



# Annual Progress Report

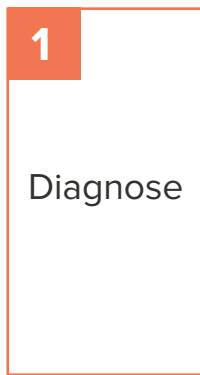
December 2022

## A New Strategic Plan for Eliminating HIV/STI in Oregon

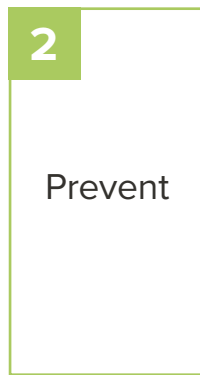
This year's End HIV Oregon progress report shares news about a new statewide strategic plan for ending HIV and sexually transmitted infections (STI) in Oregon. The new plan is grounded in data and information from community planning, ongoing needs assessment, and community surveys and listening sessions. For additional information, please visit [EndHIVOregon.org](https://EndHIVOregon.org)



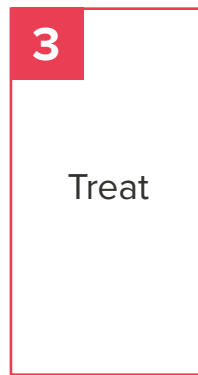
# End HIV Oregon's four key pillars are:



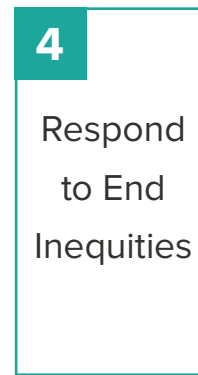
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In Oregon, we are focused on ending new HIV/STI transmissions by using a **syndemic lens**, and by leading with race/ethnicity. We cannot end HIV/STI transmission without ending inequities.

**A syndemic is a set of linked health problems involving two or more conditions. These conditions interact to create an excess burden of disease in a population. Conditions contributing to a syndemic may be biological, social, and/or structural.**

Oregon's priority populations, listed below, are more expansive and inclusive than the populations prioritized in the National HIV/AIDS Strategy. Many people have intersectional identities; these are not mutually exclusive groups.

- American Indian/Alaska Natives
- Black/African American people
- Gay, bisexual, and other men who have sex with men (MSM)
- Latino/a/x people
- Native Hawaiian/Pacific Islanders
- People experiencing homelessness/unstable housing
- People who inject drugs (PWID)
- People who live in rural or frontier areas
- People who use methamphetamine
- People with sexually transmitted infections, particularly syphilis and rectal gonorrhea
- Transgender, nonbinary, and gender diverse people, with a focus on transgender women
- Youth





Community is a theme woven throughout Oregon's new strategic plan: community partnerships, shifting resources to community, and supporting community-led needs assessment, education, outreach, and capacity to respond to HIV/STI.

**We can end new HIV transmission in Oregon. The time is now.**





# 1

## Diagnose

*Testing is easy, but too few Oregonians know their HIV status*

Our goal is for everyone with HIV and STI – especially syphilis, gonorrhea, and chlamydia – to be diagnosed as early as possible. Too many people in Oregon still receive an HIV diagnosis years after infection. Sometimes people learn they have HIV because they get sick with an illness that might have been prevented with early HIV testing and treatment. People who know their HIV status can enjoy better health and longer life – and protect their partners from transmission.



