CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Data-to-Care (D2C) Report Connecticut, 2022

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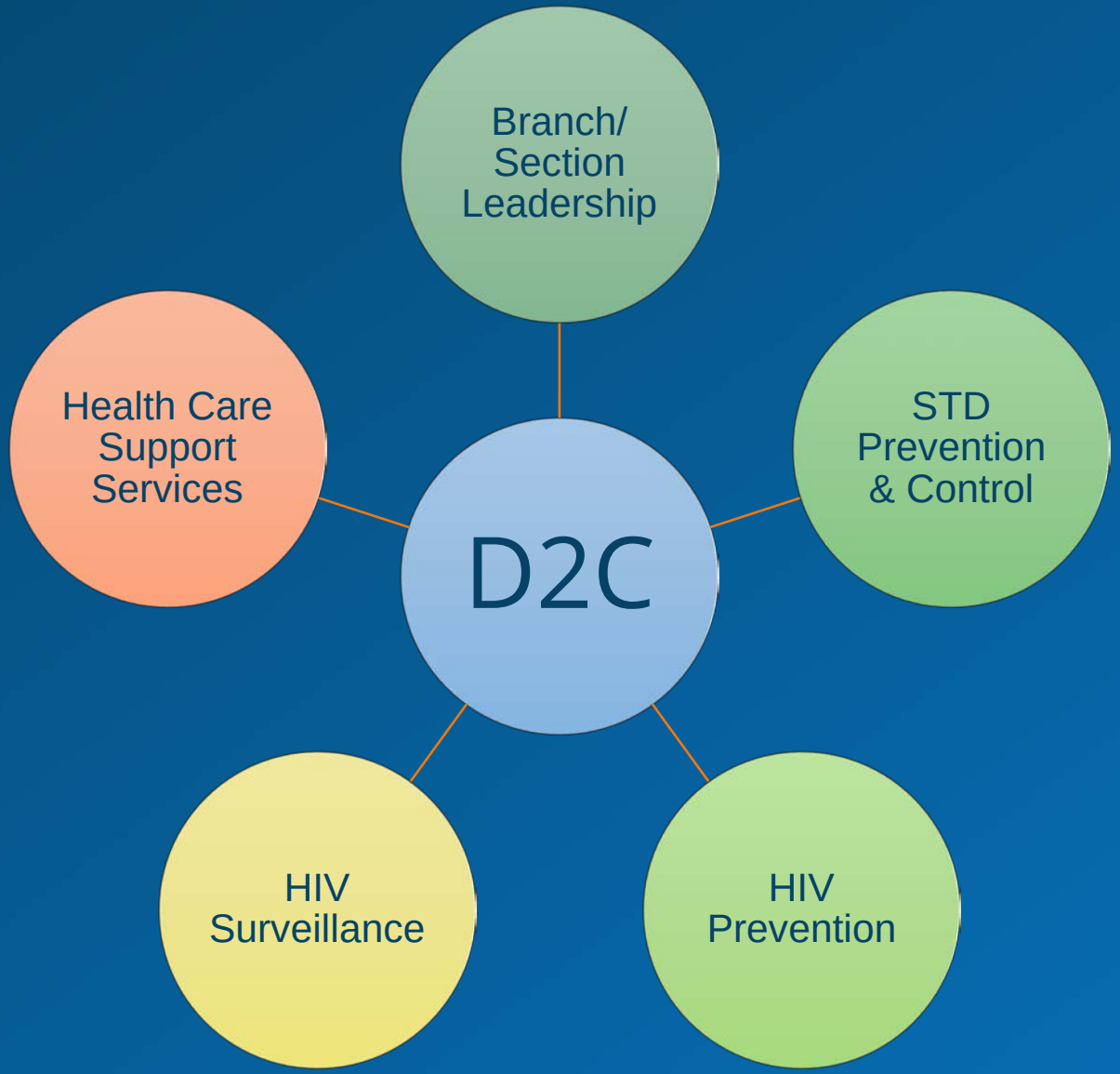
Connecticut Department of Public Health (CT DPH)
November 16, 2022

Contents

- Defining Connecticut Data-to-Care (D2C)
- Demographics and Risk Factors
- Ryan White HIV/AIDS Program
- Geographic Distribution
- Evaluation
- Findings

Defining D2C



Defining Connecticut D2C

- D2C is a public health strategy that uses HIV surveillance and other data to support the HIV Care Continuum, by identifying persons living with HIV who need HIV medical care or other services and facilitating linkage to these services (CDC, 2017; Sweeney et al, 2019).

- D2C activities are conducted by the Connecticut Department of Public Health (DPH) TB, HIV, STD & Viral Hepatitis Section

- D2C is informed by data from the HIV Surveillance Program, Ryan White Part B (Health Care and Support Services Program), and STD Prevention and Control Program

- Two pathways for locating and linking HIV cases to medical care:

    1. HIV Surveillance Program: Laboratory reports and HIV Confidential Case Report Forms are received and uploaded/entered into databases

    2. STD Prevention and Control Program: Disease Intervention Specialist (DIS) is notified by a publicly-funded agency or a private health care provider about a newly diagnosed case

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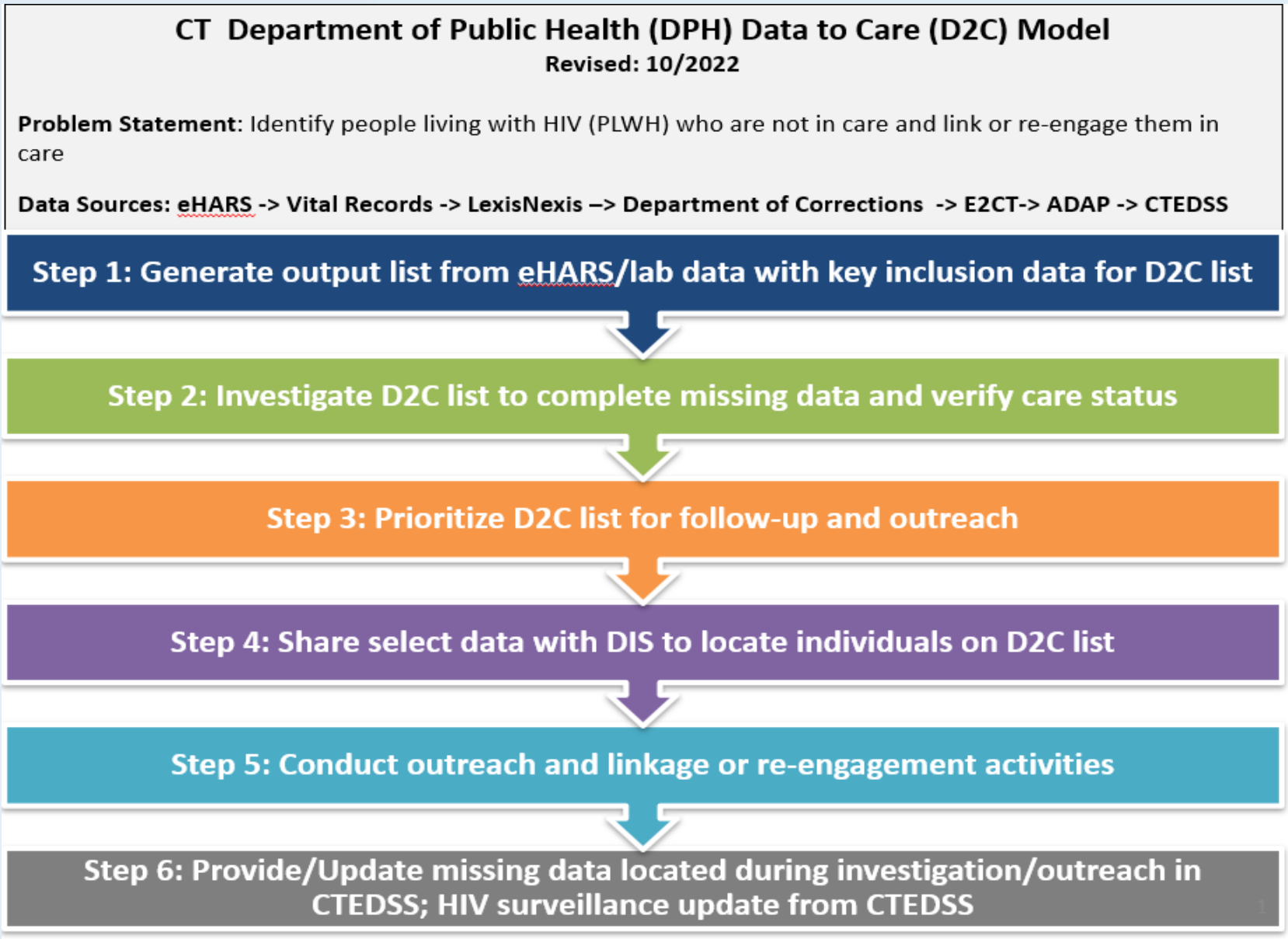
CT DPH Data-to-Care (D2C) Model



Data-to-Care Processes

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

October 5, 2022

MEMORANDUM FOR DATA TO CARE (D2C) PROCESSES

FROM: HCV/HIV/STD/TB SECTION

SUBJECT: Data to Care Protocol

References: (a) Centers for Disease Control and Prevention (CDC), 2017. Data to Care Program Guidance: Using HIV Surveillance Data to Support the HIV Care Continuum accessed on 1/27/2022.
(b) NASTAD, 2015. Data to Care: Using HIV Surveillance Data to Support the HIV Care Continuum accessed on 1/27/2022.
(c) Sweeney et al, 2019. HIV Data to Care – Using Public Health Data to Improve HIV Care and Prevention accessed on 1/27/2022.
(d) Centers for Disease Control and Prevention (CDC), 2021. Data-to-Care Reporting Guidance.

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Connecticut Department of Public Health

Methodology

- Identify persons living with HIV (PLWH) who might not have received HIV medical care during a specific ‘care’ time interval based on laboratory test results and other evidence of receipt of HIV care

- D2C list generated on November 18, 2021
  - ✓ The past 15 full calendar months from 08/17/2020 through 11/18/2021 per DPH D2C Model and CDC SAS Software Guidance

- After the list was matched against CDC systems and the DPH databases, 519 clients were identified to be out-of-care clients

- We conducted a descriptive epidemiologic study looking at demographic and risk factors, outcomes, and geographical significant locations of clients

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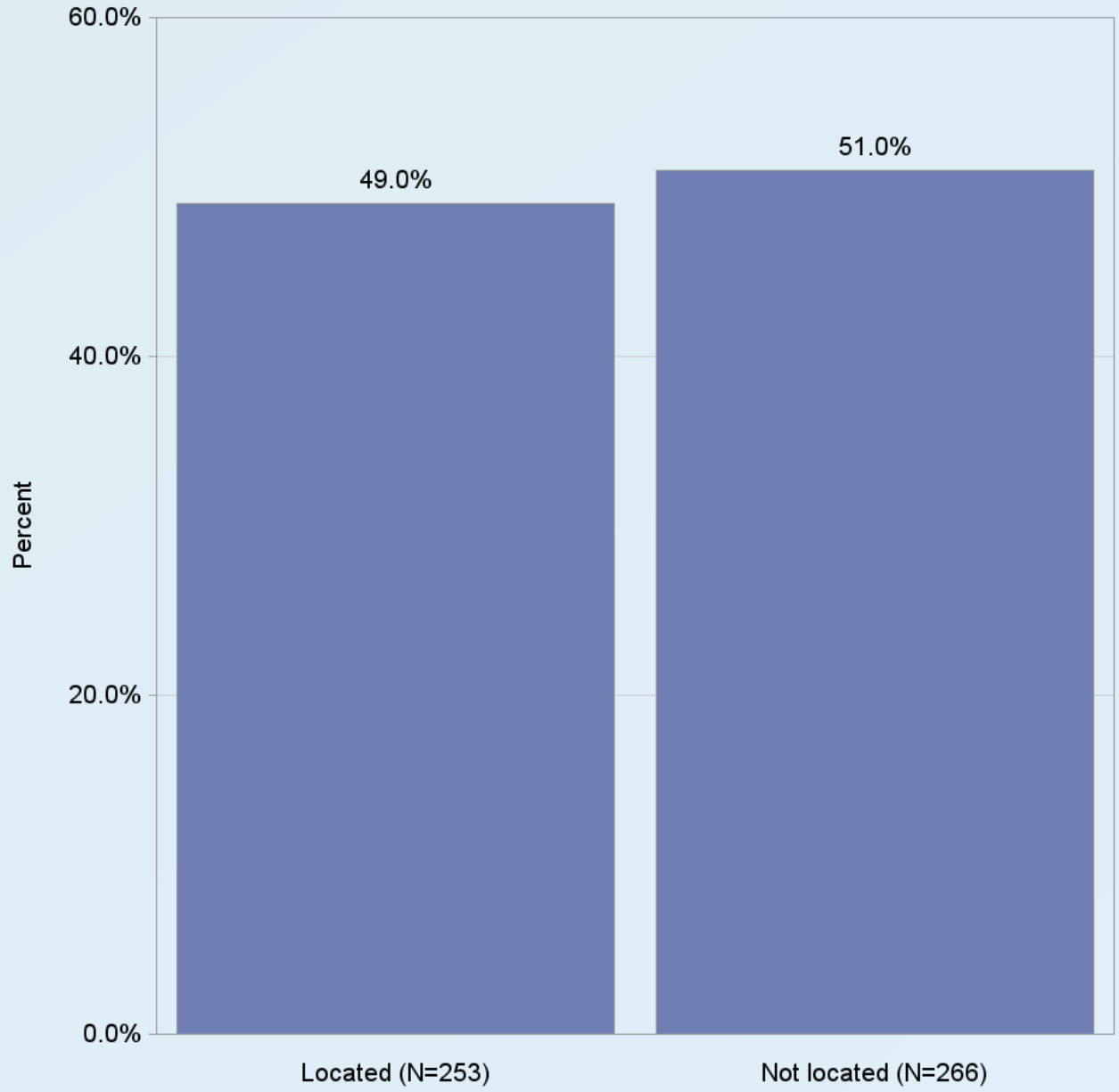
Demographics & Risk Factors

Data-to-Care (D2C) clients by outreach status

Connecticut, 2022

(N=519)

