

End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

November 16, 2022, 1:00 - 4:00 p.m

Announcements

- World AIDS Day is December 1st.
 - On this day, the End HIV annual report will be available at endhivoregon.org.
 - You can register events at worldaidsdaynw.org.
 - EOCIL is hosting in-person World AIDS Day events in Ontario (12/1) and Pendleton (12/2).
- Alison Goldstein is the new HIV/STD Prevention and Surveillance Manager with OHA. Welcome Alison!

2022-2026 End HIV/STI Oregon Strategy

The End HIV/STI Oregon Strategy (also known as Oregon's Integrated HIV Prevention and Care Plan) is our roadmap for ending new transmissions in Oregon. The plan is required for states receiving federal HIV care and prevention funding. The Oregon Health Authority and the Multnomah County Health Department (MCHD) will submit the joint plan to the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) by December 9th. Once approved, the plan will be posted on endhivoregon.org in English and Spanish.

The plan's new pillars are 1) Diagnose, 2) Prevent, 3) Treat, and 4) Respond (to inequities). Each pillar encompasses multiple strategies. The plan contains activities that align with OHA, MCHD, and subrecipient (e.g., community-based organization) grant and contract activities. The plan is also adaptable and can be updated as needed.

Changes made based on OSPG member feedback include:

- Opportunities for OSPG, PA/PC members, and the BIPOC Research Committee to review the plan in September.
- The "transgender women" priority population was updated to "transgender, nonbinary, and gender diverse, with a focus on transgender women"
- The "men who have sex with men" priority population was updated to "gay, bisexual, and other men who have sex with men."



- Language describing mental health “concerns” or “problems” was replaced with less stigmatizing language, such as “mental health conditions” and “health care needs.”

Additional input was obtained through stakeholder meetings, interviews with people living with HIV (PLWH), a listening session, and a community opinions survey.

Community-identified priorities include:

- Expand routine screening in healthcare settings
- Expand PrEP use
- Provide disease intervention and partner services
- Rapid access to antiretroviral therapy (ART)
- Promote U=U
- Train healthcare providers (and more)

The End HIV/STI Oregon Strategy also includes a monitoring and evaluation plan. Data tracking progress toward the plan’s goals can be found in the [OHA HIV/STI/TB data dashboards](#).

Voting members of OSPG were invited to submit votes of 1) concurrence, 2) non-concurrence, or 3) concurrence with reservations. A vote of concurrence communicates agreement that Oregon’s Integrated HIV Prevention and Care Plan meets federal requirements and describes how activities and resources are allocated to the most affected populations and the geographical areas with high rates of HIV. The plan was unanimously approved, with a total of 20 votes of concurrence from OSPG members. The Part A Planning Council already voted unanimously to concur with the plan and submitted a letter of concurrence.

Discussion:

- Q: What’s the difference between “disparity” and “inequity”?
 - A: “Disparity” suggests an observed difference, while “inequity” suggests a lack of fairness or justice.
 - Here’s a [relevant article](#).
- Intellectual and developmental disabilities are often misconstrued as a "mental health crisis."

Increasing Awareness & Decreasing Stigma in Eastern Oregon

Presentation by Coates Kokes

Coates Kokes worked with OHA, the Eastern Oregon Center for Independent Living (EOCIL), and HIV Alliance to develop an HIV campaign for Eastern Oregon, which ran from April - July 2022. The campaign focused on Eastern Oregon because new HIV, syphilis and gonorrhea cases are on the rise in the region (despite decreased testing); Eastern Oregon has a higher rate of late-stage HIV diagnoses; residents living with HIV are less likely to be virally suppressed; and there is a lack of knowledge about HIV and PrEP in the region. The campaign messaging was informed by EOCIL and HIV Alliance staff and by focus groups with rural MSM (including trans men) and with heterosexual residents.

