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

May 17, 2023, 1:00 - 4:00 p.m.

Announcements & updates

We Met Here… (Latiné and HIV Learning Collaborative)

Familias en Acción serves the Latiné community in Oregon in a variety of ways and has been doing HIV-related work since 2020. Familias en Acción has a culturally responsive curriculum for community health workers called Me Cuido, Te Cuido and has held a statewide Latino Health Equity Conference. Recently, Familias en Acción launched a virtual Latiné and HIV Learning Cohort that just ended. The collaborative included 25 individuals from 18 agencies. The goal of the collaborative is to build capacity and develop a community action plan to address HIV and STIs among Latiné people living in Oregon. Ayla Rosen co-facilitates the group with Jose Luis, who spoke with the OSPG last year. Ayla and Jose met here at an OSPG meeting and exciting things have happened. I you hear someone speak and think there's potential for collaboration, reach out! You can also suggest an individual or organization to the Operations Committee as a future speaker.

Meet the New Boss… (Viral Hepatitis Program)

Ann Chakwin has returned to her prior role as the Viral Hepatitis Prevention Coordinator at OHA. Oregon has a new Viral Hepatitis Collective, which seeks to highlight ways to eliminate viral hepatitis. If interested in joining the group, please let Ann know.

Show Me the Money… (Changes to Member Stipends)

Eligible OSPG members have been receiving stipends for years. HB 2992 (2021) set new requirements for state agencies to compensate advisory group members for their time. As a result, OSPG policies have been updated, and the stipend amount has been updated to $157. This amount will continue to change based on inflation. OSPG members who are not public employees and meet income requirements are eligible for stipends.

Stipends are considered taxable income and may affect people's public benefits. OHA and CivCom staff are not qualified to advise members about the tax or benefit implications of receiving stipends. However, if you are concerned that stipends could

impact your public benefits, please share your concerns with Linda so that we can better understand them.

If interested in receiving stipends, please complete the stipend request form shared at the end of each OSPG meeting. Dano can share additional forms with you as needed.

Upcoming OSPG meeting

The next OSPG meeting will be August 16. This will be a hybrid meeting, with an option to participate in-person or remotely. The location will be somewhere in the Portland metro area. Details are forthcoming.

HIV Continuum of Care Conference

The 2023 HIV Continuum of Care Conference will be October 10-12 in Portland. If you'd like to join the planning committee, please contact Dayna.

How are people living with HIV (PLWH) in Oregon doing?

Program Design and Evaluation Services (PDES) is a research and evaluation unit serving OHA's Oregon Public Health Division and the Multnomah County Health Department. PDES routinely collects data from a representative sample of people living with HIV (PLWH) for Oregon's Medical Monitoring Project (MMP). Oregon has participated in MMP since 2007. The project involves data from interviews with PLWH, as well as data from medical records.

Demographics of MMP participants (2015-2021):

- The majority of MMP participants identified as male (86%), gay or bisexual (68%) and white (non-Latinx) (68%); 17% identified as Latinx, 6% as multiracial, 6% as Black or African American, 1% as Asian, and 1% as American Indian or Alaska Native.
- The majority (69%) were long-term survivors (diagnosed 10 or more years ago), and 12% were diagnosed within the last 5 years.
- 16% experienced food insecurity in the past year.
- 34% live below the federal poverty level.
- 27% reported a need for transportation services.
- 44% had a history of sexual/physical intimate partner violence.

HIV care outcomes (2015-2021):

- 55% had excellent adherence to their HIV medication within the past 30 days.
- 82% did not miss any medical appointments.
- 78% had achieved durable viral suppression.

Participants with a greater number of social or economic disadvantages (e.g., criminal justice system involvement, intimate partner violence, less economic stability) had worse HIV-related outcomes (e.g., medication adherence, missed medical appointments). In other words, social determinants of health matter; Non-medical experiences impact health outcomes.

Substance use and mental health (2015-2021):

- 31% reported anxiety (25%) and/or depression (22%)
- 41% used non-injection drugs in the past 12 months.
- 6% used injection drugs in the past 12 months.
- 11% used meth in the past 12 months.
- 30% of clients smoke.
- 15% reported binge drinking in the past 30 days.

Social support and resilience (2018-2020):

- 86% can count on someone to provide emotional support.
- 78% can count on someone to help with daily tasks.
- 57% hardly ever or never feel isolated from others.
- 44% strongly agree that “It does not take me long to recover from a stressful event”

Discussion:

- Are trans and non-binary folx included in the binge drinking data (which is defined differently by CDC for men and women)?
    - A: Lindsay will follow up with an answer.
    - Comment: Another agency noted that they moved to defining binge drinking as 4+ for everyone, regardless of gender.
- Visit the MMP webpage for more information.

Sexual Health for All: Status-Neutral Approaches

HIV prevention and care services in Oregon are funded by the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). New guidance (January 2023) from CDC and HRSA encourages status-neutral approaches for HIV prevention and care programs across the country.

A status-neutral approach:

- Utilizes a “whole person” approach to care
- Meets the needs of the person or population, regardless of HIV status (It’s harder for some people to access services when they are based on HIV status)
- Integrates HIV care and prevention into routine care

With a status-neutral approach, there is “no wrong door” for accessing services. HIV testing is the most common “door” to treatment. Folks who test negative are offered

tools like PrEP, condoms, or harm reduction services. Folks who test positive are connected with treatment services and other supports.

