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Public Health

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Data-to-Care (D2C) Update Connecticut, 2021-2024

09/17/2025

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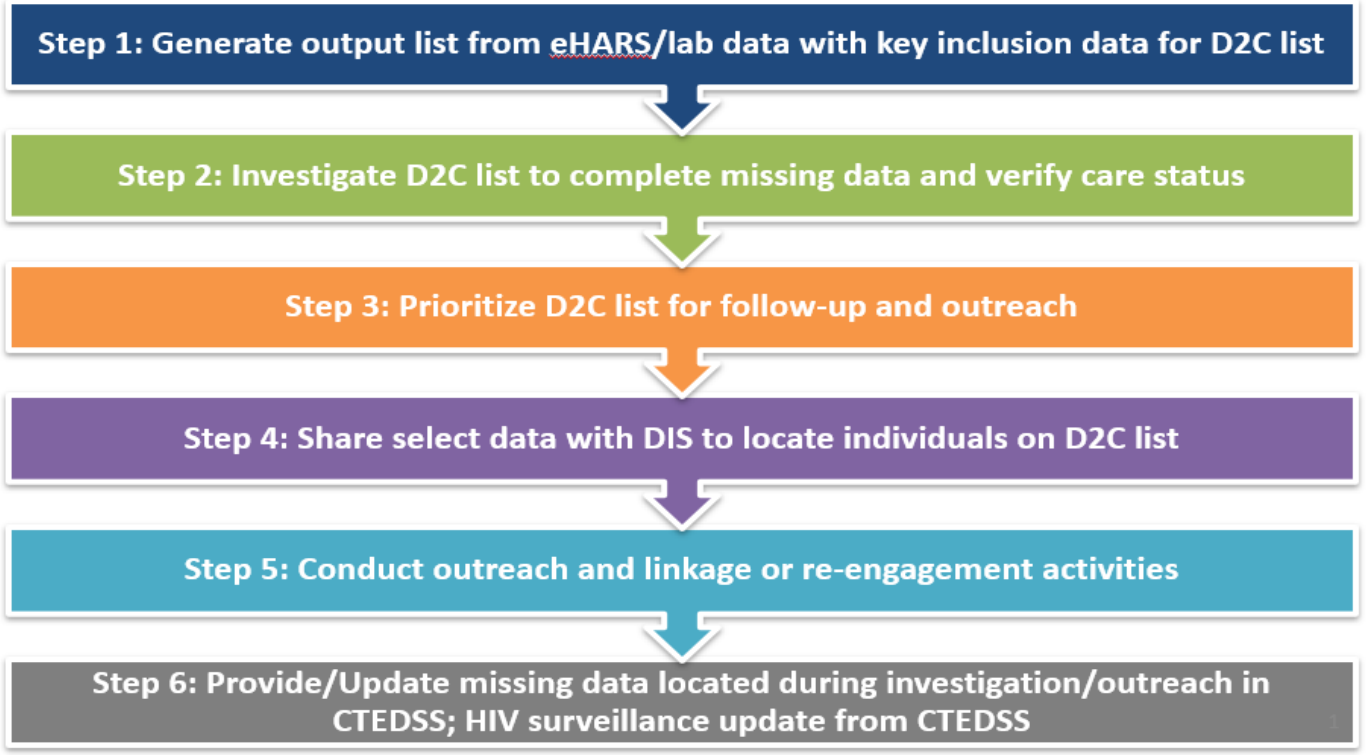
Methodology

CT Department of Public Health (DPH) Data to Care (D2C) Model

Revised: 3/2024

Problem Statement: Identify people living with HIV (PLWH) who are not in care and link or re-engage them in care

Data Sources: eHARS -> Vital Records -> LexisNexis –> Department of Corrections -> E2CT-> ADAP -> CTEDSS-> eHARS



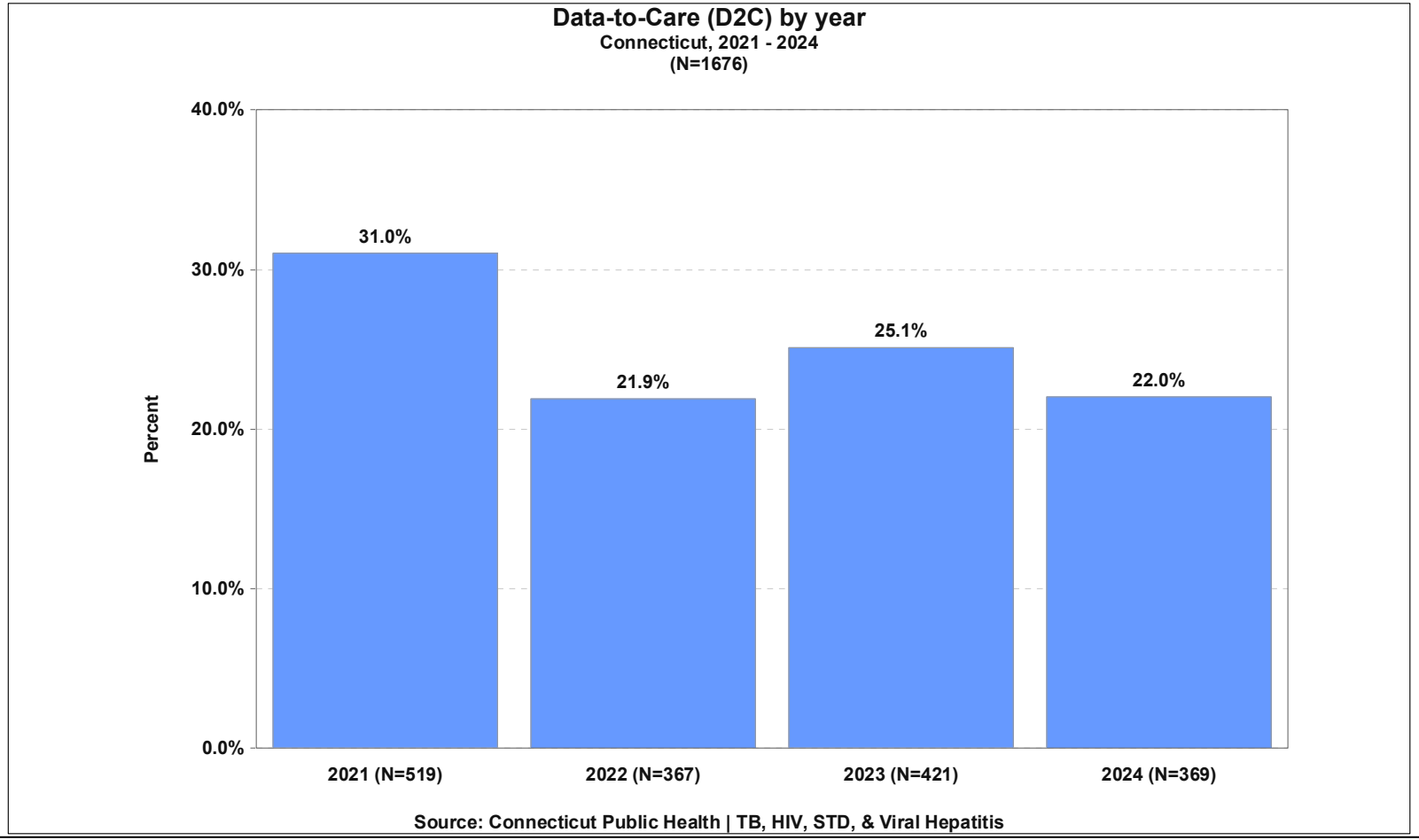
Methodology

- Identify persons with HIV who might not have received HIV medical care during a specific ‘care’ time interval based on laboratory test results and other evidence of receipt of HIV care.

- D2C list is generated for clients past 15 full calendar months per DPH D2C Model and CDC Guidance

