

Planning for Action at the Local Level

Webcast 2.1



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Webcast Overview

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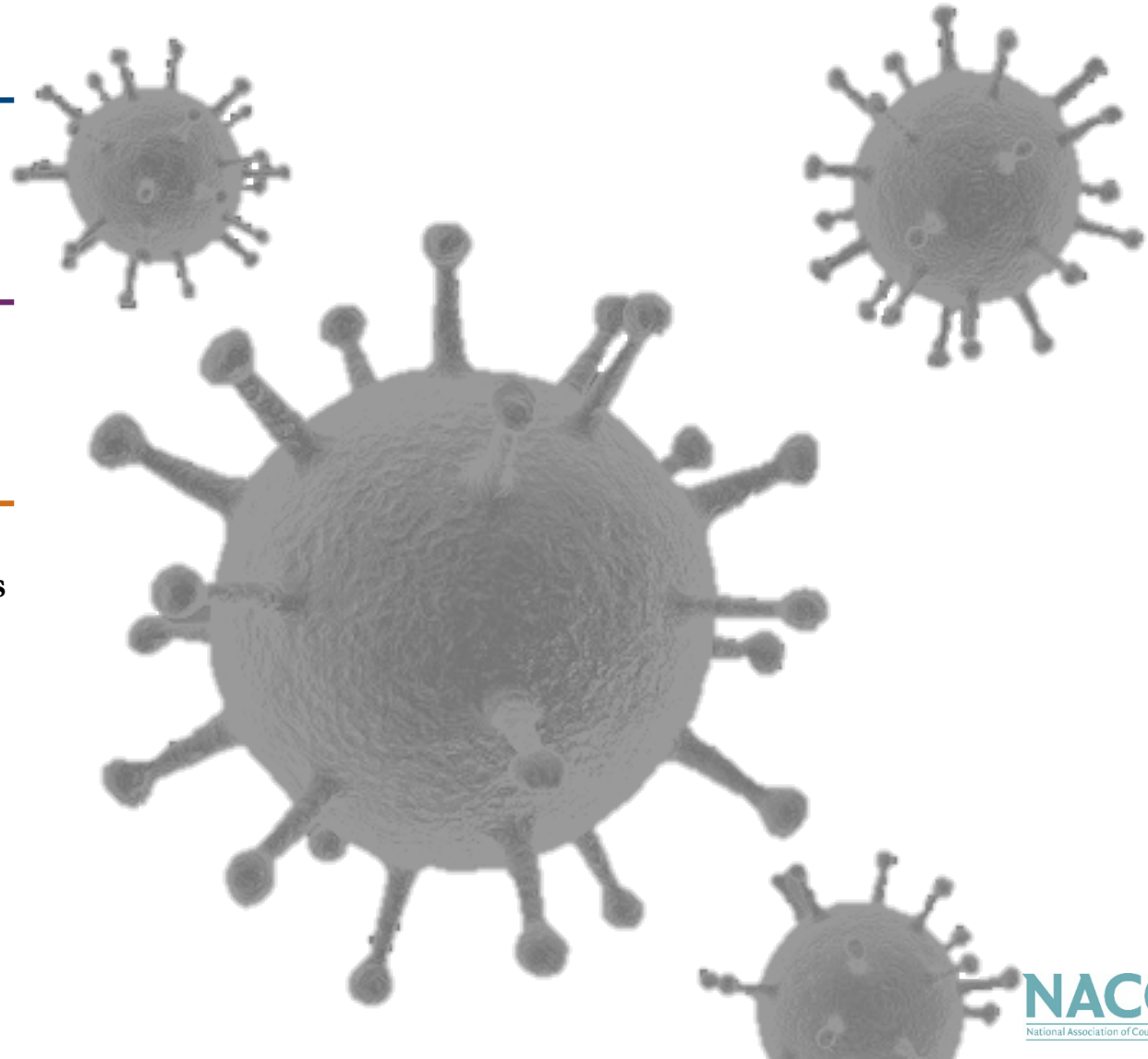
Developments in
Treating & Curing

