End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

November 13, 2024, 1:00 - 4:00 p.m.

Announcements

- The Oregon Viral Hepatitis Collective annual meeting is 12/6/24 (via Zoom or in-person).
- A Save Lives Oregon learning collaborative will have presentations on overdose and drug checking programs on November 14. Register here.
- Oregon AETC is partnering with the Oregon Primary Care Association to offer a syndemic webinar series. OSPG members and partners are welcome to attend. Learn more or register here.
- Multnomah County will be issuing a proclamation for World AIDS Day. OSPG members and partners are welcome to attend the county commission meeting November 21 between 9:00 a.m. - 12:00 p.m. at 501 Southeast Hawthorne Blvd, Portland, Oregon, Boardroom 100. This is also the 30th anniversary of the planning council. There will be a livestream of the meeting.

Co-Chair Update

The OSPG has two co-chairs: 1) a state co-chair who is employed by OHA and appointed by OHA leadership and 2) a community co-chair who is not employed by OHA and who is elected by the Operations Committee for a two-year term.

Michael has served as the community co-chair since 2021. He has been wonderful to work with. He has co-chaired many groups and advocated for a variety of services for people with HIV and people experiencing homelessness. He is a public servant, and we are fortunate that he will continue to serve on the OSPG.

Bee will serve as the OSPG community co-chair in 2025 and 2026. Bee has been an advocate on a national level with the Positive Women's Network and has represented Oregon at national conferences.

Members congratulated Bee and expressed gratitude for Michael's leadership.

People Living with HIV (PLWH) with Disabilities

Medical Monitoring Project (MMP): Your Voice Matters

Your Voice Matters is the new (locally branded) name for the Medical Monitoring Project (MMP) in Oregon.

MMP was designed by the Centers for Disease Control and Prevention (CDC). Oregon is one of 23 project sites. Oregon has been a part of MMP since it began in 2007. MMP aims to gain a deeper understanding of health-related experiences and needs of people living with HIV and provides valuable state estimates of health care utilization, quality of care, severity of need, and effectiveness of prevention messages. To be effective, programs must meet the current needs of the population. MMP data provide contextual information which can aid in the design and improvement of HIV programs.

Data on behaviors, clinical outcomes, quality of care, barriers to care and viral suppression are collected via an interview survey, linked with a medical record abstraction.

Data is regularly shared with the local programs, clinics and the community advisory board to identify needs and gaps in health care and support services and eliminate new infections.

Within the Your Voice Matters survey we have the opportunity to develop local questions which are regionally specific and take no more than 10 additional minutes to answer. The local questions are developed in collaboration with the Community Advisory Board. This presents an opportunity to ask about topics that are relevant to people in Portland, information that is not captured in any other surveys, or to align questions that are included in the Chime In local questions. Local questions address U=U (undetectable + untransmittable) confidence, PrEP confidence, DoxyPEP, social support, resilience, narcan/naloxone, and emergency preparedness.

Your Voice Matters data are weighted to represent the population of PLWH in Oregon. The majority of participants identify as male (86%), gay or bisexual (68%), and white, non-Latinx (68%). The mean participant age is 50 years (range 22 – 92). This matches the demographics of PLWH in Oregon.

The data collected is used for a variety of purposes, including fact sheets, infographics, dashboards, state and local planning, service improvements, and grant applications. Data is available on the OHA website.

This project seeks to interview people living in Oregon (over the phone) to learn about health services they may have received. Some of your clients may be randomly sampled to participate and will be receiving letters, phone calls and postcards over the next few

months to offer them the chance to participate in this survey. By encouraging sampled patients to participate, you are helping the project and the local community.

What can you tell clients about Your Voice Matters?

- Oregon Health Authority staff follow strict protocols to ensure patient privacy and confidentiality. Personal information, including names and addresses, are never shared with CDC or used in any reports.
- This is a legitimate survey that compensates participants with a $75 gift card.
- By taking part in the interview, patients can share their unique experiences with HIV. Their experiences help health departments, CDC, and local stakeholders identify opportunities to close gaps and improve health care services in the community.

