Early Intervention Services and Outreach Intervention

Intervention Implementation Guide

HRSA
Ryan White HIV/AIDS Program

Acknowledgements

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About Early Intervention Services and Outreach (EISO)

This guide provides guidance on the Early Intervention Services and Outreach (EISO) intervention. The Oregon Health Authority receives funding from the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part B and allocated some of those resources to this project. Designed by the Oregon Health Authority and implemented by six local public health agencies (LPHA) representing 12 Oregon counties and the Confederated Tribes of Siletz Indians, the EISO intervention featured time-limited services and outreach to help identify, treat, and prevent HIV and sexually transmitted infections (STIs). This was accomplished by prioritizing HIV testing among persons diagnosed with an STI, and increasing access to testing, education, and linkage to care for HIV and STIs, particularly among underserved populations, including racial and ethnic minorities, sexual and gender diverse persons, and people with a substance use disorder.

Ending the HIV Epidemic in the U.S. Pillar: Treat & Respond

HIV Care Continuum Stage: Diagnosis & Linkage to HIV Medical Care

Priority Population: Low-income persons living with/at risk for HIV and STIs

Setting: Local Public Health Authorities (LPHAs) of 12 Oregon counties and the Confederated Tribes of Siletz Indians Center

Intervention activities remain a cornerstone of End HIV Oregon, a collaborative effort of the Oregon Health Authority and its many community partners. End HIV Oregon is guided by a statewide planning group, which includes persons with and at risk for HIV, public and private agencies, and community organizations.

This guide details components of the EISO intervention and outlines the capacity required by organizations/clinics to replicate this work and support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U.S. (EHE) initiative goals and supporting participants along the stages of the HIV care continuum are key to future programmatic and participant success in HIV care.[1]

Achievements

The EISO intervention dramatically expanded and expedited the services provided to clients in LPHAs, with prioritization of HIV testing of persons with an STI resulting in an HIV positivity rate of 3.0 percent, far higher than the 0.01 percent positive rate found during traditional outreach HIV testing in community settings. The program's expedited linkage to care reduced the number of days from entry into clinical care and viral suppression. In 2019, 79 percent of EISO clients were linked to care within 30 days of a positive HIV test, compared to 66 percent (on average) during the same time frame, from 2013–2017. The average time to viral suppression was 57 days, representing an improvement among all groups.

About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program is administered by the HRSA HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by the RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services for people with HIV who have not been successfully maintained in care. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.

Funding Source

The Oregon Health Authority receives funding from the Health Resources and Services Administration's (HRSA), Ryan White HIV/AIDS Program (RWHAP) Part B and allocated some of those resources to this project. This cooperative agreement was a collaborative effort between HRSA's HIV/AIDS Bureau (HAB) and Bureau of Primary Health Care (BPHC), with input from the U.S. Centers for Disease Control and Prevention's (CDC) Division of STD Prevention. This project supported the implementation and evaluation of clinical and system-level interventions to improve screening and treatment of sexually transmitted infections among low-income people with HIV or who are at risk for HIV.

To learn more about this initiative, visit: **ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/improving-sti-screening-and-treatment**

Getting Started

This table provides a general overview of the EISO intervention so readers can assess the necessary steps required for replication. Implemented at the individual and system levels, this intervention facilitates linkage to and retention in HIV care and treatment for those diagnosed with an STI. The intervention involves five strategies or steps to support clients, as follows:

INTERVENTION AT-A-GLANCE	
Step 1	**Assess Staff Capacity and Training Needs** Review current staffing levels, identifying internal staff experienced in engaging people with HIV and STIs, and recruiting new staff, as needed. Assess gaps in staff training to determine whether employees understand the community's needs around linkage to and retention in HIV and STI medical care. Provide capacity building, training, and technical assistance, as needed for staff, and hire additional support as required. Fill remaining gaps in staff through partnerships.
Step 2	**Build Partnerships** Provide complete access and linkage to care for patients by building partnerships across sectors, such as Federal partners, community-based organizations, and Federally Qualified Health Centers (FQHCs), and within multiple communities. This approach will fill gaps in services and expand geographic coverage.
Step 3	**Develop an Outreach Strategy** Develop a user-focused outreach strategy, placing advertisements in social media channels, websites, and physical locations frequented by the priority population(s) identified through formative research (such as racial and ethnic minorities, sexual and gender diverse persons, people with a substance use disorder, and unstably housed persons).
Step 4	**HIV Testing** Increase HIV and STI testing hours and locations and leverage existing testing and harm reduction services.
Step 5	**Access and Linkage to Care/Referral Services** Develop and distribute information about next steps to people with HIV, people with an STI, and those who tested negative, and facilitate warm handoffs to care and health education, such as medical care and case management.

