



# Integrating Hepatitis Services into HIV Programs: The Local Health Department Perspective

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# Acknowledgements

- Alyssa Kitlas, NACCHO
- Candi Crause, Champaign-Urbana Public Health District
- Katie Burk, San Francisco Department of Public Health

# Overview

- Introduction to NACCHO
- Local Health Department Programs and Services
- Integrating Hepatitis C Services into Local Health Department HIV Programs: Where, How, and Why
- Stories from the Field
- Opportunities to Increase Hepatitis Services via Integration with HIV Programs

# About NACCHO

- National association representing the nation's approximately 2,800 local health departments (LHDs)
- Mission is to be a leader, partner, catalyst, and voice for LHDs in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives
- Provide resources and capacity building assistance to help LHDs develop public health policies and programs to ensure communities have access to the services people need
- Advocate on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities

# NACCHO's Hepatitis Program

- In 2009-2010, NACCHO conducted a formative evaluation of CDC's Adult Hepatitis B Virus Initiative at 10 participating LHDs and developed a toolkit to support LHD HBV vaccination efforts and general adult vaccination planning.
- In 2013-2014, NACCHO conducted an informal hepatitis C needs assessment with 14 LHDs.
- In 2015, NACCHO launched an HCV testing and linkage to care project, which aims to increase LHD knowledge, skills, and abilities related to improving HCV testing and linkage to care in their communities.

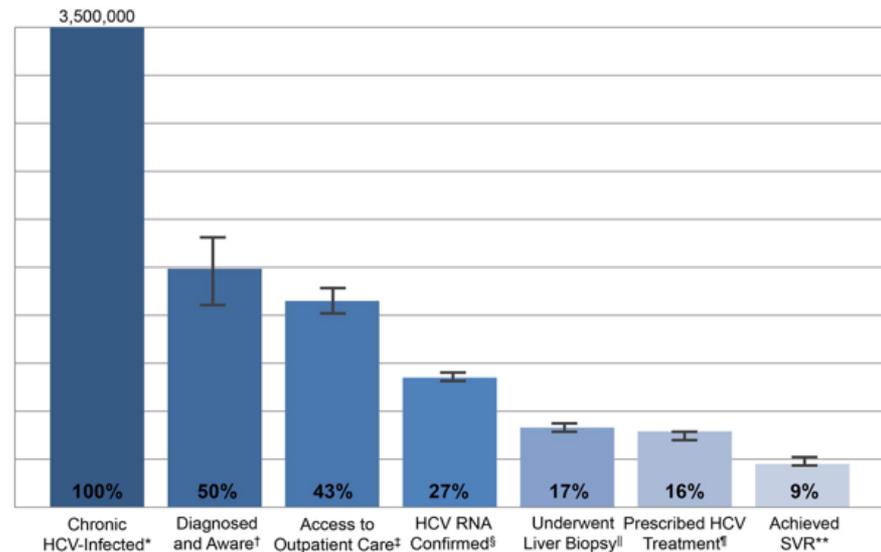
# Programs & Services Provided by LHDs

Program or Service	Percentage of LHDs
Communicable/Infectious Disease Surveillance	91%
Tuberculosis Screening	83%
Tuberculosis Treatment	76%
STD Screening	64%
STD Treatment	60%
HIV/AIDS Screening	61%
HIV/AIDS Treatment	24%

2013 Profile. NACCHO.

# LHD Efforts Across the HCV Continuum

- Education and outreach (to community members, healthcare providers, and community-based partners)
- Convene stakeholders
- Fund local efforts
- Primary prevention
- Surveillance
- Screening/testing
- Linkage to care
- Treatment
- Also: outbreak control (acute and healthcare-associated, vaccination for hepatitis A and B)



