

IPG Meeting Notes

July 15, 2020, 1:00 - 4:30 p.m

Public comment

There was no public comment.

Announcements

- For members who are participating without a web camera and would like one, please contact Dano at dano@civcom.com to request one.
- Our Bold Voices offers support calls for elderly people and a support group for long-term survivors, including people in rural Oregon.

HIV care and prevention program updates in unprecedented times

Ending disparities

Focusing programs on disparities: Ending disparities is a primary goal of End HIV Oregon. Our data are clear: Black/African Americans, Latinx, and American Indians/Alaska Natives experience higher HIV rates and disparities than white people. These disparities are intertwined with social determinants of health, such as housing.

Supporting community leadership with resources and flexibility:

- EISO focuses on populations experiencing disparities.
- The Oregon Health Authority (OHA) HIV/STD/TB Section (HST) requires local health departments to collaborate and share resources with the community.
- Most recently, HST rolled out a pilot project for home HIV testing. Home testing is reaching men who have sex with men (MSM), 35% of whom are MSM of color.
- HST's Sponsorship Projects started in 2017. These projects aim to be low-barrier and flexible, which helps develop new partnerships and build capacity within small agencies. One example is Familias en Accion, which received a Sponsorship grant and now has a 3-year grant.

Evaluating & changing internal program, policies, procedures: HST is examining its policies and procedures and has a health equity workgroup doing great work.



IPG membership: In addition, the IPG has taken steps to diversify by establishing and limiting membership to priority populations: Black/African American/African immigrants, American Indian/Alaska Native/Indigenous people, Latinx people, transgender women, and people of color living with HIV. Anyone is welcome to attend IPG meetings, but only members can vote and receive stipends.

Planning process: Ending disparities will continue to be a key part of all HIV comprehensive planning. End HIV Oregon is the public brand of the 2016-2021 Statewide HIV Prevention and Care Comprehensive Plan. HRSA and CDC (our federal funders) require us to update this statewide plan every 5 years. We are moving into the 5th year of End HIV Oregon, so next year will be a planning year. The IPG and the Part A Planning Council play key roles in developing this plan.

Care & treatment

Services remain available from all agencies.

CAREAssist Client Eligibility Reviews (CERs) were extended, so people who needed to do a CER from March 1 - August 31 have an extension. Clients will be getting packets in the mail soon. For assistance, please reach out to the CAREAssist staff.

Open Enrollment starts soon.

The Portland State Office Building (which houses the CAREAssist offices) remains closed to clients and the public, but there may be emergency exceptions. All services are still available by phone or online.

HOPWA: Housing for PLWH: OHA received \$373,704 in funding through the CARES Act to help prepare, prevent, and respond to COVID-19. Services include short-term rent, mortgage and utility assistance, employment services (Cascade AIDS Project/Portland metro area), as well as hotel/motel assistance (Balance of State). Undocumented people can access hotel/motel services. Reach out to the OHOP Coordinator in your area if you or a client needs housing. Many guidelines have adapted and relaxed as allowed by federal funders.

Ryan White Part B received \$166,220 in CARES Act funds, which support supplies and equipment for agencies and staff, as well as emergency financial assistance for clients.

The Portland TGA¹ received \$205,000 in CARES Act funds. Most HIV services are still in operation with in-person limitations. Nineteen people living with HIV in the TGA have tested positive for COVID-19. Telemedicine is encouraged. There are biweekly provider calls for coordination. Services

¹The Portland TGA (Ryan White Part A) is comprised of Multnomah, Washington, Clackamas, Yamhill, and Columbia counties in Oregon, plus Clark County, Washington.



have focused on housing, food, and emergency financial/rent assistance .There are limited drop-in or emergency in-person services. Supportive services are primarily conducted via phone and email, with no-contact delivery of supplies. Medical motel vouchers (for self-isolation) are in high need. Cell phones and data plans are an increasing need, as well.

Food security action plan: Savannah is the AmeriCorps VISTA (national service program) who will work with the HST for a year to:

- Assess food accessibility in Oregon;
- Interview community partners throughout the state;
- Create an HIV-food security workgroup within the IPG and update the IPG;
- Develop a food security action plan; and
- Collaborate with stakeholders to implement the action plan.

