Handout 1: Selecting CHPC Progress Indicators for 2022-2026 Plan

Indicators Selected at February and March QPM Meetings

Indicator	Description	2019 Baseline	2026 Goal
New HIV Diagnoses	Number of people newly diagnosed with HIV	220	
Knowledge of HIV Status	Percent of PLWH aware of their status	91%	
Late Testers	• Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis	29%	
Linkage to Care	• Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis	87%	
Contact Tracing / Partner Services	 The number of newly diagnosed clients interviewed by DIS / Partner Services The percent of partners tested The percent of partners who test positive 	143 interviews 43 / 143 partners (30%) 10% tested positive	
Viral Load Suppression	 Percent of PLWH in care who are virally suppressed (<200 copies/mL) Percent of people with diagnosed HIV who are virally suppressed 	90% 74%	
Disparities	 Annual number of new HIV diagnoses among: MSM, Black men and women, and Latino men and women Viral load suppression among MSM, Black MSM, Latino MSM, Black women, transgender women, people who inject drugs, and youth (13-24) 	See epi profile (15% decrease for previous plan)	

Different CHPC and NHAS Indicators: Which Should We Use?

CHPC Indicator	NHAS Indicator	Rationale for Each Indicator
PrEP-to-Need Ratio: The number of	PrEP Coverage: Percent of people with	NHAS Indicator
people taking PrEP divided by the	indications for PrEP who have been prescribed PrEP.	Indicator is easier to understand
number of people newly diagnosed with		CHPC Indicator
HIV.		Indicator is based on actual data (vs. estimates)
		RI and MA also using PrEP-to-Need Ratio
		NHAS estimate is not accurate at the state level

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CHPC Indicators with No Comparable NHAS Indicators: Which Should We Include in the 2022-2026 Plan?

CHPC Indicator	Reasons for Keeping Indicator	Reasons for Not Including or Revising Indicator
<u>HIV Testing</u> : Percent of positive HIV tests from: state-funded routine testing programs, and state- funded targeted testing programs.	 Testing is a key strategy in reducing late testers and linking people to care 	 Difficult to understand what indicator means Only for state-funded testing programs Provides limited guidance for improving testing
Syringe Services Program (SSP): Number of SSP clients served, number of syringes distributed.	Key strategy in reducing new diagnoses among people who inject drugs	• May be more appropriate as a performance measure for the SSP strategy
STIs: Total number of syphilis cases, number investigated, number referred to PrEP.	Part of syndemic approach	Could add other STIs (new STI Coalition will focus more broadly on STIs)
Hepatitis C: Number of newly diagnosed chronic Hep C infections.	Part of syndemic approach	•

Additional Indicators: Should We Include in the 2022-2026 Plan?

Potential Indicator	Reasons for Adding Indicator	Reasons for Not Adding Indicator
Substance Use:	Part of syndemic approach	• The School Health Survey has traditionally had a low
 DPH <u>dashboard</u> has data on overdoses and overdose deaths CT <u>School Health Survey</u> has data on substance use among high school students 		response rate, so may not be an accurate measure. There is pending legislation that would require selected schools to participate, so this measure may improve in the future.

Indicators in Development:

- Housing Stability discussed at March meeting; will revisit after the new indicator is finalized.
- Not in Care new analyses being conducted by DPH this spring; plan a QPM presentation and discussion later in 2022.