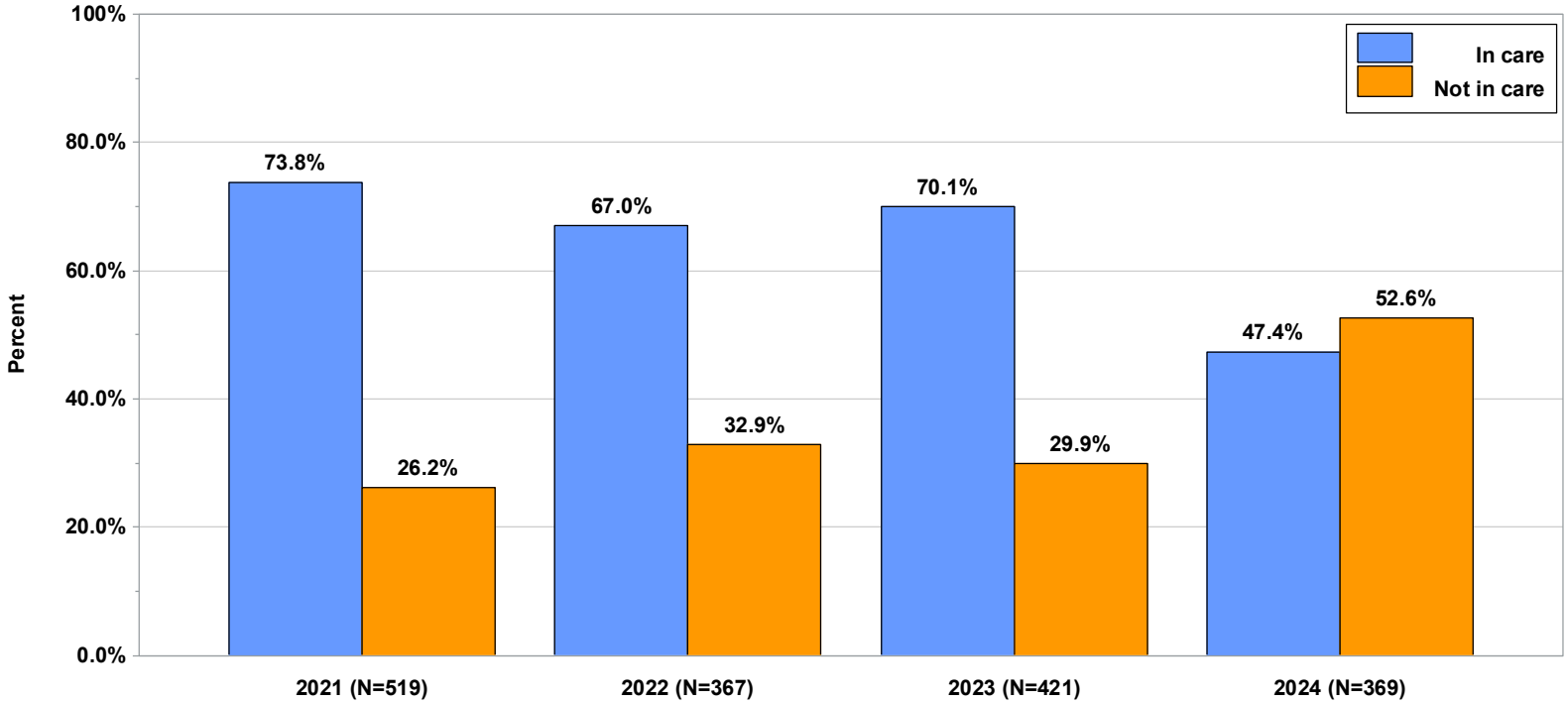
- After the list is matched against CDC systems and the DPH databases, clients are identified as not-in-care (NIC) clients.

Results


Data-to-Care (D2C) by year
Connecticut, 2021 - 2024
(N=1676)
40.0%
30.0%
20.0%
10.0%
0.0%
Percent
31.0%
21.9%
25.1%
22.0%
2021 (N=519)
2022 (N=367)
2023 (N=421)
2024 (N=369)
Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Data-to-Care (D2C) by year and care status

Connecticut, 2021 - 2024
(N=1676)

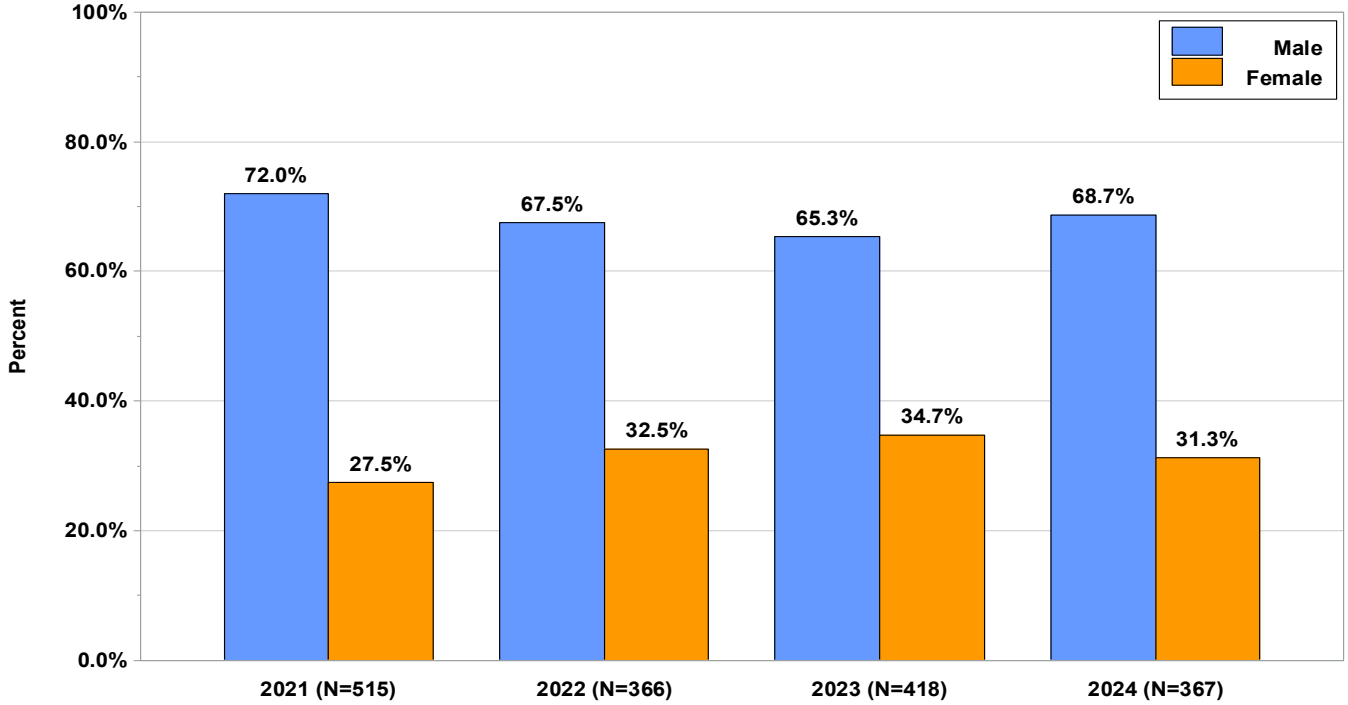


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Sex at birth

Data-to-Care (D2C) by year and sex at birth

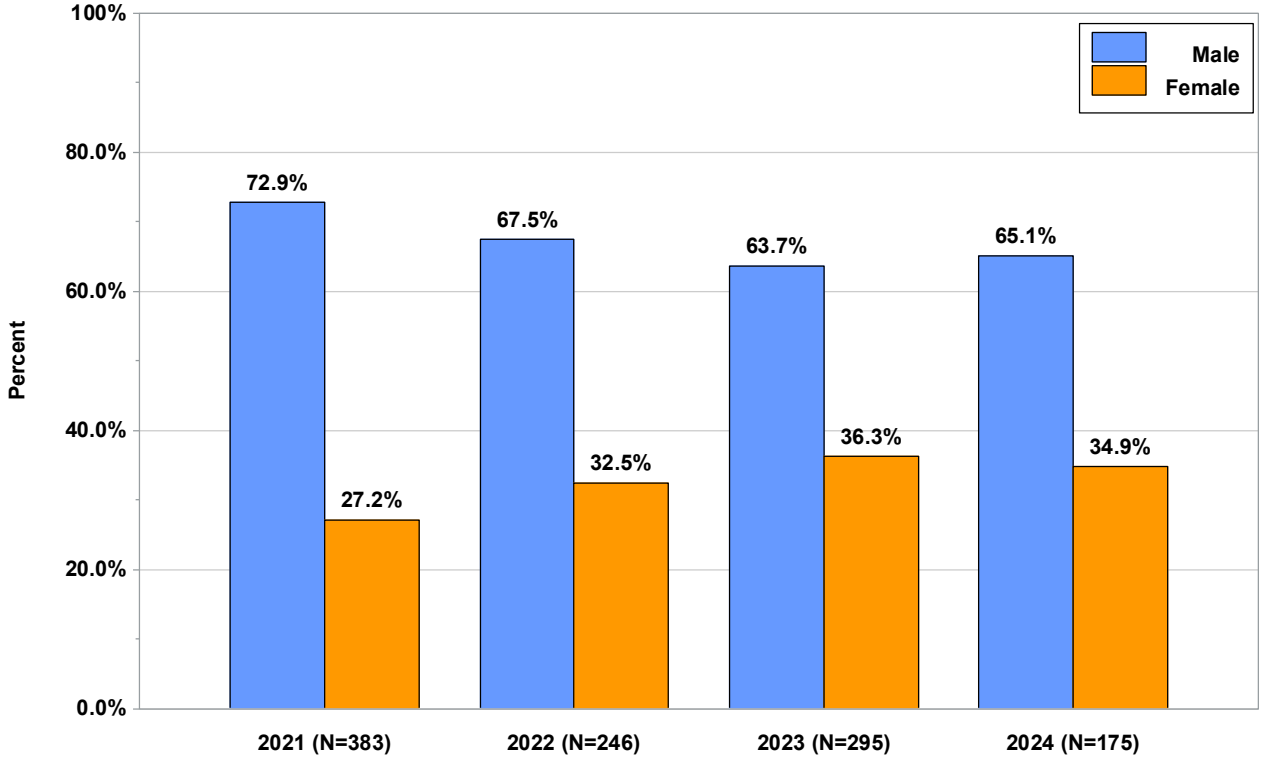
Connecticut, 2021 - 2024
(N=1676)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

In care by year and sex at birth

Connecticut, 2021 - 2024
(N=1099)

