

VI. Hepatitis Five-year Strategic Plan

The framework for the five-year (2003-2008) strategic plan to address hepatitis in Minnesota was drafted at a retreat of the expanded division hepatitis team. This team is comprised of staff at the MDH in the STD and HIV section, the ITIH section, and one staff representative from each of the following state departments: DHS, DOC, and MDE.

Representatives from the retreat brought the framework for the plan to several stakeholder groups for feedback and input. These stakeholders include:

- MDH STD and HIV Section
- Disease, Prevention and Control Leadership Team (DP&C) (which includes local public health from around the state)
- Hepatitis C Coalition
- Viral Hepatitis Integration Project (VHIP) Community Advisory Group
- STD Ad Hoc Committee (community members)
- HIV Prevention Task Force Youth Council
- Tribal Health Directors
- Veteran's Affairs Medical Centers (VAMC)
- Adult Immunization Coalition
- Immunization Practices Task Force
- Pharmaceutical representatives
- Health plans
- Refugee/Immigrant Task Force

The team then revised the plan to incorporate suggested changes and the resulting final plan described below.

Mission:

The purpose of the State of Minnesota Viral Hepatitis Strategic Plan 2003-2008 is to describe an integrated, comprehensive, collaborative and systematic approach to viral hepatitis prevention, control and treatment in Minnesota.

Vision Statements:

Our collective vision for viral hepatitis prevention, control and treatment in Minnesota includes:

Vision One

A coordinated local, state, and tribal partnership supported by diverse advocates and public and private resources to reduce/eliminate viral hepatitis in the state.

Vision Two

Accurate and thorough reporting and surveillance of viral hepatitis that includes identifying and characterizing risk behaviors, monitoring needs, trends and disparities among populations affected by viral hepatitis, and dissemination of findings to key stakeholders.

Vision Three

Effective and ongoing community and school awareness, education and behavioral interventions to address risks, prevalence, symptoms, vaccines, testing, treatment and accessing hepatitis resources with specific attention to high-risk populations and communities who experience disproportionate burdens of viral hepatitis.

Vision Four

Sufficient, affordable, accessible and high quality prevention, harm reduction, testing, vaccination, services and care and treatment programs for viral hepatitis.

Guiding Principles:

In developing and implementing this five-year strategic plan for viral hepatitis in Minnesota, the plan and its related activities should:

- Recognize the inherent worth of individuals regardless of route of infection with viral hepatitis, ensure confidentiality, and actively involve infected and affected individuals as leaders in developing ongoing hepatitis efforts;
- Build viral hepatitis activities on the existing infrastructure and best practices in place for HIV/STDs, immunizations, school health, chemical dependency and drug treatment systems, inmate education and care and other systems currently serving some of the hepatitis-affected population;
- Continuously research and recognize health and economic disparities that lead to higher prevalence of viral hepatitis in some communities and dedicate resources and efforts to reducing the disease;
- Advocate for viral hepatitis services that are culturally and linguistically appropriate, accessible and non-discriminatory;
- Improve quality of life for those living with chronic hepatitis;
- Promote viral hepatitis prevention and control as a shared private, public and tribal responsibility as well as medical and public health priority.

Vision 1:

A coordinated local, state, and tribal partnership supported by diverse advocates and public and private resources to reduce/eliminate viral hepatitis in the state.

Goal 1: To create an integrated team at the state level to critically review and monitor data, trends, needs and resources in order to lead, plan and advocate for hepatitis programs and funding.

Objectives:

- Identify champions in the state's executive and legislative branches to ensure implementation of the plan and identify a person to act as a liaison with them.
- Review the structure and process of other states with hepatitis planning activities as potential models.
- Clarify structure for state level hepatitis planning.
- Create a position, secure funding and identify a team coordinator for the planning effort.
- Develop a work plan and an organizational chart.
- Invite state level representation including but not limited to: State Departments of Health, Human Services, Corrections, and Education as well as Indian Health Service or other Tribal Health representation, and local public health via the Disease Prevention and Control (DP&C) Leadership Team.

Goal 2: To create an advocacy network to support hepatitis planning and implementation activities.

Objectives:

- Recruit partners in advocacy including but not limited to individuals infected and affected by diverse routes of transmission, faith institutions, youth, community-based organizations, tribal health, support groups, health

plans, local and national professional provider organizations, city and county governments, etc.

- Establish purpose, roles and responsibilities of advocacy network.
- Determine a communication medium for advocacy network members as well as to the general public, legislators and other key constituents.

