



# **Opportunities for Federal-Community Collaboration to Reduce Disparities in Hepatitis B: 2014-2016**



# Opportunities for Federal-Community Collaboration to Reduce Disparities in Hepatitis B: 2014-2016

## INTRODUCTION

The purpose of this document is to identify areas where Hep B United and other community-based coalitions can work with federal agencies and within their local coalitions to further the priority areas identified in the U.S. Department of Health and Human Services' (HHS) [\*Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis, Updated 2014-2016\*](#) (the second iteration of the National Viral Hepatitis Action Plan).

### **Hep B United: 2014 Summit, Strategic Plan**

Hep B United (HBU) is a national coalition composed of 20 local coalitions working together to address the public health challenge of the hepatitis B virus (HBV), the leading cause of liver cancer and a major health disparity among Asian Americans and Pacific Islanders (AAPIs). The goal of HBU is to support and leverage the success of local coalitions across the U.S. to increase hepatitis B awareness, screening, vaccination, and linkage to care management for all Americans. In particular, attention is placed towards high-risk populations disproportionately impacted, including many AAPI communities.

This analysis is similar to the first analysis HBU developed in June 2013 entitled, [\*Understanding and Addressing the Public Health Challenge of Hepatitis B: Key Issues and Recommendations\*](#), created in response to the first National Viral Hepatitis Action Plan. The following pages follow the lead of the second iteration of the National Viral Hepatitis Action Plan, drawing from the "Opportunities for Nonfederal Stakeholders" listed under each of the plan's six priority areas.

These **Opportunities for Collaboration** are categorized by the six priority areas outlined in the *Updated 2014-2016 Action Plan*:

1. Educating Providers and Communities to Reduce Health Disparities
2. Improving Testing, Care, and Treatment to Prevent Liver Disease and Cancer
3. Strengthening Surveillance to Detect Viral Hepatitis Transmission and Disease
4. Eliminating Transmission of Vaccine-Preventable Viral Hepatitis
5. Reducing Viral Hepatitis Caused by Drug Use Behaviors
6. Protecting Patients and Workers from Health Care-Associated Viral Hepatitis

## OPPORTUNITIES FOR COLLABORATION

The opportunities for collaboration listed below are ways in which local coalitions can collaborate within HBU and with HHS agencies to further the goals identified in the second iteration of the National Viral Hepatitis Action Plan. A table including a list of the opportunities mentioned below is featured at the end of this document.

### Priority Area 1: Educating providers and communities to reduce health disparities Collaboration Aims: Confront viral hepatitis by breaking the silence.

*Opportunities for Nonfederal Stakeholders (taken from pg. 16 of the [Updated 2014-2016 Action Plan](#)):*

HBU proposes to change the wording of the first opportunity from “Asking health care providers whether testing and/or vaccination is recommended” to **1) “Ensuring that health care providers know when to test/vaccinate”** by:

- Reaching out to local doctor/nurse/physician assistant professional organizations to develop messages/materials to share with their patients/membership;
- Reaching out to local primary care associations and hospital associations to develop messages/materials to share with members;
- Reaching out to local medical schools, nursing programs, etc.;
- Reaching out to local county/state licensing agencies to get mailing list of currently licensed medical providers to send info on USPSTF materials;
- Drafting a letter from the city/state health commissioner or other local health expert to send out to medical providers; and
- Working with providers to write educational articles in their journals and blogs.

**2) Sharing the CDC Viral Hepatitis Risk Assessment and fact sheets with family, friends, colleagues, and community members** by:

- Conducting social media competitions to encourage reposts of risk assessment descriptions.

**3) Identifying significant gaps in provider training needs and materials** by:

- Putting together materials from known sources to create a clearinghouse (CDC, Hepatitis B Foundation, etc.);
- Reaching out to local AIDS Education Training Centers to include hepatitis B as part of free curriculum; and
- Collaborating with pharmaceutical companies to provide trainings and to identify providers currently treating hepatitis B who could mentor others; and
- Working with agencies (e.g., OHAIDP) to provide a best practices document for prevention, care, and treatment for mono-infected and co-infected HBV/HIV patients.

**4) Advising in the development of provider training and tools or public education and awareness activities, including promoting cultural competency and recommending additional audiences, programs, or populations to seek to engage,** by:

- Working with federal agencies (e.g. NVPO) to assess current materials available. HBU members will help to provide guidance on how materials can be culturally and linguistically appropriate. HBU can also suggest ways (e.g., through a meeting, written communication) to provide target outreach to at-risk communities;
- Discuss HHS’s plans to educate providers and patients about opportunities the Affordable Care Act (ACA) provides for testing, vaccination, and treatment access (see *Action Plan* Goals 1.1 and 1.2, pgs. 17, 20); and
- Partnering agencies developing materials with the Offices of Bilingual Access and/or interpreter organizations.

**5) Developing and supporting training opportunities for health care providers and others and encouraging participation** by:

- Working with agencies (e.g., OMH, SAMHSA) to create a comprehensive best practices document of viral hepatitis information to increase awareness, screening, vaccination, and linkage to care, to include in existing clinical and social service provider training activities. HBU can help to develop this document, providing insight into how to reach those at-risk in an effective cultural and linguistically appropriate manner;
- Working with schools of medicine, nursing and public health to include viral hepatitis education and research opportunities in their curricula; and
- Exploring Continuing Medical Education (CME) credit possibility for training.

