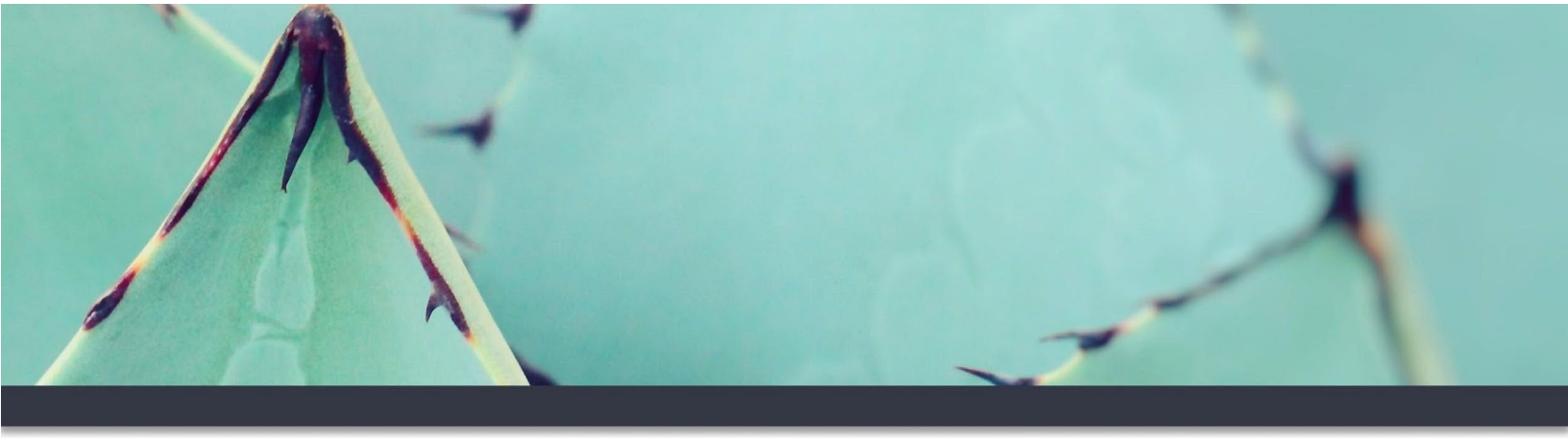

Arizona Hepatitis C Elimination | 2022

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Arizona Hepatitis C Elimination Plan

2022

Anticipated Publication Date: December 2022

This publication was developed by the tireless work and dedication of Hep Free AZ Members and stakeholders across the State of Arizona.

This publication is available in electronic format on the HIVAZ.org and the Arizona Department of Health Services websites.

Executive Summary

Hepatitis C virus (hep C) infection is one of the most common blood-borne viruses in the United States. It is estimated that 2.4 million Americans are living with hep C and as of 2021, approximately 10,000 new reports are received each year within the State of Arizona. Hep C is a major cause of chronic liver disease and related complications such as liver cirrhosis and liver cancer (hepatocellular carcinoma) and can cause death.

Recent developments have provided some of the tools needed to eliminate hep C, although some challenges still remain. In addition to increasingly effective direct acting antiviral (DAA) medications, other developments include:

- **Universal hep C screening recommendations** that have been made by the Centers for Disease Control and Prevention (CDC), United States Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG).
- **New methods for diagnosis of liver disease** that are safer, less costly yet have equivalent accuracy and are less dependent on provider experience allowing for hep C to belong not just to the wheelhouse of specialists.
- **Policy changes** such the State of Arizona's legalization of syringe service programs (SSPs) in 2020 and the removal of the Arizona Health Care Cost Containment System (AHCCCS) prior authorization requirements in 2022 improve access to preventative care and hep C treatment.

The World Health Organization's global health sector strategy on viral hepatitis calls for the elimination of viral hepatitis as a public health threat by 2030, by which time 90% of new infections should be reduced and 65% of hep C related deaths prevented. All nations have been called on to mobilize action toward meeting this goal and in doing so they face many challenges. In order to be successful, elimination planning must adequately address gaps along the care continuum, prevent new cases and ensure that hep C testing is accessible and allows all to know their status. In addition, system-level changes are needed to improve surveillance capabilities, prioritize the social determinants of health and ensure the implementation of stigma reducing strategies.

To contribute to the work of addressing this global health issue, the State of Arizona will begin work to eliminate hep C as a public health threat through a coordinated approach to expand and improve prevention, diagnosis, testing, treatment, and care services. The purpose of the Arizona Hep C Elimination Plan is to provide recommendations that will lead Arizonans toward eliminating hep C as a public health problem. This elimination plan articulates the principal strategies and activities that will help to achieve our vision of a hepatitis-free Arizona.

Plan Principles

Hep C Elimination efforts in Arizona strive to be:

- **Collaborative**
  The plan is informed by the expertise and experiences of a diverse group of partners, stakeholders, and community members.
- **Aligned**

The plan is aligned with the Arizona 2022-2026 HIV/STI/Hep C Integrated Plan in recognition of the importance of shared goals, communication, and opportunities among state agencies.

- **Informed**
  The plan is guided by information collected from surveys, focus groups, technical workgroups and engagement sessions to incorporate the viewpoints and personal experiences of Arizonans most impacted by hep C. In addition, the plan is written in a way that acknowledges the significance of harm reduction and the apparent need for trauma-informed approaches throughout all initiatives.
- **Responsive**
  The plan is a living document and updates will be made periodically to reflect the changing landscape and include new input from impacted communities.

Guiding Framework:
Guiding our efforts to eliminate hep C in Arizona, the statewide elimination plan is structured around the following pillars. The goals and objectives within the pillars represent the priorities of the community while also aligning with the Arizona 2022-2026 HIV/STI/Hep C Integrated Plan:

1. **Construct** a landscape that supports foundational strategies that are conducive to elimination.
2. **Prevent** new transmissions by using proven interventions, including SSPs.
3. **Diagnose** all people with hep C as early as possible.
4. **Treat** infections rapidly and effectively.
5. **Respond** quickly to potential outbreaks to get prevention and treatment services to people who need them.

Implementation of the plan will require dedication and ongoing commitment from many organizations and individuals, including public health agencies, health care and community-based organizations and persons affected by hep C. **The elimination strategies are designed to be updated over time in response to new information, best practices and policy changes.** As improvements are made to our surveillance system, goals and objectives will also be updated.

Hepatitis C Overview

What is Hepatitis C?

Hepatitis C (hep C) is a viral disease that affects the liver and can cause chronic liver disease. Surveys conducted 2013-2016 indicated an estimated 2.4 million persons (1.0%) in the nation were living with hep C.

People Living with Hepatitis C Often Have No Symptoms

People with newly acquired hep C infection **are usually asymptomatic or have only mild symptoms**. In fact, about 4 in 10 people living with hepatitis C do not know their status. If symptoms do occur, these might include yellow skin or eyes, fatigue, upset stomach or vomiting, or dark urine. Many people eventually develop chronic liver disease, which can range from mild to severe and include cirrhosis (scarring of the liver) and liver failure and liver cancer.

Hepatitis C is Transmitted by Contact with Blood

Hepatitis C is **transmitted through contact with blood from a person living with hep C**, which may happen through:

- Sharing needles, syringes, water used for shots/rinsing, or any other equipment used to prepare and inject drugs.
- Receiving blood transfusions, organ transplants or blood products before donor screening procedures were in place (1992).
- Needle stick injuries in health care settings.
- Mother-to-child transmission at birth.

Hepatitis C is ***not*** transmitted in food or water; or by sneezing, coughing, hugging, kissing, touching, holding hands, or by sharing eating utensils or drinking glasses.

Hepatitis C Can be Prevented

There is currently no vaccine for hepatitis C, but **hepatitis C can be prevented** by avoiding direct contact with other people's blood. To reduce the chance of blood- to-blood contact, items that may have had other people's blood on them should not be shared, even when the blood is not visible. People who use drugs should try to use sterile/new needles and injecting equipment when possible. They should avoid sharing unsterile needles or equipment with friends, including water used for shots and rinsing. In Arizona, sterile syringes can now be legally obtained from pharmacies or syringe service programs (SSPs).

Hepatitis C Can be Cured

While there is no vaccine for hepatitis C, **hepatitis C can be cured** with treatment from a medical provider. Treatment regimens are usually 8 or 12 weeks, but sometimes longer.

