

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

INSIDE:

• Racial Equity

• Mental Health &

Substance Use

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- Updates
- Strategic Plan
- Health Access for All

STAFF HIGHLIGHT

OA would like to welcome **Matt Avila** (He/ Him/His) an Associate Governmental Program Analyst (AGPA), PrEP-AP Analyst in the Strategic Development Unit in the AIDS Drug Assistance Program (ADAP) Branch. He will be supporting the day-to-day functions of PrEP-AP and providing support to stakeholders, enrollment workers and clients.

Matt is an alumnus of California State University, Sacramento, and earned his bachelor's degree in social work in 2017. His academic journey was enriched by an internship at the Gender Health Center in Sacramento, where he first encountered the healthcare disparities plaguing the LGBTQ+ community. This exposure to issues of trauma, stigma, and access to care sparked a profound commitment within him to combat healthcare inequity for this demographic.

Matt has over five years of direct client experience. He's worked at Native American Health Center in Sacramento, serving as a Care Coordinator and as a Communicable Disease Investigator at both the San Joaquin County Public Health and Yolo County Public Health. In these capacities, he was instrumental in investigating infectious disease outbreaks and implementing measures to curb their spread within the community.

At Yolo County Public Health, he had the privilege of piloting an At Home STI Testing



Program, an initiative designed to enhance access to testing and treatment for sexually transmitted infections. His most recent position was as a Patients' Rights Analyst for the California Department of State Hospitals, where he championed the provision of quality care and the respectful treatment of patients. Matt holds certificates as HIV Tester and Counselor, a Partner Services Counselor, and is a Licensed Phlebotomist. Matt is excited to come back to his roots in public and sexual health.

Outside of his professional endeavors, he relishes traveling, exploring new culinary experiences, and enjoying evening strolls with

his fur baby, Gigi. Please join us in welcoming Matt to OA!

COMMUNITY PARTNER SPOTLIGHT

> OA/STDCB at Sacramento Pride

On June 9th, OA and the Sexually Transmitted Disease Control Branch (STDCB) proudly participated in the Sacramento Pride March this year for the first time with a contingent marching in the parade. They were joined by thousands of friends, family, and fellow marchers, some amazingly decorated floats, tons of music, and so much more. The annual march is both a wonderful opportunity to demonstrate our commitment to and pursuit of health equity for all. Discussions are already taking place for next year's march, and we encourage all staff to consider participating. It is a wonderful opportunity to interact with community partners while also conducting HIV/STI prevention outreach activities including handing out thousands of condoms, lube, free mpox and home testing stickers, and pride stickers, flags, and bracelets for the kids and fostering community relations.





> 2024 White House Pride Month Celebration

June 26th is the anniversary of the legalization of same-sex marriage in the US in *Obergefell v. Hodges* and is now known as National Marriage Equality Day. Nine years ago, on June 26, 2015, same-sex couples won the right to have their marriages legally recognized nationwide as a divided Supreme Court handed a crowning victory to the LGBTQ+ rights movement.

On this year's Equality Day, the 2024 White House Pride Month Celebration was held on the South Lawn in honor of Pride Month as well as celebrating the historic record of the Biden-Harris Administration on advancing LGBTQ+ rights for LGBTQ+ Americans! The event also celebrated hard fought and won LGBTQ+ progress. Tiffany Woods, OA State Transgender Health Manager, was honored to be invited for the second time bringing her daughter Alicia and son Collin, joining hundreds of leaders, advocates, and LGBTQ+ families from across the U.S.

The event was hosted by First Lady, Dr. Jill Biden, starting with the President's daughter, Ashly Biden, giving welcoming remarks and introducing her mother. First Lady Dr. Jill Biden welcomed everyone with enthusiasm, unapologetic embrace, and love! The First Lady celebrated the administration's achievements such as signing the Respect for Marriage Act, safeguarding the marriages of same-sex and interracial couples; ending the ban on transgender Americans serving in the United States military; issuing Executive Orders to enhance civil rights protections in housing,

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employment, health care, education, and the justice system; developing a national strategy to end the HIV epidemic in the United States; abolishing the discriminatory practice of banning gay and bisexual men from donating blood. She recognized the landmark *Obergefell v. Hodges* U.S. Supreme Court decision nine years ago legalizing same-sex marriages, and President Joe Biden's pardons for service members discharged due to their sexual orientation, announced earlier in the day.

She also addressed the ongoing attacks on the LGBTQ+ community and the high stakes of the upcoming election. "Even as we celebrate, we know that this community is under attack. Many of you know that all too well and have come here from states that are passing laws targeting LGBTQ+ Americans," she said. "But when our homes are threatened, when they strip away our rights and deny our basic humanity, we say, not on our watch."



Following the First Lady was Grammy nominated singer and actress Deborah Cox, who gave an electrifying performance that had the crowd dancing and singing along! Among the participants on the South Lawn celebrating along with Tiffany was Harold Phillips, NMAC and former Director for the White House Office of National AIDS Policy (ONAP).

