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# Annual Report 2019

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Choice Health Network  
**Harm  
Reduction**  
**Health. Equity. Hope.**  
a Positively Living program



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## **Acknowledgements**

The entire Choice Health Network Harm Reduction team from 2019, including Genoa Clark, Sam Armbruster, Lindy Clapp, Jeremy Garner, Greg Stafford, Ashley Gustafson, Rachel Incorvati, and Ashley Myrick assisted in creating evaluation tools as well as gathering and inputting data. From Choice Health Network, the leadership team assisted in overcoming barriers to data collection and evaluation and leant additional team members to our syringe services program when necessary. A special thanks to Adam Wheeler. Volunteers are fundamental to our program, especially Sam Conner and Meghan Williams. Thank you to our participants.

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## INTRODUCTION

Choice Health Network (CHN) serves people living with HIV/AIDS in East Tennessee. CHN provides primary care, case management, clinical therapy, HIV pre-exposure prophylaxis (PrEP) navigation, sexually transmitted infection (STI) testing, as well as HIV and hepatitis C (HCV) prevention work, including harm reduction.

CHN began offering harm reduction services in early 2018. Beginning in 2019, CHN Harm Reduction became a separate program umbrellaed within CHN providing syringe services (SSP), with integrated naloxone training and distribution, wound care, HIV and HCV rapid testing, HCV confirmatory testing, and linkage to care for HIV and HCV treatment.

Harm reduction is a social justice philosophy created by and for people who use drugs (PWUD). Harm reduction accepts that drug use is a part of our world and works to mitigate drug-related harms. CHN Harm Reduction is particularly focused on preventing injuries, infection, and the spread of HIV and HCV. Harm reduction calls for programs that empower PWUD to take care of their health and each other without stigma. It meets people where they are at.

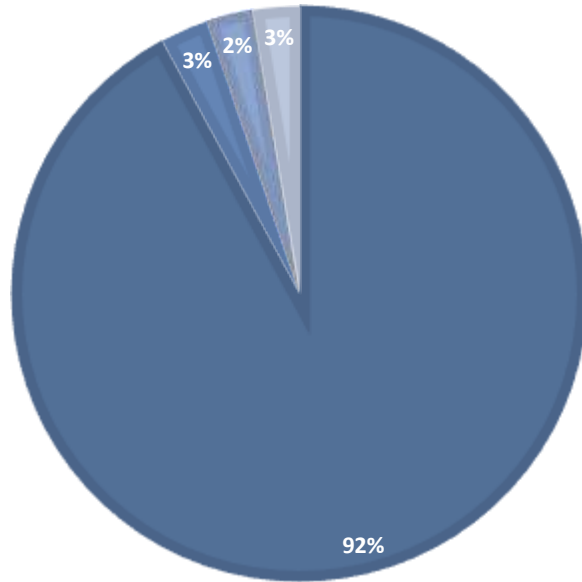
As shown through the data below, CHN Harm Reduction successfully integrated HIV and HCV rapid and confirmatory testing, increased linkage to care for people who tested positive, and dramatically increased naloxone distribution throughout the year.



## NEW ENROLLEE DEMOGRAPHICS

### New Enrollee Race/Ethnicity

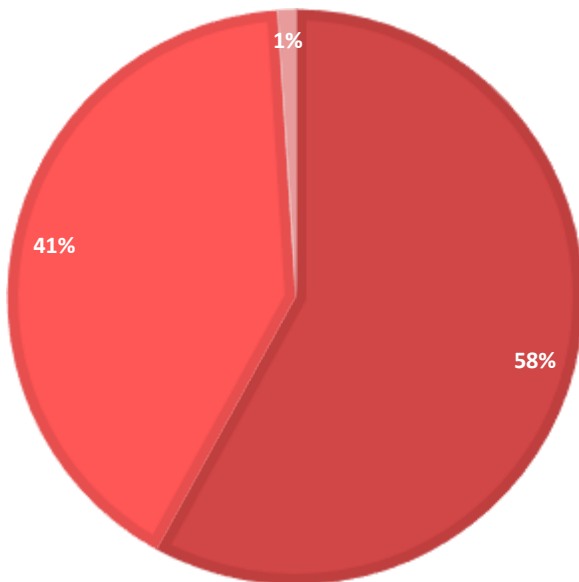
■ White ■ Black/African American ■ Latinx ■ Other



Most participants we serve are non-Latinx white. CHN Harm Reduction is working with community members to develop strategies to better engage with and serve communities of color.

