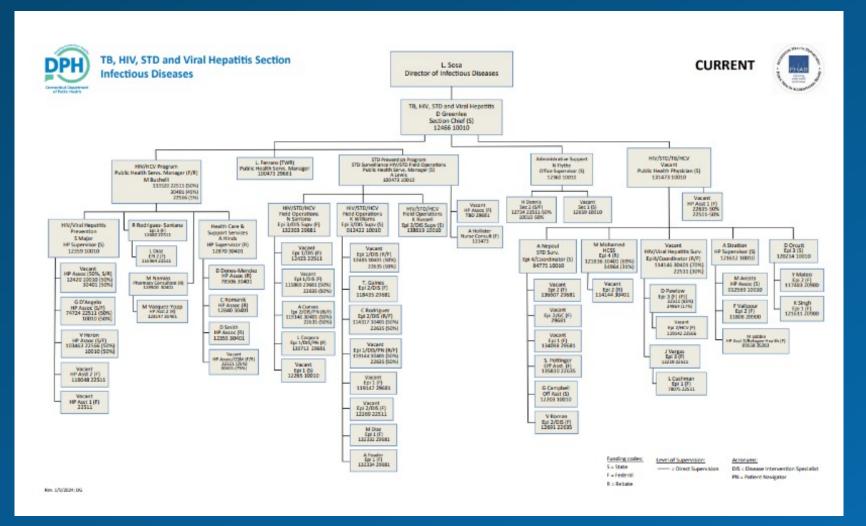


Utilizing Integrated Data to Support the Implementation of Syndemic Programming

Susan Major Health Program Supervisor, QI Coordinator Connecticut DPH TB, HIV, STD & Viral Hepatitis Section

May 2024

CT DPH Organizational Chart



TB, HIV, STD and Viral Hepatitis Section is housed under Infectious Diseases **Programs Include: HIV/HCV** Prevention Program; HIV/Viral Hepatitis Surveillance; **STD Prevention;** STD Surveillance; **HCSS Ryan White**

TB Control;

Part B;

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

What is a Syndemic?

A set of linked health conditions or epidemics that are connected and contribute to a higher burden of disease in a population or community.





Four Epidemics make up Connecticut's Syndemic



Human Immuno-deficiency Virus Sexually Transmitted Disease Substance Use Disorder Viral Hepatitis

Connecting the Dots... Overlapping Risk Factors (Behaviors)

HIV/HCV

- Nationally and locally about 21% of people living with HIV have HCV
- Nationally and locally, 62-80% of people with HIV who inject drugs have HCV
- Effective treatment is possible but complicated for co-infected individuals
- HIV can be treated, and HCV can be cured

HIV/STD

- Immune cells gather at STI infection sites, and then can be invaded by HIV
- Sores or inflammation from an STI provide HIV a portal of entry
- With an STI, the concentration of HIV in genital fluids increases
- STIs have been called precursors to HIV

HIV/SUD

- SUD can increase risk for HIV, STI, and HCV
- SUD can impede care/treatment for HIV, STI & HCV
- SUD can lead to poorer health outcomes for those with HIV, STI, HCV
- All substance use can elevate risk (not just IDU)



Syndemic Work Groups



- CHPC (CT HIV Planning Consortium) Committees
- Subcommittees include Ending the Syndemic, Data Awareness, and Quality Performance Measures
- CHPC is made up of Providers, Consumers and Others
- Meets monthly to focus on data Integration (needs assessments, data indicators to monitor syndemic progress, etc.)

Ending the Syndemic Partners Group

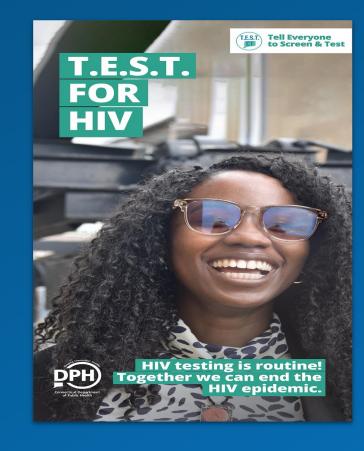
- Convened by DPH
- Made up of Program Administrators/Providers across HIV, STD, HCV and SUD, including DMHAS (Dept of Mental Health and Addiction Services)
- Meets quarterly to focus on systems level Integration (e.g., Focus on policies and protocols to implement Integrated activities)