Goal 3: To obtain funding at the federal, state and local levels for hepatitis-related programs, services and activities.

Objectives:

- Research and create a list of possible resources for funding hepatitis activities, including private and foundation resources.
- Assess the economic impact of hepatitis on infected individuals and their quality of life, on Minnesota's healthcare system and on lost wages and productivity for use in program planning and funding initiatives.
- Designate individuals, agencies and organizations to seek funding, including those already part of the advocacy network.
- Work with the DHS to advocate for drug formularies for HIV to include all necessary HCV drugs.
- Assess current financial capacity to provide additional testing and treatment services for patients and identify additional funding as needed, including higher reimbursement rates from health plans.
- Develop a state legislative initiative to support hepatitis activities.

Goal 4: To engage managed care in education, testing, treatment, vaccination and reimbursement for viral hepatitis.

Objectives:

- Meet with a managed care forum, such as the Community Health Committee of the Minnesota Council of Health Plans, and engage its members in a partnership with the state hepatitis planning team.

- Identify and agree upon mechanisms to improve testing and diagnosis, reporting, patient advocacy and medical coverage for viral hepatitis throughout the state.
- Dialogue with managed care providers on existing stakeholder concerns such as the importance of counseling, involving families in care and treatment plans, standards of care for mental health and substance abuse, and cost benefits of diagnosis on preventing future transmission and supporting behavior changes to improve health.
- Assess the capacity for reimbursement for testing and treatment under current health plan guidelines and strategies for improvement.

Vision 2:

Accurate and thorough reporting and surveillance of viral hepatitis that includes identifying and characterizing risk behaviors and monitoring needs, trends, and disparities among populations affected by viral hepatitis.

Goal 1: To increase the proportion of health care providers screening for HBV and HCV, including those who could potentially screen foreign-born persons, inmates, STD clientele, etc.

Objectives:

- Train providers on choosing the appropriate screening test.
- Train providers on whom to screen based upon behavior pattern and history assessments and symptoms.
- Target education to provider based upon results of the baseline survey of physicians, nurses and physician's assistants.
- Evaluate changes in provider practices over time.
- Assess and address the capacity to pay for testing and treatment by individuals seeking care from health care providers.

Goal 2: Enhance and maintain MDH surveillance for HAV, HBV, and HCV.

Objectives:

- Establish electronic lab reporting.
- Assess completeness of lab reporting and implement active surveillance where appropriate and feasible.

Goal 3: Improve provider and lab compliance with reporting guidelines in order to obtain more complete and accurate surveillance and screening information.

Objectives:

- Develop a web-based reporting system and training for providers on how to use it.
- Disseminate hepatitis compendium (standards for reporting) to providers and labs across the state.
- Work with local public health agencies to achieve the goal of 100% participation in the statewide immunization registry.

Goal 4: Improve the quality and quantity of information to providers.

Objectives:

- Update and improve the MDH website for hepatitis.
- Utilize paper and electronic communication systems already in place to provide hepatitis updates, outbreak information and activities implemented as part of the statewide plan.
- Communicate summary information about disease trends to affected communities and others as appropriate.
- Work with local public health agencies to communicate throughout all regions of the state using provider networks and site visits.
- Update strategies document for use by local public health to include assessment of high-risk populations.

Goal 5: Conduct special studies to develop greater understanding of the viral hepatitis epidemic and its related factors.

Objectives:

- Implement sero-prevalence studies to gauge chronic hepatitis in the state, in particular within refugee and inmate populations, and disseminate that information to local public health agencies and providers.
- Conduct in depth interviews with chronic cases of HCV.
- Quantify sero-prevalence of HBV and HCV in American Indians.
- Quantify co-infection rates of HIV/HCV.

Vision 3:

Effective and ongoing community and school awareness, education and behavioral interventions to address risks, prevalence, symptoms, vaccines, testing, treatment and accessing hepatitis resources with specific attention to high-risk populations and communities who experience disproportionate burdens of viral hepatitis.

Goal 1: Provide information, educational materials, and resources to primary care providers for use in working with patients or clients, especially those at high risk for viral hepatitis.

Objectives:

- Assess the type, quality and origin of materials already being used by providers and local public health agencies.
- Create buy-in from primary care providers on their role in educating patients on the disease through training and discussion.
- Disseminate behavioral risk assessments, protocols, and educational materials to providers as part of medical school and continuing education opportunities and via health plans and professional organizations.
- Utilize Internet and technology-based resources to update providers on educational materials and resources.

