

WEBINAR VIDEO TRANSCRIPT

Viral Hepatitis: Opportunities for Faith-based Groups

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KIMBERLY KONKEL: Hello, and thanks for joining our webinar on viral hepatitis. And we'll go over our new Health Ministers Guide today. My name is Kimberly Konkell, and I am the Associate Director for Health at the Center for Faith-based and Neighborhood Partnerships.

We've developed this Health Ministers Guide series in an attempt to synthesize the intelligence of science with the wisdom of community. We are so grateful for your participation, because we know that through you is our best method of getting information out, and to translate the research that we're getting to practice.

We now know how to treat, care, and support many of the health issues facing America. But what we lack is sufficient community awareness and clear strategies to enact them. These guides help HHS meet our strategic objectives of promoting prevention and wellness across the life span, and translate research into practice. We recognize that health ministers are first responders, cultural key-holders, and trusted messengers in an integrative, prevention-focused health delivery system.

And so the Health Ministers Guides work as an opportunity to share best practices, identify core competencies of the health ministry group, and improve coverage to care. The Health Ministers Guides basically go through a rough outline of a definition of what the issues are, the epidemiology, what the community impact is, and what faith and community leaders need to know, what communities can do to prevent, care, and treat around that issue, and then a bibliography of relevant, helpful resources.

I am so grateful for my partnership with Corinna and Michelle in the Office of the Assistant Secretary for Health, and for their dedication in helping us get this second in the series out. This is our first guide on an infectious disease. And we chose to do it on hepatitis because it is such a prevalent and silent epidemic.

Over the next 40 minutes, we're going to be blessed to learn the basics of hepatitis in America. We'll hear from health professionals, policymakers, and those who are treating the disease, people living with hepatitis, and the communities building a response. We'll explore ways that congregations and communities can end the silence, support those in need, and connect people to care.

You'll see in your webinar platform, you'll see that there's a space on your right-hand side where you can write questions. We have dedicated 20 minutes in an hour-long presentation to questions. And we really would like to hear what things need clarifying, ideas or thoughts that you've had as you've been participating. If you know of an emerging model or a practice that we should know about, please share that there. And then at the end of our call, we'll have 20 minutes to have a discussion.

So with that, I am so excited to be able to turn the time over to Corinna who is a nurse and is our viral hepatitis policy advisor in the office of HIV and infectious disease. She's helped to construct and is now helping to implement the national viral hepatitis action plan, and is a wonderful partner with me in engaging faith and community leaders in the community activities that will address this burgeoning epidemic. So with that, I'll turn the time over to Corinna.

CORINNA DAN: Thank you so much, Kimberly. I do want to thank the Partnership Center for their collaboration and support to develop the Health Ministers Guide for Viral Hepatitis, as well as all of you who are joining us here, today, for this important webinar.

So our office manages the viral hepatitis action plan. And one of the major goals of the action plan is to increase awareness of viral hepatitis and the urgent need for hepatitis prevention and testing in the United States. We also wanted to highlight the importance of health insurance for people with viral hepatitis, share this wonderful new resource-- the Help Ministers Guide-- and share experiences of a faith leader, a community member, and a patient, today with all of you.

So the action plan has these overarching goals. And in a nutshell, we need to increase the proportion of people who are aware of their hepatitis B and their hepatitis C status. So people should know if they have this chronic infection. We also need to look at how we can reduce the number of new hepatitis C infections, as well as eliminating mother-to-child transmission of hepatitis B.

I hope that everyone will take away at least one message today. That is: viral hepatitis, although it's fairly complicated, it's an infection that affects the liver. When people are newly infected with viral hepatitis, they often have some of the symptoms that are listed on this slide. But in fact, most people are not diagnosed when they're newly infected.

And a large push, right now, is to identify people who are chronically infected. Those individuals often have no symptoms. But if they do have symptoms, they're usually related to chronic liver disease and they often happen when the liver disease is quite progressed. And some of the symptoms that they may have include really general symptoms, like fatigue, memory problems, and depression that one wouldn't automatically associate with having a chronic infection.

