

HOWARD BROWN HEALTH CENTER

Community Based Partner Services

Chad Hendry
Manager of Disease Intervention Services
Howard Brown Health Center

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Our Mission

Howard Brown exists to eliminate the disparities in health care experienced by lesbian, gay, bisexual and transgender people through research, education and the provision of services that promote health and wellness.

All programs are designed to promote services in a confidential, supportive, and nurturing environment.


What is Howard Brown Health Center?

- Founded in 1974
- One of the nation's largest and most respected LGBTQ organizations
- Annual budget > \$22 Million
- Serve > 16,000 unique adults and youth annually
- Primary medical care, behavioral health, research, social services, HIV/STI prevention, youth services, elder services, and community initiatives



Care Locations

HOWARD BROWN HEALTH CENTER



a program of Howard Brown Health Center and our community partners

aris health

— by HOWARD BROWN HEALTH CENTER

Howard Brown

*Brown
Elephant
Resale
Shops*

*Older
Adult
Services*

Research

*Medical
Services*

*Behavioral
Health
Services*

*Youth
Services
(BYC)*

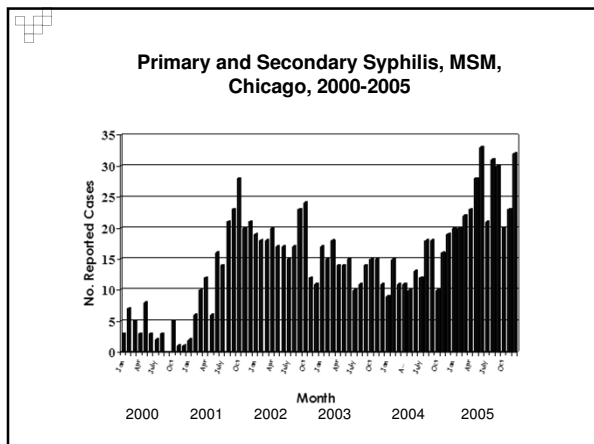
*HIV/STD
Prevention*

*Women's
Services*

Today, Howard Brown is one of the nation's largest LGBTQ organizations, serving more than 16,000 adults and youth each year through its eight main programs:

Why Howard Brown?

- Existing good relationship with Chicago Department of Public Health
- Rise in Syphilis Cases among MSM in 2001
- A lot of MSM cases were UTL. For those that were interviewed the Partner Index was low.
 - Cultural competency vs. reputation of the HD in the community?



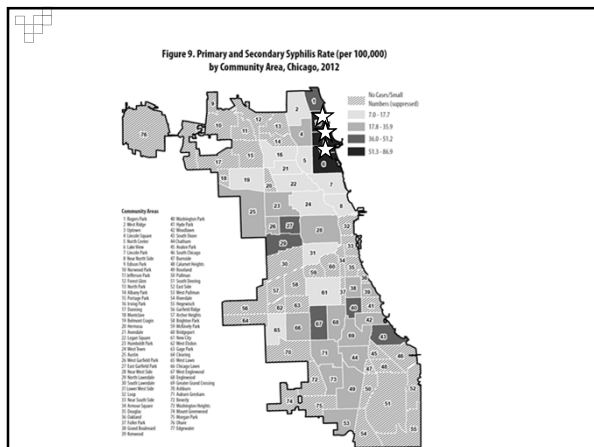
HIV Prevalence in Chicago, Courtesy of AIDSvU

☆ HBHC 3 clinical care sites in 60613 and 60657

Four zip codes with highest HIV prevalence in Chicago

- 60660: 2.6% prevalence
- 60640: 2.9% prevalence
- 60613: 2.8% prevalence
- 60657: 2.1% prevalence

Chicago - Persons Living with an HIV or AIDS Diagnosis, 2010



History of DIS Program at Howard Brown

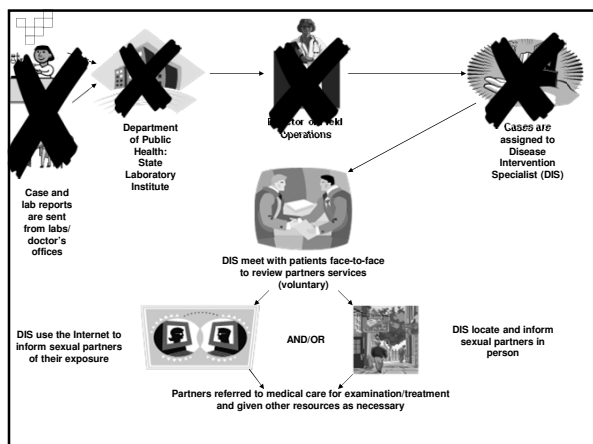
- 2002 - funded by CDPH to hire 1 full-time DIS to provide Syphilis Case Management
 - Improve Cultural Competency
 - Increase % of new cases interviewed
 - Build an Innovative Partnership
 - Case Review Done by CDPH
- April of 2006 – Case Review and Supervision transferred to HBHC Staff – Manger of Disease Intervention

DIS at HBHC Today

- (4) Full – Time staff (including manager)
- ¼ time DIS from Ryan White Part D (works with Ryan White Part D Clients)
- Staff Funded through CDPH, IDPH, and HBHC

What makes us different from the local health department?

