



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Syndemic Approaches for Addressing the Needs of People Who Use Drugs

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Ending the Syndemic Coordinator/Policy Lead
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DPH TB, HIV, STD & Viral Hepatitis Section
HIV/HCV Prevention Program

October 2023

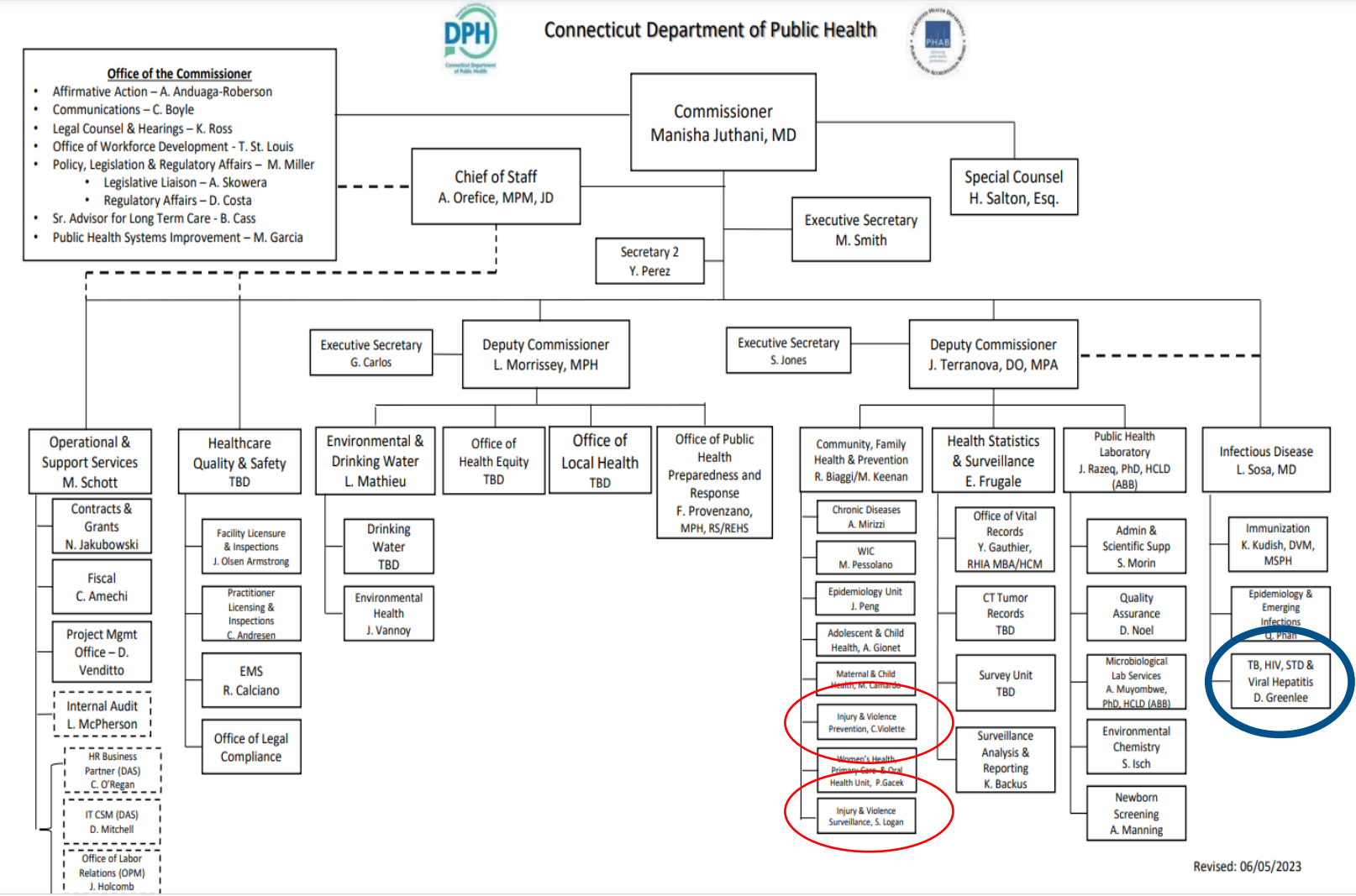
Disclosures

- Gina D'Angelo has no relevant financial disclosures

Overview

- Connecticut DPH Organizational Overview
- Data on Connecticut's Epidemics
- Connecticut's Syndemic Approach and Activities
- Current HIV/HCV Prevention Interventions
 - Drug User Health and Harm Reduction Services
- Collaborations (Internal and External)
- Policies and Laws
- Successes and Lessons Learned
- Question and Answer

DPH Organizational Chart and HIV/HCV Prevention Program



HIV Prevention Program Team:

*Marianne Buchelli, Public Health Services Manager

Gina D'Angelo, Health Program Associate, ETS Coordinator

Harriet Dennis, Administrative Support

Luis Diaz, Health Program Associate, PrEP Coordinator

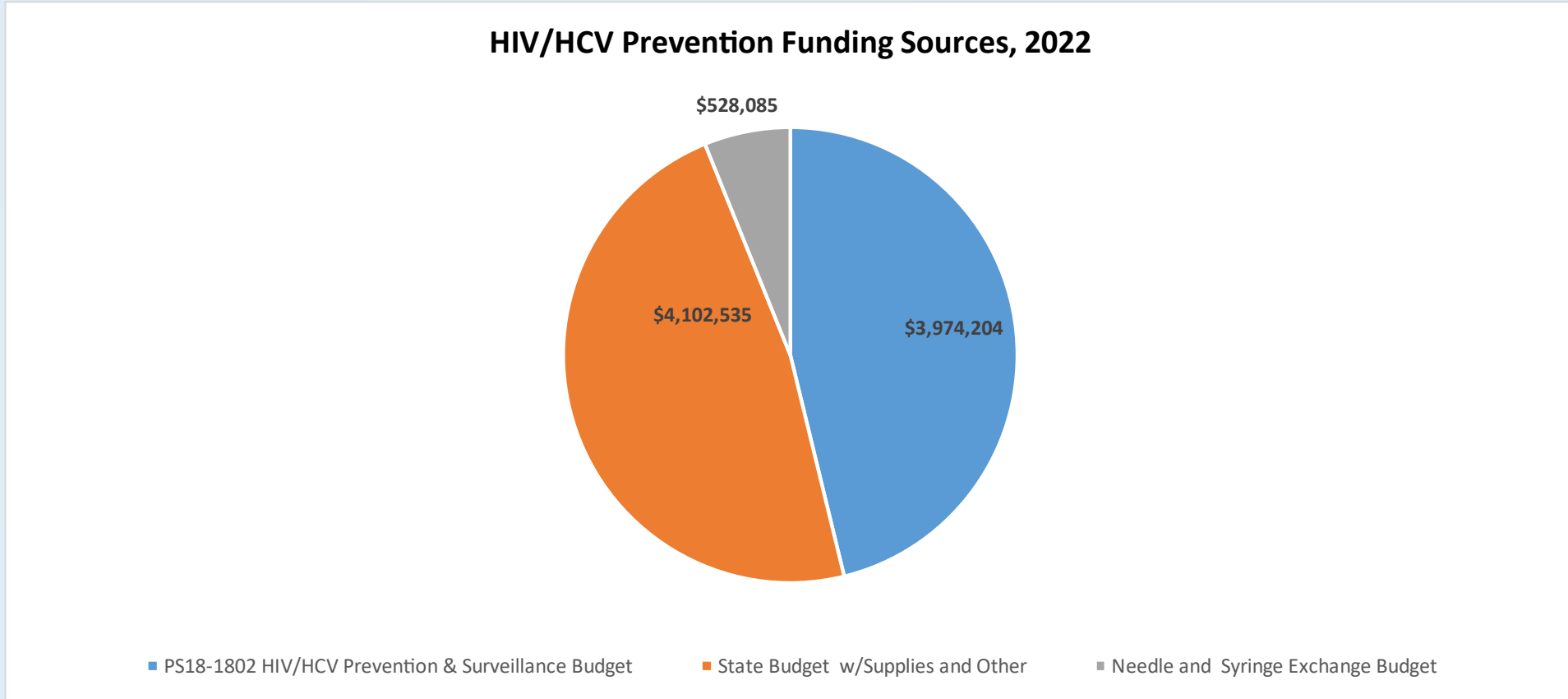
Venesha Heron, Health Program Associate, Viral Hepatitis Coordinator

Susan Major, Health Program Supervisor, Lead Contract Manager

*Ramon Rodriguez-Santana, Epidemiologist 3, Data Manager, SSP Coordinator



CT DPH HIV/HCV Prevention Funding Sources



2022 Funding Sources-HIV/HCV Prevention

		Surveillance	Prevention
PS18-1802 HIV/HCV Prevention & Surveillance Budget	\$3,974,204	\$669,241	\$3,304,963
State Budget w/Supplies and Other	\$4,102,535		
Needle and Syringe Exchange Budget	\$528,085		

