

Panel 1: Syndemic approach to testing



Syndemic Descriptions and Syndemic Interventions

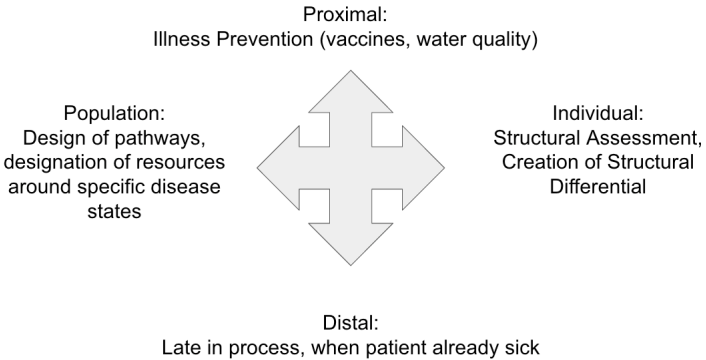
CHAC
April 9, 2024

Jason W. Wilson, MD, PhD, FACEP

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Division Chief, Emergency Medicine, Associate Professor
Morsani College of Medicine, University of South Florida

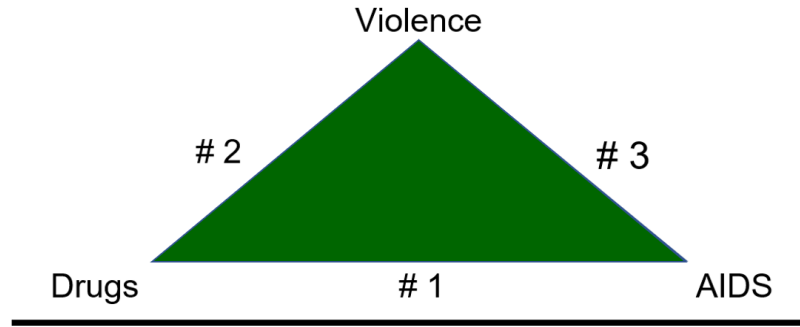






Loci of potential structural interventions.
Adopted from Farmer et al., 2006.

- the trained ability to discern how a host of issues defined clinically as symptoms, attitudes or diseases (e.g., depression, hypertension, obesity, smoking, medication ‘non-compliance, trauma, and psychosis) also represent the downstream implications of several upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health
- structure refers to buildings, energy networks, water, sewage, food, waste distribution systems, highways, airline, train and road complexes, and electronic communication systems, diagnostic, bureaucratic frameworks & assumptions embedded in language/attitude



Adapted from Merrill Singer, Hispanic Health Council; Vol 28 No. 1 May 2000 Page 13

Top Figure: The Original Syndemic Description. SAVA Interconnections

Bottom Figure: Adapted from Mendenhall et al., 2022 (page 1361). A syndemic relationship requires the demonstration of greater morbidity and mortality for two health conditions in particular contexts (social, structural and economic conditions) compared with the health outcomes for the same conditions in other contexts.

Observed syndemic relationship between Disease A and Disease B in context 1



Social, economic and geographic context 1

No observed syndemic relationship between Disease A and Disease B in context 2



Social, economic and geographic context 2

→ Strong interactions in which Disease A is often comorbid with Disease B in context 1

→ Contextual factors facilitate the interaction between Diseases A and B in context 1

- - - - - Weak interactions in which Disease A is not often comorbid with Disease B in context 2

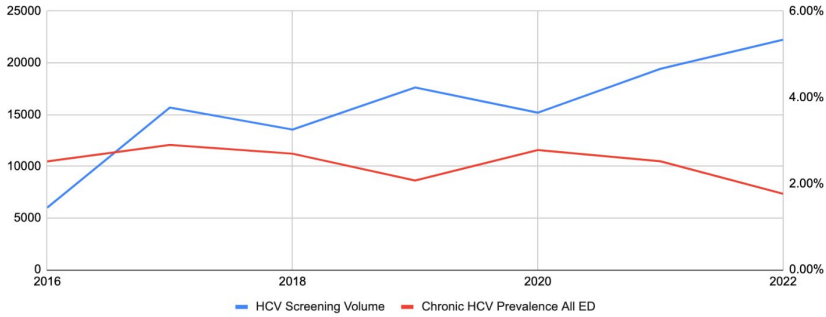
⇨ Contextual factors mitigate the association of Diseases A and B in context 2

Structural Vulnerability Assessment Tool*

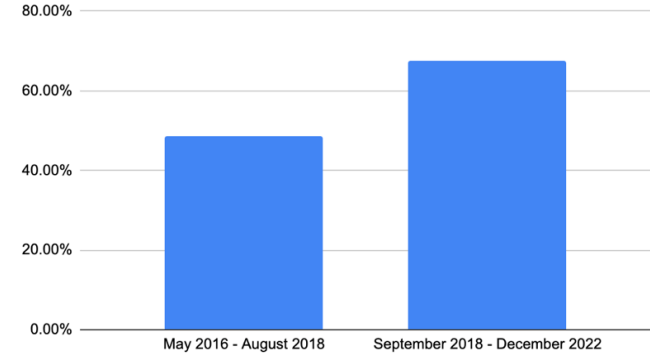
Domain	Screening questions and assessment probes*
Financial security	<p>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</p> <ul style="list-style-type: none"> • How do you make money? Do you have a hard time doing this work? • Do you run out of money at the end of the month/week? • Do you receive any forms of government assistance? • Are there other ways you make money? • Do you depend on anyone else for income? • Have you ever been unable to pay for medical care or for medicines at the pharmacy?
Residence	<p>Do you have a safe, stable place to sleep and store your possessions?</p> <ul style="list-style-type: none"> • How long have you lived/stayed there? • Is the place where you live/stay clean/private/quiet/protected by a lease?
Risk environments	<p>Do the places where you spend your time each day feel safe and healthy?</p> <ul style="list-style-type: none"> • Are you worried about being injured while working/trying to earn money? • Are you exposed to any toxins or chemicals in your day-to-day environment? • Are you exposed to violence? Are you exposed regularly to drug use and criminal activity? • Are you scared to walk around your neighborhood at night/day? • Have you been attacked/mugged/beaten/chased?
Food access	<p>Do you have adequate nutrition and access to healthy food?</p> <ul style="list-style-type: none"> • What do you eat on most days? • What did you eat yesterday? • What are your favorite foods? • Do you have cooking facilities?
Social network	<p>Do you have friends, family, or other people who help you when you need it?</p> <ul style="list-style-type: none"> • Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways? • Is anyone trying to hurt you? • Do you have a primary care provider/other health professionals?
Legal status	<p>Do you have any legal problems?</p> <ul style="list-style-type: none"> • Are you scared of getting in trouble because of your legal status? • Are you scared the police might find you? • Are you eligible for public services? Do you need help accessing these services? • Have you ever been arrested and/or incarcerated?
Education	<p>Can you read?</p> <ul style="list-style-type: none"> • In what language(s)? What level of education have you reached? • Do you understand the documents and papers you must read and submit to obtain the services and resources you need?
Discrimination	<p>[Ask the patient] Have you experienced discrimination?</p> <ul style="list-style-type: none"> • Have you experienced discrimination based on your skin color, your accent, or where you are from? • Have you experienced discrimination based on your gender or sexual orientation? • Have you experienced discrimination for any other reason? <p>[Ask yourself silently] May some service providers (including me) find it difficult to work with this patient?</p> <ul style="list-style-type: none"> • Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments? • Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care? • Is this patient likely to elicit distrust because of his/her behavior or appearance? • May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?

The ED

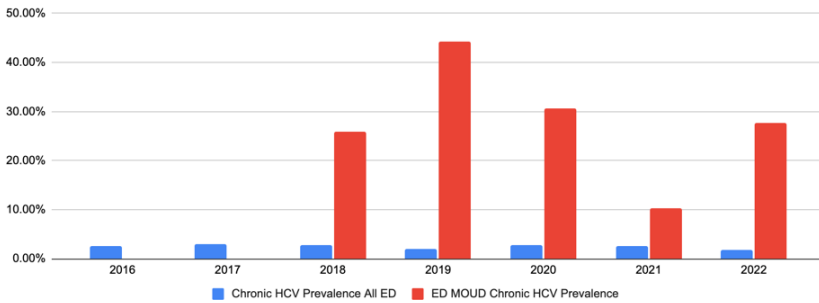
HCV SCREENING & CHRONIC HCV PREVALENCE BY YEAR



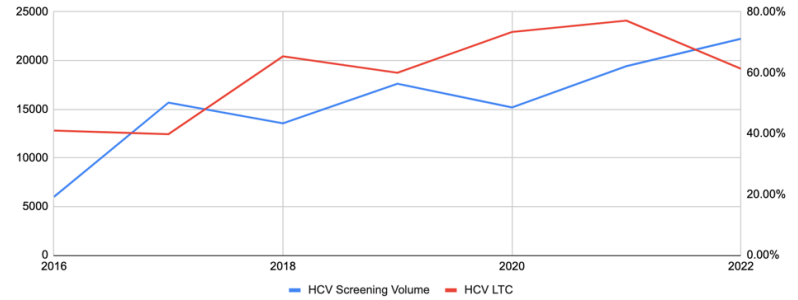
HCV LTC BEFORE AND AFTER ED MOUD/CO-LOCATED CARE



HCV PREVALENCE BY YEAR ALL ED PATIENTS COMPARED TO ED MOUD PATIENTS



HCV SCREENING & HCV LTC BY YEAR



Building Ethnographically Informed Pathways

Me: Do you remember when I started the FOCUS program (name of the HIV/HCV screening program)?

Attending EM Physician. Yes, I hated it – ha!

Me: Why?

Attending EM Physician: It sounded like it would be more work and a pain in the ass.

Another EM attending: Yeah, and potentially not very helpful.

Me: Why did you think it wouldn't be helpful?

EM attending: Look, I practiced for 20 years and never ordered an HIV test. Even if I ordered the test, the patient likely would not have been here for the result and, up until more recently, no one was starting those patients on meds, or they couldn't get the meds anyway. So, what's the point?

Me: Hello mam, my name is Dr. Wilson and I run our hospital HIV program

Patient: Ok

Me: It looks like, during our routine testing today, you tested positive for HIV.

Patient: Ok

Me: Have you ever been told you have HIV before?

Patient: Oh, yeah, they tried to say that before but I don't know about that.

Me: You don't think you have HIV?

Patient: Whether I do or don't, ok? You know? What does it change for someone like me?

Me: We can get you treatment and you have still live a fairly normal life

Patient: There ain't nothing normal about my life.

Me: Well, we can get you back on medications. We have a team of people who can link you to the health department.

Patient: Link me? Can they take me? Can they take me to work when I'm done? I don't think you all people realize this. We ain't even got groceries right now and you want me to go to a doctor's appointment? I'm up here at 3am because it's the only time I have to get my knee looked at and see why I got this chest pain.