In the United States, as many as 5.3 million Americans are living with chronic viral hepatitis. And it's estimated that most of those people, more than half, don't know that they're infected.

Chronic viral hepatitis is caused by the actual infections of hepatitis B or hepatitis C. Both of those are spread by exposure to blood and body fluids.

Hepatitis B, we see in the United States, is most common among people born in Asia and Africa. And about 75% of all people with chronic hepatitis C were born between 1945 and 1965. Hepatitis C causes more deaths in the United States than all of the other 60 nationally-notifiable infectious diseases combined. And I say that because we really have the tools to prevent hepatitis B, and to cure people with chronic hepatitis C. So we have the tools that we need to really turn the tide on this epidemic.

I like to show just that we've made great strides over the last decade and a half, in terms of reducing the number of new hepatitis B cases. However, if you can see, after many years of decreasing new cases of hepatitis B, just there at the end between 2012 and 2013, we are starting to see a slight increase in the number of new hepatitis B cases.

Compare that to hepatitis C, where we saw a dramatic decrease at the beginning of this century. But since 2010, we've seen over 150% increase of hepatitis C cases. These are new infections in the US. So not only do we have a lot of people who are chronically infected, but we're also seeing an increase in new infections, which points us to the need of more prevention efforts in communities.

What we're seeing is a large increase in new hepatitis C infections, and so far only a smaller increase, but an increase nonetheless, of new hepatitis B infections. And we believe that that's related to the prescription opioid epidemic that's currently affecting much of the United States. This map shows states that reported over a 200% increase, here in red, of new hepatitis C infections. Unfortunately, 15 states reported this large increase between 2006 and 2012. And those were happening among younger people, often people who initiated drug use by using oral opiates, and then transitioned into injecting and becoming exposed to hepatitis c.

However, when CDC looks at those new infections, they see that almost half, or 42%, had no risk data. And then of those that were reported with risk data, that green section or about more than a third of those reports, didn't have any risk identified. So it's clear that people who are injecting drugs is one part of the constellation of people who are newly becoming infected with hepatitis C. But we have other people who are becoming infected through means that we can't even identify yet. So we definitely need more research on viral hepatitis in the United States, to try and prevent new infections.

We do have this national viral hepatitis action plan, which provides a framework for all of the partners and communities to contribute toward eliminating viral hepatitis in the United States. And now I'd like to turn it over to my colleague, Michelle Moses-Eisenstein, who's a public health analyst in the Office of HIV/AIDS and Infectious Disease Policy here at HHS, where she also works to implement the national viral hepatitis action plan.

Michelle has been a health policy fellow. She's worked on Capitol Hill with Congresswoman Barbara Lee, and also with the [INAUDIBLE], the Foundation for AIDS Research. Michelle got her masters of public health in health policy and management at Columbia University, and has done some great work at CDC, as well. Michelle?

MICHELLE MOSES-EISENSTEIN: Thank you so much, Corinna. Again, we are so happy to be here with you all today, and really happy to partner with Kimberly and the Partnership Center on this webinar and release of the guide-- particularly because of the role of faith leaders. We look to you as very powerful and influential health communicators. And we are very enthusiastic about what you can do to help shatter stigma and raise awareness of viral hepatitis.

And as you heard, most people are often do not have symptoms. So viral hepatitis is known as the silent epidemic. [? It's certainly ?] where we need people to help raise awareness. And additionally, you are uniquely positioned to foster partnerships and collaborate across your communities on our response to viral hepatitis.

So as background, one key idea that we like you to keep in mind is, trauma-informed congregations. Many people who are at increased risk for viral hepatitis have a history of trauma. And the Substance Abuse and Mental Health Services Administration has a lot of resources that you can use to become more trauma informed, and better understand the impact of adverse childhood experiences, and how widespread trauma is. SAMHSA resources offer specific details that you can look to, to better integrate trauma-informed care into your policies, procedures, and practices.

