



# WELCOME TO THE IPG!

## A NEW MEMBER ORIENTATION



**What is the IPG?**

# IPG = Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group

The IPG **advises the Oregon Health Authority** (OHA) HIV/STD Program on:

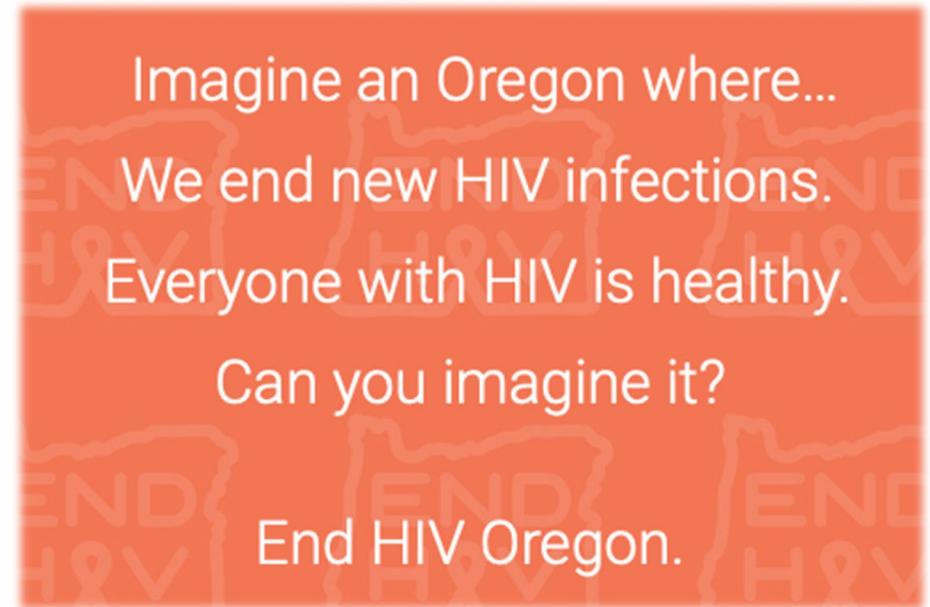
HIV prevention

HIV care

Co-occurring sexually transmitted infections and hepatitis C

# IPG = Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group

- The IPG helped develop the End HIV Oregon initiative in partnership with OHA and provides ongoing guidance on ways to achieve its goals.
- The group also has an Integrated HIV Prevention and Care Plan, which is the foundation of the End HIV Oregon initiative.

