# #WorldHepatitisDay





This strategy represents a collective effort dedicated to all people affected by and living with viral hepatitis in Hawai'i

Nei. It acknowledges their resiliency and strength, despite facing systemic injustices and stigma related to viral
hepatitis. We hold space and memory for all those who passed too soon from these preventable diseases. We honor
and thank all of you who continue to pave the way for future generations.

### He po'i na kai uli, kai ko'o, 'a'ohe hina pūko'a

Though the sea be deep and rough, the coral rock remains standing.

Said of one who remains calm in the face of difficulty [Ōlelo No'eau # 905]



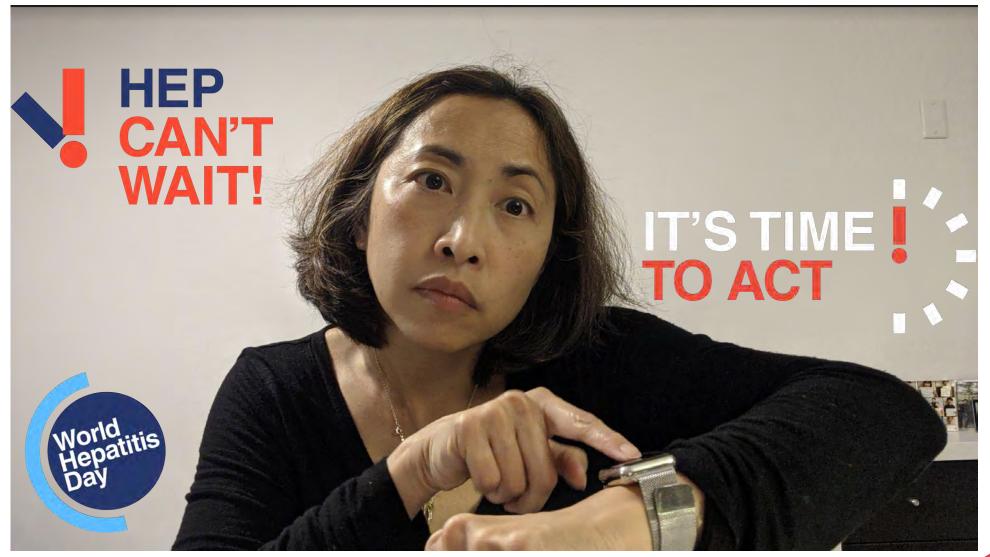


# **GETTING TO KNOWYOU**

ENTER YOUR NAME, PRONOUNS, AND AGENCY INTO THE CHAT! T!







HepFree 2030





### ADDENDUM: ORIGINAL HEP FREE HAWAI'I LOGIC MODEL

**Situation:** Hawai'i has the highest rate of liver cancer in the U.S. and hepatitis B and C are the leading causes of liver cancer. Most adults at-risk for and living with chronic hepatitis B or C do not know it and therefore do not access hepatitis screening, vaccinations and/or treatment.



Inputs	Activities	itputs  Participation	Short	Outcomes - Impact Medium	Long
Funding Federal recommendations: IOM report HHS Plan CDC guidelines AASLD Steering committee Working committees Partner Agencies Volunteers Healthcare providers Community Hepatitis Stakeholders: People living with hepatitis Pharma Physicians/HCP DOH CBOs	Awareness campaign     Healthcare provider education     Public education     Screening and vaccination events     Centralized hepatitis resources     Website     Hotline     Fundraising	List of partner agencies  # of healthcare provider education sessions  # of public education sessions  List of hepatitis educational materials available (languages)  Website site index  Calendar of hepatitis events  List of sites for free/low cost testing and vaccinations	Increased awareness of hepatitis B/C in healthcare community and among general public Increased/strength en collaboration among hepatitis stakeholders Expanded list of viral hepatitis resources in Hawai'i	Enhanced capacity of healthcare and social service providers to implement viral hepatitis screening, vaccination and treatment recommendations     Increased number of people in Hawai'i that know their hepatitis B and C status     Increased number of people living with hepatitis B and C that access care	Comprehensive, evidence-based, sustainable statewide hepatitis prevention and care program Decreased incidence and prevalence of hepatitis B and C in Hawai'i Improved health and decreased health disparities Decreased stigma associated with hepatitis B and C

Initial HFH Logic Model from May 2011



# $\mathsf{HFH}$ TIMELINE

2011 2012 2012 April October January HFH formed at HFH Care HFH joins Facebook Coordination and Twitter meeting with local Program started with stakeholders, Kaiser grant including HDOH