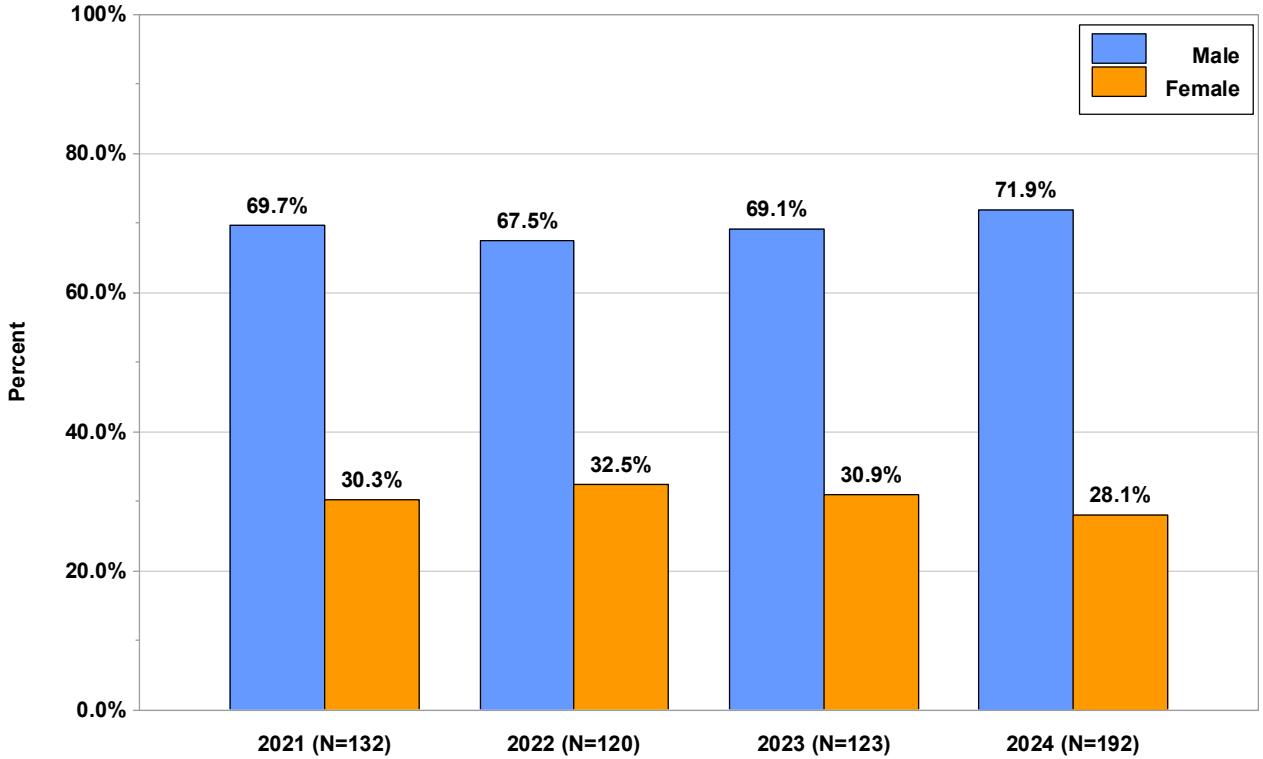


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Not in care by year and sex at birth

Connecticut, 2021 - 2024

(N=567)

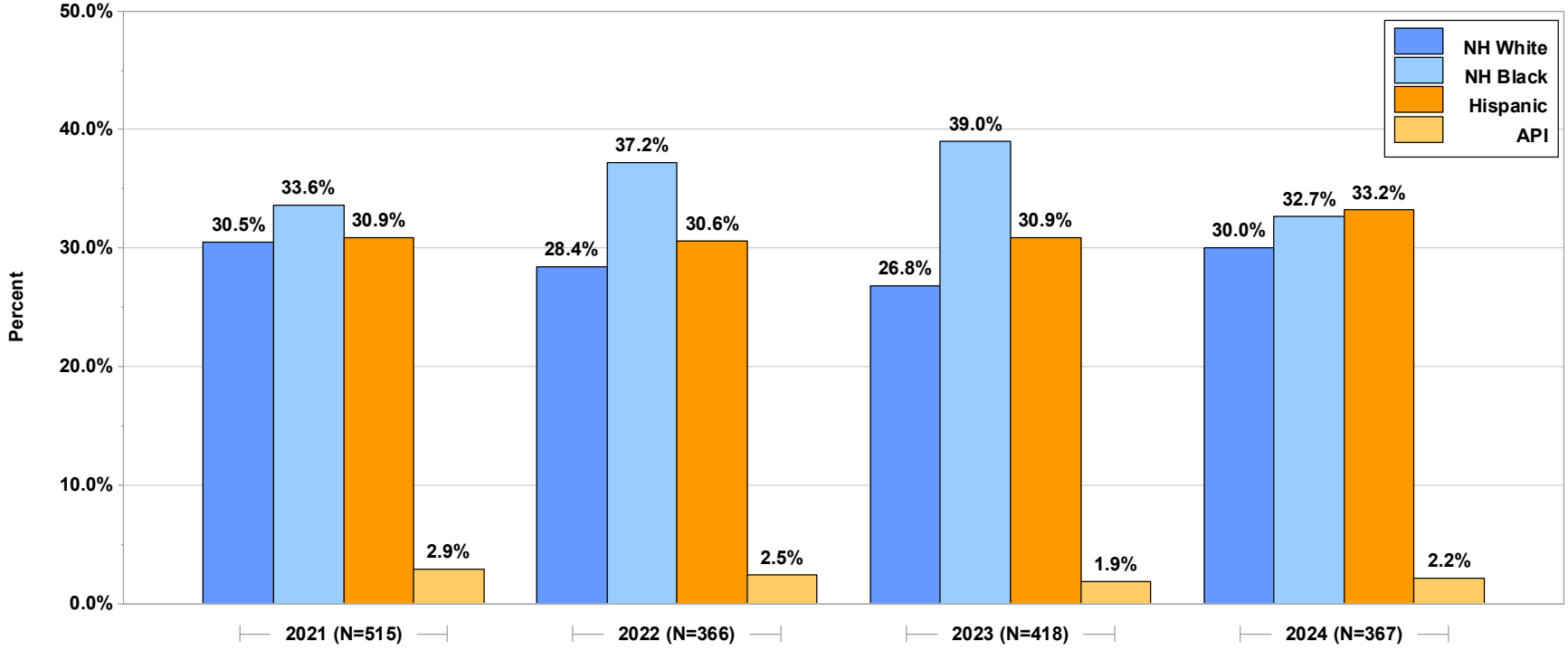


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Race/Ethnicity

Data-to-Care (D2C) by year and race/ethnicity

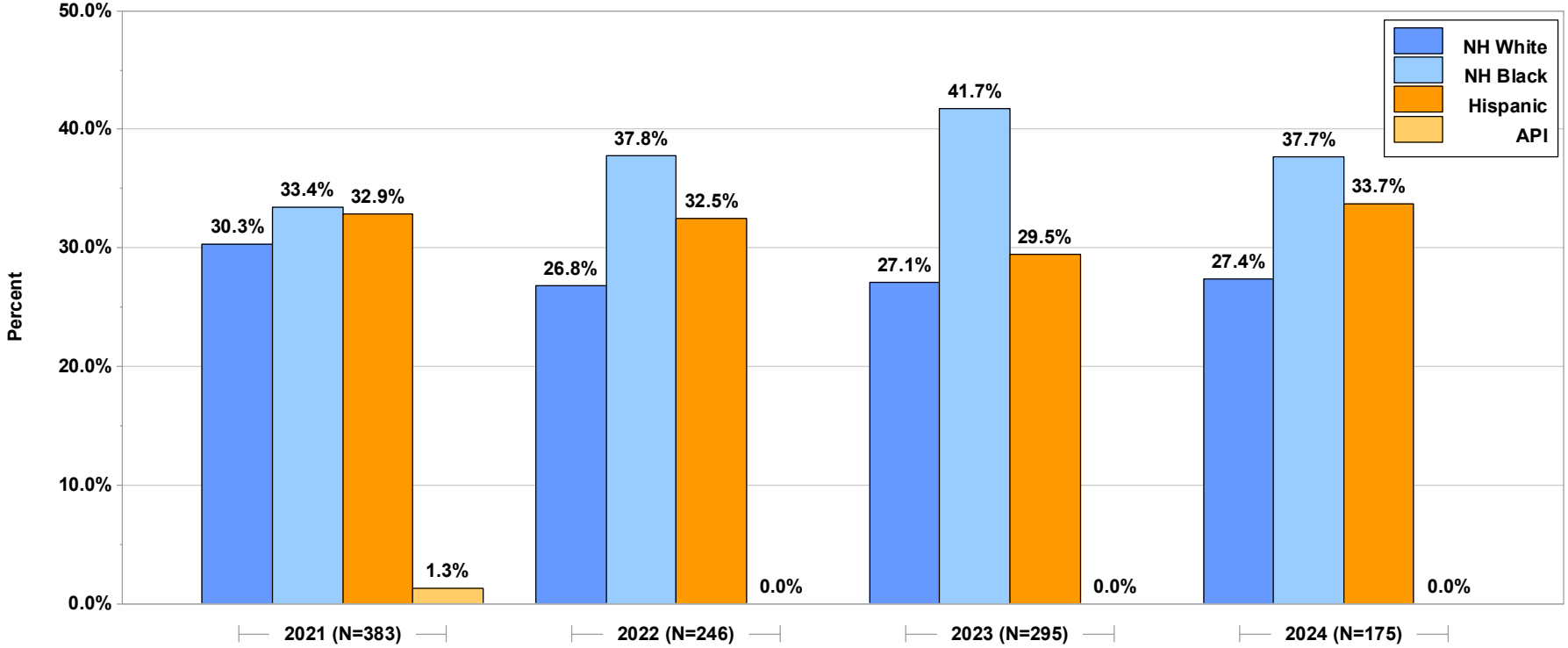
Connecticut, 2021 - 2024
(N=1676)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

