Integrating Services to Address the Syndemics of HIV, STIs, Substance Use Disorder, and Viral Hepatitis

February 28, 2023

12:00 PM – 1:00 PM EST
11:00 AM – 12:00 PM CST
10:00 AM – 11:00 AM MST
9:00 AM – 10:00 AM PST

Ending The HIV Epidemic

TAPin Technical Assistance Provider innovation network

A Project of CAI

Cooperative Agreement Award # U69HA33964

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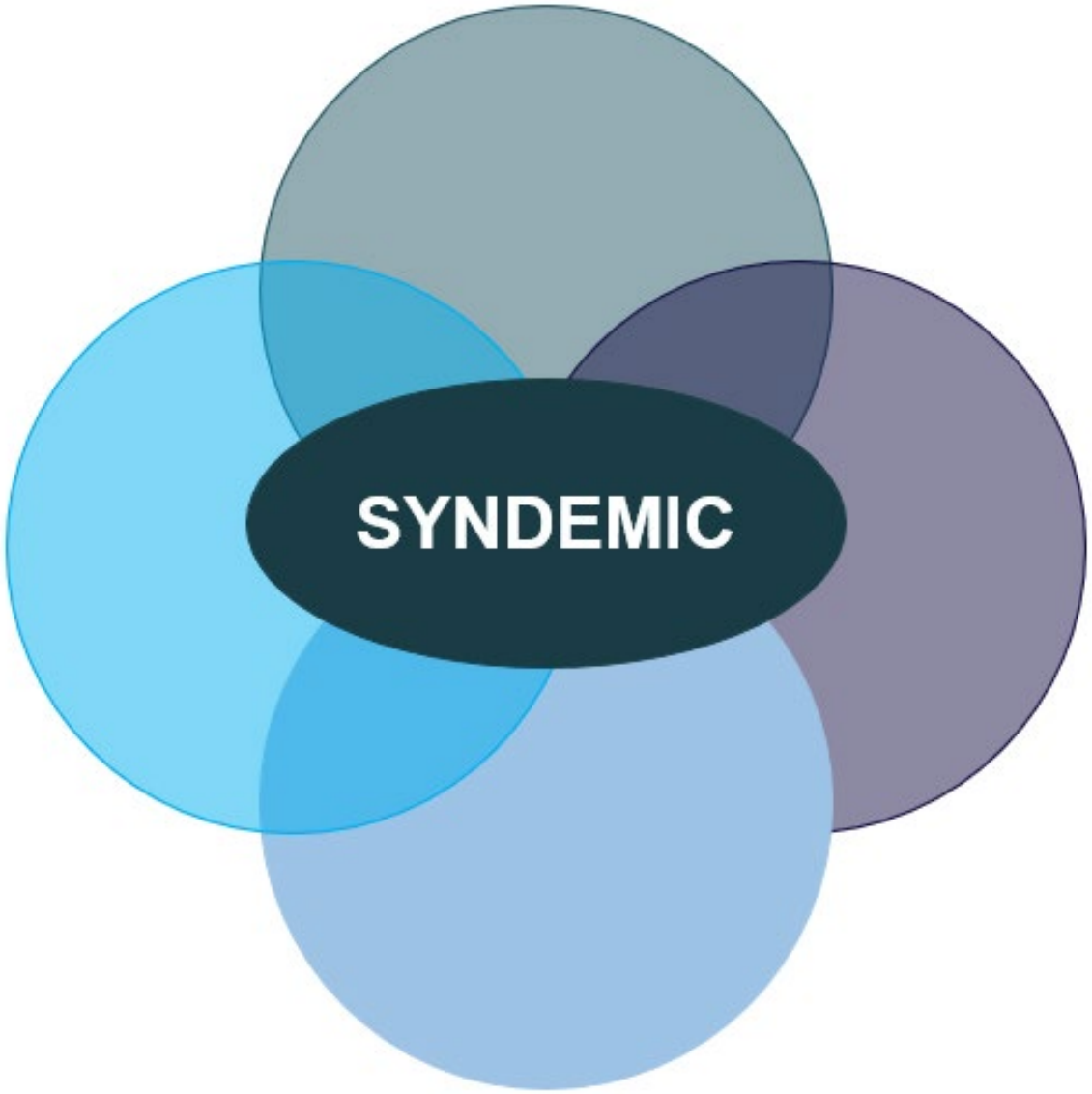
Strengthen & support implementation of jurisdiction Ending the HIV Epidemic in the U.S. (EHE) Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org



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Agenda

I. Introduction to Syndemic Theory

II. Why the Syndemic Approach Makes Sense to Address HIV/STIs/VH/SUD

III. The Syndemic Approach in Action: Experiences from the Field

IV. TAP-in Training and TA

V. Question and Answer

Learning Styles

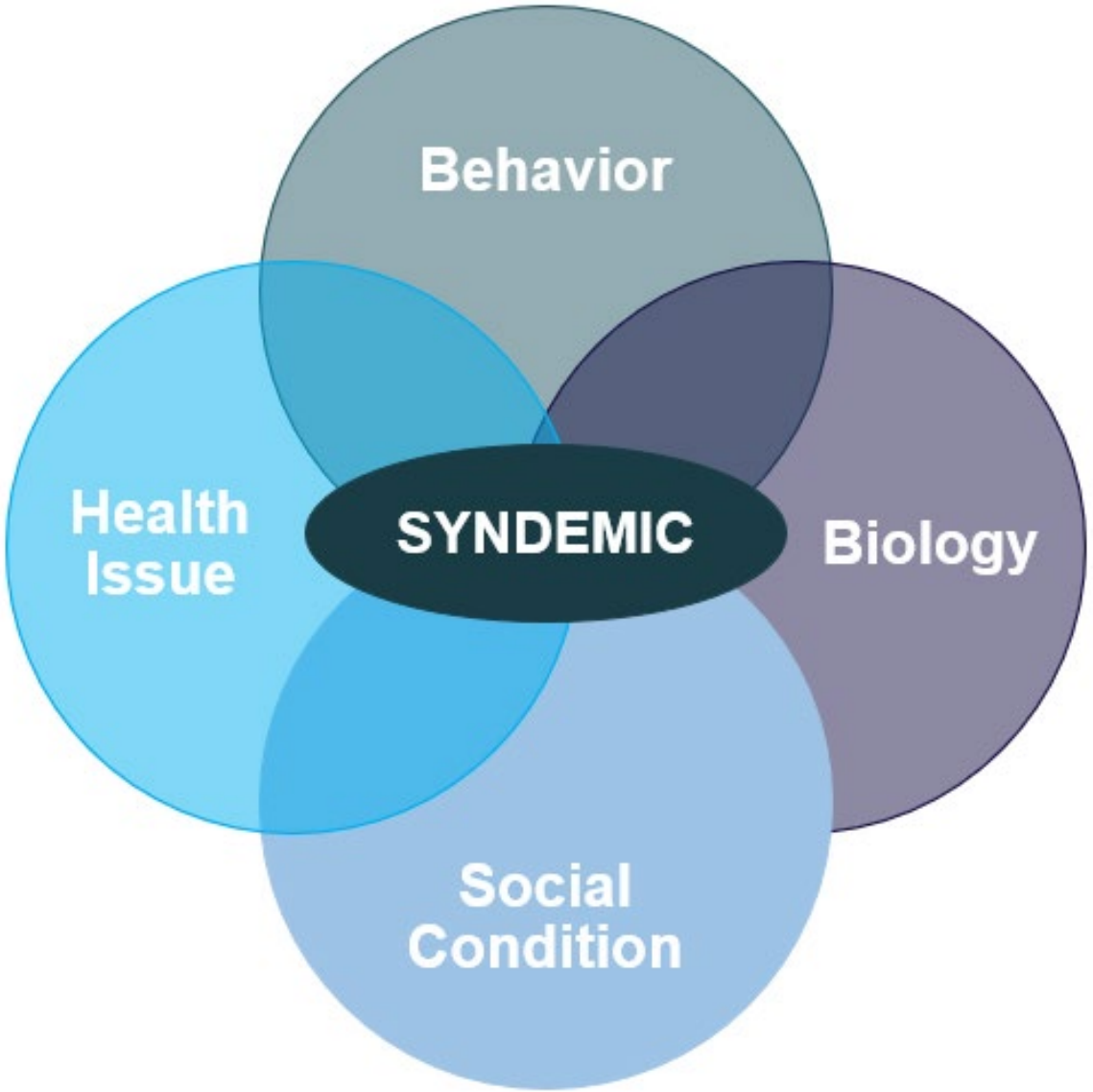
By the end of this webinar, participants will be able to:

Describe three core concepts of Syndemic Theory

Explain two reasons for why it makes sense to approach HIV/STIs/Viral Hepatitis/SUD as a Syndemic rather than separate epidemics

Discuss two examples of applying Syndemic theory to integrate services

Identify at least two of the lessons learned from planning and implementing Syndemic theory

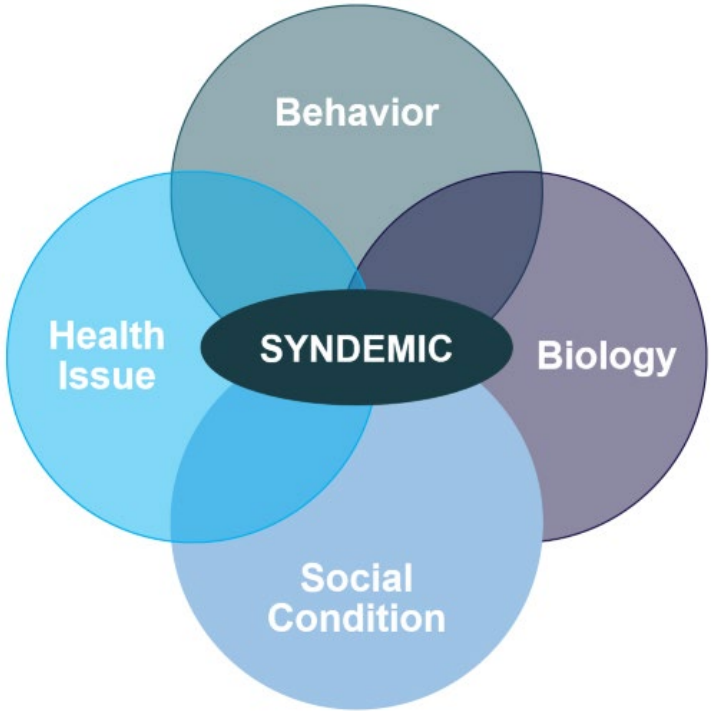


Syndemic Theory

Focuses on the adverse interactions between diseases and social conditions in a population, specifically drawing attention to the mechanisms of these interactions.

Definition from JAMA
https://jamanetwork.com/journals/jama/fullarticle/2787450#:~:text=Syndemic%20theory%20focuses%20on%20the,treatment%20of%20the%20involved%20conditions.

Overarching characteristics defining a Syndemic:



1) Co-occurring within certain contexts

2) Interacting in meaningful ways, often through biological processes but potentially through social or psychological processes and

3) Sharing one or more upstream factors driving their co-occurrence and interaction, which may include dynamics that are structural, social, cultural, ecological and economic in nature.