A status-neutral approach can help end HIV/STI in Oregon by:

- Decreasing new infections with higher engagement, quicker access to services
- Reducing stigma and promoting equity
- Supporting a "syndemic approach" that recognizes intersections and social determinants of health

Since funding agencies still restrict how funds can be used, there are challenges to implementing a status-neutral approach. Ideally, these funding restrictions do not impact the client experience. CDC is encouraging programs to find and utilize other funding sources as needed. "Braiding" services together (from different funding sources) can be difficult.

Examples of status-neutral approaches include:

- Co-locating prevention and care services
- Rebranding HIV" or "STI" services as "sexual health" services
- Broadening eligibility to include people of any HIV status
- Focusing on priority populations disproportionately impacted by HIV

Examples of status-neutral approaches in Oregon include:

- The OSPG
- Early Intervention and Outreach Services (EISO)
- Rapid linkage to HIV care for people who test positive
- Referrals to PrEP, harm reduction, and other services for people who test negative
- Service provision at agencies that receive funding for both prevention (CDC) and treatment (HRSA) services

Communications and messaging tips:

- Talk about sexual health (rather than disease)
- Offer toolkits with various options for staying safe
- Neutral messaging (e.g., "You can't get HIV from me")

Resource: CDC Issue Brief

Discussion

Highlights and recommendations from breakout group discussions:

- How are you implementing status-neutral approaches?
    - Deschutes County offers integrated testing services.
- What can you do to move toward a status-neutral approach?
    - Recognize that clients expect services to be integrated.

- What do you need to do to support a shift in your approach?
    - Use status-neutral messages and also be specific about the types of services available, perhaps using the phrase “sexual wellness” and listing services offered (e.g., PrEP). The phrase “status neutral” may be confusing or unclear to clients.
    - Package services together.
    - A statewide campaign could be helpful.
    - Treat people holistically. If a client is only seeing an HIV doctor, they may have other unaddressed health needs (e.g., related to cardiovascular health or social determinants of health).
    - Use trauma-informed approaches.
    - Use open-ended questions related to gender, race/ethnicity, etc.
    - Medical students need training on social determinants of health, harm reduction, racism, and more.
- Challenges
    - The current understanding of Ryan White services is not status-neutral.
    - In rural Oregon, there is often a lack of social support and access to services.
- Other comments
    - The status-neutral approach is a move from a medical model to a community model.
    - Not all services should be status-neutral. When recommended by clients, some status-specific services may be necessary (e.g., support groups for PLWH). In addition, not all providers are knowledgeable about HIV, which is why some services are HIV-specific.
    - Housing is health care and housing is prevention.
    - Rebranding to sexual health would include viral hepatitis too.

HIV Rapid Start Programs in Oregon

Developing a jurisdictional HIV Rapid Start Plan for the Portland metro area (Part A)

Rapid start programs are:

- Designed to facilitate the administration of antiretroviral therapy (ART) as soon as possible after the diagnosis of HIV infection, preferably on the same day or within seven days of new HIV diagnosis or re-engagement in care
- The standard of care for people newly diagnosed with HIV
- Could also include rapid efforts to assess eligibility for and connect clients with other care services
- Included in Oregon’s Integrated HIV Prevention and Care Plan (2022-2026)

The jurisdictional rapid start plan under development seeks to:

- Create a rapid start standard of practice
- Create pathways for every person diagnosed with HIV to get immediate access to medications regardless of medical facility, insurance, or income
- Align established linkage to care practices to rapid start programs
- Provide centralized technical assistance to providers that do not have rapid start programs
- Define the jurisdiction (currently the Portland metro area, but this can expand)
- Explore ways to support rapid PrEP access

In addition to developing a plan, planning group members are:

- Assessing financial feasibility and identifying resources
- Beginning to get community buy in
- Meet and learn from key partners
- Developing performance measures
- Identifying resources to access medications

Challenges include:

- Limited ability to influence providers outside of the Ryan White system
- Complicated and differing systems of care
- Limited funding and staffing to support navigation activities
- Developing a workflow to support people being released from prisons/jails
- The gap between HIV diagnosis and eligibility of Ryan White coverage
- Provider discomfort prescribing ART before confirmatory tests

CAREAssist support for Rapid Start Programs in other areas of Oregon

CAREAssist's Bridge Program has existed since 2008. This program is designed to facilitate rapid starts for individuals who are uninsured, with same-day or next-day access to medication. The program covers a 30-day supply of antiretroviral (ARV) medication, other medications, and outpatient medical services. The Bridge application must be completed by a physician. Most completed applications are processed by CAREAssist the same day they are received by CAREAssist. In addition, folks can contact CAREAssist to request immediate processing of a Bridge Program application if needed; Usually, this can be done within less than an hour.

Discussion:

- Could peer mentors and community health workers help with service navigation?
- Even with rapid start programs, there is a lot for clients to navigate, and they continue to face barriers (e.g., no phone, no housing or address, no providers in rural settings).
- Barriers for people released from carceral settings are sometimes greater in rural areas.

- We hope Oregon will obtain funding to connect people to the Oregon Health Plan (OHP) before they leave a carceral setting.
- CAREAssist accepts Bridge applications prior to release from a jail or prison. Enrollment will become active upon release and can help clients access medication on the day of release. CAREAssist can also connect clients with medical case management to help them with service navigation (e.g., finding a pharmacy). In the Portland metro area, CARELink provides this kind of one-on-one service.
- Case management support prior to release is needed. Not many jails have release case managers. Prisons have case managers, but not for medical care.
- Encouraging people who are diagnosed to enroll in mental health services is beneficial. Most organizations will have peer specialists who are able to provide proper resources and help navigate systems.
- AETC is in contact with the Department of Corrections. Folks interested in joining these conversations can contact Dayna.
- The HIV/STD/TB Program is also in contact with and is partnering with the Department of Corrections.