



Annual Progress Report

December 2021

In the 5th year since launching the End HIV Oregon initiative, the Oregon Health Authority (OHA) and its many community partners moved forward towards our shared goal of eliminating new HIV transmissions in Oregon. The following describes some key End HIV Oregon activities. For additional information, please visit EndHIVOregon.org



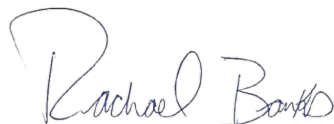
Dear Partners,

We'd hoped to use this year's End HIV Oregon progress report to present a new statewide strategic plan for ending HIV in Oregon, but as 2021 draws to a close, Oregon and the nation are still dramatically impacted by the COVID-19 pandemic. Resources at local, state, and national levels continue to be strained, with many staff efforts redirected towards addressing the COVID-19 pandemic.

Happily, the availability of safe and effective COVID-19 vaccines meant that many people with HIV stayed healthy, even with the rapid spread of the more infectious Delta variant. As of June 2021 (most recent data available), about two-thirds of people living with HIV in Oregon were estimated to have received at least one dose of a COVID-19 vaccine and 56.6% had received the complete vaccine series. Vaccination is important because mounting data indicate that people living with HIV are at higher risk of severe COVID-19. A recent national [study](#) showed that people living with HIV with a detectable viral load (>50 copies/mL) or a CD4 count <500 cells/mL were at increased risk of hospitalization and people with a CD4 count <350 cells/mL were more likely to need mechanical ventilation and were more likely to die from COVID-19.

Work to end new HIV transmissions continues alongside efforts to end COVID-19 infections. In the 5th full year since beginning End HIV Oregon in December 2016, statewide partners continued to bring HIV/STI testing to communities in need, expand access to prevention services like PrEP, and ensure high-quality treatment for people infected with HIV. Social distancing and building closures brought innovations in service delivery, like the Take Me Home Program for HIV self-testing and One at Home mail-order condom delivery. New partnerships with community-based agencies such as Familias en Acción, Edúcate Ya, Wallace Medical Concern, Our Bold Voices, and many others are paving the way to end inequities in HIV and STI prevention and care outcomes. We will build on these lessons learned as partners from across Oregon work together in 2022 to update our strategic plan.

We can end new HIV transmission in Oregon. The time is now.



Rachael Banks, MPA
Oregon Health Authority, Public Health Director

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HIV Testing

Testing is easy, but too few Oregonians know their HIV status. In 2021, we took the following steps to increase HIV testing and quickly link people who are positive to HIV medical care:

EXPANDING OPPORTUNITIES TO SELF-TEST FOR HIV AND STI AT HOME:

The [Take Me Home Program](#) is a partnership between OHA and Building Healthy Online Communities which offers **at-home HIV and STI testing**. From January to October 2021, 696 HIV test kits were distributed to people in 30 Oregon counties. Home testing can reach people who may not seek other types of testing; for example, 25% of people who requested kits reported never having been tested for HIV before. In February 2021, Take Me Home added an expanded menu of testing options: a fingerstick dried blood spot test for HIV, syphilis, and hepatitis C, as well as three-site (oral, rectal, and urethral/vaginal) testing for chlamydia/gonorrhea. Participants self-collect the specimens at home, and then ship them to a lab; they receive results online within 7-10 days. Seventy-three STI screenings have been processed since the pilot started, with 11% positive results. The program appears to be reaching younger people who need services: the average age of those with a positive test was 25 (range 19-37) compared to an average overall participant age of 31 (range 18-62).

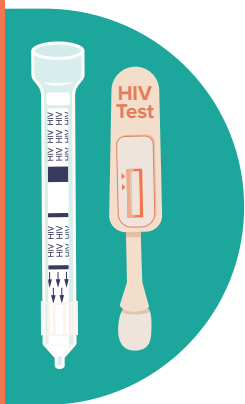
INCREASING INTEGRATED HIV/STI TESTING AND PARTNER SERVICES:

Oregon's **Early Intervention Services & Outreach (EISO) Program** provides testing for HIV and sexually transmitted infections (STI) and quick linkage to care for those who test positive. Testing and treatment for sexual partners (partner services and contact tracing) and outreach and testing events in community settings like drug

treatment facilities, syringe exchange, mobile vans, and community-based organizations are additional strategies that make EISO one of End HIV Oregon's most successful strategies for ending new HIV transmissions. **Through EISO, hundreds of people with HIV and thousands with syphilis and gonorrhea are tested and treated each year.**

BRINGING TESTS TO COMMUNITY SETTINGS:

Oregon Health and Science University (OHSU) HIV Partnership Project received a one-year grant from Gilead to pilot an innovative HIV testing program at the OHSU emergency department. Doctors receive an electronic health record prompt to offer an HIV test to most adult patients. Since the program started in mid-April 2021, 1700 emergency room patients were offered HIV testing, 603 accepted, and 2 tested positive. The project offers easy routine testing to individuals who are often hard to reach. These include people who largely avoid the healthcare system and people who have a primary care provider, but who have never been asked about their sexual histories or been offered an HIV test. **Community-based agency, Educate Ya, offers peer-delivered, bilingual Spanish/English health education and HIV rapid testing to Latino individuals in a variety of community settings**, including migrant camps, farmworker communities, urban areas, and other places where Latino people gather. For example, in 2021, they started providing regular education and HIV testing at the Mexican consulate.



SPOTLIGHT

HIV in rural Oregon



Rural Oregon faces unique vulnerabilities related to HIV and STI, including barriers to health care, stigma, and lack of access to basic resources like housing, transportation, and food. Consequently, compared to people living in the Portland metropolitan area, rural Oregonians are less likely to use PrEP, more likely to be diagnosed late in their HIV infection, and less likely to be virally suppressed once diagnosed. OHA, HIV Alliance, and Eastern Oregon Center for Independent Living (EOCIL) are working with Coates Kokes, an Oregon marketing agency, to

develop an HIV testing and prevention campaign for rural Oregon. Through a formative assessment, including surveys and focus groups, rural Oregonians talked candidly about the challenges they face, offered recommendations, and said the best reason for rural Oregonians to get tested is to protect the community. Many said they had never been offered HIV testing but would be tested if presented with the opportunity. This information was used to develop a media campaign being finalized for roll-out in 2022.

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Preventing New Infections

Prevention works. In 2021, Oregon partners worked to expand access to tools and information to prevent new HIV infections.

ELIMINATING BARRIERS TO ACCESSING PREP:

PrEP, the pill to prevent HIV, is an evidence-based prevention tool that is not yet widely used in Oregon. Several legislative and policy wins in 2021 support wider access to PrEP:

- On July 19, 2021, the federal government announced that **almost all health insurers must cover PrEP**. This new guidance clarifies that the package of services necessary to start and stay on PrEP, including doctor's visits, labs, and prescription drug costs, should be covered entirely without a co-pay or other cost-sharing to patients. Insurers had 60 days from the day the announcement was released to comply with the mandate. Previously, these costs were prohibitive to many seeking PrEP.
- A new Oregon law (Oregon House Bill 2958) **expands access to PrEP through pharmacies**. This policy change allows pharmacists to prescribe a 30-day supply of PrEP based solely on a negative HIV test result and reimburses them for their services. Having more options to get PrEP through pharmacies may make it easier for groups who have not yet been accessing it, including women, men of color, and rural Oregonians, to get a PrEP prescription. Additionally, HB 2958 mandates that insurers cover pre-exposure prophylaxis (PEP) and at least one form of PrEP without prior authorization, regardless of whether the prescribing pharmacist is in-network, which will prevent delays in getting needed care.

- The **Oregon Health Plan already covered PrEP**. Another new Oregon law in 2021, **Cover All People (HB 3352)**, **will now cover preventive health services, including PrEP, among many undocumented adults**.

HELPING PEOPLE NAVIGATE SYSTEMS TO GET STARTED ON PrEP:

PrEP Navigation helps people take advantage of these resources and **is available in all 36 Oregon counties**. PrEP Navigation services are one-on-one help for people to learn more about whether PrEP is right for them, and, if so, how to get and use the medication. Navigators can link new PrEP users to more than 430 Oregon medical providers listed on the [PrEP directory](#), including providers in rural and frontier communities. Some programs are also connecting clients to online PrEP consultation and telemedicine services like MISTR™ and Nurx™ which have been particularly useful during the COVID-19 pandemic. In the first 6 months of 2021, PrEP Navigators reached over 600 people. A total of 55 people completed PrEP Access Plans and 49 began using PrEP.

MAIL-ORDER CONDOMS AND PREVENTION SUPPLIES:

The [One at Home](#) Program provides Oregon residents with a free envelope of sexual wellness supplies delivered discreetly to their door, up to twice per 30 days. One at Home has delivered almost 60,000 condoms to people in 33 Oregon counties. Almost half of all orders are among people under age 30.



SPOTLIGHT

PRIME+ peer recovery support improves lives, increases HIV testing



Photographed pre-COVID 19

The PRIME+ Program (Peer Recovery Initiated in Medical Establishments + Infectious Disease Testing and Linkage to Care) is a harm reduction-based peer recovery support program. PRIME+ peers work with people who are using substances and people who are at risk of overdose and health issues related to substance use, including HIV, viral hepatitis, and sexually transmitted infections. PRIME+ peers engage people who are often out of medical and behavioral care and treatment. Peers use harm reduction strategies to support community members using drugs at any stage of change to set and reach self-identified needs and goals.

