# A Model for Planning and Monitoring Infectious Disease Syndemics in San Francisco

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San Francisco Department of Public Health

Centers for Disease Control and Prevention
Turning Research Into Prevention
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# Coordination and Integration

**All federal initiatives are asking for the same thing: expand collaboration within and outside of health departments to implement targeted integrated services and programs that promote positive health outcomes for affected communities.**

- The Affordable Care Act- *National Prevention and Health Promotion Strategy.*
- National HIV/AIDS Strategy
- US Department of Health and Humans Services 12 Cities Project
- NIH: TNT, TLC+, Mulit-Layered Prevention (etc.)
- Ryan White HIV/AIDS Treatment Extension Act of 2009
- Program Collaboration and Service Integration (PCSI)
- Enhanced Comprehensive HIV Prevention Plans (ECHPP)
- Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE)
- Expanded Testing Initiative (ETI)

# Addressing Syndemics Through Program Collaboration and Service Integration CDC-PA-PS10-10175

**Purpose of award:** The purpose of this grant is to plan, scale-up, and support the implementation of a syndemic approach to the prevention of HIV/AIDS, viral hepatitis, STD's and TB.

**System Level Intervention:** The goal of the grant is to develop system level changes that can be sustained over time.

**Service Delivery:**

1. Reimbursement through third party payers (i.e., insurance)
2. Use existing categorical funding (e.g., current CDC cooperative agreements)
3. PCSI grant is the payer of "last resort"

# Program Collaboration and Service Integration Planning Structure

***Prevention, screening, treatment, monitoring, and control of HIV/AIDS, STD, Viral Hepatitis, and TB.***

**PCSI Champions**
Barbara Garcia
Tomas Aragon

**PCSI Manager**
Israel Nieves

**PCSI Analyst**
Priscilla Chu

**Steering Committee**

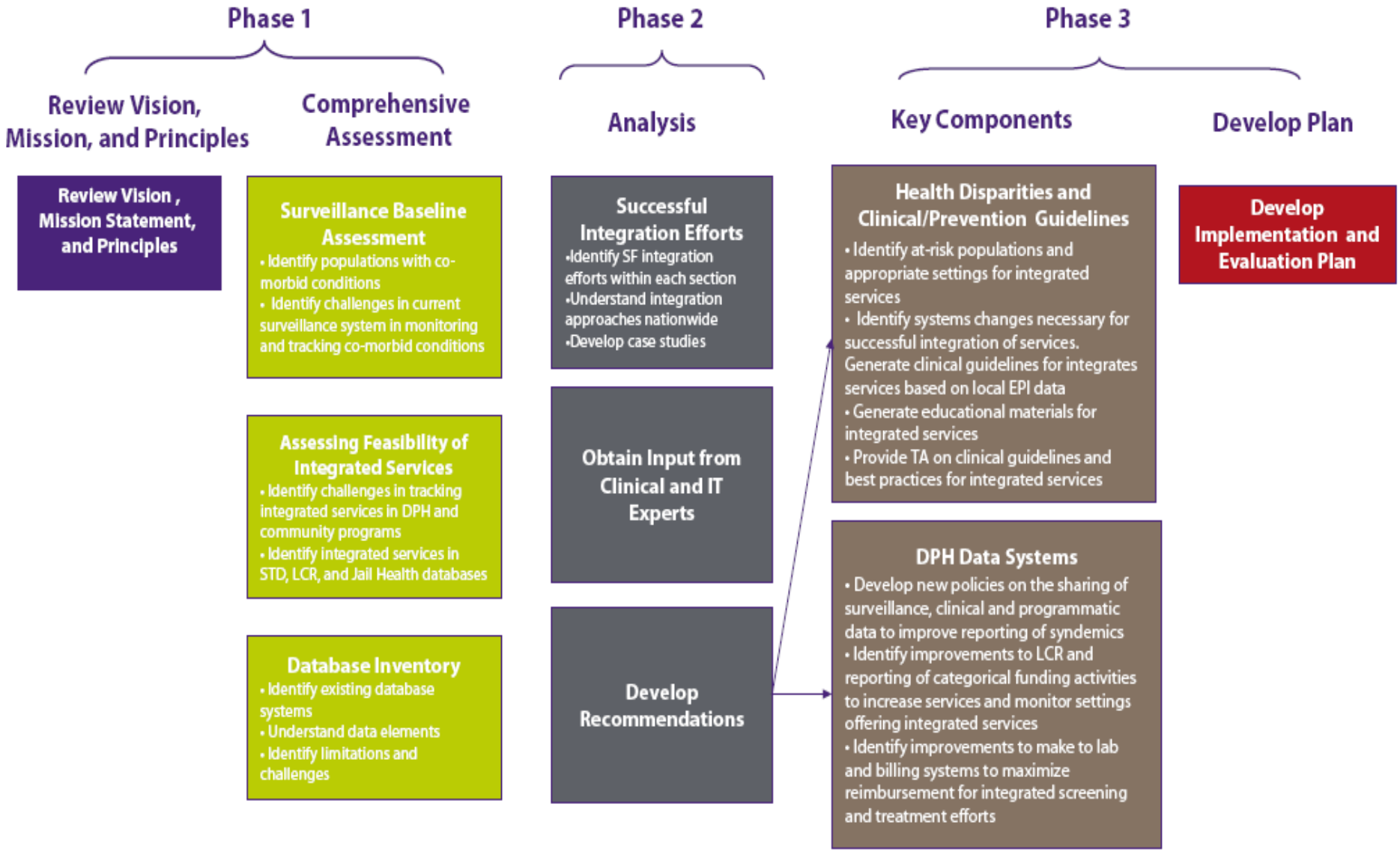
- CDCP
- HIV EPI
- HIV Health Services
- COPC
- HIV Prevention
- Jail Health
- Microbiology Lab
- SFGH Clinical Lab
- STD Prevention
- TB Control
- Community Programs
- IT/IS

Key Staff/Stakeholders
(e.g. HPPC, Hep C Task Force, CARE Council)

**Workgroups**

- Health Disparities & Clinical/Prevention Guidelines
- DPH Data Systems
- Workgroup 3 (?)

# SFDPH Program Collaboration and Service Integration Planning Framework



# Phase 1: Develop Foundation of Planning Process

**Mission:**

To collaboratively develop a sustainable system of primary prevention and clinical care in San Francisco that comprehensively addressing HIV, other STDs, viral hepatitis, and TB to prevent transmission, disease, disability, and death; to reduce co-infections; and to increase health equity.

