

The logo features a stylized circular emblem composed of overlapping blue and cyan arcs. The text is centered within this emblem.

2024
NATIONAL
HIV & HEPATITIS
TECHNICAL ASSISTANCE MEETING

**CALL TO ACTION:
INVESTING IN BIPOC LEADERSHIP**

Peers Evaluating Peers: Experiences Evaluating Santa Clara County's Hepatitis C Surveillance System

Thursday October 17, 2024
10:45am-12:00pm



Overview

- Context
- Santa Clara County Background & Why Request a External Evaluation
- Evaluation Framework & Methods
- Evaluation Findings
- Implementation
- Discussion



Context



Presentation & Evaluation Context

- System evaluation → process & outcome improvements
- Internal evaluations not always possible
- PS21-2103 requires surveillance, stakeholder engagement, prevention, & other activities to optimize elimination
- NASTAD's HepTAC has offered a variety of peer-to-peer support for health departments

Here we demonstrate one approach that can be applied internally or externally

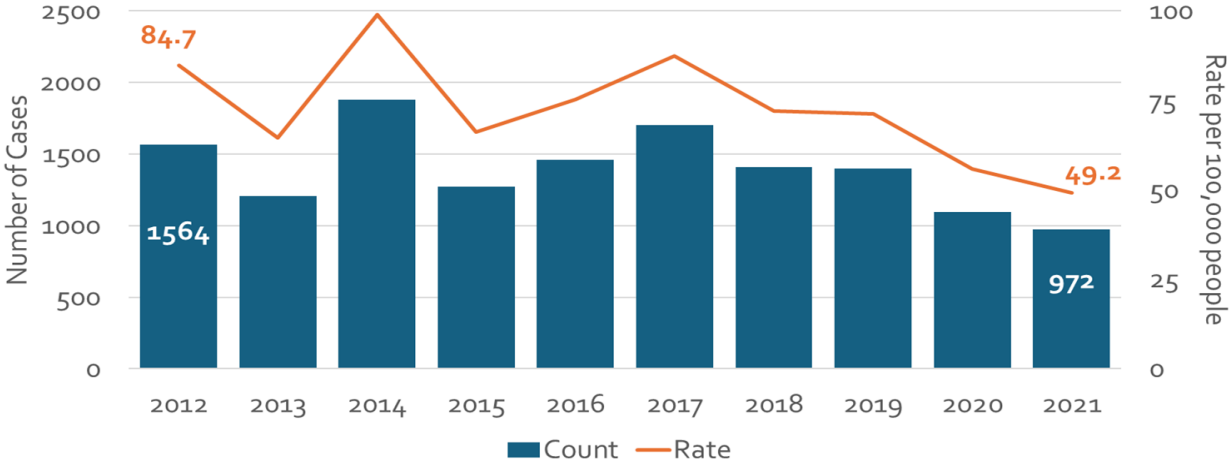


SCC Background & Why Request an Evaluation?



Current Burden of HCV in Santa Clara County

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Hepatitis C (Perinatal)	0	0	0	0	0	0	2	0	0	0
Hepatitis C (Acute)	0	0	1	0	1	0	1	1	0	1
Hepatitis C (Chronic)	1564	1207	1877	1272	1460	1702	1410	1399	1097	972



Background - County of Santa Clara Public Health Dept.

- In 2019, new resources were allocated to the Sexual Health & Harm Reduction Program to **build & expand** a program focused on preventing transmission & complications of HCV, especially among disproportionately impacted communities.
- This new program was a major driving factor to better understand the local disease burden of acute & chronic HCV & its effects on various communities.



Background - County of Santa Clara Public Health Dept.

The HCV Program is designed to offer support for people who have HCV to obtain treatment. Main program components include:

1. Providing testing, disclosure, education, & counseling
2. Informing clients of new safe & effective treatment regimens
3. Arranging HCV treatment medical appointments with providers
4. Supporting clients in completing treatment regimens
5. Connecting clients to other supportive health & social services.