There is no wrong door to the PRIME+ program. Hospitals, health clinics and community partners refer community members to PRIME+ peers. Peers also conduct direct outreach to engage community members and lastly, people can “self-refer” to the program for services.

Since launching in late 2019, the PRIME+ program has served over 1,500 people with about 200 people signing up to work with a peer each month. Currently, there are 26 PRIME+ peer teams providing peer support in 24 Oregon counties, including urban, rural, and frontier settings. The PRIME+ peers connect people to community resources, including syringe exchange, substance abuse treatment, medical care, health insurance, and basic needs like food, housing and transportation.

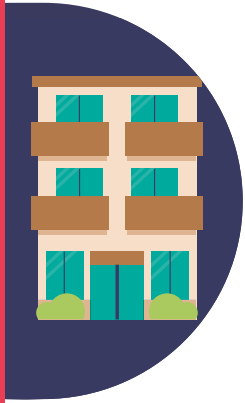
A recent evaluation showed that the harm reduction model and syndemic approach that PRIME+ takes is working. Among clients who completed the 6-month follow-up interview, clients reported declines in illegal drug use and arrests and higher rates of employment and housing. In addition, HIV testing significantly increased (71% to 87%) as did participant knowledge of HIV test results (83% to 95%) compared to pre-PRIME+ participation. PRIME+ is funded through the U.S. Substance Abuse and Mental Health Services Administration.

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HIV Treatment

HIV treatment saves lives. People living with HIV (PLWH) who take HIV antiretroviral medicine, as prescribed, and maintain an undetectable viral load live longer, healthier lives, and have no risk of sexually transmitting the virus to an HIV-negative partner. In 2021, we took the following steps to support viral suppression among PLWH:

LINKING PEOPLE TO CARE, ACHIEVING VIRAL SUPPRESSION QUICKER:



Oregon's Early Intervention Services & Outreach (EISO) Program continues to **improve treatment outcomes for people newly diagnosed with HIV**: 86% of people newly diagnosed with HIV are now linked to HIV medical care in 30 days or less through EISO compared to 66% from before the program started (2013-2017) and 79% in 2019. The median days to viral load suppression among EISO clients newly diagnosed with HIV is 62 days. Quick achievement of viral suppression means better health for newly diagnosed individuals and zero chance of HIV transmission to their sexual partners.

EXPANDING HOUSING OPTIONS FOR PEOPLE LIVING WITH HIV:

Unstable housing is a risk factor for HIV transmission and poor mental and physical health outcomes for people living with HIV, including viral nonsuppression. Rising housing costs and low vacancy rates have created a statewide housing crisis. Behavioral health issues, including mental health conditions and addictions, present additional barriers to clients trying to secure and maintain stable housing in an extremely difficult market.

Cultivate, administered by Eastern Oregon Center for Independent Living (EOCIL), serves PLWH who have co-occurring behavioral health issues. **Cultivate provides rent assistance, housing stability**

planning, and in-home, intensive case management and behavioral health services to PLWH in rural Eastern Oregon.

Cultivate has enrolled 11 clients since it began in January 2021. Staff provide clients with weekly housing inspections, life skills building, behavioral health meetings, and help with budgeting. Despite significant life challenges, **Cultivate clients have achieved meaningful success**: 100% have applied for Section 8, 90% are actively engaged in medical care and virally suppressed, and 3 are participating in alcohol and drug treatment. EOCIL, through a collaboration with Eastern Oregon Coordinated Care Organization, recently purchased a 7-plex apartment complex in Pendleton to house individuals on the Oregon Health Plan.

PROVIDING LIFE-SAVING MEDICINE:

The CAREAssist (AIDS Drug Assistance) Program pays for insurance premiums, deductibles, medical co-pays and pharmacy co-pays to **ensure that PLWH have medical care and all the medications they need** to stay healthy. CAREAssist serves more than 4,000 clients each year and enrollment continues to grow. In 2021, the program increased income eligibility to serve more people. CAREAssist staff are proactive with quality improvement projects to enroll clients in services they may need but are not using. These efforts keep clients connected and may contribute to outstanding program outcomes such as the 96% of program clients virally suppressed in 2021.

SPOTLIGHT

HIV Health Services Center Rapid ART Start Program



The Multnomah County Health Department HIV Health Services Center (HSC) in downtown Portland serves over 1,500 people living with HIV, offering a full range of primary and specialty HIV care services, medical case management, patient navigation, mental health, and pharmacy services. Many HSC patients face challenges like unstable housing and homelessness, mental health diagnoses, substance use disorders, and income insufficiency. Still, in 2020, 89% received annual HIV labs and 91% were virally suppressed at last test.

