

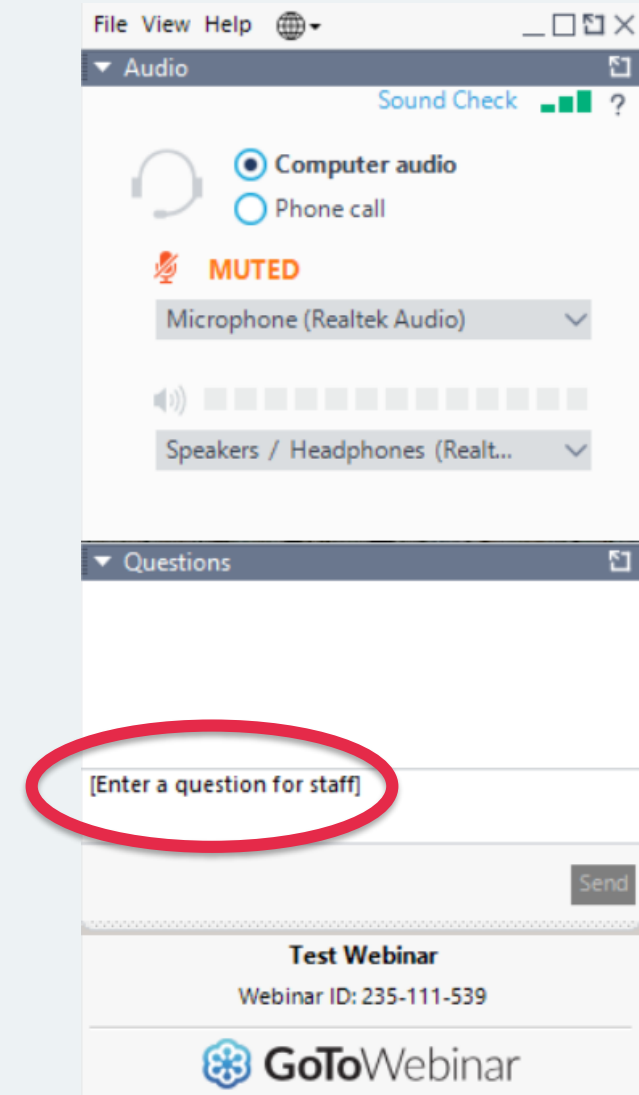
# NVHR Mini-Grantee Final Presentations

Findings from NVHR's 2017 Recipients of  
Hepatitis C Project Booster Mini-Grants

**May 21, 2018**

# Housekeeping: GoToWebinar

- Slides and a recording of the webinar will be sent to everyone who registered and posted on our website.
- Please use the question box to submit your questions and comments
- The Q&A session will follow the last presentation



# Webinar Overview

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- About NVHR
- Project overview
- Mini-Grantee Presentations:
  - American Association of Occupational Health Nurses
  - BOOM! Health
  - North Carolina Harm Reduction Coalition
  - Roots Community Health Center
- Discussion and questions and answer

# About NVHR

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- National Viral Hepatitis Roundtable
  - working together to eliminate hepatitis B and C in the U.S.
- ~500 coalition members
  - community-based, advocacy, and grassroots groups
  - healthcare providers
  - health departments
  - other government and industry partners
- [www.nvhr.org](http://www.nvhr.org)

# Hepatitis C Project Booster Mini Grants

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- Seven, \$10,000 grants were awarded in 2017
  - One-year projects
- Intended to enhance the capacity of NVHR member organizations to conduct hepatitis C education, testing, and linkage to care in their local communities and then disseminate those best practices nationally

The background features a collage of nature scenes within geometric shapes. A large triangle on the left shows a sunset with a bird in flight. Another triangle at the top shows a mountain range. A smaller triangle at the bottom left shows a forest. The background is also decorated with a pattern of small white dots on a light blue background.

# **Hepatitis C: Opportunities for HCV Outreach in Occupational Health Settings**

Barbara J. Burgel, RN, ANP, B.C., PhD, FAAN, FAAOHN, COHN-S, and

Miranda Surjadi, RN, MS, ANP, B.C.

University of California San Francisco School of Nursing



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# **Funded by the National Viral Hepatitis Roundtable**

Thank you for this funding!



# Acknowledgements

- HCV Work Group Members
  - » Jennifer Beining, Beverly Nuchols, Denise Souza, Nicholas Wade, and Lori Wolfe
- AAOHN Staff
  - » Kathleen Buckheit, AAOHN Director of Education
  - » Jessica Scott, AAOHN Senior Educational Coordinator





# Project Goals

**By June 15, 2017, 30% of AAOHN members will identify their a) HCV competency (knowledge/confidence & attitudes), b) employee/industry HCV risk profile, c) employee education and screening practices, and d) organizational barriers to HCV outreach.**

By August 1, 2017, a 1.5 hour AAOHN HCV concurrent session will be developed and advertised to AAOHN members, and offered twice at the April 2018 AAOHN Annual Conference in Reno, Nevada, as measured by conference advertising and session attendance.

**By October 1, 2017, an AAOHN HCV Campaign will be initiated, with an HCV webpage, an HCV webinar, and a toolkit of HCV employee education materials, as measured by webpage access and webinar evaluations.**



# Project Goals

**By January 15, 2017, 20% of AAOHN members will identify improvement in their a) HCV competency (knowledge/confidence & attitudes), b) and have increased their outreach activities at their worksites (as defined by the review of the literature and the HCV Work Group), as measured by a post-campaign survey.**

By May 1, 2018, after the HCV concurrent sessions at the AAOHN Annual Conference, 80% of participants will demonstrate improved HCV competency, and identify one HCV outreach action at their worksites as measured by a follow-up impact evaluation survey.