SSP Funding

- SSP funding comes from the state SSP/NEP budget line item. This funding is legislatively mandated.
- Sec. 19a-124. Syringe Services Programs. (a) The Department of Public Health shall establish, within available appropriations, syringe services programs to enhance health outcomes of people who inject drugs in any community impacted by the human immunodeficiency virus or hepatitis C.
- In FY23, the HIV Prevention Program received \$ 528,085 under SID 12100 specifically to fund SSPs in Connecticut.
- Federal monies are not allowed to be used to purchase supplies.
- From 2018 to 2022 SSPs received the same amount of State funds for supplies; although, the number of SSP clients has increased two-fold
(There were **3,949 SSP clients served in 2018** and **8,191 clients served in 2022, a 107% increase.**)
- **More funding is needed to address the HIV and Opioid epidemic**

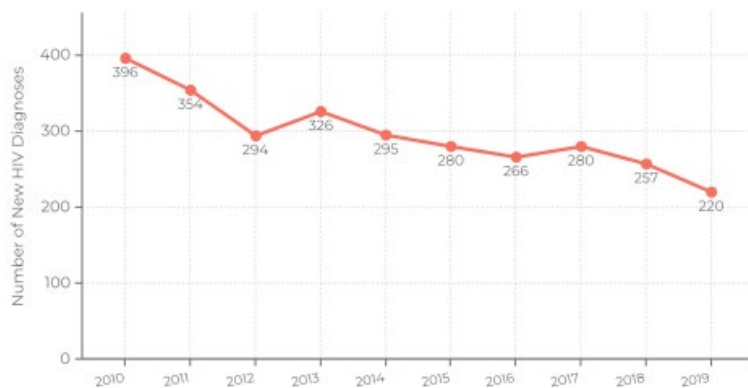
State of HIV in CT

For additional HIV or HCV surveillance data, please visit:

www.ct.gov/dph/HIVsurveillance
www.ct.gov/dph/hepatitis

Section IV Trends in New HIV Diagnoses

Figure 9: Number of New HIV Diagnoses, Connecticut, 2010-2019

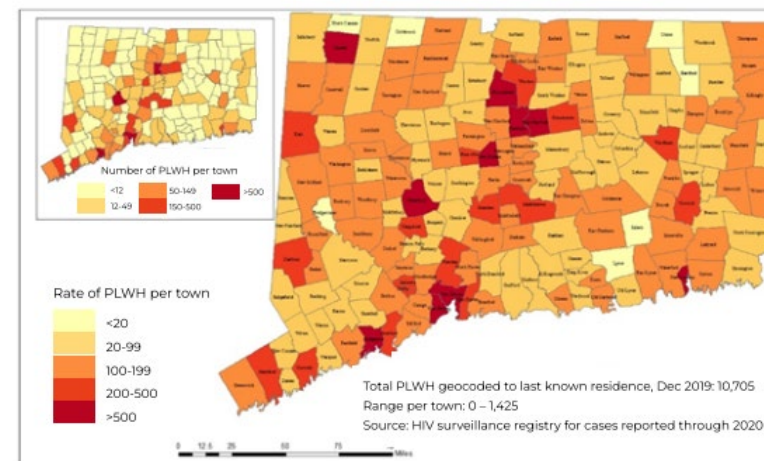


- In 2019, there were 10,705 PLWH
- Highest rates of PLWH were in the three largest cities Bridgeport, Hartford and New Haven

- Ten-year decline in new cases
- Slight increase post covid yet still under 300 cases annually
- 232 cases (2021)
- 226 cases (2022)
- Disparities continue
- New diagnoses occurring mostly among MSM and POC

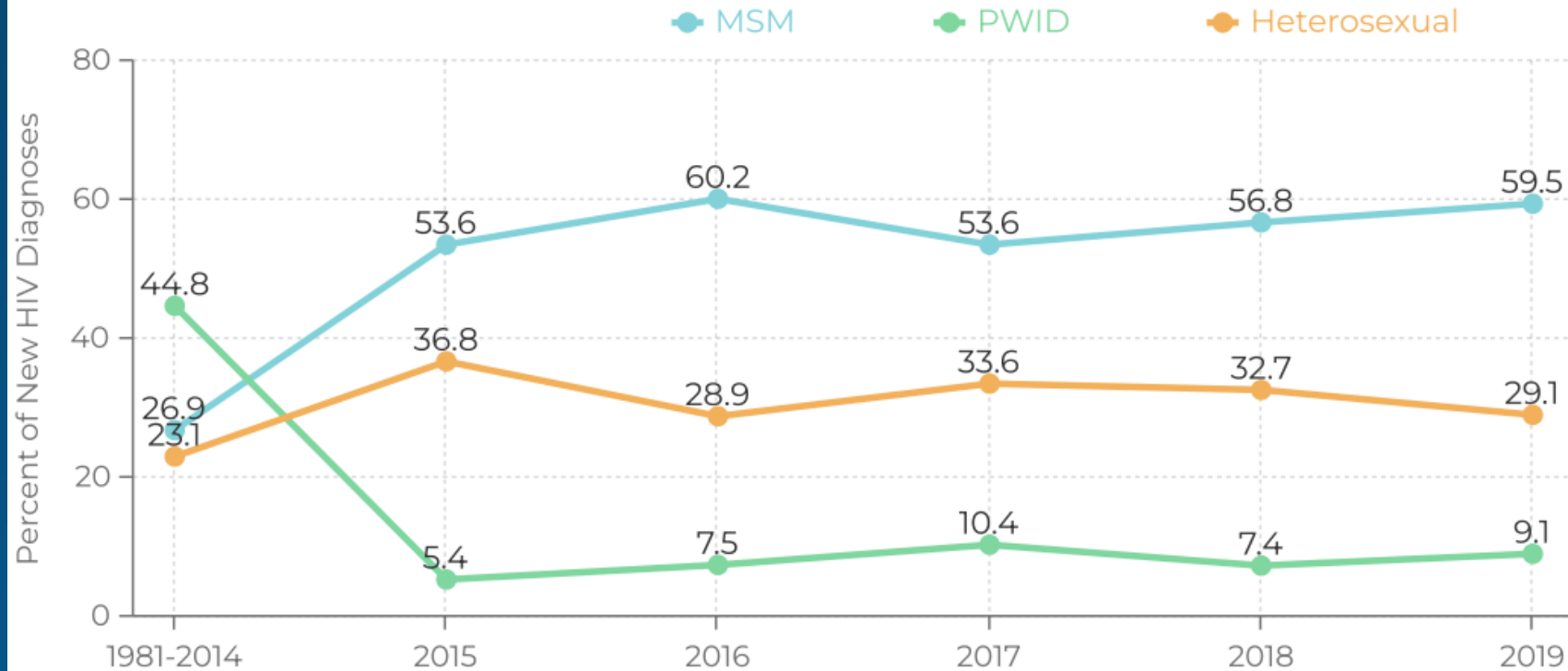
Section VII People Living with HIV (PLWH)

Figure 24: Prevalent HIV Infection by Residence at Diagnosis, Connecticut, 2019



New HIV Diagnosis by Transmission

Figure 15: Trend in New HIV Diagnoses by Transmission Category (N=21,724), Connecticut, 1981–2019