### New Enrollee Gender

■ Male ■ Female ■ Nonbinary/Transgender



We collect residency information for new enrollees, which was available for 1,710 of the 1,799 participants who enrolled in the program in 2019. Of the missing values, new participants either did not know their current zip code or gave an erroneous zip code. For participants who are unhoused, we asked them to provide the zip code of where they most often stayed.

As shown in the heat map below, most enrollees (85.1%) are from Knoxville or Knox County. CHN Harm Reduction also serves participants from 27 Tennessee counties, most of whom are from the East Tennessee grand division. Only 16 participants (0.9%) reported being from out-of-state.

### New Enrollee Zip Code Heat Map

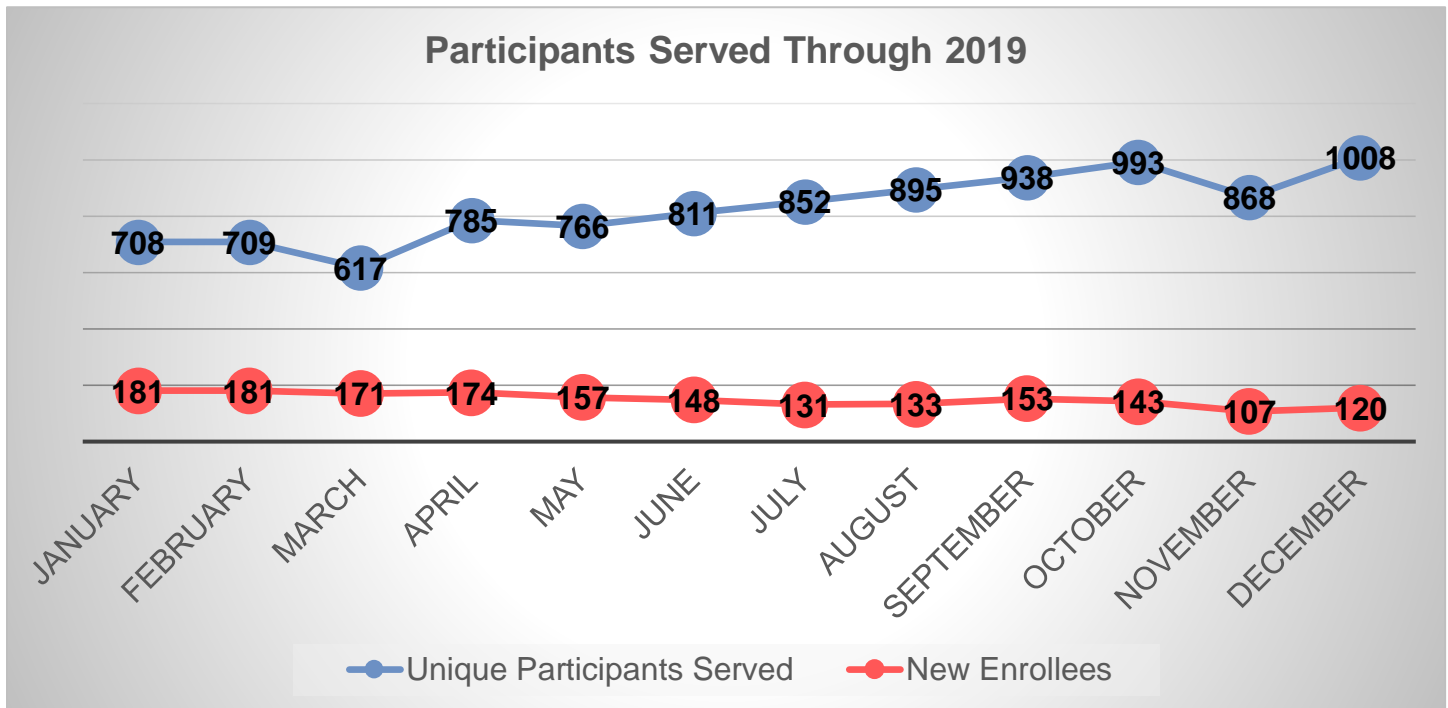


Maintaining our participants' confidentiality is important to us – so you won't see any of their pictures here. Genoa Clark, the Harm Reduction Director, does ask permission to photograph their dogs. This is one of our many dog portraits, all of which show the diversity of the folks who come to see us and the care they have for themselves and their friends – no matter the species.



