



Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection
Integrated Planning Group (IPG)



Date: **March 15, 2016**

Number of voting members present: 25

Number of others/non-voting members present: 10

Agenda Item/Topic	Key Themes in Discussion
Announcements	<ul style="list-style-type: none">• The Meaningful Care Conference is scheduled for Friday, March 25th. Continuing Education Units (CEUs) and Continuing Medical Education (CMEs) can be earned by attending this conference.• The CAREAssist Advisory Group is looking for more members (clients, consumers). This group is the main planning body for the CAREAssist program. They assist with policy, program direction, topics around the formulary as well as added HIV medications. The group meets four times per year.• The Viral Hepatitis Action Plan process will be starting soon. This is based on recommendations that were provided by a stakeholder group that was formed during the creation of the Viral Hepatitis Epidemiological Profile. The next step will be to develop an action plan with a broad group of participants. The purpose of this plan is to develop strategies for meeting goals. All of the work will be done via webinars and conference calls to ensure that as those who cannot attend meetings can participate.• Community-based Organizations (CBO's) are being surveyed on the types of viral hepatitis work they are doing.• During the Meaningful Care Conference on March 25th, the HIV / STD portion will be simulcast live for those who are not able to attend in person.• A conference will be held focusing on National HIV Women and Girls Day. This will be held on Saturday, April 2 from 1:00 – 5:00pm. Testing will be available.

	<ul style="list-style-type: none"> • Welcome to those attending the meeting today who are part of the Ryan White Part A Planning Council. The previous Care and Prevention Plan developed by the IPG focused on prevention for the whole state of Oregon and on care in the balance of state counties. The same goals were used by the Planning Council to develop care objectives specifically for the Transitional Grant Area (TGA) which includes the Ryan White Part A grant area. The TGA includes Multnomah, Clackamas, Washington, Columbia, and Yamhill counties in Oregon plus Clark County in Washington State.
<p>Oregon's Five Year Integrated HIV Prevention & Care Plan & Planning Process</p>	<ul style="list-style-type: none"> • Most of the content that will be a part of the Plan has been discussed during IPG meetings last year. • A five-year integrated care / prevention plan is a requirement for both the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). These federal agencies fund both care and prevention services in Oregon. • In the past, for prevention, separate documents were required which included a jurisdictional HIV prevention plan and a Letter of Concurrence from the HIV Planning Group (HPG) known as the Oregon Statewide HIV Planning Group (SPG). For HIV Care, a statewide planning advisory group was formed to help develop the Statewide Coordinated Statement of Need (SCSN). Comprehensive plans were also required for Ryan White Parts A and B. • This year, since one plan will be submitted, it is very helpful for the Ryan White Part A Council to work with the IPG in this process. • The process includes the development of a comprehensive plan. This will include HIV prevention needs, resources, as well as gaps and identification strategies to address them. • The documents developed for submission are based on templates that will be used. The SCSN will be put together using current data. The Integrated Prevention and Care Plan will be developed with the help of the IPG as well as a monitoring and improvement plan that addresses how activities in the Integrated Plan will be carried out. • The Integrated Plan includes goals, objectives, strategies, activities, and resources. The National HIV/AIDS Strategy (NHAS), developed in 2010, is the organizing framework. • Content will include descriptions of collaborations with stakeholders and partnerships, and how stakeholder involvement occurs. • In 2016, the IPG will be developing strategies for the plan and any community engagement pieces. • The same goals must be used that are part of the National HIV/AIDS Strategy.

	<ul style="list-style-type: none"> • Each goal has two smart objectives. This means strategic, measureable, achievable, realistic, and with a timeframe. Each objective can have up to three strategies to achieve. • The IPG Executive Committee has decided to focus on one goal per meeting. • Drafts of the plan will be sent out once a month through a listserv. • The three goals to be addressed are reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, and reducing HIV-related disparities and health inequities.
<p>National HIV Behavioral Surveillance System Project (NHBS) – Oregon’s Newest Resource</p>	<ul style="list-style-type: none"> • The name of this project for Oregon is called “Chime In”. • This project involves a partnership with Portland State University. • The concentrated area for this project consists of seven counties, referred to as the Metropolitan Service Area (MSA). • The purpose of the project is to better understand the HIV epidemic in our region. This allows for better planning and implementation of services where they are most needed. • Activities include anonymous surveys and testing of those populations at highest risk. • In each of the five years of the project, 500 persons must be surveyed who are from a targeted population. Each year, the targeted populations will change. • For this year, the targeted populations include heterosexuals at increased risk for HIV. Next year, men who have sex with men. In 2018, the target population will be persons who inject drugs. In 2019, heterosexuals at increased risk for HIV will be the focus again. By focusing on these groups a second time, it will allow the examination of data to determine if trends exists. • To determine who are heterosexuals at increased risk for HIV, social determinants of health needed to be considered and not risk behaviors. In order to be eligible for the project, a person must have had sex within the past year. To be eligible to recruit other people, persons must have an income below the federal poverty level and have not completed any education beyond high school. • The goal for next year is to have a van equipped with three small interview rooms It will be located at different venues where MSM are known to be. • Participants are eligible to receive \$50.00 – \$100.00 for participating.

