



Welcome to the End HIV/STI Oregon
Statewide Planning Group (OSPG)!
A New Member Orientation



What is the End HIV/STI Oregon Statewide Planning Group?

The End HIV/STI Oregon Statewide Planning Group (OSPG)

The planning group **advises the Oregon Health Authority** (OHA) HIV/STD Program on HIV **status-neutral** interventions:

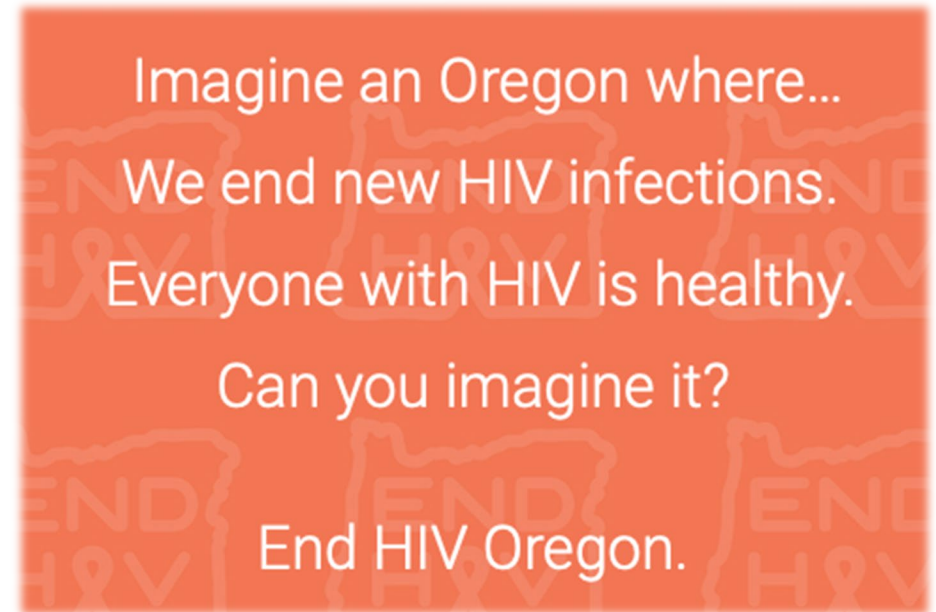
HIV prevention

HIV care

Syndemic issues like sexually transmitted infections, hepatitis C, and social issues that fuel these infections

The End HIV/STI Oregon Statewide Planning Group

- The group **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/STI Oregon initiative.



