Viral Hepatitis: Opportunities for Faith-based Groups

Thursday, February 18, 2016
Moderator

The Partnership Center
Center for Faith-based and Neighborhood Partnerships
U.S. Department of Health and Human Services
New Opportunities to Address Viral Hepatitis in the U.S.

Faith-based Communities Have an Important Role
Health Ministers Guide & the Viral Hepatitis Action Plan

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February 18, 2016
Today’s Goals:

- Increase awareness of viral Hepatitis and the urgent need for prevention and testing in the U.S.
- Highlight:
  - Importance of health insurance for people with Viral Hepatitis
- Release the new Health Ministers Guide to Viral Hepatitis
- Share viral hepatitis experiences of faith leaders and community members
Goals

• Increase the proportion of persons who are aware of their HBV infection from 33% to 66%
• Increase the proportion of persons who are aware of their HCV infection from 45% to 66%
• Reduce the number of new HCV infections by 25%
• Eliminate mother-to-child HBV transmission
Viral Hepatitis Is a Liver Infection

When people are newly infected with viral hepatitis (A, B, or C) they may have these symptoms:

- Fever
- Fatigue
- Nausea
- Vomiting
- Loss of appetite
- Abdominal pain
- Dark-colored urine and gray-colored bowel movements
- Jaundice (skin and eyes turn yellow)

When people have a chronic viral hepatitis infection:

- They often have no symptoms
- If they have symptoms, they are usually related to chronic liver disease and may include fatigue, memory problems, depression and blood clotting problems
Viral Hepatitis Epidemiology in the U.S.

- As many as 5.3 million Americans are living with chronic Viral Hepatitis and most do not know they are infected
- Chronic Viral Hepatitis can be caused by Hepatitis B or Hepatitis C which are spread by exposure to blood and body fluids
- Hepatitis B is most common among people born in Asia and Africa
- 75% of people with chronic Hepatitis C were born between 1945 – 1965
- Hepatitis C causes more deaths than all other 60 nationally notifiable infectious diseases combined

There is:

- A safe and effective vaccine to prevent Hepatitis B
- Therapies that cure more than 90% of people with Hepatitis C
5.4% Increase in Reported HBV Cases 2012-2013

Reported number of acute Hepatitis B cases 2000-2013

CDC, National Notifiable Diseases Surveillance System
150% Increase in Reported HCV Cases 2010-2013

Reported number of acute hepatitis C cases 2000-2013

CDC, National Notifiable Diseases Surveillance System
Change in Incidence by State and by County: Hepatitis C 2006 - 2012

Of the 34 states that reported to CDC in both 2006 and 2012:

- 30 states reported increases
- 16 states reported >200% increase
- 50% of cases were younger than 30 years

More than 1/3 of Hepatitis C reports that included information about risk factors indicated that there was NO exposure or risk behavior.

*Includes case-reports indicating the presence of at least one of the following risks 2 weeks to 6 months prior to onset of acute, symptomatic hepatitis C: 1) using injection drugs; 2) having sexual contact with suspected/confirmed hepatitis C patient; 3) being a man who has sex with men; 4) having multiple sex partners concurrently; 5) having household contact with suspected/confirmed hepatitis C patient; 6) having had occupational exposure to blood; 7) being a hemodialysis patient; 8) having received a blood transfusion; 9) having sustained a percutaneous injury; and 10) having undergone surgery.

Source: CDC, National Notifiable Diseases Surveillance System
“A nation committed to combating the silent epidemic of viral hepatitis”

-Vision of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis
The Role of Health Ministers: Breaking the Silence around Viral Hepatitis

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February 18, 2016
Faith Leaders are Powerful Messengers in Health Communications

Faith leaders have a unique opportunity to respond to viral hepatitis. Faith leaders can:

- Serve as influential, powerful, and relatable messengers
- Meet people where they are
- Shatter stigma, raise awareness, and build unity
- Foster partnerships and collaboration
Trauma Informed Congregations

- Many people in the high-risk groups for Viral Hepatitis have experienced trauma.
- Always listen deeply to the person in need.
- Seek to understand the impact of adverse childhood experiences among your congregation and community.
- Realize the widespread impact of trauma.
- Recognize the signs and symptoms of trauma.
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices.
Educate your community with CDC’s *Know More Hepatitis* campaign