## PARTICIPANT VISITS

As shown in the graph below, the number of unique participants that CHN Harm Reduction served each month trended upward. In 2019, we served 4,709 unique individuals. The number of new enrollees trended down, indicating that we are serving an increasing number of return participants. We enrolled a total of 1,799 participants in 2019.



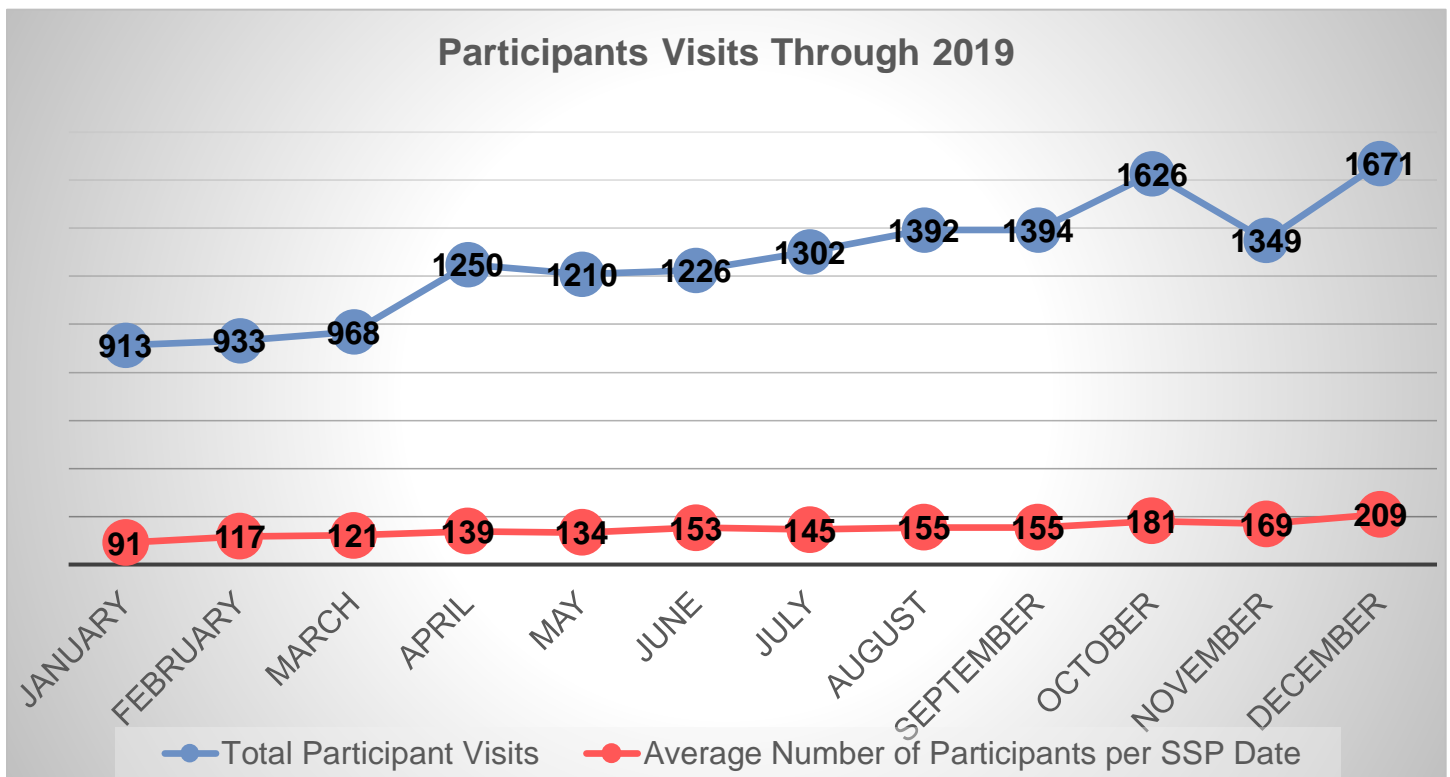
Harm Reduction participants consistently face stigma and self-stigma, which is why it is vital for our staff and volunteers to do everything we can to reduce the effects of that oppression.