RESOURCE ASSESSMENT CHECKLIST

Prior to implementing the EISO, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. This intervention is best suited to local public health authorities and related clinics. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

- ❑ Does your organization have experience providing clinical, behavioral, and wraparound services to people with HIV and/or STIs?
- ❑ Does your organization understand the clinical, behavioral, and wraparound service needs of the populations you serve?
- ❑ Does your staff have experience providing culturally responsive, compassionate care for persons with HIV and/or STIs?
- ❑ Does your organization have relationships with people with or vulnerable to HIV and/or STI acquisition who are not engaged in testing and care services?
- ❑ Does your organization have the infrastructure to support increased STI testing, including policies, procedures, and protocols to establish relationships with appropriately licensed pharmacies and laboratories?
- ❑ Does your organization have the communications infrastructure and/or vendor relationships to create marketing materials (both in print and online) to promote the program to the community and encourage client engagement?
- ❑ Does your organization have partnerships with other community organizations to identify and fill gaps in services that can link patients to the care they need?
- ❑ Does your organization have the capacity and staffing necessary to collect and report data about the health needs and outcomes of your clients and present it to diverse audiences?

Setting the Stage

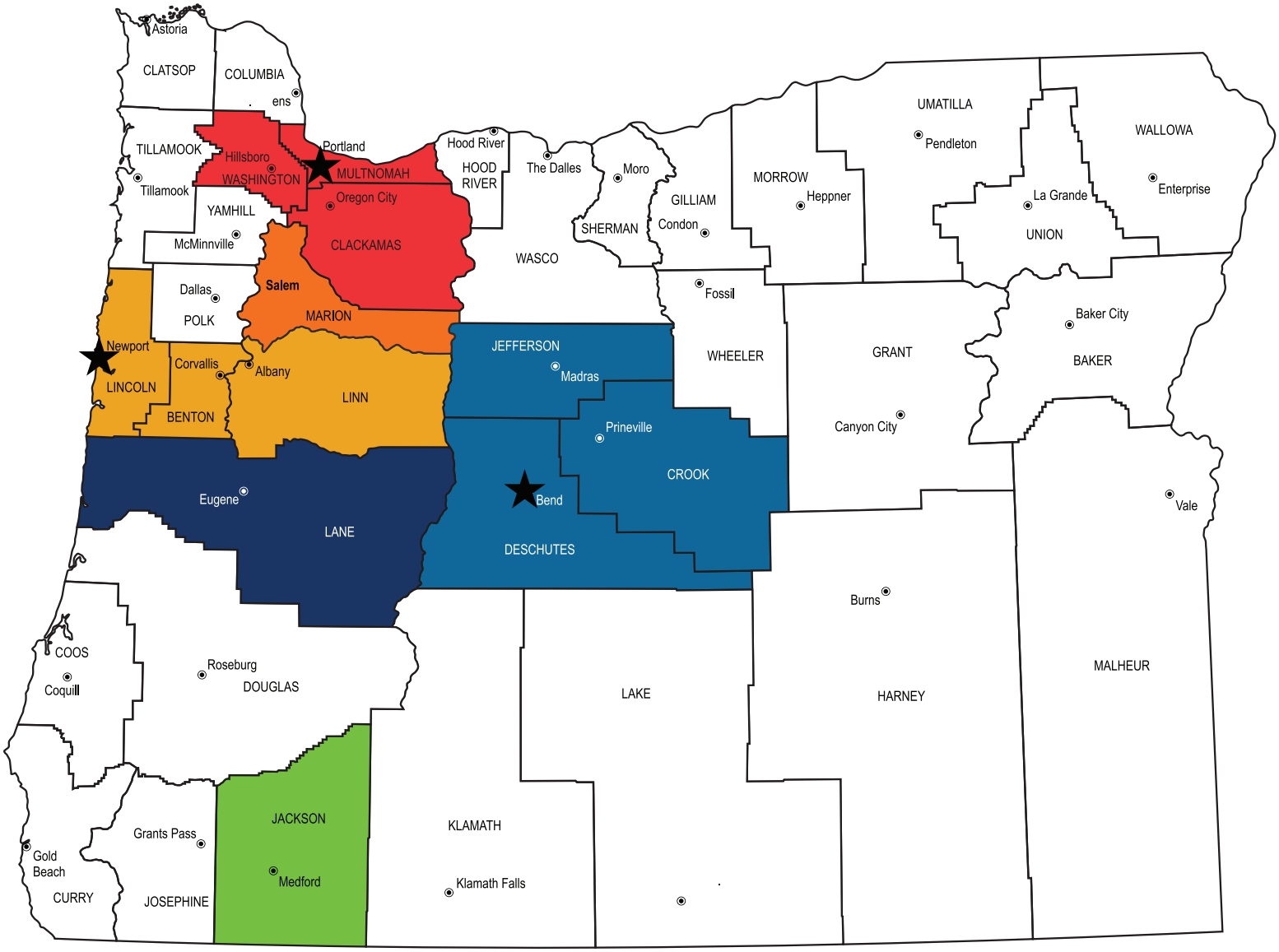
HIV incidence and prevalence rates in Oregon remain low relative to the U.S. overall, with 199 cases occurring in 2019;[2,3] however, Black and Latino/a persons are disproportionately affected. For example:

- Though Black and Latino/a persons represent just 2.4 percent and 14 percent of Oregon's population, they together account for 30 percent of new HIV cases statewide.[4]
- Black and Hispanic/Latino men, respectively, are 3.3 and 1.3 times more likely than white men to receive an HIV diagnosis.[2]
- Black women are 12 times and Hispanic/Latino women 1.6 times more likely than white women to receive a positive HIV diagnosis.[2]
- While more than 80 percent of all persons with HIV in Oregon are virally suppressed,[2] racial and ethnic minorities are more likely to be among those not virally suppressed.[5]

In addition, this group encompasses some of the most marginalized persons in the State, with high rates of poverty, unstable housing, under/unemployment, and limited access to care and comorbidities, including COVID-19 and sexually transmitted infections.[6,7,8] Black and Latino/a persons also are disparately impacted by STIs, with rates of rectal gonorrhea, syphilis, and chlamydia rising steadily over the past decade.[9] Both rectal gonorrhea and syphilis are common HIV coinfections and carry an increased risk of reinfection.[10,11,12] This aligns with trends observed nationwide,[13] including a higher proportion of new HIV diagnoses in STI clinics compared to other sites.

End HIV Oregon saw an opportunity to test a community-driven intervention leveraging a multifaceted approach to EISO services for persons with HIV and/or STIs.[14] The EISO intervention sought to eliminate HIV and STI inequities through increased access to testing, education, linkage to care (or referral to prevention services if negative) and case management.

EISO Grantee Counties



- Multnomah (lead), Clackamas, Washington Counties
- Marion County
- Lincoln (lead), Benton, Linn Counties, Confederated Tribes of Siletz Indians
- Lane County
- Deschutes (lead), Crook, Jefferson Counties
- Jackson County
- ★ Lead county for regional project

Description of Intervention Model

CHALLENGE ACCEPTED

The Challenge: Eliminating new HIV and STI infections through testing, prevention, treatment, and responding to end inequities. This intervention directly addresses the four End HIV Oregon priority areas: testing, prevention, treatment, and ending inequities.

The EISO intervention seeks to ensure persons with HIV and STIs in Oregon have access to high-quality care, free from stigma and discrimination. Short-term goals of the EISO intervention include increasing HIV and STI testing hours and locations and engaging persons newly diagnosed or not engaged with HIV services into care while linking those with STIs (and not HIV) to pre-exposure prophylaxis (PrEP).*

Longer-term goals focus on identifying and treating more HIV and STI cases and supporting community partnerships foundational to health equity.[15,16]

In collaboration with their local communities, LPHAs leverage EISO to modernize and increase the capacity of the State's public health infrastructure in identifying, treating, and preventing HIV and STIs. Funds are used to hire staff, purchase equipment, and implement other measures to quickly implement the infrastructure needed to identify rectal gonorrhea, early syphilis (defined for EISO as primary, secondary, and non-primary, non-secondary syphilis), refer to treatment, and link those at risk for these infectious diseases to additional prevention and care services.

In addition to testing, the EISO supports new partnerships among organizations delivering infectious disease prevention and among community-based organizations, especially those addressing the needs of populations bearing a disparate burden of HIV and STIs. Clients diagnosed with HIV and STIs are linked with community partners, facilitating access to clinical prevention and treatment and behavioral and wraparound services, such as transportation and housing. The intervention provides additional support to clients with a previous HIV diagnosis who stopped or never sought services integral to viral suppression.[14]

*PrEP medications were funded through other sources.

Theoretical Model

The Early Intervention Services and Outreach Intervention is grounded in community-based participatory research (CBPR), a collaborative model in which professional researchers and community stakeholders design, enact, and evaluate research and interventions. Together, these efforts inform action and engender shared knowledge and social change. Unlike traditional top-down interventions, in which government and academic entities "align" research with community priorities, CBPR-informed approaches like EISO generate thoughtful, comprehensive, and integrated programs.[17,18] Oregon officials and community partners, guided by the End HIV/STI Oregon Statewide Planning Group, worked to sustain EISO activities beyond the contract period to ensure continued improvement of community health outcomes and elimination of social and health inequities.[19]

Most notably, EISO draws on CBPR's interdisciplinary and collaborative approach to develop health interventions that thoughtfully, compassionately, and ethically engage community stakeholders delivering services to populations historically marginalized from larger sociopolitical and economic systems that impact their health and well-being.[20] CBPR facilitates input and buy-in into the creation, facilitation, and support of intervention activities, data collection, action, and decision-making.[21]

Community-Based Participatory Research (CBPR) Model

Contexts	Partnership Processes	Intervention and Research		Outcomes
Social and Structural Determinants of Health Driving HIV and STIs Political and Policy Landscapes Public Health Importance Organizational Capacity and Readiness Collaboration Trust and Mistrust Across Organizations, Communities, and Clients	Individual Characteristics Relationships Partnership Structures (Funders, Community, Academic, Government, Health Care)	**Processes** Integrate Community Knowledge Empower Processes Community Involved in Research	**Outputs** Population-Appropriate Interventions Partnership Synergy Appropriate Research Design	**Short-Term** Policy Environment Sustained Partnership Shared Power Relations in Research Cultural Reinforcement Individual Agency/ Capacity Research Productivity **Long-Term** Community Transformation Social Justice/Equity Health Policy