- DIS model is fully integrated in the medical clinic – DIS Interview is seen as part of the standard of care
- Interview technique
- Cultural Competency – Our team at Howard Brown reflects the communities that we serve. We believe members of the community can best help the community.
- Flexibility in how we conduct our disease intervention notifications
- Clinic based DIS/Partner Services program vs. Surveillance based



Less Bureaucracy Than Local HD

Less Red Tape than large HD, allows us more flexibility in how we do our job.

Use of the internet in case investigation

- Opening profiles during interview
- Validating locating information (post-interview)
- Looking up elicited (& non-elicited) profiles
 - Sex-seeking sites (buddies?)
 - Social networking sites (friends?)
- Re-interview via e-mail (respectful of time)

Use of the internet in partner services

- E-mailing elicited screen names & e-mails
- E-mailing found (non-elicited) profiles
- Protected, search-friendly database(s)

Text messaging

- Google Voice

But does it actually work?

Two data sets to evaluate program in the beginning (2000-2003)

- Comparison of CDPH/HBHC
 - Presented at ISSTD and NSTDC
 - Compared three years of early syphilis
 - This represented first 1.5 yrs of HB program
- Post-comparison data
 - Pulled as routine data collection
 - Extends data above for two years
 - Enables us to look at program maturity

Methods

Retrospective case audit

- All early cases diagnosed at HB from January 2000-December 2003
 - CDPH investigated cases Jan 2000-May 2002
 - HB investigated cases June 2002-Dec 2003

On-going case audit

- All early cases diagnosed at HB from January 2004-December 2005—all HB investigated

Used 73.54 form for data collection

- Recorded interviewer number, diagnosis, demographic info, behavioral info, and partner dispositions for analysis

Study population

232 early syphilis cases were included in the analysis

- CDPH investigated 108 (46.6%) cases
- HB investigated 124 (53.4%) cases
 - No significant differences in total cases, demographics, or stage of disease

Results

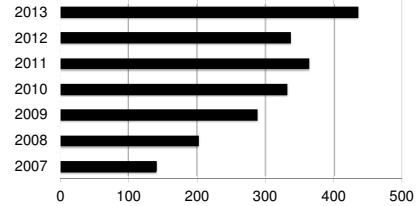
Lost to follow-up (coded as 999)

- CDPH: 43/108 cases (39.8%)
- HB: 6/124 cases (4.8%)
 - p<0.01

Time from treatment to interview for cases not lost to follow-up, in median number of days

- CDPH: 26 days
- HB: 1 day

Syphilis Cases on the Rise, HBHC 2007-2013



In 2014, HBHC case managed 434 Syphilis cases. Of which 350 cases were Early Syphilis (710, 720, 730).

HBHC DIS Outcomes, 2010-2013

HBHC DIS Outcomes, 2010–2013:						
Year	# FTEs	Total syphilis cases assigned	Treated	Interviewed	Partners Elicited	Partner Index
2010	3	331	330 (99.7%)	324 (98%)	676	2.1
2011	3.5	363	361 (99.4%)	349 (96%)	613	1.8
2012	1.2*	326	322 (98.8%)	290 (89%)	419	1.4
2013	4.25	434	429 (99.0%)	414 (95%)	423	1.1

*For much of 2012 (May–November), the DIS program had ~1 total FTE (see chart below). Funding challenges combined with staff turnover, led to decreased personnel and lower partner services outcomes than in prior years.

2013 HBHC Partner Services Dispositions

(434 syphilis cases + 4 HIV only cases = 438 cases total)
(418 total cases interviewed; 423 SPs = 1.1 partner index)

A	B	C	D	E	F	G	H	J	K
131	37	41	0	19	7	0	63	117	8

A = Preventatively Treated for Recent Syphilis Exposure
 B = Refused Preventative Treatment, Tested Negative
 C = Infected with Syphilis, Brought to Treatment
 D = Infected with Syphilis, Not Treated
 E = Previously Treated for Syphilis
 F = Not Infected with Syphilis
 G = Insufficient Info to Begin Investigation
 H = Unable to Locate
 J = Located, Refused Examination and/or Treatment
 K = Out of Jurisdiction
 900 = Sex Partners Elicited on 3 HIV Only Cases
 CDPH = Sent to CDPH for Notification (Unk Dispos)

HBHC and CDPH/IDPH Collaboration

- Open Two Way Communication with CDPH/IDPH
 - Phone – Allows us to do fast record searches for previous testing history or locating information.
 - CDPH required to do phone record search with HBHC for all P1's for locating information prior to "H" dispositioned.
 - Text between DIS through Google voice to alert each other to various things P1's arriving, Record Search needed etc.
- Flexibility with referrals to treatment/testing for P1's between Howard Brown's Extended clinic hours/weekends as well as outreach testing locations and CDPH's various testing locations through out the city.

HBHC and CDPH/IDPH Collaboration Cont.

- Howard Brown provides Internet Partner Services for both CDPH and IDPH as needed.
- Cross check with CDPH DIS when patients states already contacted or being contacted by CDPH to ensure that we collaborate on cases and eliminate duplication of efforts.
- Howard Brown provides space as needed for CDPH DIS to conduct OI's onsite here at HBHC for clients who are already engaged with CDPH DIS but are more comfortable obtaining services at Howard Brown.
- Enter all cases into CDPH's case management system (STD*MIS) in an expeditious manner so that records are easily accessible by CDPH.



Acknowledgements

- HBHC DIS Department
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Thank you for having me!

Chad T. Hendry
Manager of Disease Intervention Services

Howard Brown Health Center
4025 N Sheridan Road.
Chicago, IL 60613

PH 773-388-8931
Email: Chadh@howardbrown.org