Reaching Injection Drug Users:
A case study of NYC Syringe Exchange Programs to provide HIV, STD, viral hepatitis and TB related services

Jennifer Fuld
Program Collaboration and Service Integration (PCSI) Coordinator
New York City Department of Health and Mental Hygiene (NYC DOHMH)
9th National Harm Reduction Conference
November 17, 2012
Portland, Oregon
Presentation Overview

- What is Program Collaboration and Service Integration (PCSI)?
- Syringe Exchange in NYC
- PCSI in Syringe Exchange Programs: Models of Integration
  - Rationale
  - Preliminary Findings
- Lessons Learned
CDC’s Program Collaboration & Service Integration (PCSII) Initiative

- Strategic framework to integrate activities across tuberculosis, viral hepatitis, and STDs including HIV:
  - Foster collaboration across health department programs
  - Coordinate integration of programmatic and surveillance activities
  - Facilitate delivery of integrated services to the public
Why PCSI?

- HIV/AIDS, hepatitis B, hepatitis C, chlamydia, gonorrhea, syphilis and tuberculosis have much in common

- Health Department programs tend to operate independent of each other

- Fiscal challenges impact health department activities and services
PCSI Needs Assessment

• Review of **epidemiological data** to identify
  - Populations at greatest risk of >1 disease
  - Geographic areas of NYC with co-occurring disease
• **Interviews with DOHMH staff** to identify
  - Existing collaborative efforts
  - Opportunities for further collaboration & integration
  - Barriers to integration
• **Interviews with community providers** to identify
  - Models of integration
  - Barriers to integration
NYC PCSI Activities

- Build internal collaboration
- PCSI Activities
  - Data Integration
  - Services Integration
  - Training Integration
- Disseminate outcomes
## Summary of NYC Matches 2000-2010

<table>
<thead>
<tr>
<th>Base Disease</th>
<th># People</th>
<th>HIV</th>
<th>TB</th>
<th>HBV</th>
<th>HCV</th>
<th>Syphilis</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>140,685</td>
<td>-</td>
<td>1%</td>
<td>6%</td>
<td>16%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>TB</td>
<td>11,966</td>
<td>14%</td>
<td>-</td>
<td>4%</td>
<td>6%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>HBV</td>
<td>155,959</td>
<td>5%</td>
<td>&lt;1%</td>
<td>-</td>
<td>4%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>HCV</td>
<td>157,750</td>
<td>15%</td>
<td>&lt;1%</td>
<td>4%</td>
<td>-</td>
<td>&lt;1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>14,216</td>
<td>50%</td>
<td>&lt;1%</td>
<td>6%</td>
<td>8%</td>
<td>-</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>109,050</td>
<td>7%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>-</td>
<td>46%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>366,409</td>
<td>2%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>14%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: NYC DOHMH, Division of Disease Control, PCSI Syndemic Project, 2012
IDUs and PCSI Diseases

- In NYC between 2000 and 2010 IDUs:
  - 14% of new HIV cases
  - 55% of HIV/hepatitis C matches
  - 23% of HIV/hepatitis B matches
  - 11% of HIV/TB matches
  - 6% of HIV/Chlamydia matches
  - 5% of HIV/Gonorrhea matches
  - 21% of hepatitis C/TB matches

Data Source: NYC DOHMH, Division of Disease Control, PCSI Syndemic Project, 2012
Syringe Exchange Programs and Zip Codes with Diseases in the Top Quintile, 2010

Number of Diseases with Rates in the Top Quintile (by zip code, 2010)

Syringe Exchange Sites
- Mobile
- Single Room Occupancy (SRO)
- Storefront

Diseases: HIV, hepatitis B, hepatitis C, tuberculosis, chlamydia, gonorrhea, and primary and secondary syphilis

Sources: 2010 TB surveillance data, Bureau of TB Control; 2010 Hepatitis B and C surveillance data, Bureau of Communicable Disease; STD surveillance data, Bureau of STD Prevention and Control; HIV surveillance data, Bureau of HIV Prevention and Control
Syringe Access in NYC

- 14 Syringe Exchange Programs

- Employ a variety of models to dispense sterile syringes to IDUs
  - Storefront
  - Walk-about
  - Mobile van
  - Peer-delivery
  - Referral to Expanded Syringe Access Program (ESAP)

- Disposal via a variety of mechanisms
  - Fitpacks
  - Sharps disposal kiosks
Syringe Access in NYC (cont’d)

- Served more than 14,000 individuals in 2010
  - Performed over 74,000 syringe transactions
- Over 2 million syringes are dispensed each year
- The typical participant accesses a SEP 5 times per year
- Median age of an SEP participant is 41 years
- 75% of SEP participants are male
- 50% are Hispanic, one quarter are white, one fifth are black

*Data from DOHMH Bureau of Alcohol & Drug Use Prevention, Care & Treatment*
SEPs & PCSI

