



Welcome to the New OAA Newsletter

We hope you find the new format easier to read and print
Please send feedback to Lorenzo.Hinojosa@acgov.org.
[Subscribe to the OAA Newsletter \(click here\)](#)

If you already received this newsletter, there is no need to subscribe.



[Dr. Nick Moss: Changing Times](#)

[EBAN II Project in the East Bay](#)

[Keith's Korner](#)

[Off the Plate and in the Bag](#)

[PEP: Post Exposure Prophylaxis](#)

[Fred Smith: The Graduate](#)

[HIV Health Reform](#)

[OAA News Breifs](#)

[CCPC: Moving Beyond the Storm](#)

[Shelley Graduates](#)

[ARIES Migration](#)



[Changing Times](#)

Nicolas Moss, MD, MPH
Director HIV/STDSection
Division of Communicable Disease Control & Prevention
Alameda County Public Health Department

We are more than thirty years into the HIV epidemic, and the landscape of care and prevention is changing beneath our feet. When I speak with people living with HIV or working in our field, the conversations often return to the theme of change. That change can be felt on a global and national level, but it can also be felt right here in Alameda County.

The Office of AIDS Administration (OAA) has gone through some recent changes. This spring the OAA welcomed Keith Waltrip to our team. Keith has a long history of working in the HIV field in various capacities, and he has served on the Collaborative Community Planning Council in the past. In May, Kabir Hypolite, former Director of OAA, left us to join Alameda County's Center for Healthy Schools and Communities, and Keith has been appointed interim Acting Director. Also, I came to the Public Health Department as the HIV/STD Section Director in April. This new Section includes the OAA as well as the Department's HIV Epidemiology and Surveillance program and STD program. Keith and I are committed to helping OAA and our community partners navigate the changing HIV landscape. We see challenges ahead, but also great opportunities to grow our services and help address some of the HIV-related health disparities experienced by people living with HIV in Alameda County.

At the national level, the greatest changes over the next several years will be due to healthcare reform. Currently, through the federal Ryan White CARE program, the OAA contracts with a number of organizations throughout the county to provide Ryan White-funded services and medical care. The Affordable Care Act will make it possible for large numbers of previously uninsured people in Alameda County, including many people accessing services paid through Ryan White, to get health care coverage through Medi-Cal and through Covered California, the state insurance marketplace (also called the "exchange"). This is very good news, as it will improve access to medical treatment and preventative care for many people. However, the US Congress will need to consider these expanded health insurance programs when reauthorizing (renewing) the Ryan White CARE program at some point in the next two years. It is difficult to predict the future, but federal funding for Ryan White may decrease substantially, and the program may focus more on providing support services, as opposed to direct medical care. Thus, the Affordable Care Act will have a major effect on the HIV landscape both nationally and in Alameda County. People living with HIV, care providers, health networks, and community activists have been working with the OAA as well as state and federal officials to prepare for these changes. Our goals are to minimize any possible disruptions in care and to make sure that we do an even better job treating and preventing HIV.

On an even larger scale, activists and researchers around the world have begun to talk seriously about

the end of AIDS. That phrase, “the end of AIDS,” means different things to different people. For me, it means that we can finally imagine a future in which few people are newly infected with the HIV virus and those who are infected need not fear the diagnosis. It means a future in which no person infected with HIV will progress to AIDS, and in which some people might even be cured of the infection. Already today, people living with HIV can live almost normal lives if we can help them learn their HIV status and access medical care. And today, new tools for preventing HIV have shown great promise, but we must figure out how to implement them effectively in our communities. Finally, today, inspired by rare case reports and building on decades of research, scientists are just beginning to tackle the question of how to cure HIV infection. Some of these changes are just visible on the horizon and others are already here, but it is exciting that we’ve reached a point where we can begin to discuss the end of AIDS.

The HIV landscape is shifting around us, but these changes bring great promise. I hope you will all join the OAA as we build on these changes to make Alameda County a leader in the care and prevention of HIV.



Where Did It All Start?