Another great resource that we hope you'll share with your communities is a campaign from the Centers for Disease Control and Prevention, the Know More Hepatitis campaign. All of these materials are free. And they range from full-color posters to fact sheets and web content that you can use in health fairs and other hepatitis events. Again, these are all free. And you can either download them from cdc.gov/knowmorehepatitis, or have them shipped to you.

We also invite you to sponsor viral hepatitis testing events, especially to engage with your leadership on these events. If people see ministry leaders being tested or vaccinated, that helps normalize these preventive screenings and reduce the stigma. Another very simple and easy-to-use resource that you can promote is the five-minute CDC risk assessment. This is a tool that people can access in the privacy of their own home, or even on mobile devices. And it's a great way for people to learn whether or not it's recommended that they be screened, even before they talk to a health care professional.

The Centers for Disease Control and Prevention, as well as the US Preventive Services Task Force, have aligned recommendations for hep B screening. You see here, there's a couple different things that people should consider. In particular, anyone born in areas where hepatitis B is highly prevalent should be screened, as well as all pregnant women in the first trimester. And this is because there is a lot that we can do to protect babies from getting infected with hepatitis B.

CDC also expanded their recommendations for hep C screening based on age. So anyone born between 1945 and 1965 should be screened. And that's partly because 75% of existing hep C cases are among this population. In addition to this age based recommendation, CDC and the Preventive Services Task Force also recommend that certain people be screened by risk factors.

Fortunately, thanks to the Affordable Care Act, there are many expanded opportunities for our response to viral hepatitis, such as banning discrimination. So that means that people with preexisting conditions, such as viral hepatitis, no longer face the same restrictions. And for people who have health insurance, many preventive health care tools, such as screening and vaccination, are available without cost sharing. And you can learn more about these preventive services at healthfinder.gov.

I just want to close with a few more opportunities that we hope you'll consider to help connect your community around viral hepatitis. We know that personal connections help people understand public health issues. So if you can find someone who is either personally impacted by viral hepatitis or has a family member with viral hepatitis, we hope that they'll speak to your community. And this summer, there will also be several awareness days, including hepatitis testing day on May 19 and World Hepatitis Day on July 28. And we hope that you'll join us in some activities around those observances.

To further engage on National Hepatitis Testing Day in particular, you can visit CDC's website through the National Prevention Information Network. This is a great way to register and promote your own event, or find an event that's already happening near you. And again, that's May 19.

And finally, I want to leave you with some of our key resources. So again, healthfinder.gov is a great way to learn about preventive services. CDC's NPIN with your connection to all the hepatitis awareness events. Know More Hepatitis is the campaign by CDC. And our very own aids.gov/hepatitis is a great way to hear about the latest in viral hepatitis, as well as the implementation of the national viral hepatitis action plan.

So with that, I'm happy to introduce Gary Goodman.

KIMBERLY KONKEL: Hi, and this is Kimberly. We were going to pass it right to Cary, but I just wanted to remind people that you can find all of this information in the Health Ministers Guide, on the very last page. So if you go to www.hhs.gov/partnerships, you can scroll down to where it says community resources. And there's a section there on Health Ministers Guides. You'll find one on breastfeeding, one on bladder health, and at the very top you'll see this one, which has just come out today. And all of these activities and ways for you to partner are included in that.

So with that, I'll go ahead and introduce Cary Goodman, who is the senior program coordinator at The Balm in Gilead, a not-for-profit, non-governmental organization whose mission is to prevent disease and improve the health status of black people living in the United States,

Africa, and the Caribbean, by providing support to faith institutions in areas of program design, implementation, and evaluation.

As a national spokesperson, Cary travels extensively facilitating trainings through workshops, via The Balm in Gilead's Healthy Churches 2020 initiative. That addresses health disparities such as HIV, hepatitis, heart disease, diabetes, and obesity.

