

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).

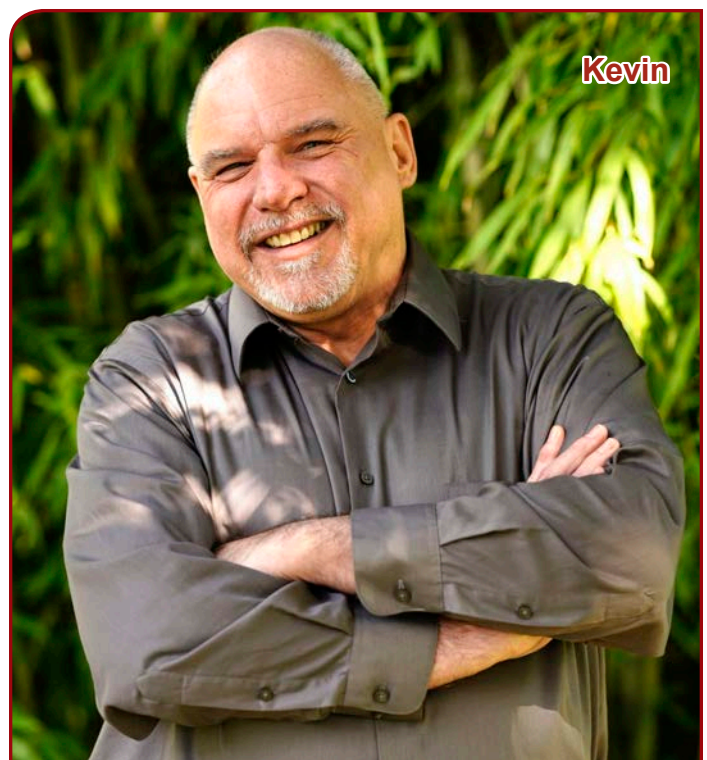
## In This Issue:

- Strategy A
- Strategy B
- Strategy F
- Strategy J
- Strategy K
- Strategy M

## Staff Highlight:

### **Kevin Sitter:**

As I retire, I wanted to share my appreciation and admiration to all of you working to end the epidemics of HIV, STIs and HCV. Of course, it's a time of reflection of my experiences over the past 37 years working in the field of HIV. I was there **"then"** and I am here now. I won't be employed "when" there are no new infections and stigma and discrimination are gone, but it will be in my lifetime. **Then** illness was rampant, medications were complex and side effects significant, and stigma and discrimination required HIV to be treated discretely. I am **here now**, when it is possible to prevent HIV infections through PrEP, medications are simpler and well tolerated without significant side-effects, and where viral suppression allows those of us living with HIV to remain in the workforce and have a life expectancy similar to those not living with HIV. I am here now when HIV can join STIs and Hepatitis, to be addressed as the syndemic they create. But **then** and **now** have some similarities too. Stigma and discrimination remain common experiences for PLWH, people who use drugs, sex workers and others vulnerable to exposures to HIV, STIs and HCV. Knowledge is power, and knowledge is necessary but insufficient to support and maintain behavioral choices that avoid exposures. Unhealed PTSD, depression and isolation are drivers of infection, as are having low to no income, being in relationships



**Kevin**

with power differentials, having unstable or no housing. These are what must be addressed if we are going to achieve the goal of ending the epidemics. Working in the field of sexual health, we often find ourselves in intimate moments, moments that we should not be present except that we have gained the experience to guide and support at those moments, such as when disclosing an HIV diagnosis, listening to someone who is frightened to tell their partner(s) of an STI, or being bedside at the time of death. I have had an awesome career, a career full of awe. The work yet to be done will look different,

condoms 101 must be replaced by analysis of health inequities and work done to distribute resources according to need. I wish each of you the best of life and remind you that the gains that have happened since the beginning of the HIV/AIDS Pandemic were brought about by you...by us. Thank you.”

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

### **Monkeypox**

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](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.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 California Department of Public Health (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 **Racial and Health Equity Action & Learning (RHEAL) Lounge** was held in June

and discussed anti-racism in public health. The RHEAL Lounge is cross-branch Racial Health Equity project between the Environmental Health Investigations Branch (EHIB), OA, and STD Control Branch (STDCB). The group collectively reviews podcasts, films, tv shows, or articles that focus on racial justice, allyship, and historically marginalized and oppressed peoples. The RHEAL Lounge provides a virtual safe space to meet every other month where we can reflect about what we've read, listened to, learned, and/or ask questions to dive deeper into antiracism work.

