HHS 2015 Forum on Hepatitis C in African American Communities

March 11-12, 2015

Forum Summary Report

Combating the Silent Epidemic of Viral Hepatitis

Action Plan for the Prevention, Care & Treatment of Viral Hepatitis

This report was prepared under the direction of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health, Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) by The MayaTech Corporation, contract #HHSP233201400468G. Information and recommendations contained in the report were gleaned from discussions with and recommendations made by the participants in the "Forum on Hepatitis C in African American Communities", which was held March 11–12, 2015. Ms. Corinna Dan, RN, MPH, Viral Hepatitis Policy Advisor in OHAIDP, coordinated development of this report with support from Michelle Moses-Eisenstein, MPH. Working under The MayaTech Corporation's contract with OHAIDP, MayaTech staff members Jhilya Mayas, PhD; Suzanne Randolph, PhD; and Kelly Wagner assisted OHAIDP in developing and formatting this meeting report.

May 2015

Table of Contents

Executive Summary 1

Background 2

Themes and Strategic Considerations 4

Highlight health disparities and the availability of cure in hepatitis C educational efforts. 4

Offer hepatitis C testing to African Americans 4

Leverage opportunities provided by the Affordable Care Act (ACA) to prevent, diagnose, and treat hepatitis C. 4

Use personal stories to strengthen community engagement. 5

Actively utilize social media to engage communities and providers. 6

Disseminate hepatitis C educational messages through existing interpersonal and professional networks. 6

Promote and replicate successful community-based hepatitis C activities. 7

Expand focused research and surveillance efforts on hepatitis C in African Americans 7

Invest in infrastructure to increase hepatitis C screening and linkage to care. 9

Create new opportunities for reaching African Americans through partnerships among non-traditional stakeholders. 9

Engage familial support to improve outcomes for individuals with hepatitis C 11

Disseminate existing resources widely to reach target audiences 12

Looking Ahead 13

Appendices 14

Executive Summary

In response to the epidemic of chronic hepatitis C that disproportionately impacts African Americans, the U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and the Office of Minority Health convened a two-day meeting of African-American community leaders to discuss the effects of hepatitis C on African-American communities and to identify specific opportunities to increase engagement and awareness of hepatitis C prevention, diagnosis, and treatment. Recent approval of curative treatments for hepatitis C that are more effective among African Americans than those previously available provided further impetus to convene the forum. African Americans are among the populations prioritized by the *Action Plan for the Prevention, Care and Treatment of Viral Hepatitis* (Action Plan), which outlines steps to educate communities about the benefits of viral hepatitis prevention, care, and treatment, and actions to enhance healthcare provider knowledge about populations most disproportionately affected. The Action Plan is a national plan that requires the participation and engagement of many partners in order to achieve its goals, especially those related to addressing health disparities like improving outcomes for African Americans living with hepatitis C. The meeting was held March 11–12, 2015 in Washington, DC. Fifty individuals participated, including: State health department staff; healthcare providers; and representatives from HHS agencies, community-based organizations (CBOs), faith-based organizations, professional and advocacy groups, and the pharmaceutical industry.

Presentations made by clinicians and researchers, community health providers, and public health experts detailed the impact of hepatitis C on African-Americans as a group, and shared examples of successful efforts to address the epidemic. Congressman Hank Johnson (GA, 4th Congressional District) shared his personal experience with battling hepatitis C infection, providing detailed insight into the challenges along the patient journey to achieving a cure and urging participants to help raise awareness. Additionally, the HHS Acting Assistant Secretary for Health, Dr. Karen DeSalvo, spoke to the forum participants, emphasizing the Department's commitment to addressing viral hepatitis and encouraging continued efforts by Federal and community leaders. Participants then engaged in several small-group discussions to identify effective approaches to: educate providers and communities on hepatitis C; reduce health disparities in African American communities; and develop and engage strategies to improve hepatitis C testing, care, and treatment. A summary of themes and strategic considerations that emerged from the two-day forum is provided here.