There are several medications to treat hepatitis C that are highly effective and have fewer side effects than previous options. A medical provider will suggest the most appropriate medication based on a person's medical history, physical exam, laboratory and other test results. This decision will depend on a number of factors, including:

- The type of hepatitis C (called a "genotype").
- Whether or not the person has liver disease (cirrhosis); and whether the disease is mild (compensated) or severe (decompensated).
- If the person with hepatitis C received treatment before and if so, which medications were used.
- Other health conditions.

Landscape Analysis

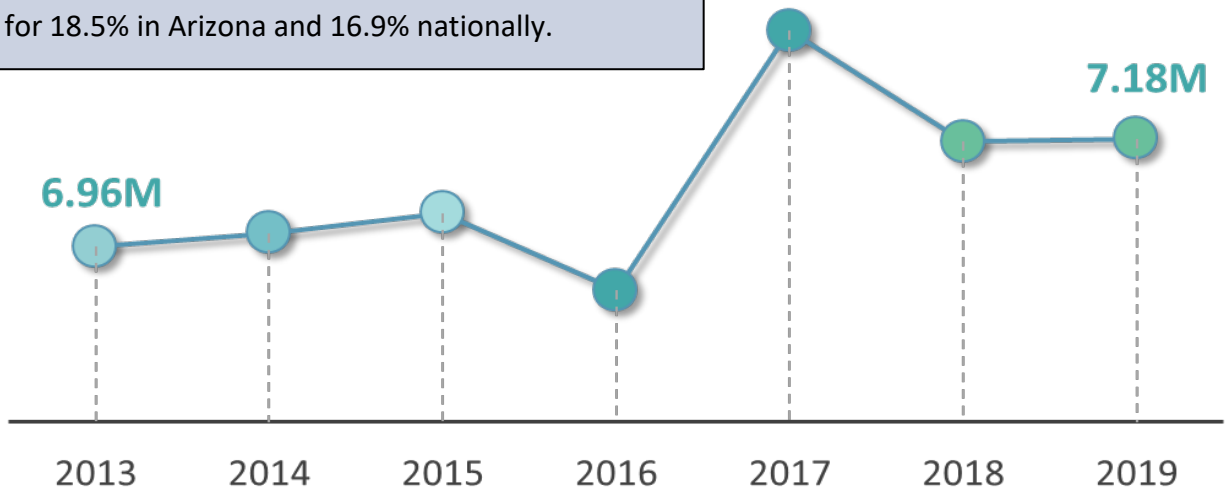
Throughout the process to develop the hepatitis C elimination plan, the importance of making key identifications regarding priorities and current experiences to develop relevant strategies was made clear. The following epidemiologic profile describes the context used in the development of the plan.

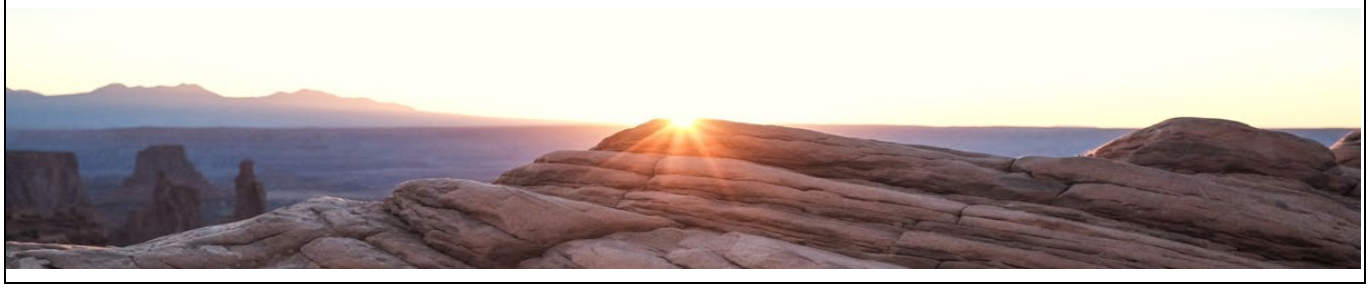
Epidemiological Profile

Arizona is a state with diverse culture and unique qualities. Communities and geography range from the populous City of Phoenix to the bottom of the Grand Canyon and encompass the United States/Mexico Border Region and tribal lands.

According to the 2021 United States Census, the total population in Arizona was approximately 7.28 million. Arizona has fifteen large counties and twenty-two sovereign American Indian Communities that vary greatly in population density. Over 75 percent of the total population lives in Maricopa and Pima counties (the respective locations of the cities of Phoenix and Tucson). Statewide, the population has been increasing. The chart below illustrates the rate of population growth rate by calendar year:

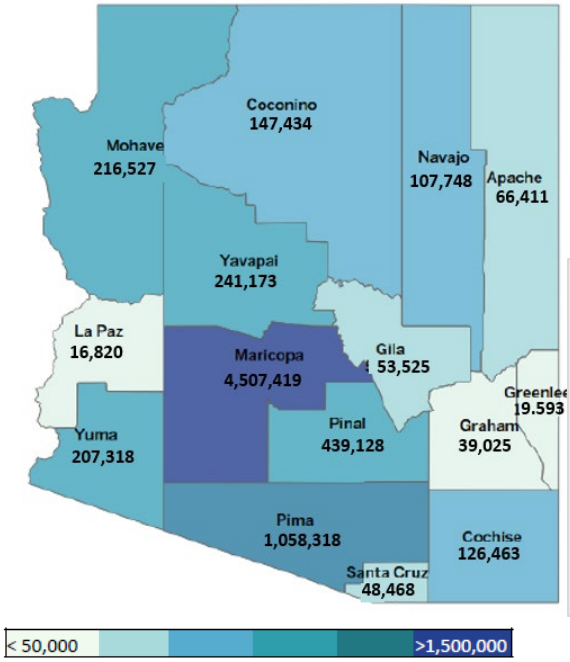
The current population distribution shows almost 57% of Arizonans are between ages 20 and 64, of which 33% were between the ages of 20 and 44. Arizona's age distribution roughly mirrors that of the U.S.; however, adults aged 65 and older account for 18.5% in Arizona and 16.9% nationally.



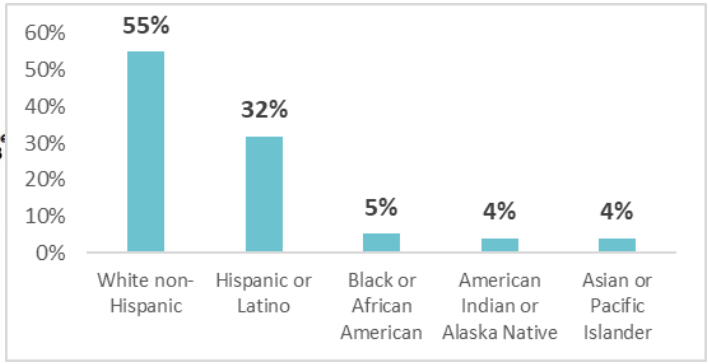


Population by County

The least populated county is Greenlee County with 9,593 residents and the most populated county is Maricopa County with 4,507,419 residents. Pima County also has over one million residents with a population of 1,058,318.

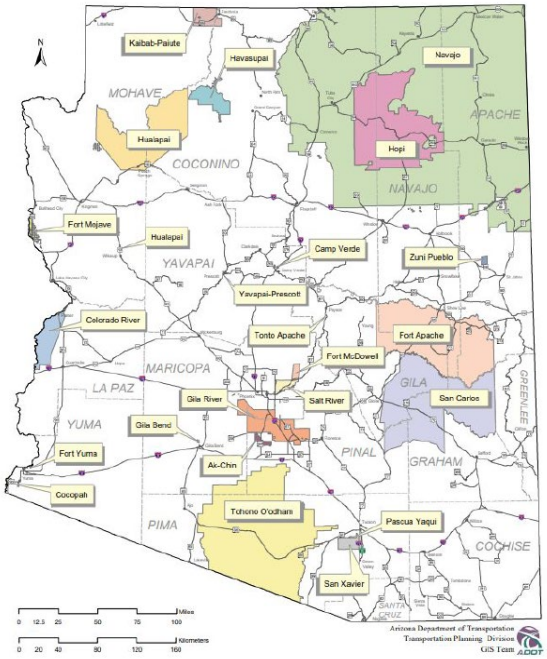


Arizona's residents vary greatly by race and ethnicity. The chart below depicts the population characteristics for the state. In 2021, more than 85% of Arizonans identified as White non-Hispanic (55%) or Hispanic/Latino (32%). Other racial groups comprise less than 15% of Arizona's population.



