Hepatitis C Elimination Plan

Kentucky Department for Public Health

This is a governing document to guide statewide elimination efforts led by the Viral Hepatitis Program, developed in collaboration with community stakeholders and those with lived experience.

July 27, 2022

Table of Contents

Governor's Proclamation

Proclamation

by

Andy Beshear
Governor

of the

Commonwealth of Kentucky

To All To Whom These Presents Shall Come:

WHEREAS, The hepatitis C virus is prevalent in Kentucky communities, being in the top three states with highest rates for much of the last decade; and

WHEREAS, Effective antiviral treatments are available, making hepatitis C a curable disease; and

WHEREAS, Treating people with hepatitis C infection decreases likelihood of others being infected, making it a successful prevention strategy; and

WHEREAS, The Kentucky Department for Public Health is partnering with the U.S. Centers for Disease Control and Prevention, clinical, behavioral, and social service providers, professional organizations, local public health and community organizations and corrections to promote awareness and elimination of hepatitis C;

NOW, THEREFORE, I, ANDY BESHEAR, Governor of the Commonwealth of Kentucky, do hereby proclaim July 25-29, 2022, as

HEPATITIS C ELIMINATION WEEK

in Kentucky.

DONE AT THE CAPITOL, in the City of Frankfort the 11th day of July, in the year of Our Lord Two Thousand Twenty-Two and in the 231st year of the Commonwealth.

ANDY BESHEAR
GOVERNOR

Michael G. Adams
Secretary of State

Terms and Abbreviations

- AETC: AIDS Education and Training Center
- AIDS: Acquired Immunodeficiency Syndrome
- CDC: Centers for Disease Control and Prevention
- DOC: Department of Corrections
- DPH: Department for Public Health
- HCV: Hepatitis C Virus
- HIV: Human Immunodeficiency Virus
- IDU: Injection Drug Use
- IVDU: Intravenous Drug Use
- KADAP: Kentucky AIDS Drug Assistance Program
- KDPH: Kentucky Department for Public Health
- KIRP: KADAP Income Reinvestment Program
- LHD: Local Health Department or District
- MAT: Medication assisted treatment
- MOUD: Medication for Opioid Use Disorder
- NASTAD: National Alliance of State and Territorial AIDS Directors
- PWID: People Who Inject Drugs
- PWLE: People with Lived Experience
- PWUD: People Who Use Drugs
- REDCap: Research Electronic Data Capture System
- SEP: Syringe Exchange Program
- SSP: Syringe Services Program
- TasP: Treatment as Prevention

Statewide Site Visits

To provide context and a finished plan using the words and knowledge of those with lived experience.

The Viral Hepatitis Program (VHP) went to several syringe service programs (SSPs) across the Commonwealth during Spring 2022 to observe, talk with staff, and conduct listening sessions with program participants.

Syringe Service Program Site Visit Locations

These five SSPs represent a broad range of programs, both in terms of operation as well as geographic location. Some locations are mobile while others provide services out of the local or district health department.

- Carter County
- Northern Kentucky
- Louisville
- Graves County
- Barren River

People with Lived Experience

To provide context and a finished plan using the words and knowledge of those with lived experience.

Participants engaged with VHP staff through listening sessions. The purpose of the listening sessions and site visits was to get participants' perspective and real world understanding of the barriers and facilitators to testing and treatment in their communities. Participants were given $20 gift cards for their knowledge and time spent participating in the listening sessions. After visiting all fives sites, VHP staff collated notes and observational data into broad themes, listed below, and pulled out summary quotes, listed on the following page. These themes and quotes are not exhaustive, but highlight important perspectives and ideas that were expressed across all five SSP sites from both staff and participants.

Themes*

- Gaps in knowledge/misinformation about hepatitis C
- Desire to be healthy/concern for well-being
- Robust HCV testing rates among SSP participants
- Issue of testing high-risk individuals who have previously been treated
- Appreciation of SSP services/staff
- Stigma/fear of using SSP services
- Negative experience with healthcare system (discrimination, stigma)

*see page XXX for additional context on themes

People with Lived Experience

To provide context and a finished plan using the words and knowledge of those with lived experience.

Quotes from Participants

People are private. Some don't realize how easy testing is.

"[Providers] don't know how to work with us." [In reference to discrimination & stigma experienced by PWUD in healthcare facilities]

"They treat us like people here."

"We still want to be healthy"

Quotes from Staff and Peers

"Our big strength is inter-personal relationships"

"Something good is coming out of my bad experience."

You need compassion [to work in harm reduction].

Provider and Community Education

Kentucky Hepatitis Academic Mentorships Program (KHAMP)

KHAMP Faculty - Barbra Cave, Ph.D., APRN,FNP-C

The Kentucky Hepatitis Academic Mentorship Program (KHAMP) provides training and mentorship for emerging hepatitis C treaters to bring curative treatment and after care skills to high-risk, low-resource areas of Kentucky. Throughout participation in the program, learners have easy access to hepatitis C experts who provide real-time coaching and mentoring. The program uses a mix of face-to-face and virtual interactions to build up learner self-efficacy, efficiency, and syndemics knowledge so that provider-patient care is individualized and inclusive of shared decision making and harm reduction.

