

END HIV/STI OREGON

Annual Progress Report

December 2023



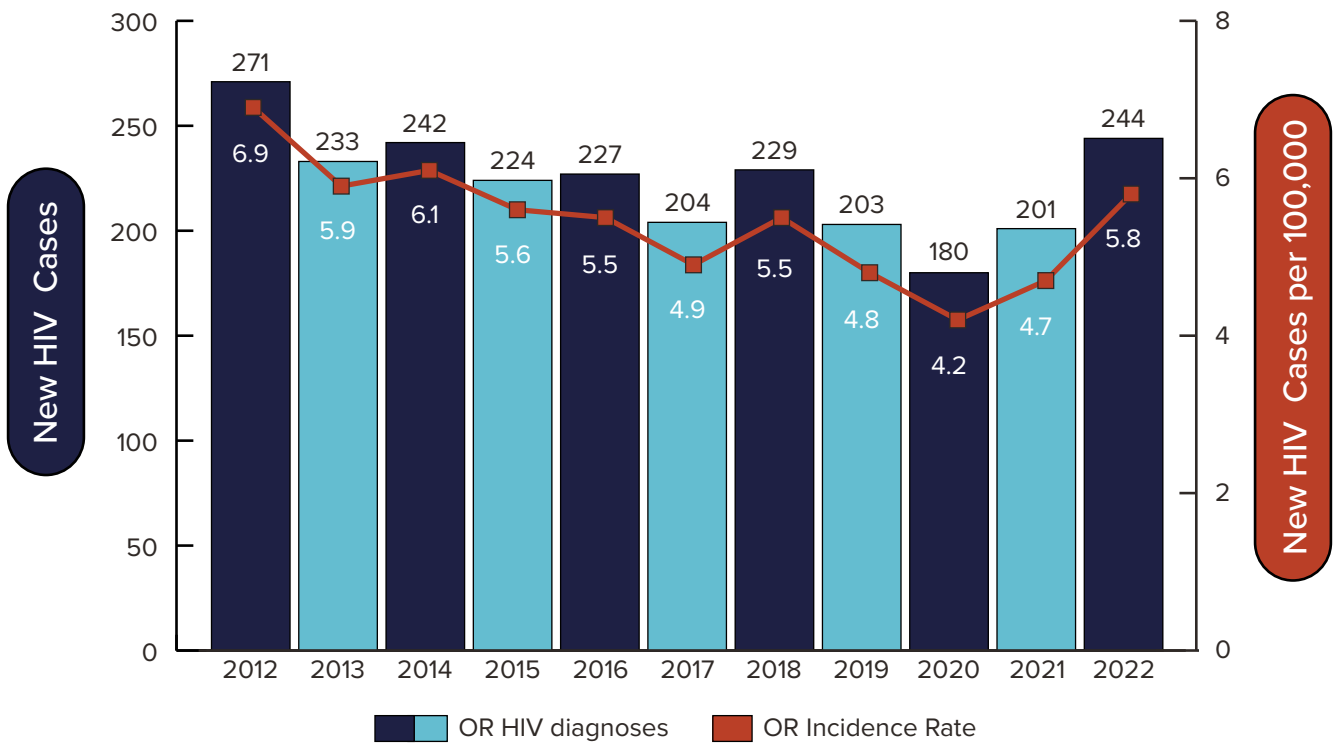
End HIV Oregon, a statewide initiative to end new HIV transmissions in Oregon, launched in December 2016. Since then, public and private partners from communities across Oregon have been working together to raise awareness, increase testing, prevent new infections, provide treatment, and end the inequities that fuel transmission of HIV and other sexually transmitted infections (STI). With the release of a new strategic plan in 2022, the initiative was renamed End HIV/STI Oregon.

We release this report on World AIDS Day each year to highlight the many successes of End HIV/STI Oregon partners, and this year, as always, we have much to celebrate. But we must also acknowledge the impact of the multi-year global pandemic. COVID-19 strained Oregon's public health system and created barriers for community members to access systems that support lower infection rates. The consequences are reflected in nearly all aspects of our data. For example:

- COVID-19 led to sustained decreases in HIV/STI testing, and yet rates of some STI, like syphilis, increased during the same period.
- After years of steady increases in the number of people starting pre-exposure prophylaxis (PrEP), the number of people starting PrEP for the first time decreased in 2020 – although the overall number of PrEP users continues to rise.
- Oregon has seen a tenfold increase in new syphilis diagnoses – from a case rate of 4.7/100,000 in 2010 to 47.3 in 2021. New gonorrhea diagnoses have also been increasing.
- Viral suppression rates, which have always been high in Oregon, decreased to 77% (in 2022) from a high of 83% (in 2015) and remained stable at this lower rate. Viral suppression is a goal for people with HIV as it improves health outcomes and prevents new infections.
- Finally, on this 7th anniversary of End HIV Oregon, HIV rates have increased to levels not seen since 2013 – after declining more than 30% between 2012 and 2020.

OR New HIV Diagnoses and Diagnoses per 100,000 Residents

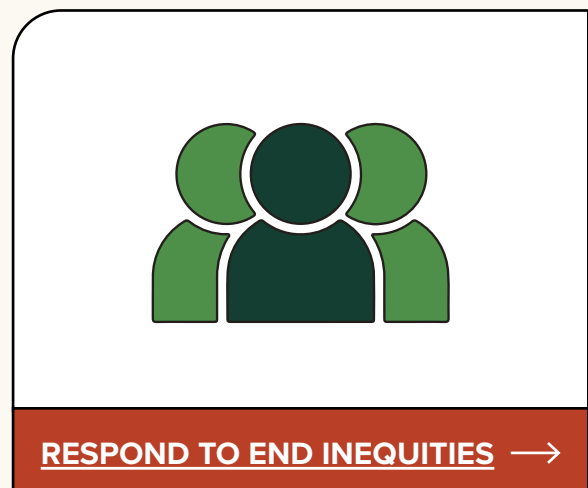
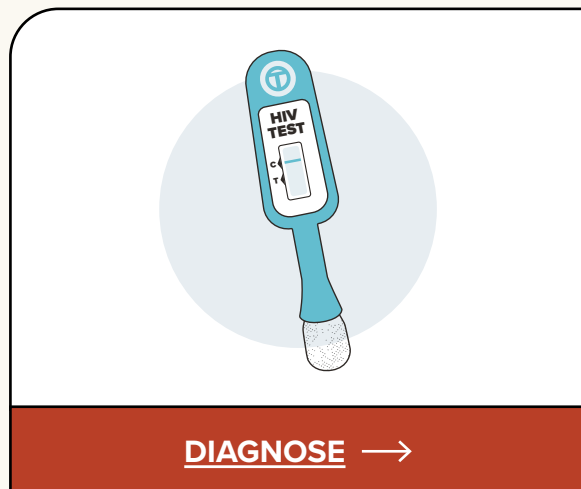
**Interpret 2020 and 2021 data with caution due to the impact of COVID-19 on HIV services*



Source: Orpheus and eHARS

These setbacks reinforce the need to end new HIV/STI transmissions by focusing on our core pillars; by using a syndemic lens*; and by focusing on priority populations, leading with race/ethnicity.