### April

2013

1st annual Stakeholders Meeting, with Instagram contest #takeTHAThepatitis



### December

HFH logo and website launched



### July

Founding member of Hep B United



2012

### November

1st annual symposium with Hep Support Network of Hawai'i

2012

### December

Relaunch of Micronesian Education for Liver Wellness Program

2014

# HFH TIMELINE

2015 Ju 1st vid 2016

### June & July

1st <u>Share Our Stories</u> video; 1<sup>st</sup> Hep Free Hawai'i Hero Award

### March

HFH joins national advocates at Hepatitis on the Hill in Washington, DC

### December

2017

Integration within Hawai'i Opioid Initiative



2018

### March

2019

HCV treatment for syringe exchange participants at HHHRC



Attends 1st World Hep Summit in Scotland



2015

### May

HFH <u>website</u> and logo redesign



2017

### August

Hep B United/CDC Award for Micronesian education

### July

Hawai'i Hepatitis Elimination planning began

2019

HepFree 2030

### **OUR MISSION, VISION, AND VALUES**

### **Practicing Our Values**

### Mission

- To empower Hawai'i's 'ohana to promote liver health and wellness
- To raise awareness and increase access for the prevention, diagnosis, and treatment of liver disease, especially viral hepatitis and related harms
- To erase stigma, social and racial inequity, and health disparities surrounding communities affected by liver disease

### Vision

- To create a Hawai'i free of hepatitis and other liver disease
- To promote liver health by integrating culturally appropriate services within a comprehensive system of care

### Core Values

As we implement this strategy, we will put the following values into practice:

Harm Reduction. We practice and support non-punitive and non-judgmental approaches to public health that meet
people where they are and celebrate positive change, with the goal of minimizing the harms of actions that lead to adverse
social and health outcomes.





- Social Justice. We promote health equity and empower individuals with unwavering dedication to eliminating
  the stigmas and systemic injustices that impact the communities we serve. We advocate through education,
  advocacy, and partnerships.
- Intersectionality. We recognize that success in eliminating hepatitis means addressing other related health and social inequities, including racism, classism, and other forms of institutionalized stigma. We build sustainable relationships with traditional and non-traditional partners that are mutually beneficial, client-centered, and continually growing.
- Aloha. We carry a deep sense of love for our 'ohana, and we acknowledge the importance of Native Hawaiian values to
  our community. We strive to act in a respectful manner that is both culturally appropriate and carries the spirit of aloha.

"OUR FIGHT AGAINST HEPATITIS IS ALSO A FIGHT AGAINST STIGMA, DISCRIMINATION, AND INEQUITY."

- HFH Steering Committee Member, whose uncle had hepatitis B



# Some Words from Dr. Tsai





# Mahalo HFH Leaders!









Kenson
Alik
Director
MELWP

Rensely
Alik
Educator
MELWP

PaijBritt
Emmanuel
Advocate
PWID

Anika
Martin
Social
Media

# Mahalo HFH Leaders!











Andrew
Ogata
Events and
Promotion

Aaron Ruddick Care Coordinator Christina
Wang, DNP
Clinical
Advisor

Heather
Lusk
Co-Director,
Community

Thaddeus
Pham
Co-Director,
Government



### Proclamation

WHEREAS, about 325 million people worldwide are living with viral hepatitis, many of whom are unaware or unable to get testing or treatment; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends Hepatitis B vaccination for all infants, children younger than 19 years of age, and adults who want to be protected from Hepatitis B; and testing for Hepatitis C at least once for all adults; and

WHEREAS, Hepatitis B and C are the leading causes of liver disease in Hawai's with up to 63,000 people possibly affected, and

WHEREAS, the COVID-19 pandemic has highlighted the need to take a proactive approach to infectious diseases, including the implementation of strategies that address equitable access to care and treatment for racial, sexual, and gender minorities; immigrants and migrants; people who use drugs; people who are homeless; people who are incarcerated; and others impacted by social determinants of health; and

WHEREAS, Hep Free Hawal's is a community coalition of medical professionals, public health professionals, community advocates, and harm reduction providers dedicated to raising a wareness and increasing access for prevention, diagnosis, and treatment of liver disease, viral hepatitis and other related conditions; and

WHEREAS, on July 28, 2020, Hep Free Hawai's unveiled "hep Free 2030: the Hawai's Hepatitis Elimination Strategy 2020-2030" and has since demonstrated initial success with case-based learning for local providers via ECHO; street-based medical care; state and national level support; local, in-language materials and storytelling; and acquisition of funds for surveillance infrastructure; and

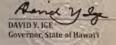
WHEREAS, during the 31\* Legislature, 2021, House Concarrent Resolution 59 recognizes and supports ongoing collaborative efforts by state agencies and private organizations to implement and report on the progress of the "Hep Free 2030" statewide strategy to eliminate viral Hepatitis types A, B, and C in Hawari;

THEREFORE I, DAVID Y, IGE, Governor of the State of Hawal'I, do hereby proclaim July 28, 2021 as

### "HAWAI'I HEPATITIS ELIMINATION DAY"

in Hawai'l and ask the people of the Aloha State to join me in raising awareness about viral hepatitis, as well as supporting elimination efforts to equitably prevent, diagnose, and treat all people at risk.