- Host health-fairs and include campaign materials and other viral hepatitis vaccination and testing information.
- Download **free** campaign materials, or have them shipped to you.
- Free campaign materials include:
  - Fact sheets
  - Posters
  - Infographics
  - Videos
  - Buttons & Badges
  - Email Signatures
  - Radio Ads & Scripts

Visit: [www.cdc.gov/knowmorehepatitis](http://www.cdc.gov/knowmorehepatitis)
Promote Viral Hepatitis Screening and Other Preventive Services

- Sponsor a Viral Hepatitis testing event and invite a ministry leader to get tested or vaccinated.
- Provide vaccination, testing, and linkages to care through partnering with the health department, a health center, and/or community agencies.
- Take the 5-minute CDC Risk Assessment

*Were you born from 1945-1965? If so, CDC recommends you get tested for Hepatitis C, but what about Hepatitis A and Hepatitis B?*

If you want to find out what other CDC hepatitis testing and vaccination recommendations apply to you, take this 5 minute online hepatitis risk assessment and get a personalized report.

Begin
CDC and USPSTF Recommendations for HBV Testing

- Populations with higher rates of Hepatitis B should be screened for infection, including:
  - Persons born in countries and regions with a high prevalence of HBV infection
  - US-born persons not vaccinated as infants whose parents were born in regions with a high prevalence of HBV infection
  - HIV-positive persons
  - People who inject drugs
  - Men who have sex with men
  - Household contacts of persons with HBV infection

- All pregnant women should be screened for hepatitis B in the first trimester

All persons born 1945 though 1965

Why?

- Most are unaware of infection
- Testing is cost-effective
- Therapies can cure 90-100% of cases
- Left untreated, hepatitis C can cause liver damage & liver failure

(CDC Fact Sheet, Aug 2012)
CDC & USPSTF Recommendations for HCV Testing

- One-time testing for persons born 1945-1965
- Risk based:
  - Past or present injection drug use
  - Received blood/organs prior to June 1992
  - Received blood products made prior to 1987
  - Ever on chronic hemodialysis
  - Infants born to HCV infected mothers
  - Intranasal drug use
  - Unregulated tattoo
  - History of incarceration
  - Persistently elevated ALT (liver enzyme)
  - HIV infection
    - Initial evaluation
    - Routine testing for HIV (+) MSM with high risk sexual behaviors or ulcerative STDs

Affordable Care Act Opportunities

- Elimination of pre-existing condition restrictions
- Expanded access to health insurance
- Preventive health care coverage
  - Screening for HBV & HCV
  - Vaccination for HAV & HBV
  - Learn more at www.healthfinder.gov
Connect Your Community Around Viral Hepatitis

- Invite people affected by Viral Hepatitis to speak before the congregation – Personal connections can help humanize public health issues.
- Light a candle and have a moment of silence and meditation for the healing of Viral Hepatitis and other chronic diseases.
- Plan activities in observance of Viral Hepatitis awareness days, including World Hepatitis Day on July 28th and Hepatitis Testing Day on May 19th.
Join us for National Hepatitis Testing Day on May 19

Visit [https://npin.cdc.gov/htd/HTD.aspx](https://npin.cdc.gov/htd/HTD.aspx) to find an event near you or register your event.
Take Action Now

• Learn more about preventive services available without cost-sharing: https://healthfinder.gov/
• Join Hepatitis Awareness Events: https://npin.cdc.gov/htd
• Educate: www.cdc.gov/knowmorehepatitis/
• Learn More: www.aids.gov/hepatitis
COMMUNITY ACTION

Faith Leaders Role in Addressing Hepatitis C and Other Health Disparities
Cary L. Goodman
Program Coordinator
The Balm In Gilead, Inc.
Healing Through Prayer, Education, Advocacy and Service

For more than 27 years, The Balm In Gilead has been meeting the unique needs of African American faith communities in the United State as well as African congregations by developing educational and training programs specifically designed to decrease the extreme disproportionate rates of health disparities within these populations.

The Balm In Gilead has developed an international reputation for providing insightful understanding of religious cultures, values and extraordinary abilities to build strong, trusted partnerships with faith communities. Working with these faith-based partners in urban, rural and remote communities helps deliver much needed health services to national, regional and local congregations so they may become community centers for health promotion and disease prevention.