The ED

Demographic Characteristics of ED MOUD Sample

Characteristic	Male # (%)	Female # (%)
Sex	7 (70%)	3 (30%)
Age (19-54) Mean = 32.8	Mean = 36 (22-54)	Mean = 27 (19-34)
IVDU 8 Participants (80%)	5 (71%)	3 (100%)
Clinical Opioid Withdrawal Score (COWS) Possible Score = 0 (no withdrawal) – 34 (extreme withdrawal); Mean = 6 (0-18)	Mean = 12 (0-18)	Mean = 4 (2-12)
Self-Identified Race	6 White, 1 Latino	3 White

The ED

Hepatitis C Status

1. ME: *“Well, I was worried about like STDs and shit, so I’m not surprised. No, I’ve never been told I had Hep before”*
2. PC: *“Yes, but no one ever does shit about it. Like, in jail they told me. And then while back, they wanted to put me on a medicine but I knew people who got real sick on that medicine”*
3. IW: *“Gracepoint said that too. I don’t even know how”*
4. JC: *“Yes, in jail. When I got out, over at PAR, they tried to get me on treatment I guess. That was a couple of years ago but there was a lot of paperwork, lots of steps and then no one ever called me again.”*
5. AO: *“No, that’s news to me.”*
6. CP: *“Yep, I know. I think I even know when I got it – had a girl that got Hep and I didn’t know. Then we were sharing needles. I haven’t really had a chance to get it all checked on though.”*
7. AB: *“What else is new? I guess I am glad I don’t have AIDS or nothing. I think you all actually told me this before though and I think I heard this at ACTS”*
8. DC: *“I think my girl gave it to me! Today is first I’m hearing about it”*
9. EU: *“Fuck no. That’s why I wanted to stop this shit. I don’t need to fuck up my whole life with this shit”*
10. AC: *“Yes – they told me in jail but they wouldn’t help me, they wouldn’t treat it. Just told me to see someone when I got out.”*

The ED Coding & Standardizing the Structural Vulnerability Assessment Tool

Structural Vulnerability Assessment Tool*

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Participant	D1. Finance	D2. Housing	D3. Risk	D4. Food	D5. Social	D6. Legal	D7. Education	D8. Discrimination	Total	Avg
1 ME	2	1	1	1	2	2	2	1	12	1.5
2 PC	3	2	2	2	3	3	2	2	19	2.4
3 IW	2	3	3	2	2	2	2	2	18	2.25
4 JC	3	3	3	3	3	2	3	2	22	2.75
5 AO	3	2	3	2	2	2	1	3	18	2.25
6 CP	3	2	3	1	2	2	2	1	16	2
7 AB	3	3	3	3	3	3	3	2	23	2.88
8 DC	1	1	2	1	2	1	2	2	12	1.5
9 EU	2	2	2	2	2	1	1	2	14	1.75
10 AC	1	2	1	3	2	2	3	1	15	1.88
Average	2.3	2.1	2.3	2	2.3	2	2.1	1.8	16.9 (SD 13.1- 20.7)	2.1

Participant level coded structural vulnerability responses



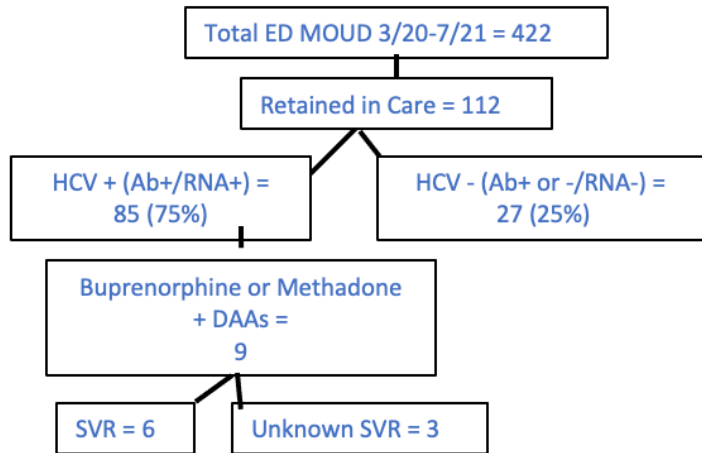
Site 2

Extending from Description to Treatment for MOUD-DAA

Data collected from field site was not done with the same methodology as field site 1.

Instead, field site 2 data was collected using open ended interviews and quantitative trial results of HCV treatment.

ED MOUD HCV Participant Viral Status and Treatment Outcome



Pt #	Time to Tx (Days)	Viral Load	HCV Genotype	DAA Name	Known SVR	Known SVR12
1	18	2,950,000	2	Vosevi	Yes	No
2	180	114,000	2	Mavyret	Yes	Yes
3	74	560,000	1a	Mavyret	Yes	Yes
4	55	2,690,000	1a	Mavyret	Yes	Yes
5	110	1,850,000	1a	Mavyret	Yes	Yes
6	69	4,620,000	1a	Mavyret	Yes	Yes
7	620	5,630,000	1a	Mavyret	No	No
8	514	291,000	1a	Mavyret	No	No
9	886	268,000	3	Epclusa	No	No
Mean/Total	281	2,108,111			6	5

Structural Vulnerability of Field Site 2 Participants

	1 GB	2 BA	3 DM	4 SA	5 JC	6 CJ
Sex	M	M	M	M	F	F
Race/Ethnicity	White	Latinx	Black	White	W	W
Drug Use	Prior PWID	Prior PWID	Prior PWID	Prior PWID, ED linkage via MOUD program	Prior PWID, ED linkage via MOUD Program	Prior PWID, court ordered MOUD
Medical	OD X 2, multiple hospitalizations	No self-reported issues	No self-reported issues	OD with long hospitalization, pGSW from military service	Factor 5 Leiden requiring daily anticoagulation injection medicine	Right below the knee amputation, valve replacement, OD with long hospitalization, endocarditis
Mental Health	Depression, on meds	Depression, on meds	No self-reported issues	No self-reported issues	No self-reported issues	Depression on Medications
Financial Security	No self-reported issues	Disability Assistance	Selling plasma	Fired from managerial job at donut shop because of methadone use	Day labor	Unemployed, disabled
Residence	Relocating to live with father in South Carolina	Unstable housing (room in a boarding house)	Has housing with family	No self-reported issues	Living in a trailer behind a house	No housing/unhoused
Risk Environments	Cannot go to Plant City. Will use drugs. Knows where to buy	Recent death of supportive family member	No self-reported issues but admits he may not continue taking buprenorphine or methadone	Mom and dad both alcoholics	Switched dealers, thinks this led to OD	States that she actively sought out probation officer for inpatient rehab b/c of risk in Manatee county to use again
Food Access	No self-reported issues	No self-reported issues	No self-reported issues	No self-reported issues	No self-reported issues	No self-reported issues
Social Network	Going to relocate to South Carolina to live with supportive father	Mom died day before interview. Only supportive family member	No self-reported issues	Relocating to Tennessee where his parents live in Chattanooga	No self-reported issues	No self-reported issues
Legal Status	No self-reported issues	No self-reported issues	Prior DUI/Prior Court Ordered Rehab	No self-reported issues	Prior incarceration	On probation
Education	HS education	No HS, wants to complete vocational rehab	Has 1 year of college credits and wants to complete college	Completed HS	Unknown	unknown

Hepatitis C Virus (HCV) - Testing and Treatment

What is Hepatitis C (HCV)?
HCV is a virus that attacks the liver, which is an organ on the right side of your stomach. The liver filters your blood.



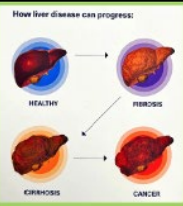
What are the long-term effects?
If left untreated, the virus may lead to cirrhosis of the liver, liver cancer, and/or death.

Symptoms of HCV:
People often don't notice symptoms until 90% of the liver is destroyed, but some have:

- Fatigue
- Abdominal pain
- Loss of appetite
- Nausea/vomiting
- Yellowing of the eyes
- Joint pain
- Fever

How is HCV spread?

- Exposure to infected blood by:
 - sharing needles or other injection equipment
 - unregulated tattooing
 - sharing razors or toothbrushes
 - sexual intercourse
- It can also be passed from mother to child.



Next Steps:

About 95% of people can be cured by taking a medicine for 8-12 weeks. This is a newer treatment in the form of oral tablets. These create much fewer side effects and work better than older drugs like Interferon.

Potential Side Effects:
headache, tiredness, nausea, diarrhea, abdominal pain, runny nose, sore throat, Irritability

Important Point For Success:

- You must agree to follow up with the doctor and re-test for HCV, throughout treatment and afterwards, to be sure that the treatment worked and the infection is truly gone

Meet with the IDEA Exchange team on site to get started on the HCV treatment process!

IDEA Hepatitis C Treatment Schedule

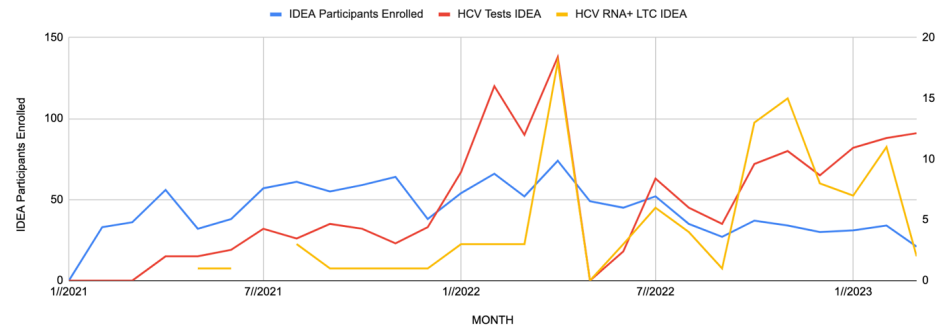
Below are the steps you must complete to get HCV treatment through IDEA Exchange Tampa.