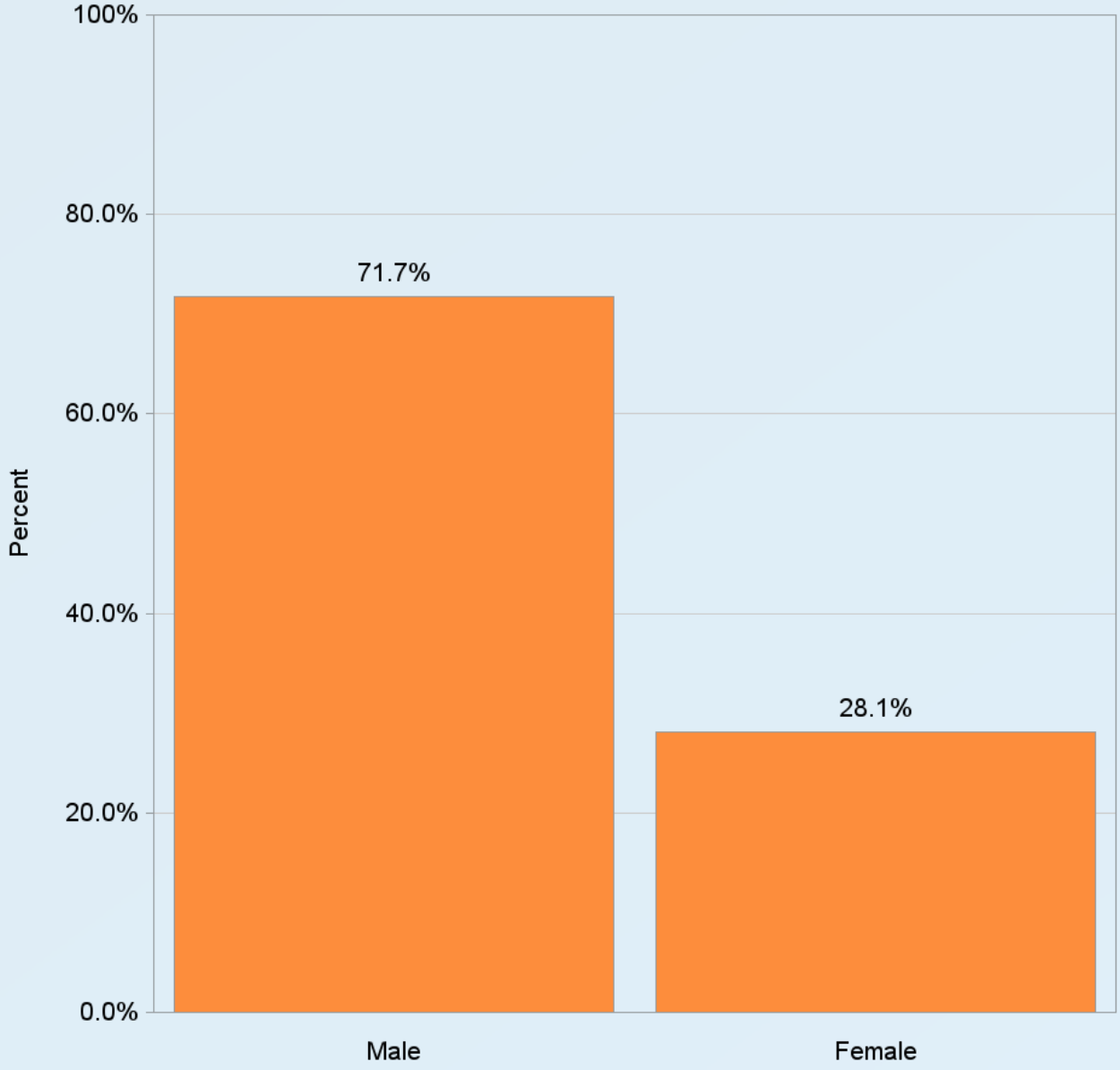


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) clients by sex-at-birth

Connecticut, 2022

(N=519)



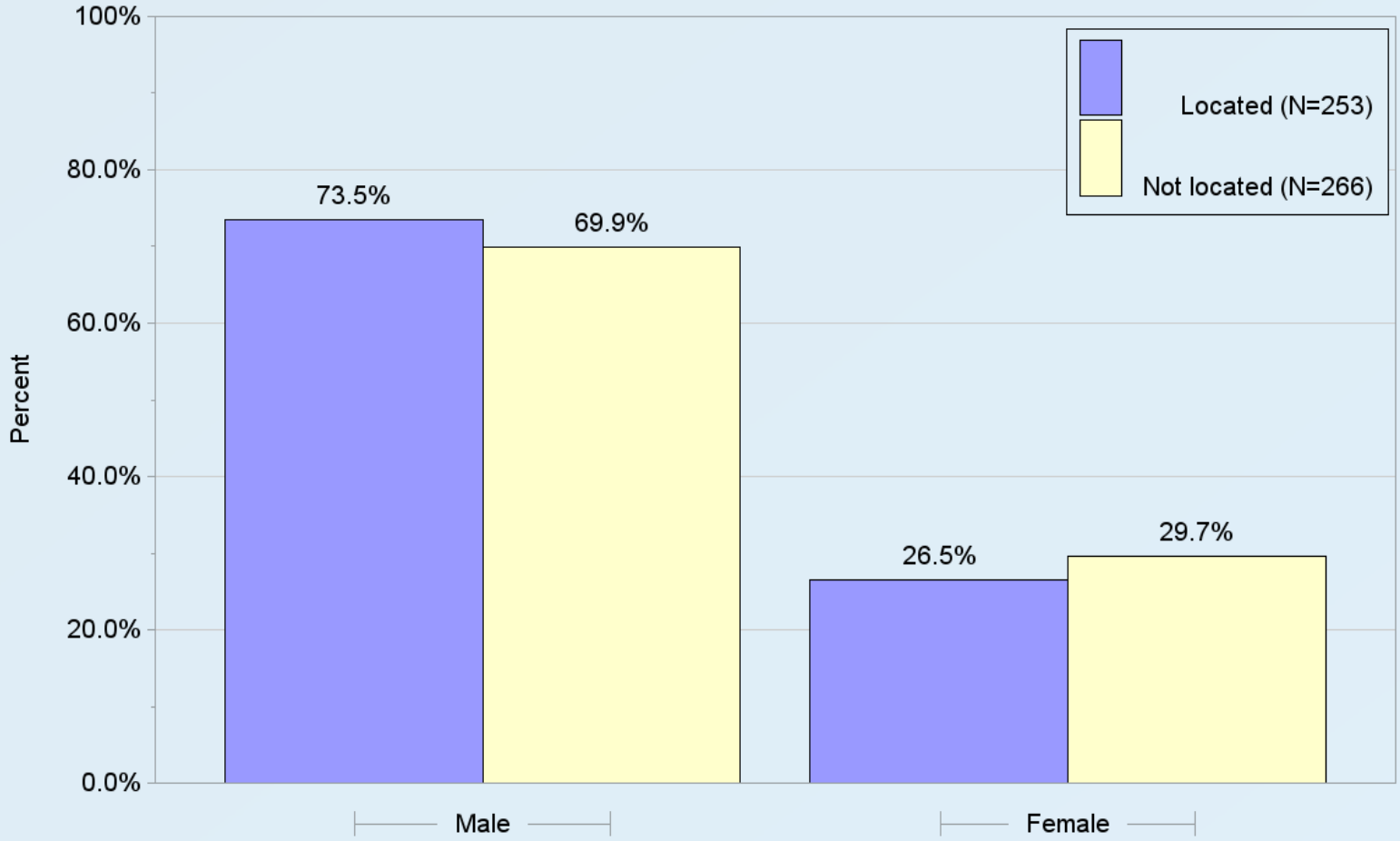
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) by sex-at-birth and outreach status*

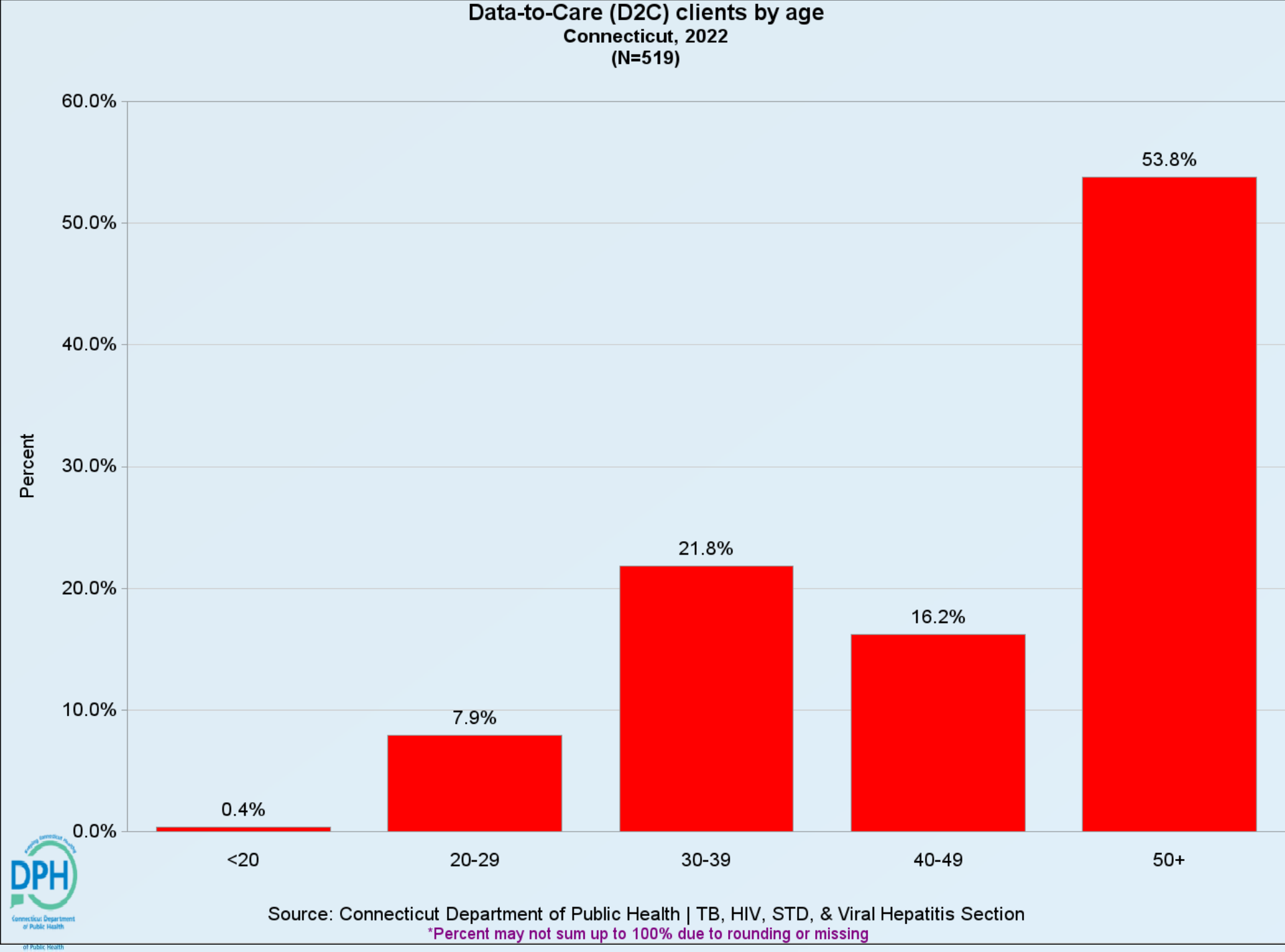
Connecticut, 2022

(N=519)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

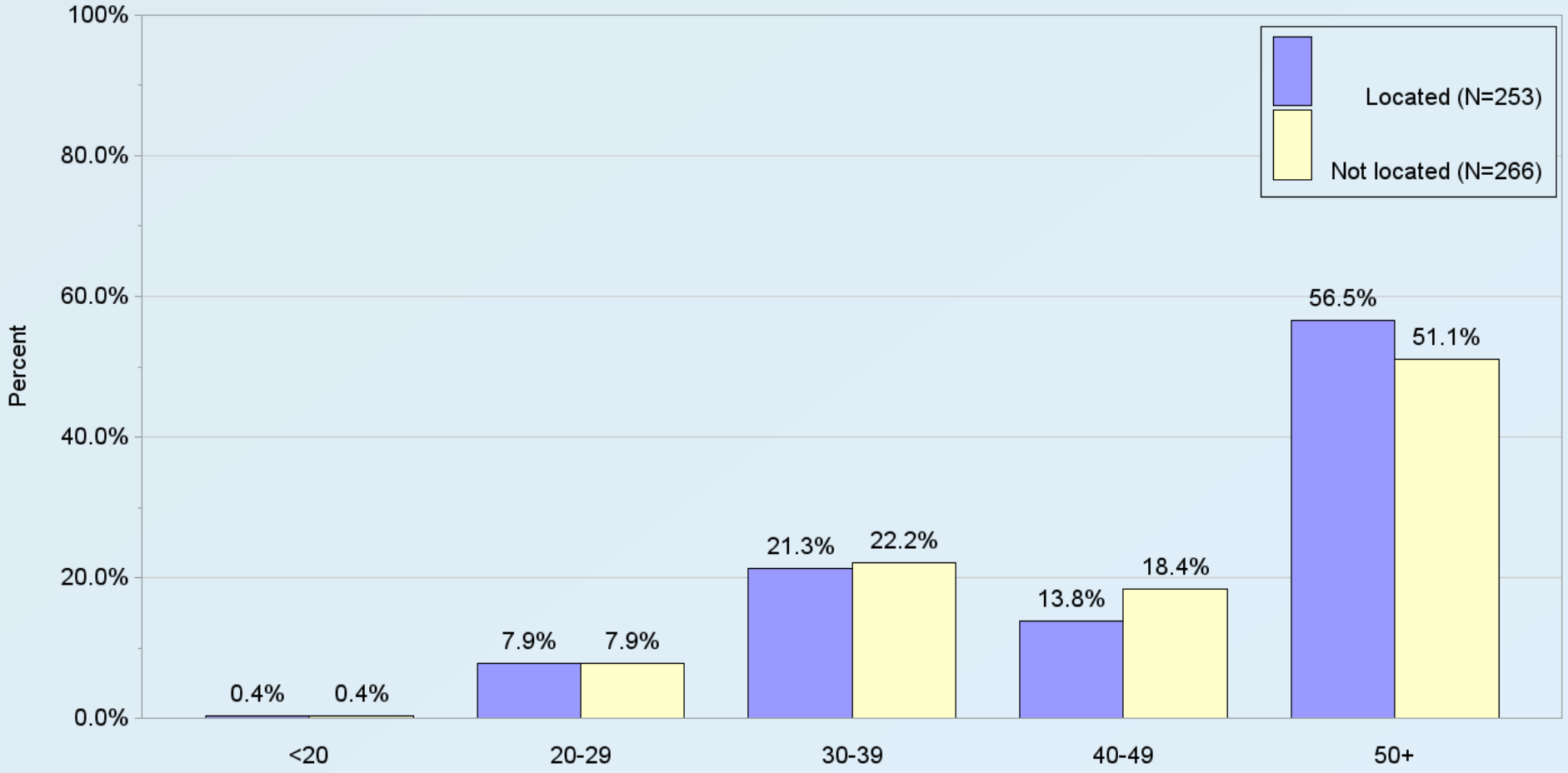
*Paired t-test between clients located and those not located by sex-at-birth show no statistical difference (Pr>[t]=0.86)


Data-to-Care (D2C) clients by age
Connecticut, 2022
(N=519)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Percent
0.4%
7.9%
21.8%
16.2%
53.8%
<20
20-29
30-39
40-49
50+
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section
*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) by age and outreach status*