In care by year and race/ethnicity

Connecticut, 2021 - 2024
(N=1099)



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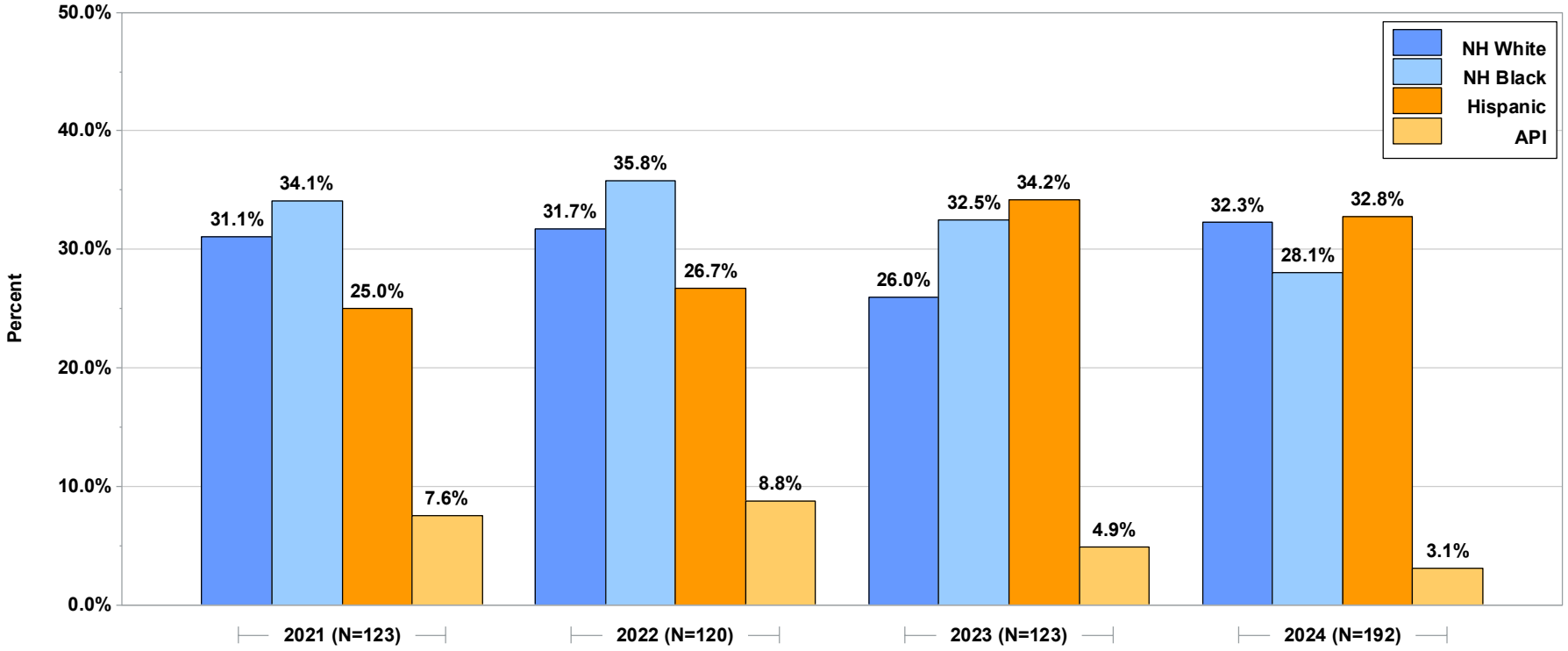
Not in care by year and race/ethnicity

Connecticut, 2021 - 2024
(N=567)

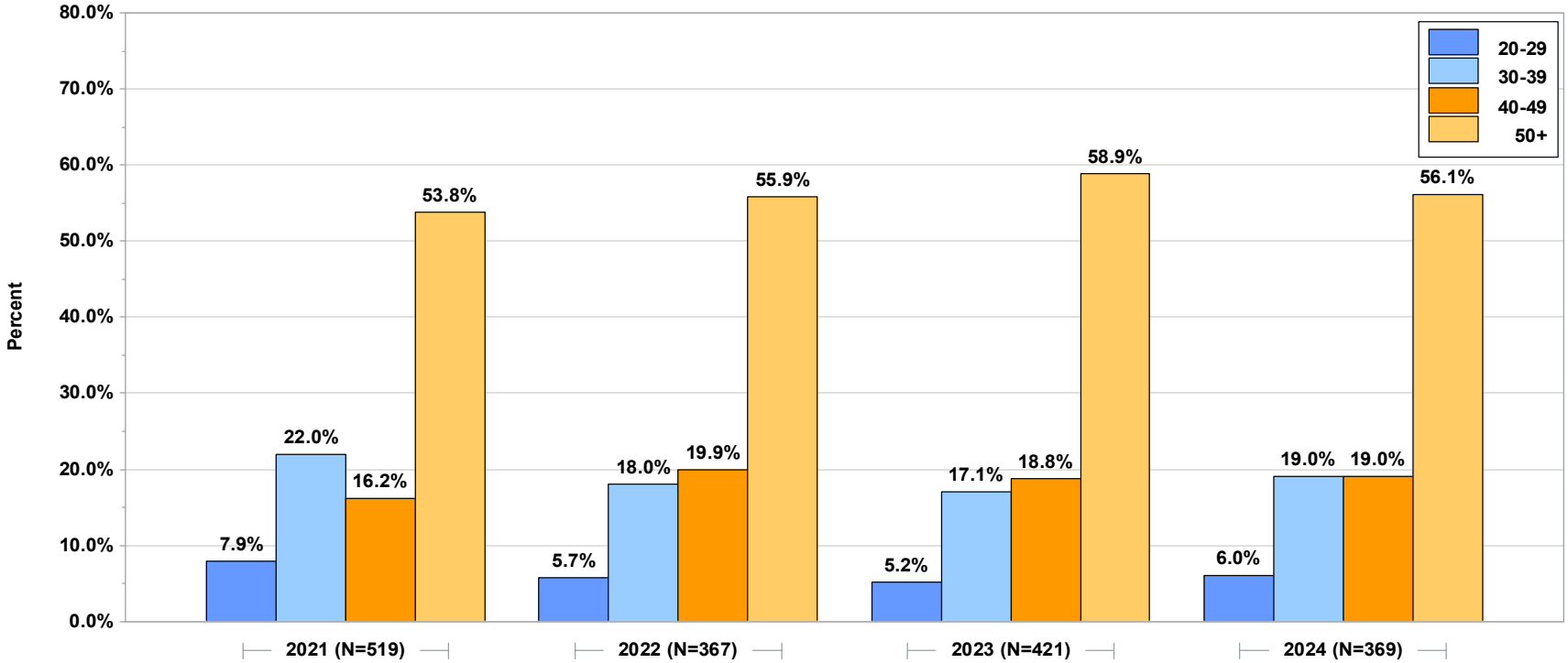


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Age

Data-to-Care (D2C) by year and age group

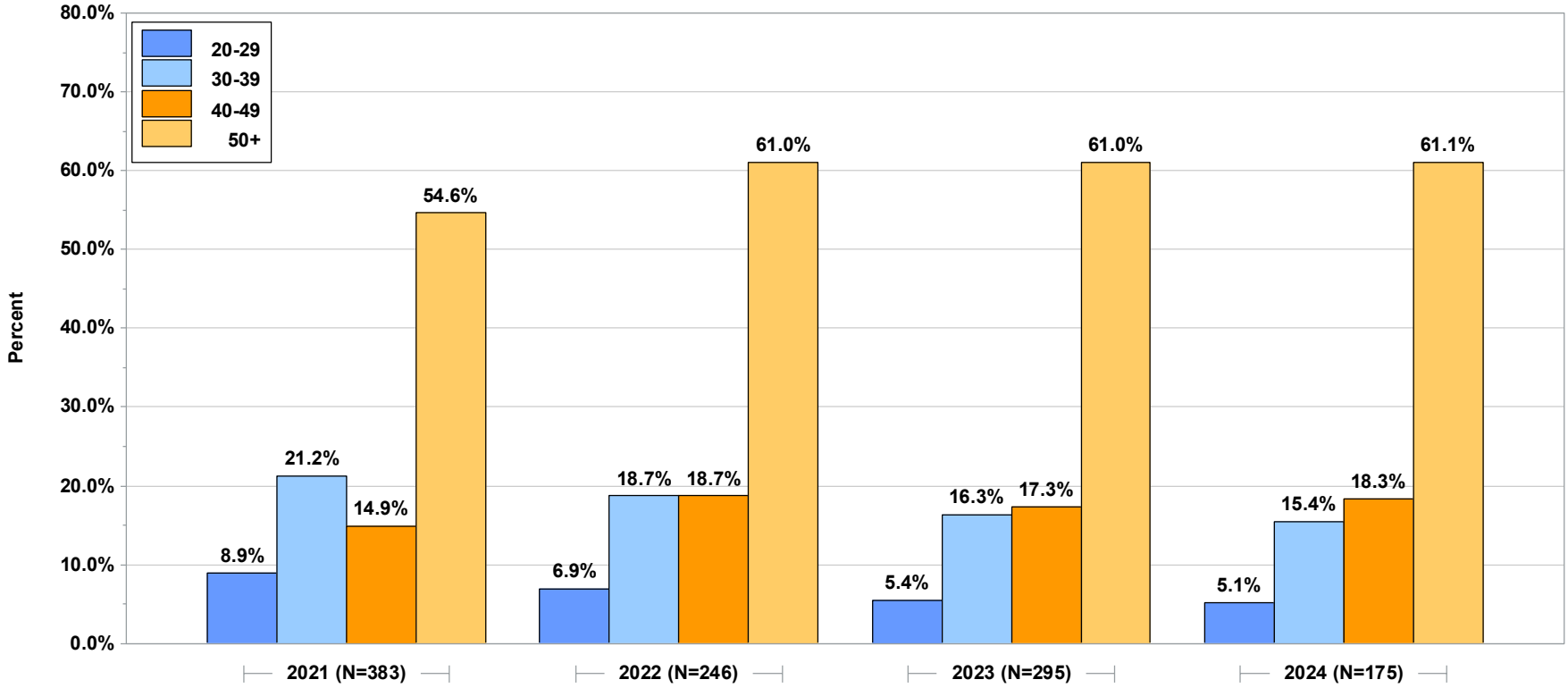
Connecticut, 2021 - 2024
(N=1676)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

