
STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Systems Integration - HIV, Hepatitis, & Substance Use

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Today's Presentation

- Systems Integration Coordinator position
- Cross-sector work
- Data-informed prevention efforts
- Component 3 - PWID focus



Systems Integration Coordinator (SIC)

- **Shared staff member** between Bureau of Substance Use & Bureau of HIV, STI, and Hepatitis - embedded in both bureaus
- Serves as a **liaison** between the two bureaus and **coordinates collaborative work**
- Identifies opportunities for collaboration and integration using a **syndemic approach**
- Assesses needs and develops training/educational materials for the workforce
- **Braided funding to support the position** - CDC Opioid Data to Action (OD2A), CDC Viral Hepatitis Component 3, State Opioid Response (SOR), State funding
- Started as contractor of Iowa HHS - **Now permanent employee**



Cross-Sector Groups

- **HIV & Hepatitis Community Planning Group (CPG)**
 - Bureau of HIV, STI, and Hepatitis advisory group
- **Iowa's Health Initiative for People Who Use Drugs (HIPWUD)**
 - Cross-sector advisory group of professionals and people with lived/living experience
 - Harm reduction focus
- **Syndemic Work Advisory Group (SWAG)**
 - Internal Iowa HHS staff from Bureau of Substance Use and Bureau of HIV, STI, and Hepatitis
 - Syndemic focus



Data-Informed Prevention

Overall, Iowa's approach leverages two primary strategies:

- First, work with systems to increase routine screening in primary care settings; and
- Second, rely on data sources to inform the development of policies and practices that ultimately direct safety-net services with limited resources to reach prioritized populations.