Done at the State Capitol in the Executive Chambers, Honolulu, State of Hawa's, this sixth day of July 2021.









# MAZIE HIRONO UNITED STATES SENATOR

"I remain committed to working towards a future where hepatitis has been completely eliminated from Hawai 'i, as well as across the United States. It is essential that we continue to work together to strengthen our state and save lives. Mahalo to Hep Free Hawai 'i and everyone who is committed to fighting for a brighter, healthier future."

Read Sen. Hirono's letter here!





# BRIAN SCHATZ UNITED STATES SENATOR

"As Hep Free Hawaii continues to demonstrate, hepatitis is closely connected to broader health and social issues like houselessness, immigration, and equity. As it marks its ten year anniversary in 2021, I congratulate Hep Free Hawaii on a year of successfully advancing its strategy to combat viral hepatitis in Hawaii, and I look forward to continued collaboration as we work toward eliminating viral hepatitis in our state.

Read Sen. Schatz's letter here!



### **LOCAL PEOPLE, LOCAL STORIES**

### Voices of Hepatitis

Our work in Hawai'i would mean nothing without the ideas and voices of people living with viral hepatitis. Their stories of bravery, resilience, and honesty make them essential contributors to this strategy and its implementation. Meet some of our storytellers, who make sure that our collective action is meaningful and responsive to community needs. Click on the links to watch their full stories.



### PAIJ

"I want to be able to walk other people through it. I want to get people to the right supports that they need."

bit.ly/PaijHFH



### KENSON

"We need to change the way we think about the situation or the disease or experience that we have, to be able to come out and speak publicly and educate others."

bit.ly/KensonHFH





### JADE

"There's always hope...You can get out of this, and you can recover, and you can have a normal life."

bit.ly/JadeHFH



### PETER

"By going to doctor visits, and [my mom's] treatments and stuff, getting her medications – it's cool, because I know it's all for love."

bit.ly/PeterHFH



### STACIA

"I thought to myself, you know what, give yourself a chance. You never gave yourself a chance ever in your life. Just give yourself a chance. And so I did."

bit.ly/StaciaHFH



### EDDIE

"Whatever I can do every day, I do it. Because I refuse to lay down. I refuse to die."

bit.ly/EddieHFH



# Richard's Story - Strength in Numbers





# Mahalo, Alex

- HFH YouTube Channel
- HFH Storyteller Page
- Alex Bocchieri



### **OUR PROCESS**

### How Did We Get Here?

On World Hepatitis Day, July 28 2019, we partnered with the Hawai'i Department of Health and the Hawai'i Health & Harm Reduction Center to host the first meeting to develop Hawai'i's Hepatitis Elimination Plan. It was attended by 45 stakeholders including patients, consumers, medical and social service providers, policymakers, among others. The meeting was also attended by Lieutenant Governor Josh Green, who proclaimed hepatitis elimination an important priority for Hawai'i.

Over the following 12 months, we talked story with over 160 individual stakeholders in more than 24 formal meetings, multiple online surveys, and many more informal conversations to create the structure of this plan, establish its scope (viral hepatitis A, B, and C), and identify elimination priorities, strategic directions, and examples of micro-elimination opportunities.





Micro-elimination means that we will work on many different, innovative, communitydriven projects at the same time. This allows us to tailor hepatitis elimination to the needs of each community and to change direction quickly if things aren't working.\*\*





After an intensive year of discussion, we collectively identified five priority areas to eliminate hepatitis in Hawai'i. For each of these areas, we developed Strategic Directions that would help guide us over the next ten years, but still give us enough flexibility to adapt to changing resources and challenges (e.g., 2020 COVID-19 pandemic). Finally, we have highlighted some possible or existing micro-elimination opportunities to move step-wise in each direction.

### WILL THIS BE A COMPLETE LIST OF OPPORTUNITIES?

Not at all! The micro-elimination opportunities we list below represent only a fraction of the ideas we came up with. We decided to highlight a few that we thought were important and exciting. Since opportunities and resources may change over time, let's stay nimble!









