

# IPG Meeting Notes

October 8, 2020, 1:00 - 4:00 p.m

## Public comment

A guest encouraged the group to turn down Ryan White funding, questioned whether the hepatitis C virus (HCV) exists, and discussed findings from a [1992 article by Duesberg and Schwarz](#).

## Announcements

- The Oregon AIDS Education and Training Center is hosting another interactive event for providers on HIV, HCV, and Opioids on December 4th.
- There will be a Food Security Workgroup meeting on October 30th at 8am. It's open to any IPG members that would like to attend. If interested, please email [savannah.m.new@dhsosha.state.or.us](mailto:savannah.m.new@dhsosha.state.or.us) for details and a Zoom link.
- A trio of scientists who identified the virus responsible for hepatitis C are the recipients of the 2020 Nobel Prize in Physiology or Medicine. [Read more here](#).

## HIV care during a pandemic: the client experience

### How have clinics adapted to provide services?

The Multnomah County Health Department HIV Clinic The Multnomah is providing telehealth, telemedicine, and in person visits, as well as virtual art therapy and writing groups, and resources for people experiencing homelessness (e.g., cell phones/service, backpacks, tents, sleeping bags, hats, socks, shoes, hygiene products, gift cards). The clinic's response has been informed by the Client Advisory Council, best practices for communicating new information (e.g., health literacy), national HIV guidelines, the patient population, and social determinants of health.

The New Hope Clinic with the Yakima Valley Farmworkers Clinic (YVFWC) in Walla Walla, Washington is using a variety of strategies to engage patients with HIV, such as offering:

- Televisits and video visits for patients with instructions for in-home management;
- Face-to-Face visits for asymptomatic, low-risk patients;
- Referrals to emergency departments for urgent cases;
- Access to the YVFWC mail-order pharmacy (established before COVID-19, but not available to CAREAssist clients)
- Masks and sanitizer for patients
- COVID-19 education and follow up
- Education about masks and social distancing



- Access to video phones inside the clinic for doctor's visits. This helps ensure services for patients without smartphones, phone minutes, internet, or comfort with technology.

## Discussion

### With telemedicine, are PLWH encountering new barriers to accessing services?

Comments from meeting participants included:

- Once the initial remote visit occurs, some patients have been in contact more frequently. The first remote visit is often the greatest barrier.
- Many clients are doing well using Zoom and phone visits.
- Telemedicine works in many cases, but not all.
- Not being able to access in-person interpreters while engaging non-English speakers creates a new barrier in terms of care delivery.
- Many people of Medicare age are experiencing an increase in poor mental health status due to fears surrounding their mortality (related to COVID) and are unable to find mental health therapists who take their insurance.
- As someone who recently returned to care in Oregon, it has been harder than when I came to Oregon for the first time in 2004. I am not sure if this is partly due to the impact of COVID and everything being virtual.

### Are PLWH using face-to-face services? How do clients feel about accessing them?

Comments from meeting participants include:

- A number of members expressed anxiety about in-person visits. As a result, some people are missing or delaying appointments. This leads to anxiety about their health
- There is increased isolation among PLWH.

### How might we better meet client needs? What resources are available to help?

Comments from meeting participants include:

- To find COVID-related services in your region, [visit this OHA webpage](#).
- During COVID, Write Around Portland is providing online writing workshops two to three times per week (can live anywhere, not Portland-specific). Many workshops are open to all. Some are BIPOC-specific This is a supportive activity for clients or providers. Learn more at [www.writearound.org](http://www.writearound.org) or on Facebook or Twitter @WriteAroundPDX.
- The lack of phone minutes, internet and wifi have created barriers for HIV Alliance's clients. They work around that and use the office to access Zoom when needed. The COVID grants for phones and minutes have helped.
- CARES funding has allowed Partnership Project to provide clients with solar chargers for cell phones.
- There are now charging stations available for public use in Bend.
- There is now free behavioral health counseling available for all people in Oregon. The [Oregon Behavioral Health Support Line](#) is 1-800-923-HELP (4357).
- One-on-one patient-provider calls help patients open up so that providers better understand their needs.
- Providing quality masks helps ensure client and staff safety.
- It's important to recognize that some clients may face additional barriers to accessing services simply because of who they are (e.g., due to racism).

- Central City Concern is offering phone visits for mental health, and seeing an increase in engagement for those that may have been hesitant to participate before as the anonymity that phone calls offer helps people feel more comfortable. The organization also offers the clinic exam room video phones for people to connect with other specialist appointments or remote providers. Outreach is occurring, as well.

## Early Intervention Services and Outreach (EISO)

EISO was identified by the IPG as a priority project of End HIV Oregon and supports each of its four pillars. In 2018, OHA awarded contracts to 6 grantees, which cover 12 Oregon counties and the Confederated Tribes of Siletz Indians.

