

REAFFIRMING MEANINGFUL COMMUNITY ENGAGEMENT

Engaging Communities Aging with Hepatitis: Addressing Health Concerns and Building Leadership Capacity

Friday, October 13 9:00-10:15 AM



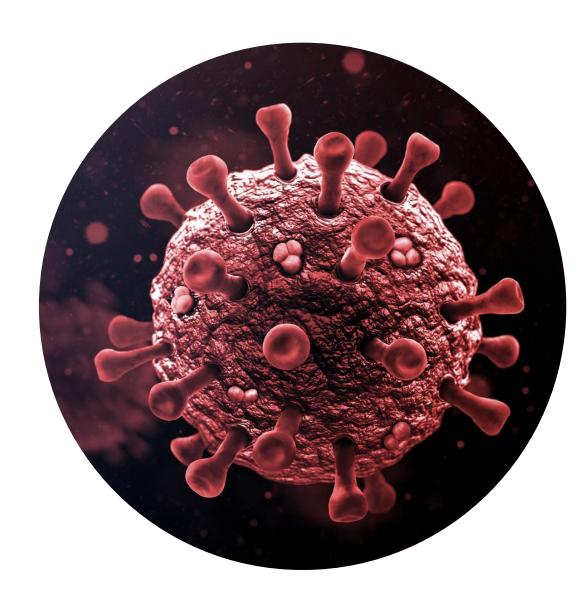
Engaging Communities Aging with Hepatitis B

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Hepatitis B Foundation



About Hepatitis B

- Viral infection of the liver that can lead to cirrhosis or liver cancer
 - Usually presents no symptoms
- No cure, but treatment prevents cirrhosis and cancer
 AND is preventable with highly effective vaccines
 - U=U
- 25% of chronic hepatitis B infections progress to liver cancer or cirrhosis
- o5-10% of chronic cases lead to liver cancer without cirrhosis
- Most widespread infectious disease globally (~300M)





Hepatitis B Transmission

- Spread by direct contact with infected blood
- Most commonly from a mother to her newborn during childbirth
 - Infants exposed to hepatitis B during childbirth have a 90% chance of developing a chronic or lifelong infection of hepatitis B.
 - Treatment during pregnancy can help prevent transmission
- Unprotected sex with an infected individual
- Use of contaminated or unsterile medical or injection equipment

Health Disparities - Who is Impacted in the U.S.?

- Asian Americans, Native Hawaiians, and Pacific Islanders
 - Comprise less than 6% of the U.S. population, but account for over 60% of all chronic hepatitis B cases in the country
- African Immigrants
 - Communities can have infection rates as high as 18%
- People who inject drugs
- People with HIV and hepatitis C
- People with kidney disease/diabetes

However, anyone can be at some degree of risk for hepatitis B in their lifetime.