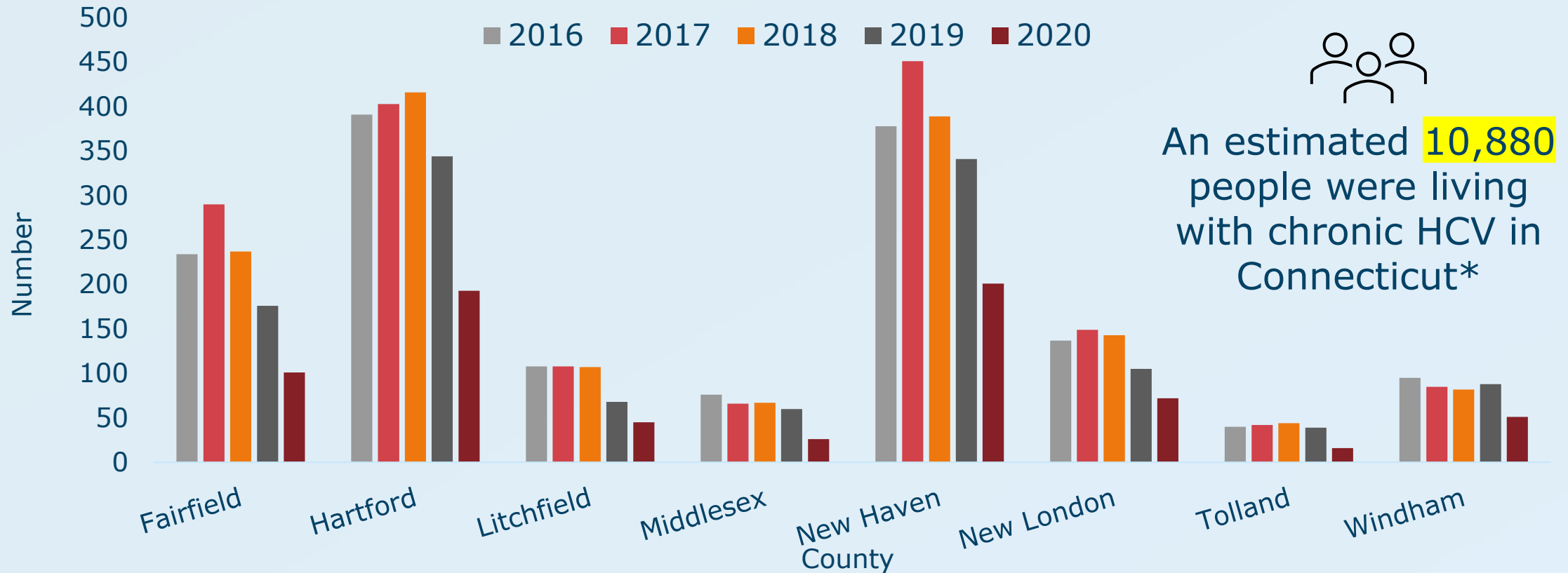
Note: These data are point estimates of new HIV diagnoses that have been adjusted for cases initially reported without a reported risk using multiple imputation (MI).


Source: HIV surveillance registry for cases reported through 2020

Evidence

Harm Reduction
And
Syringe Service
Programs Work!

Chronic Hepatitis C, by County and Year of Diagnosis, Connecticut, 2016-2020




 An estimated **10,880** people were living with chronic HCV in Connecticut*

Source: HCV surveillance registry for data reported through June 2021. 557 cases were reported without address at diagnosis.

Note: data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to testing & care-related services.

*There are several limitations to the estimate. Only people reported with a positive HCV viral load between the years 2016 and 2020 and met the 2016 CSTE case definition for confirmed chronic HCV were included (<https://www.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/>). People reported with positive antibodies could be chronically infected but further testing either was not performed or not reported. In addition, negative RNA testing is only reportable to DPH via electronic laboratory reporting. Although 30% of laboratories, including the largest volume reference lab in Connecticut, report through ELR, some infected persons may have obtained SVR during 2016 and 2020, and the negative viral load may not have been reported to DPH.

Congenital Syphilis in Connecticut

Facts:

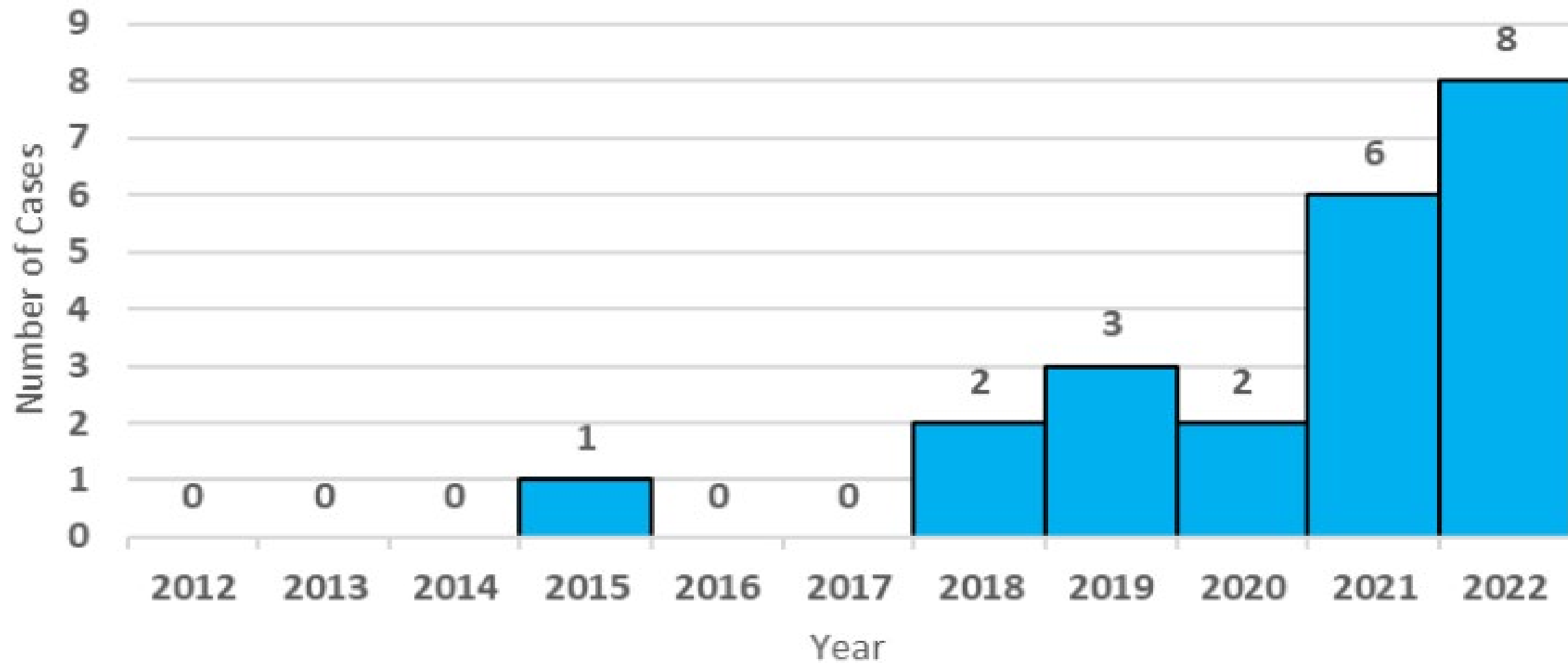
- On Rise in CT
- Preventable!
- Now Category 1 Reportable Disease

Maternal Risk Factors:

- Polysubstance Use Disorder
 - Cocaine use may have contributed to pre-term labor in one case
- Little to no prenatal care
- Housing instability

Need to Partner with Other Programs Like Maternal Child/Health Programs, which was a resounding theme at this meeting last year!

Congenital Syphilis - Reported Cases by Year of Birth, Connecticut, 2012 - December 2022

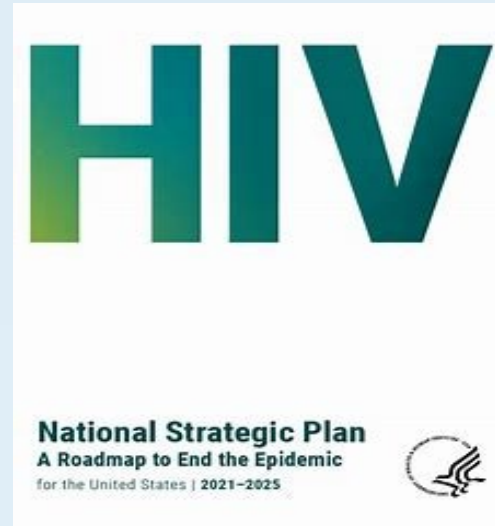


What is a Syndemic?

A Set of linked health conditions or epidemics that are connected and contribute to a higher burden of disease in a population or community.

Why Take a Syndemic Approach?

- Federal guidelines support and recommend it:



- Connecticut **not** the first but among the first
- Other jurisdictions have embraced it (Tennessee, California, Chicago, etc.)
- It makes sense to scale up integration and collaboration across programs to provide more comprehensive prevention and care

Syndemic Buy-in



- Shared benefits of Syndemic work with DPH Programs and external partners
- Already doing some level of Syndemic work just need to scale up!
- Peer to Peer TA from Tennessee
- Internal Syndemic Meetings
 - How can Syndemic work help Programs meet individual goals?
- Presentations to Outside Partners
 - HPG, Other State Agencies, Community-based Partners, etc.
- Benefits of Syndemic Work for EHE
 - How does Syndemic work help us meet our collective goals?
- Took Time – A few Years!
- Nobody Liked the Word Syndemic at first – Now They ALL Use it!

Four Epidemics make up Connecticut's Syndemic



Human Immuno-deficiency Virus
Sexually Transmitted Disease
Substance Use Disorder
Viral Hepatitis

Why HIV, HCV, STD, and SUD?

Overlapping Epidemics:

- **Similar Risk Factors/Behaviors**
- **Same Social Determinants of Health**
- **Connections to Trauma**
- **Incidents of Violence including Interpersonal**
- **Impact or Fuel One Another**

Connecting the Dots...

