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Addendum to Oregon's Jurisdictional HIV Prevention Plan August 2013

Oregon's Jurisdictional HIV Prevention Plan serves to describe the resources, needs, and activities for preventing HIV in Oregon. The plan covers 2012 through 2016 and was last updated in mid-2012. While the plan continues to provide a meaningful description of the context and plans for HIV prevention in Oregon, some notable changes have occurred. Thus, this addendum describes significant changes in the resources, needs and activities (both planned and achieved) from mid-2012 to mid-2013.

Description of Oregon's Public Health Infrastructure

In 2013, Oregon received further reductions in federal funding at both state and local health departments. Sequestration will impact Oregon's state health department, the Oregon Health Authority (OHA), with a reduction in funding (approximately 6%). This reduction will impact work done at both the state and local level. At the local level, we have observed a decrease in the number of HIV tests being provided at sites funded by federal funds (PS12-1201). At the state level, discussions are under way regarding reorganization of state program staff; filling of two position vacancies will be delayed to help absorb budget reductions for 2013.

Epidemiology of HIV in Oregon

The trends in HIV infection described in Oregon's 2012-2016 Jurisdictional HIV Prevention Plan have continued in recent years. A current summary of HIV epidemiology in Oregon, which includes diagnoses through 2011, is available at <http://1.usa.gov/1220OD0> (see "HIV Infection in Oregon").

HIV testing

Notable changes in HIV testing activities or plans since mid-2012 include the following:

- The Oregon State Public Health Laboratory has implemented a 4th generation HIV testing algorithm. This algorithm has greater sensitivity (ability to detect infection), which is expected to enhance Oregon's efforts to identify and link PLWH to care early, as well as decrease HIV transmission. The lab has also implemented a new database, COPIA.
- Following the 2013 release of the U.S. Preventive Services Task Force recommendations for routine HIV screening of all people ages 15-65, both Kaiser Permanente and the Oregon Health and Science University have implemented or committed to implementing routine, opt-out HIV screening.
- A rapid HIV testing pilot program for partners of PLWH was implemented in the Part B service area (excludes the Portland metropolitan area). The tests are conducted by AIDS Registered Nurse Case Managers.

Comprehensive prevention with positives

Notable changes in comprehensive prevention with positives activities since mid-2012 include the following:

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- To support reengagement in HIV care, a pilot project was completed to identify and locate PLWH who have fallen out of care and offer assistance accessing medical care. This project involved collaboration between the OHA Data and Analysis, Community Services and HIV Prevention Programs and the Douglas County Health Department. The methods and findings for this project have since been shared with our community partners. The project has been or is in the process of being replicated in Linn, Jackson and Multnomah Counties.

Condom distribution

Notable changes in condom distribution activities or plans since mid-2012 include the following:

- OHA developed a 2013 condom distribution (CD) plan, which is available at <http://1.usa.gov/1BlrFK>.
- OHA increased the number of condoms purchased in 2013 (230,832) compared to 2012 (169,284).
- Due to funding cuts, OHA purchased fewer lubricant pillows, adjusting the condom-lubricant ratio from 2:1 to 4:1.

Policy and structural initiatives

Notable changes in policy or structural initiatives since mid-2012 include the following:

- In early 2013, Oregon Administrative Rules (OAR) were revised to align with Senate Bill 1507, passed in February 2012. These policy changes allow health care providers to obtain consent for HIV testing in a manner similar to that used for other common tests (i.e., HIV testing may be included in a general medical consent). These changes also allow for more timely linkage to HIV care and treatment; The OHA Public Health Division or local public health authority may disclose the identity of an individual with an HIV-positive test to a health care provider (e.g., physician, nurse, clinic manager) for the purpose of referring or facilitating treatment for HIV infection.
- OHA has taken a number of actions to ensure appropriate access to HIV testing data by state staff. These actions include ongoing communications from program staff and leadership to funded agencies emphasizing CDC and OHA data requirements, how data sharing supports meaningful analyses and program improvement, data entry processes and client protections, and the potential impact of non-compliance on future funding.
- The Multnomah County Health Department offered to conduct Internet-based Partner Services (IPS) for any county in Oregon that does not have the ability to contact partners online. This information was shared with agencies throughout Oregon in the July 2012 issue of Prevention Briefs, the HIV Prevention Program newsletter. In addition to the availability of Multnomah County's staff, OHA is developing an online Partner Services Training to expand LHD capacity and connect staff with resources for IPS.