**By August 1, 2018, to support continuing HCV competency of AAOHN members, one AAOHN HCV Outreach Project manuscript will be published in the Journal of Workplace Health and Safety.**



# AAOHN HCV Project Goal: to advance OHN HCV competency and to share HCV outreach best practices

- Pre-Post HCV Survey to identify:
  - » HCV competency (knowledge/confidence and attitudes)
  - » Employee/industry HCV risk profile
  - » Outreach strategies (employee education/screening practices)
  - » Organizational barriers to HCV outreach
- HCV Campaign, including:
  - » Educational sessions
  - » Email blasts
  - » HCV Webpage
- In progress: impact evaluation and manuscript



# The AAOHN Community CARES About Hepatitis C

- HCV Campaign launched in October 2017
  - » AAOHN HCV Webinar, October 2017
    - 168 webinar participants
  - » AAOHN HCV Webpage/Toolkit, n=611 (from 10-1-17 through 2-8-18)
  - » Email blasts in October, November, January, March
  - » Two concurrent sessions at AAOHN National Conference, Reno, April 2018 (approximately 100 participants at each session)





› [Ask It Forum](#)

› [Respiratory Protection Resources](#)

› [Infection Prevention and Control](#)

› [Hepatitis C Resources](#)

**Additional Resources**

› [Managing Diabetes](#)

› [Total Worker Health](#)

› [Global Practice](#)

## HEPATITIS C RESOURCES



In 2017 AAOHN, in partnership with the AAOHN Foundation, was awarded a grant from Community Initiatives, as a part of the National Viral Hepatitis Roundtable (NVHR) mini-grant program to expand awareness and disseminate information on Hepatitis C.

### The AAOHN Community CARES about Hepatitis C

**Commit** to prioritizing Hepatitis C screening as one of your Employee Wellbeing/Health Promotion/Worksite Wellness projects for 2017-2018 and beyond.

**Add** the CDC 5-minute Hepatitis risk assessment questions to your Health Profile questionnaire, including an electronic charting reminder to screen, test, educate, refer and treat Hepatitis C.

**Reach** out to all employees, retirees, and dependents at risk for Hepatitis C to encourage testing and provide potential referral resources for follow up if Hepatitis C antibody and HCV RNA testing is positive

**Educate** employees, retirees, and dependents regarding HCV risks, prevention, screening tests, workup process and current successful treatments options.

**Support** employees, retirees, and dependents with Hepatitis C in receiving and completing treatment, knowing there are patient assistance resources to assist in any treatment costs. Reassure that there is now a cure for Hepatitis C and treatment is usually completed in 8-12 weeks, and is associated with very few side effects.

### Resources for Occupational Health Nurses

- [AAOHN HCV Work Group FAQ for OHNs](#)
- [AAOHN HCV Work Group Employer Checklist](#)
- [AAOHN HCV Work Group Health Coaching Packet](#)
- [AAOHN Hepatitis C Ask It Forum](#)
- [AAOHN Best Practices for HCV Outreach - Nicholas Wade](#)

### Hepatitis C Toolkit

> [Overall HCV Resources](#)

> [Clinician Update](#)

> [Employee, Dependent and Retiree Education](#)

## The AAOHN Community CARES About Hepatitis C

Through a National Viral Hepatitis Roundtable (NVHR) Grant, AAOHN has developed the *AAOHN HCV Outreach Campaign* so that you can have the expertise you need to improve health in vulnerable workers, such as those with body piercings or baby boomers. This campaign provides a toolbox of resources that will improve your HCV knowledge, prepare you to expand your HCV outreach in your worksites, and give you the tools to educate, counsel, screen, test, and have vulnerable workers diagnosed and/or linked to care for treatment. Current treatment modalities for HCV will be discussed so that OHNs can explain how HCV can be cured with 8-12 weeks of treatment and with very few side effects.

The AAOHN HCV Outreach Campaign begins October 25, 2017 with a free webinar (more information below). Additionally, there will be two concurrent sessions at AAOHN's National Conference in Reno on April 16-18, 2018.

AAOHN thanks NVHR for this opportunity to help ensure that the AAOHN community CARES about Hepatitis C. For additional information, please visit the new AAOHN [Hepatitis C Resources page](#).





# HCV Pre-Post Survey Methods

- June 2017:
  - » Emailed survey #1 to all active AAOHN members (excluding students and retirees), n= 3,414, with 489 responses (13% response rate); n=445 attempted the HCV pretest;
    - 48 item survey (30 item pretest re: HCV risk factors, diagnosis/pathophysiology, treatment);
    - No missing data replacement; n=406 in linear regression



# HCV Survey Methods

- January 2018:
  - » Emailed survey #2 to n=437 who had provided their emails in survey #1, with 116 responses with matched emails with survey #1 (26% response rate)
    - 54 item survey, with same 30-item HCV knowledge quiz;
  - » N=111 completed both surveys #1 and surveys #2 with Pre-Posttest scores



# Selected Demographics, June 2017, n=445

	Percent		Percent
<b>Born between 1945-1965</b>	75% Mean age 56.4	<b>Years of OHN experience</b>	17 years
<b>Female Gender</b>	95%	<b>Certification</b>	10% COHN 30% COHN-S
<b>Race/ Ethnicity</b>	88% White	<b>Attended an HCV Educational Session in prior 12 months</b>	22%
<b>Highest Education</b>	75% BS or above	<b>Type of Industry</b>	30% Healthcare 29% Manufacturing
<b>Role/Job Titles</b>	56% Clinical		





# HCV Pretest and Posttest Total and Subscale Scores, and HCV Confidence Levels

	HCV Pretest Total, Pretest Subscale Scores, and Level of HCV Confidence, June 2017, n=111 of 445 Pretest cohort			HCV Posttest Total, Posttest Subscale Scores, and Level of HCV Confidence, January 2018, n=111			
	Mean (Standard Deviation)	Mean percent correct score	Median/ Range	Mean (Standard Deviation)	Mean percent correct score	Median/ Range	p value *
HCV Test Scores (30 items)	22.7 (2.6)	76%	23.0 16-28	23.0 (2.8)	77%	24.0 12-28	N.S.
Risk Factors Subscale (14 items)	11.5 (1.2)	82%	12.0 8-14	11.6 (1.5)	83%	12.0 4-14	N.S.
Pathophysiology-Diagnostics Subscale (6 items)	4.2 (1.1)	70%	4.0 1-6	4.2 (1.1)	70%	4.0 1-6	N.S.
Treatment Subscale (10 items)	7.0 (1.6)	70%	7.0 3-10	7.2 (1.5)	72%	7.0 3-10	N.S.
HCV Confidence (1 item), range 1 (not at all) to 5 (extremely confident)	2.6 (0.94)		3.0 1-5	2.8 (0.94)		3.0 1-5	0.052

