

Bridging the Gap:

Lessons Learned from Integrating STI & Harm Reduction Services

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April 28, 2025

About NACCHO

- The National Association of County and City Health Officials (**NACCHO**) is a leader, partner, catalyst, and voice for over 3,300 local health departments (**LHDs**)
- NACCHO provides **resources and technical and capacity building assistance** to LHDs—directly and through partnership and engagement with policymakers
- LHDs work across the public health spectrum, advancing and implementing public health policies, programs, and services

Introductions



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Agenda

- Background
- Project Overview
- Project Findings
- Q&A

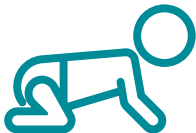
Background



More than 100,000 overdose deaths annually¹



Record rates of chlamydia, gonorrhea, syphilis



Congenital syphilis cases have increased nearly 1000%²

Background

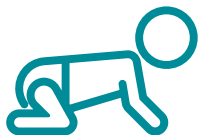


More than 100,000 overdose deaths annually¹



Record rates of chlamydia, gonorrhea, syphilis

- People who use drugs (PWUD) represent a growing proportion of cases³⁻⁴



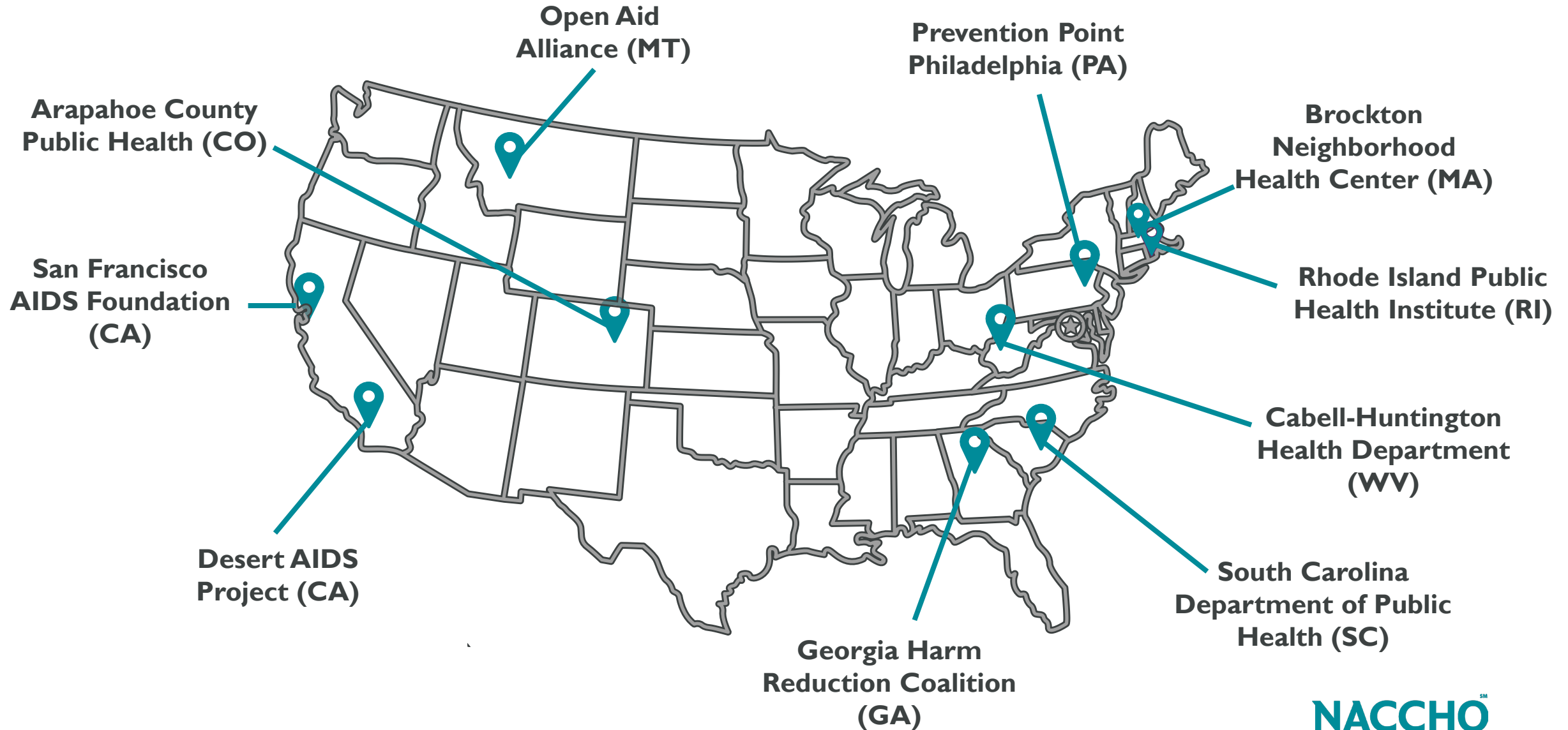
Congenital syphilis cases have increased nearly 1000%²