Keith Waltrip, MSHS
Acting Director
Office of AIDS Administration
Alameda County Public Health Department

Being new to the Office of AIDS Administration (OAA) I have had the GREAT pleasure of meeting several of our community leaders, partners, providers and clients. The question(s) I have been asked repeatedly is where did I come from and/or how/why did I start working in the field of HIV? For me it is a question that takes me back many years and with a quiet sense of pride and humility.

I started in 1993 with Stop AIDS-Chicago doing bar and bathhouse outreach. For those not familiar with this, it was walking up to bar patrons and administering a 10-question survey to assess HIV knowledge. Also, another activity we participated in was having a table with safer-sex education, condoms and lube inside the bathhouse. I remember those days with great pride; so many people were eager to complete the questionnaire and appreciated the work being done. For those who do bar/bathhouse or any outreach - you are often the start of our delivery system and the key to linking others to care...thank you!

In 1996, I started graduate school to become a counselor; with a focus on young LGBTs. I was encouraged by a professor to attend a 1-day workshop for case managers, social workers and nurses who were working in the field of HIV. I was ENTHRALLED with the stories I was hearing. I went back to school and changed my focus to HIV/AIDS. For those who provide case management, therapy and nursing services - thank you for listening to the stories, holding the hand of those in pain and for taking our clients through challenging times!

After a few years working as a therapist/case manager/HIV Testing Counselor, I went on to work with medical providers as a manager in the Behavior Health Department. It was at these agencies I learned about the power of a true collaborative care team. It was amazing to work with medical providers who understood the work of the Behavioral Health Team and when all worked together - great progress was made for our clients with HIV. To the medical providers who understand the part they play in our system of care - thank you for saving lives and never giving up!

After working in not-for-profit for about 15 years, I went to work for a pharmaceutical company in a community liaison position and it re-energized my commitment to working in the field of HIV. I was able to use my years of experience as a front-line staff and an administrator to help other agencies in unique ways and provide education to those who were eager to learn more about HIV. I was able to learn about the science behind HIV medications and then able to pass that knowledge on to others.

This past March I started working at the OAA. People have asked if I miss the "perks" of working for a pharmaceutical company. All the things I was looking for in a new job continue to be met at the OAA. It was a decision I do not regret...there is A LOT of work that needs to be done, but I have hope that together, we can continue to make progress to improve our services and care for all those impacted by HIV and AIDS in our community.

I'm also asked what communities/populations I have worked with. The list is long, so if you would indulge me: gay men of all races/ethnicities, women of color (one of my work accomplishments I am most proud of is the SISTA program I was a part of in Chicago), African refugees, Substance Abuse (specifically needle exchange and those seeking buprenorphine as a treatment), survivors of domestic violence and sexual assaults, those with mental health concerns, those with complications due to AIDS, young adults (mostly homeless and/or GLBTQ), the incarcerated or recently released. Is my list unique? No, are there SEVERAL others in our community who have worked with the above groups and more. I have been very lucky and blessed to have been given the opportunity to expand where I have worked and who I have served.

I want to take a moment to honor the people I worked with in the past that helped me become who I am today as a member of the HIV service provider community. One of the agencies I worked at in Chicago

provided services to those on the far West and South sides of Chicago. My staff, when I first started, was eight African-American women, one African American male and one Latina. It was there that I learned what it was to be a former sex-worker, a former addict, a survivor of sexual and physical abuse (both as a child and adult), to be homeless, incarcerated and an immigrant into this country. This staff educated me in a way that no graduate program could have. I will forever be grateful for their efforts, lessons, support and care. It is them that I carry in my heart when I do this work, it is they who taught me the greatest lessons.

Is my learning over? No. Do I still have a lot to learn. Yes (working for county government is a steep learning curve). I thank all of you who have congratulated me on being appointed to Acting Director of the OAA. For those that are a bit cautious; I can appreciate the concern and apprehension. I ask you to take the time to get to know me (I'm willing to meet when/where is best for you), ask questions and keep me on my toes. For me, learning never stops...teaching never stops....caring for and serving others never stops.

..

