

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.

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Staff Highlight:

OA would like to thank and acknowledge the tireless and continued work of the **Mpox Health Equity Team (MHET)**. The team merged with the Mpox Stakeholder Outreach & Engagement Team and was created in July 2022. MHET is comprised of OA Prevention Branch staff members Health Program Specialist, Staci Ho, Disease Outbreak and Field Investigation Unit, Tee-Jai Lampkins, PrEP Local Capacity Building Analyst, Co-Leads OA Division Chief, Marisa Ramos and State Transgender Health Manager, Tiffany Woods. Center of Infectious Diseases (CID) Health Equity Liaison and Equity Team lead, Sharon Eghigian, and Mpox lead, Gil Chavez.

Successes include working with the California Department of Public Health (CDPH) Communications and Media team to develop social media and dating app campaigns for mpox education, messaging, and vaccination access with a focus on equity. The facilitation of monthly stakeholder listening sessions held in both English and Spanish to provide mpox updates and a space for questions and answers from the community. Cross-section Mpox Equity team weekly meetings were held to provide updates and develop strategies to address equity across all mpox efforts. In addition, the MHET with the assistance of Visual Communications Specialist, John Keasling, created a public Mpox Health Equity Webpage to highlight equity efforts



including stigma reduction and released a survey seeking feedback to help shape the content on the webpage.

Ongoing equity team goals/efforts include improving access to vaccines through Pride Season, improve vaccination rates for African/American and Latino/Latinx populations, improve rates for second dose of vaccine, integrate mpox vaccination/treatment into ongoing sexual health networks - focusing on underserved populations, and development of an Equity Framework for mpox & future disease responses. Thank you to the Mpox Health Equity Team for their hard work and dedication to keeping Californian's healthy.

HIV Awareness:

February 7th is **National Black HIV/AIDS Awareness Day (NBHAAD)**. This day is observed to acknowledge the disproportionate impact of HIV in the Black/African American community, increase awareness and access to HIV testing, prevention, and care. The Black/

African American communities are making strides in reducing HIV; however, racism, discrimination and medical mistrust continue to affect whether or not Black/African American people seek and/or receive HIV services. These factors contribute to the impact of lack of access to information, preventative and lifesaving measures such as Pre-exposure prophylaxis (PrEP), and Post-exposure prophylaxis (PEP), HIV treatments and access and retention in care.

According to CDPH HIV Surveillance data, in 2020 Black/African Americans make up approximately 6% of California's population however, they account for both 17% of living HIV cases and newly diagnosed cases. A [factsheet depicting demographics and health outcomes for the community](https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf) is located at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/black-africanamericanfactsheet_ada.pdf.

NBHAAD provides educational opportunities on PrEP and other treatment options, promotes testing, and aims to help community members make healthier choices and live more positive lifestyles.

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, 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](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/mpox.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 workgroup convened in January and discussed the term, *people of color* and its varied meanings and perceptions and provided RHE updates across other departments.

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, to stay informed.

Ending the Epidemics Strategic Plan



OA and the 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 in February as we review public comments to the released draft of our phase-2 *Implementation Blueprint* and finalize the plan. Public comment has been overwhelmingly

positive and helpful. Thank you!

A reminder: The activities in this customizable *Implementation Blueprint* were the result of community input from across all regions of California and they help us drill down into specific goals under our 30 strategies organized over 6 social determinants of health: racial equity, health access for all, housing first, mental health and substance use, economic justice and stigma free.

The next stage of our process is to release the final document for wide distribution to our partners. In addition, early in 2023 we will host a series of webinars that will help local health jurisdictions customize this plan for their communities.

Below is the [website that documents our work](#), including the phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions. Thank you for engaging with this strategic planning process and helping us make it better!

- <https://facenteconsulting.com/work/ending-the-epidemics/>

Ending the HIV Epidemic (EHE)

In January, OA completed site visits of six counties funded through the Ending the Epidemic (EHE) Initiative: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. As a group the counties have expanded routine opt out and focused testing, home delivered HIV/HCV/STI integrated testing, enhanced status-neutral linkages to care and prevention services and implemented special intervention-pilots focused on EHE priority populations at intersections of mental health, substance use and housing security. OA wishes to applaud their efforts and progress made in the most difficult of circumstances. More information about the county specific EHE plans can be found on the [Ending the Epidemics landing page](#) under the CDC 20-2010 header.