Overlapping Risk Factors (Behaviors)

HIV/HCV

- Nationally and locally about 21% of people living with HIV have HCV
- Nationally and locally, 62-80% of people with HIV who inject drugs have HCV
- Effective treatment is possible but complicated for co-infected individuals
- HIV can be treated, and HCV can be cured

HIV/STD

- Immune cells gather at STI infection sites, and then can be invaded by HIV
- Sores or inflammation from an STI provide HIV a portal of entry
- With an STI, the concentration of HIV in genital fluids increases
- STIs have been called precursors to HIV

HIV/SUD

- SUD can increase risk for HIV, STI, and HCV
- SUD can impede care/treatment for HIV, STI & HCV
- SUD can lead to poorer health outcomes for those with HIV, STI, HCV
- All substance use can elevate risk (not just IDU)
- The opioid epidemic is closely tied to the other epidemics

Syndemic Strategies

- Regional Service Model
 - Coverage of Services
 - Referral Networks
- Comprehensive and Client-Centered
- Integrated Service Delivery
 - Testing/Screening for More than one Condition
- Comprehensive Mobile Health Care Programs
- Referrals/linkages for services not available “in-house”
- Provide Basic Needs (food, shelter, clothing, transportation, etc.)
- Warm hand offs to other programs/services (Testing, Drug Treatment, Medical Care, etc.)



Audience Participation

Fun Facts: What do You Know About CT?



Some Connecticut Firsts



- 1806 - First **dictionary** published by Noah Webster
- 1844 - First use of **anesthesia**
- 1861 - First School in the U.S. to offer a **PhD** (Yale)
- 1934 - First **polaroid camera**
- 1942 - First U.S. **helicopter** made and flown (Sikorsky)
- 1966 - First **Black Female federal judge** Constance Baker Motely was a New Haven Native
- 1975 - **Lyme disease** was first discovered in Old Lyme CT
- 1979 - **ESPN** started in Bristol CT

- **1983 – Jon Stuen-Parker, Yale student and former heroin user began publicly distributing sterile needles in New Haven CT and founded the AIDS Brigade = First Underground NEP**

- **1990 - New Haven CT established ONE of the first Legal Needle Exchange Programs in the country and the first in the State!**

Jumpstarting Needle Exchange



First Van in 1991. Founders Edwin Cadman, Elaine Okeefe, Edward Kaplan, George Edwards, Dominick Maldonado, Robert Heimer, Chris Brewer, Sonia Lugo, Kaveh Khoshnood, Al Novidk

- AIDS Epidemic Hit New Haven hard in the 80's
- "People were dying all around us. Me and my partner kicked into survival mode."
- George Bucheli
- Underground groups in the gay community provided info/syringes
- Mayor's Task Force on AIDS started street outreach and fought for laws to decriminalize syringes and allow for safe exchange and won!

History of Needle/Syringe Services Legislation

- **1990:** Connecticut legislature allows New Haven Needle Exchange program and Program Pilot (19a-124) which led to 4 other programs
- **1992:** Syringe possession decriminalized in Connecticut and Pharmacists can sell up to 10 syringes to **ANYONE**
- **2017:** Revised NEP statute that removes the 1:1 exchange
- **2021: Public Act 21-192**, An Act Concerning Changes to Various Pharmacy Statutes, authorized which allows syringe service programs who are registered with the Department of Consumer Protection (DCP), to **use secure machines to provide patients with clean needles and syringes.**

Connecticut's Home-Grown Harm Reduction Heroes

Beth Weinstein (Passed Away 01/29/2012)

DPH AIDS Division Director 1987-2002 and NASTAD Member

Responsible for ushering in legislation establishing the first Needle Exchange Program



Shawn Lang (Passed Away 10/17/2021)

Long time advocate for PWH and those impacted by opioid addiction, domestic violence, and a champion for LGBTQ rights

Fought tirelessly for policy change and to save crucial funding for programs

Connecticut's Home-Grown Harm Reduction Heroes

Mark Jenkins

Person in Long Term
Recovery

Founder of the CT
Harm Reduction
Alliance

Dedicated to serving
PWUD in CT for over
20 years

Nationally recognized
for Harm Reduction
work



Mark Kinzly

(Passed Away 07/09/2022)

Person with Lived
Experience

Nicknamed, "The Godfather
of Harm Reduction"

Worked in CT, Texas and
Massachusetts

Recognized by AIDS United
and other National
Organizations

DPH Funded HIV/HCV Services

- Outreach Testing and Linkage (OTL) with PrEP Navigation
- Routine Testing Services (RTS) with PrEP Navigation
- At-Home Testing Initiative (11 participating agencies)
- Drug User Health Programs
 - Syringe Services Programs (SSP)
 - Overdose Education and Prevention

***NOTE:** OTL, RTS and SSP Test for HIV and HCV and SSP must test all new program participants

Drug User Health Services

(Harm Reduction and Meeting People Where They Are)

- Syringe Services Programs (SSPs)
 - Distribution & Collection of Syringes
 - Distribution of Fentanyl/Xylazene Test Strips
 - Safer Use Kits (Smoking, Injecting, Snorting)
 - Safer Injection Practices
 - Wound Care
 - Overdose Prevention Training
 - Naloxone Distribution
 - Facilitation of Drug Treatment for Those Interested
 - HIV and HCV Testing for all new clients
 - Linkage to PrEP/PEP Services HIV-negative Individuals
 - Provision of Basic Needs (Food, Clothes, etc.)
 - Referral and Linkage to Other Programs
 - Partner Services = Key Linkage for People Testing Positive!!



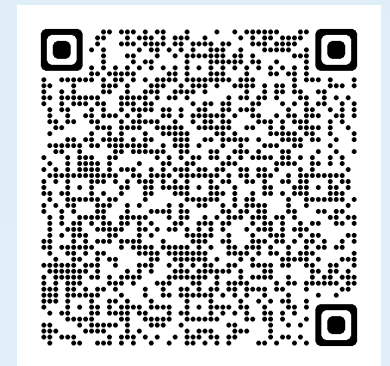
Rovers

- CT Harm Reduction Alliance is a Huge Resource for all things Harm Reduction
- Provided Rovers to SSP Programs
- Rovers were made by Harm Reductionists for Harm Reductionists
- Rovers carry all supplies needed during outreach
- Pictured here Mark Jenkins (CTHRA)
- Carol Jones (Alliance for Living)

Syringe Services Programs

- Connecticut DPH provides funding to community-based organizations to operate Syringe Service Programs (SSPs)
- Connecticut contractors operate 11 SSPs in 19 locations

Locations		
Bridgeport	Bristol	Danbury
Enfield	Greenwich	Hartford (2)
Meriden	Middletown	New Britain
New Haven	New London	Norwalk
Norwich	Stamford	Torrington (2)
Waterbury	Windham/Willimantic	



Mobile Service Model



NEW Community Health Care Van



Provides free and confidential adult services on a first-come, first-served basis.

For more information or to get the schedule texted to you call:

Angel (203) 996-0162
Rolo (203) 996-0161
Rolo, Jr. (203) 823-0743

SCHEDULE

Mondays: 308 Ferry St. & Grand Ave., 8:00am - 12:30pm

Tuesdays: Chapel St. & Temple St. (Trinity Church, 230 Temple St.), 8:00am - 12:30pm

Wednesdays: 580 Ella Grasso Blvd. (Adult Education parking lot), 8:00am - 12:30pm

Thursdays: 210 State St., *1st & 3rd Thursdays only*, 9:00am - 10:00am

Ferry St. & Grand Ave., 10:30am - 12:30pm

Fridays: 1308 Chapel St. & Day St. (Emmanuel Baptist Church parking lot), 8:00am - 12:30pm

Primary Care

Primary Medical Care • Blood Pressure Checks • Glucose Screening • Pregnancy Testing

STD Screening/ Syringe Exchange Services

HIV/Hepatitis (HCV) Prevention, Testing & Treatment
HIV Testing/STD Screening and Counseling (Rapid Testing)
Free Condoms and Safe Sex Education. We prescribe PrEP.

Drug Treatment

Physicals for entry into drug treatment (including PPD Test).
Substance abuse assistance, admissions into drug treatment, and linkage to care.

Mental Health Care Consultation (By Appointment Only)

270 Congress Avenue office location only
Wednesdays, Thursdays, and Fridays
ONLY by phone call appointment, from 8:30am to 3:30pm.
To schedule an appointment, please call Migdalia at (203) 764-9995.