PEP:

P_{ost}
E_{xposure}
P_{rophylaxis}

Lorenzo Hinojosa
and
Dr. Nick Moss
Office of AIDS Administration

In recent years, there has been a lot of talk about the biomedical HIV prevention intervention known as PrEP, or Pre-Exposure Prophylaxis. PrEP involves treating individuals at high risk for HIV with a daily medication that can reduce the chance of HIV infection. PrEP must be used under the direction of a medical provider and in combination with other HIV prevention strategies.

There is also a lesser known intervention called PEP, for Post Exposure Prophylaxis. PEP is a



short course of medical treatment that reduces the risk of HIV infection for individuals who have just been exposed to the virus. PEP is used for healthcare workers and others exposed to HIV in the workplace, but it can also be used after a sexual exposure or needle stick outside the workplace. This is sometimes called non-occupational PEP, or nPEP. If PrEP were birth control pills, PEP would be the “morning after pill.”

PEP can reduce the risk of HIV infection after a high-risk exposure, but accessing it outside of the workplace can be difficult. For example, nurses and doctors are trained to seek an employee health evaluation for PEP after a needle stick, but many people in the community do not know PEP is an option after exposure to HIV through sex. Even if they are aware of PEP, getting it may not be easy. Trained medical providers can provide PEP, often in an emergency room or STD clinic, but also through some HIV care clinics. However, the medications cost up to a few thousand dollars. Insurance providers do not always cover the cost and often require large co-pays, and it is hard to supply medications for uninsured people who cannot afford to pay for them. Also, people occasionally prefer not to involve their insurance when being evaluated for HIV risk. Pharmaceutical companies help some people get medications through special programs. In cases of sexual assault, emergency room providers evaluate the need for PEP and coverage for medications is often easier to arrange.

During a PEP evaluation, it can be difficult to determine if an exposure is truly high-risk. In many cases, the sex or injection partner’s HIV status is simply unknown, but the odds they are infected may be quite low. If that partner is HIV-positive but on effective treatment, the risk of exposure decreases. If PEP is recommended, treatment should begin as soon as possible after exposure to HIV, and within 72 hours. HIV testing is required. The course of treatment is



about a month, and patients experience occasional side effects, especially early in the course, including nausea, headaches and diarrhea. Some patients will stop treatment early, and this may decrease the effectiveness. Rarely, PEP is started after HIV infection has occurred but before it can be detected by blood tests. In this situation, there is a small risk of the virus developing resistance to the medications, making subsequent HIV treatment more complicated.

Although the Centers for Disease Control recommended PEP for non-medical exposures in 2005, it has received less attention than other HIV prevention tools. It is challenging to study the true impact of non-occupational PEP and there are some who still question its effectiveness. The Alameda County Office of AIDS Administration (OAA) continues to advocate a range of HIV prevention interventions, including testing programs, treatment for those with known infection, condoms, needle exchange, risk reduction education and counseling, and, in some cases, PrEP. Currently, the OAA is working with community partners and HIV medical leaders in the County to find the best way to incorporate PEP into our HIV strategy. Regardless, let us all continue to make safe and healthy choices for HIV prevention.

The logo for HIV Health Reform, featuring the text "HIV HEALTH REFORM" in white capital letters on a dark blue background. The word "HIV" is enclosed in a red circle.

Five Ways the Affordable Care Act will help People with HIV

The Affordable Care Act (ACA) is the new national health care reform law signed by President Obama in 2010. The ACA will make it much easier for people with HIV to get the medical care they need to stay healthy and not pass HIV along to their partners. Here are five ways the ACA will help people with HIV in 2014, when full implementation begins.

1. In 2014, most very low-income people will be able to get Medicaid coverage. Today Medicaid covers about half of people with HIV in medical care (Kates, 2011), but you have to be so sick that you're disabled to get on the program. In 2014, most people earning less than \$16,000 will be able to enroll, no matter how sick or healthy they are.