\*Matched Paired T-testing

# Factors associated with higher HCV pretest scores, June 2017\*

- Education above BS/BA
- Greater confidence in educating and counseling employees re: HCV
- HCV education within the prior 12 months
- Other factors controlled for in the model: years of experience, healthcare industry, COHN status, practice region, providing HIV awareness education at worksite, prescribing medications, ordering diagnostics, or being engaged in preventive/health care maintenance activities



# HCV Education and AAOHN HCV Webpage Access since June 2017, January 2018

HCV Educational Activities since June 2017, n=111	Number (%)
Attended AAOHN HCV CE/webinar in October 2017, n=107	
Yes	24 (22%)
No	83 (78%)
Attended other HCV Educational Session since June 2017, n=106	
Yes	10 (9%)
No	96 (91%)
Accessed AAOHN HCV Webpage, n=110	
Yes	39 (36%)
No	71 (64%)
Top AAOHN HCV Webpage Sections Accessed:	
FAQ for OHNs	11 (10%)
Toolkit-Overall HCV Resources	4 (4%)
Best Practices for HCV Outreach	3 (3%)
Employer Checklist	2 (2%)
Health Coaching Packet	2 (2%)



# HCV Outreach Activities

HCV Outreach Activities	June 2017 (in prior 12 months)	Jan 2018 (since June 17)
<b>Outreach activity</b>	<b>n=445</b>	<b>n=111</b>
Employee education re: HCV (e.g., Offered a class, email alert, newsletter, etc.)	98 (20%)	26 (23%)
Included HCV risk factors in a voluntary health profile questionnaire	41 (8.4%)	8 (7%)
Ordered HCV testing after a work-related BBP exposure	135 (27.6%)	32 (29%)
Referred at-risk persons to their primary care provider for HCV testing	99 (20.2%)	16 (14%)
Advocated for insurance coverage for HCV treatment at the pharmacy benefit level	11 (2.2%)	0 (0%)
Added an HCV screening prompt to the electronic medical record	10 (2%)	0 (0%)
Referred positive HCV results for further testing and/or linkage to specialty care	66 (13.5%)	14 (13%)
Counseled employees about HCV results	98 (20 %)	25 (22%)

# Organizational Barriers to HCV Outreach, June 2017

Of those who reported barriers re: HCV Outreach in their organization (n=56), the percent who answered yes to the following barriers:

HCV risk factors are personal and it is challenging to maintain privacy.	12 (21.4%)
I do not feel comfortable asking about HCV risk factors, such as IV drug use.	3 (5.3%)
It is challenging in my worksite to maintain confidentiality.	4 (7.1%)
There are treatment cost concerns by my employer.	9 (16.1%)
My organization does not permit Occupational Health to screen for HCV.	28 (50%)
I need more information about HCV in order to feel comfortable doing outreach.	12 (21.4%)



# OHN Best Practices

- HCV item added to COHN/COHN-S certification item pool.
- 10 new OHNs added at least one HCV outreach activity between June 2017-January 2018
- Several new testimonials to be added to the HCV Webpage





# Lessons Learned and Going Forward

- Protection of employee, dependents and retiree confidentiality is vitally important to the OHN community
- If the OHN cannot screen for personal/group health issues, refer for screening!
- Minimize stigma.....normalize HCV as any other chronic illness
  - » Add HCV risk factors to Health Profile Questionnaire
  - » Add HCV in HIV Awareness Educational sessions
  - » Write a prescription to remind baby boomers to get their one-time HCV screening
- Know the demographics of their employee/retiree and dependent communities



# Lessons Learned and Going Forward


- Integrate an EMR to prompt the OHN to ask about HCV screening for baby boomers.
- Develop partnerships with HCV outreach groups, e.g. Project ECHO
- Encourage employers to become members of the National Viral Hepatitis Roundtable.
- Consider linking HCV to Jade Employer Collaborative on Hepatitis B.
- Ongoing continuing education for the OHN community is needed.







Join Jade  
Employer  
Collaborative  
for Hepatitis B

<https://www.businessgrouphealth.org/global/tools-resources/programs/joinjade-employer-collaborative/>



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## Hepatitis B


Hepatitis B causes up to 80% of all liver cancer and most often appears in people of working age between 35–65 years. In the United States, 1 in 12 Asian Americans is chronically infected with the hepatitis B virus. Forty percent of the world's cases are in China, where carriers can face discrimination and stigmatization in the workplace due to misconceptions surrounding transmission.

Hepatitis B is spread through birth, blood or sex and is vaccine preventable. Screening and early detection are critically important.

The Global Business Group on Health collaborates with the Asian Liver Center at Stanford University in the [U.S.](#) and [China](#) to address this issue through its JoinJade Employer Collaborative.

View All Hepatitis B GBGH Resources

### Featured Resources



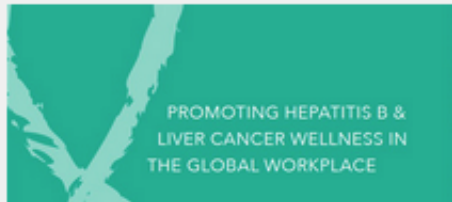
**The Business Response to Hepatitis B: An Action Guide for Managers**

This brochure provides employers actionable strategies on screening, vaccination, and treatment of Hepatitis B.



**The Business Response to Hepatitis B: An Action Guide for Managers (Chinese Version)**

This Chinese-translated brochure provides employers actionable strategies



**Promoting Hepatitis B & Liver Cancer Wellness in the Global Workplace**

This Asian Liver Center toolkit provides practical steps and educational materials to develop sound hepatitis B practices

# Next steps

- Bev Nuchols, AAOHN Liaison to NVHR
- Plans to update HCV Webpage
- Future educational offerings in discussion
- Complete publication, including impact evaluation from concurrent sessions



# Boom Health HCV Navigation and Linkage to HCV Treatment Initiative

RAHEL YOSIEF, MPH

PATIENT NAVIGATOR, CHECK HEP C PROGRAM

BOOM! HEALTH

# Identifying Patients with Hep C

- ▶ 4-5 million people in the US have hepatitis C virus (HCV) infection<sup>1</sup>
- ▶ Most were infected in 1960's through 1980's<sup>1</sup>
  - ▶ Up to 250,000 cases per year in 1980's
  - ▶ About 50% infected via Injection drug use (IDU), rest from blood transfusions, sex, tattoos, medical procedures, and other factors
- ▶ Up to 75% of people have not been diagnosed
- ▶ Risk-based screening misses many people
  - ▶ Stigma associated with injection drug users (IDU)
- ▶ The Bronx is the poorest congressional district in the nation
- ▶ Over 52% of Bronx neighborhoods experiencing high or extreme poverty
- ▶ Among the Bronx neighborhoods, Hunts Point/Morrisania and Mott Haven have the highest rates of newly reported Hep C cases.<sup>2</sup>