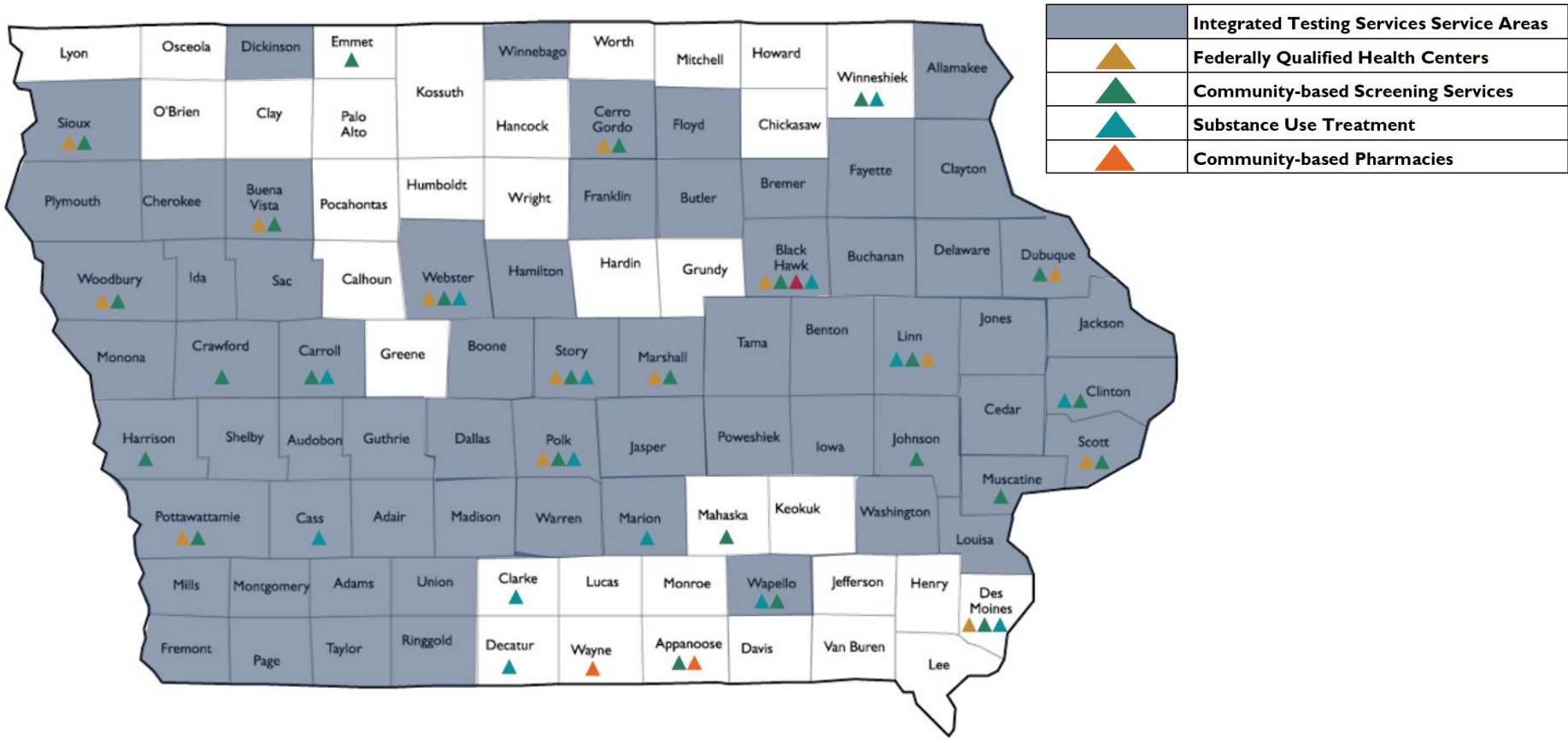


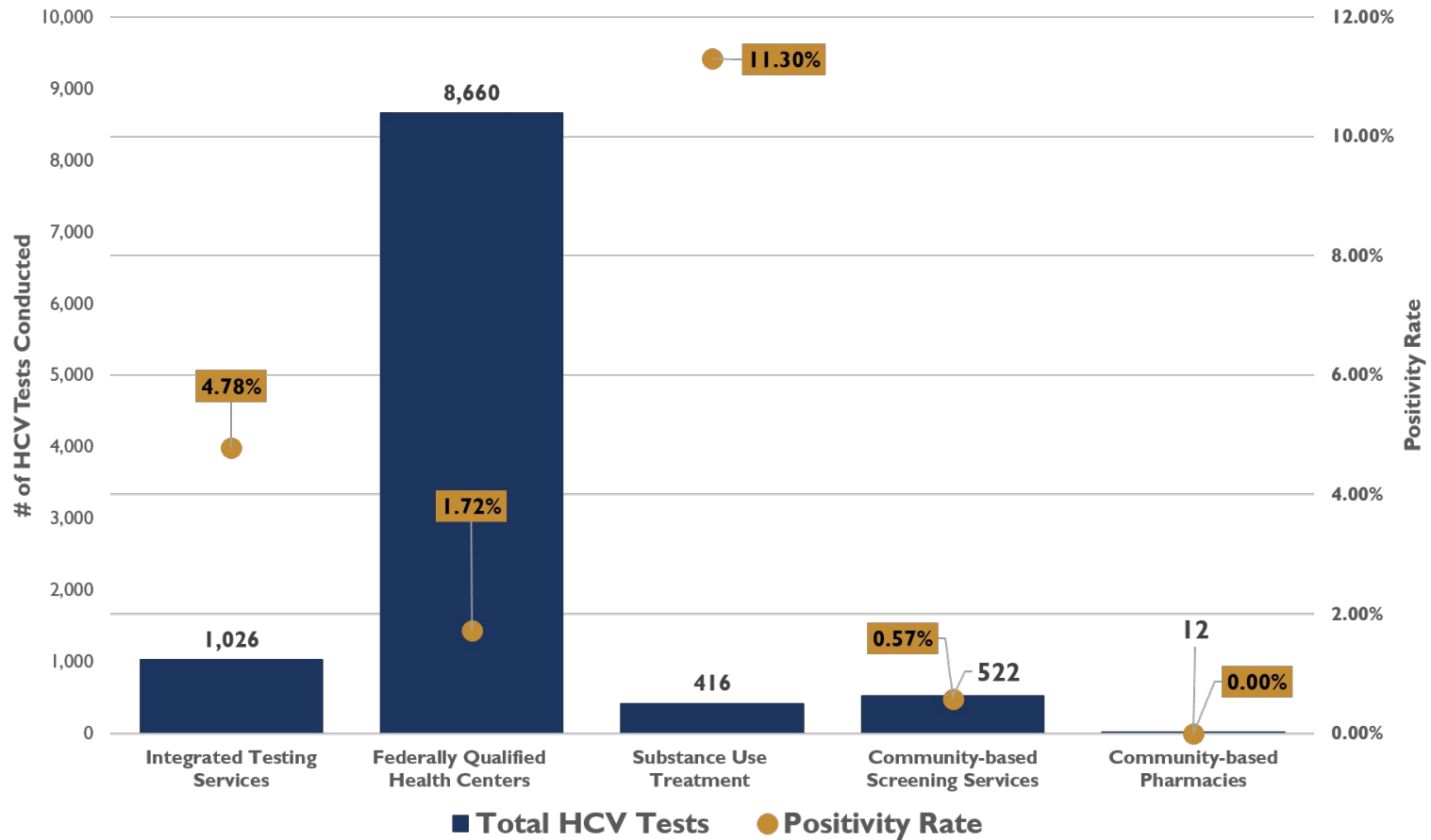
Data-Informed Prevention

Iowa HHS partners with multiple service providers to achieve these goals, including:

- **12 Integrated Testing Services** sites providing prioritized clinical and outreach testing services;
- **13 Federally Qualified Health Centers** working to routinize screening practices;
- **14 Substance Use Treatment** locations offering HCV screening as part of MAT services;
