

OAA Newsletter

June 2012

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CCPC Launches a New Comprehensive Plan to Fight HIV/AIDS

By Kabir Hypolite

Director, Office of AIDS Administration

The Planning Council submitted a new 2012 – 2014 Comprehensive Plan to HRSA on May 21, 2012. Our 2012 – 2014 Plan is flexible, streamlined and care focused with six goals designed to meet the aims of the National HIV/AIDS Strategy: 1) reduce new HIV infections; 2) increase access to care and improve health outcomes for PLWHAs; and 3) reduce HIV- related health disparities. In collaboration with the Council, OAA will direct resources and provide guidance to community members and organizations to coordinate ACPHD and CCC's delivery of HIV/AIDS health services throughout Alameda County.

The six goals of the 2012-2014 Plan are: 1) to ensure access to a comprehensive continuum of high-quality, community-based care for low-income individuals and families with HIV, including addressing the needs of populations prioritized by the Council; 2) to continually identify, link, and retain in care low-income persons with HIV who are not yet aware of their HIV status; 3) to support retention in care for low-income persons with HIV, including identifying, linking and retaining in care HIV+ persons who are not currently involved in the HIV care system; 4) to support and expand collaborations and coordination with Ryan White and non-Ryan White programs and funding streams so as to maximize the impact and effectiveness of Part A services and ensure quality care access; 5) to anticipate, respond to, and play an active role in influencing changes in the health care and Ryan White systems through the Affordable Care Act in order to ensure continued access to high quality health care for and retention of low-income PLWHAs; and 6)

Ensure Access to Quality Care

OAA works with the County's Health Care Services Agency, Dr. Muntu Davis ACPHD Health Officer, CBOs, collaborative partners, advocacy groups (BARAASEC, SALVASIDA, Grupo Fremont) and local community and national stakeholder organizations to meet Goal #1. OAA continues to form partnerships within the priority populations as identified by the Council. OAA also pursues funding to build capacity and enhance HIV care services for HIV+ low-income PLWHAs in Alameda County. In addition, OAA staff engages in continuous quality improvement activities with service providers to increase efficient, effective, culturally competent service delivery and data collection at the agency level.

Reduce new HIV infections

Increased HIV testing is key. Studies show that individuals diagnosed with HIV take steps to reduce the likelihood of transmitting HIV to their sexual partners. HIV testing enables individuals with HIV to take appropriate steps to preserve their immune health and reduce risk of HIV transmission to others. This "Prevention with Positives" approach to stemming new HIV infections is inherent in both the National AIDS Strategy and Goal # 2 of the 2012-2014 Plan to continually identify, link, and retain in care HIV+ persons who are not yet aware of their HIV status".

OAA will continue to fund HIV testing efforts at nine testing agencies, Early Intervention Services (EIS) for newly diagnosed HIV+ individuals to ensure their linkage to care, and Expanded HIV testing and Linkage-to-care activities in medical settings at Santa Rita Jail, methadone clinics and selected school based clinics targeting African American and

Latino intravenous drug users (IDUs) and youth. To further achievement of the 2012-2014 Plans goals, this year OAA will expand coordination efforts with Kaiser Permanente and the CDC to improve overall testing efforts so that all HIV+ individuals in Alameda County are aware of their status and linked to care.

Increase Access, Improve Outcomes, Reduce Disparities

Despite health care reform challenges, the 2012-2014 Plan remains grounded on a strategy of increased access to care, improved health outcomes and reduced health disparities.

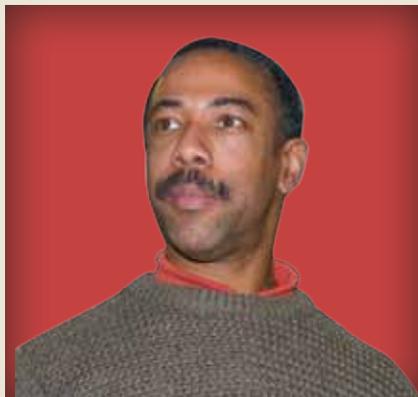
Low Income Health Program (LIHP)

Alameda County's Health Care Services Agency has become a part of the continuum of care via the Affordable Health Care act. LIHP (a.k.a. "HealthPAC") will begin screening low- and no-income residents of Alameda County into the new LIHP as early as July 1, 2012. Pursuant to Goal #5 of the 2012-2014 Plan OAA and the Council will continue to anticipate, respond to, and play an active role in influencing changes in LIHP and Ryan White care systems. OAA and Council advocacy during LIHP's planning, development and implementation has already increased traditional AIDS services agencies' participation in the program; increased points of pharmacy access for HIV+ clients; resulted in LIHP's duplication of the ADAP formulary, and other client centered enhancements. We are also active participants in planning for the training of LIHP enrollment workers who will screen eligible clients into LIHP and educate PLWHAs, their families and caregivers. OAA and the Council will continue to actively monitor, advocate, anticipate and influence design and implementation of LIHP as its implementation continues.

