

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:

Please welcome, **LeRoy Ricardo Blea** to the Division Office. LeRoy is joining OA as the Ending the Epidemics Manager. He will work alongside Kevin Sitter until Kevin retires in the Summer.

LeRoy has over 20 years of experience working to help communities and organizations improve HIV prevention, healthcare, and health policy. After fourteen years in senior public health leadership as an AIDS Director/STD Controller, he moved into private consulting practice. Most recently he served as a Senior Public Health Consultant at Facente Consulting on a project assisting the California Department of Public Health, (CDPH), OA helping key counties plan and implement activities to accelerate progress towards ending the HIV epidemic in California.

Leroy received his BA ('93) and MPH ('98) from UC Berkeley (Go Bears). His master's thesis examined case studies of people living with HIV exiting from prison and the broader social and environmental reasons linked to health outcomes after release. His current professional interests include program and community capacity building to improve HIV/STI/HCV health outcomes at the intersection of drug user health, mental health, and housing security.

Leroy serves as a volunteer cook on Saturdays for the non-profit Berkeley organization Dorothy



Day House serving people experiencing homelessness, teaches public health and sexual medicine with the consulting firm Project Prepare, and is a registered substance use disorder counselor with experience working with those most affected by the methamphetamine and opioid epidemics in California.

Finally, Leroy is also a dog dad (Callie and Tipper), lives in Berkeley with his partner David of 28 years, loves cooking (and food in general) and is very honored to join the incredible team at OA!

## HIV Awareness:

**April 10th is National Youth HIV/AIDS Awareness Day** (NYHAAD). HIV stigma continues to discourage young people from getting tested, accessing prevention methods, disclosing their HIV status, seeking and staying in care. NYHAAD is meant to raise awareness and promote discussion about the impact of HIV on young people. Testing, education and providing a platform for young people to recognize they have the power to change the course of the HIV epidemic. As young people enter adulthood, their rates of HIV infection increase significantly. The three-year average rate for young men 15 – 19 years of age between 2017 and 2019 was 16.2 and increased to 157.1 for the 20 – 24 years of age cohort.

For young women, the rate increased from 7.5 to 24.2 in that same time span. Rates among young people of color are notably higher, and rates are highest among young gay men. The table below highlights the disparities and calls us to provide HIV prevention services more effectively in high school and the 20 – 24-year-old cohort.

**April 18th is the National Transgender HIV Testing** (NTHTD). NTHTD is observed to recognize the importance of routine HIV testing among transgender and non-binary people. Transgender women of color, especially Black/African American and Latinx women experience disproportionately high rates of HIV. According to CDPH HIV Surveillance data, HIV prevalence among transgender individuals in California is about 0.3%, about 31 times higher than other

**Adolescents/Young Adults Living with Diagnosed HIV Infection by Birth Sex, Race/Ethnicity and Age Group, 2017-2019 - California**

Age Group by Race/Ethnicity	Female		Male	
	Cases	Rate	Cases	Rate
<b>Black/African American</b>				
10-14	51	25.6	56	26.7
15-19	95	39.7	175	68.4
20-24	391	140.0	1,798	567.5
<b>Latinx</b>				
10-14	51	2.6	23	1.1
15-19	131	6.5	337	16.2
20-24	443	21.9	3,777	175.8
<b>White</b>				
10-14	24	2.4	21	2.0
15-19	50	4.3	95	7.8
20-24	167	12.3	1,276	85.9
<b>Other/Unknown*</b>				
10-14	33	5.2	35	5.3
15-19	31	4.5	85	11.8
20-24	77	9.4	669	79.9
<b>Totals</b>				
10-14	<b>159</b>	<b>4.2</b>	<b>135</b>	<b>3.4</b>
15-19	<b>307</b>	<b>7.5</b>	<b>692</b>	<b>16.2</b>
20-24	<b>1,078</b>	<b>24.2</b>	<b>7,520</b>	<b>157.1</b>

\*Race 'Other' includes Asian, 'American Indian/Alaska Native', 'Native Hawaiian/Pacific Islanders', Multiple Races, and 'Unknown' races. Data Source: CDPH, OA, Surveillance Section

populations. In 2019, 92% of transgender individuals who received an HIV diagnosis in California were transgender women. An [HIV and Transgender People factsheet depicting demographics and health outcomes](#) is located at on OA's webpage. Encouraging transgender individuals to know their status, and continued focus on HIV prevention, care and treatment efforts among this community is vital.