Connecticut, 2022

(N=519)



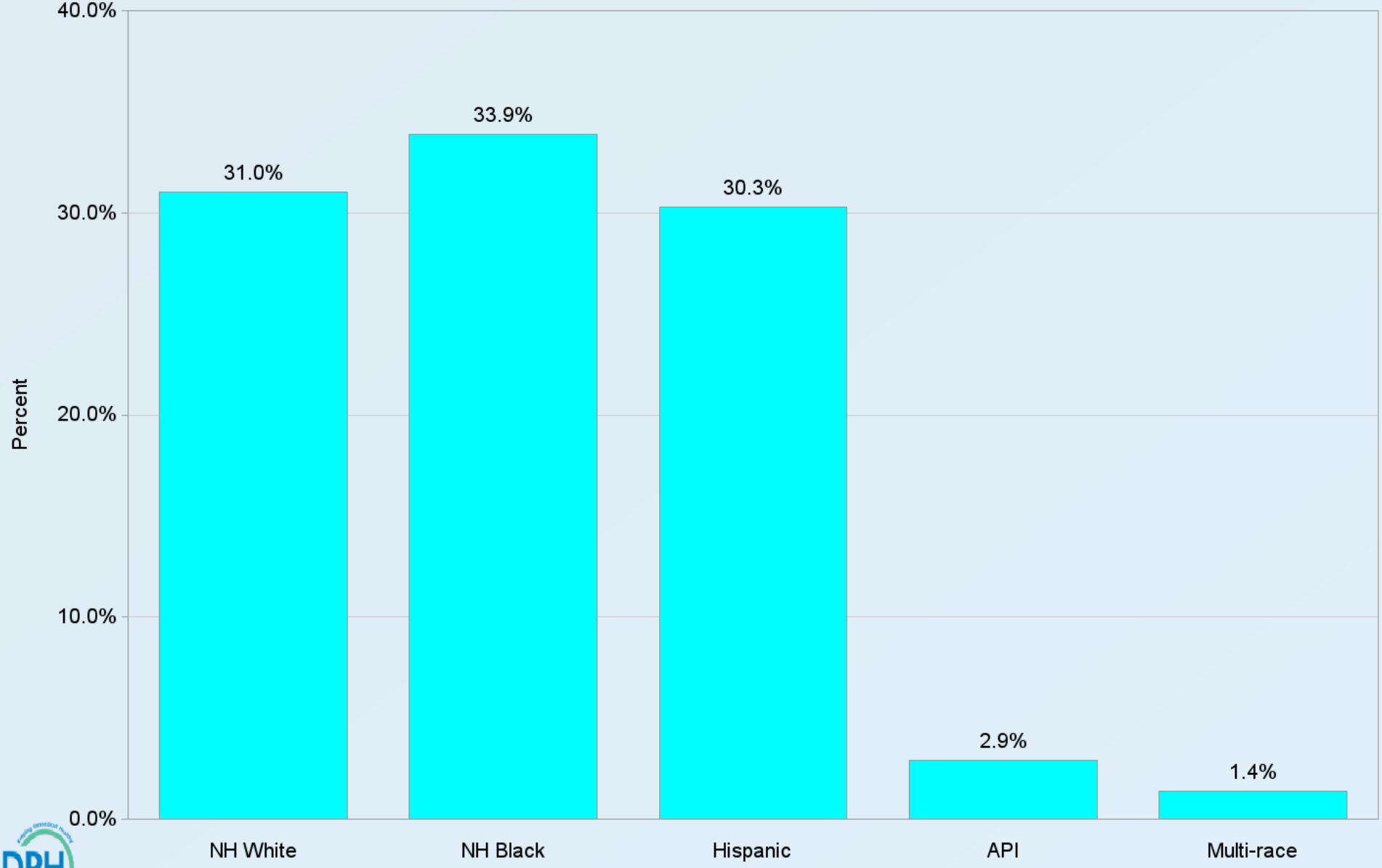
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Paired t-test between clients located and those not located by age show no statistical difference (Pr>[t]=0.79)

Data-to-Care (D2C) clients by race/ethnicity

Connecticut, 2022

(N=519)



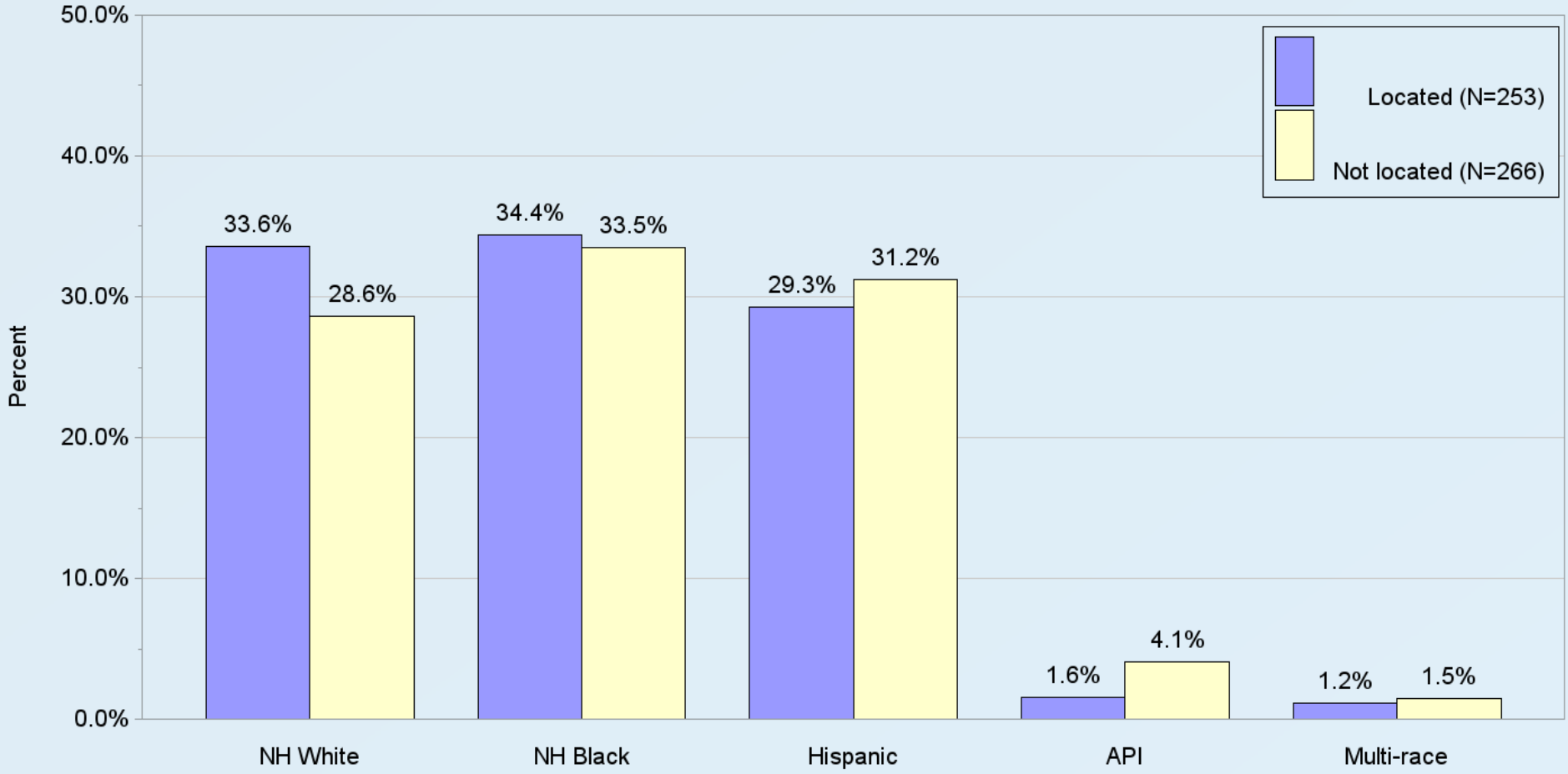
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) by race/ethnicity and outreach status*

Connecticut, 2022

(N=519)



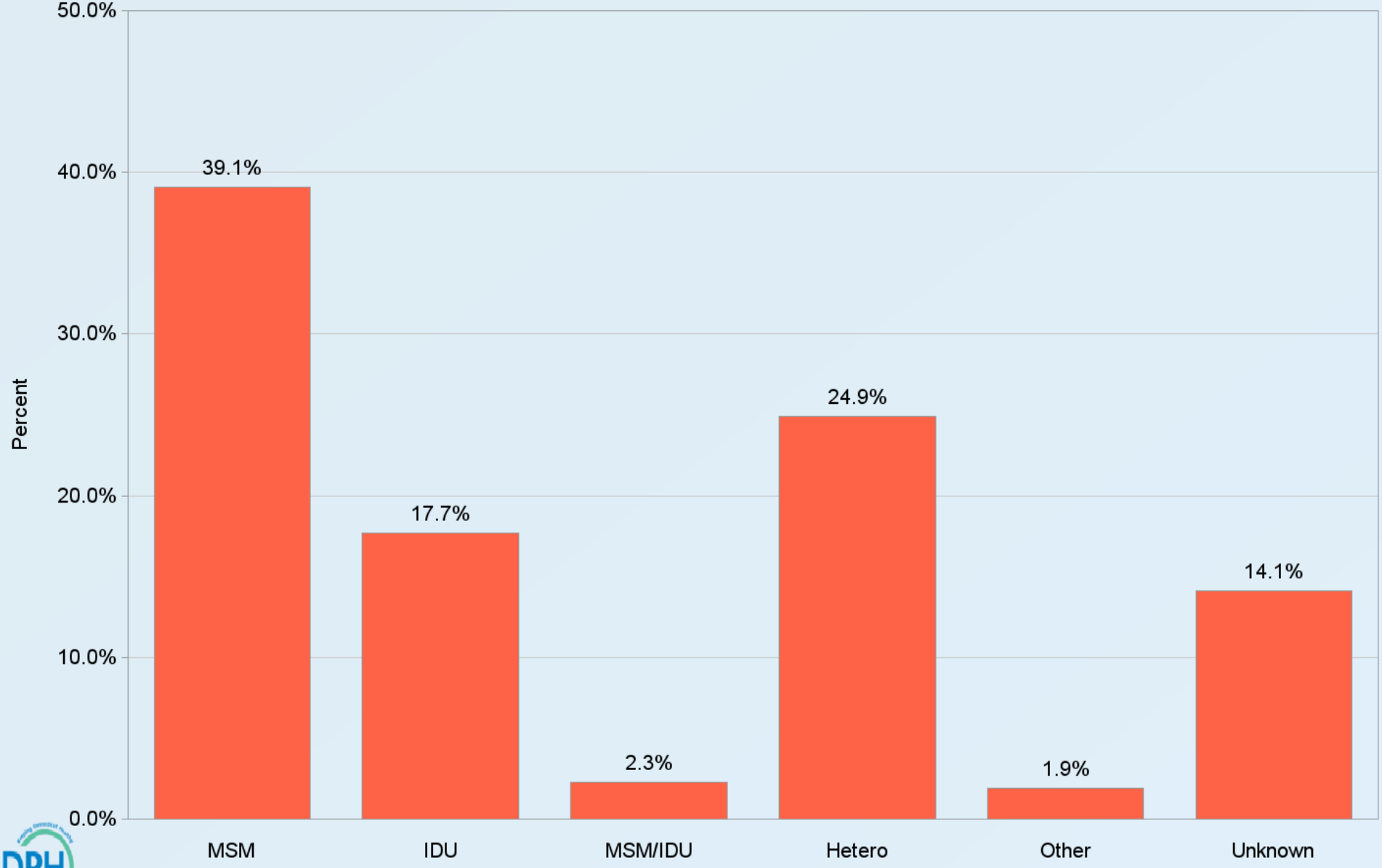
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Paired t-test between clients located and those not located by race/ethnicity show no statistical difference (Pr>[t]=0.98)

Data-to-Care (D2C) clients by risk factor

Connecticut, 2022

(N=519)



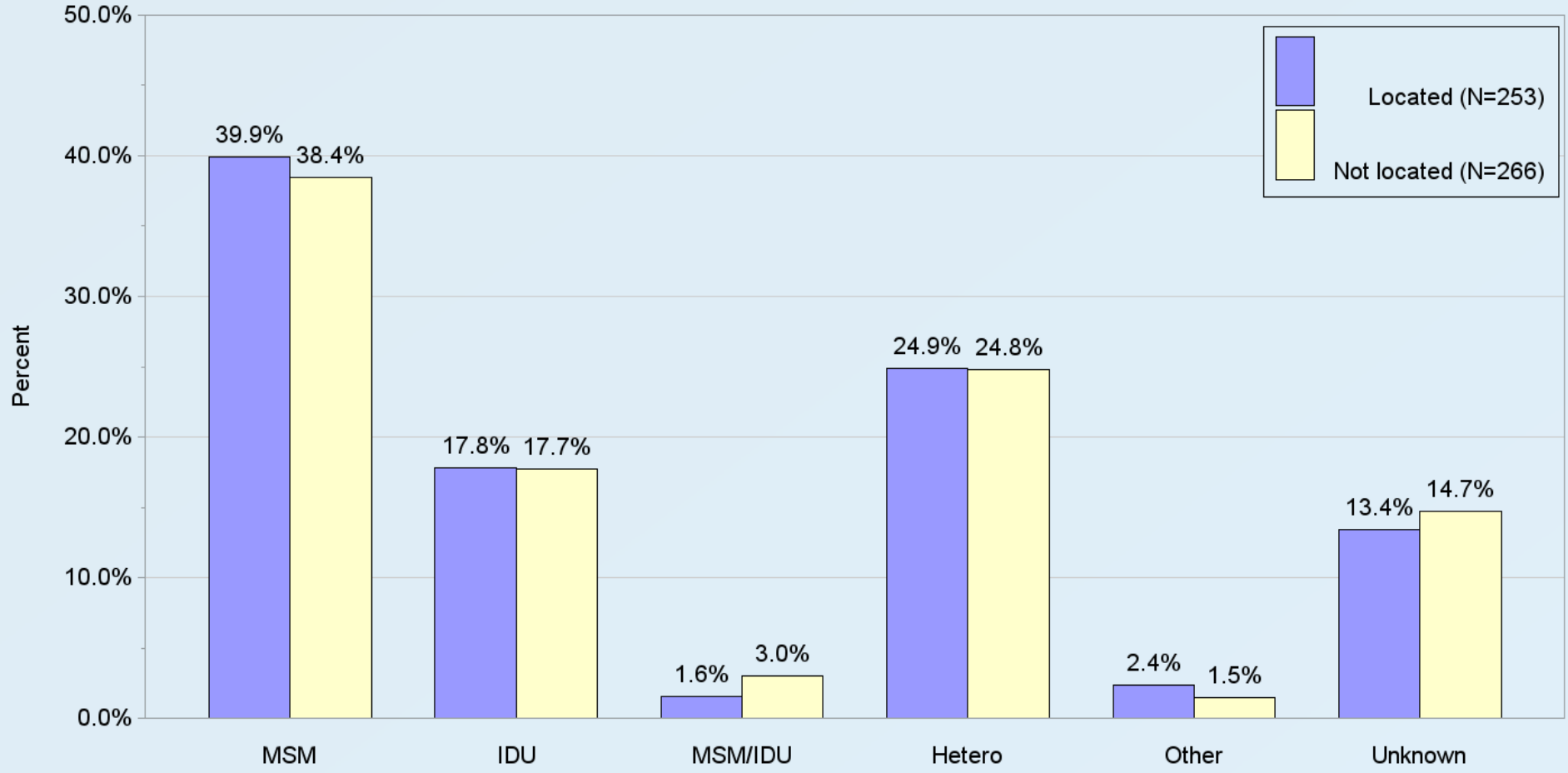
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) by risk factor and outreach status*