Campaign goals:

- Reduce stigma
- Normalize talking about HIV and sexual health
- Increase awareness of HIV testing, prevention, and treatment resources
- Increase HIV testing (in person or at home)

The campaign involved:

- Advertising (print, outdoor, digital, and radio)
- Earned media (e.g., press releases, media training)
- Collateral
- Coordination with community partners, including local public health authorities, community clinics, CBOs, and local leaders

Target markets included Pendleton, Hermiston, La Grande, Ontario, and surrounding areas. The target audience included adults ages 18-54 (with a focus on ages 25-54), some emphasis on LGBTQ+ populations, and multicultural communities (including Spanish language materials). The message communicating that HIV is a universal issue (e.g., We all have an HIV status) resonated most.

The online campaign results included:

- 12 million impressions from ads
- 23,245 clicks on ads, with a 0.19% click through rate, which is above the industry average
- 67 conversions (a conversion is when a person clicks on an ad, then takes another action such as searching for a clinic, a test, or condoms)
- Facebook ads performed best, and the LGBTQ+ audience was most engaged.



EndHIVOregon.org visitor traffic was the highest it's ever been, with more than 5,800 new users in July alone. Outdoor and print ads and earned media coverage reached a large audience, as well.

Discussion:

- Multiple members stated how encouraged they were to learn about the campaign and its outcomes.
- Two members commented that the campaign would be beneficial in other parts of Oregon, as well (e.g., Southern Oregon, the coast).

Presentation by EOCIL

EOCIL found that many community members were unaware of free resources in their community and hesitant to access them due to concerns related to stigma, judgment, and privacy.

During the campaign, EOCIL distributed 89 home test kits and more than 4,500 condoms. Staff also referred one community member who tested positive to case management. Staff attended a number of local events (e.g., Pride, a rave event, a recovery walk)

Discussion:

- Multiple participants expressed gratitude for EOCIL's work. One member said they were proud of EOCIL for acknowledging and accepting HIV/AIDS as a disability.
- OHA also saw an increase in its [ONE at Home condom distribution program](#). Orders increased by 200% to 1200% in counties where the campaign was implemented.
- Q: Did OHA also see an increase in requests for HIV test kits?
 - A: Yes, there was a small increase.
- OHA has a [condom distribution dashboard](#) and a [clinic-based testing dashboard](#).

Celebrating successes

As shown on the following pages, meeting participants created a list of successes that have occurred since 2017, after the End HIV Oregon initiative and strategy was launched.



From 2017 - 2022, how has Oregon made progress related to HIV/STI testing?

Strides made/services offered to support linkage to care when people test positive (e.g. Early Intervention and Outreach Services).

Making the conversation about HIV more normal by more education and curiosity

Syringe exchange

Creating at home HIV/STI testing services

The increase in testing for HIV and HCV during this time period. And now syphilis. Three screens in one shot.

Increased demand among providers to better serve LGBTQ+ populations, including in rural areas of state

working with CBO's

Increased use of social media

COVID education

new partners offering testing in community settings -- Portland Street Medicine, Slavic Community Center, many others

Increased info about testing and treatment

Increased awareness on HIV testing

addressing language barriers and putting our messages in other languages

U=U conversations and message integrated

PEP and PrEP Education and Navigation

outreach testing available in many communities, mobile testing, etc.

More PrEP providers around the state

More integration of STI/HIV testing.

Home test were great during beginnings of COVID!

External operations across rural Oregon during this time frame. We saw expansion of services in seven counties.

Increased use of social media as access point into testing

Increased efforts to link individuals testing to harm reduction services

Tableau data dashboards available to show progress on testing in Oregon.

Integrating all testing services with disease intervention services (DIS)

More options for prep and for injectable ARV

EOCIL campaign promoting testing in rural settings.

More outreach

Increased availability/access to at home and self-collected HIV/STI test kits.

integrated mpox & HIV prevention work

OR-Hopes project and it success!

Making it available in different languages
Being a one stop shop for COVID testing, COVID Vaccines, and our regular services.

Integrated testing with Chime In survey

Use of new testing technology (e.g. dried blood spot).