Wanting to improve these rates even more, HSC initiated a quality improvement project to shorten the time clients had to wait between initial diagnosis, their first appointment with a medical provider, and

starting ART. The team developed clinic processes to shorten the interlude from diagnosis to ART initiation from 4 weeks to within 5 days of first contact with the client; sometimes clients can be seen the same day. In 2020, HSC was awarded a three-year HRSA Special Projects of National Significance grant to expand Rapid Start which is now offered to folks who are newly diagnosed, new to care, and out of care. Clinic staff currently facilitate 6-8 rapid starts per month with new clients and the program has shown excellent results, with 79% of newly diagnosed clients achieving viral suppression within 60 days. HSC's rapid start program has been showcased nationally by the Health Resources & Services Administration as a successful model of innovative HIV care.

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Ending Disparities

Testing is easy. Prevention works. Treatment saves lives. But not all Oregonians are benefiting equally from available resources. COVID-19 continues to amplify the devastating effects of health inequities and the need to lead with race in efforts to address systemic barriers. In 2021, OHA worked with community partners to help Oregonians achieve better health and eliminate HIV-related health inequities:

CREATING A MORE EQUITABLE PUBLIC HEALTH SYSTEM:

In 2021, the Oregon Legislature called out Oregon's racist history, decried the generational legacy of trauma that racism has inflicted on Black, Indigenous, and other people of color in Oregon, and **declared racism as a public health crisis**. House Resolution 6 codifies the expectation that public health must change policies and systems now to address current and historic inequities. OHA joined with other public health colleagues to support a collaborative funding opportunity for community-based organizations, initiated anti-racism training for staff and contractors, and is working with local public health partners to re-envision how STI services are delivered statewide.

SUPPORTING COMMUNITY-IDENTIFIED SOLUTIONS:

Since End HIV Oregon began in 2016, **OHA has awarded 24 End HIV Oregon project grants to 18 community-based agencies;**

42% of these grants have been for projects led by and for communities of color.

TRACKING THE METRICS THAT MATTER BY RACE/ETHNICITY:

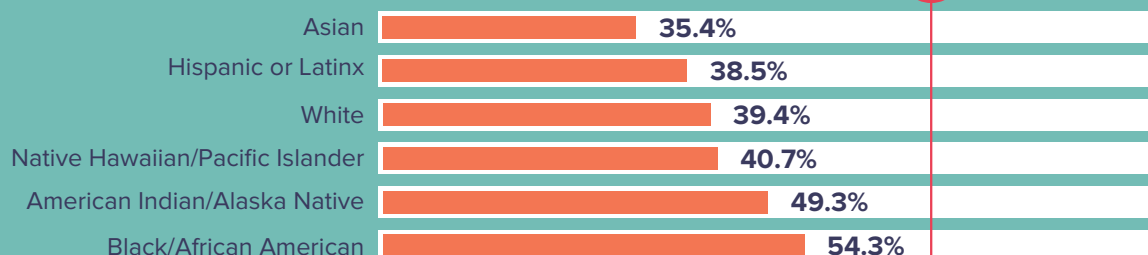
OHA collects a wide range of data related to HIV. We track End HIV Oregon metrics by race, ethnicity, age, HIV transmission risk, gender, region, and other factors, where possible. A 2021 Oregon law (HB 3159, also known as the Data Justice Act) requires **healthcare providers to collect and report data on their patients' sexual orientation and gender identity**, as well as their race, ethnicity, preferred language, and disabilities.

Collecting and reporting on metrics by race/ethnicity helps everyone involved in ending new HIV transmissions in Oregon **measure our progress towards ending inequities**. Here are a few key measures related to HIV testing, prevention, and treatment that clearly show where we have more work to do.

All Groups Need to Increase HIV Testing

All adults should be tested for HIV at least once in their lifetimes. People who are more vulnerable to HIV acquisition should test more frequently. About 41.5% of all adult Oregonians report ever being screened for HIV – far below our 5-year End HIV Oregon goal of 70%. No racial/ethnic group is close to achieving the goal. Black Oregonians are the most likely to have been tested for HIV, while Asians are least likely.

Proportion of adult Oregonians ever screened for HIV, 2016-2019



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

Inequities in New HIV Diagnoses Reveal Prevention Needs

We can end new HIV transmissions in Oregon: our 5-year End HIV Oregon goal is 180 new HIV diagnoses per year (or about 4 diagnoses per 100,000 Oregonians). In 2020, overall rates met the 5-year goal, with 180 newly diagnosed cases (4.2/100,000). However, these rates may be artificially low because fewer people sought health care due to COVID-19.