### STRATEGIC DIRECTIONS



### DIGITAL PRESENCE

By 2030, increase digital presence on multiple online and social media platforms to cultivate awareness and engagement around hepatitis and related issues.



### CULTURAL ENGAGEMENT

By 2030, provide, support, and enhance culturally appropriate and inlanguage opportunities for community-based knowledge-sharing among people most impacted by viral hepatitis.



### HUB FOR EXPERTISE

By 2030, position HFH
"brand" as a local resource
and expertise hub for viral
hepatitis and related harms
(e.g. harm reduction, drug
user health, immigrant/
migrant health, LGBTQ
health).



### HEALTHCARE EDUCATION

By 2030, increase provider awareness and education to enhance the network of care for testing, immunizations, and treatment.

# Micro - Elimination 2020 - 2021

Social Media

Tiktokand content to engage youth

Young PWID

 Research lowthreshold materials for youth at syringe exchanges

Language Access

 Collaboration with Office of Language Access for materials, videos

ECHO Project











## Harm Reduction ECHO: Hepatitis and Liver Health

Sixteen weeks, twenty-four hours

Sessions held Fridays, 12-1:30, from January 15 to

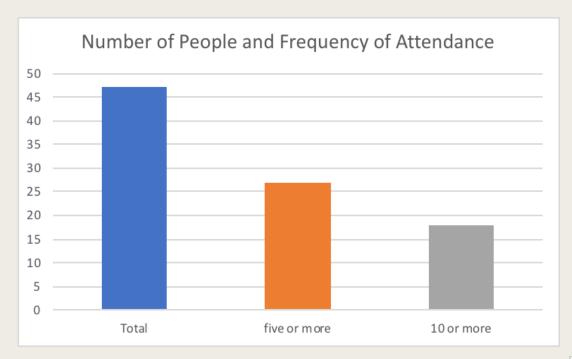
April 30, 2021

### Harm Reduction ECHO: Hepatitis and Your Liver, Curriculum FINAL (04\_02\_2021)

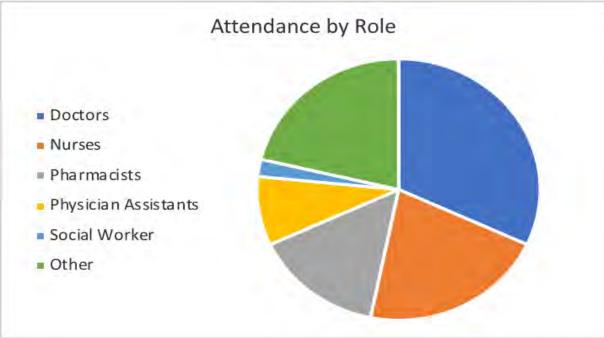
Session	Date	Topic		
	2020	Intro, What is ECHO, What is Harm Reduction?		
OVERVIEW BLOCK				
	2021	Fridays from 12-1:30		
1	Jan 15	HCV Treatment Options		
2	Jan 22	Pharmacy-Based HCV Care		
3	Jan 29	Community-Based HCV Care		
4	Feb 5	[participant choice] NAFLD/NASH		
EVALUATION AND TREATMENT BLOCK				
5	Feb 12	Fibrosis scoring: FIB-4, fibroscan, etc.		
6	Feb 19	Extra-hepatic manifestations of HCV infection		
7	Feb 26	Post-treatment surveillance for hepatocellular carcinoma		
8	Mar 5	HCV Patient Education, Adherence, Follow-up		
COMMUNITY BLOCK				
9	Mar 12	Hepatitis Care Coordination		
10	Mar 19	Standing Orders for Vaccines		
11	Mar 26	HCV treatment access; Patient Assistance; Generics		
12	Apr 2	[participant choice] Substance Use Disorder		
SPECIAL TOPICS BLOCK				
13	Apr 9	HCV/HIV Coinfection		
14	Apr 16	Treatment Criteria for HBV infection		
15	Apr 23	Wound Care		
16	Apr 30	Overdose Prevention		
	-			