Yales Harm Reduction Vending Machine



Location: APNH (A Place to Nourish your Health)
Address: 1302 Chapel St, New Haven, CT 06511

HR Materials in Vending Machine:

- 1) One bag called '**Bigs**' that will have 1 ml syringes w/ water, cooker, cotton, alcohol wipes and needle packet;
- 2) One bag called '**Small**' that will have .5 ml syringes w/ water, cooker, cotton, and alcohol wipes;
- 3) One bag called "**Narcan**" that will just have naloxone;
- 4) One bag labeled "**Safe sex kit**" with condoms, lube, etc.;
- 5) One bag called "**Safe smoking kit**"; and
- 6) One bag called "**Wound kit**"

***Note.** The bags will have different colors, so they are easily identified, especially, by clients who do not know how to read.

Yale New Haven's Syringe Collection Oak Tree



- The Oak Tree is CT's State Tree
- The Oldest Oak in the State is found in New Haven CT
- New Haven has three Syringe Collection Trees in the City
- Tool to get used Syringes off the street
- Collaboration between Yale CHCV, The Mayors Office, Local Health and Others is a Must! Buy-in is a must!
- They must be emptied regularly

Access to Syringe Data

- Syringe Programs in the US have contributed to a near 80% reduction in new diagnoses since 1980
- In Connecticut:
 - New HIV Diagnoses from IDU, 2002: 321
 - New HIV Diagnoses from IDU, 2020: 10
 - 96.9% decrease

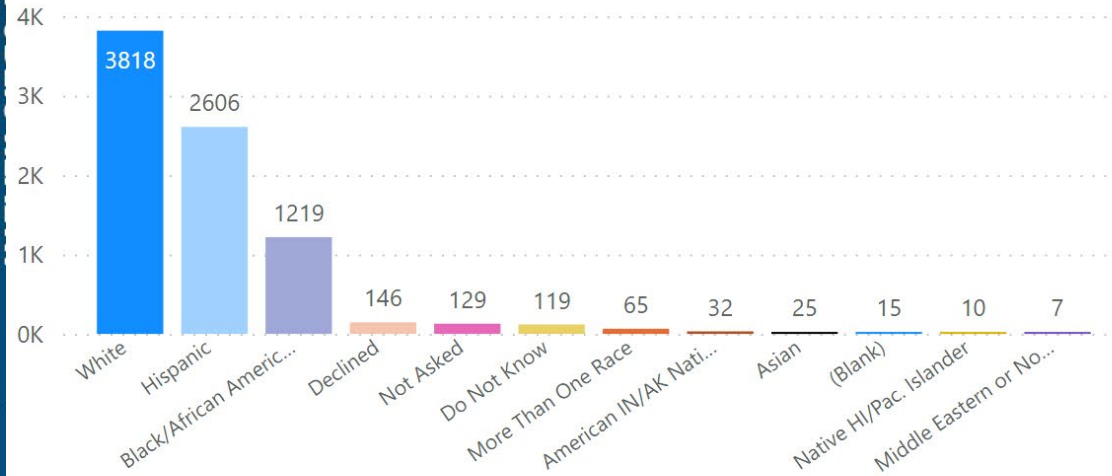
2022 SSP Clients Demographics

8,191
SSP Clients

50,814
SSP Transactions

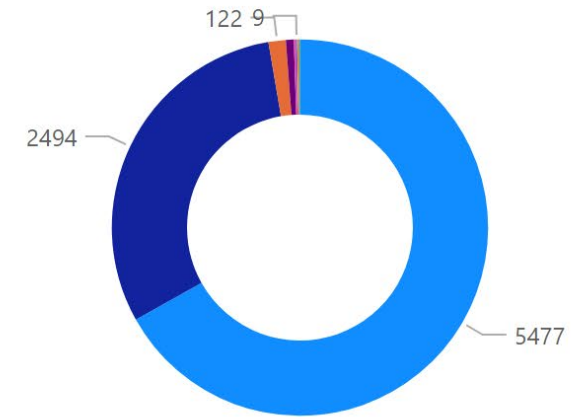
SSP Name
All

Race/Ethnicity Combined

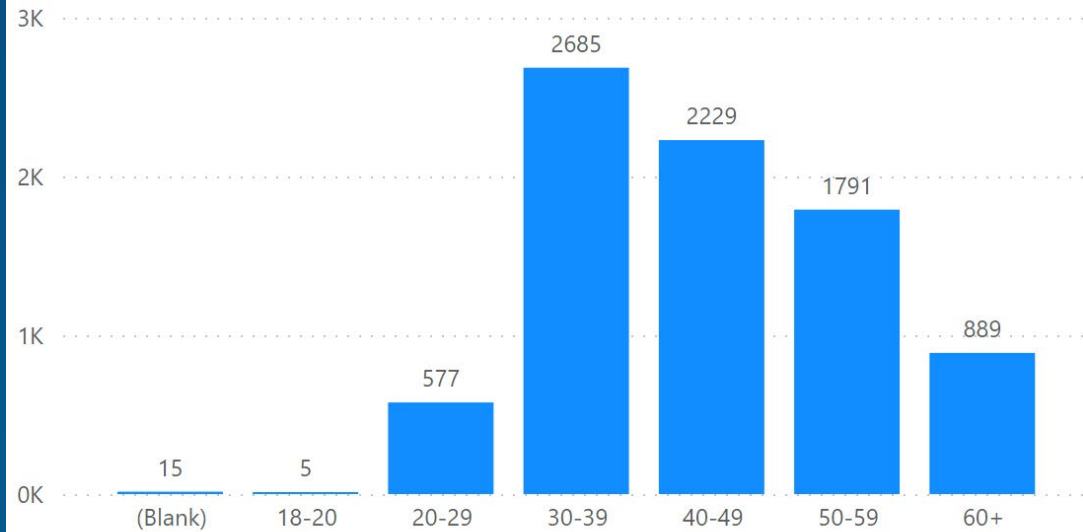


Gender

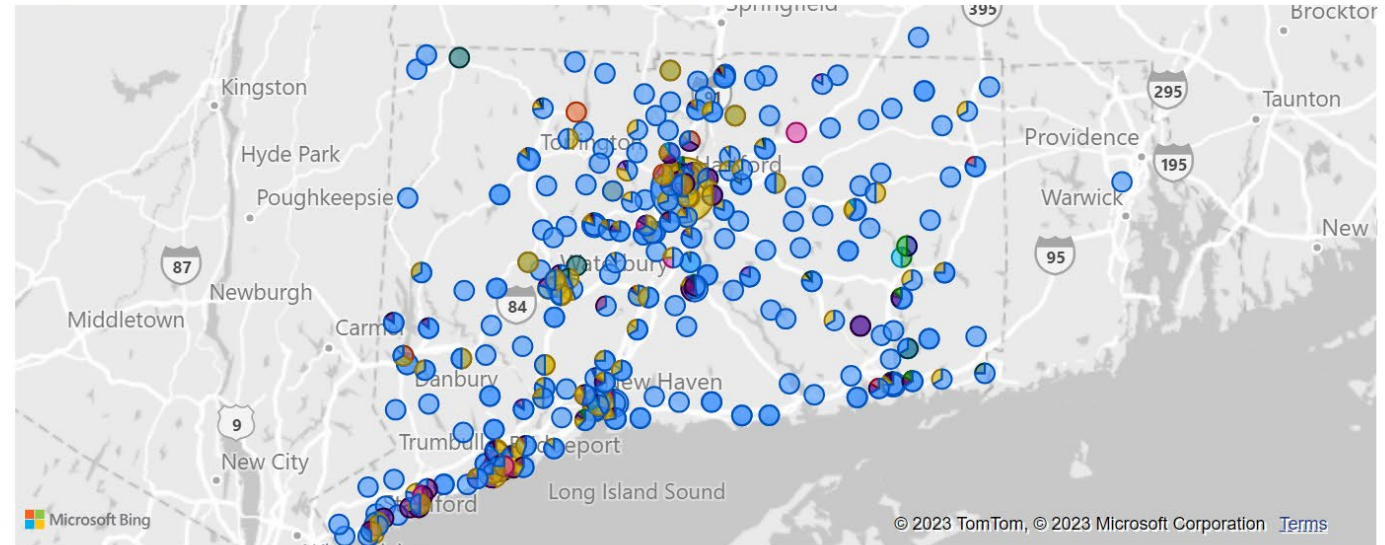
- Male
- Female
- Not Asked
- Prefer not to disclose
- (Blank)
- Questioning or unsure
- Genderqueer or gender fluid
- Transgender - MTF
- Other gender category/identity
- Transgender - FTM



Age Range



Map of Race/Ethnicity Combined by Clients' Zip Code



2022 SSP Supplies Distributed/Collected

8,191

SSP Clients

50,814

SSP Transactions

To view the number of SSP supplies distributed and the number of syringes returned to each of the SSPs, please "Click on" the name of SSP.