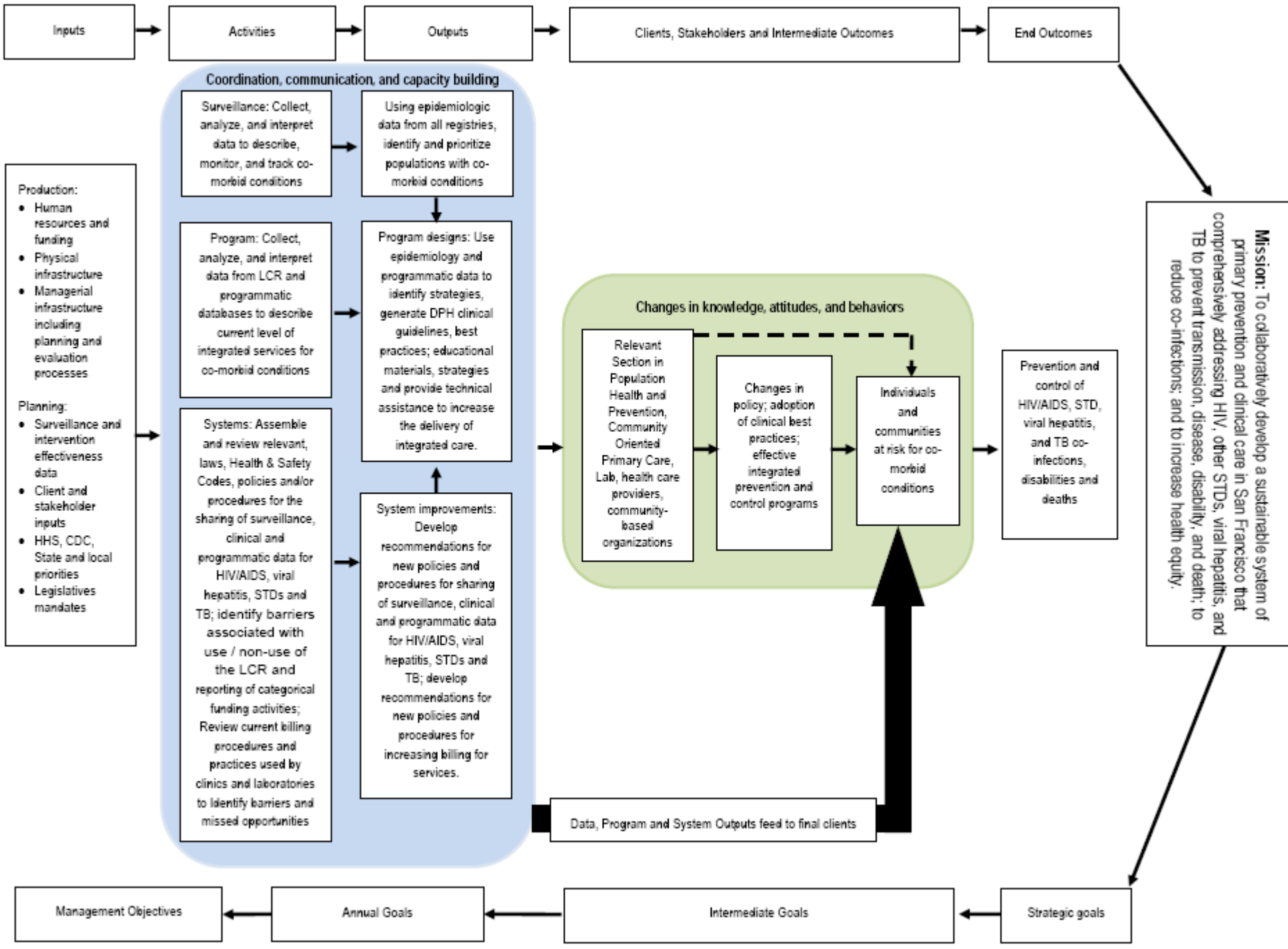
**Vision:**

The DPH PCSI project envisions a system of primary prevention and clinical care which effectively prevents, screens, treats, and monitors HIV, other STDs, viral hepatitis, and TB in a coordinated and efficient manner that maximizes health outcomes. DPH will build on existing best practices and find new ways to foster collaborative work, coordinate disease control and surveillance efforts, expand programmatic flexibility, and facilitate the appropriate integration of service delivery at the client level.

**Principles:**

- Client's first, systems second
- We must create a Win-Win-Win-Win
- Maximizing collective resources across sections
- We must lead, so that others may follow

# Program Collaboration and Service Integration Logic Model

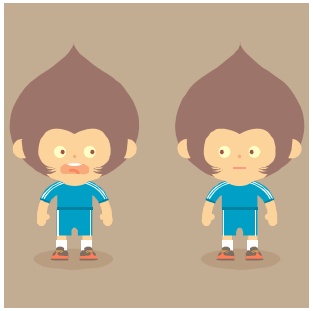


# Phase 1-Step 1: Surveillance Baseline Assessment (CSTE 2011 breakout presentation)

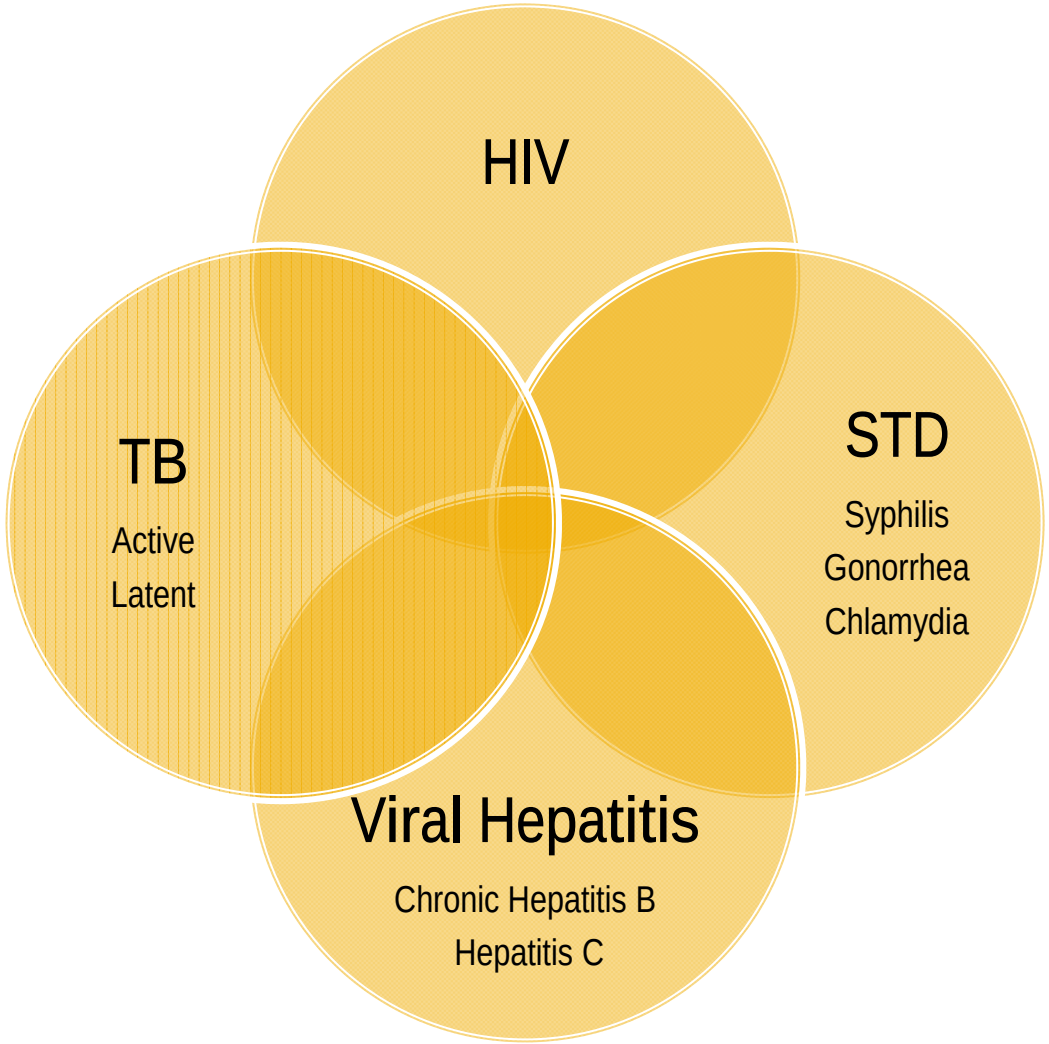
- Completeness and maturity of registry
- Reporting by laboratory