In care (D2C) by year and age group

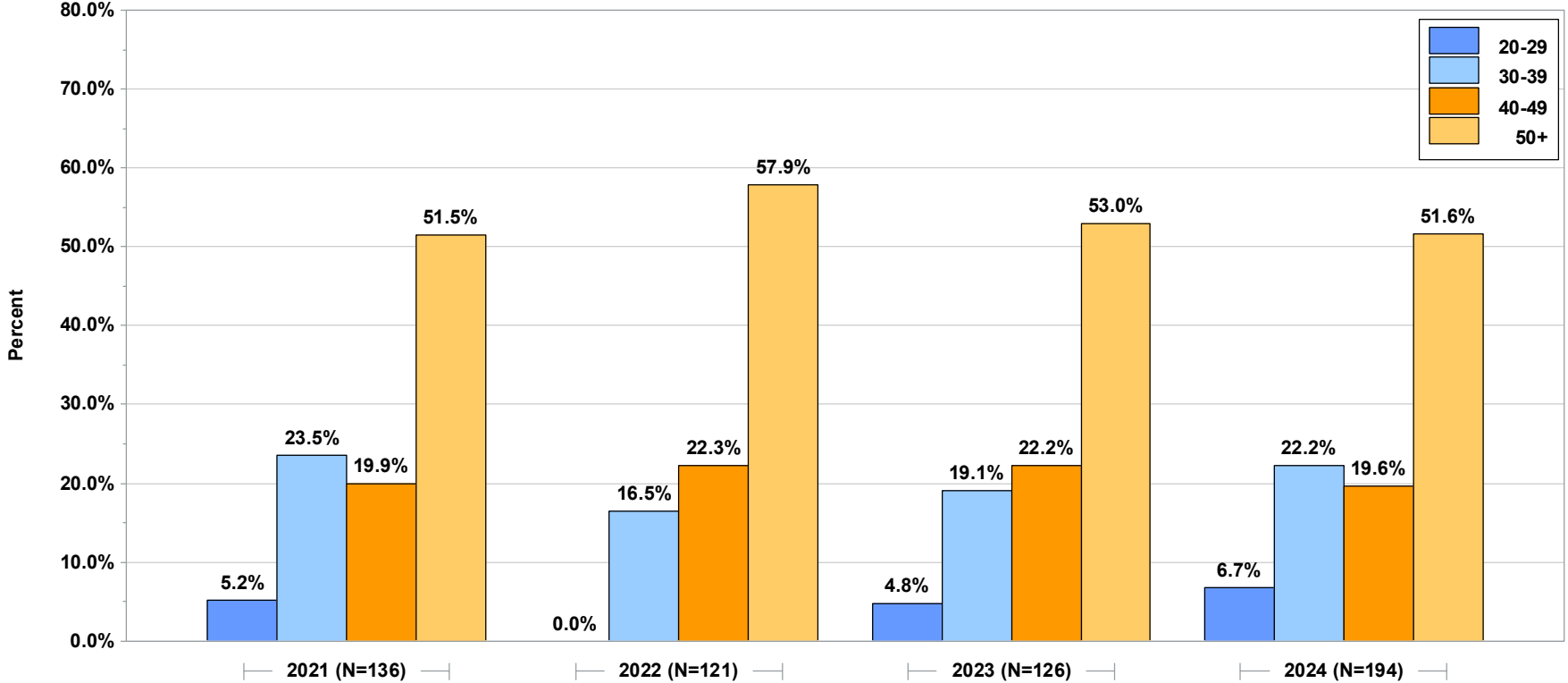
Connecticut, 2021 - 2024
(N=1099)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Not in care by year and age group

Connecticut, 2021 - 2024
(N=577)

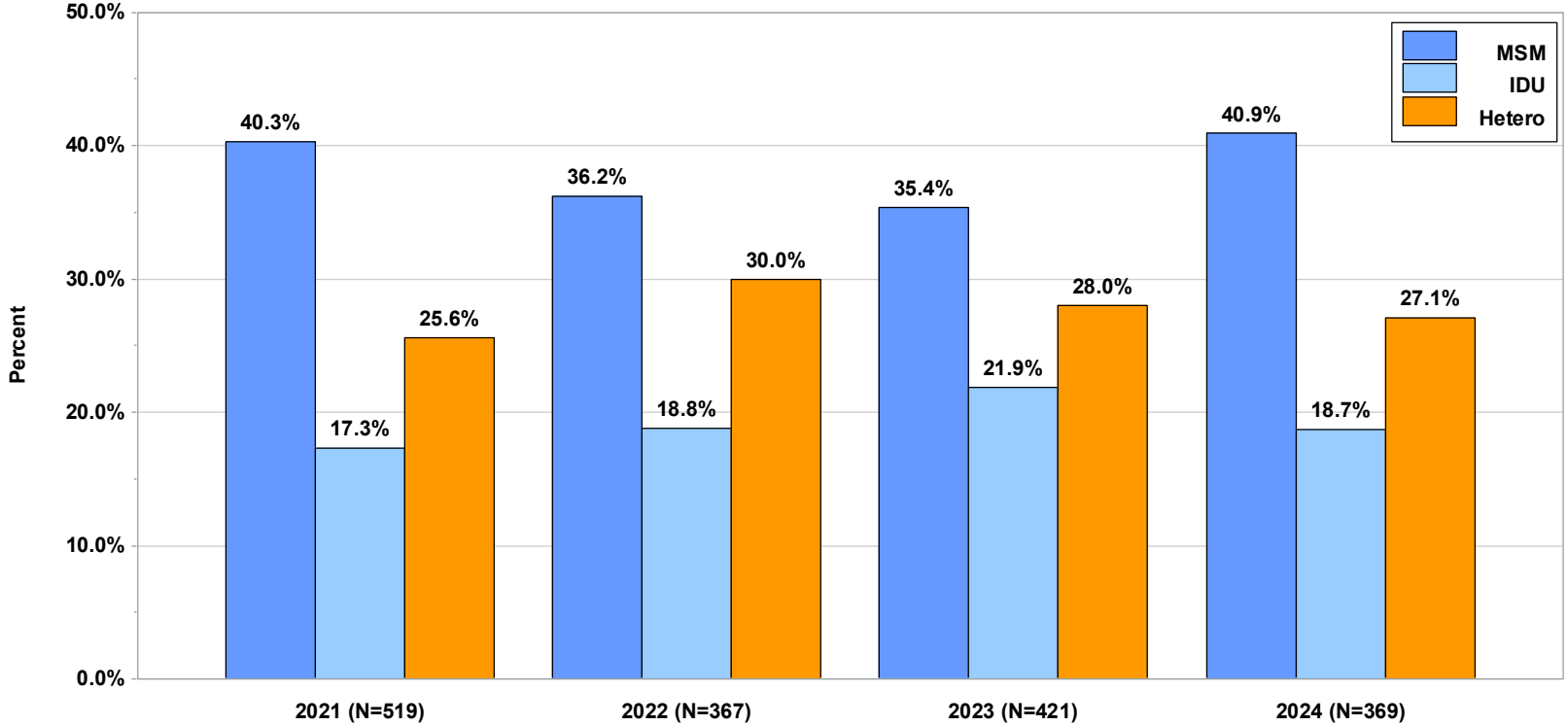


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Risk factor

Data-to-Care (D2C) by year and risk factor

Connecticut, 2021 - 2024
(N=1676)

