

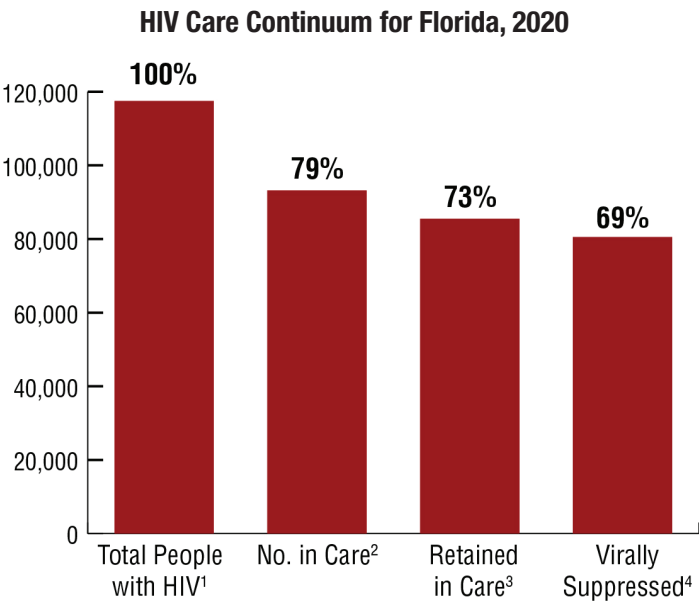


# Florida Profile from the HRSA 19-039 SPNS Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)

## HIV and STI Epidemiological Context in Florida

Within the Florida Department of Health (FDOH), the HIV/AIDS Section and the STD Section are under the Bureau of Communicable Diseases. The Bureau is under the Division of Disease Control and Health Protection. The HIV/AIDS Section houses the HIV Care Program, HIV Prevention Program, and HIV Surveillance Program. They receive Ryan White Part B money and distribute it to 14 lead agencies for eligible clients residing in all counties in Florida. Furthermore, Florida has six Ryan White HIV/AIDS Program (RWHAP) Part A funded eligible metropolitan areas (EMAs).

Florida’s 2020 HIV Care Continuum shows there were 117,477 people with HIV. Of those, 79% (93,198) were in care in the same year. Also, 73% (84,489) were retained in care and 69% were (80,525) virally suppressed.



**In 2020, Florida identified 3,504 people newly diagnosed with HIV. The HIV diagnosis rate for new cases was 21.6/100,000. HIV data is housed in the Enhanced HIV/AIDS Reporting System (eHARS).**

2020 New HIV and STI Reported Cases and Rates in Florida			
	Cases	Rate <sup>1</sup>	National Rate <sup>1</sup>
HIV	3,504	21.6	11.1
Chlamydia	100,030	465.7	481.3
Gonorrhea	40,788	189.9	206.5
P & S Syphilis	3,520	16.4	12.7

<sup>1</sup> Rate is per 100,000 people

This evaluation summary was produced for the U.S. Department of Health and Human Services, Health Resources and Services Administration, under contract number HHS2502013000051.

