

# **Program Collaboration and Service Integration Surveillance and Strategic Information**

**Kevin Fenton, M.D., Ph.D., F.F.P.H.**

**Director**

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention

**Surveillance and Program Integration Meeting  
August 20, 2007**



## Overview

- Overview of NCHHSTP
- Integration as a Center priority
- What is PCSI?
- The role of surveillance in an integrated prevention framework
- Meeting objectives





# NCHHSTP Mission

Maximize public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by

**HIV/AIDS**

**Non-HIV Retroviruses**

**Viral Hepatitis**

**Other Sexually Transmitted Diseases**

**Tuberculosis**

**Non-Tuberculosis Mycobacteria**





## About NCHHSTP

- National Center for HIV, STD, and TB Prevention established in FY 1995
  - Brought together CDC's HIV, STD and TB prevention activities
- Viral hepatitis prevention activities added to mission in 2006, awaiting final approval
- Center supports both domestic and global activities
- Size: 1,500+ FTE and non-FTE staff
  - 15% of CDC workforce
  - Diverse staff

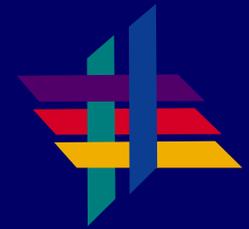




## Burden of disease

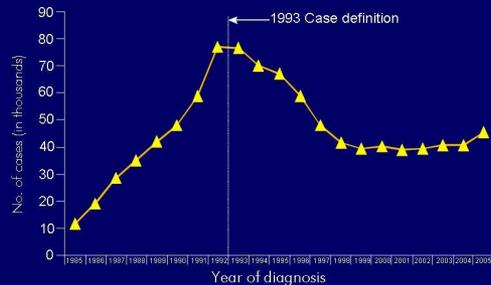
- Estimated 1 million Americans infected with HIV
  - One fourth are unaware of their infection
- Chronic liver disease is the 10th leading cause of death in U.S.
  - More than half of these deaths due to viral hepatitis
  - Hep C is most common blood-borne disease in U.S.
- Estimated 18.9 million cases of non-HIV STDs occur each year in U.S.
  - Chlamydia and gonorrhea are most commonly reported infectious diseases
- Estimated 10 million to 15 million in U.S. have latent TB infection
  - 13,767 had TB disease in 2006





# Heterogeneity in National Epidemics of HIV/AIDS, Hepatitis B, TB, and Selected STDs

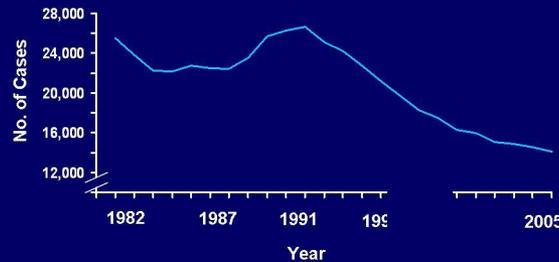
Estimated Number of AIDS Cases among Adults and Adolescents with AIDS, 1985–2005—United States



Note: Data have been adjusted for reporting delays.



Reported TB Cases United States, 1982–2005

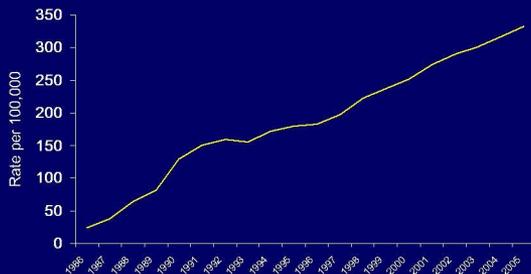


Reported Cases Acute Hepatitis B United States, 1985–2005

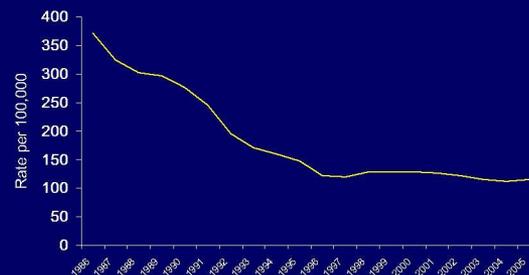


Source: National Notifiable Diseases Surveillance System (NNSS)