# Motivating Factors for Integrating Services

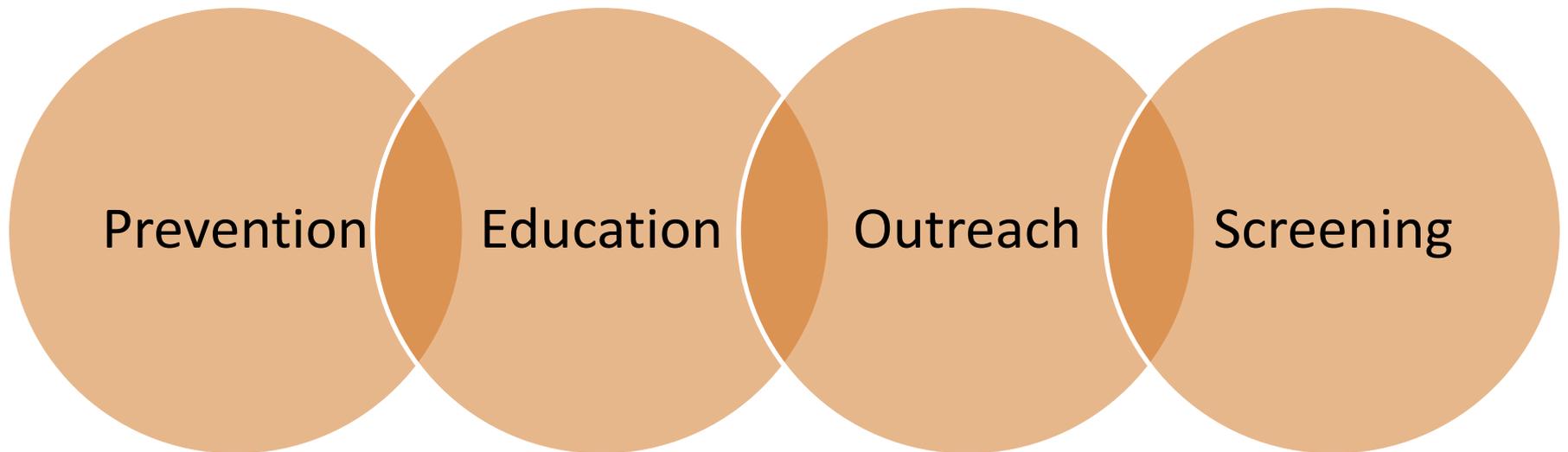
- Overlapping populations affected by HIV and HCV
- Little to no categorical funding for HCV
- Growing need to address the HCV epidemic
- New opportunities and strategies to implement
- Health department leadership
- CDC organizational structure (i.e., NCHHSTP) and Program Collaboration and Service Integration (PCSI) initiative
- CDC and USPSTF testing recommendations and guidelines

# Leveraging Funding for Integrating Services

- CDC HIV prevention funds
- SAMHSA HIV substance abuse set aside funds
- Ryan White HIV/AIDS Program funding
- State HIV prevention funding
- Carry forward funding

# Where Integration Happens

- Community coalitions
- Planning councils
- STD and HIV clinics
- Homeless shelters
- Drug treatment programs
- Methadone clinics
- Mobile testing units
- Syringe services programs



# Story from the Field #1

*The biggest motivator for us was that grants we had to support our hepatitis work were ending. Cross training staff in HCV and HIV allows us to continue some of the work that we are no longer funded to do. It is also important for the community because you can fit it into other services. There was a real pragmatic aspect to our integration of HCV into our HIV program.*

Candi Crause, Director, Infectious Disease Prevention and Management,  
Champaign-Urbana Public Health District, Illinois

# Story from the Field #1

- Champaign-Urbana Public Health District has no designated funding for HCV
- Integrated viral hepatitis into the communicable disease program
- Decision was informed by health department leadership and CDC example (i.e., addition of the Division of Viral Hepatitis to NCHHSTP)
- Focus on cross training so that staff can work across programs; comprehensive approach to staffing and training
- Operate a syringe exchange, provide education, and conduct rapid HCV screening in their STD clinic and community-based settings
- Recently added birth cohort testing

# Story from the Field #2

*We need to figure out how to integrate and leverage these programs while honoring their two separate needs.*

Katie Burk, Viral Hepatitis and HIV Set Aside Coordinator,  
San Francisco Department of Public Health

# Story from the Field #2

- Big push in California to integrate HIV and HCV screening
- Viral hepatitis formally integrated into the health department's HIV prevention program in the Community Health Equity and Promotion Branch (viral hepatitis surveillance is part of the HIV/AIDS surveillance unit)
- Established the Viral Hepatitis and HIV Set Aside Coordinator position
- A combination of factors influenced the decision to integrate
  - Champions at the health department and within the community
  - Timing
  - Large HIV program
- SFDPH operates a syringe access program and conducts testing in a number of sites, including methadone clinics, STD clinics, and jails

# Challenges

- Only 5% of CDC's HIV prevention funds can be used for hepatitis integration activities
- Current strategies for leveraging funding and HIV program infrastructure do not necessarily support efforts to reach the birth cohort
- HIV prevention models do not necessarily work for new populations being affected by HCV
- HIV and HCV are similar, but there are important differences to recognize when designing programs and providing services
  - Example: HIV linkage to care serves as a strong model for HCV, but HCV linkage to care requires its own strategies and expertise

# Increasing Integration Moving Forward

- Additional clarity about how HIV prevention and care funds can be used for hepatitis services
- Federal and state HIV grants should allow a higher proportion of the funds to be used for viral hepatitis integration efforts
- Staffing training
- Health department leadership
- Look at integration beyond HIV programs
  - Substance abuse
  - Mental health
  - Drug user health
  - Primary care

# Thank You

Learn more at [www.naccho.org/hepatitisc](http://www.naccho.org/hepatitisc)

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