Background

An estimated 3.2 million persons are living with chronic hepatitis C in the United States, and most are unaware of their infection.[1] More than 75 percent of adults with hepatitis C are baby boomers (born 1945–1965), and African Americans overall are twice as likely to be infected with hepatitis C when compared with Non-Hispanic Whites.[2] Furthermore, chronic liver disease, often hepatitis C-related, is a leading cause of death among African Americans ages 45-64.[3] Despite the U.S. Centers for Disease Control and Prevention (CDC) recommendations that all baby boomers receive a one-time screen for hepatitis C, chronic hepatitis C infection is still largely undiagnosed and is associated with significant morbidity and mortality. The disproportionately high burden of hepatitis C experienced by the African American community warrants specific needs assessments and development of strategies in order to increase awareness, promote testing, link individuals to care, and support treatment and cure.

Chronic Hepatitis C Disproportionately Impacts African Americans

- Hepatitis C prevalence is twice as high among African-American (3 percent) compared to Whites
- African Americans are at twice the risk of hepatitis C-related death
- 1 in 7 African American men born between 1950–1955 have hepatitis C
- 1 in 13 African American baby boomers have hepatitis C
- Approximately 25 percent of all people living with HIV are also infected with hepatitis C

Birth Cohort Screening has Numerous Benefits

Comprehensive birth cohort (1945-1965) testing for hepatitis C may lead to:

- 70 percent reduction in liver cancer
- 90 percent reduction in risk of liver related mortality
- 50 percent reduction in all-cause mortality

The following section summarizes the major themes identified during the consultation.

[1] US Centers for Disease Control and Prevention. *Hepatitis C Information for Health Professionals.* Available at: http://www.cdc.gov/hepatitis/HCV/.

[2] Armstrong GL, et al. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. *Ann Intern Med.* 2006;144(10):705-714.

[3] Ly KN, et al. Causes of Death and Characteristics of Decedents With Viral Hepatitis, United States, 2010. *Clin Infect Dis.* 2014;58(1):40-49.

Don't say
"I'm all good"
just because you don't have symptoms.
HEPATITIS C
CAN LEAD TO LIVER CANCER
Most people with Hepatitis C do not feel sick. Yet liver damage may be silently taking place. Even if you think you're fine, talk to your doctor about getting tested.
CDC
U.S. Department of Health and Human Services
www.cdc.gov/knowmorehepatitis
KNOW MORE HEPATITIS

U.S. Viral Hepatitis Action Plan

Themes and Strategic Considerations

Highlight health disparities and the availability of cure in hepatitis C educational efforts.

The disproportionate burden of chronic hepatitis C among African Americans is but one of many health disparities experienced by this population. Increasing the number of African Americans who are aware of their chronic hepatitis C infection requires relevant, timely, and impactful educational efforts to encourage the general public to get screened for hepatitis C and motivate providers to recommend screening. A key aspect of any hepatitis C educational effort is communicating that, unlike most other chronic infectious diseases, hepatitis C infection can be cured in most people. For more than a decade, interferon-based treatments with modest cure rates (38 to 55 percent) have been available; however, their efficacy in African Americans have been much lower (8 to 28 percent).[4] But in 2014, the Food and Drug Administration approved new direct acting agents with cure rates over 90 percent for **all** racial/ethnic groups. This represents a scientific breakthrough that offers the opportunity to cure all individuals who are treated. Provider participants emphasized that focusing on an attainable cure is a powerful motivator for individuals to seek screening and for providers (who may not be aware that curative treatments are available) to offer testing.

Offer hepatitis C testing to African Americans

Several community participants shared that the African-American populations they serve are interested and eager to undergo hepatitis C screening, despite the stigma that is sometimes presumed to be a barrier. Offering testing provides opportunities to further educate African Americans that **individuals can be cured of hepatitis C infection**. Knowledge of the existence of a cure may mitigate hepatitis C-related stigma and barriers to testing.

> ***Hepatitis C Is Curable***
>
> Currently available hepatitis C treatment options can reduce treatment time to 8–12 weeks, are injection-free, have minimal side effects, and **cure over 90 percent of patients**. Curing hepatitis C prevents the risk of subsequent transmission.