### In Oregon, we aim to:

- Increase awareness of HIV and STI, especially among communities facing inequities
- Increase HIV and STI testing, and
- Expedite linkage to health care and services for people who test positive

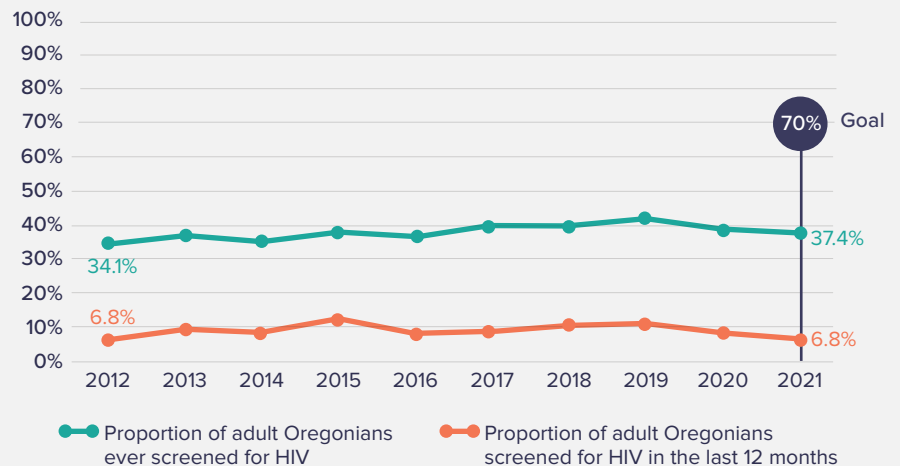
### Oregon's strengths related to HIV/STI awareness and testing include:

- A combination of free, confidential, and at-home, self-testing options that have been expanded to increase access to HIV testing for all people living in Oregon
- Outreach services by and for communities facing inequities
- Wide recognition and adoption of the End HIV Oregon brand to help fight stigma
- HIV Early Intervention Services & Outreach Programs that provide quick linkage to HIV/STI testing, treatment, and prevention services in communities most impacted by HIV and STI

### A need to increase testing

Still, the proportion of people living in Oregon who report ever testing for HIV has remained stable for the past decade, and has not increased since 2016 (our baseline for End HIV Oregon, which launched on December 1, 2016). In 2021, only 37.4% of adult Oregonians report ever being screened for HIV – far below our goal of 70%. About 7% of Oregonians were screened for HIV in 2021.

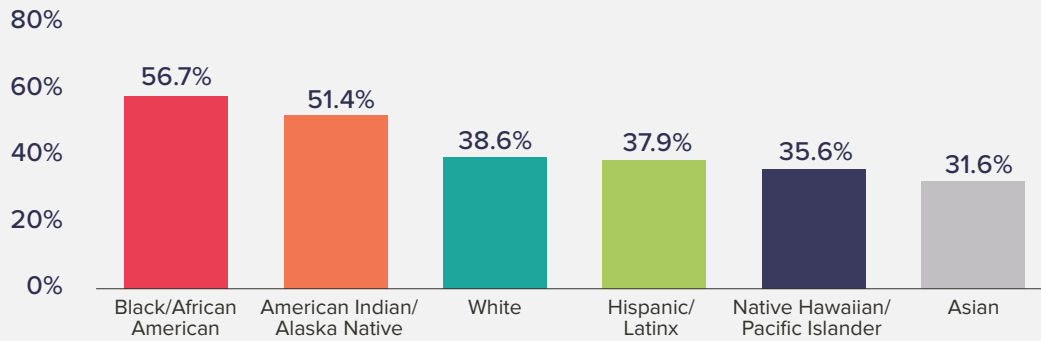
Oregonians screened for HIV 2012–2021



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)



### Proportion of adult Oregonians ever screened for HIV by race/ethnicity, 2017–2021



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

No racial/ethnic group is close to achieving the goal. Black/African American people living in Oregon are the most likely to have been tested for HIV, while Asians are least likely. Data by age reveal an additional area of concern: among Oregonians ages 18-24 years, only 28% say they've ever been tested.

Source: BRFSS: 2017–2021

### Negative impacts of COVID-19

The COVID-19 pandemic had a negative impact on HIV testing. Public and private testing decreased during 2020-2021.