Please contact Savannah (or Dano) if you would like to get involved with the workgroup.

Testing & prevention

Home HIV testing project: OHA's home testing project is called Take Me Home (www.takemehome.co). The project is a collaboration between Building Healthy Online Communities, National Association of State & Territorial AIDS Directors, and state/local public health. The initial pilot project includes four local/state health departments, including Oregon. Free home HIV test kits are available for delivery to anyone with a mailing address in Oregon who has 1) never been tested for HIV, or 2) not been tested within the past year. The project has been successful. There has been uptake in rural and frontier areas of the state, as well as among people of color. The next phase of the project will include testing for other STIs. It will use dried blood spot testing for HIV and syphilis and swabs for Gonorrhea and chlamydia. (August/September 2020).

Home test kits at local organizations: HIV Prevention contractors are authorized to use state funds to purchase home test kits on case by case basis. They are also being distributed through the HIV case management system. We have guidance documents on testing in the time of COVID-19. We want contractors to resume testing only when the staff and community are ready.

Condom distribution: Free mail-order condoms are available through Oregon Reminders. People can visit www.oregonreminders.org/request-condoms-lube/ to request a package of twelve latex or non-latex condoms, plus lubricant, mailed discreetly. Contractor may use OHA funds to support supplemental mail-order condom efforts.

Addressing Racial & Ethnic Disparities in HIV testing and prevention programs:

- All contractors are required to provide written plans so that HST can track & measure efforts to address disparities. We are using new metrics to measure progress. Plans will help identify training and TA needs



- HST met with CDC partners to develop capacity building plans and prioritized services to communities of color that support linkage to care and PrEP.
- HST plans to use data from the June PrEP Connect event to improve PrEP access in communities of color, especially Black and Latinx communities.

Rapid ART starts & CAREAssist coordination

The Multnomah County HIV Health Services Center provides open access, low barrier HIV care and other health care services to approximately 1,400 patients. Rapid antiretroviral therapy (ART) starts were initiated as part of a quality improvement project. Starting ART sooner can help achieve individual and program goals sooner (e.g., improve health, achieve viral suppression, reduce transmission, improve retention in care). The objective is to start ART within 5 days of first contact with the clinic. The team developed workflows, protocols, and community partnerships and now completes two to eight rapid starts each month.

This effort has been successful! The vast majority (91%) of clients with a rapid ART start received ART within 5 days of initial contact. In addition, the proportion of newly diagnosed clients at the clinic who were linked to care within 30 days grew from 75% in 2018 to 91% in 2019. Barriers to rapid ART starts include homelessness, incarceration, substance use. Buy-in and flexibility from all parties involved are critical for success.

STI update

Chlamydia: Rates in the US are higher than in Oregon.

Gonorrhea: Rates in the U.S. and in Oregon have steadily increased over the past 5 years (2014-2019). In Oregon, the largest rate increase for Gonorrhea has been in American Indian and Alaska Native populations (2018-2019), while Blacks/African Americans remain the most impacted.

Syphilis: Rates of primary and secondary syphilis in Oregon and in the U.S. are nearly identical. A substantial portion of syphilis cases are among PLWH. Primary and secondary syphilis among females continues to rise, as does congenital syphilis. Effects of syphilis in pregnancy are serious (e.g., miscarriage, brain and nerve problems in infants). Factors associated with congenital syphilis include late or no prenatal care and late or no screening and treatment. Efforts to address congenital syphilis include:

- A congenital syphilis review board in the Portland metro area, which seeks to identify missed opportunities and develop interventions;
- Enhanced maternal interviews to understand their experiences and unmet needs;
- Provider education, including work by AETC; and
- Equity focused work to engage communities, improve demographic data collection, and improve access to testing and treatment.

The IPG suggested a couple organizations in the Portland metro area that HST might consider engaging to help reach communities of color disproportionately impacted by STIs. The group was then polled to assess perceptions of where young people (<25 years old) are most likely to seek STD care. Special population/focused care clinics (Planned Parenthood, LGBTQ care organization, HIV provider) was the most common response.