Program relies on accurate & complete data coupled, direct service delivery & strong referral relationships to identify individuals for program enrollment.



HCV Surveillance System Overview

Data Collected

- *Disease
- Investigators
- *Provider
- Organizations
- *Harm Reduction
- Specialists

Data Inputs

- *Statewide Surveillance System (CalREDIE)
- *Electronic Health Records
- *Internal Databases

Data Outputs

- *Data-to-Care
- *Epidemiologic Reports
- *Grants
- *State Reporting

Background - County of Santa Clara Public Health Dept.

Internal process improvement discussions revealed the following:

Strengths of the Current System

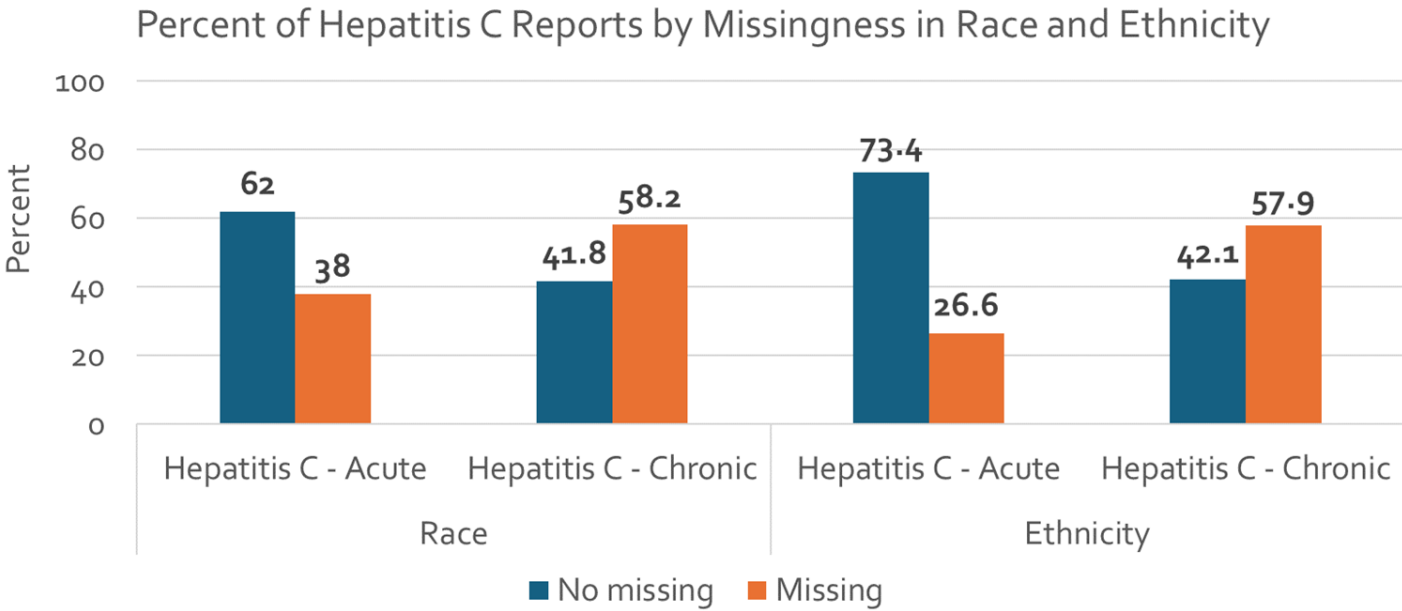
- A variety of data sources to collect information at various stages of the HCV continuum
- Staff involved in sorting through & analyzing the data collected at each stage