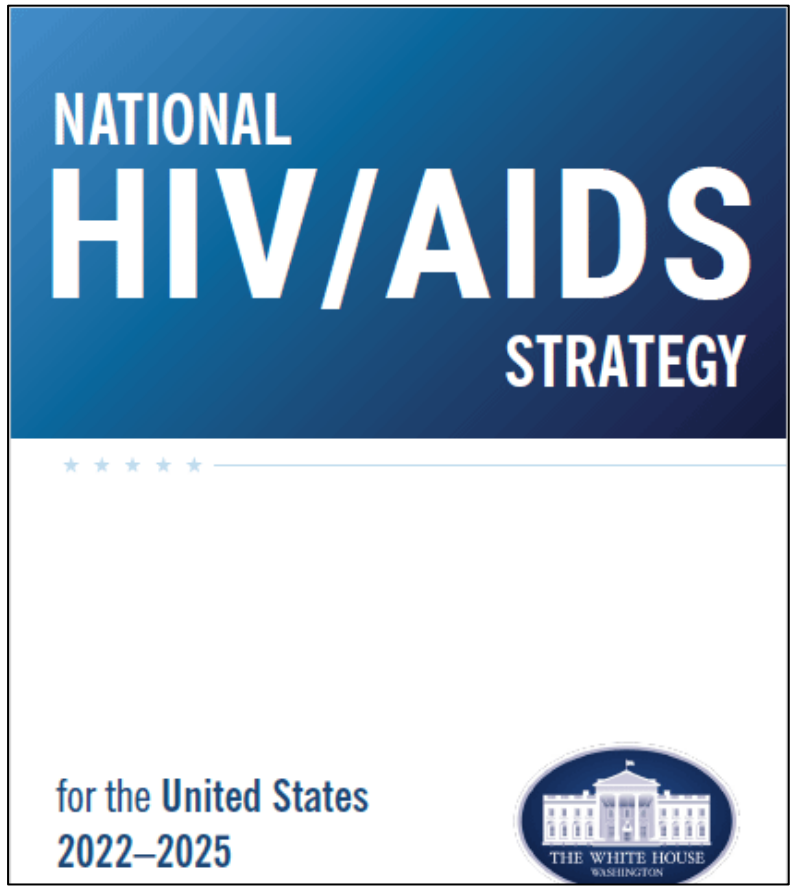
Mendenhall, E., Kohrt, B.A., Logie, C.H. et al. Syndemics and clinical science. Nat Med 28, 1359–1362 (2022). https://doi.org/10.1038/s41591-022-01888-y

A Syndemic is more than Co-morbidity or Co-occurrence or Intersectionality

- Co-morbidity: the simultaneous presence of two or more diseases or medical conditions in a person (s)
- Co-occurrence: two or more things occurring together or simultaneously. Many diseases can be co-morbid, but no interaction occurs between them.
- Intersectionality: describes the overlap between social categories such as race, class and gender, especially in cases where these categories create systems of discrimination or disadvantage

Syndemic. Defined by NHAS

A set of linked health conditions—such as HIV, viral hepatitis, STIs, and alcohol and substance use and mental health disorders—that adversely interact with one another and contribute to an excess burden of disease in a population

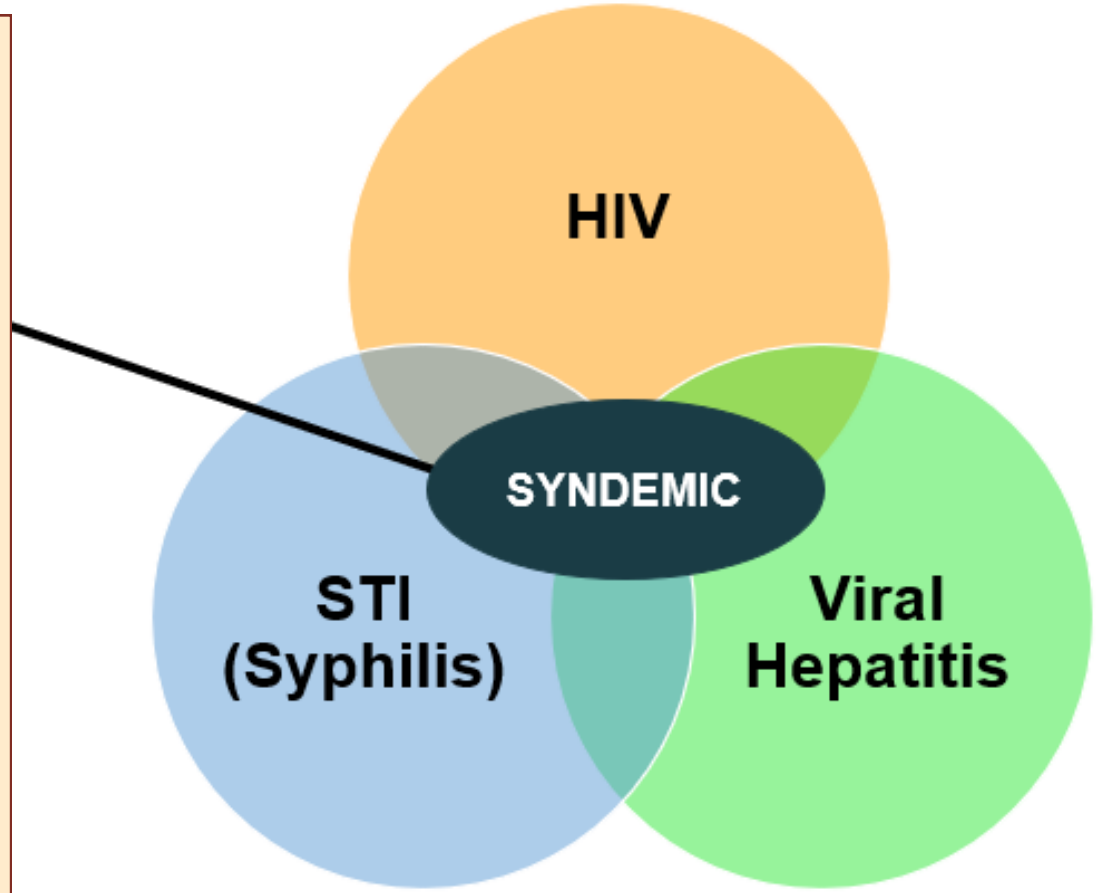


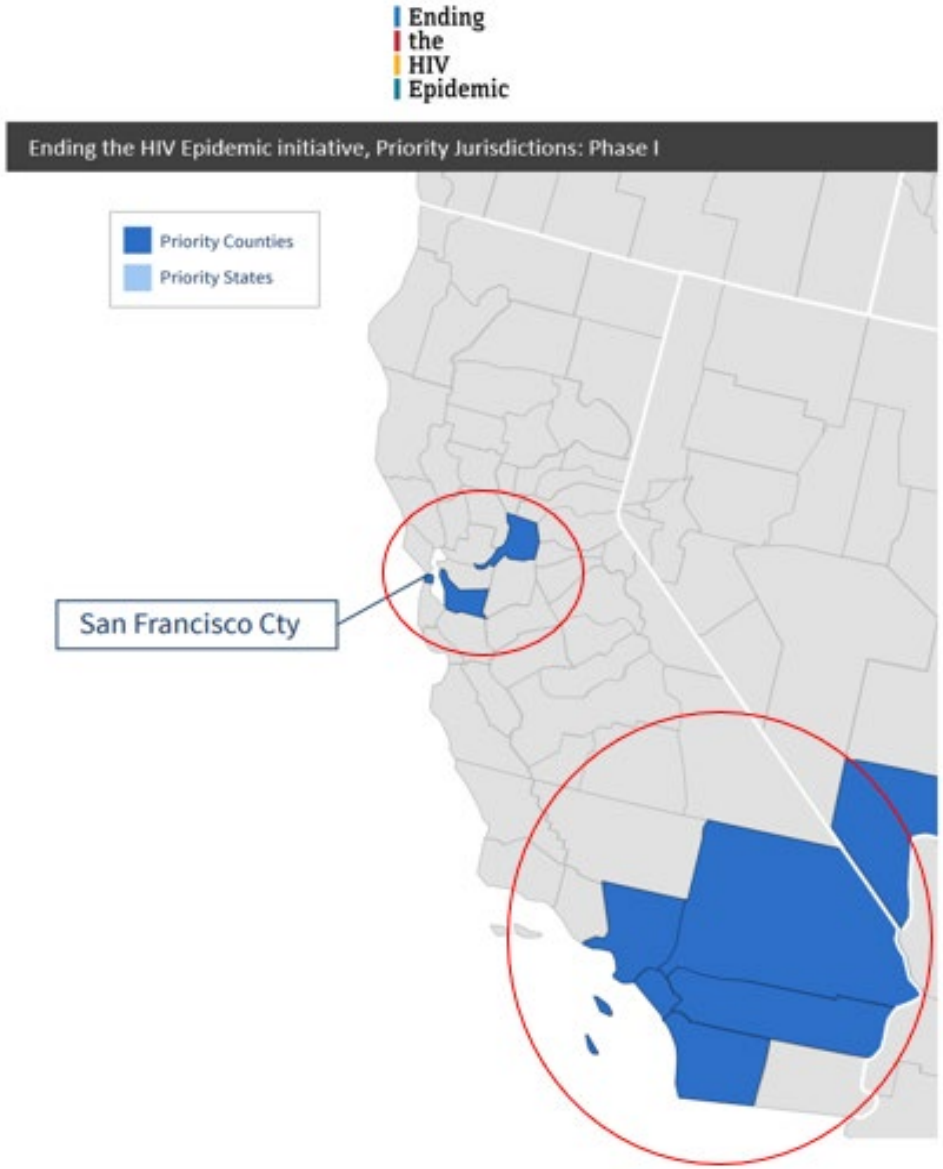
Integrate programs to address the Syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence

- Integrate HIV awareness and services into outreach and services
- Implement a no-wrong-door approach to screening and linkage to services
- Identify and address programmatic barriers
- Coordinate and align strategic planning efforts across partners
- Enhance the ability of the workforce to provide naloxone and fentanyl education

Syndemics
Example 1-- Health Conditions

- Risk Population
- Symptoms may get worse
- Similar modes of transmission
- Prevention Messages
- Opportunity for Multi disease testing
- Opportunity for Multi disease Treatment & Care





