

# ALERT Health

## Community-Based Preventive Service Integration



### COMMUNITY-BASED PREVENTIVE SERVICE INTEGRATION

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## Overview

- Formed as **Hep-C ALERT**: March 1997 –  
Incorporated: July 1997
- Opened office in Hollywood, FL in Jan 1999
- Primary programs 1997 - 2001:
  - ▣ National toll-free hepatitis C support and referral hotline
  - ▣ Hepatitis C support groups in Broward and Miami-Dade
  - ▣ National hepatitis C education and base-line testing for first responder/public safety employer groups\*

\* Project terminated as a result of 9/11/01 terrorist attack

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### Overview (continued)

- Moved to North Miami, FL in Dec 2001
  - Strategic expansion of services to meet the needs of the community and to expose agency to new funding
  - After five-years of integration, the agency revamped it's mission, values and vision as well as agency name
- Name change October 2007 to **ALERT Health**
  - Mission: “To improve the health and quality of life for people at risk for chronic illness, by providing accessible, integrated preventive care”

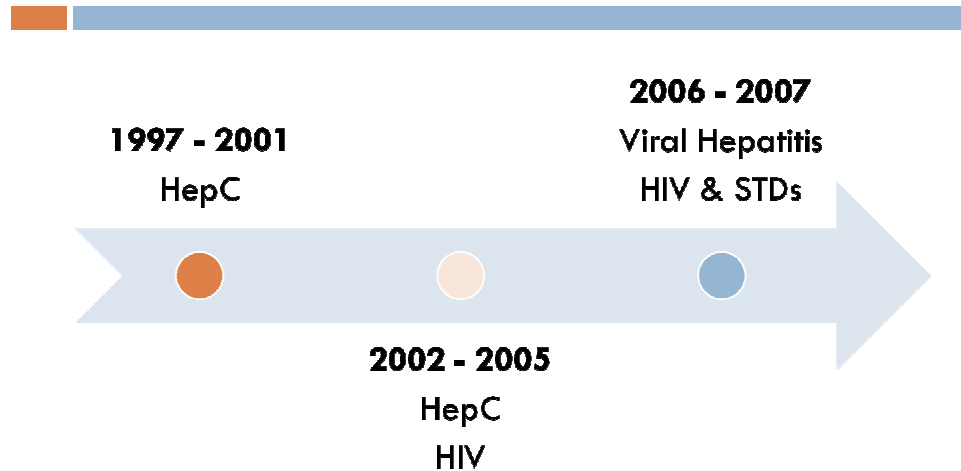
### An “Early Adopter” of Integration

- Identified opportunity for growth and sustainability by observing changes in the public health sector
  - 2000: Florida Department of Health moved its Hepatitis Program under the Bureau of HIV/AIDS
  - 2000 – 2004: Federal hepatitis C related grants were directed at *integrating* HCV services into STD, substance abuse and/or HIV prevention programs
  - 2005: Centers for Disease Control combined several divisions: now called “National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention” or NCHHSTP

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### Expansion of Services

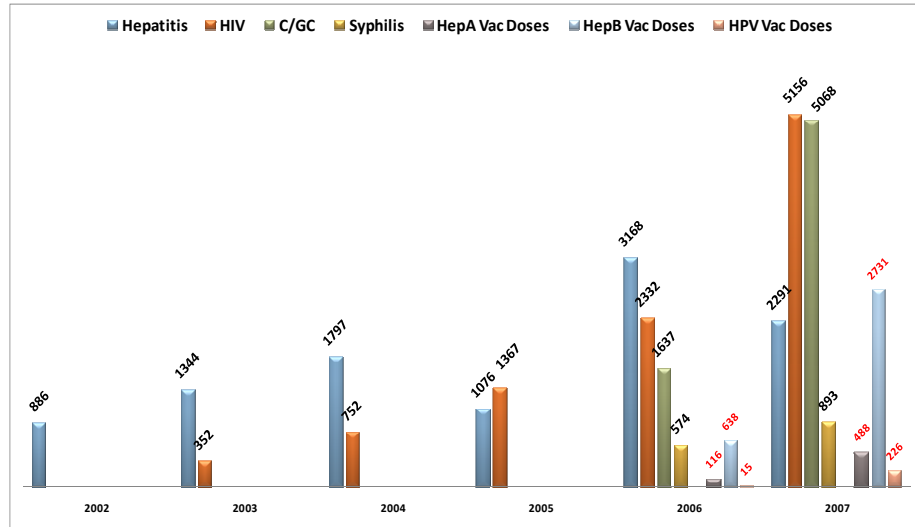


### Roster of Integrated Services

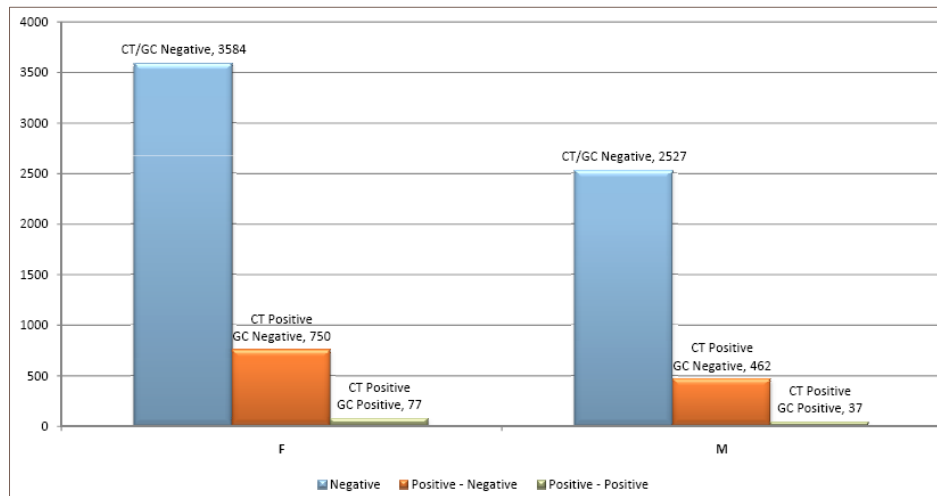
- Free Counseling, Testing & Linkage
  - Hepatitis A, B & C
  - HIV (rapid and standard)
  - Chlamydia & Gonorrhea
  - Syphilis
- Free Adult Vaccination
  - Hepatitis A & B
  - HPV (free for income eligible 19-26 y/o females)
- Free Chlamydia and Gonorrhea Treatment

