

IPG Meeting Notes

October 3, 2018, 9:00 a.m. – 4:00 p.m.

800 NE Oregon St., Portland, OR 97232, Room 1B

Announcements

- World AIDS Day is December 1.
 - Visit WorldAIDSDayNW.org to find or register events.
- Recent developments are expected to improve access to hepatitis C treatment:
 - Generic antiviral drugs to treat hepatitis C will be made available and at lower prices.
 - The Oregon Pharmacy and Therapeutics Committee voted to remove the requirement that patients must be abstinent from drug use to receive hepatitis C treatment. This change is not yet final.

Accomplishments

- Oregon's [Integrated HIV Prevention and Care Plan](#) (2017-2021) was the basis for the [End HIV Oregon](#) initiative, which has now been in place for 2 years. OHA committed to reporting back to the community on progress made on World AIDS Day each year.
- Testing progress (year 2):
 - Implemented early intervention services and outreach (EISO) in 13 counties across Oregon and in 1 funded tribe (Confederated Tribes of the Siletz). Other local partners are involved.
 - Funded 8 sponsorship “mini grants”/contracts, 5 of which focus on increasing testing among specific populations facing disparities.
 - Completed Medicaid analysis and found routine HIV screening of OHP clients was uncommon.
- Prevention progress (year 2):
 - PrEP: Expanded insurance assistance, patient navigation, the statewide PrEP provider directory, and AETC efforts to increase provider knowledge of PrEP and other topics.
 - Harm reduction and syringe exchange: 11 counties now offer syringe exchange. Additional syringe exchange programs are underway. All EISO counties are offering services for PWID. Capacity building trainings focusing on syringe exchange are planned.
- Treatment progress (year 2):
 - 85% of people diagnosed with HIV are linked to care within 90 days of diagnosis.
 - CAREAssist continues to serve a large and increasing number of PLWH in Oregon.



- Increased housing subsidies and support are in place for PLWH
- Funded 2 peer programs to support healthy aging and medication adherence.
- Oregon's Medical Monitoring Project (MMP) is continuing to collect data about service needs.
- Year 3 plans:
 - Fully implement and support new programs, including housing, PrEP medication assistance, services for the Latino community, and data analysis to inform and prioritize prevention and care services.
 - What else might OHA prioritize? Member input includes: Build community knowledge of basic HIV information and services; services for women and African Americans; Non-emergency medical transportation resources and education
 - OHA and Part A staff noted that transportation assistance is available for clients.

Public comment

- Eric Lane, Health and Human Services (HHS), region X, shared that there are many upcoming HIV awareness days. HHS is interested in supporting those events, possibly with micro-grants.

PrEP navigation

- Timeline:
 - 2017: Needs assessment; OHP coverage for PrEP; Increased resources for Insurance navigation.
 - 2018: Increased resources for PrEP navigation, including education, outreach, readiness assessment, linkage, follow up, and adherence support.
 - Future: PrEP financial assistance; Assessment of other PrEP needs.
- Participant questions and comments:
 - How can we get lab fees for testing covered for uninsured persons and reduced for insured persons?
 - There is a need to improve provider willingness to perform rectal and pharyngeal swabs to test for STIs.
 - There is a concern that PrEP is influencing risk behavior, even after stopping use.
 - Rural counties have access to PrEP services virtually and through AETC trainings.

Open enrollment

- Insurance enrollment support is available.
- When someone with HIV is unable to get insurance, CAREAssist will provide coverage.
 - Only 1% of CAREAssist clients are uninsured



- Health plan data for 2019 was recently released. CAREAssist is evaluating those plans and will communicate any important changes.
- There are at least 2 insurance carriers in every county.
- MODA is moving to an exclusive provider model and will not be working with out of network providers, which may affect behavioral healthcare access.
- More information is available at Oregonhealthcare.gov
- We may see more proposed changes to the Affordable Care Act (ACA) again this year.

