2026 Oregon Rural Health Conference Presentation Slides

Hidden in Plain Sight

HIV Prevention & Care in Rural Oregon

Christopher B. Fox, MSN, RN, ANP-BC, AAHIVS

Assistant Professor of Medicine

Nurse Practitioner, OHSU HIV Clinic

Clinical Lead, OHSU Tele-PrEP Program

Faculty, Oregon AIDS Education & Training Center

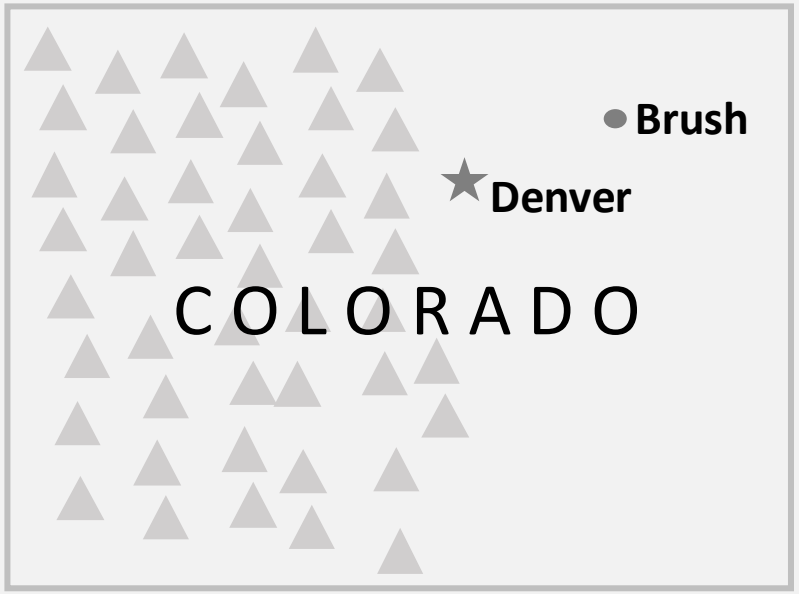
christo@ohsu.edu



43rd Annual Oregon Rural Health Conference 2026 | October 8, 2026

Disclosures

- I have received research funding from ViiV Healthcare
- All conflicts of interest have been mitigated
- I live in Portland, but I grew up in rural northeastern Colorado

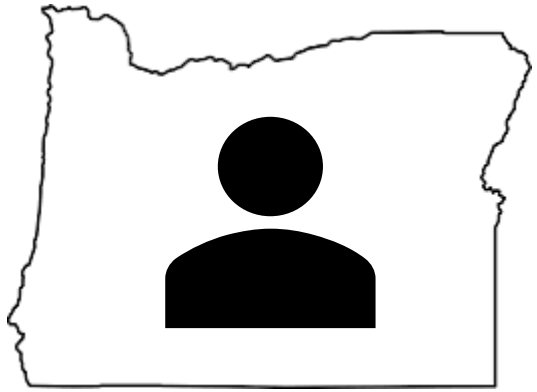


Agenda

- Oregon HIV epidemiology update
- HIV vulnerability in rural Oregon
- Current HIV prevention & treatment
- Strategies for addressing HIV in rural Oregon
- What rural healthcare leaders can do



Case Study: HIV in Rural Oregon



- 30-something cismale
- Living in rural Oregon
- New HIV diagnosis

No HIV Prevention

- Never screened before
- Low knowledge
- Never heard of PrEP

Not an HIV Stereotype

- No sex with men
- No injecting drugs

Delayed Diagnosis

Multiple emergency room visits for fever before receiving an HIV test

Advanced AIDS

- CD4 count 43 cells/mm^3
- HIV viral load 500,000 copies/mL

Disease Complications

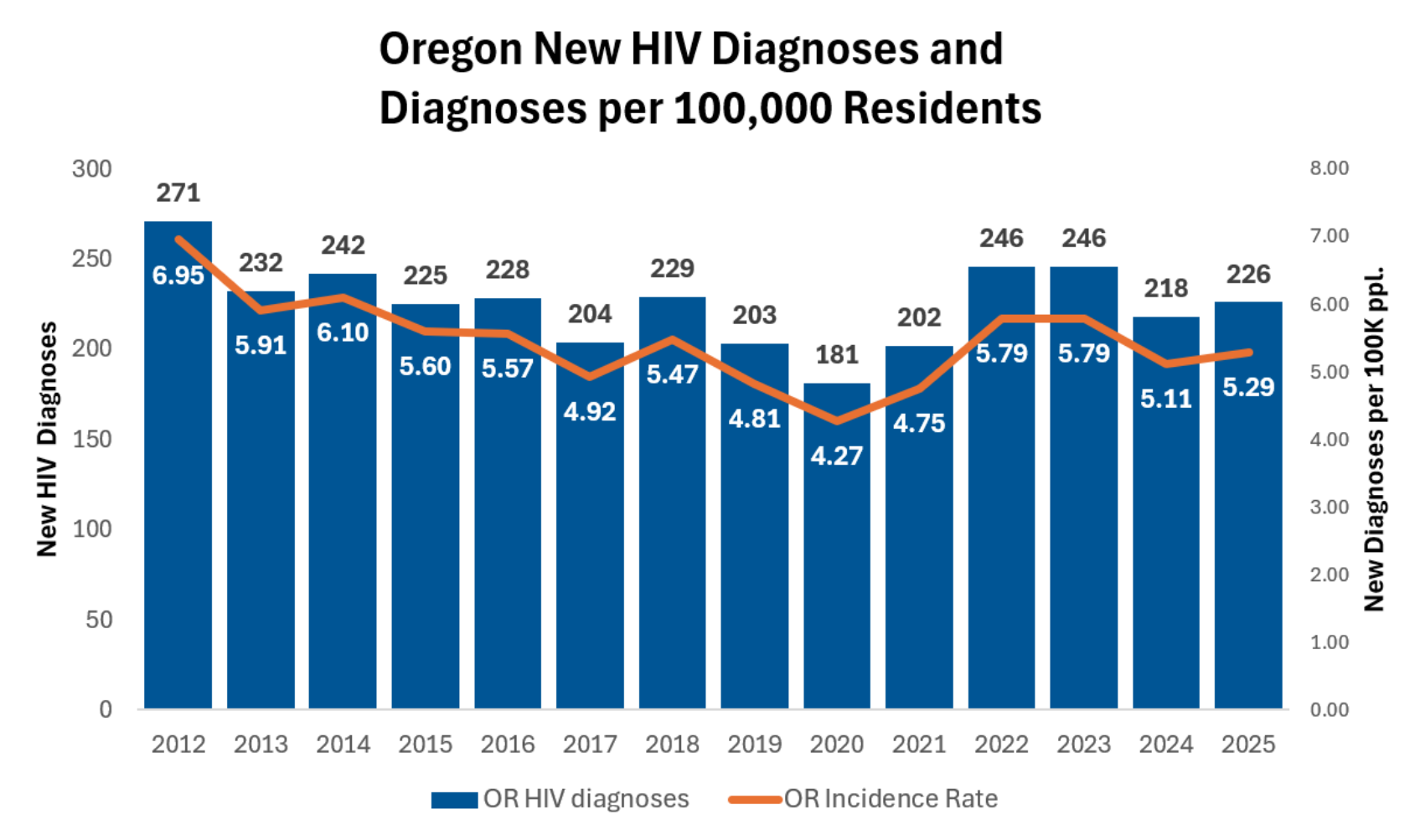
- Life-threatening opportunistic illness
- Prolonged hospitalization

