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This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

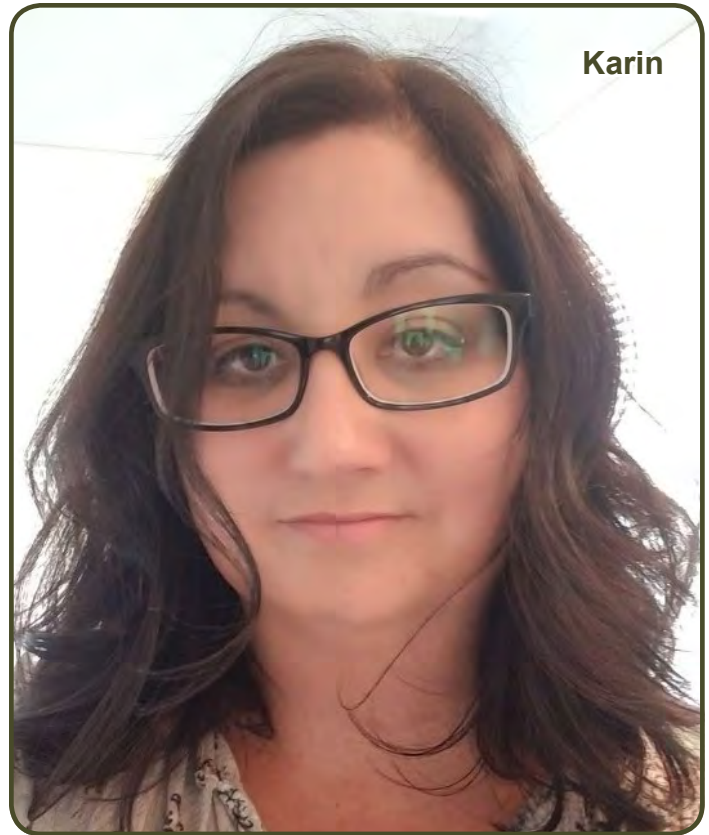
STAFF HIGHLIGHT

OA is pleased to announce that **Karin Hill** has accepted the position of Business Innovation Section Chief!

Karin has led the Sexual Health & Program Resilience Section in work related to the provision of culturally responsive, trauma-informed, patient centered, and equitable HIV Prevention activities while ensuring the development and implementation of effective programs that successfully meet the needs of those we serve. She has demonstrated a unique ability to utilize strength-based approaches that can be used to dismantle racial and health inequities that seeks to improve health outcomes for priority populations. Her ability to negotiate sensitive and complex issues with stakeholders and internal staff has allowed her to provide support to supervisors and direct reports in three distinct units. As the primary manager for the HIV California Planning Group, she has led the team of state and community co-chairs to provide monthly educational webinars and bi-annual in-person conferences across the state.

In her spare time, Karin enjoys excursions with her kids Bridget and Connor, seeing any stage musical she can find, and playing with her dog Penny. Karin is also pursuing a master's degree at Penn State University, in Organization Development and Change. Please take a moment to congratulate her in this exciting new role.

Karin



HIV AWARENESS

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). The theme, “Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities,” will again be used in 2025. The meaning behind the theme is to involve the Black/African American community in HIV prevention, educate Black/African American people about prevention and treatment strategies, and encourage the community to

share their success stories about living with HIV. NBHAAD is celebrated to emphasize the importance of access to HIV education, prevention, testing, and treatment strategies.

NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about the disproportionate impact of HIV/AIDS on the Black/African American community. Although the Black/African American communities have made progress in reducing HIV, they are significantly impacted by social and structural determinants of health such as racism, medical mistrust, and access to quality healthcare. These and other factors affect whether Black/African American people seek or receive HIV treatment or are aware of life saving measures such as pre-exposure prophylaxis (PrEP), and/or post-exposure prophylaxis (PEP).

According to the CDPH HIV Surveillance data, in 2022 Black/African Americans make up approximately 6% of California's population. However, they account for 16% of living HIV cases and 15% of newly diagnosed cases. Notably, from 2018 to 2022, the overall rate of new HIV diagnoses decreased by 13% however, there is still more work to do. [View the factsheet](#) depicting demographics and health outcomes for the Black/African American community.

GENERAL UPDATES

> 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.

Digital assets continue to be available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

> HIV/STI/HCV Integration

We continue to move 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 as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The [visual at the top of page three](#) is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

> Strategy 1: Redesigned Care Delivery

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](#), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

