

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.

In This Issue:

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

Staff Highlight:

OA congratulates **Marjorie Katz** of the OA Harm Reduction Unit for leading a [national webinar](#) on how to add harm reduction practices such as naloxone distribution and syringe access to health centers. Marjorie asked the National Association of State and Territorial AIDS Directors (NASTAD) and the National Health Care for the Homeless Council to co-sponsor the event and helped put together a panel of practitioners who shared examples of adding harm reduction to street medicine, mobile vans, and regular clinic hours.

The webinar is part of a two-year project Marjorie initiated to increase uptake of syringe services in health centers. Prior to working for the State, Marjorie worked with the California Primary Care Association and was deeply familiar with the mission of health centers to reach underserved communities. To her, harm reduction is a natural fit with the skills, scope, and ethos that drives the work of these providers, and the webinar is one part of the educational campaign she's developed to help clinics include services for people who use drugs in their work. Marjorie has also developed a toolkit for health centers that is available on our [OA Syringe Services & Harm Reduction website](#).

You can access the recording at [NASTAD's Centering Health: Models for Integrated Harm Reduction Services](#), and be sure to lookout for



more offerings in the future!

Please join OA in welcoming **Zaheer Suboh**, a PrEP-AP Analyst in the AIDS Drug Assistance Program (ADAP), Strategic Development Unit (SDU).

Zaheer was born on the East Coast and spent most of his formative childhood years in Palestine. He moved to California in 2007 and has been in the Greater Sacramento area ever since. He graduated from UC Davis in 2016 (*Go Aggies!*) and has been living in Midtown just a few blocks from the State Capitol for about 4 years. In his free time, he likes to DJ at local venues where he plays Disco, Funk, and



Zaheer

House music. He got his start at DJ'ing during the peak of the pandemic while sheltering at home. He DJ's at two prominent monthly events called "The Big Queer Picnic" and "Beaches and Cream" that bring together hundreds of Queer folk from all over the area to share space, connect and dance. He considers building Queer community and kinship a life goal. Creating events and spaces where Queer community can bring each other closer in a world that has shown them misunderstanding.

He is extremely excited to begin his work with OA as he has always been a vocal advocate of open and honest conversation about sexual health since he was a teen, even advocating for his own sexual health care and teaching his primary care providers about pre-exposure prophylaxis (PrEP) and how to access it.

HIV Awareness:

Each year, **December 1st is recognized as World AIDS Day**. This year's theme by the Centers for Disease Control and Prevention (CDC) is **Putting Ourselves to the Test: Achieving Equity to End HIV**. While great strides have been made in preventing HIV, and in maintaining health of those living with HIV, there has always been, and continues to

be health disparities between various groups of people. In California, the majority of new infections are among gay men and other men who have sex with men. Young black and Latinx men are the most impacted group in California.

Transgender women are also overrepresented among new HIV diagnoses, especially trans women of color. Women and people of color are less likely to be engaged in care, less likely to seek out PrEP to prevent HIV infection, and less likely to be virally suppressed, in order to optimize health when living with HIV. Services are not addressing their needs effectively. In its new California Strategic Plan, OA is placing racial equity at the center of work in leadership and workforce development, use of racial/ethnic data, equitable distribution of funding and resources, increased community engagement, and racial and social justice training for staff and contractors.

OA appreciates the work being done by so many in communities throughout California, and on World AIDS Day, wants you to know that only in collaboration with the community, will we bring an equitable end to new HIV infections.

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, 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/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.

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



CDPH 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 December with the released draft of our Phase-2 *Implementation Blueprint*. The activities in this customizable 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.

Below is the [website that documents our work](#), including the draft Phase-1 roadmap, the recording of our Statewide Town Hall, the list of completed regional listening sessions, and the link to the draft *Implementation Blueprint* for your review. After this plan is finalized, we will have another round of presentations and strategic planning sessions with our Part A Planning Council partners to help customize this workbook for their communities.

The community comment period goes through December 21st. Thank you in advance for reviewing this document and helping us make it better!