Leverage opportunities provided by the Affordable Care Act (ACA) to prevent, diagnose, and treat hepatitis C.

The ACA provides several avenues to reduce barriers to diagnosis, care, and treatment of viral hepatitis. Chiefly, it prohibits the denial or termination of health coverage for individuals with pre-existing conditions. The ACA also extends dependent coverage through 26 years of age, gives States the option to expand Medicaid eligibility, and requires coverage for preventive services, including hepatitis C screening.[5] A 2011 analysis of the National Health and Nutrition Examination Survey (NHANES) data revealed

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[4]Forde KA, et al. Hepatitis B and C in African Americans: Current Status and Continued Challenges. *Clin Gastroenterol Hepatol.* 2014;12(5):738-748.

[5]Patient Protection and Affordable Care Act. 2010. Available at: http://www.hhs.gov/healthcare/rights/law/patient-protection.pdf.

that individuals infected with hepatitis C are less likely to be covered by private insurance compared with the overall population, and only half had any health insurance coverage. [6] ACA-associated expansion of Medicaid eligibility requirements will increase access to care among many populations at risk for viral hepatitis. Furthermore, the ACA-mandated increase in funding for the Health Resources and Services Administration's (HRSA) Community Health Center program supports expansion of comprehensive primary care for medically underserved and vulnerable populations. This population represents a significant proportion of chronic viral hepatitis cases. Both the CDC and the U.S. Preventive Task Force (USPSTF) recommend one-time hepatitis C screening of all baby boomers (regardless of risk factors).[7,8] Under the ACA, most health plans must cover a set of preventive services recommended by USPSTF—like immunizations and screening tests—without copay or co-insurance. As such, one-time HCV screening for baby boomers and persons at high risk of infection are now covered at **no cost** to the individual. This expands opportunities to increase diagnosis rates and entry into care. It is important for providers and communities to understand the opportunities arising from ACA implementation, maximize potential benefits, and identify newly available paths to care.

Use personal stories to strengthen community engagement.

Forum participants underscored the power of sharing personal stories of successful treatment outcomes to increase awareness of and interest in addressing hepatitis C. Narrative-based approaches to health communication can be compelling tools for increasing education and effecting health-related behavioral change.[9] Participants, particularly representatives from CBOs, underscored the importance of "putting a face" to hepatitis C infection to engage more individuals in outreach and awareness activities. This group strongly recommended honestly communicating personal experiences—storytelling—about an individual's challenges with and triumph over hepatitis C infection, as an effective method for reaching African Americans ultimately motivating them to act. Given the largely asymptomatic nature of chronic hepatitis C and the stigma that can be associated with transmission routes, specific and personalized stories can provide culturally relevant and acceptable motivational messages that may be difficult to convey via more traditional educational materials. Awareness campaigns similar to the American Liver Foundation's *"Tune in to Hep C"*,[10] featuring African American musician Natalie Cole relating her experience with hepatitis C, are powerful and relatable approaches to engage the community, dispel myths, and encourage individuals to seek hepatitis C testing and care.

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[6]Stepanova M1, et al. Insurance status and treatment candidacy of hepatitis C patients: analysis of population-based data from the United States. *Hepatology*. 2011;53(3):737-745.
[7]Smith BD, et al. Recommendations for the identification of chronic hepatitis C virus infection among persons born during 1945-1965. *MMWR*. 2012;61(RR-4):1-32.
[8]Moyer VA. Screening for Hepatitis C Virus Infection in Adults: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med*. 2013;159(5):349-357.

[9]Hinyard LJ & Kreuter MW. Using narrative communication as a tool for health behavior change: a conceptual, theoretical, and empirical overview. *Health Educ Behav*. 2007;34(5):777-792.

[10]American Liver Foundation Tune In to Hep C campaign (archived videos). Available at: https://www.youtube.com/user/tuneintohepc.

Actively utilize social media to engage communities and providers.