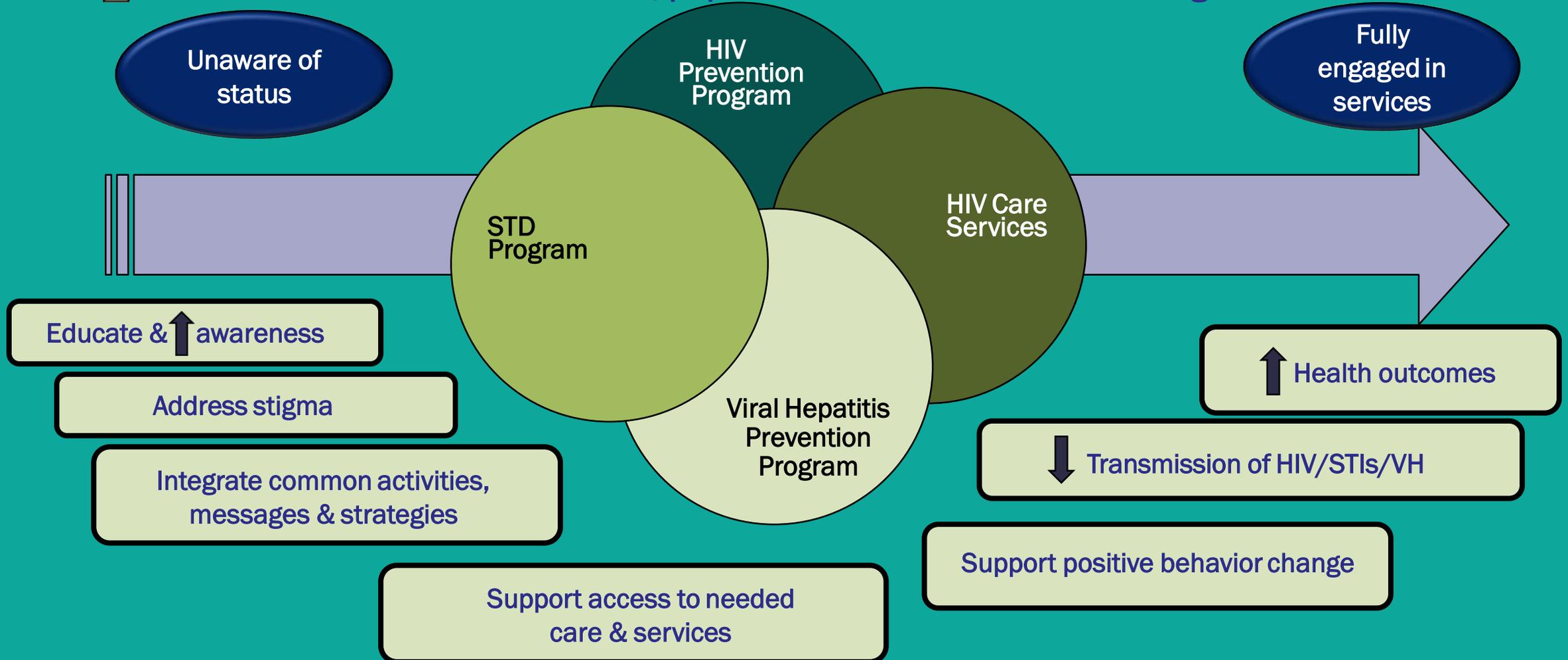


[EndHIVOregon.org](http://EndHIVOregon.org)



# HIV, STD and Viral Hepatitis Program Goals

Common risk behavior, populations and intervention strategies



Unaware of status

HIV Prevention Program

Fully engaged in services

STD Program

HIV Care Services

Viral Hepatitis Prevention Program

Educate & ↑ awareness

Address stigma

Integrate common activities, messages & strategies

Support access to needed care & services

Support positive behavior change

↑ Health outcomes

↓ Transmission of HIV/STIs/VH

# IPG History

- The IPG was created in 2011 and combined two statewide planning groups:
  - The Oregon Statewide Planning Group (SPG)
  - The Oregon HIV Care Coalition (OHCC)
- The IPG's mission is to regularly identify strengths, needs, gaps, and service priorities, resulting in a comprehensive plan that will support people in Oregon living with, affected by, or at risk for HIV/VH/STIs to live healthy lives.



# IPG Vision

We envision an Oregon where, through prevention, new cases of HIV, viral hepatitis, and sexually transmitted infections are rare. When they do occur, every person will have access to high quality care, free from stigma and discrimination.

## IPG Values

### Inclusive

- Welcoming and safe environment
- Valuing diversity and uniqueness

### High Quality

- User-friendly services
- Based on best practices
- Responsive to community needs

### Compassionate

- Empathy toward those we serve
- Services free from stigma or disparity
- Respectful of people from all cultures

### Community Focused

- Plans will be realistic, responsive to community input, useful and accessible

**IPG meetings**



## Meetings

- The IPG typically meets for a full day in Portland **three times per year**.
- Members who cannot attend in person have the **option to join by video chat**. In-person and remote participants can see and hear each other.
- All IPG meetings are **open to the public**.

# Member stipends

# Stipends

- OHA offers all-inclusive stipends to eligible members to **reduce barriers to participation and show appreciation.**
- Stipends are intended to cover food, travel, lodging, and parking, as well as time and contributions. Travelers are responsible for finding their own lodging prior to meetings.
- The amount is based on distance traveled to the meeting. Note that some Portland residents are eligible too.
- Stipend recipients receive a check after attending an IPG meeting.

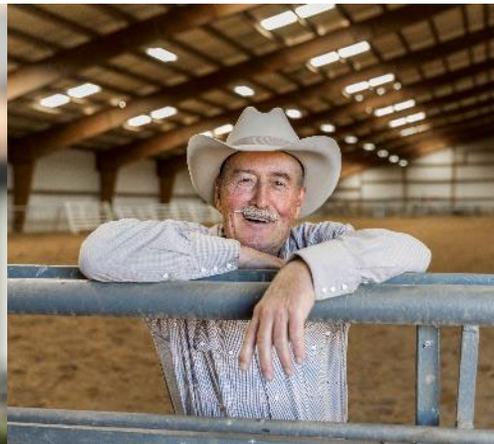
# Stipend eligibility

- Stipends are only available to members who request them, who participate in a full meeting in person or remotely, and who are not already receiving payment from an employer during their time attending the meeting.
- Members who work for agencies receiving funding from OHA are expected to charge their IPG-related expenses to their grants and contracts.