Based on the model developed by Wallerstein *et al* (2008)[22] and Wallerstein and Duran (2017),[23] this CBPR model shows the interrelated processes driving the EISO intervention's creation, implementation, and evaluation. Adapting the EISO intervention begins with an audit of the socioeconomic, political, public health, organizational, and collaborative landscapes of both the populations of focus and the organizations that serve them. This can be done through qualitative (such as key informant interviews and focus groups) and quantitative (including surveys) approaches. Interventions created through productive partnerships clearly define the primary players; the formal/informal agreements and financial investments required at the organizational and community levels; and the individual and relational motivations, identities, dialogues, leadership, and participatory decision-making mechanisms supported. The EISO intervention itself is a culmination of integrated efforts comprised of culturally-appropriate activities and productive partnerships. Together, these efforts result in desired changes in policy, collaboration, research, and capacity that increase HIV and STI testing hours and locations and expand HIV and STI partner services. These activities ultimately drive longer-term goals of community transformation, social justice, equity, and sound health policy.

Intervention Steps

1 Identify Your Priority Populations and Their Needs

Conduct key informant interviews, focus groups, and/or confidential surveys with employees and review state and local data to identify populations most impacted by HIV and STIs and assess their current clinical, behavioral, and wraparound service needs. Review epidemiological data. Ensure alignment with state and local HIV elimination plans, like Getting to Zero, Ending the HIV Epidemic (EHE), and Ending HIV efforts.

2 Assess Staff Capacity and Training Needs

Review current policies and procedures to ensure the implementation of proper guidelines. Based on previous assessments, facilitate employee training and technical assistance and hire additional staff as needed. ***Note:*** If your agency does not have prior experience with HIV and/or STI treatment, schedule time to ensure staff receive the training they need to increase their comfort with and competence in delivering EISO services.

3 Build Partnerships

Take inventory of clinical, behavioral, and wraparound services that you can and cannot deliver. Identify partners that can help bridge any gaps in services. For example, if your organization does not link individuals to housing or transportation, partner with agencies that can connect patients to these services. In addition, consider partners that can extend your organization's geographic and demographic reach.

4 Develop an Outreach Strategy

Develop a user-focused outreach strategy based on data drawn from your formative research and metrics from previous outreach efforts, such as emails, social media promotions, and websites (as available). Work with partners and communications vendors to create additional promotions to reach populations of focus for your intervention for distribution across diverse media outlets.

5 Testing

Increase HIV and STI testing hours and locations and provide testing and harm reduction services. Increase the number of HIV, syphilis, and gonorrhea tests by leveraging existing testing resources.

6 Access and Linkage to Care/ Referral Services

Upon receiving their results, give patients easy-to-read health information to better understand their diagnosis, treatment, and resources to remain safe and healthy. Link persons who have previously or recently received an HIV or STI diagnosis to health education, medical care, and case management, facilitating engagement in HIV and STI treatment, and PrEP, as appropriate. This work seeks to improve client health by supporting the elimination of inequities among people with and vulnerable to HIV and STI acquisition, such as unstable housing, under/unemployment, inadequate health insurance, lack of transportation, limited or no social support, and low health literacy.

STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION

Staffing/Organizational Capacity

Leverage internal staff and those from external partner agencies to implement the intervention. Designers of the EISO recommend the following staff positions and competencies to implement the intervention. Note that the duties detailed below can be incorporated into existing employees' responsibilities or fulfilled by part-time staff. In general, only one person is required in each role. Depending on your geographic location, population(s) served, and local HIV incidence and prevalence, you may need more than one Disease Intervention Specialist (DIS) Public Health Nurse.

Staff Positions

- *EISO Supervisor/Manager:* The EISO Supervisor/Manager implements policy updates, procedures, and protocols for staff recruitment and training and program monitoring. The latter entails helping establish and ensure attainment and maintenance of performance indicators, while overseeing pharmacy and laboratory licensing, procedures, and quality assurance; conducting in-service trainings at local community-based organizations; and networking with community gatekeepers to enhance community awareness, engagement, and recruitment. This staff member also helps set up and engage a Community Advisory Board comprised of clinical, behavioral, and wraparound service providers, community leaders, clients, and other stakeholders. Based on identified needs, the Supervisor/Manager recruits and engages community-based partners and manages budgets, invoicing, reports, and contracts. The Supervisor/Manager also works with public health clinics to coordinate focused clinic hours and improved processes for clients requiring DIS and partner services while improving disease intervention and outreach testing and services as needed.
- *Regional EISO Project Coordinator:* The Regional EISO Project Coordinator engages community partners of diverse geographic locations, organizational types, and population focus to increase awareness and testing for HIV and STIs. The Coordinator facilitates staff training through a technical assistance provider (such as an AIDS Education and Training Center) and ensures implementation of enhanced sexual history taking, HIV and STI testing, PrEP navigation, and other services with clients. The Coordinator creates and manages the program's comprehensive resource manual system and centralized presentations showcasing the results of the intervention. The Coordinator also oversees the program's marketing to general audiences and potential clients; ensures quality assurance and facilitation (ordering, distribution, and so on); and organizes targeted outreach testing event coordination and reporting.