Integrated HIV/STI testing through EISO increased

Outreach testing

Prep

Increased provider awareness of extragenital site testing

Working more closely with Corrections. Entered into an MOU around increasing STD/HIV screening and testing.

Testing vans

Increased community education/awareness and decreased stigmatization.

Silver lining of COVID- it exposed people to at home testing. And, now means more people want easy, private access to at home testing options.

From 2017 - 2022, how has Oregon made progress related to HIV/STI prevention?

Ensuring confidentiality

The End HIV campaign and branding... Creating a single place to brand our state plan, resources, etc.

Education through social media and tv commercials

Creating safe spaces where people feel comfortable to ask for HIV testing

Increase focus on decreasing stigma and trauma-informed services

Free testing services through health departments

Less stigma for LGBTQ

Increasing community led outreach services

viral suppression as prevention

Increased efforts and allocation of resources to decrease the gap between prevention and services

Injectable PrEP

CAP and HIV Alliance received big deal CDC grants to provide prevention services to priority populations!

Closer relationship between Health Systems (Medicaid) and Public Health. End HIV Plan is understood by many leaders now.

Now have HIV or STD funding available in every county in Oregon now.

Access to free condoms and ability to order them from home. One at Home condom program was successful!

Same day PrEP at some clinics

policy wins around PrEP --health insurance covers PrEP meds now!

Outreach workers providing prevention education & PrEP navigation available statewide. EOCIL is newest Outreach contractor!

Access to more testing

Provider education

development of perception of HIV as a manageable chronic condition- lessened stigma

More DIS (disease investigation specialists) available in Oregon.

More coordination between HIV prevention and care and between HIV/STI work

Messages about HIV being a chronic disease; people can live long healthy lives...

More PrEP users

Pharmacist prescribed PrEP and PEP

Generic truvada

U=U campaign & education

Increased PrEP education among providers

Pharmacy delivered PrEP. OSU about to roll out training for pharmacists and pharmacy techs.

More than one treatment option for PrEP

Distribution of condoms and education

Familias en Accion launched WILDLY successful Latino Health Equity Conference on Sexual Health in 2021

New funding means DIS and DIS SUpervisors went from 32 to 65 (!) across Oregon

Increases in PrEP awareness & PrEP providers

Same day PrEP at some clinics

Rapid ART starts

Increased access to education in rural OR.

Testing

the introduction of the U=U campaign

Increasing awareness

More syringe service programs throughout the state.

From 2017 - 2022, how has Oregon made progress related to HIV/STI treatment?

quick linkage to care for newly diagnosed through EISO

mail-order (& brick&mortar) pharmacy services through CAREAssist

Comprehensive services through HIV case management, linkage to care, wrap around services.

Increasing education, knowledge and awareness to doctors, case managers, peers, social workers

CAREAssist and lowering the threshold of income and Dental services

food security assessment and training for case managers to help link PLWH to food resources

Dental care through CAREAssist

Supporting people where they are at and not where they need to be

vaccines for MPX, HCV and COVID

New available treatment options

Increased eligibility for CAREAssist services

CareAssist going almost to an open formulary.

effective medications w less side effects

more coverage for health

Housing services

nPEP

Increase focus on provider total quality management plans resulting in positive service outcomes

Training available for providers throughout the state.

Once a day meds for HIV and now injectable.

Reductions in gonorrhea and chlamydia (unfortunately not in syphilis).

AETC providing training and TA to increase rapid start statewide

Treating people who test positive same day etc with services

DIS connecting patients to treatment after a positive test

More education

Supportive housing programs for PLWH help many to maintain viral suppression statewide

Addressing more than just HIV/STI.... supporting people through food, shelter, mental health care, etc.

treatment as prevention

Rapid ART starts

Injectable treatments

increase in trained providers

Telehealth

More DIS in Oregon to help facilitate STI treatment.

interferon-free HCV treatment

Testing more available

Part C CLinic's Rapid Start ART program has helped many get virally suppressed fast

Increased peer participation and peer-delivered services

From 2017 - 2022, how has Oregon made progress toward health equity?