Arizona Tribal Lands

The State of Arizona has 22 sovereign American Indian Communities representing nearly 386,000 persons.



With 5.3% of the state's population (nearly 386,000 persons) identifying as American Indian, Arizona ranked third in 2019 for states with the largest American Indian population.

Social Determinants of Health

The Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, work, play, worship, age and thrive that affect a wide range of health, functioning, and quality-of-life outcomes and risks (CDC, 2022). Studies show that clinical care provided to individuals to address health conditions and genes/biology each are found to account for only 10% of the factors influencing an individual's health (CDC, 2022). From this view, opportunities for improving and maintaining health can be focused on environments where people are born, live, learn, work, play, worship, and age (Kindig, 2008).

In addition to being a racially and ethnically diverse population, Arizona resident's face several socioeconomic factors that challenge healthcare access, use and outcomes leading to disproportionate impacts on certain populations including poverty, housing and health insurance.

Cultural and Linguistic Needs

Arizona's residents possess unique characteristics that may present distinctive challenges to accessing culturally and linguistically-appropriate health care, including hep C screening, diagnostics, and treatment. For example, the US Census Bureau estimates about 27% of Arizona residents speak a language other than English at home.

Socioeconomic Status

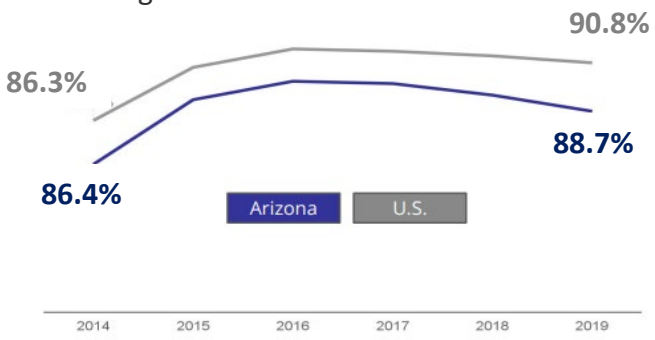
In Arizona, 15.1% of adults are living below the federal poverty level. This varies at a county and community level with some areas with higher rates such as Apache County at 35.5% (Arizona Department of Health Services, 2022).

Shelter

The number of unsheltered homeless Arizonans increased 21% from 2019 to 2020.

Health Insurance Coverage

The percentage of adults with health insurance is lower than the national levels and saw a slight decrease in 2019.

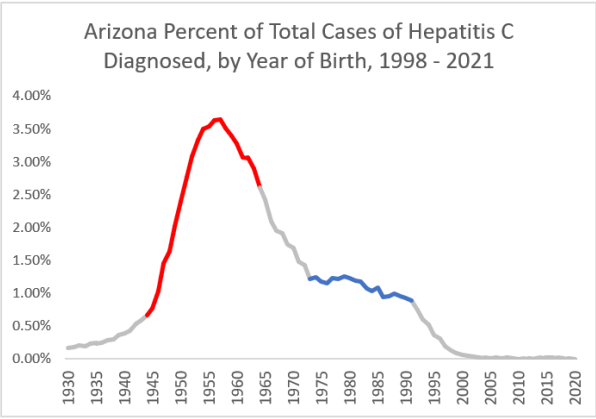


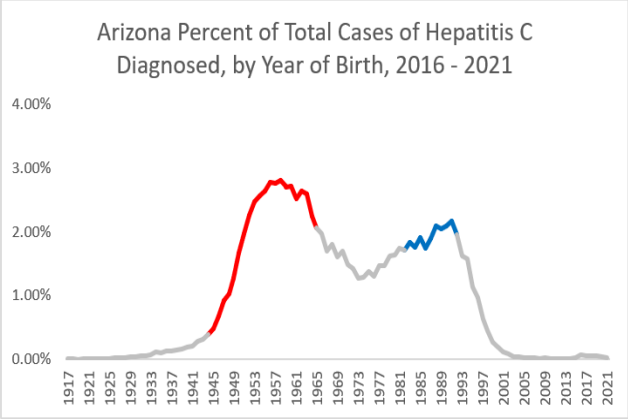
Hepatitis C by the Numbers

Arizona's administrative code requires reporting for all reactive hepatitis C reports from both providers and laboratories. As of 2022, lab results and demographic information are collected, received and managed by the Arizona Department of Health Services (ADHS) Hep C Team within the Medical Electronic Disease Surveillance Intelligence System (MEDSIS).

Changes in Demographics

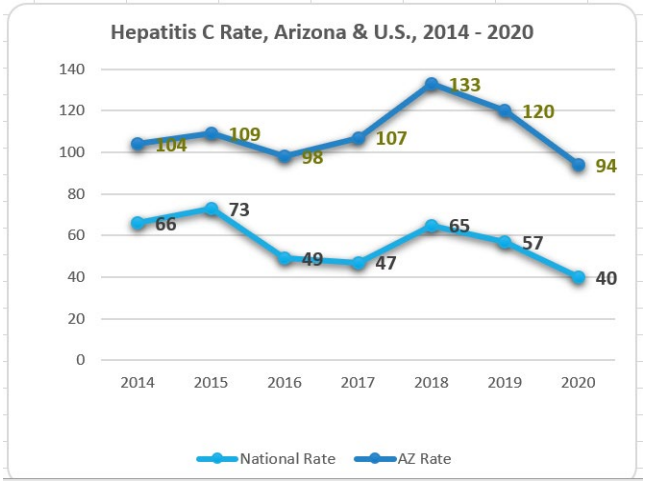
On average around 10,000 new hep C reports are received each year by the ADHS Hep C Program. Historically, the percent of total cases of hepatitis C diagnosed in the state by year of birth is highest among baby boomers. However, more recent data shows a cohort of individuals born after 1983 representing a growing proportion of those living with hep C, linked to lack of access to sterile injection supplies and increased injection drug use.





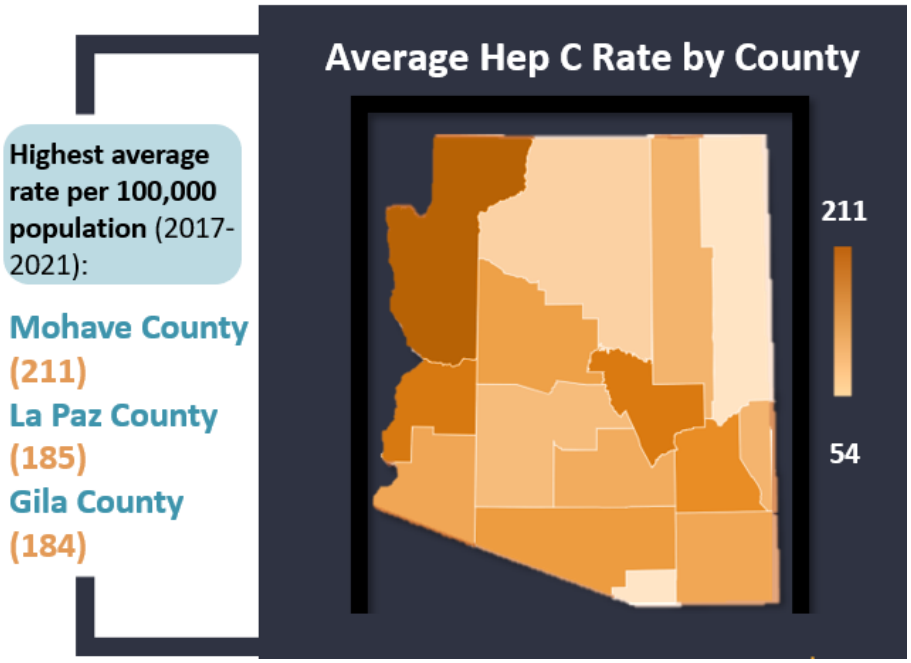
Statewide Hepatitis C Disease Burden Trends

Rates of Hepatitis C are increasing nationally and in Arizona, with Arizona's rates consistently higher than the national rate (total positive reports divided per 100,000 persons).



