

This newsletter is currently organized to align 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](#) is available on the Office of AIDS' (OA) website.

INSIDE:

- Strategy A
- Strategy B
- Strategy J
- Strategy K
- Strategy M
- Strategy N

STAFF HIGHLIGHT

Please join OA in congratulating **Rabia Fakhar**. Rabia has accepted a promotion as a Health Program Specialist I in the OA Support Branch Procurement and Purchasing Unit. In her new role, she will provide analysis and technical support to the various programs and special projects that are necessary to facilitate statewide program operations, as well as providing the expertise and assistance with managing over 400 contracts and all corresponding maintenance and funding encumbrances tied to each contract in addition to all other procurement needs.

Rabia began her career with the State of California working for the Public Utilities Commission (PUC) as an Associate Governmental Program Analyst in September of 2020, working as a Contracts Analyst in the Management Services/Contracts section. In this position, she worked alongside other divisions, contractors, and PUC project managers in all phases of purchasing and contracting Non-IT Goods and Services and ensured cost effective methods are utilized legally and in compliance with the State Administrative Manual. Her duties also included analyzing and managing the contract for the life of the agreement and preparing various complex detailed reports upon request. While not at work, she enjoys going for walks, reading books, traveling, and spending time with family. **Congratulations Rabia!**

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the ***Ending the Epidemics Strategic Plan***, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is on-going.

The *Strategic Plan* has 30 strategies organized over 6 social determinants of health and its accompanying *Implementation Blueprint* helps us drill-down into these strategies. Please continue to use and share these documents. The California Department of Public Health (CDPH) has made technical assistance available to counties that want to customize this blueprint for their communities. Please check out [Facente Consulting's webpage](#) to get more information about our ongoing community engagement and available technical assistance.

GENERAL 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](#) 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](#) to stay informed.

[Mpox digital assets](#) are available for LHJs and CBOs.

➤ 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.

➤ HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

➤ Ending the HIV Epidemic

Thank you to all *Ending the HIV Epidemics in the US Initiative* counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco and Los Angeles. The recently released [National HIV/AIDS Strategy \(NHAS\) Interim Action Report](#) offers more information about the impact of this initiative nationally. We still have a long way to go but we have made progress.

For more information about the [California EHE Initiative](#), visit our OA webpage. You can also view presentations (English and Spanish) from the [2023 Ending the Syndemic Symposium](#) that highlight key accomplishments of the initiative in California.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of December 27, 2023, there are 200 PrEP-AP enrollment sites and 188 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

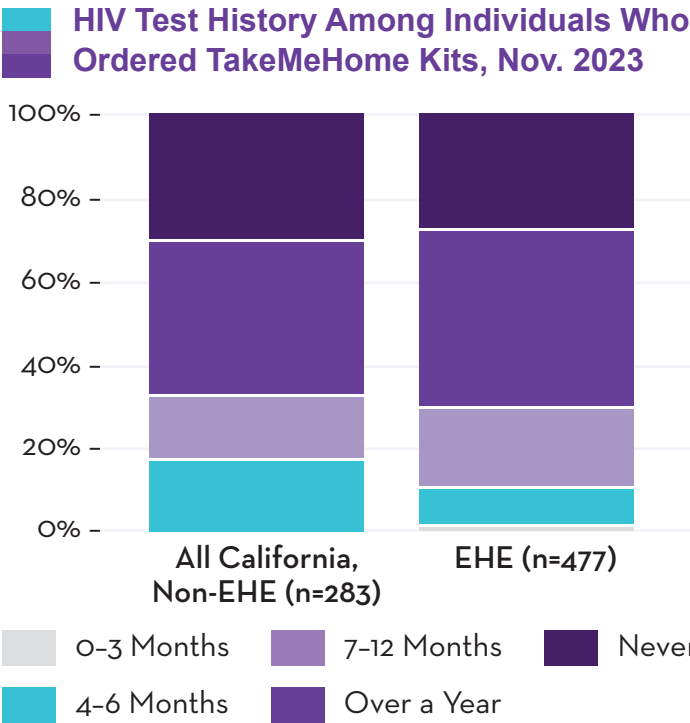
STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, [TakeMeHome®](#), (<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 November, 283 individuals in 36 counties ordered self-test kits, with 201 (71.0%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 39 months, between September 1, 2020, and November 30, 2023, 8372 tests have

been 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 261 (54.7%) of the 477 total tests distributed in EHE counties. Of those ordering rapid tests, 119 (53.1%) ordered 2 tests.