- Analytical timeframe
  - Epidemiology
  - Reporting standards

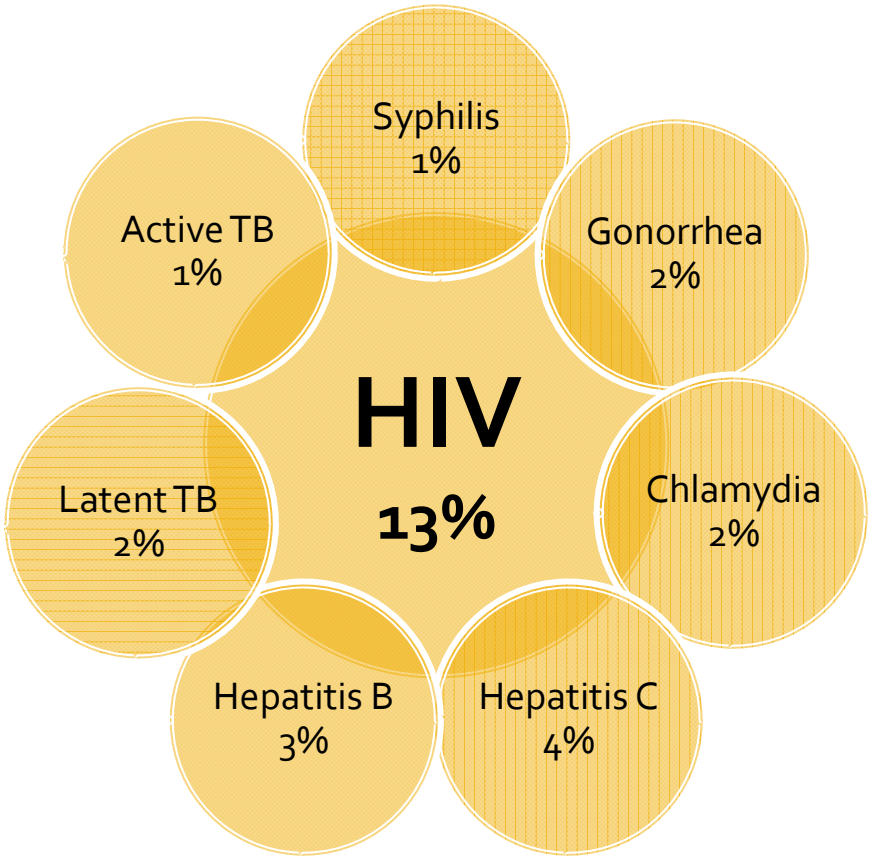

- Matching fields
- Demographic fields in common



# Phase 1-Step 1: Surveillance Baseline Assessment



# Phase 1-Step 1: Surveillance Baseline Assessment –HIV (2011 HIV Prevention Conference abstract submitted)




- HIV N=16,768
- Syndemic rate 13,047 per 100,000 HIV cases
- Highest HIV co-morbidity rates were HCV, HBV, Chlamydia, and latent TB
- Populations with higher rates of HIV infection are also at higher risk for co-infection with other transmittable diseases

# Correlates for Co-Morbidities with HIV

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | 0.94 | 0.76 | 1.16 |
| Transgender | 0.90 | 0.67 | 1.20 |
| Male (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.64** | **1.44** | **1.86** |
| Latino/a* | **1.25** | **1.10** | **1.42** |
| API* | **1.72** | **1.41** | **2.09** |
| Other | 1.06 | 0.75 | 1.45 |
| White (ref) | | | |

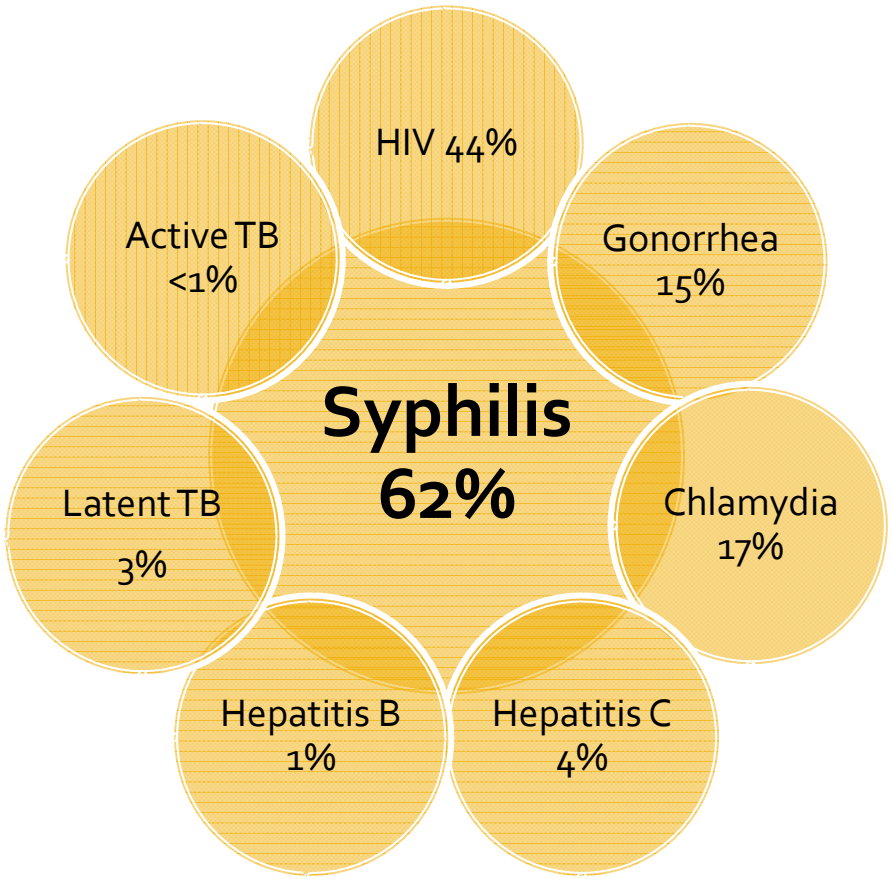
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with HIV (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | 1.70 | 0.83 | 3.65 |
| 20-29* | **2.54** | **1.46** | **4.88** |
| 30-39* | **2.25** | **1.30** | **4.31** |
| 40-49* | **2.28** | **1.31** | **4.38** |
| 50-59* | **1.99** | **1.12** | **3.90** |
| 60 and up (ref) | | | |
| **Behavioral risk** | | | |
| IDU* | **2.82** | **2.36** | **3.35** |
| MSM-IDU* | **2.61** | **2.32** | **2.93** |
| Other risk | **0.82** | **0.68** | **0.98** |
| MSM (ref) | | | |

*significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Syphilis




- Syphilis N=508
- Syndemic rate 61,614 cases per 100,000 Syphilis cases
- Highest Syphilis co-morbidity rates were HIV, Chlamydia, and Gonorrhea

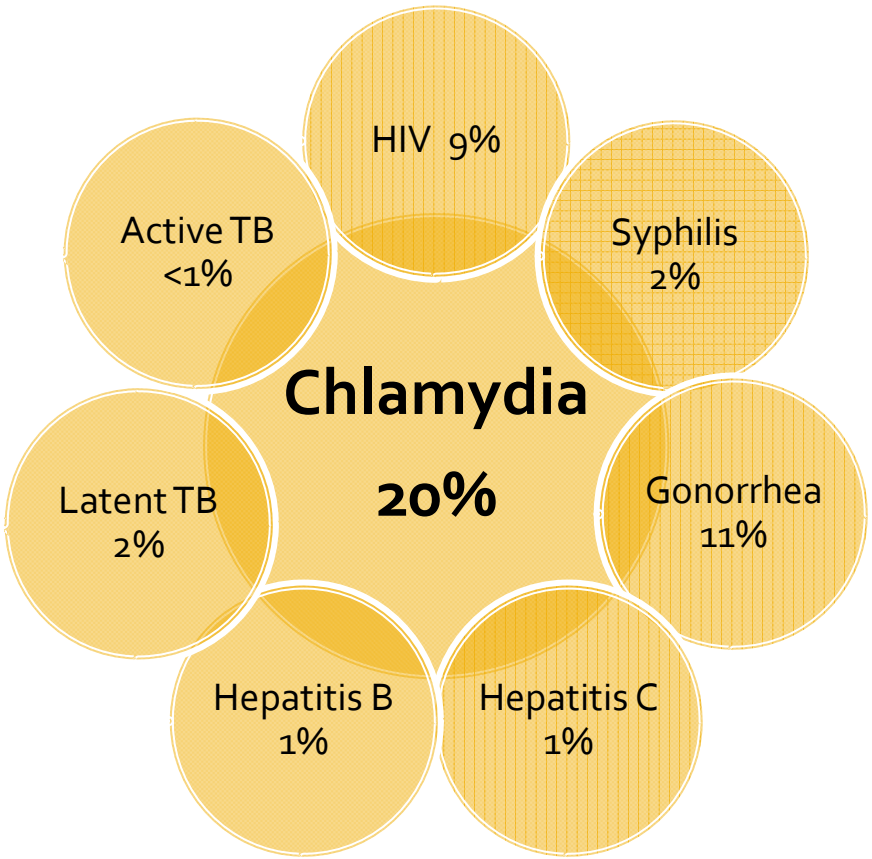
# Correlates for Co-Morbidities with Syphilis