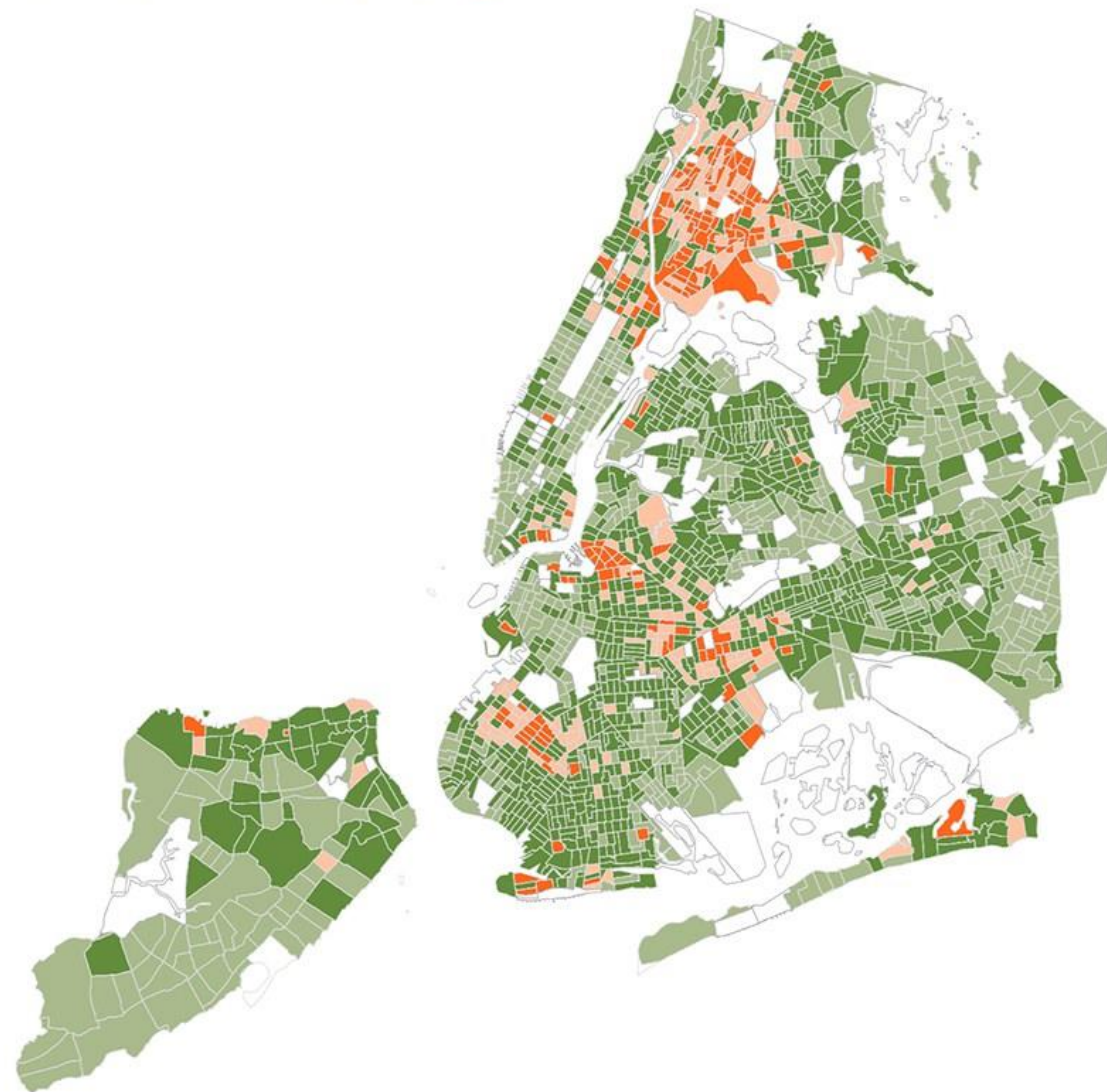
1. Smith BD et al. MMWR. August 17, 2012/61(RR04);1-18. Armstrong GL et al. Ann Intern Med. 2006 May 16;144(10):705-14. <http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx>

2. <http://www.welcome2thebronx.com/2017/06/08/over-50-of-bronx-neighborhoods-experiencing-high-or-extreme-poverty/>



**Figure 11: New York City Neighborhoods by Poverty Status, 2011–2015**

Low Moderate High Extreme



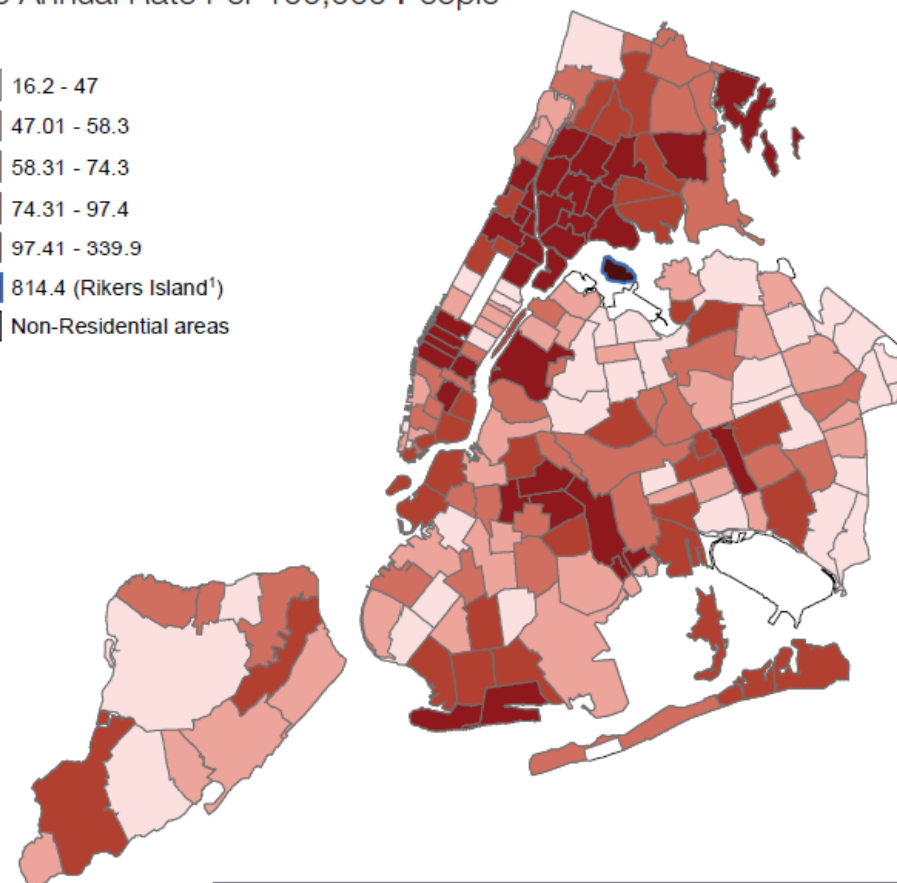
Sources: American Community Survey, NYU Furman Center