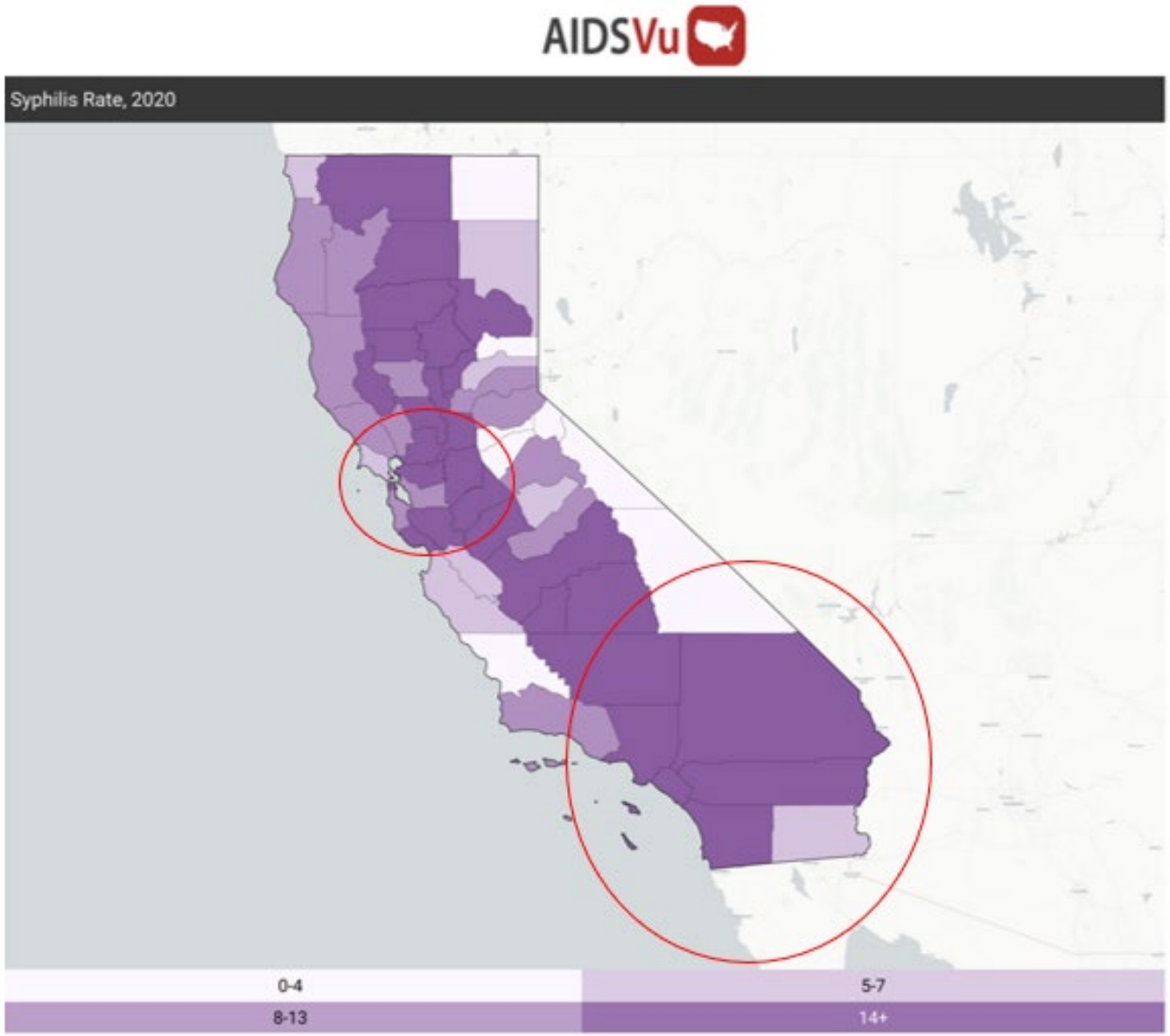
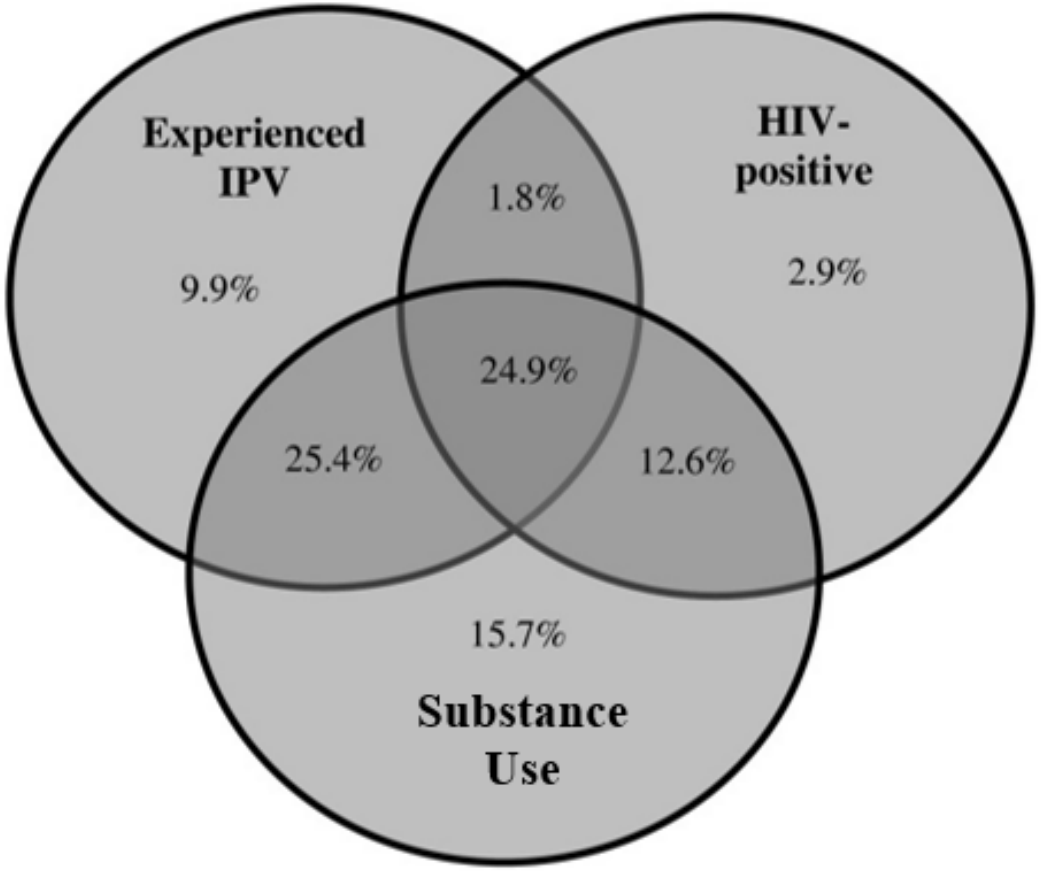


Photo 1: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one
Photo 2: https://map.aidsvu.org/map

Syndemic – SAVA (Substance Abuse, Violence, HIV/AIDS)



Sample of 445 Urban women in 2013.

Almost 25% of the women had experienced all 3 factors of HIV+, substance use and intimate partner violence

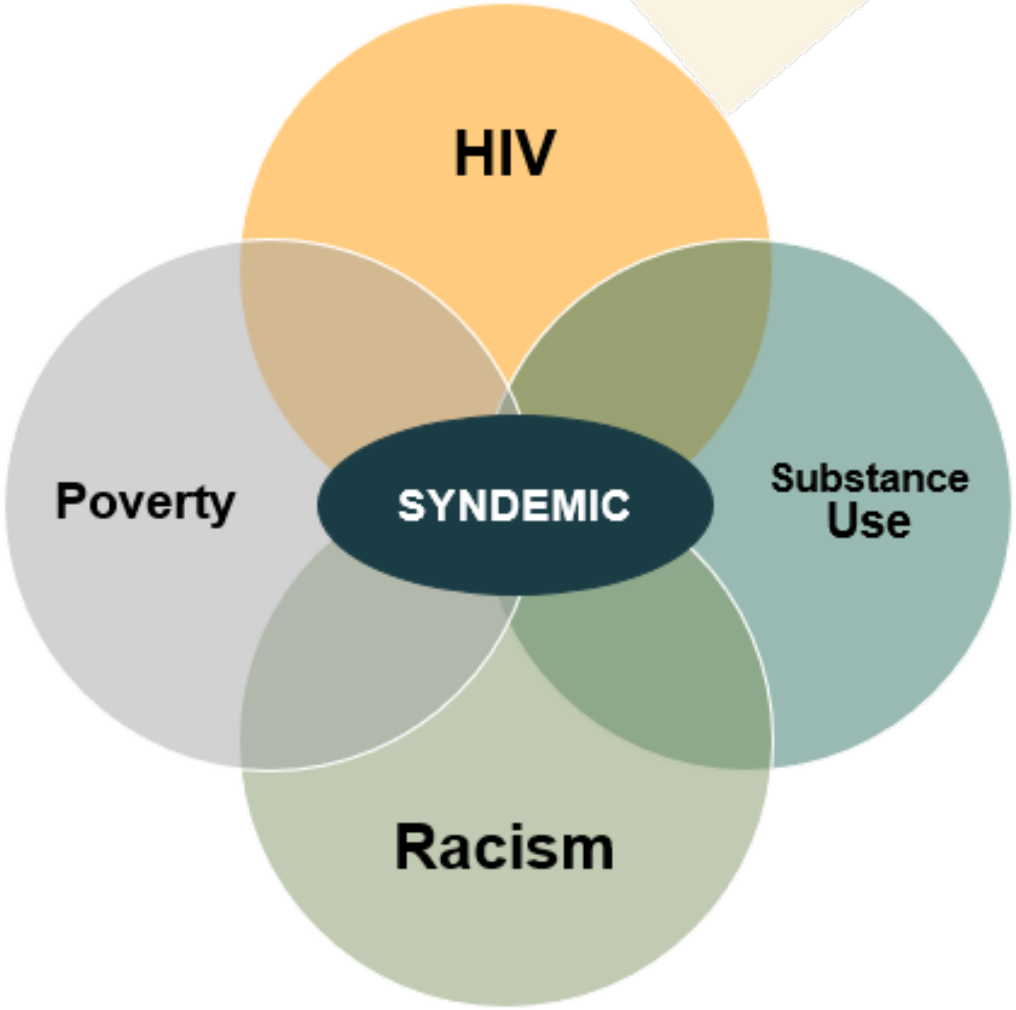
Illangasekare, S., Burke, J., Chander, G., & Gielen, A. (2013). The Syndemic Effects of Intimate Partner Violence, HIV/AIDS, and Substance Abuse on Depression among Low-Income Urban Women. Journal of Urban Health : Bulletin of the New York Academy of Medicine, 90(5), 934-947. https://doi.org/10.1007/s11524-013-9797-8

Examples of Syndemic: Populations

- Men who have sex with men
  - 70% of HIV diagnoses
  - Over 40% of gonorrhea cases
  - Over 40% of syphilis cases
- Race and ethnicity
  - African Americans, Hispanics/Latinos, have a higher incidence of STIs and HIV than all other populations
- Justice-involved populations have a higher incidence of all infections
- Youth
  - Highest rates of STIs
  - One of every 5 new HIV diagnoses

Why a Syndemic Approach Makes Sense?

- A comprehensive “multi-condition” approach to service delivery
- Reduced burden of disease
- Concomitantly addresses Social Determinants and the clinical conditions
- Reduces Stigma
- Increased flexibility and control
- Cost-effectiveness



Why Syndemic Approach Makes Sense?

Because we address not just the burden of one disease but *also* the synergistic effect of multiple diseases, we can improve public health even more than if we addressed each disease on its own.

Anticipated Challenges in the Implementation of a Syndemic Approach

- Requires integrated and sometimes simultaneous prevention, screening, diagnosis, and treatment efforts.
- Often requires rapid application of new scientific advances
- Efforts must go beyond disease-specific responses to identifying and addressing root causes often closely tied to social determinants of health

Where can we utilize a Syndemic approach? Location, Location, Location

- HIV clinics
- Community Health Centers/ FQHC
- STI clinics
- **Emergency Departments**
- Hospitals
- Substance Use Disorder Treatment Centers
- Other…