***Race & Public Health: Tuskegee to COVID-19*** by University of Minnesota's Health in All Matters (Podcast). This 24-minute podcast explores the medical distrust in Black, Indigenous, and people of color communities and the role of public health in building back trust and improving health with these communities. [Note: For people who are familiar with Tuskegee, please know that after that first section, more current examples of racism in public health are discussed.]



In celebration of **Pride 2022**, CDPH Director's Office, the Office of Health Equity (OHE), and OA hosted the first ever, **“CDPH Staff Pride Celebration.”** This virtual event provided an opportunity to celebrate our gender-diverse workplace, gave select panelists the space to share their whole selves, in addition to learning about CDPH's commitment to an inclusive and safe environment for all staff. OA's State Transgender Health Manager, Tiffany Woods, provided the welcome and facilitated the gender diverse staff panel discussion which included Alejandro (Alej) Contreras, (OA), Jason Tescher, (OHE), Cary Escovedo and Parks Dunlap, from STDCB. Dr. Tomas J. Aragon, Director and State Public Health Officer, shared opening remarks and provided an update of ongoing gender health equity work being done in OHE's, Gender Health Equity Unit and in OA. OHE, Deputy Director Rohan Radhakrishna concluded the event with a beautiful closing and reflection.

The Pride Celebration was very well received. Over 750 employees attended across the various CDPH departments with many reaching out afterwards to express how meaningful this celebration was for our colleagues and how thankful they were for the event. CDPH will continue to celebrate such events on an annual basis.

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

## ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

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 with our ongoing provider needs assessment and our planned regional listening sessions scheduled through July 2022. We have worked hard to ensure that this plan reflects the diverse voices from CDPH, other state agencies, community-based organizations (CBOs) 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 through 30 innovative strategies organized over **6 social determinants of health**.

We continue to engage communities across California through twenty-two regional listening sessions and a provider needs assessment survey. We are reaching a diversity of stakeholders including consumers, advocates, public health, and CBO staff.

**ENDING THE EPIDEMICS**  
Addressing HIV, HCV, and STIs in California  
*coming to a city near you in 2022*  
**COMMUNITY ENGAGEMENT MEETINGS**

- SAN DIEGO May 9th, 1PM-4 PM
- EL CENTRO May 10th, 9AM-12PM
- SAN BERNARDINO May 11th, 9AM-12PM
- BAKERSFIELD May 12th, 9AM-12PM
- WILLITS May 24th, 9AM-12PM
- EUREKA May 25th, 9AM-12PM
- REDDING May 26th, 1PM-4PM
- SANTA BARBARA June 28th, 9AM-12PM
- SAN FRANCISCO June 28th, 3PM-6PM
- OAKLAND June 29th, 9AM-12PM
- FRESNO June 29th, 9AM-12PM
- MODESTO June 30th, 9AM-12PM
- SANTA CRUZ June 30th, 9:30AM-12:30PM
- SACRAMENTO July 11th, 1PM-4PM
- QUINCY July 12th, 9AM-12PM
- NEVADA CITY July 13th, 1PM-4PM

Share your thoughts on how to employ strategies to end the epidemics.  
TO REGISTER FOR AN EVENT OR SEE VIRTUAL OPTIONS PLEASE GO TO [TINYURL.COM/CDPHSTRATPLAN](http://TINYURL.COM/CDPHSTRATPLAN) OR SCAN THE QR CODE AT RIGHT

CDPH  
California Department of Public Health

Consulting Partner: **FACENTE CONSULTING**  
LIFE-IMPACTING • IMPLEMENT • FULL WORKFORCE

Partners can find links to [the plan](#), the Statewide Town Hall recording, the [provider survey](#) and the schedule of regional meetings and up-to-date registration information at the following links:

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

### Ending the HIV Epidemic

Over 100 participants attended a virtual symposium for all eight California Phase I Ending the Epidemic counties that was held on June 2nd and 3rd and June 9th and 10th. An inspirational opening address was provided by Toni Newman, Interim President and CEO



of the Black AIDS Institute that encouraged us to continue our HIV work and gave us specific suggestions about how to do better work for and with transgender/gender non-conforming and BIPOC communities. Panels of stakeholders, consumers, and subject matter experts represented young gay/MSM of color, transgender individuals, cis-gender Black/African American women, and people with experiencing insecure housing. There were also presentations on monitoring ETE progress through the [AHEAD Dashboard](#), Partner Services, and Street Medicine mobile interventions. Symposium workshops were recorded and will be available on the CDPH-OA website. Thanks to all that attended and all that are working to get to zero HIV infections, zero HIV-related deaths and zero HIV stigma across California.