Note: Data are displayed by census tract.

**Map 2. People Newly Reported with Chronic Hepatitis C in New York City by Zip Code, 2013-2014**

Average Annual Rate Per 100,000 People

16.2 - 47  
47.01 - 58.3  
58.31 - 74.3  
74.31 - 97.4  
97.41 - 339.9  
814.4 (Rikers Island<sup>1</sup>)  
Non-Residential areas



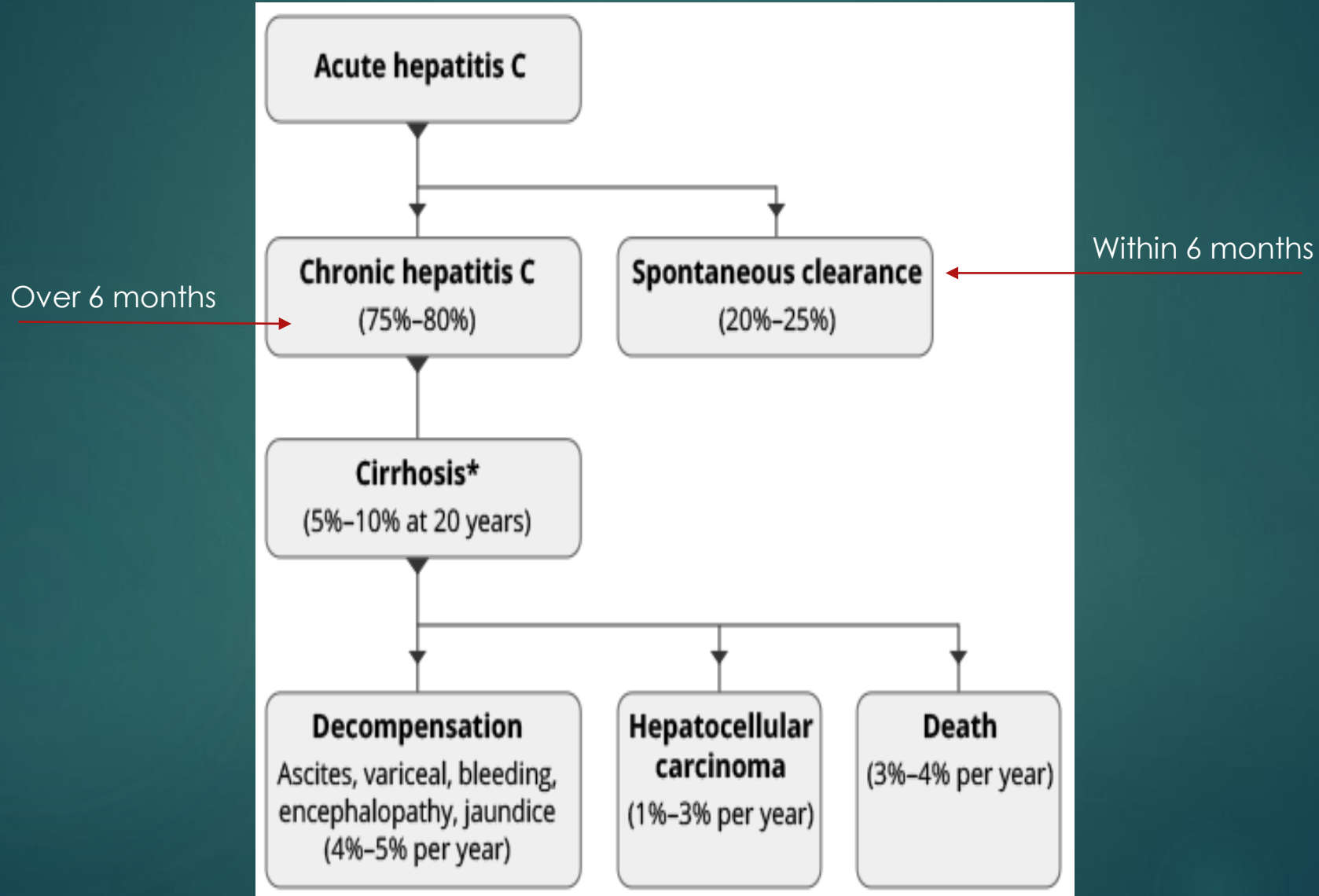
#### Highlights

- The highest rate of chronic hepatitis C was seen in the New York City incarcerated population at 814.4 per 100,000 people.
- Neighborhoods with the highest chronic hepatitis C rates were East Harlem, Manhattan and Hunts Point/Morrisania, Bronx.

0 2.75 5.5 11 Miles

<sup>1</sup> All people reported from a New York City correctional facility have been aggregated to Rikers Island.

