Prioritizing Harm Reduction Practices in Regional Viral Hepatitis Elimination Planning

May 2024

HepTAC | VLC

NASTAD's Prevention and Surveillance Virtual Learning Collaborative

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Maine – New Hampshire – Vermont

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Hep Free NNE

Brief Background

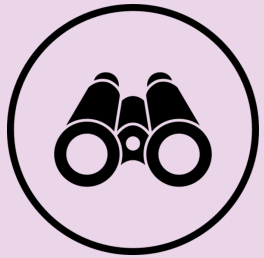
Hep Free NNE

Hepatitis Free Northern New England

A regional partnership to eliminate viral hepatitis B and C in Northern New England

HepFreeNNE.org

Hep Free NNE



MISSION

To free Northern New England (Maine, New Hampshire, and Vermont) from viral hepatitis B and C.

VISION

Northern New England is a place where new hepatitis B and C infections are prevented, every person knows their status, and every person with viral hepatitis has access to high-quality health care and treatment free from stigma and discrimination.

GOAL

To develop the first five-year Northern New England hepatitis B and hepatitis C elimination plan by January 1, 2025 via a **community-driven, iterative planning** process.

HFNNE Project Infrastructure

Hep Free NNE's current planning bodies include 27 Steering Committee members and over 50 Planning Group Members spanning all three states.

- People With Lived Experience in Injection Drug Use, Hepatitis C, and Incarceration
- Tribal Health
- Harm reduction
- Harm reduction advocacy
- Recovery services
- Providers
- Infectious disease/addiction specialists
- Corrections
- Pharmacy
- Medicaid
- Drug companies
- Liver disease specialist
- HIV/AIDS Community Group
- Overdose prevention
- Federally Qualified Health Center
- Major healthcare systems
- State HIV/VH surveillance
- Nursing
- *And more…*

Plus

→ Three state co-chairs (one from each state health department)
→ HFNNE management provided by NH's viral hepatitis coordinator
→ Contract support from JSI/CHI, funded through NH's CDC grant award
→ Contract support from Caracal Consulting, funded through VT's HIV Program

Implementing
Planning
Priorities

Planning Priorities

A community-driven, iterative planning process grounded in harm reduction and informed by People With Lived Experience (PWLE) and the needs of the organizations who provide services to them.

Planning Group Highlights

December 2023
DEVELOP OBJECTIVES
Trusted Partners

January 2024

February 2024
DEVELOP OBJECTIVES
Welcome Services + Spaces
& Capacity to Care

March 2024

April 2024
DEVELOP OBJECTIVES
Equity & Sustainability

May 2024
FINAL OBJECTIVES APPROVED

June 2024
DEVELOP ACTIVITIES
Trusted Partners
& Welcoming Services + Spaces

July 2024

August 2024
DEVELOP ACTIVITIES
Capacity to Care
& Equity

September 2024

REFINE & SYNTHESIZE
Leadership Team +
Steering Committee

October 2024
DEVELOP ACTIVITIES
Sustainability

November 2024
PRIORITIZE
Activities ranking
& prioritization exercise

December 2024
FINAL PLAN APPROVED

January 2025
PLAN LAUNCH!!

CORE VALUES

Non-traditional Partnerships: The success of the plan will depend on our ability to engage non-traditional partners focused on addressing an array of factors driving health outcomes.

Syndemic Approach: A harmonized, integrated, whole-person response to transform siloed strategies into systems of care is essential for addressing the overlapping epidemics of HIV, STIs, viral hepatitis, and injection drug use.

Many Voices: Engaging and amplifying diverse voices will result in more impactful strategies to free NNE from viral hepatitis.

Harm Reduction: HFNNE adheres to the principles of harm reduction (National Harm Reduction Coalition) and is committed to developing strategies that celebrate the rights of people who use drugs.

Intersectionality: Addressing the many ways that power collides and intersects to create systems of discrimination, disadvantage, and barriers to health is a HFNNE planning priority.

Budgeting Our Priorities

- **Allocating the funds.** Set aside 21k of New Hampshire PS21 funds for Community Engagement specific to engaging People With Lived Experience and staff from harm reduction organizations and allied services across all three states.

  - ✓ Included funds to partner with community-based organizations (with additional gift cards for participating clients) and funds to pay honorariums to summit speakers (fidelity to paying People With Lived Experience for their time as Subject Matter Experts)

- **Adjusting the project timeline & securing approvals.** Secured Institutional Review Board (IRB) approvals for engaging People with Lived Experience in interviews and discussions via our community partners. Bumped up Community Engagement in the project timeline as a continuous activity (as opposed to a “one-and-done” effort).