### How we plan to increase testing and eliminate inequities

Community-identified priorities to increase the number of people living in Oregon who test for HIV/STI in the next 5 years include:

- Community-led education and outreach campaigns (see [page 10](#) for an example of a successful campaign launched in Eastern Oregon in 2022)
- Test more people for HIV/STI as part of routine medical care
- Support HIV/STI testing in community settings statewide

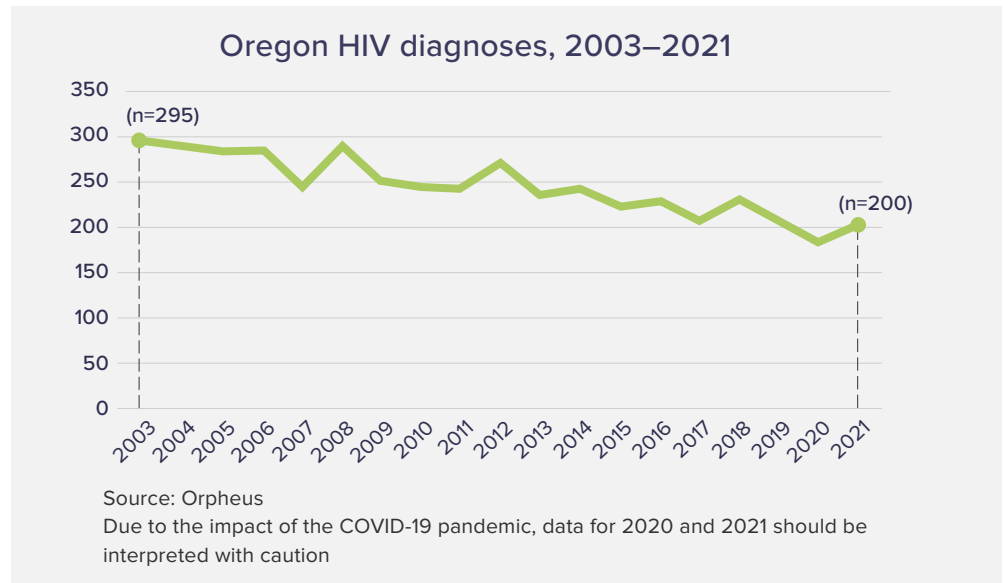


# 2

## Prevent

*Prevention works*

Prevention works. Oregon is considered a low incidence state for HIV, with an annual average of 203 new HIV diagnoses between 2017–2021. But high rates of gonorrhea, syphilis, and viral hepatitis show there is work to do to maintain our progress towards ending new HIV infections in Oregon.



### Through a combination of behavioral and biological interventions, we aim to:

- Decrease new cases of HIV, syphilis, and gonorrhea
- Eliminate cases of congenital syphilis, and
- Eliminate racial and ethnic inequities in new diagnosis

### Oregon's strengths related to HIV/STI prevention include:

- Increased resources for HIV/STI partner services – new funding in 2022 doubled the number of disease intervention specialists (DIS) statewide
- Public policy that supports increased access to PrEP and PEP, the medicine that prevents HIV, through health insurance coverage and expanded access through pharmacies
- Distribution of condoms, lube, and safer sex supplies through agencies statewide and the One at Home condom delivery program
- An expanded network of syringe exchange programs
- Distribution of kits for rapid HIV testing and self-collection of samples for HIV and STI testing
- Harm reduction programming that addresses the continuum of drug-related harms, including HIV, viral hepatitis, and STI