2

Prioritizing
Hepatitis C

3

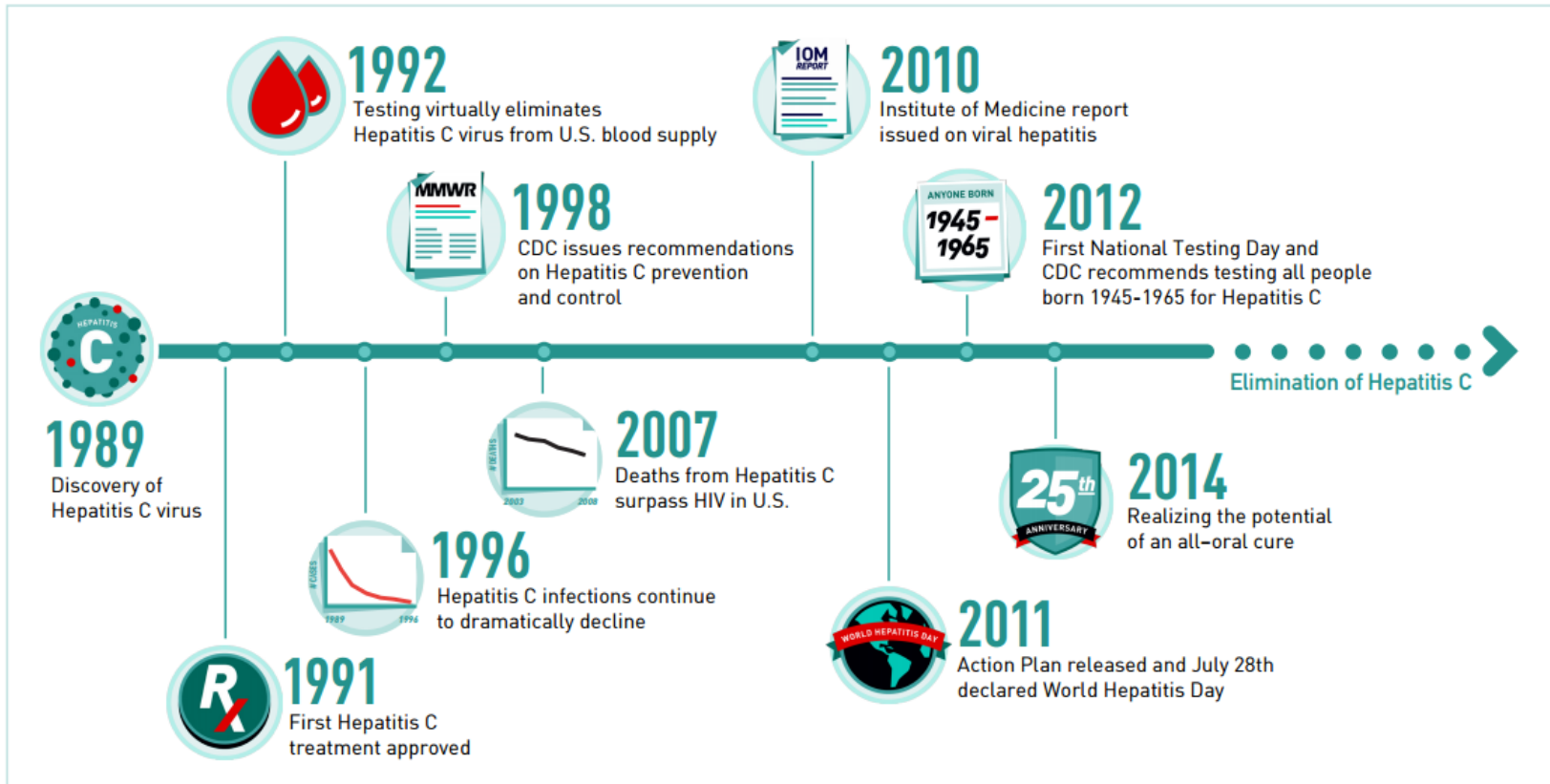
Roles of Local
Health Departments



Developments in Testing & Treating

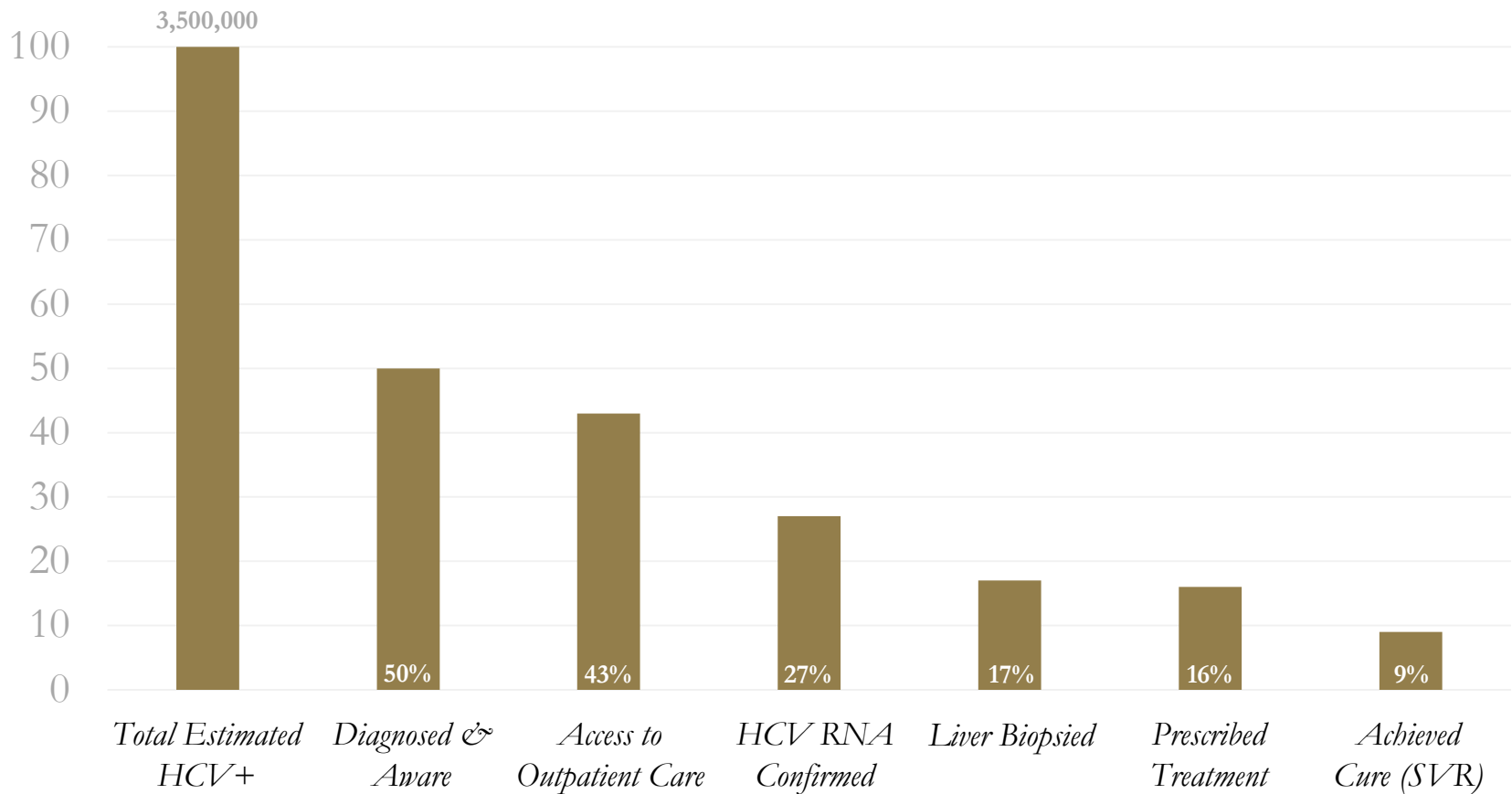


From Discovery to Cure in 25 Years



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

HCV Test, Care, & Cure Continuum



Prioritizing HCV

2

Why Prioritize Hepatitis C?