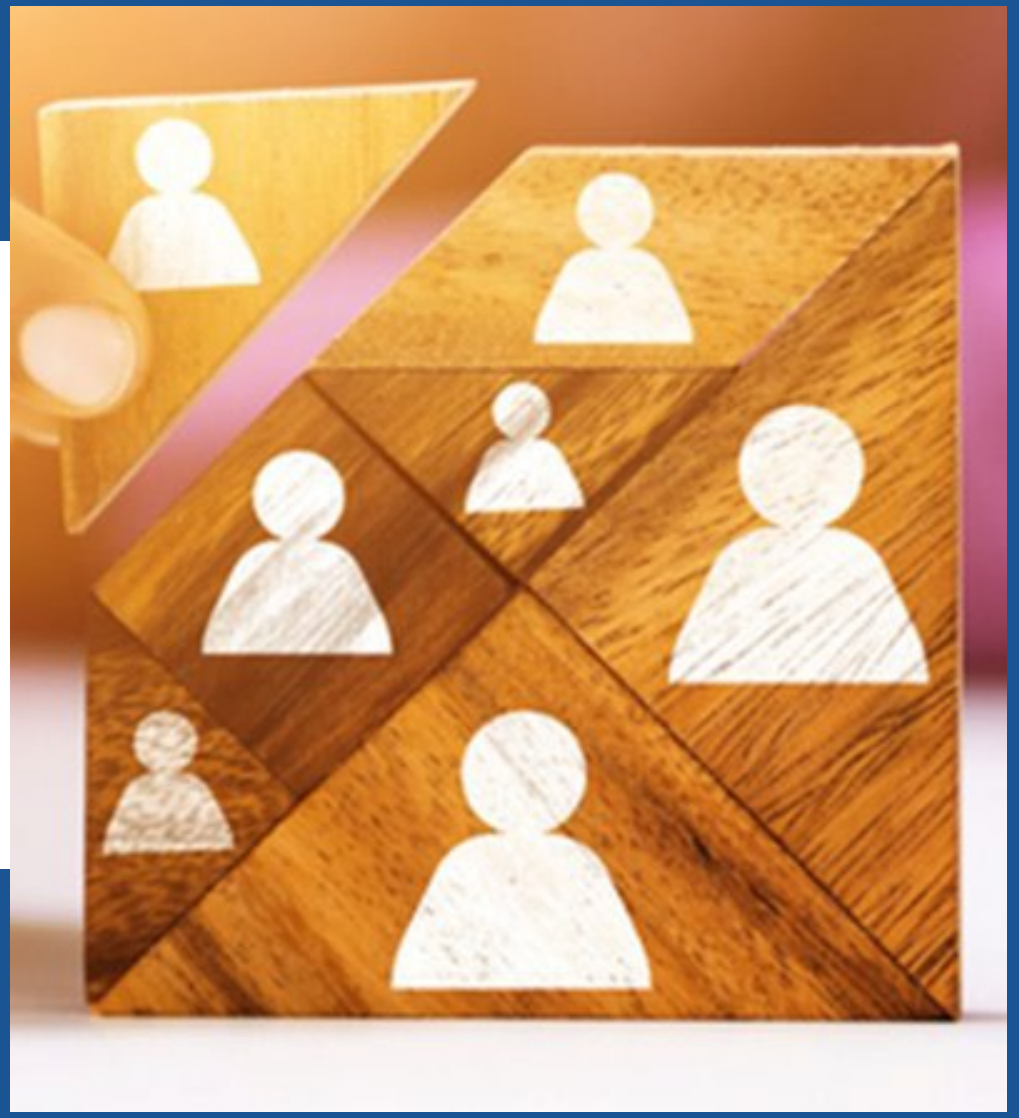
Strategies to Address Syndemics

- Staff Capacity Building
- Community Education
- Multi-disease Outbreak Response
- Combined Testing (Multi-disease)
- Combined Vaccination
- Multi-disease Prevention/Treatment and Care
- Optimizing Data Sharing And Analysis

Important Principles When Implementing a Syndemic Approach

- Emphasis on Equity and People
- Smart Investment Where it Matters (Follow the Statistics)
- Prioritize the Community
- Rapid Deployment of Latest Advances in Treatment and Prevention
- Expedite the Implementation of Best Practices
- Funding & Structures (Billing Codes)
- Policy Matters!
- **Commitment to generating Synergy (multi-level multi-sectoral approach)**

The Syndemic Approach in Action



Working with the California Department of Public Health in Syndemic planning to Address HIV, Hepatitis C, and STIs Statewide

Shelley Facente, PhD, MPH
Shelley N. Facente, Principal Consultant, Facente Consulting

FACENTE CONSULTING
UNDERSTAND • IMPLEMENT • TELL YOUR STORY

ACKNOWLEDGMENTS

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

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FACENTE CONSULTING

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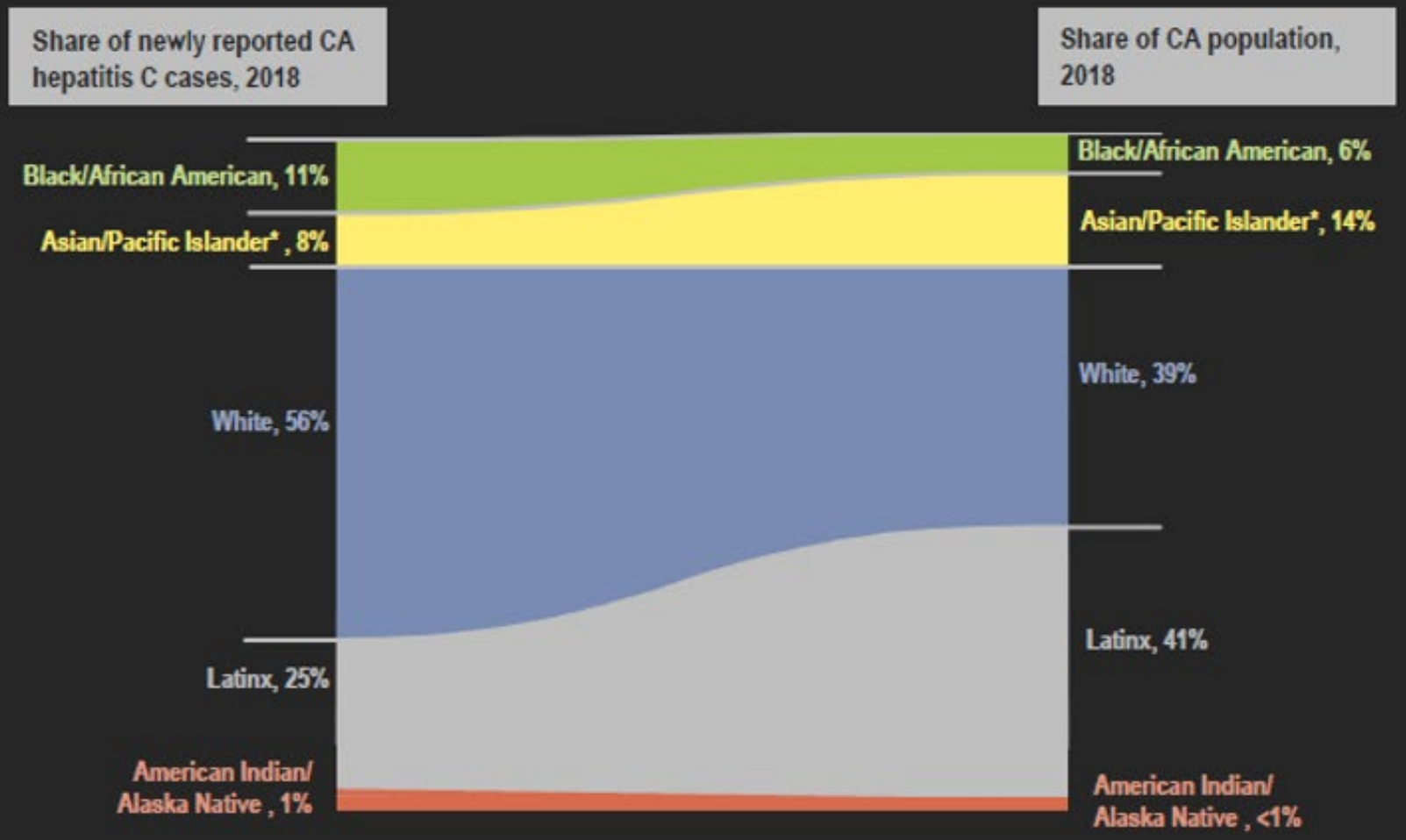
Katie Burk

Sara Durán

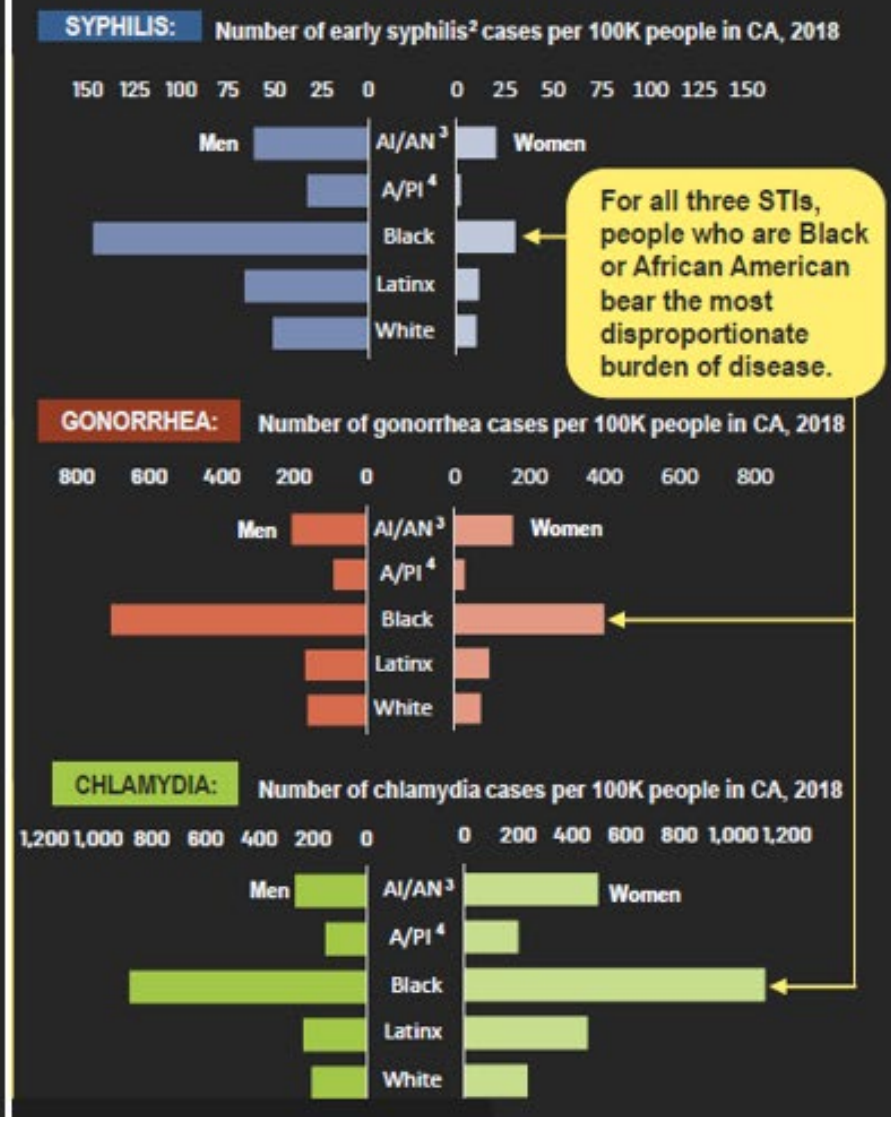
The Benefits Of California's Advances Have Not Been Experienced Equitably

People who are Black/African American, White, and American Indian/Alaska Native, have disproportionate rates of hepatitis C in CA.



* Note that until 2018, HCV data were not separately available for Asians and Native Hawaiians/Pacific Islanders. This will be different for future CDPH data reports.

Syphilis and gonorrhea are more commonly diagnosed among men, while chlamydia is more commonly diagnosed among women.[1]



What Did We Do To Get Here?