Staff Positions (*continued*)

- *Disease Intervention Specialist Public Health Nurse:* The DIS Public Health Nurse delivers timely HIV, syphilis, and gonorrhea case investigation and partner services, including EISO enrollment and referral services for persons newly diagnosed with HIV or an STI(s). This person develops relationships with communities disproportionately impacted by HIV and STIs and provides education and outreach testing services, while ensuring the implementation and updating of program policies, procedures, and protocols. The DIS Public Health Nurse is charged with programmatic outreach and documentation, working with the Coordinator to develop and deliver presentations about the EISO for diverse audiences. The DIS Public Health Nurse also is charged with crafting and maintaining laboratory inventory procedures, ensuring their integration with electronic health record systems. They also brief medical directors and staff about increased rates of HIV and STI coinfections among underserved populations.
- *Nurse Practitioner/Prescribing Clinician:* The Nurse Practitioner/Prescribing Clinician provides underserved clients diagnosed with HIV and/or STIs enhanced EISO services. This position collaborates with the DIS Public Health Nurse and other staff to arrange EISO and partner services during clinical appointments; completes and files requisite paperwork; assists with provider management; and facilitates onsite testing with underserved populations (such as unstably housed persons) as needed.
- *Data Analyst (HIV and STI Epidemiologist):* The Data Analyst facilitates data management, quality assurance, and reporting, standardizing data collection methods to bolster program performance and developing management/visualization of HIV and STI data for online and printed reporting mechanisms (websites, dashboards, reports, presentations, etc.). This person identifies characteristics of the general population and those diagnosed or at risk for acquiring HIV or STIs in the defined catchment area and assesses existing data for completeness, representativeness, timeliness, and reliability.

Staff Characteristics

Core competencies include:

- Experience working with people with HIV and STIs;
- Core public health DIS training;
- Understanding the intersections of HIV, behavioral health needs, housing instability, and substance use disorders;
- Ability and willingness to prioritize people with HIV who are experiencing housing instability as the experts in their own lives, with autonomy to decide their own goals and outcomes, and to provide feedback on how programs can be structured to meet their unique needs;
- Pre-established relationships with community organizations and resources for supporting community members in addressing housing and employment challenges; and
- Knowledge of recruitment strategies and how to properly engage with program participants.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context. Successful replication of the EISO intervention involves:

Facilitate Access to Leadership Support: Leadership support and community engagement are critical to the success of the project, along with frequent communication and check-ins between the LPHAs, county and tribal entities, and community partners.

Establish a Collaborative Community Advisory Board (CAB): Comprised of clinical, behavioral, and wraparound service providers, community leaders, clients, and other stakeholders, the CAB provides insight and guidance on all aspects of the EISO intervention. Leverage the resources and knowledge of the CAB to identify the unique needs of each partner on the project and allocate resources and technical assistance accordingly.

Create Uniform Infrastructure, Policies, and Procedures: The infrastructure of service areas can vary widely, resulting in differences in the resources and support needed to implement and ramp up EISO. Some programmatic activities, captured in standard operating procedures and protocols, may need to be adjusted due to differences in HIV and/or STI incidence rates and other staffing and resource issues across jurisdictions.

Ensure Access to Training for All Staff: All staff participating in the intervention need training and instructions to ensure fidelity in implementing the EISO intervention. EISO leaders and community partners, in coordination with the CAB and technical assistance and training providers, should help identify and address gaps in disease intervention, cultural competency, and other areas, facilitating client access and engagement with EISO promotions and services.

Support Ongoing Data Collection, Management, and Reporting: Well-established protocols for data collection and management are integral to quality assurance and reporting. Web-based dashboards and reporting mechanisms related to EISO activities and results can help partners understand changes in HIV and STI incidence rates in real-time throughout the program, highlighting areas for improvement and providing opportunities to celebrate successes. Standardization of data collection supports expedited reporting to local, State, and Federal entities.

Securing Buy-in

Securing the support of leadership, staff, and other relevant stakeholders represents a crucial step in implementing a novel intervention. The following strategies may help to secure buy-in for the EISO intervention:

- ***Understand the sociopolitical landscape of your State.*** Oregon, for instance, is a Home Rule State, where counties have authority over their public health programming. Your jurisdiction may need to adjust the implementation of the EISO accordingly.
- ***Form a Community Advisory Board*** of clinical, behavioral, and wraparound service providers, community leaders, clients, and other stakeholders. This group should work together to identify populations who could benefit from the intervention, noting their record of HIV and STI testing, incidence/prevalence rates, and service needs. Leverage the Board's combined community, academic, policy, financial, and healthcare knowledge to create comprehensive EISO approaches that address the needs of your priority populations and leverage synergy among partners.
- ***Create an EISO brand identity*** to help recruit and re-engage clients and promote the program internally among staff and other stakeholders. Consider creating an orientation checklist that enumerates all required and desired training and resources for staff.
- ***Standardize data collection and visualization*** across websites, dashboards, and presentations for local, State, and Federal partners and other stakeholders. Highlight the impact of EISO on HIV and STI prevention and treatment services.