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

### **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.

The OA RHE Committee recognizes the following during April:

- Autism Awareness Month
- Parkinson's' Awareness Month
- Alcohol Awareness Month
- Testicular Cancer Awareness Month
- Sexual Assault Awareness Month
- National Public Health Week (April 2nd – 9th)
- LGBT Day Of Silence (April 22nd)

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

### **CDPH Ending the Epidemics Strategic Plan**

OA and 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 has begun. We have worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations and people with lived experience. In this plan, we have a picture of what we hope the HIV, HCV and STI landscape will look like in five years and some ideas for how to create it. We have made this plan shorter than previous ones to make it accessible and actionable. Through this plan we commit to working towards a future where all of our state's HIV, HCV and STI service providers are equipped with awareness, tools, and resources they need to address the systemic problems that prevent Californians from receiving the care and support that they deserve. This plan suggests 30 innovative and overlapping strategies organized over six social determinants of health: racial equity, housing, access to health care, mental health and substance use, economic justice, and stigma. This plan centers people affected by the HIV HCV and STIs syndemic and builds upon their leadership and the dedication of public health, healthcare providers and other partners across the state.

We introduced the plan at a Statewide Townhall to over 300 community partners via Zoom to very positive feedback on March 18th. We were all introduced to an overview of the plan at our

OA All Staff Meeting on March 28th where in small groups we got to provide some of our initial thoughts about what we need to see our work in the plan. Our thoughtful comments and engagement at the All Staff Meeting were a great start. Over this year, in partnership with Facente Consulting, we will continue our community engagement to develop a blueprint to help us implement this plan. We need your ongoing input as we continue to engage communities across California through twenty-two regional focus groups and a provider survey. We can help this process by working internally on some simple goals: learning about the plan; talking to partners about the plan and seeing our work in the plan. Division will be building out a Sharepoint space with tools and other resources to help. Leroy Blea, Ending the Epidemics Project Manager, will be a resource for internal CDPH team members and workgroups to help develop ad hoc strategic planning meetings, materials and other resources. However, in this process we will all be resources to each other.

CDPH will partner with Facente Consulting to lead the regional listening sessions. We need your input! External partners can [find links to the plan, the Statewide Town Hall recording, the provider survey and the schedule of regional meetings](http://facenteconsulting.com/CDPH_HIV.HCV.STI_strategicplan.php) at [http://facenteconsulting.com/CDPH\\_HIV.HCV.STI\\_strategicplan.php](http://facenteconsulting.com/CDPH_HIV.HCV.STI_strategicplan.php).

### **Ending the HIV Epidemic**

Site visits with each of the six LHJs in the consortium were recently completed. COVID continues to pull resources from throughout health departments and has delayed implementation of all interventions in the county plans. More contracts have been completed with community-based organizations that will provide focused testing in locations frequented by various priority populations, there are two workforce development programs for transgender individuals, and five of the counties are developing mobile medical programs to reach those unstably housed and bring medical care closer to those who live in areas far

from HIV care services. The OA ETE Team is working with the Facente Consulting Team to host a virtual symposium for the consortium for four half-days in early June. The symposium will include panels of individuals from various priority populations to speak with us about what is working and what is not. We are confirming a keynote speaker who has presented a powerful first-person story at national conferences.

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

#### **National Clinician Consultation Center**



April is Sexually Transmitted Infection (STI) Awareness Month—it's an important reminder that STI screening and treatment during pregnancy is crucial to prevent health complications for pregnant people and their infants. Recent California surveillance data has suggested increases in cases of congenital syphilis and syphilis among females of childbearing age in several areas of the state. The Centers for Disease Control and Prevention recommend all pregnant people get screened for HIV, hepatitis B, hepatitis C, and syphilis during each pregnancy. The [National Clinician Consultation Center's Perinatal HIV Hotline](#) remains available 24/7 to answer health care providers' questions on HIV prevention, screening and testing, and treatment for people who are pregnant and/or considering pregnancy. The Hotline's multi-professional team of clinical subject matter experts also welcomes questions regarding HIV and breastfeeding/chest-feeding as well as PrEP in pregnancy and breastfeeding. Any California provider can reach the National Perinatal HIV Hotline by calling 888-448-8765 (toll-free). [Information on HIV and pregnancy](#) is available for

non-health care providers at <https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>.

### PrEP-Assistance Program (AP)

As of April 5, 2022, there are 199 PrEP-AP enrollment sites covering 173 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 6 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 18 months, between September 1, 2020, and February 28, 2022, 2678 tests were

distributed. TakeMeHome® has continued to expand the offering of mail-in dried blood spot HIV, STI, and Hepatitis C lab tests in addition to oral swab tests. In February, Sacramento County became the fourth EtHE county offering mail-in lab-based tests. This month, lab tests accounted for 69 (44.8%) of the 154 total tests distributed.

Of individuals ordering a test in February, 38.3% reported never before receiving an HIV test, and 50.7% were 18 to 29 years of age. Among individuals reporting ethnicity, 41.9% were Hispanic/Latinx, and of those reporting sexual history, 56.1% indicated 3 or more partners in the past 12 months. To date, 341 recipients have filled out an anonymous follow up survey, with 94.4% 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 (73.6%) or having had more than one sex partner in the past 12 months (63.3%).