Since September 2020, 948 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 317 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.3%	94.1%
Identify as a man who has sex with other men	58.7%	60.9%
Reported having been diagnosed with an STI in the past year	8.7%	9.5%

TAKEMEHOME

STRATEGY J

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

As of December 27, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page 5.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	54.8%	60.6%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	35.6%	37.6%
Were 17-29 years old	49.9%	43.5%
Of those sharing their number of sex partners, reported 3 or more in the past year	48.2%	42.2%

(continued on page 5)

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	309	8%	---	---	---	---	23	1%	332	9%
25 - 34	1,238	33%	1	0%	1	0%	202	5%	1,442	39%
35 - 44	961	26%	---	---	4	0%	165	4%	1,130	30%
45 - 64	454	12%	---	---	16	0%	106	3%	576	15%
65+	24	1%	1	0%	205	6%	11	0%	241	6%
TOTAL	2,986	80%	2	0%	226	6%	507	14%	3,721	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	181	5%	1	0%	32	1%	18	0%	2	0%	63	2%	2	0%	33	1%	332	9%
25 - 34	857	23%	1	0%	135	4%	80	2%	9	0%	269	7%	9	0%	82	2%	1,442	39%
35 - 44	684	18%	4	0%	111	3%	54	1%	6	0%	215	6%	9	0%	47	1%	1,130	30%
45 - 64	347	9%	---	---	48	1%	19	1%	2	0%	132	4%	2	0%	26	1%	576	15%
65+	22	1%	---	---	3	0%	4	0%	---	---	204	5%	---	---	8	0%	241	6%
TOTAL	2,091	56%	6	0%	329	9%	175	5%	19	1%	883	24%	22	1%	196	5%	3,721	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	74	2%	---	---	8	0%	10	0%	1	0%	17	0%	---	---	5	0%	115	3%
Male	1,818	49%	5	0%	297	8%	158	4%	18	0%	839	23%	21	1%	169	5%	3,325	89%
Trans	173	5%	---	---	19	1%	6	0%	---	---	13	0%	---	---	6	0%	217	6%
Unknown	26	1%	1	0%	5	0%	1	0%	---	---	14	0%	1	0%	16	0%	64	2%
TOTAL	2,091	56%	6	0%	329	9%	175	5%	19	1%	883	24%	22	1%	196	5%	3,721	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: 12/31/2023 at 12:02:08 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	504	+ 0.59%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,251	+ 0.20%
Medicare Part D Premium Payment (MDPP) Program	2,089	+ 0.72%
Total	7,844	+ 0.37%

Source: ADAP Enrollment System

STRATEGY K

Increase and Improve HIV Prevention and Support Services for People Who Use Drugs:

➤ Harm Reduction and Public Safety Pilot

CDC released resources from their [Harm Reduction and Public Safety Pilot Project](#). Resources include power point presentations, one-pagers and webinar recordings centered around harm reduction and engaging with public safety.

- The Power of Collaboration: Success Stories of Harm Reduction and Public Safety Partnerships to Prevent Overdose [Webinar Recording](#)
- Communicating About Harm Reduction With Public Safety [Webinar Recording](#)
- Outreach to/Engaging With Underserved Communities [Slide Deck](#)

➤ A Qualitative Study of the Negative Impact of Encampment Sweeps on the Mental Health of Unhoused People Who Use Drugs

The Journal of Social Science & Medicine published a study that finds unhoused people who use drugs (PWUD) are increasingly subjected to forced displacement in sweeps that result in multiple negative impacts on the communities' existential security. The report details how sweeps create unpredictability, disrupt routines of survival and drug use, and increase feelings of hopelessness and loss. The authors argue that sweeps further marginalize unhoused PWUD, decreasing their agency and autonomy.

- [“Notice Of Major Cleaning”](#): A Qualitative Study of the Negative Impact of Encampment Sweeps on the Ontological Security of Unhoused People Who Use Drugs

STRATEGY M

Improve Usability of Collected Data:

Epidemiology of HIV in California, 2017-2021 has been released and is now available on the CDPH/OA [Surveillance Reports webpage](#).

This report describes the state of the HIV epidemic in California over the specified five-year period, including trends in new diagnoses

and progress towards viral suppression as well as the impact of social determinants of health on new diagnoses and health outcomes. The report also includes information regarding care of HIV patients in California and HIV prevention among vulnerable populations.

STRATEGY N

Enhance Collaborations and Community Involvement:

➤ Seeking ADAP Medical Advisory Committee Community Members

CDPH is committed to ensuring the composition of our Medical Advisory Committee (MAC) membership is reflective of the communities impacted by HIV. CDPH seeks to add at least two or more committee members living with HIV and encourages those who identify as HIV-positive to apply to serve as a community advocate.

The primary role of the MAC is to review the program formulary, evaluate available HIV/AIDS related drugs, in addition to medications

used in the treatment of opportunistic infections, and make recommendations for changes to the program formulary. The ADAP MAC consists of HIV-specialized physicians, pharmacists, psychiatrists, treatment advocacy representatives, and affected community members.

The established vision for the MAC is: ***ADAP will make available, in an effective and timely manner to people living with HIV, pharmaceutical and other treatments which are reliably expected to increase survival, reduce mortality, and improve quality of life.***

If you are interested in applying for membership in the ADAP MAC, please [email your request for an application to CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov](mailto:CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov).

For [more information regarding the ADAP MAC](#), please see our webpage.

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