



# End HIV/STI Oregon 5 Year Strategy

2022-2026



## What is the Purpose of the End HIV/STI Oregon Strategy?

Every five years, Oregon conducts a needs assessment and develops a plan that guides the work of providers responsible for HIV prevention and care services programs, called the End HIV/STI Oregon Strategy. This plan ensures that State, local, and community organizations are working together, towards achieving our shared goal of ending new HIV/STI transmissions in Oregon.

## Why is the End HIV/STI Oregon Strategy Important Today?

HIV and other sexually transmitted infections, especially syphilis, are on the rise in Oregon – but major developments in science and public policy mean that we have the tools to end new HIV/STI transmissions through prevention and treatment. Making sure that all people living in Oregon, especially those disproportionately impacted by HIV and STI, have full access to these prevention and treatment resources is paramount.

## How Was the End HIV/STI Oregon Strategy Developed?

The End HIV Oregon Statewide Planning Group and the Ryan White Part A Planning Council guided the 2022-2026 process, which included community planning meetings, ongoing needs assessment, public comment, and listening sessions. The Strategy fulfills the federal funding requirements of the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). It also meets the federal requirements regarding HIV

prevention and care planning activities and the Statewide Coordinated Statement of Need, a Congressional requirement for the Ryan White program, which funds much of the HIV care services provided in Oregon.

The goals and objectives of the End HIV/STI Oregon Strategy align with the National HIV/AIDS Strategy, the national Ending the HIV Epidemic Plan, and Healthier Together Oregon, which is Oregon's State Health Improvement Plan.

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**The four key pillars of End HIV Oregon are:**







## Priority Populations

Oregon's priority populations are listed alphabetically below, with the recognition that 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/Latinx/Latiné people
- Native Hawaiian/Pacific Islanders
- People experiencing houselessness/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<sup>1</sup>
- Youth



## Centering Equity, Using a Syndemic Lens

In Oregon, we are focused on ending new transmissions of HIV and sexually transmitted infections like syphilis and gonorrhea by using a syndemic lens, and by leading with race/ethnicity. 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.

Many communities in Oregon experience an excess burden of disease for these reasons. We cannot end HIV/STI transmission without ending inequities. 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.

## Community-Identified Priorities

Community priorities identified through community planning meetings, surveys, and listening sessions included:

- Test more people for HIV/STI as part of routine care
- Expand PrEP use (medicine that prevents HIV) to people who need it most
- Ensure people newly diagnosed with HIV have rapid access to HIV treatment
- Train health care staff on stigma, discrimination, unconscious bias, HIV, and sexual orientation/gender identity
- Create more partnerships that support a syndemic focus (like in the areas of housing, mental health, and substance use disorder)

## Oregon Goals & Objectives, 2022-2026

The following goals and objectives were identified through the community planning process. The Oregon Health Authority, Multnomah County Health Department, and the many community organizations and community partners that support End HIV/STI Oregon will work together over the next five years to implement strategies that bring us closer to our shared goal of ending new HIV/STI transmissions in Oregon. Progress is tracked and reported on publicly available [data dashboards](#) and through an annual End HIV/STI Oregon [progress report](#).





Testing is easy but too few people in Oregon know their HIV status. Many people in Oregon still receive their diagnosis years after infection, often because of the onset of an illness that might have been prevented with early testing and treatment. Knowing one's HIV status creates opportunities for people to enjoy better health and longer life – and protect partners from transmission. Oregon aims to increase overall awareness of HIV and STI, especially among communities facing inequities, to increase HIV and STI testing, and to expedite linkage to care for people who test positive. Our goal is for everyone with HIV and STI to be diagnosed as early as possible.

## Five-Year Goals and Their Expected Impact on the HIV Care Continuum:

- Increase the number of people who know their HIV status by 87%
- Eliminate racial/ethnic disparities in HIV testing, ensuring that at least 70% of all groups report having been tested at least once in their lifetimes
- Increase the number of people linked to medical care within 30 days of HIV diagnosis by 25%

### How We Plan to Get There:

Strategies for achieving the following objectives related to diagnosis include expansion of community-designed and led education and outreach programs and campaigns; promoting HIV/STI partner services; expanding HIV/STI testing in multiple venues (e.g., medical care, emergency departments, at-home via mail order); and supporting early intervention services.

**Objective 1.1** Increase awareness of HIV/STI, especially among priority populations

**Objective 1.2** Increase % of adult people in Oregon who have ever been tested for HIV to 70%

**Objective 1.3** Increase % of newly diagnosed individuals linked to care within 30 days to 90%



## 2 PREVENT

Prevention works. Through a combination of behavioral and biological interventions, we aim to eliminate new HIV transmissions in Oregon. Racial and ethnic inequities in new HIV diagnoses in Oregon need to be redressed and eliminated through community-driven solutions. PrEP, PEP, syringe services programs, access to condoms and other sexual health supplies, and education and outreach are all key prevention strategies. In addition, we know that HIV and other STI must be addressed together – we will increase STI-focused HIV prevention strategies, like integrated HIV/STI testing, partner services, and delivery of status-neutral services through EISO and other programs.

