

## INSIDE:

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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

Please join OA in welcoming **Brett AugsJoost** to the Surveillance and Prevention Evaluation and Reporting (SuPER) Branch as the new Prevention Evaluation and Monitoring Section Chief!

Many of us have worked with Brett for a number of years, first in his role with STD Control Branch working on Partner Services training and STD/HIV service integration and evaluation (starting in 2015), and more recently (starting in 2020), as the OA Outbreak and Field Investigation Unit Chief. That unit is responsible for technical assistance related to HIV partner services, data to care, perinatal HIV prevention, and cluster detection and response. Besides taking on the role of PEM chief, Brett will maintain his involvement with cluster investigation/other data to services by operating as the Interim Chief with the Outbreak Unit.

Prior to joining CDPH Brett was an evaluator for San Francisco Community Health, working on the evaluation of two federally funded special projects of national significance (SPNS). He has over 20 years of experience in sexual health, serving in roles from health educator, trainer, program coordinator, and evaluator. Brett received his master's in public health from UC Berkeley in 2012 and his undergraduate degree in sexuality and politics from Ithaca College. When he's not working, he enjoys spending



time with his lovely spouse Cindi, and their two children Oliver (8) and Azalea (5). Brett is an avid reader, cook, sourdough bread baker, and has been practicing and teaching Indonesian martial arts for over 20 years. Congratulations on your promotion, Brett!

## HIV AWARENESS

**September 18 is National HIV/AIDS and Aging Awareness Day (NHAAD)**. It is observed to focus on the increasing number of people who are living long and full lives due to numerous

advancements in HIV treatment. NHAAD is also meant to acknowledge the unique needs and challenges related to aging with HIV such as co-morbidities that can complicate treatment.

As people age, they are less aware of their HIV risk factors and are less likely to get tested. NHAAD promotes HIV awareness, education, and testing. [Find a list of resources](#) for more information on NHAAD and testing options.

**September 27 is National Gay Men’s HIV/AIDS Awareness Day (NGMHAAD).** This day aims to address HIV stigma, and encourage HIV testing, prevention and education among gay, bisexual, and other men who have sex with men. Despite the number of advancements in HIV treatment and prevention -- racism, stigma and homophobia are barriers that still discourage individuals from getting the care and prevention they deserve especially men of color.

## 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.

Mpox digital assets are available for LHJs and CBOs on DCDC’s [Campaign Toolkit](#) website.

### > HIV/STD/HCV Integration

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 EPIDEMICS**  
STI·HIV·HEPC

**RACIAL EQUITY**

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

**HOUSING FIRST**

- Data Collection & Use
- Infrastructure Changes
- New Models of Housing Access
- Street Medicine Strategies
- Low-barrier Housing Options

**HEALTH ACCESS FOR ALL**

- Redesigned Care Delivery
- Trauma-Informed & Responsive Services
- Fewer Hurdles to Healthcare Coverage
- Culturally & Linguistically Relevant Services
- Collaboration & Streamlining

**MENTAL HEALTH & SUBSTANCE USE**

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

**ECONOMIC JUSTICE**

- Workforce Development
- Employment for People with Lived Experience
- Equitable Hiring Practices & Fair Pay
- Leadership Development
- Universal Hiring & Housing Policies

**STIGMA FREE**

- Nothing About Us Without Us
- Reframe Policies & Messaging
- Positive, Accurate Information
- Acknowledge Medical Mistrust
- Ongoing Partnerships

The **visual on the previous page** 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

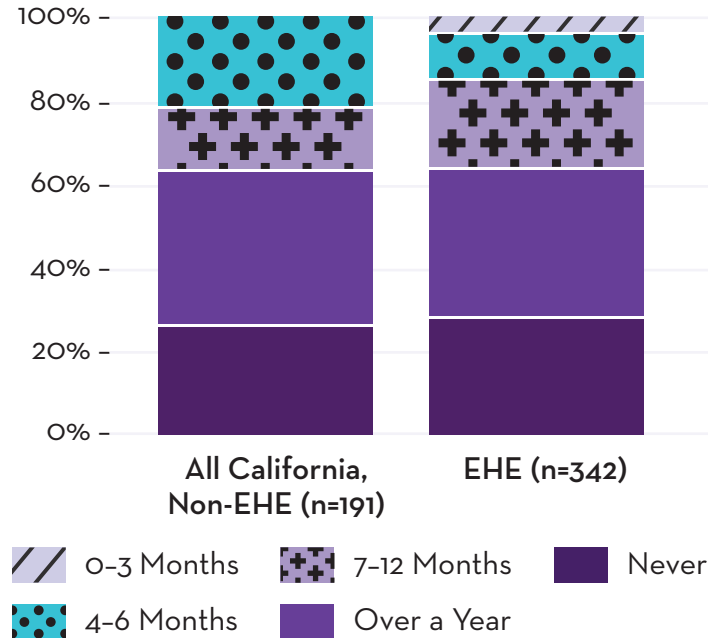
OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**<sup>®</sup>, (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



In July, 191 individuals in 34 counties ordered self-test kits, with 137 (71.7%) 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. In the first 47 months, between September 1, 2020, and July 31, 2024, 12,642 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 154 (45.0%) of the

342 total tests distributed in EHE counties. Of those ordering rapid tests, 134 (71.3%) ordered 2 tests.