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

As of April 5, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	427	-9.73%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,752	-11.50%
Medicare Part D Premium Payment (MDPP) Program	1,476	-11.14%
<b>Total</b>	<b>6,655</b>	<b>-8.64%</b>

### 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	316	7%	---	---	---	---	49	1%	365	8%
25 - 34	1,224	28%	1	0%	---	---	368	8%	1,593	36%
35 - 44	1,003	23%	---	---	2	0%	251	6%	1,256	29%
45 - 64	777	18%	1	0%	20	0%	158	4%	956	22%
65+	42	1%	---	---	151	3%	9	0%	202	5%
<b>TOTAL</b>	<b>3,362</b>	<b>77%</b>	<b>2</b>	<b>0%</b>	<b>173</b>	<b>4%</b>	<b>835</b>	<b>19%</b>	<b>4,372</b>	<b>100%</b>

### 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	170	4%	---	---	34	1%	30	1%	---	---	110	3%	5	0%	16	0%	365	8%
25 - 34	884	20%	1	0%	153	3%	93	2%	2	0%	369	8%	13	0%	78	2%	1,593	36%
35 - 44	794	18%	4	0%	102	2%	63	1%	2	0%	247	6%	8	0%	36	1%	1,256	29%
45 - 64	690	16%	3	0%	42	1%	26	1%	2	0%	179	4%	---	---	14	0%	956	22%
65+	36	1%	1	0%	3	0%	4	0%	---	---	156	4%	---	---	2	0%	202	5%
<b>TOTAL</b>	<b>2,574</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>334</b>	<b>8%</b>	<b>216</b>	<b>5%</b>	<b>6</b>	<b>0%</b>	<b>1,061</b>	<b>24%</b>	<b>26</b>	<b>1%</b>	<b>146</b>	<b>3%</b>	<b>4,372</b>	<b>100%</b>

### 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	506	12%	1	0%	6	0%	13	0%	---	---	14	0%	1	0%	1	0%	542	12%
Male	1,927	44%	8	0%	311	7%	198	5%	6	0%	1,018	23%	23	1%	136	3%	3,627	83%
Trans	132	3%	---	---	12	0%	4	0%	---	---	16	0%	2	0%	2	0%	168	4%
Unknown	9	0%	---	---	5	0%	1	0%	---	---	13	0%	---	---	7	0%	35	1%
<b>TOTAL</b>	<b>2,574</b>	<b>59%</b>	<b>9</b>	<b>0%</b>	<b>334</b>	<b>8%</b>	<b>216</b>	<b>5%</b>	<b>6</b>	<b>0%</b>	<b>1,061</b>	<b>24%</b>	<b>26</b>	<b>1%</b>	<b>146</b>	<b>3%</b>	<b>4,372</b>	<b>100%</b>

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: 03/31/2022 at 12:01:42 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

### **Overdose Deaths in the U.S. Continue to Surge**

Annual drug overdose deaths have reached another record high in the United States as deaths from fentanyl and other synthetic opioids spike to unprecedented levels. CDC's recent report estimated 105,752 people died of drug overdoses in the 12-month period ending October 2021. CDC and CDPH continue to recommend that health departments, medical and public health providers continue to offer naloxone to all people who use drugs to protect themselves and their loved ones. The Department of Health Care Services provides free naloxone through the [Naloxone Distribution Project](#).

View the [full report](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

### **CDC RFA: Strengthening Syringe Services Programs**

CDC announced a new funding opportunity for strengthening syringe services programs (SSPs). The RFA has two components: 1) to expand a national network of SSPs and 2) increase support and resources to SSPs. Closing date for applications is May 2, 2022.

[View the announcement](https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS22-2208.htm) at <https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS22-2208.htm>.

### **National Harm Reduction Conference**

The National Harm Reduction Coalition (NHRC) will hold its 13th national conference this October

in San Juan, Puerto Rico and is seeking abstract submissions representing all aspects of harm reduction work, from grassroots organizing and programming to policy and research. Abstract submissions and scholarship applications are due April 15, 2022.

[Registration Information](https://conference.harmreduction.org/?emci=eaf708a6-eba3-ec11-a22a-281878b85110&emdi=d1b5f313-bca4-ec11-a22a-281878b85110&ceid=10832852) can be found at <https://conference.harmreduction.org/?emci=eaf708a6-eba3-ec11-a22a-281878b85110&emdi=d1b5f313-bca4-ec11-a22a-281878b85110&ceid=10832852>.

[Abstracts Submission Overview](https://conference.harmreduction.org/abstracts/) can be found at <https://conference.harmreduction.org/abstracts/>.

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

Two new fact sheets using data from the Medical Monitoring Project 2015 through 2019 cycles are now published on the OA website. [Recognizing HIV-Related Stigma to Improve Care](#) examines the prevalence of stigma among people living with HIV (PLWH) and describes negative health outcomes associated with stigma as well as offering resources for health care providers to minimize stigma. [Sustaining Viral Suppression – ART Adherence and Consistent Clinical Care](#) describes characteristics associated with ART adherence along with barriers to receiving consistent clinical care. Both fact sheets are primarily targeted to providers, with resources for both providers and patients. They are available on [OA's HIV Surveillance page](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAsre.aspx) at <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAsre.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).