# Membership

# Membership goals

- The IPG aims to have participation from a **broad cross-section of Oregonians**.
- People living with HIV, viral hepatitis, and sexually transmitted infections are key contributors to the IPG's work. To ensure these and other groups are represented, the IPG uses epidemiologic data to identify membership gaps and needs.



# Membership responsibilities

- The primary role of members is to **advise the Oregon Health Authority** HIV/STD Section.
- Occasionally, members may be asked to vote. In these instances, decisions will be made based on the votes of a majority of members who are present or responsive.

# Membership terms

IPG **terms of membership do not expire, with a few exceptions.** The IPG Operations Committee does reserve the right to terminate the membership of members who:

- Commit verbal or physical threats during IPG meetings;
- Are repeatedly disruptive, combative, or counterproductive during meetings; or
- Are continuously absent from meetings or non-responsive to communications.

# Membership terms

- **Members are expected to attend IPG meetings**, either in person or remotely.
- Members who miss 3 consecutive meetings will be moved to IPG partner status.
- IPG partners do not have voting rights and are not eligible to receive stipends. However, IPG partners continue to receive information about meetings and are always welcome to attend.

# Governance structure

# Operations Committee

- The IPG's Operations Committee usually **meets between IPG meetings**, with options to join by phone, video or in person.
- The committee is **comprised of a subset of IPG members**, including OHA staff, IPG Co-Chairs, and at least 3 IPG members-at-large.
- The committee **plans, supports, and evaluates IPG operations**. Responsibilities include determining IPG meeting topics; reviewing IPG meeting evaluations; assessing membership needs and reviewing new membership applications; and giving input on proposed changes to policies and procedures.

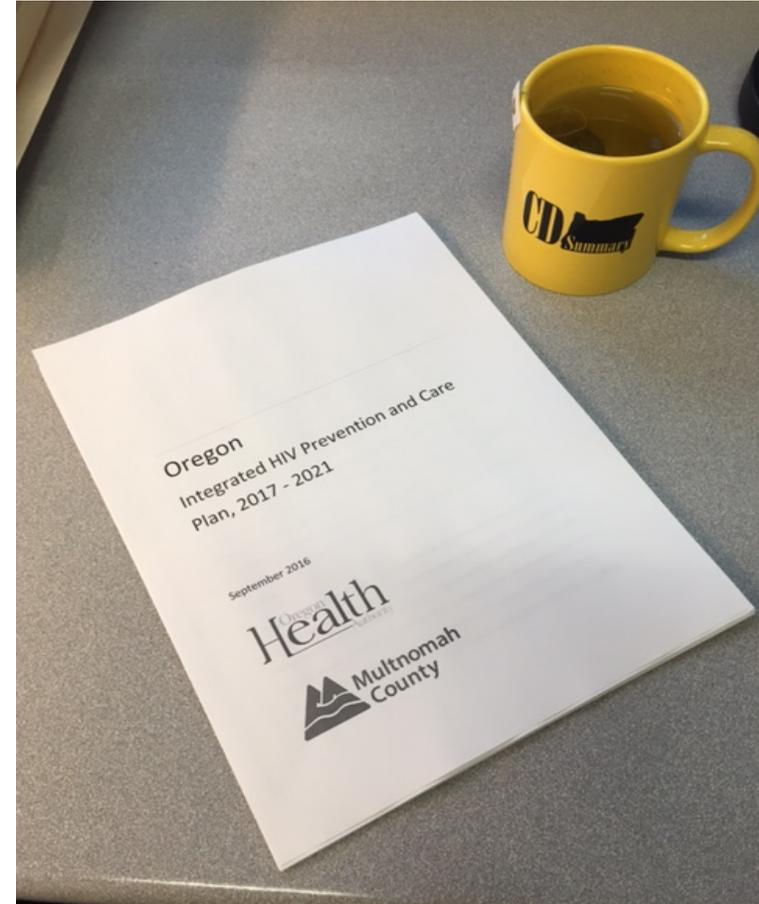
# Co-chairs

- A state co-chair and a community co-chair facilitate IPG meetings and Operations Committee meetings.
- The state co-chair is an OHA employee appointed by OHA leadership.
- The community co-chair is an IPG member not employed by OHA and is elected by the Operations Committee for a 2-year term.