## Success reaching more Oregonians with prevention tools

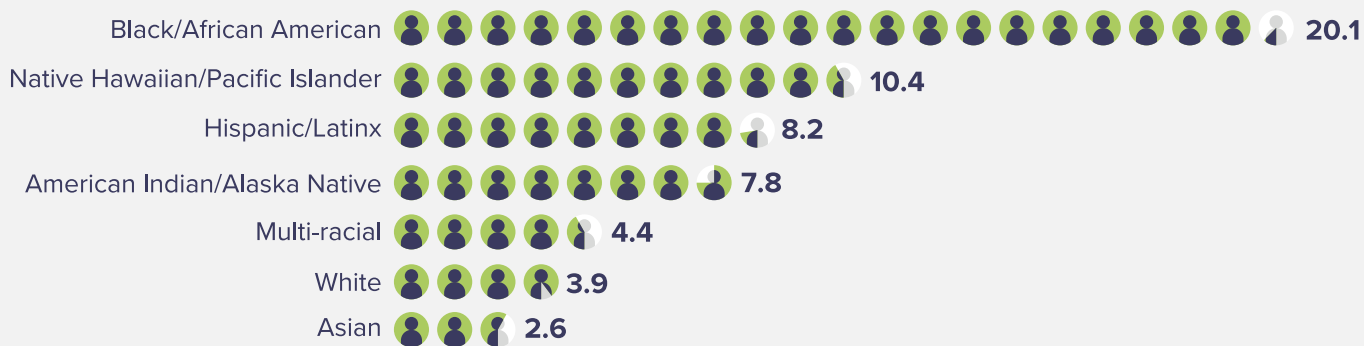
Since End HIV Oregon launched in 2016, many more Oregonians have access to the tools they need to prevent HIV and STI infection.

- Syringe exchange programs reduce drug-related harms, including the spread of HIV and viral hepatitis. In 2022, 22 Oregon counties hosted 45 syringe exchange programs – an increase from 8 counties which had them in 2016.
- The number of Oregonians taking PrEP, a daily pill or periodic injection to prevent HIV, has more than tripled. In 2021, 4,531 Oregonians were taking PrEP – up from 1,332 in 2016.
- The One at Home Program, Oregon’s condom home-delivery service, has delivered nearly 200,000 condoms to people in 35 of 36 Oregon counties. Half of all orders are among people under age 30.

## Racial & ethnic inequities in new infections persist

People living in Oregon who are Black/African American, American Indian/Alaska Natives, Native Hawaiian/Pacific Islander, and Hispanic or Latino/a/x have higher than the state HIV diagnosis rate (4.7 per 100,000 Oregonians), while Oregonians who are White, Multiracial, or Asian have lower than average rates.

Rates of new HIV infections in Oregon, by race/ethnicity, 2017–2021



No efforts to eliminate new HIV diagnoses will be successful without redressing these striking racial and ethnic inequities. End HIV Oregon supports community-designed and -led efforts. Community-based organizations statewide have increased their capacity to build resilience and deliver prevention education and interventions in local communities to protect the people most vulnerable to HIV/STI infection. (Learn more on [page 9](#))

## How we plan to prevent more HIV/STI infections and eliminate inequities

Community-identified priorities to prevent the spread of HIV/STI in the next 5 years include:

- Increase access to PrEP and PEP among those who need it most
- Support and promote disease intervention and partner services for people with HIV/STI
- Provide education and training for health care staff on topics like stigma, unconscious bias, sexual health, drug user health, and sexual orientation and gender identity



# 3

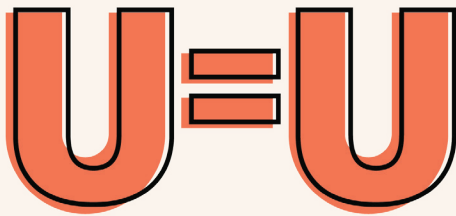
## Treat

*HIV treatment saves lives*

People living with HIV (PLWH) who take daily HIV medicines and maintain an undetectable viral load live longer, healthier lives, and have no risk of sexually transmitting the virus to an HIV-negative partner.

Early diagnosis and linkage to HIV medical care – along with services to address structural barriers to treatment – help people achieve viral suppression and maintain it across their lifespan. Services tailored for specific communities are an important part of helping all people living in Oregon with HIV access medical care and achieve positive health outcomes.

HIV treatment is HIV prevention. HIV treatment saves lives.