Connecticut, 2022

(N=519)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Paired t-test between clients located and those not located by risk show no statistical difference (Pr>[t]=0.09)

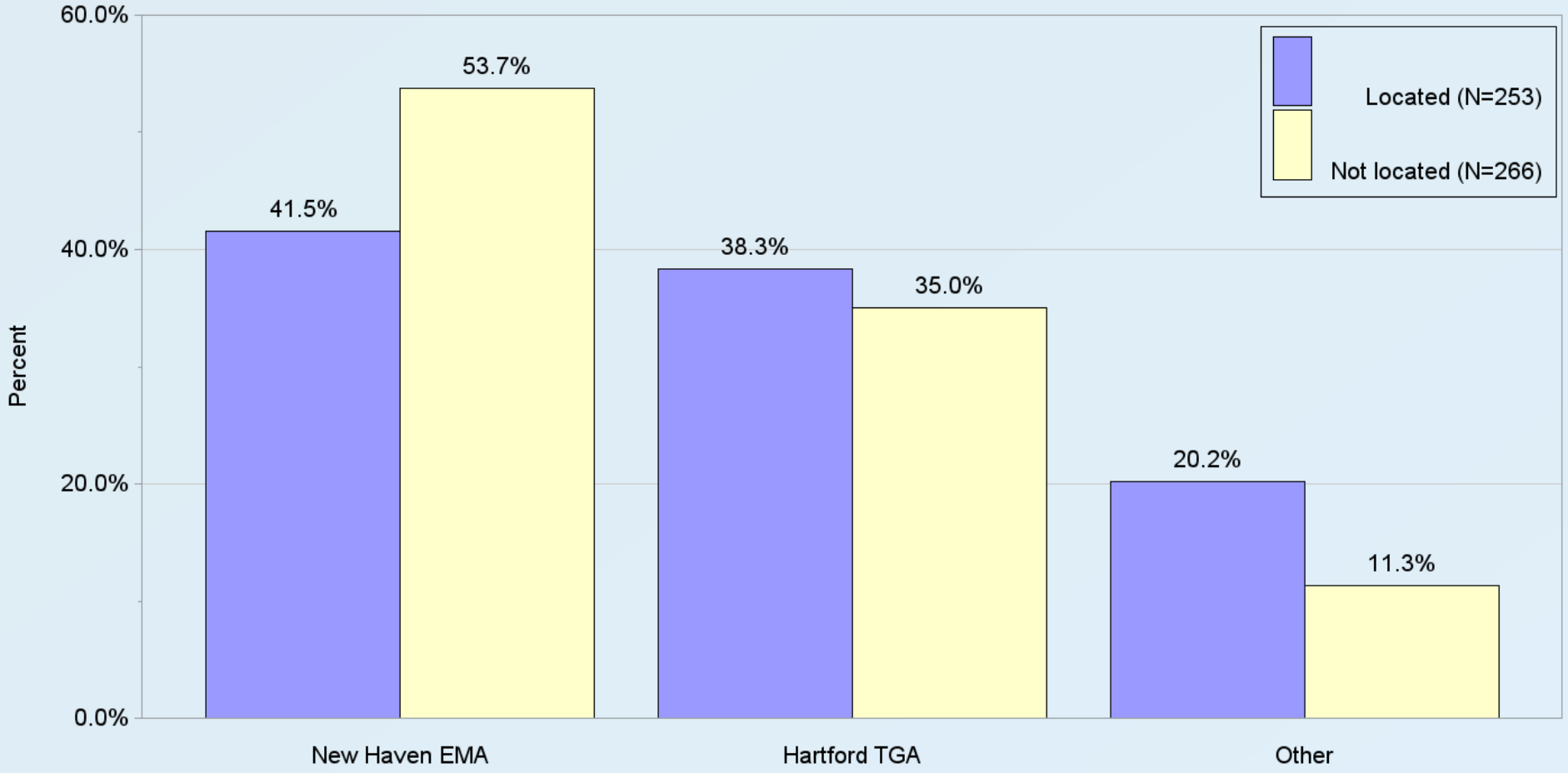
Ryan White HIV/AIDS Program

- Hartford Transitional Grant Area (TGA)
- New Haven/Fairfield Counties Eligible Metropolitan Area (EMA)

Data-to-Care (D2C) by EMA / TGA and outreach status*

Connecticut, 2022

(N=519)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Paired t-test between clients located and those not located by TGA / EMA show no statistical difference (Pr>[t]=0.83)

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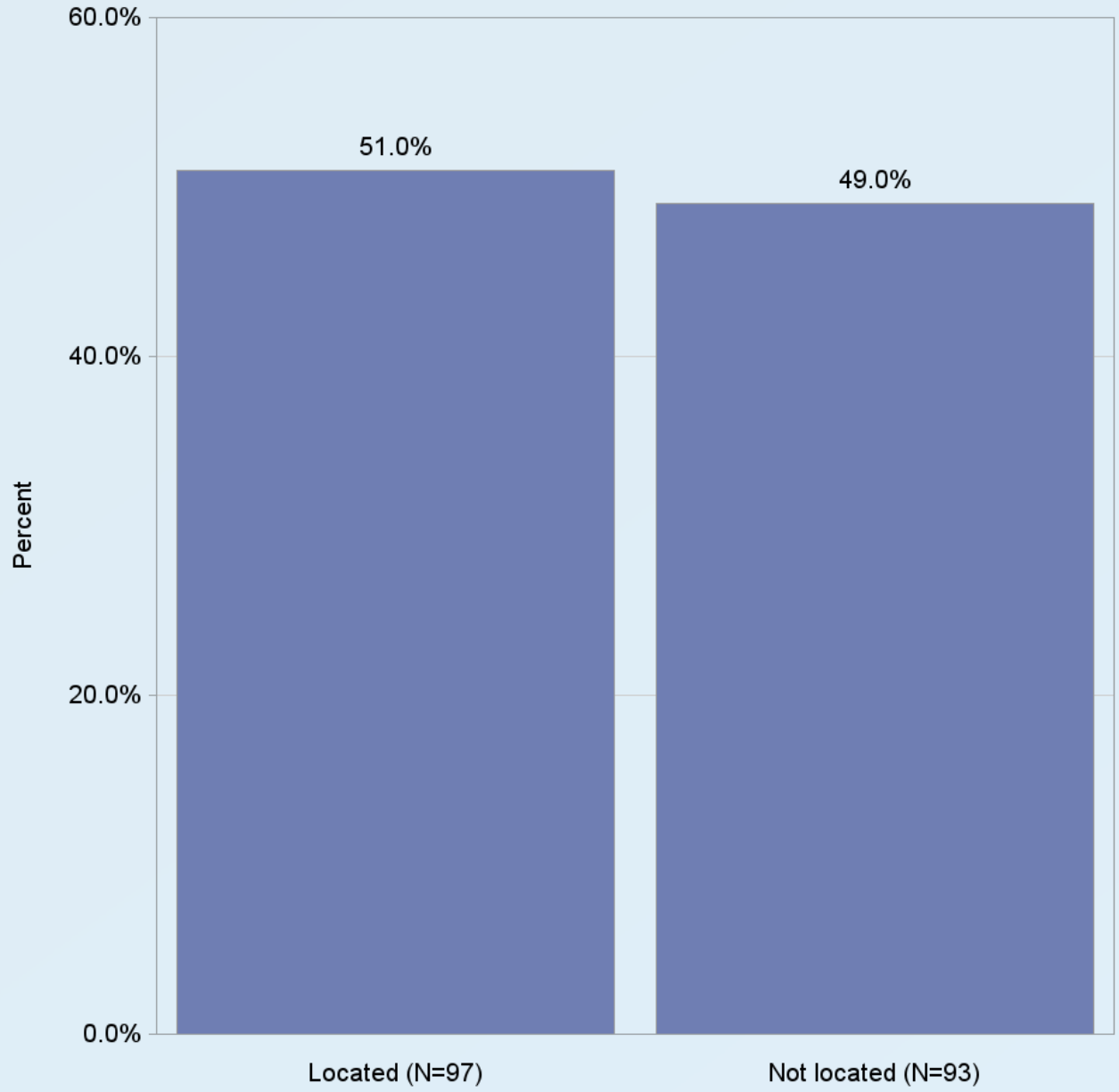
HARTFORD TGA

Data-to-Care (D2C) Hartford TGA by outreach status

Connecticut, 2022

(N=190)

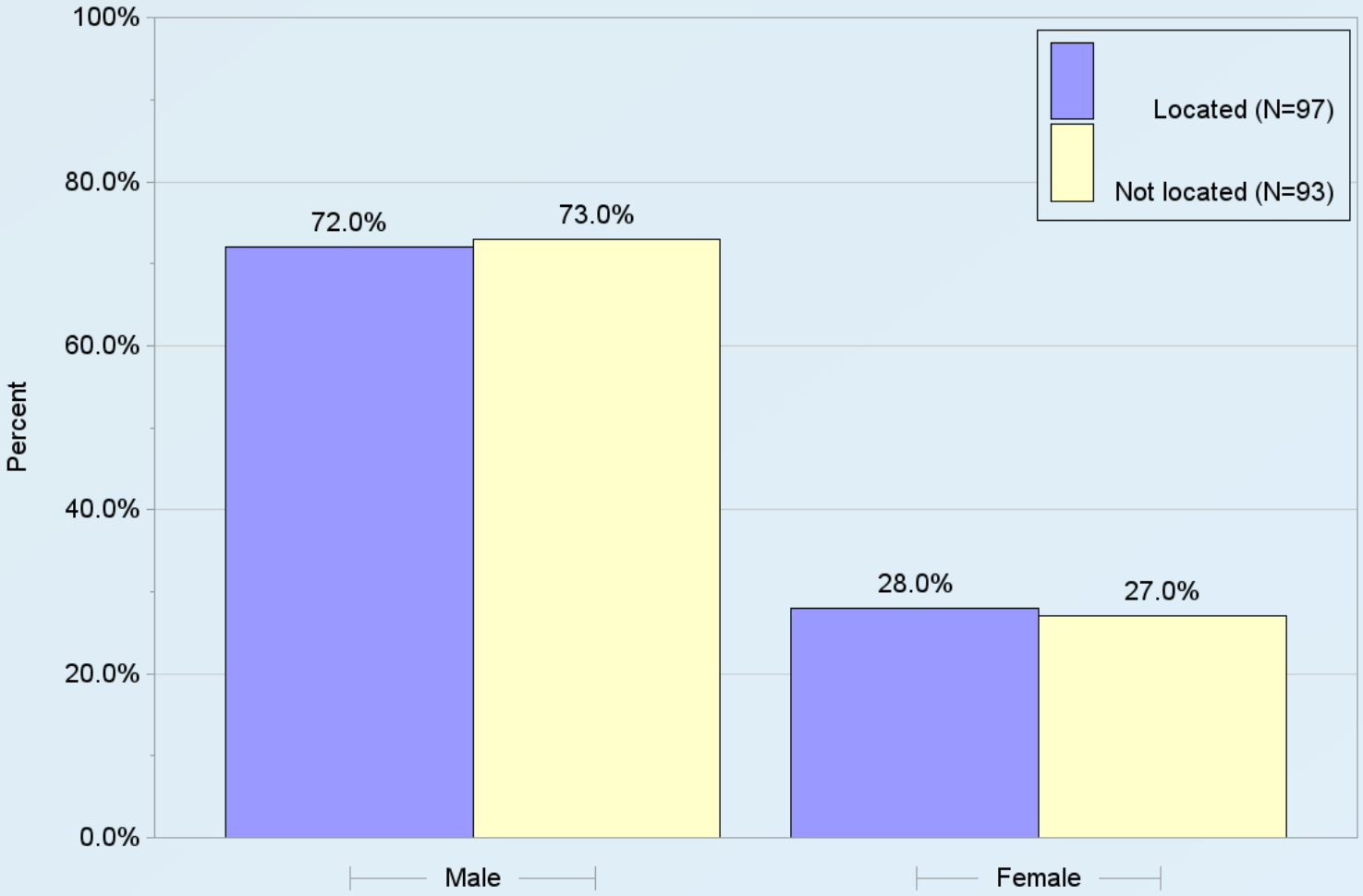


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) Hartford TGA by sex-at-birth and outreach status*

Connecticut, 2022

(N=190)