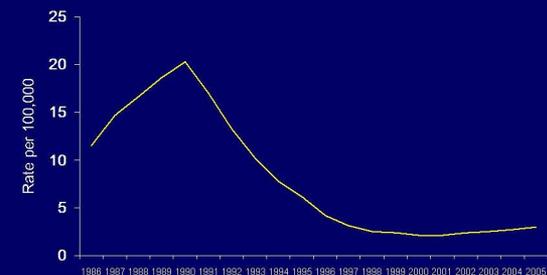
US Chlamydia rate, 1986–2005



US Gonorrhea rate, 1986–2005



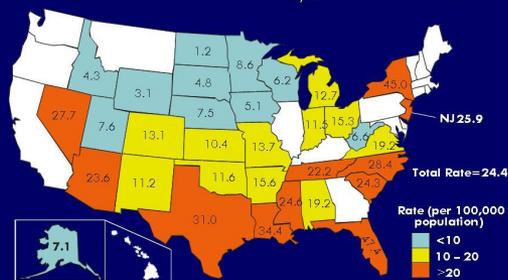
US P&S Syphilis rate, 1986–2005





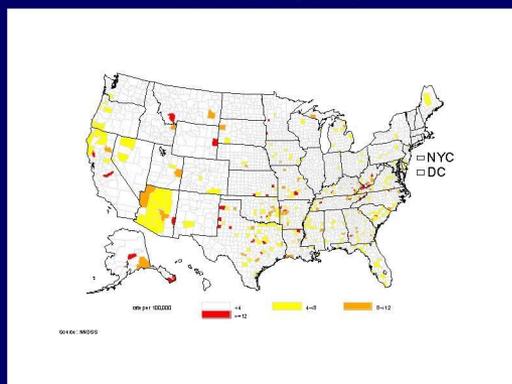
# Geographic heterogeneity in epidemics of HIV/AIDS, Hepatitis B, TB, and Selected STDs

Estimated Diagnosis Rates of HIV/AIDS for Adults and Adolescents, 2005—33 States



Note: Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting areas of least 2001. Data have been adjusted for reporting delays.

Incidence of Acute Hepatitis B, by County, United States, 2005



TB Case Rates,\* United States, 2005



Chlamydia — Rates by state: United States and outlying areas, 2005

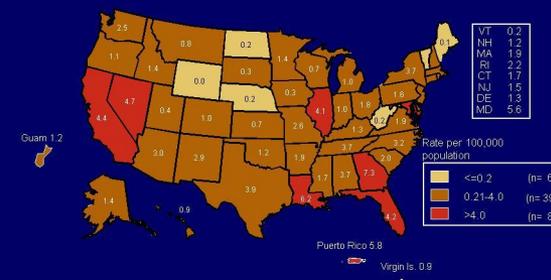


Gonorrhea — Rates by state: United States and outlying areas, 2005



Note: The total rate of gonorrhea for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 114.2 per 100,000 population.

Primary and secondary syphilis — Rates by state: United States and outlying areas, 2005



Note: The total rate of P&S syphilis for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 3.0 per 100,000 population.



# HIV/AIDS, Hepatitis, STD and TB

## Common determinants

- Similar or overlapping at-risk populations
- Disease interactions
  - Common transmission for HIV, hepatitis and STDs
  - STDs increase risk of HIV infection
  - Clinical course and outcomes influenced by concurrent disease
- Social determinants
  - Poor access to, and quality of, health care
  - Stigma, discrimination, homophobia
  - Socioeconomic factors, such as poverty
- Prevention and control
  - Effective interventions exist
  - Challenges in funding, delivery, monitoring and quality of prevention services