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

### **PrEP-Assistance Program (AP)**

As of June 27, 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 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 21 months, between September 1, 2020, and May 31, 2022, 3,104 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 82 (57.5%) of the 146 total tests distributed.

Of individuals ordering a test in May, 34.9% reported never before receiving an HIV test, and 49.3% were 18 to 29 years of age. Among individuals reporting ethnicity, 40.3% were Hispanic/Latinx, and of those reporting sexual history, 44.4% indicated 3 or more partners in the past 12 months. To date, 381 recipients have completed an anonymous follow up survey, with 94.5% 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 (73.8%) or having had more than one sex partner in the past 12 months (62.7%).

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

Resource for Improving Supporting Sexual Health: [Coming Together for Sexual Health](#) explores both the how of improving sexual health—the root structural problems we must address to make changes—and the why, sharing the stories of people who feel the impacts directly. It's produced by the California



### 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	335	8%	---	---	---	---	53	1%	388	10%
25 - 34	1,111	28%	2	0%	---	---	311	8%	1,424	36%
35 - 44	901	23%	---	---	3	0%	216	5%	1,120	28%
45 - 64	674	17%	1	0%	19	0%	130	3%	824	21%
65+	29	1%	---	---	162	4%	9	0%	200	5%
<b>TOTAL</b>	<b>3,050</b>	<b>77%</b>	<b>3</b>	<b>0%</b>	<b>184</b>	<b>5%</b>	<b>719</b>	<b>18%</b>	<b>3,956</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	184	5%	---	---	39	1%	30	1%	---	---	103	3%	9	0%	23	1%	388	10%
25 - 34	797	20%	1	0%	136	3%	80	2%	2	0%	322	8%	12	0%	74	2%	1,424	36%
35 - 44	705	18%	4	0%	99	3%	55	1%	1	0%	213	5%	9	0%	34	1%	1,120	28%
45 - 64	596	15%	2	0%	40	1%	20	1%	---	---	154	4%	---	---	12	0%	824	21%
65+	27	1%	1	0%	4	0%	3	0%	---	---	160	4%	---	---	5	0%	200	5%
<b>TOTAL</b>	<b>2,309</b>	<b>58%</b>	<b>8</b>	<b>0%</b>	<b>318</b>	<b>8%</b>	<b>188</b>	<b>5%</b>	<b>3</b>	<b>0%</b>	<b>952</b>	<b>24%</b>	<b>30</b>	<b>1%</b>	<b>148</b>	<b>4%</b>	<b>3,956</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	409	10%	1	0%	7	0%	10	0%	---	---	12	0%	1	0%	1	0%	442	11%
Male	1,762	45%	7	0%	294	7%	173	4%	3	0%	915	23%	25	1%	138	3%	3,317	84%
Trans	129	3%	---	---	14	0%	4	0%	---	---	17	0%	2	0%	4	0%	170	4%
Unknown	9	0%	---	---	3	0%	1	0%	---	---	8	0%	2	0%	4	0%	27	1%
<b>TOTAL</b>	<b>2,309</b>	<b>58%</b>	<b>8</b>	<b>0%</b>	<b>318</b>	<b>8%</b>	<b>188</b>	<b>5%</b>	<b>3</b>	<b>0%</b>	<b>952</b>	<b>24%</b>	<b>30</b>	<b>1%</b>	<b>148</b>	<b>4%</b>	<b>3,956</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: 06/30/2022 at 12:01:39 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Prevention Training Center, a team with decades of experience offering sexual health training. The podcast is designed to provide nourishment and connection to people working in sexual health around the country, while bringing these essential learning topics to life in an accessible way.