- Step 1:** Get a blood test to confirm the HCV diagnosis. This can be done at the needle exchange or TGH.
Estimated date:
- Step 2:** Once the infection is confirmed positive, you will need additional blood tests in order to get the medication. On this day, you will meet with the IDEA team to go over your insurance and financial status, and fill out the correct application for medication.
Estimated date:
- Step 3:** After all forms have been submitted, we wait for approval. Once approved, the medication will be sent to our office and we will then deliver it to you in person at the needle exchange. On this day, you will meet with your prescriber Dr. Jason Wilson via telehealth to go over medication instructions and ask any questions you may have.
Estimated date:
- Step 4:** Two weeks after starting the medication, you will get a follow-up blood test to check on the progress of treatment.
Estimated date:
- Step 5:** If that test is negative, you won't need another follow-up blood test until the day you finish medications.
Estimated date:
- Step 6:** If that test is also negative, you won't need another follow-up blood test until 12 weeks from the day you finish medications.
Estimated date:



Participant	First RNA	Date of First RNA	First Med Dose	Date of RNA < 10 IU/L	Time to Undetectable (days)
1 AL	66,861	3/15/22	8/12/22	9/6/22	25
2 KP	14,295	3/29/22	12/2/22	12/16/22	14
3 PM	2,775,701	4/8/22	2/13/23	Pending	Pending
4 DG	7,040,000	3/1/22	11/20/22	12/9/22	19
5 BA	139,638	10/7/22	11/22/22	2/6/23	76
6 MN	5,516,395	11/8/22	12/9/22	1/20/23	42
7 SB	112,589	11/4/22	1/9/23	4/14/23	95
8 TW	302,172	11/11/22	1/6/23	1/27/23	21
9 RM	134,043	1/30/23	4/21/23	Pending	Pending
10 JS	930,559	2/10/23	4/4/23	4/18/23	14
11 AS	6,127,308	2/21/23	4/11/23	Pending	Pending
12 PDH	571,036	2/14/23	4/4/23	Pending	Pending
13 SR	694,070	3/13/23	4/21/23	Pending	Pending

HCV Treatment Results of IDEA/SSP Participants



IDEA Tampa SSP Participant and HCV Data by Month

Participant	Birth Year	Self-Described Sex	Insurance
1 AL	1989	F	Florida Blue
2 KP	1986	F	Florida Blue
3 PM	1978	M	Florida Blue
4 DG	1971	M	Ambetter/Medicaid
5 BA	1991	F	Uninsured
6 MN	1978	F	Blue Medicare
7 SB	1982	F	Hillsborough County Healthcare Plan
8 TW	1971	M	Uninsured
9 RM	1980	F	Hillsborough County Healthcare Plan
10 JS	1963	M	Hillsborough County Healthcare Plan
11 AS	1989	F	Uninsured
12 PDH	2000	M	Ambetter/Medicaid
13 SR	1979	F	Hillsborough County Healthcare Plan

IDEA Tampa SSP Participant and HCV Data by Month



AL: *"Before, I was just shit – I mean, I felt like shit, I treated people like shit, my teeth were shit".*

Me: *"Now?"*

AL: *"Now, I am getting clean from the Hep and feeling so much better. I want to get my teeth fixed now. I just kept on using and kept just living that life because there was no motivation. I had my Hep C and my teeth. Now I've at least got one fixed, so I can just fix the other. Before, I didn't even know where to begin".*

Me: *"Had you been told you had Hepatitis C before?"*

AL: *"Yeah, I knew. I found out in jail and they were supposed to set me up on some treatment. But you know they never did. And then when I got out, that was like it."*

Me: *"So this was different?"*

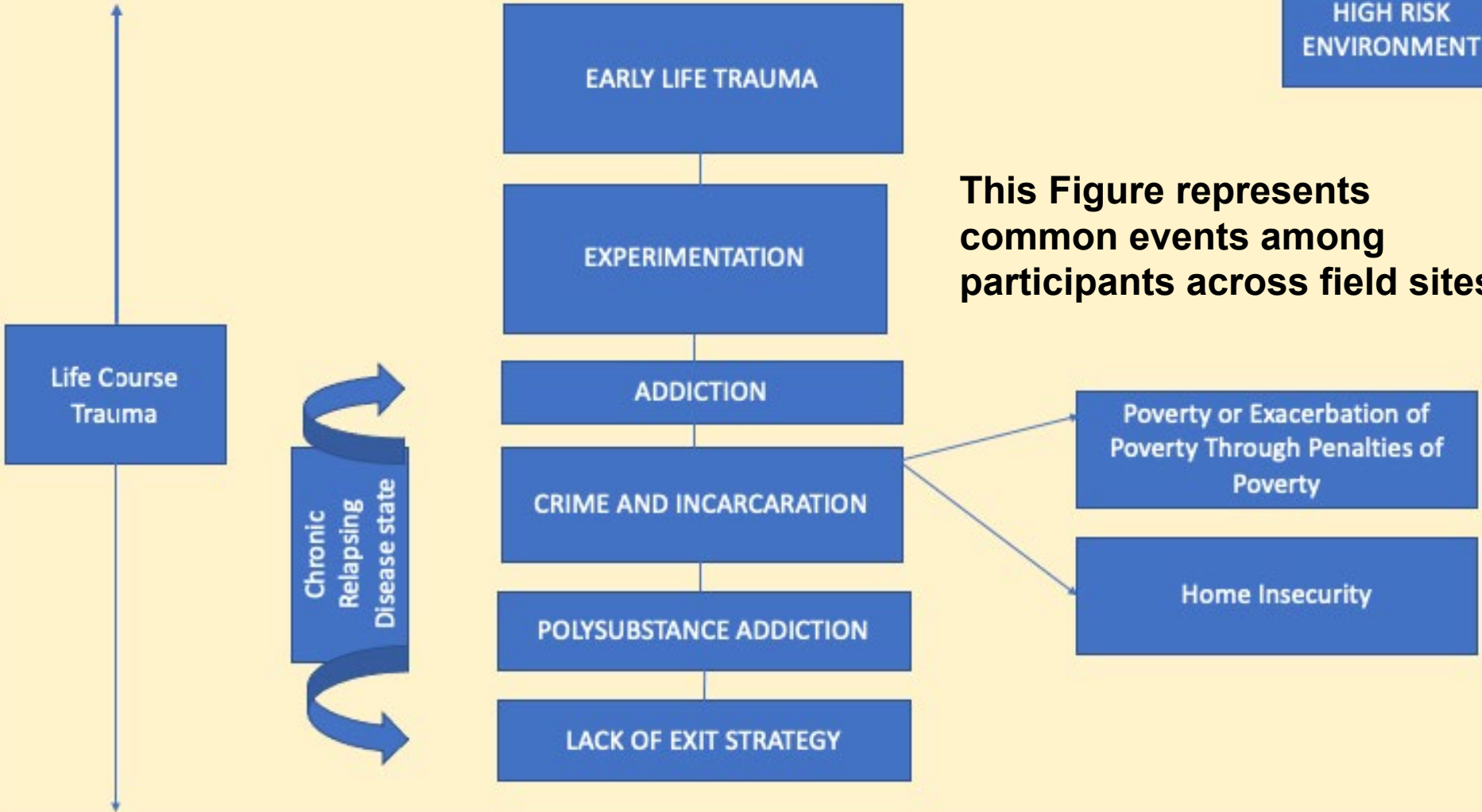
AL: *"Totally different. You all were so nice. MS is so nice – she really cares. You really care. And you all basically did everything anyway. I mean, it helps that I have this insurance now"*

Me: *"How did you get insurance?"*

AL: *"I guess this guy gets paid to like get people enrolled, so he got me enrolled and I'm so poor I don't pay anything. But I've got a doctor now, and he's ok. They can prescribe meds and get labs and stuff."*

**Baseline HCV Initial LTC Rate ~
30%
MOUD Pathway Moved to ~ 65%
MOUD/SSP Pathway Moved to ~75%**

HIGH RISK ENVIRONMENT



Life Course Trauma

EARLY LIFE TRAUMA

EXPERIMENTATION

ADDICTION

CRIME AND INCARCARATION

POLYSUBSTANCE ADDICTION

LACK OF EXIT STRATEGY

Chronic Relapsing Disease state

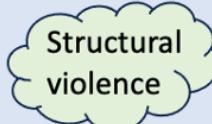
Poverty or Exacerbation of Poverty Through Penalties of Poverty

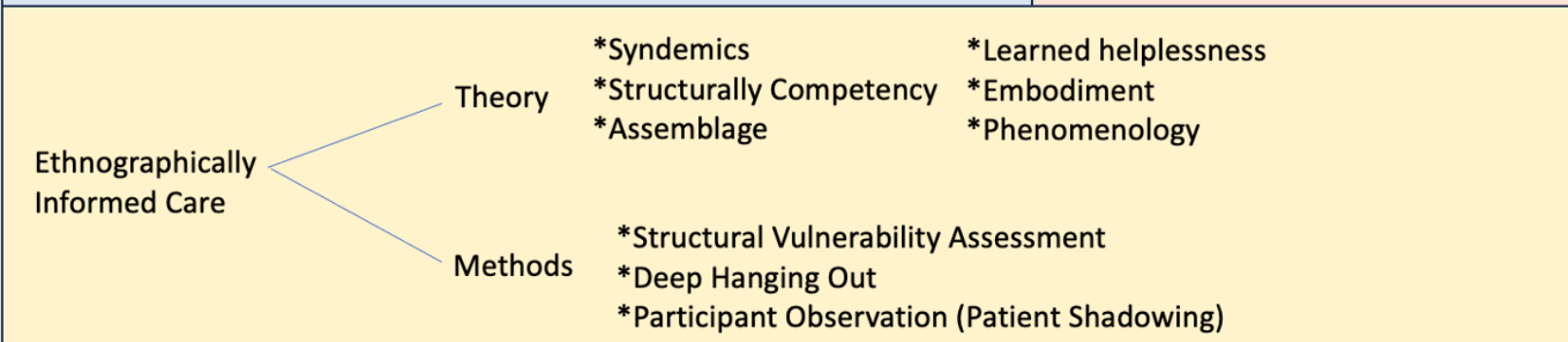
Home Insecurity

This Figure represents common events among participants across field sites

Conclusions

- Syndemic descriptions can guide syndemic interventions
- Social scientists will have to embrace the complexity of modern healthcare delivery which is not just patient-physician relationships. Social scientists can render visibility to previously unseen patient populations
- Structural competency is a route for formally considering interventions and education around social determinants of health
- Other syndemic interventions should be tested
- Syndemic biomarkers could also be tested to integrate clinical prediction/outcomes
- Structural approaches to payment and reimbursement will be important for scale up

1	Systemic Racism Misogyny	Structural (in)competency	Structural vulnerabilities	Healthcare systems	Ethnographically informed care
2		Trauma Interpersonal violence		Healthcare delivery Patient experiences	
3		Culture	Disease Biological reductionism Illness	Healthcare outcomes	



Broad structural forces
Act on the individual
And are encoded



Jason W. Wilson, MD @tampaerdoc · Sep 1

“Every shift I work I will see a drug overdose,” said Dr. Jason Wilson. “Every shift I work I will see three times that many people with a drug addiction.”



Questions?





END THE SYNDEMIC TENNESSEE

Engaging Community in Syndemic Screening and Testing in Tennessee

April CHAC Meeting
04/09/24

Amber Coyne, MPH
Syndemic Coordination Director
Amber.Coyne@tn.gov

endthesyndemictn.org

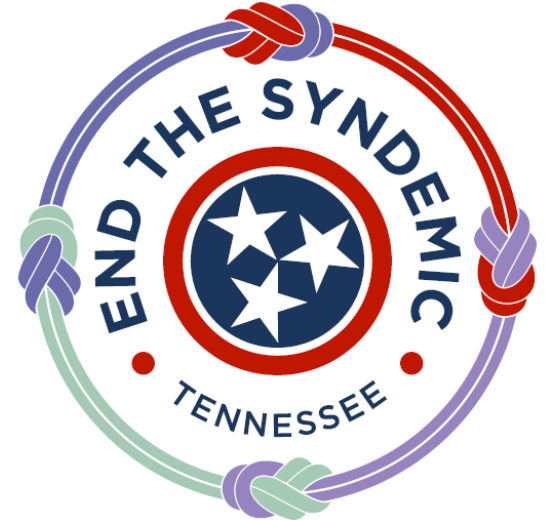
Agenda

Identifying the Syndemic in TN

Community Engagement

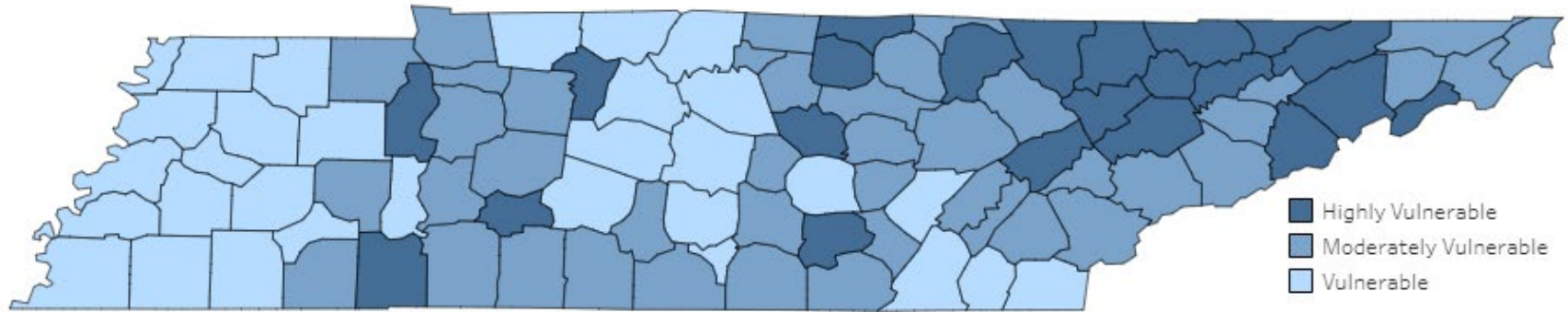
Syndemic Needs Assessment

Data-to-Action



Why a Syndemic Approach?