Care Access Barriers

- No local HIV specialty care
- Insurance preventing other care access

Oregon HIV Epidemiology Update

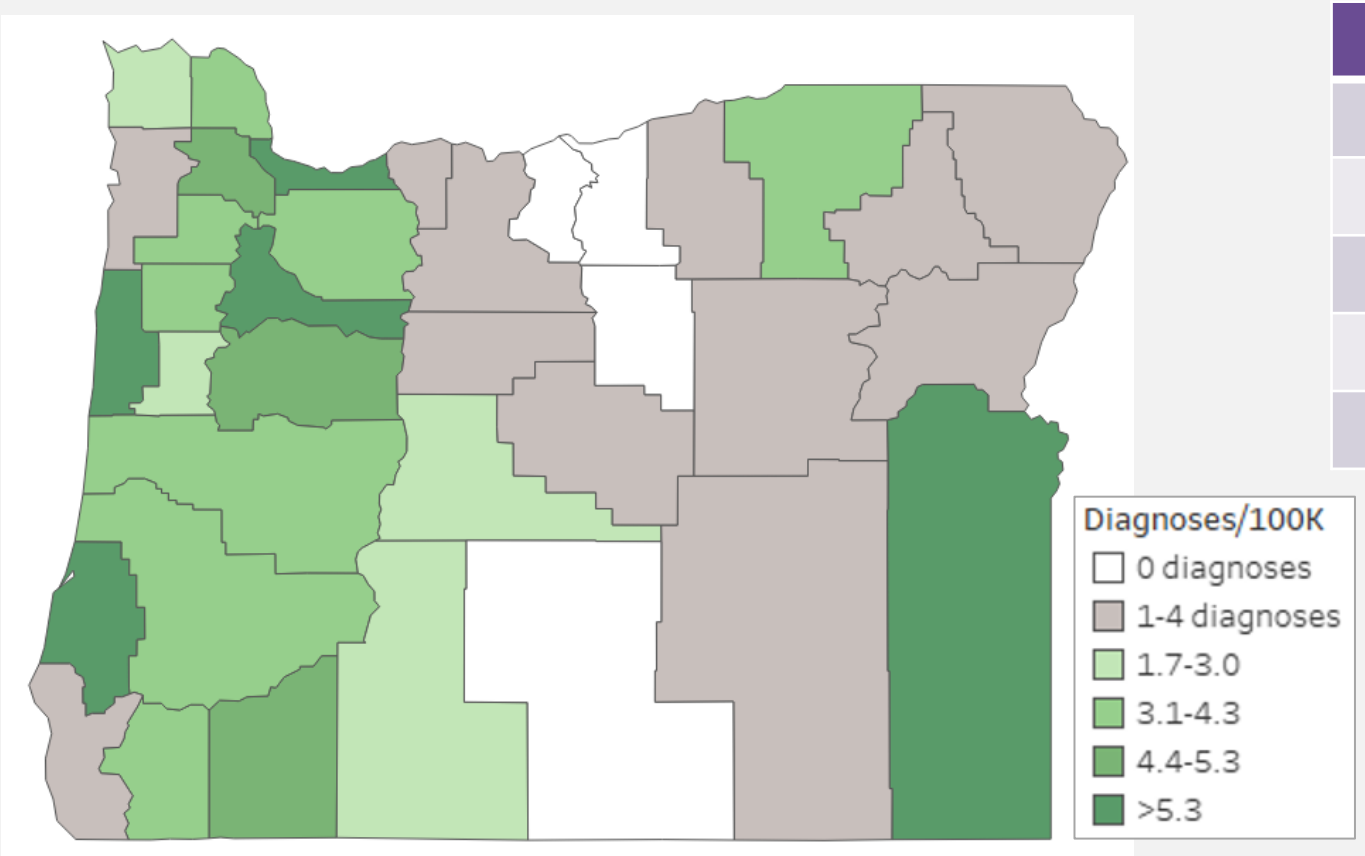
Oregon New HIV Diagnoses



Source: HIV/STI/TB Program, Oregon Health Authority
HIV diagnoses through 2025 and people living with HIV as of 12/31/2025
Prepared by Jeff Capizzi; Questions: jeff.capizzi@oha.Oregon.gov

New HIV Diagnoses by County

HIV Diagnoses Rates in Oregon by County, 2021-2025



*HIV/STI/TB Program, Oregon Health Authority; HIV diagnoses through 2025 and people living with HIV as of 12/31/2025