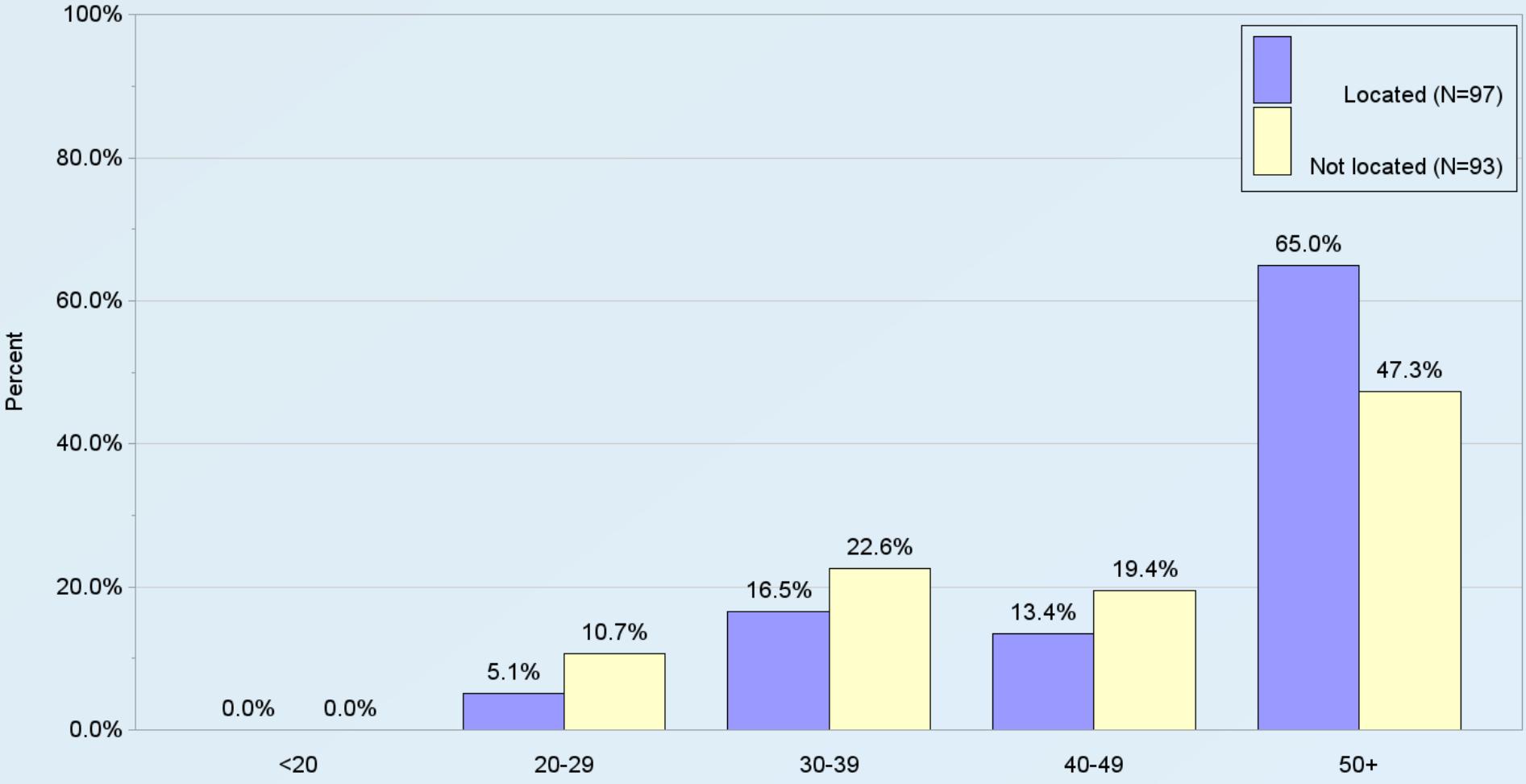


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) Hartford TGA by age and outreach status

Connecticut, 2022

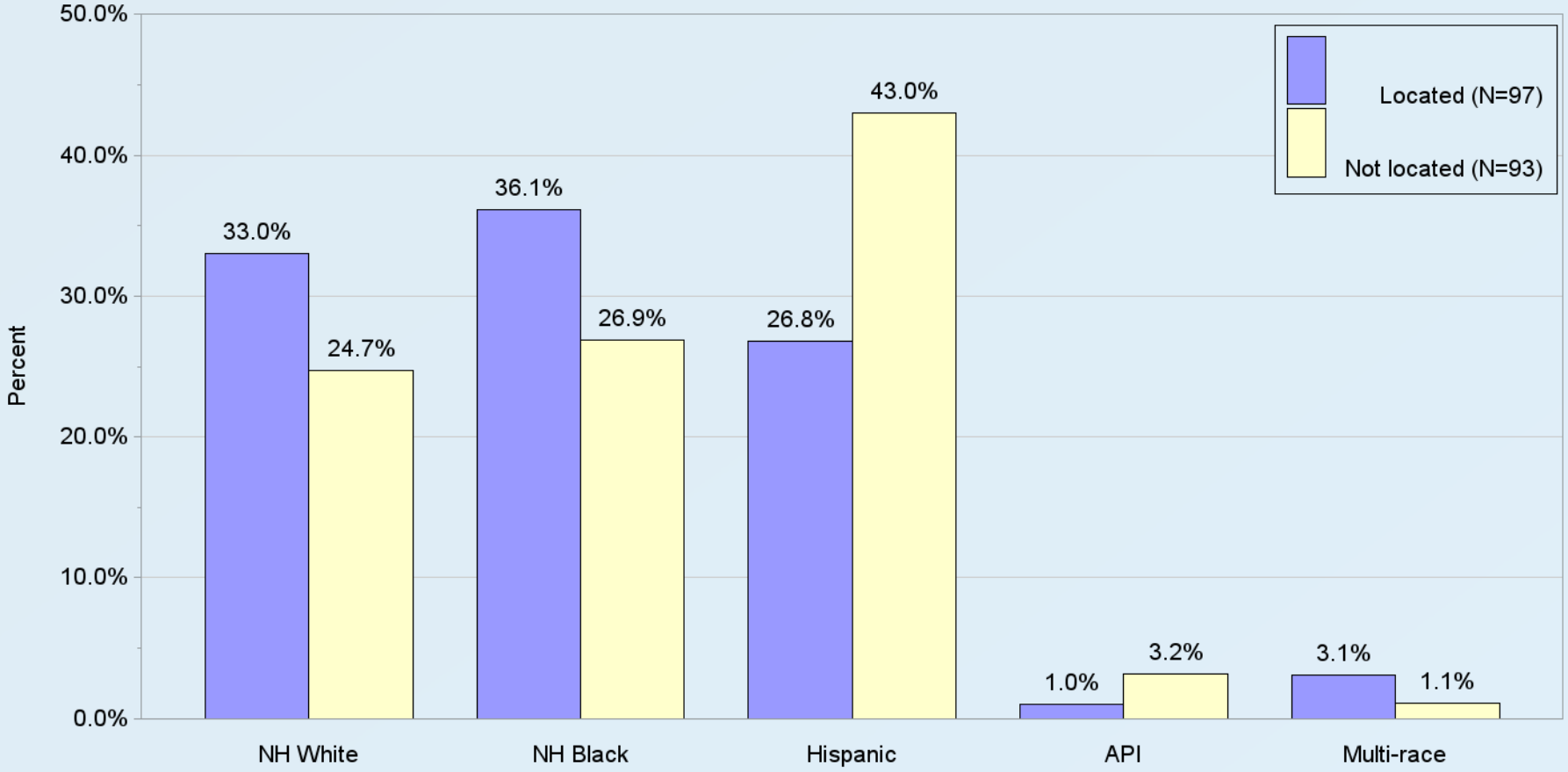
(N=190)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) Hartford TGA by race/ethnicity and outreach status*

Connecticut, 2022
(N=190)



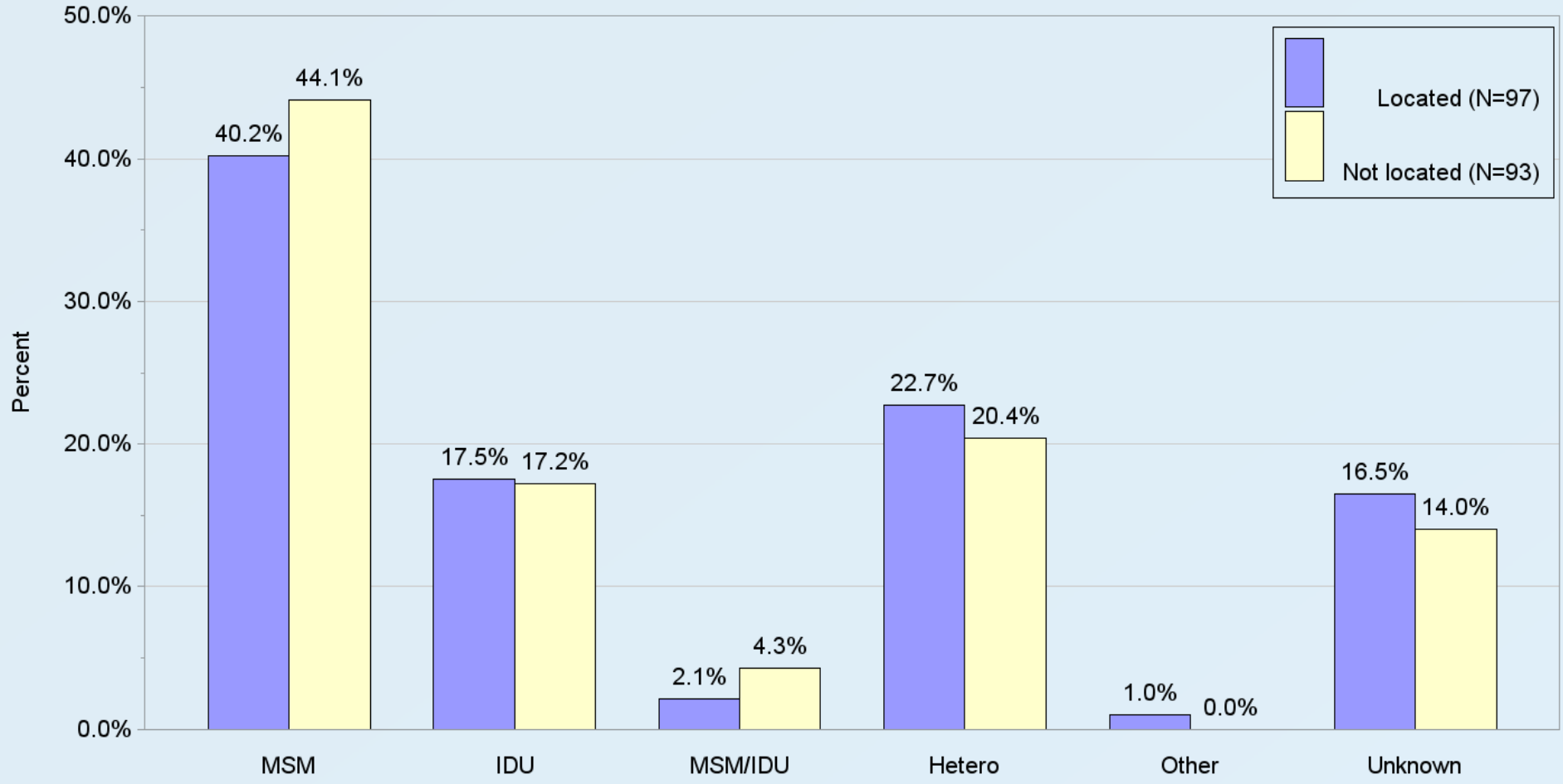
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) Hartford TGA by risk factor and outreach status*

Connecticut, 2022

(N=190)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

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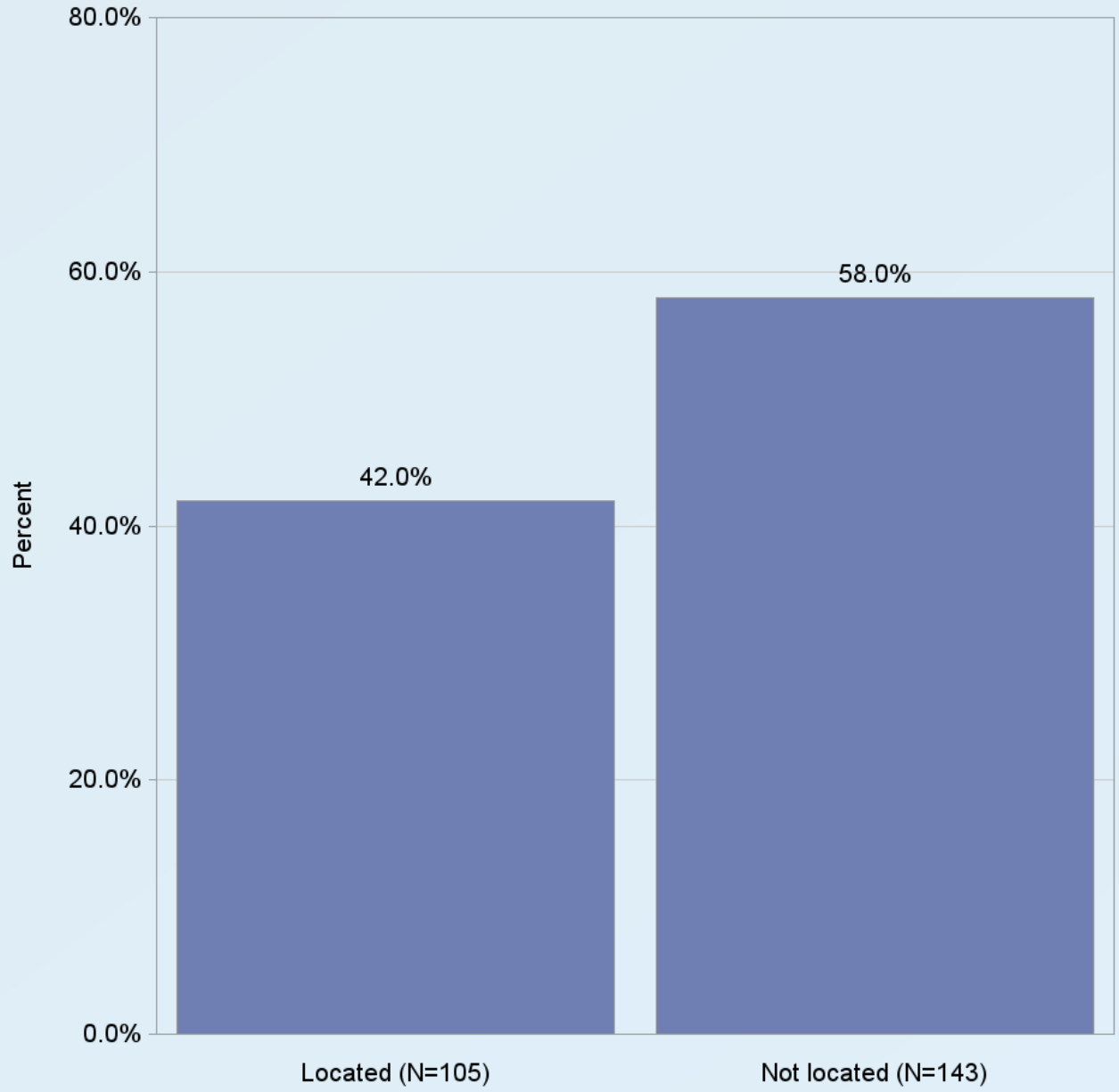
New Haven/Fairfield Counties EMA

Data-to-Care (D2C) New Haven EMA by outreach status

Connecticut, 2022

(N=248)