County-Level Vulnerability to HIV and HCV Outbreaks Due to Injection Drug Use (2021)

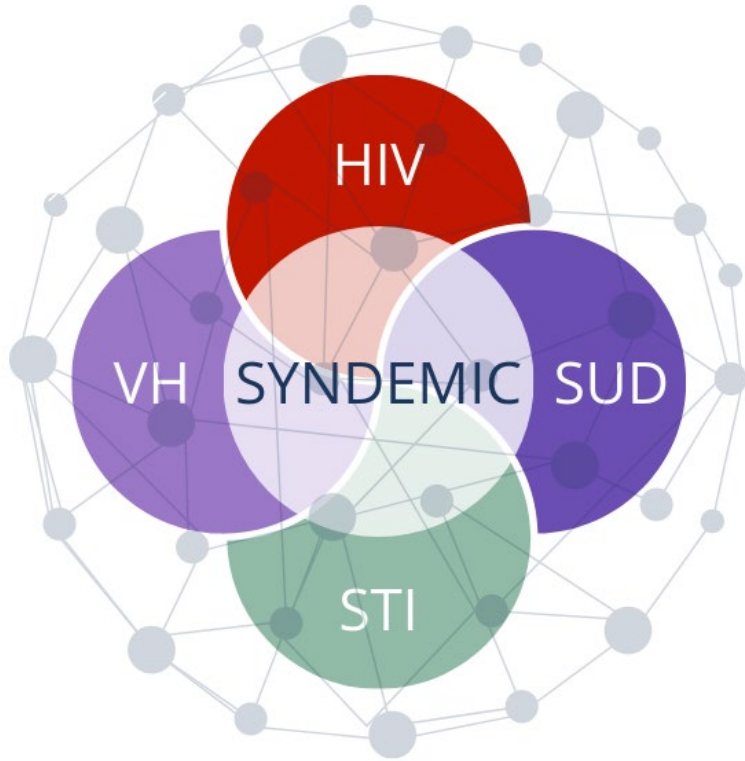


10 measures were used to assess vulnerability

- Socioeconomic Measures (3)
- Access to Healthcare Measures (2)
- Opioid Use Measures (3)
- Health Outcome Measures (2)



Defining the Syndemic for Tennessee



In Tennessee, many people that are disproportionately impacted by HIV are also disproportionately impacted by STIs, viral hepatitis and substance use disorder

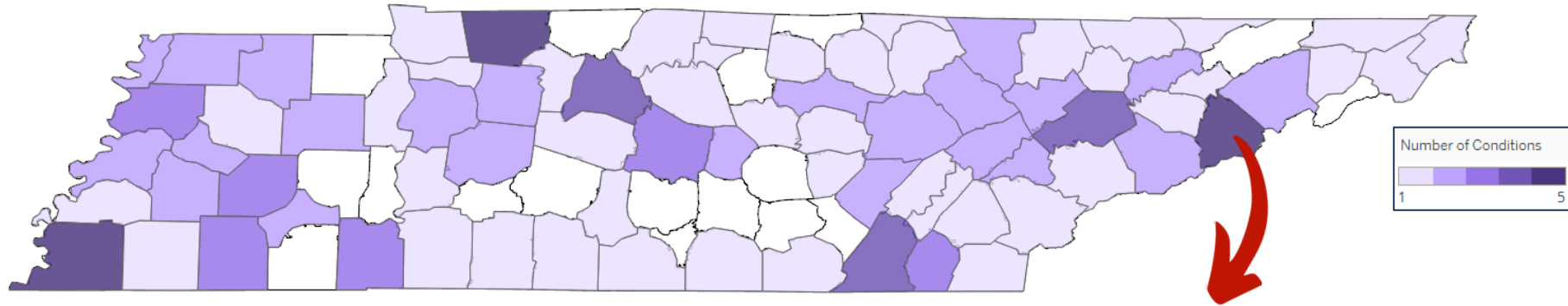
Overlapping epidemics that fuel each other are called a

SYNDEMIC



Tennessee Syndemic Impact

Counties with the Highest Rates for Chlamydia, Gonorrhea, HIV, Overdose (Fatal and Non-fatal), Syphilis, and Viral Hepatitis (HAV, HBV, and HCV) in 2021

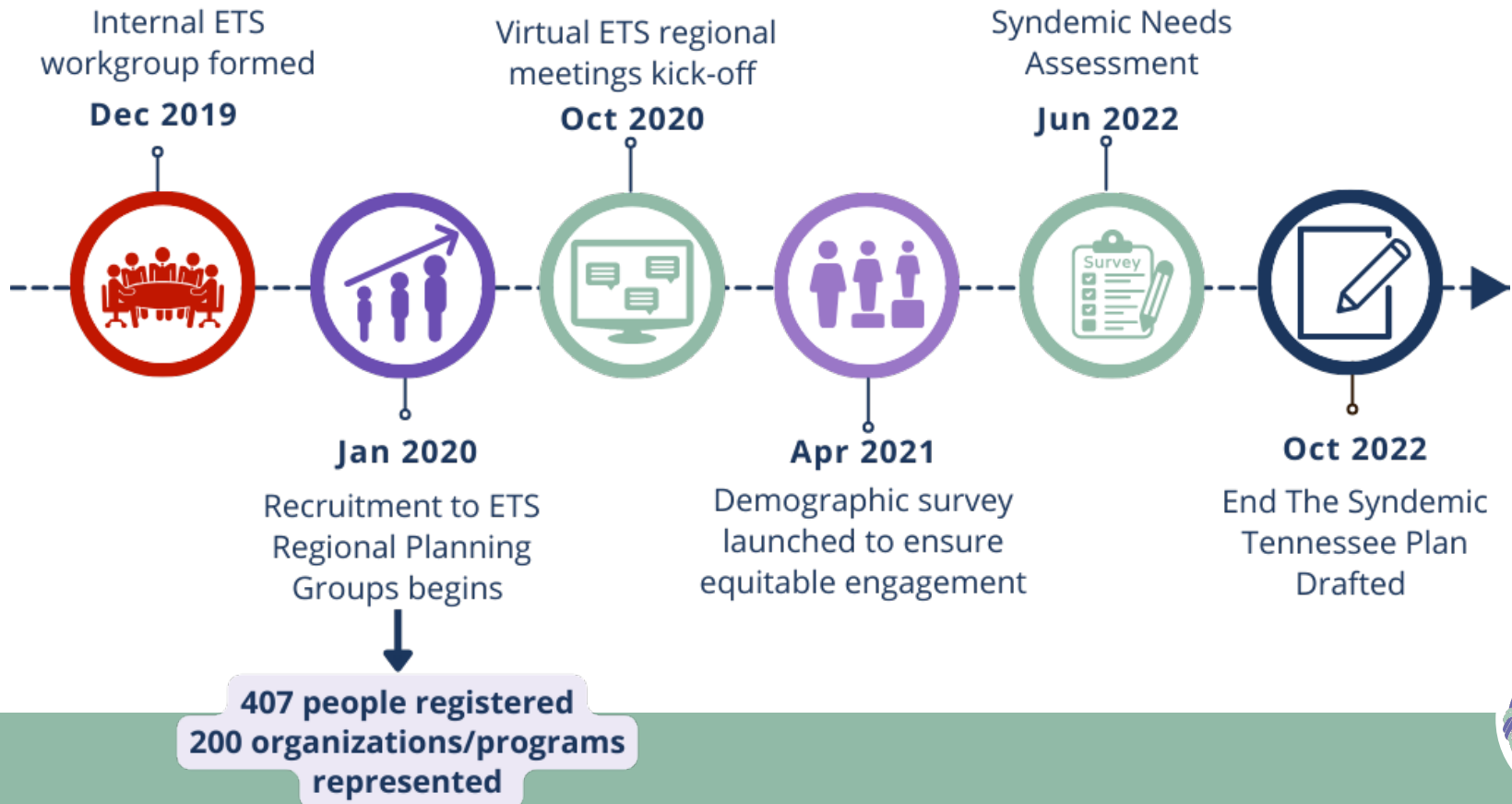


Cocke County falls within the top 15 rates for **5** conditions. These conditions and their rates per 100,000 include:

Fatal Overdose:	86
Syphilis:	30.2
Viral Hepatitis A:	2.7
Viral Hepatitis B:	8.28
Viral Hepatitis C:	13.8



End the Syndemic Tennessee (ETS) Process

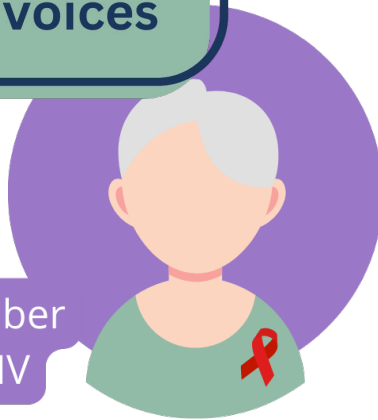


ETS Regional Planning Meetings

”

I finally have a voice... it's been wonderful with many different aspects covered from many different voices

Planning member
living with HIV



80 regional planning meetings were held across Tennessee

2021 engagement included:

- 233 unique participants
- 133 programs/organizations

This included: service providers, educators, researchers, funders, advocates, LHD staff, and people with lived experience across the syndemic



Syndemic Statewide Needs Assessment

The overall objective of the Syndemic Needs Assessment was to identify gaps and barriers in prevention and treatment access across the syndemic



Survey
(online & in-person)



Focus Groups



**In-depth
Interviews**



Survey Development & Implementation

Online survey

- Data collected June- August 2022
- English or Spanish option
- Some in-person surveying
- Incentivized until budget was met

848 consumer voices captured



Example marketing materials



Syndemic Services Included

Syndemic Services

- HIV testing
- HIV PrEP & PEP
- STI testing & treatment
- HCV testing & treatment
- HBV testing & treatment
- HAV & HBV vaccination
- Harm reduction services
- SUD treatment & recovery services

Note: HIV care services were included in the survey but was its own section of questions for those who indicate they were a person living with HIV

Additional Services

- Telehealth & Mail-ordered services



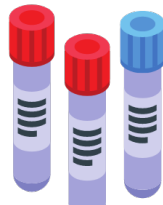
Recovery



Treatment



Vaccination



Testing



Harm Reduction



Supportive Services Included

Support Services

- Case management/navigation
- Prescription assistance
- Help obtaining health insurance
- Dental & eye care
- Language services
- Job readiness services
- Financial literacy services
- Legal services
- Childcare
- Food assistance
- Transportation
- Housing assistance



Consume Survey Example

27. Thinking about the past 5 years (2017-present), please tell us whether you needed and received each of the services listed.