I've known Cary for a few years and can attest that he is not only a wonderful presenter-- we're grateful for him being here-- but that he is a dedicated servant and advocate around these issues. And I'm so grateful for his time here, today. So thanks, Cary.

CARY GOODMAN: Thank you so much, Kimberly. I really do appreciate those kind words. And I just want to thank you all for this opportunity to share the faith leader's role in addressing hepatitis C and other health disparity through the work of The Balm in Gilead. Again, thank you to Corinna Dan and those at HHS for your continued support of The Balm in Gilead initiative.

I am Cary Goodman, as she introduced. And I am the program coordinator here at The Balm in Gilead. For over 27 years, The Balm in Gilead has been meeting the unique needs of the African-American faith communities in the United States, as well as African congregations, by developing educational and training programs specifically designed to decrease the extreme, disproportionate rates of health disparities within the population.

Some of the organizational objectives of The Balm in Gilead-- one, are to build the capacity of faith communities to provide compassionate leadership in the prevention of life-threatening diseases; also to disseminate prevention, treatment, and care information; and lastly, to deliver supportive services to those infected and affected by life-threatening diseases.

Also, The Balm in Gilead builds 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. Also, to raise awareness in those communities of the unique strengths of faith institutions to address public health issues.

So the question is, what is the importance for engaging faith communities in public health initiatives. Historically, churches are considered by people-- or not just churches, but mosques and synagogues, as well-- considered by people to be the most important institutions in our communities. Churches are strategically positioned to play a major role to fight against life-threatening diseases. And churches also are places where community sets and enforces social norms.

And churches also represent the ideal place for dissemination of health information and the provision of services. So basically, what I'm stating there, the churches have a unique opportunity to address health disparity, to, of course, raise social norms as well.

So the most important thing for me today to address is what I'm calling, from the pulpit. Faith leaders play a unique role in disseminating information. But not only is it a unique role, they also play a vital role in raising awareness around social issues. And we know those who attend regular church services, that from the pulpit, faith leaders have that moment-- whether it's an hour, or two hours, or more-- where they have the attention of those parishioners who are gathered in their services. So that is their perfect opportunity to raise awareness of various health disparities, especially hepatitis C.

Ministers in the church have long played a role in the social and political life of African-Americans-- from resisting Jim Crow-prohibitions to advocating for all-out to organize racial prejudice. Black religious leaders have been at the forefront of leading their flock towards a more just society. Here, we see faith leaders play a crucial role in issues related to human rights, social justice, business ethics, political and public health.

We can look back as far as the Civil Rights Movement, where a prominent Baptist minister, Dr. Martin Luther King Jr., was at the forefront of the movement in the 1950s and '60s-- where he galvanized people regarding boycotting buses, or doing sit-ins, or basically the nonviolent movement. Or more recently, we can look at such faith leaders as AME preacher Dr. Jamal Harrison Bryant, who has been very vocal regarding such social and political issues as the Flint, Michigan water crisis and the 2016 presidential elections.

So with this, I'm stating that this is the opportunity and it has always been. Faith leaders have the opportunity to be the leaders of their sheep. They have an opportunity to pretty much say what they feel, and raise awareness of various social issues that are going on. And we can bring this home to hepatitis C, where The Balm in Gilead has been at the forefront of some of this, raising awareness.

And more recently, in last October, The Balm in Gilead coordinated a senatorial briefing on hepatitis C and the role of faith leaders serving African-American communities. And this was a very well-attended event that we held at the senate office building in DC, where we had that, again, that informed dialogue where persons together were able to ask questions, to see some of the statistics, to hear from those who are infected and affected with hepatitis C. And from that, we were able to get more information into the communities, as well as get information to us, so that we can have more informed dialogues with our constituents.

And that's one of the things that's very important. And I can remember very vividly, a young lady who was at the briefing basically said, I have not had the opportunity to have this discussion with my faith leader, because of the stigma. And that's one of the most important things that, as faith leaders, we have to be mindful of, is addressing the stigma associated with such health disparities as hepatitis C.