End HIV/STI Oregon’s four core pillars are:



This annual progress report highlights some of the activities accomplished in 2023, organized by pillar.

**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.*



Diagnose

Our goal is for everyone with HIV and STI to be diagnosed as early as possible. People who know their HIV status can enjoy better health and longer life – and can protect their partners from infection. Status-neutral approaches, which provide needed services to people all along the HIV care continuum, help people get the services they need to enjoy optimal sexual health.

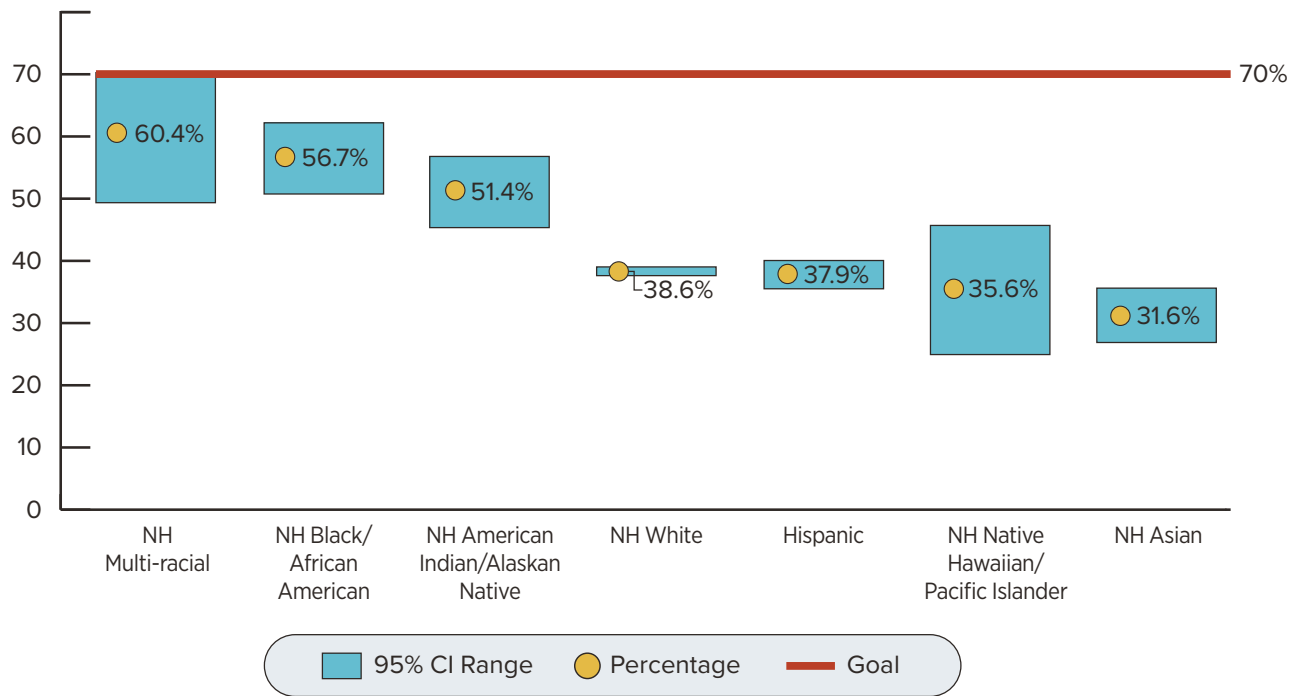
According to the 2022 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 38.3% of people in Oregon reported ever being screened for HIV and 7.7% reported being screened in the past 12 months. No group has achieved the 2022 target of 70% screened for HIV, but over half of people in Oregon who identify as Multiracial (60.4%), Black/African American (56.7%), or American Indian/Alaska Native (51.4%) reported having ever been screened.¹ About 12% of people in Oregon with HIV do not know they have it.

IN OREGON, WE AIM TO:

- Increase awareness of HIV and STI, especially among communities facing inequities
- Increase HIV and STI testing, and
- Quickly link people to health care and supportive services, whether they test positive or negative

1 BRFSS now includes REALD questions, which provide more detail on race/ethnicity, but we're not able to report on race/ethnicity with just a single year of data with the new methodology. Future reports will include more nuanced subgroups.

Proportion of Adult People in Oregon Ever Screened for HIV by Race/Ethnicity (2017-2021)



**The yellow dots indicate the percentage of the population who have been screened for HIV in their lifetime. The blue rectangles are the 95% confidence intervals around the estimates; the wider the 95% confidence interval (blue rectangle), the less precise the estimate. If the blue boxes overlap between groups that is an indication that the estimates are more similar than different. In Oregon, the populations of each race and ethnicity group are very different in size. Using case rates helps us better compare populations of different sizes and identify health inequities. We use this type of visualization to showcase the variation within racial and ethnic groups.