Limitations of the Current System

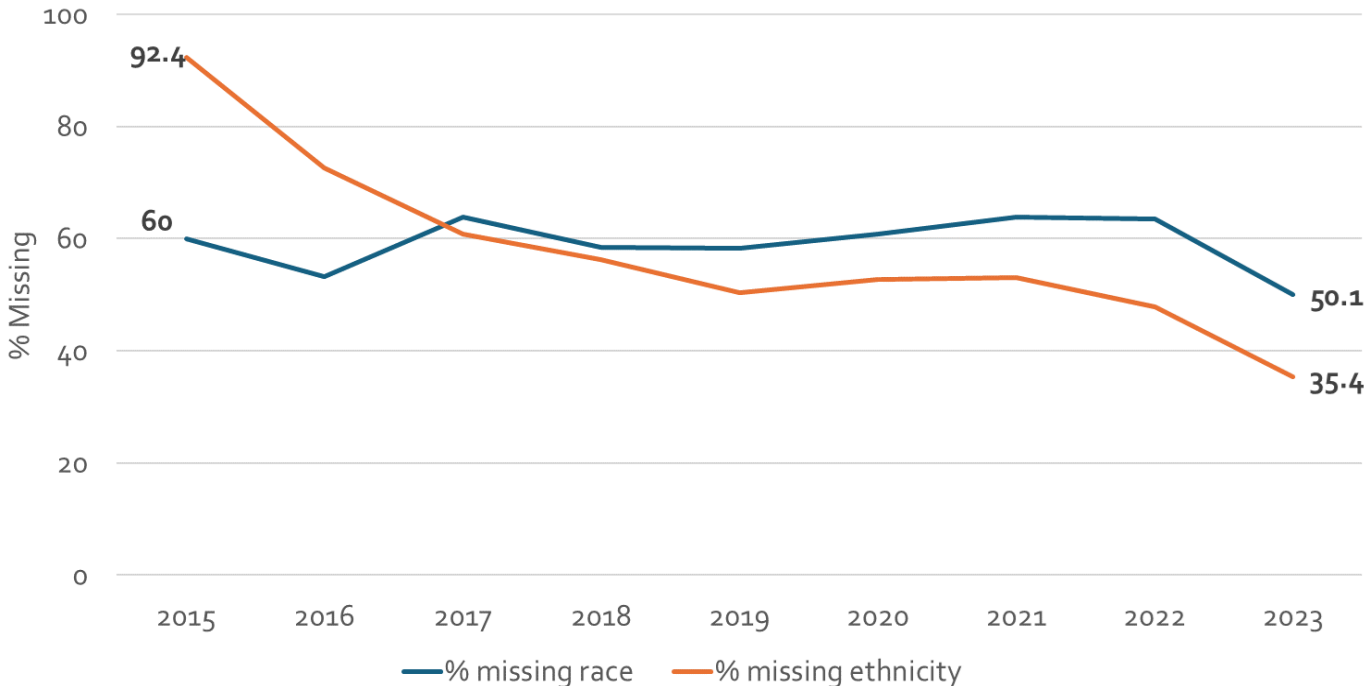
- Burden of managing data coming through many different sources → contributes to inefficiencies in data system
- Incomplete or missing data in key fields such as race/ethnicity, zip codes, patient physical addresses, provider name & addresses
- Reliance on statewide system to obtain other HCV data