**End HIV Oregon**

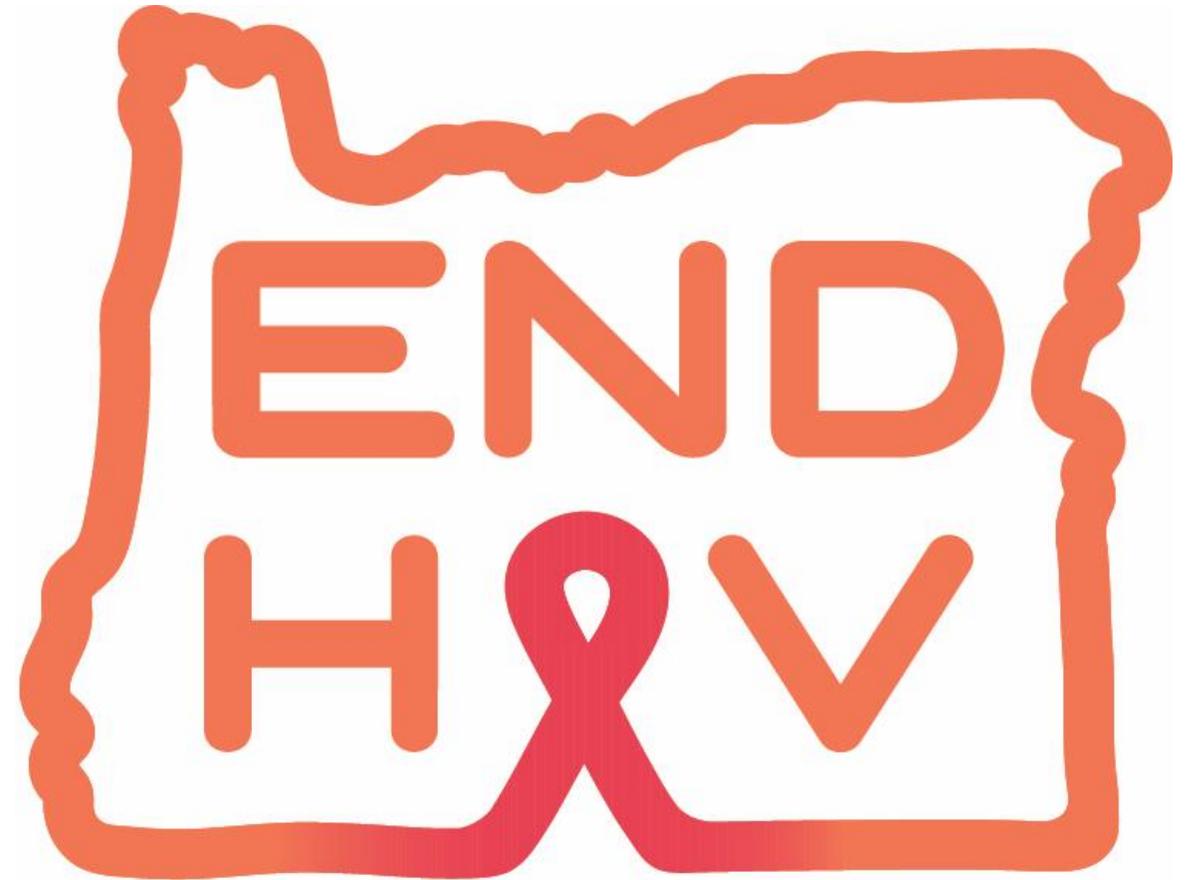
# Oregon's 2017-2021 Integrated HIV Prevention & Care Plan

- Required by our federal funders (HRSA & CDC) as part of Ryan White Parts A&B and HIV Prevention funding
- Result of a detailed two-year community planning process
- Involved community stakeholders, Oregon HIV/Viral Hepatitis/STI Integrated Planning Group, and Part A Planning Council



# Enter... The End HIV Oregon Initiative

- End HIV Oregon introduced on World AIDS Day, 2016.
- Press event introducing Oregon's commitment to ending new HIV transmissions in Oregon.
- Introduced vision, strategy, and report card.