EndHIVOregon.org

HIV, STD and Viral Hepatitis Program Goals

Common risk behavior, populations and intervention strategies

Unaware of status

Fully engaged in services

HIV Prevention Program

STD Program

HIV Care Services

Viral Hepatitis Prevention Program

Educate & ↑ awareness

Address stigma

Integrate common activities, messages & strategies

Support access to needed care & services

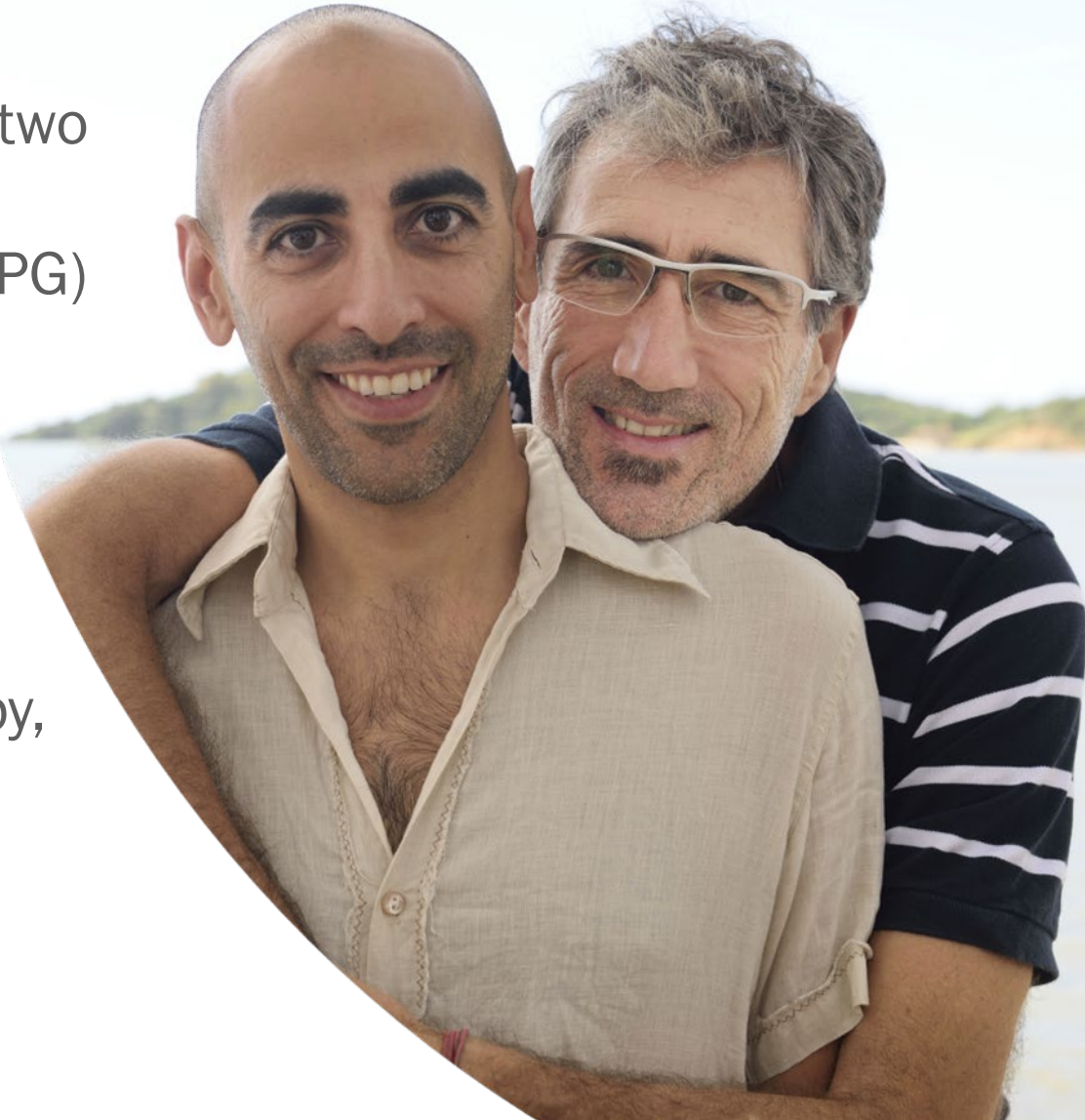
↑ Health outcomes

↓ Transmission of HIV/STIs/VH

Support positive behavior change

Our History

- The group was created in 2011 and combined two statewide planning groups:
 - The Oregon Statewide Planning Group (SPG)
 - The Oregon HIV Care Coalition (OHCC)
- The group'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.
- The group was known as the IPG (integrated planning group) until 2022 when the membership voted to change the name.



Our 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.



Ending New HIV Transmissions Requires a Syndemic Lens

Not just individual behavior, but more importantly, the social and structural contexts in which people live

- Focus on sexual health – not just disease
- Whole person thinking – physical, emotional, mental, spiritual dimensions of health
- Social & structural factors – racism, sexism, homophobia, income inequality
- Partnerships: HIV, sexually transmitted infections, viral hepatitis, housing & food, substance use/opioid overdose, intimate partner violence, and on ...