- SEPs serve people
  - Who can remain anonymous
  - At high risk for HIV, STDs, viral hepatitis and TB
  - At high risk for overdose
  - Who do not access traditional health care
  - Face stigma and marginalization
SEPs are Experts in:

• Providing a range of services
• Providing supportive environment
• Engaging injection drug users in services
• Creatively meeting client needs
• Doing a lot with very little
Case Study Overview

**Purpose:**
- Assess strategies for providing HIV, STD, viral hepatitis and TB testing and linkage to care services
- Identify best practices in service integration at SEPs

**Method:**
- Semi-structured interviews at NYC SEP organizations
- Follow-up discussion with all SEPs as group
SEP Client Needs

- PCSI diseases may not be priority
- Other health issues
  - Chronic diseases (diabetes, heart disease)
  - Mental health
- Housing
- Employment
Organization/Systems Issues

- Prioritizing services to offer
  - On-site
  - Referral
- Testing only not sufficient
- Staff
  - Turnover
  - Knowledge – training
- Impact of health care reform
- Funding
SEPs Client Needs & Funding

Client Needs
- Other Health Issues
  - STDs
  - TB
  - Hepatitis B
  - Hepatitis C
- HIV

Funding
- Other Resources
  - syphilis elimination
  - Hep C testing
- HIV Funds
  - HRSA
  - CDC
  - City grants
  - State grants
Testing Services for PCSI Diseases

• Dependent on:
  • Funding
    • Comes from disease-specific grants, primarily HIV
    • Very little or no funding for STD, viral hep or TB testing
  • Staff capacity
    • Phlebotomy
    • Disease-specific knowledge
SEP Models of Service Integration

- Partnerships
- Referrals/linkage agreements
- Medical providers on staff
- Co-located clinics
Partnerships

• Fill gaps through formal agreements with partner agencies
  • Example:
    • SEP provides rapid HIV testing but no capacity for HCV testing
    • Partner agency comes to the SEP once a week to do HCV testing
  • Challenges:
    • Dependent on another agency
    • Effort must be put into developing & maintaining ongoing relationship
Referrals/Linkage Agreements

- Refer clients to a local clinic through a linkage agreement
  - Example:
    - SEP offers no clinical services but has dedicated “referral specialists”
    - Local clinic agrees to accept SEP patients
  - Challenges:
    - Effort must be put into maintaining the relationship
    - Clients have to get to a different location for service
Clinician on Staff

- Clinician provides on-site services (on-staff or volunteer)
  - Example:
    - SEP uses overhead funding or grant funding to hire a part-time clinician
    - Medical students intern/volunteer
  - Challenges:
    - Funding needed to pay the clinician
    - Intern/volunteer turn-over
Co-Located Services

- Clinic on-site, either through linkage agreement, or merger
  - Example:
    - SEP has space to offer clinical services but no clinical staff
    - Partner clinic opens site at the SEP
  - Challenges:
    - Requires mutually beneficial partnership
    - SEP may have less control
    - Clinic staff may not be open to working with SEP clients
Lessons Learned

- SEPs are a critical link to medical services
- More flexible funding streams needed
- IDUs not all alike - SEPs not all alike
- One SEP model does not fit all
- Impact of health care reform...
Lessons Learned

• Collaboration within health department is important
  • Engaging with SEPs
  • Research/programmatic activities
  • Internal staff training
  • Curricula development for external training
  • Funding opportunities
PCSI Next Steps

- Dissemination of models
  - SEPs can provide technical assistance to others
- Working with SEPs to overcome challenges
- Evaluation of service integration models
  - Do these models succeed in getting SEP clients tested and linked to care?
Co-Authors

- Jennifer Fuld, PhD candidate, MA, PCSI Coordinator, NYC DOHMH, Division of Disease Control, NYC (jfuld@health.nyc.gov)
- Ann Drobnik, MPH, PCSI Analyst, NYC DOHMH, Division of Disease Control, NYC (adrobnik@health.nyc.gov)
- Anne Siegler, MPH, Research Scientist, Bureau of Alcohol, Drug Prevention & Treatment, NYC DOHMH, NYC (asiegler@health.nyc.gov)
Thank you

- New York Harm Reduction Educators
- After Hours Project
- Housing Works
- Citiwide Harm Reduction
- Family Services Center of New York
- St. Ann’s Corner of Harm Reduction
- Community Health Action of Staten Island
- Positive Health Project
- Lower East Side Harm Reduction Center
- FROST’D
- VOCAL
- Washington Heights CORNER Project
- AIDS Center of Queens County
- Safe Horizon
- Harm Reduction Coalition
- NYS AIDS Institute
Thank you – DOHMH Colleagues

Shama Ahuja, Luke Bergmann, Katherine Bornschlegel, Sarah Braunstein, Jennifer Baumgartner, James Hadler, Robin Hennessy, Sonny Ly, Julie Yuan, Julia Schillinger, Colin Shepard, Lisa Trieu, Tiffany Harris, Jessie Pinchoff, Elizabeth Terranova, Jay K. Varma