There are large racial and ethnic inequities in new diagnoses. Oregonians who are Black/African American, American Indian/Alaska Natives, Native Hawaiian/Pacific Islander, and Hispanic or Latino/a/x have higher than average HIV diagnosis rates, while Oregonians who are White, Multiracial, or Asian have lower than average rates.

Rates of HIV diagnoses per 100K Oregonians, 2016-2020

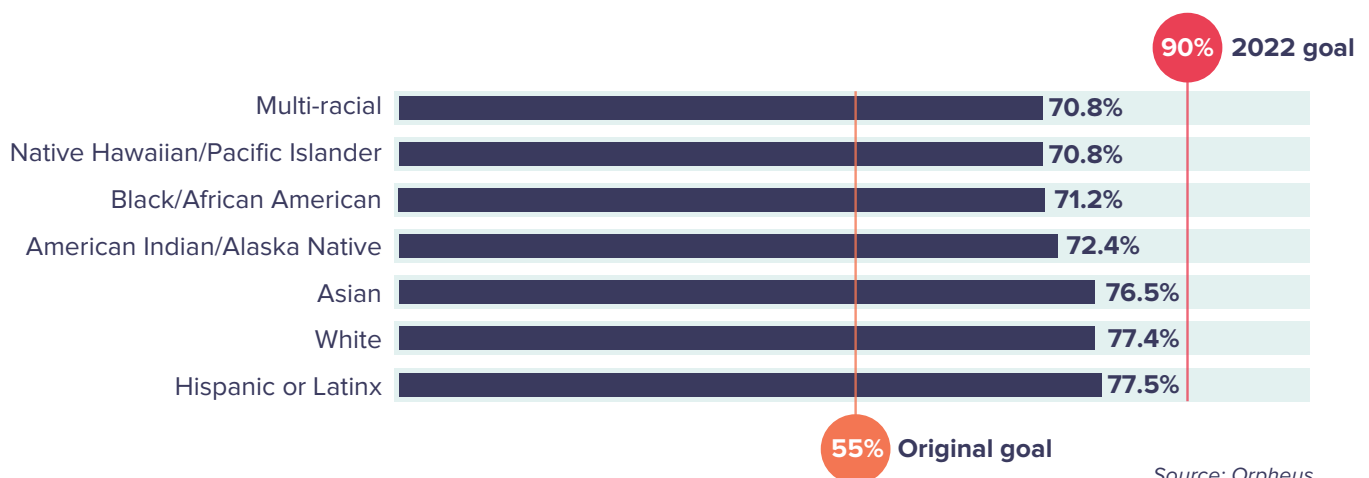


Source: Orpheus/OPHAT

Progress Towards Viral Suppression & Reductions in Racial/Ethnic Inequities

People with undetectable viral loads cannot transmit HIV to their sex partners: Undetectable = Untransmittable (U=U). Our goal in Oregon is to link people to medical care quickly after HIV diagnosis and provide needed support so people can achieve and maintain viral suppression. Overall, 76.7% of PLWH in Oregon were virally suppressed at last viral load, a much higher rate than seen nationally. Moreover, racial and ethnic inequities in viral suppression rates are closing. Latino/a/x and white Oregonians slightly exceed the overall rate, while all other racial/ethnic groups fell slightly below the overall rate.

Proportion of virally suppressed within twelve months of diagnosis by race/ethnicity, 2020



Source: Orpheus

SPOTLIGHT

Community-led engagement



CDC PREVENTION GRANTS BRING NEW RESOURCES TO OREGON:

In 2021, two community-based agencies in Oregon, Cascade AIDS Project and HIV Alliance, were awarded five-year grants to scale up prevention efforts. Cascade AIDS Project will be focusing services on MSM of color and HIV Alliance will be focusing on people who inject drugs; both projects aim to ensure that at least 75% of their service population is Black, Indigenous, and People of Color. These awards are highly competitive; many states do not have any agencies that received them. To have Oregon receive two grants speaks volumes about the work CAP and HIV Alliance are doing to end new HIV transmissions in Oregon.

