WA STATE SYNDEMIC NAVIGATION ACADEMY: DAY 1

Office of Infectious Disease

Welcome!

Michael Barnes
Office of Infectious Disease

Introductions

Name, Pronouns
Agency
Role
Relationship to Or Experience Providing Navigation Services?

Learning Objectives

- Define syndemics and understand the current trends of syndemic conditions in Washington State
- Gain, share, and apply knowledge of HIV/PrEP/STI/HCV/overdose and syndemic navigation skills
- Learn how syndemic service navigation supports a whole person care approach, including substance use and mental health services, to address gaps in Ending the Epidemics
- Develop strategies for expanding navigation & testing services to engage highly impacted communities and addressing social determinants of health

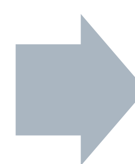
So Why This Training?

- Build base of knowledge between all funded agencies
- Identify gaps in knowledge, strengthen existing training resources, and identify opportunities to create new training resources to build knowledge of workforce
- Shift from PrEP Navigation to Syndemic Navigation→ significant shift in scope of program for many
  - Shifting existing staff roles providing navigation
  - Hiring new staff into new positions
  - Supporting staff in understanding/sharing new services
- New Service→ Minimal models to guide development and implementation. This is our starting point!

So Why This Training?

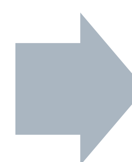
Pre-Implementation

1) Obtain funding
2) Develop infrastructure
3) **Develop program plan**
4) **Develop program tools**
5) Hire personnel
6) **Increase personal capacity (trainings and technical capacity)**
7) **Develop working relationships with other organizations**
8) Promotion of services



Implementation:

Conducting Services



Maintenance:

Evaluation & Feedback

Note On Content

- Covering a lot of ground- some content will be new for you, some will be content you're relearning; some content will be relevant to you, some may be relevant to staff you supervise.
  - *What can I bring back to share with others at my agency?*
- Interconnected staff roles at many agencies (eg: testers supporting navigation services). Content is pertinent to most roles funded through syndemic prevention services.
- Balance of sharing navigation basics, strategies for client engagement, and opportunities to develop your program/program objectives
- Get to know each other, peer learning, connection- some new partners, some old partners. Lots to share and learn!

DOH Staff- Who Is Here

- Zandt Bryan
  - CBA
    - Maddie McPadden
    - Carlos Negrete
  - Testing
    - Patrick Dinwiddie
    - JJ Baker
  - Other ID Support
    - Michael Barnes
    - Ben Meana

Housekeeping

- Bathrooms?
- Plenty of breaks but take time you need
- Lunch will be in this room
- *Anything else?*

Let’s Get Started!

OVERLAPPING EPIDEMICS IN WASHINGTON STATE

Sexual Health and Prevention Program

Office of Infectious Disease

Learning Objectives

DESCRIBE

the key impacts of chlamydia, gonorrhea, syphilis, HIV, HCV & overdose epidemics, distinctly and as they overlap with one another, in WA State.

DEFINE

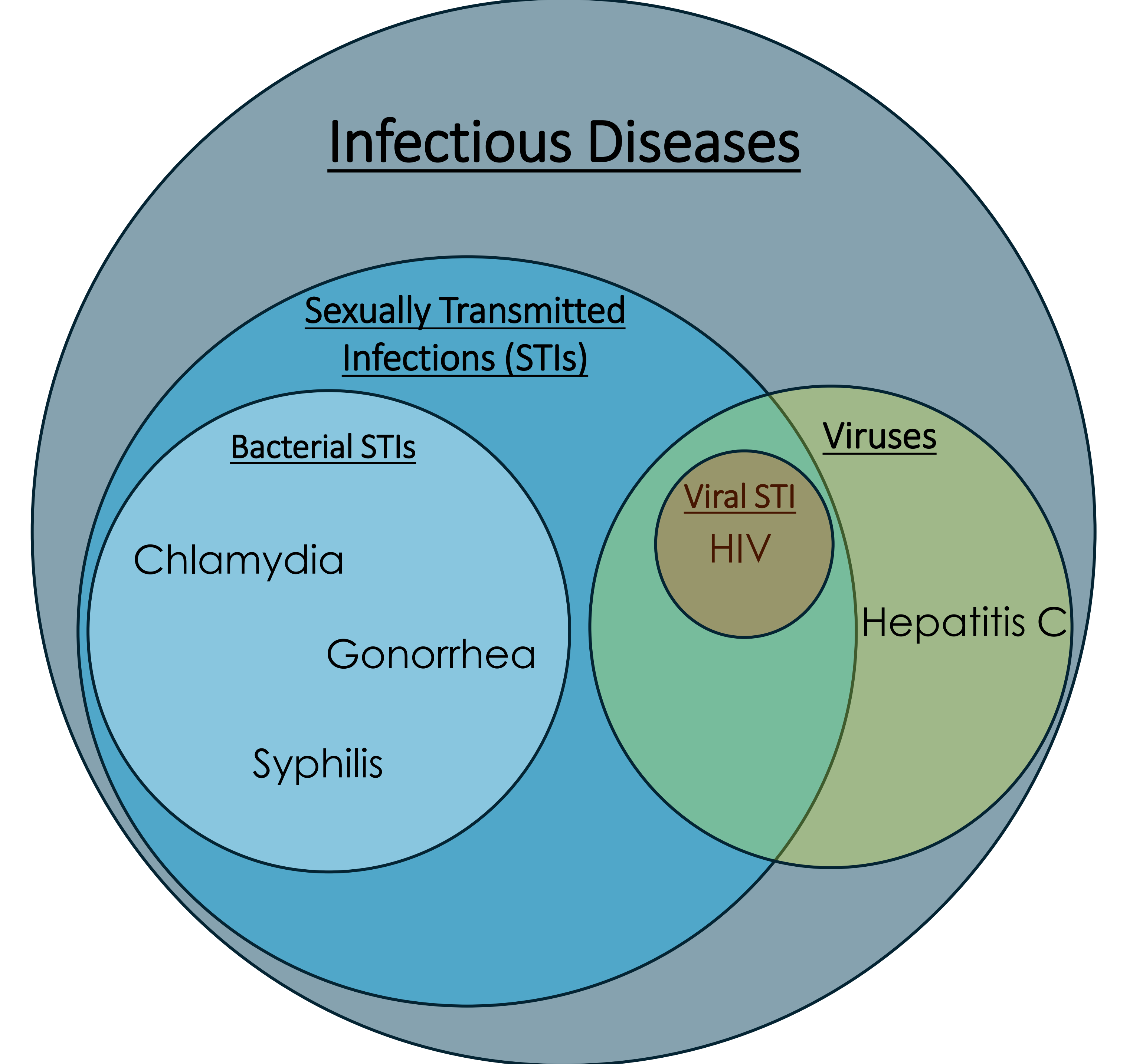
the term *syndemic* and provide the rationale for providing *integrated services* in infectious disease prevention & testing services in WA State.

IDENTIFY

opportunities for both client-level intervention & statewide public health impact using a syndemic approach to services.

Focusing on Five Infectious Diseases

1. Chlamydia
2. Gonorrhea
3. Syphilis
4. HIV
5. Hepatitis C


Infectious Diseases
Sexually Transmitted
Infections (STIs)
Bacterial STIs
Chlamydia
Gonorrhea
Syphilis
Viruses
Viral STI
HIV
Hepatitis C

Factoring in Substance Use & Overdose

Integrating a complete understanding of the ways substance use interacts with each of these infectious diseases is critical for three reasons:

1. Substance use can have negative health effects such as:
   - Increased transmission of HIV and viral hepatitis
   - Bacterial infections
   - Overdose and death
2. People who use substances experience significant harms due to increased stigma and marginalization, including:
   - Loss of social support and safety nets
   - Employment and housing discrimination
   - Financial challenges
   - Incarceration
3. The above harms make accessing infectious disease testing and treatment and substance use disorder care and treatment more challenging.

STIs, HIV, Viral Hepatitis C & Overdose

Data Overview

A Caveat to Consider

The COVID-19 pandemic had impacts on the availability of community, public health, and medical resources and services, including access to infectious disease screening, linkage to care, and case reporting

Data from 2020 and 2021 for all infectious diseases should be interpreted with caution

- Number of actual cases is likely higher than the number of reported cases
- Reported cases may be less representative of communities experiencing increased marginalization from services due to the COVID-19 pandemic, the very same communities it is our mission to support

