

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

November 15, 2023, 1:00 - 4:00 p.m.

## Announcements

- Amanda Hurley has moved to a new position with the Multnomah County Health Department.
- There is still one at-large seat open on the Operations Committee. If interested, please reach out to Dano for an application.
- The next OSPG meeting will be February 21, 2024. This will be a hybrid meeting at the Oregon Primary Care Association offices in downtown Portland. You can attend in person or online.
- World AIDS Day is December 1. If you are holding a World AIDS Day event, you can email the details to [lagermes@ohsu.edu](mailto:lagermes@ohsu.edu) so that your event can be promoted on <https://www.facebook.com/worldaidsdaynw/>.
- The [2SLGBTQ+ Meaningful Care Conference](#) will be March 27, 2024. Keep an eye out for early bird registration.

## Increasing HIV Awareness among Black and African American People in Portland

### African American AIDS Awareness Action Alliance (A6)

Over the years, A6 has used multiple approaches to address HIV:

1. Utilizing existing community platforms and events (e.g., information booths at events)
2. Utilizing community influences (e.g., inviting pastors to test and promote testing)
3. Partnerships with health care providers
4. Targeted outreach to Blacks and African Americans
5. Collaboration with community leaders, organizations, and churches (e.g., co-sponsorships of events such as the National Week of Prayer for the Healing of AIDS)
6. Diverse activities (e.g., hip hop party, art contests, panel discussions, symposiums)
7. Culturally specific education and awareness campaigns

To learn more, visit <https://a6awareness.org/>.



## Black and African American HIV/STI Testing Campaign

An upcoming media campaign seeks to 1) increase HIV testing and conversations about sexual health among people who are Black and African American in Portland and 2) reduce stigma around HIV/AIDS, STI and sexual health. This campaign was co-developed by A6 and End HIV Oregon. This effort involved:

- Multiple writers and strategists
- A6 listening sessions
- Focus groups to test ads and get input from people who live in Portland

The campaign will run from November 20, 2023 through February 25, 2024 (timed for World AIDS Day and National Black HIV/AIDS Awareness Day). It will focus on Black and African American adults (ages 18-55) in Portland (with some emphasis on North, Northeast, and East Portland).

The campaign will emphasize that we all have an HIV status, regardless of age, race, gender, or sexual orientation. Some ads will focus on gay, bisexual, and other men who have sex with men.

Media includes:

- Outdoor (30 billboards, 5 creative sets; 4 bus transit shelters, 2 creative sets)
- Social media advertising (4 creative/copy sets for Facebook and Instagram)
- Digital/display and Grindr (4 creative sets)
- Bar/club posters, which can also be used at health clinics or other locations (4 poster options in 2 sizes, both vertical and landscape)
- Mirror clings
- Terrestrial and streaming audio ads

A communications tool kit for A6 and partners will include access to social media content, visuals, and campaign posters.

To view campaign materials, visit <https://www.endhivoregon.org/A6/>.

### Discussion

- Q: When will community partners be able to use this on our social media pages?
  - A: As soon as Monday when the campaign launches. OHA will notify partners once the campaign materials are available to use.
- Q: Will the campaign expand to other areas if it is successful in Portland?
  - A: There will continue to be awareness campaigns in the coming years. It's essential for OHA to work with a local partner when doing so. Also, in 2024 there will be a statewide campaign focusing on the Latine community.



# What's Going On with Mail-Order Services?

## TakeMeHome

### What is it?

TakeMeHome is a mail order HIV/STI testing program paid for by the Oregon Health Authority (OHA). It offers HIV/STI testing at no cost to Oregonians who have concerns about safety, stigma, privacy, cost, or access. The program is a partnership between OHA, National Alliance of State & Territorial AIDS Directors (NASTAD), and Building Healthy Online Communities (BHOC).

TakeMeHome was launched in 2020 and has expanded to include lab-based, self-collected HIV and STI testing options:

- HIV oral swab test (results in 20 minutes)
- HIV dried blood spot (lab results ready in 2-6 days via an online portal)
- Syphilis EIA + 3 site Chlamydia and Gonorrhea test (lab results ready in 2-6 days via an online portal)

### How does it work?

People who are at least 18 years of age can order a test by visiting <https://takemehome.org/>, clicking “Order Now,” and following the instruction prompts. The program and inventory is dependent on OHA funding (which is variable). All packages are delivered discreetly to a valid Oregon address without content identifying information on the outside.

Users mail specimens to a lab with prepaid shipping. Positive results require follow up/additional testing with a health provider. Public health is unaware of a positive HIV oral swab/rapid test result unless the person follows up.