- Advances in treatment and the opportunity for cure raise the level of urgency to get people tested and linked to care
- Curative HCV treatment has individual and public health benefits: reduces liver disease and prevents transmission to others
- Though costly, HCV treatment is cost-effective
- Growing opioid epidemic is contributing to increases in new cases of HCV



Local Public Health Infrastructure & Context

- Local public health receives limited (or no) specific funding for HCV
- Need for improvements in surveillance system
- Lack of standardization in reporting
- Few resources for confirmatory follow-up
- Case investigations are time consuming and can be very difficult
- Lack of “home” for HCV coordination

Roles of Local Health Departments

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Public Health Core Functions & Ten Essential Services

Useful framework for thinking about the role of LHDs across the full spectrum of HCV programming





What Local Health Departments Can Do

- Surveillance and outbreak control
- Primary prevention
- Education for providers, partners and public
- Targeted outreach to high-risk populations
- Screening
- Linkage to care
- Convene stakeholders
- Investment in health equity

Assess Local Epidemic, Existing Efforts, Infrastructure, & Leverage Points

- Assess and document local epidemic using epidemiological profile and available data
 - Compelling data can be used to engage community partners and decision makers responsible for allocating resources and prioritizing issues
- Assess and map current activities
 - Within the health department
 - In the community
- Identify stakeholders and opportunities to coordinate existing efforts
- cursory assessment of strengths and gaps
- Identify internal and external partners to bring to the table for community planning

Sample Planning Tool

VISION: Pierce County will be a place where new HCV infections are rare and those with HCV will be diagnosed, linked to care and have opportunity to be cured regardless of social status, race, gender, sexual identity or substance use.

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SURVEILLANCE		PREVENTION		SCREENING AND CASE IDENTIFICATION		MEDICAL CARE & TREATMENT		POLICY & PLANNING	
Pierce County has an accurate picture of the incidence and prevalence rates of HCV and uses this information to guide decision making.		Pierce County residents have the tools and information to effectively practice prevention to reduce HCV infections and prevent transmission to others.		Pierce county residents have access to screening and RNA confirmation as recommended for at-risk groups and 1945-1965 birth cohort.		Pierce County has the infrastructure and systems to provide quality HCV care and treatment to all those who are infected.		Pierce County has an effective policy and planning environment and HCV policy and planning at both the local and the state level.	
Current activities:	Program/Agency Responsible:	Current activities:	Program/Agency Responsible:	Current activities:	Program/Agency Responsible:	Current activities:	Program/Agency Responsible:	Current activities:	Program/Agency Responsible:
Gaps		Gaps		Gaps		Gaps		Gaps	
Priority Unmet Needs		Priority Unmet Needs		Priority Unmet Needs		Priority Unmet Needs		Priority Unmet Needs	
Potential Expansion Activities: Epi Program STD/HIV Immunization Methadone Clinic Emergency Prep/MRC Collaborative Work		Potential Expansion Activities: Epi Program STD/HIV Immunization Methadone Clinic Emergency Prep/MRC Collaborative Work		Potential Expansion Activities: Epi Program STD/HIV Immunization Methadone Clinic Emergency Prep/MRC Collaborative Work		Potential Expansion Activities: Epi Program STD/HIV Immunization Methadone Clinic Emergency Prep/MRC Collaborative Work		Potential Expansion Activities: Epi Program STD/HIV Immunization Methadone Clinic Emergency Prep/MRC Collaborative Work	