White House Pride is also a reminder that much more work remains ahead of us to fully achieve equity and equality on so many levels for LGBTQ+ Americans, from health care access, to addressing HIV/STI/HCV disparities and stigma, racial justice, economic, mental health, and housing disparities, increasing anti-trans/ anti-LGBTQ+ hate and violence, and legislative assaults on trans youth and adults. Pride Month is also a fabulous rainbow recommittal to continue the work ahead and that Pride is every day!

GENERAL UPDATES

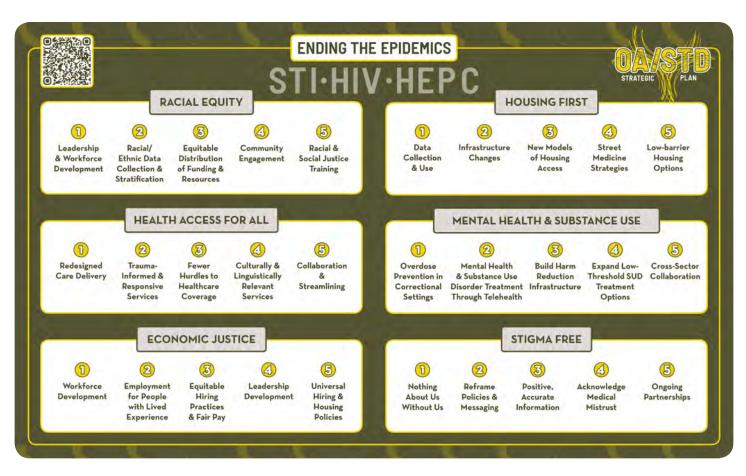
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OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the <u>DCDC website</u> to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's <u>Campaign Toolkit</u> 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!



The **visual above** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

CDPH OA and STD Control Branch would like you to continue to use and share the <u>Strategic</u> <u>Plan</u> and the <u>Implementation Blueprint</u>. 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 vist <u>Facente Consulting's webpage</u>.

HEALTH ACCESS FOR ALL

Strategy 1: Redesigned Care Delivery

The California Medical Monitoring Project (MMP) has collaborated with four other MMP

sites, Philadelphia, New York City, Washington, and Oregon to assess the impact of COVID on people living with HIV. Data was collected through site specific interview questions in addition to the core MMP survey. The analysis was published in the Journal of Acquired Immune Deficiency Syndrome (JAIDS). The link to the article can be found on the <u>CA MMP webpage</u>, under the Data and Reports section with the title: *Article: Impact of COVID-19 on People Living With HIV: Data From Five Medical Monitoring Project Sites, 2020–2022*.

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, <u>TakeMeHome</u>[®], (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 May, 367 individuals in 42 counties ordered self-test kits, with 260 (70.8%) individuals

TAKEMEHOME

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 45 months, between September 1, 2020, and May 31, 2024, 11,887 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 143 (27.3%) of the 524 total tests distributed in EHE counties. Of those ordering rapid tests, 286 (75.1%) ordered 2 tests.

Since September 2020, 1,350 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 466 responses from the California expansion since January 2023.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, May 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	66.2%	72.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	44.4%	42.5%
Were 17-29 years old	46.6%	41.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	52.2%	45.9%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	93.8%
ldentify as a man who has sex with other men	52.0%	54.9%
Reported having been diagnosed with an STI in the past year	8.4%	8.8%

Since April 1, 2024, the Mpox vaccine, JYNNEOS, became available on the commercial market. While the California Department of Public Health (CDPH) will work to ensure access to vaccine through LGBTQ+ Pride season (starting as early as May 2024), access to vaccine for people who are uninsured/ underinsured in a local jurisdiction may be impacted once the state supply is phased out. In light of these circumstances, please consider using the state's turnkey resource (Optum Serve) to bolster vaccination efforts at large community or Pride events this Summer, particularly those that would serve a large under/uninsured population.

The 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 <u>Brenda Meza</u>, (brenda.meza@cdph.ca.gov) and <u>Justin Garcia</u> (justin.garcia@cdph.ca.gov).

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of July 3, 2024, there are 212 PrEP-AP enrollment sites and 231 clinical provider sites that currently make up the <u>PrEP-AP Provider</u> <u>network</u>.

Data on active PrEP-AP clients can be found in the three tables displayed on the next page of this newsletter.

As of July 3, 2024, the <u>number of ADAP clients</u> <u>enrolled in each respective ADAP Insurance</u> <u>Assistance Program</u> are shown in the chart at the top of page 8.

RACIAL EQUITY

Strategy 4: Community Engagement

The CPG and OA hosted the Spring In-Person CPG Meeting from June 10 – 12 in Sacramento. The theme of the meeting was *Innovation Through Integration: Synergizing Health for HIV, STI, and HCV Challenges.* It included presentations related to the syndemics of HIV, STI, and HCV, and it spotlighted OA's Clinical Quality Management Program and the new HIV Care Connect Data System.