**6) Helping to disseminate provider tools and public education messages and materials to relevant audiences to extend the reach of these efforts** by:

- Continuing to disseminate CDC's Know Hepatitis B campaign message, and suggesting other outreach methods for at-risk populations;
- Potentially tying the dissemination of campaign messages to grant opportunities, allowing grant programs to pilot new materials and creating an avenue for feedback on the effectiveness of these materials;
- Helping agencies (e.g., OHAIDP- Office of Refugee Resettlement) to disseminate awareness/educational messages; and
- Developing in-language materials specific to the population if no language resources are available, with special attention to Pacific Islander languages.

**7) Collaborating locally with stakeholders, partners, and communities disproportionately affected by viral hepatitis as well as other allies to support observances by organizing local event and awareness activities or seeking local media coverage,** including:

- Helping to raise awareness of Hepatitis Awareness Month (May), National Viral Hepatitis Testing Day (May 19), and World Hepatitis Day (July 28).
- Posting local events on the HBU website ([www.hepbunited.org](http://www.hepbunited.org)).
- Incorporating these observances and awareness activities into grant FOAs.
- Linking HHS and CDC spokespersons'/ communications offices with HBU Speakers' Bureau; and
- Suggesting ways that HBU can increase hepatitis B awareness in at-risk populations.

**8) Identifying and seeking to engage new partners in responding to viral hepatitis, particularly allies with the ability to reach populations most impacted by viral hepatitis,** by:

- Helping federal agencies to find health professional associations, medical, nursing, and other professional societies that provide services to AAPI and other immigrant populations, to help educate them in hepatitis B prevention, care, and treatment.

**Tip for local coalitions/partners:**

**Keep an eye out for HRSA's proposed funding opportunity, to provide financial support to community-based organizations through cooperative agreements, to educate communities about viral hepatitis.**

## Priority Area 2: Improving Testing, Care, and Treatment to Prevent Liver Disease and Cancer

**Collaboration Aims: Take full advantage of existing tools.**

*Opportunities for Nonfederal Stakeholders (taken from pg. 27 of the [Updated 2014-2016 Action Plan](#)):*

### **1) Promoting the CDC Viral Hepatitis Risk Assessment and discussion of the resultant recommendations with providers** by:

- Reaching out to pharmacies (Walgreens), intermediate care clinics (Minute Clinics), etc., to integrate hepatitis B assessments and information, especially as information ties to prescribing vaccines;
- Utilizing the paper version of the Risk Assessment at hepatitis B virus (HBV) screening events; and
- Providing the Risk Assessment to providers at HBV education seminars.

### **2) Sharing information about current antiviral therapies with chronically infected friends and family members** by:

- Identifying funding/grant opportunities for care coordination services specific to hepatitis;
- Providing basic training for medical providers (see Priority Area 1), including those who do not particularly treat/manage hepatitis B; and
- Disseminating the information through patients, family, partners, and friends in chronic hepatitis B (CHB) support group meetings.

### **3) Identifying opportunities to increase provider awareness and utilization of existing training, tools, and model programs** by:

- Following up with the CDC to see how they collaborate with health plans to enhance provider training and education in hepatitis B services;
- Ensuring that the VA is expanding access to evaluation and treatment for veterans with hepatitis B in rural and highly rural areas;
- Informing the CDC about barriers that HBU-serving populations face to inform models of care in development;
- Researching mandated hepatitis B reporting variables for insurance payers (Healthcare Effectiveness Data and Information Set, National Committee for Quality Assurance), hospitals, and FQHCs [Uniform Data System (UDS)], and using this data to leverage increased screening/vaccination rates among providers;
- Advocating for more hepatitis B reporting variables on the local and state levels;
- Developing and disseminating trainings that provide CME units as an incentive for providers to attend;
- Hosting a CME training for physicians by partnering with other entities (e.g., local health departments, academic medical institutions, pharmaceutical companies); and
- Working with HHS to develop a training module and best practices document for hepatitis B case managers/care coordinators to navigate HBV-positive patients through the regulatory changes occurring as a result of the Affordable Care Act.

#### **4) Adopting viral hepatitis testing and care recommendations in clinical settings:**

- In the new HBV screening guidelines, [the USPSTF gave HBV screening a “B” grade](#), which means it is a recommended service. Beginning one year from the date of the recommendation, HBV screening will be covered without copayment or coinsurance for individuals with health insurance under the ACA. HBU members will work with HHS agencies to determine ways to implement these guidelines;
- By working to push the Medicare national coverage determination process forward, particularly after the release of the finalized USPSTF screening guidelines for HBV.
- By ensuring that HRSA works towards promoting HBV screening as a Standard of Care, particularly for immigrant and refugee populations at high risk;
- By ensuring that HRSA promotes viral hepatitis screening recommendations to safety net providers through newsletters;
- By following up with CMS to make sure that in states that chose to abide by the USPSTF and ACIP recommendations, HBV vaccines and treatment are covered;
- By developing and integrating EMR HBV reminders/popups/other clinical decision support as part of the regular screening panel, and by integrating “country of birth” as a variable in EMRs (ONC);
- By sharing best practices of how to adapt EMR to make HBV testing for at-risk populations easier for providers (bundle lab tests in order form, etc.); and
- By developing and providing training for clinical staff including intake/medical assistants, phlebotomists, medical providers, and Community Health Workers/interpreters.