Social media is a powerful communications and engagement tool with the potential to reach diverse audiences in new contexts. What's more, its uptake and impact can be rapidly assessed.[11] An estimated 61 percent of African Americans use the Internet at home, and 59 percent use smart phones or handheld computers.[12] Both Federal and community participants emphasized the need to expand the use of digital and online approaches to community engagement. Social media efforts promoting hepatitis C education within African-American communities can be implemented rapidly. Most forum participants reported current use of social media in some capacity to engage their audiences. Additionally, the use of Twitter, Facebook, Instagram, SMS messaging, and other platforms can leverage existing efforts and amplify the reach of ongoing campaigns. This approach further optimizes limited resources by more widely sharing existing messages and materials without expending time and funds to develop new materials.

Disseminate hepatitis C educational messages through existing interpersonal and professional networks.

Hepatitis C education and awareness efforts can be amplified and maintained using a network of partners and constituents who are poised to receive, adopt, and disseminate information and resources. In light of the limited resources for viral hepatitis activities, leveraging existing networks was considered key to reaching the African-American community with hepatitis C-related messages and outreach efforts. Given that challenges in provider awareness of hepatitis C remain, and a multitude of factors exist that may delay or prevent engagement with the healthcare system (e.g., asymptomatic nature of hepatitis C), participants underscored the need to look beyond traditional provider-based approaches to reach those at risk. Community networks also present opportunities to reach social service providers and other community workers who can in turn, expand and amplify messages among the communities they serve.

While forum participants represented a variety of professions and roles, they were selected due to their knowledge of and commitment to the African-American community. Efficient distribution mechanisms are essential to successful information sharing among community networks. Web-based approaches to sharing and disseminating information (e.g. webinars) were deemed highly valuable by participants. Webinars can reach large and geographically-dispersed audiences and allow materials to be archived for on-demand use. Participants suggested creation of an ongoing webinar series appropriate for national, State, and local stakeholders (e.g., providers, community-based organizations). The series would cover key issues related to hepatitis C infection among African Americans.

Nearly all community participants described active engagement within their peer networks. Many shared examples of hepatitis c awareness promotion and best practices, including:

- *Partnerships with community groups to develop tablet-based hepatitis C risk*

[11]Heldman AB, et al. Social media engagement and public health communication: implications for public health organizations being truly "social". *Public Health Reviews.* 2013;35(1):1-18.

[12]File T and Ryan C. *Computer and Internet Use in the United States: 2013.* American Community Survey Reports, ACS-28, U.S. Census Bureau, Washington, DC, 2014.

assessment tools to supplement existing community-based HIV screening efforts;

- *Use of telemedicine to facilitate hepatitis C treatment within the primary care setting;*
- *Cross- trainings that promote inclusion of hepatitis C testing and care into existing HIV-based models; and*
- *Implementation of a Project ECHO-type model to increase healthcare workers' capacity in managing hepatitis.*

Promote and replicate successful community-based hepatitis C activities.

Identification, promotion, and replication of successful programs to address HCV in the African American community was identified as an important strategy to share best practices and expand innovative efforts. In addition, concerted community advocacy from Federal, State, and local partners are needed to inform and drive changes in policies and procedures and refocus and increase resources. Participants provided examples of successful community-based efforts, including:

- *Hepatitis C clinics created within existing Federally qualified health centers ;*
- *Hepatitis C testing day events at shopping outlets;*
- *On-demand hepatitis C testing of individuals engaged with municipal and criminal courts systems and those transitioning out of incarceration;*
- *Partnerships with local medical student groups to conduct hepatitis C outreach among homeless populations; and*
- *Needle exchange programs supplemented with hepatitis C-related education*

> *"What we don't have is a hepatitis C infrastructure…That is a huge challenge. It is an issue of resources, but we also must determine how to get biotech, Federal Government, local government, and community partners together to develop strategic plans to operationalize our response to hepatitis C."*
> *—Forum participant*

A unique suggestion from forum participants was to conduct a coordinated campaign to test, treat, and cure an entire town of hepatitis C infection. Developing a partnership with a town or city to implement such a campaign could demonstrate the feasibility of addressing the hepatitis C epidemic at the community level and be a model and catalyst for other municipalities. If undertaken, this level of community engagement could be a powerful demonstration of the strength of local partnerships and the ability to dramatically affect the health of an entire community.

