MISSION
The mission of the Prevention and Health Promotion Administration is to protect, promote, and improve the health and well-being of all Marylanders and their families through the provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION
The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.
Our Commitment as a Bureau is to partner with communities to achieve **health equity** for all Marylanders. Our priority is to advance **social and racial justice**, and we are committed to undoing **racism** within our public health systems. It is our responsibility to serve Marylanders without any bias or discrimination and ensure **open access** to services and resources.
Background

- CDC PS2103 short-term outcomes, jurisdictions are expected to complete a need assessment to improve hepatitis B and hepatitis C testing
- In 2021, MDH launched a hepatitis B provider survey
- The objective was to identify gaps in knowledge and infrastructure for HBV testing and management from the provider’s perspective.
- The Hep C provider survey builds on this using similar framework

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<tr>
<th>Outcome 2.1.3: Increased HCV and HBV testing in the healthcare system</th>
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<tbody>
<tr>
<td>Year 3 Activities</td>
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<tr>
<td>Conduct a needs assessment to identify gaps in access to routine HBV testing</td>
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<tr>
<td>Conduct a needs assessment to identify gaps in access to routine HCV screening and testing</td>
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<td>Provide feedback to the health systems to improve routine HCV and HBV testing</td>
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<td>Include recommendations in the state hepatitis elimination plan to increase routine HBV &amp; HCV testing</td>
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Planning

• Developed a concept note to outline
  - Proposed objectives
  - Survey methodology
  - Survey tool
  - Proposed list of providers/health facilities
  - Survey dissemination
  - Analytical plan
  - Report dissemination
• Consultation with NASTAD, HBI, Maryland HCV Test & Cure Partners
• Pilot the survey tool
• Finalize the tool incorporating feedback
Survey Launch

• Hep B Provider survey
  - Survey Monkey
  - TA from HealthHIV and Alive!Maryland Partnership

• Hep C Provider Survey
  - Identified high-volume hep C testing reporting facilities from surveillance records
  - Google form platform, followed by Word document
  - Disseminated widely among LHD partners, HCV Test and Cure clinical Partners, community partnerships,
Summary of HCV Provider Survey Participants

Type of Organization - Select All that Apply (Total Unique Respondents = 20)

- Infectious Disease or HIV Specialist: 3
- Substance Use/Methadone Clinic: 1
- Syringe Services Program: 2
- Mental Health and/or Addiction Treatment: 1
- Hospital: 1
- Urgent Care Facility: 0
- Migrant Health Center: 1
- Primary Care Provider or Community Health Center: 2
- Local Health Department: 12
- Other: 4
Findings

• All but one respondent reported awareness of current CDC HCV testing recommendations

• 15 respondents reported offering both HCV antibody and HCV RNA tests; 2 reported offering only antibody testing

• 15 respondents reported offering HCV testing at no cost to the patient

• Only 4 Respondents reported using electronic medical records prompts and reminders for HCV screening
Findings

**Navigation services offered**

- Involvement with a person with lived experience or peer navigation
- Assisting with substance use treatment
- Assisting with food security
- Provide appointment reminders and linkage to a community resource for transportation
- Facilitating appropriate referrals
- Appointment scheduling
- Evaluating needs and assisting with insurance application
Findings

Policies that serve as deterrents in HCV treatment

- Approval for extensions or re-starting treatment
- Grant constraint restricting implementation of programmatic efforts
- Cost as a restriction for purchasing medication
- Medication restriction based on fibrosis staging
- Medication restriction based on sobriety
- Prior authorization
Challenges

- Staff changes - biggest challenge
- Survey platform
- Difficulty reaching providers practicing outside of local health department settings
- External TA has a limited relationship with partners - little commitment to taking the survey
- IT security issues - Google form link could not be shared with partners
- Providers not committed to taking the survey
• Utilize a mix of assessment methods to conduct the HFA
• Utilize simple means to disseminate the survey
• Follow up actively within 2 weeks of sending out the survey
• Develop an analytical plan ahead of time
• Consult NASTAD to explore other jurisdiction’s templates
• Produce reports with infographic visuals
• Incorporate findings in jurisdiction's elimination plans
• Disseminate widely
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Prevention and Health Promotion Administration

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