Changes in Geographic Distribution

Geographically, most reports are typically received from Maricopa County, although when rates are calculated based on population, higher rates are seen in rural areas of the state.



Mohave County has the highest rate per 100,000 in the last 5 years.

Maricopa County had 55% of the total reports received each year.

Statewide Needs Assessment

ADHS commissioned a needs assessment for persons living with hepatitis C and those at risk of hep C infection throughout the state of Arizona in late 2021 using their Jurisdictional Planner subcontractor, Germane Solutions. The purpose of the Needs Assessments was to gain a better understanding of the current care and service needs of people living with or at risk of hepatitis C statewide, but also focused on identifying unique needs of specific communities known to be particularly vulnerable to hep C infection. The surveys were deployed virtually and through peer recruitment efforts/facilitation from February 2, 2022 through April 15, 2022.

A total of 1,076 surveys were completed, including 376 for the Care and Services Assessment and 700 for the Needs Assessment. Submitted surveys were examined for eligibility and completeness of data. The geographic distribution of survey respondents was assessed, and survey volume was adjusted accordingly to align with surveillance data. A check for duplicate entries was also conducted. After exclusions based on degree of completeness and weighted variables, 270 Care and Services Assessment and 354 Needs Assessment survey responses remained for further analysis.

Demographics

- The races of the participants in the Care and Services Assessment were 74% White, 11% American Indian, 8% Black/African American, 6% Asian, 3% Native Hawaiian or Pacific Islander and 15% not identifying as a Race, but instead selecting Identify only as Hispanic. However, for the Needs Assessment Survey, the numbers were 64% White, 8% Black, 7% American Indian, 1% Asian, 1% Native Hawaiian or Pacific Islander and 23% selecting Identify only as Hispanic. Most participants of both surveys identified as either cisgender men or cisgender women. The

majority of the survey respondents reported living in one of the following Arizona counties: Maricopa County, Mohave County, and Pima County. Across both surveys, most people (624) took the survey in English (92%) with 52 (8%) taking the survey in Spanish.

Key Findings

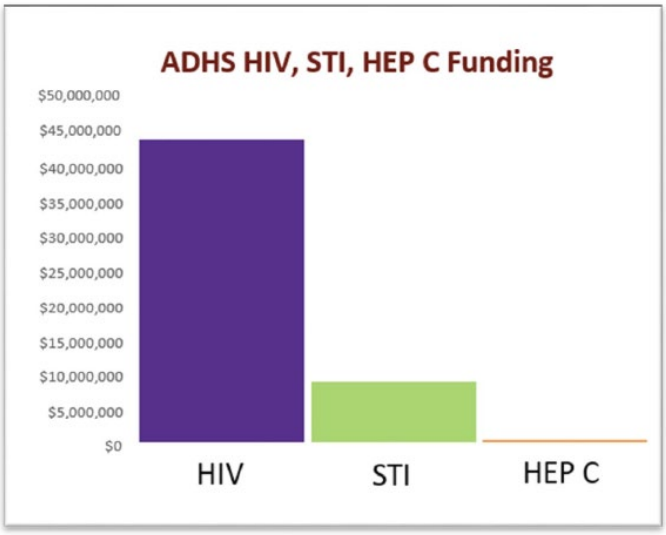
- Both surveys gave us insights on how often the participants were getting tested, barriers that they have to overcome, and the cure rates. Approximately 62% of people that are at risk have said that they have been tested for hep C and 38% of people have stated that they have never been tested. Around 83% of participants were diagnosed in Arizona and 34% of those participants have been told that they have achieved Sustained Virologic Response for 12 weeks (SVR12). For all of the participants they have listed their biggest barriers were transportation, judgment/ stigma, out of pocket expenses, and insurance.

Resource Inventory

The CDC is currently the single funder for the hep C program at ADHS. In comparison to HIV and STI programming, hep C receives a significantly lower amount of funding and due to this limitation, program expansion and capacity building remains a challenge.

ADHS Hepatitis C Funding

	Funder	Funding Source(s)	Organization(s)	Annual Award Amount	Prevent	Diagnose	Treat	Respond
Hep C	**CDC**	**Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments**	**Arizona Department of Health Services (ADHS)**	**$315,000**	✓	✓	✓	✓
STI	CDC	Strengthening STD Prevention and Control for Health Departments	ADHS	$8,206,569	✓	✓	✓	✓
HIV	HRSA	Ryan White Parts A, B, C and F; Ryan White Part C EIS; Pharmacy Rebates; ADAP Emergency Funding; Ending the HIV Epidemic-Primary Care HIV Prevention; Regional AIDS Education Training Center	ADHS; Maricopa County, Valleywise Health; El Rio; UA Petersen Clinics; Native American Community Health Center; Mountain Park; Wesley Community Center; Adelante; Circle the City; Neighborhood Outreach Access to Health; Pacific AIDS Education and Training Center Arizona	$50,237,687	✓	✓	✓	
	CDC	HIV Prevention/Surveillance Cooperative Agreement; Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States; Comprehensive High-Impact HIV Prevention Programs for CBOs	ADHS, Southwest Center for HIV/AIDS; Southern Arizona AIDS Foundation	$9,312,208	✓	✓	✓	✓
	HOPWA	Housing Opportunities for Persons With AIDS Program	City of Phoenix, City of Tucson, Pima County, Cochise County (SAAF)	$5,342,468			✓	
	SAMHSA	Substance Abuse Block Grant; State Opioid Response II; The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities	Arizona Health Care Cost Containment System; SAAF	$31,876,462	✓	✓	✓	
	IHS	Minority HIV/AIDS Fund	Phoenix Indian Medical Center, HIV Center of Excellence	$800,000	✓	✓	✓	



Approaches and Partnerships

The ADHS hepatitis C program currently has data sharing agreements with the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR), University of Arizona Thomas D. Boyer Liver Institute, Arizona Liver Health, Maricopa County Department of Public Health, and Valleywise Health.

Coordinating substance use prevention and treatment services with hep C services is challenging in Arizona. The ADHS and the Arizona Health Care Cost Containment System (AHCCCS) are separate agencies. In Arizona, there are currently no standard processes for ADHS' hep C programs to communicate or share data with AHCCCS programs. However, there is interest in collaboration and open communication between ADHS and AHCCCS. ADHS and the ADHS Ryan White Part B (RWPB) and hep C teams meet bi-monthly with an AHCCCS representative to discuss funding and new projects.

New Programming

The ADHS program recently implemented Disease Investigation Services (DIS) for Hep C in July 2022 and has plans to implement Patient Navigation programming in early 2023 via funding provided from the CDC's PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD). In addition, ADHS will implement perinatal case investigations in 2023 through CDC's Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET) Program.

Analysis

Strengths

There have been capacity developments within ADHS recently to expand funding for DIS capacity and Patient Navigation. Additionally, there is now expanded funding for hep C surveillance activities.

CDC funding and/or other contractual relationships exist among several agencies in Arizona, which has increased funding and created new partnerships.

Gaps

Statewide, hep C requires additional funding to expand its capacity to conduct more activities. Hep C would benefit from reduced limits on what funding can pay for, which is highlighted by limited funding for expanding syringe service programs (SSPs) to community-based organizations and hep C navigation implementation.

At ADHS, the hep C programs have no or limited funding for addressing social determinants of health. Addressing determinants of health can lead to improved access to services and engagement in care.

In addition, some surveillance system challenges remain:

- Limited negative reports make it difficult to track cures and/or hep C clearances.
- Due to capacity limitations, many positive hep C reports do not receive case investigation.
- Some demographic data (race/ethnicity and gender) and risk factor data are often unavailable.

Community Engagement & Planning Process

Hep Free AZ Structure

Hep Free AZ (HFA) is a volunteer advisory group that works collaboratively with the Arizona Department of Health Services (ADHS) to develop and implement the goals of Arizona's Hepatitis C Elimination Plan. At the heart of all of HFA's efforts is a focus on the expertise and perspectives of people with lived experience in hepatitis C.

Hep Free AZ Mission & Vision Statement

Our Vision*:* A hepatitis C free Arizona.

Our Mission: To empower impacted people, raise awareness, and increase equitable access to prevention, diagnosis, and curative treatment to eliminate hepatitis C.