Want to get involved? Join the Your Voice Matters Community Advisory Board. The board meets virtually twice per year, provides input on local questions, contributes data dissemination ideas, and is a champion of Your Voice Matters in the community.

Discussion

- Q: What steps are taken to make sure those with unstable housing are included?
    - A: We are available to conduct interviews at various times depending on when someone is available. In the past, we have met in person with people who are unhoused if that allows them to participate.
- Q: Have any MMP participants (PLWH or people on PrEP) reported being on a long-term injectable?
    - A: All MMP participants are living with HIV, so none are currently on PrEP. To our knowledge, no Your Voice Matters participant has stated that they are taking injectable ART. We will know more in a couple years after the data for this cycle is available.
    - The core questionnaire for Your Voice Matters asks, “People can take HIV medicines in different forms. Are any of your current HIV medicines… pills? IV infusions? Shots? Implants?” If a person answers "yes" to pills, it will not prompt the interviewer to ask about the other options.

Your Voice Matters: Disability Status among People Living with HIV

A disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. In 2021, about 1 in 4 people reported having a disability in Oregon (29%) and in the U.S. (27%), while more than 1 in 3 (38%) PLWH in Oregon reported having a disability. PLWH are more likely to report specific types of disabilities, including those that impact cognition, mobility, independent living, and self care. Interestingly, the prevalence of disabilities among people ages 65 and older are similar for PLWH (40%) and for all Oregonians (42%), indicating disability is more common among PLWH; it’s not just a factor of PLWH being an older population.

In Oregon, PLWH with a disability report more unmet needs than PLWH without a disability, including transportation needs (43% vs. 15%), homelessness (11% vs. 5%), and food insecurity (24% vs. 10%). PLWH with a disability also report worse clinical outcomes; This group is less likely to report medication adherence (49% vs. 62%), viral suppression (85% vs. 91%), and having no missed appointments (77% vs. 87%).

In Oregon, PLWH with disabilities need more support. This group is less likely to be satisfied with their overall support (83% vs. 93%), less likely to have help with daily tasks (69% vs. 81%), and more likely to feel left out (62% vs. 53%). PLWH also report being less likely to recover from a stressful event (65% vs. 79%) and less likely to come through difficult times easily (58% vs. 77%) compared to PLWH without disabilities.

Oregon has multiple independent living services for people with disabilities, including EOCIL. How can we better serve PLWH with disabilities?

Discussion

- I love the rebrand, "medical monitoring" is not a name that builds community trust, great job Oregon!
- I wonder what more recent data would show.
- Disability data often will not exclude individuals that are institutionalized in corrections or other institutionalized settings.
- A few years ago, Oregon needed to revise Oregon's NMET program. It was worse in states with no Medicaid expansion.
- Q: Are people more likely to have a disability in Oregon compared to other states in the US?
    - The proportion in Oregon is fairly comparable to the proportion in the U.S.
- Q: If this is a national trend, are there other state programs that have responded? What can we learn?
    - A: OHA will look into this question.

Pilot project for Social Security Disability Insurance (SSDI)

About 1 in 4 CAREAssist clients have no income. We don't know how many qualify for supplemental security income (SSI) or social security disability insurance (SSDI). These are federal programs. The application process can involve a lengthy waiting period, as well as payments to the person who helped with the application.

The people best positioned to get SSI and SSDI applications approved seem to be people who help with the application process full time. The Oregon Department of Human Services has experts who help apply, with a success rate of 86%.

OHA has started to develop a program with dedicated staff who can refer PLWH to get support with the SSI and SSDI application process. This pilot project will start with Oregon Housing Opportunities in Partnership (OHOP) clients and staff. OHA will track the

application success rate, identify successful practices, and expand the program to more clients over time.