Bacterial STIs

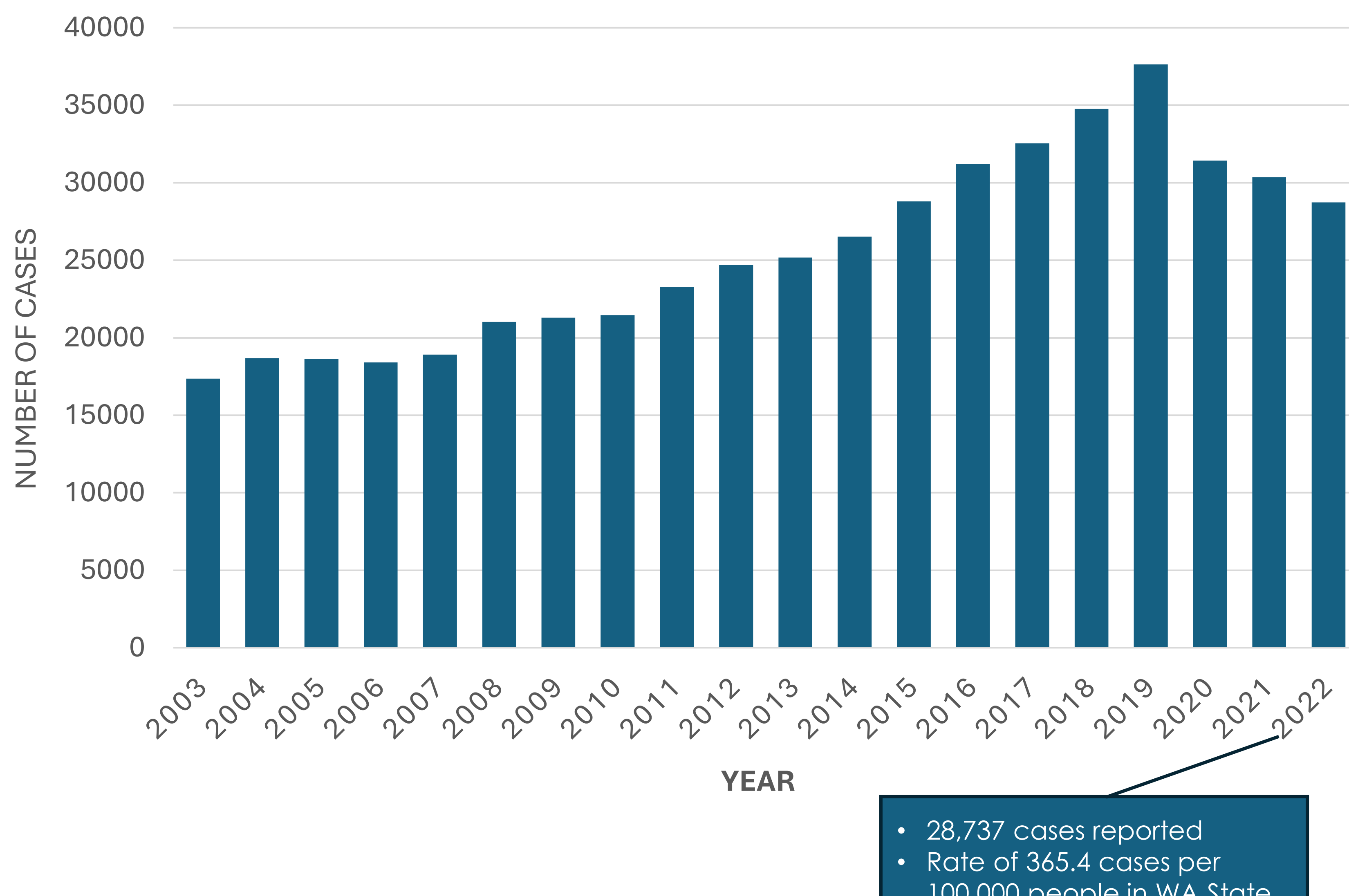
Chlamydia, Gonorrhea, & Syphilis

Chlamydia in WA State

- **Chlamydia** is the most frequently reported STI statewide and nationally
- May only cause minor discomfort, so many people with CT do not seek testing or treatment
- Untreated chlamydia can cause:
  - Pelvic Inflammatory Disease (PID)
  - Ectopic pregnancy
  - Infertility
  - Other reproductive health issues

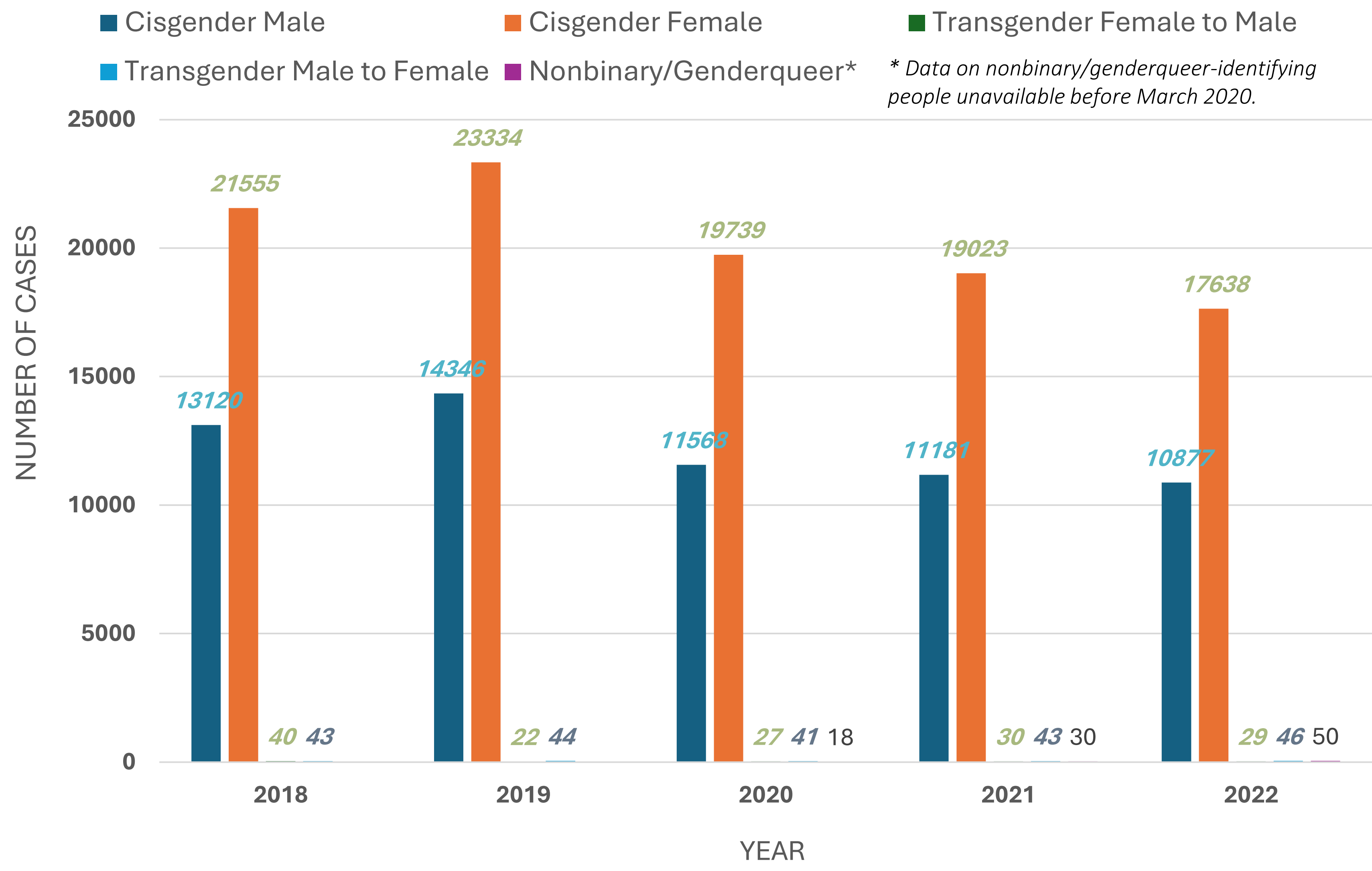
Chlamydia in WA State

- Reported chlamydia cases steadily rose through 2019



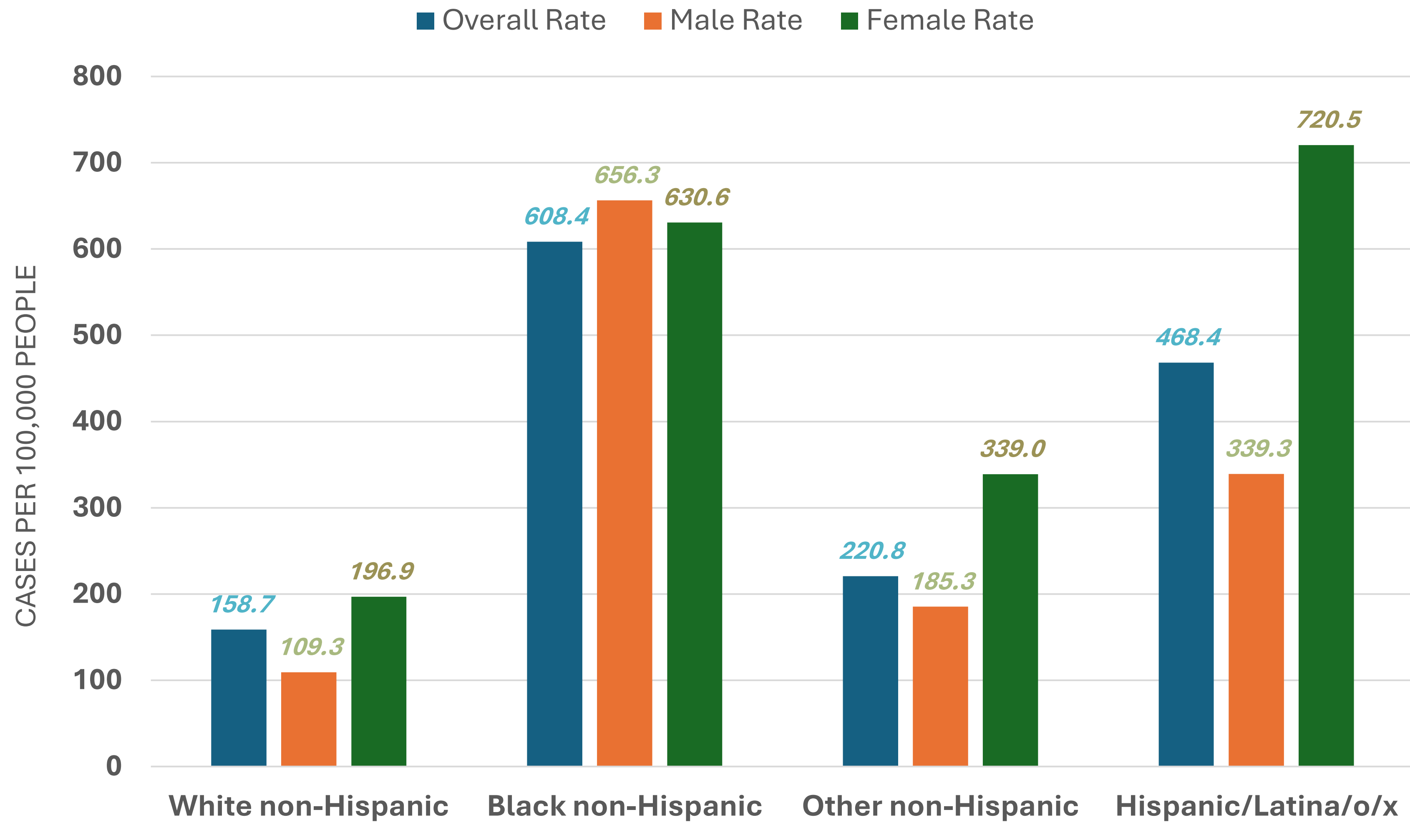
Chlamydia in WA State

- Chlamydia rates highest among females, and identified as:
  - 15 to 24 years old



Chlamydia in WA State

- Chlamydia rates highest among females, and identified as:
  - 15 to 24 years old
  - Hispanic or Latina.
- Rates are also higher among: Black non-Hispanic people
- Rates of chlamydia lowest among White non-Hispanic people