*The Balm In Gilead, Inc. is an international NGO based in Richmond, VA (USA) and Dar es Salaam, Tanzania (Skyway Building).*

Organizational Objectives

1. Build the capacity of faith communities to:
   - Provide compassionate leadership in the prevention of life-threatening diseases.
   - Disseminate prevention, treatment and care information
   - Deliver supportive services to those infected and affected by life threatening diseases.
Organizational Objectives

2. Build the capacity of community-based organizations and state and local agencies to collaborate with faith institutions to address public health issues in communities most disproportionately affected by life threatening diseases.

3. Raise awareness in the community at-large of the unique strengths of Faith institutions to address public health issues.
What is the Importance for Engaging Faith Communities In Public Health Initiatives?
Historically, churches are considered by the people to be the most important institution in the community.
• Churches are strategically positioned to play a major role in the fight against life-threatening diseases.

• Churches are the places where the community sets and enforces social norms.

• Churches represent the ideal place for the dissemination of health information and the provision of services.
FROM THE PULPIT

Faith Leaders play a unique role in disseminating information
Faith Leaders play a crucial role in issues related to:

• Human Rights
• Social Justice
• Business Ethics
• Political
• Public Health
The Balm in Gilead, Inc.
The Balm in Gilead, Inc.

You Are Cordially Invited!

A Senatorial Briefing on Hepatitis C and The Role of Faith Leaders Serving African American Communities

Honorary Co-Sponsors
The Honorable Barbara Mikulski (D)
United States Senator

The Honorable Bill Cassidy, MD (R)
United States Senator

Wednesday, October 7, 2015
The Hart Senate Office Building
Room 902
12 noon – 2:00 pm

Lunch will be Served

This Senatorial Briefing is a follow up to The Balm in Gilead’s faith-based Town Hall and Community Action Forum Series on Hepatitis C, which educated more than 20,000+ baby boomers through their faith communities. The purpose of this Senatorial Briefing is to educate and update policy makers, as well as faith leaders, on the burden of Hepatitis C among African Americans, especially among persons over 50 years of age.

You Must RSVP – Space is Limited

Click Here to RSVP or visit www.BalmInGilead.org
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FAITH-BASED LEADERS AND HEALTH MINISTERS CAN RESPOND TO VIRAL HEPATITIS AND LIVER CANCER

Ivonne Fuller Cameron, NRPP, MPA, PMP
President & CEO
Hepatitis Foundation International
www.HepatitisFoundation.org
VIRAL HEPATITIS & LIVER CANCER

- Viral hepatitis is caused by infection by 5 distinct viruses: hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and hepatitis E virus (HEV).
- Exposure to infected blood is the most common risk factor for viral hepatitis transmission.
- Viral hepatitis (HBV or HCV) slowly damages the liver over many years, progressing from inflammation to irreversible scarring (cirrhosis), liver cancer, and ultimately liver failure.
- According to the 2012 Annals of Internal Medicine upwards to 75% of HCV related deaths occurred among baby boomers (individuals born between 1945 and 1964) who are unaware of the infection.
- Chronic HBV can lead to cirrhosis (scarring) of the liver, liver cancer, and liver failure.
- Chronic hepatitis C virus is the most frequent cause of liver transplantation in the United States.
WHO ARE THE HARD TO REACH, HARD TO TREAT

- Racial and Ethnic minority groups in the United States such as (Asian, African, and Native Americans, Hispanics).

- According to 2013 Centers for Disease Control and Prevention (CDC) data, the hepatitis C mortality rate per 100,000 was 4.4 for Caucasians but 8.35 for African Americans.

- American Indians have the highest cases of hepatitis C per 100,000 of the with 1.7 per 100,000. They are twice as likely to have hepatitis C as Caucasian Americans.

- Asian Americans make up 5.6% percent of the U.S. population, but account for more than 1/2 of all Americans living with chronic hepatitis B. 1 in 12 Asian Americans are living with the virus.

- A National Institute of Health (NIH) study determined Latinos with viral hepatitis have faster liver fibrosis progression, are infected at an earlier age, and are more likely to be HIV co-infected.

- According to data from the Department of Veterans Affairs, nearly 8,000 hepatitis C-positive veterans died in 2013, up from 1,986 in 2001.
WHO ARE THE HARD TO REACH, HARD TO TREAT

- Other subsets of population groups (Homeless, Juveniles) that have been:
  - Socio-economically disadvantaged;
  - Politically oppressed;
  - Racially polarized; and
  - Culturally overlooked.

