Thank you for Joining!

The Listening Session will begin momentarily...

Feel free to provide your name(s) and organization/ location in the Participant Chat Box.
Eliminating Hepatitis C and HIV in Indian Country: A Focus on Urban Indian Health

Listening Session

December 10, 2019
2:30pm – 4:00pm EST

Kaiser Family Foundation, Barbara Jordan Conference Center, Washington, DC

https://www.ncuih.org/hepchiv
How to Ask a Question or Comment During the Listening Session

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1b. select the Raise Your Hand icon to be called on to speak verbally

OR

2. Once your question has been received and reviewed, the presenter(s) will provide a response verbally or written as shown here.
Welcome!

Francys Crevier, JD
Executive Director,
National Council of Urban Indian Health (NCUIH)
Senator Warren’s statement for the NCUIH listening session, “Eliminating Hepatitis C and HIV in Indian Country: A Focus on Urban Indian Health”

“Combating Hepatitis C and HIV/AIDS in communities most impacted by these epidemics—including AI/ANs in urban centers—must be a top priority for lawmakers. Methamphetamine and opioid use have been key drivers of rising Hepatitis C and HIV/AIDS rates in Indian Country and across the United States. That is why I introduced the Comprehensive Addiction Resources Emergency (CARE) Act, ambitious legislation to tackle the opioid and substance use epidemic head-on. The CARE Act—which is modeled after the Ryan White HIV/AIDS Program—would invest $100 billion over ten years to fight the epidemic, including over $800 million annually provided directly to tribal governments, tribal epidemiology centers, urban Indian health organizations, and other entities serving Native communities. I appreciate NCUIH’s support for the CARE Act.

The Indian Health Service should never have to cut corners to address Hepatitis C and HIV/AIDS, behavioral health, and other pressing health issues, and its work—and that of urban Indian health programs—should never be jeopardized by dysfunction in Congress. That’s why I am also working with Congresswoman Deb Haaland to develop legislation, the Honoring Promises to Native Nations Act, to ensure the federal government lives up to its trust and treaty obligations. Among other important proposals, this legislation would provide full, guaranteed funding for IHS, and it would invest heavily in tribal epidemiology centers.”
Indian Health Service (IHS) Update on HIV/ Hepatitis C Prevention and Treatment
HIV/ HCV Listening Session

Richard Haverkate, MPH
National HIV/AIDS & HepC Program Director, IHS
Introduction

Objectives of this presentation:

1. State the main goal of “Ending the HIV Epidemic in America” (The Plan);
2. List the four key strategies of The Plan aimed to reduce new HIV infection in the U.S.; and
3. Describe “Treatment as Prevention” (or TasP) to enhance the care of persons at risk for HIV infection.
HIV in Indian Country

Current Statistics:

- CDC reports a 63% increase in HIV rates among gay and bisexual AI/AN men;
- The undiagnosed rate for AI/AN living with HIV ~ 18%;
- Roughly 53% of all AI/AN diagnosed with HIV were receiving continuous HIV care
HIV in Indian Country (2)

Current Statistics:

- AI/AN men who have sex with men accounted for 78% of all HIV cases among AI/AN in 2013

- AI/AN women show a rate of HIV diagnosis that is three times the rate of White women
Ending the HIV Epidemic

“In the State of the Union Address on February 5, 2019, the president announced his Administration’s goal to end the HIV epidemic in the United States within 10 years.”
HIV in America

- 700,000 American lives have been lost to HIV since 1981
- 1 million currently living with HIV
- 40,000 newly diagnosed each year
- The U.S. government spends $20 billion annually for HIV prevention and care
- Risk of an HIV resurgence
Goals of The Plan

**GOAL:**

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.
Right Data & Right Tools

Today we have the tools available to end the HIV epidemic.

Landmark biomedical and scientific research advances have led to the development of many successful HIV treatment regimens, prevention strategies, and improved care for person living with HIV.
Rights Leadership

Centers for Disease Control and Prevention
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Office of the HHS Assistant Secretary for Health
Substance Abuse and Mental Health Services Administration
Geographic Focus
Key Strategies of the Plan

- **Diagnose** all people with HIV as early as possible.

- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.

- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
Tribal Epi Center NOFO

- Only current TEC grantees are eligible to apply for the competing supplemental funding under this announcement
- Two levels of funding
  - Group A: TEC Projects not in Phase One Jurisdictions
  - Group B: TEC Projects in Phase One Jurisdictions
- Total funding is approximately $2.4 million
- Published in the Federal Register on Aug 6, 2019
  - FR Document 2019-16760
  - FR Document 2019-16761
Listening to our Communities

IHS leadership will be conducting listening sessions throughout Indian Country.