Expand focused research and surveillance efforts on hepatitis C in African Americans.

Forum participants highlighted an urgent need for additional hepatitis C research and data specific to African-American populations to support development of intervention activities for this group. Participants noted the need for accurate and timely surveillance data on hepatitis C prevalence to inform targeted outreach efforts. In addition, participants noted that the level of Federal funding for viral hepatitis has not allowed for the dedicated and comprehensive research afforded some other chronic conditions. As a

result, many hepatitis C activities have been informed by or adapted from related models (e.g., HIV/AIDS). Attendees strongly urged support for hepatitis-specific research needed to develop accurate prevalence and needs assessments and strategies to serve this population. Several community groups shared ongoing research efforts to capture accurate hepatitis C prevalence data, with one participant describing a research partnership with a local university to conduct surveillance for hepatitis C in high-HIV-risk areas.[13]

Invest in infrastructure to increase hepatitis C screening and linkage to care.

Several participants detailed efforts to expand hepatitis C screening by adding prompts to electronic health records (EHR). Motivating providers to implement hepatitis C screening guidelines in their practices is associated with challenges ranging from time constraints and low awareness of hepatitis C among patients and providers, to lack of familiarity with the testing sequence recommended to diagnose hepatitis C. Low levels of provider adoption of screening guidelines linger—despite CDC and USPSTF recommendations for one-time screening of baby boomers regardless of risk—because of their discomfort with potential negative patient reactions. Providers are concerned that patients may incorrectly perceive cultural bias or believe they are being accused of stigmatized behaviors (sexual acts or injection drug use). Additionally, many provider participants reported challenges in getting patients who screen antibody positive to return for the necessary confirmatory test. A recent CDC study confirms that only an estimated 50 percent of individuals who test positive for the hepatitis C antibody go on to receive confirmatory RNA testing.[14] To improve in-office hepatitis C screening, several participants encouraged including automatic prompts in EHR systems. By integrating hepatitis C screening into the EHR system, these prompts could also improve confirmatory testing rates and accurate diagnoses, which could enhance patient follow up and linkage to treatment.

Create new opportunities for reaching African Americans through partnerships among non-traditional stakeholders.

Federal efforts alone will be insufficient to address the epidemic of hepatitis C infection in the United States. The President's proposed 2016 budget for HHS includes a doubling of funding from $31 million to $63 million to support the Division of Viral Hepatitis of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.[15] However, even if the entire $63 million are approved, these funds would be inadequate to address all existing hepatitis needs. The fight against hepatitis C will require the formation and leveraging of strategic partnerships among those invested in addressing the issue, including partners not traditionally engaged in hepatitis C awareness activities. Some examples are listed below:

- **Faith-based organizations**: According to data from the Pew Research Center, 79 percent of African Americans consider religion

[13]Kuo I, et al. High HCV Prevalence Among Baby Boomers in Surveillance-Identified High HIV Risk Areas. 2015 Conference on Retroviruses and Opportunistic Infections, February 23-26, 2015, Seattle, Washington. Abstract #665.

[14]US Centers for Disease Control and Prevention. Vital signs: evaluation of hepatitis C virus infection testing and reporting—eight U.S. sites, 2005–2011. *MMWR*. 2013;62(18):357–361.

[15]Health and Human Services FY2016 Budget in Brief. Available at: http://www.hhs.gov/budget/fy2016-hhs-budget-in-brief/hhs-fy2016budget-in-brief-overview.html.

to be very important in their lives, with more than half attending religious services at least once a week.[16] Community health events (e.g., health screenings, educational sessions) are regularly hosted at places of worship and the dynamic relationships that exist within religious communities hold a tremendous opportunity for delivery and broad dissemination of hepatitis C awareness and educational activities.

> *"We know that the information given [within] a faith-based setting…is held as scared information. If we can merge and partner the faith-based community with the clinical side of things, we can get people linked to care and get more people cured of hepatitis C." – Forum participant.*

A community participant described a successful faith-based initiative to increase awareness of hepatitis C among African Americans built on town-hall meetings of CBOs, local health departments, and religious congregations. Additionally, the CBO supported dissemination of training curricula for use in faith-based settings. These materials have reached leaders of more than 80 congregations across the US.