That is my time, and my information is there. Again, I'm Cary Goodman, the program coordinator here at The Balm in Gilead. If you need anything, definitely reach out to us. We have several resources on our website, one being www.balmingilead.org, as well as

www.healthychurches2020.org. And there you will find resources. You'll find literature for your Sunday School curriculum. You'll also find resources to use for your Sunday bulletin. We've been at the forefront of having the health information in congregations. And there are over a million people that we are reaching, to date. So the information is there.

Thank you, again, for your time. And now I have the opportunity to introduce Ivonne Cameron. She's the CEO of the Hepatitis Foundation International. The HFI is a nonprofit organization established in 1994 to eradicate chronic hepatitis for 550 million people globally. HFI is also dedicated to increasing and promoting health and wellness and reducing the incidence of preventable liver-related chronic diseases and lifestyles that negatively impact the liver. Ms. Cameron is a nationally-registered prevention-prep professional. Her academic background includes a Bachelor of Science degree in business administration and Spanish studies, and a master's degree in public health administration. Ms. Cameron also completed a project management certification and a nonprofit executive certificate at Rutgers Business School. So thank you again, and we introduce Ivonne Cameron.

IVONNE CAMERON: Thank you, Cary. And thank you to the Partnership Center and Kimberly, as well as Corinna, Michelle, and HHS, to participate with you and partner with faith leaders and health ministers, which are a critical group when addressing this disease.

So I'm going to talk a little bit about viral hepatitis and liver cancer. And some of these things have already been highlighted by my other panelists. So I'll just keep my comments centered on hepatitis B and C. So as you may have heard, viral hepatitis is caused by infection by five distinct viruses, A through E. And viral hepatitis, including B and C, slowly damage the liver over many years, progressing from inflammation to irreversible scarring-- which is also known as cirrhosis-- liver cancer, and ultimately, liver failure.

We also know that chronic hepatitis C is the most frequent cause of liver transplantation in the US. And of particular note, viral hepatitis has surpassed HIV as the leading blood-borne disease in the US. And it's a funny thing, when you engage others and you start talking about hepatitis, they often are surprised and didn't know this fact.

So HFI, we define our niche as focused on the hard-to-reach, hard-to-treat. And those groups are racial and ethnic groups that experience disparate rates of disease in the US and globally-- so for example, racial and ethnic minority groups such as Asians, African, Native Americans, Hispanics. And according to CDC data, hepatitis C mortality for Caucasians was 4.4%. But for African-Americans, it's 8.35%.

And we know that American Indians are twice as likely to have hepatitis C as Caucasian Americans. Asian Americans account for more than half of all Americans living with chronic hepatitis B. We know that Latinos have viral hepatitis faster. They progress to liver fibrosis faster. They are infected at an earlier age, and they're more likely to be HIV co-infected.

And included in this group, also, are veterans, with nearly 8000 hep C-positive veterans died in 2013. And this is of note because those cases have significantly increased from 2001 until now.

Also included in the hard-to-reach, hard-to-treat are those subsets of population groups-- like I said, veterans, homeless, juveniles, and those that have been socio-economically disadvantaged, politically oppressed, racially polarized, and typically, culturally overlooked. And we know that these myths and stereotypes about these different groups, they minimize or deny the impact of sexual trauma and stigma.

So why is sexual trauma important in the whole context of viral hepatitis? We know that sexual trauma is any sexual act that is imposed on another person against their will and without their consent. And we know that survivors of sexual trauma are often from racial and ethnic groups such as Native Americans, African-Americans, Latinos, even Asians, as well.

Sexual trauma victims often suffer physical and psychological harm and pain. And 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 sex partner contact.

So why do we need to reach hard-to-reach, hard-to-treat populations? There are multiple chronic and infectious diseases that are concentrated in these population groups. And social and economic factors create barriers for better health choices and access to care. And these risk factors from sexual transmission for these groups are higher for those who engage in anal intercourse or rough sex, that may have experienced sexual trauma, or have sexually transmitted diseases such as human papillomavirus, syphilis, gonorrhea, HIV and AIDS.