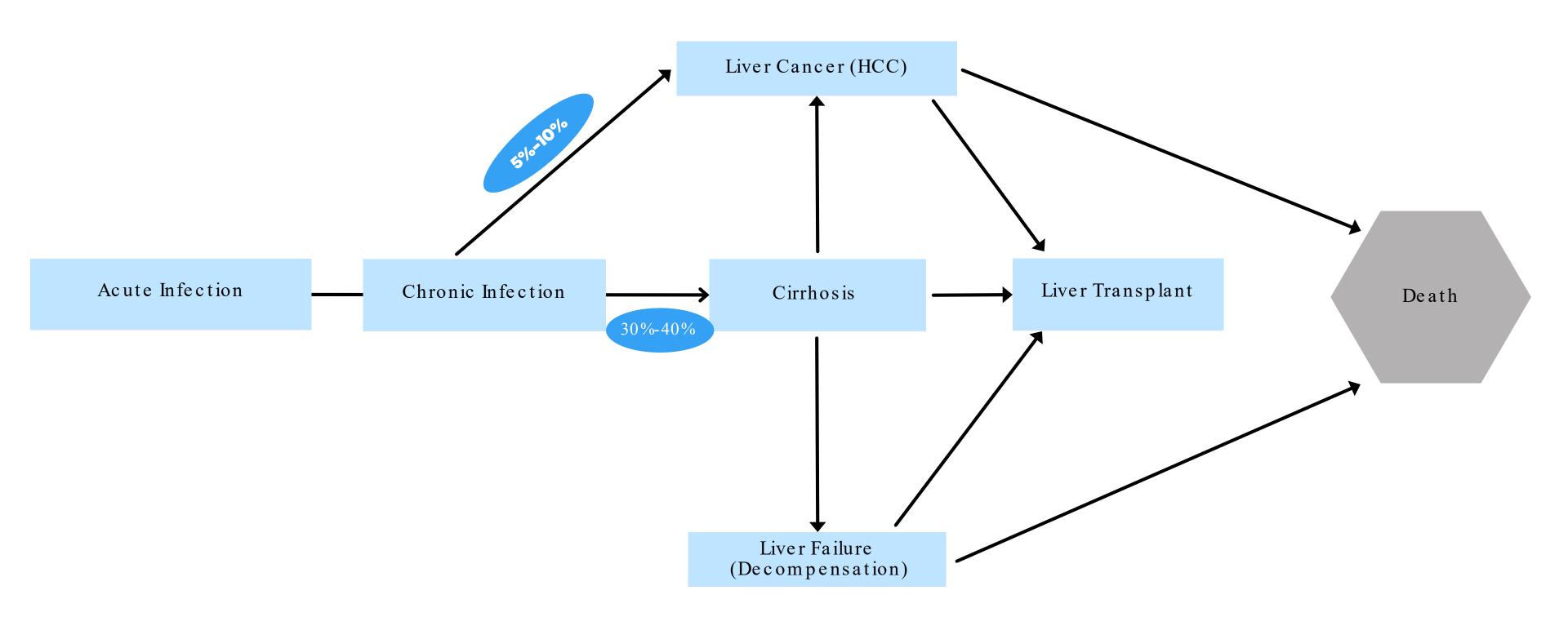
Rates of reported cases† of acute hepatitis B virus infection, by age group — United States, 2006–2021

Age (years)	2017	2018	2019	2020	2021
0–19	0.0	0.0	0.0	0.0	0.0
20-29	0.6	0.6	0.5	0.4	0.4
30-39	2.3	2.0	1.8	1.0	0.9
40-49	2.5	2.6	2.7	1.7	1.6
50-59	1.6	1.6	1.6	1.2	1.0
≥60	0.6	0.6	0.6	0.5	0.5

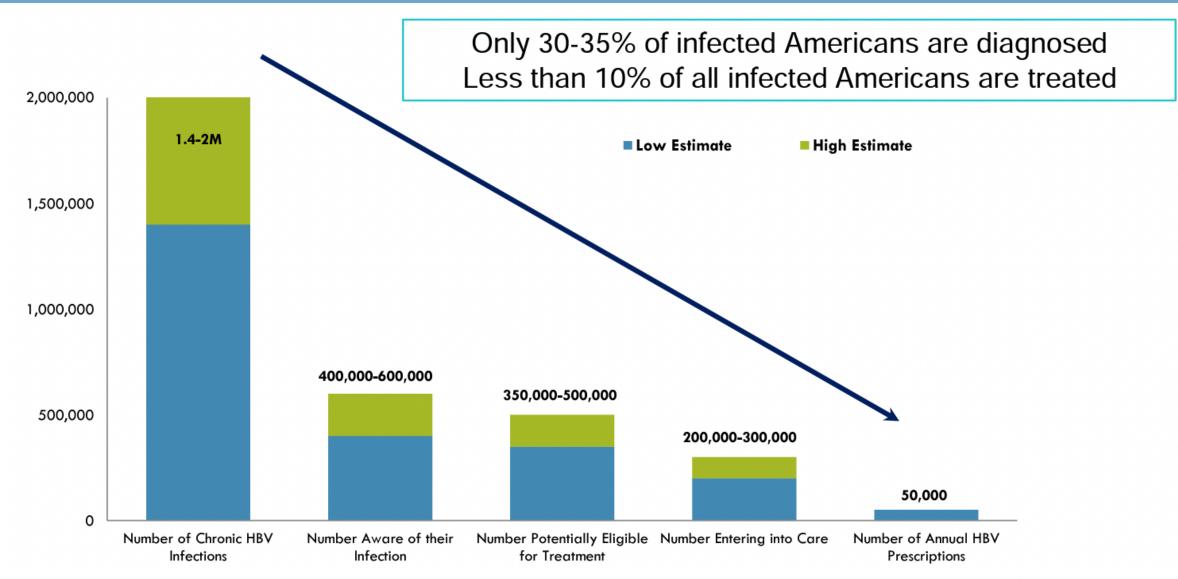
Source:

CDC, National Notifiable Diseases Surveillance System.

Hepatitis B Disease Progression



Hepatitis B Care Cascade



Cohen C, H. S., McMahon BJ, Block JM, Brosgart CL, Gish RG, London WT, Block TM. (2011). Is chronic hepatitis B being undertreated in the United States? Journal of Viral Hepatitis, 18, 377-

Which leads us to...

People living with chronic hepatitis B have a 15% to 25% risk of premature death from cirrhosis or liver cancer without monitoring and antiviral treatment as indicated





Up to

2.4 Million

Americans

Are living with chronic hepatitis B

67%

Of people living with hepatitis B are unaware of their infection

70%

Of adults 19 and older have

NOT completed the hepatitis

B vaccine series

Universal HBV Screening Recommendation

O1 Universal, one-time
hepatitis B
screening for adults
18 & older

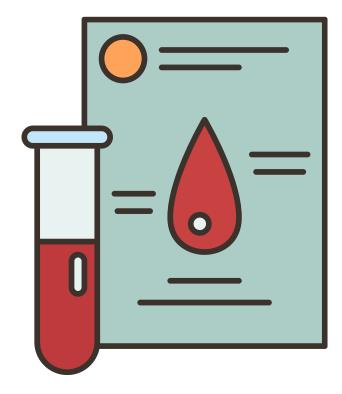
Hepatitis B Surface Antigen Hepatitis B Surface Antibody Hepatitis B Core Antibody

Periodic testing for all susceptible persons with ongoing risk

New groups added to risk-based recommendation:

- current or history of STI
- currently or formerly incarcerated persons
- hepatitis C infection

Anyone who
requests a hepatitis
B screening test



Universal Vaccination for Hepatitis B

Universal vaccination for all adults < 60

Vaccinate all adults ≥ 60 with 02 risk factors

Anyone who requests a hepatitis 03 B vaccine



The CDC recommends all adults ages 19-59 and 60 and older with risk factors get vaccinated against hepatitis B



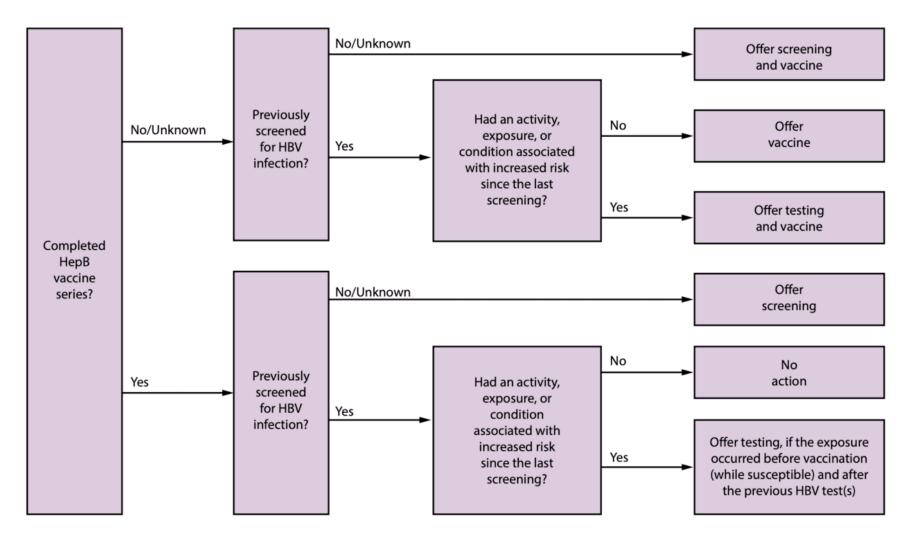


Vaccines are widely available:

- Recombivax HB (Merck)
- Engerix-B (GlaxoSmithKline)
- Twinrix Hepatitis A & B (GlaxoSmithKline)(18 & Older)
- PreHevbrio (VBI Vaccines) (18 and older)
- Heplislav-B (Dynavax Technologies) (2-dose- 18 & older)

HBV Vaccination & Screening in Practice: Clinical Workflow

Nonpregnant Adults Aged ≥18 Years without a Known History of HBV Infection



Implementating Universal HBV Recommendations

Educate stakeholders about disease burden and new recommendations

- Focus education on cancer prevention benefit of hepatitis B vaccination and screening
- Engage trusted community members to develop culturally and linguistically appropriate messages
- Enlist national partners to provide education and debunk myths
- Partner with professional societies to provide education at annual meetings
- Collaborate with clinical training programs, provide hospital grand rounds, and develop interprofessional continuing education
- Leverage CDC partnerships and create cooperative agreements to create common education resources for all HCPs

Explore multi-stakeholder collaborations and technology innovations

Stakeholder Collaborations:

- Seek insights from experienced centers
- Involve disease intervention specialists at sexual health clinics
- Establish pharmacy-provider collaborative communication agreements
- Engage and collaborate with state/local health departments, leveraging state/local clinics for vaccine delivery

Technology Innovations:

- Consider using a mobile-accessible vaccine card
- Leverage capacity built with COVID-19 vaccination implementation
- Update EHR systems to include screening and vaccination prompts
- Develop national standards for integrating data into EHR systems in settings serving corrections and
 substance use settings.

Address Vaccine Hesitancy

- Emphasize the cancer prevention benefit of hepatitis B vaccination and screening
- Create FAQ documents to help HCPs prepare for questions around vaccine safety and efficacy
- Engage trusted providers and faith leaders to deliver the messaging
- Engage with patients on an individual level to understand their concerns, assess vaccine status, and discuss vaccine recommendations

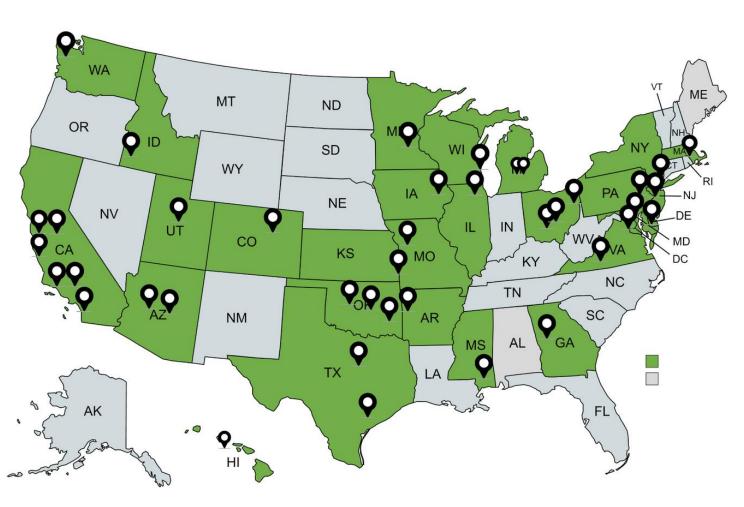
- Hepatitis B Vaccine Posters, Record Cards, and Flyers
- Hepatitis B Are you at risk?
- Hepatitis B Fact Sheets (susceptible, acute, chronic)
- #JustB Stories (Real people living with hepatitis B) hepbstories.org
 - DeWayne
 - John
 - o Sura
 - William