“I taught my son that people who have tattoos and stick needles in their arms are throwaway people. I was wrong.”  
~ Anonymous participant

“I was picking up my phone to text you and thank you for being so nice to me. I was afraid of being judged. Thank you for not treating me like a junkie. Thanks for not judging me.”  
~ Anonymous participant



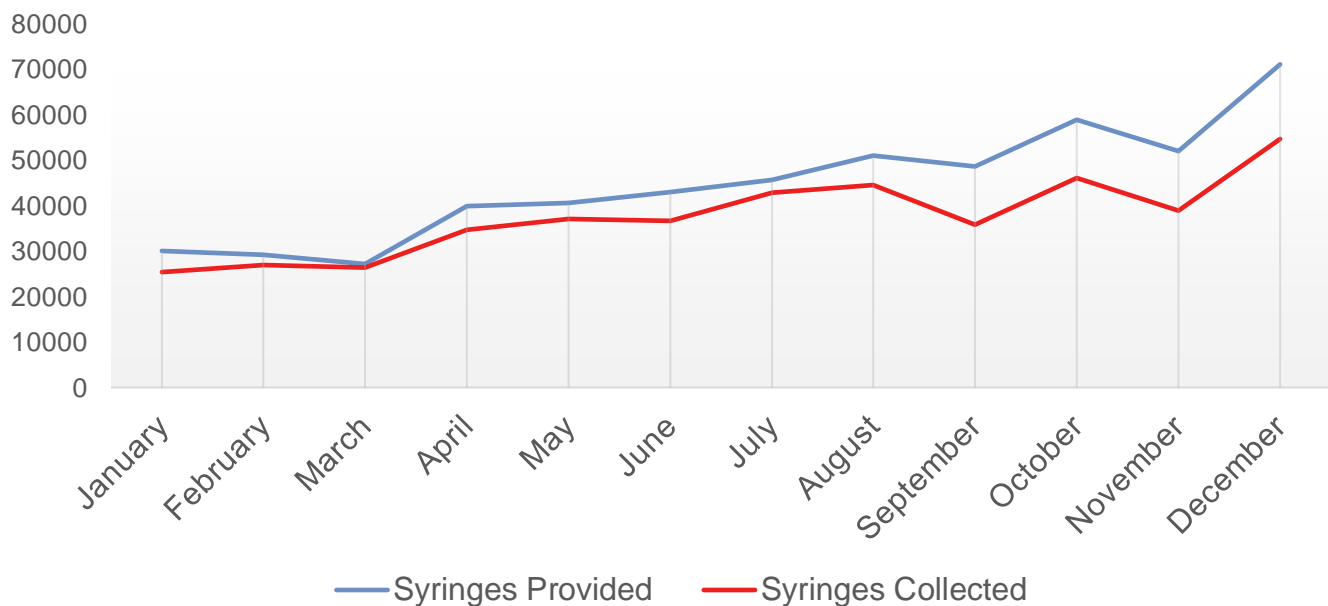
Both total participant visits in each month and the average number of participants seen during each SSP date increased throughout the year, with average number of participants per SSP data doubling from the beginning to the end of 2019.