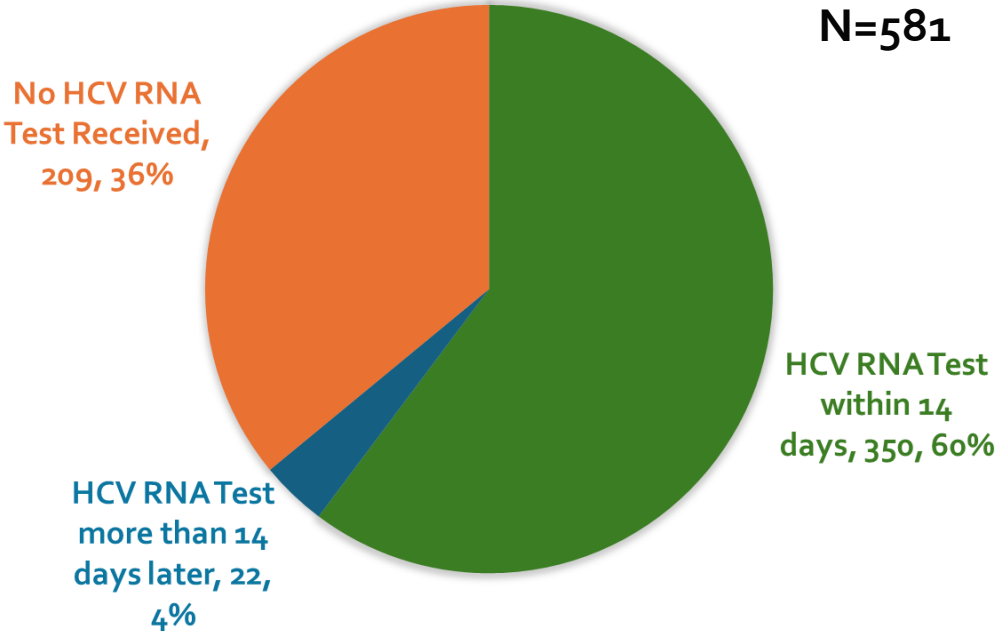
Reporting Gaps: Missing Race & Ethnicity



Reporting Gaps: Missing Race & Ethnicity



Reporting Gaps: Missing Follow-up HCV RNA Testing



NASTAD TA Request

The purpose of this project was to perform a surveillance systems evaluation using *CDC Guidelines for Evaluating Surveillance Systems*. The following areas required evaluation:

- Simplicity
- Flexibility
- Data quality
- Representativeness
- Timeliness

Through a collaborative approach, overall aim of the project was to:

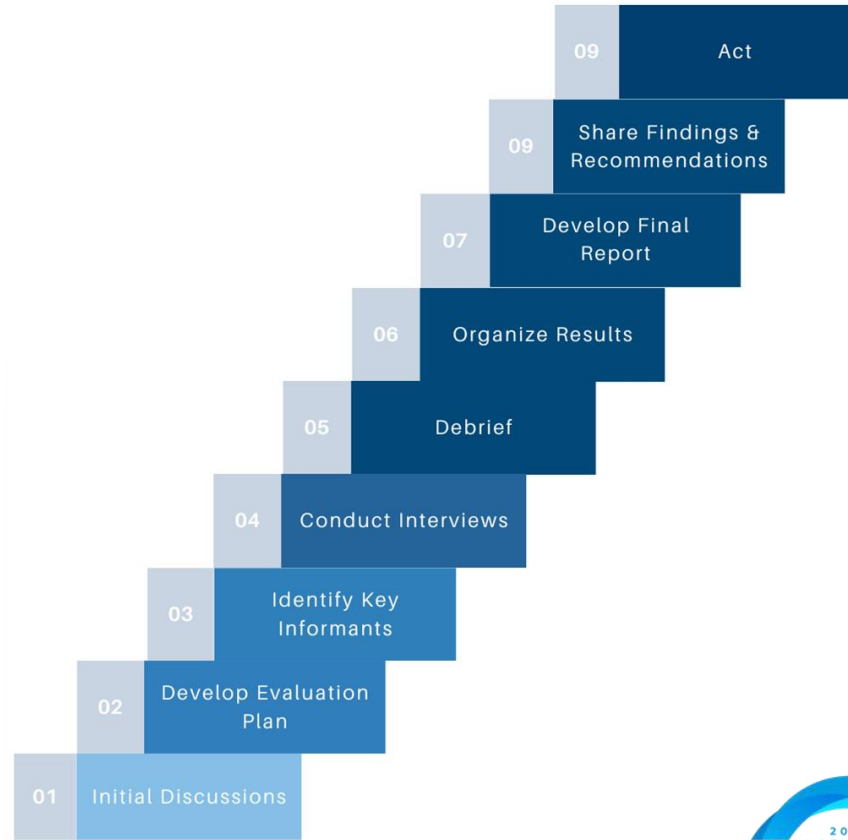
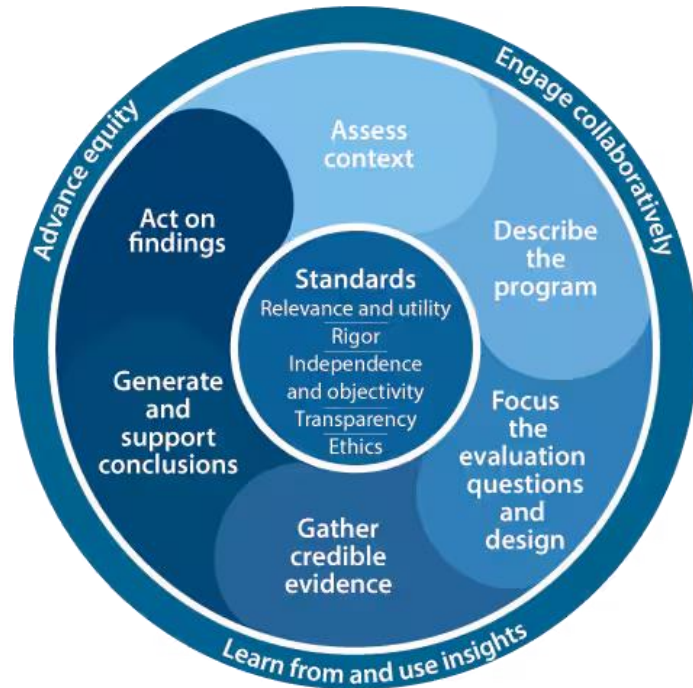
1. Understand the strengths, efficiency & limitations of SCCPHD's current surveillance data system
2. Identify opportunities for improvement including, data sources
3. Identify internal & external sources/systems that may supplement the existing systems for tracking local HCV care continuum metrics.