UNSHAME KY

Funded by Kentucky Opioid Response Effort

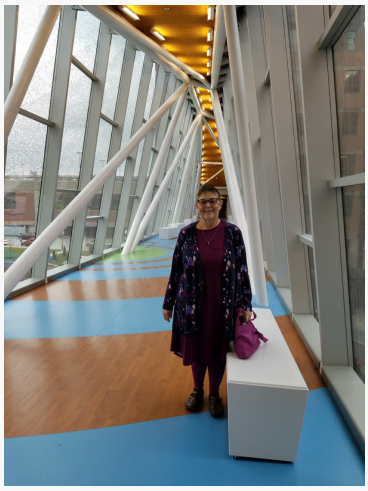
UNSHAME Kentucky is a statewide campaign to destigmatize opioid use disorder (OUD) by providing education on OUD-related topics and sharing the stories of people whose lives have been affected by opioid use disorder and those who serve those communities.

"Much like other diseases, substance use disorder is a chronic illness yet the stigma that surrounds substance use disorder is unparalleled. Barriers to care are constructed because of stigma. As a result, individuals turn this unfounded shame inward. To save lives in Kentucky, we must end the shame associated with substance use disorder."

Katie Marks, Ph.D.
Kentucky Opioid Response Effort Project Director

Community Outreach and Advocacy

Community resources and outreach for hepatitis C are needed for targeted testing and improved access to treatment. Community outreach and advocacy are vital to reducing stigma and shame regarding substance use disorder, which is foundational in addressing the prevalence of hepatitis C.



- Community outreach to meet people where they are and engage them in care and offer education and prevention strategies
- Bringing awareness and creating an environment for impactful change through discussion and policy

Elimination Through an Equity Lens

Building goals, objectives, and strategies with equity at the center.

The Office of Health Equity at the Kentucky Department for Public Health supports this strategic plan in its efforts to be intentional in addressing the disparities that exist among specific demographics in our state. This also includes the disparities seen by geography and other structural and institutional barriers and challenges that impact prevention and treatment. Recognizing how this disease impacts different populations in different ways provides a platform for utilizing a multipronged approach in ensuring equitable treatment outcomes and access to care.

Vivian Lasley-Bibbs, MPH
Director and Epidemiologist
Office of Health Equity
Kentucky Department for Public Health

01

The Viral Hepatitis Program is committed to addressing health equity and acknowledging geographic, social, financial, and demographic barriers to care throughout every goal, objective, and strategy of this Elimination Plan.

Kentucky Public Health
Prevent. Promote. Protect.

Background

Kentucky has been, and continues to be, ranked as one of the top states most affected by hepatitis C. Kentucky's rate of acute hepatitis C virus (HCV) is more than double the national average, reporting the highest rate in the nation for several years throughout the past decade. High rates have been driven by increases in injection drug use with nonsterile equipment, particularly in rural Appalachia. Estimates of Kentuckians currently living with hepatitis C range from 43,000 to, a more recent, locally derived estimate, 78,000.

The Kentucky Department for Public Health (KDPH) Viral Hepatitis Program (VHP) has identified high rates of hepatitis C among pregnant women, among children under five years of age, and a high number of infants born to hepatitis C positive persons. As a result, Kentucky was the first state to pass legislation for universal HCV screening of pregnant persons in 2018. Universal screening of pregnant women is now a recommendation nationwide.

Kentucky has developed a jurisdiction-level vulnerability assessment that identified sub regional (e.g., county, census tract) areas at high risk for opioid overdoses and bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with nonsterile drug injection. This serves as an update to the 2016 CDC Vulnerability Assessment where Kentucky contained 54 of the Top 220 U.S. Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections among IDU. For the jurisdiction-level evaluation, two assessments were completed to better understand counties that are vulnerable to outbreaks and to allow comparison across different metrics.

Background

Vulnerability was divided across five categories where the middle category served as an average rank, with 24 counties falling into each category. Ultimately, 19 counties were identified as vulnerable to both: outbreaks of HIV/HCV and opioid-related overdoses. Two of these 19 counties were not identified as vulnerable in the original, CDC assessment.

In 2019, through collaboration with Louisville Metro Public Health and Wellness and with support of the Association of State and Territorial Health Officials (ASTHO), KDPH worked with the Center for Disease Analysis Foundation (CDAF) to conduct disease burden modeling for hepatitis C in Kentucky. Collective input and data from DMS, KDPH, local health departments (LHDs), high-volume HCV treaters, and academic researchers informed the modeling. Key findings included: 1) 26% of total infections were in the 1945 to 1965 birth cohort 2) 26% of total infections were among women of childbearing age 3) 12% of total infections were among people who inject drugs 4) 13% of total infections were among the incarcerated population and 5) 20% of infected individuals were enrolled in Kentucky Medicaid. Further, the report demonstrated impact of current policies, what needs to be done to achieve elimination, and some projections based on the types of interventions enacted. As an example pulled from the report, "Under the base scenario, the number of Kentuckians with viremic HCV peaked in 2001 and is projected to increase by 1% between 2015 and 2030, resulting in 77,000 Kentuckians with HCV by the end of 2030.” Holding the Kentucky population as a constant for that timeframe, that would be a rate of 115 incident cases of HCV per 100,000 people per year.