### HIV Test History Among Individuals Who Ordered TakeMeHome Kits, July 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	59.7%	56.8%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.2%	43.5%
Were 17-29 years old	45.6%	36.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	53.2%	37.3%

Since September 2020, 1,456 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 518 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.2%
Identify as a man who has sex with other men	51.4%	54.3%
Reported having been diagnosed with an STI in the past year	8.6%	10.2%

Since April 1, 2024, the **Mpox vaccine, JYNNEOS**, became available on the commercial market. While CDPH will work to ensure access to vaccine through LGBTQ+ Pride season, access to vaccine for people who are uninsured/underinsured in a local jurisdiction may be impacted once the state supply is phased out. Please consider using the state’s turnkey resource (Optum Serve) to bolster vaccination efforts at large community or PRIDE events, particularly those that would serve a large under/underinsured population.

The **Mpox Turnkey Program** can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves, which would be provided by the local health jurisdiction).

If you know a local jurisdiction is interested in using the **Mpox Turnkey Program** and/or for more information, please contact [Brenda Meza](mailto:brenda.meza@cdph.ca.gov), (brenda.meza@cdph.ca.gov) and [Justin Garcia](mailto:justin.garcia@cdph.ca.gov) (justin.garcia@cdph.ca.gov).

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

As of September 2, 2024, there are 221 PrEP-AP enrollment sites and 245 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 September 2, 2024, the number of ADAP clients enrolled in each respective [ADAP Insurance Assistance Program](#) are shown in the chart at the top of page 6.

**RACIAL EQUITY**

➤ **Strategy 2: Racial/Ethnic Data Collection and Stratification**

*HIV/AIDS Epidemiology and Health Disparities in California 2022* has been released and is now available on the CDPH/OA website on the [Surveillance Reports](#) page.

This report describes the state of the HIV epidemic in California, including trends in new diagnoses and progress towards viral suppression. The report also examines health disparities and the impact of social determinants of health on new diagnoses and health outcomes.

➤ **Strategy 4: Community Engagement**

The Fall 2024 In-Person Meeting for the **California Planning Group (CPG)** will be November 20–22 in Riverside, CA at the Marriott Riverside at the Convention Center.

For [more information about CPG](#), please visit our website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_CPG.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx).



### 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	421	11%	---	---	---	---	22	1%	443	12%
25 - 34	1,240	34%	---	---	---	---	175	5%	1,415	39%
35 - 44	855	23%	---	---	3	0%	149	4%	1,007	27%
45 - 64	421	11%	---	---	13	0%	108	3%	542	15%
65+	30	1%	---	---	222	6%	6	0%	258	7%
<b>TOTAL</b>	<b>2,967</b>	<b>81%</b>	<b>0</b>	<b>0%</b>	<b>238</b>	<b>6%</b>	<b>460</b>	<b>13%</b>	<b>3,665</b>	<b>100%</b>

### 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	236	6%	4	0%	53	1%	17	0%	2	0%	81	2%	1	0%	49	1%	443	12%
25 - 34	796	22%	5	0%	142	4%	90	2%	9	0%	278	8%	10	0%	85	2%	1,415	39%
35 - 44	560	15%	3	0%	95	3%	53	1%	5	0%	228	6%	4	0%	59	2%	1,007	27%
45 - 64	291	8%	---	---	52	1%	21	1%	1	0%	141	4%	1	0%	35	1%	542	15%
65+	21	1%	---	---	4	0%	5	0%	---	---	216	6%	---	---	12	0%	258	7%
<b>TOTAL</b>	<b>1,904</b>	<b>52%</b>	<b>12</b>	<b>0%</b>	<b>346</b>	<b>9%</b>	<b>186</b>	<b>5%</b>	<b>17</b>	<b>0%</b>	<b>944</b>	<b>26%</b>	<b>16</b>	<b>0%</b>	<b>240</b>	<b>7%</b>	<b>3,665</b>	<b>100%</b>

### 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	68	2%	---	---	7	0%	12	0%	1	0%	15	0%	---	---	6	0%	109	3%
Male	1,704	46%	10	0%	315	9%	168	5%	16	0%	893	24%	16	0%	211	6%	3,333	91%
Trans	109	3%	1	0%	16	0%	5	0%	---	---	13	0%	---	---	4	0%	148	4%
Unknown	23	1%	1	0%	8	0%	1	0%	---	---	23	1%	---	---	19	1%	75	2%
<b>TOTAL</b>	<b>1,904</b>	<b>52%</b>	<b>12</b>	<b>0%</b>	<b>346</b>	<b>9%</b>	<b>186</b>	<b>5%</b>	<b>17</b>	<b>0%</b>	<b>944</b>	<b>26%</b>	<b>16</b>	<b>0%</b>	<b>240</b>	<b>7%</b>	<b>3,665</b>	<b>100%</b>

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: 08/31/2024 at 12:01:24 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 July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	548	+ 1.90%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,461	- 1.80%
Medicare Premium Payment Program (MPPP)	2,070	- 0.05%
<b>Total</b>	<b>8,079</b>	<b>+ 1.11%</b>

Source: ADAP Enrollment System



Dear Ending the Syndemics Partners,

*The Ending the Syndemic Symposium* is coming soon! The *Symposium* will focus on how we can accelerate the end of the “syndemic” of HIV, HCV, and STIs in California.