End HIV Oregon ambassador training

- IPG members and organizations can be End HIV Oregon ambassadors.
 - EISO and sponsorship award recipients have requirements to promote the End HIV Oregon initiative.
- IPG members are encouraged to use the ambassador toolkits on the End HIV Oregon website and to share information about the sponsorship awards with organizations that might be interested.
- Members drafted their own End HIV Oregon action plans.
- Potential partners suggested by participants:
 - Gay and grey
 - Benton county raging grannies
 - Benton county jail
 - Legacy
 - Kaiser

Oregon Reminders

- YTH (youth+tech+health) developed Oregon Reminders and has been partnering with OHA since 2013.
- YTH Live is YTH's annual conference in San Francisco.
- Oregon Reminders offers personalized reminders for medication (including PrEP), refills, STI and HIV testing, insurance, CAREAssist recertification, and appointments.
- Oregon Reminders has nearly 3,000 users.
- Service providers are encouraged to discuss and help clients set reminders.
- Oregon Reminders is advertised on social media and Grindr.
- Laiah from YTH provided a demonstration of how to set up different reminders and shared a demo video on how to set an appointment reminder. The group provided input on potential additions to the video and to Oregon Reminders. Multiple people expressed interest in having Oregon Reminders available in Spanish.
- Interested agencies can email Laiah (laiah@yth.org) to receive biweekly social media content promoting Oregon Reminders.



Aging with HIV

- The global population is living longer.
- Treatment has improved. Only 1 in 4 deaths among PLWH are due to HIV.
- HIV involves chronic inflammation and immune system activation. As a result, PLWH tend to live with more chronic conditions than people without HIV.
- Long-term Survivor Syndrome is the effect of accumulated trauma (e.g., multiple losses, survivor's guilt, depression, anxiety).
- Resilience is associated with better outcomes in people aging with HIV.
- Half (52%) of PLWH in Oregon are at least 50 years of age.
- PLWH 50 and older:
 - Are more likely to 1) be diagnosed with AIDS, 2) to access care sooner, and 3) to identify as male, white, and gay.
 - Most are on anti-HIV meds and have an undetectable viral load.
 - Approximately 2/3 (68%) report chronic pain. Approximately 1 in 3 report depression or anxiety, and 1 in 3 are tobacco users.
 - Most of the chronic conditions experienced by PLWH are tobacco-related. CAREAssist offers cessation services for free.
 - Nearly half (45%) report being sexually active.
- Stigma contributes to illness.
- There is a need educate clients about the benefits of newer medications (e.g., fewer side effects) and address fears about switching from old meds.

2019 meeting topics

- The Operations Committee will be planning topics for the 3 IPG meetings in 2019 and would like member input. The Operations Committee will review the suggestions and consider which topics had the most interest, as well as which areas need attention based on the 2018 End HIV Oregon progress report and OHA's 2019 work plan.
- Suggestions are summarized in a separate document.

Operations Committee update

- OHA staff is in the process of identifying 9 potential dates for IPG meetings in 2019. We plan to poll members to determine which 3 dates work best for the group. That poll will go out before the end of the year.
- Based on input from IPG members, we now have an IPG presenter guide that is shared with each presenter. It's a brief document that prompts presenters to 1) use plain language, 2) share how their topic supports the End HIV Oregon initiative, 3) discuss health equity, and 4) allocate time for discussion and input and share how input will be used.



- As part of OHA's contract with CivCom, Dano provided recommendations to improve IPG branding and recruitment. Based on those recommendations, the Operations Committee agreed to:
 - Improve recruitment messages on the IPG webpage and on the End HIV Oregon website.
 - Make the IPG application process easier, ideally with a form that is shorter and can be submitted online.
 - Examine membership needs and gaps, and conduct outreach to people and organizations that might help fill those gaps.

IPG branding

- Dano reviewed findings and recommendations from a CivCom branding report.
 - IPG member perceptions of the group are overwhelmingly positive.
 - Non-members may perceive the group as equally focused on HIV, viral hepatitis, and sexually transmitted infections due to the group's name and logo. Non-members may also perceive the group as requiring a high level of technical expertise.
- CivCom recommends rebranding the IPG as the End HIV Oregon Partnership and using the End HIV Oregon logo so that the group's core mission, vision, and connection to the statewide initiative is known at a glance. Member feedback related to branding included:
 - A shorter name is better.
 - Consider including "STI" in the name (mentioned by 2 members).
 - More Oregonians are living with viral hepatitis and STIs than HIV, and the group may want to focus on these areas if Oregon ends the HIV epidemic.
 - Consider using "committee" or "planning group."
 - Consider using "coalition."
 - Some consumers do not connect to the "End HIV" message because their infection is for life.
 - An alternative name is needed.
 - Polling the group would be helpful.
 - Consider using the group's mission and values to guide its name.
 - Please send suggestions for group names to Dano at dmoreno@civcomweb.com.
 - OHA reviewed other states' campaigns to end HIV prior to launching End HIV Oregon and could share that information if interested.
 - OHA will review the names of HIV planning groups in other states, particularly those with campaigns to end the HIV epidemic.