#### **5) Ensuring follow up and linkage to care when conducting viral hepatitis testing by:**

- Determining how to incorporate culturally and linguistically appropriate materials to increase referral to care and treatment for HBV-infected mothers;

- Helping CMS (by working with perinatal coordinators) to increase outreach, care coordination, and in-language services when appropriate, for HBV-positive women and their household contacts;
- Identifying funding/grant opportunities for care coordination/linkage to care persons, and creating draft templates for grant submission;
- Partnering with perinatal coordinators to develop a referral letter for CHB patients and their household contacts to seek care at a health center/hospital;
- Helping HHS to partner with local HBU partners to promote the work of hepatitis B care managers, patient navigators, and other health coaches; and
- Assisting long-term care coordinators/providers to navigate HBV positive patients through current regulatory changes as a result of ACA implementation.

#### **6) Implementing electronic health record clinical reminders for hepatitis B and C screening:**

- The CDC plans to incorporate key data elements into EMR systems related to care management for adults and referring children who are HBV positive due to perinatal infection. See how HBU coalition practices that already include clinical decision tools can help to inform the CDC.
- See suggestions for #4 above in Priority Area 2: “Adopting viral hepatitis testing and care recommendations in clinical settings.”

#### **7) Developing culturally and linguistically relevant health literacy tools and materials for populations at risk for hepatitis B and C:**

- The CDC plans on developing explanatory models of who is entitled to get covered. HBU can help the CDC determine the best ways to develop in-language materials/models.
- By considering the development of non-language specific educational materials utilizing more visual language, in the form of PSAs, other media campaigns.

**8) Partnering with programs serving vulnerable populations to expand access to viral hepatitis prevention and care services** by:

- Working with local departments of health and integrating their services with local community-based organizations/coalitions/health centers to help determine those at most risk for HBV;
- Helping the CDC determine rates of health insurance access of high-risk populations during ACA enrollment efforts;
- Working with the NIH and other agencies (see Goal 2.2, pg. 29) to determine best practices for linkage-to-care, treatment, and research, ensuring that patients stay in care;
- Suggesting links and referrals to SAMHSA for treatment and care for HBV-positive individuals who also have behavioral health needs; and
- Working with WIC programs, welfare, LegalAid and other supportive services to encourage referral to hepatitis B clinics/ services.

**9) Promoting assessment of local and organizational baseline data on the viral hepatitis continuum of care** by:

- Prompting the ACA requirement of non-profit hospitals to conduct community health needs assessments, and working with public hospitals located in HBU coalition cities to conduct community health needs assessments on HBV screening and needs of local populations.

**10) Mobilizing communities about the silent epidemic of viral hepatitis and the threats of an unaddressed epidemic** by:

- Reframing HBV as a liver cancer issue; and
- Conducting awareness media campaigns and events in the community (Lunar New Year, National Hepatitis Awareness Month, National Testing Day, World Hepatitis Day).

**11) Supporting the development of new**

**technologies and therapies to improve hepatitis prevention, diagnosis, care, and treatment:**

- Ask the FDA to approve point of care testing for HBV.

**Tip for local coalitions/partners:**  
Keep an eye out! The NIH plans to promote a community-based participatory approach and to pilot test a culturally proficient intervention to increase HBV vaccination, screening rates, and linkage to care in AAPIs who attend a community clinic.

**Priority Area 3: Strengthening Surveillance to Detect Viral Hepatitis Transmission and Disease**

**Collaboration Aims: Collect accurate and timely information to get the job done.**

*Opportunities for Nonfederal Stakeholders (taken from pg. 38 of the [Updated 2014-2016 Action Plan](#)):*

**1) Reporting viral hepatitis in accordance with public health and communicable disease requirements** by:

- Advocating for HBV infection to be reportable in every state, and to become a disease that has mandatory reporting to CDC; and
- Meeting or speaking with state and local surveillance programs to understand current Department of Health (DOH) surveillance practices in HBU's jurisdiction(s)—if not possible, try to find an Annual Report from DOH to understand the local epidemiological profile (if available); and
- Improving the exchange of surveillance data from DOHs to the community. HBU partners should work with local CDC funded enhanced hepatitis surveillance sites, to determine ways surveillance data can be shared with community partners.

## **2) Collaborating with public health authorities to improve surveillance data completeness and quality:**

- By suggesting ways to improve the exchange of surveillance data from reporting sites to the CDC (or local DOH). Work with the CDC to determine and expand the list of “nontraditional sources” of data to supplement surveillance efforts;
- By helping surveillance programs by offering support to improve the cultural competency of case reporting (translating letters to patients into other languages, providing DOH with educational materials in other languages); and
- When conducting patient education, HBU chapters can work with HHS to include a message about DOH case investigation to make patients aware of why public health organizations may contact them and that such practices are: 1) legal (health departments are excluded from the Health Insurance Portability and Accountability Act so they can contact patients for the good of public health), and 2) information collected through surveillance is confidential and will NOT be shared with immigration or other legal entities.

## **3) Assisting with outbreak investigations**

*HBU members do not have any additional comments at this time.*

## **4) Using electronic health record technology to assess and evaluate the impact of viral hepatitis and related services** by:

- Keeping a local inventory of hospitals/clinics/medical systems that have incorporated HBV-related templates into their EHRs and share best practices with other HBU partners.

## **5) Developing more detailed information about population-specific health disparities in viral hepatitis prevention, diagnosis, care and treatment** by:

- Helping HHS agencies identify barriers in vaccination and testing for populations at

risk for HBV;

- Working with HRSA to provide technical assistance to aid local/national partners to access datasets like the UDS.
- Working with the CDC’s perinatal HBV coordinators and program to suggest ways to improve surveillance in perinatal HBV transmission, including suggesting the facilitation of government-community linkages to African immigrant and AAPI-specific community-based organizations;
- Working with the CDC’s Viral Hepatitis Prevention Coordinators to disseminate information about HBV and health disparities;
- Working with CDC-funded enhanced surveillance sites to determine ways to share epidemiological data with HBU and community partners;
- Determining how the CDC is reaching out to US-bound refugees to conduct viral hepatitis infection studies; and
- Checking in with the CDC to see how they are revising surveys (e.g., the National Health Interview Survey) to better monitor target populations.