This project is important because PLWH may be entitled to financial support benefits they are not receiving. OHA hopes to share more information about this project with the OSPG in 2025.

Discussion

- This is an important program. It's surprising to learn how many people do not access benefits for which they are eligible. This is true for SNAP, too.
- There are lots of hoops and hassles to get on these Social Security programs. It is very daunting.
- The system is very complicated and not always accessible.
- Please remember that people with disabilities qualify for vocational rehabilitation! There are funds for training, self-employment, etc! Metro has long waitlist, but other offices across the state have much shorter wait times.
- Right now, OHA is not assisting with SSI and SSDI, but the Department of Homeless Services is.
- Q: People might need Social Security recertifications too. Will OHA help with recertifications too?
    - A: OHA will explore this and report back.
- Is there a difference in the amounts that organizations can charge for assisting?
    - Many organization take a percentage from back pay.
    - The federal cap is $7,200.
- SSI/SSDI Outreach, Access, and Recovery (SOAR) is a model designed to increase access to disability income benefits for individuals who are experiencing or at risk of homelessness. All EOCIL Housing Navigators are SOAR certified. Central City Concern has SOAR certified staff too.
- The Assertive SSI Service Team (ASSIST) is a non-profit that assists people with SSI applications. At this time, ASSIST is only enrolling cases for people with zero income who live in the urban areas of Clackamas County. ASSIST does not have the capacity to enroll referrals in Multnomah and Washington counties.

End HIV/STI Oregon End-of-Year Jeopardy Game

Testing/Diagnosis

- Q: Who, according to the U.S. Preventive Services Task Force, should be screened for HIV at least once in their lifetime?
    - A: Everyone! Specifically, people aged 15-65, as well as pregnant people, should be screened. Younger adolescents and older adults at increased risk should also be screened, and more frequent screening is recommended for certain groups.

- Q: In 2023, did the proportion of Oregonians who reported lifetime HIV screening increase or decrease compared to previous years?
    - A: Increase. According to the 2023 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 42% of Oregonians reported ever being screened for HIV, up from 38% in 2022. However, this remains well below our goal of 70% for lifetime HIV screening.
- Q: Which five infections are screened through TakeMeHome, Oregon's home-based self-collection and testing program?
    - A: Chlamydia, gonorrhea, syphilis, hepatitis C, and HIV.
- Q: In early 2004, the Department of Corrections updated their screening policies to better align with CDC's recommendations. This type of screening is called _____, where those in custody are informed that screening will be performed as part of routine medical care, unless they decline.
    - A: Opt-out testing or universal screening for HIV, STIs, TB, and other conditions.

Prevention

- Q: This STI, which can be prevented through screening and treatment, is transmitted vertically.
    - A: Congenital syphilis. Oregon saw an increase of over 1,700% in congenital syphilis cases—from 0 cases in 2013 to 30 in 2023. Preliminary data for 2024 suggest this year may have the highest rate of congenital syphilis in Oregon's recent history.
- Q: As of 2023, what proportion of Oregonians who could benefit from PrEP were actually prescribed PrEP: 13%, 27%, 34%, or 42%?
    - A: Although PrEP prescriptions among Oregonians have steadily increased, only 34% of those who could benefit were prescribed PrEP in 2023.
- Q: As of early 2024, how many counties had at least one syringe exchange program: 19, 22, 27, or 32?
    - A: Syringe exchange programs in Oregon have seen significant growth, expanding from nine counties in 2017 to 32 in 2024. Our End HIV Oregon goal is for every county to have at least one syringe exchange program.
- Q: What percentage of people diagnosed with HIV in 2023 were also diagnosed with an STI (syphilis, gonorrhea, or chlamydia) within two years prior to their HIV diagnosis: 10%, 13%, 18%, or 25%?
    - A: 13%. Oregonians could benefit from more comprehensive and integrated HIV/STI services.