Each day of the *Symposium* will have a different Social Determinants of Health theme (derived from the *Ending the Epidemics Integrated Statewide Strategic Plan*) that speakers and panelists will address. The theme of day one is **Racial Equity**, day two will focus on **Mental Health and Substance Use**, and day three will address **Health Access for All**.

How do you address these social determinants of health in your work? Please feel free to join the dialogue!

For more details on the *Symposium* and how to register, please [see our flyer on page eight](#) of this newsletter.

## MENTAL HEALTH & SUBSTANCE USE

### ➤ Strategy 3: Build Harm Reduction Infrastructure

#### WEBINAR: Navigating the Fourth Wave Webinar

As the drug supply in the United States continues to evolve, so does the makeup of the overdose crisis. The epidemic has been categorized into different waves; beginning with a crisis due to overprescribing, transitioning to increased overdoses from heroin to the increase in synthetic opioids on the market. The current climate surrounding the overdose epidemic is brought on by a mix of multiple substances. This is what is being referred as the fourth wave.

To explain the current trends of the fourth wave and approaches to combatting its impact, the National Association of County and City Health Officials (NACCHO) held a webinar last month to support local health departments and their harm reduction efforts. Presenters from NACCHO, Florida Harm Reduction Collective, and Remedy Alliance explained how harm reduction programs have pivoted to face the new challenges of the fourth wave, enhancing approaches with drug checking, secondary distribution, and reaching

people who have transitioned to different routes of drug administration.

To view a recording of the webinar, go to: [Navigating the Fourth Wave of the Overdose Crisis: Understanding National Overdose Trends and Supporting Local Health Departments and their Harm Reduction Partners Meet New Challenges - Zoom](#).

**RESOURCES:** Overdose in Black, Latinx, and Native American Communities

As overdoses continue to kill more than 100,000 Americans each year, the racial disparities of the epidemic are coming more into focus. Black, Latinx, and Native American communities are affected at a higher rate than white Americans due to lack of access to treatment and services, targeted drug enforcement, stigma, and other factors.

Drug Policy Alliance developed three new fact sheets that describe overdose death trends among these communities, that also provide policy recommendations and strategies on how to reduce these disparities and save lives in these communities.

Fact sheets can be found at:

- [Black Community and the Overdose Crisis](#)
- [Latinx Community and the Overdose Crisis](#)
- [Native American Community and the Overdose Crisis](#)



**Injectable PrEP has a Breakthrough Result Presented at the International AIDS Conference**

The PURPOSE-1 study team presented results from an HIV prevention trial that enrolled 5,338 cisgender women in South Africa and Uganda. Remarkably, there were **ZERO** HIV infections among the 2,136 participants who received twice-yearly injections of lenacapavir. This level of protection was superior to the background incidence of HIV infection in this population (2.41 infections per 100 person years) and the incidence of HIV infection among a control group who were taking Truvada (1.69 infections per 100 person years) or Descovy (2.02 infections per 100 person years). Lenacapavir is an HIV-1 capsid inhibitor with a very long half-life that allows for subcutaneous injection twice yearly. It has been approved for HIV treatment but is not approved for PrEP use yet. Another lenacapavir study in a different population (men who have sex with men and transgender women) called PURPOSE-2 is ongoing and the study sponsors have indicated that those results are expected in the next 6 months. Long-acting injectable PrEP has the potential to significantly improve HIV prevention as we all work to improve PrEP access in California.

The [study results have now been published](#) in the New England Journal of Medicine (Note: You will need to create an account to view the entire article).



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

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# ENDING THE SYNDEMIC *Symposium*

The **Ending the Syndemic Symposium** is sponsored by the California Department of Public Health, Office of AIDS and will offer an opportunity for California Local Health Jurisdictions, their funded Community Partners, and others to share best practices and innovations in serving the communities most impacted by HIV, HCV, and STIs.

## OBJECTIVES:

- 1 Communicate the *Statewide Strategic Plan* in ending the “syndemic” of HIV, HCV, and STIs, including success stories and lessons learned from partners.
- 2 Review insights gained during implementation of State-sponsored initiatives and projects.
- 3 Identify opportunities for inclusion, integration, and collaboration across domains of public health and funding sources.
- 4 Discuss the next “best steps” to ending the syndemic of HIV, HCV, and STIs.

## DATES:

**Monday, September 30th:** 12 – 4 PM

**Tuesday, October 1st:** 9 AM – 1 PM

**Wednesday, October 2nd:** 12 – 4 PM



**REGISTER HERE**

Spanish language interpretation will be available for all panels and presentations.



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