NH = Non-Hispanic

Source: Oregon Behavioral Risk Factor Surveillance System, 2017-2021



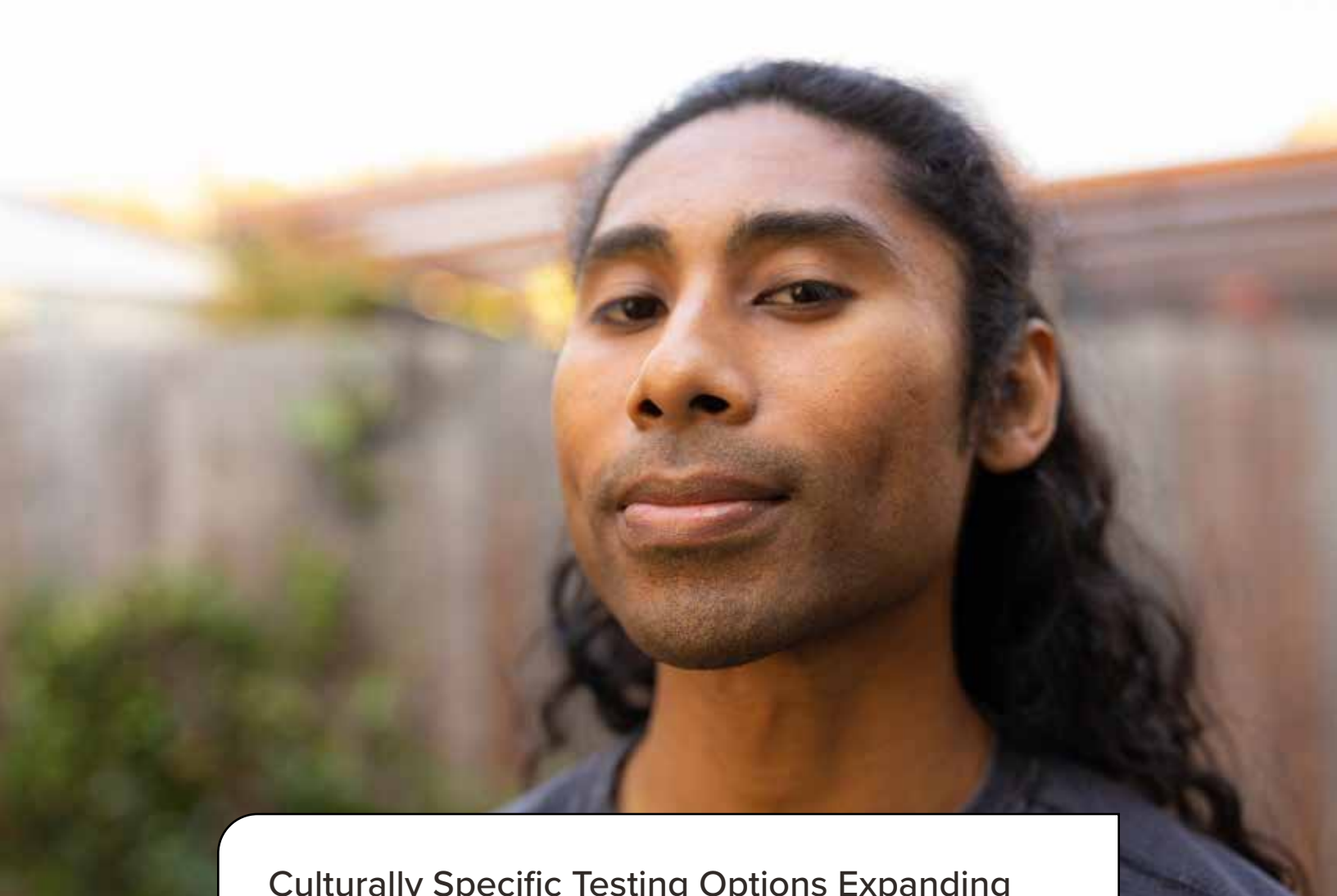
Testing Options Increase Access to HIV/STI Testing for People in Oregon

There are many ways to find publicly funded HIV/STI testing, including at a clinic, through community outreach and events, and through mail-order programs. Free, confidential, and at-home, self-testing options have increased access to HIV/STI testing for all people in Oregon, particularly those who live rurally or might not seek testing at a medical office or other traditional testing venue, for whatever reason.

Through a program called [TakeMeHome](#), the Oregon Health Authority, in partnership with Building Healthy Communities Online, began offering at-home HIV testing in March 2020 and expanded to include HIV and STI self-collected testing in February 2021. In contrast to rapid HIV testing, where the client performs the test and receives a result in 20 minutes, with home-based self-collected testing, clients collect their own specimens for HIV, STI, and hepatitis C, and then send them to a lab for processing and interpretation. Web-based results are available within 3-5 days. TakeMeHome provides national, state, and local resources for follow-up testing, and HIV and STI prevention and treatment services.

TakeMeHome appears to be reaching a diverse group of people who need it. In 2022, 892 at-home HIV self test kits were distributed to people in 30 of 36 Oregon counties. Two-thirds of TakeMeHome users were age 25-44, the age group with the highest rate of new HIV infections; another 23% were age 13-24. Fifty-nine percent of users were white, 17% Latino/x/e, 10% multi-racial, 5% Asian, 4% Black/African American, 2% American Indian/Alaska Native, and less than 2% each Native Hawaiian/Pacific Islander and Other Race. Twenty percent of users reported they had never tested for HIV before, and 0.3% tested positive for HIV, a rate comparable to public clinic-based testing.

TakeMeHome also distributed 738 STI self-collection and testing kits in 2022; about half of the ordered test kits (47.2%) were sent to the lab. Of those, 11% were positive for chlamydia, 4% for gonorrhea, 1.2% for syphilis, 0.3% for HIV, and 1.1% for hepatitis C.



Culturally Specific Testing Options Expanding

[The Northwest Portland Area Indian Health Board \(NPAIHB\)](#) — in partnership with Johns Hopkins University, Indian Health Service, and Southern Plains Tribal Health Board — has expanded at-home testing opportunities in Oregon through the *I Want the Kit* (IWTK) project, which currently offers tests for gonorrhea, chlamydia, and trichomoniasis. In late 2023/early 2024, NPAIHB and partners will expand services to include HIV, syphilis, and hepatitis B and C tests, and will launch project marketing specifically by and for American Indian/Alaska Native people. The Indigenous *I Want the Kit* Program (branded Indigi-IWTK) will offer testing along with culturally specific information on overall sexual health and on HIV/STI prevention and treatment. Indigenous people in the U.S. experience significant health inequities, including high rates of HIV, syphilis, and other STI, originating from historical trauma, racism, and lack of access to health care and other social determinants of health. The Indigi-IWTK project is meant to support the ongoing work aimed at reducing these inequities.

End HIV/STI Oregon Campaigns Increase Awareness, Fight Stigma

People won't get tested if they don't know about HIV/STI or don't believe it affects them. In 2023, End HIV/STI Oregon community partners launched two sexual health awareness campaigns – one in rural Clackamas County and one in North and Northeast Portland – designed to promote awareness, increase HIV/STI testing, and decrease stigma.

AntFarm Shows Rural Clackamas County that HIV/STI are Not Just Big City Issues

Community partner, AntFarm, believes in the power of working as a team. From August through October 2023, AntFarm launched a communications campaign to raise awareness of HIV and STI among people living in more rural parts of Clackamas County, including Estacada, Molalla, and Sandy. The campaign included advertising through billboards, audio streaming platforms, social media, and digital ads. Messages were presented in both Spanish and English. Bilingual/bicultural promotoras

from AntFarm's *Nuevo Futuro* Program, which addresses barriers of language, resource access and lack of opportunity among Latino/x/e people, reinforced campaign messages during everyday interactions with community members. Partnerships with Clackamas County Public Health, Familias en Acción and Cascade AIDS Project provided free testing to the community, culminating in a testing event and community health fair for National Latino/x/e AIDS Awareness Day in October.