- PWUD are 2x as likely to have a congenital syphilis outcome⁵

Project Overview

Component	Objective	Methods
Formative Assessment	Understand current status of STI/harm reduction (HR) integration and factors that affect implementation	<ul style="list-style-type: none">• Environmental scan• Survey• Focus groups
Evaluation	Characterize integration models, assess feasibility and effectiveness	<p>In partnership with 10 orgs that integrate STI/HR services:</p> <ul style="list-style-type: none">• Quantitative service delivery data• 3 rounds of interviews• Workflow descriptions, project reports

Evaluation Sites



STI/HR Integration Models



One-Stop Shop

Co-location of services
in a fixed site



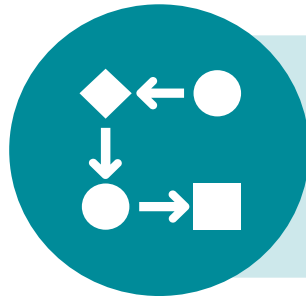
Mobile & Outreach

Co-location of services
in the community



Satellite Services

Services are brought
together on a regular or
ad-hoc basis



Many organizations operate multiple,
interconnected service delivery models

Models: One-Stop-Shop



One-Stop Shop
Co-location of services
in a fixed site

- Often allows more **comprehensive** service delivery due to:
 - Availability of staff, supplies, space
- May still need strategies for:
 - **Navigation**
 - **Promotion**
 - **Uptake**

Models: Mobile & Outreach



Mobile & Outreach
Co-location of services
in the community

- Allows providers to literally **meet people where they are**
- Common locations include encampments, shelters, food banks
- Service delivery may be more limited

