



# **PUBLIC HEALTH**

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**HIV and Adult Viral Hepatitis Connections**

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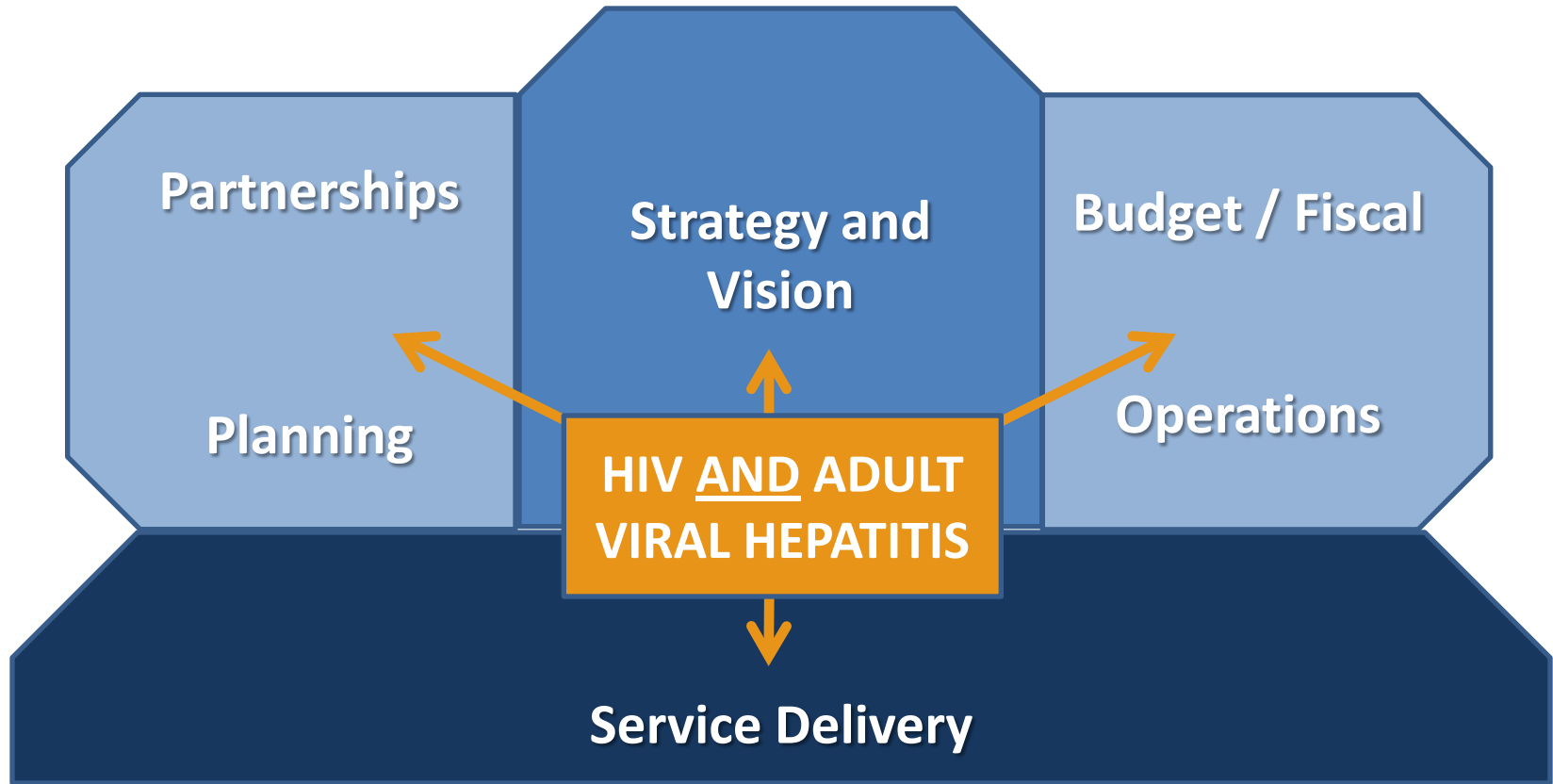
**HIV and Adult Viral Hepatitis Prevention Services**

**Washington State Department of Public Health**

## History

- Adult Viral Hepatitis (AVH) Prevention Program created within the DOH Office of Infectious Disease Assessment Unit.
- AVH Prevention Program moves to the newly formed HIV and Adult Viral Hepatitis Prevention Section (HAVHS) (2009).
  - AVH and HIV prevention staff function relatively independently.
- HAVHS restructures to increase cross-program collaboration and service integration (2011).
  - AVH and HIV prevention staff function in tandem.