- [Spotify](https://tinyurl.com/comingtogetherpod): <https://tinyurl.com/comingtogetherpod>
- [Website](http://ComingTogetherPod.com): [ComingTogetherPod.com](http://ComingTogetherPod.com).
- Instagram: [@comingtogetherpod](https://www.instagram.com/comingtogetherpod)
- Twitter: [#ComingTogetherPod](https://twitter.com/ComingTogetherPod)

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

As of June 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

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

#### **Advancing Drug Checking Technology in California**

The fatal overdose epidemic is driven by a combination of multiple drugs and an inconsistent drug market. Public health activists and advocates are helping people find out what is in their drug supply by expanding their drug checking technology from fentanyl test strips.

A machine that uses technology called Fourier-transform infrared spectroscopy (FTIR) can detect multiple drugs in one small sample. More syringe service programs (SSPs) are using FTIR to increase people’s knowledge of their drug supply to prevent overdose deaths. Learn more about drug checking below:

- [NASTAD’s Drug Checking Webinar recording](#)
- [Harm Reduction Coalition of San Diego’s Drug Checking Project](#)

#### **Distribute Naloxone**

Overdose prevention work can be easily integrated into existing services and programs that work with people who use or are impacted by drugs (PWUD), including programs that serve people experiencing homelessness, shelter and supportive housing agencies and substance use treatment programs. Getting naloxone directly to PWUD can lead to lives saved.

Resources are available for service providers to launch community-based naloxone distribution. Check out the following resources to learn more:

- [Guide to Naloxone Distribution](#)
- [National Harm Reduction Coalition E-Learning Lab: “Harm Reduction 101”](#)
- [How to Use Naloxone to Reverse an Overdose](#)

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from May</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	562	+0.71%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,130	-2.79%
Medicare Part D Premium Payment (MDPP) Program	2,073	-0.33%
<b>Total</b>	<b>8,765</b>	<b>-2.00%</b>

- [Naloxone: What You Need to Know](#)
- [DHCS Naloxone Distribution Program: Frequently Asked Questions](#)
- [Guide to Developing and Managing Overdose Prevention and Take Home Naloxone Projects](#)

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

The **Medical Monitoring Project (MMP)** is a surveillance activity that collects rich data annually on 500 randomly selected people living with HIV/AIDS (PLWHA) in California. MMP is designed to gather information about the experiences and needs of PLWHA. Supported by the Centers for Disease Control and Prevention (CDC), MMP is conducted by 23 project areas nationally by state and local health departments.

A new MMP report for the 2019 survey cycle and an appendix for the 2015 through 2019 survey cycles is now published on the OA website. The [Medical Monitoring Project 2019 Report](#) includes detailed characteristics of adults living with HIV in California using 2019 MMP data collected by the California MMP Project Area, excluding Los Angeles County and San Francisco. The [Medical Monitoring Project 2015-2019 Appendix](#) includes data from 2015 through 2019 MMP survey cycles and provides a year-by-year comparison of the characteristics detailed in the 2019 report.

California started the 2022 MMP cycle on June 10th, so we will soon be reaching out to various programs, facilities and LHJs to assist in the location and recruitment of sampled persons in your program or area.

Our project goal is to interview 50% of the eligible sample (249 participants) and conduct medical record abstractions (MRAs) for 95% of the interview target (237 MRAs). The cycle will conclude with completion of interviews in April 2023, and MRAs in May of 2023.

We would also like to recognize the **Medical Monitoring Project Team** for surpassing all of the benchmark goals for the 2021 cycle ahead of schedule.

## **OA Budget and Legislative Updates**

Governor Newsom signed Senator Scott Weiner's Senate Bill 357, the **Safer Streets for All Act**, which repeals provisions of the law related to loitering with intent to commit prostitution. The author brought forth this legislation because the crime of loitering has disproportionately impacted Black and Brown women and members of the LBGTQ community. Convictions under this law created stigma, erected barriers to employment, and limited access to safe housing because of a criminal record relating to sex work. This bill does not legalize prostitution, it simply revokes provisions of the law that have led to disproportionate harassment of women and transgender adults. This is the first legislative initiative of the DecrimSexWork CA Coalition – a coalition of current and former sex workers. This new act will take effect on January 1, 2023.

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).