# End HIV Oregon Vision

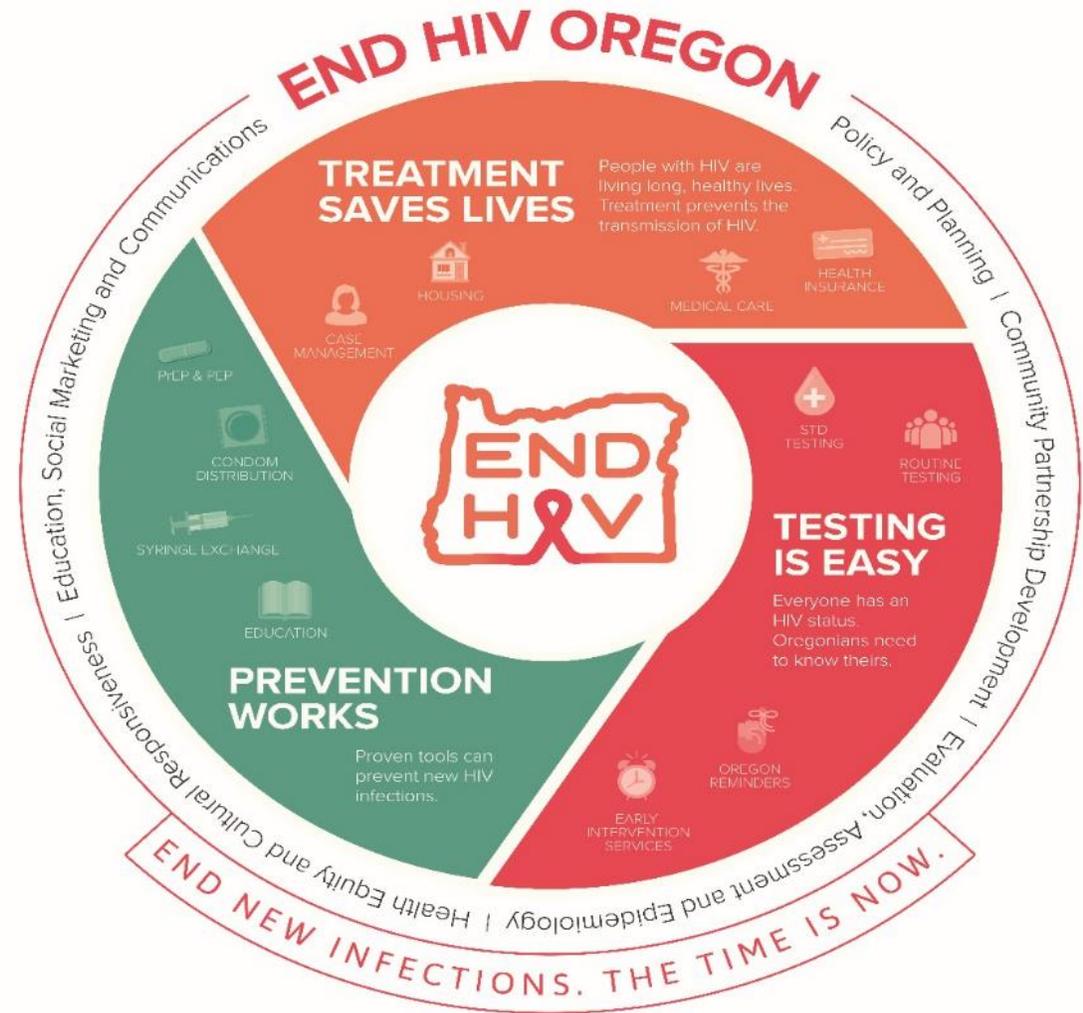
We envision an Oregon where new HIV infections can be eliminated and where all people living with HIV have access to high-quality care, free from stigma and discrimination.



# End HIV Oregon Strategy

## 3 Key Components:

- Testing is Easy
- Prevention Works
- Treatment Saves Lives



# End HIV Oregon & EISO

- Early Intervention Services & Outreach (EISO) was identified as a priority activity in multiple parts of Oregon's 2017-2021 Integrated HIV Prevention & Care Plan.
- EISO covers all three of the End HIV Oregon strategies:



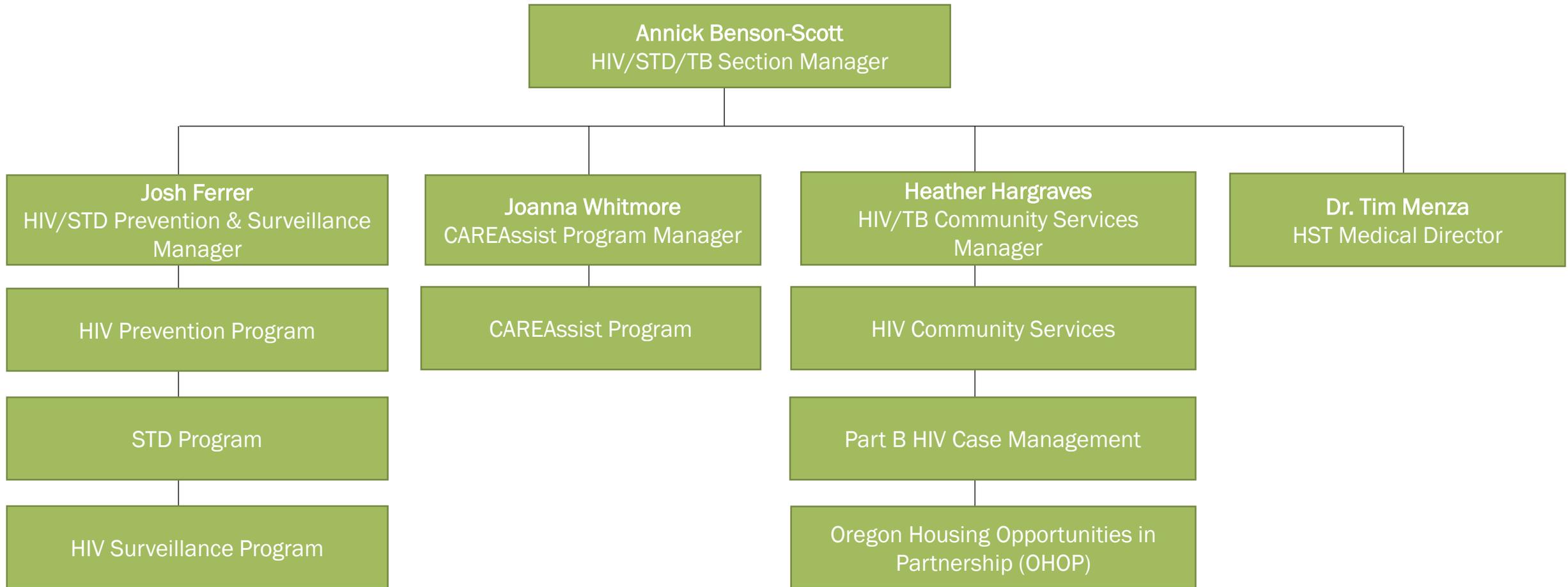
# What's Different about End HIV Oregon?

- Working with a variety of community members statewide to create and implement this shared vision.
- Support from high-level leadership. Visibility & accountability.
  - OHA & partners will report on progress each year on World AIDS Day.
  - [www.endhivoregon.org](http://www.endhivoregon.org)
- A focus on disparities, health equity, and stigma.
- Clear messaging around the connection between treatment and prevention.
- Expansion of supportive systems like EISO, patient navigation, and case management, as well as use of new tools like PrEP.



# HIV and STD Programs

# HIV and STD Program Organizational Chart



# HIV Prevention Program

# HIV Prevention Program Goals

- Decrease HIV transmission in Oregon
- Educate Oregonians about HIV
- Ensure access to prevention and care services for Oregonians
- Integrate messaging on HIV prevention and care, hepatitis and other STIs
- Actively address stigma

# Our Partners

- Local Public Health Authorities
  - Direct Funding to 7 counties with highest incidence and prevalence:
    - Multnomah, Clackamas, Washington, Marion, Lane, Deschutes, Jackson Counties.
  - Early Intervention Services and Outreach (EISO) Contracts with six regions:
    - Multnomah/Clackamas/Washington Counties
    - Marion County
    - Lincoln/Linn/Benton Counties and Confederated Tribes of Siletz Indians
    - Deschutes/Jefferson/Crook Counties
    - Lane County
    - Jackson County

# Program Services

- Services to partner counties/regions:
  - Community-based HIV testing
  - Syringe exchange
  - Prevention education
  - Access to pre-exposure prophylaxis (PrEP)
  - Linkage to HIV care and treatment
- State-wide services:
  - Support through Oregon State Public Health Lab
  - Condom Distribution
  - [Oregon Reminders](#)
  - HIV Prevention Essentials training
  - Ongoing training and technical assistance
  - Surveillance and Data Analysis

# Testing is Easy



- Oregonians need to know their HIV status—currently, only 37% of adult Oregonians have ever been tested for HIV.
- Studies show that when people know their HIV status, they reduce risk behaviors and get treated.
- All adults should be tested at least once. People at high risk for exposure should be tested regularly.
- We estimate that about 1,100 Oregonians are infected with HIV and don't know it. If most/all of these people were tested & started HIV meds, **we could prevent 150 new infections over just 3 years.**

# Prevention Works



- Foundational prevention programs like syringe exchange, education, and condom distribution have helped Oregon maintain low levels of new infection for a decade. These core programs need to be maintained (and expanded)!
- PrEP is a daily pill that reduces the risk of getting HIV from sex by about 99%. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.
- We estimate that if 1,000 Oregonians at highest risk for HIV infection start PrEP, **we could prevent ~8 new HIV infections/year.**
- Syphilis &/or gonorrhea infection may indicate that someone is at high risk for HIV infection. Indicates a need for prevention education & partner services among HIV+ people (previous positives).