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | 0.89 | 0.18 | 4.50 |
| Transgender | 0.59 | 0.03 | 6.91 |
| Male (ref) | | | |
| **Race/ethnicity** | | | |
| African-American | 1.12 | 0.57 | 2.26 |
| Latino/a | 1.12 | 0.69 | 1.85 |
| API | 0.58 | 0.31 | 1.07 |
| Other | 1.13 | 0.45 | 3.11 |
| White (ref) | | | |

# Correlates for Co-Morbidities with Syphilis (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | - | - | - |
| 20-29 | 1.17 | 0.46 | 2.97 |
| 30-39 | 1.90 | 0.78 | 4.59 |
| 40-49 | 1.19 | 0.50 | 2.80 |
| 50-59 | 1.92 | 0.71 | 5.19 |
| 60 and up (ref) | | | |
| **MSM** | | | |
| Yes | 1.81 | 0.86 | 3.80 |
| No (ref) | | | |

# Phase 1-Step 1: Surveillance Baseline Assessment-Chlamydia




- Chlamydia N=3,890
- Syndemic rate 19,820 per 100,000 Chlamydia cases
- Highest Chlamydia co-morbidity rates were Gonorrhea, HIV, Syphilis, and Latent TB

# Correlates for Co-Morbidities with Chlamydia

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.40** | **0.31** | **0.52** |
| Transgender* | **3.43** | **1.21** | **9.26** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.50** | **1.12** | **1.99** |
| Latino/a | 1.13 | 0.86 | 1.48 |
| API | 0.90 | 0.65 | 1.24 |
| Other | 0.79 | 0.57 | 1.08 |
| White (ref) | | | |

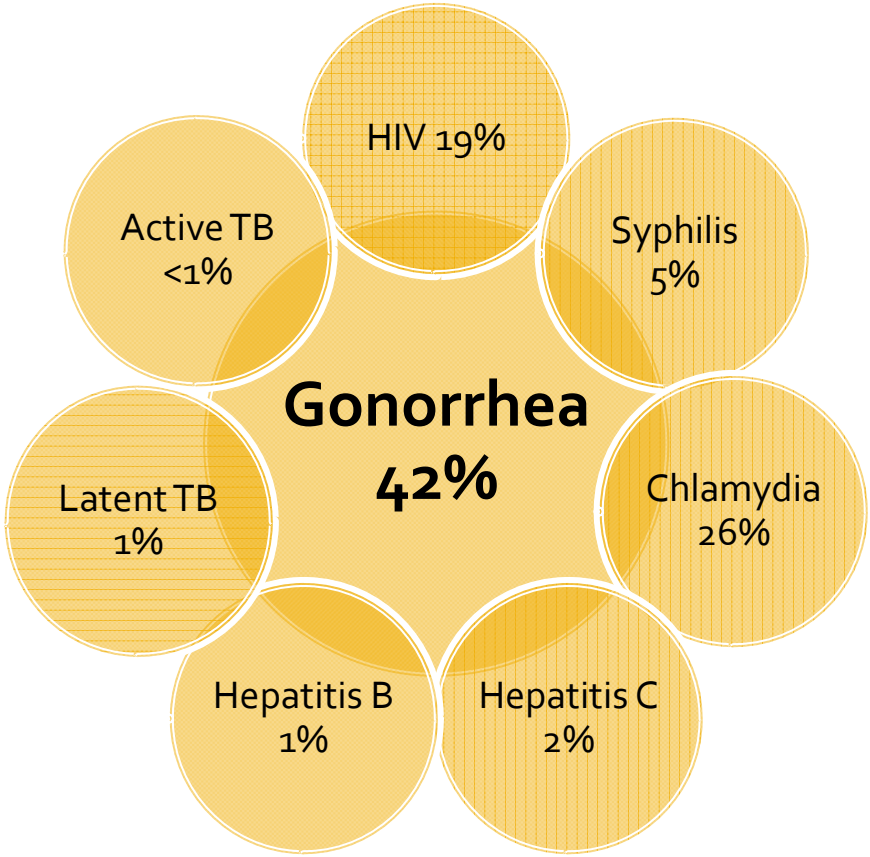
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Chlamydia (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | **0.22** | **0.09** | **0.54** |
| 20-29 | **0.19** | **0.08** | **0.44** |
| 30-39 | **0.35** | **0.15** | **0.82** |
| 40-49 | 0.51 | 0.22 | 1.20 |
| 50-59 | 0.50 | 0.20 | 1.23 |
| 60 and up (ref) | | | |
| **MSM** | | | |
| Yes* | **5.47** | **4.36** | **6.89** |
| No (ref) | | | |

*****significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Gonorrhea




- Gonorrhea N=1,674
- Syndemic rate 41,995 per 100,000 Gonorrhea cases
- Highest Gonorrhea co-morbidity rates were Chlamydia, HIV, and Syphilis

# Correlates for Co-Morbidities with Gonorrhea

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | 0.97 | 0.67 | 1.39 |
| Transgender | 2.74 | 0.80 | 9.77 |
| Male (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.63** | **1.20** | **2.22** |
| Latino/a | 1.32 | 0.97 | 1.79 |
| API | 1.11 | 0.74 | 1.67 |
| Other | 0.90 | 0.62 | 1.29 |
| White (ref) | | | |

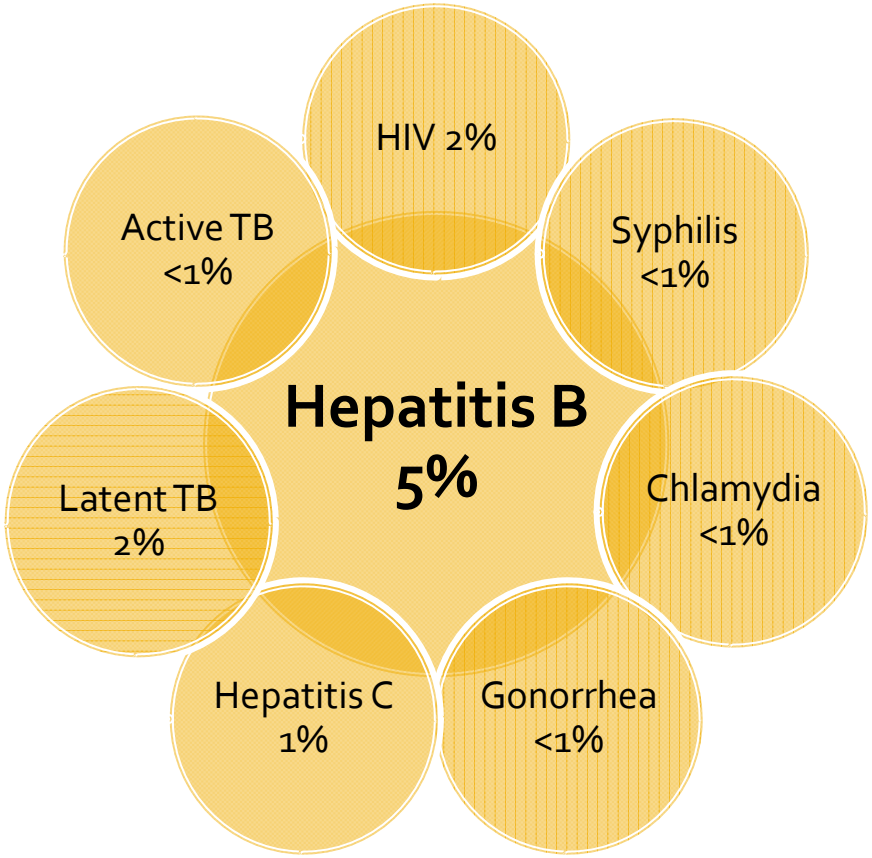
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Gonorrhea (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | 1.62 | 0.62 | 4.29 |
| 20-29 | 0.54 | 0.23 | 1.29 |
| 30-39 | 0.72 | 0.31 | 1.71 |
| 40-49 | 0.87 | 0.37 | 2.06 |
| 50-59 | 1.12 | 0.45 | 2.84 |
| 60 and up (ref) | | | |
| **MSM** | | | |
| Yes* | **2.62** | **2.07** | **3.33** |
| No (ref) | | | |

*significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Hepatitis B




- Hepatitis B N=36,195
- Syndemic rate 4,752 per 100,000 chronic Hepatitis B cases
- Highest HBV co-morbidity rates were Latent TB, HIV, and HCV

# Correlates for Co-Morbidities with Chronic Hepatitis B

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.57** | **0.51** | **0.64** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.22** | **1.02** | **1.46** |
| Latino/a | 1.11 | 0.85 | 1.43 |
| API | **0.30** | **0.26** | **0.35** |
| Other | **0.16** | **0.14** | **0.19** |
| White (ref) | | | |

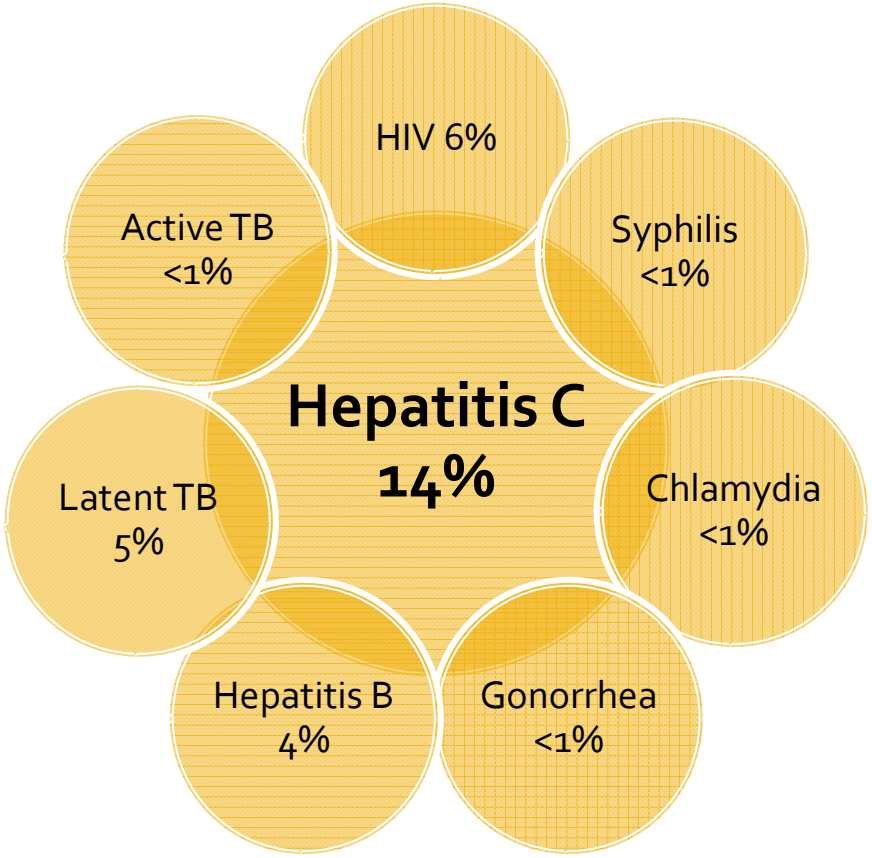
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Chronic Hepatitis B (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19* | **1.69** | **1.25** | **2.27** |
| 20-29* | **1.80** | **1.45** | **2.27** |
| 30-39* | **1.87** | **1.52** | **2.32** |
| 40-49* | **1.65** | **1.33** | **2.07** |
| 50-59* | **1.54** | **1.22** | **1.96** |
| 60 and up (ref) | | | |
| **Homeless** | | | |
| Yes | 1.21 | 0.06 | 8.29 |
| No (ref) | | | |

*significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Hepatitis C




- Hepatitis C N=10,718
- Syndemic rate 14,462 per 100,000 Hepatitis C cases
- Highest HCV co-morbidity rates were HIV, Latent TB, and HBV

# Correlates for Co-Morbidities with Hepatitis C (past or present infection)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.51** | **0.45** | **0.58** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.52** | **1.32** | **1.75** |
| Latino/a* | **1.36** | **1.10** | **1.69** |
| API* | **1.72** | **1.35** | **2.17** |
| Other | **0.32** | **0.27** | **0.38** |
| White (ref) | | | |

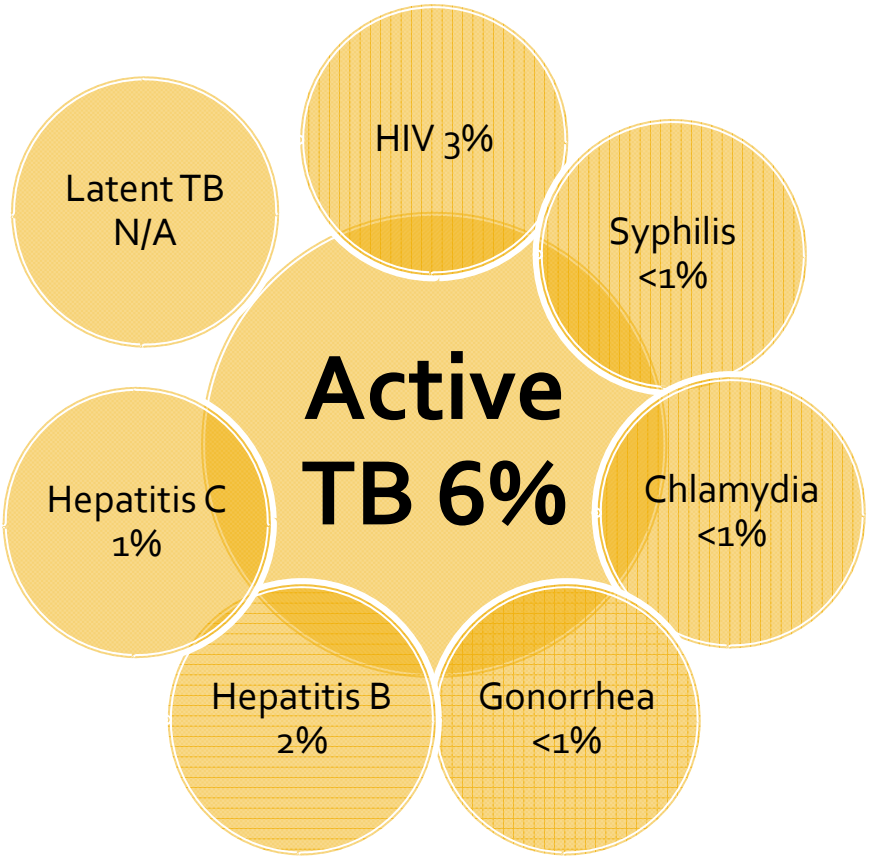
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Hepatitis C (past or present infection) (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | 1.91 | 0.89 | 3.72 |
| 20-29* | **2.68** | **1.96** | **3.63** |
| 30-39* | **3.24** | **2.63** | **4.01** |
| 40-49* | **2.07** | **1.73** | **2.50** |
| 50-59* | **1.32** | **1.11** | **1.58** |
| 60 and up (ref) | | | |
| **Homeless** | | | |
| Yes | 2.23 | 0.47 | 8.03 |
| No (ref) | | | |

*significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Active TB




- Active TB N=4,072
- Syndemic rate 5,796 per 100,000 Active TB cases
- Highest Active TB co-morbidity rates were HIV, HBV, and HCV

# Correlates for Co-Morbidities with Active TB

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.48** | **0.33** | **0.69** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American | 1.01 | 0.71 | 1.43 |
| Latino/a | 0.60 | 0.10 | 2.10 |
| API | **0.47** | **0.33** | **0.68** |
| Other | 0.82 | 0.30 | 1.89 |
| White (ref) | | | |