Treatment

- Q: This term refers to the initiation of antiretrovirals as soon as possible after an HIV diagnosis.
    - A: Rapid Start improves linkage to care, reduces time to viral suppression, and decreases HIV transmission.

- Q: What percentage of clients enrolled in CAREAssist were virally suppressed at the end of 2023: 78%, 88%, 93%, or 96%
    - A: 96% of people enrolled in CAREAssist and Ryan White case management are virally suppressed. CAREAssist has the second highest rate of viral suppression among ADAP programs across the nation; 97% of ADAP clients in New Hampshire are virally suppressed (Source: NASTAD).
- Q: What percentage of people newly diagnosed with HIV in 2023 were virally suppressed within three months of their diagnosis: 33%, 44%, 54%, or 64%
    - A: 54% in 2023, an increase from 47% in 2022.
- Q: The AIDS Education & Training Center (AETC) maintains a list that currently includes 95 providers offering HIV care in Oregon and SW Washington. How many of these providers offer rapid starts (as of 10/2024): 2, 8, 16, or 20?
    - A: 8. In addition to the "offers rapid starts" tag on the listings, AETC also includes a tag when providers offer care in languages other than English (8 provide care in Spanish). See https://www.oraetc.org/hiv-providers

Ending Inequities

- Q: Racism, transphobia, and discrimination—not race, gender, or sexual orientation—drive inequities in HIV and STIs. Not all communities have equal access to opportunities for health. Which racial and ethnic groups had higher rates of HIV compared to the Oregon average (5 per 100,000) from 2019 - 2023?
    - A: Black/African American (23.5 per 100,000), Native Hawaiian/Pacific Islander (10 per 100,000), Hispanic/Latine (8.5 per 100,000), and American Indian/Alaska Native (7.8 per 100,000) populations.
- Q: Which racial and ethnic communities report HIV screening rates of 50% or higher?
    - A: Black/African American (64.3%), Hispanic/Latine (59.2%), American Indian/Alaska Native (56.1%), and Native Hawaiian/Pacific Islander (55.3%), populations. These higher proportions reflect community assets despite systemic challenges. Note: Our goal is 70%.
- Q: Although urban areas continue to have the highest HIV rates, which areas in Oregon have seen exponential increases in HIV cases since 2019?
    - A: Frontier regions
- Q: In 2024, a notable increase in HIV/STI cases in this region of the state prompted a multi-agency, multi-jurisdiction response.
    - A: SW Oregon. HIV Alliance, in partnership with OHA and local public health authorities in Coos, Douglas, Jackson, Josephine, and Klamath counties, is leading an awareness campaign that includes billboards, social media and digital advertising and promotion of testing.

Discussion

- It's amazing that 32 of Oregon's 36 counties now have syringe exchange programs!
- You can set up a free account to create and play Jeopardy on Factile.

What's Happening at Prism Health?

Prism Health is CAP's health center. Prism has two locations (SE Portland and N Portland) and is open Monday - Friday from 8:00 a.m. - 5:00 p.m. for primary care and behavioral health, as well as Saturday for testing through the Pivot program. About 2,800 patients (ages 15+) receive primary care, behavioral health care, and other services at these clinics. Many patients are LGBTQ+ and gender diverse. Common services include gender affirming care, HIV care, and PrEP. In addition, CAP's highest traffic testing sites are co-located within the Prism clinics. The clinic's goal is to offer low barrier access to care. Prism Health accepts CAREOregon and private insurance. Recently, the clinic has been contacted by a substantial number of people seeking services who live outside of Oregon.

Prism Health has a grant-funded position focused on health equity and community engagement. This position has been partnering with other local organizations and educating the community about Prism's services. Prism also has a grant to offer services in response to sexual assault.

Prism clinics are a "mirror" or "look-alike Federally Qualified Health Center" (FQHC)—meaning they meet the requirements for FQHC, but do not receive funding. Prism is applying to be an FQHC.