So how can faith leaders and health ministers bridge the gap? Faith leaders and health ministers are an important component, because you can discuss hepatitis in ways that establish trust and build a therapeutic relationship. And the most important factor in this is creating stigma-free environments and education.

This education helps to dispel inaccurate information, misinformation, and also encourage testing. Implementing and creating judgment-free spaces is also important in bridging the gap in these population groups-- and exhibiting grace, treating everyone equally, regardless of how they contracted the disease; connecting individuals with additional resources, and programs, and services; and implementing and establishing support groups; and motivating, offering cultural and clinical expertise. Because at the end of the day, these groups ultimately want good health and recovery.

So HFI offers some programs, and services, and resources that are available to you as you engage these communities. I've listed some of them here. We have many more. And I just wanted to make mention of a national hepatitis survey that we will be embarking upon next month, to really see what are the barriers for access to treatment. So these information resources and programs are available to you.

And I've included references for you, as you want to delve a little bit deeper and review information that will help engage these communities. So to access HFI's resources or for additional information, here is detailed information for you on how you can reach HFI.

So I'd like to introduce Mollie Jackson-Woodson, who we are proud to say that she is a patient ambassador for HFI. And Mollie was diagnosed with hepatitis C in September of 1989 at Johns Hopkins University, Wood Clinic. Molly was told to stop using intravenous drugs, sharing needles, and to change her lifestyle of addiction. And she took this advice literally, which impacted her condition and slowed the progression of liver fibrosis, or scarring of her liver. As a result, she is still an active member of the Alive study, and she's screened every six months.

In 2015, she joined HFI as a patient ambassador, and has been detailing her journey to wellness. Thank you, Mollie.

MOLLIE JACKSON-WOODSON: Thank you. As Ivonne said, I am currently a recipient of the hepatitis C viral infection. It is real important to me to learn as much as I can, and to be a voice for those who are not able to speak.

My journey to healing has been-- my original diagnosis, as Ivonne had explained, I have continued over the years to have regular biopsies, to see the status of my hepatitis. I've worked with specialists, along with the lifestyle changes. Being in recovery has been an important resource, as well as my immediate network.

I continue to seek information, and to discover what's available and accessible to other people, such as myself, who are hep C and the different routes that is necessary to improve the quality of health, by ongoing screenings and follow-ups.

I joined this organization because it presented to me that there are a number of ways that we can connect with others living with hepatitis C, B, A-- people who are normally stereotyped, that are looked upon as not being worthy to help. I'm just speaking from a personal point of view. Because of the stigmas, a lot of people are not comfortable with talking about their health issue. There are a number of people who don't even know that they are hep C or B or A positive, because of lack of access to health facilities-- also, no insurance, and just the fear of learning whether or not they're positive or not.

And my biggest passion is, where you we go from here. You can reach me through the HFI Foundation, and my email is there if you have any other questions. But I am honored to be a part of this panel, and to continue to move forward in the future of finding more effective ways to help people, as myself, that suffer with this viral disorder. Thank you.

KIMBERLY KONKEL: Thank you so much, Molly. I really appreciate your presentation. And thanks to all of our presenters. I feel like we got a really great overview. Just a reminder, we're going to switch into our Q&A section. So if you have a question that you'd like answered, please

scroll over to the right-hand side of your screen. And you can find in this chat box a little-- where you can then type your message.

We'll now start with a couple of questions. We've got some come in through our chat box. So for everyone, again, if you have a question, feel free to send it via the chat.

One of our first questions is, if you are around someone with hepatitis, what precautions should you take? Of course, to be careful with open wounds or a blood clot, but what other type of contact should we avoid or be cautious of? So for instance, what if I drink out of the same glass or use the same shower, etc.

I'm not sure where that question comes from, but that's a quoted question. So I'm going to pass the phone over to Corinna to answer.

