

IPG Meeting Notes

March 28, 2019, 9:00 a.m. – 4:15 p.m.

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

Announcements

- National transgender HIV Testing Day is April 18. There are [multiple events](#) in the Portland metro area.
- Umatilla County now has a [syringe exchange program](#). New efforts to support transgender youth are starting, as well.
- Our Bold Voices is planning a [storytelling event addressing HIV](#).
- In April, the Multnomah County Health Department located at 426 SW Harvey Milk St. is moving to 619 NW 6th Ave. [Learn more here](#).
- HIV Alliance has [two events](#) in April and May.

Racial and ethnic health equity in HIV

There are racial and ethnic health disparities in Oregon's HIV epidemic.

- People of color are disproportionately represented in HIV diagnoses in Oregon.
- Latinx people are more likely to be diagnosed late in the course of infection.
- Three-fourths (75%) of people diagnosed with HIV in Oregon are virally suppressed (2017). Rates are lower among PLWH who are American Indian/Native American, Black, Latinx, PWID, MSM/PWID, rural, and ages 13-39.
- People of color are less likely to be prescribed PrEP. Barriers may include stigma, provider knowledge of PrEP, willingness to discuss sexual risk, and cost.
- Access to HIV prevention and care is a matter of social and racial health equity that intersects with poverty, racism, gentrification, violence, mass incarceration, and other challenges that people of color face on a daily basis.

Discussion:

- Partnering and building relationships with communities of color is key to advancing health equity, especially for white providers.
- This was a great presentation. It would be valuable to share these data more widely with communities of color.
- There is a need to raise awareness of PrEP in communities of color.
- There is a need to improve provider knowledge of PrEP and comfort prescribing PrEP. We should also recognize progress made.
- Oregon's disparities mirror national trends.



OHA's End HIV Oregon priority projects for 2019

- OHA and Program Design and Evaluation Services (PDES) is using data on health disparities to inform new projects.
- Some integrated testing strategies are coming in 2019.
- Making PrEP and other primary prevention services widely available are a focus.
- Surveillance staff are working on data-to-care initiatives.
- There are new efforts to support behavioral health and address housing barriers.
- Partnerships are an important component of these projects.
- New metrics and data visuals are forthcoming. Metrics will be assessed by region, gender, risk factor, and racial/ethnic group as data are available. These data will help us better identify populations' specific needs.
- Addressing stigma and its impact on all focus areas remain important.

Discussion:

- There is a non-occupational post-exposure prophylaxis (nPEP) workgroup, and AETC is doing provider education to help address barriers to nPEP.
- Barriers to viral suppression include lack of stable housing and unmet behavioral health needs.

Addressing health disparities in Latinx communities

OHA is committed to scaling up efforts to address disparities with community partners.

- Existing and recent efforts include the sponsorship program and Chime In Communities of Color.
- A focus on testing in Latinx communities is needed. Many are tested late in the course of their infection; but once diagnosed, Latinx people enter medical care and do as well as others.
- A number of special studies related to HIV in Latinx communities have been completed in the last decade. Findings include:
 - Testing: a low perception of risk for HIV, only seeking medical care when sick, and concerns about legal status and deportation.
 - Prevention: Obtaining information from friends and family, shame/secretcy around sexual health, and a lack of basic information/low health literacy
- Suggestions from these studies include:
 - Fund social marketing/health literacy efforts.
 - Work with community health workers
 - Support FQHCs and other clinics serving Latinx communities
 - Partner with CBOs to support community-defined projects
- OHA has funds to support:



- Early intervention services, including targeted HIV testing, health education and risk reduction, access and linkage to care
- Outreach services intended to target people who have never been tested and are undiagnosed.

Facts about the Latinx population in Oregon:

- There are 540,000 or more Latinx people in Oregon.
- 11 of Oregon's 36 counties have a higher proportion of Latinx people than the state average (13%).
- 2 cities have more than 50% Latinx populations: Woodburn and Cornelius.
- The average age of a Latinx person in Oregon is 24 years (compared to 41 for white Oregonians).
- Most Latinx Oregonians were born in the U.S. and most are of Mexican descent.