Portland-based A6 Says When We Test, We Protect

Black and African American people in Oregon experience social and structural barriers that may make them vulnerable to HIV infection, as reflected in higher rates of new HIV and STI diagnoses. At the same time, Black and African American people in Oregon have many community strengths on which to build. These include:

- one of the highest HIV testing rates of all racial/ethnic groups in Oregon,
- a willingness and interest in learning more about HIV and sexual health, and
- strong community connections and collective consciousness.

Portland-based community organization, the African American AIDS Awareness Action Alliance (A6) held listening sessions with Black and African American community members to develop and test a campaign designed to increase HIV/STI awareness, encourage testing, and decrease stigma among Black and African American people living in Portland. The campaign, which will include advertising through billboards, audio streaming platforms, social media, and digital/display launched the week of Thanksgiving and will run through February 2024.



Awareness Leads to Action

Though too early to report on outcomes of the 2023 AntFarm or A6 campaigns, a similar awareness campaign launched in Eastern Oregon in 2022 garnered an impressive amount of local attention, as reflected in over a dozen newspaper stories; social media and digital ad metrics; and increased traffic to the End HIV Oregon website from individuals living in ZIP codes where the campaign was running. In addition, the campaign resulted in increased orders of condoms and HIV test kits, indicating that awareness can lead to action.



Prevent

Prevention works. Oregon is considered a low incidence state for HIV, but after a more than 30% decrease prior to 2020, rates have increased since the COVID-19 pandemic. High rates of syphilis, gonorrhea, and viral hepatitis – often found as co-infections with HIV – show there is ongoing work to regain the progress Oregon had made to end new HIV/STI infections. Further, congenital syphilis – that is, syphilis passed from a pregnant person to their fetus – has re-emerged in Oregon with devastating consequences, including preventable disabilities and fetal and infant deaths. We have the tools to prevent HIV and STI; we must ensure that everyone who needs them has access to them.

IN OREGON, WE AIM TO:

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

Photo credit: [BHOC Partners](#), [Dami Or Photography](#)

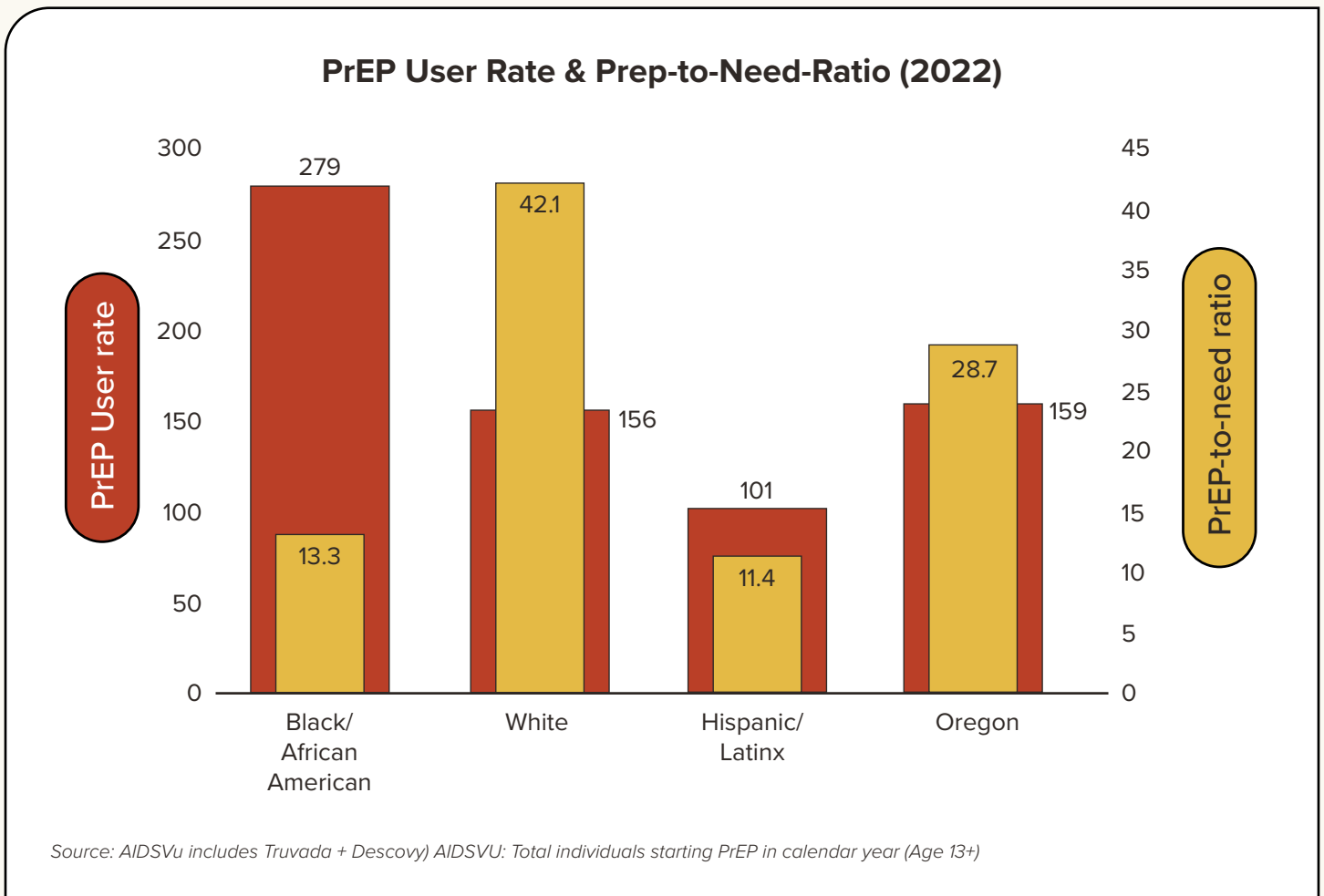
Getting Prevention Tools to Those Who Need Them Most

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are highly effective tools for preventing new HIV infections. PrEP is a medication (e.g., daily pill, alternate pill regimen taken before sex, or periodic injection) taken to prevent infection with HIV before exposure. PEP is a 28-day regimen of pills started within 72 hours of possible HIV exposure to prevent seroconversion.