Ending New HIV Transmissions Requires a Focus on Equity

Learning from and focusing resources on the communities most impacted by HIV and STI

- Inequities exist related to HIV, STI, and VH rates, as well as outcomes along the HIV care continuum
- Priority populations are designated in the End HIV/STI Oregon Strategy based on local data
- Without eliminating inequities, we cannot eliminate HIV in Oregon

Our 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 inequity
- Respectful of people from all cultures

Community Focused

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

End HIV/STI Oregon Statewide Planning Group Meetings



Meetings

- The group typically meets **3-5 times per year**.
- Since the COVID-19 shut down, meetings have been held virtually (online). We will likely begin offering at least one hybrid in-person & online meeting /year, beginning in 2023.
- Planning group meetings are generally **open to the public**.

Member stipends

Stipends

- OHA offers stipends to eligible members to **reduce barriers to participation and show appreciation.**
- The amount is based on OHA policy. Eligible members are not employed full-time by a public entity and meet certain income eligibility criteria.
- Stipend recipients receive a check after attending a planning group meeting.
- Members are responsible for determining whether stipends received from attending OSPG meetings will affect their taxes or receipt of public benefits.

Membership

Membership goals

- The End HIV/STI Oregon Statewide Planning Group 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 group, as are people from **communities facing inequities**. To ensure representation, we use data to identify membership gaps and needs.



Membership responsibilities

- The primary role of members is to **advise the Oregon Health Authority** HIV/STD/TB 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.

Member vs. Partner Status

- All interested persons are welcome to attend End HIV/STI Oregon Statewide Planning Group meetings and provide input.
- To ensure the group elevates the voices of people from communities most impacted by HIV, STI, and syndemic issues, **membership** will be limited to priority populations.
- Other interested people will be invited to participate as **partners**.
- Partners receive all communications and are welcome to all meetings. Partners cannot vote on End HIV/STI Oregon business.

Membership terms

Terms of membership do not expire, with a few exceptions. The Operations Committee reserves the right to terminate the membership of members who:

- Commit verbal or physical threats during 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 planning group meetings**, either in person or remotely.
- Members who do not attend a meeting within 12 months will be moved to partner status.
- End HIV/STI Oregon Statewide Planning Group partners do not have voting rights and are not eligible to receive stipends. However, planning group partners continue to receive information about meetings and are always welcome to attend.

Governance structure

Operations Committee

- The End HIV/STI Oregon Statewide Planning Group's Operations Committee usually **meets between meetings** (virtually).
- The committee is **comprised of a subset of members**, including OHA staff, planning group co-chairs, and 6 members-at-large.
- The committee **plans, supports, and evaluates the End HIV/STI Oregon Statewide Planning Group operations**. Responsibilities include determining planning group meeting topics; reviewing meeting evaluations; assessing membership needs and reviewing new membership applications; and giving input on proposed changes to policies and procedures.