### **OUTCOMES**

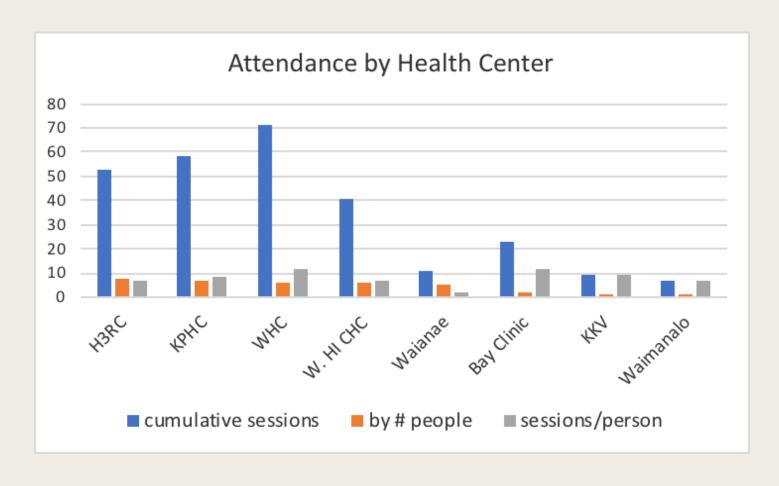
- From January to April 2021, we produced 16 clinics each 1.5 hours duration for a total of 24 hours.
- We had 340 hours of attendance by 47 individuals, with an average of 21.2 attendees per clinic session.
- Twenty individual patients, de-identified, were presented and discussed (18 new + 2 follow-ups).
- Twelve hub team members presented sixteen weekly didactics.
- Forty unique participants earned a total of 217 hours of CME credits for their participation.
- There were ten faculty. Three core faculty anchored the hub. There were six guest faculty from Hawaii and one guest faculty from California.



Twenty-seven people attended five or more times including 18 people who attended ten or more times.



Spoke participants worked at nine different health centers, representing nine different zip codes, including seven FQHCs in Hawaii.



"My ECHO participation has helped me in the treatment of the more difficult cases. By increasing my knowledge basis, the course knowledge will help me take on more difficult cases that I otherwise would have referred. The networking between providers within the course is invaluable."

MD, HI

### **FINAL EVALUATION:**

Of the 13 people who completed the final evaluation, 10 agreed or strongly agreed that their participation has reduced the need for travel for their patients.

Eight of the 13 agreed or strongly agreed their prescribing practice will change as a result of what they learned.

Seven of the 13 agreed or strongly agreed their referral pattern will change as a result of what they learned.

### CONCLUSION

Hepatitis C is a curable infectious disease. Hepatitis B disproportionately affects Asians and Asian-Americas. Besides effective vaccines to prevent infection, good treatments exist that can prevent the worst outcomes of cirrhosis and liver cancer. Because of the significant impact in Hawaii, a coalition of statewide stakeholders has taken steps to eliminate HCV and control HBV by 2030. The ECHO model of case-based learning, promotion of best practices and measuring outcomes can increase the front-line primary care capacity for treatment of infectious hepatitis. Through mentorship and guided practice, motivated primary care providers can develop skills in specialty care. Expected outcomes include decreased need for travel by patients, improved screening and interventions for infectious hepatitis, and greater provider satisfaction and retention.

# Thank you!

### Goals

- >Intentional education
- Safe space for case discussion
- >Save time
- >Add convenience
- Increase access to specialty care and special knowledge
- Increase skills, knowledge, mastery and joy of work
- >Improve patient care
- >Build capacity and centers of excellence



#### **Clinical Measures**

- 1. # of people screened for HCV Ab
- 2. # of chronically infected out of the # screened
- 3. # treated at your site out of the # chronically infected
- 4. # with SVR12 out of the # treated at your site
- 5. # with >=F3 out of the # chronically infected
- 6. # with a 6-month U/S out of the # with >= F3
- 7. # vaccinated vs HBV out of the # of people screened for HCV Ab
- 8. # vaccinated vs HAV out of the # of people screened for HCV Ab

#### Naoky's Matrices for ECHO/HCP education

- 1. Number of Health Care Providers (HCP) enrolled
- 2. Number of Health Care Centers involved
  - a. characteristics of their catchment population
  - b. # of standing orders in place
  - c. Use of EHR systemic reminders for screening in each Hep A,B,C, and HIV.
- 3. Number of Patients successfully linked to care.
- 4. Number of HCPs who
  - a. have started a Prior Authorization
  - b. have started a Treatment
  - c. have a patient who has Finished Treatment
  - d. have a patient with SVR-12

#### **Self-Efficacy Measures**

Response Format

1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree.

#### **Survey Questions**

- 1. I will be able to achieve most of the goals that I have set for myself.
- 2. When facing difficult tasks, I am certain that I will accomplish them.
- 3. In general, I think that I can obtain outcomes that are important to me.
- 4. I believe I can succeed at almost any endeavor to which I set my mind.
- 5. I will be able to successfully overcome many challenges.
- 6. I am confident that I can perform effectively on many different tasks.
- 7. Compared to other people, I can do most tasks very well.
- 8. Even when things are tough, I can perform quite well.