Syndemic Activities

Ending the Syndemic Website: https://endthesyndemicct.org/epidemics/hiv/

Date of Visi

General	1a. Have you had anal, vaginal, or oral sex in the last 12 months?	U Yes	D No	
	1b. If yes, did you use condoms?	O Yes	D No	Sometim
	1c. If yes, are you taking PrEP?	O Yes	D No	Don't Kn
	1d. Would you like information about PrEP?	D Yes	D No	
	1e. Do you currently drink alcohol?	O Yes	0 No	🛛 Don't Kn
	1f. Are you currently using any drugs that are not prescribed?	C Yes	D No	🛛 Don't Kn
	1g. If yes, do you inject any drugs?	0 Yes	© No	Don't Kn
	Th. If yes, do you share any needles or works?	O Yes	O No	🛛 Don't Kn
	2a. Have you been tested for HIV in the past 12 months?	O Yes	D No	Don't Kn
HV	2b. If yes, what were the results	D HIV+	D HIV-	Don't Kn
	2c. We recommend all patients be tested for HIV; would you like to be tested today?	0 Yes	0 No	🛛 Don't Kn
	3a. Have you had a STD in the last 12 months?	O Yes	0 No	Don't Kn
Sexually ransmitted	3b. If yes, did you receive treatment?	D Yes	O No	Don't Kn
(STDs)	3c. We recommend all patients be tested for STDs; would you like to be tested today?	D Yes	© No	Don't Kn
	4a. Have you been tested for Hepatitis C in the past 12 months?	D Yes	D No	Don't Kn
lepatitis C	4b. If yes, what was the result?	D Positive	D Negative	Don't Kn
(Hep C)	4c. If positive, have you been treated?	O Yes	0 No	D Don't Kn
	4d. We recommend all patients be tested for Hep C; would you like to be tested for Hep C today?	D Yes	D No	Don't Kn
	Sa. Do you think alcohol is having a negative impact on your ability to function or on your quality of life?	D Yes	0 No	🛛 Don't Kn
Substance Use	Sb. Do you think drug use is having a negative impact on your ability to function or on your quality of life?	D Yes	0 No	🛛 Don't Kn
	Sc. If yes, would you like to talk to someone about the impact of substance use?	D Yes	0 No	🛛 Don't Kn
Mental Health	6a. Are you currently experiencing any anxiety, depression, or other mental health concerns?	© Yes	© No	Don't Kn
	ób. If yes, would you like to talk to someone about it?	D Yes	D No	Don't Kn
D.D.H	with healthcare providers and clinicians, community plan even on the are working together to reduce prevent	ning groups,	and individua	als with lived



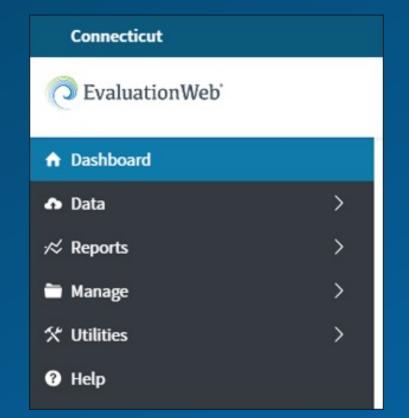
List of data systems and reporting tools used by Connecticut DPH:

EvaluationWeb

•eHARS

•CTEDSS (Connecticut Electronic Disease and Surveillance System: Powered by Maven)
•e2CTPrevention
•e2CT
•ODMAP
•MS Power BI
•Two Page Reports
•Area Deprivation Index

Data Systems Used for Syndemic Activities



EvaluationWeb – An on-line data collection and reporting system specifically for HIV testing and prevention activities.

eHARS – The Enhanced HIV/AIDS Reporting System (eHARS) is a browser-based, CDCdeveloped application that assists health departments with reporting, data management, analysis, and transfer of data to CDC.



HANK assembles HIV case data from both eHARS and HARMS. Demographic data, alias names, full address history, and full lab data history are assembled in HANK . There is a "HIV Continuum of Care" timeline and the "HIV Health Meter" metrics. Hank electronically matches DOC inmates to eHARS/HARMS data systems.