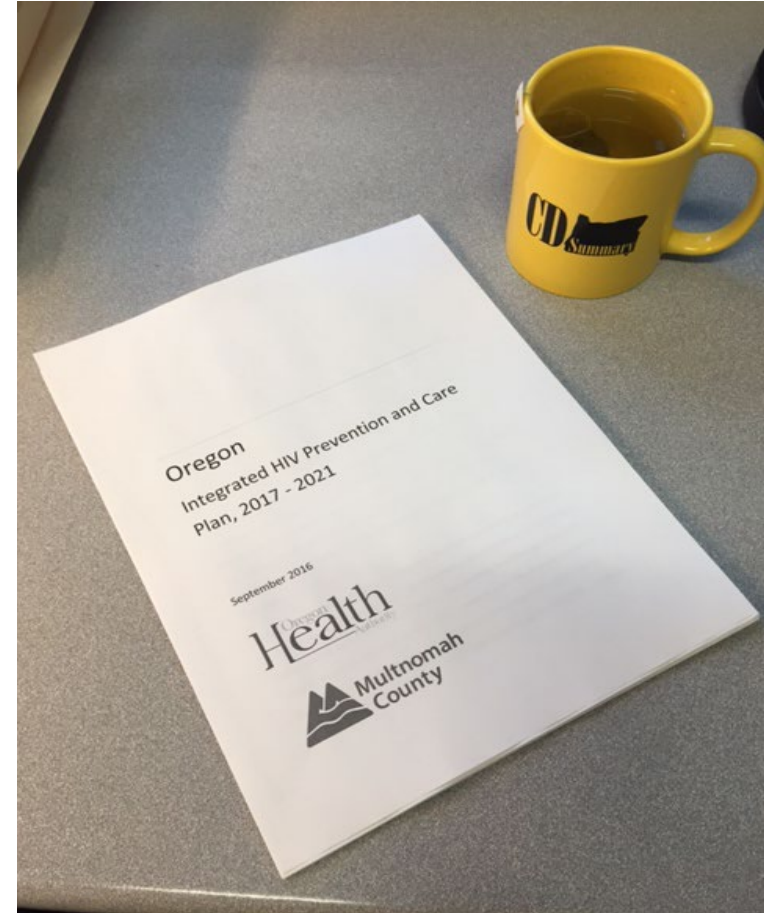
Co-chairs

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

End HIV/STI Oregon

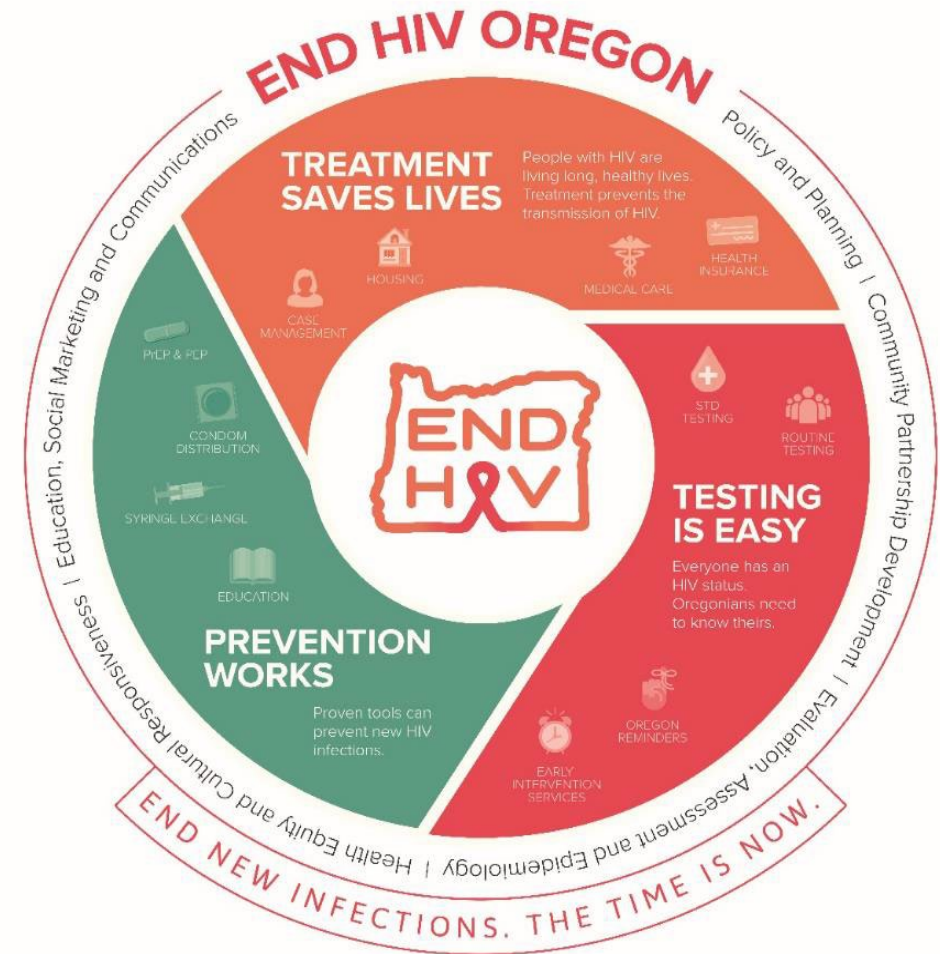
Oregon's 2017-2021 Integrated HIV Prevention & Care Plan