More people in Oregon are starting to take PrEP, but rates are still low, and the number of new PrEP users dropped in 2020 after a steady increase between 2013 and 2019. Only 27% of people who could benefit from PrEP in Oregon are using it, and many people who start

PrEP don't stay on it. Rates also vary by race and ethnicity. PrEP users continue to be mainly white, cis-gender men who have sex with men, living in the Portland metropolitan area.

The PrEP-to-Need Ratio (PNR) provides a way to measure whether communities who need PrEP the most are getting it. The PNR is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. A lower PNR indicates more unmet need. PrEP needs are not being met for Black/African American or Latino/x/e communities in Oregon. We have more work to do to improve access to PrEP for everyone who could benefit.



Outreach workers are available statewide to help people consider whether PrEP is right for them and to address any barriers to accessing and staying on PrEP. Due to ongoing training and recruitment efforts by the AIDS Education & Training Center and other End HIV/STI Oregon partners, Oregon now has more than 400 medical providers listed on the PrEP provider directory. Still, areas of the state remain underserved.

Two Oregon laws, passed in 2017 (HB2397) and 2021 (HB2958), are helping to address these barriers. These laws permit Oregon pharmacists to prescribe, dispense, and administer PEP and PrEP, and require insurers to reimburse pharmacists for their time prescribing them. Pharmacists are important partners in helping more people access PrEP, especially in rural areas. Pharmacists are required to complete continuing education on HIV prevention medications, including related trauma-informed care. Several [training programs](#) that meet the requirements are available to pharmacists, including at least two (The Oregon State University School of Pharmacy and Exchange CME) that provide Oregon-specific content.

Similarly, PEP can be difficult to find in some areas of Oregon. Because PEP must be started within 72 hours of a possible exposure to be effective, making sure people who need PEP can access it without delay is especially important. A new Oregon law passed in 2023 (HB2574) will help facilitate access to PEP through hospital emergency rooms. The law requires Oregon hospitals to have policies for dispensing PEP and procedures for dispensing a 5-day supply of PEP to all patients who need it. In addition, it requires the Oregon Health Authority to support rural hospitals in paying for PEP.



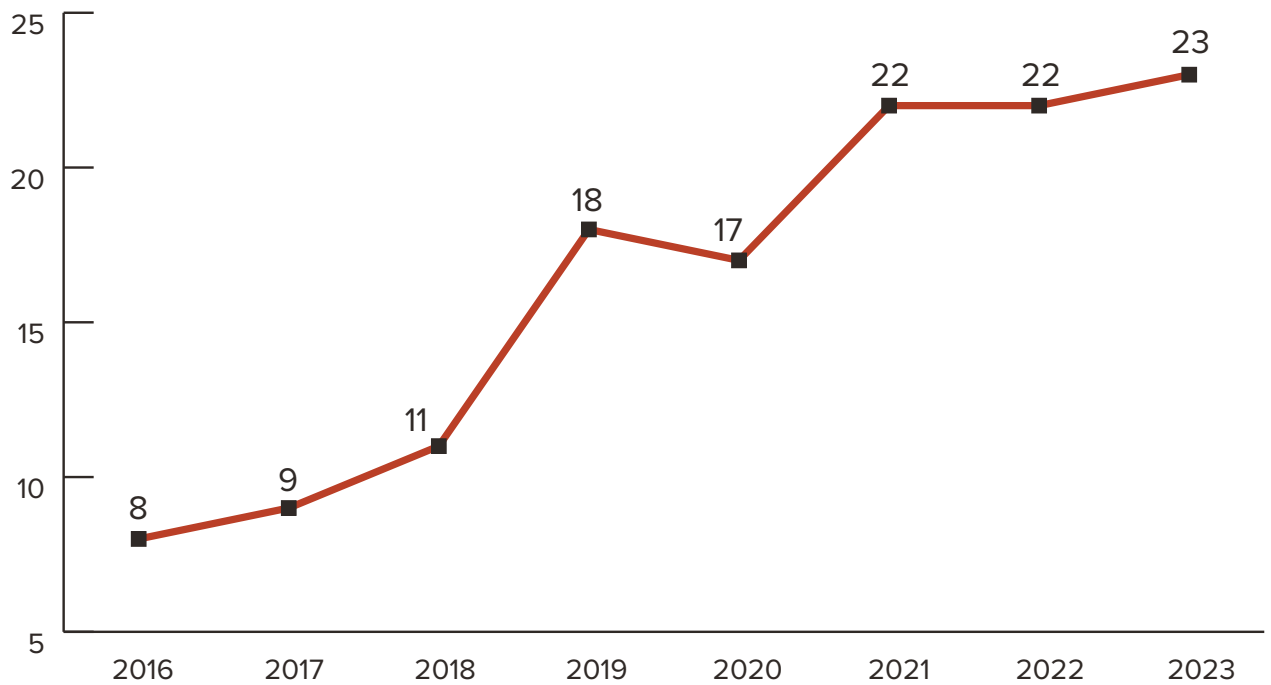
Wallace Medical Concern Brings PrEP and PEP to Rockwood Neighborhood of Portland

Wallace Medical Concern, a Federally Qualified Health Center in East Portland, provides a full-service medical “home base” for individuals and families, with multicultural staff who partner fully with patients to improve their health. Wallace recently started a nurse led STI clinic for patients in their service area, who are primarily Latino/x/e and Spanish speaking. In addition to offering STI testing and treatment and gender-inclusive care, the clinic has been a successful way to bring PrEP, PEP, and doxyPEP to the community. For example, Wallace physicians and nurse practitioners can hand off patients to nurses for in-depth counseling, education, and same-day PrEP starts, which would otherwise require a follow-up appointment because of limited physician and nurse practitioner time. Wallace also upgraded their electronic medical records to improve labs and appointment scheduling, which helps reduce lapses in PrEP prescriptions.

Reducing Harm Among People who Use Drugs

The percentage of people newly diagnosed with HIV who report injection drug use nearly doubled between 2013 and 2022, from 14.6% to 23.8%. Community programs that deliver sterile syringes, overdose education, naloxone, and information about sexual health care and drug treatment for those ready to reduce harm or quit are important tools to end new HIV/STI infections. The number of counties offering these programs, traditionally referred to as Syringe Services Programs (SSPs), has grown from 8 (22%) in 2016 to 23 (64%) in 2022.

Number of Oregon Counties with SSPs (2016-2023)



Source: Data updated April 2023: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/CountyServiceSummary.pdf>

Partnerships between organizations that promote sexual health and those that provide services to people who use drugs are essential for improving access and amplifying prevention messages for audiences who may need a range of services.

In 2023, several community-based agencies focused on reducing drug and alcohol-related harms received End HIV/STI Oregon mini grants to support HIV/STI prevention services.