## **6) Promoting research on determining the prevalence of hepatitis among homeless individuals and families** by:

- Identifying local homeless service providers, including agencies that are part of the National Health Care for the Homeless network; and
- Providing homeless service providers with educational materials that include local providers that do testing and provide treatment.

## **7) Working with public health and commercial laboratories to improve viral hepatitis reports and surveillance processes**

*HBU members do not have any additional comments at this time.*

## **8) Establishing patient registries to evaluate and improve patient management and**

**clinical processes** by:

- Working with HHS to replicate effective community database models proven to improve linkage to care and ensure patient management; and
- Sharing best practices on maintaining a patient registry and using it for quality improvement of patient management—including best practices from both community-based and clinic-based testing programs.

**9) Contributing to research and the development of improved testing procedures and technologies** by:

- Using existing algorithms (like that developed by the Hep B Foundation) to help inform the CDC and NIH on reliable ways to screen high-risk populations; and
- Disseminating partner research findings, publications, and best practices of testing procedures in high-risk populations.

**10) Support state surveillance projects and epidemiological investigations to help understand the characteristics and needs of the emerging hepatitis C epidemic among young people who inject drugs** by:

- Providing opportunities for HBU members to collaborate with organizations conducting hepatitis C virus (HCV) programs who will support state surveillance efforts.

**Tip for local coalitions/partners:**

**Keep an eye out for the CDC's explanation of aggregated health data to analyze viral hepatitis-associated disease and its impact on prevention, care, treatment, and services.**

**Keep an eye out for CDC reports denoting testing in behavioral health settings, and for those co-infected with HIV, as well as vaccination coverage trends, for the populations recognized as high-risk according to the ACIP recommendations.**

**Priority Area 4: Eliminating Transmission of Vaccine-Preventable Viral Hepatitis**

**Collaboration Aims: Take full advantage of vaccines that can prevent hepatitis A and B.**

*Opportunities for Nonfederal Stakeholders (taken from pg. 46 of the [Updated 2014-2016 Action Plan](#)):*

**1) Asking health care providers if vaccination for HAV and/or HBV is recommended:**

- HBU members would like to see this objective more clearly defined from HHS, to determine whether vaccination recommendations will be encouraged with a provider survey, or whether HHS will ensure that HAV/HBV vaccines are available from healthcare providers.
- Assisting faith-based organizations with education overall, through newsletters, other dissemination materials. (HHS)

**2) Requesting a test for HBV if recommended by the CDC Viral Hepatitis Risk Assessment, and:**

- Encouraging the CDC to provide the Viral Hepatitis Risk Assessment in more languages, specific to populations at risk for hepatitis B.

**3) Conducting health care provider and consumer education on HBV screening for pregnant women and ensuring neonates receive a birth dose of hepatitis vaccine** by:

- Issue a research report on surveillance of HBV-positive pregnant women and newborns including race/ethnicity data (HHS, CDC);
- Working with HRSA and CDC to disseminate and promote vaccine education during prenatal care in clinics, hospitals, and community health centers;
- Linking maternal and child health-related HHS agencies with HBU to help prevent perinatal HBV transmission;
- Promoting timely post-exposure prophylaxis to infants born to HBV-positive mothers and their providers to decrease perinatal HBV transmission by working with the CDC to develop culturally specific materials;
- Working with DOHs and perinatal coordinators at the state and local levels to educate obstetricians on the importance of screening pregnant women. Perinatal coordinators need to help disseminate educational materials to providers, infected pregnant women, and household contacts. Discussions also need to include best practices in partner notification; and
- Working with professional organizations to help disseminate information to providers (American Congress of Obstetricians and Gynecologists, American Academy of Family Physicians).

**4) Ensuring that institutional policies include HBV screening for expectant women and prompt administration of the birth dose of hepatitis B vaccine to infants** by:

- Helping promote the birth dose as a Standard of Care, and working with the Immunization Action Coalition to promote their Honor Roll ([Give birth to the end of Hep B](#));
- Using incentives for hospitals to instate birth dose; and
- Working with perinatal coordinators at the state and local level to identify hospitals that

do not currently offer birth dose (hospitals with no standing order procedures), and attempt to intervene with education, policy assistance and honor roll.

HBU proposes to change the wording of the first opportunity from “Completing the three-dose series and receiving post-vaccination testing for infants born to HBsAg-positive women” to **5) “Completing the three-dose series and receiving post-vaccination testing for infants born to HBsAg and HBIg-positive women”** by:

- Advocating for enhanced perinatal case management to be expanded to include the top 10 cities and states with large foreign-born populations.

**6) Disseminating federally developed recommendations, guidelines, and campaign materials to professional, institutional, consumer, and community networks** by:

- Developing online CME modules for providers;
- Presenting recommendations at professional conferences (public health, nursing, medical);
- Ensuring that HBU sites bring printed posters, fact sheets and other printed campaign materials to their local partner sites to hand out to the community or publicly post; and
- Bringing campaign materials to cultural and health fairs in cities with HBU sites.

**7) Educating the public and health care providers about the preventive benefits coverage provisions of the Affordable Care Act and their implications for improved hepatitis A and B vaccine coverage:**

- HBU sites to identify state and local organizations providing ACA enrollment assistance, educate them about the importance of vaccination, and prompt them to include hepatitis vaccine coverage information in their outreach and education efforts.