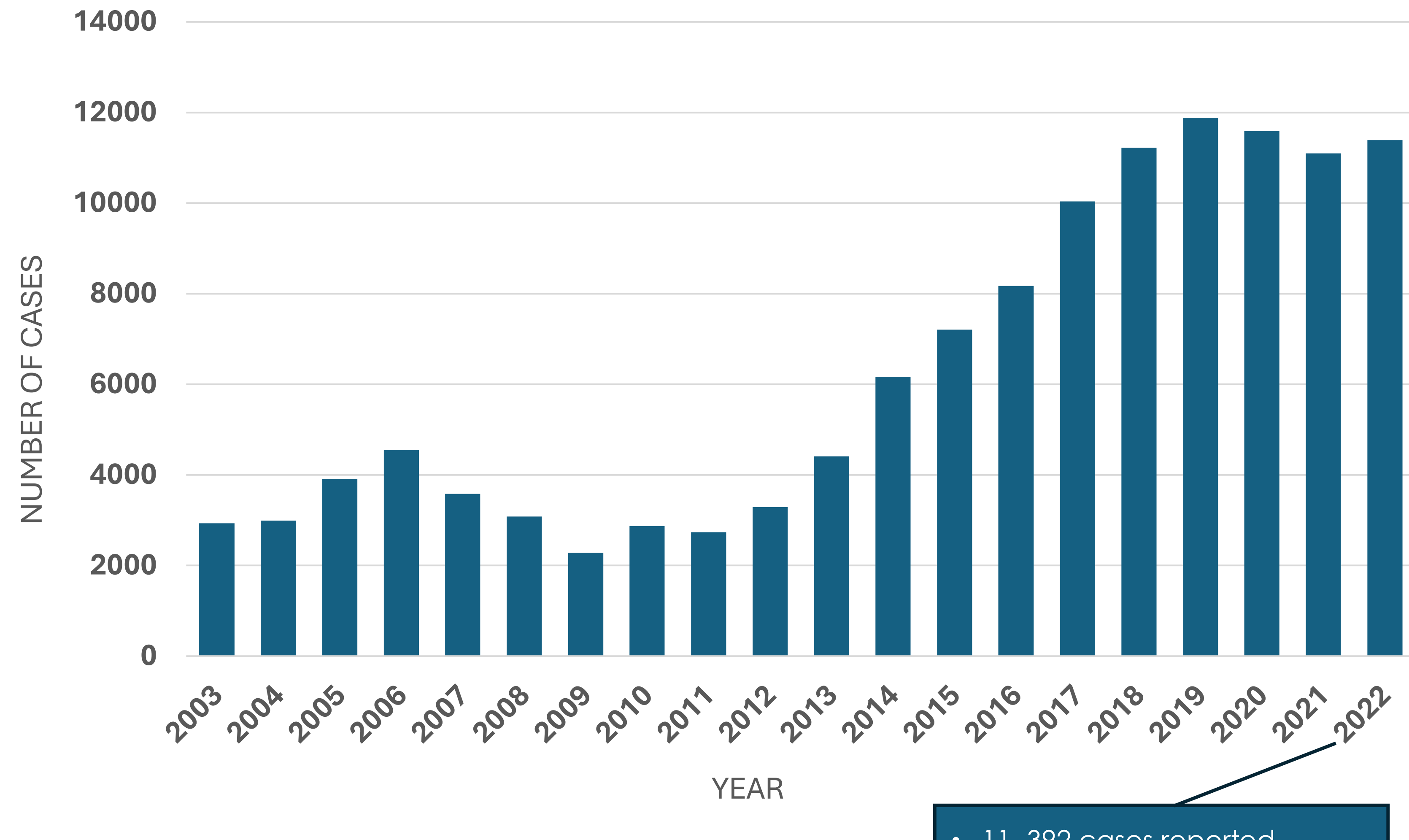


Gonorrhea in WA State

- Gonorrhea (GC) is the second most reported STI nationally
- Not everyone notices symptoms, but they can include:
  - Abnormal genital discharge
  - Painful urination
- If left untreated, gonorrhea can:
  - Spread to the joints or other parts of the body
  - Cause pelvic inflammatory disease and infertility

Gonorrhea in WA State

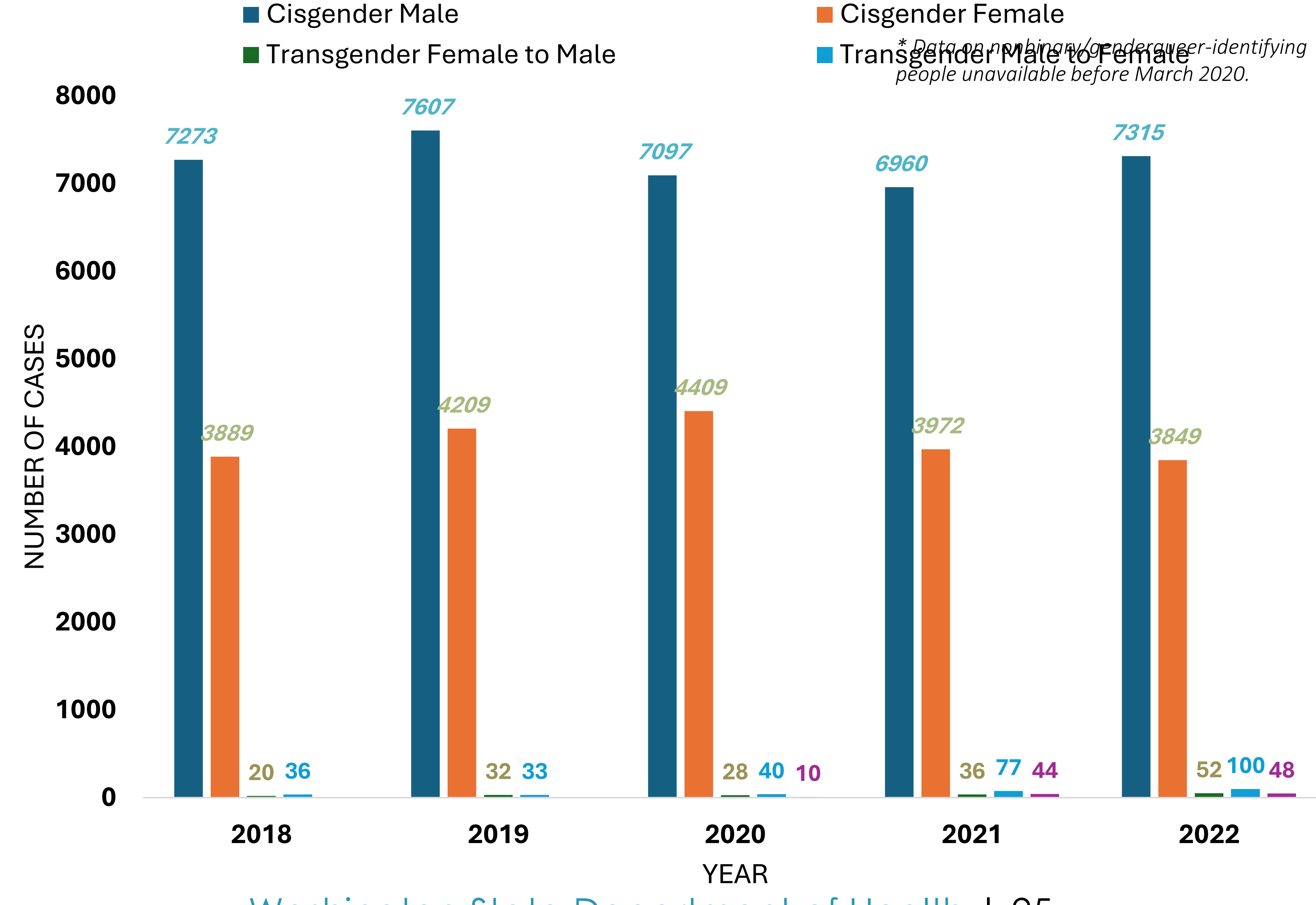
- Gonorrhea cases have continued to rise
- 3% increase in rate of GC cases between 2021 and 2022



Gonnorhea in WA State

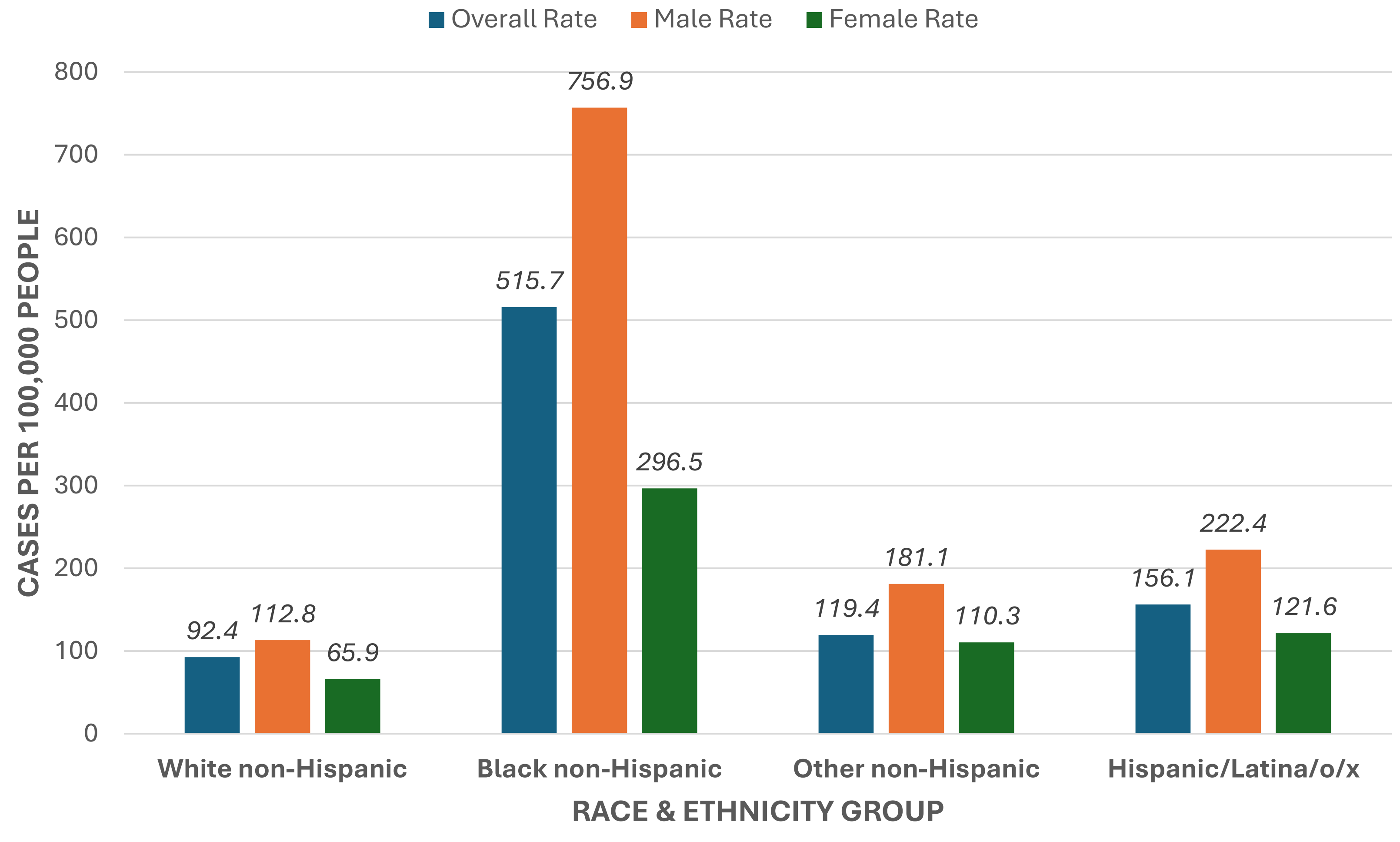
- Gonorrhea rate is higher among males than females
- Increased rate among males aged 25 to 34
- 44% of all male gonorrhea cases identified as men who have sex with men (MSM) in 2022
    - 4% of WA population identifies as MSM