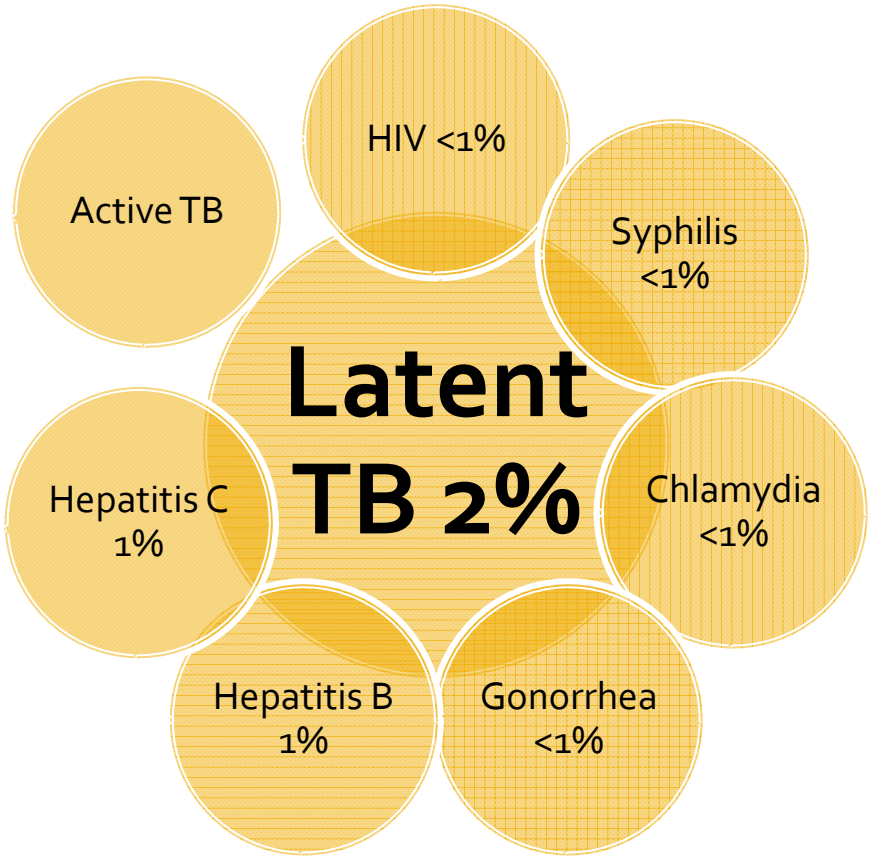
*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Active TB (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | 0.76 | 0.18 | 2.27 |
| 20-29* | **1.93** | **1.01** | **3.73** |
| 30-39* | **4.15** | **2.49** | **7.24** |
| 40-49* | **4.68** | **2.82** | **8.15** |
| 50-59* | **3.23** | **1.84** | **5.85** |
| 60 and up (ref) | | | |
| **Homeless** | | | |
| Yes* | **2.44** | **1.75** | **3.38** |
| No (ref) | | | |
| **History of incarceration** | | | |
| Yes | 1.81 | 0.68 | 4.30 |
| No (ref) | | | |

*significant factors for having co-morbidity

# Phase 1-Step 1: Surveillance Baseline Assessment-Latent TB




- Latent TB N=73,186
- Syndemic rate 2,111 per 100,000 Latent TB cases
- Highest Latent TB co-morbidity rates were HBV, HCV, and HIV

# Correlates for Co-Morbidities with Latent TB

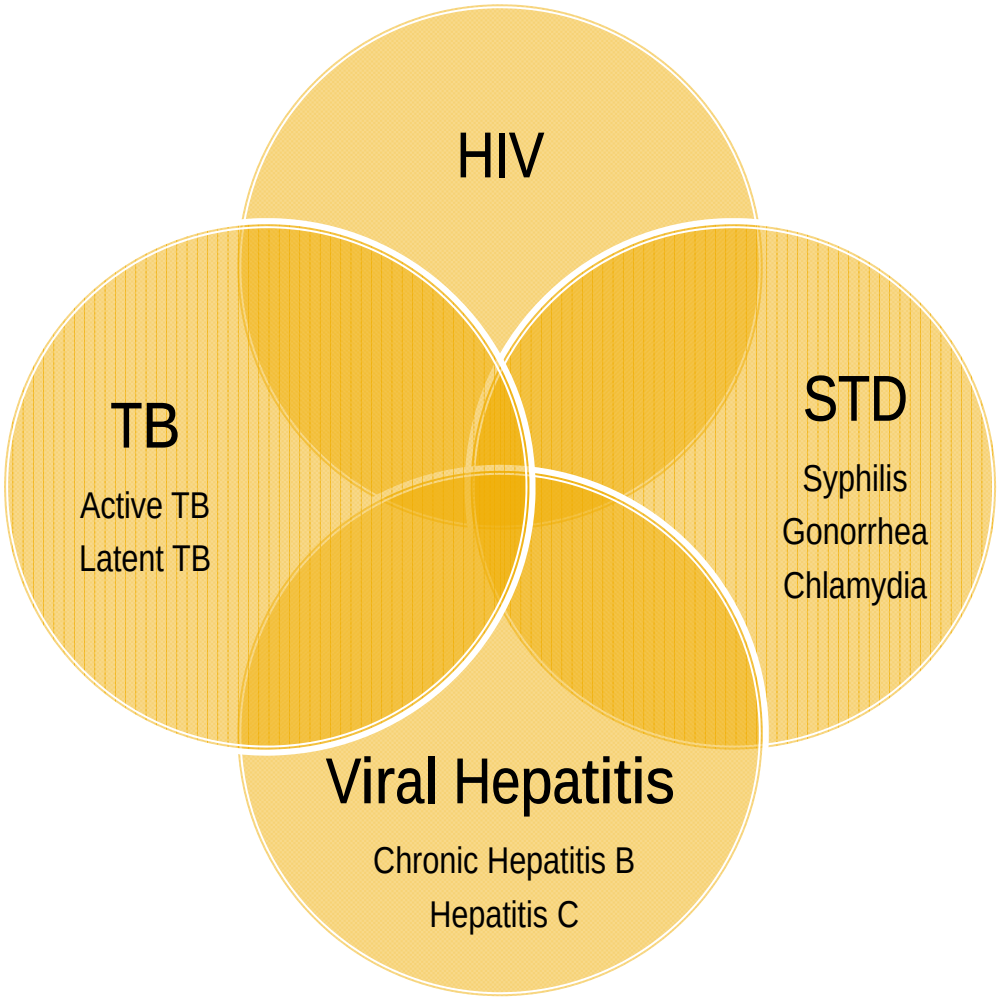
| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.64** | **0.57** | **0.71** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **2.23** | **1.93** | **2.57** |
| Latino/a | 0.99 | 0.75 | 1.28 |
| API | 1.07 | 0.94 | 1.22 |
| Other | 1.26 | 0.88 | 1.76 |
| White (ref) | | | |

*significant factors for having co-morbidity

# Correlates for Co-Morbidities with Latent TB (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | **0.35** | **0.27** | **0.46** |
| 20-29 | 0.96 | 0.77 | 1.20 |
| 30-39* | **1.54** | **1.26** | **1.90** |
| 40-49* | **1.87** | **1.53** | **2.30** |
| 50-59* | **1.79** | **1.45** | **2.22** |
| 60 and up (ref) | | | |
| **Homeless** | | | |
| Yes* | **1.51** | **1.29** | **1.76** |
| No (ref) | | | |
| **History of incarceration** | | | |
| Yes* | **1.74** | **1.29** | **2.29** |
| No (ref) | | | |

# Phase 1-Step 1: Surveillance Baseline Assessment (2011 HIV Prevention Conference abstract submitted)




- Overall, 3% (N=4,296) of people affected by one disease had one or more co-infections
- Highest syndemics within-disease rates: Syphilis, Gonorrhea, and Chlamydia
- Highest syndemics within-population rates for San Francisco: HIV, Hepatitis B, Hepatitis C, and Latent TB
- Demographic categories correlated with having co-infection: Male, African-American, Latino/a, Age 20-60