#### **Cost Saving Measure**

Did your participation in this program decrease or eliminate the need for patient travel for specialty care? State of Hawaii
Department of Human Services
Med-QUEST Division
Health Care Services Branch
Request for Proposals
RFP-MQD-2021-008

QUEST Integration (QI)
Managed Care to Cover Medicaid
and Other Eligible Individuals
December 8, 2020

SECTION 3 – Care Delivery and Health Coordination

#### 3.4 Project ECHO™

The Health Plans shall support Project ECHO<sup>™</sup>, in accordance with the Health Plan Manual, including but not limited to, paying its fair share of administrative costs to Project ECHO<sup>™</sup> programs serving Hawaii providers, as approved by DHS. In addition, the Health Plans shall:

- A.Work collaboratively with Project ECHO™ programs;
- B.Promote Project ECHO™ to providers; and
- C.Support the evaluation of Project ECHO™ programs.

#### **HMSA**

#### **Hepatitis C**

## (Direct Acting Antiviral Medications for Treatment of Hepatitis C) QUEST Integration

**Current Effective Date:** 02/01/2021

#### **II. General Criteria/Guidelines**

- **A.** DAA medications are covered for the treatment of HCV infection (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:
  - 1. Patient is of approved age as indicated by current FDA approvals
  - 2. The prescribing physician attests that the patient is at low risk for noncompliance with the treatment regimen
  - 3. The patient has an HCV RNA positive diagnosis documented by a quantitative titer
  - 4. The medication is being prescribed by, or in consultation with, one of the following specialists:
    - a. Hepatologist;
    - b. Gastroenterologist;
    - c. Infectious Disease Specialist; or
    - d. HIV Specialist



#### **ACCESS TO** SERVICES





#### STRATEGIC DIRECTIONS









#### **IMMUNIZATIONS**

By 2030, develop a sustainable hepatitis A and B immunization infrastructure in Hawai'i, especially for adults at risk.

#### **TESTING**

By 2030, increase awareness of and access to low-threshold. sustainable testing in highimpact venues and settings.

#### LINKAGE TO CARE

By 2030, increase awareness of and access to lowthreshold, sustainable programs for viral hepatitis care coordination services, including integration with related linkage services such as housing, mental health, immigration, and harm reduction.

#### TREATMENT

By 2030, increase awareness of and access to timely and affordable treatment for viral hepatitis, primarily through engagement with insurance payers at all levels.

#### PRESCRIBER CAPACITY

By 2030, increase the number and capacity of medical providers to consistently screen for and treat viral hepatitis by creating a network of clinical support and mentorship.



## What do you think?

## HCV/Opioid

Integrated care coordination for hepatitis
 C and medication for opioid use disorder

## VX in Pharmacy

• Times on Oahu start pharmacistitiated hep B vaccines for people with diabetes

## Jails/Prisons

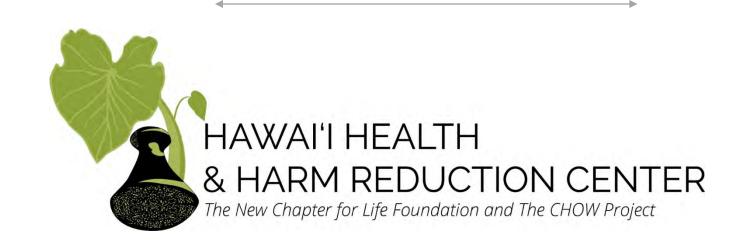
 Enhance immunization, testing, treatment, postelease transition for hep

## Street Medicine



## WOUND CARE IN THE STREETS

Integrating Wound Care and HCV Testing



Reducing Harm, Promoting Health, Creating Wellness and Fighting Stigma in Hawaii and the Pacific

## Wound Care at H3RC

IDUs are at, "significant risk for numerous serious, high morbidity and mortality infections, [and] disproportionately use the emergency department (ED) for health care needs" (Kievlan, Gukasyan, Gesch, & Rodrigues, 2015).