ME CUIDO, TE CUIDO:

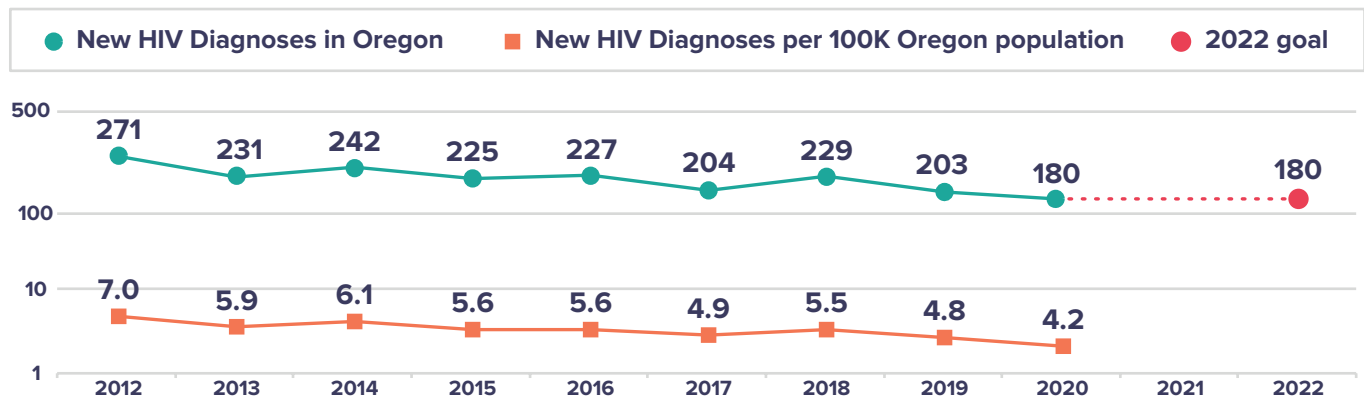
Familias en Acción hosted the 12th Annual Latino Health Equity Conference on June 24th and 25th, 2021. The annual conference bridges the gap between health research and practice to develop health equity strategies for Latinos. This year's conference aimed to broaden community knowledge and awareness on sexual health, sexuality, and HIV by leveraging the experiences of the Latino community and highlighting community-driven initiatives that prevent new HIV infections, support Latinos living with HIV, and work towards ending cultural stigmas

that impact Latino health. The two-day conference featured over 20 presentations, bringing together 35 speakers from 25 local and national organizations and more than 400 registered attendees from over 120 organizations. The statewide conference engaged participants from 15 different Oregon counties; more than half of participants identified as Latin/Hispanic origin.

Familias en Acción also launched their *Me Cuido, Te Cuido* trainings in 2021. *Me Cuido, Te Cuido* was developed for community organizations and leaders within the Latinx community to promote health literacy, HIV/STI awareness and prevention and access to resources. The training is offered statewide to community health workers (CHWs), community leaders, health educators and *promotores de salud* working in the Latinx community. Twenty-three community leaders from 7 agencies were trained as facilitators. All trainings were conducted in Spanish. Facilitators will use their training to bring *talleres*, or classes based in popular education, to people in their home communities; classes will focus on taking care of oneself, each other, and the community – with an emphasis on HIV prevention, sexual health and wellbeing.