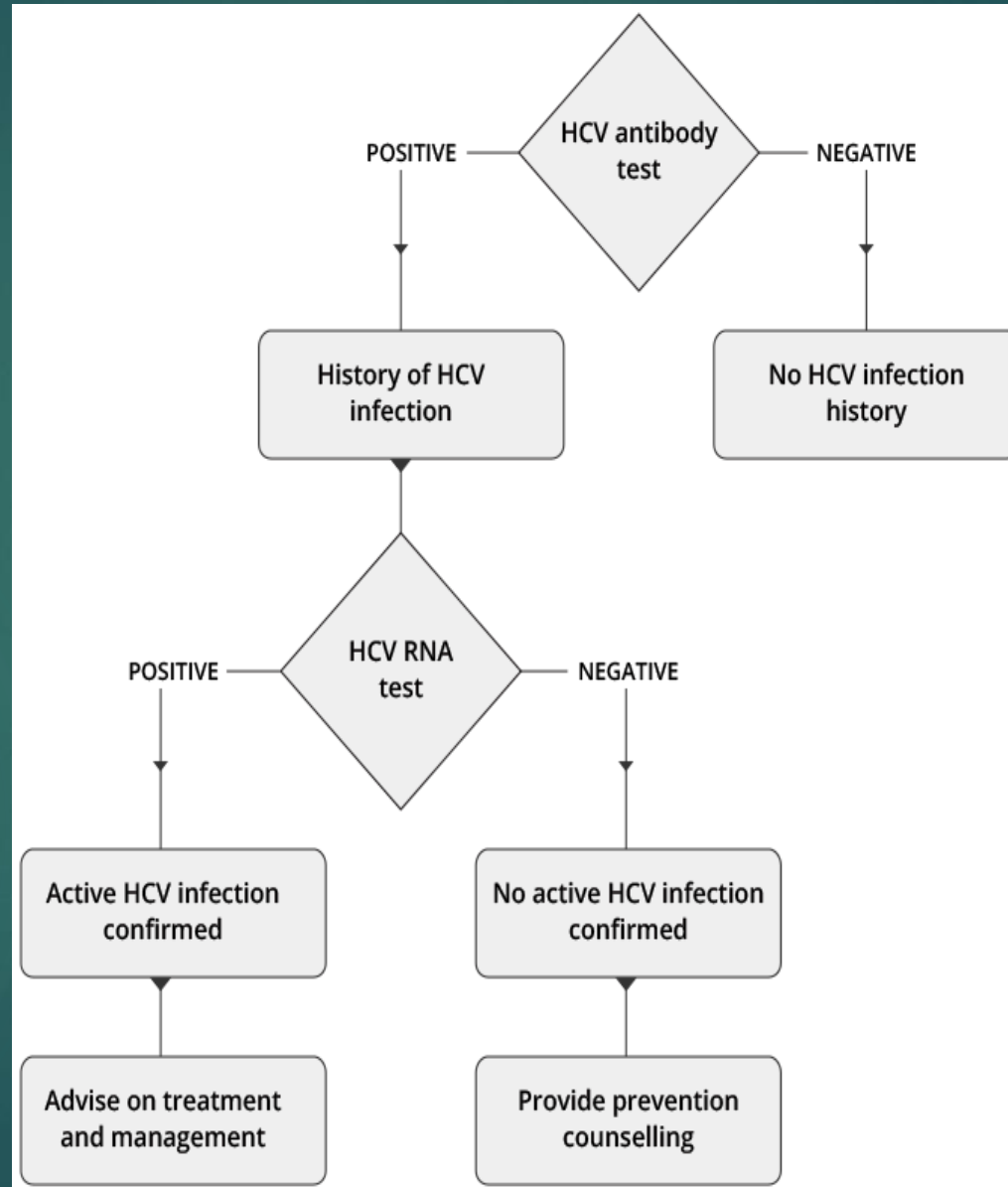
# History of HCV



# Boom Health Hep C Outreach & Screening

- ▶ Mobile Outreach with HCV Tester
  - ▶ 3 times a week
  - ▶ Outreach at Methadone clinics and areas where active drug users congregate
  - ▶ Residential homes e.g. SRO's
- ▶ HCV/HIV Tester at drop-in center
- ▶ Referrals from other programs at Boom Health
- ▶ Hep C Support Group
  - ▶ Co-leading Hep C Support Group every Friday with Brightpoint Health Clinic Hep C team
  - ▶ Provides Hep C education and emotional support for clients
  - ▶ Provides safe space to express participants concerns or success stories about Hep C treatment, which leaves them more empowered and gives them a sense of community.