135 Discussions with People With Lived Experience

41+ Key Informant Interviews

15+ Coalition and Associations Engaged

25+ Discovery Committee Listening Sessions

135

Discussions with People With Lived Experience
~135 PWLE responded to questions about their knowledge of viral hepatitis and their opinions of testing and treatment services for viral hepatitis

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MOUs with community-based organizations. Funded partner organizations to invite their clients to participate in incentivized viral hepatitis-related interviews and discussion groups during regular outreach, service and support activities.

In Northern New England, drug use, injection and non-injection, is the single highest risk factor associated with contracting viral hepatitis. We prioritized gathering first-hand information from those at the highest risk of contracting viral hepatitis in combination with experiencing the greatest barriers to healthcare access.

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Key Informant Interviews

Hour-long key informant interviews with representatives of primary and community health centers, infectious disease specialists, syringe service program, and harm reduction specialists, substance use prevention, treatment and recovery providers, HIV/AIDS service organizations, state and local public health, tribal health, pharmaceutical industry, and advocacy organizations informed the situational analysis and emerging themes.

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Coalition and Associations Engaged

Leveraging existing coalition, association, and staff training that spanned regional health, hospital, and primary care associations, HIV coalitions, rural health and health equity meetings, department of corrections staff meetings, community health worker training, LGBTQ+ services, family planning, and more. Hep Free NNE co-chairs were able to gather input about hepatitis awareness, prevention, testing, and treatment barriers and opportunities.

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Discovery Committee Listening Sessions

HFNNE Discovery Committees (DCs) were established to explore complex, politically fraught, or sensitive issues that have the potential for maximum impact for hepatitis elimination. Three DCs were established**: Medicaid Partnerships, HCV Care in Correctional Settings and Reentry, and Perinatal HCV Care.**

Over the course of six months, ~34 stakeholders were engaged during ~25 listening sessions. Findings were integrated into the plan and presented at the 2024 HFNNE Kickoff Summit.

Pillars & Goal Statements

TRUSTED PARTNERS

GOAL Harm reduction services have the capacity to support viral hepatitis elimination efforts and strategies are informed by the leadership of people who use drugs.

WELCOMING SERVICES & SPACES

GOAL Stigma is not a barrier to testing, treatment, or care.

CAPACITY TO CARE

GOAL Cross-cultural and well-trained care teams and payors are connected and have the capacity to service all people engaged with the cascade of care.

EQUITY & AUTONOMY

GOAL All people have the resources we need to build resilience and determine our own viral hepatitis care.

ATTAINABILITY & SUSTAINABILITY

GOAL Policies and programs are informed by comprehensive data systems and sustained by a well-resourced public health infrastructure.

Hep Free Northern New England

Considerations

Core Values Drive Your Project Management

→ *Whether you recognize it or not*

- **Core values are a statement of your priorities**
- **Core values create shared identity**
- **Core values can help you budget your time and resources**

Money & Contracts

HFNNE is funded by PS21-2103 (no state funds or additional grants)

- **CDC Approvals**
  - NH Prior Approval for Y1 unobligated balance
  - Y3 detailed carryover request using Expanded Authority

- **New Hampshire (State) Executive Council Approvals**
  - Much longer process (6+ months) to accept & spend PS21 funds, and to add viral hepatitis to our general public health contract

Tips

- **Make your budget work for you & don't leave money on the table**
  - If you don't develop your own budget, work closely with those who do. Make sure you know what you have leftover each year and plan to use it. Revise the budget; add budget lines if necessary.

- **Review existing contracts within your health department**
  - What could be amended to add viral hep?

- **Who in your leadership do you need to get on-board?**
  - Engage them early.

Leveraging What You Have

Are there existing contracts or workplans that could be expanded to support viral hepatitis efforts? *Examples* -

- **NH Public Health Contract**
  - Amending existing contracts
- **NH Cancer Program/Dried Blood Spot (DBS) Public Health Lab Validation**
  - Leveraging funds across programs and bureaus
- **Vermont Department of Health/HIV NH Cancer Program**
  - Expanding the role of an existing contractor

Engaging PWLE

Intentional Implementation

Early Considerations

- **Important to work in partnership with community-based organizations serving People with Lived Experience**
  - Relationships built on familiarity and trust
  - Flexible in terms of ‘meeting people where they are’

- **Important to develop a process that was not burdensome, while also meeting requirements for:**
  - Institutional Review Board approval
  - Fiduciary responsibility

- **Set aside funds for this purpose in the contract with the NH Division of Public Health Services**

Institutional Review Board (IRB) process

- **JSI maintains an internal, independent IRB**
  - JSI project team required to be certified in human subject research