User: Thomas Shavor	HIV/AI	DS REPORT	TING SYSTEM v4.2 (NON-MJ)	SITEMAP CONTACT US HELP LOGOFF
	CUMENT		REPORT	ADMIN
			Documents and Forms Search	
Search a Document All Document Import	SWITCH TO FUZZY SEARCH	Search Reset		
Add a Person	Date of Brth:	<select> •</select>		Contraction Contraction
Add a Person	Last Name:	<select> +</select>		
	Middle Name:	<select> •</select>		
	First Name:	<select> •</select>		
	Last Name Soundex:	<select> •</select>		
	10:	<select> •</select>	TN STATENO ·	
	Document UID:	<select> •</select>		
	Street Address:	<select> *</select>		
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	County:	<select> •</select>		
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	Race:	<select> •</select>	<select> •</select>	
	Ethnicity:	<select> •</select>	-SELECT> •	
	Date of Death:	<select> *</select>		
	Vital Status:	<select> •</select>	deep *	
	Health Care Facility:	<select> •</select>		
	Local Field	<select> •</select>	<select> •</select>	
	Diagnosis:	<select> •</select>	deleta ·	



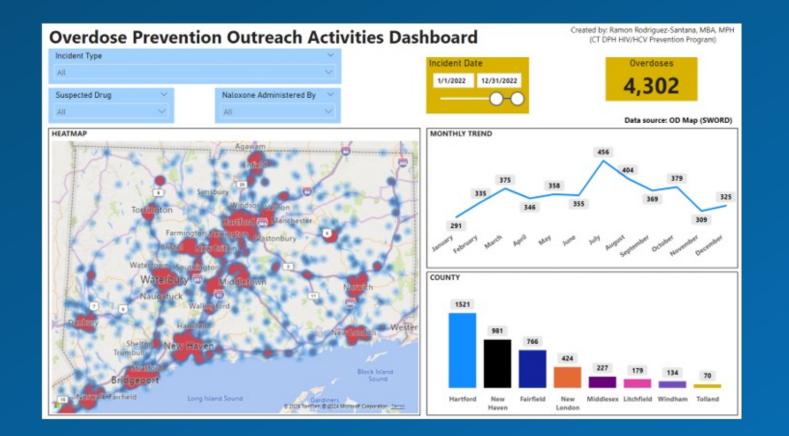
CTEDSS (Connecticut Electronic Disease and Surveillance System: Powered by Maven) – A data collection system that houses HCV, STD and Partner Services data.

ecticut Electronic Disease Surveil	ance System
	SYSTEM DATABASE UPDATE between 20:00 and 06:00 daily. We will be doing a database update to remove negative COVID cases in the system from 8 PM-6 AM each night for a few weeks. The system may be very slow during this time, and we recommend not logging into the system during these hours. Thank you for your support. Sign in to CTEDSS
	University
	Passwet
	Main Application v
	Reset password
	Sign in
	If you do not agree to be bound by these terms and conditions, promptly exit this application. If you cannot access the system, please contact your local administrator. For additional assistance, please call 960-505-7594 or email dph cledss@ct.gov. For after hours, holday, and weekend OUTAGES ONLY contact the DPH IT Help Desk at 860-505-7777. This AGREEMENT is entened into by and between the State of Connecticut, Department of Public Heatth ("DPH") and you, the "User" of the Connecticut Electronic Disease Surveillance System (CTEDSS).
	User must be registered with the DPH or a DPH authorized entity in order to use this system. As part of this registration, the User must sign the DPH Confidentiality Pledge. User's assigned ID and password are non-transferable, and may not be shared with any other employee, individual, or entity.
	User agrees to use best efforts and take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of personal information from the CTEDBS. User will immediately notify the DMH both orally and in writing about any unauthorized access to or use of data, and take such measures as the DMH deems are reasonable and necessary to mitigate or address any unauthorized access to, use of, or disclosure of personal information from CTEDBS.
	Powered by Maven, a product of Conduent Public Health Solutions

e2CTPrevention – HIV/HCV prevention program data collection system used for monitoring and evaluating harm reduction, SSP and PrEP Navigation activities by DPH funded organizations.

COMPAS		2022 SSP Suppl	ies Distributed/C		SP Clients SSP Transa
Sign in to your Account.		-		_	
Passers	_	To view the number of SSP supplies dist to each of the SSPs, <u>please</u> "Click on" the		eturned	
Forgot your password?		SSP Name Advancing Connecticut Together Advance for Living APDX Community Core Connecticut Hamm Reduction Alliance G&APPL Inc.	2,439,707 Dispensed Syringes	28,564 Dispensed Crack Kits	21,558 Dispensed Fentanyl Test
		Liberation Programs Mid Fairfield AIDS Project Perception Programs, Inc. StamfordCARES Waterbury HD Viale University CHCV	2,040,523 Returned Syringes	2,828 Dispensed Female Condoms	67,784 Dispensed Male Condo
			83.6%		

ODMAP – A system that provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events.



e2CT – HCSS RW Part B data collection system used for monitoring and Evaluating RW Part B medical case management services.