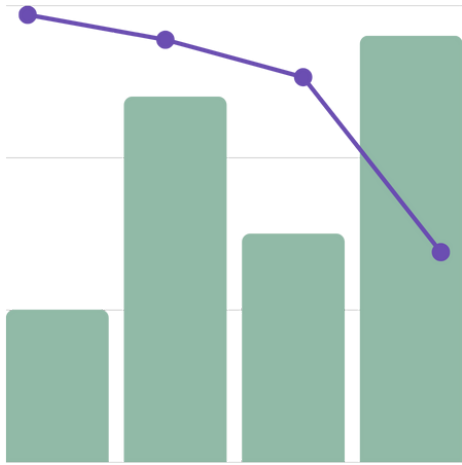
*

	Needed Service & Received	Needed Service & Not Received	Did Not Need Service
HIV testing services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV PrEP (Pre-exposure prophylaxis)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
HIV PEP (Post-exposure prophylaxis)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sexually transmitted infection testing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anytime a client selects **“Needed Service & Not Received”** there was a follow-up question about their barriers to receiving that service



Need & Unmet Need Indicators



**Total
Service
Need**



Needed & Received
+
Needed & Not Received

**Unmet
Need**



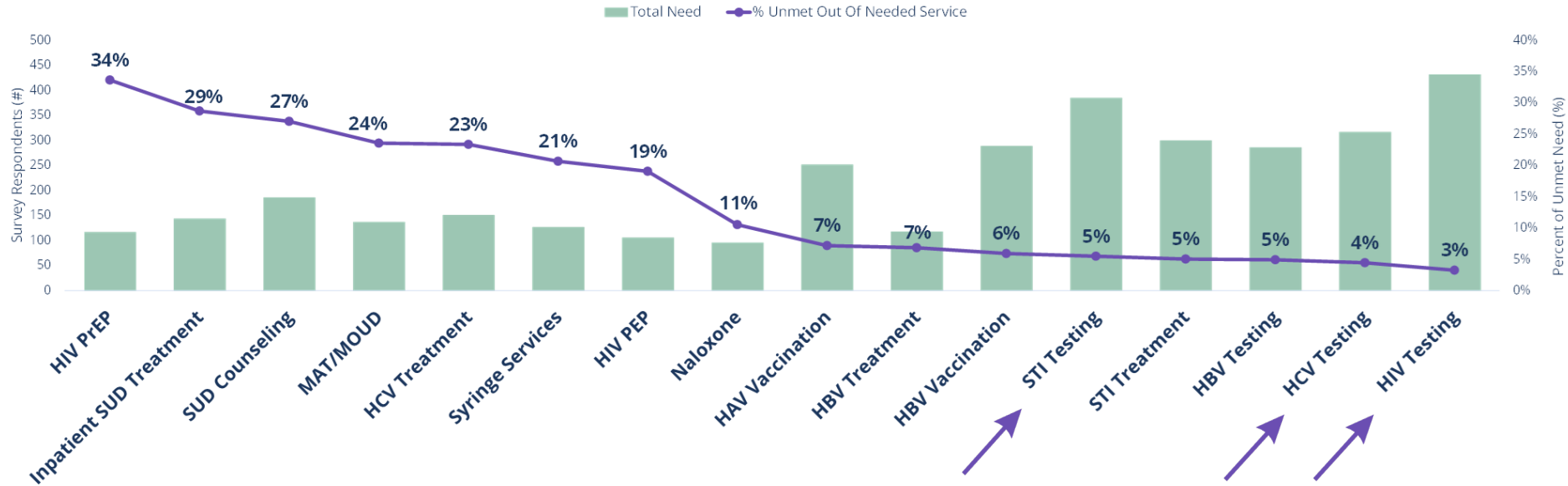
Did not receive

Total Service Need



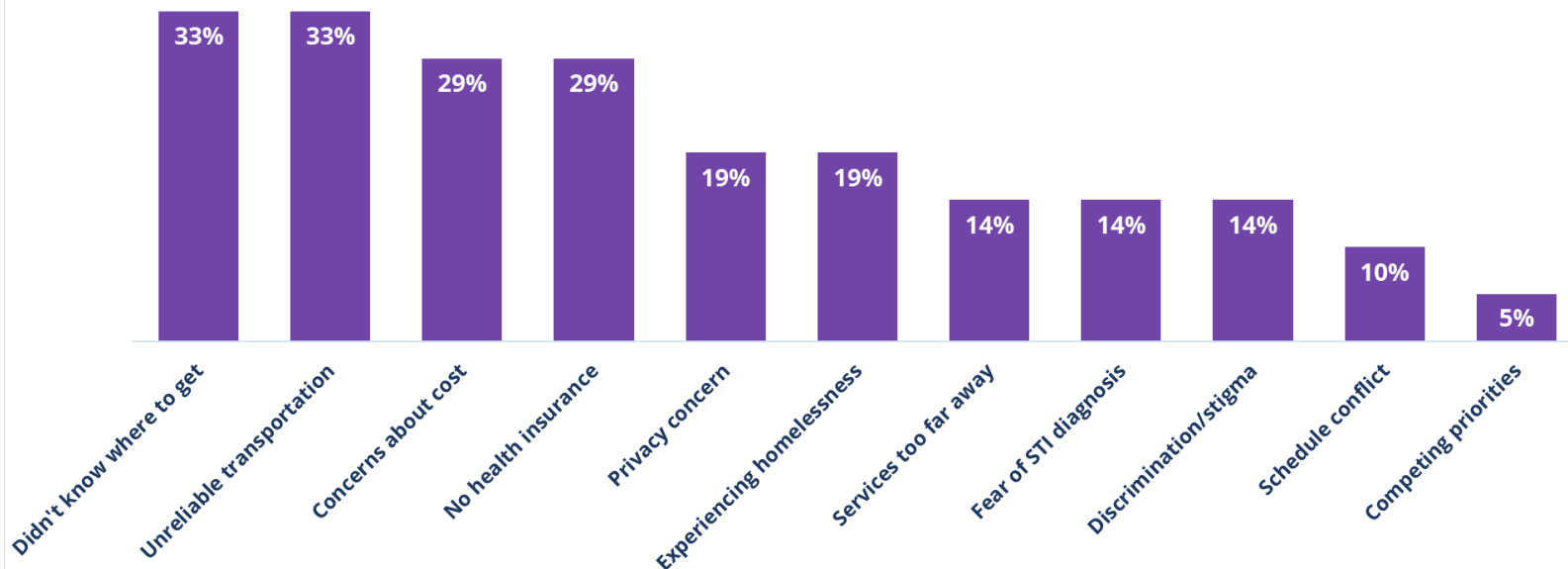
Key Findings: Gaps in Syndemic Services

Syndemic Service Need & Unmet Need
Among All Consumer Respondents (n=848)



Key Findings: Barriers to STI Testing

Barriers to STI Testing
Among Respondents Who Indicated an Unmet Need (n=21)

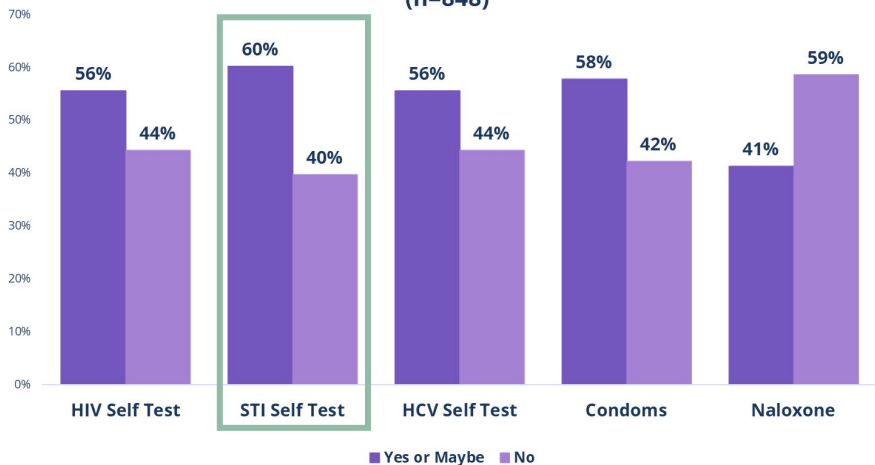


Total Service Need n= 384,
45%

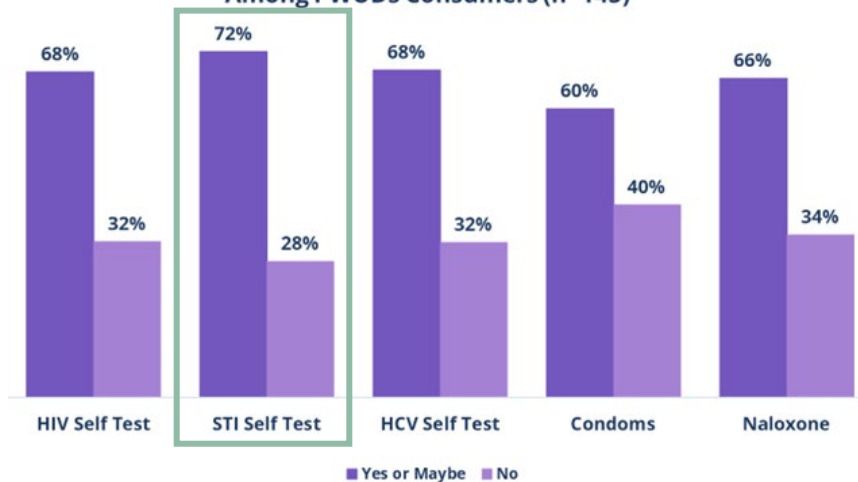


Key Findings: Mail-Order Services

Likely To Use Mail-Ordered Services
(n=848)