- **Prepared IRB package for expedited review including:**
  - Methods for recruitment
    - Eligible participants had to be 18 or older
  - Informed consent/information sheet
    - Waiver of written consent requirement requested
    - No identifying information collected
  - Risks and benefits
    - Appropriate incentives; not coercive
    - Questions did not ask participants for personal history

- **Potential partner organizations were involved in the process of reviewing interview protocol and questions**

Interview Format and Content Considerations

- **Developed 3 different protocols: Individual Interview, Group Discussion, Anonymous Phone Conversation**
- **Questions could be flexible, go with the flow**
- **Privacy and confidentiality considerations**
- **Staff capacity considerations**
- **Trusting community-based partners to know best**

Potential Questions:

- **What do you know or have you heard about viral hepatitis (Hepatitis B or Hepatitis C)?**
  - *What kinds of things have you heard about it?*
  - *Do you think hepatitis is important for you and your friends to know about?*
- **What do you know or have you heard about *getting tested* for hepatitis?**
  - *Do you think getting tested for hepatitis is important?*
  - *Do you know anyone who has been tested?*
- **What do you know or have you heard about *treatment* for hepatitis C?**
  - *Do you know anyone who has had treatment for hepatitis C?*
  - *What was their experience like?*
- **What do you think would help improve hepatitis testing and treatment services in your community?**
  - *What do you think would encourage more people to get tested or treated?*

Organizational Engagement / Agreement Considerations

- **Relatively simple Memorandum of Understanding outlining purpose, roles and relationships**
  - Smaller organizations could process more quickly than larger or governmental organizations
- **Stipends, not subcontracts**
  - Relatively small $ amounts, community organizations could decide how to allocate funds internally
- **Mix of organizational types ultimately engaged:**
  - 4 Harm Reduction / Syringe Service Programs
  - 2 Clinical Care Providers
  - 1 LGBTQ+ Community Center
  - 1 Seasonal Shelter
- **Some smaller organizations anticipated as partners could not engage in the end due to staff capacity limitations**

Implementation Considerations

- Balancing expectations with the need for flexibility
- Accommodating and respecting differences in real world capacity, structure and priorities
- Differences in comprehensiveness of documentation
- Short time frame initially for data collection, not research

Feedback from Participating Organizations

The information has been helpful to our work, as we can clearly identify some gaps in both knowledge and care – and hopefully we can now do better in addressing those . . . . This has been an unexpectedly interesting and rewarding endeavor for us!

It was a great experience talking with the people regarding what they know about hepatitis and also gave an opportunity to do some education in the moment for some. Really appreciate the chance to be a part of this . . .

We have definitely enjoyed doing these interviews. I really cannot say enough about the community I get to work with – many folks are so eager to share their experiences and suggestions.

Methods

- **MOUs with 8 organizations across Maine, New Hampshire, and Vermont**
  - Greater Seacoast Community Health (NH)
  - HIV/HCV Resource Center (NH/VT)
  - Maine Family Planning (ME)
  - Maine Access Points (ME)
  - AIDS Project of Southern Vermont (VT)
  - Pride Center of Vermont (VT)
  - Vermont CARES (VT)
  - Warming Center of Strafford County - Karlee's Home Team (NH)

- **A total of 135 interview responses were thematically analyzed**

Themes

- Increased & Improved Services
- Education
- Testing & Treatment Accessibility

Themes cont.

Increased & Improved Services

- Care expansion
- Preventative Services/Basic Needs
- Services specific to people who use drugs (PWUD)
- Preference for community-based organizations as means of procuring testing and treatment

> Services in general, especially right now are really limited and hard to come by for old guys like me. I'm living in a tent in the woods right now, sleeping on some couch cushions I found, I didn't even like camping when I was a kid, but what can you do. You're the only one who has cared enough to sit and talk to me and even ask how I'm doing. I really appreciate you checking in on me.

Themes cont.

Education/Awareness

- Education for Communities/Individuals
- Education for Providers (Provider Support)
- Insurance
- Reducing Stigma

There should be peer to peer support and having more people who are positive speak out about their experiences and education about the pros and cons of waiting vs going for treatment.

When he was dying, I was trying to get as much info as I could to help him and the doctors didn't want to help him because he wasn't sober and they said he didn't have a chance.

Themes cont.

Testing & Treatment Accessibility

- Community Outreach
- Transportation
- Healthcare

If there were more places for people to get tested, like at the harm reduction program or pop up clinics like the flu shots. It takes so long to get into a doctor around here, every couple of months it feels like we have to find a new PCP.

Sub-themes in the Analysis

- Emphasis on insurance as a barrier
- Call for prevention and intervention for youth
- Positive feedback from interactions with PCPs at health centers
- Support for minority/disproportionately affected groups
- The desire for more publicly available information
- Appreciation for people conducting interviews

Questions & Comments

THANK YOU!