Community Outreach through Radical Empowerment (CORE)

is a community-based organization located in Eugene, Ore., that works with unhoused and at-risk youth. CORE hosted weekly pop-up outreach events where they distributed supplies including condoms, dental dams, and educational materials.

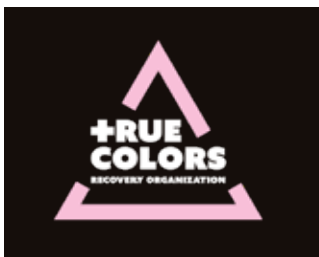
Using a harm reduction lens, CORE introduced participants to the idea of using safer smoking kits as an alternative to needles to reduce the likelihood of HIV or hepatitis C transmission.



Juntos is an organization located in the Portland metro area focusing on the Latino/x/e and Indigenous Latino/x/e communities to reduce stigma and promote health equity.

Juntos has been sharing HIV and substance use information

from a harm reduction lens with the Latino/x/e community. Three highlights from this grant project include a presentation at the NW Instituto Latino Annual Conference, which reached over 85 health professionals and two regional trainings; a Spanish-language training for 57 participants from over 12 Oregon counties discussing substance use disorder, HIV, and pregnancy; and a collaboration with Best Care Latino Program and Jefferson County Public Health to facilitate an in-person training for 21 participants in rural, central Oregon.



True Colors Recovery is a community-based organization in Portland, Ore., focused on outreach among lesbian, gay, bisexual, transgender, queer, intersex, asexual, and two-spirit (LGBTQIA2S+) adults and those experiencing substance use disorder, alcohol use disorder, and a high risk of overdose. True Colors Recovery distributed oral HIV test kits during community outreach and hosted events where participants asked questions about HIV, discussed

HIV stigma, and expanded their knowledge.

In November, 147 people registered for the Oregon Methamphetamine Summit. This half-day training provided participants working in HIV/STI prevention and treatment with best practices regarding engagement with people using methamphetamine – critical education and training as substance use is a driver of many new HIV and STI infections.



Treat

People living with HIV 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 quick 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 in Oregon with HIV access medical care and achieve positive health outcomes.

HIV treatment is HIV prevention. HIV treatment saves lives.

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, and
- Eliminate HIV/STI-related stigma



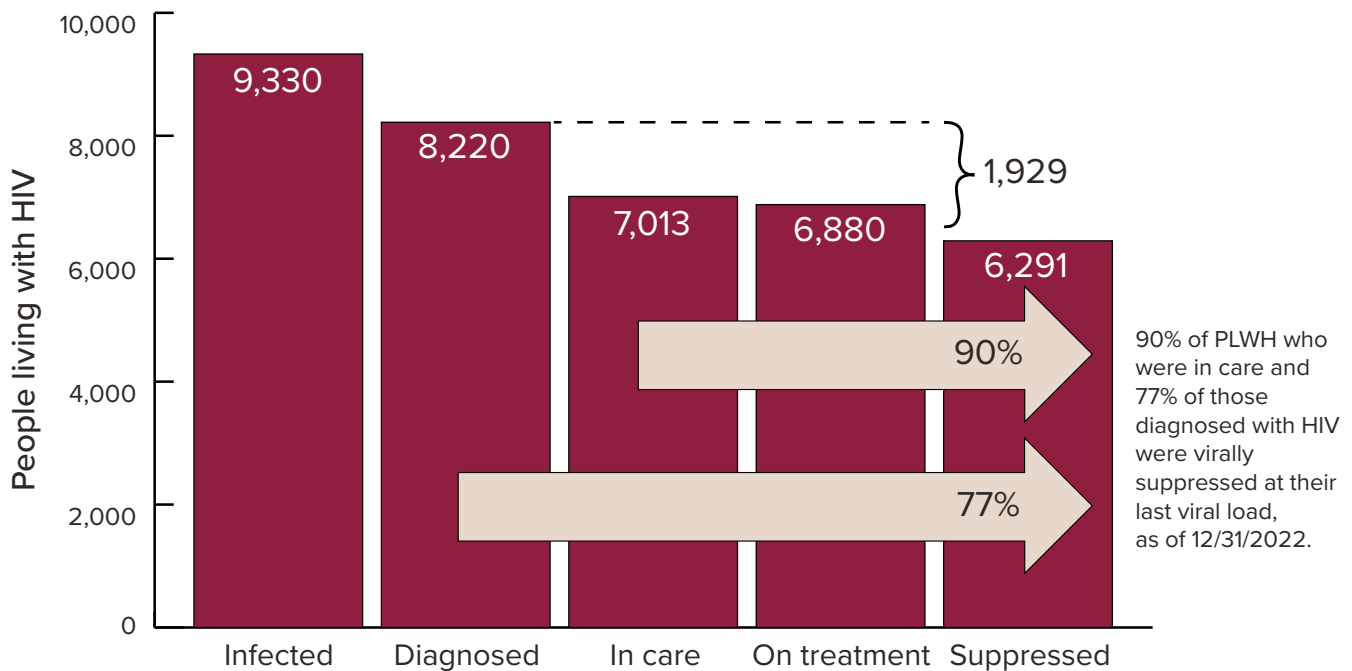
Supporting Rapid Access to HIV Medicines Across the State

Rapid start of antiretrovirals (ART) – defined as beginning ART as soon as possible after diagnosis – is a key strategy in ending the HIV epidemic. Rapid start has been shown to improve linkage to and retention in care; reduce time to viral suppression; decrease

viral transmission; and decrease sickness and death for people with HIV. Ultimately, the goal is for all people living with HIV to be virally suppressed. In 2022, almost 80% of people living with a diagnosis of HIV in Oregon were virally suppressed.

Oregon HIV Care Continuum (2022)

People living with HIV of 12/31/2022



Source: Orpheus/eHARS

Photo credit: [BHOC Partners](#), [Dami Or Photography](#)



CAREAssist Covers Cost of Medicines and Other Care for People Statewide

Oregon’s AIDS Drug Assistance Program, known as CAREAssist, provides access to life-saving medications used to treat HIV and other conditions for people with limited resources or no health insurance coverage. CAREAssist is an essential resource for ensuring quality care for all people living with HIV in Oregon.

About 4,000 people in Oregon receive support from the CAREAssist Program each year, including many of those who are newly diagnosed. CAREAssist works with newly diagnosed individuals, HIV case managers, and medical providers to quickly enroll clients in the program that best fits their situation. This includes people who are uninsured. CAREAssist’s Bridge Program began in 2008, with the goal of providing HIV medications, lab work, and doctor visits that people need as they begin treatment and work to secure stable insurance coverage.