Evaluation Framework & Methods



Approach



Approach - Key Informant Interviews

Organization	# of Participants Interviewed
Santa Clara County Public Health Department	7
California Department of Public Health	2
Outside partners	2



Interviews & Focus Areas

Leading questions focused on the following areas:

- Organizational structure & logistics
- Communications & infrastructure
- Case investigation & data collection
- Surveillance & data management, including data sources
- Epidemiology, analytics, & outputs



Sample Questions

- **Do staff also work on other disease conditions?**
- Do people working on HCV internally meet regularly?
- What cases are investigated (acute, pregnancy, <30)?
- **How is case investigation information tracked? Is data on other platforms (REDCap, ClientTrack, etc.)? How is data transmitted to the surveillance system?**
- Who is responsible for case classification & reporting to State/CDC?
- What labs are routinely reported? Do you receive negative labs? LFTs?
- **What data routinely comes in with labs (demographics, pregnancy status)?**
- Does the surveillance system have linkages to any other data systems (vital records, Medicaid, Immunization registry, etc.)?
- **How frequently is data cleaning performed? What areas are routinely missing or in need of cleaning?**



Evaluation Findings



Key Findings

Strengths

- Dedicated staff w/ motivation to support HCV
- Onsite & mobile harm reduction services
- Testing at local jail

Areas of Improvement/Opportunity

- Follow-up on chronic cases
- Leverage EHR/EMR/ICD-10 for data quality & completeness
- Supplement data from other sources to improve data quality & completeness



Findings- SWOT Summary



Key Recommendations

Programmatic Organization- Develop an HCV elimination/strategic plan or other formalized document to clearly identify goals & objectives of the program.