**We've come a long way to say:  
Undetectable = Untransmittable**



Wide promotion of the Undetectable = Untransmittable (U=U) message is an important element of ending new HIV transmissions in Oregon. U=U reduces stigma for PLWH and supports treatment as prevention

### In Oregon, we aim to:

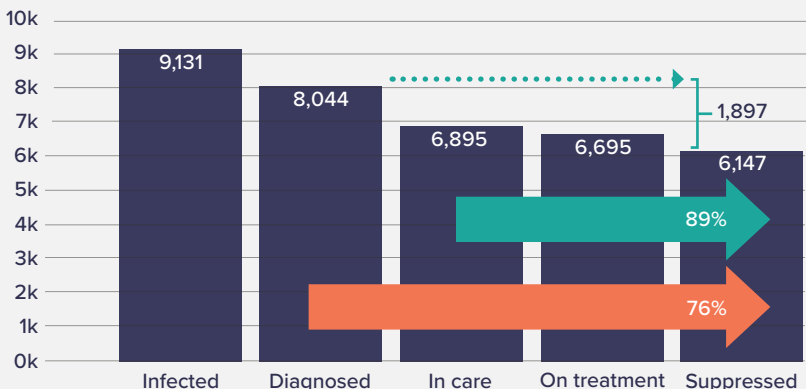
- Increase the proportion of people living with HIV who are virally suppressed
- Eliminate racial and ethnic inequities in viral suppression rates
- Eliminate HIV-related stigma

### Oregon's strengths related to HIV/STI treatment include:

- Expanded access to medical care for all Oregonians with HIV through the Oregon Health Plan, Healthier Oregon, and CAREAssist Programs
- A statewide network of medical providers, supported by the AIDS Education & Training Center and Multnomah County's HIV Health Services Center (the Part C Clinic)
- HIV case management, available throughout the state and via telehealth
- Developing social and structural supports that help people with HIV succeed in medical care, like providing housing, food, and transportation

### Oregon HIV care continuum, 2021

HIV viral load suppression at the last collection date in 2021 (%)