# Summary of syndemic rates per 100,000 disease

| | HIV | Active TB | Latent TB | Syphilis | Chlamydia | Gonorrhea | HBV | HCV |
|---|---|---|---|---|---|---|---|---|
| HIV | **13,047** | 3,193 | 450 | 44,291 | 9,229 | 18,996 | 1,547 | 6,065 |
| Active TB | 774 | **5,796** | N/A | 197 | 51 | 239 | 215 | 392 |
| Latent TB | 1,960 | N/A | **2,111** | 2,559 | 1,620 | 1,195 | 2,003 | 4,870 |
| Syphilis | 1,340 | 25 | 18 | **61,614** | 2,262 | 4,540 | 19 | 168 |
| Chlamydia | 2,139 | 49 | 86 | 17,323 | **19,820** | 26,165 | 66 | 271 |
| Gonorrhea | 1,894 | 98 | 27 | 14,961 | 11,260 | **41,995** | 61 | 271 |
| HBV | 3,336 | 1,916 | 991 | 1,378 | 617 | 1,314 | **4,752** | 4,077 |
| HCV | 3,872 | 1,031 | 713 | 3,543 | 746 | 1,732 | 1,207 | **14,462** |

# Summary of syndemic rates per 100,000 San Franciscans

| | HIV | Active TB | Latent TB | Syphilis | Chlamydia | Gonorrhea | HBV | HCV |
|---|---|---|---|---|---|---|---|---|
| HIV | **282** | 17 | 42 | 29 | 46 | 41 | 72 | 84 |
| Active TB | 17 | **30** | N/A | 0 | 0 | 1 | 10 | 5 |
| Latent TB | 42 | N/A | **199** | 2 | 8 | 3 | 93 | 67 |
| Syphilis | 29 | 0 | 2 | **40** | 11 | 10 | 1 | 2 |
| Chlamydia | 46 | 0 | 8 | 11 | **99** | 56 | 3 | 4 |
| Gonorrhea | 41 | 1 | 3 | 10 | 56 | **91** | 3 | 4 |
| HBV | 72 | 10 | 93 | 1 | 3 | 3 | **221** | 56 |
| HCV | 84 | 5 | 67 | 2 | 4 | 4 | 56 | **200** |

# Correlates for Having Co-Morbidities

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Sex** | | | |
| Female | **0.45** | **0.41** | **0.48** |
| Transgender | **0.32** | **0.12** | **0.65** |
| Male* (ref) | | | |
| **Race/ethnicity** | | | |
| African-American* | **1.53** | **1.41** | **1.67** |
| Latino/a* | **1.16** | **1.03** | **1.30** |
| API | **0.50** | **0.46** | **0.55** |
| Other | **0.51** | **0.46** | **0.57** |
| White (ref) | | | |

*significant factors for having co-morbidity

# Correlates for Having Co-Morbidities (cont.)

| | Estimate | Lower CL | Upper CL |
|---|---|---|---|
| **Age at diagnosis** | | | |
| 0-19 | **0.43** | **0.35** | **0.53** |
| 20-29* | **1.25** | **1.08** | **1.45** |
| 30-39* | **1.72** | **1.50** | **1.99** |
| 40-49* | **2.30** | **2.01** | **2.65** |
| 50-59* | **1.97** | **1.70** | **2.28** |
| 60 and up (ref) | | | |

*significant factors for having co-morbidity

# Reference: syndemic match results

### HIV

| | N | Match N | Match % | Rate per 100K HIV | Pop rate per 100K SF |
|---|---|---|---|---|---|
| HIV | 16,786 | **2,190** | **13%** | **13,047** | **282** |
| Active TB | 4,072 | 130 | 1% | 774 | 17 |
| Latent TB | 73,186 | 329 | 2% | 1,960 | 42 |
| Syphilis | 508 | 225 | 1% | 1,340 | 29 |
| Chlamydia | 3,890 | 359 | 2% | 2,139 | 46 |
| Gonorrhea | 1,674 | 318 | 2% | 1,894 | 41 |
| Chronic HBV | 36,195 | 560 | 3% | 3,336 | 72 |
| HCV | 10,718 | 650 | 4% | 3,872 | 84 |

### Active TB

| | Match N | Match % | Rate per 100K ATB | Pop rate per 100K SF |
|---|---|---|---|---|
| HIV | 130 | 3% | 3,193 | 17 |
| Active TB | **236** | **6%** | **5,796** | **30** |
| Latent TB | N/A | N/A | N/A | N/A |
| Syphilis | 1 | <1% | 25 | 0 |
| Chlamydia | 2 | <1% | 49 | 0 |
| Gonorrhea | 4 | <1% | 98 | 1 |
| Chronic HBV | 78 | 2% | 1,916 | 10 |
| HCV | 42 | 1% | 1,031 | 5 |

### Latent TB

| | Match N | Match % | Rate per 100K LTB | Pop rate per 100K SF |
|---|---|---|---|---|
| HIV | 329 | <1% | 450 | 42 |
| Active TB | N/A | N/A | N/A | N/A |
| Latent TB | **1,545** | **2%** | **2,111** | **199** |
| Syphilis | 13 | <1% | 18 | 2 |
| Chlamydia | 63 | <1% | 86 | 8 |
| Gonorrhea | 20 | <1% | 27 | 3 |
| Chronic HBV | 725 | 1% | 991 | 93 |
| HCV | 522 | 1% | 713 | 67 |

### Syphilis

| | N | Match N | Match % | Rate per 100K Syphilis | Pop rate per 100K SF |
|---|---|---|---|---|---|
| HIV | 16,786 | 225 | 44% | 44,291 | 29 |
| Active TB | 4,072 | 1 | <1% | 197 | 0 |
| Latent TB | 73,186 | 13 | 3% | 2,559 | 2 |
| Syphilis | 508 | **313** | 62% | **61,614** | **40** |
| Chlamydia | 3,890 | 88 | 17% | 17,323 | 11 |
| Gonorrhea | 1,674 | 76 | 15% | 14,961 | 10 |
| Chronic HBV | 36,195 | 7 | 1% | 1,378 | 1 |
| HCV | 10,718 | 18 | 4% | 3,543 | 2 |

### Chlamydia

| | Match N | Match % | Rate per 100K Chlamydia | Pop rate per 100K SF |
|---|---|---|---|---|
| HIV | 359 | 9% | 9,229 | 46 |
| Active TB | 2 | <1% | 51 | 0 |
| Latent TB | 63 | 2% | 1,620 | 8 |
| Syphilis | 88 | 2% | 2,262 | 11 |
| Chlamydia | **771** | **20%** | **19,820** | **99** |
| Gonorrhea | 438 | 11% | 11,260 | 56 |
| Chronic HBV | 24 | 1% | 617 | 3 |
| HCV | 29 | 1% | 746 | 4 |

### Gonorrhea

| | Match N | Match % | Rate per 100K Gonorrhea | Pop rate per 100K SF |
|---|---|---|---|---|
| HIV | 318 | 19% | 18,996 | 41 |
| Active TB | 4 | <1% | 239 | 1 |
| Latent TB | 20 | 1% | 1,195 | 3 |
| Syphilis | 76 | 5% | 4,540 | 10 |
| Chlamydia | 438 | 26% | 26,165 | 56 |
| Gonorrhea | **703** | **42%** | **41,995** | **91** |
| Chronic HBV | 22 | 1% | 1,314 | 3 |
| HCV | 29 | 2% | 1,732 | 4 |