Models: Satellite Services



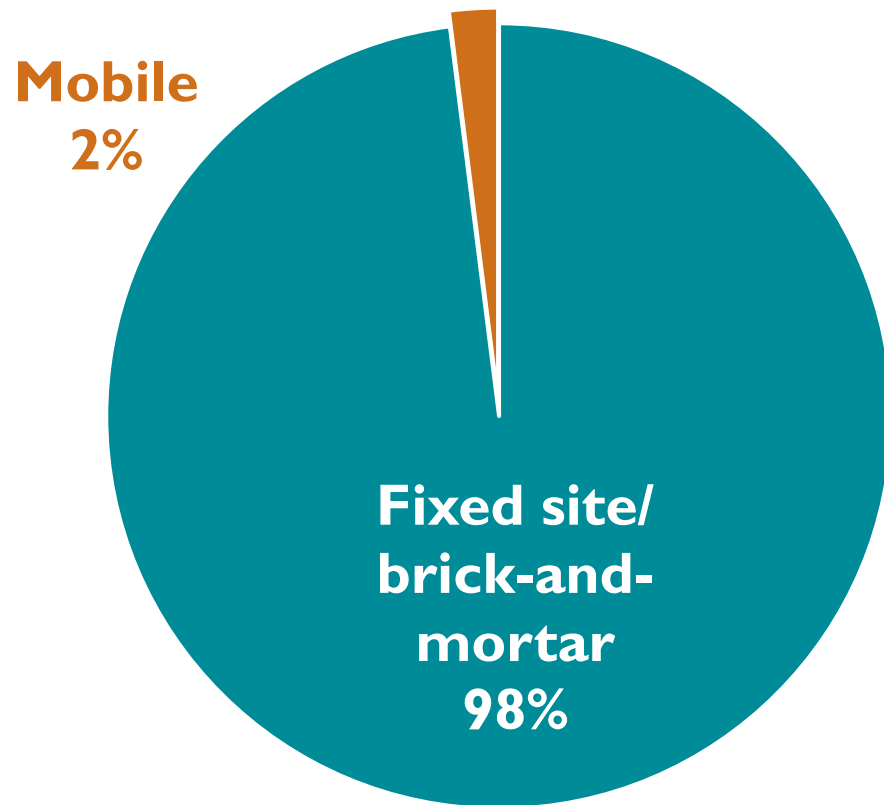
Satellite Services

Services are brought together on a regular or ad-hoc basis

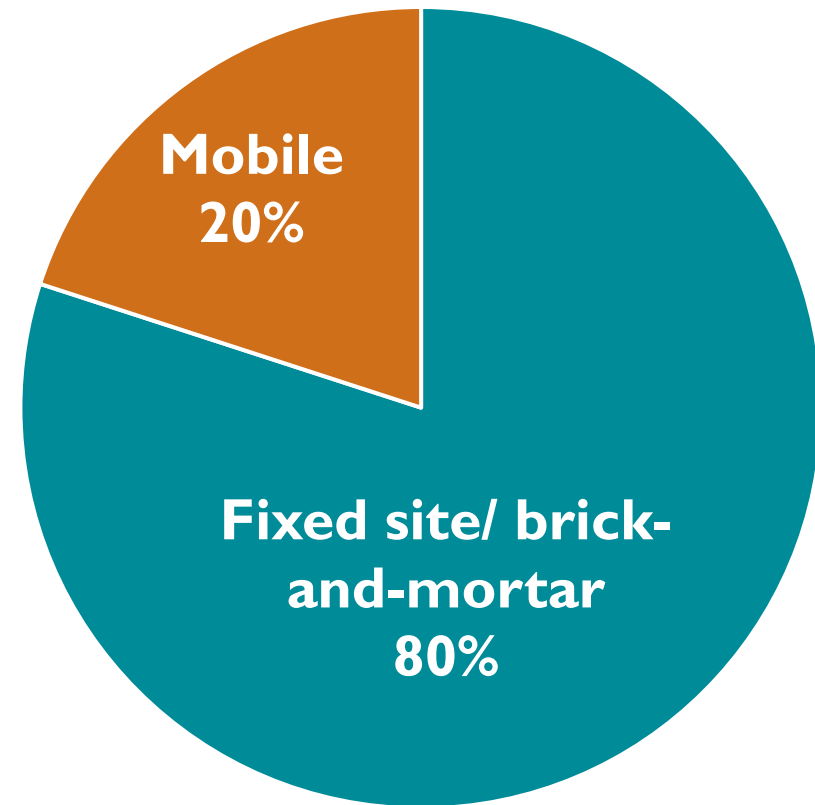
- Most common model: STI provider visits HR facility to offer services
- Leverages each organization's **existing infrastructure**
- Requires **strong partnership and communication** between organizations

Breakdown of Visits by Setting

STI Visits



Harm Reduction Visits



Service Delivery

- STI testing protocols depend on:
 - Supplies
 - Physical space
 - Staff
- STI treatment models include:
 - On-site treatment
 - Navigate to different location (e.g., from mobile to fixed site)
 - Refer to partner



Staff: Roles

Staff common across sites included:

- Nurses
- Phlebotomists
- Behavioral health or harm reduction coordinators or counselors
- Outreach staff (e.g., health educators, community health workers)

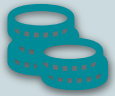
Motivations for Integration

- For public health/STI programs: Opportunity to **reach new populations** with STI services
- For HR programs: Desire to address clients' **comprehensive needs**

“This initiative proved that you can be successful when you offer health department services outside of our walls.”