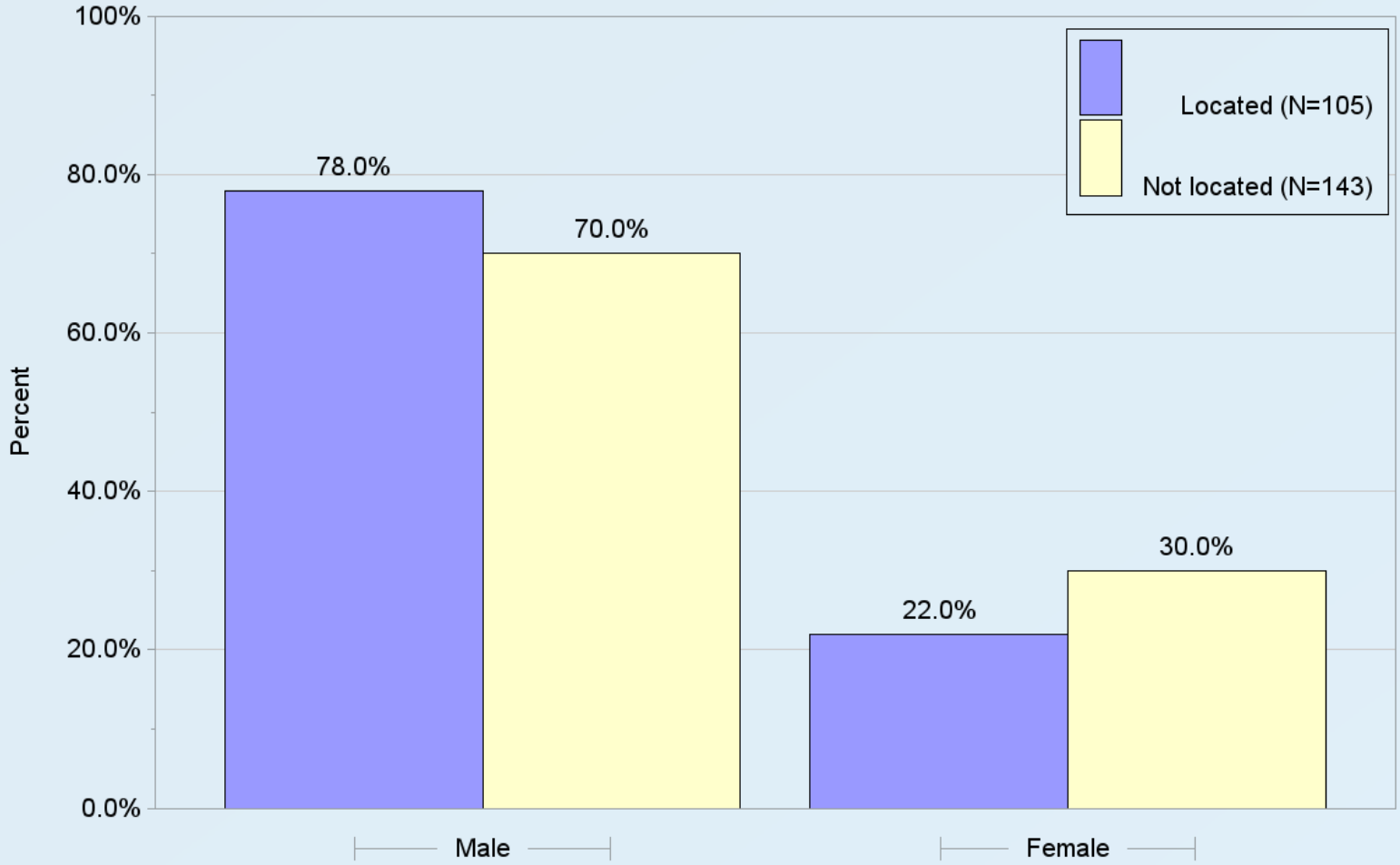


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) New Haven EMA by sex-at-birth and outreach status

Connecticut, 2022

(N=248)

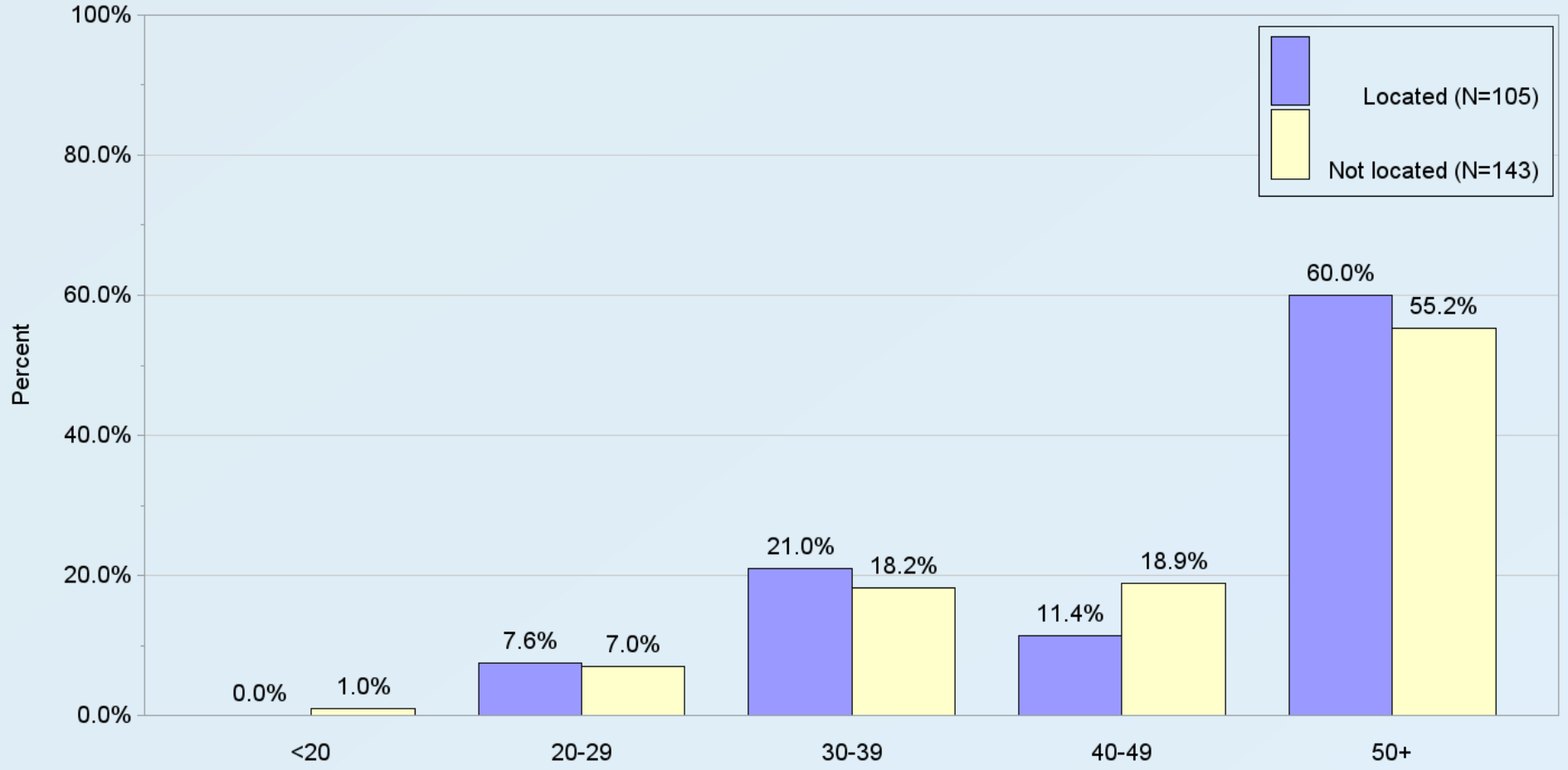


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

Data-to-Care (D2C) New Haven EMA by age and outreach status*

Connecticut, 2022

(N=248)



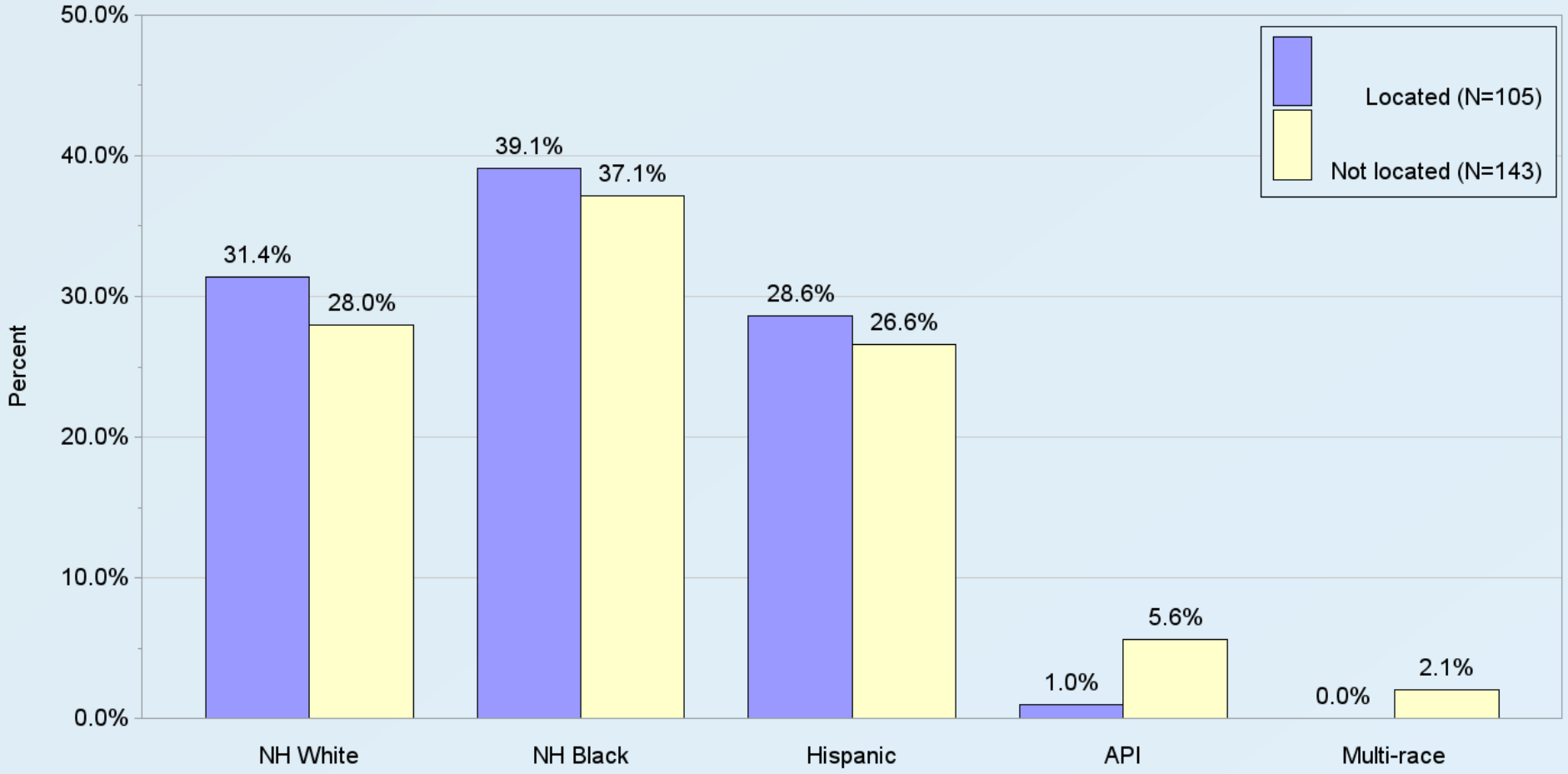
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) New Haven EMA by race/ethnicity and outreach status*

Connecticut, 2022

(N=248)



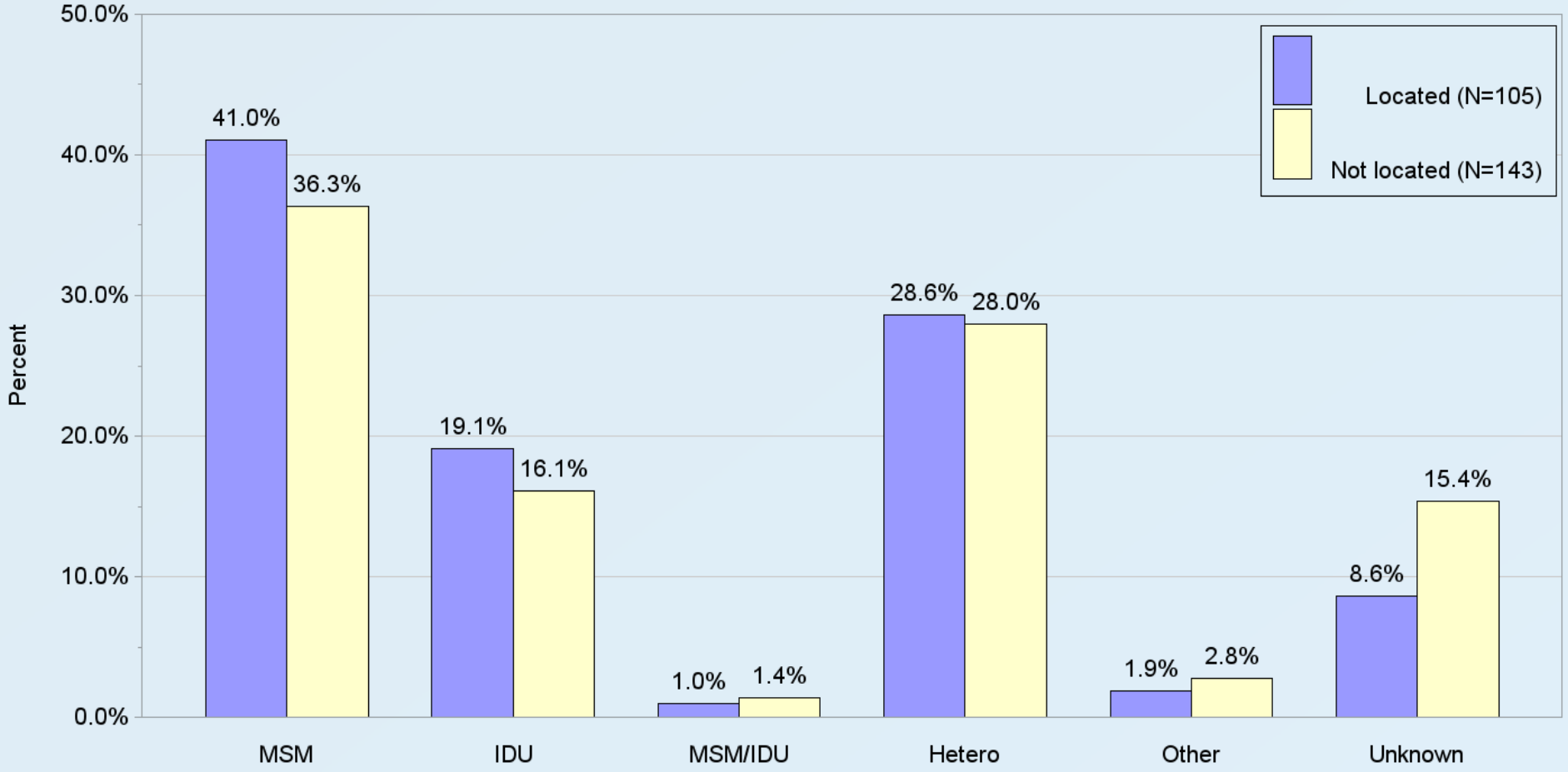
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Data-to-Care (D2C) New Haven EMA by risk factor and outreach status*

Connecticut, 2022

(N=248)

