



# NACCHO's Educational Series on HCV & Local Health Departments

## Module 2 Discussion Guide

This guide poses questions and topics for consideration as you work your way through the webcasts in Module 2 and as you continue discussions about addressing hepatitis C in your jurisdiction with your colleagues and partners.

### Webcast 2.1: Planning for Action at the Local Level

- Think about hepatitis C in your jurisdiction. What services does your health department provide? Where are these services located (e.g. standalone viral hepatitis program, integrated within the HIV programs)? What service gaps exist in your program?
- In this webcast, Ms. Stinson describes the changing demographics of hepatitis C related to the opioid use epidemic. Are you seeing similar changes in your jurisdiction? Have you seen increases in acute infections? Have you seen increases in overdose deaths? What groups have been most impacted?
- Addressing hepatitis C requires engaging a number of key internal and external stakeholders. Who are the key stakeholders within your health department? Who are the key stakeholders within your community? Do you have relationships with these groups already? What stakeholders do you need to engage who you haven't already?
- In this webcast, Ms. Stinson talks about the Adult Viral Hepatitis Prevention Coordinator being an important partner. Does your health department work with the Viral Hepatitis Coordinator in your state? If not, how can you connect and collaborate with this individual to build and support efforts at the local level?

### Webcast 2.2: Creating a Local HCV Epidemiologic Profile

- Surveillance is the first place to look for data while establishing a local epidemiologic profile. Does your health department have surveillance data for chronic hepatitis C? Does your health department have surveillance data for acute hepatitis C?
- Think about the surveillance infrastructure within your jurisdiction. Does your health department receive electronic lab reporting? Do you have data sharing agreements with health system partners, such as local providers, hospitals, laboratories, or federally qualified health centers (FQHCs)? If not, who would be important partners to establish data sharing agreements with?
- Ms. Stinson describes the importance of qualitative data in understanding the local context. Do you conduct key informant interviews in your jurisdiction? If not, what groups would be important to connect with to learn more about hepatitis C in your community?



- In this webcast, Ms. Stinson discusses the creation of a local cascade and how it can be used to illustrate where gaps arise along the hepatitis C care continuum. Have you developed a local cascade? If so, where are the biggest gaps in your jurisdiction? If not, do you have access to the data sources needed to establish one?

### **Webcast 2.3: HCV Testing Challenges and Systems-based Solutions**

- In this webcast, Ms. Stinson explained the CDC testing sequence and the importance of an RNA confirmatory test. Does your health department provide hepatitis C antibody testing? If so, do you also offer confirmatory testing? If not, what barriers exist within your community to accessing confirmatory testing?
- In this webcast, Ms. Stinson states that 77% of hepatitis C infections are identified through risk based and baby boomer testing. Have providers in your jurisdiction, including the health department, implemented these screening recommendations? If not, consider how your health department can support increased implementation of these guidelines.
- Think about the challenges to birth cohort and risk-based testing in your jurisdiction. What do you think are the greatest challenges? How can your health department support the healthcare system in overcoming these barriers?
- Ms. Stinson described the importance of identifying a champion within the local health system. Is there a champion within your health department or community that is already engaged in addressing hepatitis C? If not, is there someone who should be a stakeholder in increasing hepatitis C testing and linkage to treatment within your community?

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

- In this webcast, Ms. Stinson describes the health disparities that exist related to risk of hepatitis C infection and the health outcomes related to hepatitis C. Has your health department looked at health disparities related to viral hepatitis within your community? If so, which groups are most impacted? Have you seen any changes in these trends?
- Syringe Services Programs (SSPs) were identified as an important avenue for hepatitis C prevention, screening, and linkage to care. Do you have an SSP in your jurisdiction? If so, what wrap-around services are provided? Are there any services that should be provided that are not? If so, consider how your local health department can support your local SSP.
- Think about outreach settings that serve those most at risk in your jurisdiction. Do you know what services are being provided in these settings? Do any service gaps exist? Is there more that your health department can be doing to meet these needs? Consider nontraditional settings such as the DMV that could be potential avenues for screening.



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

- In this webcast, Ms. Stinson describes the role of primary providers along the hepatitis C continuum. What does the referral network look like in your jurisdiction? Are the providers culturally competent? Are there other providers you could engage?
- Patient navigation and peer support were identified as important mechanisms to increase linkage to care. Does your health department have a patient navigator? Do your community partners? If patient navigation and/or peer support does not exist, consider whether your health department could provide additional support in this area.
- This webcast discussed the importance of assessing local capacity to understand if there are providers able and willing to treat hepatitis C. Have you assessed local providers in your jurisdiction? If so, is the current capacity to treat hepatitis C enough to meet the need?
- Public health detailing is an effective technique to engage providers. Does your health department conduct provider education in the community? If so, what does this program look like? If not, consider using NACCHO's provider detailing kit to increase local capacity to address hepatitis C.

### Webcast 2.6: Advocating for Sensible Policies in the Age of HCV Cure

- In this webcast, Ms. Stinson describes recent changes to the ban on the use of federal funds to SSPs and what this means for health departments. Does this change create new opportunities within your jurisdiction? If so, consider how you can leverage this change to increase access to harm reduction services.
- Advocacy is an important part of public health. Does your health department collect and share experiences from those experiencing challenges accessing services within the community? If so, what key stakeholders do you share these stories with? Who else could you engage?
- Think about policies in your jurisdiction and how they relate to health disparities. Is there an opportunity to develop or modify policies to support treatment access? Can you establish public health goals that can support the reduction of hepatitis C transmission or mortality?
- Ms. Stinson identifies the National Viral Hepatitis Roundtable (NVHR) and the Harm Reduction Coalition as key organizations and coalitions to engage in this work. Are you part of these coalitions? Are there other national level organizations you work with or could work with to expand your efforts? Are there state or regional coalitions or organizations that are important to engage?