Highest HIV Diagnosis Rates

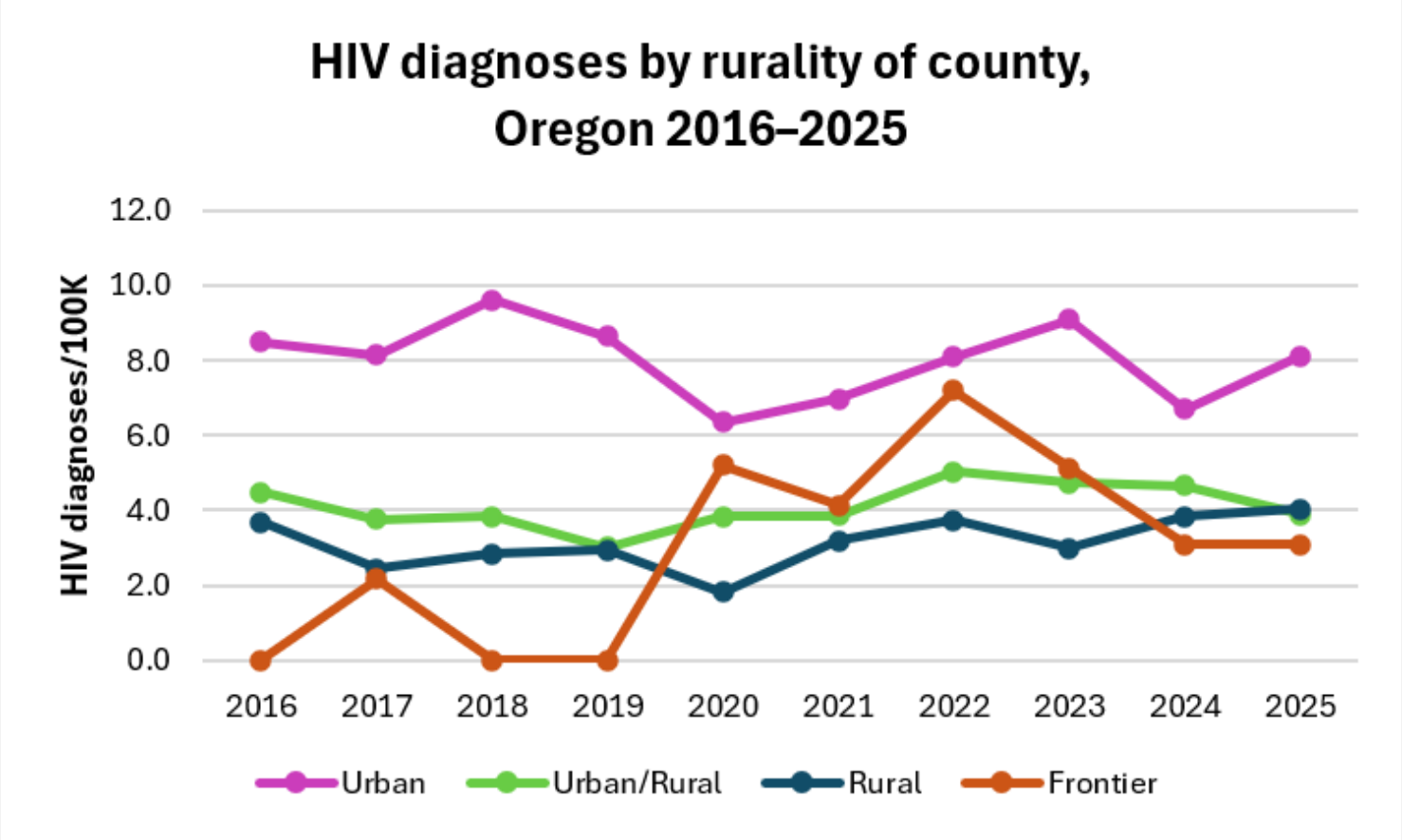
County	Rate per 100K diagnoses
Multnomah	10.0
Malheur	8.1
Coos	7.7
Marion	7.2
Lincoln	5.9

Clusters

- Southwest Oregon (increased rate of diagnosis)
- Eastern Oregon
- Molecular clusters (similar virus)
  - Within SW Oregon counties
  - Specific virus shared across state

Source: OHA; prepared by Jeff Capizzi

New HIV Diagnoses Trends by Rurality of County



Average number of HIV diagnoses

	2016-2020	2021-2025
Rural	25	33
Urban/ Rural	67	81
Urban	116	109

Population growth/shift, 2016-2025

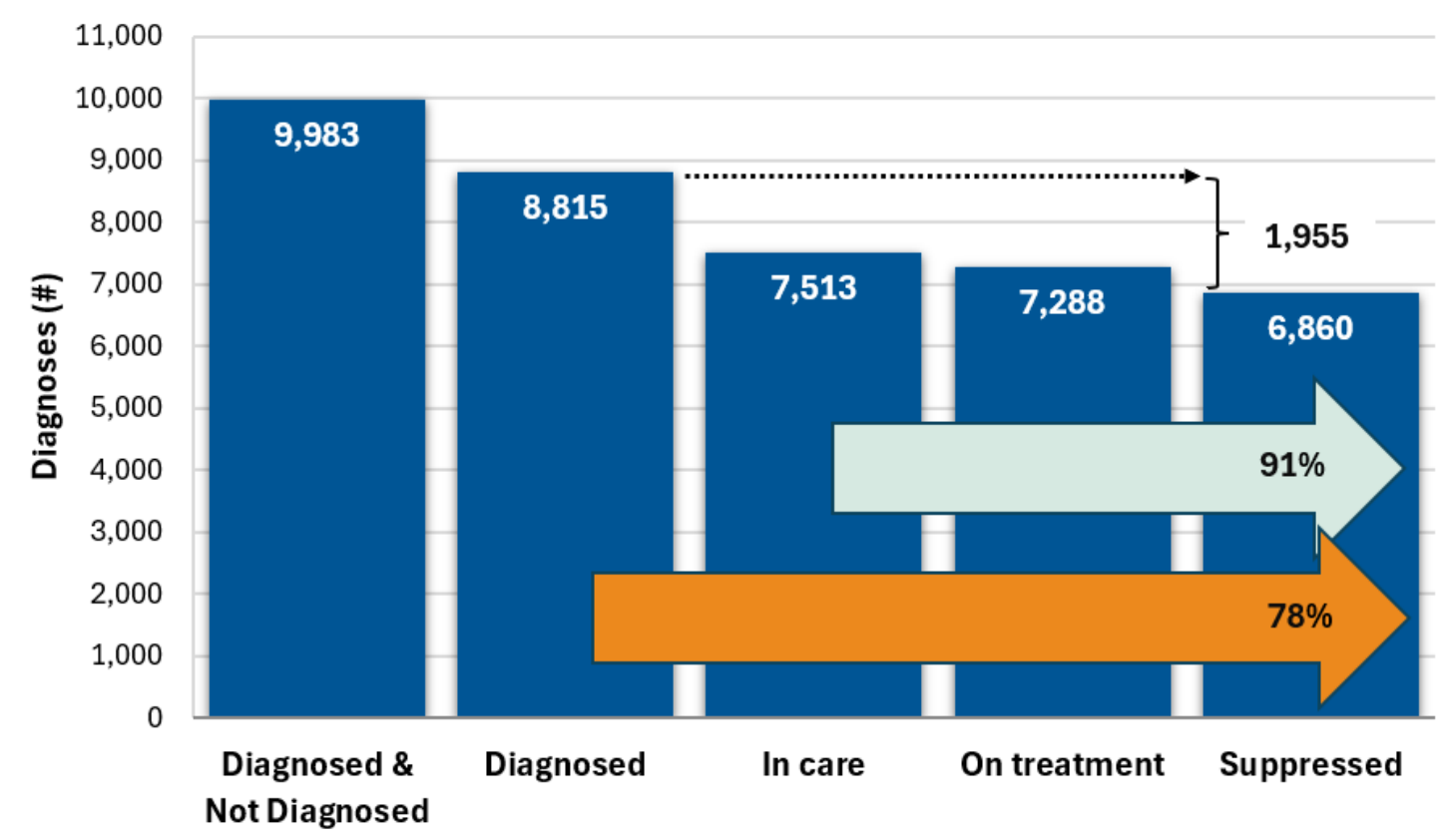
+5.1% in rural counties
+6.0% in urban/rural counties
+1.3% in urban counties