-Evaluation site (health department)

Funding



Most common funding sources: state health department and grants, followed by federal and county/city



Difficulty carving up the work to report back to funders



Funding restrictions, e.g., can't use for incentives, syringes, fundraising

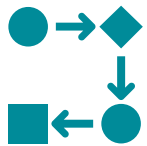


Unstable funding environment: short-term grants, inflexible contracts, changing political climates

Start-Up Activities for Integrating Services



Hiring, cross-training **staff**



Establishing **workflows, protocols**



Strengthening **partnerships**, building **trust**



Establishing **infrastructure**: physical space, supplies, lab connections

Maintaining Integrated Services

- Passionate, dedicated **staff** are key:
 - Critical to have **buy-in** as take on new responsibilities
 - **Interpersonal skills** → ability to build trust with clients
- Continued communication, relationship building with:
 - **People who use drugs**
 - Decision-makers, funders, community, providers



It's all about the people

Service Provision Challenges



Shortages of supplies (Bicillin, HR supplies)

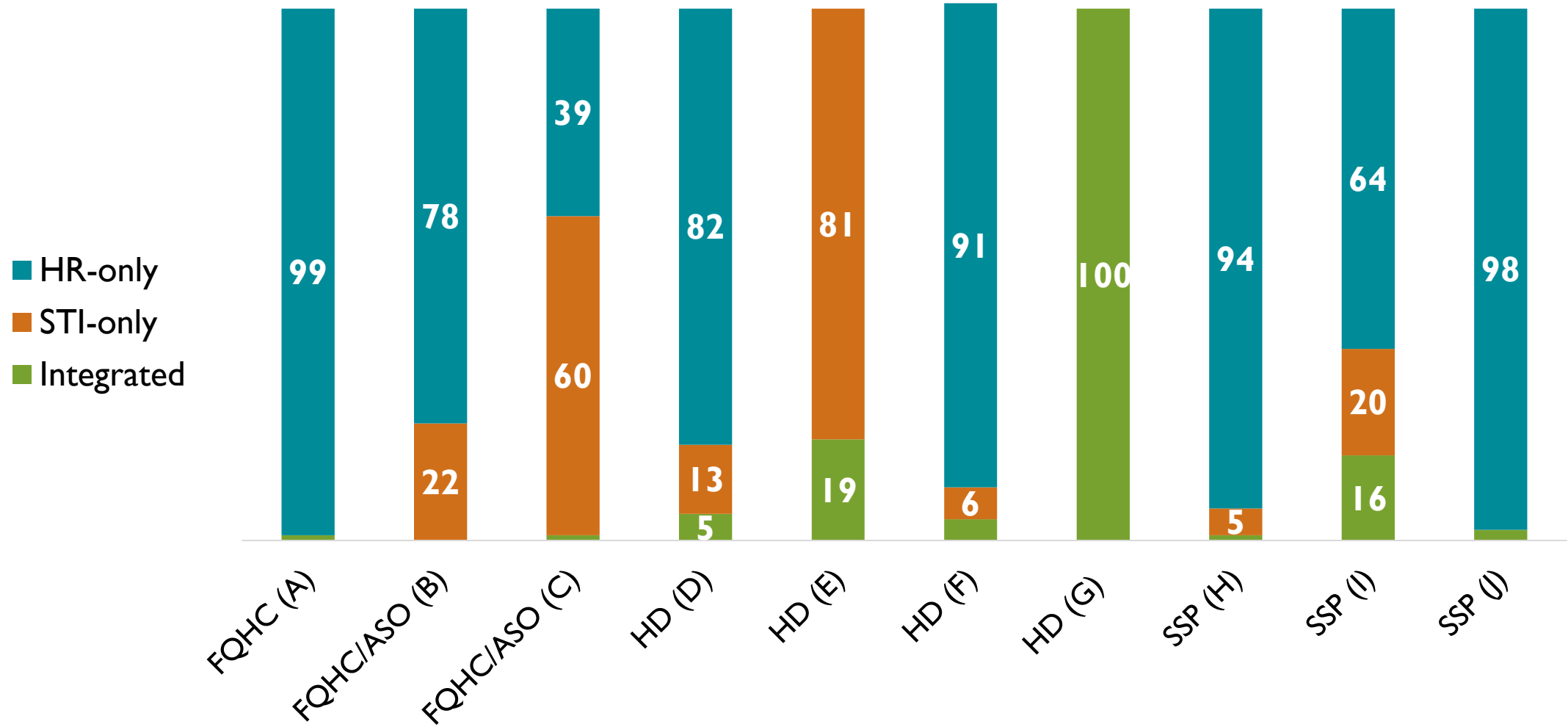


Limited private space for exams, sample collection



Following up with patients who test positive

Breakdown of Sites' Visits by Service Type



Uptake & Promotion

Gaps in **uptake** are common:

- Clients not always aware of full spectrum of services
- Aversion to clinical services can persist, even in trusted settings
- STI care may not be a priority to clients
- Clients may have very limited time to spend in setting



Word of mouth is key for reaching and deepening engagement with clients

How to Increase Uptake of Integrated Services

Intake Forms

- Include space on intake forms for clients to indicate other services they are interested in

Client Conversations

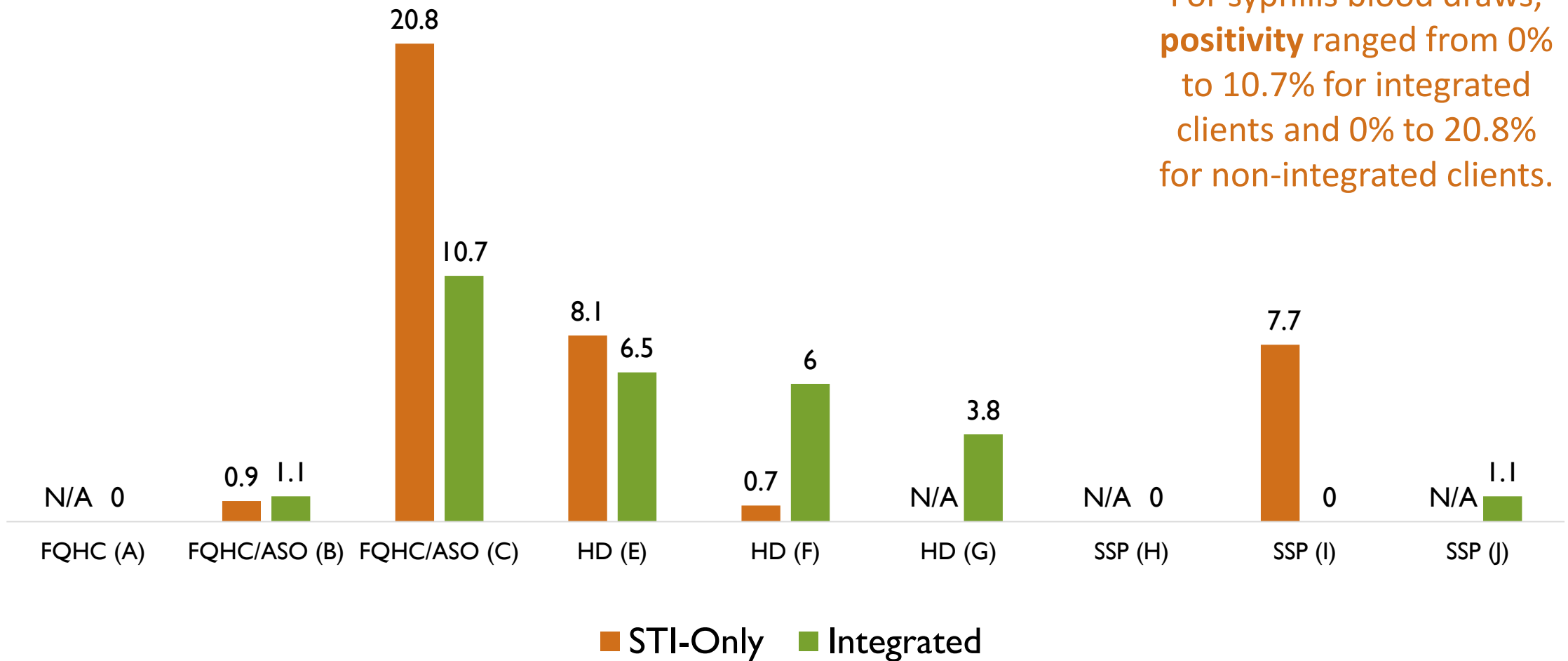
- Use client conversations to make clients aware of available services