Background

For perspective, the rate of incident cases of HIV in Kentucky was 8.1 per 100,000 people in 2017 and only increased to 8.2 in 2018. Additionally, according to the AIDS Institute, 'it now costs an average of $19,051 to cure one person's HCV, compared to an average cost of $205,760 for care without cure.' This report, available in its entirety in the Supplemental Information section, provides modeling that supplements growing VHP surveillance efforts, a modeled cascade of cure for hepatitis C in Kentucky, and an excellent framework for elimination planning.

In 2012, Kentucky expanded Medicaid coverage under the Affordable Care Act. At the beginning of April 2021, there were 1,638,617 unduplicated Medicaid enrollees. In a state of 4,468,000, Medicaid Fee for Service (FFS) and Kentucky Managed Care Organizations (MCOs) provide coverage to 37% of the state's population. The Kentucky Department for Medicaid Services (DMS) has liberalized nearly all restrictions for reimbursement for hepatitis C treatment. There is no longer a requirement based on liver disease progression for treatment. Patients do not have to reach a certain stage of fibrosis to be approved. While assessment and counseling for substance use is still part of hepatitis C evaluation and treatment in Kentucky, there are no longer substance use/sobriety requirements barring patients with a history of substance or alcohol use, or current use, from treatment eligibility. In August 2020, DMS approved primary care providers to treat patients with simplified treatment regimen without consultation with a specialist.

Background

In addition to expanded Medicaid coverage, Kentucky has other assets in place to support elimination of hepatitis C. Since the enactment of Senate Bill 192, Kentucky has rapidly built capacity for Syringe Service Programs (SSP) in Kentucky. Across the state, there are now 81 operational SSPs in 60 counties. While there is variability in these services, this harm reduction infrastructure supports hepatitis C prevention and treatment efforts. KIRP, the Kentucky AIDS Drug Assistance (KADAP) Income Reinvestment Program, seeks to address some of the underlying causes of infectious disease vulnerability resulting from drug use by focusing on infectious disease testing and linkage to care among high-risk individuals. KIRP staff and support are embedded in programs throughout the state. Kentucky also has robust provider training programs available, like the Kentucky Hepatitis Academic Mentorship Program (KHAMP) and increasing numbers of providers offering telehealth services.

Having effective direct-acting antivirals, liberalized reimbursement requirements under expanded Medicaid, a strong and growing harm reduction infrastructure, and committed providers, Kentucky is positioned to eliminate hepatitis C. It is cost-effective to treat as many individuals as possible; this minimizes transmission and reduces the high costs of sequelae related to chronic infection. Hepatitis C elimination will reduce healthcare costs, improve the health of individuals and communities, and save lives.

Elimination Statement

This plan aims to reduce new hepatitis C infections and improve outcomes along the clearance cascade to approach a Commonwealth free of hepatitis C by the year 2035.

Gathering Data

- Stakeholder coalition meetings
- Survey data from high-volume laboratories and major health systems regarding testing and treatment
- Harm reduction program site visits
- Listening sessions with participants of SSPs

Stakeholders*

- **Kentucky HepTAC -** medical and mental health providers, representatives from other government agencies, harm reduction, and HIV
- **HepFree KY -** community testing programs, community-based programs, policy experts and individuals with lived experience.

*for a full list of our contributors please see page XXX

Status-Neutral Approach*

A status-neutral approach proposes engaging the individual in care and support, regardless of the test result.

*for more information on status-neutral approach see page XXX

Mission Statement

Working together to eliminate hepatitis C in Kentucky through reducing stigma, empowering citizens to know their status, and ensuring equitable access to quality care and treatment.

Values

- Harm Reduction
- Priority population focus
- Centered voices of those with lived experience
- Health equity and inclusion of historically excluded groups
- Status-neutral approach for PWUD and others at increased risk for infection

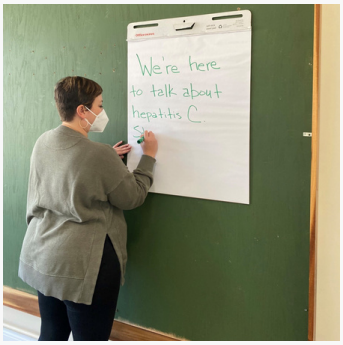
Priority Populations

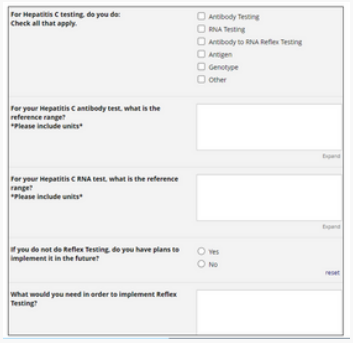
- People who use drugs (PWUD)
- Incarcerated individuals
- Historically excluded racial and ethnic populations
- Baby boomers
- Pregnant/parenting persons
- Children in foster care
- People with prior HCV infection
- Rural communities

Vision Statement

To create a Commonwealth free of hepatitis C.

Elimination Plan Development Timeline





November 2021

Stakeholder Meetings

VHP forms coalition groups and leads them through facilitated sessions to development elimination plan.

February 2022

Surveys

VHP develops and disseminates surveys to high volume labs and large healthcare systems to better understand barriers for testing and treatment of HCV.

March 2022

Site Visits

VHP visits five SSPs across the Commonwealth to conduct listening sessions with staff and participants.

May 2022

Plan Development

VHP takes information from stakeholder groups and site visits to create draft version of the plan which is presented at the Kentucky Public Health Association conference.