- **Print, radio, and web media outlets**: Presenters from African-American media outlets underscored the importance of developing partnerships between community organizations and media as early as possible in the hepatitis C awareness initiative planning process. Media outlets have extensive relationships and strategies developed to engage target communities. Thus, where possible, efforts should involve media experts to ensure the appropriate format, tone, and messages are being deployed to the community.
- **Local businesses**: Local businesses that serve the African-American community are uniquely poised to facilitate awareness efforts, as noted by several participants. State viral hepatitis coordinators and participants from local health department have had success with engaging businesses and service providers (e.g., barbershops, nail salons) to disseminate awareness and prevention messages to their clients. In some instances, these contacts have led to referrals or visits to healthcare providers.
- **Greek organizations:** African-American Pan-Hellenic organizations have a long history of education, service, and advocacy for their members and community. With members ranging from young adults to seniors, African-American fraternities and sororities have made significant investments in promoting health education and messaging.
- **Pharmaceutical companies:** In addition to financial support, pharmaceutical and medical testing companies have access to resources (e.g., testing kits, educational materials, existing partnerships) that

[16] Pew Research Center. 2009. *A Religious Portrait of African Americans.* Available at: http://www.pewforum.org/2009/01/30/a-religious-portrait-of-african-americans/.

can enhance community efforts. It was suggested that collaborations between community groups and industry should begin early in the hepatitis C initiative planning process in order to maximize efforts and increase the likelihood of alignment on key objectives.

Engage familial support to improve outcomes for individuals with hepatitis C.

There was agreement among forum participants that engaging family members of persons at risk or diagnosed with hepatitis C is key to encouraging hepatitis C screening and continuation of care. With African-American baby boomers (primarily males) comprising a significant proportion of those infected with hepatitis C, opportunities to engage familial support could include children, grandchildren, spouses, and extended family. Participants drew parallels from engagement efforts for hepatitis B, in which education was targeted to young adult Asian Americans to encourage screening and care for their parents' generation, who comprise a large number of those infected with hepatitis B in the US. As with any chronic condition, familial support and engagement is beneficial to overall outcomes; leveraging family members to promote awareness and testing may also have benefits for individuals who are diagnosed and ultimately linked to care. Building awareness among family members of those who are at risk for hepatitis C may improve outcomes among African Americans by:

- **Motivating screening:** Birth cohort screening recommendations allow for identification of persons in need of screening without the need to assess behavioral risk. Arming family members with the rationale behind birth cohort screening and the benefits of diagnosis and linkage to care can complement provider and community strategies for identification and screening.
- **Promoting retention in care:** The management of chronic hepatitis C infection requires a commitment to both regular interactions with the health care system and medication compliance. Providing family members with information on the long-term benefits of curing hepatitis C may be a uniquely powerful approach to retaining persons in care. For some, there may be stigma associated with hepatitis C infection (e.g., perceptions related to intravenous drug use as the route of infection). This may prevent individuals from discussing their infection with family and friends and may even be a barrier to obtaining care. A well-informed support network of family and friends may help reduce feelings of isolation and encourage individuals to initiate and persist in engagement with the healthcare system.
- **Supporting healthy behaviors:** Persons infected with hepatitis C can benefit from adopting or modifying behaviors in support of overall health. Reductions in weight and alcohol intake, improved diet and exercise, avoidance of certain drugs (e.g., excessive acetaminophen, certain herbal supplements), and other actions may be beneficial to liver health[17] and may be more

[17]American Association for the Study of Liver Diseases; Infectious Disease Society of America. Recommendations

successfully undertaken if family members participate in the process. This support may be particularly beneficial for persons with comorbid conditions such as HIV infection and diabetes.

Disseminate existing resources widely to reach target audiences.