Membership

HFA is comprised of over 90+ both provider and community members. Current members include people with lived experience in hepatitis C, representatives of community-based organizations (CBOs), healthcare providers, social and behavioral health workers, community members, pharmaceutical representatives, pharmacists, and harm reductionists. HFA strives to maintain a 50/50 representation of community members and providers.

Leadership

HFA is governed by an Executive Committee which is responsible for determining and carrying out the full scope of work for the organization, including setting meeting agendas and conducting HFA business between meetings. Executive Committee Members were selected based on their knowledge and expertise on the below topics with preference given to community members and people with lived experience:

- Prevention & Harm Reduction
- Care & Treatment
- Advocacy
- Social Determinants of Health

Two Co-President Chairs are appointed by the Executive Committee to support meeting preparation and facilitation, and coordinate communication between members and the community-at-large. Additionally, the organization receives support from a governmental facilitator from the ADHS Viral Hepatitis Program.

Subcommittees

The operational needs of HFA are met with the assistance of three subcommittees that focus on data, advocacy, and marketing.

- The **Data Subcommittee** is responsible for overseeing and evaluating data projects and investigation activities that relate to HFA. Members initially provided key guidance and support for the development and deployment of the Statewide Hep C Needs Assessment. They now work on an ad hoc basis dedicated to supplemental hep C surveillance review and special projects.
- The **Advocacy Subcommittee** is responsible for advocating/lobbying for policy changes that will better the lives of people living with hepatitis C and those at risk, as well as for the removal of barriers that limit access to treatment and services.
- The **Marketing Subcommittee** is responsible for the creation, dissemination, planning, and evaluation of all marketing and outreach materials for HFA. Members assist ADHS hepatitis C staff in the creation and review of a monthly HFA newsletter, which includes a section in which people with lived experience with hepatitis C share personal stories.

Approach

The development of the Arizona Hep C Elimination Plan was a collaborative process to ensure representation with the needs and interests of local communities. A number of activities took place from March 2020 – November 2022 to engage stakeholders. Activities include:

- Community Engagement Sessions
- Incorporation of Integrated Planning Needs Assessment Data
- SWOG Analysis
- Pillar Engagement Sessions

Community Engagement Sessions

The planning process began with multiple statewide community engagement sessions on the topic of hepatitis C. Multiple levels of the community were invited including agencies, community members and people passionate about hepatitis C care. Participants shared their experiences along with the barriers and challenges that persisted within the hep C landscape.

Statewide Needs Assessment (February – April 2022)

<u>Survey Design and Dissemination</u>
A needs assessment for persons living with hepatitis C and those at risk of hep C infection throughout the state of Arizona was developed to better understand the current care and service needs of people living with or at risk of hepatitis C statewide. A broader goal was identified to survey 500 individuals who had tested positive for hep C (with equal representation from individuals currently living with hep C and those who had been cured) and 500 at-risk individuals.

Two surveys were developed: The Care and Services Assessment survey for people who have tested positive for hep C and the Needs Assessment survey for people who considered themselves to be at risk for infection. Question and answer choices were selected and vetted by Hep Free AZ workgroup members. The surveys included both closed and open-ended questions to encourage responses that would provide robust quantitative and qualitative feedback about the respondents' needs, gaps, barriers, and lived experience.

Survey completion was incentivized by offering a $50 gift card. Respondents were instructed to

provide a name and mailing address in a form at the end of the survey if they chose to receive a gift card, and to leave the form blank if they declined. Individuals were given the opportunity to provide an agency or case manager address if they did not have a mailing address or preferred not to share their address of residence.

Both the Care and Services Assessment and the Needs Assessment surveys are available in a web-based format (SurveyMonkey) to enable online access, and also made available in a paper format to reach respondents without access or with limited access to technology necessary to complete an online survey. Both the online and paper surveys were made available in English and Spanish. In order to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations and minimize bias, survey completion was voluntary, anonymous, and confidential.

To achieve a diverse and representative response from across the state, a recruiter-based outreach strategy was developed utilizing stakeholders, including case managers, peer workers, and other individuals with lived experience, as a point of contact for prospective survey respondents. A total of 21 recruiters successfully solicited survey responses.

Recruiters were provided a financial incentive based on the number of completed surveys solicited: A stipend of $150 after 10 completed surveys, and an additional $50 after 20 completed surveys.

A total of 1,076 surveys were completed, including 376 for the Care and Services Assessment and 700 for the Needs Assessment. Submitted surveys were examined for eligibility and completeness of data. After exclusions based on degree of completeness and weighted variables, 270 Care and Services Assessment and 354 Needs Assessment survey responses remained for further analysis.

Focus Groups

As part of larger HIV/STI/hep C Integrated Planning efforts, eighteen focus groups were conducted in early 2022 in order to gather qualitative data on personal experience and to highlight voices that may be less likely to be represented in statewide survey data. In collaboration with statewide planning bodies, eight priority groups were chosen for focus groups; six priority groups were completed within the timeframe.

Some focus groups were held on Zoom teleconferencing during times chosen by the ADHS team, whereas others were held during existing groups or meetings that ADHS was invited to as a guest. An outside consultant facilitated all English-language focus groups; a Spanish-speaking facilitator conducted the groups among Spanish monolingual clients. Focus groups averaged around ten participants, and all groups had one or two notetakers in addition to a facilitator. Groups were confidential and lasted 90 minutes. Each participant received a $75 gift card for their time.

Strengths, Weaknesses, Opportunities & Gaps (SWOG) Analyses

The Executive Committee conducted several SWOG analyses over the course of the planning efforts to better understand the Arizona landscape as it relates to each specific pillar area: Prevent Diagnose, Treat and Respond. After this exercise was complete, the ADHS team reviewed the information to identify themes that were then directly incorporated into the objectives and strategies listed for the elimination plan.

Priority Populations

People who use or have used substances - Research shows that people who use or have used substances can experience a greater risk for blood-borne infections, such as HIV and hep C, when they do not have adequate access to sterile syringes and other safer use equipment. Among the statewide survey of persons self-identifying a risk for hep C, two-thirds reported using substances in the past year. Additionally, persons who use substances often face stigma and challenges to receiving adequate prevention and care services.

"Nine times out of ten, I talk myself out of going [to the doctor] so I don't have to deal with the stigma"

Focus group participants shared that SSPs (syringe services programs) ARE working! People who are able to go to SSPs reported a decrease in the likelihood of sharing and/or reusing syringes and other equipment. However, most participants agreed that more SSPs are needed in more places. Participants also indicated a desire in having access to wraparound services through an SSP entry point.

"If you want to see a world free from the harm of addiction, you first need to create a world free of harm towards addicts."

Persons experiencing housing instability or homelessness - During the Needs Assessment Focus Groups, there was a distinction between persons experiencing acute homelessness, and persons experiencing unstable housing. Persons experiencing acute homelessness reported concerns with housing programs not matching their priorities and being punitive in nature, and expressed needs for hygiene stations, more places to charge phones, issues with stigma and discrimination when seeking medical services, and difficulty getting mail and mail-order medications. They also noted decent access to food through social service organizations, but spoke of varying degrees of access to care at emergency departments. Persons experiencing housing instability had very different concerns, with a focus on paying for rent and utilities, avoiding eviction, and getting access to foods to cook within their own homes. Overall, housing and rental prices are rising across Arizona, likely exacerbating challenges already faced by persons experiencing homelessness or housing instability.

Persons with a history of incarceration - Persons with a history of incarceration face stigma and discrimination when seeking medical and supportive services. This is a significant group of interest for hep C, as the statewide needs assessment surveys showed that, in the past 12 months, 20% of respondents reporting risk for hep C and 40% of respondents living with hep C had been incarcerated.

Tribal populations - Tribal populations in Arizona, in general, experience worse health outcomes overall. Tribal populations face historical and systemic challenges. Arizona is the traditional territory to 22 Native Nations. With respect to the sovereignty of tribes within the state, this Elimination Plan does not assign goals or objectives to tribes or tribal populations.

Persons of childbearing age or experiencing pregnancy - This Elimination Plan focuses on persons of childbearing age and pregnant persons of ANY gender identity. This recognizes and emphasizes that persons of various gender identities have the potential for pregnancy, and should be able to access the same pregnancy-related services that cisgender females are able to access.