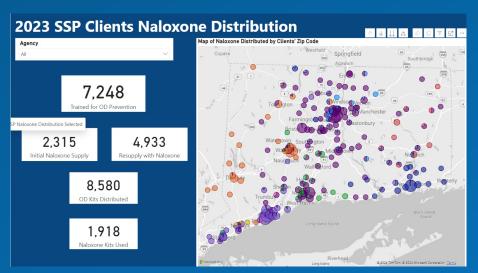
← → C t; https://www.e2ct.org	
e2Connecticut	
	Sign in to your Account
	Username
	Password
	Forgot your password?

MS Power BI – Create dashboards and reports for quality assurance (QA).









Two Page Report – Easy to read data reports that are two pages long.

Two-page reports are available for HIV Testing, HCV, PrEP, and Syringe Services.



How Does RTS Benefit Communities and Public Safety?

About 1.1 million people in the United States have HIV and 1 in 7 of them don't know they have it.4 By ensuring that everyone with HIV is aware of their

infection, receives the treatment they need, and achieves sustained viral suppression, we can sharply reduce new infections,¹ Nearly 80% of new HIV transmissions in 2021 came from people who didn't know they had HIV or are not receiving care.⁴

Annual Report January 1, 2022 - December 31, 2022

9 RTS in Connecticut · Planned Parenthood of Southern CT (Statewide Yale New Haven Hospital (New Haven) · Cornell Scott Hill Health Center (New Haven

 Southwest Community Health Center (Bridgeport) Community Health Center (Statewide) CT Children's Specialty Group (Hartford) · StayWell Health Care (Waterbury)

· Connecticut Dept. of Correction (Statewid Archor Health Initiative (Stamford, Handen) 80,403 individuals were HIV tested during the

reporting period. 97 (12%) were newly do HIV cases. re percentage of people HIV tested by county were (43%) New Haven, (26%) Fairfield, (13%) Hartford, (8%) New London, (4%) Middlesex, (1%) Tolland (1%) Windham and (1%) Litchfield.

Demographic Information

The percentage of individuals by Race/Ethnicity were 31% Hispanic/Latino, 24% Black/AA, 35% White, 4% some other race, and 6% unknown race.

62% of individuals HIV tested identified as a female 36% as male, 1% as Transgender and 1% as other gender or unknown gender.

37 years old was the average age (age range 13-98; mode: 32 yrs).

RTS Outcomes

Empil: pasan major@ct.app

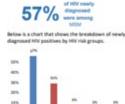
Connecticut Routine Testing Sites (RTS) January-December, 2022 Report

HIV Testing Positive Results The RTS intervention identified \$7 HIV newly diagnosed

38 (39%) of them were Hispanic/Latino, 39 (40%) were Black/AA, 16 (16%) were White and 1 (1%) were from some other race.

76 (78%) of them were male, 18 (29%) were female and 3 (TN) were transpender 34 years old was the average age (age range 16-78; mode:

25 yrs). HIV risk information was collected at the time of HIV diagnosis. More than 1 in 2 (57%) clients were men who have sex with men (MSM)





2021 vs. (no97) in 2022).

Out of the 97 HIV newly diagnosed people, 96% (93) were referred for medical care and attended 1^e medical appointment within 30 days of test date: and 99% (96) were interviewed by partner services within 30

for more information, call 860-509-7831 or

DPH TB, HIV, STD, &

What are Routine Testing Sites?

Routine Testing Sites (RTS) is an HIV testing intervention geared towards increasing HIV screening a patients, including pregnant women, in health-care settings. The RTS intervention faster earlier detection of HIV infection; identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and further reduce perinatal ransmission of HIV in Connecticut

CDC Recommendation

CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care and those at high risk get tested at least once a year. Some sexually active gay and bisexual men may benefit from more frequent testing (every 3 to 6 months).1

For patients in all health-care settings.

- · HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines. (opt-out screening)."
- · Persons at high risk for HIV infection should be screened for HIV at least annually. Separate written consent for HIV testing should not
- be required; general consent for medical care should be considered sufficient to encompass consent for HV teding. · Prevention counseling should not be required with
- HIV diagnostic testing or as part of HIV screening programs in health-care settings

of prenatal screening tests for all pregnant women.