ENDING THE EPIDEMICS
STI·HIV·HEPC

OA/STD
STRATEGIC PLAN

RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

TAKEMEHOME

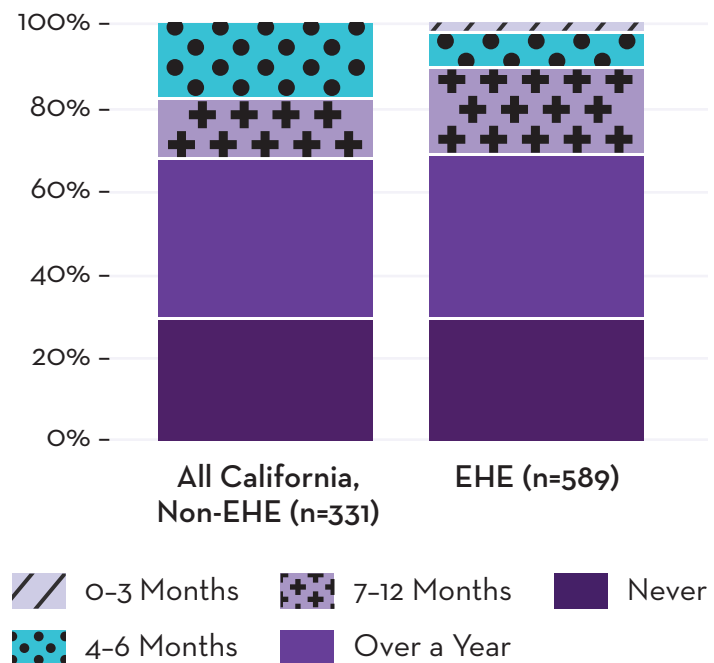


In December, 331 individuals in 39 counties ordered self-test kits, with 224 (67.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and December 31, 2024, 15,260 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 151 (25.6%) of the 589 total tests distributed in EHE counties. Of those ordering rapid tests, 320 (73.1%) ordered 2 tests.

Since September 2020, 1,703 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 725;

responses from the California expansion since January 2023.

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



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.1%	57.5%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.5%	46.5%
Were 17-29 years old	43.1%	40.8%
Of those sharing their number of sex partners, reported 3 or more in the past year	45.0%	36.2%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.2%
Identify as a man who has sex with other men	49.6%	53.0%
Reported having been diagnosed with an STI in the past year	8.6%	10.2%

➤ **Strategy 3: Fewer Hurdles to Healthcare Coverage**

As of January 31, 2025, there are 278 PrEP-AP enrollment sites and 229 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 five of this newsletter.

As of December 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page six.

HOUSING FIRST

➤ **Strategy 2: Infrastructure Changes**

OA’s HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Barbara County. 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 nonprofit community-based organizations may apply. The award amount for Santa Barbara County is approximately \$241,300 per year.

Request for Application (RFA) #25-10039 can be found on OA’s webpage. OA will host a technical assistance webinar through MS Teams on February 20, 2025 (1 PM to 2 PM). If you are interested in applying, submit an e-mail of intent to HOPWARFA@cdph.ca.gov by March 14, 2025, and you will be sent the application materials. **Applications are due March 17, 2025.**

RACIAL EQUITY

➤ **Strategy 5: Racial and Social Justice Training**

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing

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	295	9%	---	---	---	---	10	0%	305	10%
25 - 34	1,060	33%	---	---	---	---	136	4%	1,196	37%
35 - 44	804	25%	---	---	1	0%	139	4%	944	30%
45 - 64	449	14%	---	---	8	0%	87	3%	544	17%
65+	38	1%	---	---	168	5%	5	0%	211	7%
TOTAL	2,646	83%	0	0%	177	6%	377	12%	3,200	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	168	5%	5	0%	40	1%	15	0%	---	---	41	1%	4	0%	32	1%	305	10%
25 - 34	644	20%	4	0%	115	4%	92	3%	7	0%	248	8%	8	0%	78	2%	1,196	37%
35 - 44	532	17%	4	0%	88	3%	54	2%	5	0%	192	6%	6	0%	63	2%	944	30%
45 - 64	300	9%	---	---	49	2%	14	0%	1	0%	135	4%	---	---	45	1%	544	17%
65+	20	1%	---	---	5	0%	6	0%	---	---	167	5%	---	---	13	0%	211	7%
TOTAL	1,664	52%	13	0%	297	9%	181	6%	13	0%	783	24%	18	1%	231	7%	3,200	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	52	2%	---	---	6	0%	10	0%	1	0%	8	0%	---	---	7	0%	84	3%
Male	1,511	47%	12	0%	271	8%	167	5%	12	0%	747	23%	17	1%	203	6%	2,940	92%
Trans	83	3%	---	---	14	0%	3	0%	---	---	12	0%	1	0%	6	0%	119	4%
Unknown	18	1%	1	0%	6	0%	1	0%	---	---	16	1%	---	---	15	0%	57	2%
TOTAL	1,664	52%	13	0%	297	9%	181	6%	13	0%	783	24%	18	1%	231	7%	3,200	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: 01/31/2025 at 12:01:26 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 December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	556	0.36%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,758	6.55%
Medicare Premium Payment Program (MPPP)	2,130	- 3.36%
Total	8,444	3.46%

Source: ADAP Enrollment System

cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To [submit a CBA request](#), please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

who injected to transition to smoking. To sustain and increase engagement with people who use drugs, some syringe services programs started distributing safer smoking supplies to participants.

Science Direct published an analysis from the National Survey of Syringe Services Programs in the United States last month that highlights the effectiveness of distributing safer smoking equipment as a form of engagement. Smoking supplies distribution was associated with more participant encounters and greater naloxone distribution. The study also found that more community-based organizations distributed safer smoking supplies than health department and healthcare-run syringe services programs.

[View the study.](#)

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

RESEARCH: Association of distributing smoking supplies and naloxone

As the overdose crisis evolved into the current fourth wave of poly-substance use, trends on how substances are used evolved as well. Smoking has become the most widely used route of administration, prompting some people

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