Persons living in rural and frontier areas - Arizona has many rural and frontier areas. Although these areas have unique strengths, they also pose unique challenges, such as transportation, limited provider options, issues with anonymity when seeking services, and gaps in internet coverage.

Jurisdictional Planning Process

Timeline

2020

- **March:** Hep C Community Engagement Sessions are held with the public
- **August:** Community-led Hep C Elimination Webinar
- **October:** Official formation of Hep Free AZ (HFA)
    - Start of monthly All-Member HFA Meetings
- **November:** Creation of HFA Subcommittees: Data, Advocacy, and Marketing/Outreach
- **December:** Prevention Pillar Discussion

2021

- **February**: Diagnose Pillar Discussion
- **April:** Framework is established for the Hep C Elimination Strategic Plan
- **May:** Gubernatorial Proclamation Signed for Hepatitis Awareness Day
    - Prevent Pillar SWOG analysis completed by the Executive Committee
- **August:** Diagnose Pillar SWOG analysis completed by the Executive Committee
- **September:** Legalization of fentanyl testing strips and syringe service programs (SSPs)
- **October:** Treat Pillar SWOG analysis, Policy Updates, and Needs Assessment
    - Removal of AHCCCS sobriety requirement for prior-authorization of hep C treatment
- **December:** Response Pillar & Needs Assessment Workgroup
    - Needs Assessment Planning Workgroup formed and initial brainstorming for the surveys begins

2022

- **January:** Executive Committee begins developing draft Pillar Strategies
    - Needs Assessment Survey development begins
- **February:** Survey outreach strategy finalized; surveys deployed February 22nd
    - Focus Groups Initiation
- **April:** Draft Pillar Strategies are finalized
    - Needs Assessment surveys close April 15th, 2022
- **May:** Community feedback on Pillar Strategies is incorporated
    - Gubernatorial Proclamation Signed for Hepatitis Awareness Day
    - Initial analysis of Needs Assessment data begins
- **July:** Consolidation & Concurrence begins
    - Needs Assessment Data Presentation at HFA All-Member Meeting
    - Focus Group Report is finalized
    - Initial draft of Elimination Plan is developed
- **November:** Consolidation & Concurrence ends
- **December:** Presentation of completed Elimination Strategic Plan

Goals and Objectives

The following goals, objectives and strategies, align with both the U.S. Department of Health and Human Services' Viral Hepatitis National Strategic Plan: A Roadmap to Elimination in the U.S., 2021 – 2025 and the Center for Disease Control and Prevention's 2025 Viral Hepatitis Strategic Plan. The following goals and objectives represent a first iteration to be updated annually and published on the ADHS website. While separated by Pillar should be reviewed holistically to better understand the full scope of activities needed to eliminate hepatitis C within the State of Arizona.

Constructing Foundational Elements

During the development of the goals and objectives, the plan contributors identified and compiled strategies that are essential towards the success of hep C elimination across the four pillars: prevent, diagnose, treat and respond. These strategies have been placed accordingly within the Foundational Goals and Objectives

Foundational Goals & Objectives

Goal: Construct a landscape that supports foundational strategies that are conducive to hep C elimination.

1. Amplify voices of people with lived experience and decrease barriers through advocacy.
2. Grow the capacity of the health care workforce to effectively identify, diagnose, and provide compassionate holistic care.
3. Fill gaps throughout the continuum of care by supporting stigma reduction, education and patient navigation.
4. Encourage evidence-based interventions and micro-elimination strategies to increase and improve access to care for all.

Objective 1. Amplify voices of people with lived experience and decrease barriers through advocacy.

Strategies

- Center people with lived experience in places where decisions are being made.
- Establish standards of care and monitor patient-provider and payor encounters to increase transparency around hep C treatment access.
- Increase funding and advocate for innovative testing technologies such as confirmatory point of care testing, saliva-based testing, dried blood spot testing and reflex testing.
- Remove policy barriers and continuously improve and communicate policy.
- Actively interface with the payer community to improve access to free or low-cost hep C medication.
- Work with pharmaceutical companies to lower the pricing of medication.

Objective 2. Grow the capacity of the health care workforce to effectively identify, diagnose, and provide compassionate holistic care.

Strategies

- Increase the number of hep C service providers available statewide including medical and mental healthcare professionals, behavioral healthcare professionals and substance use treatment professionals.
- Enhance provider education and resources on hep C prevention, testing and diagnostics, linkage to care and treatment especially within primary care, obstetrics, pediatrics and within rural communities.
- Prioritize programs like Project Echo that educate medical providers and allow for care to be delivered in primary care settings.
- Encourage targeted strategies such as collaborative practice agreements and 340b programming to expand services.
- Provide training and assistance to healthcare workers on hep C testing and diagnostics, insurance prior authorization and the latest requirements across all payers.
- Provide training and assistance to healthcare workers on trauma-informed care, drug user health and harm reduction.

Objective 3. Fill gaps throughout the continuum of care by supporting stigma reduction, education and patient navigation.

Strategies

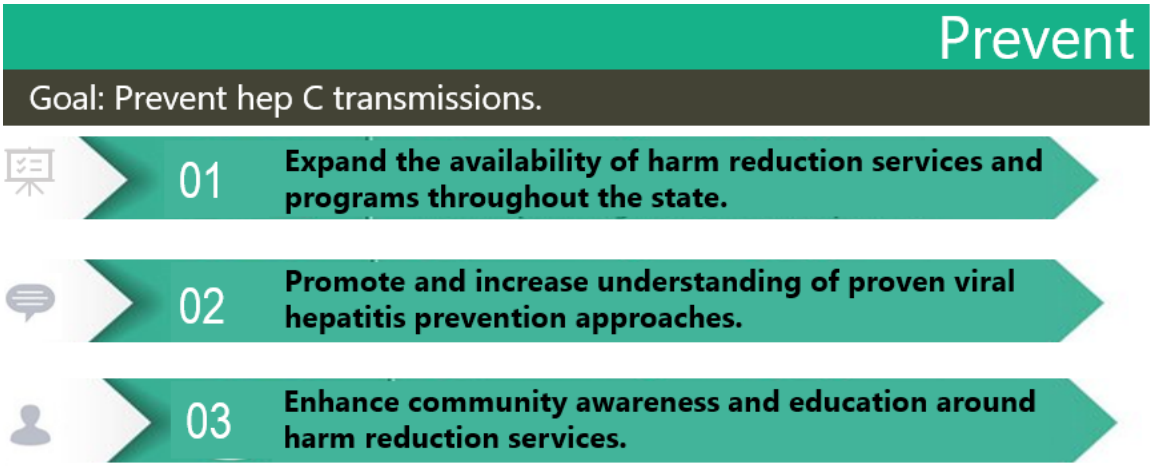
- Incorporate patient led education and policy change advocacy to reduce stigma and criminalization surrounding substance use disorder.
- Expand culturally competent and linguistically appropriate education materials and resources that are available in the language and dialects needed for Arizona populations (e.g., English, Spanish and Diné).
- Support stigma reduction through the engagement of young adults and their support systems (e.g., families, teachers, faith leaders).
- Increase resources to expand patient navigators and peer support services to assist people living with hep C in initiating care and completing treatment and re-engage patients who are out of care.
- Create and maintain a central web-based hep C hub with resources for no and low-cost testing and treatment.
- Develop and maintain consistent feedback among medical providers and community members via Hep Free AZ.

Objective 4. 4. Encourage evidence-based interventions and micro-elimination strategies to increase and improve access to care for all.

Strategies

- Encourage targeted strategies to address the syndemic of viral hepatitis, HIV, STIs, and substance use disorders such as integration, co-location, community-based screening and mobile testing sites.
- Build up existing resources and services in communities that serve high-priority populations and increase support and resources for organizations interested in implementing hep C services.
- Implement Data to Care strategies to improve existing collaboration between surveillance systems and care providers to improve linkage to care.
- Address social determinants of health by responding to barriers to transportation, housing instability and employment among people living with hep C.
- Provide and encourage specialized services including interactions with peer educators and community health workers.
- Share success stories and lessons learned regarding hep C elimination with others through Hep Free AZ.

Pillar Strategies: Prevent & Diagnose



Objective 1. Expand the availability of harm reduction services and programs throughout the state.