The IHS National HIV Program is funding the National Indian Health Board and the National Council of Urban Indian Health to conduct HIV and HCV listening sessions.
Contact Information

Rick Haverkate, MPH
National HIV/AIDS & HepC Program Coordinator, Division of Clinical & Community Services
Email: Rick.Haverkate@ihs.gov
Overview of Current Status of HIV/ Hep C Prevention and Treatment at Urban Indian Organizations
HIV/ HCV Listening Session-
Clinical Overview

Robyn Sunday-Allen, RN, MPH
Chief Executive Director, Oklahoma City Indian Clinic

LCDR Danica Brown, PharmD, MHA
Pharmacy Hepatitis C Clinic Manager, Oklahoma City Indian Clinic
Oklahoma City Indian Clinic
Hepatitis C Clinic

Danica Brown, PharmD, BCPS
LCDR, U.S. Public Health Service
Hepatitis C Clinic Manager
Hepatitis C Pharmacy Clinic Process

- Referral Received
- Pretreatment Initial Visit
- PROJECT ECHO®
- Hepatitis C TeleECHO™
- Medication Procurement
- Medication Received
- Cured Status
Hepatitis C Pharmacy Clinic Patients

- Completed treatment: 169
- Failure: 2
- Active treatment: 6
- Open Consults: 36
- Evaluated; Not treated: 2
- Lost to follow-up: 13
- Not Started: 21

n = 249
Percent Cured per Intention-to-Treat

- Cured: 67%
- Not Cured: 33%
Percent Cured per Protocol

- Cured: 98%
- Not Cured: 2%
Drug Cost vs Reimbursement Dollars

- **Epclusa**
  - Drug Cost: $77,793
  - Reimbursement: $1,026,052
- **Harvoni**
  - Drug Cost: $169,137
  - Reimbursement: $1,692,743
- **Mavyret**
  - Drug Cost: $46,937
  - Reimbursement: $140,271
Money Saved using Prescription Assistance

Total savings: $596,588

- Epclusa: $207,449
- Harvoni: $347,417
- Mavyret: $41,722
Lessons Learned

* Easier access helps improve adherence with visits, treatment, and lab work

* Learn to efficiently navigate patient assistance programs

* Urban natives are transient and difficult to contact
Questions?

Danica Brown, PharmD, BCPS
LCDR, U.S. Public Health Service
Phone: (405) 948-4900 ext 294
Email: danica.b@okcic.com
Thank You

OKLAHOMA CITY
INDIAN CLINIC
www.okcic.com
HIV/ HCV Listening Session-
Community Support Overview

Kerry Hawk-Lessard
Executive Director, Native American Lifelines
PROTECT THE PEOPLE:
HIV & Hep C Prevention in an Urban Indian Community
Kerry Hawk Lessard, MAA
Native American LifeLines
Our Mission

The mission of Native American Lifelines is to promote health and social resiliency within Urban American Indian communities. Native American Lifelines applies principles of trauma informed care to provide culturally centered behavioral health, dental, and outreach and referral services.
American Indians in Baltimore, MD (U.S. Census Bureau, 2010)

AI/AN alone: 2,270
AI/AN in combination: 3,591
0.37% of total population
Median age: 35.6
Total Under 18: 498
Majority tribe(s): Cherokee*, Lumbee

* by self-report
Urban American Indians

- 20.3% of Urban Indians live in poverty compared with 12.7% of urban population in general

- Profound health disparities (DM, cancer, cardiac disease, SA/ETOH abuse, mental distress, etc.)
Location of Residence (U.S. Census Bureau, 2010)

- Non-Urban: 71%
- Urban AI/AN: 29%
HIV/Hepatitis C/STIs
CSAP: Johnson, et al. (2007, 2008)

Risk Factors
community disintegration
shame, & stigma
urban lifestyle & peer influences
socioeconomic disadvantage
Historical Trauma

“the cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences,” (Brave Heart, 2008).

“the loss of language and culture that has left so many Aboriginal people bereft of their unique place in the world. It is these disorientations and their psychosocial correlates … that the term [historical trauma] was intended to capture,” (Gone, 2009).
“I think if I’d had stronger culture, we would’ve lived differently.”