### Five-Year Goals and Their Expected Impact on the Status-Neutral Approach and HIV Care Continuum:

- Decrease new diagnoses of HIV to 150 cases/year<sup>2</sup>
- Decrease new diagnoses of syphilis 24% (to <1,000 cases/year)
- Eliminate congenital syphilis cases
- Decrease new diagnoses of gonorrhea among youth aged 19 and under by 35% (to <300 cases/year)
- Eliminate racial/ethnic inequities in new HIV diagnoses
- Eliminate racial/ethnic inequities in new early syphilis diagnoses

### How We Plan to Get There:

Strategies for achieving the following objectives related to prevention include increasing PrEP awareness and usage among priority populations and ensuring access to PrEP by training medical providers and pharmacists; supporting harm reduction programming and integrating HIV/STI and substance use disorder messaging and services; providing comprehensive sexual health services for all people in Oregon, including youth; expanding access to prevention supplies; and fully integrating and expanding traditional and innovative HIV/STI testing and treatment strategies.

- Objective 2.1** Increase PrEP prescriptions by 200%,<sup>3</sup> with a focus on priority populations
- Objective 2.2** Decrease new HIV diagnoses among people who use drugs
- Objective 2.3** Decrease new HIV and STI diagnoses among youth aged 29 and under
- Objective 2.4** Expand community-level primary prevention strategies
- Objective 2.5** Support and expand STI screening, prevention, and treatment



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TREAT

Treatment saves lives. Early diagnosis and linkage to HIV medical care, along with services to address structural barriers to treatment, help people become virally suppressed. As a chronic condition, people living with HIV need ongoing support to maintain viral suppression and to achieve positive health outcomes across the life-course. This includes services tailored for older PLWH and long-term survivors, who comprise a growing proportion of PLWH and have special needs. Wide promotion of the undetectable = untransmittable (U=U) messaging – the fact that people living with HIV who maintain an undetectable viral load cannot transmit HIV to sex partners – is also an important element of ending new HIV transmissions in Oregon. U=U reduces stigma for PLWH and supports the key strategy of treatment as prevention.

### Five-Year Goals and Their Expected Impact on the HIV Care Continuum:

- Increase the proportion of PLWH who are virally suppressed to 90%
- Eliminate racial/ethnic inequities in viral suppression rates

### How We Plan to Get There:

Strategies for achieving the following objectives related to treatment include aligning public and private medical systems to ensure rapid linkage and access to care for newly diagnosed people; using surveillance data to identify and engage people not in care; support services to ensure PLWH have access to food, housing, stable incomes, insurance, medicine and other social determinants of health; and promoting U=U.

- Objective 3.1** Expand rapid start ART programs across the state for newly diagnosed people
- Objective 3.2** Engage/re-engage 50% of PLWH who are out of care or never in care
- Objective 3.3** Retain all people in care by addressing social and structural barriers
- Objective 3.4** Address HIV/STI stigma





Ending new HIV transmissions in Oregon requires partnerships across many systems and communities. Inequities exist along the HIV status-neutral continuum – that is, related to prevention, diagnosis, linkage to care, and treatment. Eliminating inequities requires a refocusing of resources to communities where the need is greatest. This means regularly analyzing our data to identify disparities and inequities, sharing data with the community in a timely manner, and leading with race/ethnicity. Detecting outbreaks and clusters of new infections through enhanced surveillance is an essential part of an effective response to HIV/STI. Strong community partnerships are required to quickly provide treatment and prevention resources and to implement policy responses that can limit transmission.

### Five-Year Goals and Their Expected Impact on Status-Neutral Approach:

- Eliminate racial and ethnic inequities along the HIV care continuum
- Increase the number of people in networks affected by rapid transmission who know their HIV diagnosis, are linked to medical care, and are virally suppressed, or who are engaged in appropriate prevention services (e.g., PrEP, syringe services programs)

### How We Plan to Get There:

Strategies for achieving the following objectives related to responding to end inequities include supporting community-developed and community-led interventions; building local capacity to bill Medicaid and other insurance providers for HIV/STI services; analyzing and sharing surveillance data; and supporting lab testing to improve capacity to respond to HIV/STI events.

**Objective 4.1** Direct resources to communities with greatest need, leading with race/ethnicity

**Objective 4.2** Increase capacity for detecting and responding to HIV clusters and outbreaks

**Objective 4.3** Ensure data equity and the ability for community to access and use data



## Learn More, Get Involved

OHA will continue to provide the community with an annual report on our collective progress on World AIDS Day (Dec. 1), as we have done since 2017.

For more information, visit:

[End HIV Oregon](#)

[Oregon Health Authority HIV/STD/TB Section](#)

[Multnomah County Health Department HIV and STD Services](#)

[Cascade AIDS Project](#)

[HIV Alliance](#)

[Eastern Oregon Center for Independent Living](#)

... and many other [End HIV Oregon partner agencies](#)

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1 Broad engagement with transgender and nonbinary communities are important to ending HIV efforts; transgender women are called out specifically in the priority populations because of their over-representation in new HIV diagnoses.

2 Our goal is to eliminate new HIV infections, but our 2022-2026 goal is to regain the ground lost during the COVID-19 pandemic (getting to 180 cases/year) and then decrease that amount by 17% to 150 cases/year. Since we simultaneously aim to increase testing, this seems like an ambitious goal.

3 From 2,347 (2019 data) to 7,027—50% of the 14,054 Oregonians who could benefit from PrEP, as estimated by CDC.