## SYRINGE SERVICES PROGRAM

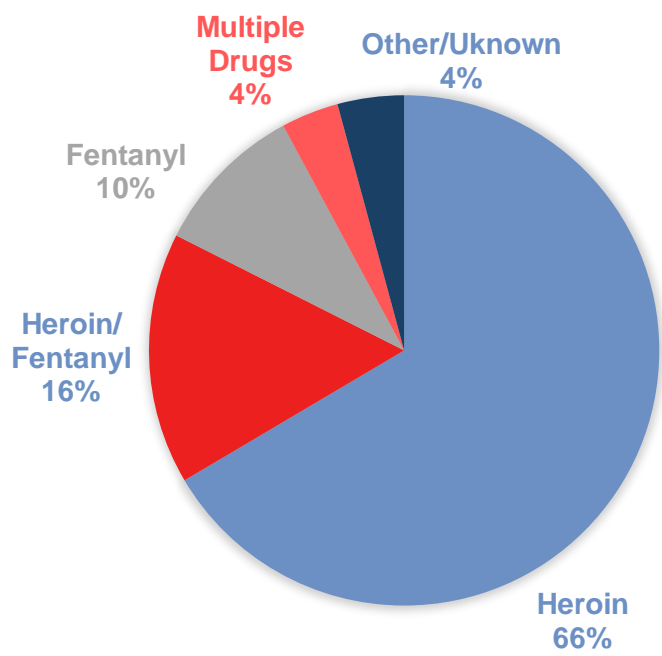
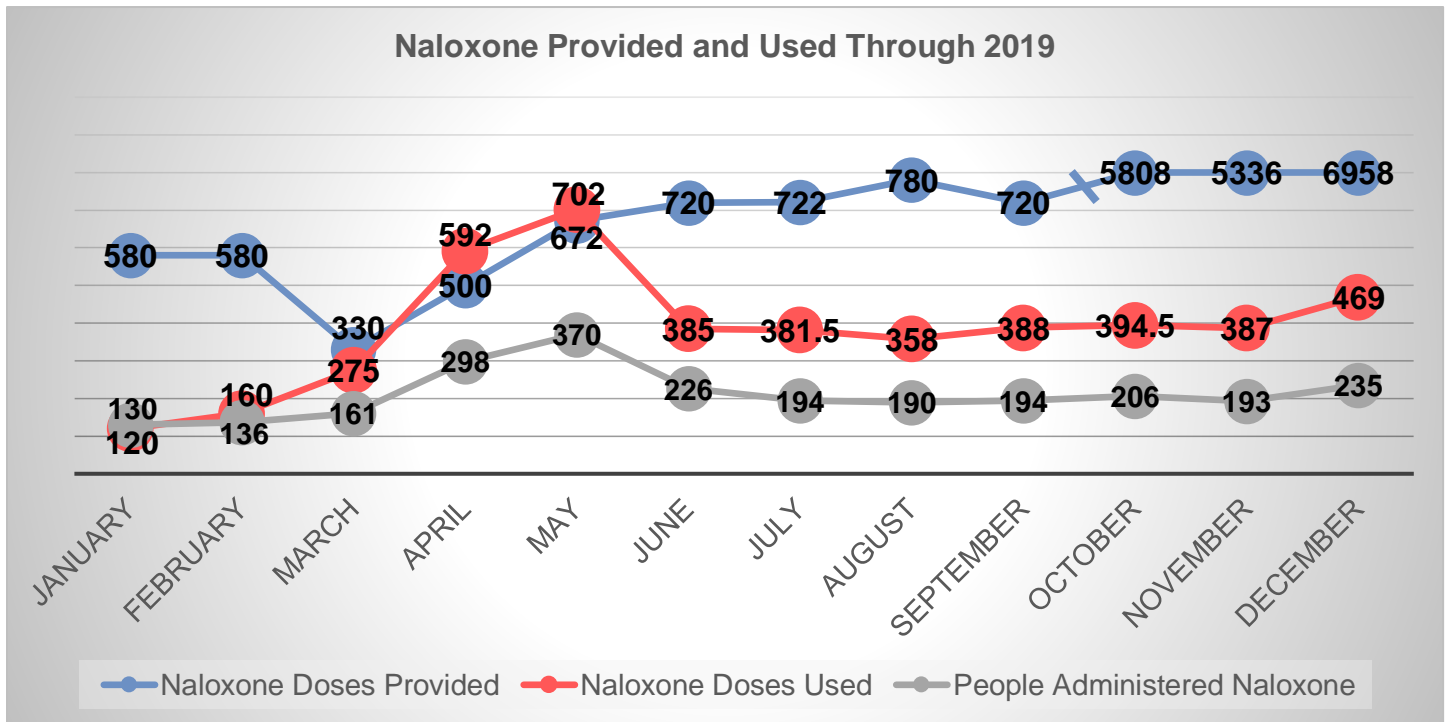
CHN Harm Reduction distributed a total of 537,525 new syringes to PWUD in 2019. We collected a total of 450,156 syringes. The average number of syringes provided to an individual during a visit was 35 for 2019. From the graph below, it is unsurprising that as the number of participants we see increases, the number of syringes we collect and provide increases as well.