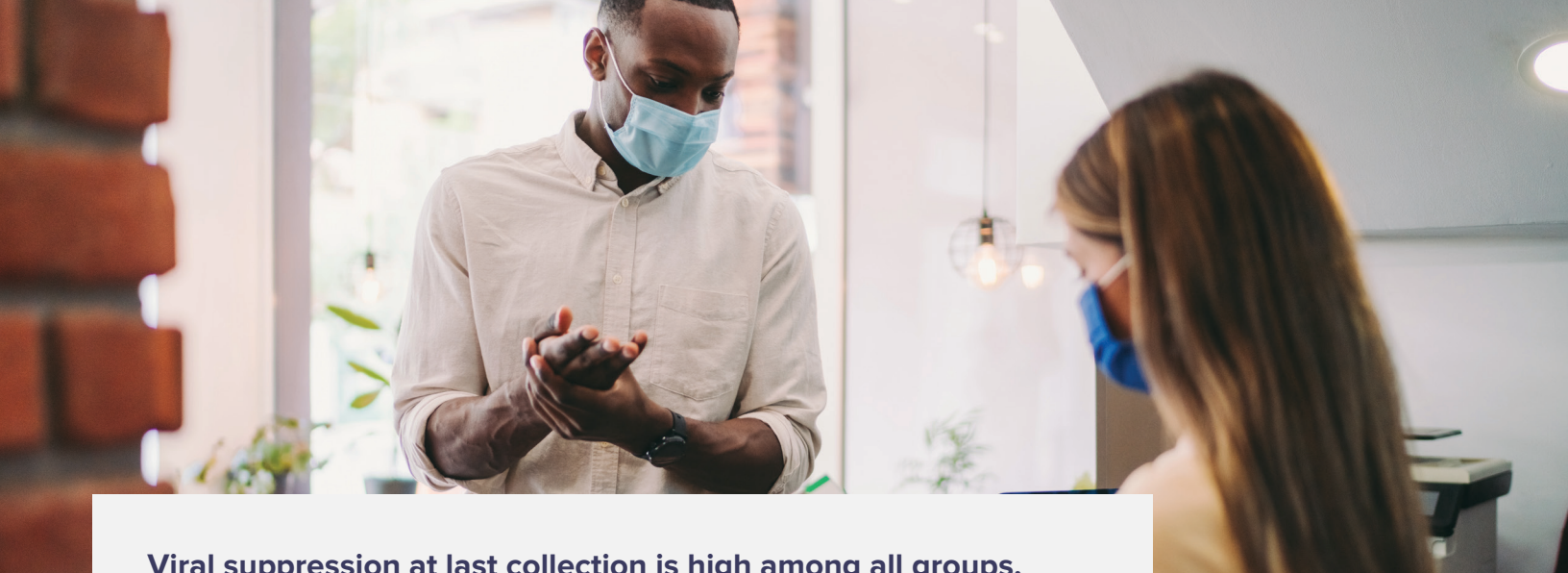


Source: Orpheus and eHARS

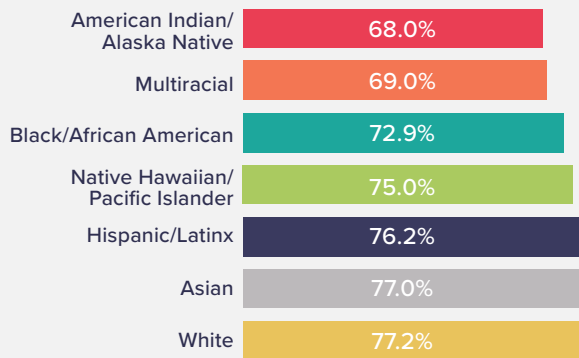
### High viral suppression rates in Oregon, achieved soon after diagnosis

Seventy six percent of people with diagnosed HIV in Oregon are virally suppressed; for PLWH in medical care, the proportion jumps to 89%. These rates far exceed those of the U.S., in large part due to Oregon's comprehensive care and treatment system.





**Viral suppression at last collection is high among all groups, but no group met the 2022 goal of 90%**



Source: Orpheus and eHARS, 2021

Getting people who are newly diagnosed into medical care quickly means people can reach viral suppression as soon as possible. Since 2016, rates of viral suppression within 90 days of diagnosis have increased from a baseline of 42.7% (in 2016) to a high of 58.9% in 2020. Rates fell to 49.5% in 2021, likely an effect of the COVID-19 pandemic, which created backlogs in health systems nationwide and lengthened waits for medical care for most people living in Oregon.

**A focus on equity: access to health care for all**

Although viral suppression rates are good in Oregon, we have work to do to ensure all people living with HIV have access to high-quality care, free of stigma and discrimination. Ensuring that everyone is virally suppressed means focusing on the needs of the 24% who currently are not. Specifically, rates of viral suppression are lower among young people (under age 40), people who identify as Black/African American, Multiracial, or American Indian/Alaska Native, people who inject drugs, people living in rural and frontier regions, and people with unstable housing prior to their diagnosis.

Progress towards eliminating treatment inequities can be seen in viral load suppression data by race/ethnicity. Rates of viral suppression within 90 days of diagnosis have been trending upward since 2016 for PLWH who are white, Latino/a/x, and Black/African American.

**How we plan to increase viral suppression and eliminate inequities**

Community-identified priorities to expand HIV treatment in the next 5 years include:

- Expand access to rapid-start or immediate-start programs for HIV treatment
- Increase access to health care and case management through increased telehealth options and transportation support
- Promote U=U to reduce HIV stigma

# 4

## Respond to End Inequities

*All Oregonians must benefit from available resources*

Testing is easy. Prevention works. Treatment saves lives. But all people living in Oregon must benefit from available resources – a vision we are working towards, but have not yet achieved.

Ending new HIV transmissions in Oregon requires partnerships across multiple systems and communities. It requires regularly analyzing our data to identify inequities and detect outbreaks and clusters of new infections. It requires a refocusing of resources to communities where the need is greatest, leading with race/ethnicity.