### Chronic Hepatitis B Virus

| | N | Match N | Match % | Rate per 100K HBV | Pop rate per 100K SF |
|---|---|---|---|---|---|
| HIV | 16,786 | 560 | 2% | 1,547 | 72 |
| Active TB | 4,072 | 78 | <1% | 215 | 10 |
| Latent TB | 73,186 | 725 | 2% | 2,003 | 93 |
| Syphilis | 508 | 7 | <1% | 19 | 1 |
| Chlamydia | 3,890 | 24 | <1% | 66 | 3 |
| Gonorrhea | 1,674 | 22 | <1% | 61 | 3 |
| Chronic HBV | 36,195 | **1,720** | **5%** | **4,752** | **221** |
| HCV | 10,718 | 437 | 1% | 1,207 | 56 |

### Hepatitis C Virus

| | Match N | Match % | Rate per 100K HCV | Pop rate per 100K SF |
|---|---|---|---|---|
| HIV | 650 | 6% | 6,065 | 84 |
| Active TB | 42 | <1% | 392 | 5 |
| Latent TB | 522 | 5% | 4,870 | 67 |
| Syphilis | 18 | <1% | 168 | 2 |
| Chlamydia | 29 | <1% | 271 | 4 |
| Gonorrhea | 29 | <1% | 271 | 4 |
| Chronic HBV | 437 | 4% | 4,077 | 56 |
| HCV | **1,550** | **14%** | **14,462** | **200** |

Notes:

SF pop 2000 census = 776,733

all co-infections (N and rates)

# Phase 1: Step 2 Feasibility of Assessing Integrated Services

**Development of core questions:** What screening, testing, treatment and/or vaccination activities are funded/supported by your section? Does your section collect prevention activities by client name? Does your section collect information on other prevention activities? If yes, what information? Do you fund/support specific community based organizations to conduct your prevention activities? If yes, what organization and what services? If yes, does your section collect the following information for Site? (fill out table, e.g. name, date of birth, race/ethnicity, sex/gender, date of service, address, social security number, medical record number)

**Interview health department sections:** Given the difference of nuance and verbiage by different programs, the questions were used to conduct an interview of key staff in order to ensure full understanding and completeness of information.

**Analyze data:** The staff reviewed the data by looking at eight key factors: primary services, integrated services provided, clinic based services, electronic medical record used , lab used, community based efforts supported, names reported to Section through community efforts, names collected by local organizations for community based efforts.

**Recommendations: Proceed with identifying a baseline for integrated services in DPH primary cares settings, STD Clinic and Jail Health Services by gathering the data from their EMRs.**
Data for Integrated services for community based efforts cannot be gathered from the Sections of the health department. Therefore we recommend that we do not attempt to gather a baseline for these efforts and that the Steering Committee recommends ways of improving the gathering of integrated services supported through our community efforts.

# Phase 2: Step 2 Obtain Input from Stakeholders

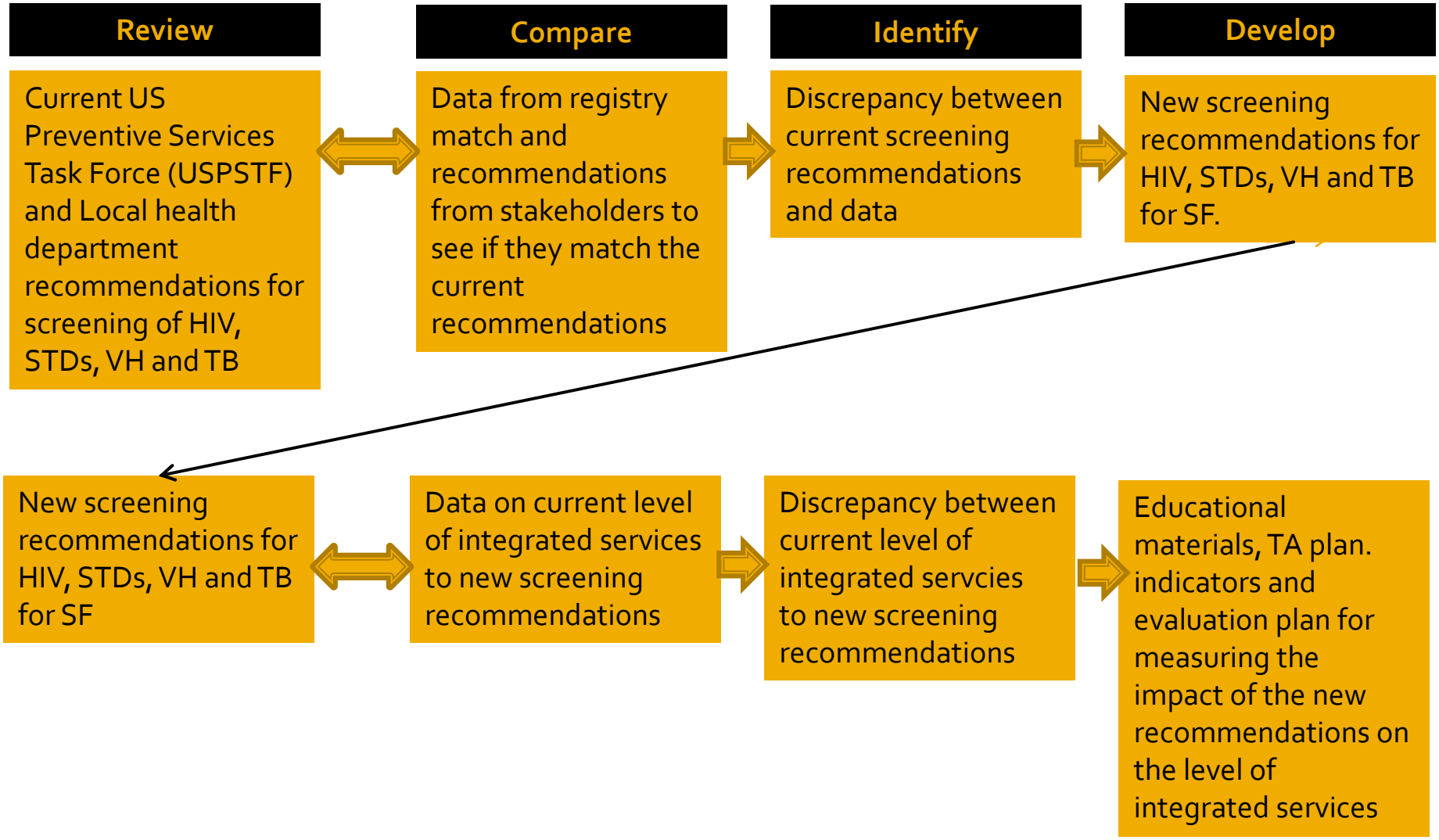
**We are in the process of conducting presentations with the internal health department staff and community planning groups to inform them of the project and garner feedback on the process.**

- Ambulatory Care Committee
- CASPER
- Community Oriented Primary Care Medical Director Meeting
- Communicable Disease Prevention and Control
- Hepatitis C Task Force
- HIV Health Services Planning Council
- HIV Prevention
- HIV Prevention Planning Council
- HIV Epidemiology
- HIV Health Services
- Jail Health Services: Providers, Nurse Managers, Forensic AIDS Project
- Public Health Laboratory
- San Francisco General Hospital Clinical and Micro-Biology Lab
- STD Prevention and Control
- TB Control

# Phase 3: Work groups, Evaluation and Implementation Plan

## Health Disparities and Clinical/Prevention Guidelines

## Using Data to Develop Action Plans for Integrated Efforts



# Phase 3: Work groups, Evaluation and Implementation Plan

## DPH Data Systems

## Using Data to Develop Action Plans for Integrated Efforts

| Review | Compare | Identify | Develop |
|---|---|---|---|
| New CDC confidentiality and security standards for integrated surveillance | New standards to current efforts | Discrepancy between new standards and current polices | Recommendations for sharing and/or integrated efforts |
| Currents EMRs for clinical services | The current EMRs with the results of our assessment to measure current integrated efforts | Barriers to measuring integrated services in clinical settings | Recommendations to improve measuring the outcomes of integrated services in clinical settings |
| Current contracted and supported community delivered services | Current efforts with results of the assessments | Gaps in populations , new settings, as well as barriers to measuring integrated services in community settings | Recommendations to improve measuring the outcomes of integrated services in community settings |

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