Expanding Rapid Start in the Portland Metropolitan Area and Beyond

In 2023, partners from Multnomah County Health Department and Oregon Health & Science University participated in a national

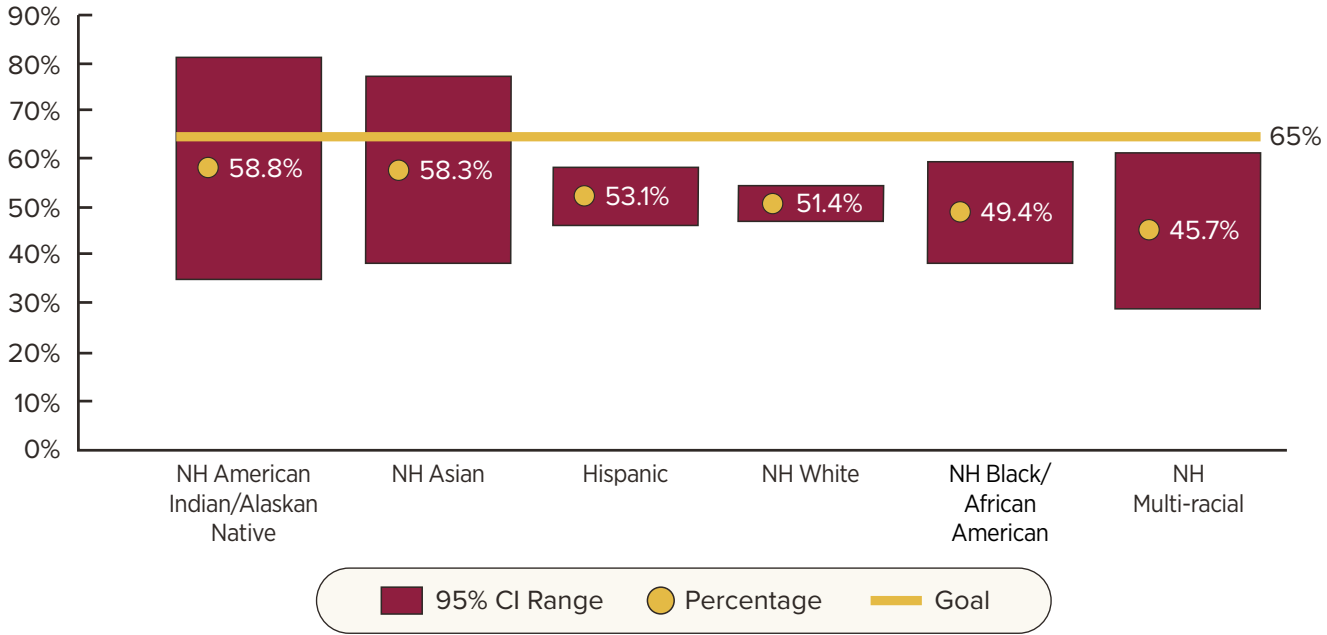
learning collaborative that culminated in development of a jurisdictional HIV rapid start plan for the Portland Metropolitan Area. The plan seeks to create a standard of practice for rapid start and explore ways to support rapid start across systems of care. Locally, the Oregon AIDS Education & Training Center offered a Rapid Start Community of Practice attended by providers from across the state. Community of Practice participants completed an assessment, attended educational sessions where they learned about best practices, and explored ways to overcome challenges to scaling up rapid start in their clinics and health care systems.

Integrating Rapid Start into Primary Care

Multnomah County’s HIV Health Services Center, Oregon’s only Ryan White Part C Clinic, has been providing rapid start to people newly diagnosed with HIV since 2019, with excellent outcomes. Implementing rapid start in other health care systems, especially those outside the Portland metropolitan area, where provider shortages are more acute, is an ongoing challenge. The Oregon AIDS Education & Training Center has been working with several Federally Qualified Health Centers (FQHCs) – health clinics that provide a full complement of care to underserved geographic areas or populations – to build their capacity to provide rapid start to their communities.

Primary care providers, assisted by HIV specialists, play an important role in ensuring all patients newly diagnosed with HIV achieve viral suppression as soon as possible, ideally within three months. Currently, there are inequities in viral suppression rates by race/ethnicity, with few groups achieving the End HIV/STI Oregon goal of 65% viral suppression within 90 days.

Proportion of New HIV Cases Virally Suppressed within 3 Months (90 Days) of Diagnosis by Race/Ethnicity Among Oregon HIV Diagnoses (2018-2022)



NH = Non-Hispanic
 Source: Orpheus/ eHARS

Improving Care Systems through Anti-Racism Training

ARTIC is an organization that aims to decentralize whiteness as the focal point of healing. Working collaboratively with Oregon’s Ryan White Part A and Part B leadership, the Oregon AIDS Education & Training Center contracted with ARTIC to provide baseline anti-racism and trauma-informed care training to the HIV prevention and care workforce across the state. Staff attended an eight-hour training titled “Doing (Less) Harm” and worked in teams

to apply an anti-racist lens to systems change. Agencies are creating strategic plans to support the systems change necessary to ensure services are accessible and responsive to all communities, especially priority populations. The Part A Planning Council and End HIV/STI Oregon Statewide Planning Group also engaged in formal anti-racism training to ensure that people involved in the system of care at all levels have a shared understanding of the work.



Listening to People Living with HIV in Oregon

The HIV Medical Monitoring Program (MMP) is a national surveillance project that collects data from a representative sample of people living with HIV; Oregon has participated in MMP since 2007. MMP data – which include interviews and information from medical records – are used to better understand the needs and opinions of people living with HIV, and how they are doing related to viral suppression and other medical outcomes. This information helps guide policy, funding, and programmatic decisions, with the goal of eliminating inequities so all people living with HIV have quality care.

In 2023, administration of Oregon’s MMP moved from a long-time contractor to the Oregon Health Authority’s HIV/STD/TB Section. This move will ensure better integration with core HIV surveillance activities and statewide HIV care and treatment services.

Recently, MMP data have been used to show that social and economic disadvantages (like criminal justice involvement and poverty) are related to worse HIV-related health outcomes; revealed food insecurity to be a priority issue for people living with HIV in Oregon and helped staff develop ways to assess client food needs at intake; and provided insight on how people living with HIV in Oregon view U=U.