Overcoming Implementation Challenges

Intervention leaders and community providers may face challenges when implementing the EISO, which can be overcome as follows:

- ***Linkage to Care and Viral Suppression Support:*** Work with current EISO and nontraditional partners to develop strategies to recruit populations at increased vulnerability to HIV and STIs into EISO services and link them to care and case management, as needed. Focus on populations experiencing higher rates of HIV diagnoses, guided by local epidemiology and community input. Bolster EISO services through the provision of housing and other wraparound services.
- ***Integrated STI/HIV Testing and PrEP Referrals:*** Create a dynamic testing and warm service referral framework through partners with community organizations and clinical, behavioral, and wraparound service providers. Establish EISO HIV and STI testing and referral systems.
- ***Partner Services:*** Ensure that you and your partner organizations establish uniform service tracking and data collection mechanisms. Note that the EISO's partner services can also be resource-intensive and vary during times of external stress, like that experienced during the COVID-19 pandemic and in the wake of environmental and weather-related emergencies.
- ***Upgraded Technologies:*** Consider leveraging digital approaches to facilitate access to and tracking of EISO services. Digital partner services (DPS), for example, include websites, texting, apps, and other tools to facilitate HIV and STI case investigations (sex or injection partner notifications and connection to risk reduction counseling, testing, and treatment). Implement policies and procedures to support uptake and trainings for partners on new technologies.
- ***Client Engagement:*** Create a strategic plan around EISO recruitment based on formative assessments of client needs and past promotions. Partner with organizations with extensive reach in your communities of interest to increase recruitment. EISO programs with few new HIV or STI diagnoses can leverage their resources to augment and modernize their public health and infectious disease infrastructure (integrated HIV and STI testing, partner services, and outbreak response plans).
- ***Resources/Inequities:*** Identify additional gaps and opportunities around HIV and STI testing within your priority populations. Build internal and partner organization staff capacity to meet client needs by providing additional technical assistance and training. Consider additional partnerships with agencies that can address HIV and STI testing barriers.

Promoting Sustainability

To ensure the long-term sustainability of the EISO intervention, consider the following:

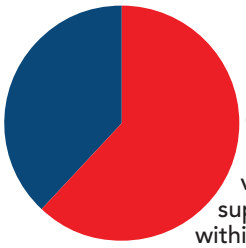
- Ensure that HIV and STI EISO activities meet community needs. Work with community partners to ensure that intervention funding and activities engage populations identified by administrators, providers, and communities. Use data to direct staffing, evaluation, and financial decisions related to testing, prevention, clinical, and behavioral services for clients. Conversely, use data to identify services that can be discontinued without causing harm to clients, redirecting resources as appropriate.
- Examine existing funding streams to identify which can be leveraged to support EISO services. Identify clinical services that may be billed to Medicaid and private payers and develop systems for collecting revenue. Review budgets carefully to ensure that staffing and services are allowable expenses under existing grants and are not already funded by other sources.
- Consider frontloading capacity building costs, which facilitates rapid infrastructure installation, including onboarding and training of staff and recruitment and installation of laboratory testing vendors and procedures. Resources can be adjusted as needed in later years.

BY THE NUMBERS

In 2021, all persons in EISO counties identified with HIV and rectal gonorrhea (n=174) and early syphilis (n=1,900) were enrolled in EISO services. These persons accounted for the vast majority of three infections in the state of Oregon:

- **87** percent of HIV infections
- **92** percent of early syphilis infections
- **97** percent of rectal gonorrhea infections

57 days to achieve viral suppression among EISO-enrolled clients



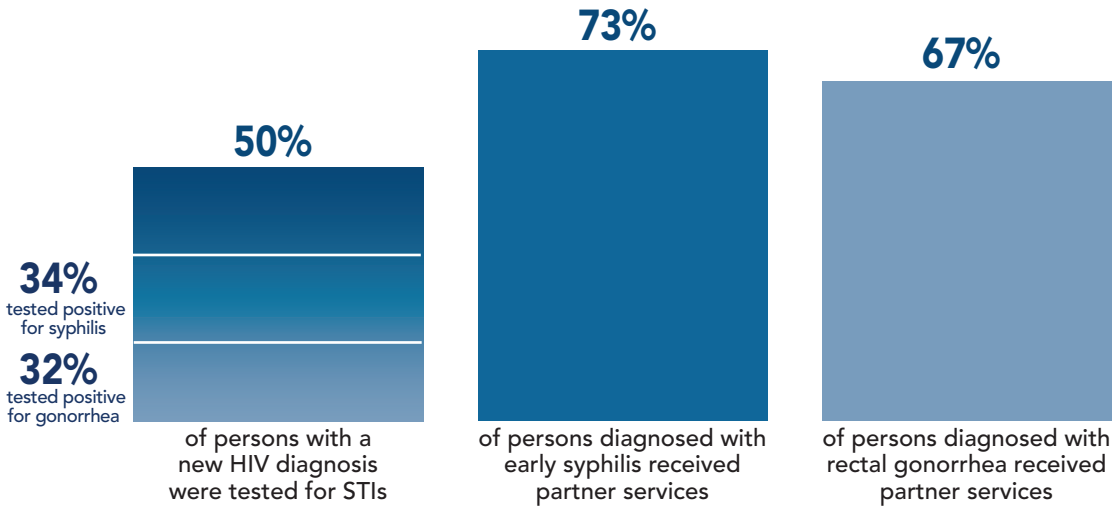
62% achieved viral suppression within 6 months