Strategies to Improve Outcomes - Linkage to Care

Of the estimated 8,000 HIV+ individuals believed to be out of care, perhaps half live in the East Bay. Goal # 3 supports retention in care for low-income persons with HIV who are not currently involved in the HIV care continuum. Out of care PLWHAs are likely to experience poor treatment outcomes and are more infectious to their sexual partners. To improve their health outcomes and reduce their HIV transmission risks, they must be linked to treatment and reduce their viral load to undetectable levels. Early linkage trends suggest that 25% are actually linked elsewhere in the continuum. However, expanded resources are essential to identify, link and retain the remaining 75% to medical homes that provide primary care and medical case management, coordinated referrals, access to specialty, ancillary, and support services via a confidential electronic medical records system.

Within the Bay Area Network for Positive Health (BANPH) network of 12 community-based clinics, Alameda County Public Health Department and San Francisco Public Health Department, and the Health Equity Institute we identify and contact out of care PLWHAs. Over 70% experience significant barriers to care: substance abuse, depression, homelessness, transportation issues, lack of insurance, emotional trauma, financial hardships, etc... To assist PLWHAs to overcome barriers, OAA's Linkage Coordinator and our BANPH partners



target out-of-care demographic groups that match their areas of expertise and then identify and remove barriers to care, conduct linkage to care activities and provide direct services.

Peer based models can strengthen and enhance OAA's linkage-to-care activities. Peers' know the social networks, environments and barriers that out-of-care PLHWA's face. Most importantly, they may be among the few individuals who have the existing relationships, trust and confidence essential to successfully link and retain in care many out of care PLWHAs.

Improve Retention & Adherence

Of the number of HIV+ individuals linked to care only 20% have undetectable viral loads. Adherence to current HIV anti-viral regimes can increase the number of HIV+ individuals who are undetectable, thereby improving their health outcomes and further reducing community viral load. So in addition to the challenges of identifying and linking HIV+ individuals out of care, the NAS and the Council have prioritized the issue of treatment adherence. As a part of Goal #3, OAA will incorporate peer based retention and treatment adherence support strategies in Part A funded care services to increase treatment adherence among PLWHAs linked to care.

Reducing HIV Related Health Disparities in the Oakland TGA

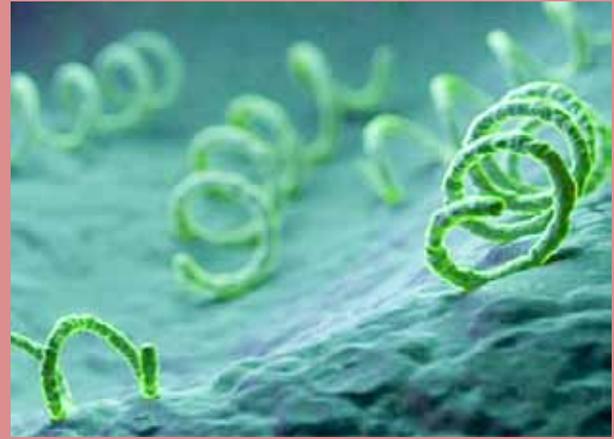
Like the NAS, the 2012-2014 Plan prioritizes African Americans and Latinos with particular focus on MSM, women, transgender persons of all races, formerly incarcerated persons, IDUs, and youth. Reducing HIV related health disparities among our priority populations requires a tailored approach for each population that incorporates culturally sensitive strategies for early identification, linkage and retention to quality HIV care, and treatment adherence.

Goal #4 aims to maximize the impact and effectiveness of Part A services and access by strengthening and expanding collaborations and coordination with Ryan White and non-Ryan White programs. Three such efforts are currently underway. First, OAA and the Black AIDS Institute are working with Allen Temple Baptist Church on a three year commitment to build a Black Treatment Advocacy Network (BTAN) in Oakland. BTAN kicked off with a three day HIV science trainings held this month. Year two will focus on building a local program and year three will focus on sustainability. Two participants will also attend the 2012 International AIDS Conference.