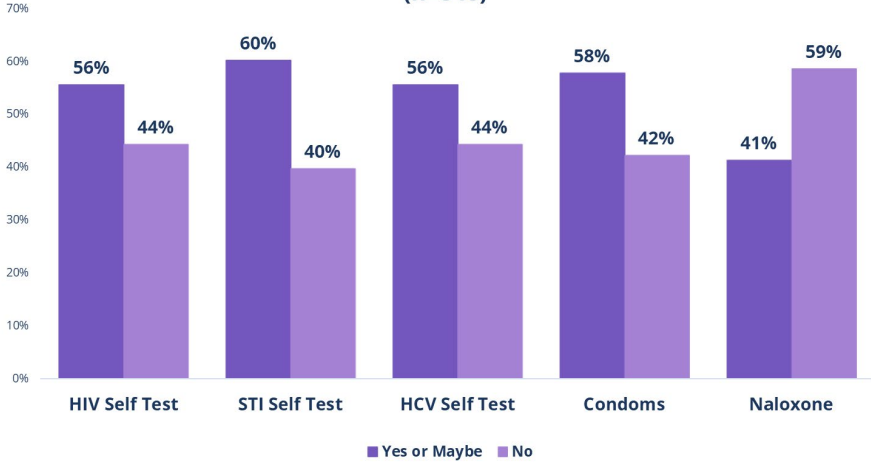


Likely To Use Mail-Ordered Services
Among PWUDs Consumers (n=145)

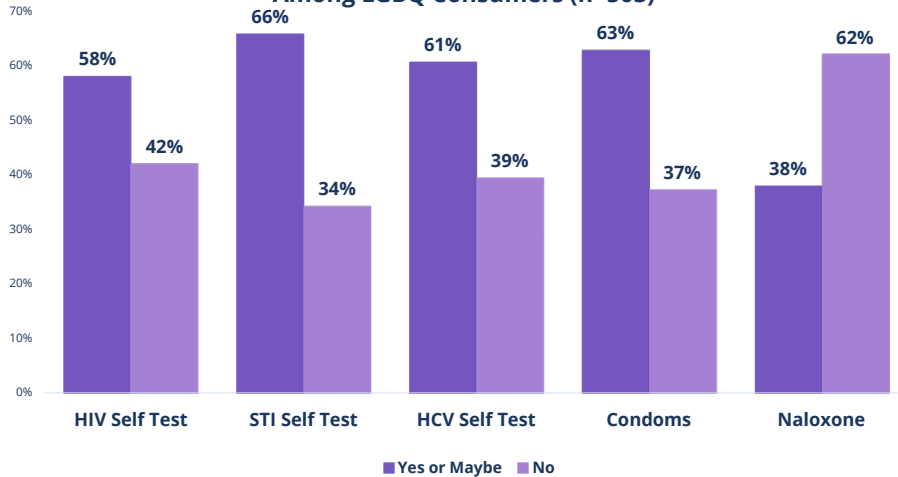


Key Findings: Mail-Order Services

Likely To Use Mail-Ordered Services
(n=848)

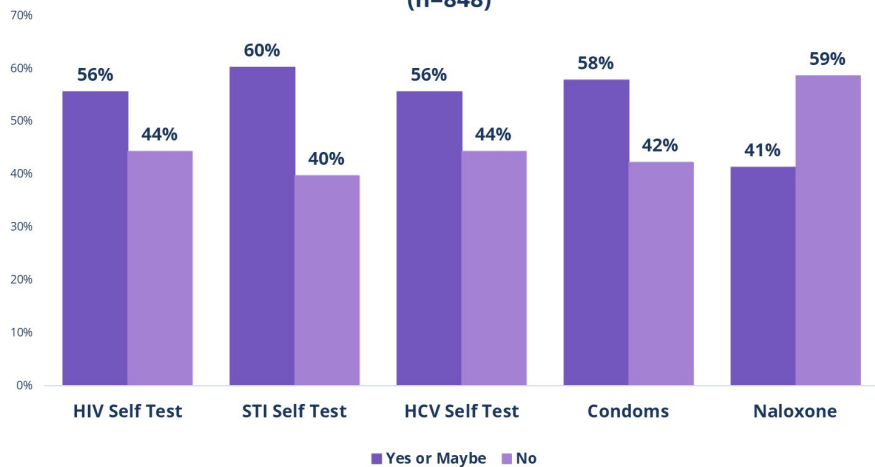


Likely To Use Mail-Ordered Services
Among LGBQ Consumers (n=503)

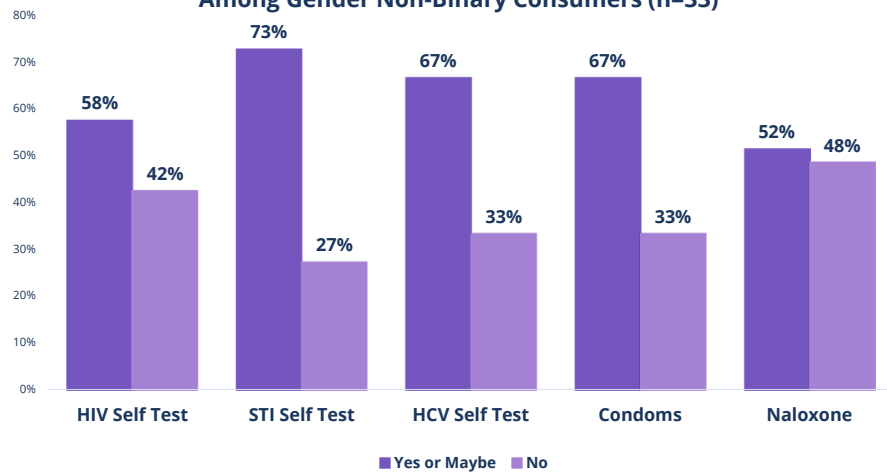


Key Findings: Mail-Order Services

Likely To Use Mail-Ordered Services
(n=848)

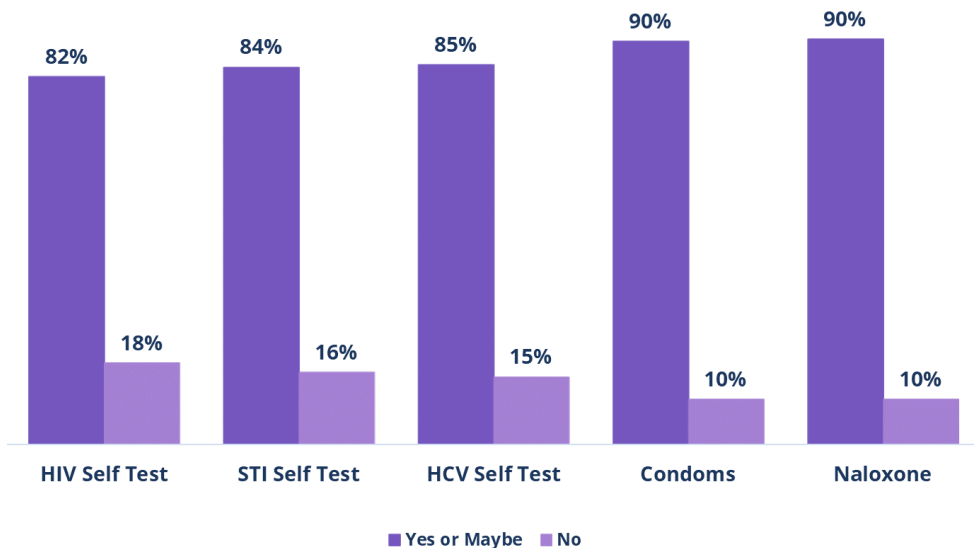


Likely To Use Mail-Ordered Services
Among Gender Non-Binary Consumers (n=33)



Key Findings: Mail-Order Services

Likely To Use Mail-Ordered Services
Among Rural Consumer Respondents
(n=369)



”

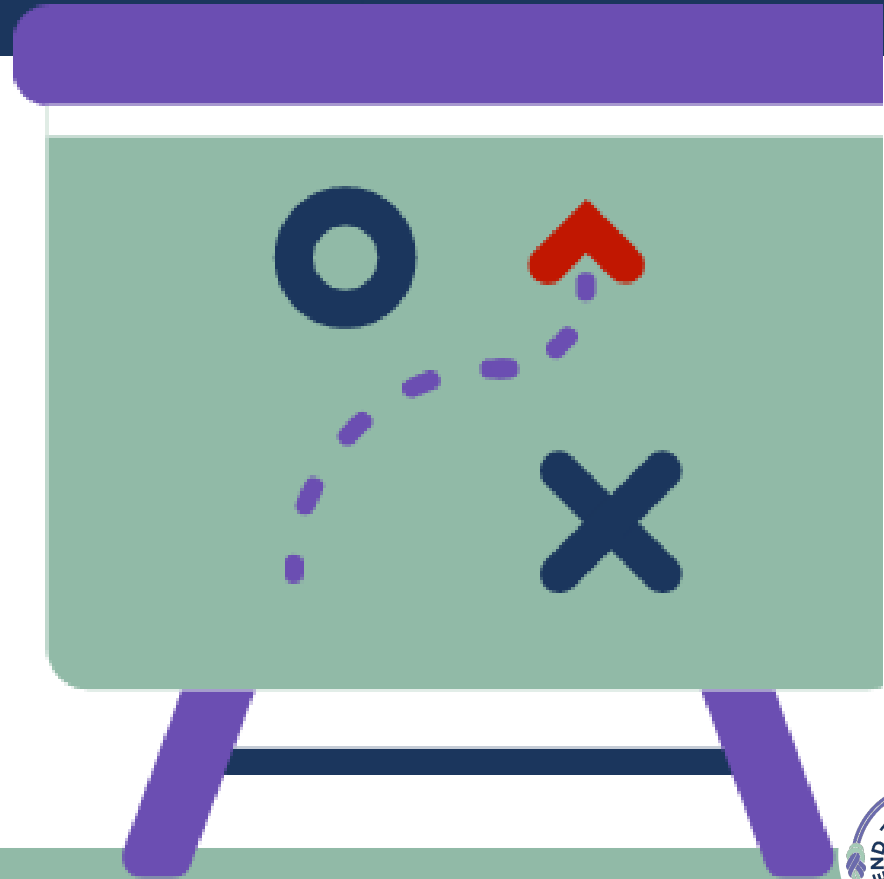
That would be great to be able to [mail-ordered test], that way they could do it in their home privately.

Like we were able to go online and order those COVID tests to have them at home. Nobody knew that but who we ordered them from.