Of note, some of the EHE counties have been working to implement the Street Medicine Model in their street-based services. We will continue to provide updates on their progress in future OA Voice editions. Some of our OA community partners have asked how they can get more information about the Street Medicine Model. One way is by joining the California Street Medicine Collaborative.

The California Street Medicine Collaborative, hosted by Keck School of Medicine of University of Southern California (USC) Street Medicine, is designed to create a common, neutral space for street medicine programs and supporting organizations to discuss the current and future state of street medicine in California. The Collaborative meets virtually, once a month. Street medicine is receiving an unprecedented amount of state and local support to provide primary care and other services directly to people experiencing unsheltered homelessness in their lived environment (e.g., encampment, in a park, under a bridge). A common space to discuss these opportunities, and how to leverage them to build and sustain street medicine programs for all, is key to building a collective street medicine strategy informed by the people who are doing and supporting this work. Those interested in joining the California Street Medicine Collaborative can contact sara.castro@med.usc.edu to be added to the Collaborative.

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

PrEP-Assistance Program (AP)

As of January 27, 2023, there are 200 PrEP-AP enrollment sites covering 187 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.

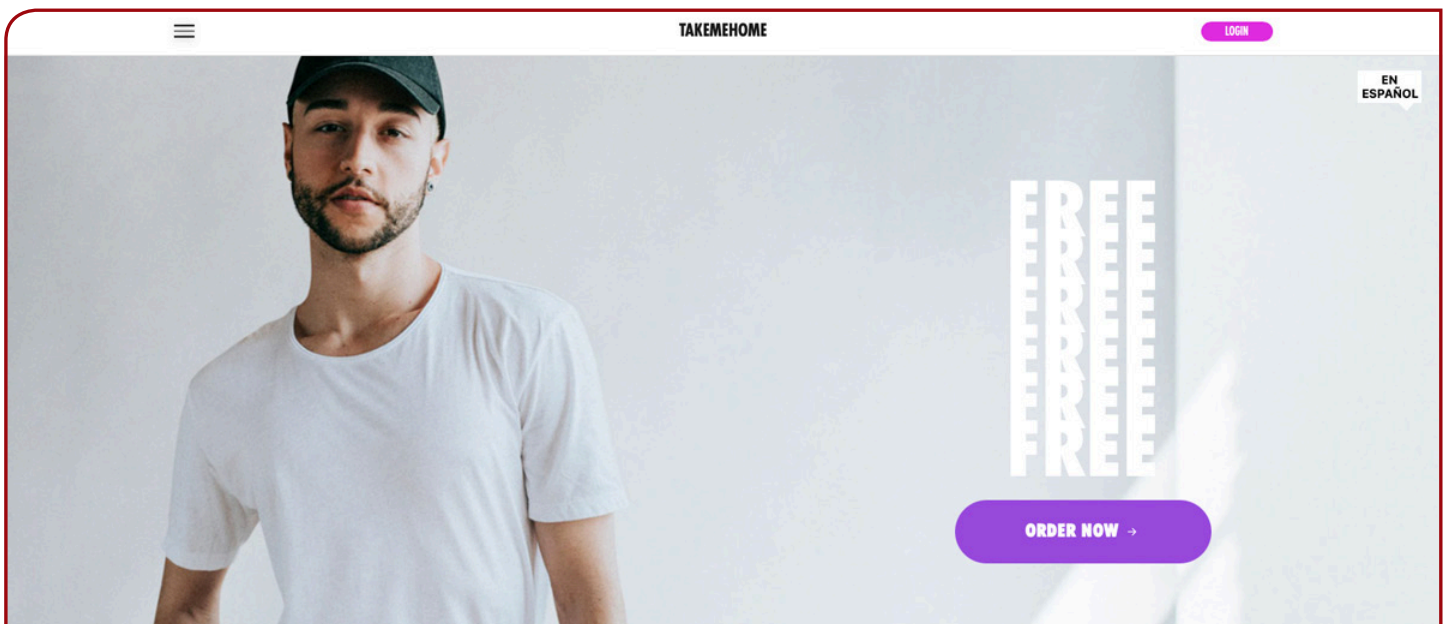
In the first 28 months, between September 1, 2020, and December 31, 2022, 4453 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 181 (77.0%) of the 235 total tests distributed.