Urban: Multnomah and Washington counties (Region less than 10 miles from a centroid of 40K popl. or more); **Rural**: Clatsop, Columbia, Coos, Crook, Curry, Douglas, Hood River, Jefferson, Josephine, Klamath, Lincoln, Polk, Tillamook, Umatilla, Union, Wasco, and Yamhill (10 miles or more from the centroid of 40K popl.); **Frontier**: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa, and Wheeler (6 or fewer people per square mile); **Urban/Rural:** Counties not defined above

Source: OHA; prepared by Jeff Capizzi

HIV Care Continuum in Oregon

HIV Care Continuum for People Living with HIV Ages 13 and Older



Groups with lower viral suppression

- Males reporting injection drug use
- Experiencing houselessness/unstable housing at diagnosis
- People who exchanged sex for a need
- **Residents of rural counties**
- **Residents of a rural zip code**

Source: OHA; prepared by Jeff Capizzi

Oregon Rural HIV Disparities

Lower probability of survival from HIV over 10 years[1]

83.7% in rural zip codes compared to 89.7% urban zip codes (Chi-sq 6.5; p=0.039)

Overdose or methamphetamine contributing to death increasingly common

People living with HIV in rural zip codes were disproportionaly[2]:

- **Not linked to care in 30 days**
- **Not virally suppressed in 90 days**
- **Had an AIDS diagnosis in 90 days (late diagnosis)**

1. 10-year probability of survival using Kaplan-Meier Survival Analysis stratified by age-group at diagnosis (Breslow Wilcoxon test) among people diagnosed 2016–2025 2. Risk ratio lower than the largest referent group (95%CI) and 5% worse than the state overall.

Data courtesy of Jeff Capizzi, OHA

Rural HIV Health Disparities Nationwide

"A Compounding Health Burden"

Rural people living with HIV face four common compounding factors:

1. Rising chronic disease burden
2. High prevalence of chronic pain
3. Mental health & substance use disorders
4. Unmet oral health needs

HIV Vulnerability in Rural Oregon

HIV Vulnerability in Rural Communities

HIV vulnerability in rural Oregon requires thinking beyond individual risk behaviors and local HIV prevalence

"Vulnerability": capable of being easily hurt or harmed physically, mentally, or emotionally (Merriam-Webster.com)

HIV vulnerability factors

- Awareness
- Stigma
- Geography
- Healthcare access
- Substance use



Image: www.endhivoregon.org

HIV Vulnerability in Rural Communities

HIV Stigma: “Everybody knows everybody”

- Fear of disclosure
- Prejudice & discrimination
- Internalized stigma
- HIV misconceptions
- Lack of role models



Author generated AI image

HIV Vulnerability in Rural Communities

Geographic Challenges



- Transportation to HIV services or general healthcare
  - Lack of transportation
  - Long distances
  - Seasonal factors
- Pharmacy access
- Internet/phone access

Author generated AI image

HIV Vulnerability in Rural Communities

Healthcare Access: Workforce Challenges



- Fragile funding streams
- Competing clinical priorities
- Limited primary care capacity
- Provider lack of confidence in HIV prevention/treatment
- Lack of HIV-champion providers