EISO is designed to provide time limited, intensive services for:

- People newly diagnosed with HIV
- HIV testing for people at risk and their partners
- Linkage to prevention and care services

EISO also supports:

- Reengagement to care
- Public Health Modernization in Oregon
- Resources to partner with community-based organizations

Data from 2019 show that EISO grantees have:

- Linked clients to care within 30 days (79%). This is an increase from the 5-year time period before EISO was funded, when 66% of clients were linked within 30 days or less. All groups have improved linkage to care, but rates among Black/African American (74%) and Latinx (67%) clients did not improve as much as white/non-Latinx clients.
- Conducted integrated HIV/STI testing (e.g., HIV testing for people positive for gonorrhea and syphilis and STI testing for people newly diagnosed with HIV)
- Connected clients to Partner Services
- Tested named contacts for HIV/STIs (32% were tested, 7% tested positive for HIV)
- Referred HIV-negative contacts to PrEP (28%)
- Conducting outreach events with HIV testing (825 events)

## Discussion

### How can we increase Partner Services in Oregon?

Comments from meeting participants include:

- Community-based organizations and peer support specialists might have a unique ability to engage people.
- Could faith-based organizations help?
- Is there a way to increase PR for Partner Services (e.g., why it's helpful and important)?

- Given COVID's presence in the media, would the term "contact tracing" help people better understand Partner Services and its importance (at least partly), in turn increasing willingness to participate in the service?

### **Beyond integrated HIV/STI testing and partner services, what partnerships and outreach strategies could help address health disparities?**

Comments from meeting participants include:

- Partner with more organizations that serve populations experiencing homelessness.
- Put more resources toward health equity initiatives.
- Increase social marketing efforts.
- Partner with other state public health programs that focus on Black and Latinx populations.

### **What other tools or approaches might help?**

Questions and answers from meeting participants include:

- How are people getting tested now that many bars and bathhouses are closed?
  - Takemehome.co is a mail-order testing service.
  - Home tests are also available at stores.
- How are people experiencing homelessness getting tested?
  - It varies by county. EISO representatives shared that Lane and Marion counties had to stop outreach for a period but are starting to engage people experiencing homelessness again. In Washington County, one testing clinic has re-opened, and harm reduction services are available, as well. In Jackson County, a limited number of testing services are available. Social media videos and radio messages are being created to educate the public in Deschutes County.
  - Central City Concern is offering COVID testing to anyone symptomatic or those that are asymptomatic living in our congregate housing all over Portland, regardless of whether they have primary care established with Old Town Clinic/Blackburn. HIV/HCV testing occurs with each new intake. The organization offers strategic contact tracing and testing in any congregate housing situation with a positive case.
- Are U=U (undetectable = untransmittable) messages being shared as part of EISO?
  - Yes! U=U messages are included in the materials being shared.
  - OHA contracts also include U=U education.
  - OHA studies like Chime In and the HIV Medical Monitoring Project also share U=U information with participants.

## **Chime In Updates**

Chime In is the local group for the National HIV Behavioral Surveillance Project, an ongoing initiative in 23 U.S. cities, including the Portland Metropolitan Statistical Area. Chime In includes an incentivized survey and HIV testing.



## High-risk heterosexuals

Eligible high-risk heterosexuals were low income, cisgender, and 18-60 years of age. Participants received free HIV testing, STI testing, education and referrals to services.

Of the 421 study participants, the majority reported:

- At least one adverse childhood event (96%)
- Non-injection drug use (73%)
- Multiple sex partners (52%)
- Ever testing for HIV (71%)
- A belief that they were at low risk for HIV (91%) and STIs (84%)
- Not knowing about PrEP (70%)
- Not knowing that a person with an undetectable HIV viral load cannot transmit the virus (70%)

## Transgender men who have sex with men (MSM)

The Chime In team is conducting a qualitative assessment to better understand HIV risk and service needs among this population. Due to CDC guidelines, this population has been excluded from previous cycles of data collection among MSM. This exclusion was questioned by local community members and this study was designed to be responsive to their feedback.

From interviews with people who can speak to the experiences of trans MSM, the team hopes to 1) learn how to adapt the current CDC survey to be appropriate for trans MSM participants and 2) identify strategies for recruiting trans MSM to participate in future surveys. Recruitment efforts begin in mid-October.

## Integrated Planning Process in 2021

The IPG is tasked with helping update Oregon's Integrated HIV Prevention and Care Plan for 2022-2026, which is the foundation of the End HIV Oregon initiative. Updating the plan is an activity that is required by federal funders (CDC and HRSA). Our meetings in 2021 will help ensure the End HIV Oregon initiative continues to evolve and improve through a health equity lens. OHA plans to engage a health equity consultant to help guide the group through the planning process. Suggestions for a consultant are welcome.

The IPG Operations Committee, which includes the IPG Co-Chairs, IPG members-at-large, and OHA staff met to discuss logistics for the 2021 planning process described below.

In 2021, the IPG will have 5 online meetings to ensure sufficient time to discuss our priorities. The group will utilize existing data sources to help identify needs.



- Each meeting will likely be 3 hours in length.
- Meetings will focus on each End HIV Oregon pillar: 1) ending health disparities, 2) prevention works, 3) testing is easy, and 4) treatment saves lives. Discussions will focus on improving services for groups disproportionately impacted by HIV. The fifth meeting will provide an overview of the updated Comprehensive HIV Prevention & Care Plan and Statewide Coordinated Statement of Need and will set the stage for IPG voting for or against concurrence with the plan.

Videos and online resources will be made available to help inform members and the planning process. Additional feedback will be solicited from community members not involved in IPG.

- Two recorded videos will be made available for members to watch on their own time. These videos will provide background information about End HIV Oregon and Oregon's continuum of care data to inform the planning process.
- Because our planning for ending the HIV epidemic in Oregon must be grounded in health equity, we will share information and training opportunities related to addressing health disparities throughout the planning year.

All members and partners are encouraged to provide input. Members expressed interest in using Zoom breakout groups to boost engagement.