### In Oregon, we aim to:

- Eliminate racial and ethnic inequities along the HIV care continuum (diagnosis, prevention, and treatment)
- Work with partners to reduce rapid transmission among social and sexual networks



### Oregon's strengths related to HIV/STI response include:

- Tools and training to respond effectively to disease outbreaks and clusters, including dried blood spot testing, at-home rapid HIV testing, and HIV/STI self-collection testing options
- Expanded access to health care via telehealth expansion
- Increased focus on community partnerships, including community training, learning collaboratives, and funding through grants and contracts

### Community investments to end HIV/STI

As described in this report, data show that all people living in Oregon have not benefitted equally from HIV/STI prevention and care tools. Oregon is working to build community partnerships and transfer resources to those experiencing the most harm from HIV/STI. Some of these community investments have been featured in previous End HIV Oregon annual reports.

Highlights of the community-based HIV/STI work that has started or grown since End HIV Oregon began in 2016 include:

- A statewide focus on sexual health promotion and HIV/STI prevention in the Latinx community, led by Familias en Acción, Neighborhood Health Center, Edúcate Ya, Juntos, and other partners. Key activities have included:
  - development and launch of community health worker-led sexual health education
  - bilingual and bicultural education, HIV testing, and outreach in community settings
  - a sexual health-themed statewide Latino Health Equity Conference
  - bilingual, bicultural sexual health care
  - and more
- HIV Alliance and Cascade AIDS Project each received a five-year grant to scale up prevention efforts with MSM of color (CAP) and people who inject drugs (HIV Alliance).
- The PRIME+ Program continues to expand to serve more people living in Oregon. PRIME+ is a harm reduction-based peer recovery support program that works with people who are using substances to prevent overdose, HIV, viral hepatitis, and STI.
- 7 community-based organizations serving Black/African Americans, people experiencing houselessness, people with a substance use disorder, transgender and nonbinary people, and youth received OHA Equity Grants for HIV/STI projects.
- 27 End HIV Oregon mini grants were awarded to community-based organizations to support prevention, care, and anti-stigma projects in community settings statewide.



## Addressing rising HIV/STI in Eastern Oregon: responding locally with a media campaign

People living in rural Oregon experience social and structural barriers that may increase their vulnerability to HIV and STI infections. However, people who live in rural Oregon also say there is a strong sense of local community.

Community values shaped an HIV awareness media campaign, which was designed with the input of rural Oregonians, and led by a local organization, Eastern Oregon Center for Independent Living (EOCIL). The campaign ran from April to July 2022, primarily in Pendleton, Hermiston, La Grande, and Ontario.

The campaign, which included billboards, print newspaper, digital and terrestrial radio (English and Spanish), social media, and digital advertising, was highly visible and received a significant amount of attention in Eastern Oregon. Ads were seen over 12 million times, news stories reached a potential readership of almost 50,000, and visitor traffic to EndHIVOregon.org was the highest the website has ever seen for the four consecutive months of the campaign – increases driven by website visitors from Pendleton, La Grande, Baker City, and Hermiston. In addition, orders from the One at Home condom delivery program increased substantially in campaign counties. EOCIL staff and community members said the campaign had an impact, primarily by making HIV and STI seem like an everyday topic.



## How we plan to improve our response to end inequities

Community-identified priorities in the next 5 years include:

- Develop diverse community partnerships that support a syndemic focus
- Diversify the public health workforce
- Transfer resources to communities most vulnerable to and most impacted by HIV/STI

The full End HIV Oregon Strategy, 2022–2027 will be posted at [EndHIVOregon.org](https://endhivoregon.org) in January 2023. OHA will continue to provide the community with an annual report on our progress, on World AIDS Day, as we have done since 2017.





Imagine an Oregon where... We end new HIV infections.  
We eliminate health inequities. Everyone with HIV is healthy.  
Can you imagine it?

**The time is now.**



[EndHIVOregon.org](http://EndHIVOregon.org)