SSP Name

- Advancing Connecticut Together
- Alliance for Living
- APEX Community Care
- Connecticut Harm Reduction Alliance
- GBAPP, Inc.
- Liberation Programs
- Mid Fairfield AIDS Project
- Perception Programs, Inc.
- StamfordCARES
- Waterbury HD
- Yale University CHCV

2,439,707

Dispensed Syringes

28,564

Dispensed Crack Kits

21,558

Dispensed Fentanyl Test Strips

2,040,523

Returned Syringes

2,828

Dispensed Female Condoms

67,784

Dispensed Male Condoms

83.6%

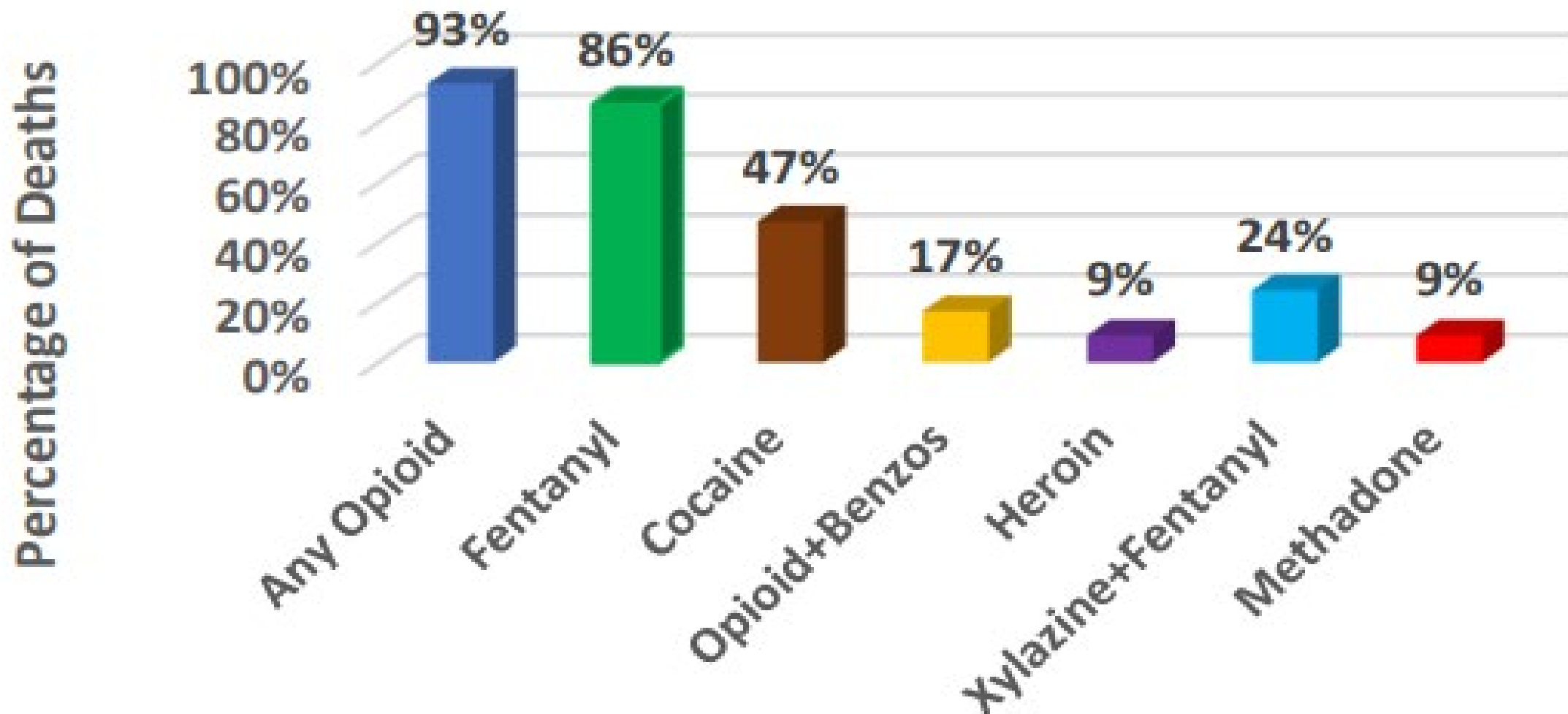
Syringes Returned Rate

Unintentional Drug Overdoses in CT 2022

Key Points:

- Unintentional overdose deaths 1,452
- Significant increase in deaths from 2012 to 2022 (306%).
- Majority of deaths occurred at a residence (63.4%)
- Males had a higher mortality rate than females
(60.2 vs. 21.2 per 100,000 population)
- Mortality rate highest for non-Hispanic Black males (71.6),
and among 35–44-year-olds (82.9%)
- Heroin-involved deaths decreased by 18.2% and cocaine
involved deaths increased by 9.3%, between 2021-2022
- Xylazene increased from 9%-30% of drugs tested
- Xylazene deaths 71 in 2019 to 295 in 2021 (315% increase!)

Unintentional Drug Overdose Deaths by Drug Type, Connecticut, 2022





OPEN Access CT Initiative (Community Naloxone Distribution)

- 2014 - DPH piloted the OPEN Access CT™ Initiative. OPEN Access stands for Overdose Prevention, Education and Naloxone Access in Connecticut.
 - [Take Home Naloxone Programs](#)- not new
 - Numerous case studies on cost-effectiveness of these programs
- The purpose of OPEN Access CT™ was to provide a coordinated statewide effort to address overdoses in Connecticut through education, training and community-based Naloxone distribution.
- Overdose prevention/naloxone distribution at individual and group level.
- OPEN Access CT is now integrated into SSPs.

Opioid Legislation In CT

2014: Good Samaritan Law

2017: Public Act 17-131 *An Act Preventing Prescription Opioid Diversion and Abuse*

2021: CT Opioid Laws-
<https://www.cga.ct.gov/2021/rpt/pdf/2021-R-0197.pdf>

2022: Public Act 22-108 *An Act Concerning Opioids – Legalizes fentanyl test strips*