**Syringes Provided and Collected Through 2019**



SSP visits are truly that – staff and participants can sit down and converse. If participants make suggestions about the program or community issues, we take note. The comment we most often receive is that law enforcement officers confiscated someone’s syringes and/or naloxone, sometimes even charging them for paraphernalia. Even though these charges are generally dismissed, participants can accrue steep court fees. It is thus understandable that people may be unwilling to hang on to syringes to return them to SSP – explaining some differences between the number of syringes we provide and the number we collect.

We distributed 23,706 nasal and intramuscular naloxone doses in 2019. Before October, we were underserving participants. With an influx of intramuscular naloxone donations in October, we are able to meet our participants' needs for naloxone, as well as expand distribution to additional sites, including two locations of a local methadone clinic.

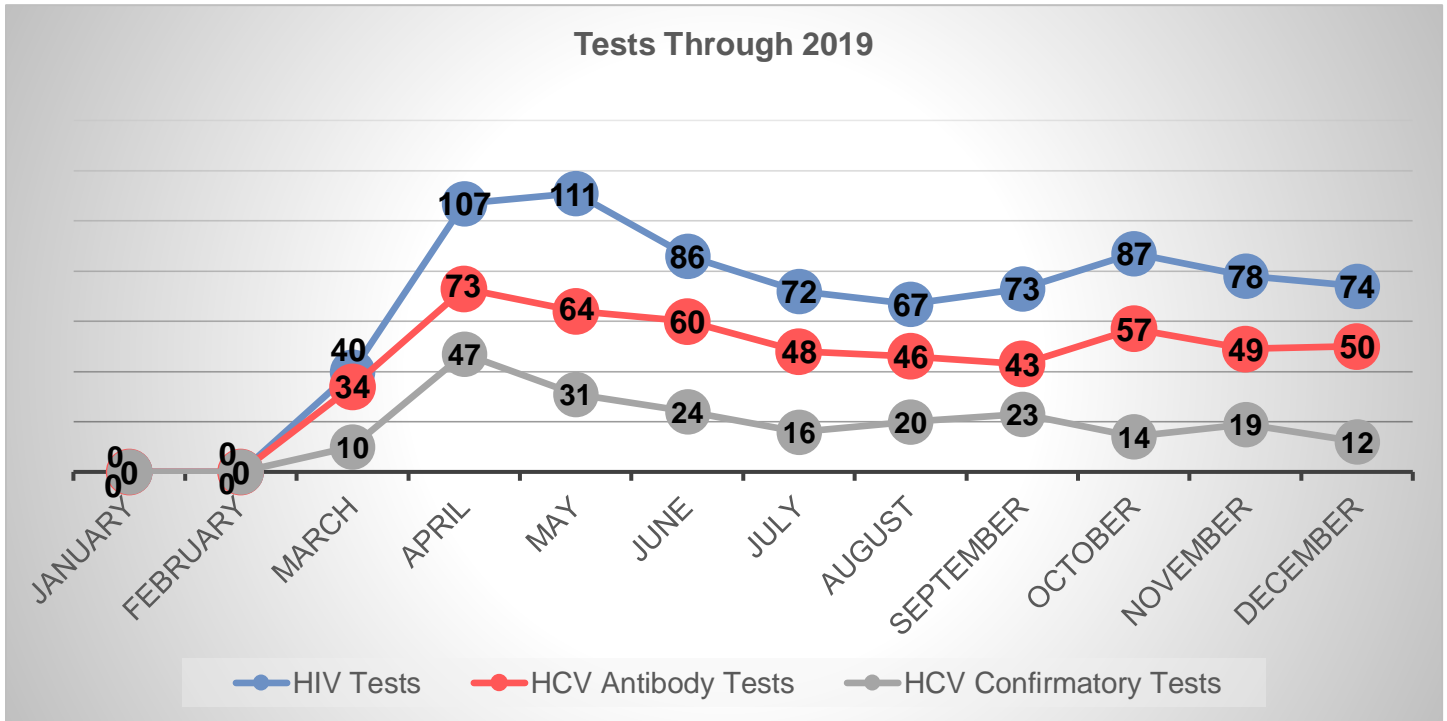


Participants reportedly used 20% (4,612) of the doses distributed to attempt to reverse 2,533 overdoses. Two percent of those attempts were unsuccessful; participants witnessed 44 overdose deaths, indicating the need for services that support PWUD who are de facto first responders. Participants used an average of 1.8 naloxone doses for each reversal.