July 2022

Plan Launch

Following an open comment period, VHP combines stakeholder feedback into final draft of plan in preparation of launch on world hepatitis day.

Goal 1

Objectives and Strategies

Goal: Prevent New Infections

Objective: 1.1 Increase awareness of hepatitis C
Strategies:

1.1.1	Support and encourage education campaigns
1.1.2	Improve communication among providers and other stakeholders
1.1.3	Engage people with lived experiences
1.1.4	Promote harm reduction practices

Objective: 1.2 Reduce perinatal transmission of hepatitis C
Strategies:

1.2.1	Collaborate with entities focused on maternal and child health
1.2.2	Promote policies for universal testing
1.2.3	Promote contraception for women with SUD
1.2.4	Enhance linkage to care for HCV treatment post-pregnancy

Goal 1

Objectives and Strategies

Goal: Prevent New Infections

Objective: 1.3 Increase and improve hepatitis C prevention and treatment as well as equitable access to harm reduction services across social and demographic groups, and geographic areas, particularly among people who use drugs

Strategies:

1.3.1	Collaborate to increase SSP capacity
1.3.2	Promote treatment for those actively engaging in substance use
1.3.3	Engage programs that could integrate harm reduction into their work

Objective: 1.4 Increase the capacity of health providers in the prevention and treatment of hepatitis C and work to reduce healthcare discrimination and stigma faced by people at risk for or infected with the hepatitis C virus

Strategies:

1.4.1	Focus on extending reach of medical services beyond traditional medical settings
1.4.2	Promote stronger linkage to care
1.4.3	Educate healthcare workers on HCV and treatment eligibility
1.4.4	Promote public education that reduces stigma and communicates accurate treatment guidelines

Goal 2

Objectives and Strategies

Goal: Promote Comprehensive HCV Testing and Treatment for Overall Improved Health Outcomes

Objective: 2.1 Increase the proportion of people who are aware of their hepatitis C status by increasing testing

Strategies:

2.1.1	Streamline testing processes, increase accessibility and affordability, and explore novel testing options
2.1.2	Create alerts in electronic medical records to flag patients for testing
2.1.3	Partner with correctional entities to promote education, testing, treatment, and follow-up after release
2.1.4	Increase provider engagement across healthcare professions
2.1.5	Create social media campaigns for education and to advertise outreach events

Goal 2

Objectives and Strategies

Goal: Promote Comprehensive HCV Testing and Treatment for Overall Improved Health Outcomes

Objective: 2.2 Improve the accessibility of quality care and increase the number of people with hepatitis C who receive and complete treatment, including people who use drugs and people in correctional settings

Strategies:

2.2.1	Eliminate prior authorization requirement for Medicaid reimbursement
2.2.2	Support hepatitis training programs and telehealth programs
2.2.3	Increase engagement with pharmacy services
2.2.4	Support expedited treatment protocols
2.2.5	Support peer support and navigation activities in a variety of settings

Goal 2

Objectives and Strategies

Goal: Promote Comprehensive HCV Testing and Treatment for Overall Improved Health Outcomes

Objective: 2.3 Support the public health and health care workforces to effectively identify, diagnose, and provide holistic care and treatment for people with hepatitis C

Strategies:

2.3.1	Support health workers to learn about harm reduction, SUD, and benefits of treatment
2.3.2	Advocate for adequate staff, training opportunities, and trauma-informed staff support
2.3.3	Frame hepatitis C within the context of the syndemic

Goal 2

Objectives and Strategies

Goal: Promote Comprehensive HCV Testing and Treatment for Overall Improved Health Outcomes

Objective: 2.4 Identify and encourage the uptake of culturally congruent, innovative, evidence-based hepatitis C testing and treatment and promote harm reduction practices that reduce reinfection and sustain positive health outcomes

Strategies:

2.4.1	Explore marketing strategies that involve those with lived experience
2.4.2	Adopt educational materials that consider health literacy, access to technology, and cultural context
2.4.3	Support campaigns that seek to reduce stigma
2.4.4	Take services to people in order to meet them where they are

Goal 2

Objectives and Strategies

Goal: Promote Comprehensive HCV Testing and Treatment for Overall Improved Health Outcomes

Objective: 2.5 Prioritize interventions and initiatives that address populations disproportionally impacted by HCV

Strategies:

2.5.1	Center patient involvement in their care
2.5.2	Incorporate trauma-informed care practices
2.5.3	Identify ways to maintain patient engagement
2.5.4	Encourage harm reduction and hepatitis C to be included in clinical training programs
2.5.5	Identify interventions that will facilitate patients' cure confirmation

Goal 3

Objectives and Strategies

Goal: Improve Hepatitis C Surveillance and Data Usage

Objective: 3.1 Improve public health surveillance through data collection and case reporting at the state, district, and county health department levels and support infrastructure for data collection for community testers

Strategies:

3.1.1	Improve surveillance of chronic hepatitis C
3.1.2	Procure additional funding and leverage resources to address surveillance needs
3.1.3	Build out data infrastructure to improve accuracy and completeness of hepatitis C data
3.1.4	Improve collaboration among state health agencies and external partners

Objective: 3.2 Conduct routine analysis of hepatitis C data and disseminate findings to inform public health action and the public

Strategies:

3.2.1	Analyze hepatitis C data to better understand trends in population demographics
3.2.2	Distribute infographics (maps, graphs, posters, billboards, etc.) to the public and stakeholders using relevant data to target audiences