Male Rate	Female Rate
187 cases per 100,000 people	**101 cases** per 100,000 people



Gonorrhea in WA State

- Gonorrhea rate is higher among males than females
- Increased rate among males aged 25 to 34
- MSM identified as 44% of gonorrhea cases in 2022
    - Only 4% of people in WA identify as MSM

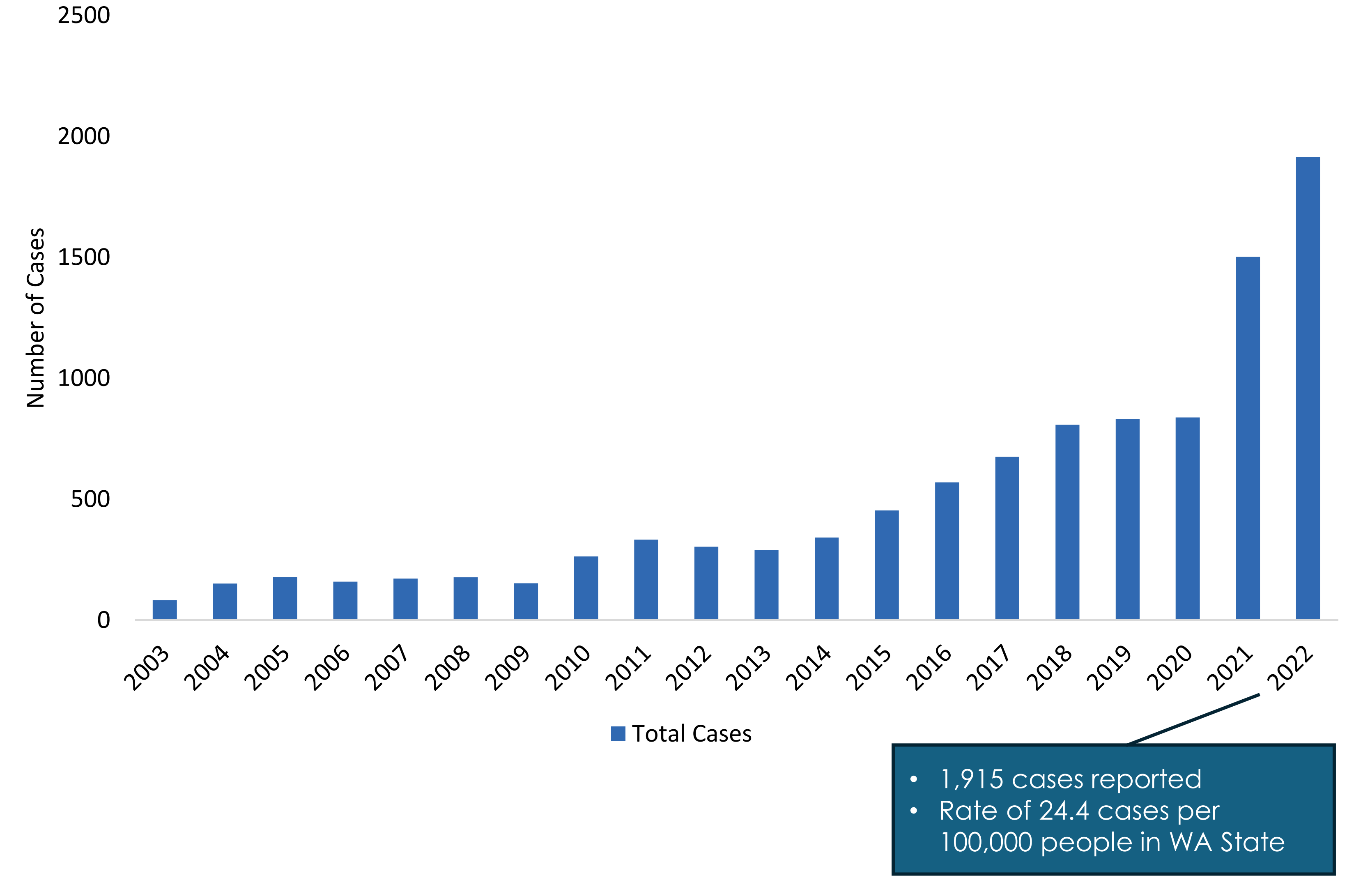


Syphilis in WA State

- **Syphilis** progresses through several stages:
  - Primary, Secondary, Early Late, Late Latent
- Primary & Secondary (P&S) syphilis are early stages of the infection and when:
  - People with syphilis are the most contagious
  - Symptoms are present
- Syphilis affects priority populations like:
  - Pregnant people
  - Gay, bi and other men who have sex with men
  - People who use drugs
  - People with unstable housing
  - People with a history of current or past incarceration

Syphilis in WA State

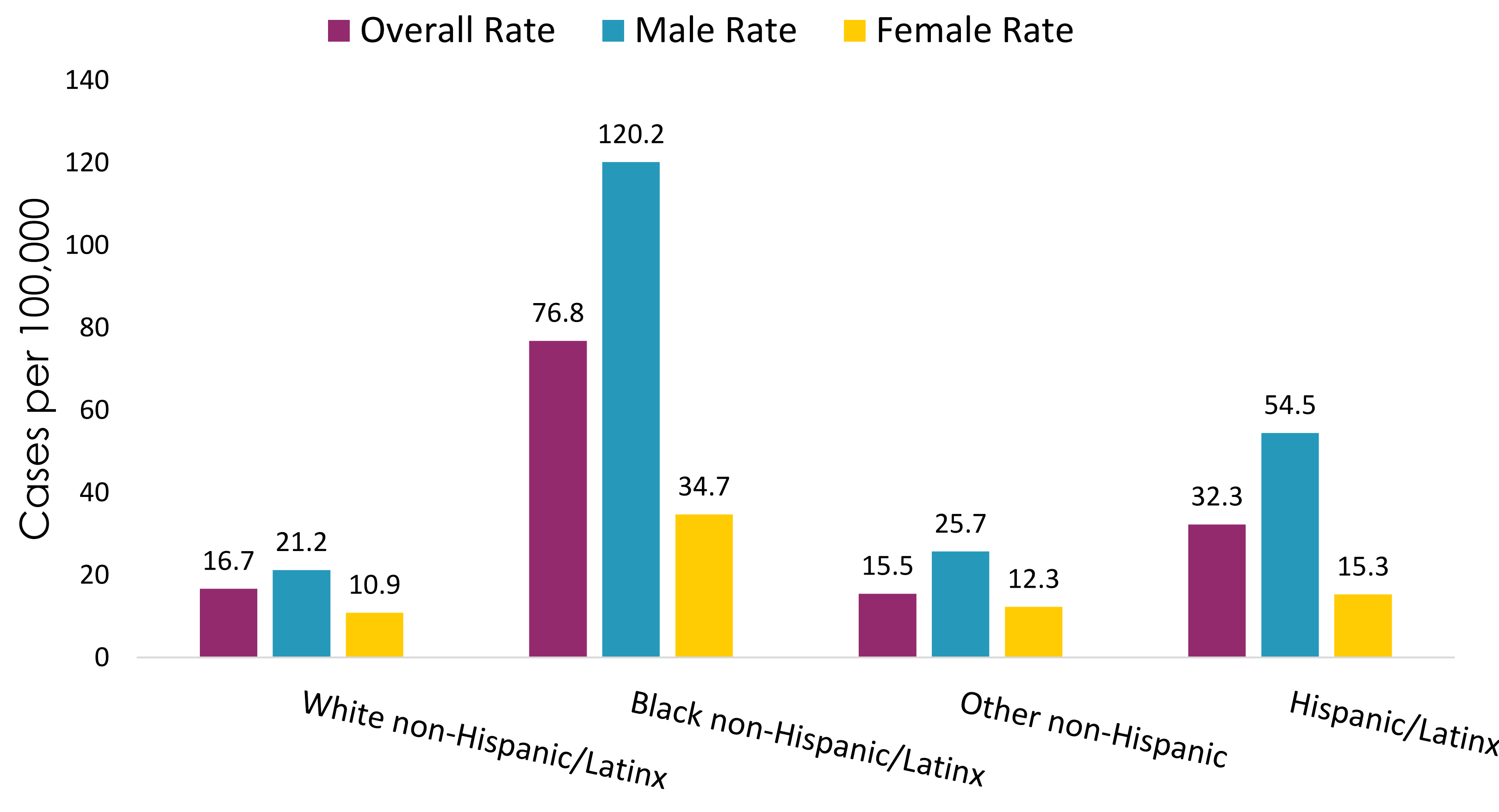
- Primary & Secondary Syphilis cases have continued to rise since 2003
- Rates of P&S increased by 29% in Washington between 2021 and 2022



