

The Integration of Hepatitis into Existing HIV/AIDS Services: a Massachusetts Story

Rebecca Cashman

Carlos Martinez

AIDS Action Committee of Massachusetts

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AIDS Action Committee of Massachusetts

- New England's oldest and largest AIDS Service organization, founded by Larry Kessler and volunteers in 1983.
- Our mission is to stop the epidemic by preventing new infections and optimizing the health of those already infected.
- We serve over 2000 clients through client services, and over 15,000 clients through prevention and education services annually. We also advocate for effective HIV prevention and services through our policy work.

1999 - 2000: Increasing Awareness of Hepatitis & HIV Co-infection at AAC

- Agency recognizes that co-infection with Hepatitis is an important concern for many HIV+ persons
- Roughly 1/3 of AAC clients are co-infected with HCV or HBV
- Staff began to notice an increase in the number of clients who were struggling with liver complications due to hepatitis, not just HIV



CASE MANAGEMENT SERVICES

Preliminary Steps

- Identified the number of clients that were co-infected
- Developed a survey to learn whether clients have an interest in knowing more about co-infection
- Developed an assessment process specifically for clients that are co-infected
- Dedicated a staff person to focus on these clients and specific programming

Program Application

- Mailed surveys and scheduled appointments with clients to do assessments
- Identified resources
- Provided referrals and information
- Developed support groups
- Incorporated HCV, HAV and HBV questions into Case Management intake and assessment process

Challenges

- Lack of knowledge and information about HCV vs HAV and HBV
- Little or no information available about treatment
- Little or no information available about resources
- Issues with medical coverage
- Lack of information relating to co-infection and treatment

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HIV HEALTH PROGRAM

HIV Health Program

- Originally a volunteer-driven, treatment information library
- Program focus expands from mostly treatment to all health issues affecting HIV+ and co-infected persons
- Greater focus on optimizing health and wellness, rather than solely on HIV treatment
- Library's information specialists offer "health consultations" – detailed discussions of a person's specific health concerns

HIV Health Program Activities Related to Hepatitis

- Health Program staff get hepatitis training, create hepatitis information packet, develop capacity to offer hepatitis “health consultations”
- Health Library produces regularly updated materials about HAV, HBV, HCV
- Printed materials (English and Spanish) on hepatitis transmission, prevention, diagnosis, and treatment

HIV Health Program Activities Related to Hepatitis (con't.)

- Maintains many internet bookmarks for reliable hepatitis and co-infection web sites
- Informal list of hepatitis-savvy HIV physicians and HIV-savvy liver specialists
- New conferences and training program provides more extensive education on HIV & HCV co-infection, prevention, harm reduction, and treatment



HEPATITIS HOTLINE

History

- **Statewide HIV Hotline started in 1983, functioned successfully for years**
- **In May, 2001, AAC and DPH organized for state budget money to support creation of Hepatitis Hotline**
- **State health department AIDS Bureau staff recognized importance of maintaining inexpensive, educational and supportive resource for hepatitis concerns -- eventually adopted Hepatitis Hotline**

Successes

- HIV Hotline provided a stable foundation for the development of Hepatitis Hotline
- Effective structure
- Volume of calls is much lower than HIV calls, but quality of call is consistently high; calls are ‘worth coming in for’ (as volunteers say)
- Callers can speak to someone who is knowledgeable about the two illnesses and special issues to consider
- The Hepatitis Hotline integration provided key information for AAC when considering the adoption of the Rhode Island Hotline in winter 2005

Challenges

- Staying informed about current trends, changes concerning HIV/AIDS and all forms of hepatitis
- Communicating updated information to all trained volunteers
- Managing the differences/similarities between questions related to HIV/AIDS and hepatitis
- Limited call volume, keeping volunteers up to date



PEER ACTION

The Peer Action Program

- One-on-one prevention counseling model
- Harm Reduction approach
- Serves mostly IDUs, sex partners of IDUs and people who exchange sex for money, drugs, food or shelter
- Utilizes “snowball recruitment”

What We Do

- **Assess risk for both HCV and HIV**
- **Educate participants about HCV and HIV**
- **Facilitate referrals for HCV screening and Primary Care**
- **Discuss harm reduction-based strategies for HCV risk reduction**

Challenges

- Lack of accurate information about HCV among IDUs in Metro Boston area
- Lack of funding for programs that specialize in HCV, and few resources for co-infected clients
- Clients/participants receive inconsistent information from local providers
- Program funders' expectations of services provided do not match financial support offered due to budget cuts



PUBLIC POLICY

Why Integrate Hepatitis C with HIV Advocacy?

- There are inadequate resources committed to the surveillance, prevention and care for hepatitis C
- Routes of infection for HIV and HCV are similar: therefore, some public policy issues are the same

Public Policy At Work

- Originally there was a hepatitis C line item in state budget: eliminated in 2004
- Worked with our budget advocacy partners to earmark money within the AIDS line item
- Participate in the development and steering of a hepatitis C advocacy group, the Hepatitis C Coalition
- Re-established a separate and independent line item exclusively for HCV in FY05 to secure funding for improved surveillance, prevention and treatment for HCV

Access to Clean Syringes

- AAC's top legislative priority in the last two sessions has been to pass legislation to permit the sale of syringes in pharmacies without a prescription. This legislation is the broadest HIV and HCV prevention measure to be available to the Commonwealth in ten years.
- We have cleared one hurdle with the passage in the house – November, 2005.

Conclusion

- AIDS Service Organizations must integrate hepatitis into existing HIV services – our clients demand it.
- Some services (e.g., the Hotlines) can be integrated with minimal additional funding.
- Some services require additional funding or risk becoming burdensome (and therefore ineffective.)
- Advocacy for effective HIV prevention must also include hepatitis.

Contact Us

- Rebecca Cashman:

Tel. (617) 450-1306

Fax (617) 437-1186

E-mail rcashman@aac.org

- Carlos Martinez:

Tel. (617) 450-1342

Fax (617) 437-1186

E-mail cmartinez@aac.org