- **22 Community-based Screening Services** projects providing prioritized HCV screening in conjunction with STI testing and treatment programs; and
- **3 Community-based pharmacies** providing free HCV screening in geographic areas that have been identified as vulnerable to HIV and/or HCV outbreaks related to injection drug use.







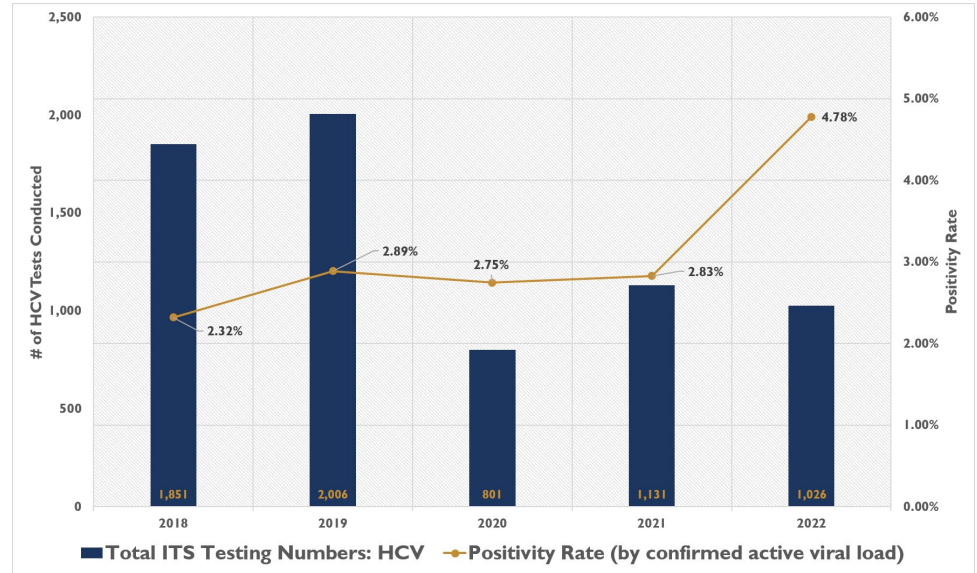
The Integrated Testing Services (ITS) projects is where Iowa HHS has utilized data-driven practices to maximize available resources to identify HCV infections among people who may not otherwise be engaged in services where testing will occur.