Forum participants strongly emphasized the need to identify, promote, and distribute existing resources for broader use within the community. Web-based presentations and trainings were deemed useful and cost-effective approaches for reaching providers and the general public with targeted information. Digital resources are highly valued due to the ease of dissemination, updating, and archiving. Several web-based educational resources identified as having a high degree of utility for participants included:

Educational campaigns and general resources

- CDC's Know More Hepatitis Campaign (includes digital tools, posters, and trainings)
- The 2014 update to the cross-agency Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis Action Plan
- Stakeholders Workbook for Engaging in the Updated Viral Hepatitis Action Plan (includes questions to help groups plan their hepatitis activities)

Patient materials

- CDC's Hepatitis C Information for the Public – Patient Education Resources
- US Department of Veterans Affairs Hepatitis C Basics

Provider materials

- CDC Hepatitis C Online (University of Washington Online Course)
- CDC's Hepatitis C Information for Health Professionals
- The American Association for the Study of Liver Diseases and the Infectious Disease Society for America Expert Guidelines for HCV Testing, Management, and Treatment (including those for HIV/HCV-coinfected persons)
- U.S. Department of Veterans Affairs Hepatitis C: For Health Care Providers
- Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force recommendations

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for Testing, Managing, and Treating Hepatitis C. Accessed April 10, 2015 from http://hcvguidelines.org/.

Looking Ahead

This forum reflects the beginning of an ongoing partnership among Federal and non-Federal stakeholders to respond to the epidemic of hepatitis C among African Americans. Participants identified several specific short-and longer-term action items their organizations will take in pursuit of this goal, including:

- Inserting hepatitis C-related widgets, buttons, or badges to relevant pages of organizations' web sites
- Adding hepatitis C information to organizations' websites (particularly around health disparities, need for screening, and curability of hepatitis C)
- Including links to currently available resources (e.g., CDC's hepatitis awareness materials) on organizational web sites
- Engaging with viral hepatitis-related social media, including (but not limited to):
    - Facebook: https://www.facebook.com/AAHepCActionDay
    - Twitter accounts: @cdchep (CDC Hepatitis); @AIDSgov (OHAIDP AIDS.gov)
    - Twitter hashtags: #AAHepCActionDay or #NAAHCAD, #HepC, #KnowHepC, #GetTested, #Hepatitis, #HepAware, and #ViralHepAction
- Re-posting of viral hepatitis blogs published by OHAIDP on the AIDS.gov blog
- Assessing existing organizational strategies and programming to identify opportunities to incorporate hepatitis C awareness into at least one existing program area
- Including hepatitis C content in health-related community education and testing events
- Utilizing the Stakeholder's Workbook: *Exploring Vital Roles and Opportunities to Break the Silence* to develop an internal organizational action plan to address hepatitis C
- Using and/or distributing CDC's viral hepatitis education materials (e.g., online hepatitis risk assessment, Know More Hepatitis campaign materials)

The Action Plan provides a framework for addressing hepatitis C health disparities in the United States around which all stakeholders can engage. The ideas and principles identified by forum participants can inform Federal and non-Federal partners how to best expand their fight against hepatitis C, engage new allies, build upon the momentum gained through forum discussions, and help translate these collective efforts into successfully reducing hepatitis C in African American communities.

"It's a tremendously historic time in this country for us to be able to make change and advancements because of the opportunity we have around hepatitis C treatments and cure; because of the opportunity that we have with the Affordable Care Act for expanded coverage and because of the opportunity for people to have access to treatments. And we cannot do this alone."

– Dr. Karen DeSalvo, U.S. Department of Health and Human Services

Appendices

Appendix A: Agenda

FORUM ON HEPATITIS C IN AFRICAN AMERICAN COMMUNITIES AGENDA

Wednesday, March 11, 2015, 9:00 AM – 5:00 PM EDT
Thursday, March 12, 2015, 9:00 AM – 3:00 PM EDT

Hubert H. Humphrey Building (Department of Health and Human Services)
200 Independence Avenue S.W., Washington, D.C., 20201
5th Floor Conference Room 505A