Clinician Resources

- <u>Call-to-Action: Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for</u>
 <u>Adults Ages 19-59</u>
- Implementing Hepatitis B Universal Adult Screening and Vaccination: Clinical Answers for Healthcare Professionals
- Hepatitis B Vaccination and Screening of Adults: Simple Steps to Protect Yourself from Serious Liver Disease
- CDC's Frequently Asked Questions for Health Professionals
- Websites:
 - www.hepb.org
 - https://www.hepatitisb.uw.edu/ (CME education)
 - www.immunize.org
 - https://www.cdc.gov/hepatitis/hbv/index.htm

Hep B United A National Coalition

- Founded in 2012 with support from HHS Office of Minority Health
- 54 local coalitions & 14 national organizations in 38 cities and 27 states
- Mission Hep B United is a national coalition dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccinateon, and linkage to care for high-



HBU Goals

Awareness

Raise the profile of hepatitis B and liver cancer as an urgent public health priority.

Prevention

Increase hepatitis
B testing and
vaccination,
particularly among
communities at
higher risk.

Intervention

Improve access to care and treatment for individuals living with hepatitis B to prevent end-stage liver disease and liver cancer.

Contact Us

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Hepatitis Network for Education & Testing

HepNET Partnership Team

- NASTAD
- NVHR
- NACCHO

HepNET 1-pager

HepNET Webpage

HepNET

The Hepatitis Network for Education and Testing provides technical assistance and training to network members with a focus on hepatitis B and hepatitis C to identify and address the unmet needs of people who inject drugs (PWID).







HepNET Membership Dashboard



Overall Membership

Number of HepNET members 207

Organization Types Represented

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Academic Medical Center	4%
AIDS Service Organization	8%
Behavioral Health Clinic or Substance Use Treatment Program	6%
Community Hospital	19%
Community-Based Organization (non-SSP, non-ASO)	0%
Federally Qualified Health Center	4%
IHS, Tribal or Urban Indian Health Center	2%
Local Health Department	22%
Pharmacy	2%
Private Physicians Practice	1%
State Health Department	21%
Syringe Services Program	19%
Other	13%
I am not affiliated with an organization	4%

Top 4:

Local Health Department
State Health Department
Community Hospital & SSP (tied)







Structure

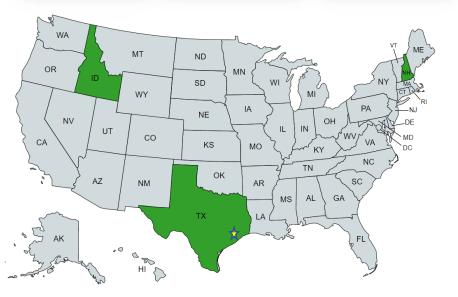
Training Consultants











Idaho, Houston, New Hampshire

LLE Consultants

Learning Communities

Developed and led online interactional training Integrated themes:

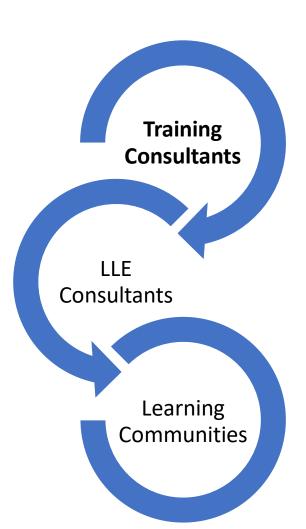
- Inclusivity and meaningful engagement
- 2. Radical love
- 3. Lived experience as expertise
- Teacher-Learner/Learner-Teacher relationship

207 Network Members September 2023









Module 1: Intro to HepNET & Relatedness

- Adverse Childhood Experience (ACE) Questionnaire
- Cultural Humility Worksheet
- Drug Use Value Worksheet