Discussion

- Q: And are you accepting new patients for behavioral health services?
    - A: Yes, but there is limited capacity at this time.
- Q: Has CAP filled the Public Policy Position?
    - A: Yes, this position is onboarding now.
- Q: Are there known wait times for services to share with potential clients?
    - A: Patients can get a new patient appointment within 1-2 months. For people newly diagnosed, we can get them in sooner.
- Q: What does the behavioral health team look like?
    - A: We have 12 behavioral health therapists who are trained in trauma therapy, as well as supervisors. We also have 2 psychiatric mental health practitioners on site.
- Q: If someone knows they would like to be on PrEP and are at high risk, can they come to your clinic for only PrEP services ?
    - A: Yes, there is an internal work flow for patients only interested in PrEP.
- Q: Do you offer doxy PEP?
    - A: Yes, many patients are using doxy PEP.
- Q: Do you have pharmacists prescribing PrEP?

    - A: No. Our pharmacists have faced some barriers and are looking into this. Prism is open to same-day referrals and will work hard to see someone newly diagnosed within 24 hours.
- Q: Does Prism have a partnered pharmacy?
    - A: Yes, the pharmacy is in-house at the SE Prism location and forthcoming at the N Portland location.
- Q: I'd love to hear more about your tele-PrEP partnership. Can anyone in Oregon use it?
    - A: We partner with Q Care Pharmacy and MISTR. They send full STI testing kits to people's homes, which is helpful for folks with transportation barriers.
- Q: Does Prism take Medicare clients?
    - A: Yes.
- Q: Does Prism prescribe Injectable Catogravir for PrEP?
    - A: Injectable Catogravir has not been requested frequently.

Oregon Priorities for Ending the Epidemics

Our End HIV/STI Oregon Five-Year Strategy and Oregon's Hepatitis Elimination Plan guide statewide efforts to end the HIV/STI/VH syndemic. A syndemic is social and health problems that interact with each other and are driven by the same upstream factors (synergy + epidemic).

Our current End HIV/STI Oregon plan can be found at www.endhivoregon.org and www.oregon.gov in English and Spanish. An annual report is released each year for World AIDS Day.

The development of these plans is guided by the federal government (DHHS Office of HIV/AIDS Policy) and the White House Office of national HIV/AIDS Policy and by local partners (e.g., OSPG members). Each state/funded jurisdiction must develop and submit a plan that aligns with the federal plan every five years (the plans are "quinquennial'). OHA's HIV/STI and Viral Hepatitis programs coordinate efforts, but develop separate plans.

The Biden-Harris Administration is currently developing the 2026-2030 national strategic plans for HIV, STI, VH, and vaccines. These plans provide a framework and roadmap for our collective efforts. Federal agencies are requesting public comment to guide development of these plans. OHA will collate and submit input from the OSPG. OSPG input will also help inform planning efforts in Oregon.

Interim national progress reports show large-scale progress and identify gaps. The latest report (December 2023) highlights the following data:

- In 2022, 36% of the 1.2 million people who could benefit from PrEP were prescribed it – up from 23% in 2019 – but racial, ethnic, and gender inequities persist.
- Nearly 90% of Ryan White clients receiving medical care in 2022 were virally suppressed – a huge gain compared to 69.5% in 2010.

The four goals of End HIV/STI Oregon are:

- Diagnosis/Testing
- Prevention
- Treatment
- Responding to End Inequities

Four breakout groups discussed the following two questions. Responses are shown on the subsequent pages.

- How can integrated and syndemic approaches be further advanced?
- How does your organization use the strategic plans (the End HIV/STI Oregon and/or Oregon Viral Hepatitis Elimination Plan)?