The Integrated Testing Services (ITS) program administered **1,026** hepatitis C (HCV) tests across 12 participating agencies in 2022.

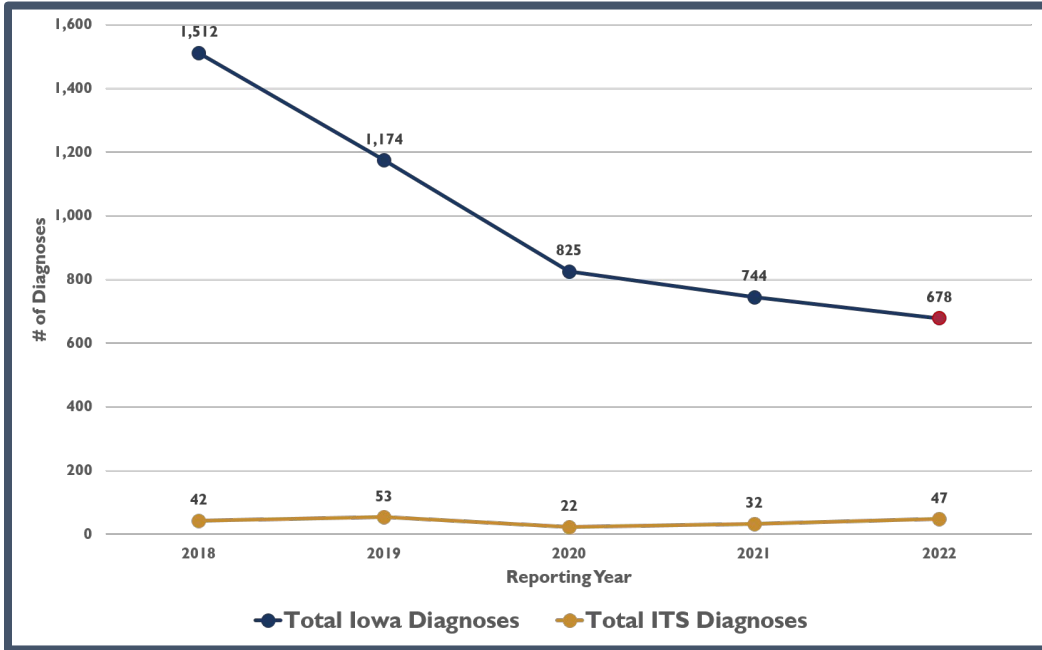
This represents a decrease of 9.28% from 2021, and is 24.72% under the five-year average of 1,363 tests per year.

While the ITS program saw a dramatic decline in the number of HCV tests administered in 2020, correlating to the start of the COVID-19 pandemic, the program also prioritized the use of HCV test kits for people with a history of injection drug use (PWID) during the same time period. As a result of this modified guidance, total testing numbers are not expected to return to pre-pandemic levels.

The HCV positivity rate (calculated by those individuals identified as having an active viral load) for 2022 was 4.78%, significantly higher than the five-year total of 2.96%. **This increase in positivity can be attributed to increased funding the program received to prioritize PWID in outreach efforts in combination with more focused program guidance.**



2022



The proportion of individuals diagnosed with chronic HCV in Iowa identified through ITS program activities increased to 6.93% of new diagnoses in 2022 (as compared to 4.30% in 2021 and 4.09% over the five-year period represented).

Compared to 2021, the total number of new HCV diagnoses reported in ITS settings alone increased by 46.88%. This increase can be attributed to increased funding the program received to prioritize PWID outreach efforts in combination with more focused program guidance prioritizing the use of test kits to those most likely to acquire HCV (PWID).