CORINNA DAN: That's a terrific question. Thanks for asking it. So certainly, hepatitis C is primarily-- B and C-- are primarily spread through blood exposure. And avoiding contact with open wounds or other people's blood is a key way to prevent infection.

For hepatitis B, there is a safe and effective vaccine. And we encourage all people to get vaccinated. At this point, most infants are vaccinated at birth. So we're protecting our kids. But most adults older than age 20 or so have never been vaccinated. And hepatitis B vaccination is also one of the covered preventive services that Michelle mentioned earlier. So if you have health insurance, you should be able to get the vaccine without an extra co-pay.

So the other way that hepatitis is often spread, we now know, sexually transmitted. So avoiding unprotected sex will help protect both for hepatitis B as well as for hepatitis C. Hepatitis C is not usually very easily transmitted sexually, but certainly that is possible.

One other thing that we are recognizing with hepatitis C is that hepatitis C is a very hearty virus. And it can live on surfaces for a long time, up to six weeks, even in dried blood. And so it's a good idea to not share toothbrushes or razors within your household, if someone has hepatitis C. So even those really small amounts of blood can transmit hepatitis C.

KIMBERLY KONKEL: Thanks, Corinna, for your answer. And answers to those questions and more can be found in the Health Ministers Guide, which can be found at www.hhs.gov/partnership. We have a really long link, there, which is the actual link. But there is a short cut. If you just go to www.hhs.gov/partnership, and scroll down to community resources, you'll get right to the Health Ministers Guides.

Another question that we have is from somebody who is trying to convince their health department to adopt a needle exchange program. What options do we have?

CORINNA DAN: I am thrilled to hear that folks are interested in trying to advocate for needle exchange programs. Maybe some of the folks on the phone have heard about the HIV and

hepatitis C outbreak in Indiana in 2015. And because of that, starting this year there will be an opportunity to get some funds to use toward needle exchange. That's based on an assessment of need. So the first step in getting needle exchange or in encouraging your health department to think about supporting needle exchange is to identify that there's an increase in new infections.

So if you can work with your health department to show that there is an increase in new infections, and to give them some of the evidence that needle exchanges or syringe services program are effective in preventing new infections, then I think you'll be in good shape to , at least, have the evidence that you need to support starting that kind of program.

I think that CDC as well as SAMHSA will be coming out with some additional guidance. And once a jurisdiction has shown that they have an increase in new infections, they'll be able to apply to use some funding that they receive from CDC for support for staff and other syringe services programs. Unfortunately, the way that the law currently stands, they won't be able to purchase the actual syringes with those funds. But again, very soon we'll have some more guidance on that from the Centers for Disease Control and SAMHSA.

KIMBERLY KONKEL: Super. Thanks, Corinna. Another question is-- maybe Mollie might want to chime in on this, too-- but what is the next level of care or testing for somebody who's just been diagnosed with hepatitis C? So if I'm a faith leader, a health minister, or just somebody in my family has been diagnosed with hepatitis C, what is it that we should do? Mollie, I'll turn that question to you, straight away, and then get the others to chime in.

MOLLIE JACKSON-WOODSON: Well, I believe that when you're first diagnosed, I know for me I asked a lot of questions of the provider who had given me the diagnosis. And I asked to be guided in the right direction of who would be the primary facility that I would go to, to follow up with my diagnosis-- mainly, to continue on with your regular screening, to find out where you are, talk with case managers, social workers, and possibly seeking other resources to help you deal with the fact that you have been diagnosed with hep C. Personally, for me, hep C was something that I contracted. It is not who I am. And there's a lot of encouragement in the health field, other resources such as this webinar and other areas that will be supportive and help you out on your journey.

KIMBERLY KONKEL: Thank you so much, Mollie. And appreciate you sharing your lived experience. One of the most important things that health ministers can do with somebody who's been diagnosed is, frankly, to ask them what they need. I'm a clinical social worker by training, and one of the first things we learn in graduate school is to start where your client is, and to always remember to ask the question, not what's wrong, but what happened. It's a very different conversation, when you start there.