2. In 2014, working people will have access to more affordable, private health insurance. In 2014, if you earn between about \$16,000 and \$44,000 a year, you'll be able to receive financial help from the government to purchase private health insurance through new online marketplaces. They'll be like Orbitz or Expedia for health insurance.

3. Private health insurance companies will have to play by the new rules. The health care reform law will finally force health insurance companies to treat consumers fairly. Companies will be required to sell insurance to everyone, even if they have a pre-existing condition like HIV. Insurance companies won't be able to charge you higher rates because you're sick or a woman; and insurance policies won't have annual or lifetime spending caps.

4. Medicare is getting better. For people with HIV who are on Medicare, the Part D prescription drug benefit is already becoming more affordable. Money the AIDS Drug Assistance Program (ADAP) spends on your HIV drugs now counts towards your out-of-pocket expenses, so you get through the donut hole (or coverage cap) faster. While you're in the donut hole, you'll pay only 50% of the cost of name-brand drugs, including HIV medications. And starting now, you won't pay anything for preventive screenings.

5. Health care reform will make critical investments in prevention, access to care, and health workforce: The ACA will boost health and wellness efforts by supporting prevention and public health projects, expanding the number of community health centers that provide care to low-income or uninsured people, and investing in the number of primary care doctors and nurses, making it easier to find a medical home

Of course, health care reform isn't perfect, but starting in 2014 thanks to the new law, hundreds of thousands of uninsured people with HIV will be able to get medications and comprehensive medical care.

Have questions? Need more ideas? Contact Malinda Ellwood, Center for Health Law and Policy Innovation of Harvard Law School and Treatment Access Expansion Project, mellwood@harvard.law.edu, or John Peller, AIDS Foundation of Chicago, jpeller@aidschicago.org. And of course, visit www.HIVHealthReform.org.

Additional Links about Health Care Reform Issues:

Alameda County

www.achealthcare.healthreform@acgov.org (email questions)

State

www.coveredca.com (resident/consumer site)

Federal

www.healthcare.gov

COLLABORATIVE COMMUNITY PLANNING COUNCIL (CCPC)

Moving Beyond the Storm: Alameda County's CCPC and OAA Bridging the Gap

By Dr. Tony Sillemmon

CCPC Co-Chair

Oakland's CCPC and OAA were given a mandatory day and half training provided by Health Resources and Services Administration (HRSA). The training was conducted by Cicatelli Associates Inc. (CAI). CAI is a global non-profit organization that tackles the toughest issues facing underserved populations today. For over 30 years they have worked to improve the quality of healthcare and social services delivered to vulnerable populations worldwide.

This technical assistance was needed to heal old wounds between CCPC and OAA. This training was also instrumental in bringing about collaboration, transparency and respect between CCPC and OAA. This training also addressed rapid shifts including emerging health and social crises and important policy changes. CAI offered capacity-building that strengthen the structure and collaboration between CCPC and OAA.

As Chair of CCPC it was important for me to be a strong leader that would deliver an atmosphere that foster teamwork, creating a work culture of respect and one that values collaboration. I believe that in a teamwork environment, people understand and believe that thinking, planning, decisions and actions are better when done cooperatively. People recognize, and even assimilate, the belief that "none of us is as good as all of us." This is truly important for our consumers living with HIV/AIDS in the Transitional

Grant Area (TGA) which includes Alameda and Contra Costa County.

This training also taught us the basis of Ryan White Programs and the soon to be implemented Affordable Care Act (ACA). The Ryan White Program works with cities, states, and local community-based organization to provide HIV-related services to more than half a million people each year. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources.

**ARIES Migration
(AIDS Regional Information and
Evaluation System)**

By Matthew Wong

Office of AIDS Administration



The ARIES Migration is well under way with four agencies already live. With a schedule of two agencies starting their “Kick Off” conference calls each week, all agencies should be on the ARIES system by the end of this Fall. All the agencies have done a great job reading the e-mails regarding scheduled “Kick Off” calls. Let’s keep it going! Thanks to everyone for taking the time and effort to make this transition as smooth and seamless as possible. The Contra Costa team has been a big help providing a hands-on training for OAA Staff along with Part C and D lead staff in June on how to enter data.