Overall, Iowa saw a total decline in newly reported chronic HCV cases of 55.16% between 2018 and 2022. Surveillance reports released by Iowa HHS note that this decline was among people in the 'baby boomer' population (born between 1945 and 1965) as well as those less than 40 years of age.

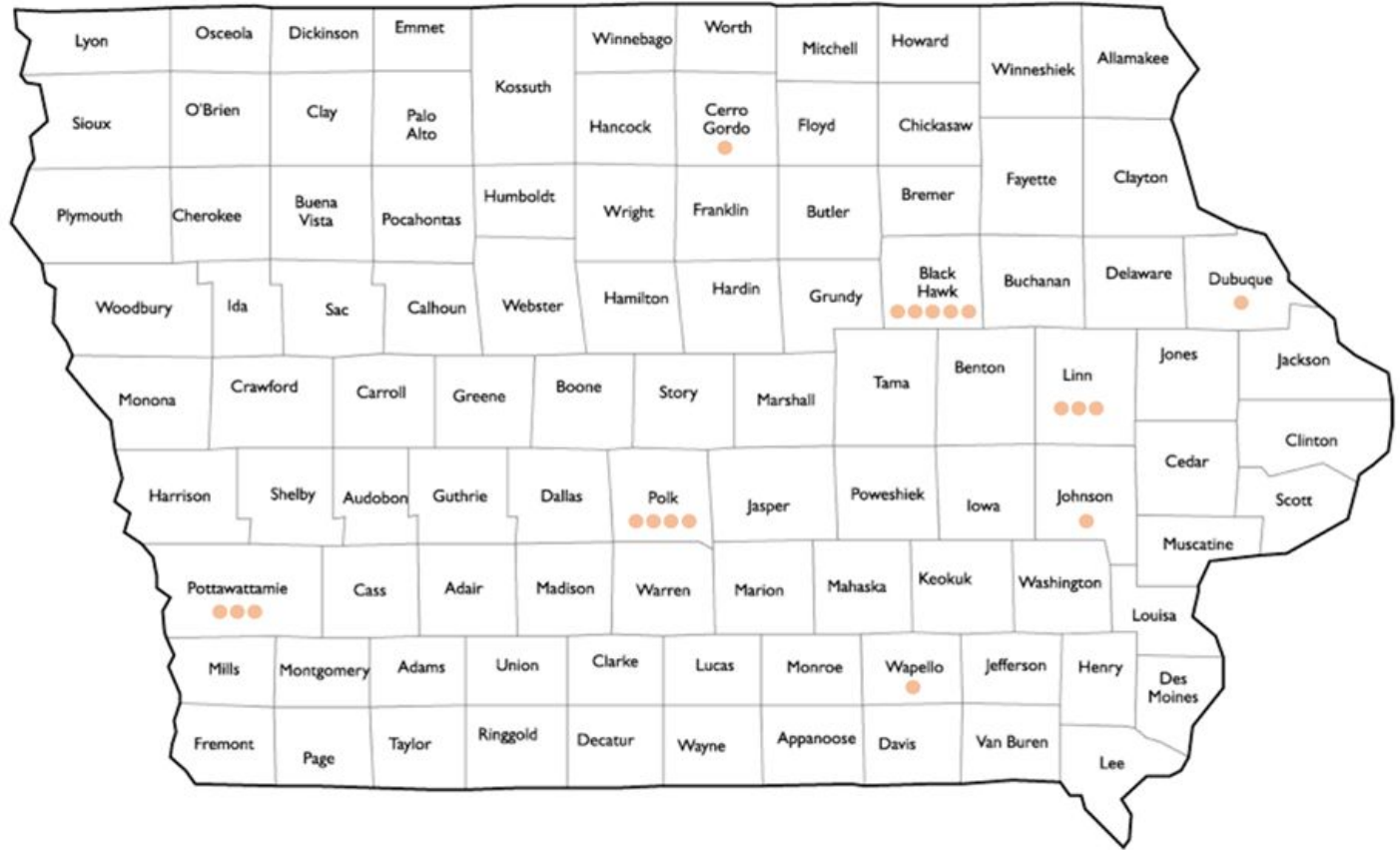
In 2022, preliminary analysis suggest that nearly half (49.26%) of all newly reported cases of HCV in Iowa were among PWID.