Goal 2: Organize and implement a statewide media campaign to provide the general public with information on viral hepatitis transmission and symptoms, as well as resources for vaccination, testing and treatment.

Objectives:

- Identify personnel and resources to coordinate effort.
- Research mechanisms for reaching diverse audiences.
- Identify targeted media campaigns for specific groups or locations.
- Create a plan for campaign content, format and distribution.

Goal 3: Create and assemble a wide variety of resources and educational materials on viral hepatitis for dissemination to patients, those at high-risk and the general public.

Objectives:

- Assess the type, quality and origin of written and other materials currently being provided to individuals in the state.
- Based upon gaps, create a variety of new materials in formats including but not limited to brochures/pamphlets, posters, magnets, videos, games, audiotapes, novelties and online resources.
- Identify specific needs in education materials including language translation, limited literacy, visual representation, word of mouth education, behavior history or patterns of risk and cultural differences in perceptions and rates of disease.

Goal 4: Improve access to and disseminate educational materials and behavioral interventions to persons at risk using existing agencies and networks.

Objectives:

- Compile information about materials and programs currently in place and the capacity to reach target populations in these settings.

- Develop and support ongoing relationships with community-based settings and institutions including correctional facilities and jails, chemical dependency treatment facilities, STD clinics, methadone programs, homeless and youth shelters, immigrant, migrant, and refugee health agencies, reservations, etc. in order to effectively disseminate materials and implement programs.
- Work with the Department of Education to secure resources, legislation and advocacy for comprehensive sexuality and disease education in schools.
- Develop and implement effective behavioral interventions to address hepatitis risk behaviors including syringe access and exchange programs, substance abuse treatment and Health Education /Risk Reduction (HE/RR) activities such as individual and group level counseling.
- Increase the number of local public health agencies developing local community education programs in conjunction with other local entities such as schools and colleges, community education and community-based organizations.

Vision 4:

Sufficient, affordable, accessible and high quality prevention, harm reduction, testing, vaccination, services and care and treatment programs for viral hepatitis.

Goal 1: To develop well-trained, adequately equipped, culturally competent and geographically dispersed provider networks to deliver hepatitis services.

Objectives:

- Identify provider networks and responsible local public health staff throughout the state.
- Identify viral hepatitis education trainers.
- Obtain funding and communicate opportunities for training events and materials via professional organizations and local public health agencies.

- Develop content of trainings to include epidemiology of viral hepatitis, assessment tools for high-risk populations, protocols for vaccine delivery, counseling and testing, care and treatment, syringe access programs and best practices and resources for referrals and support services.
- Deliver trainings statewide on an ongoing basis and explore delivery through existing trainings offered by the MDH.
- Utilize mechanisms such as webcasts and satellite conferences, where feasible, to increase access to training opportunities.

Goal 2: To increase viral hepatitis vaccination, screening and diagnostic testing capacities in multiple settings statewide.

Objectives:

- Assess prevalence of the under-diagnosis of hepatitis B and C and develop appropriate screening and diagnostic testing protocols.
- Develop policy and protocol for standard vaccine delivery and testing in the state.
- Increase capacity of local public health agencies to implement screening and referral strategies for groups at high risk (county jails, refugees, etc.) and seek funding to support these efforts.
- Expand lab capacity for vial hepatitis testing, including but not limited to seeking funding to support these activities at the MDH lab.
- Seek additional funding for high-risk adult vaccine for HBV.
- Identify non-clinical settings for targeted vaccination, screening and diagnostic testing to reach most at-risk individuals including via tribal health and Indian Health Service, in state and county adult and juvenile corrections and in chemical dependency treatment programs.

Goal 3: To increase counseling and support services to individuals in multiple settings statewide.

Objectives:

- Identify resources for counseling services at sites offering testing.
- Provide training to a wide variety of health providers on pre-and post-test counseling and referrals in correctional and jail settings, chemical dependency treatment facilities, STD clinics, tribal health facilities and community-based organizations.
- Compile and disseminate best practice information and a resource directory on support services and referrals including mental health, substance abuse, and behavior modification programs.
- Seek funding for implementation of ongoing counseling and support services within existing clinical and non-clinical settings (e.g. hiring of health educators or social workers).
- Explore possible case management service structure for persons chronically infected with HBV or HCV.
- Explore the role of disease investigators in offering partner services for HBV and HCV, including financial resources and training needs.