- Street-based Tues/Fri 9-12
   Chinatown- Oahu, HI
- Partnerships with students/volunteers
- Costs are \$0.05 for every \$1 spent and Queens Medical Center
- Utilizing dressing changes for other healthcare needs/engagement







## Street-based Wound care- Program Snapshot







- Operating 5 years
- Recent 6 month look back: 595 encounters in the street;
   198 unique patients
- Primary referrals: Queens Medical Center, Castle Medical Center, Straub Hospital / Kapiolani Hospital for Women & Children & Kuakini Medical Center
- Collaboration & Referral from I.H.S- largest homeless service organization
- Wound care as the engagement for
  - Primary Care
  - Birth Control and Women's Preventative Services
  - Housing
  - Care coordination- i.e. Hepatitis Management/ HIV case management
- Enhanced partnerships, fighting stigma







## Wound Care as Engagement



- Rapid HIV/ HCV Testing
  - Confirmatory results also drawn in the field
- Referral to CSAC/ BH services
  - Buprenorphine clinic
  - Referrals to outpatient and residential treatment programs
- Smoking Cessation
- Vaccines
  - Hep A/B and Influenza
- Engagement with housing and case management







## Street-Based Testing integrated with wound care



#### PRIORITY AREA 3

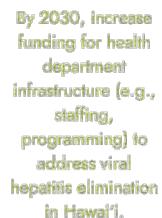


#### ADVOCACY AT ALL LEVELS

#### STRATEGIC DIRECTIONS



## HEALTH DEPT. CAPACITY





## POLICY

By 2030, integrate viral hepatitis language into strategic plans for related health and social issues, such as opioid misuse, homelessness, cancer, etc.



#### INSURANCE COVERAGE

By 2030, ensure consistent, affordable coverage of hepatitis immunizations, testing and treatment with limited preauthorizations, as aligned with national and professional guidelines.



## COMMUNITY ADVOCACY

By 2030, develop and maintain network of community and patient advocates to increase awareness of and access to services.



#### PROVIDER ADVOCACY

By 2030, develop and maintain network of clinical hepatitis advocates to increase awareness of and access to services.

## What do you think?

**HCV** Policy

• Statewide policy scan by law student

Prior Auth Removal

 Exploring policy options to remove PAs for hep C treatment in Medicaid, like other states

HCV in Methadone

 Requesting language change in state law to require referral to hep C testing, linkage in methadone clinics

Legislative Resolution



## **HCR 59**

- "recognizes and supports..."Hep Free 2030" statewide strategy to eliminate viral hepatitis types A, B, and C in Hawaii"
- "convene a joint informational...to assess the progress and status of the "Hep Free 2030" statewide strategy implementation"
- <a href="https://www.capitol.hawaii.gov/measure\_indiv.aspx?billtype=HCR&billnumber=59">https://www.capitol.hawaii.gov/measure\_indiv.aspx?billtype=HCR&billnumber=59</a>

HCR59

https://www.capitol.hawaii.gov/session2021/bills/HCR59\_HTM

HOUSE OF REPRESENTATIVES THIRTY-FIRST LEGISLATURE, 2021 STATE OF HAWAII

H.C.R. NO. 59

#### HOUSE CONCURRENT RESOLUTION

RECOGNIZING AND SUPPORTING ONGOING COLLABORATIVE EFFORTS TO IMPLEMENT A STATEMIDE STRATEGY TO ELIMINATE VIRAL HEPATITIS TYPES A, B, AND C IN HAWATT

WHEREAS, Viral Repatitio is an inflammation of the liver caused by a viral infection; and

WHEREAS, the most common forms of viral hepatitis in the United States are hepatitis types A, B, and C; and

WHEREAS, about sixty-three thousand people in Mawaii are living with Miral hepatitis types B or C, and many persons may be unaware that they are infected; and

WHEREAS, viral hepatitis types 8 and C have been linked to cirrhadis and liver cancer, diseases that affect the State's residents at disproportionately high rates; and

WHEREAS, communities at higher risk for developing yiral hepatitis include people who are indigenous, African American, indercerated, veterans, experiencing homelessness, pregnant, or members of the LGBTQ+community; and

MHEREAS, the State is currently engaged in proactive measures to help eliminate viral hepatitis in underserved and at-risk communities by expanding Med-QUEST to cover hepatitis C medications; offering syringe service programs to reduce the spread of hepatitis C among people who use injectable drugs; identifying and supporting foreign-born women and families at high risk of contracting hepatitis B; and ensuring that homeless communities are immunited against hepatitis A; and

WHEREAS, state agencies and private organizations are also helping to reduce and eliminate virial hepatitis types A, B, and C by offering vaccines, testing, education, training programs, and care services; and

WHEREAS, on July 28, 2070, the United States Senators for Hawaii, Lieutenant Governor, and Harm Reduction Services Branch of the Department

(2.AM





#### STRATEGIC DIRECTIONS



#### SHARED LEADERSHIP

By 2030, create and maintain opportunities for those most affected by viral hepatitis— especially people who inject drugs, are immigrants or migrants; are houseless; are LGBTQ+; have been incarcerated; live in rural areas—to have policy and leadership roles.



