address the syndemic of HIV, STDs and Hepatitis C. A summary of the proceedings is forthcoming and can help guide California's approach to more effectively addressing these infectious that can achieve zero new infections (HIV and HCV) or reverse the increase in new STD infections. For now, you can find the [recording of the main session](https://www.youtube.com/watch?v=0KLHQ5ur43E) on Youtube at the following link: <https://www.youtube.com/watch?v=0KLHQ5ur43E>. Slides presented on the state and federal policy landscape can be accessed on [California HIV/AIDS Policy Research Centers website](https://www.chprc.org/event/advancing-efforts-to-address-hiv-hcv-and-stds-in-the-era-of-covid-19-and-beyond/) at <https://www.chprc.org/event/advancing-efforts-to-address-hiv-hcv-and-stds-in-the-era-of-covid-19-and-beyond/>.

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