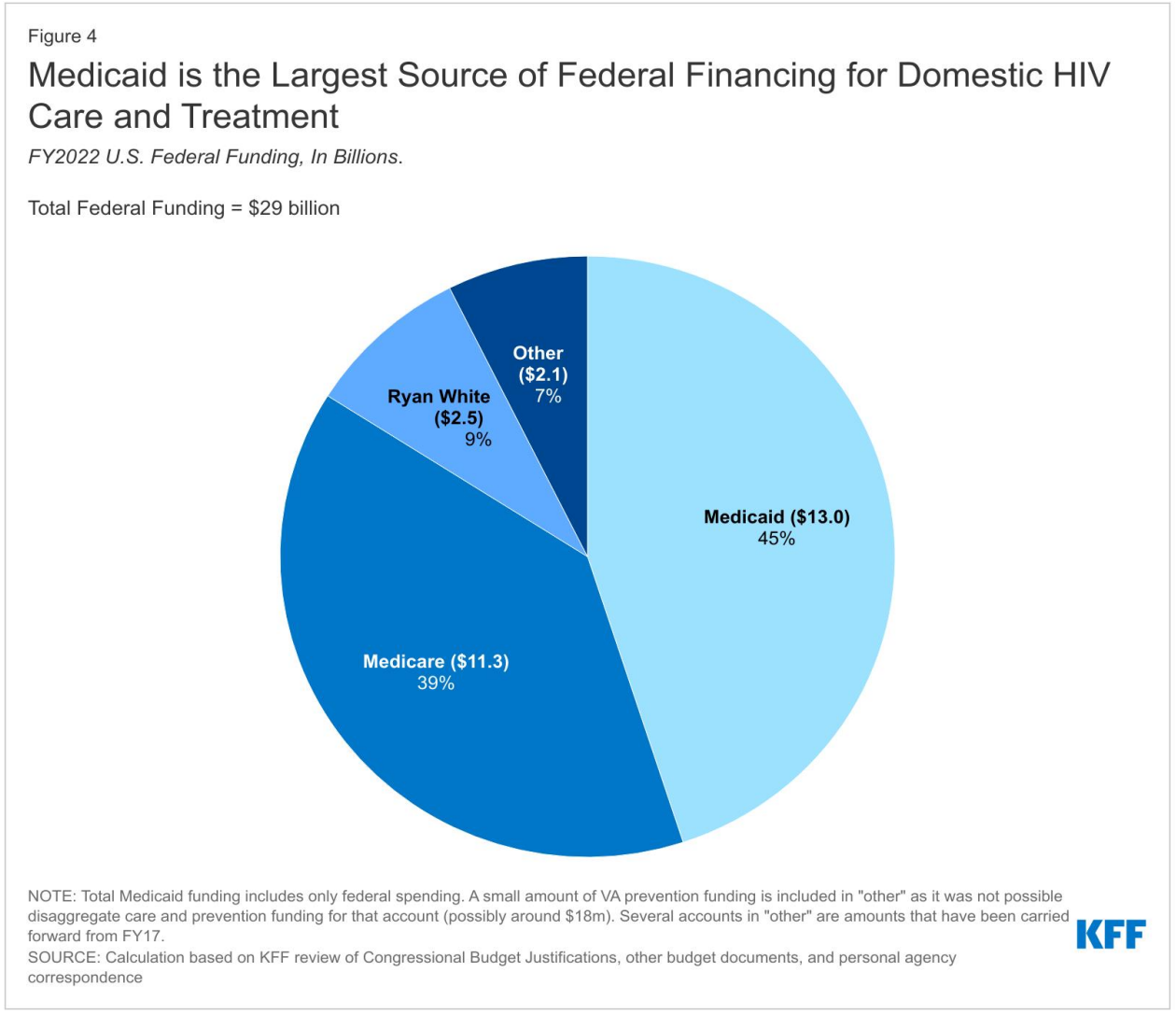
Author generated AI image

HIV Vulnerability in Rural Communities

Healthcare Access: Insurance Coverage

Federal Medicaid Defunding (H.R. 1)

- Work requirements
  (HIV alone is not an exemption in Oregon)
- 6-month renewal requirement
- Required copays in the future



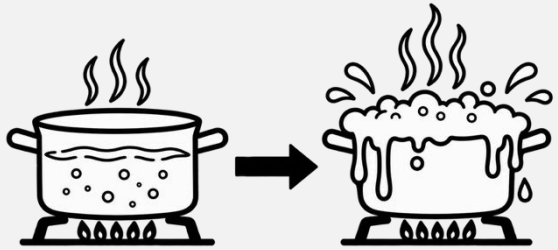
HIV Vulnerability in Rural Communities

Substance Use in Rural Oregon

- Sharing injection equipment
- Methamphetamine use
- Hepatitis C overlap
- Access to harm reduction
- Siloed healthcare services



Scott County, Indiana
2015 HIV Outbreak

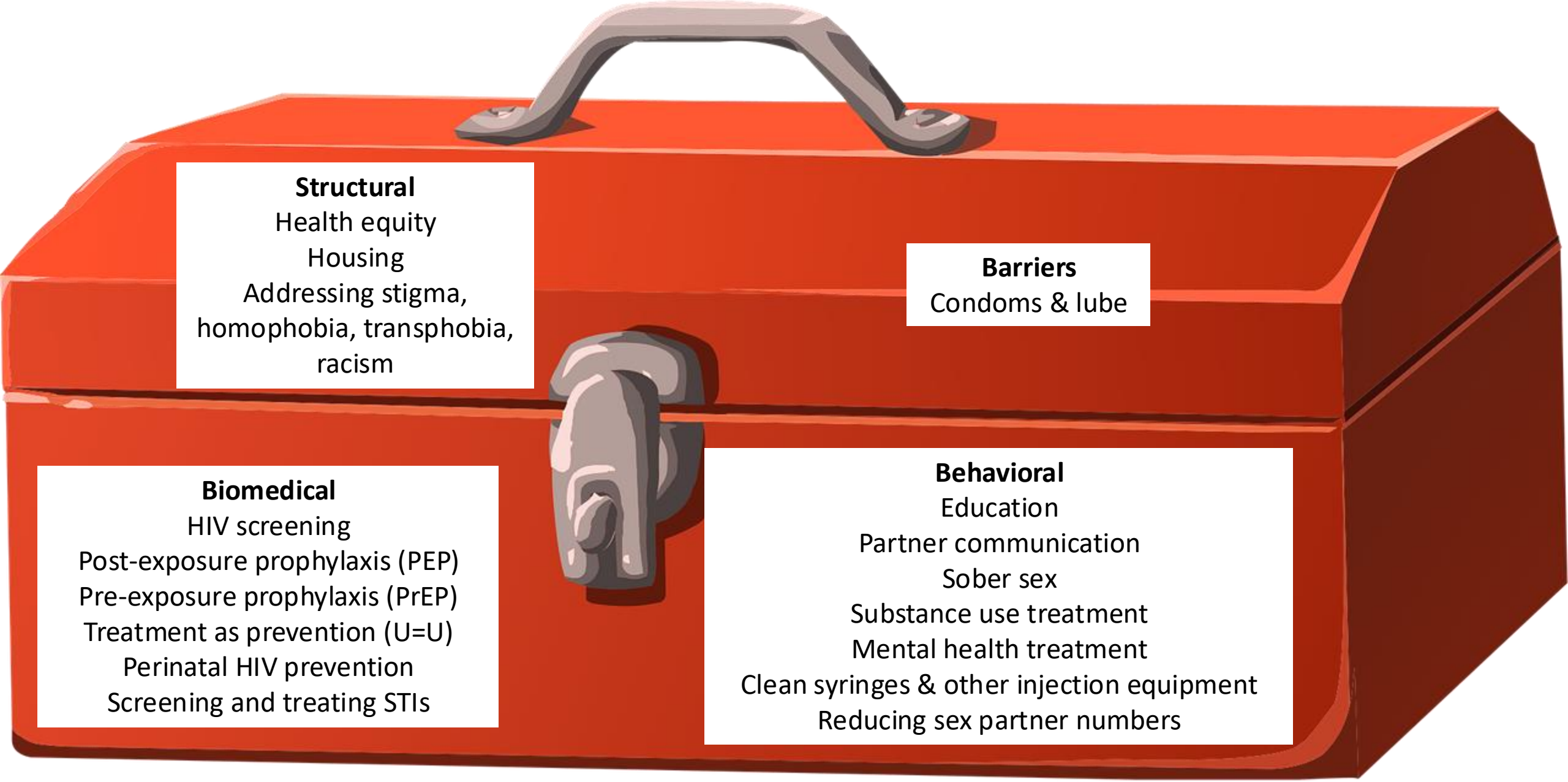


- 181 diagnosed with HIV in 2015 (compared to only 5 during the previous decade)
- Majority of transmissions related to sharing injection equipment