Respond to End Inequities

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

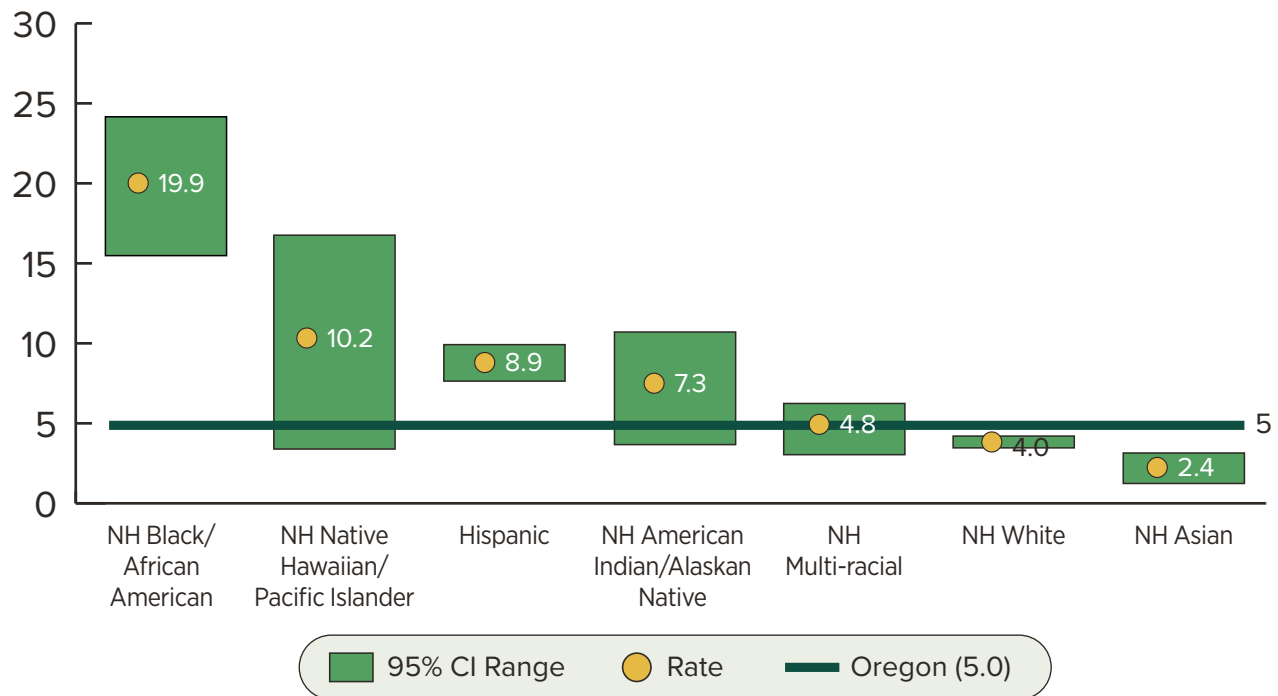
Ending new HIV transmissions in Oregon requires partnerships across multiple systems and communities. It requires regularly analyzing our data to identify inequities and detect outbreaks and clusters of new infections. It requires a refocusing of resources to communities where the need is greatest, leading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

IN OREGON, WE AIM TO:

- Eliminate racial and ethnic inequities along the HIV care continuum (diagnose, prevent, treat)
- Use data and mobilize partners to reduce community HIV/STI transmission

We have work to do. People who are Black/African American, Native Hawaiian/Pacific Islander, Latino/x/e, or American Indian/Alaska Native have higher rates of new HIV diagnosis, while people who are multi-racial, White, or Asian have lower rates. Our goal is to eliminate these differences, which largely reflect social and structural inequities.

New HIV Diagnoses by Race/Ethnicity (2018-2022)



***The yellow dots indicate the number of new HIV diagnoses per 100,000 residents, 2018-2022. The green rectangles are the 95% confidence intervals around the estimates: the wider the 95% confidence interval (green rectangle), the less precise the estimate. In Oregon, the populations of each race and ethnicity group are very different in size. Using case rates helps us better compare populations of different sizes and identify health inequities.*

NH = Non-Hispanic

Source: Orpheus/eHARS

The Backbone of Public Health’s Response to HIV/STI

In local communities across Oregon, Disease Intervention Specialists (DIS) work to identify, track, and prevent the transmission of HIV/STI infections. DIS provide nonjudgmental and inclusive sexual health education; quickly connect people to screening, treatment, and other supportive services; confidentially support partner notification of individuals who may have been exposed to HIV/STI; and lead frontline contact tracing for HIV/STI. As skilled and trusted community partners, DIS are often recruited to help address other public health emergencies, like COVID-19 and mpox.

Oregon was able to build a statewide DIS workforce with the help of federal DIS Supplemental Workforce Funds. However, in July 2023, Oregon was informed that due to new agreements made during federal debt ceiling negotiations, these funds would be rescinded at the end of the year – disheartening news at a time when HIV and STI rates are at a record high. OHA and its community partners are regrouping to find ways to mitigate the impacts to DIS and the critical public health infrastructure they provide. Meanwhile, we continue to invest in our DIS workforce to the extent possible. Oregon conducted a

DIS Workforce Evaluation; is developing new training and professional development materials; and is supporting the National Coalition of STD Directors, which – along with federal partners – is currently working to establish a national DIS Certification Program.

Partnering Across Agencies and Jurisdictions to End HIV/STI

The HIV/STI Surveillance Team analyze data and provide information to communities, including ongoing updates to public-facing [data dashboards](#). This information, along with training and tools like dried blood spot testing, at-home rapid HIV testing, and HIV/STI self-collection testing options support local communities to respond effectively to disease outbreaks and clusters. Often, jurisdictions must partner across county, state, or tribal nation lines to conduct disease investigations. In 2023, an increase in HIV/STI cases in Eastern Oregon prompted a multi-agency, multi-jurisdiction response that included medical provider training, digital and social media ads, and increased options for at-home testing.



Working Together to End HIV/STI among Latino/x/e People

Community-based agency, [Familias en Acción](#), was founded in 1998, in response to the need for a culturally specific organization to promote health for Latino/x/e people in Oregon. Familias started their sexual health program in 2020.

In April 2023, Familias en Acción convened a 6 week Learning Cohort focused on HIV/STI prevention in the Latino/x/e community. Twenty-five participants from 18 culturally specific, Latino/x/e organizations from across the state of Oregon met to build community and discuss social determinants of health; stigma; HIV prevention; the HIV Care Continuum; culturally specific programming; and community organizing and leadership. The Learning Cohort was the first of a multi-phase approach to engaging and mobilizing the Latino/x/e community around addressing increases in HIV/STI diagnosis in the community. The Cohort helped to identify priority themes and engagement tactics. A second phase is planned for 2024.