PEOPLE FIRST

By 2030, implement intentional mechanism of engagement and feedback to ensure that Micro-Elimination projects address the needs of those most affected by viral hepatitis.



#### STIGMA REDUCTION

By 2030, develop and support efforts that change community norms around perception of viral hepatitis, especially regarding stigma of affected populations.



#### DATA EVALUATION

By 2030, integrate equity into evaluation metrics for all Priority Areas and Micro-Elimination projects via the Data Workgroup.



## What do you think?

### MELWP

 In-language, communitycentered talk story session for Micronesian communities

## Low Threshold

 Community meetings outside of work hours with no requirements for attendance

## Community Leaders

 Storytellers supported and offered opportunities to speak, lead projects

## Storytelling



#### **LOCAL PEOPLE, LOCAL STORIES**

#### Voices of Hepatitis

Our work in Hawai'i would mean nothing without the ideas and voices of people living with viral hepatitis. Their stories of bravery, resilience, and honesty make them essential contributors to this strategy and its implementation. Meet some of our storytellers, who make sure that our collective action is meaningful and responsive to community needs. Click on the links to watch their full stories.



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## Richard's Story - Strength in Numbers





## Storyteller Insights

# How is storytelling important to hepatitis elimination?





#### STRATEGIC DIRECTIONS



#### DATA TO ACTION (CARE CASCADES)

By 2030, develop site- or population-specific care cascade reports for targeted programming, policymaking, and communication by identifying and utilizing existing data sources.



#### **CROSS-CUTTING EVALUATION**

By 2030, establish Data Workgroup to develop evaluation metrics/process for other Priority Areas and Micro-Elimination Projects.



#### **SURVEILLANCE INFRASTRUCTURE**

By 2030, improve health department surveillance infrastructure to determine statewide and county-level prevalence estimates for grantwriting, programming, and policymaking.



By 2030, integrate equity into evaluation metrics for all Priority Areas and Micro-Elimination projects via the Data Workgroup.



## What do you think?

**DOH Staff** 

 CDC funding for hepatitis surveillance in health department

HCV, Houseless

 Possible artificial intelligence, machine learning using existing data sets

Perinatal HBV

 Data collection on perinatal hep B project at KokuaKalihi Valley

**HBV** Article



# CHB Prevalence and Risk Factors in Foreign Born APIs in Hawaii

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## Methodology



Characteristics of data



Types of analyses



Software

## Multiple Logistic Regression

- Surface antigen test result as a function of:
  - Place of birth
  - Age group
  - Gender
  - Household HBV
  - Sexual HBV
  - Multiple sex partners

## Logistic Regression: Surface Antigen

Place of birth	<b>Odds Ratio</b>	95% CI
Mainland Asia	2.96*	1.60, 5.50
Micronesia	1.96*	1.18, 3.35
Pacific Islands	2.42*	1.02, 5.28
South/Southeast Asia	Ref	Ref

## Logistic Regression: Surface Antigen

Household HBV	Odds Ratio	95% CI
Yes	6.32*	2.31, 16.51
No	Ref	Ref

## Multiple Logistic Regression

- Core antibody test result as a function of
  - Place of birth
  - Age group
  - Gender
  - Household HBV
  - Sexual HBV
  - Multiple sex partners

## Logistic Regression: Core Antibody

Place of birth	Odds Ratio	95% CI
Mainland Asia	2.55*	1.77, 3.71
Micronesia	2.56*	1.99, 3.30
Pacific Islands	2.18*	1.38, 3.50
South/Southeast Asia	Ref	Ref

## Logistic Regression: Core Antibody

Age group	Odds Ratio	95% CI
18-34	Ref	Ref
35-44	3.70*	2.51, 5.50
45-54	4.16*	2.87, 6.08
55-64	5.47*	3.80, 7.97
<u>&gt;</u> 65	5.34*	3.60, 8.02

## Findings

- Overall hepatitis B prevalence was 7.8%
- Significant predictors for positive surface antigen test
  - Geographic location of birth
  - Household contact with HBV+ person
- Significant predictors for positive core antibody test
  - Geographic location of birth
  - Age

## BREAK OUT, SPEAK UP

PICK A ROOM

SHARE YOUR IDEAS



**CONTACT US LATER** 

THINK ABOUT IT

LISTEN TO OTHERS



## MAHALO!

www.hepfreehawaii.org/hepfree-2030







## CALL TO ACTION

SHARE STRATEGY

> HELP IMPLEMENT STRATEGY



BECOME PARTNER AGENCY

THANK LEGISLATORS

FOLLOW ON SOCIAL MEDIA