Incentivized Testing

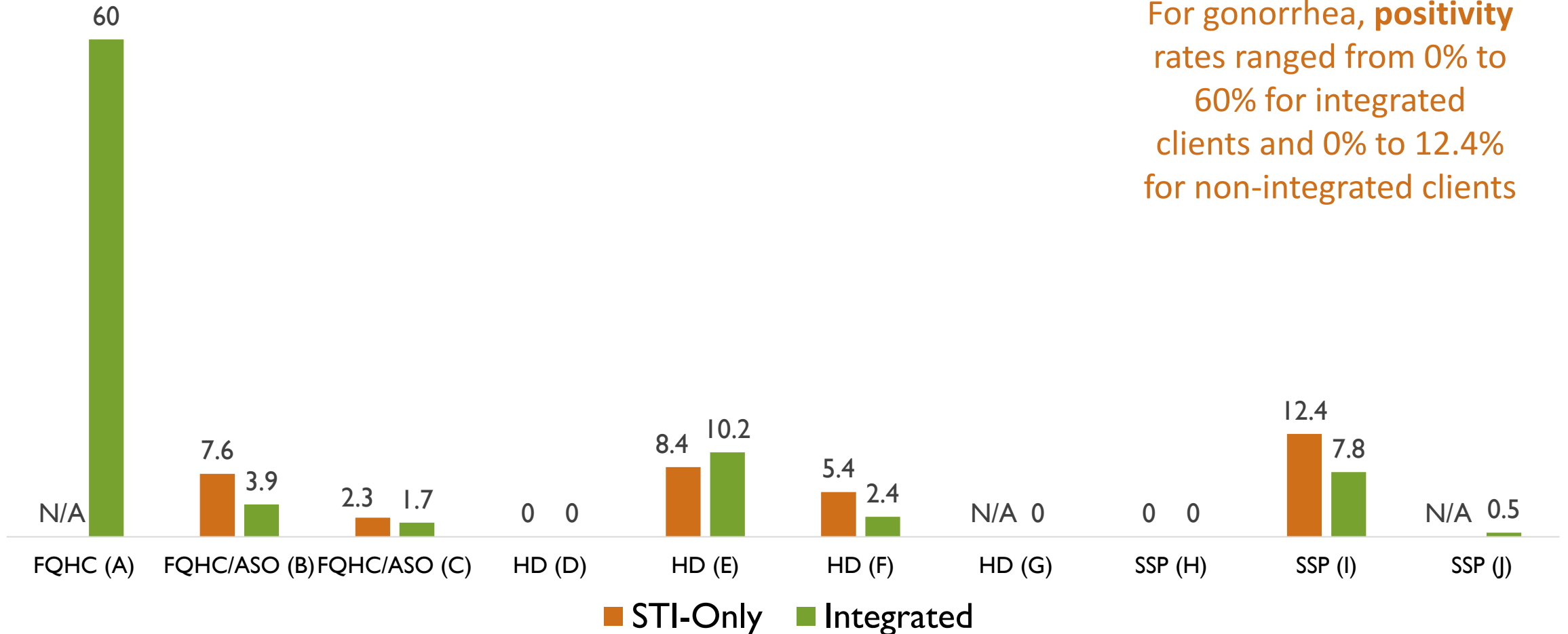
- Implement incentivized testing—a strategy that several organizations had used in the past with success

Syphilis Positivity (Blood Draw)

For syphilis blood draws, **positivity** ranged from 0% to 10.7% for integrated clients and 0% to 20.8% for non-integrated clients.