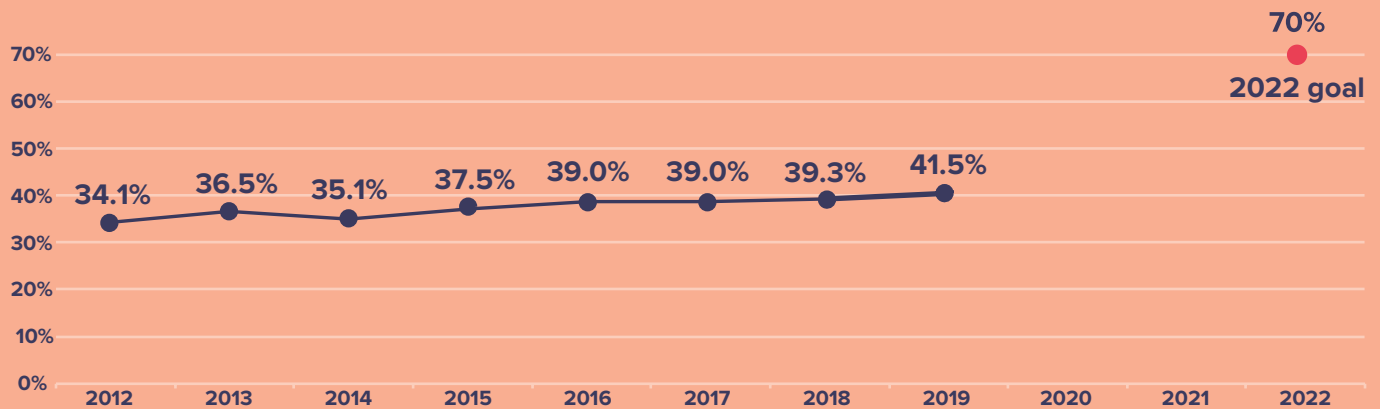


Count and unadjusted rate of new HIV diagnoses by year



Source: Orpheus and eHARS

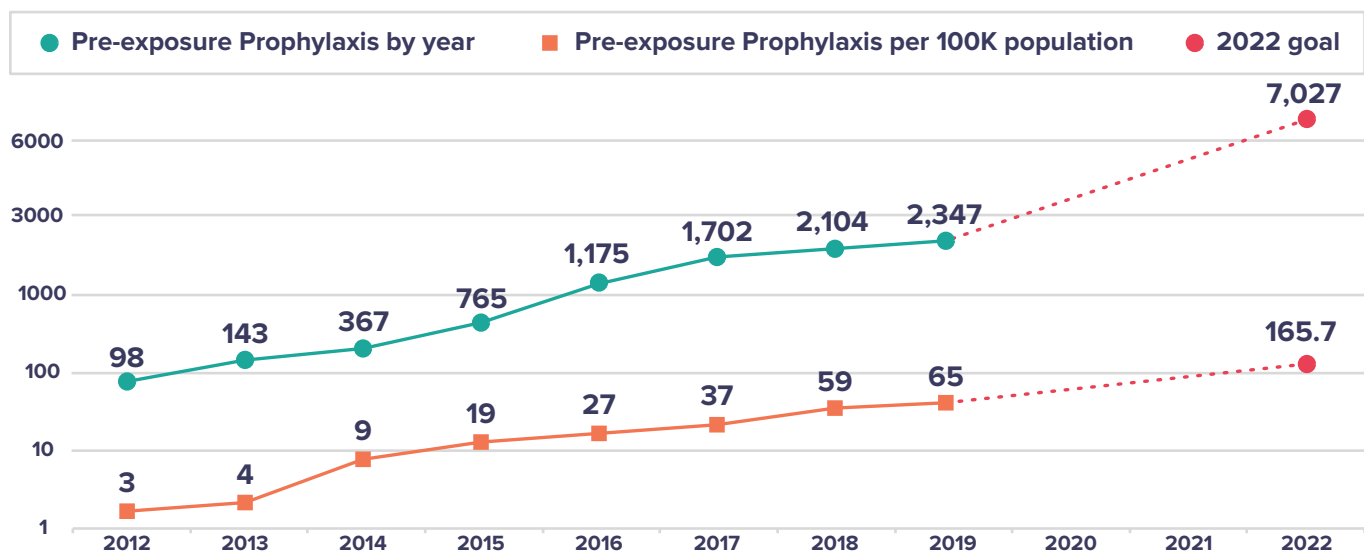
Proportion of adult Oregonians ever screened for HIV



Source: 2019 Oregon BRFSS

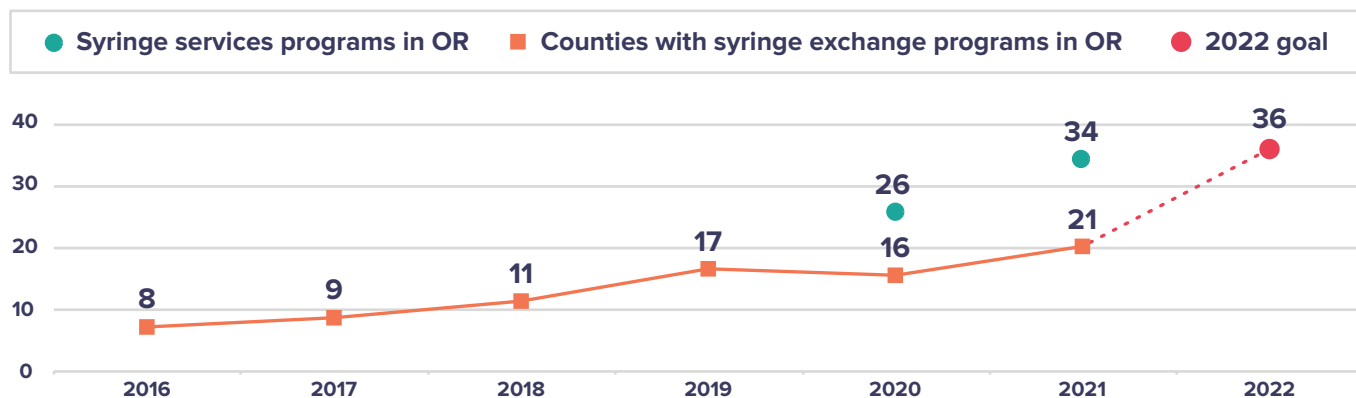
Pre-exposure prophylaxis prevalence by year

Total individuals starting PrEP in calendar year (Age 13+)