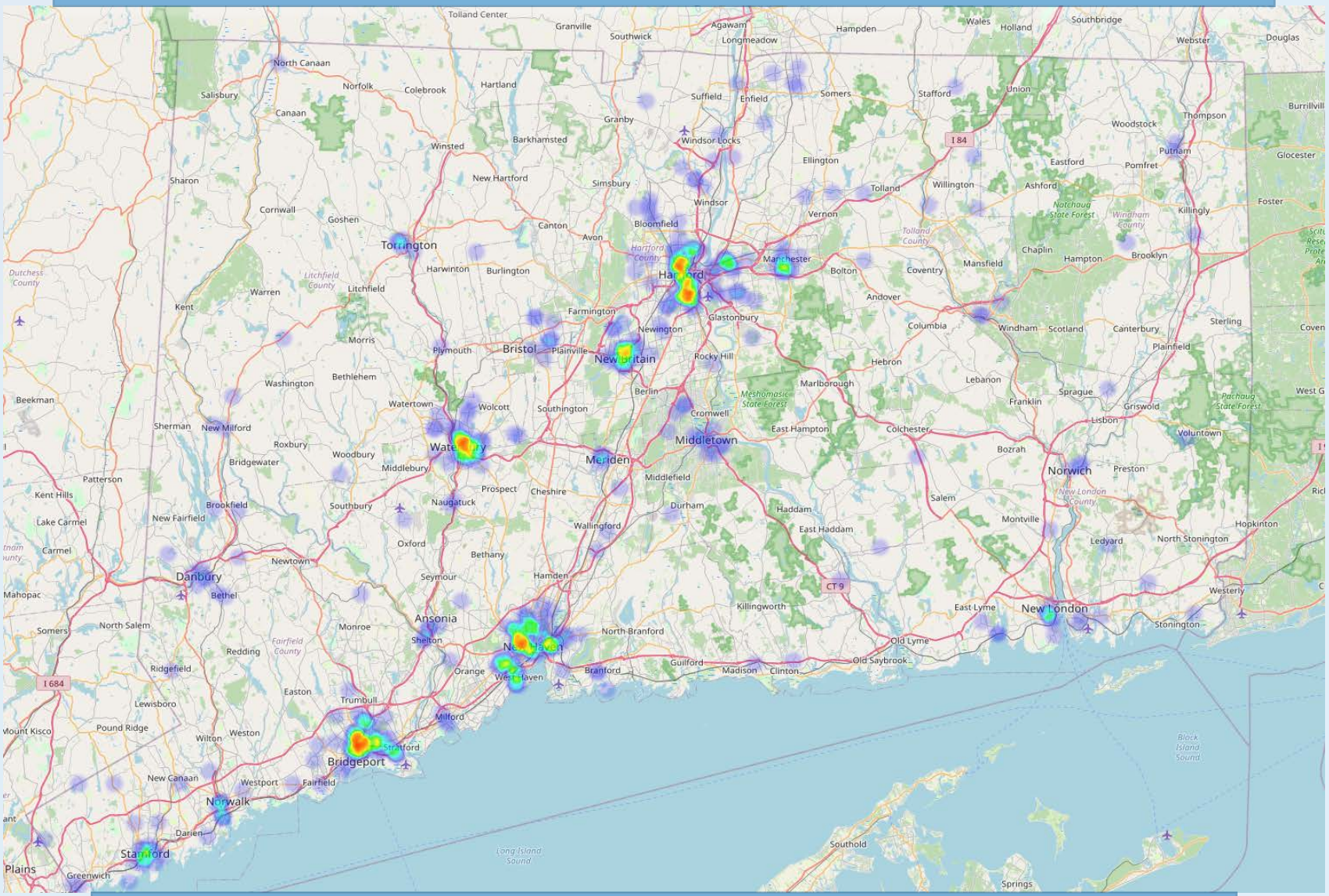


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Percent may not sum up to 100% due to rounding or missing

Geographic Distribution

Data-to-Care Density Map, Connecticut, 2022 (n=437)



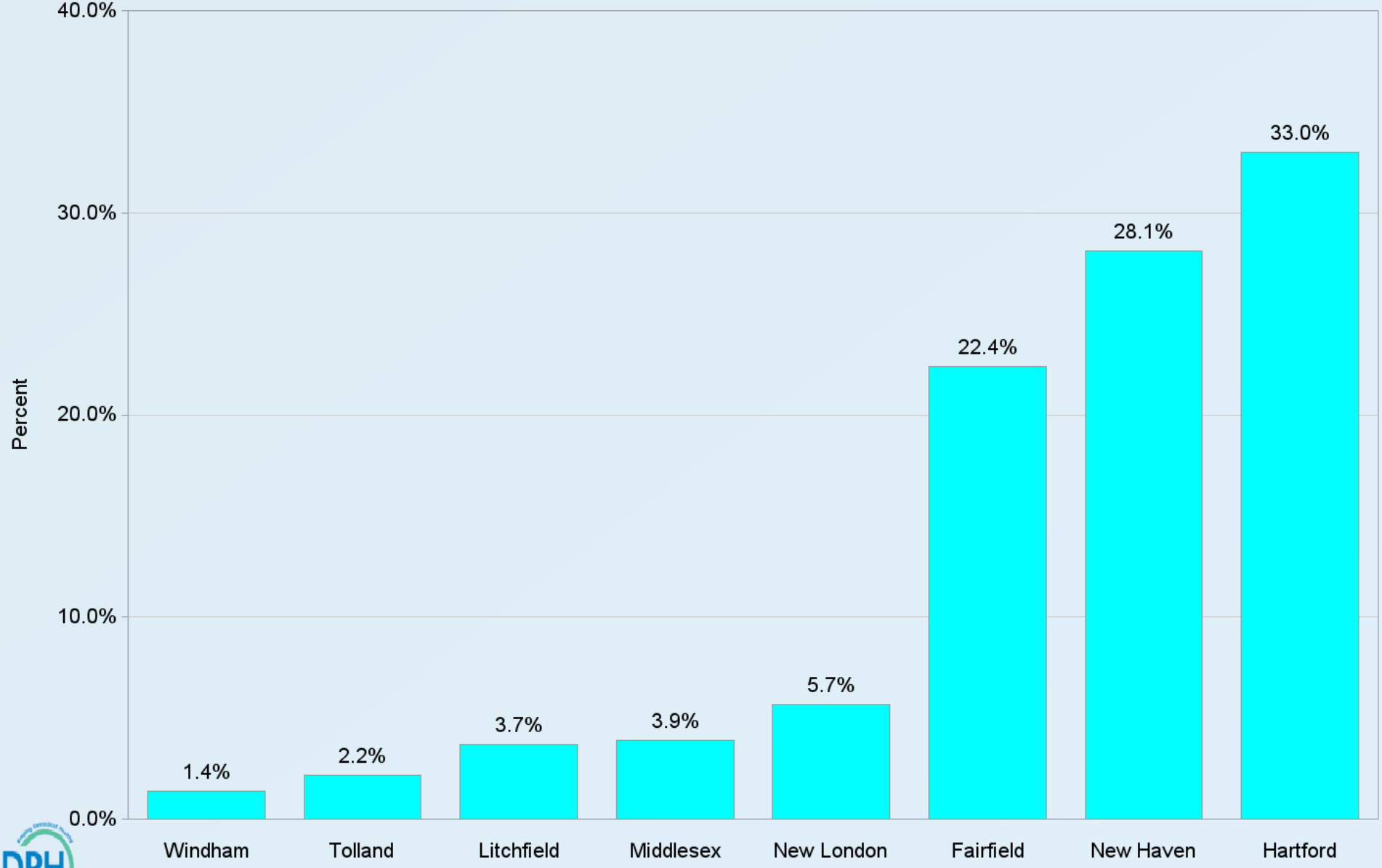
Source: CT DPH | TB, HIV, STD, & Viral Hepatitis Section

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Data-to-Care (D2C) clients by county of residence

Connecticut, 2022

(N=491)*



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

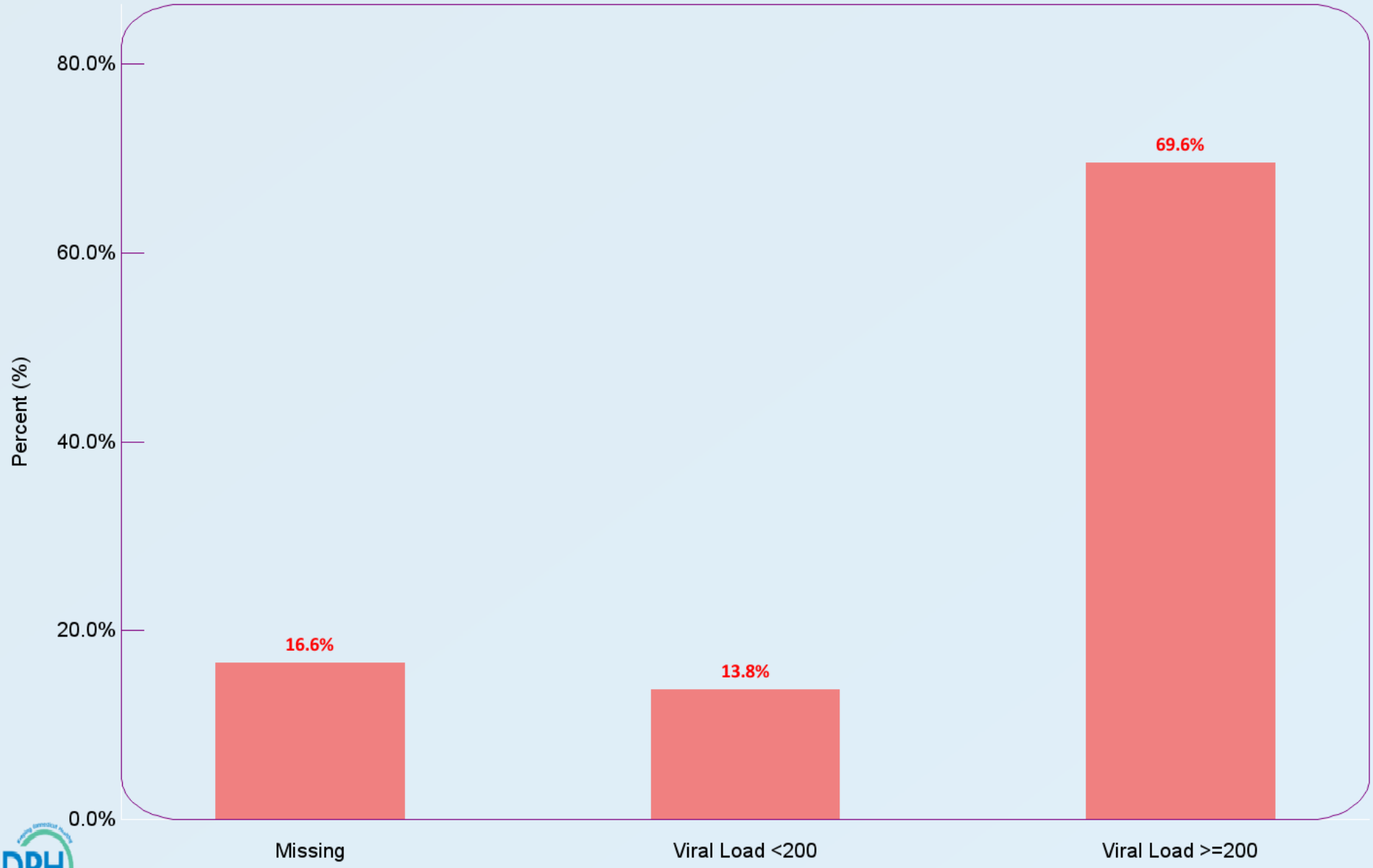
*28 clients had out of state address

Evaluation

Data-to-Care (D2C) located clients by first reported viral Load*

Connecticut, 2022

(N=253)



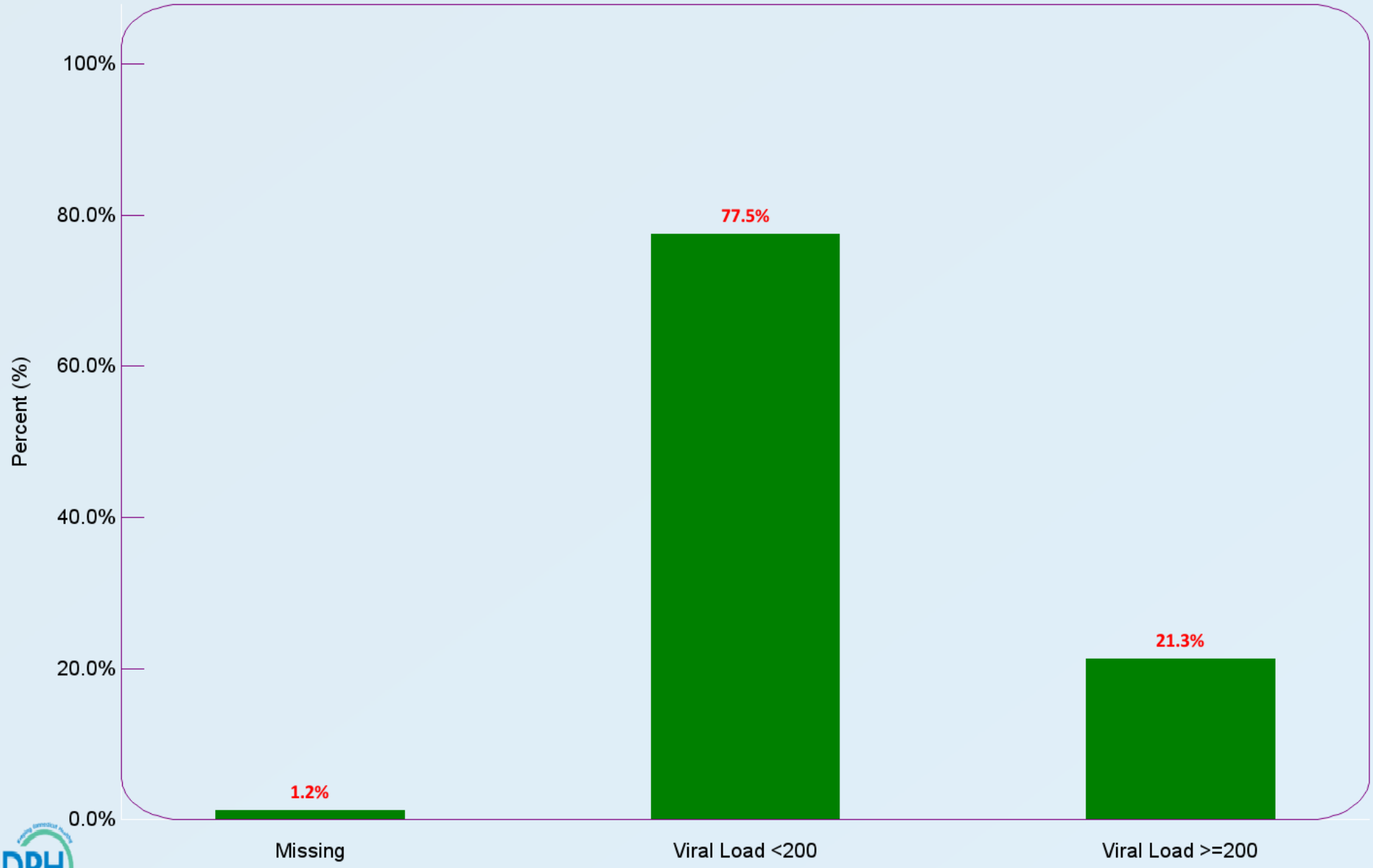
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Viral suppression is defined as <200 copies/mL