CDC - PS21-2103 - Component 3

- **Special Projects**
 - Increased access to the prevention, diagnosis, and treatment of viral hepatitis B and C, HIV, bacterial and fungal infectious disease consequences of drug use among PWID in settings disproportionately affected by drug use.
 - Barrier: SSPs not legal in Iowa
- **PWID Service Bundle**
 - Integrated Testing Sites (ITS) contractors identified to implement PWID “service bundle” as a supplemental assessment
 - Identified additional funding (SOR grant) to support expansion of harm reduction lockbox program with syringe disposal at 19 sites
 - Emergency Department pilot project to provide opt-out testing for HIV and HCV - partnership with local Recovery Community Center to integrate a Peer Recovery Coach



Harm Reduction Lockbox & Syringe Disposal Locations

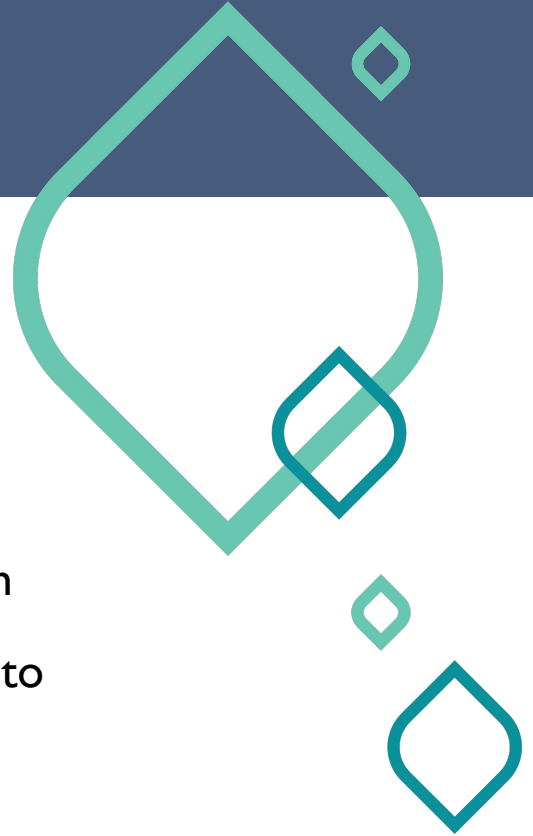


CDC - PS21-2103 - Component 3 (con'td)

- **Iowa Pharmacy Association**
 - Survey for pharmacists and pharmacy technicians
 - Assessment to understand syringe & naloxone access at local pharmacies - look at pharmacy Knowledge, Attitudes, Practices, and Policies
- **Background**
 - SSPs not legal in Iowa, but pharmacists can sell syringes without a prescription
 - Naloxone standing orders in place for pharmacists
 - Consulted with HIPWUD advisory group/PWLE and Bureau of Substance Use staff to develop survey
- **Iowa Primary Care Association**
 - Implementing PWID services bundle in behavioral health setting at FQHC
 - Implementing ECHO model to expand access to diagnosis & treatment in FQHCs
- **Y3:** Proposing to support staff time of a contractor with lived experience

Funding Harm Reduction

- SSPs/drug paraphernalia not currently legal in Iowa
- Harm reduction organizations struggling through pandemic and with limited funding to continue operating
- Identified opportunity to fund allowable activities
 - HIV/HCV outreach, testing, linkages to care (Component 3)
 - Harm reduction and overdose prevention outreach and education (SOR)
- Subcontracted to provide funds; assisting in training, TA to increase staff time and harm reduction activities (legal)
- Piloting project with hopes to expand



Questions?

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