**8) Collaborating with public health and community stakeholders to educate, screen, and vaccinate priority populations by:**

- Initiating the creation of a consultation group within HHS focused on perinatal HBV transmission;
- Working with the CDC to help identify the lab results of HBV-infected pregnant women and newborns by linking them with other nontraditional sources of data collection;
- Facilitating a dialogue between HRSA, OMH, and CDC about gaps in coverage for mothers and babies, working across HRSA, not just in the Maternal and Child Health Division;
- Helping HRSA promote the testing of HBV-positive pregnant women through adopting best practices/OB HBV screening algorithm in HRSA-funded health centers and other settings;
- Collaborating with the CDC's Perinatal Hepatitis B Prevention Program to increase referrals, strengthening relationships between HBU coalitions and perinatal coordinators;
- Helping to educate clinical providers who screen individuals at high risk for HBV, who have not been vaccinated at birth; and
- Working with the OWH to promote webinars on the impact of HBV on pregnant women, as well as to disseminate relevant materials.

**9) Initiating or enhancing vaccination in clinical settings serving priority populations:**

- Delayed post-vaccination testing of infants born from HBV-positive women sometimes leads to duplicative (and unnecessary) revaccination of infants. Work to lower these revaccination rates by improving education of timely testing of infants to high-risk populations.
- Helping HRSA and SAMHSA to integrate and promote HBV vaccination into primary care and behavioral health settings, respectively;
- Working with stakeholders to identify barriers to stocking vaccines, including the lack of adequate supply. Alternate sites with vaccine availability should be

identified (within a certain geographic area)—encourage collaborations between community testing programs and clinical sites to ensure patients are sent to a site that keeps a stock of vaccine.

**10) Investing in research on new or improved vaccines.**

*HBU members do not have any additional comments at this time.*

**Tip for local coalitions/partners:**

*Check in to make sure that CMS converts the National Quality Forum 0475 measure, "Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge" into an electronic quality measure.*

*Remember that all children and adolescents under age 19 who are covered by Medicaid must be able to receive HBV vaccines (as recommended by ACIP), including those vaccines under the Vaccines for Children program.*

**Priority Area 5: Reducing Viral Hepatitis Caused by Drug Use Behaviors**

**Collaboration Aims: Stop the spread of viral hepatitis associated with drug use.**

*Opportunities for Nonfederal Stakeholders (taken from pgs. 56-57 of the [Updated 2014-2016 Action Plan](#))*

**1) Learning the risks of viral hepatitis associated with injection drug use and strategies to prevent transmission**

*HBU members do not have any additional comments at this time.*

**2) Sharing accurate facts about viral hepatitis with friends, peers, and family members** by:

- Sharing information at hepatitis support group meetings.

**3) Identifying significant gaps in services, social supports and other needs of PWID at the community level** by:

- Identifying barriers to testing and/or vaccination in settings that serve drug users; and
- Working with HHS to determine ways to reach users who are not addressed by social service networks.

**4) Advising in the development of training tools and curricula for working with PWID and other drug users** by:

- Helping develop HBV educational materials specifically targeting persons who inject drugs (PWID).

**5) Addressing the needs of young people infected with and affected by HCV (since young PWID may not prioritize hepatitis C prevention, interventions will need to holistically address their other priorities, focusing on basic needs and age-appropriate health care and drug treatment, integrating HCV prevention interventions into these points of contact)**

*HBV members do not have any additional comments at this time.*

**6) Developing culturally and age-appropriate risk reduction messages for young people who are at risk of transitioning to injecting or are currently injecting** by:

- Partnering with STD, HIV, and HCV programs, as well as NIDA and SAMHSA to provide prevention messages for individuals moving from prescription to injection drugs—determining ways to provide contracts for possible social marketing campaigns.

**7) Promoting the availability of training opportunities for providers and others who work closely with those at risk for initiating injection drug use, PWID, and people in correctional facilities** by:

- Partnering with STD, HIV, and hepatitis C programs that already provide training in these settings to have HBV messages integrated into existing curricula.

**8) Helping to disseminate educational tools and public education messages and materials to relevant audiences to extend the reach of these efforts** by:

- Providing local substance use/harm reduction partners with information about HBV.

**9) Collaborating locally with partners from the addictions and recovery communities, researchers, public health authorities, syringe service programs, opioid substitution providers, and other allies to support increased viral hepatitis education and services for people who inject drugs,** by:

- Inviting these organizations to attend local coalition meetings to share information, resources and best practices to serve the community; and
- Inviting partners in these settings to participate in local HBU chapters.

**10) Educating law enforcement about the burgeoning problem of HCV among PWID through partnerships developed by key stakeholders with law enforcement entities.**

*HBV members do not have any additional comments at this time.*

**11) Promote research and science that would provide evidence to lift the federal ban on syringe exchange funding.**

*HBV members do not have any additional comments at this time.*

## **Priority Area 6: Protecting Patients and Workers from Health Care-Associated Viral Hepatitis**

**Collaboration Aims: Quality health care is safe health care.**

*Opportunities for Nonfederal Stakeholders (taken from pg. 66 of the [Updated 2014-2016 Action Plan](#)):*

**\*Ask the Joint Commission to review Priority Area 6 to ensure that the objectives align with their principles.**

### **1) Asking health care providers if a new needle, new syringe, and a new vial will be used for procedures or injections**

*HBU members do not have any additional comments at this time.*

### **2) Asking health care providers how they prevent the spread of infections in their facilities** by:

- Sharing information at hepatitis support group meetings.

