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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.

STAFF HIGHLIGHT

OA is very excited to welcome **Nikki Yang** as the new AIDS Drug Assistance Program (ADAP) Fiscal Forecasting Section Chief with the ACEI (ADAP and Care Evaluation & Informatics) Branch. Nikki brings extensive expertise as a health economist and epidemiologist while previously working with the Department of Veteran Affairs, Department of Justice, and University of California, Davis (UC Davis). Her work has focused on reducing health disparities among underserved communities, improving quality of care for veterans, and economic evaluation of the Tobacco Control Program and COVID-19 testing.

Originally from Taiwan, Nikki initially practiced as a small animal veterinarian before pursuing higher education in the U.S. She holds a Master of Preventive Veterinary Medicine and a PhD in Epidemiology with a specialization in the economic evaluation of pediatric telemedicine program from UC Davis.

Beyond her professional endeavors, Nikki is the founder of Animal Rescue Squad International, a non-profit organization dedicated to finding neglected animals permanent homes in California. She maintains an active lifestyle through rock climbing and pole dancing. Nikki shares, "I am so excited about my new chapter with the team!"



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.

Also, Facente Consulting, in partnership with CDPH OA and STD Control Branch, would like to invite you to our four-part ***Ending the Epidemics Strategic Plan*** workshop series. The content of the workshops are mostly aimed at county staff, but all interested Stakeholders are welcome to join. Please note: the first workshop took place on January 22, 2024, but its recording is available to view below:

1. [Customizing the Blueprint and Aligning Local Plans Including Ending the HIV Epidemic \(EHE\)](#), which provided technical assistance and best practices for these strategies. The recording is available at <https://youtu.be/Qqpa980zjsk>.
2. [Prioritization and Feasibility](#) exercises will take place on **March 11th at 2pm**. This workshop will provide guidance and tools to dive into the activities in the blueprint and help determine which are highest priority for your jurisdiction. Please register in advance for this workshop. <https://us06web.zoom.us/j/84551234567>
3. [Community Mapping Model for Collaborating](#) will take place on **March 25th at 2pm**. This workshop will provide information about how to use google maps and other tools to create catalogs of community assets, stakeholders, and/or other resources relevant to your efforts to end the epidemics. Please register in advance for this workshop.

4. [Communicating the Blueprint and Other Community Engagement Activities](#) will take place on **May 6th at 2 pm**. This workshop will provide technical assistance and best practices for engaging community voices and developing a communication plan for your local blueprint. Please register in advance for this workshop.

Please feel free to register for as many workshops as you would like and we look forward to seeing you there!

HIV AWARENESS

March 10 is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). NWGHAAD highlights the impact HIV and AIDS has on women and girls and is meant to raise support those at risk or living with HIV. This day is celebrated to educate women and girls about HIV through prevention, testing, and treatment, and to empower them to make the best choices for themselves concerning their sexual health.

March 20th is National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is held on the first day of Spring and is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives and Native Hawaiian communities. This day honors those living with or affected by HIV as well as those who have passed due to HIV/AIDS related complications.

In addition, **March 31st is International Transgender Day of Visibility (TDOV).** This day is meant to celebrate the resilience and bravery of transgender and non-binary people. It is meant to bring awareness of the discrimination, stigma, and anti-trans violence this community faces every day. TDOV also acknowledges the many contributions made by transgender and non-binary people and celebrate the beauty and courage of living authentically.

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

PrEP Support Project

The Ending the HIV Epidemic (EHE) counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego are working with UCLA to implement a variety of social marketing strategies to connect EHE priority populations to integrated testing and PrEP services in their communities. Strategies include bus shelter and website advertisements, the use of social media influencers, and materials in both Spanish and English. Each county is doing work to address the specific needs of their communities.

Alameda County chose to focus their efforts on communities not reached through dating apps by featuring community leaders on bus shelter ads to promote testing and PrEP services. OA applauds the efforts of all counties and stakeholders who are helping California achieve the goal of reaching 50% of eligible adults with PrEP!

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of February 28, 2024, there are 200 PrEP-AP enrollment sites and 191 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.

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	349	9%	---	---	---	---	25	1%	374	10%
25 - 34	1,262	34%	1	0%	1	0%	183	5%	1,447	38%
35 - 44	949	25%	---	---	3	0%	165	4%	1,117	30%
45 - 64	443	12%	---	---	17	0%	108	3%	568	15%
65+	30	1%	---	---	215	6%	9	0%	254	7%
TOTAL	3,033	81%	1	0%	236	6%	490	13%	3,760	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	206	5%	---	---	39	1%	16	0%	3	0%	68	2%	3	0%	39	1%	374	10%
25 - 34	855	23%	3	0%	138	4%	79	2%	8	0%	264	7%	12	0%	88	2%	1,447	38%
35 - 44	658	18%	5	0%	102	3%	56	1%	6	0%	222	6%	7	0%	61	2%	1,117	30%
45 - 64	332	9%	---	---	56	1%	19	1%	3	0%	128	3%	2	0%	28	1%	568	15%
65+	23	1%	---	---	4	0%	5	0%	---	---	210	6%	---	---	12	0%	254	7%
TOTAL	2,074	55%	8	0%	339	9%	175	5%	20	1%	892	24%	24	1%	228	6%	3,760	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%	9	0%	1	0%	16	0%	---	---	4	0%	112	3%
Male	1,828	49%	6	0%	303	8%	157	4%	19	1%	850	23%	24	1%	199	5%	3,386	90%
Trans	144	4%	1	0%	21	1%	7	0%	---	---	11	0%	---	---	6	0%	190	5%
Unknown	28	1%	1	0%	7	0%	2	0%	---	---	15	0%	---	---	19	1%	72	2%
TOTAL	2,074	55%	8	0%	339	9%	175	5%	20	1%	892	24%	24	1%	228	6%	3,760	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: 02/29/2024 at 12:01:30 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