Second, OAA is working with the Metropolitan Interdenominational Church on a CDC funded effort to develop a critical mass of local African American ministers ready to address the spiritual needs of HIV+ members of their congregations as well as those at high risk for HIV transmission. Finally, OAA is building a collaborative network of foster youth organizations to provide HIV/STD education, training, and referral to high risk foster care youth their care givers and staff in Alameda County.

Syphilis and HIV

by Lorenzo Hinojosa, Program Manager,
Office of AIDS Administration



There is an alarming correlation between Syphilis and HIV. The majority of syphilis (*T.Pallidum*) cases are among HIV positive men, more specifically, among men who have sex with men. Additionally, many of these men infected with syphilis are already in treatment for HIV. There is a need to increase awareness about syphilis, both the transmission and consequences.

In the last ten years, there has been a marked increase in the overall number of syphilis case, especially among men who have sex with men. The sexual transmission of the disease makes the risk factors for acquiring syphilis similar to that of acquiring HIV with a few exceptions.

Syphilis is not transmittable through sharing needles, this is why intravenous drug users are not as affected by syphilis as men who have sex with men. Although sexually active heterosexual men and women are at risk, syphilis is more prevalent in sexual networks among men who have sex with men.

Due to compromised immune systems, people infected with both syphilis and HIV are at higher risk of many of the complications of late syphilis, especially internal organ and nervous system damage caused by the syphilis in the blood.

The most reliable way to detect syphilis is through a specific syphilis blood test. Most people who are found with the disease never notice any symptoms, which are usually painless and short-lived. The first symptom of syphilis is a sore, or chancre that develops at the place where the syphilis first enters a person's body. The sore usually does not hurt, and since many of these sores develop internally (in the anus or vagina) there may be no chance of knowing when it is there. Furthermore, many who do notice the sore will wait to see if it gets worse

before going to the doctor. Unfortunately the sore will go away on it's own.

The danger of this sore is that not only is it the point where you can infect others with it, the sore serves as a "highway" to the blood system, which means that if it comes into contact with the HIV virus, it has a much higher chance of infecting the person with the sore since the virus goes directly into the blood.

If you are sexually active man who has sex with men, the Centers for Disease Control (CDC) recommends that you test for syphilis every year. If you are in HIV Care, make sure syphilis testing is a routine part of your care. Many people believe that when their blood is drawn, syphilis and a great number of other tests are being done. Make sure syphilis is included in among your annual tests.

Syphilis is always curable. The trick is to have it detected and treated before it can cause any damage.

For more information on syphilis, go to:
<http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>
<http://www.avert.org/syphilis.htm>
or google Syphilis to get a greater listing of resources.



EASTBAYAIDSWALK.ORG

Saturday June 16, 2012

Registration starts at 8:30 AM

Walk starts at 10:00 AM

Lunch at 11:00 AM

There is still time to register to walk and/or donate.

Visit the website.



Food Safety

By Pam Casey

The food supply in the United States is among the safest in the world, but it can still be a source of infection for all persons. While a properly functioning immune system works to clear infection and other foreign agents from your body, individuals living with HIV/AIDS are more vulnerable to developing an infection from food, also known as food borne illness.

The symptoms of food borne illness, or food poisoning, as it is often called, are similar to the flu. In fact, many people may mistake occasional episodes of nausea, vomiting, diarrhea and fever for a 24-hour flu. What you need to know is that food borne illness is totally preventable. If you focus on clean food preparation, safe food handling, and cooking and storing foods at the proper temperatures, you will help to reduce your risk of infection. Try following these easy guidelines:

- Wash surfaces such as cutting boards and counter tops and dishes or utensils with hot, soapy water
- Wash all produce and clean the lids of all canned foods before opening
- Wash your hands before and after handling any food, using the bathroom, shaking hands, blowing your nose, and handling pets
- Separate raw meats, poultry, seafood and eggs from other foods like fruits and vegetables to avoid cross-contamination of bacteria from one food to the other
- Use a food thermometer to ensure that foods are cooked to a safe temperature
- Keep the refrigerator at a temperature below 40 degrees

For additional information and material on this topic contact these agencies online or by phone.