Participants reported the drugs they thought others were using at the time overdose, as shown to the left. The vast majority (92%) involved heroin, fentanyl, or a mix of the two.

## HIV AND HEPATITIS C TESTING

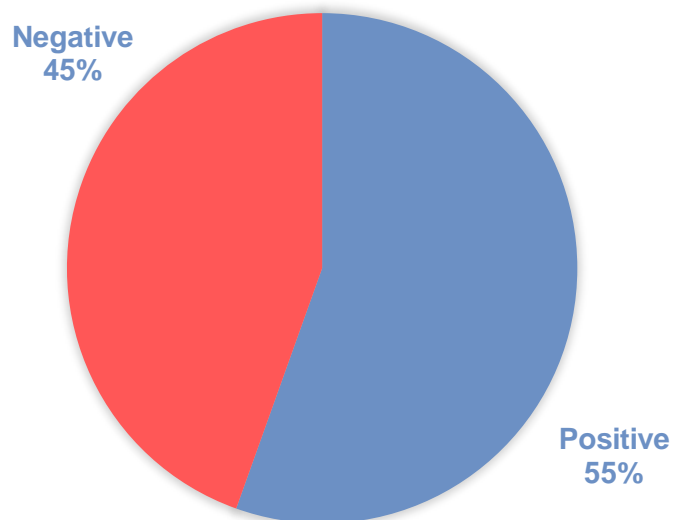
CHN Harm Reduction began HIV and HCV screening in March 2019. The graph below shows the total number of HIV, rapid/antibody HCV, and confirmatory/RNA HCV tests completed each month, with a peak in April and May, the first full two months testing was offered.



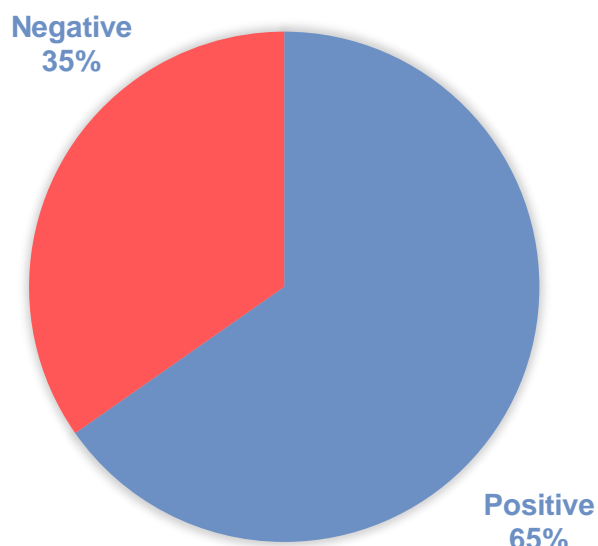
One percent of participants tested positive for HIV. All ten people were linked to care with the Choice Health Network clinic, seven of whom became virally suppressed. These participants faced many barriers to care, including being unhoused, and their success in the clinic is a testament to their determination as well the intensive work of our staff.

As displayed in the graph to the right, over half of participants tested positive for HCV antibodies, indicating a past exposure to HCV.

### HCV Antibody Test Results



## HCV RNA Test Results



CHN Harm Reduction performed 216 confirmatory/RNA HCV tests in 2019. Twenty-five percent of those who received an RNA test had gotten an antibody test from CHN Harm Reduction.