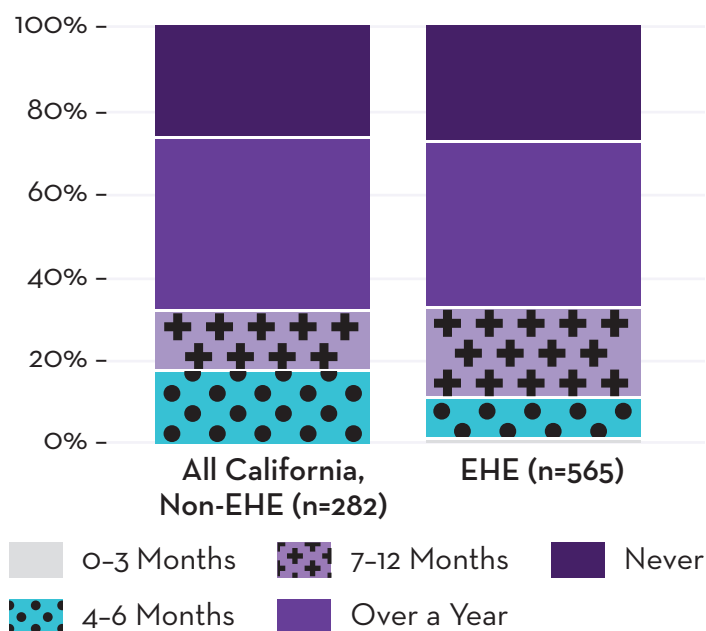
STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its BHOC-TMH 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 January, 282 individuals in 41 counties ordered self-test kits, with 204 (72.3%) 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 41 months, between September 1, 2020, and January 31, 2024, 9,461 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 304 (53.8%) of the 565 total tests distributed in EHE counties. Of those ordering rapid tests, 202 (77.4%) ordered 2 tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Jan. 2024



TAKEMEHOME



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	52.5%	55.4%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	32.3%	37.1%
Were 17-29 years old	47.8%	43.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.2%	49.5%

Since September 2020, 1,062 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 384 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	94.4%	94.8%
Identify as a man who has sex with other men	56.4%	58.9%
Reported having been diagnosed with an STI in the past year	8.9%	9.1%

STRATEGY F

Improve Overall Quality of HIV-Related Care:

➤ Clinical Quality Management Program

The Clinical Quality Management (CQM) Program is thrilled to announce the publication of the *2023-2024 CQM Plan*. This comprehensive plan outlines the activities, goals, and mission for the OA CQM program during the 2023-2024 project year. It signifies the OA's commitment to revitalizing the program and initiating forthcoming quality improvement projects aimed at enhancing health outcomes and the quality of care for individuals living with HIV served by Ryan White Part B subrecipients.

To view the *2023–2024 CQM Plan*, along with the *2020–2023 CQM Plan*, please visit the [OA CQM webpage](#).

STRATEGY G

Improve Availability of HIV Care:

➤ Funding for Housing in Solano County

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Solano County. Request for Application (RFA) #24-10015 was released on February 2, 2024, and posted on our [RFA webpage](#).

HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments, housing authorities, or community development agencies) and non-profit community-based organizations may apply. The award amount for Solano County is approximately \$416,343 per year.

Agencies interested in applying should [submit an e-mail of intent](#) to HOPWARFA@cdph.ca.gov by **March 14, 2024**, to receive the application materials. Applications are due **March 15, 2024**.

STRATEGY J

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

As of February 28, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

STRATEGY K

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

➤ RESEARCH: Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose

With new formulations of the life-saving drug naloxone hitting the market, different dosages and formats are being explored. The CDC published a study in the Morbidity and Mortality Weekly Report last month comparing the effects of 8-milligram intranasal naloxone to 4-milligram intranasal naloxone in a law enforcement setting. The comparison found that there were no differences observed in survival between the two dosages, but recipients of the 8-milligram product had a significantly higher prevalence of opioid withdrawal signs and symptoms (including pain and vomiting) than did 4-milligram product recipients. This report implies there were no benefits of 8-milligram intranasal naloxone compared with 4-milligram product found in the study.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	516	+ 2.99%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,675	+ 2.64%
Medicare Part D Premium Payment (MDPP) Program	2,078	+ 3.69%
Total	8,269	+ 2.92%

Source: ADAP Enrollment System

Full Study: “Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023 | MMWR (cdc.gov)”

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