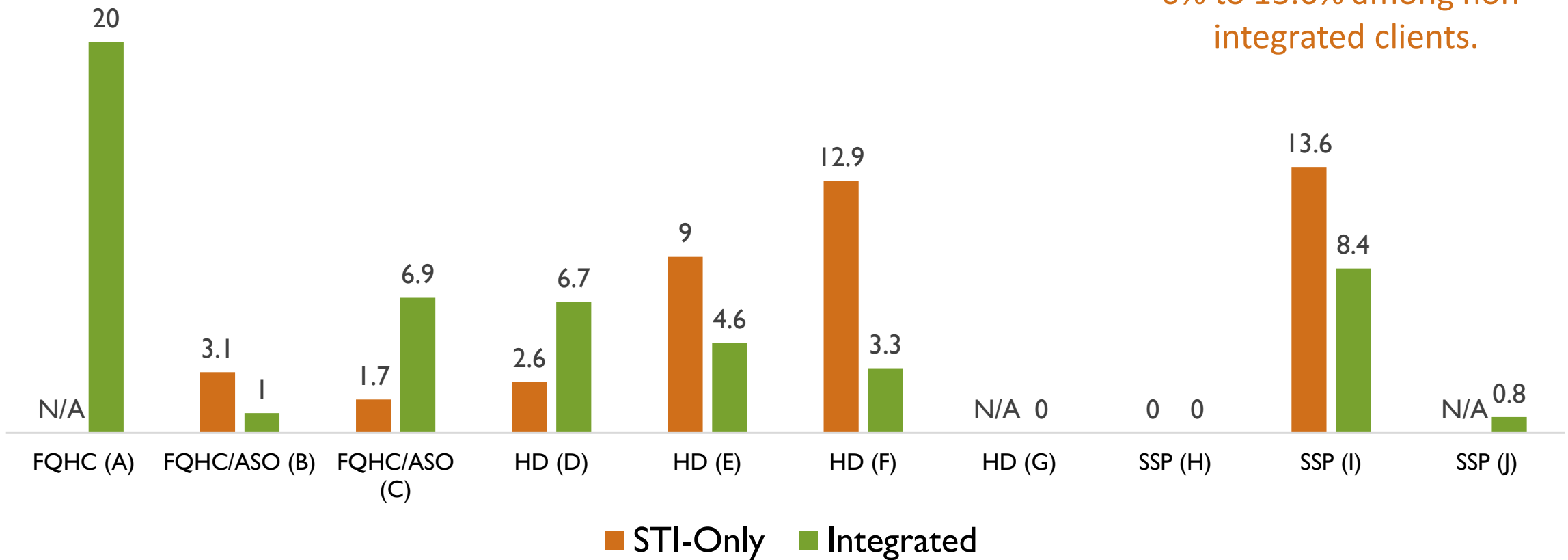
Gonorrhea Positivity



For gonorrhea, **positivity** rates ranged from 0% to 60% for integrated clients and 0% to 12.4% for non-integrated clients

Chlamydia Positivity

For chlamydia, **positivity** rates ranged from 0% to 20% among integrated clients and 0% to 13.6% among non-integrated clients.



STI Positivity Takeaways

- Integrated service delivery providers are **effectively reaching** PWUD with STI testing and treatment
- **Regular clients** of these orgs may access STI services at higher rates than other PWUD
- **Gaps in uptake** of STI services exist within these settings

Is It Worth It?

Harm reduction services are the gateway to other services and without the ability to build that rapport in a non-judgmental way, I think that we would not see the amount or number of participants we see entering our health clinics.

– Evaluation Site (SSP)

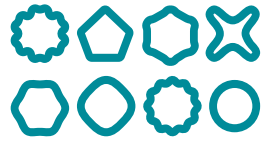
Yes, because [the cases] are there so why not. In the STI world, if you wait a couple days [clients] are going to change their mind. So get it taken care of when they are there for other services.

– Evaluation Site (Health Department)

That's how we identified too that we had an HIV outbreak...we saw an increase when we were testing [HR clients].

– Evaluation Site (Health Department)

Lessons Learned



Integration **models are diverse** and reflect organization's capacity, resources, and community



HR settings are a **gateway** to reaching PWUD

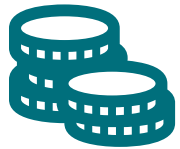


Meeting people where they are is only the 1st step



People—staff, clients, partners—are key to success

Recommendations



Provide sustainable, flexible funding for STI/HR integration models and strategies



Build capacity for integration through workforce development



Enhance surveillance and continue to research the syndemic



Address drivers of the syndemic

Recommendations



Implement and scale up STI/HR integration models and strategies



Continue to evaluate STI/HR integration models and strategies



Implement and evaluate strategies to increase uptake of integrated services

Acknowledgements

- **CDC Division of STD Prevention**
- **NACCHO Staff:**
 - Rebekah Horowitz, Director, STI Programs
 - Daniel Pagán, Lead Analyst - Evaluation Methodology and Analytics
- **Evaluation Sites:**
 - Arapahoe County Public Health
 - Brockton Neighborhood Health Center
 - Cabell-Huntington Health Department
 - DAP Health
 - Georgia Harm Reduction Coalition
 - Open AID Alliance
 - Prevention Point Philadelphia
 - Rhode Island Public Health Institute
 - San Francisco AIDS Foundation
 - South Carolina Department of Health & Environmental Control Upstate Region

Questions?



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Thank you!

Contact Kat (kkelley@naccho.org) with additional questions or comments