### **3) Ensuring institutional infection control and prevention policies are updated, clearly communicated, and enforced**

*HBU members do not have any additional comments at this time.*

### **4) Updating and conducting provider trainings in infection control** by:

- Promoting hepatitis awareness when attending or hosting information tables at local infection control conferences/meetings; and
- Conducting assessments and evaluations with local providers and health care personnel regarding health-care associated viral hepatitis awareness, to survey what types of trainings would be most helpful and effective.

### **5) Investing in new technologies that reduce transmission of blood borne pathogens**

*HBU members do not have any additional comments at this time.*

### **6) Disseminating federally developed recommendations, guidelines, and campaign materials to professional and institutional networks:**

- Helping to disseminate information from CDC's [Healthcare Associated Infections](#) campaigns.

### **7) Vaccinating all health care workers for hepatitis B** by:

- Creating/disseminating an information sheet on HBV for healthcare workers (including information on vaccines; what to do in case needle-stick injuries occurs, etc.).

### **8) Implementing measures to prevent opioid diversion**

*HBU members do not have any additional comments at this time.*

### **9) Reporting suspected health care-associated outbreaks and collaborating with public health investigation and research efforts** by:

- Monitoring trends in HBV infections in health care associated settings and alerting HBU partners about any notable trends.

### **10) Developing new resources, tools, and technologies that reduce the likelihood of health care-associated disease transmission**

*HBU members do not have any additional comments at this time.*

### **11) Conducting research to identify transmission risks and guide the development of improved procedures, policies, and practices:**

- Health facilities within HBU coalitions should work with the CDC to determine risk behaviors and modes of transmission associated with the donation, transfusion, and transplantation processes.

## CALL TO ACTION

In May 2014, during [National Hepatitis Awareness Month](#), local coalitions from all over the country came together for the second HBU Summit. These coalitions represent community-based organizations, health care providers, local and state health departments, academic institutions, public health researchers, policymakers, federal partners, and individuals living with HBV who have joined forces to combat this silent epidemic. Find out more about the 2014 Summit, HBU, and HBU's Strategic Plan [here](#).

The priority areas identified by coalition partners in the updated HBU Strategic Plan community action were chosen to complement community coalition activities with the activities detailed in the second National Viral Hepatitis Action Plan. These include:

- Educate health care providers and communities to reduce health disparities
- Improve testing, care, and treatment to prevent liver disease and cancer
- Eliminate Perinatal Transmission
- Strengthen surveillance to detect viral hepatitis transmission and disease

HBU is committed to working on the above priorities, through this document and the HBU Strategic Plan, to address HBV in the United States.

### Tip for local coalitions/partners:

*Keep an eye out for results from the National Blood Collection & Utilization Survey (from OHAIDP) that provides data on viral hepatitis infections among blood donors.*

*Keep an eye out for the CDC's updated revised guidelines on the management of HBV exposure due to occupational hazards, and guidance on ensuring that health personnel are provided with the HBV vaccine.*

# SUMMARY OF RECOMMENDED FEDERAL-COMMUNITY COLLABORATION ACTIVITIES

The following table summarizes the recommended federal-community collaboration activities listed under the “Opportunities for Collaboration” section of this analysis. HBU members and other community-based coalitions are encouraged to refer to these recommendations when collaborating with federal agencies and within their local coalitions, to help reach the goals identified in the second iteration of the National Viral Hepatitis Action Plan.

Agency	Recommended Collaboration Activities
CDC	<p><u>Education (patient/provider)</u></p> <ul style="list-style-type: none"> <li>• Work with partners like the Hepatitis B Foundation to create a clearinghouse of provider training materials on HBV.</li> <li>• Disseminate and work with HBU to determine ways to reach at-risk communities.</li> <li>• Link (with HHS) spokespersons’ offices with HBU Speakers’ Bureau.</li> <li>• Determine how the CDC works with health plans to increase and enhance provider training and education of HBV services.</li> <li>• Discuss barriers that HBU-serving populations face to inform developing models of care.</li> <li>• Work with HBU to develop in-language materials, models on who is entitled for coverage through the Marketplaces.</li> <li>• Work with HBU to determine rates of ACA enrollment among high-risk populations.</li> <li>• Link Viral Hepatitis Prevention Coordinators with HBU to disseminate information about HBV and health disparities.</li> <li>• Work with HBU partners to provide the Viral Hepatitis Risk Assessment in more languages suited for at-risk populations.</li> <li>• Work with HBU members to disseminate and promote vaccine education during prenatal care to clinics, hospitals, and community health centers.</li> <li>• Partnering with HBU, create culturally specific materials for patients and providers to promote timely PEP for infants born to HBV-positive mothers.</li> <li>• Perinatal coordinators to work with DOHs at state and local levels to educate obstetricians, pregnant women, and household contacts on the importance of screening pregnant women.</li> <li>• Collaborate across HRSA, not just in the Maternal and Child Division, with OMH, to determine gaps in coverage for mothers and babies.</li> <li>• HBU members can help to disseminate information from the CDC’s Healthcare Associated Infections campaigns.</li> <li>• Partner with health facilities within HBU coalitions to determine risk behaviors and modes of transmission associated with the donation, transfusion, and transplantation process.</li> </ul>