Strategies

- Establish a baseline and work to expand the geographic reach of syringe service programs via physical locations, mobile units and mail-based platforms through the provision of resources and support.
- Increase access to sterile drug use equipment at syringe service programs and through non-prescription sale, or distribution at retail pharmacies.
- Ensure the availability of overdose prevention and substance use treatment for people receiving harm reduction services.
- Incentivize and encourage experienced harm reduction agencies and SSPs to provide technical assistance to other agencies interested in implementation including opioid treatment centers.

Objective 2. Promote and increase understanding of proven viral hepatitis prevention approaches.

Strategies

- Prevent healthcare-associated transmission of viral hepatitis by improving infection control practices.
- Improve access to viral hepatitis vaccinations statewide via local health departments, retail pharmacies, health care organizations and community-based organizations.
- Expand hep C prevention strategies in state and local correctional settings.
- Increase the capacity for primary care, family planning, OB/GYN professionals and pediatricians to engage in hep C education and prevention interventions.

Objective 3. Enhance community awareness and education around harm reduction services.

Strategies

- Promote and implement social media campaigns designed to increase awareness of harm reduction and available services and prevention measures.
- Expand outreach and education to people who use drugs.
- Develop and disseminate clinical education materials for the healthcare workforce.

Diagnose

Goal: Diagnose all people living with hep C as early as possible.

01 **Expand access to no or low cost guideline based testing.**

02 **Improve diagnosis in primary care settings.**

03 **Promote testing among high-priority populations and increase services at non-traditional service locations.**

04 **Enhance community awareness about the importance of testing, available services and diagnostic outcomes.**

Objective 1. Expand access to no or low-cost guideline-based testing.

Strategies

- Promote the adoption of universal screening recommendations and routine periodic hep C testing for people with ongoing risk factors.
- Encourage testing once per pregnancy for pregnant people and per the Infectious Diseases Society of America and the American Association for the Study of Liver Diseases recommendations for infants and children.
- Remove financial barriers to testing and linkage to care.
- Increase awareness and utilization of ARS 36-468 to allow community members to receive hep C laboratory testing without a health care provider's order.

Objective 2. Improve diagnosis in primary care settings.

Strategies

- Encourage health care systems to implement screening and diagnosis through automatic electronic medical record prompts.
- Work with laboratories to implement and expand auto-reflex testing.
- Ensure that providers who order antibody testing in health care settings include a reflex to RNA testing and that reactive point-of care tests include a follow up blood draw for performing the RNA test.

Objective 3. Promote testing among high-priority populations and increase services at non-traditional service locations.

Strategies

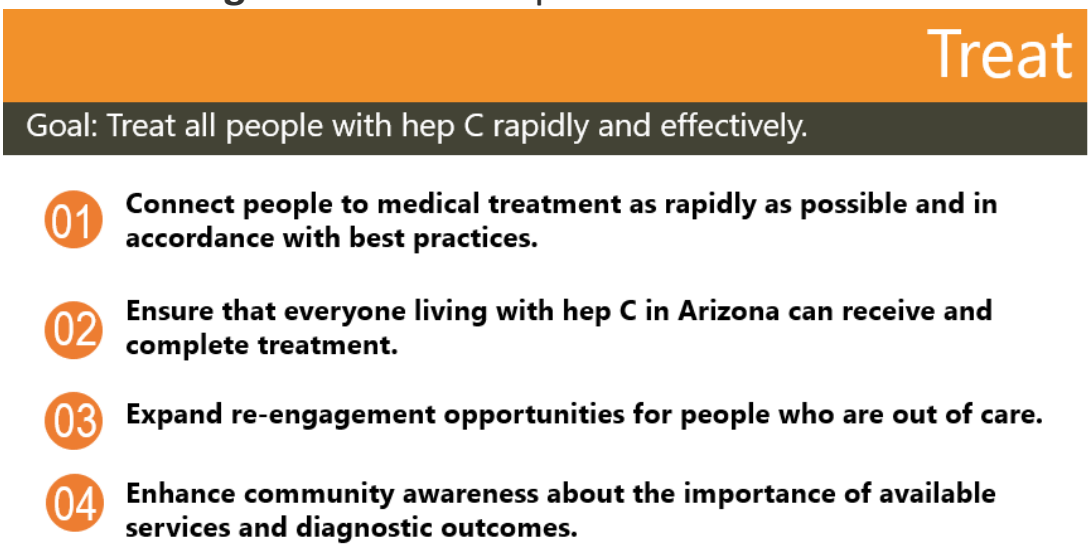
- Integrate testing and education into existing HIV and STI screening protocols, emergency departments, syringe service programs (SSPs) and substance use/behavioral health intake screenings.
- Expand point of care testing to non-medical settings and rural areas via mobile units, street outreach and rural linkage to care networks.
- Encourage hep C screening and linkage to care within correctional settings.
- Encourage hep C screening and linkage to care for persons of childbearing age and/or persons experiencing pregnancy.

Objective 4. Enhance community awareness about the importance of testing, available services and diagnostic outcomes.

Strategies

- Increase awareness and promote hep C testing via shared messaging.
- Develop community education and outreach materials that are data informed and specific to certain geographic areas, with applicable and impactful messages.

Pillar Strategies: Treat & Respond



Objective 1. Connect people to medical treatment as rapidly as possible and in accordance with best practices.

Strategies

- Develop and improve referral pathways between Diagnose and Treat providers through care coordination and the establishment of linkage to care networks.
- Encourage providers to offer a "one-stop" screen – diagnosis – treat strategies (single visit, single fill, minimal monitoring).
- Increase the uptake of services by diversifying medical appointment options (telemedicine - video and phone appointments, evening and weekend appointments and online scheduling).

Objective 2. Ensure that everyone living with hep C in Arizona can receive and complete treatment.

Strategies

- Ensure sufficient access to Direct Acting Antivirals (DAAs) by removing treatment barriers such as prior authorization requirements and out of pocket costs.
- Increase resources to address patient barriers to treatment through care coordination, housing and nutrition services; transportation services; mental health services and health insurance enrollment.
- Increase knowledge and awareness of available resources including mail delivery for medications and patient assistance programs.

Objective 3. Expand re-engagement opportunities for people who are out of care.

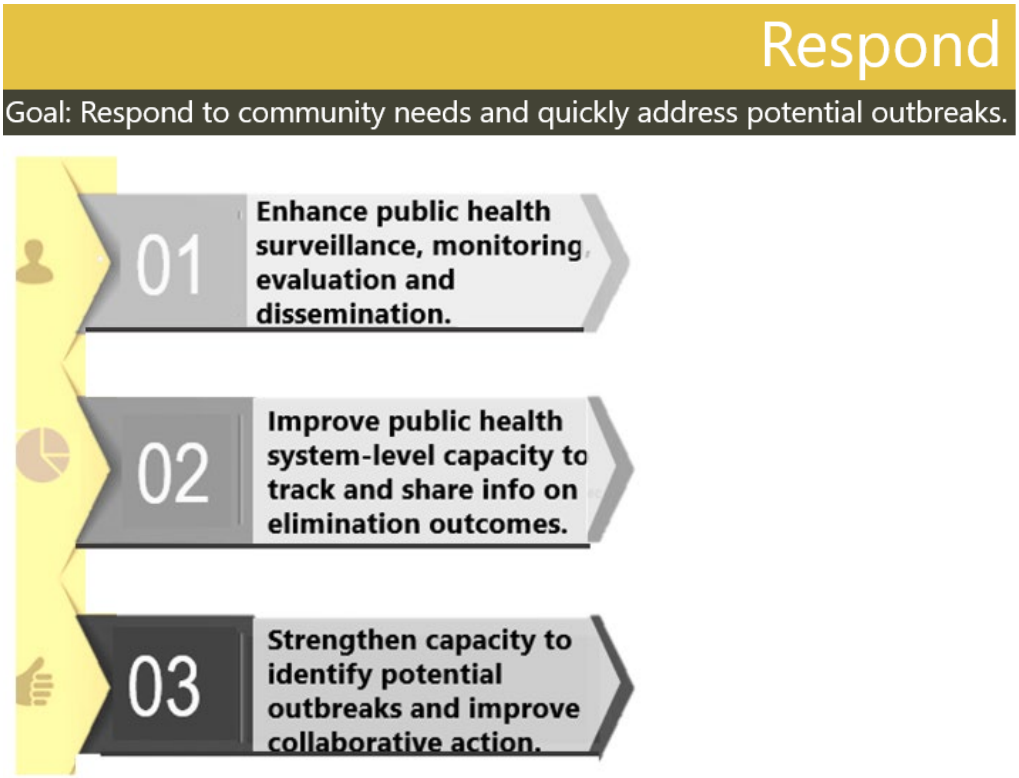
Strategies

- Increase the number of agencies offering patient navigation and care coordination for individuals who are out of care.
- Encourage programs to invest in implementing peer education programs to support patients with re-engagement and build trust with medical providers.