- Myths and stereotypes minimize and/or deny the impact of sexual trauma and stigma.
Individuals that survive sexual trauma are more likely to face risk factors for viral hepatitis, such as substance and alcohol abuse – including injection drug use, and multiple sexual partner contact.

Sexual trauma --Any sexual act that is imposed on another person against their will and without their consent.

Sexual trauma victims often suffer physical and psychological harm or pain.

Survivors of sexual trauma are often from racial and ethnic groups such as Native Americans (more than double the rate of other racial groups); (40% of Black women report coercive sexual contact by age 18.), etc.
Multiple chronic and infectious disease (viral hepatitis and co-infection) are concentrated in populations that face social and economic challenges.

Socioeconomic factors may create barriers for better health choices and access to care.

The risk of viral hepatitis sexual transmission is higher for those who:
- Engage in anal intercourse,
- May have experienced sexual trauma and resulting changes to the genital mucosa, or
- Have a sexually transmitted infection, i.e. HIV/AIDS.
BRIDGING THE GAP

- Faith leaders can discuss hepatitis in ways that establish trust and build a therapeutic relationship.
- The most important factor in creating stigma free environments is education.
- Dispel inaccurate and misinformation. Encourage testing.
- Implement/create judgement free safe spaces.
- Exhibit Grace-Treat everyone equally regardless of how they contracted viral hepatitis.
- Connect individuals with additional resources.
- Implement/establish support groups.
- Motivate - Offer cultural and clinical expertise to individualize each person’s journey to wellness (good health and recovery).
KEY HFI RESOURCES

- National Hepatitis Survey-Access to Treatment, specific to Medicaid Populations, For more information Email--NatHepSurvey@HepatitisFoudnation.org
- Addressing Viral Hepatitis Disparities Across Racial and Ethnic Groups – White Paper & Fact Sheets
- National Hepatitis Patient Registry Network - Portal to clinical trials & research
- Street Drug Fact Sheets, i.e., Krokodil, Spice, Bath Salts, Flakka, Meth, Etc.
- National Viral Hepatitis Summits held nationwide.
REFERENCES


REFERENCES


FOR MORE INFO CONTACT:

Follow Us on Twitter: https://twitter.com/HFIconnect

Follow Us On Facebook:
https://www.facebook.com/Hepatitis-Foundation-International-184199430647/

Join Our Online Patient Community:
https://healthunlocked.com/hepatitisfoundation

General E-Mail: Info@HepatitisFoundation.org

Hotline: 800-891-0707
Telephone: 301-565-9410
Mailing Address: 8121 Georgia Avenue, Silver Spring, MD 20910, USA
A PATIENT’S JOURNEY TO HEALING

Mollie Jackson-Woodson
Patient Ambassador, Hepatitis Foundation International
www.HepatitisFoundation.org
· My Original Diagnosis
  · Biopsy Experience
  · Working with Specialists
· Lifestyle Changes
· Ongoing Educational Experience on Hepatitis C Virus
· Ongoing Screenings and Follow-Ups
ADD YOUR VOICE!

The Patient Advisory Council (PAC) was created to advocate and present the needs of patients, individuals, caregivers and communities affected by or infected with viral hepatitis and other liver related diseases.

HFI IS LOOKING FOR PATIENT ADVOCATES WHO WILL:
- Represent patients, individuals, caregivers and communities who are impacted by hepatitis and liver diseases in meetings, research, Capitol Hill, and in the media.
- Help patients gain access to quality care and treatment regimens for all communities.
- Assist in creating HFI’s public health, research programs, services and/or campaigns that are culturally appropriate.
- Increase awareness of hepatitis and other related illnesses and liver disorders among communities nationwide and globally.

If you are interested in participating with HFI, please contact HFI at 301-565-9410 or email at kuzaigwe@hepatitisfoundation.org.

Join our online patient community today at https://healthunlocked.com/hepatitisfoundation
FOR MORE INFORMATION

Mailing Address:
Hepatitis Foundation International
8121 Georgia Avenue, Suite 350
Silver Spring, MD 20910

Email: mbelljackson@yahoo.com

Telephone: (301)-565-9410
The Partnership Center Community Resources

Health Ministers Guides, Toolkits, and other resources available at:

http://www.hhs.gov/about/agencies/ieapartnerships/about-the-partnership-center/community-resources/index.html