## HIV and AVH Prevention Organization

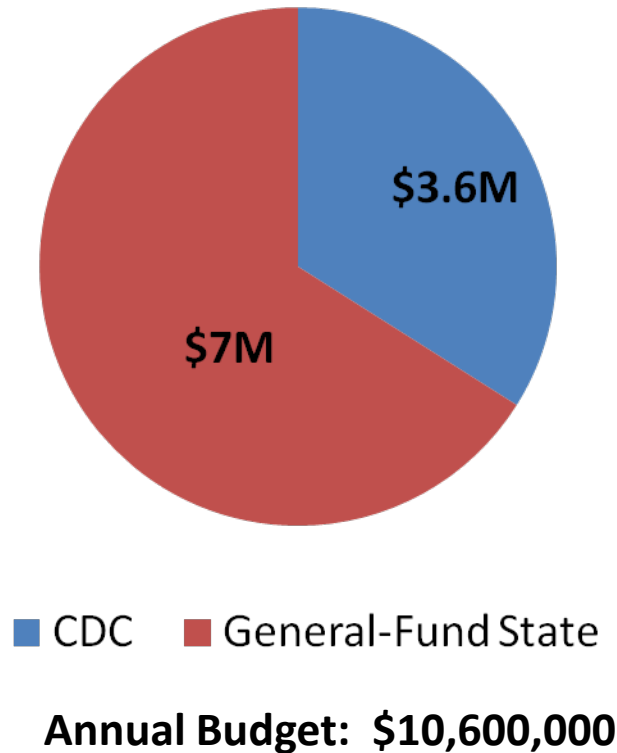


## HIV and AVH Prevention Organization

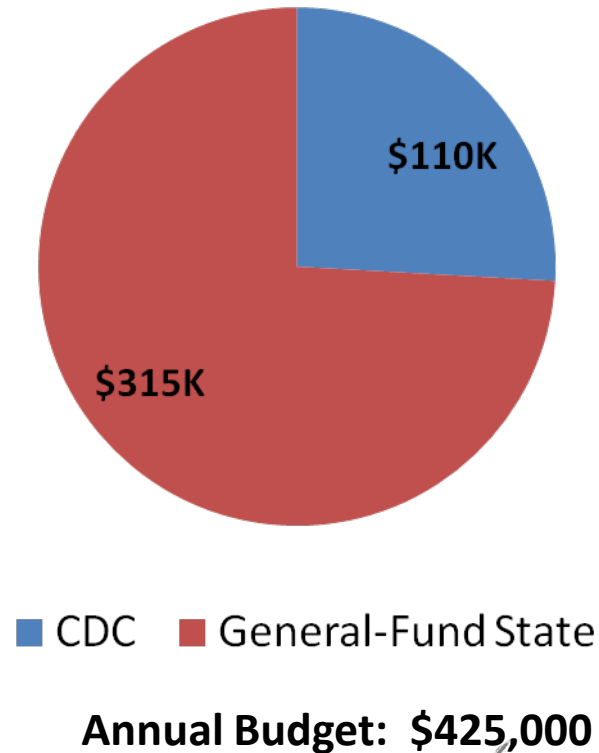
- AVH integrated across all HAVHS functions.
- AVHPC role expanded to focus on partnerships across HIV and AVH prevention (and increasingly across infectious disease prevention).
- Direct oversight for AVH and HIV prevention services combined under a single service delivery team.
- HIV prevention planning group identified a standing seat for AVH representation.