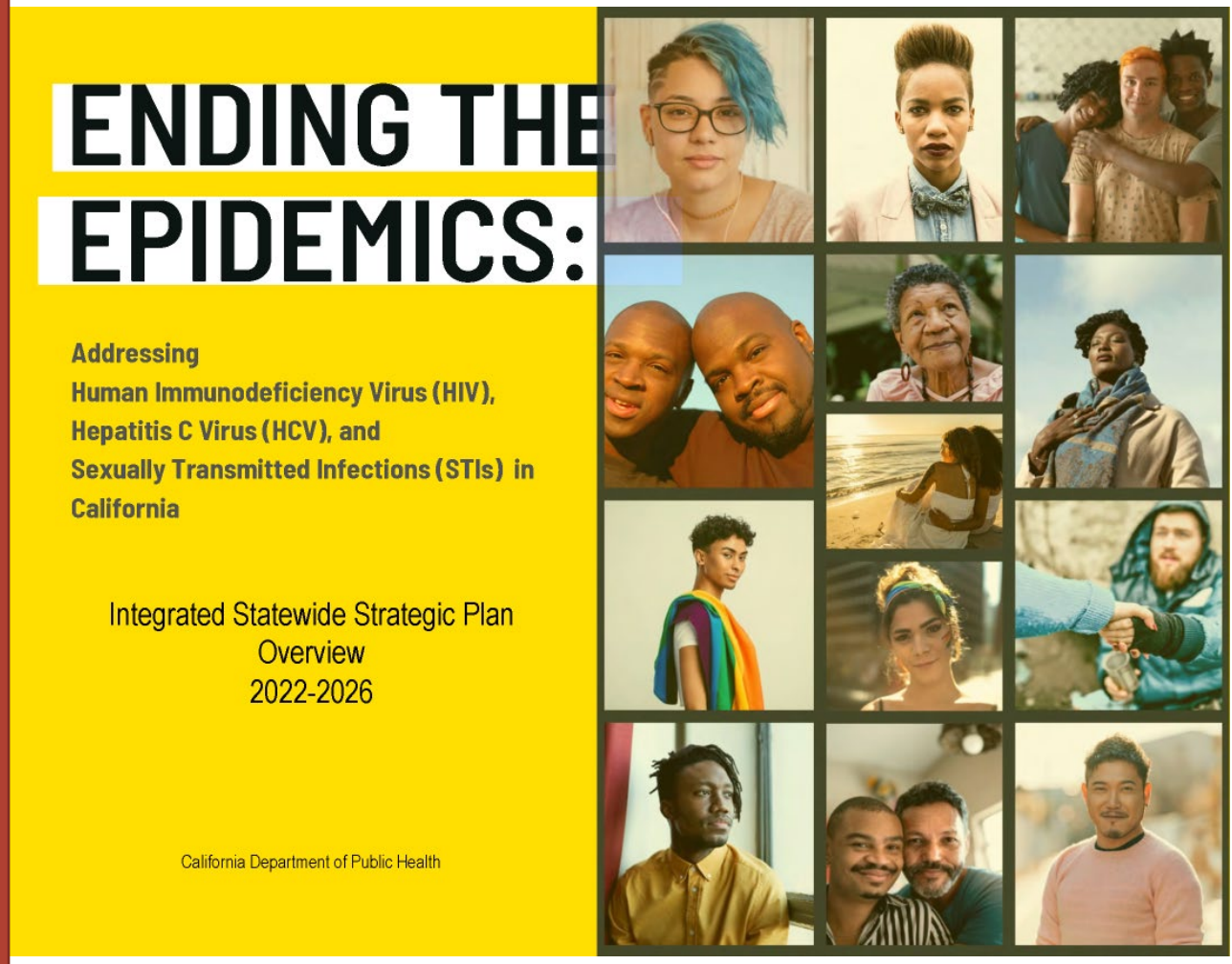
- The CDPH Office of AIDS and STD Control set out to develop a high-level, high-impact strategic plan for addressing HIV, HCV, and STIs over the next 5 years, in collaboration with Facente Consulting
- We convened a workgroup of 25 people who met weekly from July through October
- We knew we wanted to treat HIV, HCV, and STIs as a Syndemic
- We wanted to organize our strategies using social determinants of health

What Did We Do To Get Here?

- We invited more than two dozen speakers to our meetings to talk to us about the relevant work they were already doing, and collaborate with us to develop the 30 high-level strategies
- We released an open survey that was taken by more than 640 people throughout California
- We had multiple rounds of revisions, to land on a plan we felt could be actionable, and visionary

The Strategic Plan

- Acknowledges root causes of the **HIV, HCV, and STI Syndemic**, and works to address them
- Approaches the work from a **social determinants of health** lens
- Supports reframing the work already being done to **transform the system** and meet the needs of the people most neglected to date
- **Highlights existing public health efforts** and activities that have contributed to successful outcomes

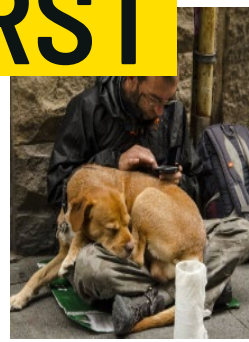


RACIAL EQUITY

STIGMA FREE

HEALTH ACCESS FOR ALL

HOUSING FIRST



ECONOMIC JUSTICE

MENTAL HEALTH AND SUBSTANCE USE

Each Determinant Has its Own Page in the Plan

RACIAL EQUITY

8. CDPH, Racial and Health Equity Glossary of Terms, c. 2020

Black, Indigenous, and other People of Color (BIPOC) are disproportionately impacted by HIV, HCV, and STIs in the United States. This is not simply a matter of individual behaviors, education, or attitudes; research regularly finds that racism weakens the quality of services received by BIPOC compared to whites in the US. Challenges due to limited access to jobs, education, housing, and other growth opportunities for BIPOC contribute to the level of risk that these communities experience. These barriers contribute to a decline in access to services and information, and further delay the onset of treatment and care.

CDPH defines racial equity as the condition achieved when race can no longer be used to predict life outcomes and conditions for all groups are improved.[8] We clearly have a long way to go to reach racial equity in the HIV, HCV, and STI syndemic. To make racial equity real in California and across the country, we will need to root out racism, including structural racism. Racism refers to assumptions, beliefs and behaviors based on the presumed superiority of a dominant race over all others. In the United States, these beliefs and behaviors can be conscious or unconscious, personal or institutional, and generally result in the oppression of non-white people to the benefit of white people. A simple definition of racism is: (racial) prejudice + power = racism.

Structural racism is defined as the systems, social forces, and processes that create and keep in place inequities among racial and ethnic groups. Structural racism does not need individual people to intend to harm or discriminate; once racist systems are built, they are constantly added to and kept up by the way things already are. Even if at an individual level people were no longer racist, racial inequities would likely continue as long as structural racism was still in place.

STRATEGIES

CDPH is prioritizing these 5 strategies over the next 5 years to better address HIV, HCV, and STIs by promoting racial equity:

1. **Leadership and Workforce Development**

   Expand pathways and workforce development initiatives to increase the proportion of BIPOC public health staff, leadership, and administrators, including at CDPH.

2. **Racial/Ethnic Data Collection and Stratification**

   Identify, collect, analyze, and publicly share data that reflect the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.

3. **Equitable Distribution of Funding and Resources**

   Review all CDPH OA and STD Control Branch contracts, budgets, guiding service formulas, policies, and program decisions with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.

4. **Community Engagement**

   Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.

5. **Racial and Social Justice Training**

   Implement capacity building and training opportunities and requirements for all CDPH-funded HIV, HCV, and STI service providers, to strengthen our movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

In-person Community Engagement Events Held Throughout California May - July 2022

Ending The HIV Epidemic

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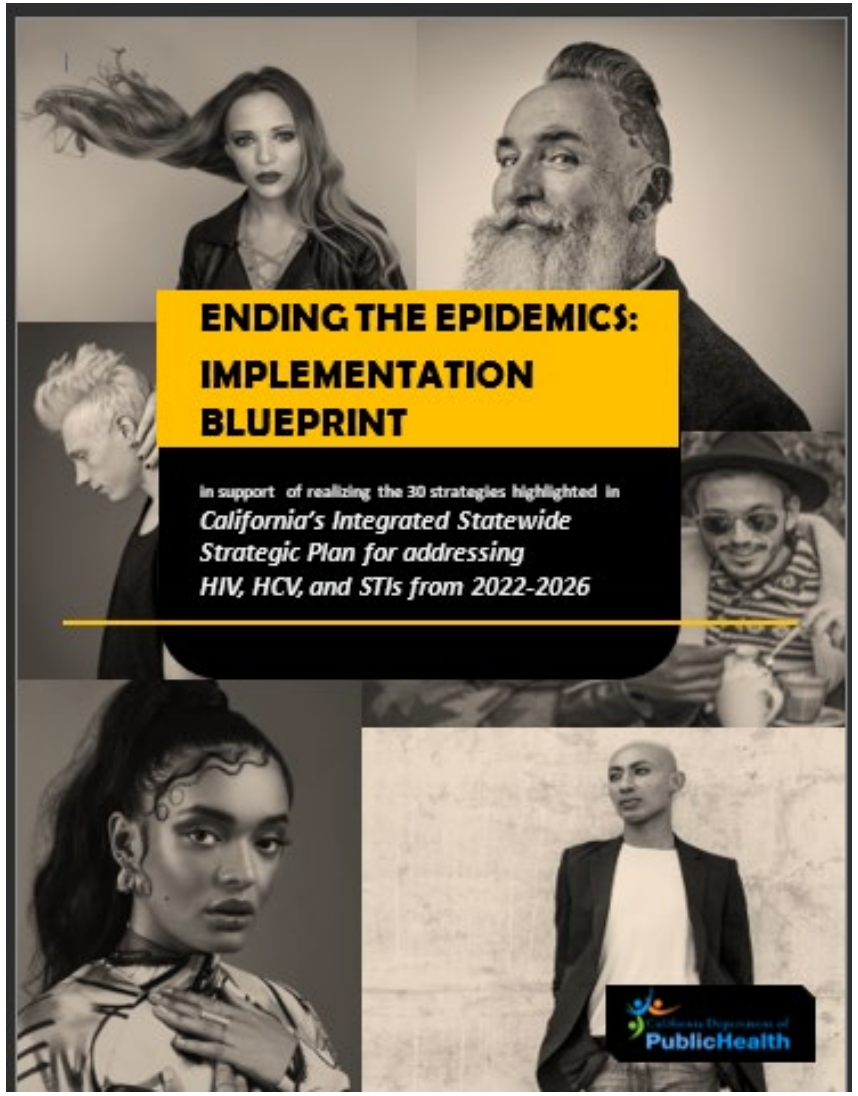

For access to the California HIV/HCV/STI Strategic Plan process and materials, please visit:
https://www.tinyURL.com/CDPHStratPlan

Ending The HIV Epidemic

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Social Determinant of Health

RACIAL EQUITY

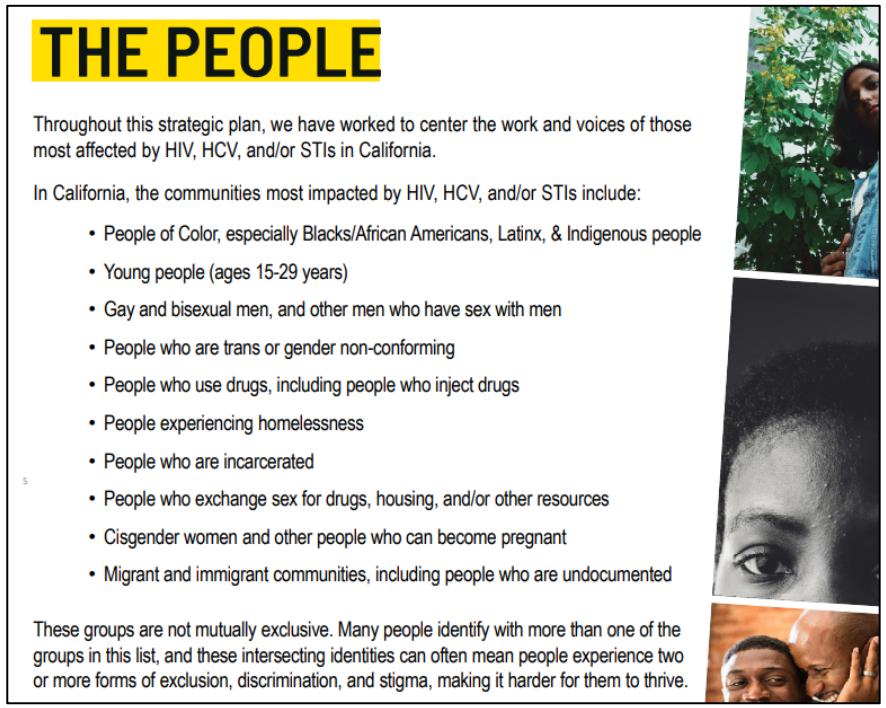
Strategy 2: Racial and Ethnic Data Collection and Stratification

Identify, collect, analyze, and publicly share data that reflects the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.