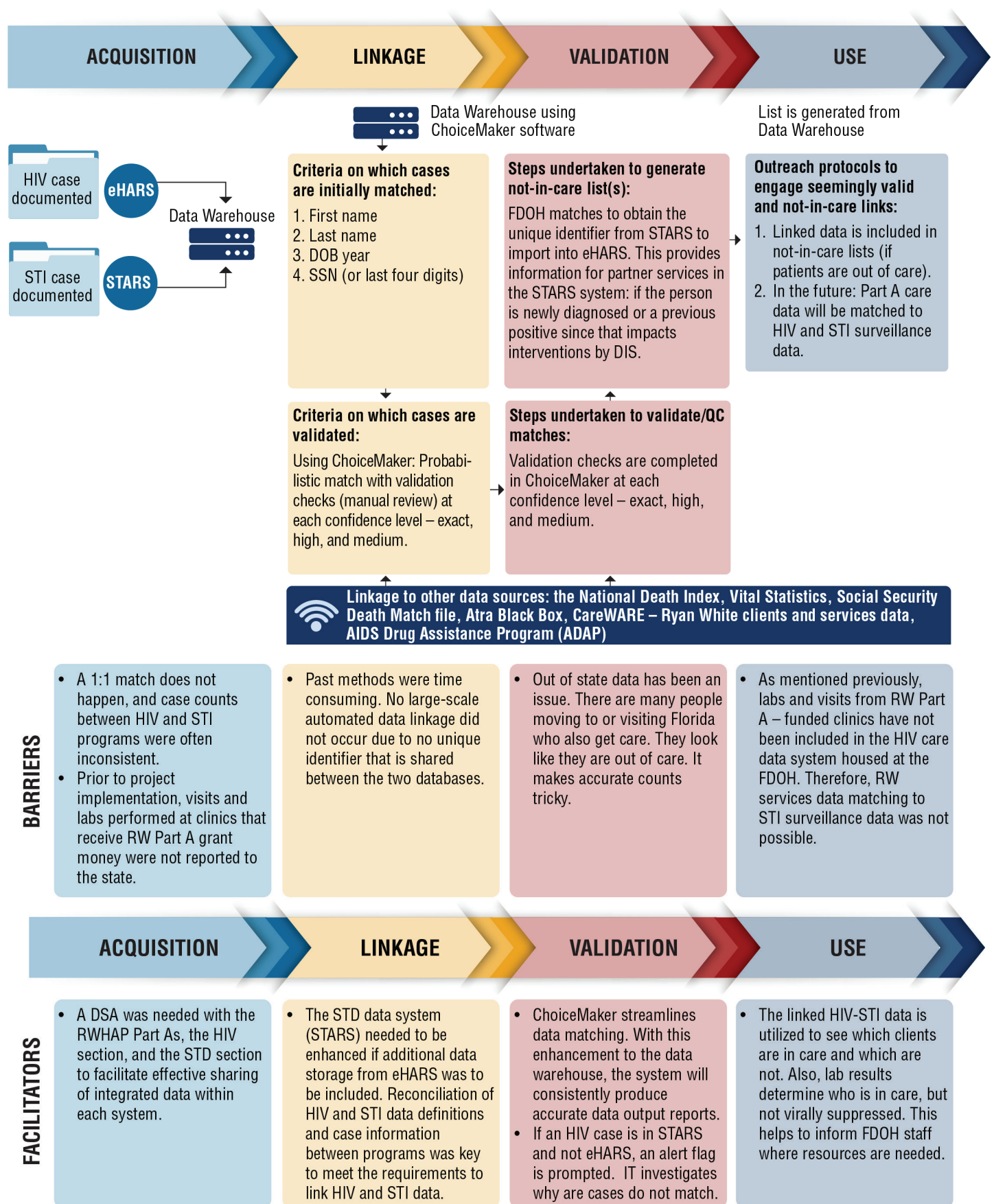
This summary lists evaluation data in order to provide additional information to recipients participating in cooperative agreement HRSA-19-039. The evaluation data in this summary have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA) and is not an endorsement by HHS or HRSA.

<sup>1</sup> Total HIV prevalence for Florida in 2020.  
<sup>2</sup> Number of people with HIV who were in care (had a CD4 of viral load test) in 2020.  
<sup>3</sup> Number of people with HIV retained in care in 2020.  
<sup>4</sup> Number of people with HIV who were virally suppressed in 2020.

At FDOH, STI data is stored in the Surveillance Tools and Reporting System (STARS). STARS is the customized version of the Patient Reporting Investigation Surveillance Manager (or PRISM). STI data reveal higher rates of HIV, chlamydia, and syphilis in Florida compared to national rates. In 2020, there were co-occurring cases of STIs among people with HIV: 3,439 were diagnosed with early syphilis (including P&S), 3,303 cases were diagnosed with gonorrhea, and 2,937 people were diagnosed with chlamydia.

## HIV/STI Data Linking Process in Florida

The following graphic shows the acquisition of HIV and STI surveillance data, linkage, and validation process for the HIV-STI linked data. It also describes how the linked data are intended to be used.