Of the people who were tested, 65% were RNA positive. Of those who tested positive, 53% were linked to counseling services that detail HCV or to HCV treatment.

Through 2019, over half of the people who were eligible for HIV and HCV testing requested testing.

Lindy Clapp, one of our Harm Reduction Coordinators, shared their experience working with the first person who tested HIV positive at SSP, who we refer to with the pseudonym Alex. Lindy scheduled a clinic appointment for Alex within 24 hours of the positive test. Lindy transported Alex to the appointment, where they had a rapid start on anti-retroviral treatment, were enrolled in Ryan White insurance, and met with a Ryan White case manager to discuss emergency housing. Within the first week of diagnosis, Alex was enrolled in CHN's Ryan White behavioral health program as well.

Alex faced many barriers to care, including being unhoused and not having identification. Alex was placed in a risky situation that led to an overdose and incarceration. While Alex was incarcerated, Lindy visited them in jail where they expressed interest in sober living. Lindy helped arrange for direct transportation from the jail to a halfway house, where Alex's rent was paid for by Ryan White emergency funds. While Alex eventually left the halfway house, they have remained engaged with CHN. Alex's viral load went from very high to almost undetectable in the first month of diagnosis.

## PARTICIPANT SATISFACTION

We have several additional measures to help us determine how we are meeting needs. One piece of expanding CHN Harm Reduction this year to both make the program more accessible to clients and to reduce the stigma associated with substance use was to increase our social media presence. Rachel Incorvati, with assistance from the team, made dozens of posts, garnering a following of 642 people over three platforms. In a similar vein, we have aimed to engage more volunteers and participants who are compensated for their time. In 2019, we engaged 37 unique volunteers and 8 compensated participants.

The numbers in this report show that CHN Harm Reduction is getting services to people who want and need them. Yet we are unlikely meeting participants' needs. According to public health literature<sup>1</sup>, to maximize the benefits of harm reduction, we want to provide people with 150% of the number of syringes they need to use a new syringe each time they inject. For example, if someone injects 20 times per week, we want to supply them with 30 syringes. These additional syringes may be a backup – perhaps for others who do not have syringes or for the individual who may have to miss an SSP date because of work or family obligations. Due to supply limitations, we provided people 53% of the syringes they needed, demonstrating a need for further supplies. Still, 95% of participants surveyed indicated that they were using syringes fewer times and were sharing their syringes and cookers less with other people since attending the SSP.

Staff asked participants to complete a satisfaction survey with a five-point scale. On average, participants rated staff care, the intake process, staff communication, and overall satisfaction at 4.8. Participants rated service times at 4.5 and service locations at 4.4. With the move to a new building where CHN Harm Reduction will have a stable location with expanded hours, we hope to address many concerns regarding service times and locations.



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<sup>1</sup> Ricky N. Bluthenthal, Rachel Anderson, Neil M. Flynn, and Alex H. Kral. 2007. "Higher Syringe Coverage is Associated with Lower Odds of HIV Risk and Does Not Increase Unsafe Syringe Disposal among Syringe Exchange Program Clients." *Drug and Alcohol Dependence* 89: 214-222; Ricky N. Bluthenthal, Greg Ridgeway, Terry Schell, Rachel Anderson, Neil M. Flynn, and Alex H. Kral. 2007. "Examination of the Association between Syringe Exchange Program (SEP) Dispensation Policy and SEP Client-Level Syringe Coverage among Injection Drug Users." *Addiction* 102: 638-646.



## CONCLUSIONS



We feel proud that we have built a supportive and non-judgmental team where we love the work we do and are able to provide a variety of services to a quickly expanding participant base. We know we fall short and are making efforts to fill service gaps. The list of team members' goals hanging in our shared office space reveal the hopes we have for the future of our services and our community.

At the beginning of 2020, we discussed the skills and actions that we want to embody as a team, both outward facing and inward facing. The image to the right reveals our aspirations for being in communities. The image below shows how we want to work together as a team. While we may not be all these things all the time, these are our strivings for the next year to create a better team and service.



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