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

Ending the HIV Epidemic

As we end the calendar year, we thank all who connected to the Ending the HIV Epidemic (EtHE) initiative. People living with HIV and those most impacted by HIV daily put their hearts, minds and bodies in service to getting to zero HIV-related deaths, zero HIV stigma and zero new HIV infections. We are making progress. The plans in all 8 Phase-1 EtHE counties are helping to accelerate our progress. Implementing new work in the most difficult of circumstances, our public health partners created more holistic mobile primary care services with HIV/STI/HCV testing; trained more PrEP and PEP providers and peer navigators, created more Rapid StART points of service, and implemented HIV/STI self-testing through the Building Healthy Online Communities (BHOC)/TakeMeHome®.

All of these services are focused on priority populations who are hardly-reached by traditional prevention and care services. As more of these services continue to come online, we will give you further updates. We thank you for

your ongoing connection to this initiative. Please reach out to us if you have any suggestions!

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

PrEP-Assistance Program (AP)

As of November 28, 2022, there are 195 PrEP-AP enrollment sites covering 186 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 26 months, between September 1, 2020, and October 31, 2022, 4043 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 108 (67.9%) of the 159 total tests distributed.

Of individuals ordering a test in September, 35.2% reported never before receiving an HIV test, and 50.9% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 43.5% were Hispanic/Latinx, and of those reporting sexual history, 41.51% indicated 3 or more partners in the past 12 months. To date, 472 recipients have completed an anonymous follow up survey, with 94.3% 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 (72.0%) or having had more than one sex partner in the past 12 months (62.9%).

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

As of November 28, 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 October
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	505	- 4.90%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,645	-1.38%
Medicare Part D Premium Payment (MDPP) Program	2,041	- 0.19%
Total	8,191	- 1.18%

Source: ADAP Enrollment System

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	324	10%	---	---	---	---	43	1%	367	12%
25 - 34	978	31%	1	0%	---	---	248	8%	1,227	39%
35 - 44	718	23%	---	---	3	0%	164	5%	885	28%
45 - 64	364	12%	---	---	18	1%	108	3%	490	16%
65+	21	1%	---	---	165	5%	6	0%	192	6%
TOTAL	2,405	76%	1	0%	186	6%	569	18%	3,161	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	6%	---	---	46	1%	17	1%	---	---	89	3%	8	0%	26	1%	367	12%
25 - 34	699	22%	1	0%	108	3%	75	2%	3	0%	276	9%	5	0%	60	2%	1,227	39%
35 - 44	552	17%	3	0%	77	2%	38	1%	1	0%	177	6%	7	0%	30	1%	885	28%
45 - 64	289	9%	3	0%	29	1%	18	1%	---	---	133	4%	---	---	18	1%	490	16%
65+	18	1%	1	0%	4	0%	4	0%	---	---	160	5%	---	---	5	0%	192	6%
TOTAL	1,739	55%	8	0%	264	8%	152	5%	4	0%	835	26%	20	1%	139	4%	3,161	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	129	4%	1	0%	7	0%	5	0%	---	---	10	0%	1	0%	3	0%	156	5%
Male	1,470	47%	7	0%	243	8%	146	5%	4	0%	802	25%	16	1%	126	4%	2,814	89%
Trans	129	4%	---	---	13	0%	1	0%	---	---	16	1%	1	0%	4	0%	164	5%
Unknown	11	0%	---	---	1	0%	---	---	---	---	7	0%	2	0%	6	0%	27	1%
TOTAL	1,739	55%	8	0%	264	8%	152	5%	4	0%	835	26%	20	1%	139	4%	3,161	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: 11/30/2022 at 12:02:04 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

OA Harm Reduction Webpages

The OA Harm Reduction Unit (HRU) is excited to share our updated [CDPH/OA Harm Reduction Homepage](#). Please make sure to bookmark this page and use it to assist you in your work.