EBAN II Project in the East Bay

By Craig Hutchinson,

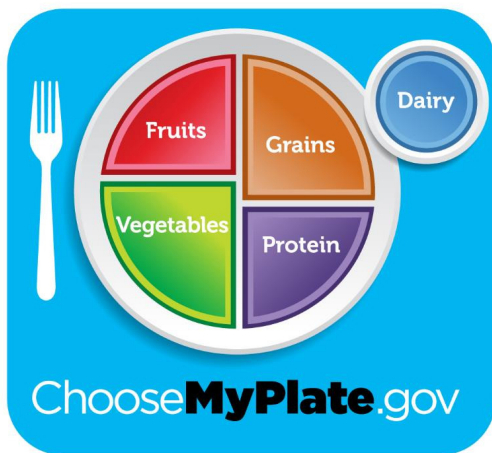
Project Coordinator

Northern California EBAN II

The Alameda County Public Health Department and The University of California, Los Angeles brings the EBAN II Project to the Bay Area. EBAN II Project focuses on assessing implementation and effectiveness of an evidence-based HIV risk reduction intervention for HIV-serodiscordant, heterosexual African-American couples in Oakland and Los Angeles, that have a high prevalence of HIV and risk conditions among African Americans. The study builds upon the multi-site, NIMH-funded EBAN randomized controlled trial, which resulted in the intended outcomes of increased condom use and reduced incidents of unprotected sexual intercourse among committed, serodiscordant couples. EBAN II Project will test the effectiveness of the intervention as delivered in community-based organizations (CBOs) that serve African American clients.

The aims are: 1) to facilitate implementation of an evidence-based intervention for HIV serodiscordant African American couples; and 2) to document the implementation process and identify barriers and facilitators to adoption. Our primary intervention effectiveness aim is to evaluate the effect of EBAN II on behavioral and biological outcomes among 180 couples, specifically incidents of protected sex, condom use, and incident sexually transmitted infections. The project's secondary aim to determine the cost-effectiveness of implementation, based on implementation costs and potential cost savings. This study will produce important information regarding the value of this model and model-guided implementation tools and strategies for use in implementing EBAN II and other evidence-based programs in diverse treatment settings.

This 5-year study will investigate processes and determinants of implementation in 10 community-based organizations (CBOs) in California, and real-world effectiveness of EBAN II as it is delivered to 180 couples. Our goal will promote the availability of couple-based services by enhancing organizational capacity in CBOs, reducing risk-taking practices among serodiscordant couples. You may be eligible if have at least one partner who identifies as Black or African American; one partner is HIV+ and the other is HIV- and one partner is male and the other is female. Please call 510-692-2643 for more information. All information is confidential.



Off the Plate and In the Bag

By Pamela Casey

Office of AIDS Administration

The United States Department of Agriculture's (USDA) *My Plate* campaign provides a visual guide to help plan a healthy meal. The goal of this series of articles "Off the Plate and In the Bag", was to help you learn how easy it is to use the same principles to apply to a meal eaten from a bag.

Many of us are out and about during the course of the day, or away from a place to store or refrigerate food. From the last three articles, you learned that half of your plate should be filled with fruits and vegetables, one fourth should be protein and a fourth should consist of grains. You can carry a meal in your brown bag, insulated pouch or recycled bag that follows this same pattern, or you can use this as a guide for selecting healthy, nutrient-rich, and low cost food items that fit in your bag that will contribute to a healthy daily diet.

In this last of four articles, we will discuss how to

incorporate milk products into your daily intake. These are products that are sources of calcium, protein and the B vitamins. Although milk is off limits for some people due to lactose and its gastrointestinal effects, some may still be able to consume milk products in smaller amounts.



Milk can be purchased most places for less than a dollar for eight ounces. If milk is not your thing, cheese sticks are easy to carry around and are good sources of calcium and protein as well. Yogurt is also an option, and Greek-style yogurt is an even better source of protein than the regular style. Both of these items can be found at many outlets for less than a dollar. The lower fat versions of these items are the healthiest.