Goal 3

Objectives and Strategies

Goal: Improve Hepatitis C Surveillance and Data Usage

Objective: 3.3 Coordinate with entities outside the Viral Hepatitis Program to share data

Strategies:

3.3.1	Explore feasibility and usefulness of supplementing KDPH data with external partner data
3.3.2	Cultivate data sharing practices

Objective: 3.4 Improve hepatitis C data products and increase their visibility and availability as a means of increasing engagement of policymakers, stakeholders, and PWLE

Strategies:

3.4.1	Launch VHP website
3.4.2	Increase engagement with policymakers and stakeholders
3.4.3	Identify political champion

Goal 3

Objectives and Strategies

Goal: Improve Hepatitis C Surveillance and Data Usage

Objective: 3.5 Collect, analyze, and present data to identify disparities, provide context, and inform prevention and intervention tactics and strategies to promote testing and treatment equity

Strategies:

3.5.1	Create care cascade(s) and identify disparities
3.5.2	Gather qualitative data to supplement and contextualize disparities data

Goal 4

Objectives and Strategies

Goal: Approach Hepatitis C Elimination in the Context of the Syndemic of Viral Hepatitis, HIV, Other Infectious Diseases, and Substance Use Disorders

Objective: 4.1 Identify new and existing stakeholders focusing on work related to the syndemic, establish productive and synergistic partnerships, and leverage opportunities beyond syndemic work, extending reach to priority populations and individuals who experience barriers to services

Strategies:

4.1.1	Develop mechanism for identifying and archiving stakeholders doing syndemic work that can be referenced by any state partner
4.1.2	Convene a group to explore and leverage opportunities beyond syndemic work
4.1.3	Explore ways to incorporate and compensate PWLE

Goal 4

Objectives and Strategies

Goal: Approach Hepatitis C Elimination in the Context of the Syndemic of Viral Hepatitis, HIV, Other Infectious Diseases, and Substance Use Disorders

Objective: 4.2 Promote integrated services to provide a "one-stop shop" for individuals accessing any point of care

Strategies:

4.2.1	Explore other methods for confirmatory HCV testing
4.2.2	Identify opportunities for integrated services within emergency departments, urgent care centers, and in local clinics
4.2.3	Utilize community health workers to provide integrated services at various points of care

Goal 4

Objectives and Strategies

Goal: Approach Hepatitis C Elimination in the Context of the Syndemic of Viral Hepatitis, HIV, Other Infectious Diseases, and Substance Use Disorders

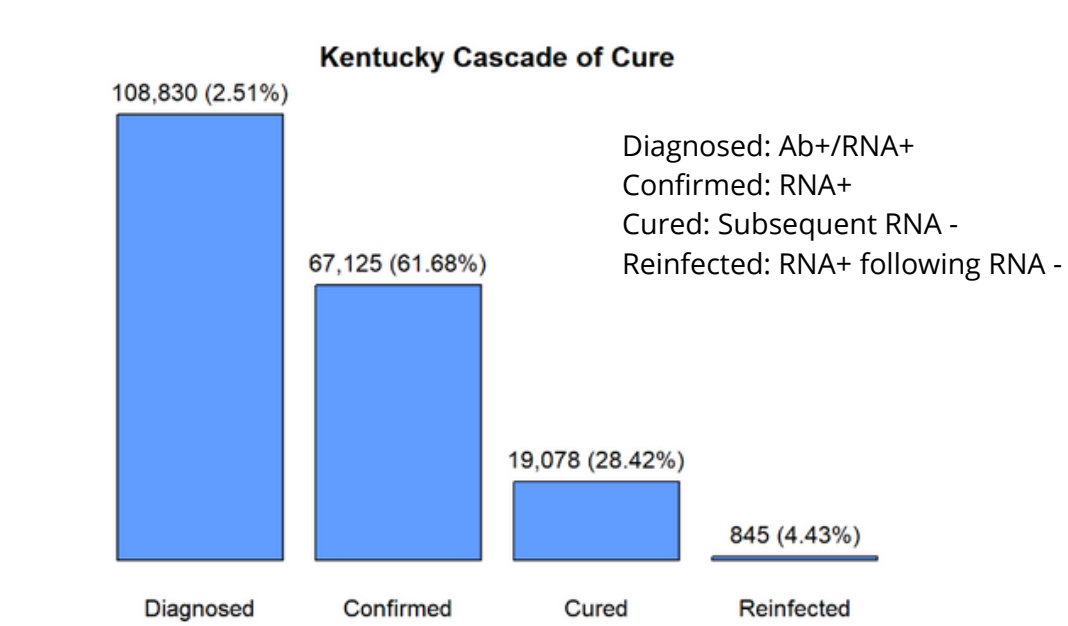
Objective: 4.3 Promote cultural humility and culturally congruent approaches to equitably meet people where they are across social groups, demographic groups, and geographic areas

Strategies:

4.3.1	Mitigate gaps in access to transportation
4.3.2	Promote interpretation and translation services
4.3.3	Build partnerships between public health and social and human services
4.3.4	Challenge public stigma by disseminating informative public education materials
4.3.5	Promote cultural humility training for providers and stakeholders

Accountability and Evaluation

Accountability and evaluation of the plan's goals, objectives, and strategies.