# Screening for HCV

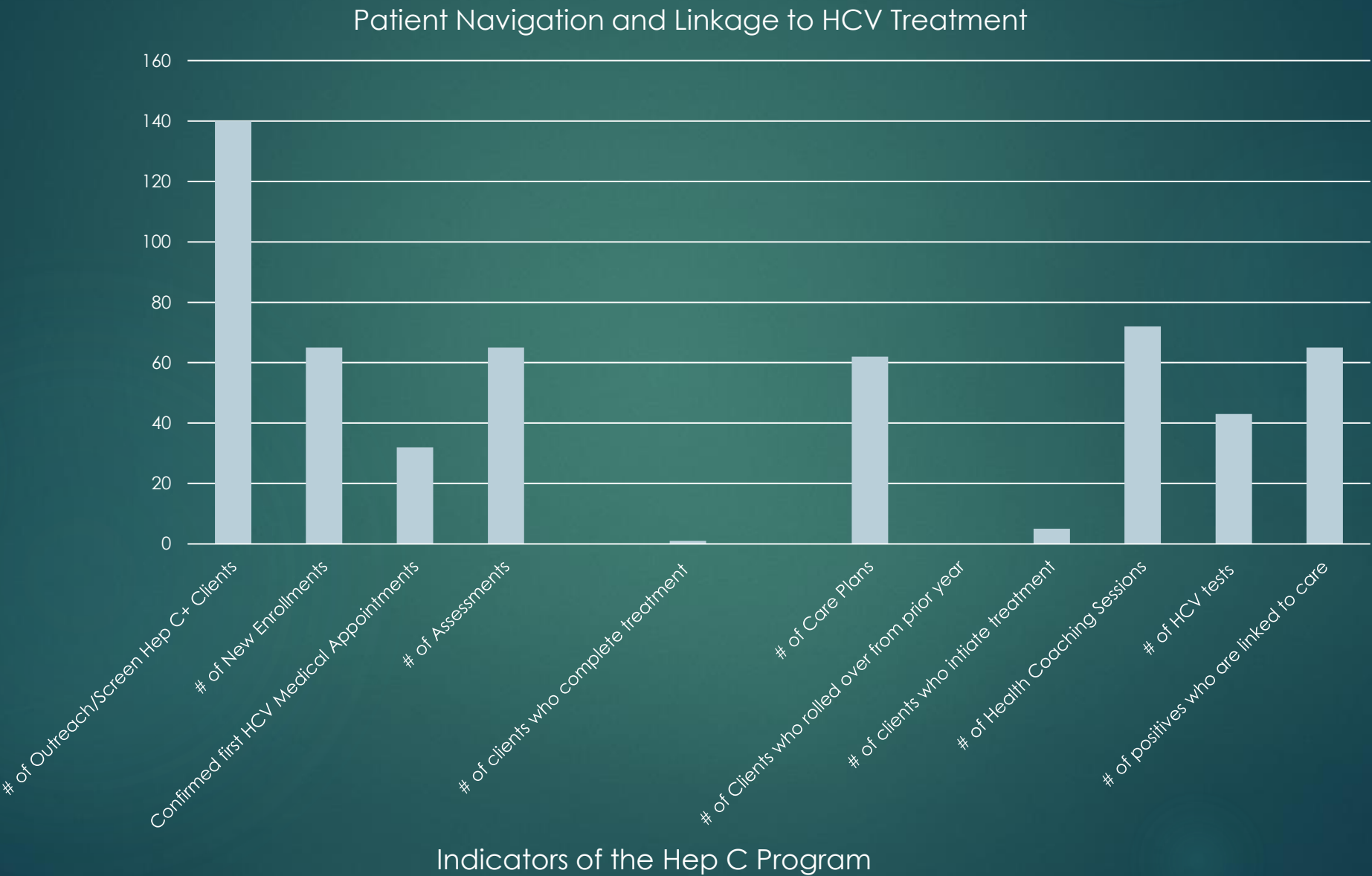




# Boom Health HCV Linkage to Care

- ▶ Patient Navigator conducts intake/assessments to determine patients' needs and barriers to Hep C treatment
- ▶ Based on intake/assessment patient is referred to other programs and services at Boom health
- ▶ Provides Hep C health education and supportive services
- ▶ Creates care plan for the patient
- ▶ Assists patients with finding a healthcare provider
- ▶ Schedules first Hep C appointment and medical evaluations
- ▶ Health coaching by patient navigators and peer navigators encourages patients to get HCV testing and educates them about risky behaviors

# Boom Health HCV Patient Navigation and Linkage to Care (May 2017-April 2018)



# HCV treatment

- ▶ Patient navigator works with healthcare providers to obtain approval for HCV medications
- ▶ HCV treatment
  - ▶ Pills, for 2 to 3 months
  - ▶ Mild side effects (fatigue, headaches)
- ▶ Support during HCV treatment
  - ▶ 3-day check and weekly
  - ▶ Weekly or bi-weekly check in
- ▶ Over 90% of patients can be cured
- ▶ Low treatment numbers due to
  - ▶ Stigma around HCV
  - ▶ Hep C associated with drug use
  - ▶ HCV not seen as an important medical condition

# HCV Challenges at Boom health

- ▶ Lack of Hep C education, misinformation
- ▶ Locating homeless and active drug injecting participants
- ▶ Stigma around Hep C infection
- ▶ Hep C not seen as an important medical condition compared to other possible medical conditions
- ▶ Healthcare providers who discriminate and won't treat patients who are using drugs
- ▶ Trying to get HCV medication approved by health insurance companies due to cost
- ▶ Delay in changing individual insurance when at BP clinic
- ▶ Participants are lost to care due to re-incarceration in jail or prison
  - ▶ Recently incarcerated participants who come out of the correctional system have other priorities i.e. housing, jobs, maintaining sobriety

# Lessons Learned

- ▶ Stigma still surrounds Hep C such as Hep C being contagious, etc.
- ▶ Stigma and discrimination can really affect people who have serious medical and mental illnesses
- ▶ Important to treat everyone with respect and dignity
- ▶ Additional funding for advocacy around HCV needed
- ▶ Increasing aging population with HCV. What are long-term effects?



# **Urban Survivors Union & North Carolina Harm Reduction Coalition**

**Transportation & Education/Community Organizing  
Supports for Participants at the Greensboro Syringe  
Exchange**

# Partnership: USU & NCHRC

The Urban Survivor's Union is a grassroots coalition of drug users (both former and active) dedicated to ensuring respect, dignity and social justice for our community. Based in Greensboro, USU's Piedmont Triad chapter is the first drug user union in the US South and ran the largest underground syringe exchange for in NC for 10 years prior to legalization.

NCHRC is a statewide comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for people impacted by drug use, sex work, overdose, gender, STIs, HIV and hepatitis. NCHRC also provides resources and support to the law enforcement, public health and provider communities.

# Background:

## HCV & NC

NC is part of a regional wave of rising HCV rates in Appalachia and the South.

- According to the North Carolina Department of Health and Human Services, acute Hepatitis C has increased more than 400% in NC since 2009
- This is linked to a steep rise in rates of injection drug use in NC, as evidenced by a 554% increase in heroin-related deaths in NC from 2010 to 2014, measured by NC's Injury and Violence Prevention Branch



# Background: HCV & NC

Major and systemic barriers to accessing HCV education, prevention, screening, and linkage to care for drug users in NC:

- Syringe Exchange newly legalized on July 11 2016 - infrastructure still young and underfunded
- NC is a non-Medicaid expansion state, leaving many in the state without any form of healthcare
- Very few providers treat HCV, and very few who do will treat without meeting an abstinence requirement
- Many PWID in NC live in rural areas - travel to the nearest hospital, SEP, or MAT provider can be prohibitively difficult or costly

## **Barrier: Lack of empowering HCV education and support for drug users**

From a needs assessment performed by USU in 2015:

- 21% of surveyed PWID in the Piedmont Triad area were able to articulate how HCV is transmitted
- Compare to 80% of PWID surveyed by the Seattle USU chapter and 67% of PWID surveyed by the San Francisco USU chapter
- Additionally, 51% of drug users surveyed in Seattle and 23% of drug users surveyed in San Francisco knew their HCV status, compared to only 5% of drug users surveyed in the Piedmont Triad
- However, 100% of users surveyed in the Triad indicated that they would like to know their HCV status - mirroring 100% of users surveyed in Seattle and 98% of users surveyed in San Francisco

## **Barrier: Lack of transportation access to HCV treatment**

UNC Health Care's infectious disease clinic is one of the few providers willing to treat HCV regardless of participants' insurance status or their stage of drug use.