Objective 4. Enhance community awareness about the importance of available services and diagnostic outcomes.

Strategies

- Increase awareness and promote hep C linkage to care and treatment via shared messaging.
- Develop community education and outreach materials that are data informed and specific to certain geographic areas, with applicable and impactful messages.
- Encourage strategic outreach to high priority populations.



Objective 1. Enhance public health surveillance, monitoring, evaluation and dissemination.

Strategies

- Improve state and local capacity to accurately report and describe the hep C burden in their jurisdiction.
- Update data systems and increase the use of automatic capture of labs and other reports.
- Incorporate new person-centered data sources both quantitative and qualitative.
- Develop public facing data visualization tools including baseline hep C continuums of care to help stakeholders identify opportunities for engagement.

Objective 2. Improve public health system-level capacity to track and share info on elimination outcomes.

Strategies

- Estimate baseline estimates to inform elimination monitoring.
- Actively study hep C elimination models in other states and countries that are making substantial progress.
- Establish clear hep C elimination targets and disseminate findings back to the community.

Objective 3. Strengthen capacity to identify potential outbreaks and improve collaborative action.

Strategies

- Identify populations and geographies vulnerable to hepatitis C.
- Identify and refine understanding of existing resources and infrastructure.
- Develop a statewide hep C outbreak plan in collaboration with community partners.
- Encourage collaboration throughout the community to improve outbreak response.

The Path Forward

Implementation

The elimination strategies are designed to be utilized as a framework for hep C stakeholders across the state. The plan details will be updated over time in response to new information, best practices and policy changes. As improvements are made to our surveillance system, goals and objectives will also be updated.

Monitoring

The Hep Free AZ Executive Committee will monitor metrics and outcomes on an annual basis. Due to surveillance limitations, overarching metrics are being proposed initially (see below). Although, as improvements are made to the hep C surveillance system, the metrics will be updated.

- Total Estimated New Positive Hep C Reports
- Total Estimated Number Cured or Cleared

Annually, metrics and outcomes will be compiled into an annual monitoring report, however, the ADHS hep C team will provide monthly updates to the HFA Executive Committee and respond to data requests, as needed.

Additional Indicators of Success

Harm Reduction Program Expansion
It is well known that access to sterile supplies through harm reduction programs reduces the risk of contracting hep C from injecting drugs. A growth in this type of programming will indicate greater opportunity for safer practices among and strengthen prevention efforts throughout Arizona.

Increased Testing

In order to be successful in hep C elimination, it is important to provide equitable access to hep C testing and diagnosis. As surveillance improves, monitoring the availability and accessibility of hep C testing will provide insight into the burden of hep C statewide and whether or not resources are available to those most at risk.

Increased Patient Navigation and/or Case Management Services
Increased testing is an important step, but does not guarantee that patients are able to access care with a hep C treatment provider. Tracking the number of patient navigation programs and providing these key services will help fill linkage to care gaps and inform stakeholders on elimination progress.

Evaluation

Annually, the Hep Free AZ Executive Committee and ADHS Hep C Team will conduct an evaluation based on the monitoring report detailing year-on-year trends. Feedback from stakeholders statewide will also be collected and incorporated to provide the most accurate snapshot of hep C elimination progress possible.

Glossary & Acknowledgements

Glossary & Definitions

COMMON ACRONYMS AND ABBREVIATIONS
AASLD – American Association for the Study of Liver Disease
ADCRR – Arizona Department of Corrections Rehabilitation and Re-entry
ADHS – Arizona Department of Health Services
AHCCCS – Arizona Health Care Cost Containment System
CBO – Community Based Organizations
CDC – Centers for Disease Control and Prevention
DIS – Disease Intervention Specialist
DAA – Direct Acting Antiviral
FDA – Food and Drug Administration
HCV – Hepatitis C Virus
Hep C – Hepatitis C

HFA – Hep Free AZ
HIPAA – Health Insurance Portability and Accountability Act
HIV – Human Immunodeficiency Virus
HRSA – Health Resources Services Administration
IDU – Injection Drug Use
IDSA – Infectious Diseases Society of America
IHS – Indian Health Services
MAT – Medication Assisted Treatment
MOUD – Medication for Opioid Use Disorder
MEDSIS – Medical Electronic Disease Surveillance Information System
OB/GYN – Obstetrics and Gynecologist
OUD – Opioid Use Disorder
PLHCV – People Living with Hepatitis C
PWID – People Who Inject Drugs
PWUD – People Who Use Drugs

RWPB – Ryan White Part B
SAMHSA – Substance Abuse and Mental Health Services Administration
SSP – Syringe Services Program
STI – Sexually Transmitted Infection
SVR-12 – Sustained Virologic Response for 12 weeks
SWOG – Strengths, Weaknesses, Opportunities and Gaps Analysis
WHO – World Health Organization

Definitions

Co-location is defined as an alternative site that provides hepatitis C testing/screening services in conjunction with its primary services, including, but not limited to, SSPs, HIV/STI community testing events, substance use services among others.

Correctional Settings include jails, prisons, probation offices and other settings where justice-involved populations may interact with the correctional system in Arizona.

High-priority Populations include Persons Who Use Drugs (PWID), Justice-involved populations, American Indians or Alaskan Natives, Indigenous people, Blacks or African Americans and Unhoused populations.

Integration of Services are a mechanism for organizing and blending interrelated health issues, activities, and services in order to maximize public health impact through new and established linkages across programs to facilitate the delivery of services. Integration delivers seamless services to clients in public health, medical and other settings (About Program Collaboration and Service Integration | CDC, 2020).

Micro-elimination is a strategy where stakeholders focus efforts for elimination within a specific context, or population.

Patient Navigation Services incorporates assistance to people who are living with hep C and provides education, support and assistance to guide them through key milestones of care.

People with Lived Experience are persons who have direct experience with a core issue, or inequity.

Syringe services program (SSP) provide sterile injection equipment, injection equipment disposal, naloxone and naloxone training, infectious disease screening and linkage to treatment, screening for opioid use disorder and linkage to MAT/MOUD, and numerous other screening, prevention and treatment services for people who inject drugs (Syringe Services Programs (SSPs), 2019).

Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, work, play, worship, age and thrive that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Syndemic is a synergistic epidemic, or linked health care and/or social issue that interacts in such a way that compounds the impact on populations that are more greatly affected by key epidemics.

Trauma-informed care acknowledges trauma and recognizes the importance of avoiding re-traumatization in patient-provider settings based on five guiding principles: safety, trustworthiness, choice, collaboration and empowerment.

References

About Program Collaboration and Service Integration | CDC. (2020, January 6). www.cdc.gov. https://www.cdc.gov/nchhstp/programintegration/about.htm

Arizona Department of Health Services. (2022). *Arizona State Health Assessment 2021 Annual Update* [Review of *Arizona State Health Assessment 2021 Annual Update*]. https://www.azdhs.gov/documents/operations/strategic-initiatives/arizona-state-health-assessment-2021.pdf

CDC. (2022, October 13). *Social Determinants of Health*. Centers for Disease Control and Prevention. https://www.cdc.gov/about/sdoh/index.html

Centers for Disease Control and Prevention (CDC). Division of Viral Hepatitis 2025 Strategic Plan, CDC; 2020.

Global Health Sector Strategies. (n.d.). www.who.int. https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies

Hepatitis C Questions and Answers for Health Professionals. (2019). https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm

Kindig, D. A., Asada, Y., & Booske, B. (2008). A population health framework for setting national and state health goals. *JAMA*, *299*(17), 2081–2083. https://doi.org/10.1001/jama.299.17.2081

Syringe Services Programs (SSPs). (2019). https://www.cdc.gov/ssp/index.html

U.S. Department of Health and Human Services. 2020. Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025). Washington, DC