EISO enrollees received integrated HIV and STI testing with expedited linkages to HIV and STI prevention and medical care and case management, as needed. The goal was to facilitate viral suppression among those with HIV within six months:

79% (n=132) of persons with a new HIV diagnosis enrolled in EISO were linked to care in 30 days or less

75% of EISO clients were linked to HIV case management

EISO counties identified high rates of HIV and STI coinfections, creating opportunities for partner services, HIV testing, PrEP referrals, and linkage or relinkage to HIV medical care, depending on a patient's HIV status:



Conclusion

Despite the ongoing challenges of COVID-19, EISO programs continued to enroll people with a new HIV diagnosis into intensive services to ensure that they move from diagnosis to viral suppression as quickly as possible. 79 precent of persons with a new HIV diagnosis were linked to care in 30 days, with 62 percent of those diagnosed with HIV achieving viral suppression in 6 months. STI testing and treatment increased among all clients, including those diagnosed with HIV, facilitating the identification of syphilis and rectal gonorrhea cases and linkage to care. Hundreds of people diagnosed with an STI (and not HIV) were linked to PrEP services.

EISO efforts have helped reduce HIV and STI inequities. Clients with new HIV diagnoses were equally likely to be virally suppressed within six months of diagnosis, regardless of their demographic backgrounds. Among Black/African American clients, 92 percent were linked to care within 30 days—a significant improvement from the start of the EISO intervention, when they were less likely than other groups to be engaged in HIV services. Despite these challenges, delayed HIV diagnosis has decreased steadily since the start of the EISO intervention (with the exception of the start of the COVID-19 pandemic, in 2020).[24]

OTHER AVAILABLE RESOURCES

Early Intervention Services and Outreach Resources

EISO Logic Model:
https://targethiv.org/sites/default/files/media/documents/2021-10/EISO_Logic_Model_2020.pdf

EISO Strategy Map:
https://targethiv.org/sites/default/files/media/documents/2021-10/EISO_Strategy_Map_Overall_Project_2020.pdf

Oregon Health Authority HIV Detection & Response Q&A:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Documents/HIVDetectionResponseQA.pdf

Rapid Uptake of Home-Based HIV Self-testing During Social Distancing for SARS-CoV2 Infection in Oregon:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320648/pdf/10461_2020_Article_2959.pdf

Additional Replication Resources

Integrating HIV Innovative Practices (IHIP):
https://targethiv.org/ihip

Best Practices Compilation:
https://targethiv.org/bestpractices/search

HIV Care Innovations:
https://targethiv.org/library/hiv-care-innovations-replication-resources

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project and want to see if you qualify for technical assistance, please email: **ihiphelpdesk@mayatech.com**

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Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to **SPNS@hrsa.gov** and let us know about your replication story.

Endnotes

[1] Office of Infectious Disease and HIV/AIDS Policy. (2022, July 1). *What is ending the HIV epidemic in the US?* U.S. Department of Health and Human Services. **https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview**

[2] Centers for Disease Control and Prevention. (2021, May). *Diagnoses of HIV infection in the United States and dependent areas, 2019* (HIV Surveillance Report, 32). U.S. Department of Health and Human Services. **https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/index.html**

[3] AIDSVU. (2022). *Local Data: Oregon.* Emory University's Rollins School of Public Health. **https://aidsvu.org/local-data/united-states/west/oregon/**

[4] United States Census Bureau. (2021). *QuickFacts Oregon.* Unites States Census Bureau. **https://www.census.gov/quickfacts/OR**

[5] Menza, T.W., Hixson, L.K., Lipira, L., & Drach, L. (2021, June). Social determinants of health and care outcomes among people with HIV in the United States. *Open Forum Infectious Diseases*, 8(7), ofab330. **https://doi.org/10.1093/ofid/ofab330**

[6] Zlot, A.I., Capizzi, J., Bush, L., & Menza, T.W. (2021, December). Impact of COVID-19 among immigrant and communities of color living with HIV in Oregon, 2020: Two pandemics rooted in racism. *J Immigrant Minority Health*, 23(6), 1348–1353. **https://doi.org/10.1007/s10903-021-01281-w**

[7] Menza, T.W., Zlot, A.I., Garai, J., Humphrey, S., & Ferrer, J. (2021, May). The impact of the SARS-CoV-2 pandemic on human immunodeficiency virus and bacterial sexually transmitted infection testing and diagnosis in Oregon. *Sexually Transmitted Diseases*, 48(5), e59–e63. **https://doi.org/10.1097/OLQ.0000000000001385**

[8] Whelan, B.M., Hebert, P.L., Ahrens, K.R., Katz, D.A, Buskin, S.E., Golden, M.R., & Dombrowski, J.C. (2019, November). Predictors of failure to reach viral suppression within 1 year after human immunodeficiency virus diagnosis: A surveillance-based analysis. *Sex Transmitted Disease*, 46(11), 728–732. **https://doi.org/10.1097/OLQ.0000000000001071**