- UNC is an hour's drive from Greensboro
- Many USU participants do not have cars or cannot afford the gas money for such a long drive
- Public transit would involve a 4 hour trip each way, taking 3 buses and a train (using 3 separate transportation systems)

# NVHR Minigrant Project

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NCHRC & USU applied for the NVHR mini-grant to strategically strengthen support for the Exchange's HCV-positive participants in two key areas:

- 1) transportation to HCV-related medical appointments
- 2) incentives for engagement in HCV education and community organizing groups at the Exchange

# Rideshare Initiative: Successes

During the project period we provided 6 roundtrip rides to HCV appointments at UNC.

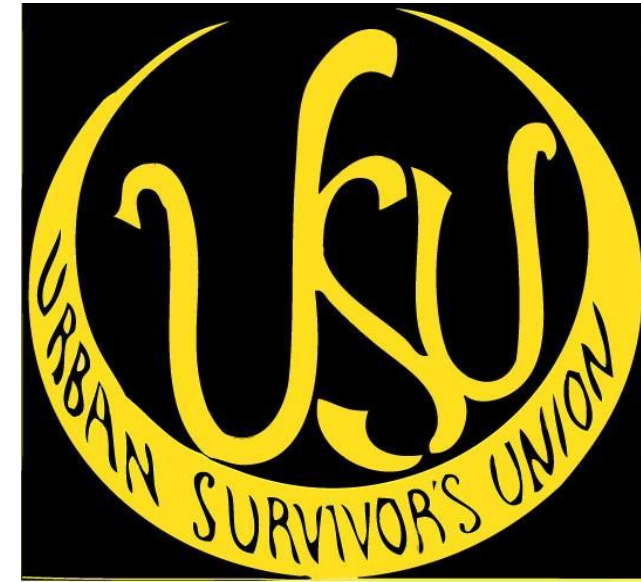
- 3 to 1st appointments, 3 to follow-up appointments
- 5 rides using Lyft, 1 using Uber
- 4 rides from Greensboro, 1 from nearby Asheboro, 1 from nearby Whitsett

Using the rideshare apps provided flexibility for both participants and staff.

Even some participants who did not end up needing a ride to get to their appointment reported that knowing transportation support was available helped influence their decision to get tested.

# **Rideshare Initiative: Lessons Learned**

- We provided many fewer rides than anticipated
- Transitions in staffing and programming posed challenges to addressing Linkage to Care holistically
- LTC is a complex and cumulative process
- Transportation support is a vital piece of LTC



# Drug Users do Care about Their Health!

## Urban Survivors Union: Lessons Learned

**USU HCV Education  
Groups:  
20 Groups with > 121  
people**



# HCV Education & Community Organizing Groups: Successes

- USU used their expertise in community organizing to host 20 groups reaching 121 USU participants with HCV education and support
- The NVHR minigrant funds were used to purchase gift and gas card incentives for the groups and to pay stipends to peer educators
- Groups were most successful and engaging when they connected HCV to other aspects of participants lives, e.g. gender-specific Women & HCV groups

## Other Successes

Partnership with CHAMP and local MAT provider to expand HCV treatment options in Greensboro

Barriers to treatment advocacy video: <http://ncurbansurvivorunion.org/beyond-tested-cured/>

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# Hepatitis C, Provider Recommendations

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# About Roots

- Roots is a 501(c)3 community clinic, based in East Oakland
- We predominantly serve low income African Americans who have historically faced barriers to care
- We identified the need to create sustainable models of care for the most underserved and vulnerable populations
- Our programs emphasize the importance of culturally competent care and peer to peer support

# Project Background

- 2014: “HealthStats: Know your Stats”
- 2015: 1,716 patients were screened for HCV, 232 (or 13.5%) were HCV positive.
- 2016: Launched an HCV treatment pilot, targeting care among the homeless population
- 2017: Received funding from Alameda County to scale our treatment strategy
- 2017: Received funding from NVHR to produce and disseminate a provider toolkit sharing best practices

# Project Activities

- Surveying of patients pre and post-treatment
- Compiling a toolkit of provider recommendations
- Developing provider evaluation instruments
- Disseminating toolkit to providers
- Providing on site in service training

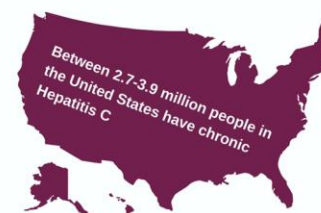
## What is Hepatitis C

Hepatitis C (HCV) is a disease caused by a viral infection which affects the liver. When left untreated it can lead to serious liver damage. Hepatitis C is often spread through contaminated blood and disproportionately affects baby boomers, intravenous drug users, and the African American community. The prevalence of Hepatitis C among low-income communities combined with poor access to care makes it imperative that we work to increase community capacity to identify and treat this infection in an effort to prevent Hepatitis C related disability and death, as well as disease transmission.



**"HEPATITIS C disproportionately affects baby boomers, intravenous drug users, and the African American Community"**

*"...knowledge about Hepatitis C, Hepatitis C's treatment has changed dramatically over the years, it has gone from a relatively speaking horrible treatment of getting these very painful injections that have outward side effects to being treated now with a simple pill. Patients now are far more amenable to getting treated for Hepatitis C than ever before."*  
- Dr. Donald Golden, M.D



## Did You Know...

Three-quarters Americans living with hepatitis C are baby boomers born from 1945 to 1965

# First Hand, Perspectives of a Navigator

Gustavo Silva, Hep C Navigator

- Reaching transient populations
- Peer to Peer Support
- Establishing linkage to Care
- Additional Best Practices





# Observations and Findings

- Surveys found that we have higher success with peer to peer model
- Patients Navigated through treatment were more likely to utilize other services
- Health centers need increased capacity to serve the hardest to reach
- There is need for to enhanced community education and outreach

# Questions?

Please submit questions for any of the presenters via the webinar question function or send an email to [tbroder@nvhr.org](mailto:tbroder@nvhr.org)

Slides and a recording of the webinar will be sent to everyone who registered and posted on our website. <http://nvhr.org/programs/mini-grants>