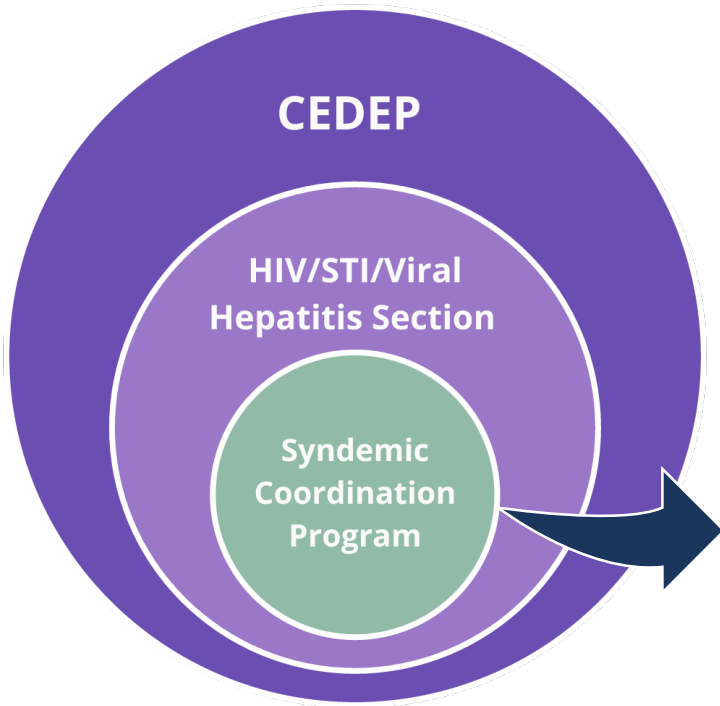
Rural FGD Participant
Cisgender Women, PLWH



THEORY TO ACTION



The Syndemic Coordination Program



Syndemic Coordination Program Staff



Amber Coyne, MPH
Syndemic Coordination Director



Rebecca Amantia, PhD, MPH
Director of Harm Reduction Initiatives



Anastasia Cajjal, MPH, CPH
Syndemic Special Projects Coordinator



Allie Phillips, MPH
Syndemic Screening and Testing Coordinator



An Integrated Mail-Based Testing Program



Allison Phillips, MPH
Syndemic Screening & Testing Coordinator



Goal: Establish a statewide integrated mail-based testing program inclusive of:

- HIV
- Hepatitis C
- Chlamydia
- Gonorrhea
- Syphilis

Bonus: Partnering with TDMHSAS to include overdose prevention resources



Vendor Selection Process – Sole Source

Sole Source

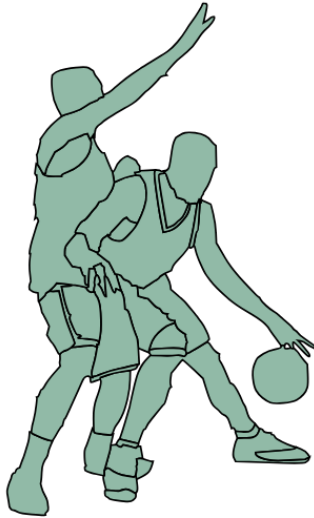


- Must provide justification & research that there is only one vendor on the market that can accomplish the required services
- Sole source is subject to review by fiscal review committee if over \$250k **or** term of more than one year



Vendor Selection Process – Competitive Bid

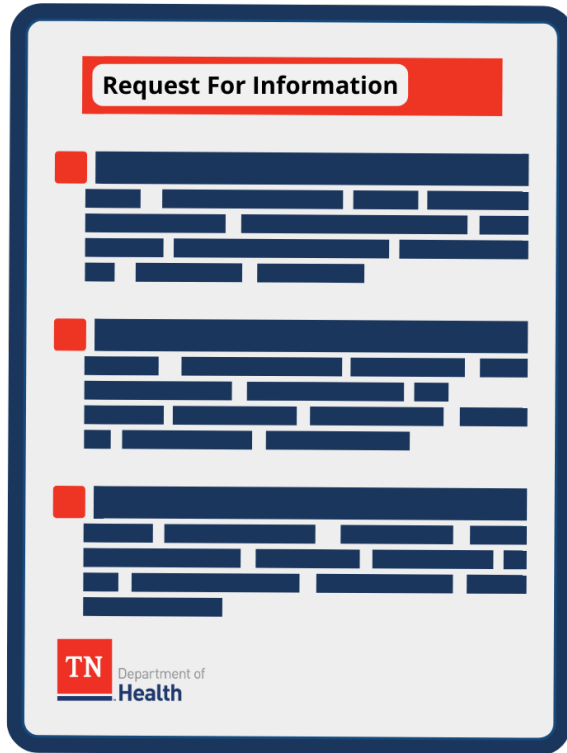
Competitive Bid



- Pathway if there are more than one vendor providing required services
- Requires drafting and posting an RFP to solicit applications
- RFP Applications are reviewed/scored by a selected team (3-5) and a recommendation is made
- Central procurement reviews and makes the final determination



Vendor Selection Process – RFI Role



Benefits of an RFI

- Allows you to understand what vendors are on the market and what services they provide
- You can ask specific questions of interest
- Responses can either help you create a more specific RFP or they can help justify a sole source



RFI Elements

3. Provide a brief overview of company
4. Describe any current or prior experience working with other state or local health departments
5. Describe your capacity to develop a digital custom landing page for kit ordering to individual addresses including relevant information on customization options and support for marketing analytics
6. Describe your experience developing and implementing eligibility criteria that aligns with CDC and USPSTF testing recommendations **AND** whether eligibility requirements are modifiable to the needs of the program



RFI Elements

7. Describe test kit options available to consumers, including different combinations and/or custom assortment of triple-site chlamydia/gonorrhea, HIV, syphilis, and hepatitis C testing, and whether this includes ability to offer pre-determined kits and patient “a-la-carte” test selection; please explain whether packages initially selected by TDH can change over time as new testing technology is brought to market
8. Describe your experience developing customized packaging in partnership with other state or local health departments



RFI Elements

9. Does your company provide options to have both an at home sample collection kit as well as the option to seek testing at partner on-site testing locations such as a local health department or community-based organizations?
10. Describe in detail the assays used for HIV, STI (syphilis, chlamydia, gonorrhea), and hepatitis C testing including test characteristics and whether it is CLIA waived and has FDA clearance.
11. Describe turnaround time to patient reporting and reporting of the results to the health department



RFI Elements

12. Please list current certifications and accreditations, including, but not limited to: CAP and CLIA certification
13. Please describe your company's procedure for reporting testing results to individual clients and state departments of health.
14. Describe content included in and accessible via the client portal such as personalized, sexual health counseling and educational materials.
15. If your organization is a laboratory, provide examples or evidence of ongoing ELR-exchange/submission by your lab to state or local public health agencies and how long your company has been doing this activity.



RFI Elements

16. How does your company allow State's or other public health entities to view and access/export data in real time on all test kits ordered.
17. Describe your ability to track and follow up on test kit orders, including custom reminders and notifications.
18. Describe the extent to which clinicians are integrated within your network to assist with order approving and managing test results and STI treatment.
19. If applicable, describe how many laboratories in Tennessee that your company partners with.



RFI Elements

20. Describe your experience and process for providing services to meet different language and health equity needs of a diverse clientele.
21. Describe customer support available to individuals who order self-test kits, including operating hours and services provided.
22. Describe the extent to which you are able feature local prevention/treatment options for clients including health departments and partnered community-based organizations. Explain the mechanisms by which patients will be referred and treated.
23. List your current relationships with commercial pharmacies or entities that provide linkage to care/treatment services.



NACCHO Mail-Order Test Repository

[Home](#) / [STI Self-Collection Tests Gallery](#)

Welcome to the NACCHO Sexually Transmitted Infections (STI) Mail-Order Test Repository.

Feel free to use the information to sort through the companies and learn more about the services they offer to determine which would best serve your jurisdiction's needs. This list will be updated every six months to ensure it contains the most current information.

If you have any questions concerning STI mail-order tests, feel free to contact salmonite@naccho.org

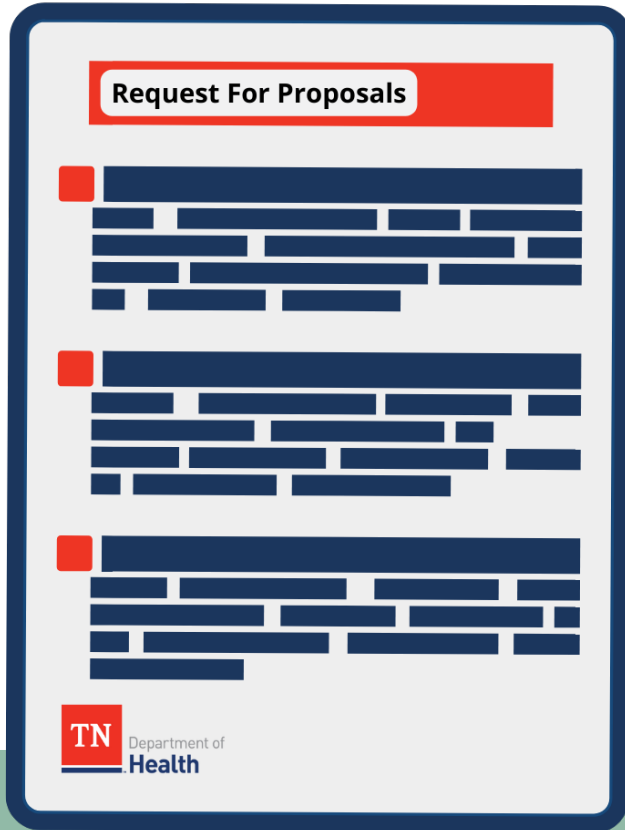
ASC Application Name



SCAN ME



Next Steps



- Create a specific RFP that outlines all our required services
- Build in Oral Presentations to the RFP Process
- Identify SMEs across the HIV/STI/Viral Hepatitis section to serve on the RFP review process
- Create a linkage-to-care workgroup to establish protocols for ensuring clients are linked to prevention and treatment services





END THE SYNDEMIC TENNESSEE

Thank you!

**Amber Coyne, MPH
Syndemic Coordination Director
Amber.Coyne@tn.gov**

endthesyndemictn.org

Current Lessons Learned In Taking A Syndemic Approach To HCV Testing And Treatment

(using a drug user health hub model)

Sarah Money, MPH (they/she)

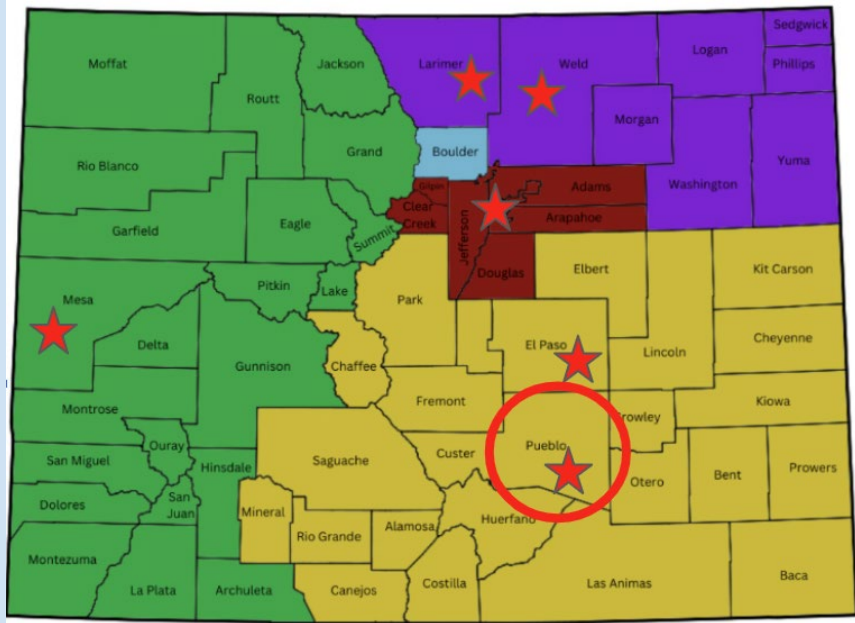
Health Hub Program Manager

sarah.money@coloradohealthnetwork.org



COLORADO
HEALTH
NETWORK
INC.

COLORADO HEALTH NETWORK INC.