But as a health minister, a faith leader, or even a family member, if somebody's been diagnosed with something like hepatitis, it's devastating information. And it means a significant life change. So if you can sit with that person-- in the Buddhist tradition, people talk about holding

space, just to let a person be in the space that they are. Whatever it is that they're feeling is OK. Whatever emotions they go through are OK.

And if you can hold their hand, and kind of be a reminder and a guide for the things they're being told-- because they are also going to be given a whole bunch of information, right at the very beginning. And it's confusing, and people are often in shock or scared. And so sometimes you're both the memory and the ears. Sometimes you're the eyes. And you can definitely be a heart. And the most important thing, I think, here is to extend a compassionate hand and remind people that there is treatment, that thank goodness for access to affordable health care.

And if people are in a situation where health care is not affordable and they have this diagnosis, please be sure to visit a health center, a Federally Qualified Health Center, near you. And the people there will be able to help figure out a way to ensure that person gets the access to the treatment they need.

So we have just a couple more minutes before closing. I'd like to answer some questions, if we can quickly. Will registrants receive a link for future access to this webinar? Yes, we will post this at the partnership center, in the community resource place, in that Health Ministers Guide section. We'll also be following up with this at the blog. That will be posted on aids.gov. And we'll cross-post that in a number of other places, with a link to the webinar there, as well.

If you'd like copies of the slides, those will also be downloadable from both sites. And you can always reach out to us. You can reach me at partnerships@hhs.gov-- easier to remember than my whole name, and faster. So partnerships@hhs.gov.

And another question, before we're out of time, is somebody wanted to know about obtaining rapid hepatitis C kits, for conducting a hep screening event. And I'm sure that many of you are kind of curious now, hearing that there's Hepatitis Awareness Day and that there's a Hepatitis Screening Day. Well, how do we participate? How do we get kits?

So I'd like to turn the time over, maybe, to Cary, who is an expert in this area. And if you don't mind, Cary, pitching at that. And then I'll hand the phone over, also, to Corinna.

CARY GOODMAN: Oh, great. Yes. So, one of the things-- a lot of health departments have funds available, or they have tests available in their department. And faith leaders, what they can do, what churches can do-- if they're interested in hosting an event of testing, they just reach out to their health department. A lot of times, the health department will have a faith coordinator in their office, already. So The Balm of Gilead does have some of those resources available to point you in the right direction. So if you need that information, please don't hesitate to contact The Balm of Gilead 1-804-644-2256. Again, that's 804-644-2256.

But definitely, your local health department should have some testing available, or they have a resource, a local community-based organization that can come to your event and do the testing for you. So they have persons that are trained and cleared to administer the tests.

KIMBERLY KONKEL: Super. Thanks, Cary. That was a perfect answer. And just one more resource that you might want to be aware of, every state has a hepatitis coordinator. And I'm pretty confident that if you call that hepatitis coordinator and say, hey, I'm a faith leader or a health minister and would really like to partner with you on a screening event, they'll make sure that you have some profound partnership and can host that event. It's a wonderful question.

Well, we are out of time. Thank you so much, all of the presenters, thank you, thank you for your partnership and wonderful-- oh, I wanted to make one clarifying statement. Just to clarify, sex abuse and all family abuse really is no respecter of race or creed, socio-economic status, or anything. There's actually no evidence to show that some races or classes of people are at a higher rate of abuse.

That said, because of a higher concentration of a virus in a population, that abuse might reflect a higher rate of a certain disease. But a reminder that, unfortunately, one in four girls in America will leave college having been a victim of sexual abuse, and one in six boys.

But anyway, not to leave on such a downer note. We can fight hepatitis. We will be together with you on this. This is the beginning of a work with our health ministers, around viral hepatitis. We hope that you'll join us again. Be looking forward to our events in May. And we'll be getting this blog out to you, and hope to have you join us in further webinars as we not only combat viral hepatitis, but the other health disparities facing this country. Thank you so much.