

Utilizing Zip Code Data to Engage Systems of Prevention and Care in the New Haven-Fairfield Counties EMA

Introduction

Purpose

- Utilize Department of Public Health (DPH) data by zip code and high rates of HIV prevalence in NH-FF-EMA regions to enhance the Getting to Zero efforts in the EMA.
- Conduct regional analysis based on DPH epidemiology reports to determine areas with high rates of HIV prevalence and zip codes where clusters are reported.
- Use zip code and cluster data to determine next steps in engaging out of care/lost to care individuals with the RWHAP Intensive Case Managers in the EMA.
- Note: NH-FF-EMA is comprised of a 5-Region system of care.

Variables and Definitions in DPH Data

Categorical Variable

- 77 zip codes with 5 or more individuals newly diagnosed, engaged in HIV care, and/or virally suppressed

Numerical Variables

- Newly Diagnosed**
- In Care** (≥1 visit in 12 months; 1 visit defined as a CD4, viral load, or genotype test result during the evaluation period)
- Virally Suppressed** (≤200 copies/mL)
- Gap** those who are in medical care but not virally suppressed

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Methods and Activities

- Obtained and analyzed HIV data from the Connecticut State Department of Public Health's HIV Surveillance Program (DPH).
- Demographic data provided by DPH was broken down by zip code of residence for those newly diagnosed, those in medical care, and those who were virally suppressed.
- The data was used to determine which zip codes in each region had the highest numbers of new HIV diagnoses, highest numbers of individuals engaged in medical care, highest numbers of individuals who were virally suppressed, and highest numbers of individuals "in the gap" (in medical care but not virally suppressed).
- The data was used to estimate demographic information for individuals "in the gap", and this information was presented to each region in the EMA.
- Recommendations were made for implementation of evidence-based and evidence-informed interventions that have shown to be effective when working with the vulnerable populations identified.

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Results: Data Provided by DPH

2014-2018 EMA Variables

Newly Diagnosed: 710

In Care: 4,927

Virally Suppressed 4,364

Total Gap: 545

Zip Codes Provided

Newly Diagnosed: 40 Zip Codes

In Care: 77 Zip Codes

Virally Suppressed: 75 Zip Codes

Total Gap: 59 Zip Codes

* Data was only provided for zip codes with 5 or more PLWH
 * All zip codes provided were based on residency

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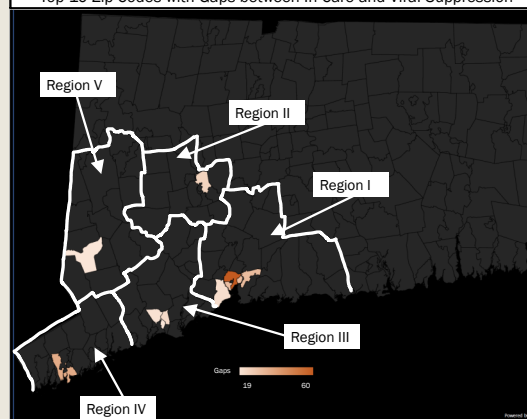
Results: Comparison of Top 10 Zip Codes for In Care and Virally Suppressed

Zip Code	Region	Number of In Care Individuals	Zip Code	Region	Number of Virally Suppressed Individuals
06519	Region 1	154	06519	Region 1	124
06704	Region 2	152	06704	Region 2	128
06610	Region 3	159	06610	Region 3	137
06605	Region 3	185	06605	Region 3	172
06604	Region 3	191	06604	Region 3	174
06606	Region 3	205	06606	Region 3	185
06902	Region 4	230	06902	Region 4	194
06516	Region 1	240	06516	Region 1	219
06513	Region 1	255	06513	Region 1	224
06511	Region 1	568	06511	Region 1	504

* Note: Zip codes are in ascending numerical order by number of virally suppressed individuals