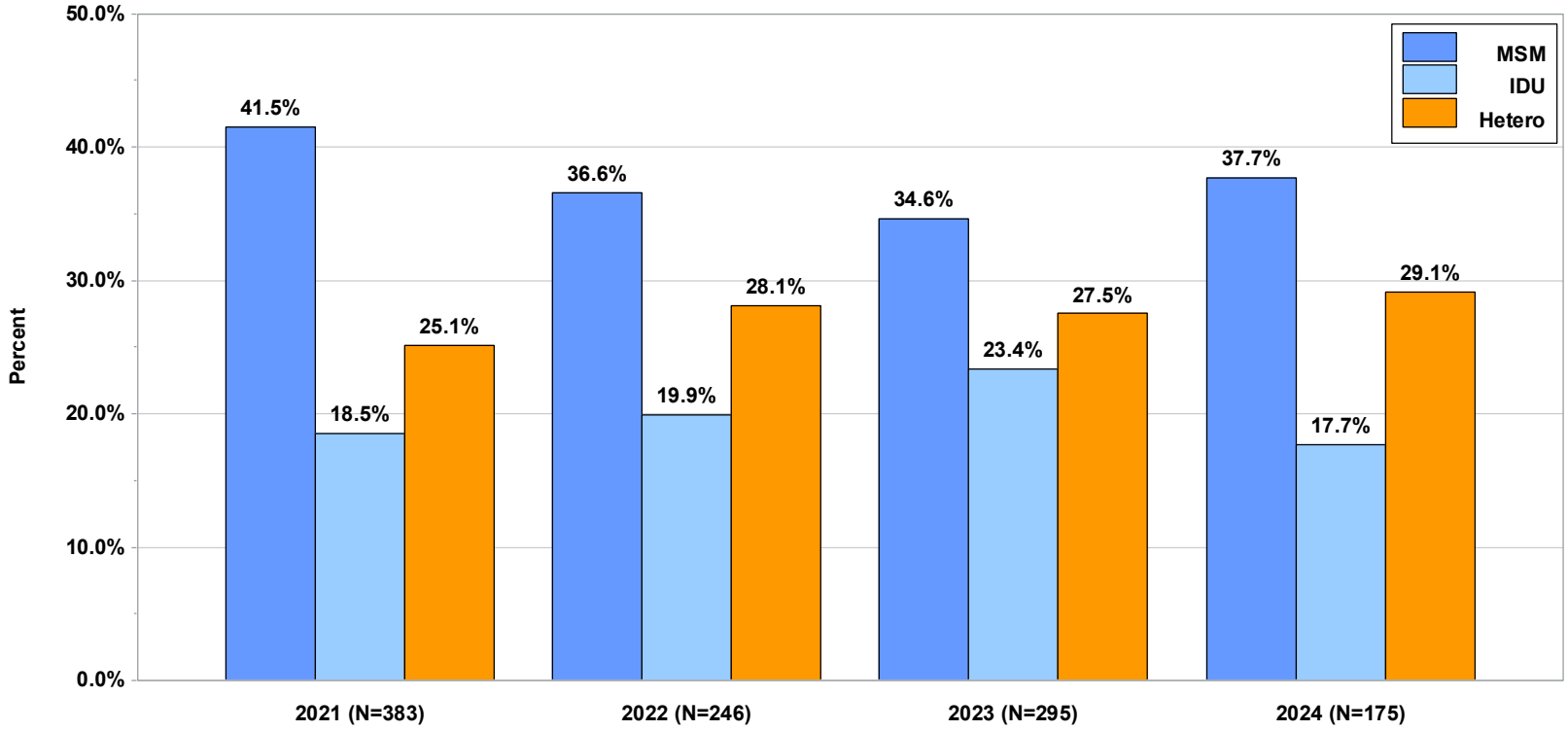


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

In care (D2C) by year and risk factor

Connecticut, 2021 - 2024

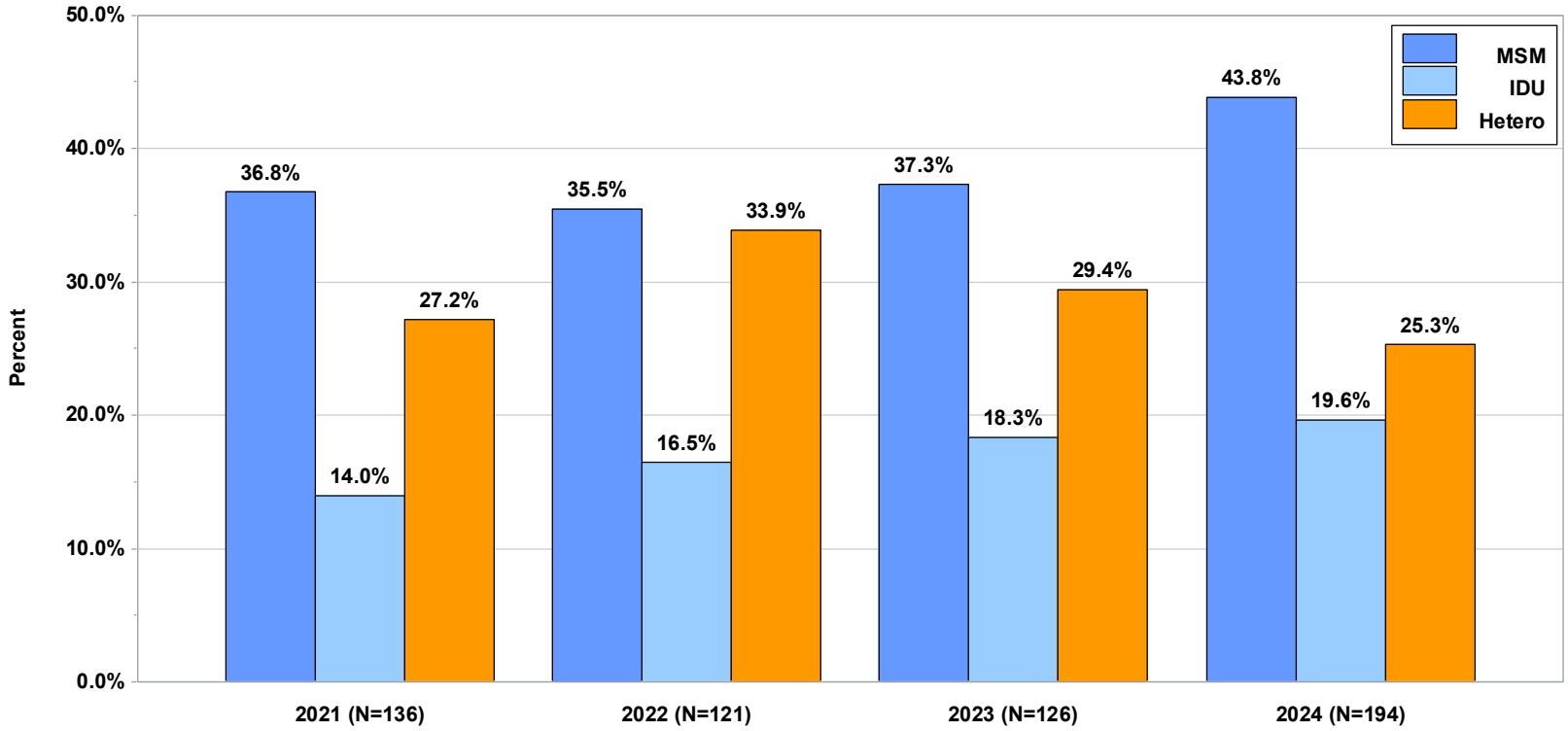
(N=1099)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Not in care (D2C) by year and risk factor

Connecticut, 2021 - 2024
(N=577)