OHA hopes to:

- Get input from community partners
- Build on the EISO structure
- Continue encouraging sponsorship grant applications from organizations with limited capacity

Discussion:

- There is a need for educational campaigns
- In Central Oregon, focusing on church leaders serving Latinx populations has been helpful.
- In Marion County, there are many county programs (e.g., WIC, Immunization, Family Planning) that serve many Latinx people. Many staff are bilingual and bicultural.
- In Latinx communities, it's important to engage mothers and fathers.

PrEP update

- Oregon plans to launch a PrEP Drug Assistance Programs, likely through a vendor. The funding would be used as a payer-of-last-resort. Preliminary plans for the program services and populations include:
 - Who is eligible? People who live in Oregon, are HIV negative, and a priority population or at risk for HIV.
 - Who are the priority populations? Latinx, black/African Americans, American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, MSM, transgender women and men who have sex with men, PWID, and partners of PLWH.
 - Which services will be covered? Medical services (e.g., office visits, medication, treatment of STIs, vaccines) and lab services (e.g., baseline screenings and monitoring).



- There have been some new HIV infections among people who reported using PrEP. OHA and Program Design and Evaluation Services is launching a study to gather more information about these cases (past and future). The study will likely start in Fall 2019.
- OHA funds PrEP navigation through program elements with counties and through EISO grants.
- Condom distribution and promotion remains a critical component of our work to prevent new infections.

Discussion:

- It would be helpful to discuss new PrEP services with all counties currently providing PrEP navigation services.
- People who trade sex for commodities could benefit from PrEP drug assistance services, as could people who have sex with people who inject drugs.
- OHA staff agreed to clarify information about the delivery of PrEP navigation services.
- In Chime In, about 25% of MSM report using PrEP. Data from CDC suggests about 40% of MSM could benefit from PrEP..
- Eligibility based on behavior can be challenging for people who do not feel comfortable disclosing their risk behavior.

Updates

National plan to end the HIV epidemic

- The national plan seeks to substantially reduce new infections by 2030, as described in [this fact sheet](#).
- The plan focuses on testing, treatment, prevention, and using data to identify clusters and outbreaks.
- Oregon's plan to end the epidemic aligns well with the national plan. We are in year 3 of our plan and continuing to expand our work. Other states are interested in learning from Oregon.
- The national plan focuses funding on 48 counties most impacted HIV; this does not include Oregon. Concrete information about funding is limited. In the president's proposed budget, \$140 million would go to CDC and \$120 million to HRSA. Proposed funding cuts include HOPWA, Medicaid, Medicare, TANF, and global programs.

CAREAssist pharmacy RFP

- In 2009, CAREAssist established a network of pharmacies to provide CAREAssist medications, as well as a pharmacy benefits provider.
- In 2021, CAREAssist will give pharmacies a chance to bid and become part of the network. This includes existing CAREAssist pharmacies, such as Safeway.
- Before the competitive funding announcement is released, PDES will conduct focus groups and interviews to learn about client experiences using the current CAREAssist pharmacies.



Housing and behavioral health

- Housing improves health and supports viral suppression among PLWH
- There is a need for short-term, intensive, wrap-around housing services for people who face barriers to stable housing.
- The state has obligated \$10 million over the next 5 years to support housing efforts, including counseling, medical services, transportation, emergency financial assistance, and more. These funds are statewide.
- OHA is currently awaiting proposals and anticipates executing contracts in 2019.
- While the primary recipients of services are people living with HIV (PLWH), housing assistance benefits all people in a household.

Oregon HIV/Hepatitis & Opioid Prevention & Engagement (HOPE) Study

- The HOPE Study stands for HIV/Hepatitis & Opioid Prevention & Engagement.
- The HOPE Study is a collaborative, ongoing effort involving OHA, HIV Alliance, OHSU, and Health Insight, and other partners.
- Oregon is among 8 states that were funded for this study.
- The HOPE Study seeks to understand how injection drug use and substance use have led to viral hepatitis and STI outbreaks, other infections, suicide, and overdose (a syndemic). The syndemic model is being used to support integrated interventions and surveillance.
- The pilot counties were Douglas and Lane. The team hopes to expand along Oregon's coast.
- The study involves data collection and interventions with providers and patients.
- Interventions include a peer intervention, syringe exchange, Naloxone distribution, and rapid testing.
 - Peers have lived experience with substance use disorder, conduct outreach, distribute harm reduction supplies, and connect people to a wide range of services. They were effective in linking people to services who have historically been difficult to engage.
 - 5,825 doses of Naloxone were distributed in Lane, Coos, Curry, Douglas, Josephine, and Jackson counties.
 - Law enforcement has been supportive.
- Survey findings include:
 - Methamphetamine injection was reported more than heroin.
 - Half of participants had hepatitis C (HCV); only 2 participants had HIV.
 - The majority have witnessed an overdose.
 - 1/4 tried to get into addiction treatment, but were unable to do so.
- Qualitative interviews with PWID in Douglas and Lane counties:

- Reasons for increased meth use: availability, cost, productivity, harm reduction (to avoid heroin overdose).
- Barriers to accessing substance abuse treatment: Waiting lists, criminal justice system barriers, lack of stable or supportive housing
- Barriers to accessing sterile syringes: transportation/location, pharmacy barriers, stigma
- To review the findings in more detail, please contact Jude Leahy.

Discussion:

- Centers for Independent Living may be valuable partners
- What proportion of syringe services clients and study clients could benefit from (and be eligible for) PrEP? While unknown, PWID are often overlooked as PrEP candidates.
- Participants received \$20 for the survey and \$25 for testing. No incentives were used for peer services. It seems like a great idea for encouraging PrEP. It could also be given during treatment for hepatitis C, which was much more prevalent than HIV.
- The study team has an opportunity to propose changes and are considering new ways to utilize peers and telehealth services.
- Law enforcement views on syringe exchange vary by county.

Chime In with people who inject drugs (PWID)

Chime In is an ongoing, anonymous survey of people at high risk for HIV in the Portland metro area. HIV testing is offered, as well. Chime In focuses on 3 key populations, which rotate each year: high-risk heterosexuals, men who have sex with men, and PWID. Chime In with PWID involves respondent-driven sampling (peer recruitment) and cash incentives for participation. Key findings from interviews and testing among 540 PWID include:

- The majority identified as heterosexual, male, and white.
- Most have experienced homelessness. Most were insured. About half were unemployed.
- About half reported 6 or more adverse childhood experiences; the national average is 3-4. Mental health issues were prevalent.
- Heroin was the most commonly injected drug.
- The majority reported sharing injection equipment at least once in the past year.
- Nearly all (98%) reported obtaining clean needles at some point in the past year, with syringe exchange sites being the most common source.
- 3/4 witnessed an overdose. The majority administered Naloxone.
- 1/4 wanted substance abuse treatment but were unable to access it.
- Fear of being judged is a barrier to accessing services.
- The majority (68%) tested positive for hepatitis C, and 2% tested positive for HIV.

Discussion:

- Safer injection sites have been in place in many countries, but not yet in the U.S.



- We lack good data on whether infections are acute or chronic, so it's difficult to know whether SSPs are helping prevent HCV.
- Prevention in PWID is difficult when the prevalence of HCV is so high.
- We need to address the underlying substance use disorder.
- There is a need for more dropboxes.
- Many programs offer a 1:1 syringe exchange, which is likely insufficient to meet the need.
- Participants received a list of referrals to services.
- Peer staff were very helpful for building trust and ensuring quality data collection efforts.

Sponsorship grants

The Sponsorship Program supports the goals of the End HIV Oregon initiative. There are criteria for applicants, which can be viewed at www.EndHIVOregon.org. Organizations can apply at any time. The program is intentionally flexible in its scope. Members recommended organizations that might be interested in applying.

New member application

The new IPG membership application:

- Can be completed online
- Was simplified and shortened wherever possible
- Includes new, standardized questions about race, ethnicity, language and disability.
- No longer asks about HIV status; this information is now requested via phone calls made to new members.
- Can be accessed at www.healthoregon.org/ipg.

Existing members and people interested in becoming members were asked to complete the new application to help capture membership demographics and inform recruitment efforts.

Discussion:

- IPG members are expected to attend meetings regularly and can vote. Guests can attend as desired. All meetings are public.
- Request: Remove address since it would be public record and could pose a risk to people with restraining orders, etc.
- Suggestion: Add a question to capture what applicants hope to bring to the IPG.
- Suggestion: Add a question to capture applicants' lived experiences (e.g., homelessness).
- Capturing HIV status in an online form would likely be a HIPAA violation.
- Participants reported the application took 3-5 minutes to complete.
 - By show of hands, 2 members wanted the application to be longer. All others liked the length as it is.