USDA Meat and Poultry Hotline 1-888-674-6854

FDA Food and Information Line 1-888-723-3366

www.fda.gov/food

www.cdc.gov/foodsafety

www.fightbac.org

Black Treatment Advocates Network Initiative comes to Oakland

The Black AIDS Institute selected Allen Temple Baptist Church to serve as its community collaborative partner for a three year commitment to build a Black Treatment Advocacy Network. The BTAN effort kicked off with three BTAN HIV science trainings held on June 6th, 7th, and 8th 2012, at Allen Temple. Year two will focus on building a local program and year three will focus on sustaining the overall effort.

Two participants will also attend the 2012 International AIDS Conference as BTAN delegates and report back on conference activities. In exchange for a stipend during the conference, a conference orientation session, and a conference mentor, the delegates will be accountable for a series of deliverables, including daily tweets and blog entries on conference



developments, news and information and a post conference update in Oakland.

The Office of AIDS Administration will sponsor a reception for BTAN participants on June 7th from 6:00 – 7:30. For more details please contact Gloria Cox-Crowell at (510) 913-5694.

National HIV Testing Day

To mark National HIV Testing Day, two Walgreens outlets in Oakland will offer free rapid oral HIV testing will be available from Wednesday, June 27, 2012 thru Friday, June 29, 2012 from 3:00 to 7:00pm at. Walgreens has identified two stores in Oakland that are able to host testing. Each Walgreens location has a private room which will be used by the HIV Education and Prevention Program of Alameda County (HEPPAC) and Volunteers of America Bay Area (VOABA) for counseling and testing. Additional area stores will support the HIV testing effort with in-store messaging and promotions.

Walgreens and Greater Than AIDS have coordinated all marketing and promotions, including co-branded promotional (posters, postcards, e-alerts) and on-site materials, which will be made available for distribution to supporting community partners and two area Walgreens stores to help bring attention to the event. In-store testing is part of an ongoing, year-round partnership between Walgreens and Greater Than AIDS to distribute informational resources and specialized HIV-related services at Walgreens pharmacies in heavily affected communities.

Many of the stores participating in the Be Greater Than AIDS

campaign have pharmacists on site to offer one-on-one medication counseling and other support services for people living with HIV/AIDS and their loved ones. As the local testing partner, OAA will be responsible for the testing process, including providing the test kits (oral, rapid) and facilitating pre- and post- test counseling.

Testing staff from HEPPAC will be offering free testing at the Walgreens located at 3434 High Street and VOABA staff will be testing at the Walgreens at 301 18th Street, both in Oakland.

ALAMEDA AIDS
FREE HIV TESTING
Provided by Health Departments and AIDS Organizations

SELECT WALGREENS LOCATIONS JUNE 27-29 3-7 PM

3434 HIGH ST. OAKLAND, CA 94618 HIGH STREET & REDWOOD 910-261-1884	301 E. 18TH ST. OAKLAND, CA 94612 SOUTHEAST CORNER OF 3RD AVE & 18TH ST 910-271-4182
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FOR MORE INFORMATION, VISIT GREATER THAN.ORG/WALGREENS

Logos: ACT UP! AIDS, HEPPAC, NAPWA

PLWHA Spotlight: Lee Vernon

By Pam Casey

Lee Vernon was raised in Texas and Washington State, served in the Navy, then migrated to San Francisco in the early 80's. He got tested in 1983, after hearing about this 'strange disease going around'. After testing positive he was told he had five years to live, and that he had to take medication. He did not take the medicine and stayed in denial about his status, after all, he was feeling pretty good. He was one of the lucky ones, but his friends began dying. After another two years he was re-tested, and, of course, it just confirmed his positive status. He did start medication, but not in the dosage prescribed. "It seemed like the massive doses of medication that doctors were giving at that time was killing people rather than saving them", he states. He modified his dosage to fit in with his partying lifestyle, which was two pills at night.



Lee began working on recovery in 1990, which caused him to start taking things seriously and make changes to live a longer, and better quality of life. He began being part of clinical studies. He learned to manage his stress and to change his way of thinking.

Lee has been a community activist for HIV/AIDS for many years and is currently an active member of the Planning Council and serves on several committees. He is an advocate for improving HIV+ care and treatment. Last year he helped create a consumer survey to focus attention on some of the needs of HIV+ clients using dental services. The survey results will help shape some of the program development for the upcoming year.