## HIV and AVH Prevention Funding

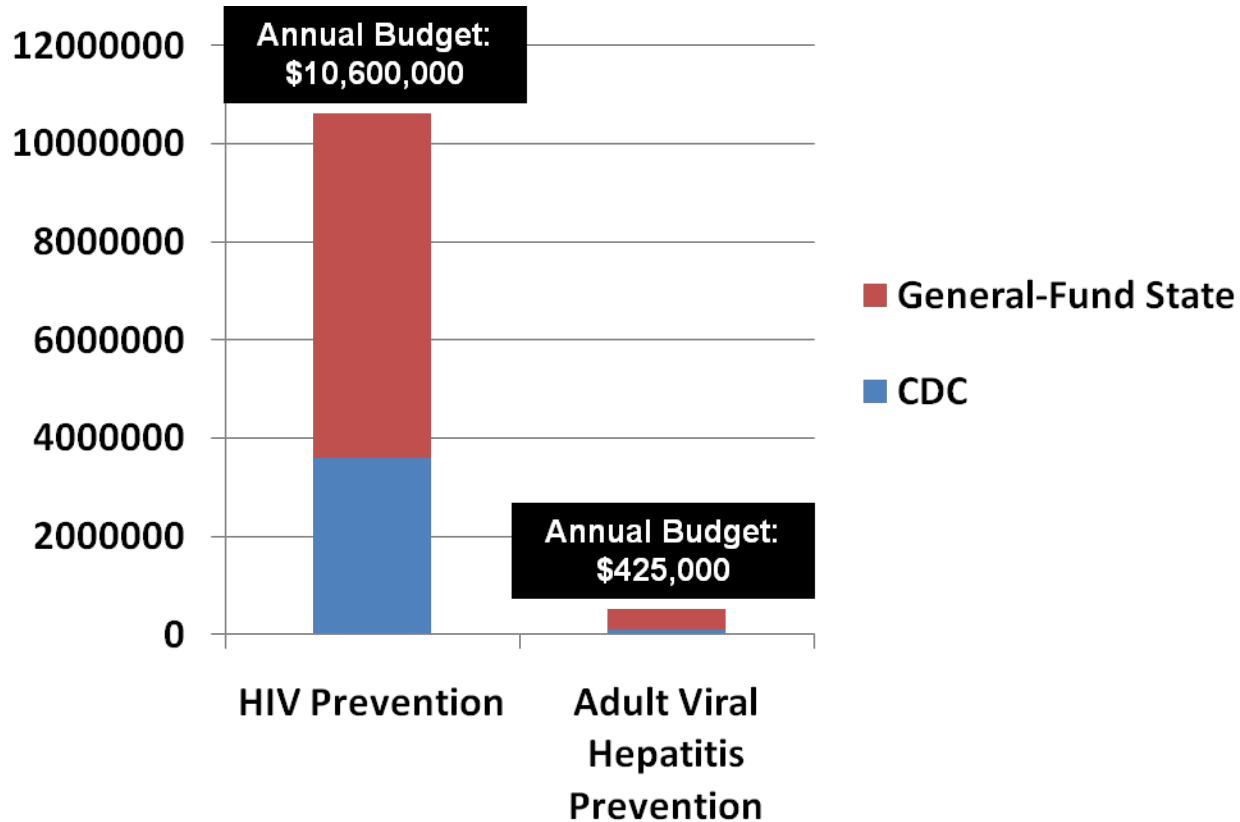
- HIV Prevention



- Adult Viral Hepatitis Prevention



## HIV and AVH Prevention Funding



## HIV and AVH Prevention Funding

While there is gross disparity between HIV and AVH prevention funding, strategies for improvement must work to increase visibility and funding for both.

## Successes

- HIV and AVH exist within an integrated team and an increasingly integrated Office of Infectious Disease.
- AVH prevention services integrated at the client level in ALL DOH-funded HIV prevention programs statewide.
- HBV / HCV vaccination and HCV test kits purchased with HIV prevention resources as often as possible.
- Integrated Assessment Unit (surveillance) leveraged to improve case reporting and analyses.
- Standing AVH seat on the newly formed HIV Prevention Planning Group.

## Successes

- Increased focus on partnerships for HIV and AVH (and STD and TB)
  - University of Washington (UW)
  - Community Health Centers
  - Local health jurisdictions and tribal health organizations
  - Community coalitions and organizations
  - Industry
- MANY local AVH-specific successes (collaboration with UW-Project ECHO and DOH Immunization Program, leadership in the state HBV Coalition)

## Challenges and Lessons Learned

- Limited State AVH funding
  - **State HIV prevention funding used to purchase HBV / HCV vaccine and to support integrated AVH services.**
- Limitations on CDC HIV prevention funding (e.g., vaccine purchase)
  - **CDC DHAP funding used to purchase HCV test kits.**
  - **New FOA increases opportunities for using DHAP funding to support AVH.**
- Internal DOH capacity (2 dedicated positions within HAVHS team)
  - **Entire HAVHS team now charged with advancing HIV and AVH goals.**

## Challenges and Lessons Learned

- Limited external capacity
  - **DOH-funded HIV prevention programs' capacity built to provide AVH services.**
  - **External partnership strengthening and development a key focus.**
- Limited history of support for integration
  - **Office of Infectious Disease and HAVHS leadership supportive of integration, as are many local partners.**
  - **Continued acknowledgement of the importance of integration coming from federal level.**
  - **HIV prevention planning group integrating AVH into work.**

## Challenges and Lessons Learned

- Incomplete case reporting (and associated infrastructure concerns)
  - **DOH-funded HIV prevention programs poised to increase pressure on local providers to report AVH cases.**
  - **Office of Infectious Disease working closely with the DOH Communicable Disease Program to strengthen data collection systems.**
- No overlap between some populations living with HBV/HCV and HIV
  - **Coverage of AVH prevention services provided for all populations at risk for HIV.**
  - **Partnerships with the HBV community strengthened to address HBV-specific populations.**

## Suggestions for AVHPCs

- Consider expanding the role and reach of the AVHPC.
- Reach out to your HIV and STD prevention programs.
  - **Come with suggestions in hand.**
  - **Focus on shared populations.**
  - **Low threshold wins can lead to future opportunities.**
  - **Acknowledge the responsibilities of these programs.**
- Leverage external partnerships.
  - **Become a necessary go-to person for external partners.**
  - **Cultivate relationships with non-traditional partners.**
  - **Consider the private sector to help advance your agenda.**
- Be realistic about what you can accomplish and prioritize.
  - **Identify areas that can lead to the broadest public health impact.**

## Final (Random) Thoughts

- Never miss an opportunity for useful cross-program collaboration.
- Be part of the conversation to (re-)define the role of public health.
- Increasing accountability demands effective leadership and stewardship.
- Partners are essential to success.
- Don't be afraid of policy change initiatives – ADVOCACY is not a bad word. (and...if you can't do it, find someone who can!)
- Change in the public health and health care delivery systems will continue, as will challenges and innovation.
- Flexibility, adaptability and forward-thinking are critical.

QUESTIONS?

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