Syphilis in WA State

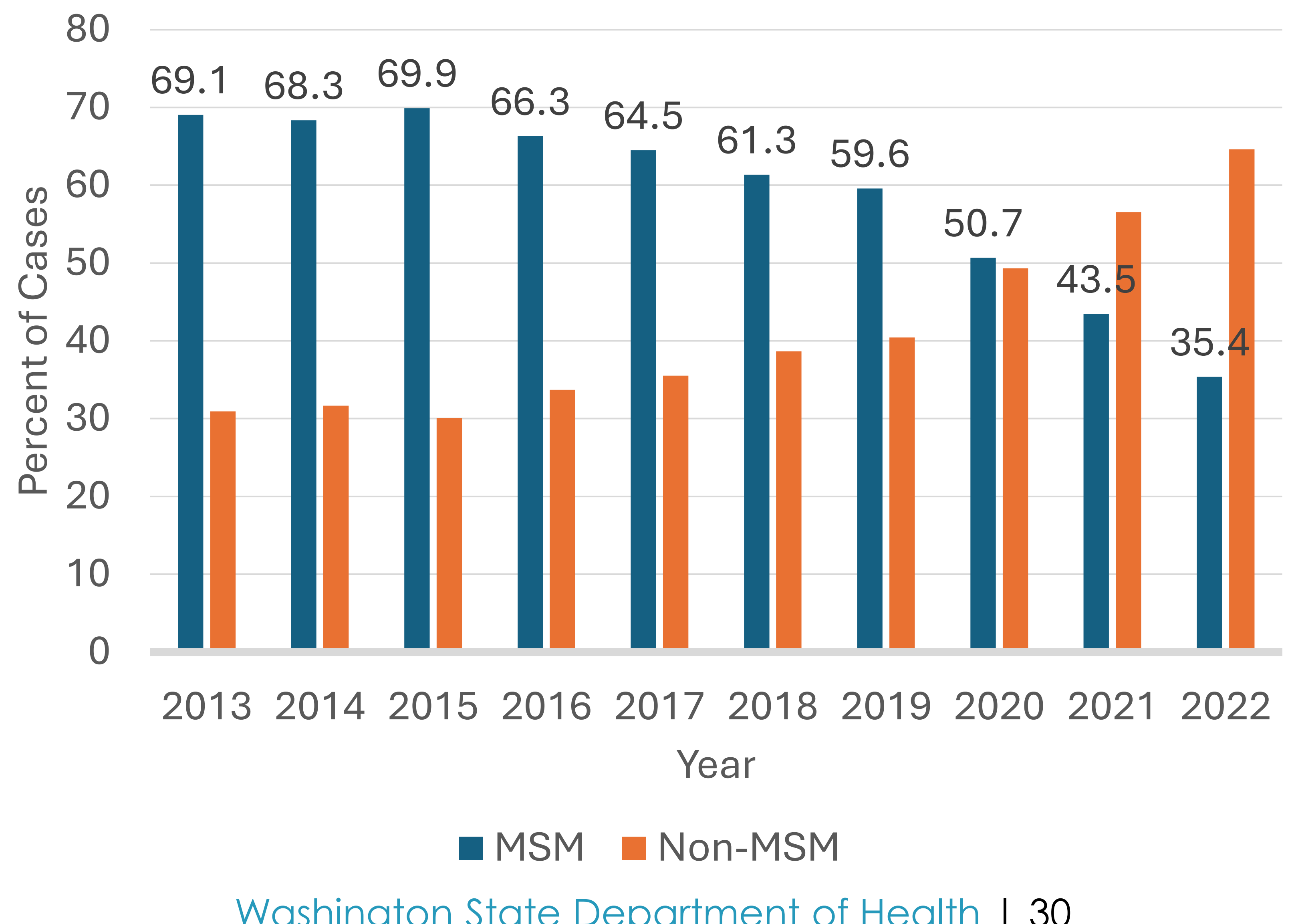
- Highest rates of P&S syphilis among males 25 to 34 years old
- P&S syphilis rates are higher among males than females for all race and ethnicity groups
- Rate of P&S is highest among Black non-Hispanic/Latino males

Primary & Secondary Syphilis Rates by Gender and Race and Ethnicity Group, 2022



Syphilis in WA State

- In 2013, MSM represented nearly 70% of all reported syphilis cases
- In 2022, MSM represented 35% of all reported syphilis cases



Viruses

HIV & Hepatitis C

HIV
in WA State

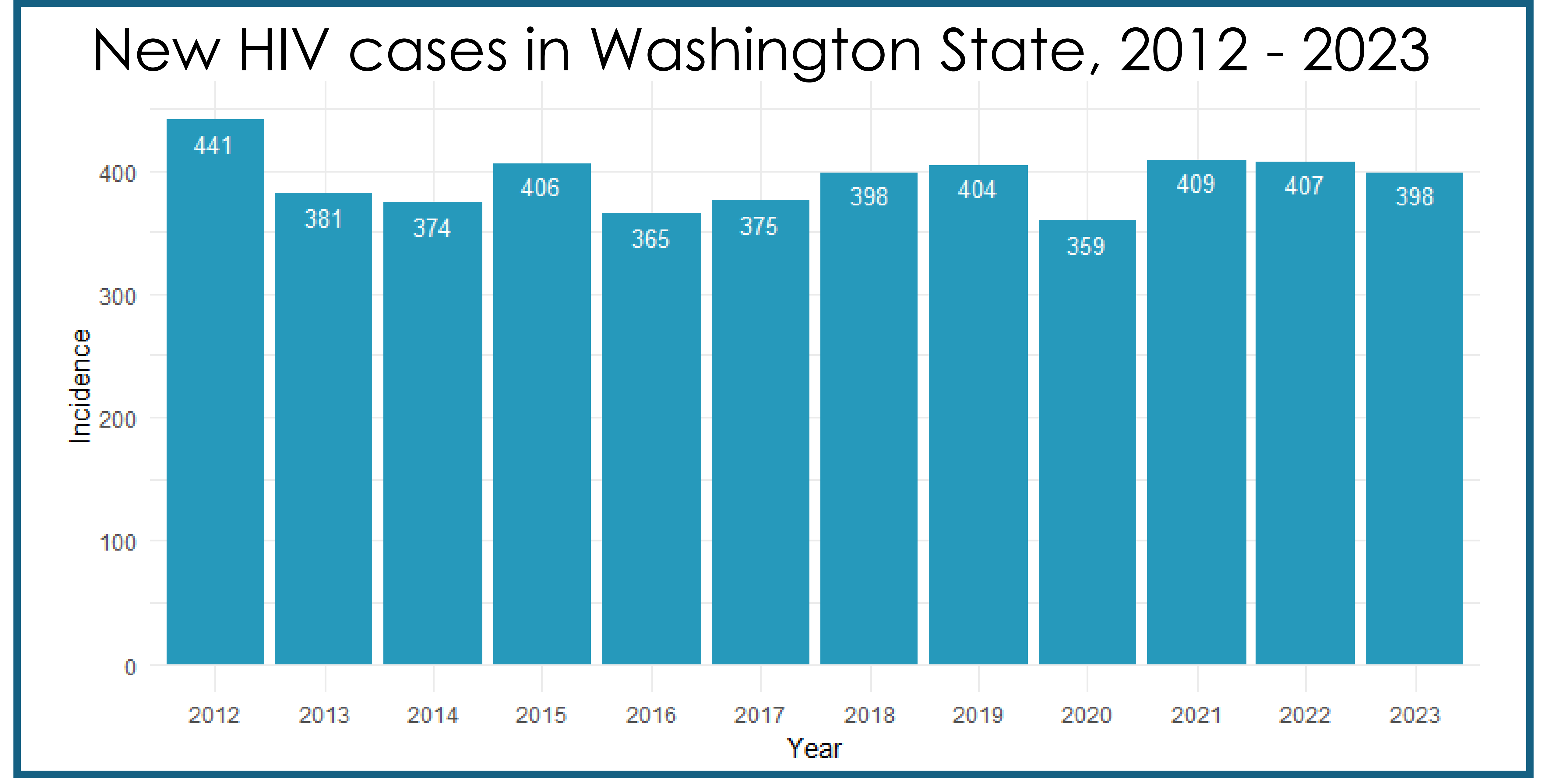
- HIV (human immunodeficiency virus) is a viral STI that attacks the immune system
- Many people don't show symptoms initially, but once they can develop, they can include:
  - Fever
  - Tiredness
  - Swollen lymph nodes
  - Night sweats
  - Joint and muscle aches
  - Diarrhea
  - Rash
- While there is no cure, HIV can be treated with medication that can suppress the virus and allow people diagnosed with HIV to live long, healthy lives

HIV in WA State

- About **14,000 people living with HIV** (PLWH) in WA State
- **400 new cases** diagnosed each year
- Largest impact on cisgender men who make up about 81% of new cases each year
  - 63% of new cases occur among men occur among MSM

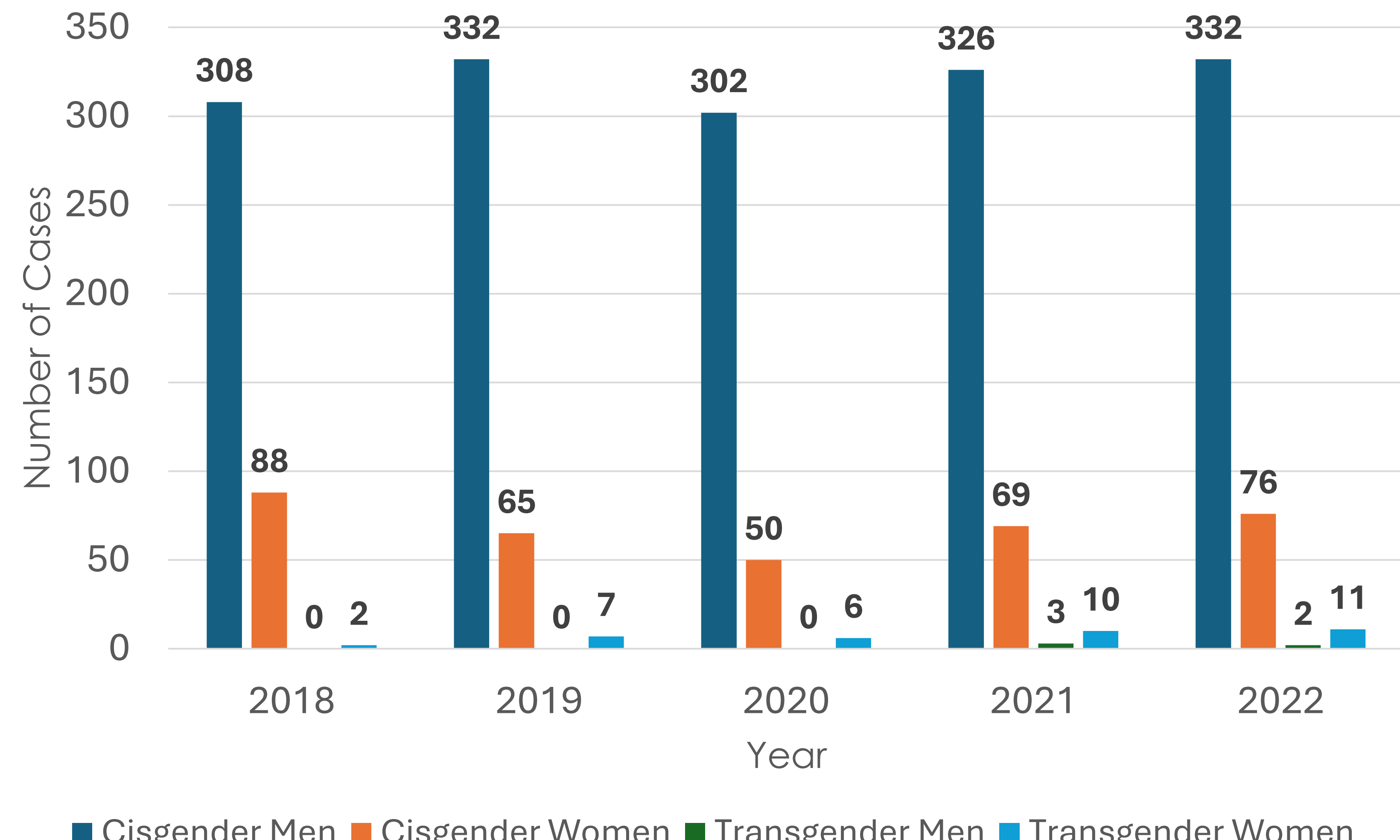
HIV in WA State

- HIV prevalence has been steadily increasing overall since 2015, however:
  - Proportion of PLWH who identify as White has consistently decreased
  - Proportion of PLWH who identify as Black, Indigenous, and people of color stayed the same or increased over time