Module 2: The ABCs of Viral Hepatitis

- Cascade of care and terminology
- How/why messaging matters

Module 3: Harm Reduction & Viral Hepatitis

- Meaningful inclusion of PWID
- Drug culture and intersectional challenges

Module 4: Power Through Experience

- Finding the power in your story
- Internal bias and changing the narrative

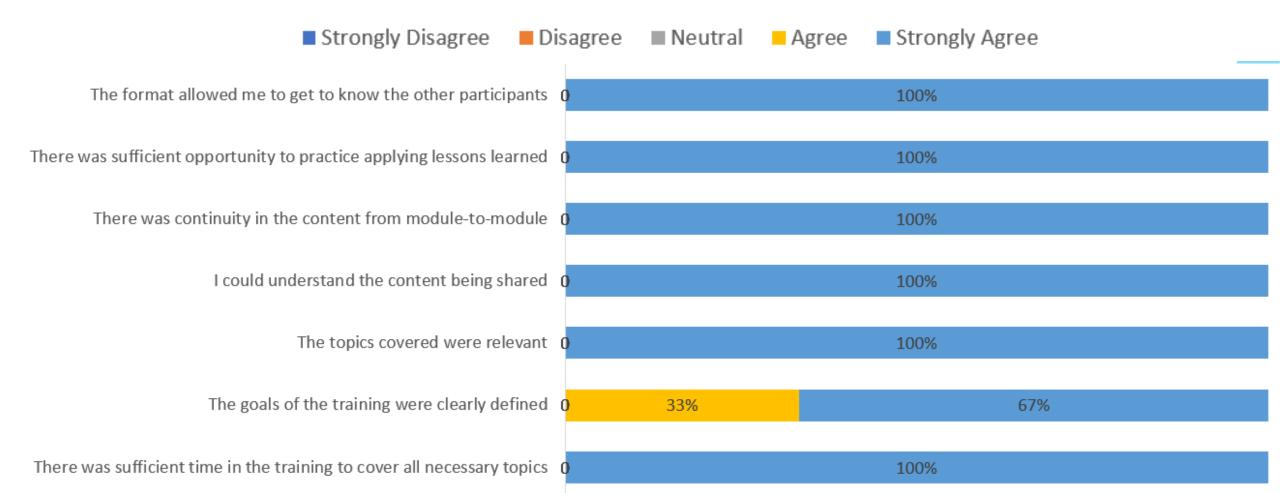
Module 5: Talking to Providers & Disparities in Medicine

- Stories as an advocacy tool
- Working with systems based organizations

Training Curriculum Evaluation



To what extent do you agree or disagree with the following statements about the training?

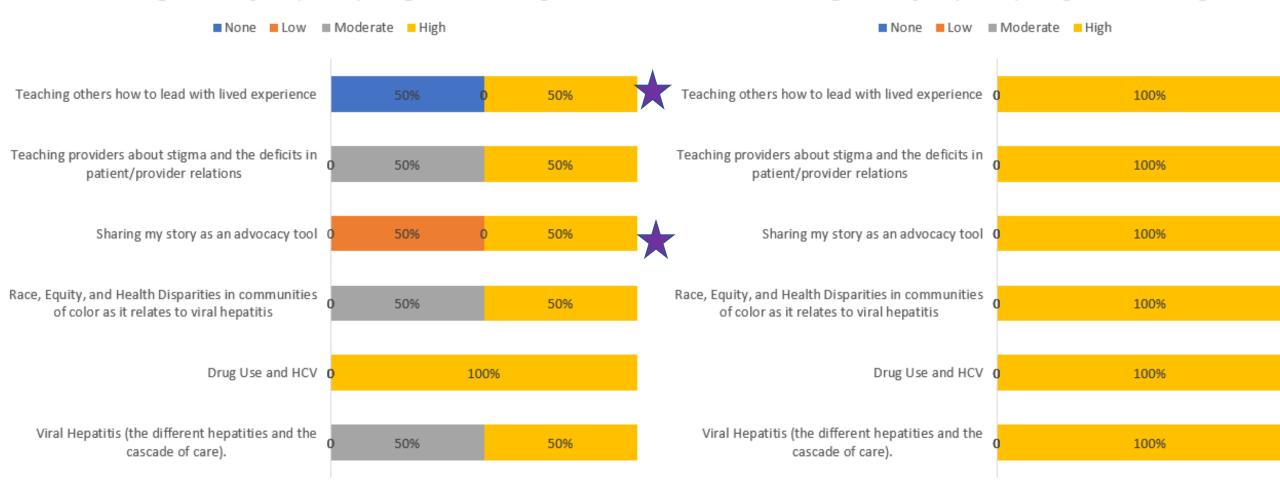


Training Curriculum Evaluation



How would you rate your knowledge about each of the following items *before* participating in the training?