Connecticut Routine Testing Sites (RTS) January-December, 2022 Report

Scan this QR Code for more information regarding CDC recommendations on outine HIV testing in healthcare-settings

Reporting Requirements

Agencies funded (directly or given HIV testing supplies) are required to report data to the Connecticut Department of Public Health. The annual report required agencies implementing

the RTS intervention to document the following data points. Demographic Date of Birth-Year

 Race/Ethnicity State/Territory of Residence

· Assigned Sex at Birth and Current Gender Identity

 Client County **Priority Populations** · Sex with male

· Sex with female

. Sex with transgender

For pregnant women

. HIV screening must be included in the routine panel

 Test Type . HIV Test Result-Final Determination

+ Medical care (HIV+) Partner services (HEV+)

· Injection drug use **HIV Testing:** · Previous HIV text HIV Test Election

Result Provided

Linkages

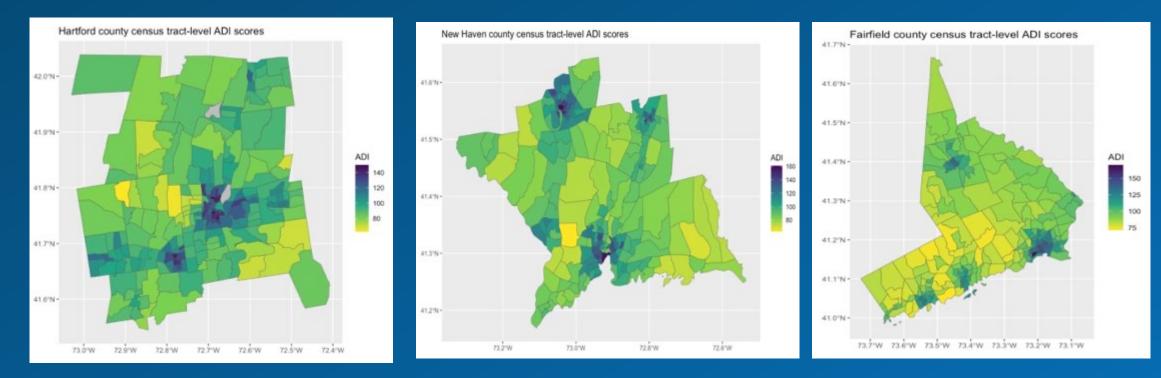
For more information, call 860-509-7821 or

Email: susan materifict.gov

Prevention Services (HIV+/HIV-)

Example of Syndemic Data Activities Process

Identify high ADI (Area Deprivation Index) geographical locations for syndemic activities using neighborhood atlas or {sociome} R package.



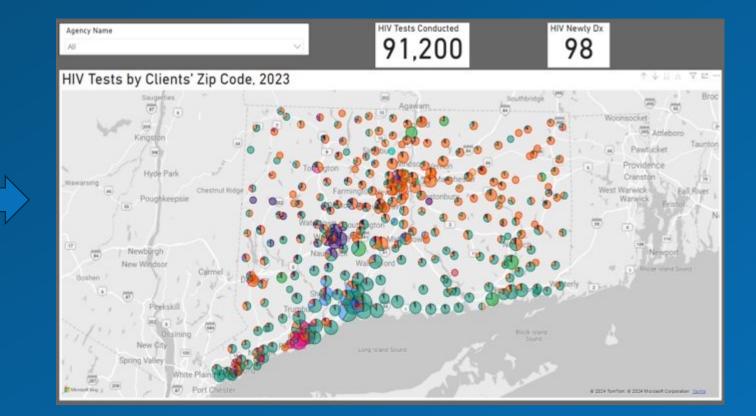
Note. ADI maps created using the R Programing Language {sociome} package

Source: https://www.neighborhoodatlas.medicine.wisc.edu Source: https://github.com/ClevelandClinicQHS/sociome

Example of Syndemic Data Activities Process (Cont)

Conduct HIV testing in focused areas (i.e., high ADI scores) and report HIV testing data in EvaluationWeb.

Connecticut		
EvaluationWeb		
✿ Dashboard		
\Lambda Data	>	
r≪ Reports	>	
늘 Manage	>	
☆ Utilities	>	
? Help		



Program Collaboration Success

- CT DPH Data-to-Care meetings are held monthly with frontline staff from HIV Surveillance, HIV/HCV Prevention, Partner Services, and Ryan White Part B. Meetings are held quarterly with the full section.
- These data centered meetings allow us to find client information in multiple data collection systems from HIV Surveillance, HIV Care, HIV Prevention, STD Surveillance, Vital Records.
- LexisNexis is also used to locate clients who have fallen out of care and to determine resident status.

Program Collaboration Challenges

- Data collection systems are siloed within programs.
- Data sharing agreements need to be in place to access systems.
- Additional time/effort by staff is required to access and analyze data across systems.
- Current HIV Statutes need to be reviewed and amended to allow for greater data sharing from the Department of Public Health to HIV Providers.



Thank you

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