Community mobilization

Notable changes in community mobilization activities or plans since mid-2012 include the following:

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- Of the seven LHDs receiving CDC HIV prevention grant funding in Oregon, two reported currently implementing or preparing to implement community mobilization initiatives. The Marion County Health Department's mobilization efforts have continued, Deschutes County's efforts have discontinued, and Lane County has new plans for mobilization. These efforts involve the use of volunteers to distribute condoms and marketing materials.

Social marketing

Notable changes in social marketing activities or plans since mid-2012 include the following:

- The Oregon Program Review Panel for HIV educational materials reviewed and approved new Spanish radio ads and a telenovela web series addressing HIV prevention, testing and stigma among Hispanic/Latino communities.
- With input from Oregon's HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group (IPG), OHA developed and distributed posters promoting condom use to complement Oregon's CD efforts.
- With input from the IPG, OHA developed and distributed HIV awareness clings (i.e., made of non-stick vinyl that will adhere to either mirrors or glass) to help raise awareness and decrease stigma. These clings include an HIV logo with the wording, "Talk about it. Test. Stay healthy" and an HIV hotline number. They were mailed to businesses and organizations throughout the state, such as liquor stores, community centers, health care settings, schools and universities. The clings were also made available to IPG members and other community partners interested in approaching local venues about displaying them.
- Due to analysis of hotline usage data and prioritization of other prevention services, OHA stopped contributing funds to the Oregon HIV/STD Hotline in April 2013; However, Cascade AIDS Project (CAP) has maintained the hotline with other funding sources. Regardless of these changes in funding, CAP, OHA and other Oregon agencies have continued to use online and print communication to promote the Oregon HIV/STD Hotline. Other information sources promoted in materials include the National HIV/STD Hotline and 211info.

Evidence-based interventions for HIV-negative populations

There have not been any notable changes in plans for implementation of evidence-based behavioral interventions for HIV-negative populations since the jurisdictional plan was written.

Pre- and post-exposure prophylaxis (PrEP and nPEP)

Notable changes in PrEP or nPEP activities or plans since mid-2012 include the following:

- OHA developed and distributed a CDSummary about HIV PrEP and nPEP to health care providers throughout Oregon (available at <http://1.usa.gov/13U5hNt>).
- A workgroup with representatives from AIDS service, public health, and health care agencies in the Portland metropolitan area are in the process of developing a plan to connect clients with nPEP.

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Technology-based activities (Category C demonstration project)

In 2012, OHA was awarded Category C funding for a technology-based demonstration project. Since mid-2012, contracts for these efforts have been developed and executed and programs have been launched.

- In the last quarter of 2012, HIV Alliance, the Multnomah County Health Department (MCHD) and Cascade AIDS Project (CAP) implemented Social Networks Strategy HIV testing programs that utilize technology for recruitment and training.
- CAP and HIV Alliance have developed web badges promoting HIV prevention, which other agencies and businesses may embed on their websites. The creation and promotion of these badges are intended to support structural changes in online settings and mobilize businesses and organizations to support HIV prevention.
- Oregon Reminders (www.OregonReminders.org) was launched in January 2013 in collaboration with YTH (youth+tech+health), formerly known as ISIS. Oregon Reminders is a free service offering HIV/STD testing reminders every 3-6 months, daily medication reminders, monthly prescription refill reminders, and weekly health tips; users may choose to receive text, email or audio messages. The service is supported by a comprehensive marketing campaign, which includes online ads, posters, cards, and radio ads. Client enrollment is also encouraged by local agencies, such as CAP, MCHD and HIV Alliance.