

Issue Area (5):

HIV/AIDS

I. Goal Statement: Ensure that the needs of racial and ethnic communities are accounted for in the allocation of resources for HIV/AIDS prevention and treatment.

Action Items:

- A.** Fund capacity-building infrastructure needs of community-based organizations, as identified by those institutions, in order to empower those organizations to diversify funding streams to serve communities of color. Implement a system that allows for more opportunities for directly funding community-based organizations. Develop a solid infrastructure for board development, successful grant applications and stabilized financial systems and staffing.
- B.** Require representation for people of color on HIV prevention and services planning committees and advisory groups at the state and local levels. Require that the involvement of new members is meaningful and inclusive of individuals from many backgrounds, interests and perspectives. Require that the needs of people of color from rural areas and non-English speaking communities are not overlooked in statewide planning efforts.
- C.** Fund improved qualitative and quantitative HIV data collection for communities of color. Include people of color from racial and ethnic communities in the outreach efforts, and the analysis of the findings of both qualitative and quantitative data collection. Require data sharing between the Oregon Health Division and Oregon Medical Assistance Program.

| POLICY | BUDGET | LEGISLATIVE | RESPONSIBLE |
|--------|--------|-------------|--|
| X | X | | OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health |
| X | | | OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, OHD-Community Partnerships |
| X | X | X | OHD-HIV/STD/TB Program (lead division), OHD-Vital Statistics, OHD-Office of Multicultural Health, Oregon Medical Assistance Program, Oregon Progress Board |

- D. Review and report to the Task Force on the new guidelines for HIV case managers issued in July 2000 for consistency and impact on communities of color. The new guidelines must help to assure that communities of color receive adequate resource levels, staffing, and services that meet the needs of individual racial and ethnic communities.
- E. HIV prevention and treatment activities must reflect community needs.
- F. Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

| POLICY | BUDGET | LEGISLATIVE | RESPONSIBLE |
|--------|--------|-------------|--|
| X | | | OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, Dept of Human Services |
| X | X | | OHD-HIV/STD/TB Program (lead division) |
| X | | | Dept of Human Service (lead department), Oregon Health Division |

II. Goal Statement: Ensure that people of color living with HIV/AIDS are able to access culturally competent and affordable care.

Action Items:

- A. Provide incentives to physicians who treat HIV patients in rural and under-served areas. There is a barrier in finding culturally competent clinicians willing to accept patients and administer treatments. Clinicians serving HIV patients are difficult to find in rural areas.
- B. Establish cultural and linguistic competency as a requirement for HIV/AIDS educators and service providers.
- C. Fund the Needle Exchange Program as a prevention strategy for high-risk HIV populations.

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| X | X | | Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board, Office of Rural Health |
| X | X | X | OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, Oregon Medical Assistance Program |
| X | X | X | Oregon Health Division (lead division) |

III. Goal Statement: Expand efforts to educate and involve the community outside of the current HIV/AIDS system to the need for prevention, education and improvement of treatment services.

Action Items:

- A.** Maximize the benefit from mandated HIV education programs by holding state and local education departments accountable for increasing the quality and quantity of educational programs in schools.
- B.** Involve the public and private sector departments and employers in creating programs to return HIV positive individuals to the workforce. Model programs exist (e.g. Welfare-to-Work, Better People Program) to serve as examples. Explore the need for legislative changes to ensure employee rights to adequate insurance coverage and employment rights.
- C.** Establish cooperative agreements between the Oregon Health Division, Oregon Medical Assistance Program, managed care plans and community partners on prevention efforts at the individual and community level.
- D.** Assure access to education and screening in communities of color.

| POLICY | BUDGET | LEGISLATIVE | RESPONSIBLE |
|--------|--------|-------------|---|
| X | X | | Dept of Education (lead department), OHD-HIV/STD/TB Program, Oregon University System, Dept of Community Colleges & Workforce Development, Oregon Youth Authority, Dept of Corrections |
| X | X | | Dept of Human Services (lead department), Vocational Rehabilitation Division, Oregon Health Division, Oregon Medical Assistance Program, Adult and Family Services, Dept of Corrections |
| X | | | OHD-HIV/STD/TB Program (lead division), Oregon Medical Assistance Program, Insurance Pool Governing Board |
| X | X | | OHD-HIV/STD/TB Program (lead division) |