2022 SSP Clients Naloxone Distribution

SSP Name

6,217
Trained for OD Prevention

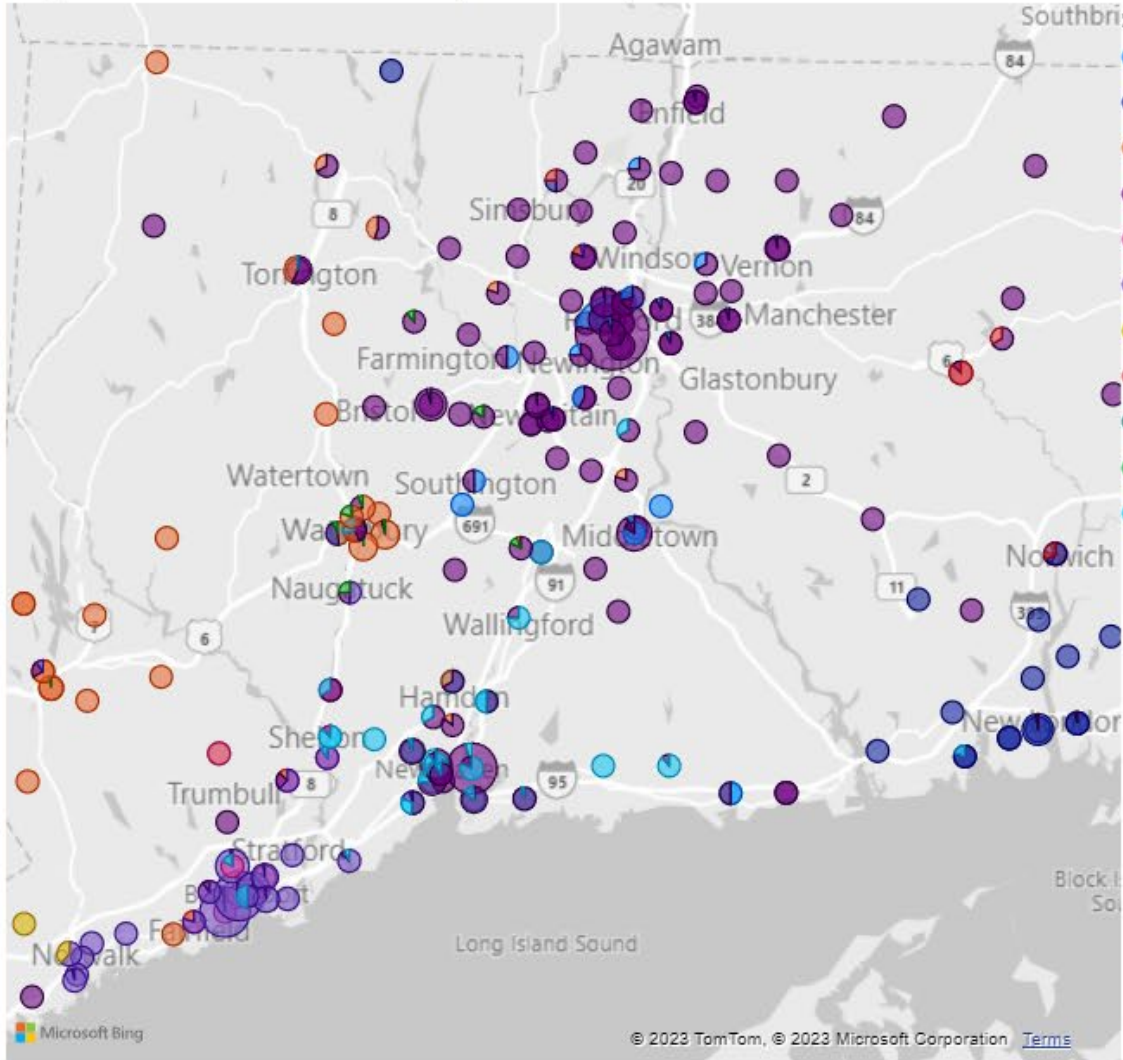
2,350
Initial Naloxone Supply

3,867
Resupply with Naloxone

7,035
OD Kits Distributed

1,896
Naloxone Kits Used

Map of Naloxone Distributed by Clients' Zip Code



Number of OD Kits Distributed (2016-2022)

Distribution to SSP Clients

Community Distribution

2022

- 7,035 Kits Distributed
- 1,896 Overdose Reversals

2016-2022

- 14,397 Kits Distributed

2016-2022

- 20,777 Kits Distributed
- 4,045 Overdose Reversals

Take Home Message #1 – Many Kits Distributed!!
Take Home Message #2 – Many Lives Saved!!

* = DMHAS & DPH Community Naloxone Distribution Project, 2019 and 2020

Rapid Coordinated Response to OD in CT

- Rapid Notification System
- Outbreak Reported June 23, 2016
- Multiple Fentanyl Overdoses
- Fentanyl Masked as Cocaine
- Six Hours, 12 cases, All transported to Yale ED
 - 9 Admissions, 4 in ICU, 3 deaths
- Within a Few Hours Multi-Agency Response
 - New Haven Mayor's Office, New Haven Office of Emergency Management, CT DPH, DEA, Local Police, CT Poison Control
- DPH transferred 100 Naloxone Kits to New Haven EMS
- Result = Reduced Impact

Harm Reduction Partnerships



- Local Health Departments
- Community-based Organizations
- Department of Consumer Protection (DCP)
- Department of Corrections
- Department of Mental Health and Addiction Services (DMHAS)
- DPH Office of Injury and Violence
- CT DPH Injury Prevention Program
- CT Statewide Opioid Reporting Directive (SWORD) (ODMap)
- Harm Reduction Advocates
- Law Enforcement/Emergency Medical Response
- National and State Harm Reduction Alliances
- Primary Care and Emergency Departments
- Substance Use Treatment Centers
- University Researches (Yale, NYU)

SUCCESSIONS: Increased Naloxone Availability



- Collaboration with Substance Abuse Mental Health Administration (SAMSHA) funded Programs- CT Department of Mental Health and Addiction Services (DMHAS) to distribute naloxone through Regional Action Councils (RACS).
- Sought out donations through companies such as Kaleo for EVZIO
- Insured clients and patients can access their local pharmacies- Department of Consumer Protection (DCP), or through their primary care provider.

SUCCESSES CONT...NALOXONE ACCESS

- CT's first community naloxone distribution program, in collaboration with a variety of state, local, and community-based providers.
- Goal of getting FREE OD kits in the hands of people that need them most!
- Un/underinsured HIV negative clients that are served through DPH programs such as Syringe Services Programs and Pharmacy-based Community Events.
- HIV positive patients and clients can access naloxone (script or at pharmacy) through the CT ADAP Program, as it is covered under Ryan White funds.
- Coordinated effort for the development of the Governor's plan-
- The Connecticut Opioid Response (CORE) Initiative.

SUCSESSES: Collaboration, Data Collection, and Awareness...

2013: **Statewide Overdose Prevention Workgroup** Established

2014: First **Statewide Overdose Prevention Summit**. Since then, four summits reached a variety of community, state and local providers across CT

2015: Increased **education to pharmacists** on SSP laws, overdose prevention, and naloxone access – **CT Pharmacy Resource Packet** and interactive education brochures and pamphlets

2016: **Surveys to SSP clients** about knowledge of the Good Samaritan Law

2023: Two Surveys of SSP Clients, 1) Program **Evaluation Survey** – 227 respondents and the theme is they need more of everything! 2) **Xylazine Survey** – who is seeking it?



Lessons Learned in SSP Implementation & Combating Opioid Epidemic among PWUDs

- Outreach, Outreach, Outreach!
- Know your Focus Population and how to reach them
- Mass Distribution - Get supplies out!
- Collaborate Far and Wide
- Share Data and Resources
- Cross Train Everyone
- Stay up on the Latest in the Community
- Consistent and Coordinated Messages



Lessons Continued...

- **Policies and Procedures (Little P)** – Important for safety
- **Policy and Law Changes (Big P)** – What is holding you back? Change it!
- **Don't Reinvent the Wheel** - “Steal and share shamelessly!” (Give Credit)
- Develop **Uniform Data Collection** mechanism- also a success...
- **Engage** in purchasing OD supplies- MMCAP Agreements
- **Track and Trend** the data early in the process
- **Program Collaboration Service Integration** - Work with Hep C Program!
- **Engage** Community and People with Lived Experience! – Nothing About Us Without Us!

LESSONS LEARNED SPECIFIC TO COMBATING OPIOID EPIDEMIC



- **Know Current Laws** - Statutes and Regulations related to overdose prevention, Good Samaritan Law, access to naloxone means something different from the purchasing **AND** distribution of naloxone
- **Training is Key** - Not everyone that is trained needs an OD kit. If you have limited to no resources, let folks know where they can get a kit
- **Naloxone is Expensive** - Prioritize who has access to FREE kits, vs. access through healthcare or patient assistance programs (Kaleo' or Narcan) or pharmacy prescribing events at health fairs/conferences
- **Prioritize Populations** – Those most at risk (active opioid users, clients/patients with past overdose history, and recently incarcerated

Syndemic Activities



- Ending the Syndemic Website <https://endthesyndemicct.org/>
- Public Public Awareness Campaigns
 - T.E.S.T. CT (Tell Everyone to Screen and Test)
 - Sexual Health is Health
- Integrated Testing/Screening (Practices/Tools)
- Policy Work (Routine Testing, Data, Systems Level Changes)
- Developing Statewide Plans Through a Syndemic Lens
 - CT HIV Planning Consortium (CHPC) – HPG (Integrated Plan/EHE Plan)
 - Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) (hep Elimination Plan)
 - Sexual Health Coalition (Strategic Plan)
- Continually engaging new Partners (Non-traditional)

Syndemic Work Groups

Ending the Syndemic Committee

- A CHPC (CT HIV Planning Consortium) Committee
- Made up of Providers, Consumers and Others
- Meets monthly to focus on community level Integration (e.g., Develop Brief Integrated Screening Tool)

Ending the Syndemic Partners Group

- Convened by DPH
- Made up of Program Administrators/Providers across Programs
- Cross Program Training/Integration of Services (Testing and Screening)
- Meets quarterly to focus on systems level Integration (e.g., Focus on policies and protocols to implement Integrated activities)

T.E.S.T. CT - Campaign Assets



Over 5.5 million impressions to-date

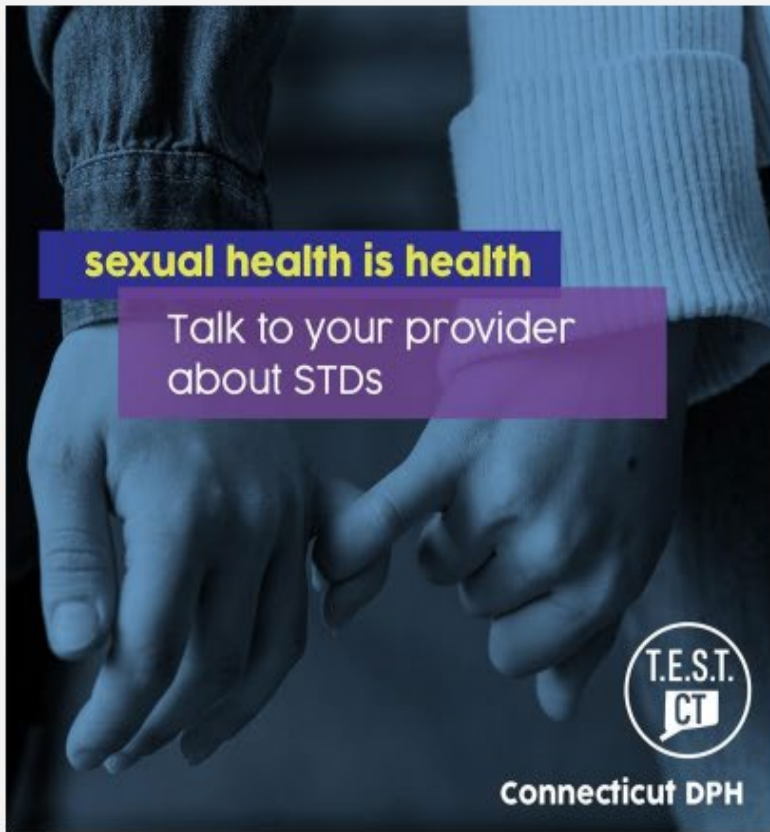
- Videos on social media have had nearly 80K complete views
- Over 15K direct links to the Test-CT.org website attributed to this campaign
- Videos played on OTT/Streaming TV have had a 98% Completion Rate