Peters et al, NEJM, 2016; author generated AI image

Current HIV Prevention & Treatment

HIV Prevention Toolbox



Structural
Health equity
Housing
Addressing stigma, homophobia, transphobia, racism

Barriers
Condoms & lube

Biomedical
HIV screening
Post-exposure prophylaxis (PEP)
Pre-exposure prophylaxis (PrEP)
Treatment as prevention (U=U)
Perinatal HIV prevention
Screening and treating STIs

Behavioral
Education
Partner communication
Sober sex
Substance use treatment
Mental health treatment
Clean syringes & other injection equipment
Reducing sex partner numbers

The Foundation of HIV Prevention



- There is ZERO risk of HIV transmission through sex when the people living with HIV has sustained viral suppression on antiretroviral therapy

- Sustained viral suppression is an HIV viral load <200 copies/mL for at least 6 months

Image: Oregon AETC

HIV Testing

Early identification of HIV is essential for:

- Preventing AIDS-related complications
- Improving overall longevity & quality of life
- Preventing transmission



HIV screening should be:

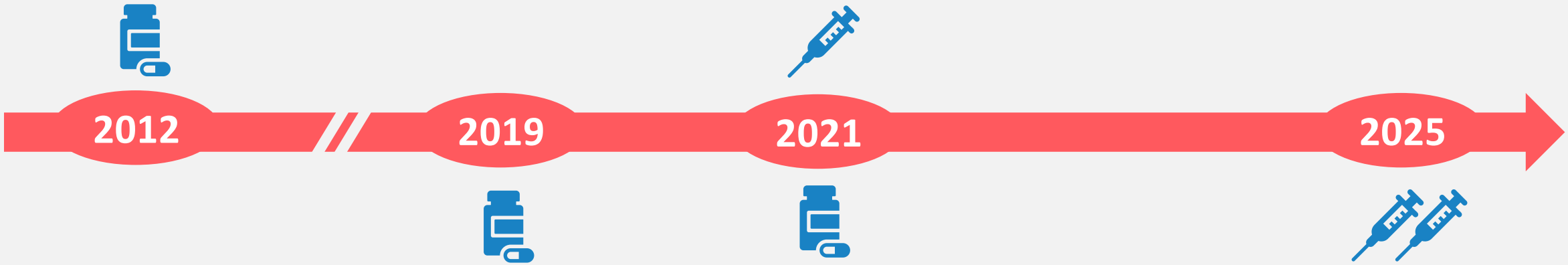
- Universal (everyone ages 13-63 at least once)
- Opt-out
- A routine part of prenatal care

HIV testing in rural areas:

- Universal screening less likely
- HIV often diagnosed in the emergency department

CDC, 2006; USPSTF, 2019; author generated AI image

Evolution of HIV Pre-Exposure Prophylaxis (PrEP)



2012

~99% efficacy for sex &
up to 74% for injection drug use

tenofovir DF/emtricitabine (F/TDF, Truvada®)
FDA-approval
daily oral PrEP

2019

tenofovir AF/ emtricitabine (F/TAF, Descovy®)
FDA-approval
daily oral PrEP

~99% efficacy for sex

2021

~99% efficacy for sex

cabotegravir-LA (CAB-LA, Apretude®)
FDA-approval
long-acting injectable PrEP
(every-2-month dosing)

2-1-1 oral F/TDF dosing
CDC guidelines recommendation published

~86% efficacy for sex in men who have sex with men with proper use

2025

lenacapavir-LA (LEN-LA, Yeztugo®)
FDA approval
long-acting injectable PrEP
(every-6-month dosing)

~99% efficacy for sex

Long-Acting Antiretroviral Era



Long-acting ARVs are changing the landscape of HIV treatment and prevention

Long-acting lenacapavir for PrEP named Science 2024 “Breakthrough of the Year”

Oregon PrEP Access

House Bill 2292 (effective Jan 1, 2026)



- **Oregon-regulated insurers* must offer FDA-approved PrEP agents without**
  - Cost-sharing
  - Coinsurance
  - Deductibles
- **No prior authorizations, no step therapy**
- **Coverage: visits, lab monitoring, related vaccines**

*Oregon-regulated insurers include Oregon Health Plan, ACA marketplace plans, some employer-sponsored plans. Other plans including Medicare and TRICARE must offer PrEP without cost-sharing under the ACA, but not all PrEP agents may be available.

Post-Exposure Prophylaxis (PEP)

What is PEP?

28-day course of HIV medicine taken after substantial risk of exposure to HIV

Start within 24 hours of exposure, but can be started up to 72 hours

PEP is a medical emergency, and all Oregon emergency departments are required by law to dispense at least a 5-day supply of PEP for non-occupational exposures



Antiretroviral Therapy

- Easy to take
  - Most take a daily single-tablet
  - Long-acting injections available
  - Minimal side effects
- Potent, highly effective, durable
- Less toxicity



Image: MWAETC

Delivery of HIV Services



Primary Care

Much of HIV prevention happens in primary care

Uncomplicated HIV can be managed in primary care*

HIV has become a chronic, manageable illness

Comorbidities are managed in primary care

*With or without specialty consultation, depending upon primary care provider training and experience

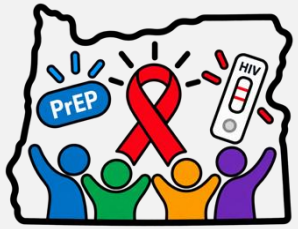
Strategies for Addressing HIV in Rural Oregon

De-stigmatize Rural HIV Healthcare



Recognize that HIV is a rural problem

Normalize HIV testing & prevention





Use first-person, nonjudgemental language

"Person living with HIV" "Person vulnerable to HIV"