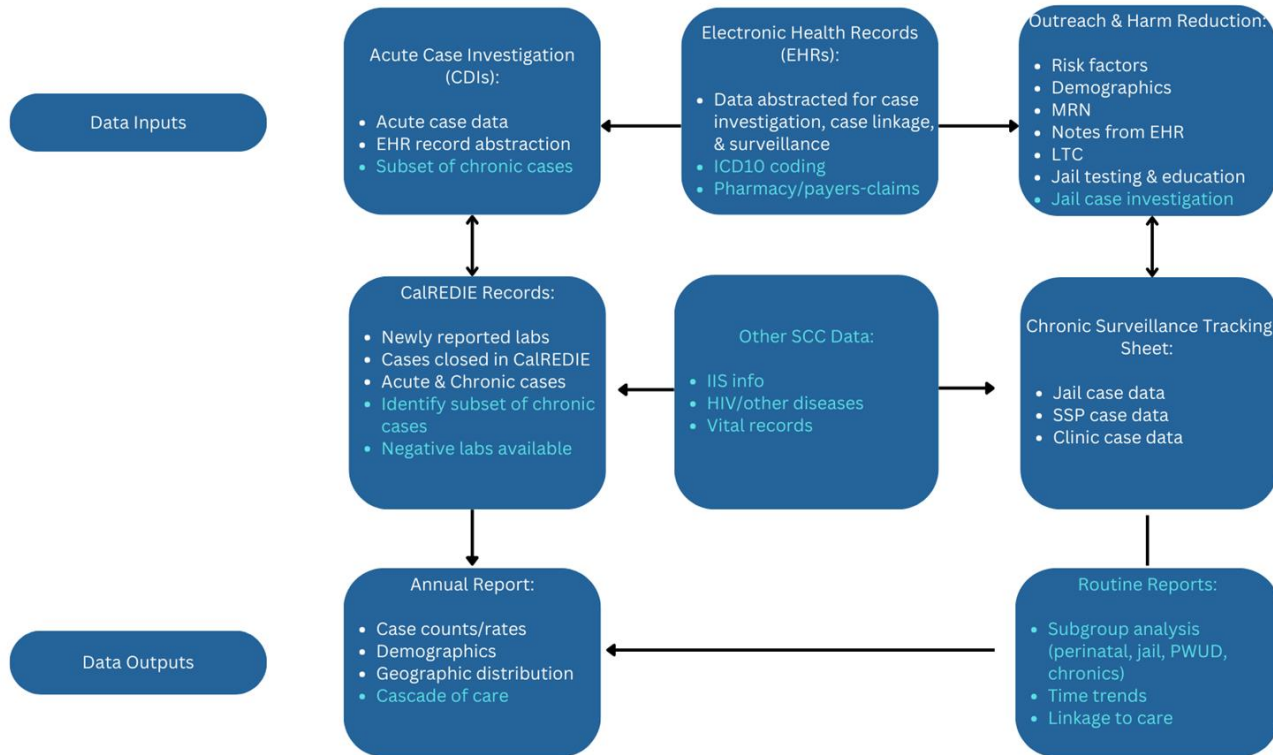
Case Investigation & Data Collection - Consider expanding case investigation & follow-up by targeting other priority populations, such as pregnant persons or chronic cases <30 years (i.e. not just acute cases)

Surveillance & Data Management - Conduct data matching from different data systems to improve data quality & completeness. (See data flow diagram on next slide)

Outside partners- Coordinate care with program & among other organizations doing this work to improve data quality



HCV Surveillance System Recommendations



Implementation



Implementation

Program Team

- Integrate data collection guidelines in provider education efforts (continued partnership with NASTAD!)
- Communication with the State to receive negative lab reporting

Epidemiology Team

- Utilize data from the multiple sources to to impute missing data
- Handle challenge of managing multiple data sources by leveraging the new systems such as data lake

Collaborative

- Exploring a future partnership on strategic planning
- Planning to host more collaborative calls for improved bidirectional communication



Key Takeaways from This Process

Results-related

- There was acknowledgement & general awareness of key issues of the surveillance system among key informants
- There was an interest in improving this system by multiple stakeholders
- NASTAD recommendations provided direction on where to begin the change process
- Providing the tools & TA needed to make improvements may be the single important step needed to initiate this change

Overall

- Investing time & effort into this evaluation during the earlier stages of program planning can have meaningful future impacts
- A fantastic & phenomenal team to work with!