Source: AIDSVu

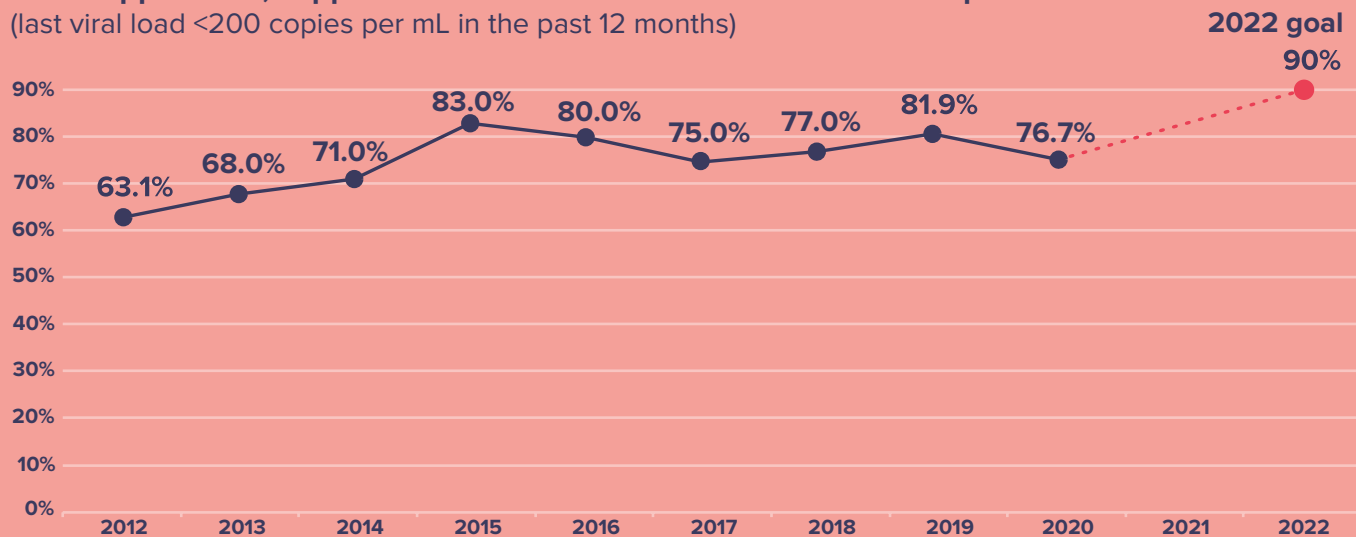
Syringe services in Oregon



Source: OHA administrative data

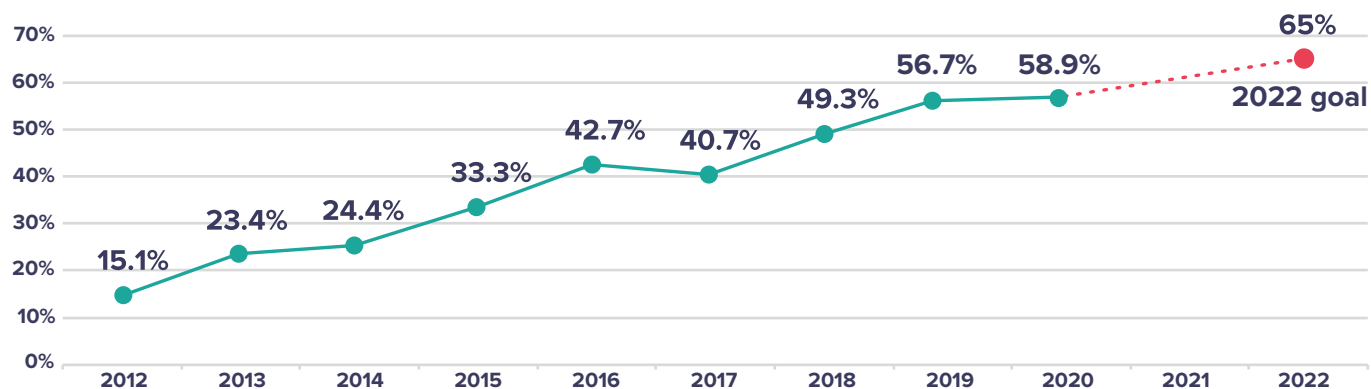
Viral suppression, suppressed at most recent viral load within the past 12 months

(last viral load <200 copies per mL in the past 12 months)



**Beginning in 2019: Excludes PLWH who died in that calendar year. Pre-2019, estimates include PLWH who died during that calendar year.

Proportion virally suppressed within three months of diagnosis



**Includes people who died during that calendar year.

Source: Orpheus and eHARS



Imagine an Oregon where... We end new HIV infections.
Everyone with HIV is healthy. Can you imagine it?

The time is now.



EndHIVOregon.org