Make U=U standard knowledge **U=U**



Build HIV stigma training into onboarding & ongoing education

Partner with trusted community collaborators



Collaboration with HIV Agencies & Public Health

HIV Alliance www.hivalliance.org	Eastern Oregon Center for Independent Living (EOCIL) www.eocil.org	Oregon Health Authority HIV Services https://tinyurl.com/mr2wrhce
• Oregon's largest HIV service organization • HIV prevention, testing, case management • Harm reduction services • Peer support, outreach, housing assistance	• HIV testing, prevention education & harm reduction • PrEP navigation • HIV case management & care coordination • Reducing stigma and improving access to care in rural communities	• Working to build a statewide HIV prevention & care system • Funding, coordinating & supporting community-based HIV services statewide

Telemedicine

OHSU Tele-PrEP Program

- Wide state coverage
- Requires accepted insurance

Commercial Tele-PrEP programs

- MISTR, QCare+, NURX, others

Telemedicine for HIV care

- Informally has been done at the OHSU HIV Clinic since the COVID shutdown in 2020
- More formalized tele-HIV program in development



OHSU Tele-PrEP Program



- Tele-medicine HIV prevention and sexual health
- Patient access and expert PrEP consultation
- Available state-wide in Oregon
- Coordination of long-acting injectable PrEP options
- Short-term and long-term management

Confidential fax for referrals: 503-418-5505

Patients can also self-refer by calling OHSU Internal Medicine (503-494-8562) and asking for a tele-PrEP visit

Home Infusion Pharmacy

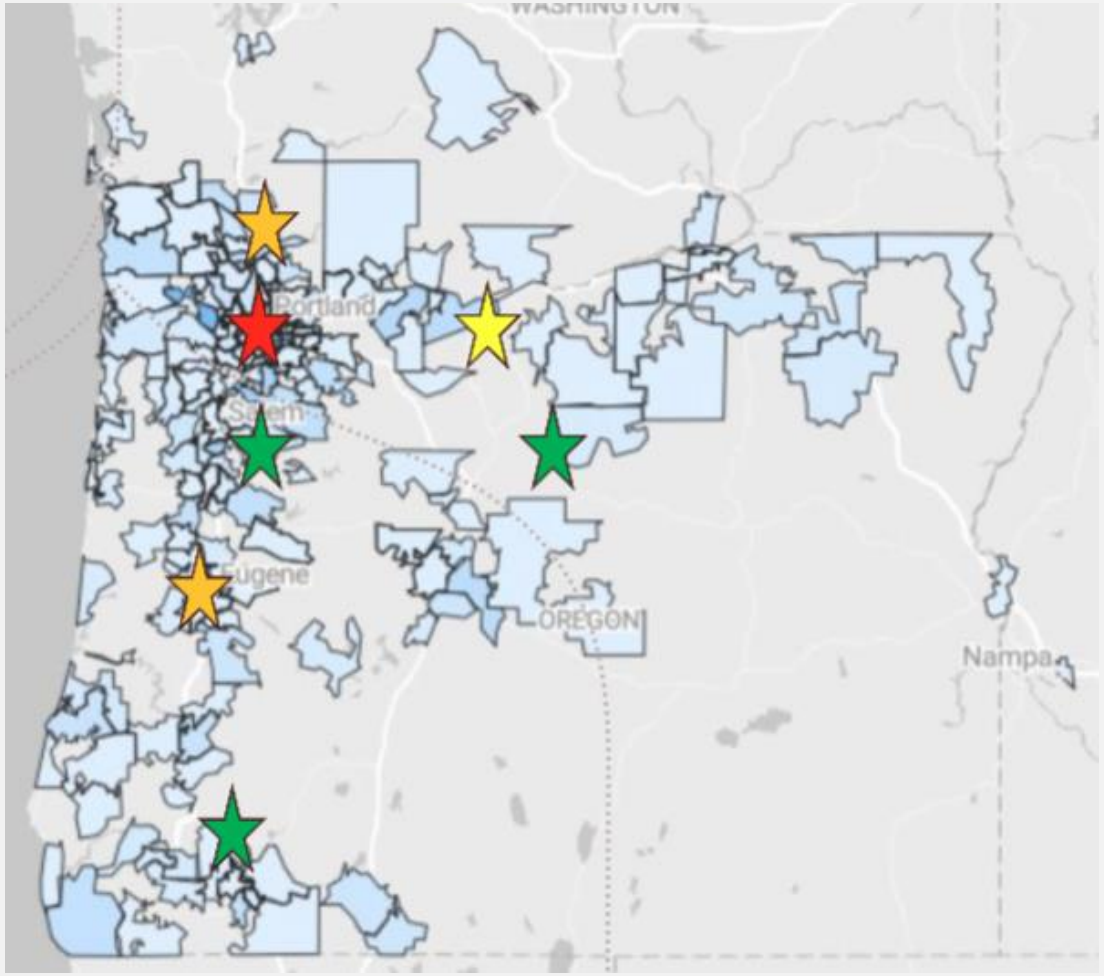
Home Infusion Pharmacy: Patient-centered pharmacy that administers injectable medications by nurses to patients in the comfort of their own homes or another location appropriate for administration

Map Legend

- Zip code served by OHSU HIP
- Concentrated RN workforce
- 2 nurses
- 3 nurses
- 1 nurse

OHSU Home Infusion Pharmacy Access

www.ohsu.edu/pharmacy/home-infusion-services



Courtesy of Amber Webb, OHSU Home Infusion Pharmacy

Collaboration with Peers Support Services

PATHS

Peer Assisted Telemedicine for Health in Substance Users

Healthcare initiative connecting **people who use drugs** to critical medical care by pairing them with supportive **peer mentors** who bring healthcare providers directly to them via **telemedicine**

- Three-year SAMHSA grant to OHSU
- Intent to fill gaps in available rapid local care, not replace existing services

https://peerpathstohealth.org/

PATHS Program Model

Peers at community-based organizations provide

- Outreach, support, telemedicine facilitation, HIV/hepatitis C/syphilis testing

OHSU provides

- Same-day telemedicine for hep C treatment
- Same-day care initiation followed by bridge to local ongoing care:
  - HIV prevention and treatment
  - Medication for opioid use disorder
  - Mental health clinical care and behavioral health consult