# HIV Care and Treatment

# HIV Care and Treatment Goals

Oregon's HIV Care and Treatment Program provides high quality, cost effective services that promote access to and ongoing success in HIV treatment for people with HIV/AIDS. Through successful case management, access to important supportive services, such as housing, and assistance through CAREAssist (Oregon's AIDS Drug Assistance Program), people living with HIV/AIDS are empowered to effectively manage their HIV disease and improve their overall health and quality of life.



# Treatment Saves Lives



- With early testing and treatment, people who are HIV infected are leading longer, healthier lives.
- People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load can't transmit HIV to HIV-negative sexual partners.
  - This is described as: Undetectable = Untransmittable (U=U)
- Oregon's care system does a good job, with 85% of people linked to care within 90 days of diagnosis, but we are aiming for better.
  - Requires maintenance of core programs like health insurance, housing, and other supportive services. Expedited access through EISO.
- We estimate that if all Oregonians who know they are HIV infected were virally suppressed, **we could prevent over two-thirds of new HIV infections.**

# **HIV Care and Treatment: HIV Community Services**

# HIV Community Services Programs

- Part B HIV Case Management & Support Services
- Pharmacist-Led Treatment Adherence
- Oregon Housing Opportunities in Partnership (OHOP)
- End HIV Oregon Projects: Supportive Housing and Food Security



# HIV Case Management & Support Services

- Medical & non-medical case management
- Oral health care
- Medical transportation
- Linguistics services
- Housing & utility assistance
- Food assistance
- Other emergency financial assistance:
  - Eye care
  - Health aid
  - Medical access
  - Non-prescription medication
  - Nutritional food voucher
  - Utilities

1,382 clients served in 2019

# Pharmacist-Led Treatment Adherence

- Intensive treatment adherence program; HIV Alliance pharmacists
  - Regular pharmacist contact, per client need
  - Counseling & education
  - Medication review
  - Lab tracking
  - Adherence aid implementation
  - Case consultation with physicians and CMs/CCs across Part B

16 clients served in 2019

# Oregon Housing Opportunities in Partnership (OHOP)

- Assists persons who are homeless or at risk of becoming homeless with:
  - Housing coordination
  - Permanent supportive housing (deposits & rental assistance)
  - Transitional housing support
  - Energy assistance



Current waitlist has approximately 113 households

In 2019:

- 180 clients received rent subsidy assistance
- 57 clients received rental deposits

# End HIV Oregon Projects: Supportive Housing and Food Security

- Supportive Housing
  - HIV Alliance and EOCIL programs serving Balance of State
  - Multnomah County supporting services in Metro area
  - Rental assistance
  - Peer support
  - Wrap-around, intensive case management, medical and behavioral health teams
- Food Security
  - VISTA Volunteer developing Statewide plan (May 2020 – May 2021)
  - Ongoing implementation post-VISTA service per plan



# HIV Care and Treatment: CAREAssist

# CAREAssist Mission

CAREAssist, Oregon's AIDS Drug Assistance Program, strives to improve the health of HIV positive Oregon residents and achieve viral suppression by assisting with insurance premiums and prescription/medical service co-pays.



# CAREAssist Coverage and Benefits

- Health insurance premiums
- Copays and deductibles for medications
- Copays and deductibles for medical services
- Full cost for some medical visits & medications
- Dental premiums
- Copays and deductibles for dental

# CAREAssist Eligibility

- HIV diagnosis
- Oregon resident
- Income limit up to 500% of Federal Poverty

# STD Program

# Which is it—STD or STI?

- STD and STI are used interchangeably.
- The concept of “disease,” as in STD, suggests a clear medical problem, usually some obvious signs or symptoms.
- But several of the most common STDs (e.g., chlamydia, gonorrhea, herpes, HPV) have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked.
- So the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in “disease.”