Agency	Recommended Collaboration Activities
CDC cont.	<p><u>Care coordination</u></p> <ul style="list-style-type: none"> <li>• Partner HBV perinatal coordinators with CMS to increase outreach and care coordination, and in-language services for HBV-positive women and their contacts.</li> <li>• Partner HBV perinatal coordinators with HBU to develop referral letters for CHB patients to seek hospital/health center care.</li> <li>• Collaborate with HBU coalitions that have clinical decision tools in place in EMR systems.</li> <li>• Perinatal coordinators can work with HBU partners to identify hospitals that currently do not offer the birth dose, and intervene with education, policy assistance, and honor roll.</li> </ul> <p><u>Surveillance</u></p> <ul style="list-style-type: none"> <li>• Collaborate with HBU coalitions to determine ways to utilize “nontraditional sources” of data, looking at other areas where those that are HBV-infected (e.g. HBV-infected pregnant women and children) get tested.</li> <li>• Partner HBV perinatal coordinators with African-immigrant and AAPI-specific community organizations to improve population-specific surveillance efforts.</li> <li>• Collaborate with HBU to determine ways to share epidemiological data with local coalitions and community partners, including that specific to surveillance of HBV-positive pregnant women and newborns, with race/ethnicity data granularity.</li> <li>• Partner with HBU to suggest ways to better monitor target populations through surveys like the NHIS.</li> <li>• Provide opportunities for HBU members to collaborate with organizations delivering HCV programs that support state surveillance efforts.</li> </ul> <p><u>Patient Management</u></p> <ul style="list-style-type: none"> <li>• Use existing algorithms (e.g. from the Hep B Foundation) to determine reliable ways to screen high-risk populations.</li> </ul>
CMS	<p><u>Screening</u></p> <ul style="list-style-type: none"> <li>• Work with HBU and other advocates to push release of NCD for HBV, now that USPSTF HBV screening guidelines have been released.</li> <li>• For states that chose to follow USPSTF and ACIP recommendations, ensure that HBV screening is covered.</li> </ul> <p><u>Care coordination</u></p> <ul style="list-style-type: none"> <li>• Partnering with HBV perinatal coordinators (CDC) to increase outreach and care coordination, and in-language services for HBV-positive women and their contacts.</li> </ul>
FDA	<p><u>Screening</u></p> <ul style="list-style-type: none"> <li>• Approve point of care HBV testing.</li> </ul>

Agency	Recommended Collaboration Activities
<p><i>HHS</i> <i>(generally)</i></p>	<p><u>Education (patient/provider)</u></p> <ul style="list-style-type: none"> <li>• Discuss plans of educating providers and patients about opportunities provided through the ACA in viral hepatitis.</li> <li>• Partnering agencies developing provider educational materials with the Offices of Bilingual Access to ensure materials are linguistically appropriate.</li> <li>• Work with HBU to develop training module and best practices document for HBV case managers/coordinators to better navigate through the system, through regulatory changes occurring because of the ACA.</li> <li>• Link (with CDC) spokespersons' offices with HBU Speakers' Bureau.</li> <li>• Discuss with HBU better ways to implement the USPSTF guidelines on HBV screening.</li> <li>• Partner with HBU members to promote work of HBV care managers, patient navigators, and other health coaches.</li> <li>• Collaborate with HBU to develop a guidance letter about DOH case investigation to assuage patient fears.</li> <li>• Work with HBU to help agencies identify barriers in vaccination and testing for those at risk.</li> <li>• Assisting faith-based organizations with education, through newsletters, etc.</li> <li>• Work with HBU members to determine ways to better reach PWID who are not served by social service networks.</li> </ul> <p><u>Screening</u></p> <ul style="list-style-type: none"> <li>• Collaborate with outside groups (health professionals, health professional associations, schools) to disseminate information and increase screening.</li> <li>• Link maternal and child health-related HHS agencies with HBU to have a consultation to discuss the prevention of perinatal HBV transmission.</li> </ul> <p><u>Patient Management</u></p> <ul style="list-style-type: none"> <li>• Link maternal and child health-related HHS agencies with HBU members to facilitate the prevention of perinatal HBV transmission.</li> <li>• Find out more from HBU about community database models proven effective to improve linkage-to-care and patient management.</li> </ul>
<p><i>HRSA</i></p>	<p><u>Education (patient/provider)</u></p> <ul style="list-style-type: none"> <li>• Work with HBU members (e.g. AAPCHO member centers) to disseminate and promote vaccine education during prenatal care to funded clinics.</li> <li>• Collaborate across HRSA, not just in the Maternal and Child Division, with OMH and CDC, to determine gaps in coverage for mothers and babies.</li> </ul>

Agency	Recommended Collaboration Activities
<i>HRSA cont.</i>	<p><u>Screening</u></p> <ul style="list-style-type: none"> <li>• Work to promote HBV screening as a Standard of Care, taking immigrant and refugee populations at high risk into account.</li> <li>• Provide HBV screening recommendations to safety net providers through newsletters.</li> <li>• HBU members can help to promote best practices/OB HBV screening algorithm for testing HBV-positive pregnant women in HRSA-funded health centers and other settings.</li> </ul> <p><u>Surveillance</u></p> <ul style="list-style-type: none"> <li>• Collaborate with HBU to provide TA to access datasets like the UDS.</li> </ul>
<i>NIDA</i>	<p><u>Education (patient)</u></p> <ul style="list-style-type: none"> <li>• Partner with HBU members, STD, HIV, and HCV programs, and SAMHSA to provide prevention messages for individuals moving from prescription to injection drugs.</li> </ul>
<i>NIH</i>	<p><u>Patient Management</u></p> <ul style="list-style-type: none"> <li>• Determine best practices for linkage-to-care, treatment, and research for HBV patients.</li> <li>• Use existing algorithms (e.g. from the Hep B Foundation) to determine reliable ways to screen high-risk populations.</li> </ul>
<i>NVPO</i>	<p><u>Education (patient)</u></p> <ul style="list-style-type: none"> <li>• Assess current materials available on HBV and work with HBU to determine how best to make materials linguistically and culturally appropriate.</li> </ul>
<i>OHAIDP</i>	<p><u>Education (patient)</u></p> <ul style="list-style-type: none"> <li>• In collaboration with other agencies (e.g. CDC), develop best practices materials for mono-infected and HBV/HIV co-infected patients on prevention, care, and treatment of HBV.</li> <li>• HBU to work with OHAIDP-ORR to disseminate awareness messaging.</li> </ul>
<i>OMH</i>	<p><u>Education (provider)</u></p> <ul style="list-style-type: none"> <li>• Create comprehensive best practices document of viral hepatitis information with SAMHSA to include in clinical and social service provider training activities, with the help of HBU.</li> <li>• Collaborate across HRSA, not just in the Maternal and Child Division, with the CDC, to determine gaps in coverage for mothers and babies.</li> </ul>

