

## Internet-based Partner Services in Oregon

The Multnomah County Health Department (MCHD) has offered to conduct Internet-based Partner Services (IPS) for any county in Oregon that does not have the ability to contact partners online.

IPS is only necessary when contact information available is limited to online information (e.g., username, email address). Traditional contact methods are preferred.

The goal of IPS is to initiate contact to convert an “online case” into a “traditional case.” MCHD staff conducting IPS for another county will send partners a message asking that they call the Partner Services contact for their county to discuss an important health matter.

If your county is in need of IPS assistance, please contact Juan Mendez at 503-988-3702. Before contacting MCHD, please have the following information: 1) the name of the website where the client met his partners (e.g., Adam4Adam.com, Barebackrt.com); 2) user names and descriptions of partners who were exposed (e.g., age, race, height, weight, date of last sex); and 3) the name and phone number of the local health department staff member whom notified partners should contact.

Partner Services has proven to be the most effective strategy for finding persons with undiagnosed infections. Many thanks to MCHD for its innovation and leadership in locating persons likely exposed to HIV and other STDs.

## Bringing the International AIDS Conference to you



The 2012 International AIDS Conference (aka AIDS 2012) will be held this month in Washington D.C., but

the sessions are not limited to conference attendees. The Oregon Health Authority (OHA) will host a Conference Hub on July 31 from 9 a.m. to 4 p.m. in Room 1B of the Portland State Office Building (800 NE Oregon St.), and you are invited!

The Conference Hub will include presentations

from the conference and discussion related to HIV prevention, care and treatment. Our goal is to share the most up-to-date scientific research with providers and the public so that Oregon is better equipped to meet the goals of the National HIV/AIDS Strategy. An agenda is forthcoming.

Space is limited. To reserve your spot, email [prevention.info@state.or.us](mailto:prevention.info@state.or.us) with the names of attendees. To learn how you can host your own Conference Hub, contact Cessa Karson-Whitethorn at [cessa.karson@state.or.us](mailto:cessa.karson@state.or.us).

## Update on Coordinated Care Organizations

By Aug. 1, the first Coordinated Care Organizations (CCOs) should begin serving Oregon Health Plan members. What information should clients know?

- Medical benefits will not change for Oregon Health Plan clients under CCOs.
- Most people will not see much change beyond the name of the plan.
- If there is a new CCO in a community, OHA will notify those clients at least 30 days ahead of time.

Stay updated about this transition by visiting <http://bit.ly/MpfjFR>.

## Upcoming events

### Dinner at My House for Our House

July 2012–March 2013

Learn more at [www.ourhouseofportland.org](http://www.ourhouseofportland.org).

### Red Ribbon Show

July 8 in Salem, OR

Learn more at <http://on.fb.me/Ogld39>.

### World Hepatitis Day

July 28

Learn more at <http://1.usa.gov/OkN9p9>.

### AIDS 2012 Conference Hub

July 31, 9 a.m.–4 p.m.

800 N.E. Oregon St, Room 1B

RSVP to [prevention.info@state.or.us](mailto:prevention.info@state.or.us).

### Salem Pride

Aug. 5 in Salem

Learn more at [www.capitolpride.org](http://www.capitolpride.org).

### Camp Starlight

Aug. 26–31

Learn more at <http://bit.ly/Cstar12>.

## Materials review panel members wanted

OHA is seeking new members for the Oregon Program Review Panel (OPRP). OPRP is responsible for reviewing and approving HIV prevention and educational materials prior to their dissemination by agencies receiving HIV prevention funds. This panel and review process is required by the Centers for Disease Control and Prevention (CDC).



Who should be “at the table?” OHA is seeking to add 23 new members to the current panel of 12

people. Members may include representatives from local health departments, community-based organizations and Oregon’s priority populations (i.e., persons living with HIV and their partners; gay, bisexual and other men who have sex with men; and persons who inject drugs). A diverse group is needed to represent the community norms, values and needs of these populations. At least 10 OPRP members should be able to read, write and speak Spanish.

What is expected of OPRP members? Each member will be asked to work with at least four other people to review HIV educational documents. We anticipate that members will receive materials to review every one or two months. The average review process is less than 30 minutes.

If you would like to become a member of the Oregon Program Review Panel, please contact Larry Hill at [larry.d.hill@state.or.us](mailto:larry.d.hill@state.or.us).

## Statewide HIV prevention plans

Oregon and all other states receiving CDC HIV Prevention grant funding must submit two reports to CDC by Sept. 30. The jurisdictional HIV prevention plan will describe the state’s HIV prevention and care resources, service needs, priorities and plans. The comprehensive program plan will provide

program goals and objectives and describe monitoring and evaluation plans.

Integrated Planning Group members have been invited to assist with writing these documents. Given the relatively short timeline since CDC has provided guidance for writing

## Statewide HIV prevention plans (cont'd)

these plans, they are being drafted primarily by OHA staff this year. The plans will be based on existing data sources, such as the Oregon Epidemiologic Profile and the program planning and reporting workbooks completed by funded counties.

We expect to share a draft of the jurisdictional plan and request feedback from stakeholders in

late July. The comprehensive plan will be based on the information provided in the jurisdictional plan. Stakeholders will receive a draft comprehensive plan in August for their feedback



## Name reporting: Are clients concerned?

Research suggests that name-based reporting of HIV infections is an infrequent reason for avoiding HIV testing. Rather, numerous studies indicate that the two primary reasons for delayed testing are 1) perceived low risk; and 2) fear of testing positive.



A large study conducted in eight U.S. states prior to 2000 (<http://1.usa.gov/LHm71B>) found that name-based reporting policies were not associated with avoiding HIV testing due to

concerns about reporting. However, the study acknowledged the possibility that name-based reporting policies might have contributed to delayed testing among some persons who inject drugs. To our knowledge, no study has examined public attitudes toward name reporting to the county government versus the state government.

Clients expressing concerns about name reporting should be informed of 1) the many steps local and state government agencies take to protect client data; 2) the reasons for name reporting (e.g., counting cases, monitoring health outcomes on a population level); and 3) the availability of anonymous testing if concerns remain.

Prevention programs wishing to address barriers to HIV testing should focus on improving understandings of HIV risk and addressing fears of testing positive.

## Program contacts

County	Contact
Lane, Marion	Larry Hill
Deschutes	Cessa Karson-Whitethorn
Jackson	Loralee Trocio
Clackamas, Multnomah, Washington	Cessa Karson-Whitethorn/Loralee Trocio

\*Larry Hill: 971-673-0162 or [larry.d.hill@state.or.us](mailto:larry.d.hill@state.or.us); Cessa Karson-Whitethorn: 971-673-0150 or [cessa.karson@state.or.us](mailto:cessa.karson@state.or.us); Loralee Trocio: 971-673-0165 or [loralee.j.trocio@state.or.us](mailto:loralee.j.trocio@state.or.us).