Recommended Activities	2022-2023	2024-2025	2026 & beyond
Train all Communicable Disease Investigators/Disease Intervention Specialists (CDIs/DISs) to collect consistent variables for race/ethnicity, sexual orientation/gender identity (SOGI), and housing status, as well as offer connections to housing resources, when interviewing patients.	X	X	X
CDPH will develop sample data-sharing agreements and establish ongoing processes to improve race/ethnicity and SOGI data quality and completeness for people living with HIV, HCV, and STIs, such as by matching records with external data sources (i.e. birth and death records, electronic health records, Medi-Cal data, state prison data, and CA Rural Indian Health Board data).		X	X
CDPH will assess HIV, HCV, and STI outcomes using ecological data on social determinants of health (e.g., from the U.S. Census, Social Vulnerability Index, and the Healthy Places Index) to examine how well these and other related measures help explain the racial disparities in HIV, HCV, and STI health outcomes in California.	X	X	X
Routinely analyze HIV, HCV, and STI data and social determinants of health metrics to identify racial disparities in prevention, care, and treatment outcomes and their root causes. Specifically, [CDPH/County name] will assess [metrics to review] stratified by race/ethnicity and by social determinants of health.	X	X	X
Develop and share infographics, fact sheets, talking points, slides, videos, and other ways of ensuring that racial disparities data are presented within the larger		X	X

Overall Considerations
1. Data collection and reporting can be a barrier to serving populations most impacted by the syndemic, because a high burden from data collection, entry, and reporting requirements can negatively impact service provision, particularly for smaller jurisdictions and service organizations. As such, the burden of data collection, etc. should be weighed with the importance of the data being requested, and the plan for its use. CDPH is currently developing a statewide community advisory board on data use that will guide best practices on data collection and use.
2. When collecting data, special attention should be placed on consistently asking for racial identity rather than assuming it. Indigenous people are often under-counted due to racial assumptions made by providers and other practitioners.
3. Data about BIPOC should be presented through an equity lens that recognizes complex socio-ecological conditions (i.e. poverty, homophobia, stigma, racism, and generations of systemic discrimination that created limited opportunities and resources). Stigmatizing language should be scrutinized and eliminated. There are nuances that should be considered when it comes to identity language – in particular the term Latinx may not be used by everyone, and some people may use Latino/Latina, Chicano/Chicana, Hispanic, Mexican, Brazilian, etc. to define themselves. Community engagement is critical for ensuring non-stigmatizing language that is appropriate to the local context.
Local Considerations (delete or add rows as appropriate to your location)
In Southern California, consider cross-border data analysis to understand HIV, HCV, and STI among binational communities.
In [Insert local jurisdiction]…[insert other considerations as desired].

Key Population Notes
People of Color, especially Blacks/African Americans, Latinx, & Indigenous people: Relationship building and building back trust with Black, Latinx, and Indigenous populations is a vital activity to address concerns about data used for public health surveillance. The American Association of Medical Colleges' Center for Health Justice has an excellent resource on building trustworthiness. Further, racial misclassification of Indigenous people in communicable disease surveillance systems is common and can make it difficult to assess the true burden in Indigenous populations.
Gay and bisexual men, and other men who have sex with men and **People who are trans or gender non-conforming:** SOGI data collection and reporting need to be improved across most databases to better understand intersectionality of race/ethnicity and SOGI, and best serve all BIPOC. It is also necessary to improve SOGI data collection and reporting so that CDPH can better comply with state law promoting complete SOGI data (Government Code 8310.8). Specifically, it is important to ensure that gender options are not only binary (man/woman), and ask sex assigned at birth AND current gender identity, as separate questions. Terminology continues to change, and organizations/agencies should be prepared to modify questions and response options to better reflect the local community, including using culturally preferred terminology. For example, some Indigenous communities use the term Two Spirit for both sexual orientation and gender identity.



Monitoring and Metrics				
The table below outlines how progress toward this strategy will be measured:				
Level	**Indicator**	**Who measures?**	**How frequently?**	**Why this measure?**
[County name] County				
[Insert your local ideas]				
Partners and Resources				
1. For further information on race/ethnicity data collection in healthcare check out: Dania Palanker, Jalisa Clark, and Christine H. Monahan, "Improving Race and Ethnicity Data Collection: A First Step to Furthering Health Equity Through the State-Based Marketplaces," *To the Point* (blog), Commonwealth Fund, June 9, 2022.				
2. To review one way in which racial and ethnic data collection can be used to understand equity, see the National Equity Atlas' work.				
3. The Centers for Disease Control and Prevention (CDC) has suggested questions and other resources for collecting SOGI data.				
4. [Insert local resource here]				

For access to the California HIV/HCV/STI Strategic Plan process and materials, please visit:

https://www.tinyURL.com/CDPHStratPlan

Implementing and Sustaining Testing, Linkage, and Treatment Services to Address the Syndemic of HIV, HCV, and Syphilis in Emergency Departments (EDs)

Kris Lyon, MD
Kern County Health Officer
Emergency Medicine Physician, Adventist Health

KERN COUNTY
Public Health Services
DEPARTMENT

Kern STD Summary, 2021*

Disease	Number of Cases	
Chlamydia	5,973	16 per day
Gonorrhea	2,239	6 per day
Syphilis	1,293	4 per day
HIV	189	1 every other day
Kern County	**9,694**	**1 every hour**

Disease	Number of Cases	Frequency
Congenital Syphilis	36	1 every 10 days

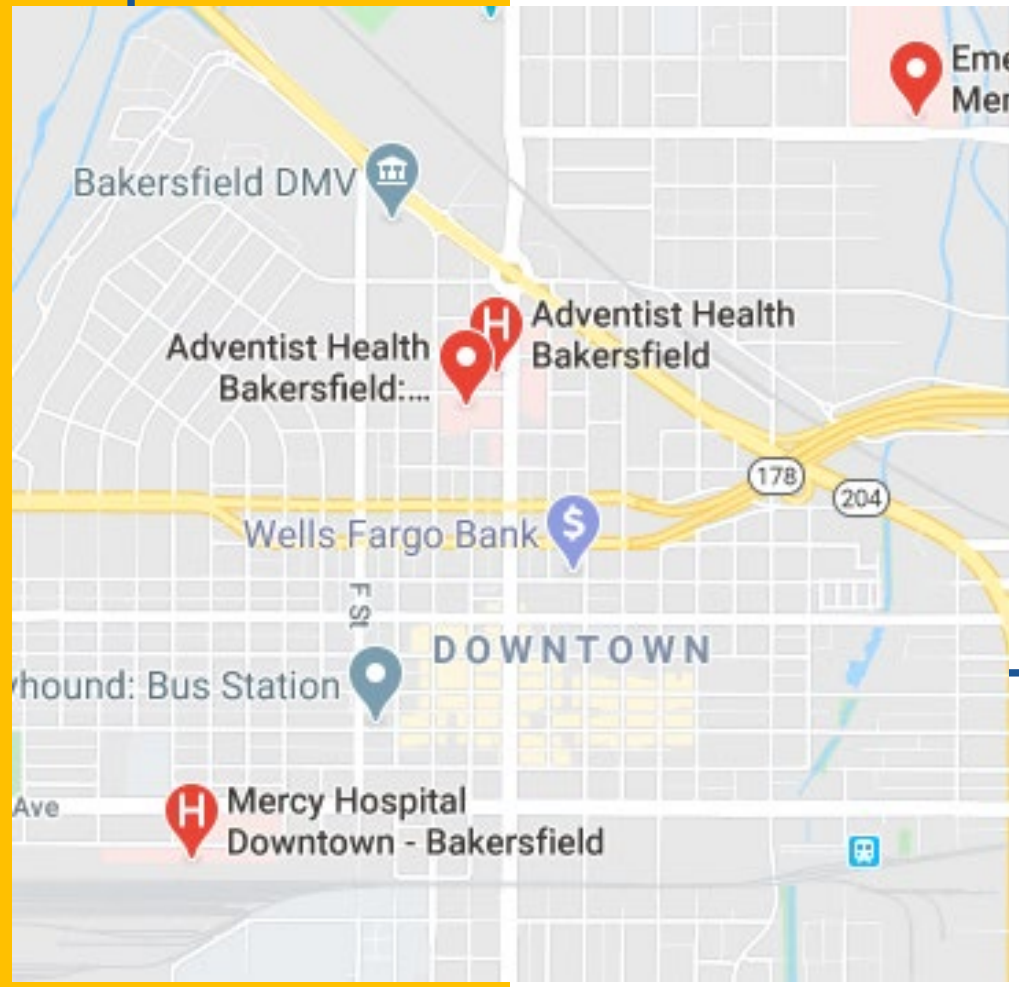
*2021 data is preliminary

Screening outcomes for Kern County Emergency Departments

Oct 2019 – Dec 2021

- 55,988 HIV tests between Dignity Memorial and Adventist Bakersfield
  - 0.74% positive (415) with 68 new positives
- 57,353 HCV tests
  - 7.74% positive
- Over 50,000 Syphilis tests
  - Averaging over 5% positive

How did we get here?
How can we sustain this?
How can we provide referral/linkage/treatment services that impact these 3 epidemics and beyond?