### Who is using it?

OHA's [HIV/STI Prevention Testing Dashboard](#) provides data by county, year, gender, race/ethnicity, age, and more. Data include:

- Clinic based testing data
- TakeMeHome rapid HIV test data
- TakeMeHome HIV-STI tests

These data show that:

- More than 2,800 rapid HIV tests have been distributed since 2020.
- More than 1,800 HIV and STI tests have been distributed since 2021.
- TakeMeHome is serving racially/ethnically and gender diverse Oregonians, as well as people who have not previously tested for HIV.
- Most users are 25-44 years of age.
- Demand has increased each year, including in rural and frontier areas.



OSPG members and partners were polled during the meeting. Of 26 respondents, more than three quarters (77%) had heard of TakeMeHome. Of 24 respondents, more than one-third (38%) had helped a client/friend/person access TakeMeHome.

### Discussion

- There is a dried blood spot test for Hepatitis C too.
- Q: Is this something I can keep in my outreach van?
  - A: Currently, the test kits are only for individuals, not for programs. However, programs can help promote TakeMeHome.

## **ONE at Home**

### What is it?

ONE at Home is a mail order condom delivery program paid for by OHA. It offers condoms and lubricant at no cost to Oregonians who have concerns about safety, stigma, privacy, cost, or access. The program is a partnership between the OHA and Global Protection, Inc.

ONE at Home launched in 2020. Any individual with an Oregon mailing address is eligible. While the website asks for age, there are no age restrictions for ordering. The site is for individual use only.

Users can choose from five different mixes:

1. 20 external condoms (latex), 10 lubricant packets, standard-size, varying styles
2. 20 external condoms (latex), 10 lubricant packets, XL size
3. 20 external condoms (5 non-latex, 15 latex), 10 lubricant packets, standard size, varying styles
4. 20 external condoms (non-latex), 10 lubricant packets, standard size, varying styles
5. 7 internal (FC2) condoms (non-latex), 5 lubricant packets

### How does it work?

Visit <https://www.onecondoms.com/pages/oregon> and submit the order form. One envelope can be ordered every 30 days. All packages are delivered discreetly to a valid Oregon address without content identifying information on the outside. Orders can be made as long as the program is available. The program is dependent on OHA funding (which is variable).

### Who is using it?

OHA's [ONE at Home Condom Delivery Dashboard](#) provides data by county, year, gender, race/ethnicity, and age. These data show that:

- Over 20,000 orders and 402,000 condoms have been distributed since 2020.
  - In 2023, there have already been more than 6,000 orders, with at least one order from someone in each county in Oregon.



- The program is serving racially/ethnically and gender diverse Oregonians.
- Most users are 13-39 years of age.
- Demand has increased each year.

Both websites have a Spanish language option, as well.

OSPG members and partners were polled during the meeting. Of the 23 respondents, more than two-thirds (70%) had heard of the ONE at Home program, and nearly a quarter (22%) had helped a client/friend/person access TakeMeHome.

### Discussion

- I bring both program cards to events, and people are very excited to learn about them!
- Q: Can you add Hepatitis C testing to this program?
  - A: Users can select HCV as an additional test with the dried blood spot option.
- Q: Is there somewhere we can order the promotional cards for TakeMeHome to distribute at events or to our communities?
  - A: Yes, please contact Gianna at OHA.
- Q: Do we have data on reorders?
  - A: Some users leave comments and mention reorders.
- Comment: If OHA directs more funding to these programs, which include shipping and laboratory costs, we then have to have a conversation about which services will receive less funding.
- While the best practice is still clinic-based testing, this program is designed to reach folks who have barriers to clinic-based testing.
- Comment: Chime In staff receive requests for water-based lubricants.
- Q: Is there a YouTube video on Dried Blood Spot testing?
  - A: There is an instructional video on the TakeMeHome website (<https://takemehome.org/how-it-works>).
- Question for members: Knowing these programs are costly (and we have limited resources) yet demand is increasing, what things should OHA consider when planning for the future?
  - A: Limit the number of times individuals can request condoms.
  - A: Ask for suggested donations or sponsorships.

## Chime In Updates

### What do we do?

Chime In is the local name for National HIV Behavioral Surveillance (NHBS) in the Portland metro area. Chime In is an ongoing, CDC-funded surveillance initiative involving surveys and HIV testing among people who inject drugs (PWID), high-risk heterosexuals, and men who have sex with men. The project monitors HIV risk behaviors and



prevention service use over time, informing HIV prevention efforts. Chime In is a collaborative project between OHA and Portland State University. There are other NHBS sites in metropolitan areas throughout the country.

Eligible PWID must live in the Portland metro area, be at least 18 years of age, and report injection drug use in the past year. Participants receive a stipend for their participation.

## **What did we learn from people who inject drugs (PWID) in 2022?**

### Participant characteristics

Of the 335 participants in 2022:

- 96% were from from Multnomah County
- 84% heterosexual/straight
- 60% were male
- 75% were non-Hispanic white, 8% were non-Hispanic Black, 7% were Hispanic (any race), and 13% identified with another race/ethnicity.
- Most were unemployed (59% in 2022 vs. 50% in 2018) and houseless (72% in 2022 vs. 76% in 2018)
- Most (92%) were insured (92%) and a usual source of health care (86%).