Data are based off of laboratory records retrieved from NBS, using lab records from 2011-2022

- Each step of the cascade of cure will be monitored to ensure progress
- VHP and evaluation group will meet semi-annually to review, discuss, and determine the progress of goals, strategies, and objectives

Feasibility Statement

VHP acknowledges without funding (state or federal) the burden of activities to be carried out are shouldered by our collaborators and community partners.

Our Contributors

Name	Organization
Danielle Dennis	AIDS Education and Training Center (AETC)
Matt Brewer	AIDS Volunteers of Lexington (AVOL)
Fares Khater	Appalachian Regional Healthcare
Charity Crowe	Barren County SSP
Tara Starwalt	Bluegrass Care Clinic Jail Linkage Coordinator
Adam Kennard	Carter County SSP
Dee Bixler Ruth Jiles Veronica Davis	CDC Division of Viral Hepatitis
Marty Jones	Community Action Council for Lexington-Fayette, Bourbon, Harrison, Nicholas Counties, Inc.
Allen Brenzel	Department for Behavioral Services, Developmental and Intellectual Disabilities
Allison Adams	Foundation for a Health Kentucky
Lauren Carr	Graves County SSP
Courtney Ham Priscilla Easterling	Healthy Re-entry Coalition of Kentucky

Our Contributors

Name	Organization
Adrienne Bush	Homeless and Housing Coalition of Kentucky
Ardis Hoven Chelsey Reid Greg Corby-Lee Jana Collins Jim Thacker Linwood Strenecky	KADAP Income Reinvestment Program (KIRP)
Aaron Ashby-Boyd Drew Ritzel Chase Barnes	Kentucky Department for Public Health Harm Reduction
Tisha Johnson	Kentucky Department for Public Health HIV
Vivian Lasley-Bibbs Teresa Davis Nicole Weiss	Kentucky Department for Public Health Office of Health Equity
Janie Cambron	Kentucky Department for Public Health Quality Improvement Coordinator
Amanda Wilburn Dia Obonyo Claire Holladay Connor Glick Rachael Corrone	Kentucky Department for Public Health Viral Hepatitis Program
Cookie Crews	Kentucky Department of Corrections
Fatima Ali April Prather Reyna Vangilder	Kentucky Department for Medicaid Services

Our Contributors

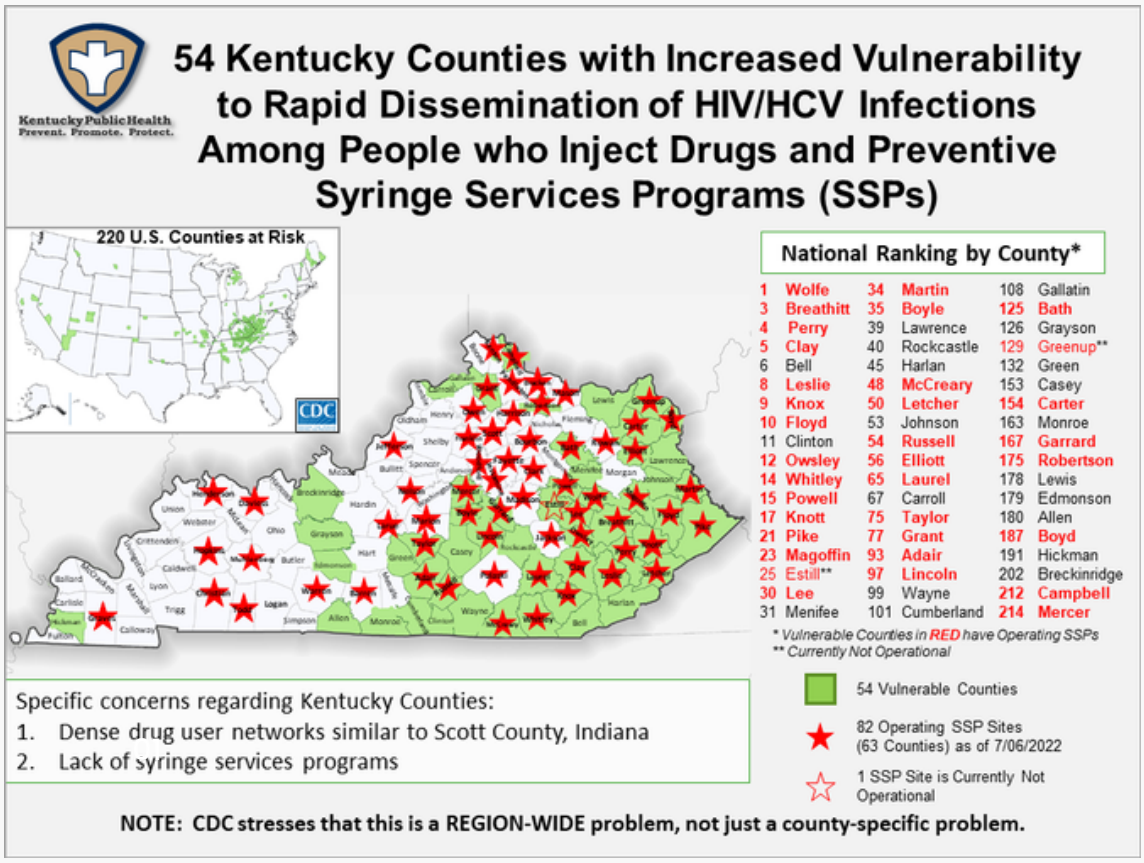
Name	Organization
Shannon Rempe	Kentucky Equal Justice Center
Deborah Campbell	Kentucky Hospital Association
Jim Daley Renee McDaniel	Kentucky Jailers Association
Cody Hunt	Kentucky Medical Association
Teresa Cooper	Kentucky Primary Care Association
Tina McCormick	Kentucky Rural Health Association
Kelly Taulbee	Kentucky Voices for Health
Mark Hensley	Local Health Department Director
Melony Cunningham	National Alliance on Mental Illness - Kentucky
Adrienne Simmons Robin Lord Smith Daniel Raymond	National Viral Hepatitis Roundtable
Michelle Rose	Norton Healthcare
Stephanie Vogel Lauren Kathman	Northern Kentucky Health Department Syringe Access Exchange Program
Debra Graner	Patient Advocate