Source: <http://www.ashasexualhealth.org/stdsstis/>

# Sexually Transmitted Infections

- Chlamydia, gonorrhea and syphilis are the most common bacterial sexually transmitted infections (STIs) in Oregon.
- Untreated STIs can lead to infertility, reproductive health problems, fetal and perinatal health problems, and other serious long-term health issues.
- 2019 STI diagnoses:
  - 19,278 cases of chlamydia
  - 6,130 cases of gonorrhea
  - 810 cases of early syphilis
  - 18 cases of syphilis among newborns

# Program Goals

The STD Program works with local health departments and community medical providers to:

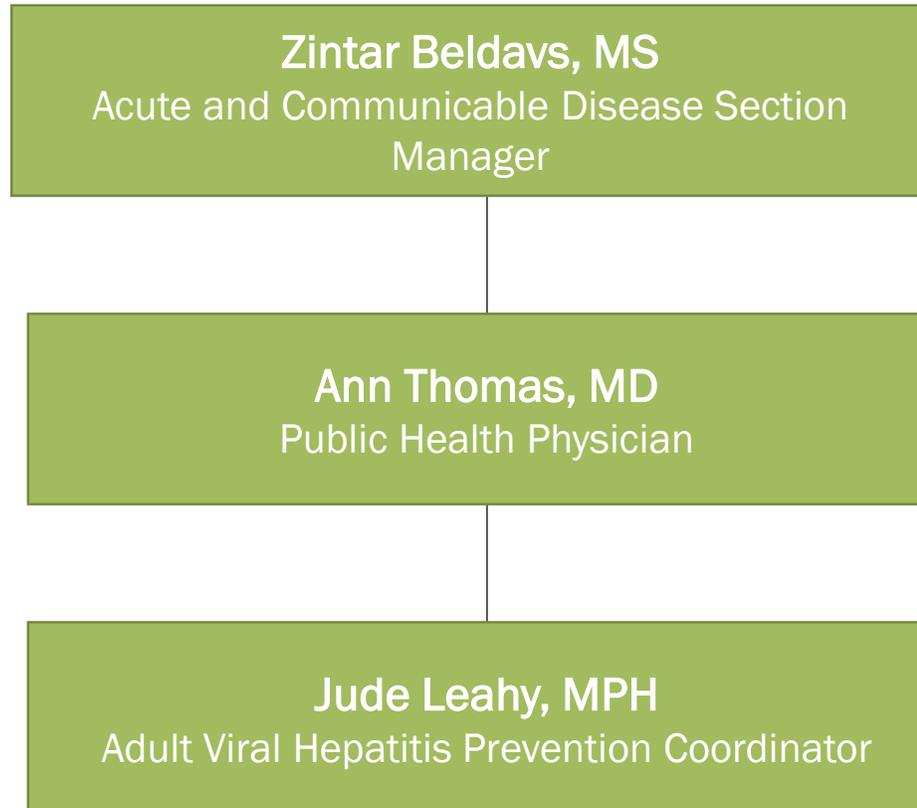
- Identify and treat STIs
- Identify, evaluate, and treat newly infected contacts to infectious individuals with STIs
- Screen people for STIs based on disease prevalence in the population and individual risk factors

# Program Activities

- The STD Program provides local partners with:
  - Technical assistance
  - Clinical consultations
  - Outbreak response assistance
  - Analysis of public health data
  - In-kind support
    - STI medications
    - Condoms
    - Subsidized lab costs

# Viral Hepatitis Program

# Viral Hepatitis Program Organizational Chart



# Programs of the Viral Hepatitis Program

- Improving Hepatitis B and C Care Cascades
- Oregon HOPE Study Partnership (HIV, Hepatitis, Overdose Prevention and Engagement)
- PRIME+: Peer Recovery Initiated in Medical Environments + HIV, HBV, HCV Screening and Linkage to Care
- Oregon's Adult HCV Screening Project for Persons Who Inject Drugs with rural and frontier Syringe Service Program (SSPs)

# Program Activities

- Cross-sector and OHA collaborations on the syndemic of substance use, overdose, STIs, associated conditions and injection drug use related infections
- Education, Training and Technical Assistance for Local Public Health and Community Based Agencies working to prevent viral hepatitis
- Participation in community harm reduction and overdose prevention coalitions and the Oregon Viral Hepatitis Collective
- Participation in community planning groups

# Contact Information

**Please contact us  
with any questions!**



- HIV Prevention and STD Program: [Josh Ferrer](#)
- HIV Community Services: [Laura “LC” Camerato](#)
- CAREAssist: [Joanna Whitmore](#)
- Viral Hepatitis Program: [Jude Leahy](#)
- IPG Logistics and Meeting Preparation: [Dano Moreno](#)

For more information. . .

Visit [healthoregon.org/ipg](http://healthoregon.org/ipg)