# NCHHSTP Programs

## Common Purposes and Strategies

- Eliminating health disparities, especially in sub-populations with disproportionate burden of disease
- Managing and reducing stigma and the resulting consequences in accessing and providing services
- Preventing disease among at-risk/un-infected persons
- Increasing access to high quality, culturally competent services for marginalized, under and uninsured
- Interrupting transmission of infection using similar methods of partner counseling, elicitation, referral, and contact investigations
- Diagnosing disease and providing expeditious treatment and/or referral for care
- Maintaining systems that assure confidentiality
- Monitoring infections in the population (i.e., case surveillance)



# REPLACE -- CDC Goals and Strategic Imperatives

## Shared Leadership Values



**Drug Users**

**MSM**

**Corrections**

**Global Antenatal**

National  
HIV/AIDS, Viral Hepatitis

Associate Director  
for Communications  
(Acting)  
**Niki Keiser**

Associate Director  
for Health Disparities  
(Acting)  
**Raul Romagosa**

Associate Director  
for Planning & Evaluation  
Coordinating  
**Eva Margolis**

**Director**  
**Kevin Fenton**  
**Deputy Director**

Associate Director  
for Program Integration  
(Acting)  
**Susan DeLisle**

Associate Director  
for Science  
(Acting)  
**John Semaan**

Associate Director  
for Laboratory Sciences  
(Acting)  
**Hsi Liu**

**Program Integration**

**Reducing Health Disparities**

**Divisions**  
Tuberculosis Elimination  
**Director**  
**Kenneth G. Castro**

**Global AIDS Program**  
**Director**  
**Deborah Birx**

**Surveillance/Strategic Information**

**Health Disparities**

**Program Integration**

**Modeling/Health Results Measures**





# Program Collaboration and Service Integration (PCSI)

- Operating Definition:
  - A mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services
- Integration should be focused at the field or client level where the interface between the system and the consumer takes place.
- Integration results in more holistic services for clients, regardless of the agency structure.





# Program Collaboration and Service Integration (PCSI)

- Goal:
  - Provide prevention services that are holistic, science based, comprehensive, and high quality to appropriate populations at every interaction with the health care system.
- Vision:
  - Remove barriers to and facilitate adoption of service delivery integration at the client level by aligning NCHHSTP activities, systems, and policies with this goal.





# Levels of Integration of clinical preventive services in health care settings

- Limited integration
  - HIV testing
  - Some integration of health information
- Expanded
  - Service integration across programs funded by CDC based on risk assessment
- Comprehensive
  - Service integration across systems of care (CDC or other) based on risk assessment