Our Contributors

Name	Organization
Michael Kopp Lauren Passmore	The Social Practice Lab/Louisville Metro Department of Public Health and Wellness
Monica Ridgeway Heather Sullivan Venishia McGregor Charlie Pack Ryan Kelly Bernard Anderson Shanee' Whitlock Rachel Heavrin	Target4 Project
Frances J Feltner	University of Kentucky Center of Excellence in Rural Health
Jens Rosenau Daniel Moore Jennifer Havens	University of Kentucky
Barbara Cave	University of Louisville
Debbie Duckworth Maribeth Wright	University of Kentucky Specialty Pharmacy
Takako Schaninger	Veterans Affairs/University of Kentucky
Valerie Farsetti Rhonda Cowan David Hornsby Dasia Woods	Volunteers of America
David Brumett	Voices of Hope
Sarah Spencer	Walgreens Specialty Pharmacy

Supplemental Information

Resources - Syringe Service Program Map



updated SSP location and hours

https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

Supplemental Information

Status-Neutral Approach

Adapting Status-Neutral for Hepatitis C

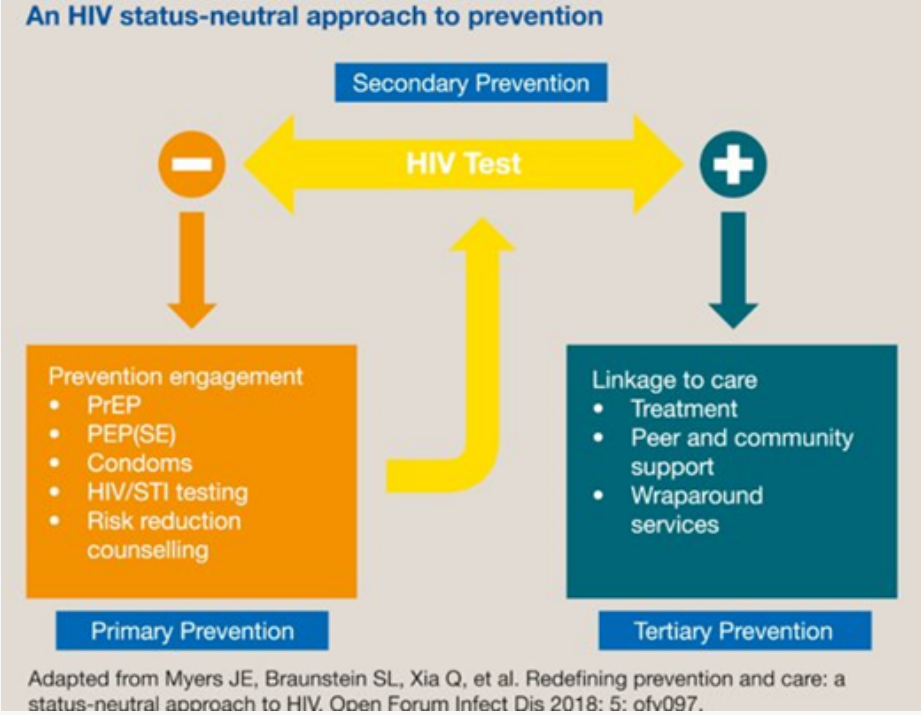
In HIV testing, a status-neutral approach proposes engaging the individual in care and support, regardless of the test result. We feel it's important to incorporate a status-neutral approach for PWUD and others at increased risk of infection in Kentucky's hepatitis C elimination strategy, as HCV testing is an opportunity to engage individuals and provide comprehensive support and care.

The status-neutral approach (1) to HIV testing is a relatively recent development which proposes engaging individuals in care and support regardless of the test result. When a test is positive, there is always some sort of movement to provide care to the individual; referral or linkage to treatment and often other types of services occurs. When a test is negative, however, there is traditionally little else done with that person. status-neutral changes that paradigm.

Supplemental Information

Status-Neutral Approach

Adapting Status-Neutral for Hepatitis C



In HIV testing, status-neutral proposes the same approach for engagement, regardless of one's HIV status. The approach is a framework which functions to provide comprehensive support and care to address the social determinants of health that create disparities, especially as they relate to HIV (2).

We feel it is important to incorporate a status-neutral approach to HCV testing for PWUD and others at increased risk of infection, as HCV testing is an opportunity to engage individuals and provide comprehensive support and care regardless of test outcome.