Agency	Recommended Collaboration Activities
<i>ONC</i>	<u>Care coordination</u> <ul style="list-style-type: none"> <li>Developing and integrating EMR HBV reminders/pop-ups, other clinical decision support as part of the regular screening panel, and by integrating “country of birth” as an EMR variable.</li> </ul>
<i>OWH</i>	<u>Education (patient)</u> <ul style="list-style-type: none"> <li>Work with HBU members to promote webinars on the impact of HBV on pregnant women, and to disseminate materials.</li> </ul>
<i>SAMHSA</i>	<u>Education (provider)</u> <ul style="list-style-type: none"> <li>Create comprehensive best practices document of viral hepatitis information with OMH to include in clinical and social service provider training activities, with the help of HBU.</li> </ul> <u>Education (patient)</u> <ul style="list-style-type: none"> <li>Partner with HBU members, STD, HIV, and HCV programs, and NIDA to provide prevention messages for individuals moving from prescription to injection drugs.</li> </ul> <u>Care coordination</u> <ul style="list-style-type: none"> <li>HBU to suggest links/referrals for treatment and care of HBV-positive individuals who have behavioral health needs.</li> </ul>
<i>VA</i>	<ul style="list-style-type: none"> <li>Expand access to evaluation and treatment for HBV-positive veterans in rural areas.</li> </ul>

## CONCLUSION

HBU remains committed to working with HHS to further the goals set by the revised Action Plan. HBU members would like to also continue to collaborate with White House Initiative on Asian Americans and Pacific Islanders, the Congressional Hepatitis Caucus, the Congressional Asian Pacific American Caucus, and other partners.

The coalitions that comprise HBU encompass many different regions and populations. We will work together to incorporate the views of the populations that our coalitions serve, to ensure that the AAPI perspective is being accounted for throughout the implementation efforts of the second volume of the National Viral Hepatitis Action Plan.

Readers are encouraged to use this document as a resource to advocate to implement the recommendations offered and/or to support the continuation and enhancement of existing policies and efforts that are in alignment with the opportunities for collaboration listed above.

## Glossary

### *Federal:*

- **ACIP:** Advisory Committee on Immunization Practices
- **CDC:** Centers for Disease Control and Prevention
- **CMS:** Centers for Medicaid and Medicare Services
- **HRSA:** Health Resources and Services Administration
- **NIDA:** National Institute on Drug Abuse
- **NVPO:** National Vaccine Program Office
- **OHAIDP:** Office of HIV/AIDS and Infectious Disease Policy
- **OMH:** Office of Minority Health
- **ONC:** Office of the National Coordinator
- **ORR:** Office of Refugee Resettlement
- **OWH:** Office on Women's Health
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **USPSTF:** United States Preventive Services Task Force

### *Community:*

- **AAHC:** Asian American Health Coalition (HOPE Clinic), Houston, TX
- **AAHI:** Asian American Health Initiative, Montgomery County, MD
- **ACHC:** Asian Community Health Coalition, Philadelphia, PA
- **AHC:** Asian Health Coalition, Chicago, IL
- **APCA:** Asian Pacific Community in Action, Phoenix, AZ
- **APHF:** Asian Pacific Health Foundation, San Diego, CA
- **ASIA:** Asian Services in Action, Inc., Cleveland, OH
- **CBWCHC:** Charles B. Wang Community Health Center, New York, NY
- **CAMS:** Chinese American Medical Society-Greater Boston Chapter, Boston, MA
- **DFW-Hep B Free:** Dallas Fort Worth Hepatitis B Free Project, Dallas, TX
- **HBU-Philly:** Hep B United Philly, Philadelphia, PA
- **Hep Free Hawaii,** Honolulu, HI
- **Hep B Free Las Vegas,** Las Vegas, NV
- **Hepatitis B Coalition of WA,** Seattle WA
- **Hepatitis B Coalition of Washington,** Seattle, WA
- **HBI-DC:** Hepatitis B Initiative of Washington, DC, Washington, DC
- **MAHA:** Midwest Asian Health Association, Chicago, IL
- **NEMS:** North East Medical Services, San Francisco, CA
- **NYC Hepatitis B Coalition,** New York, NY
- **New Jersey Hepatitis B Coalition,** Trenton, NJ
- **NYU CSAAH:** New York University's Center for the Study of Asian American Health, New York, NY
- **OAAHC:** Ohio Asian American Health Coalition, Columbus, OH
- **Project Prevention,** Merced, CA