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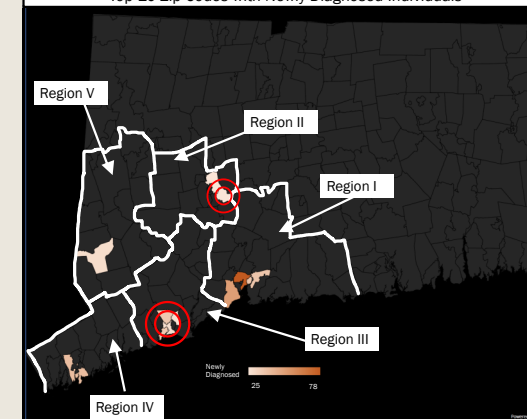
Top 10 Zip Codes with Gaps between In Care and Viral Suppression



*Please see third bullet in Methods and Activities slide for more information on "gap" between medical care and viral suppression.

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Top 10 Zip Codes with Newly Diagnosed Individuals

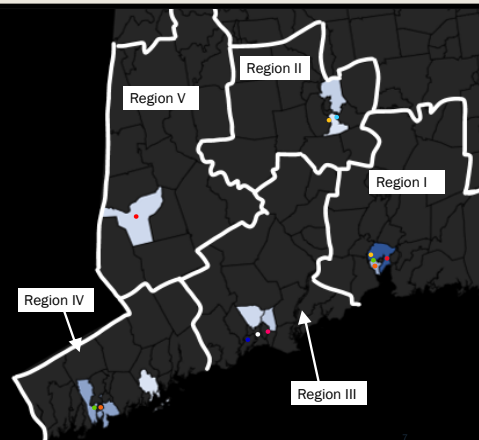


*Circles show zip codes where high numbers of new HIV diagnoses were found in zip codes that neighbored zip codes with large numbers of PLWH who were in care but not virally suppressed.

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TOP TWO ZIP CODES BY REGION WITH THE HIGHEST NUMBER OF PLWH IN THE GAP, WITH PROVIDER LOCATIONS

- Region I**
 - Cornell Scott
 - Haelen Center
 - Yale Nathan Smith Clinic
 - Fairhaven Community Health Care
- Region II**
 - Staywell Health Center
 - Waterbury Hospital Health Care
- Region III**
 - Yale-Bridgeport Campus
 - Optimus Health Care
 - LifeBridge
- Region IV**
 - Family Centers, Inc.
 - Stamford Hospital
 - Norwalk Community Health Center
- Region V**
 - Mid Fairfield AIDS Project
 - APEX Community Care



Lessons Learned

- Higher numbers of new diagnoses emerged in zip codes that neighbored zip codes with large gaps in care.
- The zip codes with the largest number of in-care individuals were the same as the zip codes with the largest number of virally suppressed individuals.

Recommendations for Evidence-Based Interventions

HIV Care Coordination Program

Goal: Improve retention in HIV Care

Recommendation for NH-FF EMA: Develop a workgroup among the five (5) regions for Intensive Case Management and Medical Case Management teams to discuss and share strategies for offering home- and field-based patient navigation services. Pilot specific strategies in each region based on activities that have been proven successful among the populations that are most likely out of care or at risk of becoming out of care. Use workgroup to offer a venue to bring in other programs to enhance training opportunities, increase strategy development, and improve overall outreach to clients.

Clinic Based Surveillance-Informed Patient Retracing

Goal: Improve re-engagement in HIV care

Recommendation for NH-FF EMA: Investigate current workflows for RWHAP Intensive Case Management, Medical Case Management and DIS. Identify processes/protocols that require technical assistance or refinement in order to enhance collaboration in identifying and engaging individuals who have fallen out of care.

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Limitations

- Data was only provided for zip codes with five (5) or more people living with HIV (PLWH)
- Most recent prevalence data from DPH was not available at the time the study was conducted due to 2018 National Death Index Data being unavailable for matching until November 2019.
- Data provided spanned from 2014 - 2018 for newly diagnosed, and 1/1/2017 - 12/31/2017 for in care and virally suppressed populations.
- Individuals who were in care but not virally suppressed (in the "gap") had to be estimated by subtracting the total number of virally suppressed individuals from the total number of individuals engaged in care.
- This was the first year of an ongoing project. Future data provided will allow for year-over-year comparison.

Prepared by Germane Solutions on behalf of the NHHFEMA

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