New HIV cases in Washington State, 2012 - 2023
Incidence
0
100
200
300
400
441
381
374
406
365
375
398
404
359
409
407
398
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Year

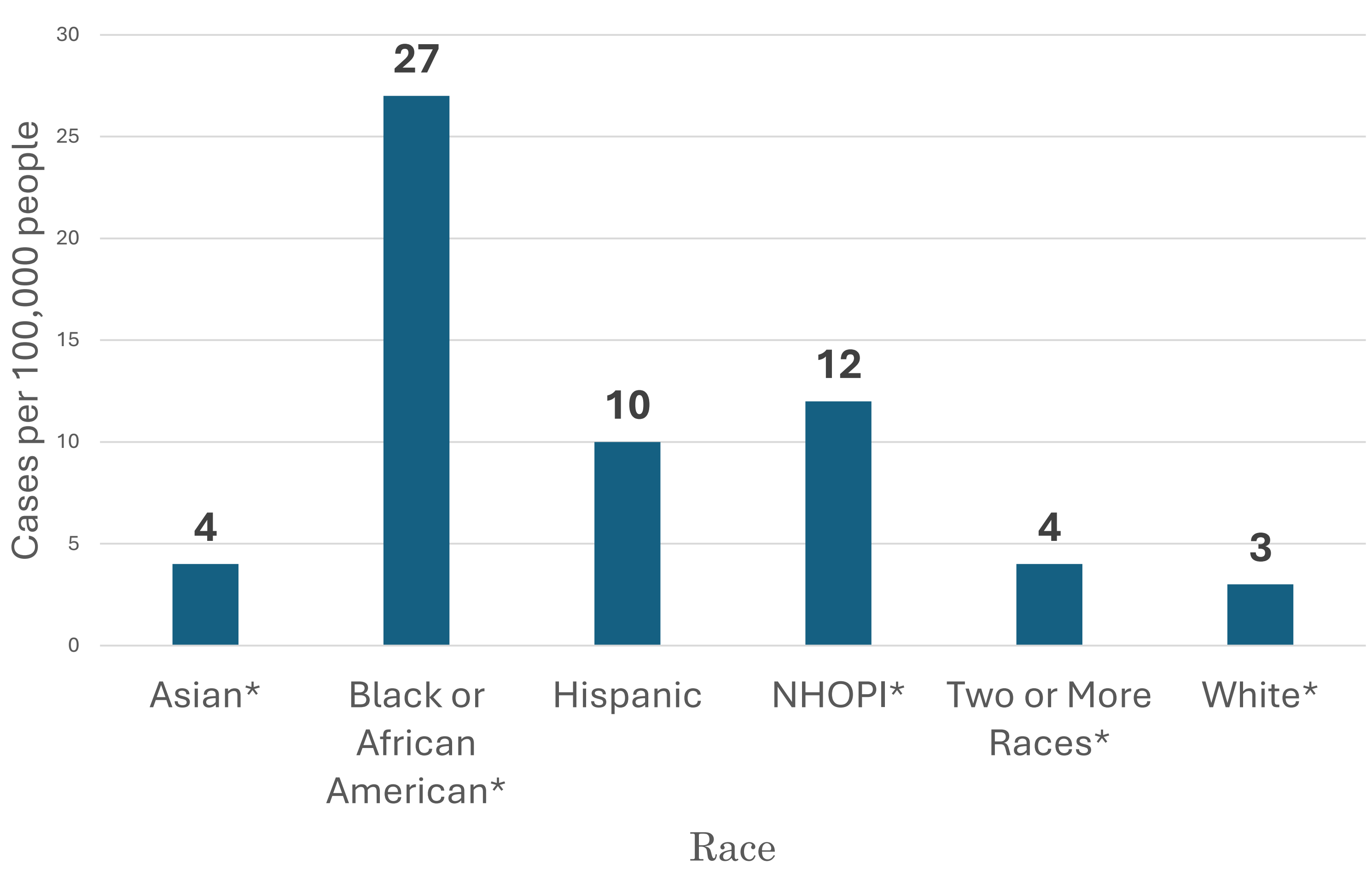
HIV in WA State

- Largest impact on cisgender men who make up about 81% of new cases each year



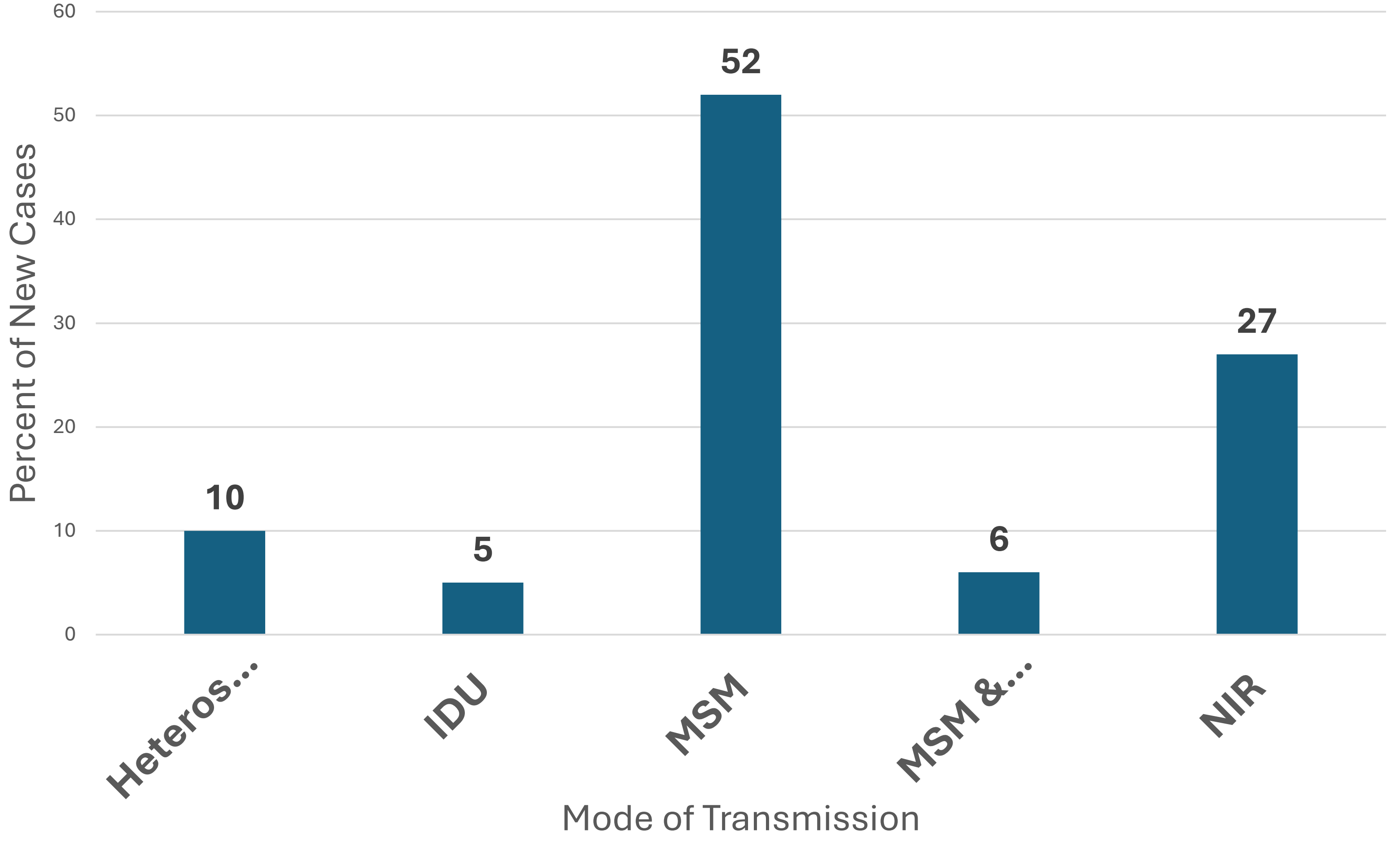
HIV in WA State

- Disproportionately impacts Black / African American people



HIV
in WA State

- Most new HIV cases occur among MSM (52%)



- **IDU**: Injection drug use
- **MSM**: Men who has sex with men
- **NIR**: No identified risk (not reported)