Data-to-Care (D2C) located clients linked to care by most recent reported viral load*

Connecticut, 2022

(N=253)



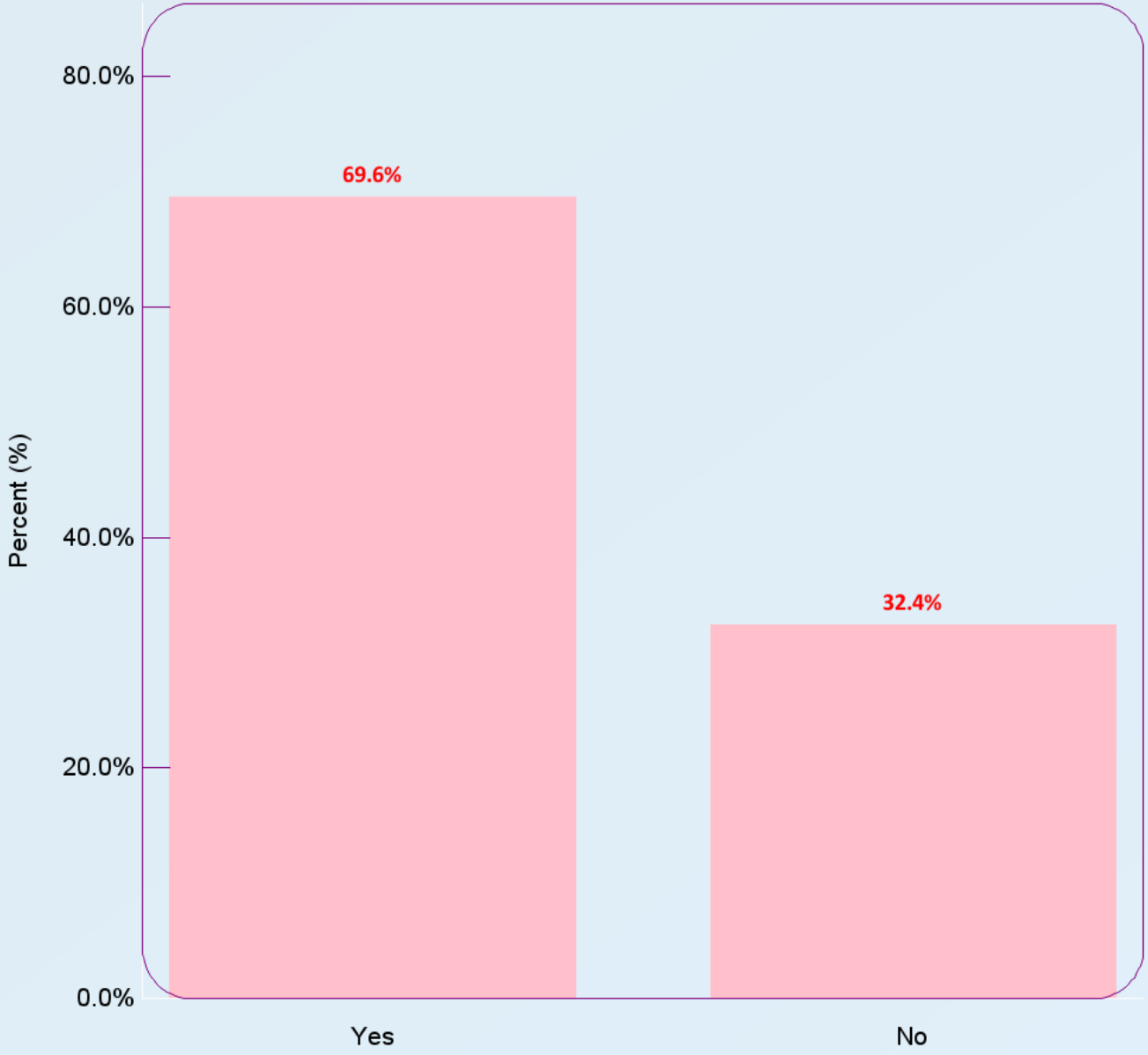
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Viral suppression is defined as <200 copies/mL

Data-to-Care (D2C) located clients linked to care and retained in medical care*

Connecticut, 2022

(N=253)

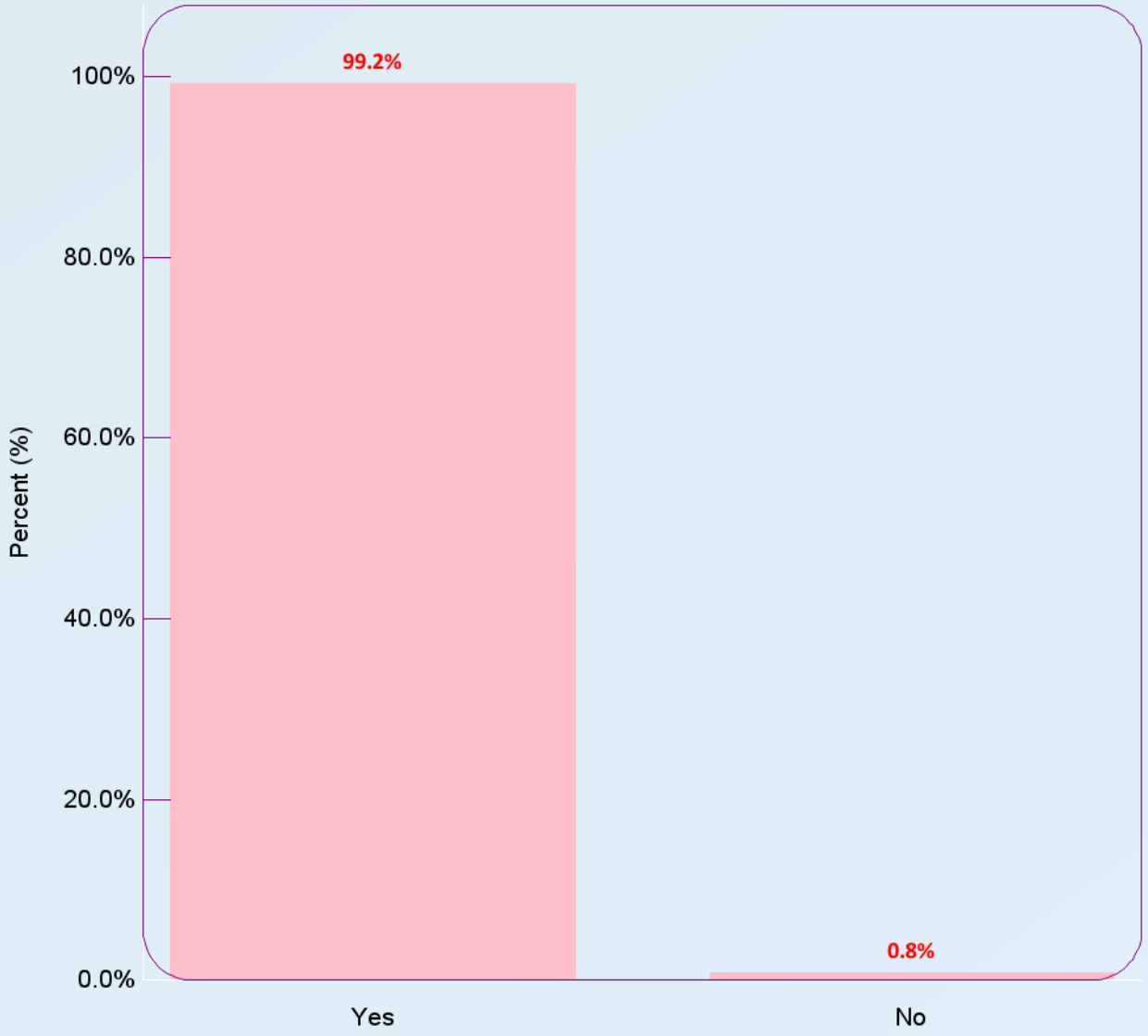


Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Clients with 2 or more CD4 or VL tests in 3 months+

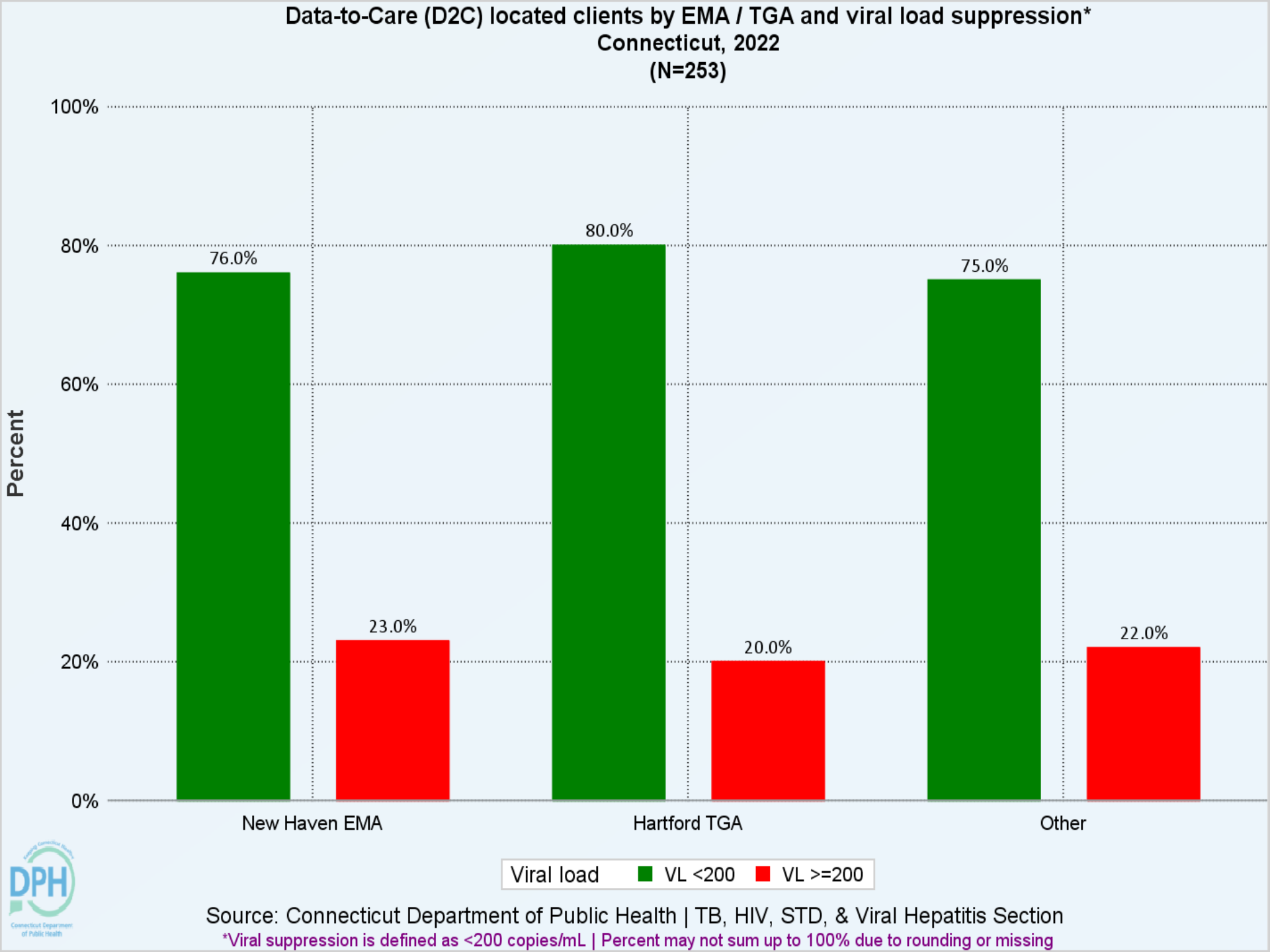
Data-to-Care (D2C) located clients linked to care by receipt of medical care*

Connecticut, 2022
(N=253)



Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section

*Receipt of medical care is defined as >=1 test (CD4 or VL)


Data-to-Care (D2C) located clients by EMA / TGA and viral load suppression*
Connecticut, 2022
(N=253)
100%
80%
60%
40%
20%
0%
Percent
76.0%
23.0%
80.0%
20.0%
75.0%
22.0%
New Haven EMA
Hartford TGA
Other
Viral load
VL <200
VL >=200
Source: Connecticut Department of Public Health | TB, HIV, STD, & Viral Hepatitis Section
*Viral suppression is defined as <200 copies/mL | Percent may not sum up to 100% due to rounding or missing

Findings

- Demographics and risk factors:
  - ✓ 72% male
  - ✓ 50+ years old accounted for more than 50%
  - ✓ 34%, 31%, and 33% were NH Black, NH White, and Hispanic, respectively
  - ✓ 39% were MSM

- Geographic distribution:
  - ✓ Clients were distributed randomly throughout the state in line with existing data on PLWH
  - ✓ New Haven and Hartford Counties had the highest number of clients

- Evaluation findings:
  - ✓ About half of the clients (49%; 253/519) were located by DIS
  - ✓ There was no statistical difference between clients located and those not located considering age, sex-at-birth, race/ethnicity, and risk factors
  - ✓ VL improved from 14% to 78% after the intervention
  - ✓ 99% received medical care
  - ✓ 70% were retained in medical care

Recap

- Defined Connecticut Data-to-Care (D2C)
- Demographics and Risk Factors
- Ryan White HIV/AIDS Program
- Geographic Distribution
- Evaluation
- Findings

Next Steps

- Continued collaboration and communication within and between DPH programs, stakeholders, and the community
- D2C is a key activity in the Ending the Syndemic Initiative and in our upcoming submission of the Statewide HIV Prevention & Care Integrated Plan
- Once hired, DPH DIS Regional Supervisors will work closely with the D2C Coordinator to ensure D2C activities are initiated in a timely manner
- The D2C Protocol will be included in CT DPH HIV Prevention contract language for comprehensive HIV Prevention services

DPH D2C Team

Branch/Section Leadership	STD P&C	HIV Prevention	HIV Surveillance	HCSS
• Lynn Sosa • Ellen Blaschinski • Delores Greenlee	• Linda Ferraro • Ava Nepaul • Wanda Richardson • **DIS***	• Marianne Buchelli • Ramon Rodriguez-Santana • Susan Major • Venesha Heron	• Heather Linardos • Jennifer Vargas • Dustin Pawlow	• Mukhtar Mohamed • Mitchell Namias • Melinda Vazquez-Yopp

DPH D2C Team

Special Thank You
DPH Disease Investigation Specialists (DIS)

Lisa Corpora
Alida Cuevas
Curtis Patterson
Kelly Russell
Tia Gaines
Kimberly Williams
Carlos Rodriguez
Virgen Roman
Nathan Santana

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Questions / Comments

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Thank You