# ALERT Health Community-Based Preventive Service Integration

## Integration History



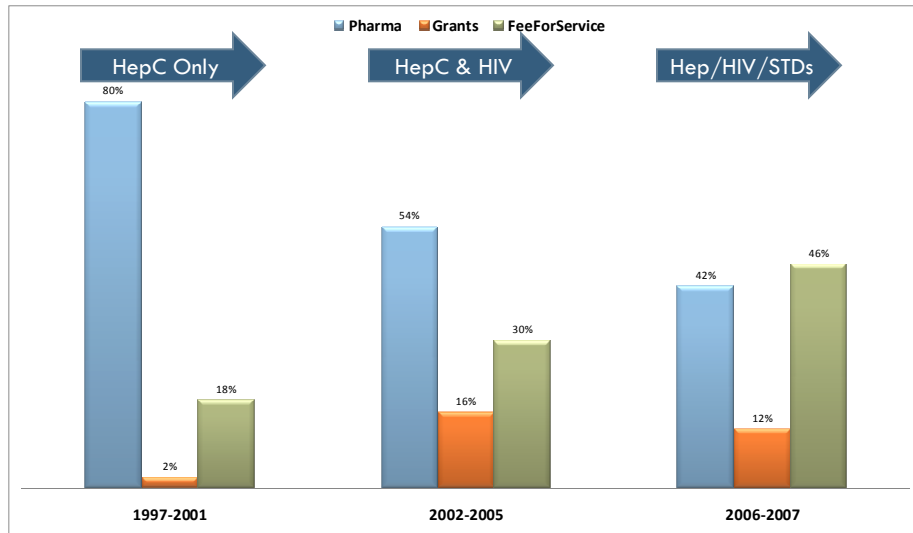
## CT/GC Rates by Gender (n=7437)



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## Community-Based Preventive Service Integration

### Funding by Transition Period



### Current Major Funding Sources

#### Department of Health

- HIV Counseling, Testing & Linkage
- Hepatitis Screening & Vaccination
- Chlamydia/Gonorrhea/Syphilis testing and Hep A/B Vaccine (quid-pro-quo)

#### Local Foundations

- HIV Counseling, Testing & Linkage
- STD treatment

#### Pharmaceutical Companies

- Hepatitis C Counseling, Testing, Support and Case Management

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## Community-Based Preventive Service Integration

### Growth Position

- Evidence of Need
  - Substantial data collected across myriad health issues
- Reputation
  - Well respected for past and current programming successes
  - E.D. and organization is known at local and state DOH and nationally by key advocates
- Innovative
  - Historically – a front-runner
- Leveraging Resources
  - Combination of grants, donations, and contracts enables us to perform at this level
  - General Revenue is an important resource for piloting new programs and bridging programs between funding cycles
- Leveraging Partnerships
  - MDCHD HIV and STD Divisions
  - FL DOH HIV/Hepatitis Program
  - Community Foundations

### Growth Position (continued)

- Prepared agency's workforce for integration by adopting a two-tiered counseling training strategy to equip staff to manage cross-cutting issues:
  - Motivational Interviewing (behavioral counseling)
  - Disease-specific education (informational counseling)
- Data collection infrastructure and automation
  - Agency's in-house database collects *all* integrated data
  - Q2 – 2008: Implementing data automation through paper forms scanning and data extraction to populate both the in-house database and databases required by DOH and funder contracts

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## Community-Based Preventive Service Integration

### Future Preventive Service Integration

(Q2/Q3-2008)

- Two community foundation grants are pending to pilot the addition of non-communicable disease screenings. Screenings will include:
  - Obesity and high blood pressure
  - Cholesterol
  - Glucose
- Client screening selection will be based on the U.S. Preventive Service Task Force recommendations
  - Obesity and blood pressure -  $\geq 18$  y/o
  - Cholesterol/Glucose –  $\geq 18$  y/o with personal and/or familial risk

### Cost Effective Approach

- Approximately \$200 per client encounter includes behavioral interviewing/counseling, testing, vaccination, and treatment or linkage for:
  - HIV
  - Hepatitis A, B and C
  - Chlamydia, Gonorrhea and Syphilis
  - HPV (vaccination)
  - Diabetes, Cholesterol, Obesity, Hypertension
- Cost per encounter **INCLUDES** both direct and indirect costs for the CBO

## Needs/Opportunities

- **Concurrent** innovation of the integration concept is necessary
- Multi-year CBO integration demonstration projects can be funded, conducted and evaluated *while* the CDC and its partners work on system-level issues
- Declining funding in any one of the division “silos” compels us to find more cost-effective methods of serving target populations at the community level

## Proof-of-Concept

- **ALERT Health has strong proof-of-concept that preventive service integration is a highly successful strategy**

The number of client encounters for  
integrated counseling/testing  
increased by **245%** in the past **3-years!**