“We would be better if we had those values. We would be stronger as a community.”
“When I was little I thought it was normal. My mom woke up with a beer. And I thought that’s what you did. I didn’t know. So maybe we need to show kids that they don’t need to do that.”
historical trauma

health demoting behavioral practices

HIV/Hepatitis C/ STIs
Program Philosophy

Decolonial Praxis

“the intentional, collective, and reflective self-examination undertaken by formerly colonized peoples that results in shared remedial action” (Gone, 2009)

retribalization: the bringing together of the tribal community for healing (Vernon & Thurman, 2009)
the struggle “to reclaim and regenerate one’s relational place-based existence by challenging the ongoing, destructive forces of colonization.”

- Jeff Corntassel
## Baltimore City Health Department
Community Risk Reduction Services

Number of Clients Who Self Identified as Native American
who received Syringe Exchange Services

**Reporting Period 7/1/2009 – 6/31/2017**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>20</td>
</tr>
<tr>
<td>30-39</td>
<td>15</td>
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<tr>
<td>40-49</td>
<td>25</td>
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<tr>
<td>50-59</td>
<td>12</td>
</tr>
<tr>
<td>60+</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>
Baltimore City Health Department
Community Risk Reduction Services

Number of Native American Clients Trained in Opiate Overdose Prevention

Reporting Period FY 2016 - 2017

<table>
<thead>
<tr>
<th>Location</th>
<th># of Native American Trained in Overdose Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American Center</td>
<td>42</td>
</tr>
<tr>
<td>National Native American HIV Awareness Day</td>
<td>21</td>
</tr>
<tr>
<td>Street Outreach / Community Health Fairs/SEP Mobile Unit</td>
<td>72</td>
</tr>
<tr>
<td>Detention Center</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
</tr>
</tbody>
</table>
Baltimore City Health Department
STI rates for AI/AN
Reporting Year 2017

12 cases of Chlamydia reported
(0.16% of total cases reported)

9 cases of Gonorrhea reported
(0.21% of total cases reported)

2 cases of Late Latent Syphilis reported
(1.1% of the total cases reported)
Baltimore City Health Department
Hepatitis C Surveillance

There are 29 AI/AN individuals reported as infected with Hepatitis C. This number is 0.13% of all Hepatitis C cases reported to BCHD since 2006.
Baltimore City Health Department
HIV Testing & Surveillance

In 2017, 221 AI/AN individuals tested for HIV, representing 0.49% of publicly-funded tests. No positives were identified at this time.

In 2016, no living HIV cases or new HIV positives identified among AI/AN.
Data matters.

-Baltimore, Maryland has been an epicenter of injection drug use, HIV/AIDS, and hepatitis for decades.

-Few culturally-specific, evidence-based disease prevention programs exist for American Indians.

-American Indians are a very small minority group in Baltimore and have received little attention from researchers or providers.

Very little epidemiological data exists on risk behaviors in this population. Evidence of rampant racial misclassification in official health, social service, and criminal justice records erases Native people from public health discussions.

Focusing on small but high-risk minority communities within a larger metropolis has the potential for large public health impact.
Data matters.

“Othering” dehumanizes and impedes our ability to understand the impact of HIV in Indian Country.

What is your ethnicity?

- White
- Black
- Asian
- Latino
- Other
“The Lumbee aren’t [federally] recognized. They [other American Indians] try to act like we ain’t Indian. They say we’re black. They put us down and it makes you feel real bad.”
National Native HIV/AIDS Awareness Day
National Native HIV/AIDS Awareness Day
National Native HIV/AIDS Awareness Day
Native American LifeLines
1 E Franklin Street, Suite 200 • Baltimore MD 21202
410.837.2258
HIV/ HCV Listening Session- Policy Overview

Walter Murillo
Chief Executive Director, Native Health Center
HIV/ HCV Listening Session

Q & A Dialogue
Q & A Moderators

Julia Dreyer, JD
Director of Federal Relations,
National Council of Urban Indian Health (NCUIIH)

Kimberly Fowler, PhD
Director of Technical Assistance and Research Center,
National Council of Urban Indian Health (NCUIIH)
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HIV/ HCV Listening Session

Q & A Dialogue
HIV/ HCV Listening Session

Closing Remarks
Eliminating Hepatitis C and HIV in Indian Country: A Focus on Urban Indian Health

February 19, 2020 at 2:00pm - 4:30pm EST

Listening Session

Virtual:
https://www.ncuiih.org/hepchiv
THANK YOU!!

Please fill out the evaluation