Of individuals ordering a test in September, 35.7% reported never before receiving an HIV test, and 37.9% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 34.9% were Hispanic/Latinx, and of those reporting sexual history, 58.0% indicated 3 or

more partners in the past 12 months. To date, 490 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 (72.2%) or having had more than one sex partner in the past 12 months (63.3%).

OA is pleased to announce that we have expanded our OraQuick HIV self-testing program to all counties in California on **January 23, 2023**, through the [Building Healthy Online Communities: Take Me Home program](#) (BHOC-TMH). This is a collaboration between BHOC-TMH, OA and local health departments. This program puts an effective free HIV screening tool directly into the hands of Californians (ages 17+) who request it via the BHOC-TMH website. Outreach for this program is automated mostly through advertising on gay dating applications (apps) and websites. Help spread the word! Please send this announcement to your networks.

Thank you for all you do to end the HIV epidemic in California. If you have any questions, please [contact us](mailto:OfficeofAIDS@cdph.ca.gov) at OfficeofAIDS@cdph.ca.gov.



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	239	7%	---	---	---	---	25	1%	264	8%
25 - 34	1,019	32%	1	0%	---	---	235	7%	1,255	39%
35 - 44	790	25%	---	---	2	0%	185	6%	977	30%
45 - 64	387	12%	---	---	20	1%	107	3%	514	16%
65+	22	1%	---	---	169	5%	10	0%	201	6%
TOTAL	2,457	77%	1	0%	191	6%	562	18%	3,211	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	136	4%	---	---	32	1%	9	0%	1	0%	59	2%	5	0%	22	1%	264	8%
25 - 34	704	22%	1	0%	116	4%	87	3%	2	0%	272	8%	6	0%	67	2%	1,255	39%
35 - 44	611	19%	4	0%	81	3%	41	1%	---	---	197	6%	5	0%	38	1%	977	30%
45 - 64	298	9%	2	0%	32	1%	16	0%	---	---	147	5%	---	---	19	1%	514	16%
65+	19	1%	1	0%	4	0%	4	0%	---	---	168	5%	---	---	5	0%	201	6%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	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	105	3%	---	---	2	0%	6	0%	---	---	12	0%	1	0%	7	0%	133	4%
Male	1,501	47%	8	0%	247	8%	149	5%	3	0%	808	25%	12	0%	136	4%	2,864	89%
Trans	151	5%	---	---	16	0%	2	0%	---	---	16	0%	1	0%	4	0%	190	6%
Unknown	11	0%	---	---	---	---	---	---	---	---	7	0%	2	0%	4	0%	24	1%
TOTAL	1,768	55%	8	0%	265	8%	157	5%	3	0%	843	26%	16	0%	151	5%	3,211	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: 01/31/2023 at 12:01:20 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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

As of January 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

Fact Sheet: The California Harm Reduction Initiative

OA released a [fact sheet about the California Harm Reduction Initiative \(CHRI\)](#) and the project's significant effect on syringe services programs (SSPs) and the people who use harm reduction services. The fact sheet highlights the shift in drug use from heroin to fentanyl and the substantial expansion of harm reduction services across 42 of California's 58 counties, reaching over 28,000 new program participants.

The Impact of the California Harm Reduction Initiative

[Research Triangle Institute \(RTI\)](#) released an [article demonstrating how CHRI funding helped](#)

[SSPs reach and protect people in California](#). RTI found that CHRI was game-changing for SSPs in California, greatly improving their ability to deliver life-saving interventions to people who use drugs. Most notably, programs supported by CHRI distributed 68% more naloxone doses to their participants than other programs, and 85% of CHRI-supported SSPs offered buprenorphine to their participants, compared to only 31% of non-CHRI SSPs.

New Medi-Cal Guidelines Support Street Medicine Programs

In November 2023, California's Department of Health Care Services (DHCS) released new guidelines to Medi-Cal managed care plans that will make it easier for communities to establish and maintain street medicine programs. [California Health Care Foundation \(CHCF\)](#) released an [issue brief of key takeaways from the new Medi-Cal guidelines](#) including new policy that allows reimbursement for non-clinical street medicine care teams, like community health workers and linkage to care coordinators.

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

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	503	- 1.95%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,724	+ 2.32%
Medicare Part D Premium Payment (MDPP) Program	1,812	- 10.87%
Total	8,039	- 1.24%

Source: ADAP Enrollment System