He cites some of the biggest improvements in HIV care over the years to be creation of better drugs and offering individualized medication regimens, legal services, and programs designed for stress management of HIV+ individuals. Lee is an artist, and once had one of his pieces exhibited in the San Francisco mayor's office.

The Q-Tip: *Chart Review and Satisfaction Survey Highlights*



In early 2012, the Office of AIDS Administration conducted its Part A annual chart review for HIV/AIDS core services, which include primary care, medical case management, mental and oral health, substance use and home and community-based health care. The reviews were completed by three RNs who visited 18 agencies to collect clinical and administrative data.

HRSA has established core clinical performance measures that can be used to monitor the quality of HIV care. Seven agencies are funded by the Office of AIDS Administration to provide primary care. In the aggregate sampling of 123 charts there was an increase in the number of clients receiving 2 medical visits and 2 CD4 counts per year, and an increase in adherence counseling and risk reduction education over the last chart review period. Results also revealed that 78% of the charts reviewed had a viral load less than 200. This score was 40% last year. The story behind the trend suggests that when clients stay

in care, they can be monitored more closely, hear those positive health messages, keep the viral loads low. Dietary assessments are around 70%. Diet becomes more important as HIV+ clients age and are more at risk for developing diet-related co-occurring illnesses.

This year's patient satisfaction survey was distributed to a small sampling of clients in the two counties who participated in various Ryan White funded support groups, CCPC committee meetings, and at a food distribution site in Concord. Highlights of that survey include the following:

- At least 75% of respondents across the TGA felt that they were able to get appointments in a timely manner
- Over 90% of those clients surveyed in Contra Costa County felt they were treated with respect (this figure was 70% in Alameda County)
- Over 80% across the TGA felt that their health was better because of HIV services received

Clients reported that more dental, food services, and transportation vouchers are needed. Although this is not surprising, it is worth knowing so that the CCPC will continue to fund these services.

Each of the 18 agencies will be contacted this month to set up a meeting to discuss individual results of the chart review.



OAA News Briefs

- State-Funded Prevention contracts have been extended 3 months.
- A Prevention RFP will be released in July 2012 for contracts to start October 1, 2012.
- Initial site visits for Ryan White Part A contracts have started.
- The Community Collaborative Planning Council has started their process for prioritization and fund allocation to Ryan White Part A Service Categories.
- Anyone interested in becoming a member of the Community Collaborative Planning Council should contact Patricia Sweetwine at Patricia.Sweetwine@comcast.net or visit www.hivccpc.org.

Article or Announcement Submissions

The Office of AIDS Administration encourages community members to submit articles relevant to HIV/AIDS in Alameda County

- Approximately 250 words (one double spaced page)
- Include contact information
- Submit by email only
- Submit as word document or in the body of email
- Due to space constraints, not all submitted articles may be published.
- For more specific guidelines, contact Lorenzo Hinojosa at Lorenzo.Hinojosa@acgov.org

For a subscription to the OAA Quarterly Newsletter, please send email to Lorenzo.Hinojosa@acgov.org



Alameda County
Office of AIDS Administration Staff
(510) 268-7630
(510) 268-7631 fax
1000 Broadway, Suite 310
Oakland, California 94607
www.officeofaids.org
hivinfo@officeofaids.org



Kabir Hypolite, Director

Pamela Casey (Aziz), Quality Assurance Coordinator
Pam.Aziz@acgov.org

Alphonso Blunt, Receptionist
Alphonso.Blunt@acgov.org

Elen Deleon, Supv Financial Services Specialist
Elenita.Deleon@acgov.org

Crystal Felder, Secretary
Crystal.Felder@acgov.org

Lorenzo Hinojosa, Program Manager
Lorenzo.Hinojosa@acgov.org

Deborah Jones, Data Input Clerk
Deborah.Jones@acgov.org

Michael Lee, Program Manager
Michael.Lee@acgov.org

Al Lugtu, Accounting Specialist
Al.Lugtu@acgov.org

Tom Mosmiller, Program Manager
Tom.Mosmiller@acgov.org

Duran Rutledge, Program Manager
Duran.Rutledge@acgov.org

Georgia Schreiber, Linkage Coordinator
Georgia.Schreiber@acgov.org

Shelley Stinson, Program Manager
Shelley.Stinson@acgov.org

Matthew Wong, Information Systems
Matthew.Wong@acgov.org