Discussion



Open Discussion/Considerations

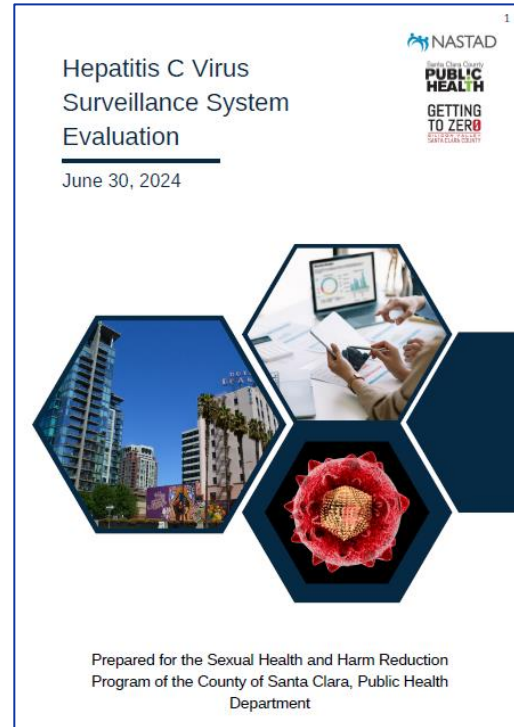
- Strategic planning - are others doing this? How does this fit into your elimination planning?
- What have LHDs done independently outside of state HD to improve data systems & workflows (in the event that a state system were down)
- How do your own systems work?
- How can you consider these recommendations/findings in your own jurisdiction?
- Questions



Request TA via HepTAC 2.0!

Email hepatitis@nastad.org
to learn more about this
work!





Acknowledgements

- NASTAD
- CDC PS19-1901 supplement
- CDC/CDPH Strengthening STD Prevention & Control for Health Departments
- Sexual Health & Harm Reduction Program staff & partners



Thank you!

Harit Agroia, DrPH, MPH
Sexual Health & Harm Reduction Program
County of Santa Clara, Public Health
Department
harit.agroia@phd.sccgov.org

Wen Lin, PhD, MD
Science, Epidemiology, Informatics, &
Improvement Branch (Science Branch)
County of Santa Clara, Public Health
Department
wen.lin@phd.sccgov.org

Amelia Salmanson, MPH
NASTAD HepTAC Consultant
ameliapreb@gmail.com

Danica Kuncio, MPH
NASTAD HepTAC Consultant
danica.kuncio@gmail.com

Isabel Lechuga, MD, MPH
Associate Director, Hepatitis
NASTAD
rlechuga@NASTAD.org

Please evaluate this session by scanning the QR code





CALL TO ACTION: INVESTING IN BIPOC LEADERSHIP

12:00 PM – 2:00 PM

Lunch On Your Own

2:00 PM – 3:15 PM

Breakout Sessions

Breakout sessions are developed by NASTAD staff, and are a mix of presentations, discussion groups, and workshops. The breakout sessions are formatted to supplement the plenary sessions.

- *Centering Black Women in EHE Programming: Successes and Opportunities* [**Congressional A/B**]
- *Strategies Employed by ADAPs to Address Equity Among Disproportionately Served Communities* [**Executive Room**]
- *Public Health Practices Amidst the Criminalization of Bodies* [**Empire Ballroom**]
- *Meet Me at the Intersection: Afrofuturism and the Reimagining of BIPOC Leadership Within HIV, Viral Hepatitis, and Harm Reduction Health Department Programs* [**Cabinet Room**]