Demographics of Kern County

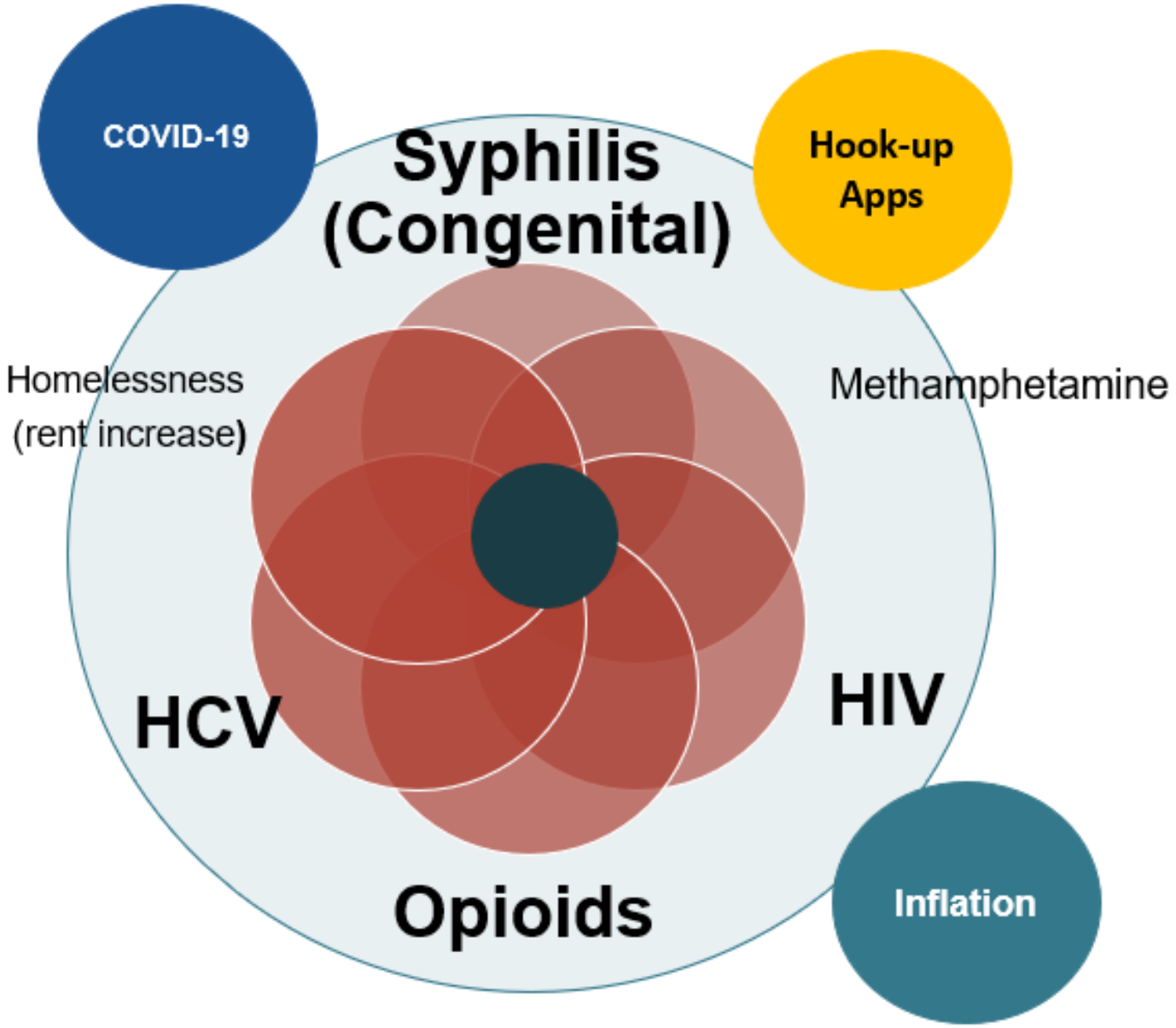
Home to approximately 917,673 people

23% live below the Federal Poverty Level

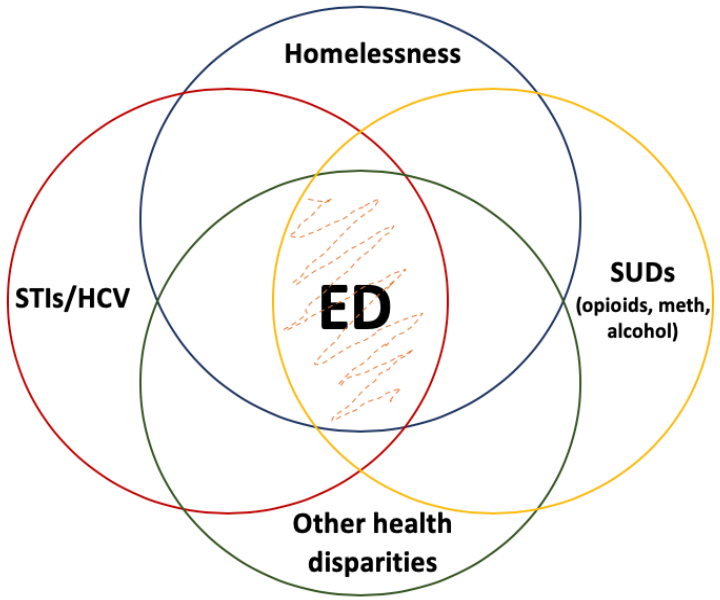
- 53% Latino/Hispanic
- 33% White
- 5% /African American

Bakersfield Black is the largest city with approximately 407,615 people

Kern County Epidemics



Critical Role of Emergency Department (ED) in EHE



Emergency Department

Safety net for people with HIV and hardest to reach populations

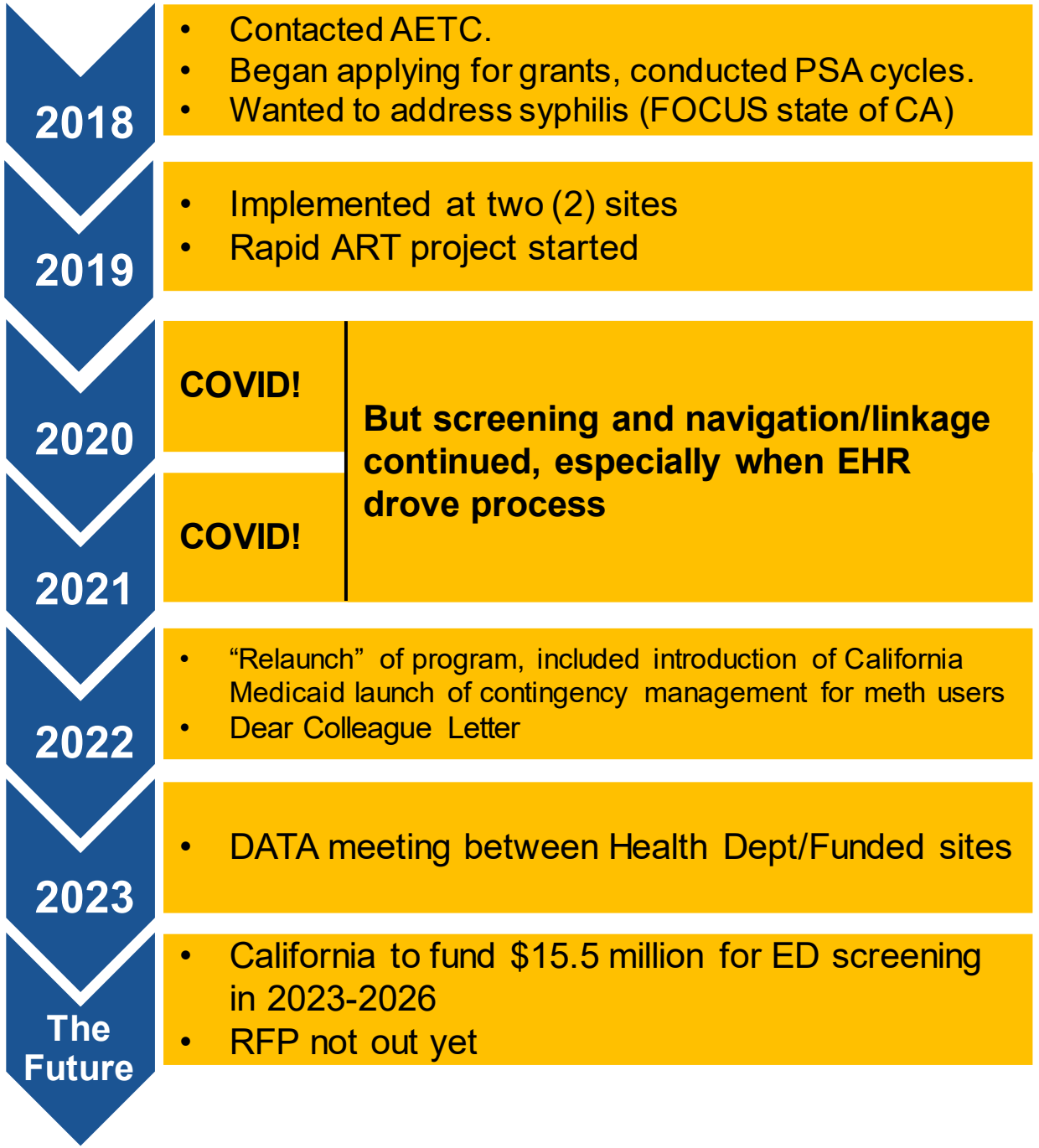
HIV patients 3 times more likely to visit an ED and be racial minorities and lack health insurance

Routine opt out (not risk based)

- Screening of multiple infectious diseases + conditions

- Connect people to care while they are connecting to health

Kern County Emergency Department Timeline



Dear Colleague Letter: March 28, 2022

State of California—Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

GAVIN NEWSOM
Governor

March 28, 2022

Dear Colleague,

Emergency departments (EDs) are uniquely positioned to identify people with syphilis, HIV, and hepatitis C who otherwise might remain undiagnosed. Among those who experience barriers accessing routine primary care, EDs often serve as the sole point of contact with the healthcare system. EDs act as a safety net for these individuals and offer an important opportunity to identify and treat these patients, as well as bridge the gap with public health, while providing immediate and essential medical care for people who are at highest risk for sexually transmitted diseases (STD), HIV, and hepatitis C.[1,2]

Syphilis and hepatitis C are curable, and HIV treatment can achieve viral suppression and undetectable viral loads, which eliminates sexual transmission of HIV.[3] Identification and treatment of these infections decreases statewide morbidity and mortality. Therefore, **California Department of Public Health (CDPH) recommends that EDs consider implementing routine opt-out testing for syphilis, HIV, and hepatitis C.**

Opt-out testing – in which a patient is notified that testing will be performed unless the patient declines (e.g., if blood testing is being done as part of the planned workup) – is recommended by the U.S. Centers for Disease Control and Prevention (CDC) as best clinical care, regardless of reported risk behaviors. **Implementation of opt-out STD, HIV, and hepatitis C testing is supported by California state law and health department recommendations.**[2,4]

Identification and immediate treatment through the ED may have the added benefit of furthering health equity for those disproportionately affected by these infections.[5] Routinized opt-out ED syphilis, HIV, and hepatitis C screening is an effective strategy to identify infections, begin immediate treatment, link to care, prevent transmission, and enable health equity.

If you have questions, please contact stdcb@cdph.ca.gov. Thank you for your work to improve the health and wellness of California's residents.

Sincerely,

Kathleen Jacobson, MD
Chief, STD Control Branch
California Department of Public Health

Marisa Ramos, PhD
Division Chief,Office of AIDS
California Department of Public Health

California Department of Public Health

- *EDs are uniquely positioned to identify people with syphilis, HIV and Hepatitis C who might otherwise remain undiagnosed.*
- *EDs should consider routine opt-out testing for syphilis, HIV, and hepatitis C.*
- *Implementation of opt-out testing is supported by California state law and health department recommendations.*

Syndemic Approaches + Challenges

Syphilis positive, HIV negative, meth user → Refer to PrEP 

Syphilis positive, HIV negative, meth user → Provide PrEP 

(Last year we learned an Emergency Department cannot apply for grant funding to provide PrEP in the ED)

Syndemic Approaches + Challenges

Homeless Syphilis positive, HIV positive, meth user → Refer to housing services 

- Currently very few options for Housing and most, if not all, require sobriety
  - ⟶ We did have funding for Motel vouchers – grant ended
  - ⟶ We do partner with street medicine to continue care
- "Clearing" homeless encampments often makes them further/harder to reach

Lessons Learned

- Don't let perfect be the enemy of the good
- There will be bumps in the road (labs, EHRs, legal, billing...)
- It's almost impossible to have an effective program without significant additional resources, like funding for navigators
- Navigators require training, and cross-training

Lessons Learned

- The best treatments begin in the ED, or as soon as possible afterward
- Consider how to sustain programs and maintain staff from Day 1
- Ask for help! Technical Assistance from an AIDS Education and Training Center or TAP-in for EHE jurisdictions can save time and effort and direct you to resources

Sustainability

- FOCUS funding not permanent, and state rapid ART grant ended
- California AB 835--$15.5 million secured. RFA in works. Not permanent.
- California Bridge Program for MAT secured specific MediCal (Medicaid) billing codes for MAT navigation services in EDs, but no such codes exist for HIV
- Develop MediCal codes for HIV/HCV/Syphilis?—Long term, not encouraging
- Apply for new grants?—two notice of funding opportunities currently exist
  - California AB 835 (to come)
  - CDC (for rapid ART)

How to sustain successful programs without outside funding?