From the HRU home page, you'll find six pages:

- **<UPDATED> - Syringe Services Programs**
– Includes fact sheets (California law, harm reduction supplies, etc.), maps, and infographics as well as State guidance and requirements, issue briefs, and a media section.
- **Applications and Public Comment** – Lists current State applications open for public comment as well as all State-authorized programs with their locations, hours and contact information.
- **<NEW> Harm Reduction Resources** – Includes sections on data, training resources, overdose prevention, tools and technical assistance, and COVID-19 resources.
- **<NEW> Harm Reduction in Health Centers**
– Provides information for health centers interested in adding harm reduction services to their work.
- **<NEW> Reporting Requirements** – Describes the reporting requirements for State-authorized programs, locally-authorized programs, and the statutory reporting obligations of the local health officer. Also includes suggestions for where to find relevant data.
- **<UPDATED> - Nonprescription Sale of Syringes in Pharmacies** – This page has been updated with a new toolkits and

resources to assist in educating pharmacist and the public on the legality and best practices of selling syringes without a prescription.

Infographic: Charting the Stimulant Overdose Crisis & the Influence of Fentanyl

Overdose deaths are often attributed to more than one drug, either knowingly or unknowingly combined. Forty-nine percent of deaths involving methamphetamine and 71% of deaths involving cocaine now involve a synthetic opioid, primarily fentanyl. This [interactive graphic](#) explores data trends related to the rapid rise in overdose deaths involving stimulants, including trends in rural and urban communities, racial and ethnic groups, and states.

Report: CDC Releases 2020 Viral Hepatitis Surveillance Report

The CDC recently published the [viral hepatitis surveillance report for 2020](#). In 2020, the rate of newly reported chronic hepatitis B cases among Asian American and Pacific Islander people was almost 12 times the rate among non-Hispanic White people, likely due to historical geographic differences in the distribution of hepatitis B. There was also a 15% increase in the rate of reported cases of acute hepatitis C, largely driven by increases in injection drug use. These findings signal an increased urgency to prioritize health equity and focus on vulnerable populations in our viral hepatitis response.

Webinar: Fatal Overdose Prevention for Homeless Service Providers in California

Fatal overdose is a leading cause of death amongst people experiencing homelessness in California. Learn how your program can be ready to prevent and reverse fatal overdose in this [90-minute webinar](#) from CDPH. This webinar is aimed at homeless service providers, particularly those at the management/ decision-making level.

Report: A Peer-Led Initiative Leads Overdose Prevention and Response within Supportive Housing

The Drug Overdose Prevention Education Project's (DOPE Project) [Single-Resident Occupancy \(SRO\) Initiative](#) was created in 2020 and expanded in 2021 to address the rising number of opioid-related overdoses by people who use drugs while using alone in their home.

Strategy N: Enhance Collaborations and Community Involvement



Sacramento County held a ribbon cutting ceremony celebrating the grand opening of their new Sexual Health Clinic (SHC). Allison Hargreaves and Angelique Skinner of the OA

Ending the HIV Epidemic (EtHE) team, along with Perry Rhodes III of Facente Consulting, attended the ceremony, which commemorated three years of tireless work, dedication, and community planning that highlighted the need for the SHC. Clinic services will be funded, in part, by the EtHE initiative and HRSA's Ryan White HIV/AIDS Program.

The long-awaited expansion of the SHC offers four additional exam rooms which will offer STI express visits, HIV services, as well as PrEP and STI treatment. The new space allows HIV care and treatment and other sexual health services in a client-centered manner. SHC is offering services by appointment and walk-in visits 5 days a week. At this time, HIV services are offered 1 day a week, however, the Sexual Health Promotion Unit is currently onboarding new clinicians to extend services to 5 days a week in early 2023.

We thank and congratulate the Sacramento Sexual Health Promotion Unit on this grand endeavor; we know your efforts will get us closer to reaching our EtHE goals in Sacramento County!

[More information about the SHC](https://dhs.saccounty.gov/PUB/SexualHealthPromotionUnit/Pages/Sacramento-County-Sexual-Health-Clinic-.aspx) can be found at <https://dhs.saccounty.gov/PUB/SexualHealthPromotionUnit/Pages/Sacramento-County-Sexual-Health-Clinic-.aspx>

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