- Required by our federal funders (HRSA & CDC) as part of Ryan White Parts A&B and HIV Prevention funding
- Oregon's first 5-year plan, developed through a community planning process
- Involved community members, Oregon End HIV/STI Statewide Planning Group, and Part A Planning Council



Oregon's 2022-2026 End HIV/STI Oregon Strategy

- Next iteration of 5-year plan; builds on the previous plan
- Includes data and community input from multiple sources
- Same goals, retooled:
 - Diagnose
 - Prevent
 - Treat
 - Respond to End Inequities



The End HIV/STI Oregon is Oregon's Branded Integrated Plan

- End HIV Oregon was introduced on World AIDS Day, 2016
- Part of 5-year community planning process
- Introduced vision, strategy, website & report card
- Made commitment to share progress report with community every year on December 1 (World AIDS Day)



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.



Check Out the Beautiful Data Dashboards!!

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/Pages/index.aspx>



HIV, STD, TB and Viral Hepatitis Data

Get state and county-level data about HIV, sexually transmitted

- Interactive Data Dashboards
- HIV Data
- STD Data
- TB Data
- Viral Hepatitis Data



Oregon Public Health Division - HIV, STD & TB Section

Oregon Health Authority - Public Health Division | Portland, Oregon, United States

Epidemiology and Surveillance Data for HIV, Sexually Transmitted Disease, and Tuberculosis

[Read more](#)

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Program Resources: Check us out on endhivoregon.org ...in English and en Español



SPOTLIGHT:

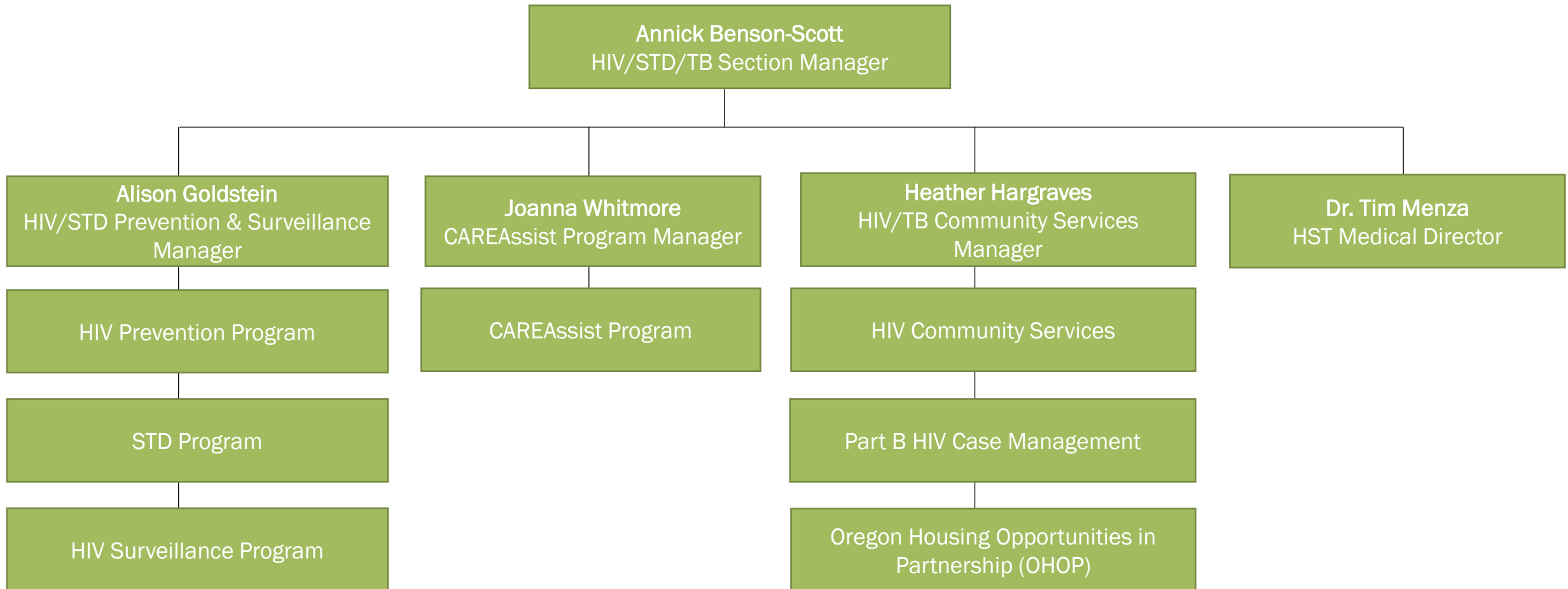
IMPROVING HEALTH OUTCOMES AMONG LATINOS

In 2020, OHA awarded a three-year contract to Familias en Acción to engage Latino communities statewide around the topics of sexual health, STI, and HIV. Familias staff developed a culturally-specific popular education curriculum (Me Cuido, Te Cuido), recruited Latino community leaders to be trained in the curriculum, and launched it with a train-the-trainer session. Classes—or talleres—will be offered to community health workers, community leaders, health educators, and promotores de salud working in the Latino community, first in Washington County, and then statewide. Talleres will provide education designed by and for Latino people, delivered in Spanish and English by trusted members of the community, and focused on HIV/STI, sexual health, and overall wellbeing. The emphasis is on taking care of oneself, one's partners, and the community-at-large. Although the talleres were designed to be held in-person, Familias staff have deftly pivoted to adapt the curricula for online implementation; the first online talleres are planned for early 2021. The ultimate goal is for Latinos to feel liberated from the fear and stigma associated with HIV and sexual health. This will lead to better health outcomes and help eliminate disparities.

Coming Soon: Since 2009, Familias en Acción has hosted a Latino Health Equity Conference, bringing together between 300-400 people annually to discuss topics related to Latino community health, such as housing, mental health, and food security. The 2021 conference will focus on HIV/STI and sexual health. Because of COVID-19, the 2021 conference will be the first to be delivered through an online, digital platform. Familias staff are working with community members to design a conference that will engage community members through a

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



HIV Prevention Program Partners

- Local Public Health Authorities
 - Direct HIV prevention funding to counties with highest incidence and prevalence:
 - Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, and Washington Counties
 - Funding for Disease Intervention Services to all LPHAs for STI screening and treatment, HIV/STI partner services
 - Early Intervention Services and Outreach (EISO) Contracts with LPHAs
 - Tribal Intergovernmental Agreement with the Confederated Tribes of Siletz Indians for Outreach
 - Community-Based Agencies Serving Priority Populations

HIV Prevention 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, including mail-order
- Mail-Order HIV and STI self-testing options
- 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 (2021 data).
- 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 greater vulnerability should be tested regularly.
- Free, confidential options for testing are available statewide. At-home, self-testing options are available through Take Me Home.

Prevention Works



- Oregon is considered a low incidence state for HIV, but two factors present significant challenges to ending new HIV transmissions:
 - high rates of syphilis, gonorrhea, and viral hepatitis
 - racial & ethnic inequities in new HIV diagnoses
- **PrEP**, the pill or injection to prevent HIV, is an effective tool to prevent HIV. PrEP use has increased in Oregon, but it is still underutilized, particularly by women, men of color, youth, and people living outside of urban areas.
- **Syringe exchange** and **harm reduction programs** reduce the risk of HIV/STI/VH transmission and acquisition by providing clean needles and supplies, education, and other services to reduce drug-related harms.
- **Condoms** and **safer sex information** are provided by mail and at Oregon venues.

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 **cannot** 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 to care for newly diagnosed through EISO.