Testing Resources

www.test-ct.org

The screenshot shows a web browser window with the URL <https://endthesyndemicct.org/test-ct/>. The page features the 'connected til the end' logo and a navigation menu with links for 'End the Syndemic in CT', 'About', 'Epidemics', and 'Get Involved'. The main content area has a dark background with a smiling woman's face. Text on the page reads: 'mandatory for Healthcare Providers to provide routine HIV testing as part of their patient's annual/routine visits.' Below this, it says 'Select the option below that fits why you're here:'. Two large red buttons are overlaid on the page: 'I'M A PATIENT' on the left and 'I'M A PROVIDER' on the right.

T.E.S.T CT - STD Campaign Assets



Every part of your health matters. And screening for sexually transmitted diseases is a good way to protect yourself and stay healthy. Learn more. std.endthesyndemicct.org



If you're pregnant, STD screening should be a part of your health plan to ensure you and your baby are healthy. Sexual health is health. Visit std.endthesyndemicct.org to learn more.



Sexual health is health, so talk to your healthcare provider about STDs to protect your health—and your partner's, too. Visit std.endthesyndemicct.org

Brief Syndemic Screening Tool

- Developed collaboratively by providers and consumers
- Purpose is to serve as a guide for Providers on Integrating Services (Pilot Starting)
- Not meant to be a formal assessment or diagnostic tool, just a quick screen and conversation starter
- Top two questions to screen for HIV, STD, HCV and SUD
- Provides flexibility to fit into different facility workflows
 - Sent to patients ahead of time
 - Filled out in waiting room
 - Used by provider during visit
 - Other?



Audience Participation: Syndemic Approaches in Your State



What Syndemic or Integrated Approaches is Your Organization Implementing?

What would help your organization work more syndemically or to integrate services?

One thing that helps



Legislative Work and Buy-in



- Monthly Internal Policy Meetings
- Research Concepts/Ideas – What Needs Changing?
- What Other States Have Already Carved a Path?
- What will be the Impact? To DPH? To Constituents?
- Educate Everyone! Legislators, the Community, etc.
- Find Champions, Subject Matter Experts, and Legislators to Support and Advocate for You
- Draft Proposals and Language
- Some Proposals and Bills take Years to Pass!
- Be Persistent!
- Don't Forget to Build In Implementation and Evaluation!

HIV/HCV Related Policy Update



- **HB5500 Routine HIV Testing**
Passed in 2022 began in Primary Care January 2023 and begins in Emergency Departments January 2024. HIV Testing must be offered to all people 13 years and older at least once unless they opt out.
- **HB6733 Universal Hepatitis C Testing**
Passed in 2023 and Effective 10/1/23. Requires all persons 18 and older and all pregnant women (at each pregnancy) be offered a test for hepatitis C.
- **SB1068 PrEP/PEP Drug Assistance Program (DAP)**
Passed in 2023 effective upon passage but not set up yet. Establishes a Payor of Last Resort Program to provide financial assistance for PrEP medications for people who are uninsured, underinsured or uninsurable.

HIV/HR Related Policy Update



- SB1100 An Act Concerning Pharmacies and Pharmacists passed in 2023 and takes effect July 1, 2023. Pharmacists may test for HIV and prescribe and dispense PrEP and PEP to patients that test negative for HIV (Public Act 23-19)
- SB 9 An Act Concerning the Wellness of CT Residents passed in 2023 becomes effective July 1, 2023. Among other things establishes a Pilot for Three Harm Reduction Centers (Pending Regulations from DCP and DPH)

CT DSS - Prior Authorization



Medication Dispensation

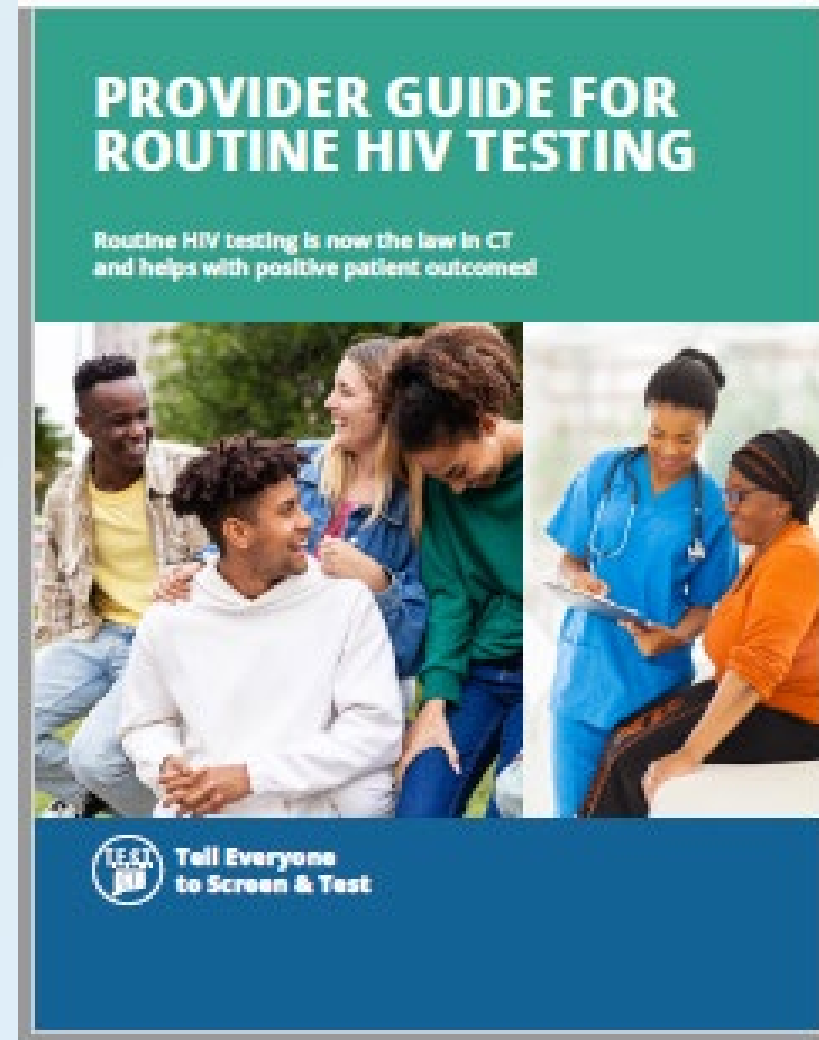
- Effective April 5, 2023, the Department of Social Services (DSS) will now allow pharmacy claims to process for twenty-eight (28) days of medication or less for the treatment of Hepatitis C per fill.
- Hepatitis C medications will continue to require prior authorization.

PA Form

- [Hepatitis C Prior Authorization \(PA\) Request Form](#)

Supporting Policy Implementation

- Provider Guide for Routine HIV Testing
- Routine HIV Testing and STD Social Marketing and Media Campaigns
- Hepatitis C Marketing Materials Developed
- Hepatitis C Provider Guide to be Developed
- Establish PrEP/PEP DAP
- Partner with DCP on Regulations for SUD Related Statutes





What Will It Take To End The Syndemic?

Broad Community
Engagement Involving
People with Lived
Experience

More Integration and
Collaboration Across
Programs

Adopting Mottos like
“ No Wrong Door” and
“Everyone Gets a
Service”

Innovative Service
Delivery Models

Simultaneous
Prevention, Screening,
Diagnosis and
Treatment Efforts

Staying Connected
Til The End

Just two of my reasons WHY...



Thank you!
Gina D'Angelo

**Ending the Syndemic Coordinator/Policy Lead
HIV/HCV Prevention Program**

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