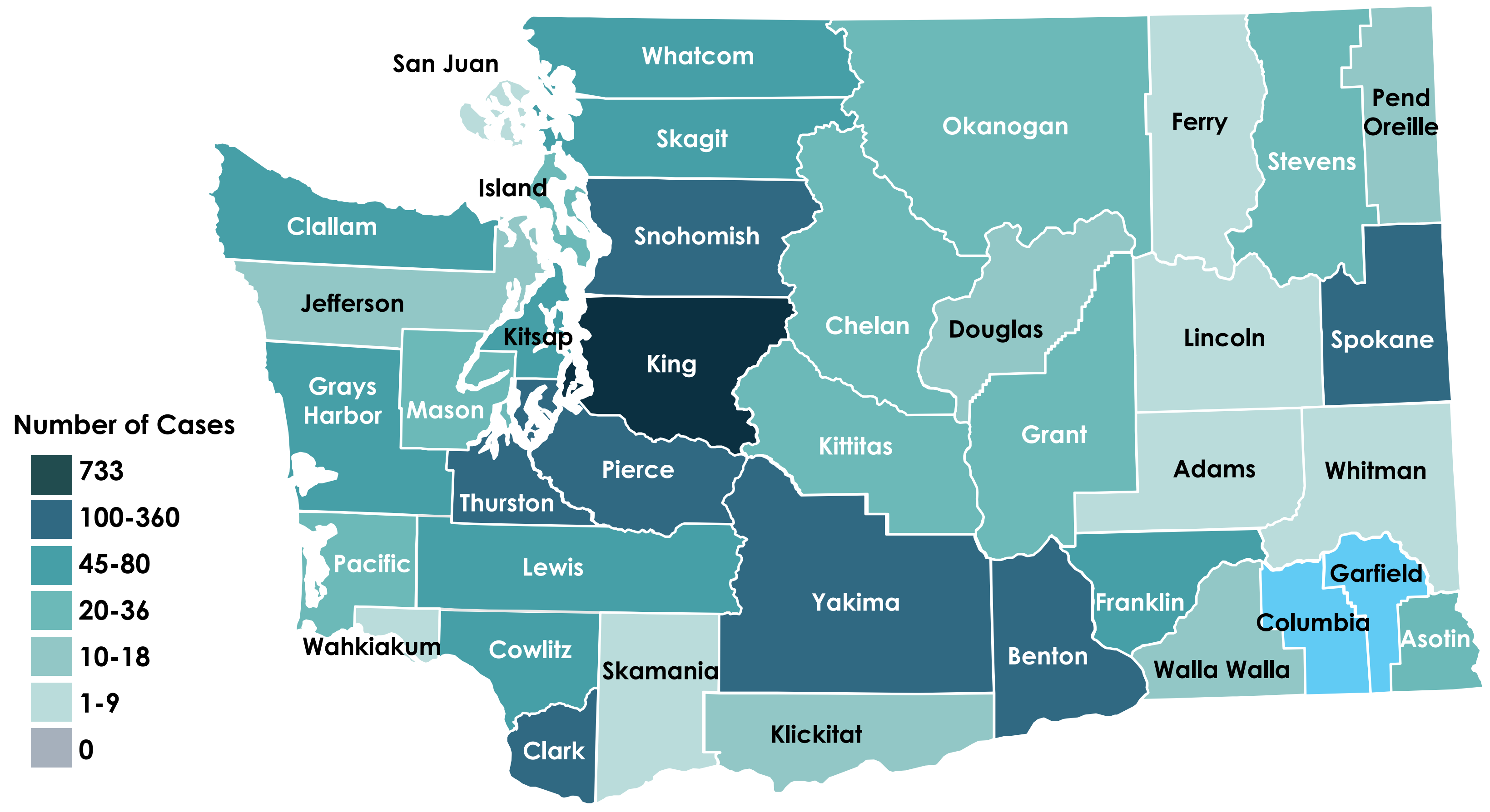
Hepatitis C in WA State

- **Hepatitis C** is a liver infection caused by the hepatitis C virus (HCV)
- Spread through contact with blood from a person who has HCV
- Can occur as an acute, then chronic infection:
  - **Acute hepatitis C**: a new infection that occurs within the first six months after someone is exposed to HCV.
  - **Chronic hepatitis C**: a lifelong infection that may occur is hepatitis C is left untreated.

Hepatitis C in WA State

- Among people living in WA in 2021:
  - **122** reported newly diagnosed acute hepatitis C infections
  - **3,998** reported newly diagnosed chronic infections
- Chronic Hepatitis C affects multiple generations with infections highest among two age groups: 20–39 and 55–70 years.
- Most new HCV infections occur from sharing injection drug equipment
  - 66.4% of acute infections indicated injection drug use (IDU) as a risk factor for infection
  - 77% indicated recent substance use (including IDU).

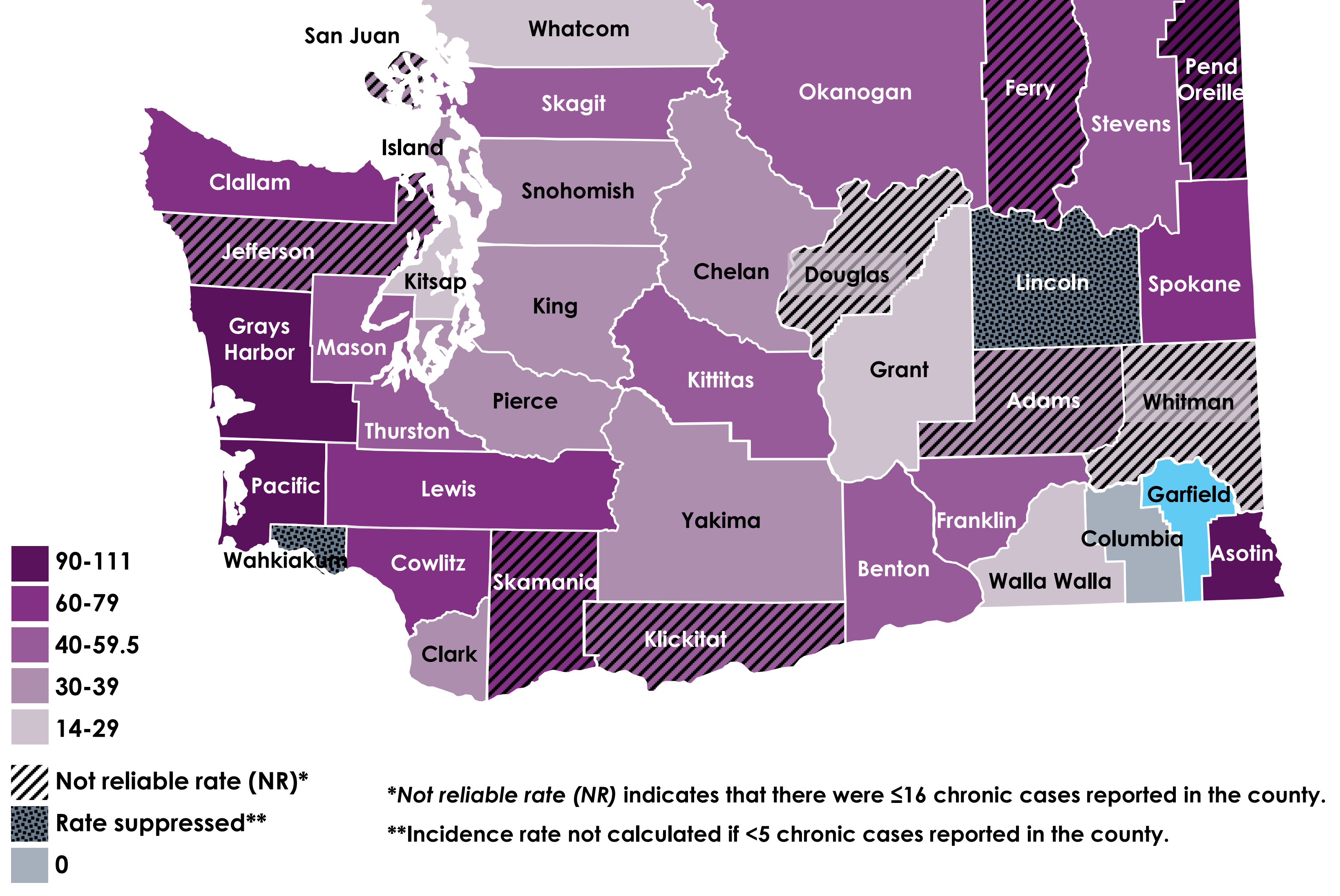
HCV in WA State



There were 204 chronic cases diagnosed in correctional and other state facilities that are not represented on the map.

HCV in WA State

Rate of Chronic HCV Infections by County, WA State 2022



**Not reliable rate (NR)* indicates that there were ≤16 chronic cases reported in the county.

**Incidence rate not calculated if <5 chronic cases reported in the county.

Hep C Fast Facts – USA (2021)

2x

The number of acute hepatitis C has doubled since 2014, a 129% increase.

65%

Nearly 2/3 of newly reported chronic hepatitis C cases occurred among men.

66.9

The rate of newly reported chronic hepatitis C cases was highest among non-Hispanic AI/AN persons at 66.9 cases per 100,000 people.

20-39 & 55-70 years old

Chronic hepatitis C affects multiple generations and is highest among the two above age groups.

Parallel pathways

- Why are we throwing all this data at you? What is the take away?

- What similarities do HIV and HCV have?
  - IDU
  - New cases, chronic infection over time, continuum of care
  - Pathway of care that looks similar for each, navigate treatment
    - One's for viral suppression
    - One's for cure