How would you rate your knowledge about each of the following items *after* participating in the training?





"Participating in the training as both a project designer and a learner was an invaluable experience. It deepened my understanding of the project itself and allowed me to see firsthand the transformative impact of professional development designed for leaders with lived experience.

"...Tina and Nick created an environment of relatedness, dignity, and respect.

Everyone's honest and vulnerable engagement in a professional setting is a radical act that challenges our traditional, often oppressive systems and structures."

"I am so proud to work with NASTAD on the HepNET project as an LLE consultant. It is my hope that sharing my experience navigating my own diagnosis, treatment, and cure will help health care agencies and providers design care mechanisms that work for patients and set them up for success."





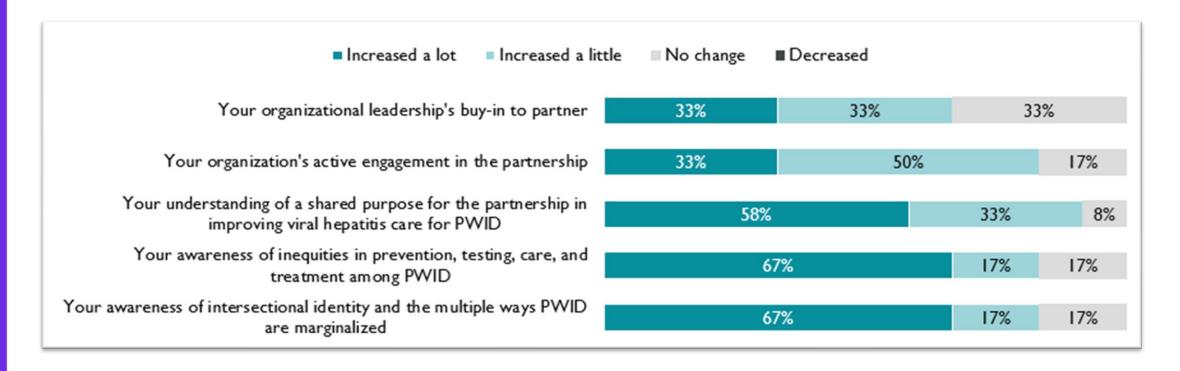




Post-Cohort Assessment (July 2023)



How would you rate how each of the following items and how they have changed since participating in the learning community?



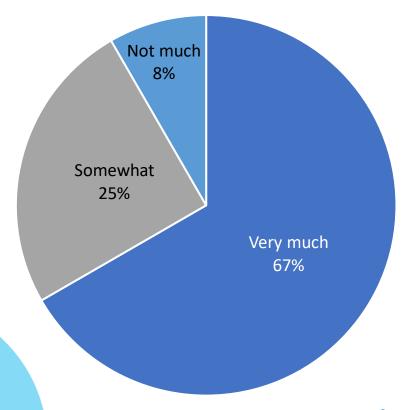








How much has this learning community benefited the organization that you work for?











"The learning community has inspired and renewed my passion for this work along with tools to engage and grow community partnerships."

"I was able to see how my own unconscious bias was affecting my work - so I am grateful for the opportunity to allow myself grace and room to grow. I am also excited to be linked with others in my state who share the same drive to treat HCV and to reach individuals who need care the most."

"Really love the inclusivity and representativeness of the leadership, and the opportunity to learn from and collaborate with two other jurisdictions at different points in their harm reduction evolution."









Questions to Consider

- What key collaborations have you initiated or are interested in initiating to support people aging with hepatitis?
- What challenges and barriers have you encountered in advancing hepatitis B and aging within your health department programs and/or coalitions?
- How has your program supported people with lived experience?
- What are some ways that HDs can support people with lived experience as they advance in their careers and pursue leadership positions?



Interested in becoming a HepNET member? <u>Join for free</u>

Questions? Reach out to hepatits@nastad.org

Thanks for tuning in!