	<ul style="list-style-type: none"> • From January through June of each year, time will be spent learning as much information as possible about the target population of focus for that period. From June through November, testing and surveys will be conducted.
<p>Reducing New HIV Infections (Goal 1): What Do We Know & What Are We Doing?</p>	<ul style="list-style-type: none"> • The Oregon HIV Prevention program is in its fifth year of the project period since the National HIV/AIDS Strategy (NHAS) was implemented. • The primary aspects of NHAS implementation were to figure out where needs exist. A lot of the needs are in the southeast part of the country that have been underfunded. A lot of grant money has gone towards projects in that area. • Although Oregon is a low incidence state, prevention needs still exist. Even with these needs, the budget for HIV prevention in Oregon has been cut in half over the last five years. • It is important to come up with ideas that are achievable. • CDC has estimated there are 8,400 adults in Oregon older than 13 years of age who are living with diagnosed or undiagnosed HIV. Of those, 1,100 are unaware of their diagnosis and do not know they have HIV. • In 2014, there were 214 new diagnoses of HIV in Oregon. For 2015 thus far, there are 209 new diagnoses. The number of diagnoses in Oregon is going down. • A large part of the grant Oregon receives goes towards HIV testing for targeted populations which is a change with this grant project period. • In 2015, there were 4,914 test “events”. This represents the number of people who have had at least one test to determine their HIV diagnosis within the public health arena. Of those events, there were 40 new positives. There were 11 previously positive which is defined as a diagnosis from another state. • In 2014, there were 6,384 test events which included 46 new positives and 4 previous positives. • Last year, three recommendations were suggested around how HIV testing can be increased for those who have an undiagnosed infection. They included normalizing HIV testing at venues where people convene, collaborating with non-traditional partners, and having an increased focus on priority populations. • HIV testing occurs at 14 state correctional facilities throughout the state. The shift in culture around HIV and AIDS can be attributed to a group of inmates who went through a program called Hepatitis

HIV AIDS Awareness Program (hHAAP). 713 inmates have graduated from this peer education course in 2015.

- Testing is also available at places of worship through an organization called Collective Care Services. Community health workers are taught on how to work with communities regarding HIV testing.
- Targeted testing with syringe exchange services occurs in Lane and Benton counties. There are also exchanges in Jackson and Deschutes counties.
- Lane County and HIV Alliance have created an advisory group on testing strategies. In Marion County, testing is promoted in venues such as a bar. Multnomah County continues to do targeted testing as well.
- With new testing technology, it is now possible to conduct a test and get results in a short amount of time.
- Partner services tends to be associated with partner notification. Partner notification is when those who have HIV are able to let their partners know, or ask another such as a DIS, or nurse, to assist with that process so that partners are aware they may have been exposed.
- Partner services includes referrals to other prevention services, referrals to support services around drug treatment, housing, insurance access, mental health, and testing and treatment for HIV and STI's. For those with HIV, they can be linked to medical care and case management.
- Partner services should be available to those with HIV on an on-going basis.
- The benefits of partner services for those living with HIV is the ability to inform partners in a confidential manner, , offers peace of mind, provides opportunities for behavior change, and linkages to other medical and social services.
- For partners, there is an improved prognosis for an extended life, improved quality of life, referrals to support services, and reduces the likelihood of acquiring or transmitting the infection,
- Disease Intervention Specialists are public health professionals who provide services including partner notification. They work closely with local health departments (LHDs). They can offer assistance with partner notification and provide opportunities for training and shadowing experiences.
- There are online resources for partner notification. inSPOT is a service by which anonymous notifications can be sent encouraging recipients to go and get tested. There is also a feature that helps locate screening sites. Facebook has been used for partner services but is not used unless it is a last resort.

	<ul style="list-style-type: none"> • CDC has released their guidance around incorporating technology into partner services. • Two recommendations were made from IPG in 2015 around partner notification: The first is using multiple communication methods to find partners. The second is around outreach and engagement of partner services by non-health departments.
What We Need To Accomplish Today	<ul style="list-style-type: none"> • Ideas are needed to ensure that information about routine screening can be communicated. Consider working with Federally Qualified Health Centers (FQHC's) on how often HIV testing is offered.
Report Back & Discussion	<ul style="list-style-type: none"> • Expand on Evidence-based approaches: Ideas discussed included expanding syringe exchange, PEP and PrEP together, prevention for those who are already positive, and HIV testing. Questions also were raised about who should be at the table (IPG, community groups, policymakers). More discussion occurred around education and who needs it. People know more about PrEP than they do about PEP. A suggestion was made to brand condoms where PrEP messaging would be on the package. • Educating Oregonians: Questions included digital media and how to get messaging to kids. Consider using focus groups where young people can share ideas on social media. Consider getting public service announcements (PSA's) on Youtube. Collaborate with companies involved with technology. Consider focused messaging around the basics. Look at developing leadership skills in rural areas to develop messaging. To address stigma, normalizing the messages more which may include dropping AIDS from HIV/AIDS. Make sure social services first responders have material and information that can be provided. People with HIV can educate in schools. Messages in tattoo parlors and acupuncture centers. • Intensifying HIV Prevention Efforts: The three items of focus for high-risk populations include getting more involved with transitional and emergency housing with onsite testing available, low barrier education, and information that normalizes the disease. For maintaining prevention services for at-risk population, consider PSA's in all forms of media with an emphasis on testing. Increase capacity among pharmacists including referrals. Conduct cultural awareness trainings. When developing focus groups, make sure to include prioritized populations.