Supplemental Information

Status-Neutral Approach

Adapting Status-Neutral for Hepatitis C

Incorporating a status-neutral approach to hepatitis C testing would include the same type of linkage to care after confirmatory testing including treatment (through to cure) and wraparound services.
For non-reactive tests, the prevention engagement would include:

- continued testing
- sterile injection equipment
- risk reduction counseling
- substance use treatment
- linkage to behavioral health services
- reproductive health services
- condoms
- services to address housing, food, employment

For those who have been cured of hepatitis C, they would be engaged in these preventive measures in order to avoid reinfection.

1Myers, J. E., Braunstein, S. L., Xia, Q., Scanlin, K., Edelstein, Z., Harriman, G., Tsoi, B., Andaluz, A., Yu, E., & Daskalakis, D. (2018). Redefining Prevention and Care: A Status-Neutral Approach to HIV. Open forum infectious diseases, 5(6), ofy097. https://doi.org/10.1093/ofid/ofy097
2Texas Department of State A Status Neutral Approach: Achieving Together to End the HIV Epidemic. 2020. https://www.dshs.state.tx.us/hivstd/meetings/partb2020oct/StatusNeutralWhitePaper.pdf.
Graphic: Cabecinha, Melissa A, and John Saunders. “HIV Prevention Strategies.” Medicine (Abingdon. 1995, UK ed.) 50.4 (2022): 228–233. Web.

Supplemental Information

SSP Themes

During our conversations with clients and staff of SSPs, many important points were highlighted.

Theme: Gaps in knowledge/misinformation about hepatitis C
We repeatedly heard about hepatitis C myths and misinformation that are circulating among populations of PWUD and PWID. Among the most mentioned are: that an individual can give hepatitis C to themself; that HCV is treatable but not curable; that old, outdated treatment guidelines are still in place; that the medications still make you very sick; and that there are still sobriety requirements before treatment can be given (this one persists because there are a few isolated providers who still employ this outdated and harmful practice).

Theme: Desire to be healthy/concern for well-being
There is a common myth among the general population that individuals who use substances or struggle with addiction do not care about their health. It was apparent during conversations with SSP participants, however, that they have a desire to be as healthy as they can be and to prevent harm to themselves and others as much as they are able. They may be struggling with addiction, but they have tremendous concern for their well-being and are doing the best they can.

Theme: Robust HCV testing rates among SSP participants
Many of the participants we spoke with had been tested for HCV, and some are regularly testing.

Supplemental Information

SSP Themes

Theme: Issue of testing high-risk individuals who have previously been treated

In one of the sites, a majority of the participants we spoke to had previously been infected with HCV and had been treated and cured. The issue here is that point-of-care, rapid tests for these individuals will come back reactive. This indicates a need for a specialized strategy beyond rapid testing to confirm reinfection is not occurring in these populations.

Theme: Appreciation of SSP services/staff

The participants we spoke to expressed a deep appreciation of the services offered at the SSP. They knew the value of being able to obtain sterile supplies in order to stay healthy. Additionally, they had especially high praise for the staff. Staff members were described as people with immense compassion and a profound regard for human dignity, and that was certainly something that we witnessed while onsite as well.

01

Theme: Stigma/fear of using SSP services

Most all the participants knew acquaintances who refuse to use SSPs because of the stigma associated with drug use and SSP services. Many fear having their names put into a system, believe police are watching the building, or had other concerns about privacy and law enforcement.

Supplemental Information

SSP Themes

Theme: Experience with healthcare system (discrimination, stigma)
Many participants had negative experiences while trying to access healthcare, some vivid and harrowing. Several recounted being denied services in the ER for legitimate medical issues because they had a history of drug use. One participant had some fingers cut off in a lawn mower incident, and while he had initial care including stitching and bandaging, he went to the ER a couple days afterward due to pain and throbbing in his hand. He was immediately deemed 'drug-seeking' and turned away without even having his bandages changed, so he went to a place where he felt safe and cared about: his local SSP. Another participant was riding his bike on the way to the SSP for new supplies when a car hit him, knocked him and his bicycle down a ravine, and ran off. The participant managed to get himself and bicycle out and to the SSP. The SSP nurse advised him to go to the ER as he likely had a broken wrist. The participant refused because he had prior bad experiences at the ER. The SSP staff helped rig a splint and provide any care they were able to. Indeed, nurses at several SSPs explained how they do a lot of wound care, but also end up addressing issues that really need urgent care because participants were either turned way or decline to go because of past experiences.

Everything we heard during our visits helped to contextualize our priorities while developing the elimination plan. Each of these themes have strong implications for how we should work on elimination in these populations.

Supplemental Information

Supporting Documents

Centers for Disease Analysis Foundation Report Summary:
The Centers for Disease Analysis Foundation (CDAF) report combines national, state, and local data using the Delphi process to create estimates of hepatitis C for Kentucky. This analysis provided needed estimates for priority populations like incarcerated individuals and Medicaid recipients with diagnosed hepatitis C. To read the full report including data sources and estimates, please see the link below.

Full report can be found here: link
https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/BurdenFinalReportCDAF.pdf

National Viral Hepatitis Roundtable Report Card - Kentucky:
The National Viral Hepatitis Roundtable (NVHR) releases periodic progress report cards to convey a state's readiness and ability to achieve hepatitis C elimination by 2030.

Full report can be found here:
https://eliminatehep.org/states/kentucky/