### Injection drug use

Of the 335 participants in 2022:

- 45% reported being hooked on painkillers before they started injecting.
- The majority began injecting at a young age.
- 52% reported usually injecting heroin (vs. 65% in 2018)
- 37% reported usually injecting meth (vs. 17% in 2018)
- 4% reported usually injecting goofballs (heroin and meth) (vs. 13% in 2018)
- 76% reported either injecting fentanyl, using fentanyl without injecting, or using pills called blues, percs, or M30s
  - 68% of participants who reported using “blues” reported injecting less because of using these pills.

### Injection drug use practices

- 49% never shared works
- 71% never shared their syringes after injecting
- 79% never injected drugs divided by a used syringe
- 87% used sterile syringes most of the time or always
- Syringe services programs were the most common source participants used to obtain sterile syringes (81%), followed by peers (45%) and pharmacies (20%).

### Overdose

- Most participants (78%) have witnessed an overdose.
- Of the 280 participants who reported using opioids, 26% have experienced overdose in the past year.



- 88% currently own naloxone (up from 59% in 2018!), and 75% reported using naloxone on someone during the past year.
- Syringe services programs were the most common source participants used to obtain naloxone (64%), followed by peers (37%).

### Sex behaviors

- 47% had multiple sex partners
- 37% had condomless sex with a casual partner
- 32% reported receiving or giving things of value (e.g., drugs, money, a place to sleep) in exchange for sex

### HIV testing and prevention

- 86% have ever tested for HIV, and 27% tested in the past year (vs. 47% in 2018).
- Most HIV-negative participants perceived their risk for HIV as low (86%). A notable proportion reported risk behaviors such as using syringes used by others (14%) and exchange sex (17%).
- Among participants who perceived their risk for HIV as high, none were using PrEP, and half (47%) had not heard of PrEP.
- Among all participants, 30% were aware of PrEP (up from 15% in 2018), and less than 1% used PrEP in the past year. Many were interested in learning about injectable PrEP.
- Knowledge of U=U was limited. While half (49%) thought that a person who was HIV positive and undetectable had HIV and could not transmit it, 48% thought the person could transmit HIV, and 3% thought the person was cured of HIV.
- Most participants (80%) perceived their risk for STIs as low (80%).
- 30% tested for STIs in the past year.
- Most (79%) have ever tested for HCV. Of those who reported previously testing, 49% had a positive test result. Of those with a positive result (confirmed by onsite testing), 41% were treated and 59% were not treated.
- Of the 69 participants who had never tested for HCV and were tested onsite, 81% tested positive and were linked to or referred for treatment.

Due to limitations (e.g., changes in the sample size and characteristics), comparisons between Chime In PWID participants in 2018 and 2022 are not true trends.

### **What's new for 2023 and 2024?**

The team is currently finishing data collection among MSM and preparing for data collection among PWID in 2023. Data collection in 2025 will focus on high-risk heterosexuals.

Possible ways to be part of Chime In include:

- Being a participant
- Being a key informant
- Participating in a local questions workgroup



- Promoting Chime In or providing referral materials for your organization
- Using Chime In data

### Discussion

- Thank you for the work you do and for sharing this information with us!
- Q: Can you share which sites the ChimeIn van is currently at?
  - A: The MSM cycle is venue-based. We don't have set field sites and unfortunately the sampling methodology does not allow us to share where/when we'll be recruiting participants.
- Q: What happens when someone needs to be connected with services?
  - A: The survey is anonymous, so the team can connect participants with services as long as they do not need to know the participant's name.
  - Comment: Community partnership and outreach program (CPOP) can connect uninsured folks in the metro area with enrollment specialists.
- Q: Is the survey available in Spanish?
  - A: Yes, all sites offer the survey in English and Spanish.
- It's important to educate folks about PrEP in rural areas.
- There are some doctors that won't prescribe injectable PrEP and/or are unaware of the newer version of PrEP too. This includes providers in the Portland Metro area too.
- I think it is important to not see a new medication as necessarily better. It is important to use shared decision making with all patients, but Truvada is the better medication for PrEP for many patients.
- Q: Could Chime In expand to more areas outside the Portland metro area?
  - A: CDC limits the project to the Portland metro area. If the survey were to expand, a new funding source would need to be identified.
- Q: How many questions are on the survey?
  - A: The survey has approximately 80 or more questions spanning at least 45 minutes. The number of questions asked varies based on participant responses.
- Q: Is there an opportunity to work with the Hepatitis team at OHA to discuss a couple more Viral Hepatitis questions?!
  - A: Yes, you can join the local questions workgroup.
- Can the PATHS team present about HCV treatment in a future OSPG meeting?
- Q: What is a speedball?
  - A: Heroin and cocaine
- Q: What is a goofball?
  - A: Heroin and meth