[9] Centers for Disease Control and Prevention. (2017, September 26). *STDs at record high, indicating urgent need for prevention.* [Press Release]. **https://www.cdc.gov/media/releases/2017/p0926-std-prevention.html**

[10] Hixson, L.K., Drach, L., Maher, J.E., Knapp, A.T., Ferrer, J.S., & Menza, T.W. (2019, August). Factors associated with increased syphilis screening among people living with human immunodeficiency virus. *Sexually Transmitted Diseases,* 46(8), 521–526. **https://doi.org/10.1097/OLQ.0000000000001015**

[11] Cope, A.B., Mobley, V.L., Oliver, S.E., Larson, M., Dzialowy, N., Maxwell, J., Rinsky, J.L., Peterman, T.A., Fleischauer, A., & Samoff, E. (2019, February). Ocular syphilis and human immunodeficiency virus coinfection among syphilis patients in North Carolina, 2014–2016. *Sex Transmitted Disease,* 46(2), 80–85. **https://doi.org/10.1097/OLQ.0000000000000910**

[12] Barbee, L.A., Khosropour, C.M., Dombrowksi, J.C., & Golden, M.R. (2017). New human immunodeficiency virus diagnosis independently associated with rectal Gonorrhea and Chlamydia in men who have sex with men. *Sex Transmitted Disease*, 44(7), 385–389. **https://doi.org/10.1097/olq.0000000000000614**

[13] Kalichman, S., Mathews, C., Banas, E., & Kalichman, M. (2020). HIV status disclosure and sexual transmission risks among people who are living with HIV and receiving treatment for non-HIV sexually transmitted infections, Cape Town South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 83(3):223–229. **https://doi.org/10.1097/QAI.0000000000002256**

[14] Oregon Health Authority. (2022). *EISO (HIV Early Intervention Services and Outreach)*. End HIV Oregon. **https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/EISO.aspx**

[15] Silverman, R.A., Katz, D.A., Levin, C., Bell, T., Spellman, D., St. John, L., Rodriguez, E.M., Golden, M.R., & Barnabas, R.V. (2019). Sexually transmitted disease partner services costs, other resources, and strategies across jurisdictions to address unique epidemic characteristics and increased incidence. *Sexually Transmitted Diseases*, 46(8), 493–501. **https://doi.org/10.1097/OLQ.0000000000001010**

[16] Valentine, J.A., Delgado, L.F., Haderxhanaj, L.T., & Hogben, M. (2022). Improving sexual health in U.S. rural communities: Reducing the impact of stigma. *AIDS and Behavior*, 26(1), 90–99. **https://doi.org/10.1007/s10461-021-03416-4**

[17] Foster, J.W., Chiang, F., Burgos, R.I., Tejada, C.M., Almonte, A.T., Noboa, F.R.M., Perez, L.J., Urbaez, M.F., & Health, A. (2012). Community-based participatory research and the challenges of qualitative analysis enacted by lay, nurse, and academic researchers. *Research in Nursing and Health*, 35(5), 550–559. **https://doi.org/10.1002/nur.21494**

[18] Vaughn, L.M., & Jacquez, F. (2020). Participatory research methods – Choice points in the research process. *Journal of Participatory Research Methods*, 1(1). **https://doi.org/10.35844/001c.13244**

[19] Rhodes, S.D., Kelley, C., Simán, F., Cashman, R., Alonzo, J., McGuire, J., Wellendorf, T., Hinshaw, K., Allen, A.B., Downs, M., Brown, M., Martínez, O., Duck, S., & Reboussin, B. (2012). Using community-based participatory research (CBPR) to develop a community-level HIV prevention intervention for latinas: A local response to a global challenge. *Women's Health Issues*, 22(3), e293–e301. **https://doi.org/10.1016/j.whi.2012.02.002**

[20] Rice, K., Seidman, J., & Mahoney, O. (2022). A health equity–Oriented research agenda requires comprehensive community engagement. *Journal of Participatory Medicine*, 14(1), e37657. **https://doi.org/10.2196/37657**

[21] Busch, M.D., Jean-Baptiste, E., Person, P.F., & Vaughn, L.M. (2019). Activating social change together: A qualitative synthesis of collaborative change research, evaluation and design literature. *Gateways: International Journal of Community Research and Engagement*, 12(2). **https://doi.org/10.5130/ijcre.v12i2.6693**

[22] Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What predicts outcomes in CBPR?. *Community-Based Participatory Research for Health*, 371–392. **https://doi.org/10.13140/RG.2.2.25894.11844**

[23] Wallerstein, N., Duran, B., Oetzel, J.G., & Minkler, M. (2017). Community-based participatory research for health. *Advancing Social and Health Equity*. **https://www.wiley.com/en-us/Community+Based+Participatory+Research+for+Health:+Advancing+Social+and+Health+Equity,+3rd+Edition-p-9781119258858**

[24] Oregon State Health Authority and End HIV Oregon. (2022). *HIV Early Intervention Services and Outreach in Oregon: Year 4*. Oregon State Health Authority and End HIV Oregon.