Do not eat any of these products after they've been out of the refrigerator for too long, or else you will have some gastrointestinal problems.

You can also get the same nutrients that are found in milk products from other foods such as sardines (if you eat the bones), almonds Both contain calcium and protein as do the protein bars listed in the last article. Though orange juice is not a protein source, you can buy it with calcium added. You can purchase any of these food items for less than \$1.50.

Hopefully you have learned a few things from this series of articles that will help you select healthier food items. Now that you know more about using "My Plate" as a guide, visit the OAA Facebook page and let us know some of the ways you 'got it all in the bag'.

PLWHA Spotlight

Fred Smith: The Graduate

By Pam Casey

Office of AIDS Administration

When Fred Smith was diagnosed as HIV+ a little less than eight years ago, all he knew about the virus was the negative media attention that it received and its association with death. Like a lot of newly diagnosed people, he went into denial and delayed HIV medical care for a year. At the time, he had a mistrust of the health care system, was ashamed of his diagnosis, and feared the judgment from others. Worst of all, he hated those big pills he had to swallow which were a constant reminder that he was sick. He eventually stopped the medicine, and dropped out of care. Fred decided to become totally immersed in school earning an undergraduate degree in Criminal Justice.

.
He describes himself as going through the stages of adjustment during this point in his life. He even remembers the stages of denial, anger, guilt, avoidance, and depression. He entered the acceptance stage when he began studying for his first Masters Degree in Sociology. As he learned the societal influences on behavior, he began to realize how he was allowing these outside forces to define him. Worrying about what others thought kept him from staying alive. The more he studied and the more he read about other HIV+ people who had accepted their diagnosis, he realized that he could too. As he became intellectually, emotionally, and spiritually stronger, he felt free. He soon redefined himself into someone who not only wanted to live, but



who wanted to live well. “I began to become friends with this virus and my body instead of thinking of it as an enemy”.

He re-entered care, and for the first time, he began to be a partner in his own health care. That mistrust he’d initially felt about the health care system faded as he began reading and learning more on his own. He then felt more confident about asking questions of his doctor and entered into more discussions with his provider. Instead of leaving his health in someone else’s hands he began to take control of it. He was improving his own health literacy.

Fred believes that it is so important for those that are newly diagnosed to be treated with dignity, empathy and without judgment. He recommends that people get support right away. This includes connection with not only a HIV medical provider, but connection to a peer who that person can identify with so that they don’t feel alone.

Fred completed his internship at EBAC and recently graduated with a second Masters Degree in Social Work (MSW) from Cal State East Bay. He is currently a member of the PLWHA committee of the Planning Council.

Fred is now back in school studying for another Master’s Degree, this time in Public Health. We wish him the best and hope to include another graduation photo of him in an upcoming newsletter.



- Office of AIDS closes every day for lunch from 12 noon to 1 PM
- Prevention Final Progress reports due July 15, 2013
- Part B 4th Quarter Reports due July 15, 2013
- Community Collaborative Planning Council (CCPC) Town Hall on Wednesday July 24th at the Elihu Harris State Building at 1515 Clay Street Room 2 in Oakland from 9 AM to 5 PM
- Ryan White Part A Priority Setting and Allocations currently in progress during the August and September CCPC meetings (see Town Hall above).
- OAA Contractor Meetings: Save the date!
- Ryan White Parts A and B Programs Meeting: Thursday September 12, 2013
- Prevention Programs Meeting: Thursday September 19, 2013



Shelley Graduates!

Shelley L. Stinson graduated from California State University East Bay (CSUEB) on June 14, 2013 earning a Master Degree in Public Administration. Shelley participated in the Masters program developed collaboratively between the Alameda County Public Health Department and CSUEB. She worked full-time attending classes in the evening two days per week. Shelley has expressed an interest in pursuing a doctorate degree specializing in sexual behavior/ health.

Our mailing address is:

|HTML:LIST_ADDRESS_HTML| *|END:IF|*

[unsubscribe from this list](#) [update subscription preferences](#)