Comagine Health provides

- Implementation and evaluation support, working closely with OHSU and CBOs

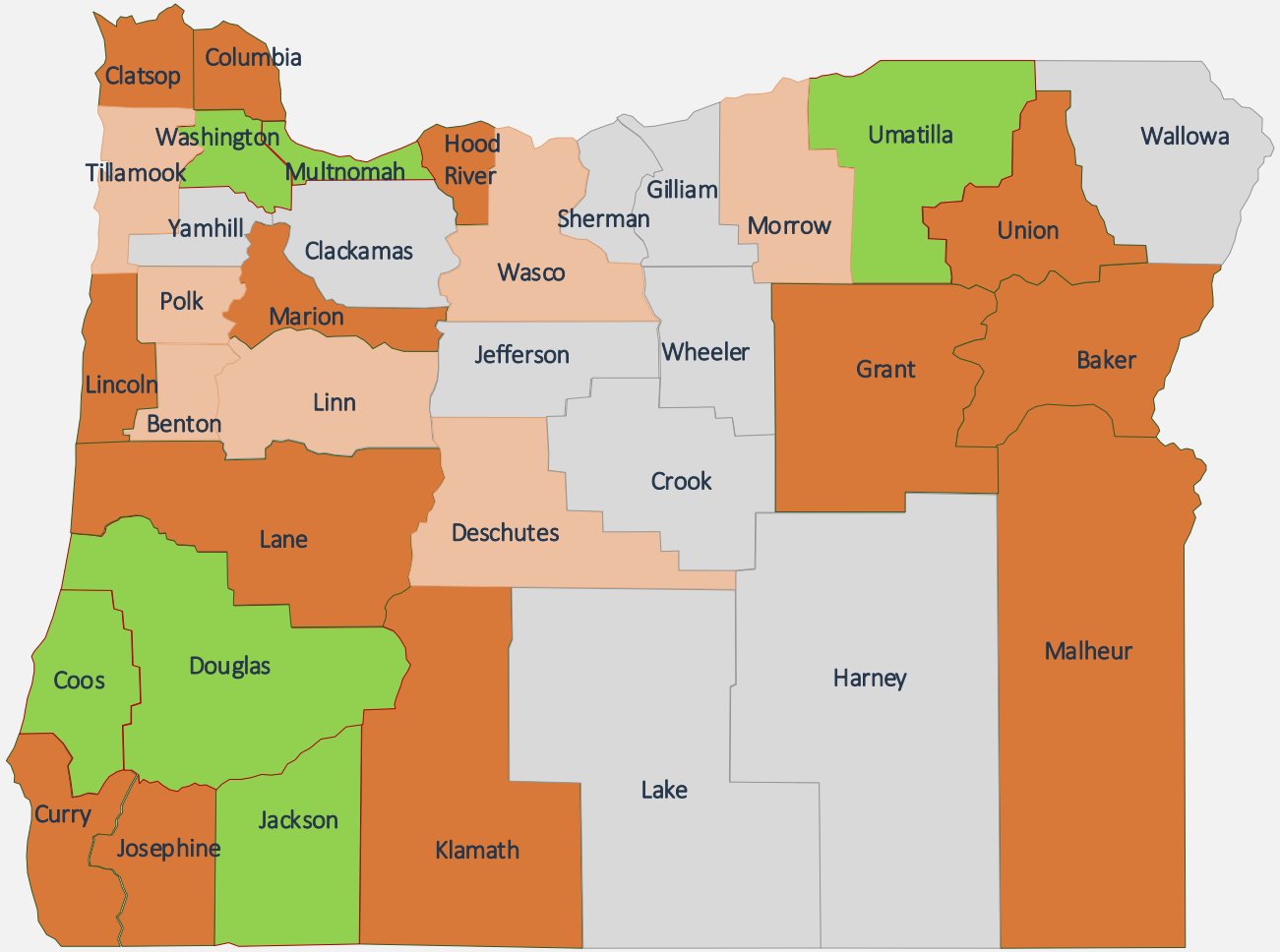
PATHS
Peer Assisted Telemedicine For Health in Substance Users

PATHS Sites by County

Trained in PATHS but haven't implemented

Trained and have implemented PATHS

Implementing **same-day** testing and diagnosis



SAMHSA HCV Elimination grant #H79TI088366

Workforce Development

Oregon AIDS Education & Training Center

HIV workforce development from experts in the field, housed in the HIV/STI Program at the Oregon Primary Care Association

- Provider mentoring: PrEP/PEP prescribing, DoxyPEP, syphilis, HIV management
- HIV clinical consultation
- Communities of practice
- Practice transformations
- Clinical preceptorships

HIV/STI Program

www.oraetc.org

Oregon AETC Online Communities of Practice

HIV Breakfast Club Emerging evidence and best practices in HIV care	**HIV in Primary Practice (HiPP)** HIV basics and integration into primary care	**STI PrEP Forum (SPF)** Emerging evidence and best practices related to HIV prevention and STIs
HIV in Nursing ANAC chapter meeting and peer-to-peer education for nurses working in HIV	**HIV in Carceral Settings Linkage to Care** Explore systems level solutions for pre and post release linkage to care for people with HIV	HIV/STI Program

Join a community of practice today: oraetc.org/communities-of-practice

What Rural Healthcare Leaders Can Do

What Rural Healthcare Leaders Can Do

Recognize that HIV is a rural health problem

Health Systems

Normalize HIV screening and other prevention services system wide

Decrease barriers for HIV care
(remove insurance limitations, expand telemedicine)

Administrators

Invest in workforce training in HIV

Collaborate with HIV community and public health partners

Develop referral pathways to HIV prevention & treatment

Public Health

Strengthen access to HIV prevention services

Defend syringe exchange & harm reduction services

Partner with community-based organizations and peers

Individual Providers

Offer universal HIV screening

Offer PrEP

Identify late diagnoses

Become a practice champion in HIV

Combat HIV stigma

Advocate for HIV issues

Hidden in Plain Sight

Key takeaways:

- HIV is an important health issue in rural Oregon
- Rural communities have unique HIV vulnerability and deserve equitable access to prevention and treatment
- Prevention & treatment work
- Rural systems can dramatically improve outcomes through collaboration
- "The greatest barrier to ending HIV in rural Oregon isn't geography—it's invisibility."

Acknowledgements

Comagine Health

- Caitlyn Jasumback
- Gillian Leichtling

National Rural Health Association

- Zil Joyce Dixon Romero

Oregon Health Authority

- Jeff Capizzi
- Judith Leahy

Oregon Health & Science University

- Christopher Evans
- Hunter Spencer
- Amber Webb

Oregon Primary Care Association/Oregon AETC

- Ashley Allison
- Dayna Morrison



Contact me:
Chris Fox, NP
Office 503-494-7532
Email christo@ohsu.edu