Leverage Points

- Existing health department program interaction with persons at risk for HCV
- Communicable disease, STD/HIV, immunization, methadone/opiate replacement program, homeless health, harm reduction/syringe exchange
- Funding set-asides for HCV
- Ryan White Program funding for co-infected: 25% of PLWH have HCV
- Existing knowledge, skills, and infrastructure
- State CDC-funded Viral Hepatitis Prevention Coordinator
- Community partners
- Local healthcare system

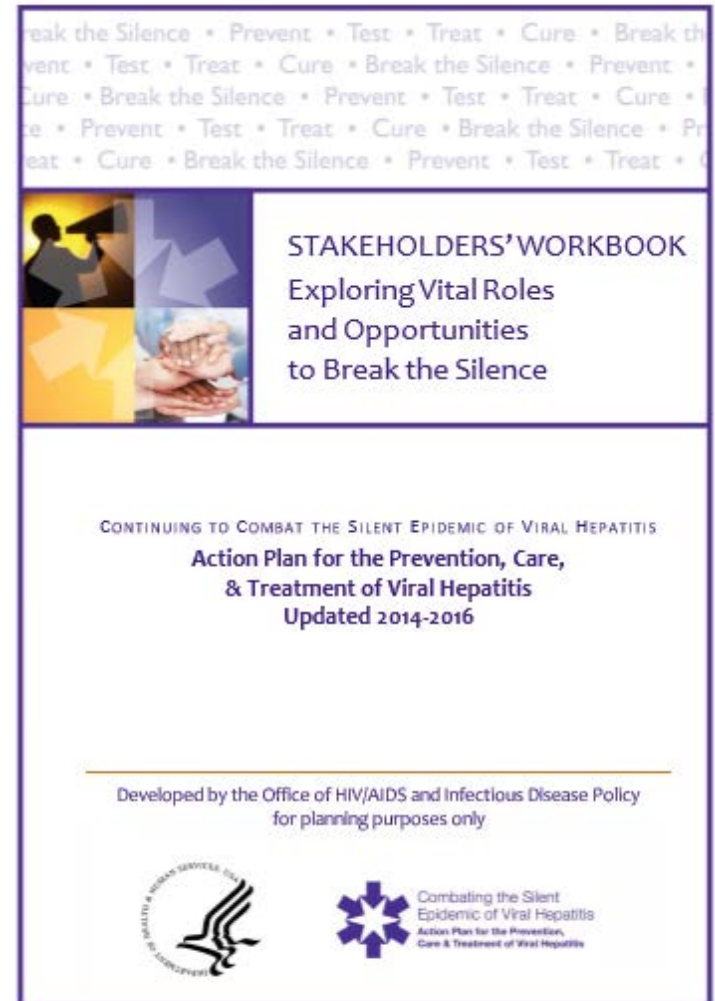


Increase Internal Coordination and Capacity

- Find a “home” within the health department for coordination of HCV activities
- Designate leaders to spearhead program development
- Cross train staff from other programs and identify ways to work together
- Improve integration of HCV services among prevention programs
- Leverage the expertise of our HIV prevention and care partners

Developing a Plan

- Plan should outline goals, objectives, activities, and indicators for measuring progress
- Many states and larger health jurisdictions have a Viral Hepatitis Plan
- HHS Stakeholder's Workbook is a tool for planning



NACCHO's Educational Series on HCV & Local Health Departments: *Module 2*

2.1: Planning for Action at the Local Level

2.2: *Creating a Local HCV Epidemiologic Profile*

2.3: HCV Testing Challenges and Systems-based Solutions

2.4: Targeted Outreach and Other Strategies for Increasing HCV Testing: Working in Settings that Serve High-risk Populations

2.5: Building and Supporting Local Capacity for HCV Care, Treatment, and Cure

2.6: Advocating for Sensible and Appropriate Policies in the Age of HCV Cure