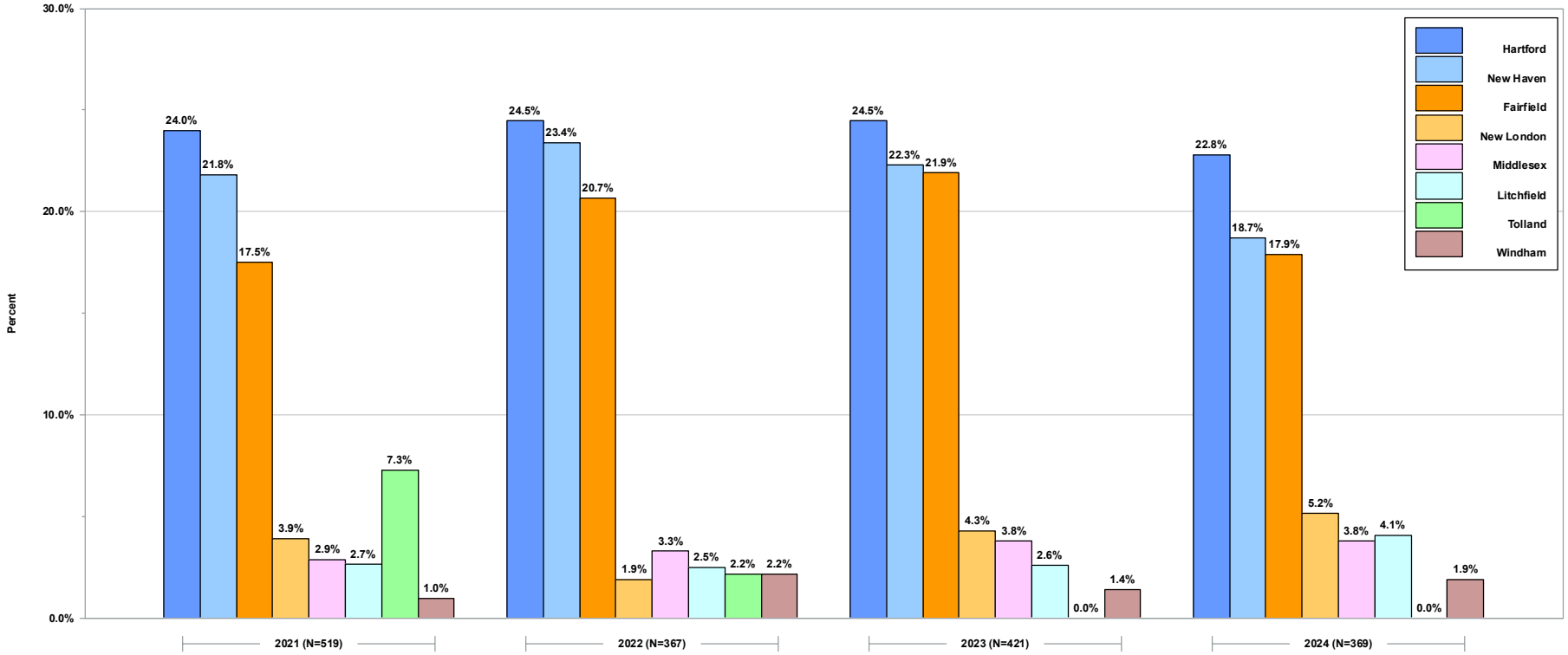


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

County of residence

Data-to-Care (D2C) by year and county of residence

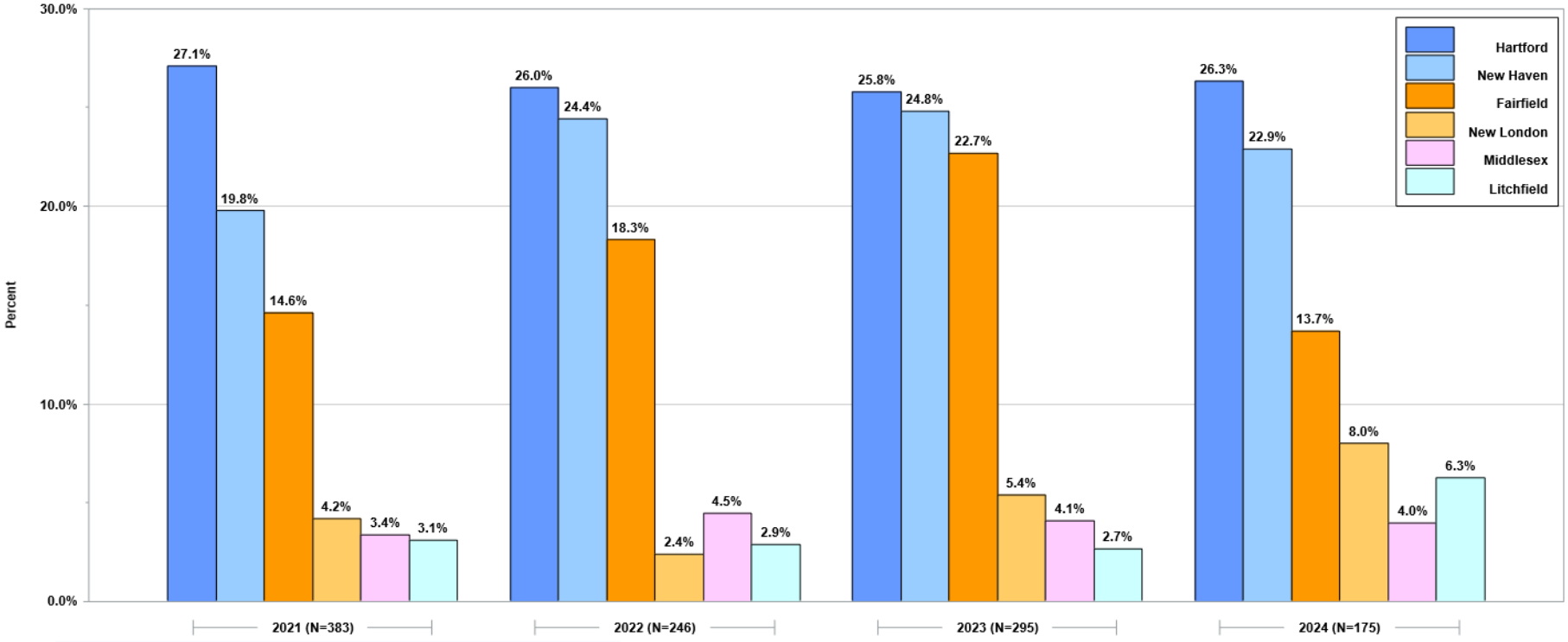
Connecticut, 2021 - 2024
(N=1676)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

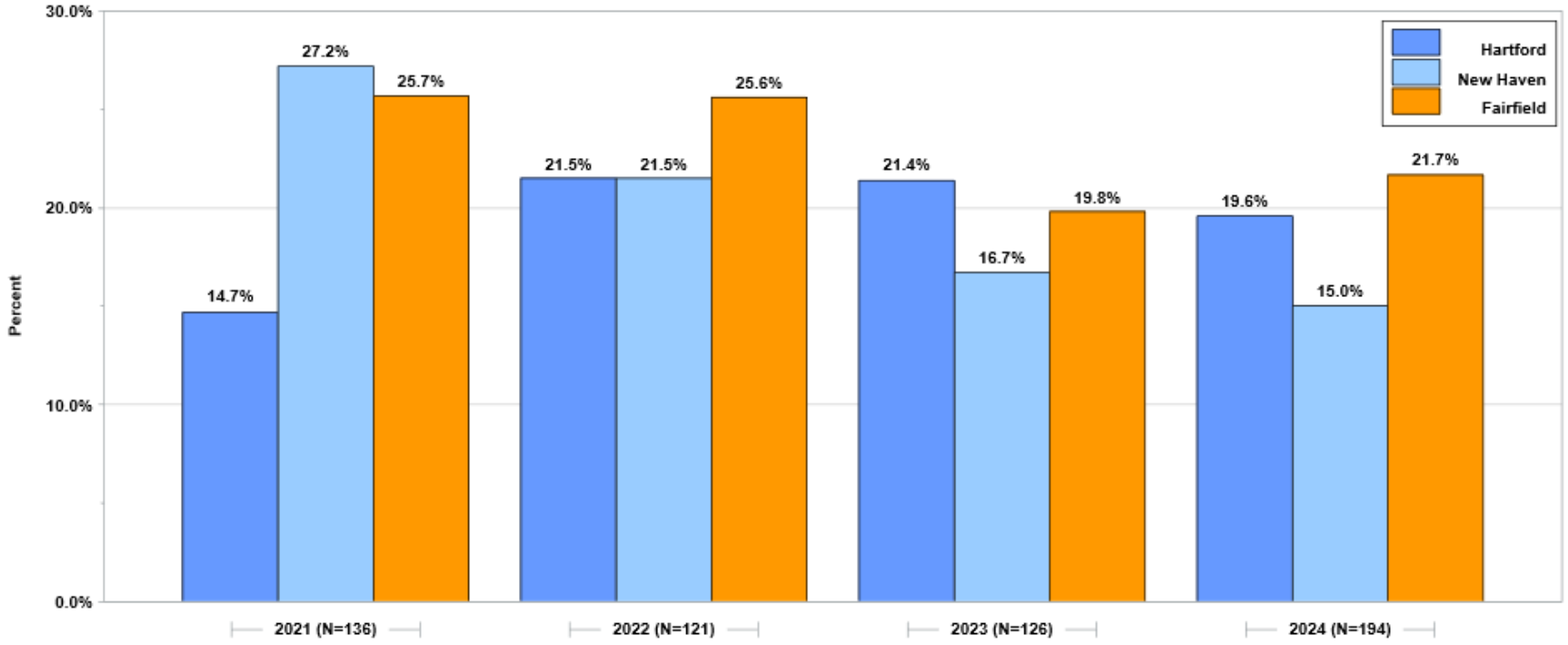
In care by year and county of residence

Connecticut, 2021 - 2024
(N=1099)*



*For confidentialty regulations, data points <=5 are suppressed

Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis



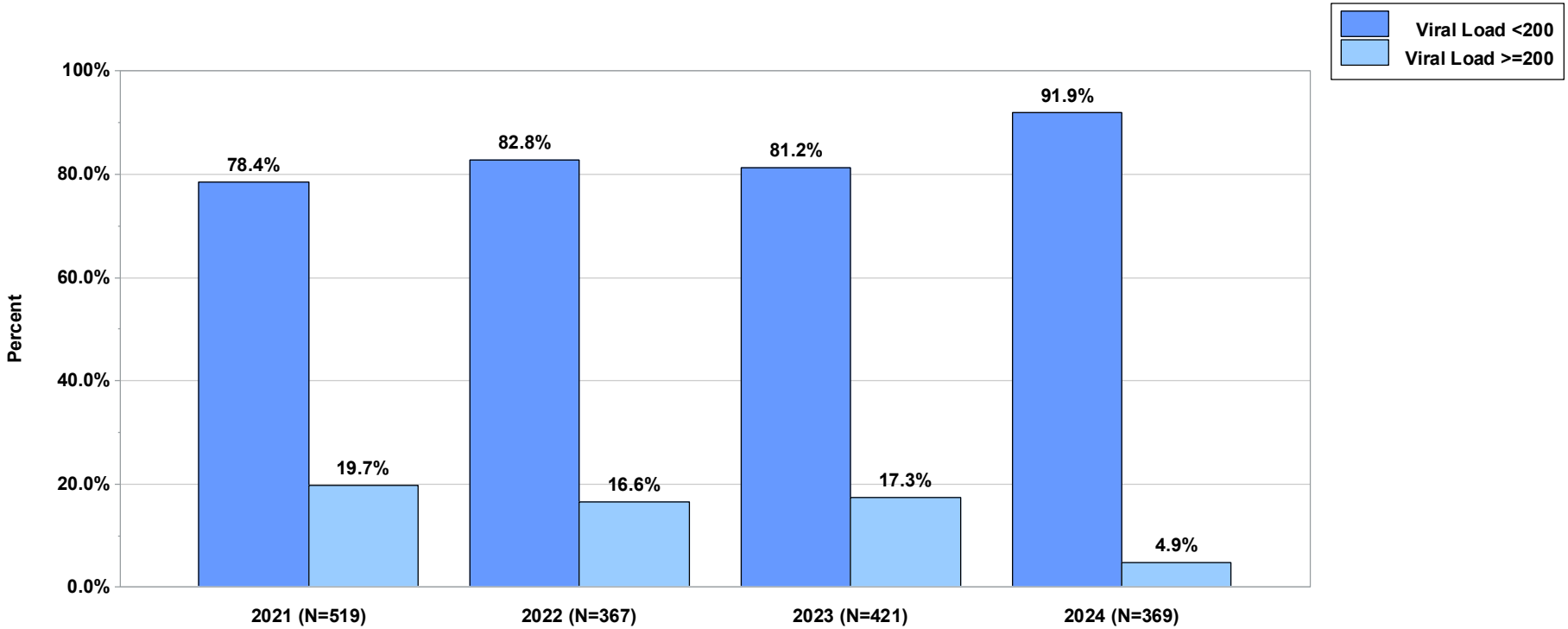
*For confidentiality regulations, data points <=5 are suppressed