# NCHHSTP Consultation on PCSI, August 20-22

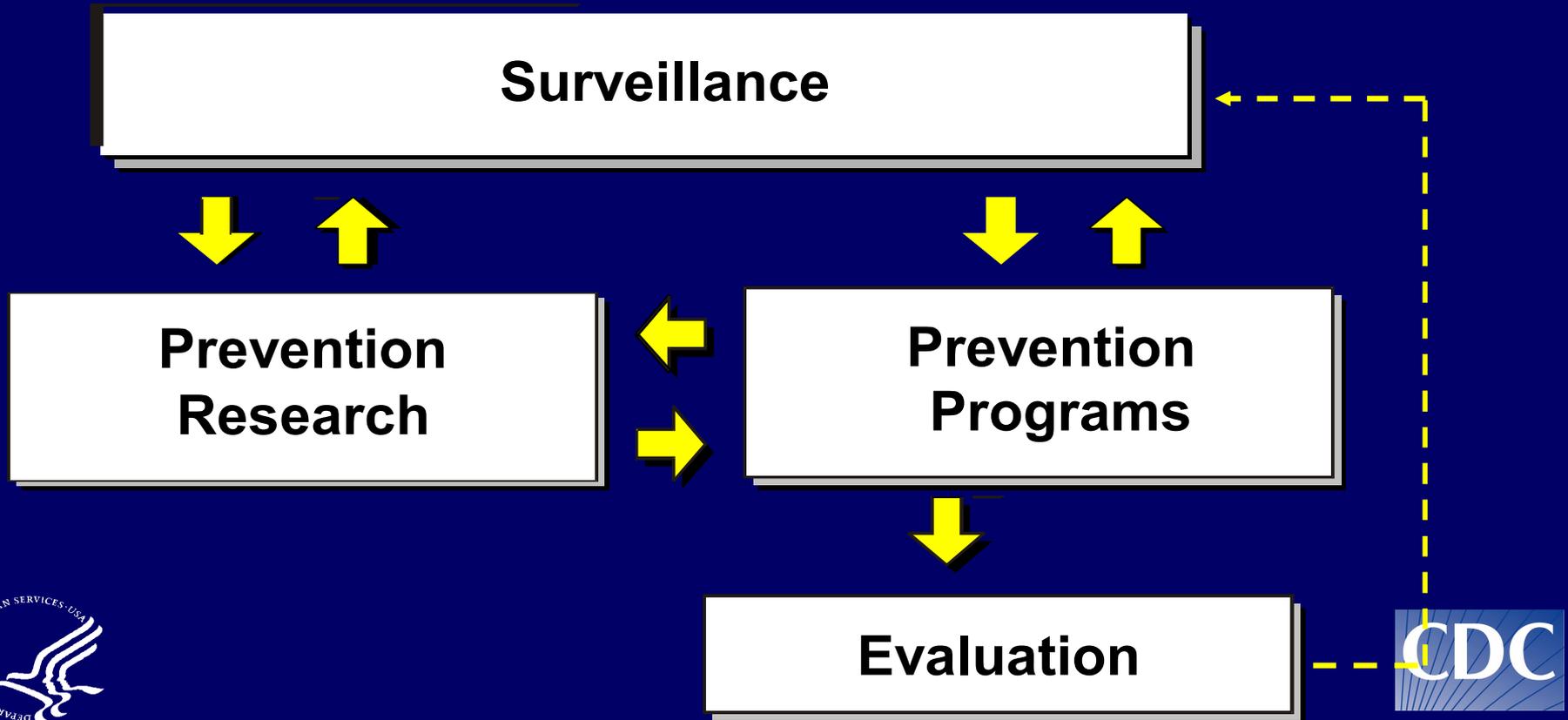
## Overall meeting objectives

1. To advise NCHHSTP on the development of Program Collaboration and Service Integration (PCSI) activities over the next five years
2. Assist in establishing priorities for PCSI; short term and longer term
3. Identify what CDC can do to assist local PCSI efforts
4. Identify what CDC can do to improve its own efforts toward PCSI





# Surveillance is cornerstone of effective prevention programs





## Surveillance/ Strategic Information Gaps

- Lack of data to describe intersection of:
  - TB and STD
  - Viral hepatitis and STD
  - Viral hepatitis and TB
  - Certain STDs and HIV, Latent TB and HIV
- Lack of data to assess prevalence and distribution of integrated preventive services
- Lack of data to monitor and evaluate performance on integration





# NCHHSTP Consultation on PCSI, August 20

## Surveillance Meeting Objectives

1. Address and Review Summary of input on Surveillance Key Questions
  - What surveillance barriers/facilitators exist that might support or hinder PCSI?
  - What are priority recommendations for surveillance/strategic information collection at local, state, and national levels to support PCSI?
2. Identify highest priority recommendations in surveillance in support of PCSI
3. Prepare to report a summary of meeting and priority recommendations to full consultation





## Key Questions

1. What are the weaknesses and strengths in NCHHSTP's current strategic information portfolio that can support PCSI?
2. What surveillance barriers/facilitators exist that might support or hinder PCSI?
3. What are priority recommendations for surveillance/strategic information at local and national levels in support of PCSI?





## Summary

- Program Collaboration and Service Integration is a major strategic priority for NCHHSTP
- Surveillance and strategic information are important tools for successful implementation, monitoring and evaluation of PCSI efforts
- Today's pre-meeting aims to provide time and space to discuss challenges and opportunities for PCSI development and support by CDC and our partners