Plans for Future

- Screenings will increasingly be tied to EHR rather than providers
- Provide immediate ART in EDs where possible
- Secure 3rd ED to implement screening and linkage (post COVID-19)
- Increase numbers screened/treated/linked for HIV
- Increase numbers screened/diagnosed/linked for HCV
- Increase numbers screened/treated/linked for syphilis (including PrEP)
- **Develop sustainability plans for post-grants environment**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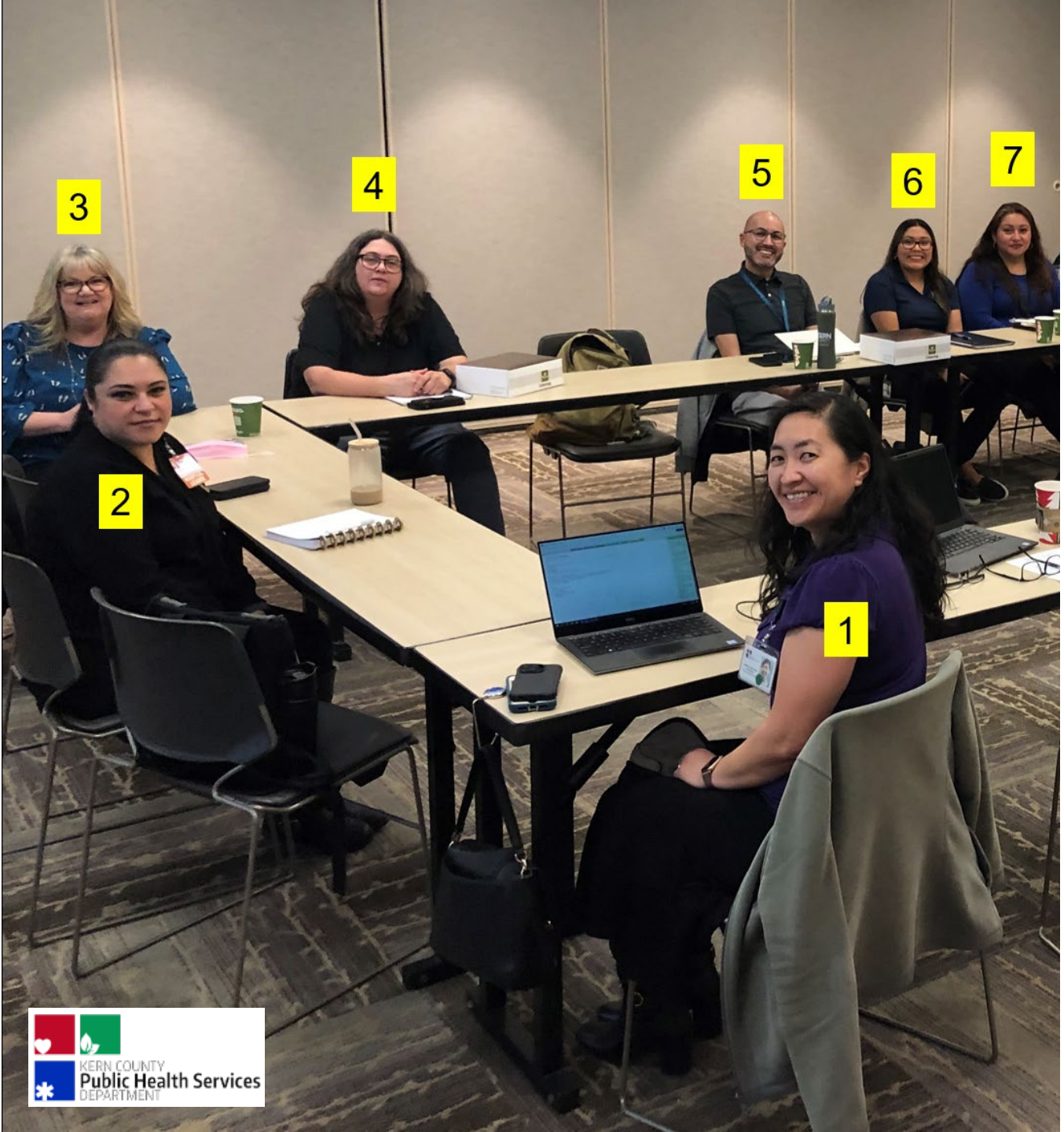
Public Health Services



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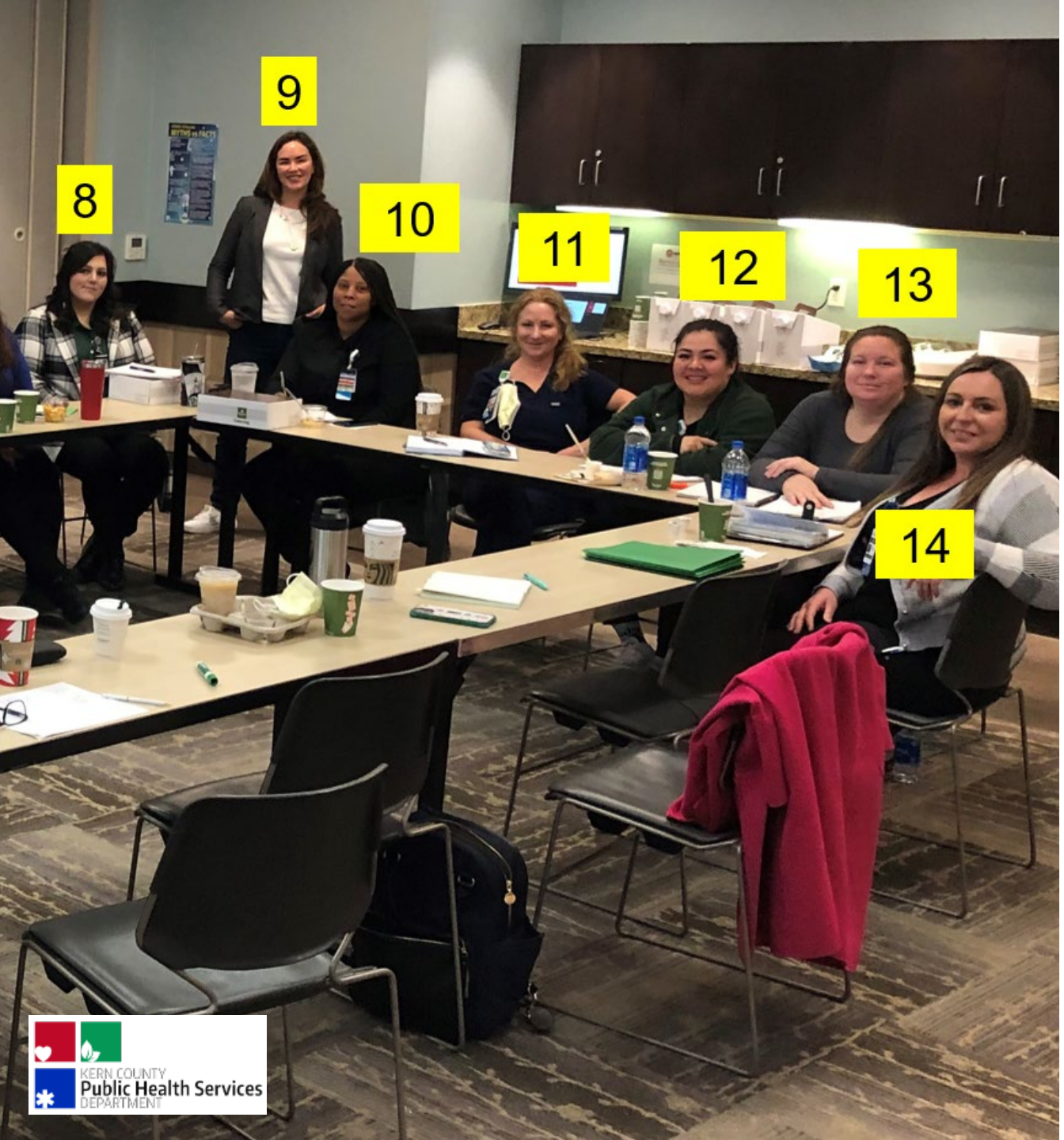
5. **Patrick Salazar**, Program Manager, Kern County Department of Public
6. **Doris Reyes**, Communicable Disease Investigator, Kern County Department of Public Health
7. **Ericka Espinoza**, Communicable Disease Investigator, Kern County Department of Public Health



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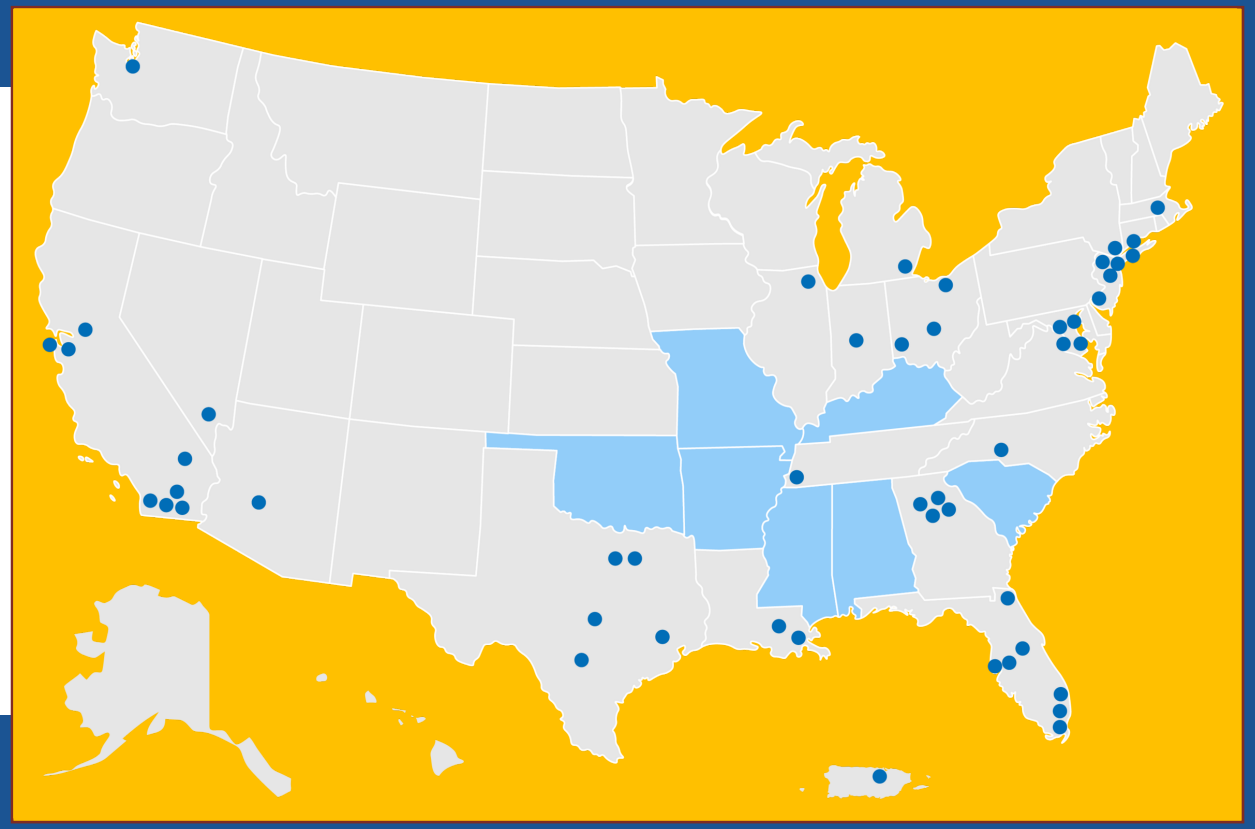
(Not shown---Photographer---Tom Donohoe---Both PAETC- and TAP-in)

TAP-in

Technical Assistance Provider-innovation network



What We Can Do For You
TA for a Syndemic Approach

- Support forging new partnerships and collaborations
- Support implementing strategies across systems of care
- Provide workforce development training and TA

How to Request TA

Email: tap-in@caiglobal.org