We want to thank all CPG members and community members for their attendance, active participation and engagement, personal perspectives, and help in creating a safe space for sharing and learning. Huge thank you to Community Co-Chairs Rafael Gonzalez and Yara Tapia as well as the CPG Host Committee for their ongoing work and support in helping to plan for this meeting. We also want to thank all Steering Committee members who helped to plan the meeting, support the CPG members, and helped with setting up, running mics, cleaning up, and so much more. Also, much appreciation to the OA and STD Control Branch Committee Liaisons who continuously support CPG members throughout the monthly committee meetings leading up to and during this event. Without you all, this would not have been possible. We hope you found the meeting informative to our CPG and collective work

For <u>more information about CPG</u>, please visit our website at https://www.cdph.ca.gov/Programs/ CID/DOA/Pages/OA_CPG.aspx.

Strategy 5: Racial and Social Justice Training

The Local Capacity Building and Program Development Unit has developed a new, fillable form to be used for all capacity building assistance (CBA) requests. The CDC offers free 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:											
	PrEP-A	P Only	PrEP-A Med	P With i-Cal		P With icare		P With	TOTAL		
Current Age	N	%	N	%	N	%	N	%	Ν	%	
18 - 24	382	10%					27	1%	409	11%	
25 - 34	1,268	34%					186	5%	1,454	39%	
35 - 44	912	24%			2	0%	147	4%	1,061	28%	
45 - 64	435	12%			17	0%	114	3%	566	15%	
65+	27	1%			226	6%	7	0%	260	7%	
TOTAL	3,024	81%	0	0%	245	7%	481	13%	3,750	100%	

Active	Active PrEP-AP Clients by Age and Race/Ethnicity:																	
Current	American Indian or Alaskan Native			Black or Asian African American			Native Hawaiian/ Pacific Islander			More One Repo	Race	Decline to Provide		TOTAL				
Age	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	N	%	Ν	%
18 - 24	223	6%	2	0%	46	1%	18	0%	2	0%	76	2%	1	0%	41	1%	409	11%
25 - 34	818	22%	1	0%	148	4%	95	3%	10	0%	291	8%	9	0%	82	2%	1,454	39%
35 - 44	604	16%	5	0%	93	2%	57	2%	5	0%	232	6%	6	0%	59	2%	1,061	28%
45 - 64	305	8%			56	1%	18	0%	2	0%	149	4%	2	0%	34	1%	566	15%
65+	26	1%			4	0%	5	0%			212	6%			13	0%	260	7%
TOTAL	1,976	53%	8	0%	347	9%	193	5%	19	1%	960	26%	18	0%	229	6%	3,750	100%

Active Pr	Active PrEP-AP Clients by Gender and Race/Ethnicity:																	
	Lati		India Alas	rican an or skan tive	Asi	an	Black or African American Islander			Wh	ite	More Than One Race Reported		Decline to Provide		TOTAL		
Gender	N	%	N	%	Ν	%	N	%	N	%	Ν	%	N	%	Ν	%	Ν	%
Female	61	2%			5	0%	9	0%	1	0%	18	0%			6	0%	100	3%
Male	1,769	47%	7	0%	319	9%	178	5%	18	0%	910	24%	18	0%	201	5%	3,420	91%
Trans	123	3%	1	0%	16	0%	5	0%			13	0%			5	0%	163	4%
Unknown	23	1%			7	0%	1	0%			19	1%			17	0%	67	2%
TOTAL	1,976	53%	8	0%	347	9%	193	5%	19	1%	960	26%	18	0%	229	6%	3,750	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: 06/30/2024 at 12:01:01 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 May
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	538	+ 1.70%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,476	- 0.52%
Medicare Premium Payment Program (MPPP)	2,104	+ 0.57%
Total	8,118	- 0.09%
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!

MENTAL HEALTH & SUBSTANCE USE

Strategy 3: Build Harm Reduction Infrastructure

RESOURCES: Policy Guides on State and Local Policies to Prevent Overdose

The nonprofit organization ChangeLab Solutions published two new resources last month that highlight state and local policy strategies to reduce overdose and other drug-related harms.

The policy guide titled, *Preventing Overdose and Reducing Drug-Related Harm: A Policy Guide for State and Local Change* highlights a range of state and local policy strategies, outlining the details of potential options for new policy or change to existing policy to help mitigate the overdose crisis.

The implementation resource titled, Implementing State and Local Overdose Prevention Policies: A Resource for Navigating the Policy Process offers guidance on the policy process – supporting readers to put those strategies into practice on the ground. The policy guide is the "what" and the implementation resource is intended to help think through the "how." Download these resources.

RESOURCE: Lessons Learned: Harm Reduction-Public Safety Partnerships

The National Council for Mental Wellbeing published a summary of historical tensions between harm reduction and public safety last month. Tension has historically mounted between public safety and harm reduction for several reasons, including differences in how to address substance use disorder, what tools or training are available to public safety staff, and what harm reduction strategies are legal in areas.

The summary includes a background on the intersection of harm reduction and public safety, lessons learned, and further resources to learn more about harm reduction and public safety partnerships. <u>Download this resource</u>.

For <u>questions regarding *The OA Voice*</u>, please send an e-mail to angelique.skinner@cdph. ca.gov.