ealth | TB, HIV, STD, & Viral Hepatitis

Viral load

Data-to-Care (D2C) by year and viral load

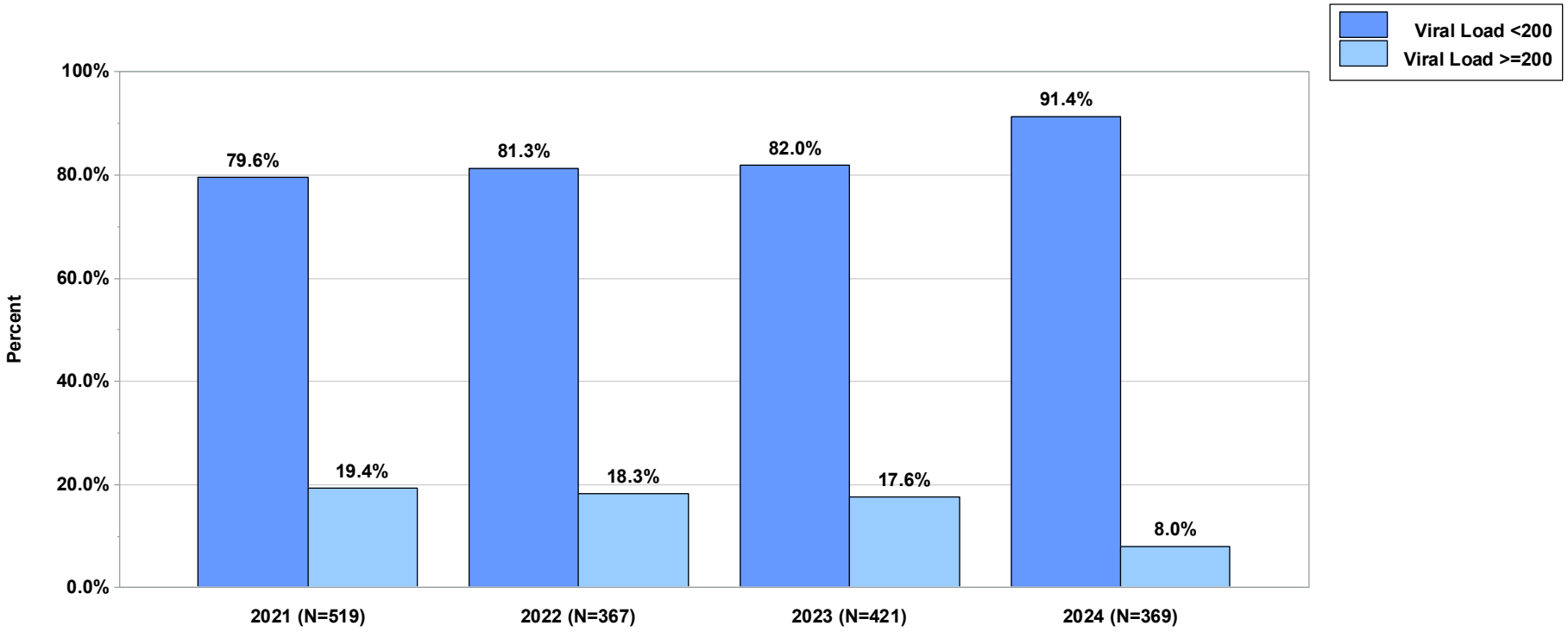
Connecticut, 2021 - 2024
(N=1676)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

In care (D2C) by year and viral load

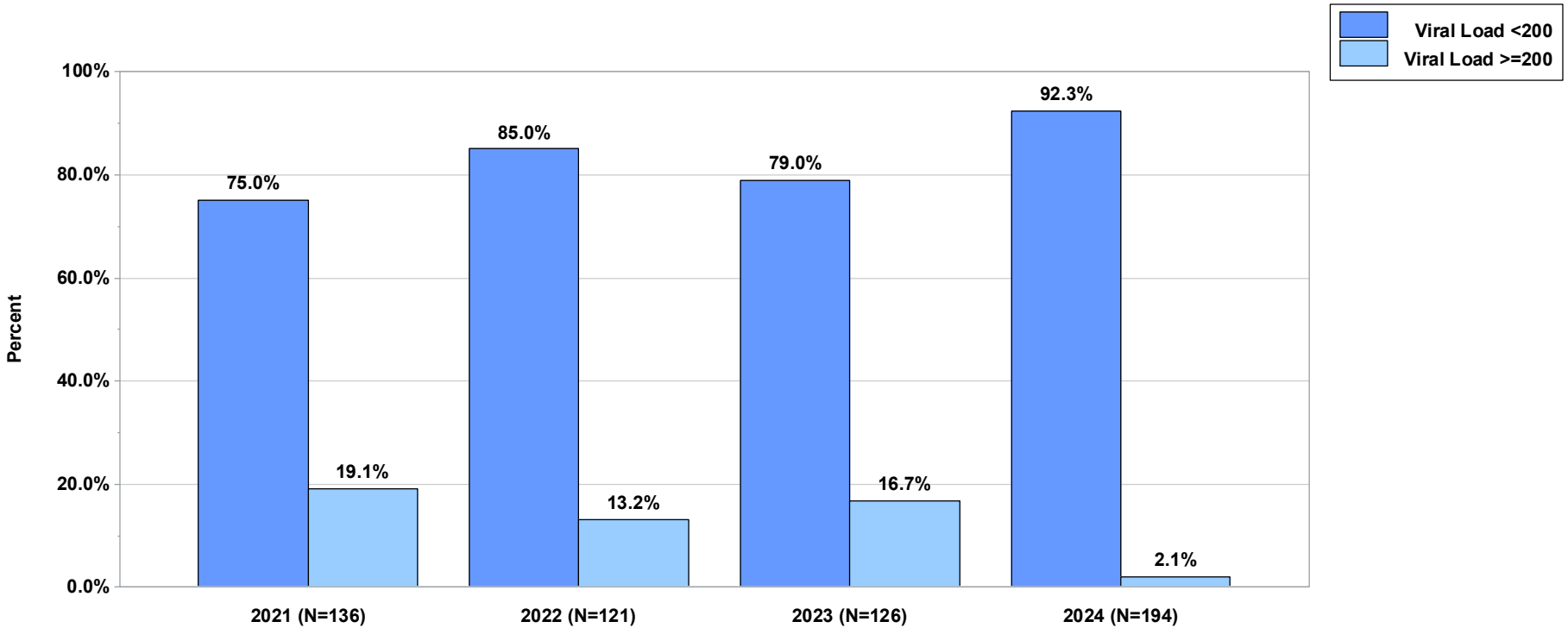
Connecticut, 2021 - 2024
(N=1099)



Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Not in care (D2C) by year and last known viral load

Connecticut, 2021 - 2024
(N=577)

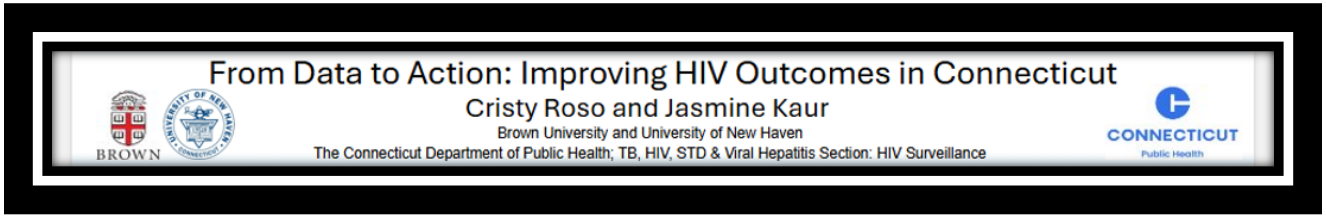


Source: Connecticut Public Health | TB, HIV, STD, & Viral Hepatitis

Progress/ Future directions/Success Story

Steps taken to improve the D2C:

- Improved lab reporting to the program by outreaching large commercial labs
- Lab survey completed
- Interns produced poster



Future directions:

- Onboarded a new employee for D2C initiative
- Further analysis of the data – inferential statistics

Success story:

- D2C clients brought in care through the D2C outreach

Recap

1. **Methodology**
2. **Results:**
    - Sex-at-birth
    - Race/ethnicity
    - Age
    - Risk factor
    - County of residence
    - Viral load
3. **Progress/ Future directions/Success story**

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Questions/Comments

Thank you