

# Connecting to Care, Building Hope

STD Prevention  
**SUCCESS  
STORIES**

Public health and medical professionals have made enormous progress in prevention and treatment of HIV. But there's much more to be done — HIV remains a priority public health issue, both in the United States and around the world. And STD prevention and control programs play an important role.

Fortunately, health departments across the country are staffed with passionate, proactive Disease Intervention Specialists (DIS) going above and beyond to prevent and identify HIV — and to ensure that people are able to access care.

DIS are public health professionals who work in the community to track people diagnosed with reportable diseases, like STDs and HIV. DIS work to find new cases of the disease — and to prevent new ones from happening.

**1 in 8**

people in the U.S. who have HIV don't know it

**\$1.5 billion**

the cost of new HIV cases every year that can be attributed to STDs

**8,400**

the number of new HIV cases every year that are identified by STD clinics

Originally established to work in the field of STD prevention, their ground-level investigative skills have become key components of other public health programs. DIS receive extensive training on essential investigative skills such as communication, interviewing, and case analysis.

Here is a glimpse into the work of some dedicated DIS teams working to identify new cases of HIV — and to link HIV-positive individuals to care.



As DIS Supervisor at the Hawaii State Department of Health (DOH), Alan Komeya works to identify HIV-positive individuals — and to link them to ongoing care and resources. Sometimes Komeya’s team of DIS physically links patients to care. “We provided transportation to the clinic for treatment,” DIS Jamie Callahan says of a recent patient. And they don’t stop there. “All of the DIS staff follow up,” says Komeya. “Did patients make it to care? Is there another option that would work better?”

Under Komeya’s watch, the Hawaii DOH cross-trains their DIS on HIV and STD prevention services. This

is important, he says, citing a case that began as a syphilis investigation and ultimately identified 2 new cases of HIV. “It illustrates how important it is to have this integrated DIS system in place.”

Between this integrative approach to STD and HIV prevention and an extensive follow-up practice, this DIS team is truly an asset to the communities they serve. It’s not easy work, but Callahan says it’s fulfilling. “Seeing somebody get to a point of feeling okay with the diagnosis — seeing that there’s hope once they’re in care. That’s the most rewarding thing.”



## Increasing the Reach of DIS in Rural Tennessee

Beth Denney is the Communicable Disease Director at the Tennessee Department of Health. The department’s region has high rates of both poverty and drug use, so there’s a lot to keep Denney’s team of DIS busy.

One strategy that’s been especially valuable for her DIS is known as cluster interviewing — when DIS ask people diagnosed with a disease about their social networks and who might need to get tested.

“You ask the patient who they think would benefit from a test,” explains DIS Kathy Lisenby. “Sometimes they don’t want to admit they’ve been with someone, and this gives them the opportunity to give a name.”

Lisenby recalls a case in which cluster interviewing contributed to locating a number of new HIV cases, beginning with one HIV-positive woman. “I started asking her about people she associated with,” says Lisenby.

**Before long, DIS had identified 5 new cases of HIV — and were taking steps to link the newly diagnosed patients to care.**

“You may talk to 100 people and 99 don’t care,” adds Denney. “But then there’s that one person who had no clue they were positive. The many out there who don’t know they have it — we’re just trying to get to them.”



## The Human Face of DIS in Urban Tennessee

Laurie Tucker is the Lead Public Health DIS Supervisor in the Chattanooga-Hamilton County Health Department in Tennessee. Laurie and her team of 4 DIS work with many underserved populations, but she doesn’t like to think of it that way. “Our clinic serves whoever needs to be served — humans.”

It’s no surprise, then, that Tucker always has the personal nature of her work in mind. “If you can’t build that rapport and the patient doesn’t feel like you have their best interests in mind, you’re never going to get the best outcome — ever.”

Tucker speaks of a recent case in which a patient who didn’t know where else to go showed up at her department — positive HIV test in hand. Tucker’s team gave him food, located a family member, and brought him to the emergency room. “What was being established,” she explains, “was a little bit of trust.”

Establishing that trust paid off — Tucker’s team continued to work with the patient after his hospital release, linking him to the ongoing care he so desperately needed.

Tucker speaks passionately of her work. “I would never want anybody to think they had to go through life feeling as bad as he felt that day,” she says. “To hear somebody say, ‘I thought this was how my life was going to be. I had lost all hope but you have given me hope back.’ I wouldn’t want to do anything different. I wouldn’t want to be anywhere else.”