HIV Care and Treatment: HIV Community Services

HIV Community Services Programs

- Part B HIV Case Management & Support Services
- Medication Adherence Program
- 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 assistance
- Food assistance
- Oral Health Care
- Mental Health Services
- Other emergency financial assistance:
 - Utilities
 - Medication
 - Nonprescription pharmaceuticals

1, 420 clients served in 2021

Medication Adherence Program

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

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 157 households

In 2021:

- 174 clients received rent subsidy assistance
- 28 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
 - Regional specific trainings held across part B



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 most infected people – or they have mild signs and symptoms that can be easily overlooked.
- 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 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.
- 2021 STI diagnoses:
 - 15,601 cases of chlamydia
 - 6,223 cases of gonorrhea
 - 2,009 cases of syphilis
 - Syphilis among pregnant people is increasing, as is syphilis among newborns (congenital syphilis)

Program Goals

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

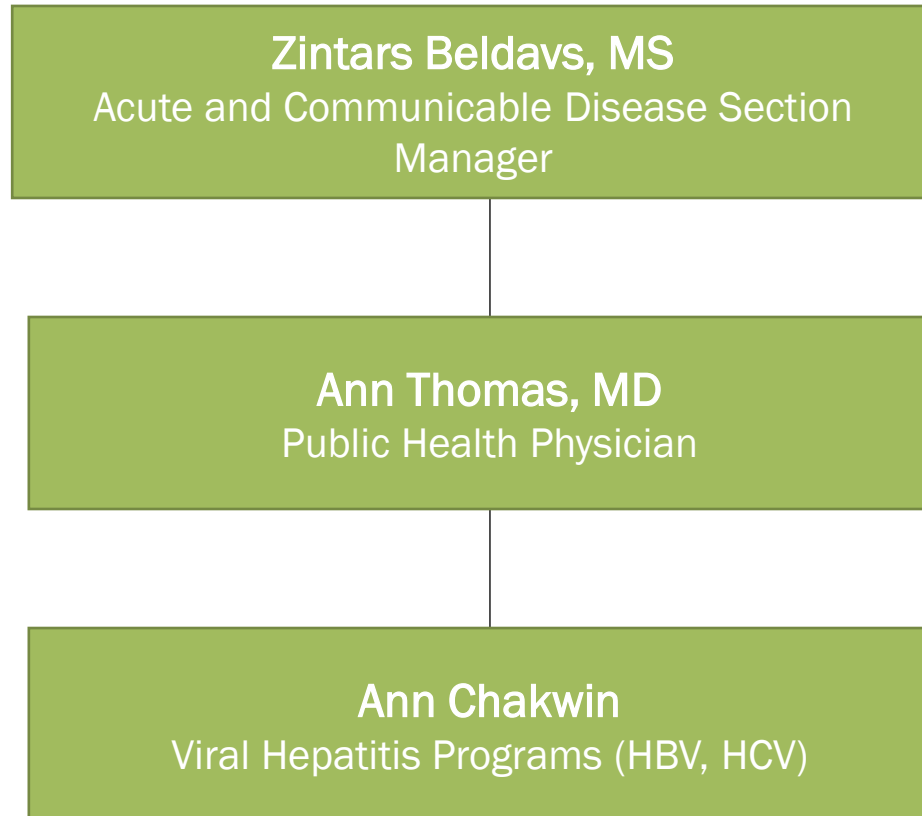
- Identify and treat STIs
- Identify, evaluate, and treat newly infected contacts to infectious individuals with STIs
- Screen people for STIs based on disease prevalence in the population and individual risk factors

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
- Coordination with the Oregon Save Lives Clearinghouse
- Participation in community planning groups



Contact Information

**Please contact us
with any questions!**



- HIV Prevention and STD Program: [Alison Goldstein](#)
- HIV Community Services: [Laura “LC” Camerato](#)
- CAREAssist: [Joanna Whitmore](#)
- Viral Hepatitis: [Ann Chakwin](#)
- Meeting logistics and preparation: [Dano Moreno](#)

For more information. . .

Visit healthoregon.org/ipg