## Data Linking Goals, Progress, and Tailored Technical Assistance to Support those Goals in Florida

### Jurisdiction-Specific Goals and Progress at the End of Each Project Year

Goals	Progress at end of Year 2	Progress at end of Year 3
Enhance data sharing between existing jurisdiction data systems by working with the TAP to establish legal documentation (i.e., data sharing agreements) with local RWHAP Part A recipients.	<p>The TAP developed a plan for data sharing between the FDOH and the Part A EMAs that will balance legal restrictions and utility of data for data-to-care (D2C) efforts.</p> <p>The TAP worked with the HIV Section to successfully implement a pilot data sharing process with the Palm Beach and Orange County Part As. Protocols were documented in SOPs for routine data sharing, following legal review.</p>	At the end of the evaluation period, the DSAs were still being negotiated with legal teams at the local county health departments.
Enhance state-wide data integration and ensure data quality by working with the TAP to 1) enhance the STI surveillance system's ability to accommodate integrated data, 2) find ways to improve automated data linkage and, 3) enhance validation and quality reviews with Out-of-state matching, (4) develop state-wide SOPs to support improved data sharing and data completeness across HIV and STD programs.	TAP staff and the HIV & STD Section staff designed a work plan to (a) regularly import and link eHARS and STARS in the data warehouse, (b) enhance the HIV tab in STARS to store lab data in the STARS system, (c) enhance protocol to ensure sustainability/adherence to utilization of the data warehouse, (d) develop tool to streamline interstate review coordination between HIV and STI Sections.	<p>Once the STARS 2.0 is ready, the system will roll out for pilot use in a few areas to slowly expand the usage. After usage of the base 2.0 system, additional features will be added (e.g., improved HIV labs data incorporation into STARS 2.0).</p> <p>A lot of work was done on the out-of-state matching module. The module was set up within the same platform as the linkage module, but the views will be available only to those with Routine Interstate Duplicate Review (RIDR)/ Cumulative Interstate Duplicate Review (CIDR) access.</p> <p>During the Y3 site visit, several projects were discussed to enhance the HIV/STD data warehouse and the matching algorithm ChoiceMaker: (1) human review tool/data validation screen, (2) how to optimize matches to lower time load, and (3) integrate matching algorithm to source system client registration platform.</p>
Improve local RWHAP data sharing by working with the TAP to define data sharing pathways and SOPs for Part A data sharing, once DSAs were established.	<p>FDOH worked with the TAP to assess current and ideal HIV surveillance data workflows for assisting D2C outreach staff and HIV and RWHAP teams. This led to the creation of a master "process flow" document.</p> <p>The TAP staff expanded collaboration between FDOH HIV staff, county HIV staff, and RW Part A staff by establishing work groups. The groups discussed data-mapping, linkage specifications, and data reconciliation for the stakeholders.</p>	The TAP and FDOH developed stronger SOP/ policy/guidelines for (1) RWHAP Part A data sharing with the state level HIV program, (2) collaboration between RWPA and their respective county health departments and 3) pathway for communications between all three entities, increasing trust and transparency.

## Technical Assistance Focus Areas and Activities by Theme

Technical Assistance (TA) Theme	Focus Areas for Florida	Activities in Year 2	Activities in Year 3
<b>Collaboration Building</b> <b>Data Transfer Development/ Enhancement</b>	Legal agreements for Data Sharing	<ul style="list-style-type: none"> <li>• Since Ryan White Part A services data was not reported to the FDOH, a DSA was developed between the Part As and the HIV section to facilitate effective data sharing.</li> </ul>	<ul style="list-style-type: none"> <li>• As mentioned previously, the DSA was routed within the FDOH legal team.</li> <li>• It was sent to RW Part As for legal review.</li> </ul>
<b>Integrated Data System Development</b> <b>Data System Enhancement</b> <b>Business Process Development</b> <b>Collaboration Building</b>	Enhance Capacity for Data Integration between Data Systems	<ul style="list-style-type: none"> <li>• TAP staff facilitated collaboration between the HIV and STI teams to facilitate communication about               <ul style="list-style-type: none"> <li>– why there was a need for data sharing vs. the data just being available in the system</li> <li>– how to modify the system to better allow STI system users to see HIV lab data.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The STARS enhancements have been put on hold due to an overall system upgrade that is in progress. STARS 2.0 is currently being tested with data migration.</li> <li>• TAP helped to optimize processes for Interstate Communications Control Records (ICCR) to de-duplicate out-of-state cases.</li> <li>• The TAP and FDOH developed stronger SOP/policy/guidelines for case investigation and reconciliation with STI guidelines.</li> </ul>
<b>Data Transfer Development/ Enhancement</b> <b>Collaboration Building</b> <b>Data Utilization for Outreach Efforts</b>	Establish Data Sharing Mechanism between FDH and RW Part A Programs	<ul style="list-style-type: none"> <li>• Developed a DSA that will allow FDOH to partner with six RW Part A areas for linkage and re-engagement activities.</li> <li>• TAP designed flow/pathway for data sharing between FDOH HIV section and each of six RWPA programs, including data elements to be shared, data flow diagram, data feedback report format, and data use and feedback loop.</li> </ul>	<ul style="list-style-type: none"> <li>• The DSAs were approved by the FDOH legal counsel, and then were sent to the six Part A counties for their local legal review. All six are still under negotiation, several Part A legal counsels have sent back a modified DSA for state review at FDOH, which is still ongoing.</li> </ul>
<b>Data Transfer Development/ Enhancement</b>	Improve Data-to-Care Capacity Data Integration within a single system	<ul style="list-style-type: none"> <li>• With STI-HIV data matching, the TAP and FDOH staff focused on - better data visibility               <ul style="list-style-type: none"> <li>– better data linkage quality via automated integration</li> <li>– streamlined out-of- state review process</li> <li>– mapped out the processes between the HIV and STD departments to find solutions to inconsistencies in timelines, case definition, data validation processes, and data use practices.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The TAP and FDOH collected information from HIV and STI staff to develop a report. The report will help guide the development of the SOPs and highlight areas where there is a strong disconnect between either HIV and STD operations or disconnect between state and county level operations.</li> <li>• The TAP documented DSA status, and next steps/decision points for kicking off the first round of data exchanges post-DSA implementation. At the Y3 site visit, TAP led a discussion on the longer-term goal of coordinated data exchange and client re-engagement between state DOH, county health departments, and Part A service areas.</li> </ul>