Wednesday, March 11	
9:00 AM	**Welcome, Introductions, and Charge to Group** *Ronald Valdiserri, Office of HIV/AIDS & Infectious Disease Policy*
9:20 AM	**Presentation: Viral Hepatitis Action Plan Overview** Presenter: *Ronald Valdiserri*
9:35 AM	**Presentation: Hepatitis C and the African American Community** Presenter: *John Ward, Division of Viral Hepatitis, CDC*
10:15 AM	**Presentation: HCV Testing & Treatment in African Americans** Presenter: *Dawn Fishbein, MedStar Washington Medical Center*
10:45 AM	***Break***
11:00 AM	**Moderated Panel on HCV Continuum of Care & Discussion** Moderator: *Corinna Dan, Office of HIV/AIDS & Infectious Disease Policy* Panelists: *Lawrence Brown (START Treatment and Recovery Centers), Cary Goodman (Balm in Gilead), Dielda Robertson (Louisiana Department of Health), & A. Toni Young (Community Education Group)*
12:15 PM	***Lunch on your own***
1:15 PM	**Instructions for Breakout Sessions** *Michelle Moses-Eisenstein, Office of HIV/AIDS & Infectious Disease Policy*
1:25 PM	**Educating Providers and Communities to Reduce Health Disparities in HCV-Breakout Session 1** Facilitators: *Sonsiere Cobb-Souza (Communities); Rupali Doshi (Providers)*
2:45 PM	**Remarks from the Acting Assistant Secretary for Health** *Karen DeSalvo*
3:00 PM	***Break***
3:15 PM	**Breakout 1 Group Reports & Discussion** Moderator: *Corinna Dan*
4:00 PM	**Panel: Engaging the Media in Hepatitis Awareness Activities**
4:45 PM	**Keynote Address: Congressman Hank Johnson (GA, 4th Congressional District)**

Thursday, March 12	
9:00 – 9:05am	**Overview of Day 2** *Ronald Valdiserri*
9:05 – 9:35am	**Presentation: Perspectives on Accessing HCV Testing & Treatment** Presenter: *Mariah Johnson, National Alliance of State & Territorial AIDS Directors*
9:35 – 11:00am	**Improving Testing, Care, and Treatment to Prevent Liver Disease and Cancer - Breakout Session 2** Facilitators: *June Mayfield and D'Angela Green (Communities); Corinna Dan* (Providers)
11:00am – 11:15am	***Break***
11:15am – 12:00pm	**Breakout 2 Group Reports & Discussion** Moderator: *Sonsiere Cobb-Souza*
12:00 pm– 1:00pm	***Lunch on your own***
1:00pm – 1:45pm	**Health Professional and Community Resources Panel** Moderator: *Ledia Martinez* Panelists: *D'Angela Green (CDC), Pavni Guharoy (AIDS.gov), Kimberly Konkel (HHS Faith Based and Community Initiatives), & Lorenzo McFarland (Veterans Administration)*
1:45pm – 2:45pm	**The Charge: Priority Actions- Increasing Hepatitis Awareness in May and African American HepC Action Day (July 25)** Moderators: *Sonsiere Cobb-Souza and Corinna Dan*
2:45pm – 3:00pm	**Meeting Wrap-Up & Next Steps:** *Corinna Dan and Sonsiere Cobb-Souza* **Closing Remarks:** *Ronald Valdiserri*
3:00pm	***Departures***

Appendix B: Participant List

FORUM ON HEPATITIS C IN AFRICAN AMERICAN COMMUNITIES PARTICIPANT LIST

Mark Alexander, PhD
Sr. Vice President of Operations
100 Black Men of America, Inc.

Yashima AziLove, DDiv, CPC, CMP
Vice President of Corporate Communications
Radio One, Inc.

Virginia Banks, MD, MBA
Chair, HIV/Hepatitis C Committee
The Links, Inc.

Kenneth Barnes
Executive Director
Omega Psi Phi Fraternity, Inc.

Christopher Bates, MPA
Director, Men's Health, Wellness, and Prevent Program
Florida Department of Health

Tina Broder
Senior Program Manager
National Viral Hepatitis Roundtable

Lawrence Brown, MD, MPH, FASAM
Chief Executive Officer
START Treatment and Recovery Centers

Virginia Caine, MD
Director, Marion County Public Health Department
Former President, APHA
APHA/Black Caucus of Health Workers

Ivonne Fuller Cameron
CEO
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