Group 1

What do you want the federal government to focus on as they develop the new syndemic plans to eliminate HIV, STI, and viral hepatitis?
(Consider testing, prevention, treatment, responding to inequities, or general feedback)

Integrated and routine testing in healthcare settings

Person-first (rather than disease-focused) prevention messaging and programming

Protection of 340B programs and entities. Regulations that ensure transparency of funds serve PLWH

Gereratric care for Long Term Survivirs. Something better than Nursing homes too

Ensuring high quality care and services for PLWH

Housing. Gender-affirming care. SUD and MH services. Basic support services

Promote integrated testing in diverse settings

Housing inequities, addressing provider shortages and increasing pcp capacity to prescribe HIV treatment

Under Ore another 2-3 years for full implemetation

Equitable access to services

How does your organization use the End HIV/STI Oregon Strategic Plan?

Part A receives significant supplemental funding from Part B program income.

Care Assist make sure that the high FPL limits reaches most HIV clients in Oregon. a decent

Useful context about who is (and is not) currently benefitting from existing prevention work - this can help guide culturally / regionally specific outreach and services

To inform strategies for services we provide such as case management, support services, housing, and drug assistance

Guide strategy for increasing equitable access to prevention and treatment services

We use it to guide our quality improvement projects and as a resource when thinking of new interventions to improve client care

Group 2

What do you want the federal government to focus on as they develop the new syndemic plans to eliminate HIV, STI, and viral hepatitis?
(Consider testing, prevention, treatment, responding to inequities, or general feedback)

Silo
Need to break the current soloing of funds and information.

Modernizing - Gender “boxes” Racial “boxes"

CBO involvement

Collectively use same terms and collectively be invested in syndemic approach.

More Money!!! Make it rain!

Modernizing Medical records. Centralized federal record

Group 3

What do you want the federal government to focus on as they develop the new syndemic plans to eliminate HIV, STI, and viral hepatitis?
(Consider testing, prevention, treatment, responding to inequities, or general feedback)

flexibility in how funds are used!

Integrated HIV/ STI testing

and Opt Out Testing

acknowledge white supremacy in system and develop anti racist approaches

Rapid linkage to care for those newly dx

increase funding for all services

increased language services

coordinating across CDC/ HRSA!

costs of HIV medications and assistance
wrap-around services, mental health, SA, legal (immigration), benefit assistance, insurance assistance

whole person approach/ quality of life focus, which includes family members

align the funding streams and allow more braiding/ integration

making new injectables affordable!

How does your organization use the End HIV/STI Oregon Strategic Plan?

I use the plan to ensure our statewide funding and services are aligned

We look at how any/all current and new initiatives/ projects align with the plan.

We use the data for funding applications and when educating non HIV community organizations

Group 4

What do you want the federal government to focus on as they develop the new syndemic plans to eliminate HIV, STI, and viral hepatitis?
(Consider testing, prevention, treatment, responding to inequities, or general feedback)

Support initiatives that integrate PrEP prescribing and education into services for people who use substances (e.g. HCV Tx, substance use tx, etc.)

Desilo funding streams to support status neutral approaches HIV and integrated approach to the syndemic

Build person centered appr oaches...fund the people not the disease state

Braided funding at the federal level

How can HIV be included in other strategic plans, e.g. SUD strategic plan in the public health director's office?

The leaders of behavioral health and public health work together to work across federal dollars

carceral projects...

Support substance use treatment, and STI/HIV prevention and treatment in corrections

Budgetary discretion to assign $ between HIV & STI

Costs of HIV medica tions and assistance

Integrating the whole person approach , which includes negative family members

more support services for wrap around services including the whole person approach we we talk about quality

More options for supportive housing for individuals living with HIV, substance use, incarceration

wrap around services- housing, mental health, substance use, legal (immigration), benefit assistance, insurance assistance(single payor)

How does your organization use the End HIV/STI Oregon Strategic Plan?

Sit in multiple spaces: HCV, HIV, Carceral, SUD

Align on target populations

Adopt health literacy guidelines / build on examples in the plan

Check in to make sure our strategies align, especially with target populations. We use it as a reference document to i when collaborating with partners.

I use the strategic plan to direct our statewide funding/ services