the OA Voice
Issue: January 2023

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 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 is pleased and excited to announce that **Jessica Heskin** has accepted the OA Assistant Division Chief position and started January 2, 2023!

Jessica has been in Public Health for over 20 years. She was originally hired in the OA Care Housing Unit in 2015 and was promoted to the HIV Care Section Chief in 2018. Prior to joining OA, Jessica served 15 years as the Violence and Sexual Assault Support Services Coordinator at Sacramento State University. She has an MA in Behavioral Sciences with Women's Studies Emphasis from Sacramento State University and an MPH from San Jose State University.

In her free time, Jessica enjoys yoga, reading, spending time with her family (including her three dogs) and playing the virtual reality game Demeo.

She is excited (and so are we) to be continuing on her OA journey.

## 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, 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 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 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 at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

### Ending the Epidemics Strategic Plan

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

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 January 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 draft 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! You can review our progress at the website below:

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

### Ending the HIV Epidemic

We are announcing again that OA is expanding OraQuick HIV self-testing to all counties in California by the end of January through the Building Healthy Online Communities (BHOC)/TakeMeHome program. OA will work with local health departments and community stakeholders to promote this program once it is up and running.

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

### PrEP-Assistance Program (AP)

As of December 29, 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 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 4 of this newsletter.

## Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through BHOC in the six California Consortium Phase I Ending the HIV Epidemic in America counties. 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 the first 27 months, between September 1, 2020, and November 30, 2022, 4218 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 137 (78.3%) of the 175 total tests distributed.

Of individuals ordering a test in September, 41.1% reported never before receiving an HIV test, and 58.9% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 47.5% were Hispanic/Latinx, and of those reporting sexual history, 55.7% indicated 3 or more partners in the past 12 months. To date, 479 recipients have completed 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 (71.8%) or having had more than one sex partner in the past 12 months (63.1%).

## Strategy C: Expand Partner Services

CDPH, OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new CalREDIE disease condition called "HIV Field Investigation Incident" or HFII (pronounced "huffy") is available in CalREDIE, and starting on **January 3rd, 2023 counties will begin documenting HIV field services in CalREDIE**. HIV field services include partner services, linkage and re-engagement in care, cluster response, and linkage to testing and PrEP for contacts.

HFII can be used to document county efforts for:

- Newly diagnosed HIV infection
- Contacts to HIV (Partner Services)
- Data to Care (D2C)
- Linkage and re-engagement in care
- Outbreak/molecular cluster

Based on feedback from pilot counties, CDPH has made the following changes to HFII:

- Changed the name of disease incident from STD/HIV Field Investigation Incident to HIV Field Investigation Incident.
- HFII and HIV/AIDS incidents marked as "Closed by LHD" will disappear from "my case load."
- Made HIV incident number a required field on the tracking tab.
- Added a "Barriers to Care" check box to document patient barriers to (re) entering HIV care.
- Removed "Eligible for PrEP" field.

*(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** | 232 | 7% | --- | --- | --- | --- | 27 | 1% | 259 | 8% |
| **25 - 34** | 989 | 31% | 1 | 0% | --- | --- | 224 | 7% | 1,214 | 38% |
| **35 - 44** | 790 | 25% | --- | --- | 2 | 0% | 189 | 6% | 981 | 31% |
| **45 - 64** | 396 | 12% | --- | --- | 20 | 1% | 119 | 4% | 535 | 17% |
| **65+** | 19 | 1% | --- | --- | 173 | 5% | 11 | 0% | 203 | 6% |
| **TOTAL** | **2,426** | **76%** | **1** | **0%** | **195** | **6%** | **570** | **18%** | **3,192** | **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** | 137 | 4% | --- | --- | 30 | 1% | 9 | 0% | --- | --- | 58 | 2% | 6 | 0% | 19 | 1% | 259 | 8% |
| **25 - 34** | 678 | 21% | --- | --- | 112 | 4% | 78 | 2% | 3 | 0% | 272 | 9% | 6 | 0% | 65 | 2% | 1,214 | 38% |
| **35 - 44** | 613 | 19% | 4 | 0% | 81 | 3% | 37 | 1% | 1 | 0% | 203 | 6% | 5 | 0% | 37 | 1% | 981 | 31% |
| **45 - 64** | 320 | 10% | 2 | 0% | 34 | 1% | 16 | 1% | --- | --- | 143 | 4% | --- | --- | 20 | 1% | 535 | 17% |
| **65+** | 20 | 1% | 1 | 0% | 4 | 0% | 4 | 0% | --- | --- | 170 | 5% | --- | --- | 4 | 0% | 203 | 6% |
| **TOTAL** | **1,768** | **55%** | **7** | **0%** | **261** | **8%** | **144** | **5%** | **4** | **0%** | **846** | **27%** | **17** | **1%** | **145** | **5%** | **3,192** | **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** | 110 | 3% | --- | --- | 2 | 0% | 5 | 0% | --- | --- | 13 | 0% | 1 | 0% | 3 | 0% | 134 | 4% |
| **Male** | 1,503 | 47% | 7 | 0% | 243 | 8% | 137 | 4% | 4 | 0% | 812 | 25% | 13 | 0% | 131 | 4% | 2,850 | 89% |
| **Trans** | 142 | 4% | --- | --- | 16 | 1% | 2 | 0% | --- | --- | 15 | 0% | 1 | 0% | 5 | 0% | 181 | 6% |
| **Unknown** | 13 | 0% | --- | --- | --- | --- | --- | --- | --- | --- | 6 | 0% | 2 | 0% | 6 | 0% | 27 | 1% |
| **TOTAL** | **1,768** | **55%** | **7** | **0%** | **261** | **8%** | **144** | **5%** | **4** | **0%** | **846** | **27%** | **17** | **1%** | **145** | **5%** | **3,192** | **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: 12/31/2022 at 12:01:40 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.*

- Added “PrEP Initiated/start date” field.
- Added options for HIV Dispositions:
  - o Investigation Not Conducted, Deceased
  - o Investigation Not Conducted, Risk of Domestic Violence
- Added option for HIV-related diagnosis, 950 - HIV/AIDS
- Changed options in REFERRALS TO OTHER SERVICES section:
  - o Separated ADAP and PrEP-AP
  - o Added Ryan White Services

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

As of December 29, 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 November |
|---|---|---|
| Employer Based Health Insurance Premium Payment (EB-HIPP) Program | 513 | + 1.58% |
| Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program | 5,594 | - 0.90% |
| Medicare Part D Premium Payment (MDPP) Program | 2,033 | - 0.39% |
| **Total** | **8,140** | **- 0.62%** |

*Source: ADAP Enrollment System*

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