3,500+

Unique Syringe
Access
participants in
2023

2,000+

Overdose
reversals
reported since
2018 by syringe
access
participants



Program Flow

- Syringe access services offered 3 days per week

Drug User Health Hub Team Provides:

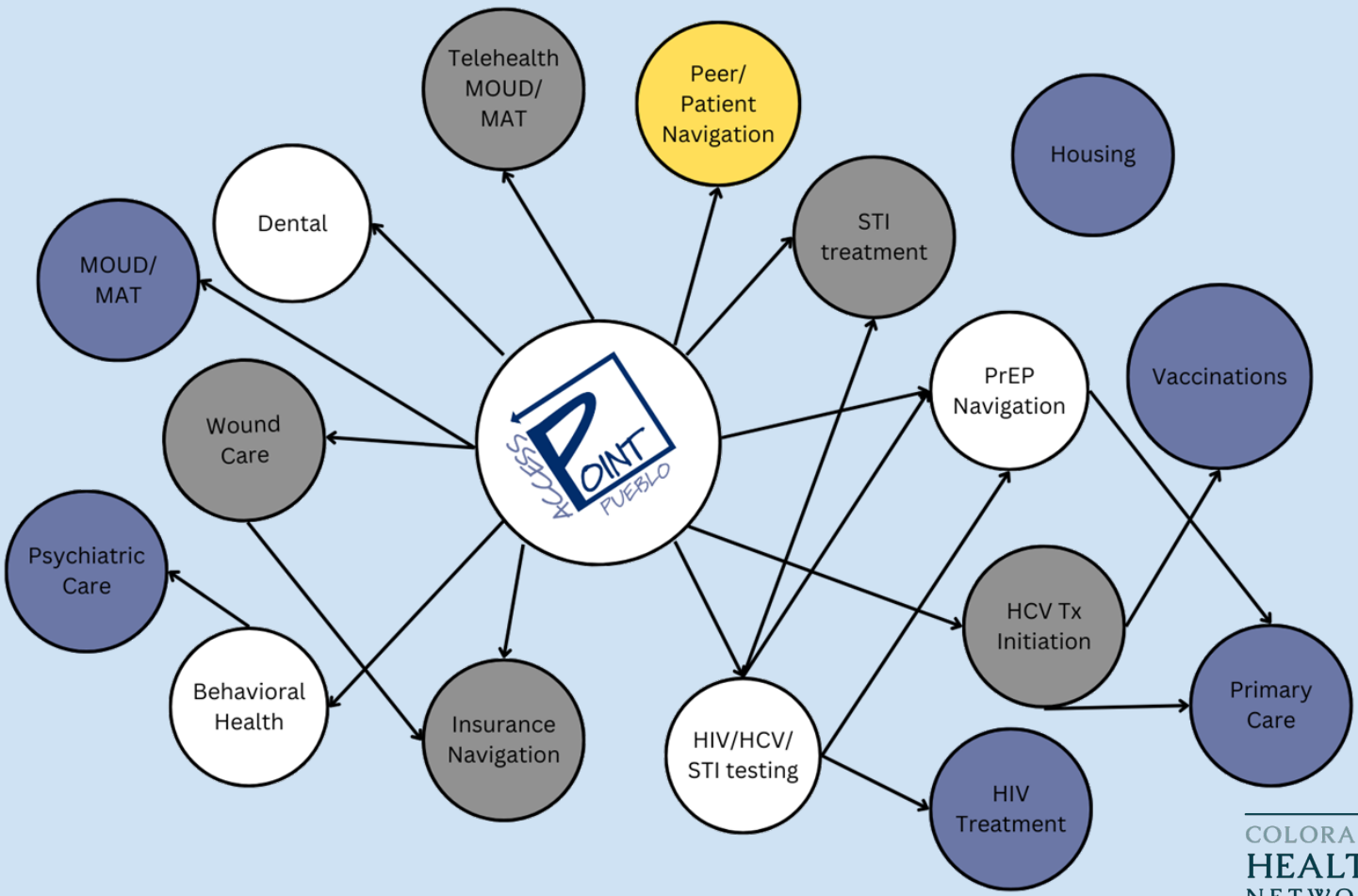
- Linkage-to-care support available during all syringe access hours
- Coordination of on-site services
- Referrals and linkage-to-care support for off-site services



On-site;
internal

On-site;
external
partner

Off-site
referral



Working with Community Providers

During a needs assessment in April 2023, 100% of respondents (n=25) mentioned transportation as a barrier in seeking medical care.

The two other barriers most often expressed were untreated mental illness and provider stigma.

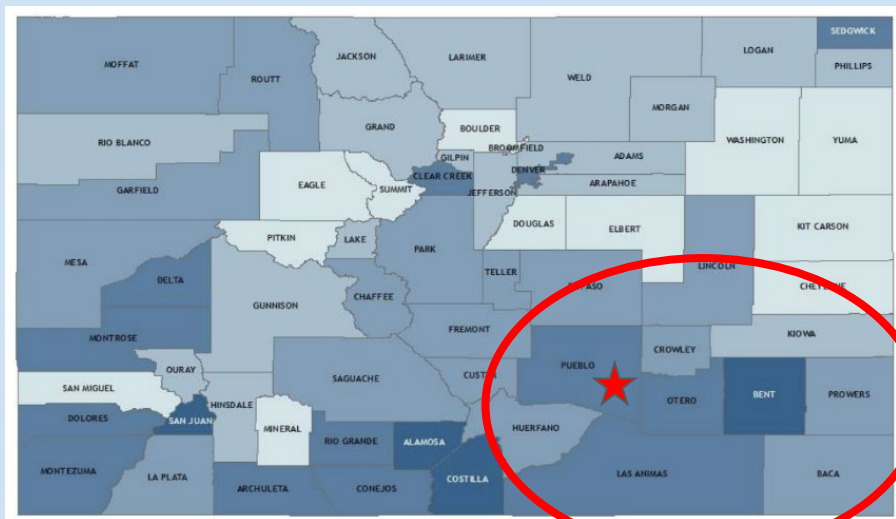
Co-location of services reduces barriers and increases cultural competency.



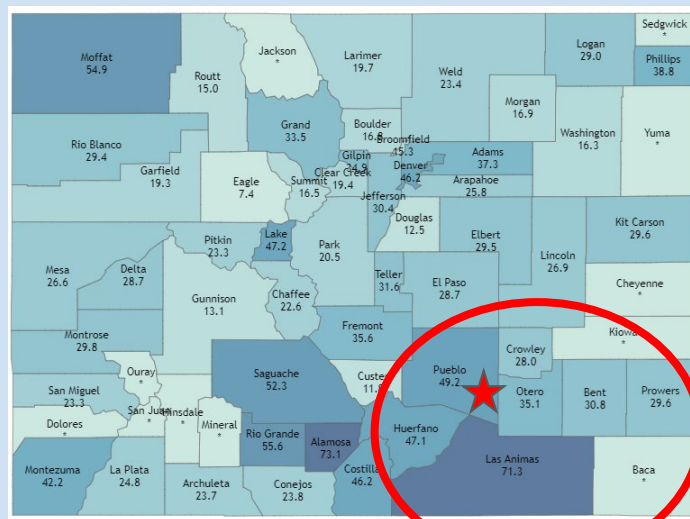
“The increasing diagnoses of chronic HCV in young people mirrors the trends of the opioid epidemic in Colorado.”

- *Viral Hepatitis Surveillance in Colorado, 2021 Annual Report*

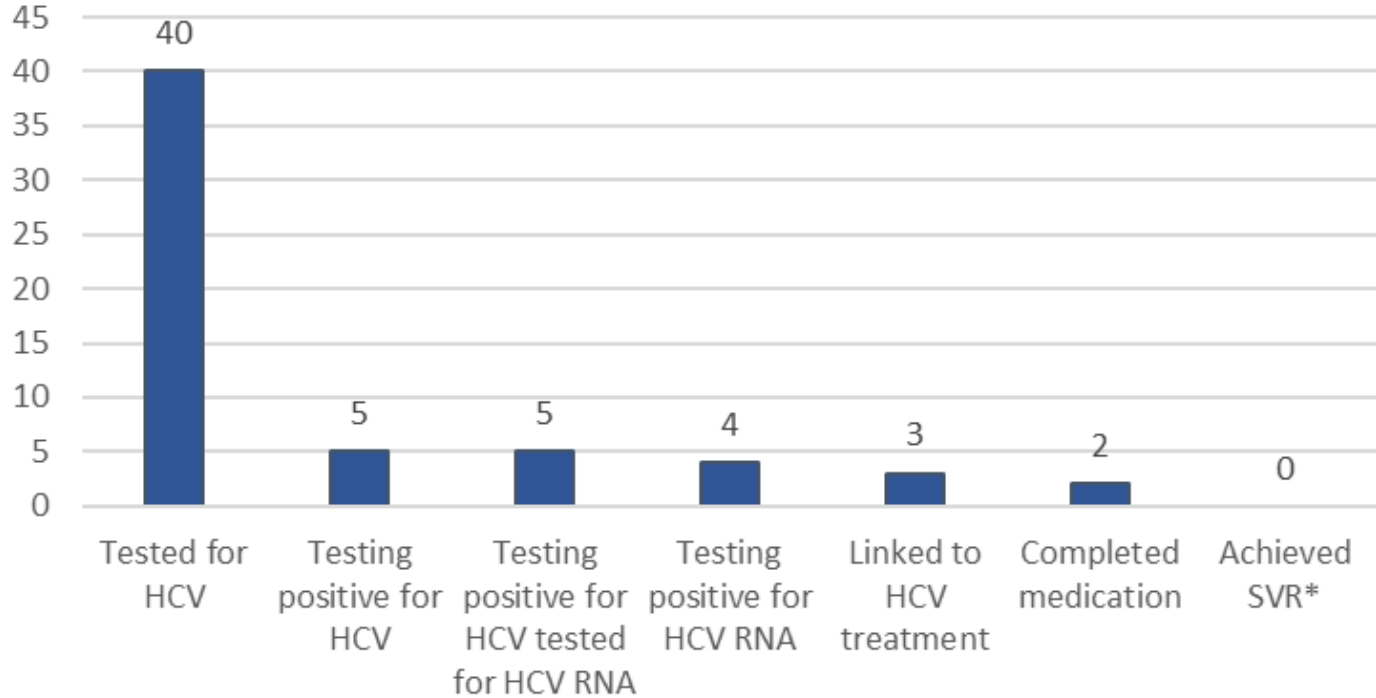
Chronic HCV diagnosis rates (2017 - 2021)



Fatal overdose rates (2020 - 2022)



HCV Cascade of Care (10/1/2022 - 2/29/2024)



Additional referrals (10/1/2022 - 2/29/2024)

41

Screened for
HIV

6

Linked to
MAT/
MOUD

10

People
receiving STI
Tx on-site

16

Bacterial/
fungal
infections

6

Linked to
primary care

5

Ongoing
behavioral
health
clients

3

Received
Dental Care



Current Project Takeaways

1

Co-location of services is ideal, if not critical, in facilitating culturally competent linkage-to-care

2

There are both perceived and real barriers that require dedicated support to facilitate linkage-to-care

3

Greater front-line staff capacity is needed due to the complexity of patients