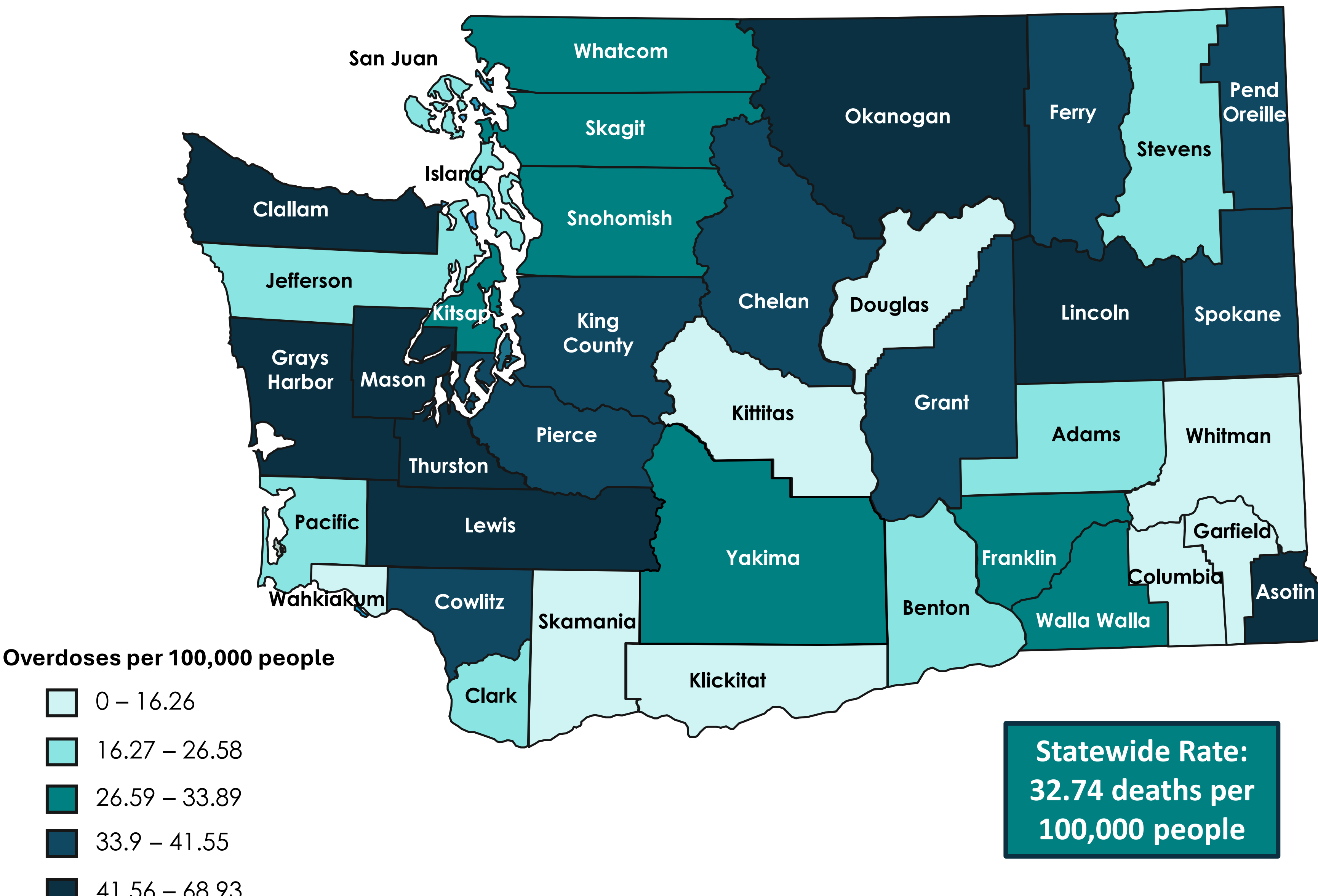
Overdose

In WA State

Overdose in WA

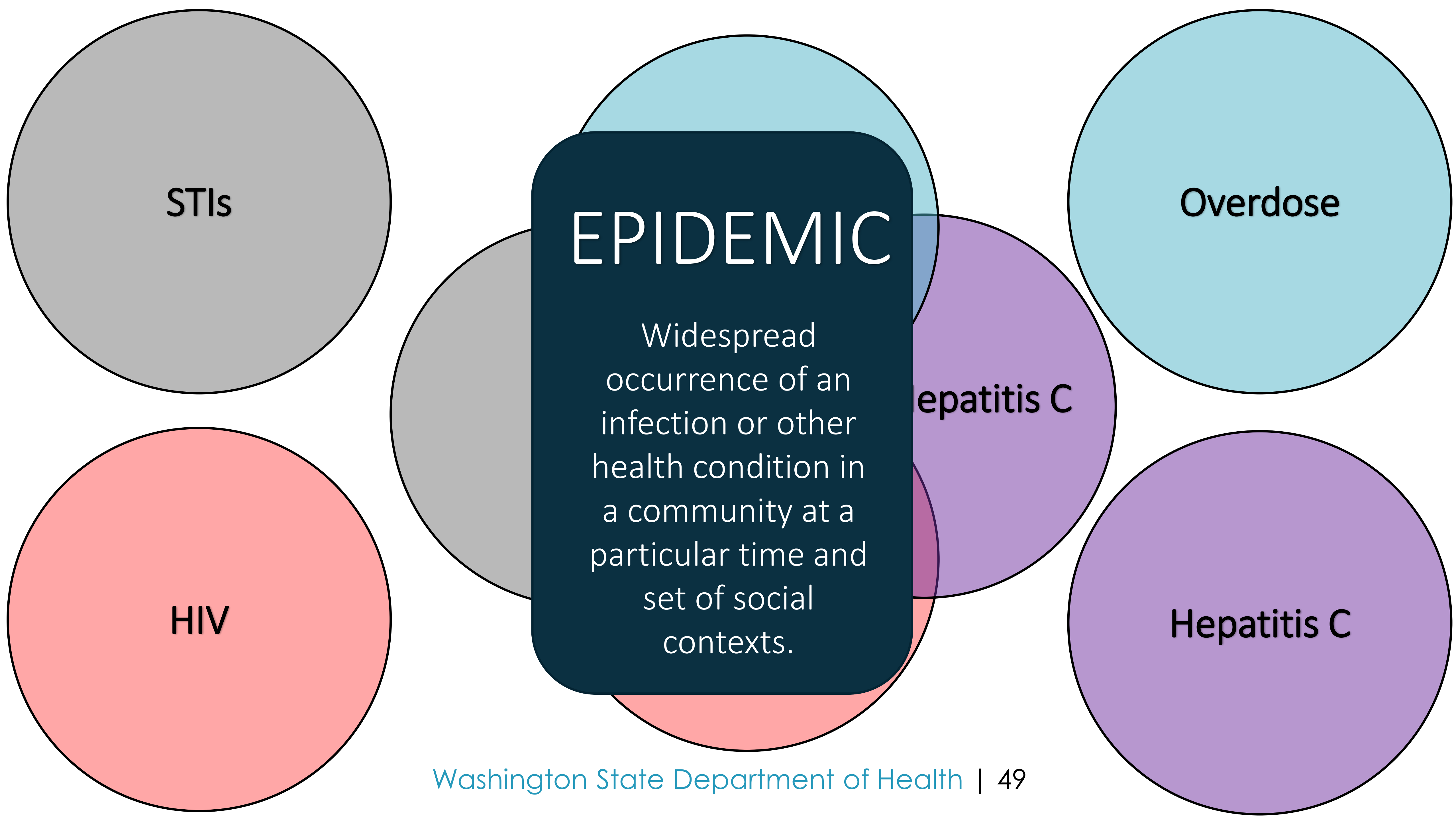
- Drug overdose is the leading cause of accidental death in the United States
- Opioid overdose deaths have been steadily rising since 2013, with a sharp acceleration in 2019
  - Historically driven by heroin deaths
  - More recently driven by deaths related to fentanyl, a more powerful synthetic opioid
- Between 2020 & 2022, opioid overdose death rates:
  - Quadrupled in King & Pierce county
  - Tripled in Snohomish County
  - Double in Spokane County
- Some of highest death rates and largest increases are seen in rural counties – Okanogan, Yakima, Clallam, Grays Harbor, and Mason (over nine-fold increase)

Overdose in WA State



Collective Impact

Using a Syndemic Approach to Infectious Disease and Substance Use


STIs
Overdose
EPIDEMIC
Widespread occurrence of an infection or other health condition in a community at a particular time and set of social contexts.
Hepatitis C
HIV
Hepatitis C

SYNERGY

Interaction of two or more conditions that produce a combined effect greater than the sum of their separate efforts.

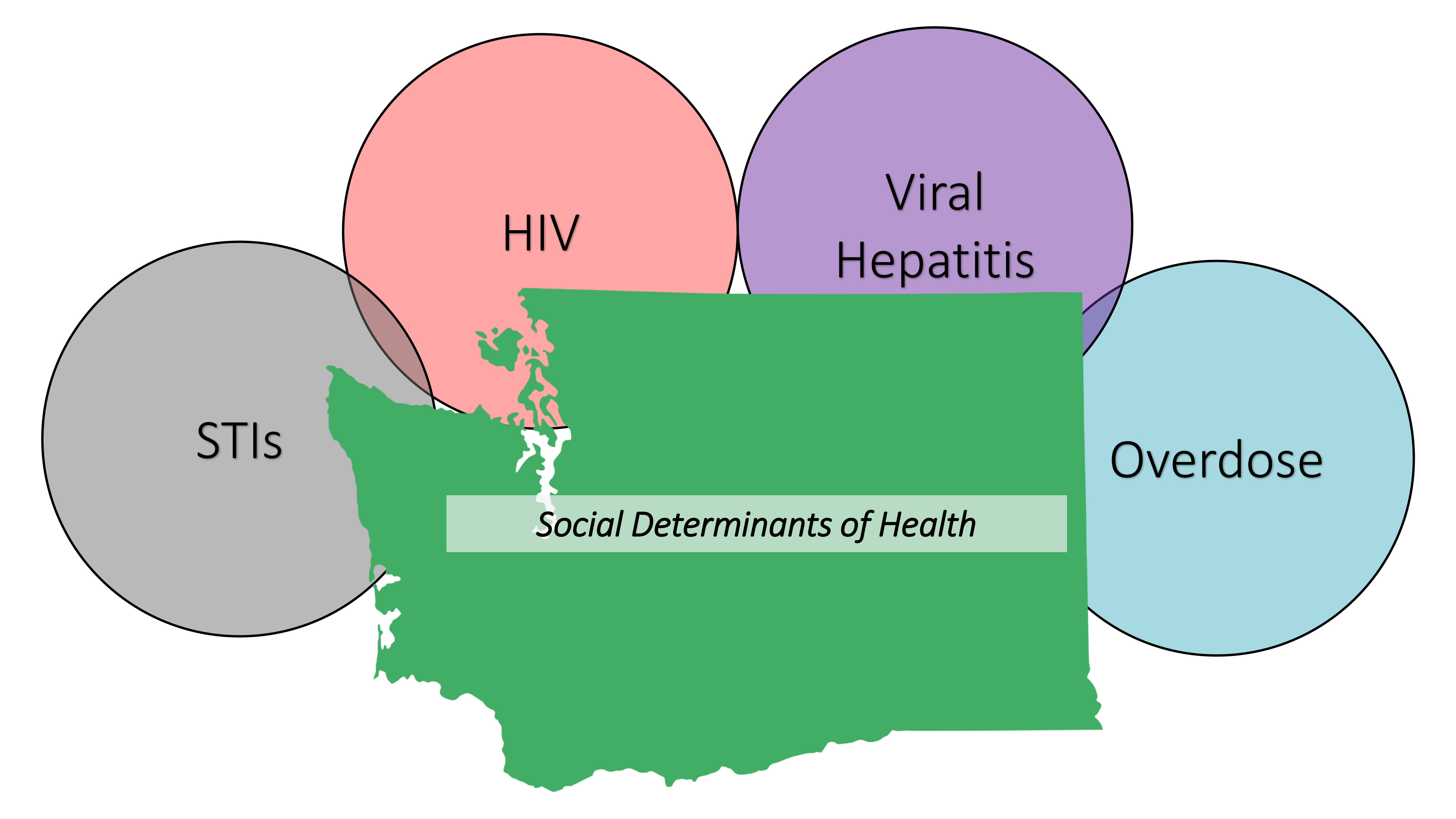
EPIDEMIC

Widespread occurrence of an infection or other health condition in a community at a particular time and set of social contexts.

=

SYNDEMIC

When two or more health conditions or infections and the social contexts in which they occur, interact with and worsen one another other's impact, resulting in an excessive burden of disease, including increased transmission, morbidity, and mortality.


HIV
Viral
Hepatitis
STIs
Overdose
Social Determinants of Health

Infectious Disease Overlap

Substance use and overdose increasingly coincide with the infectious conditions that we oversee

The number of fatal overdoses increased approximately 110% between 2019 and 2022

Drug overdose is the #3 cause of death among people living with HIV between 2010-2019

Injection drug use (IDU) is associated with approximately 20% of HIV cases and 62% of hepatitis C cases

- Increase of congenital syphilis cases and syphilis cases among pregnant people (see table at right)
  - Also often associated with reported substance use

Year	# Pregnant Cases	# Congenital Cases
2019	65	17
2020	70	10
2021	116	53
2022	152	52

Infectious Disease Overlap

Within 5 years of being diagnosed:

- Nearly 10% of people with a syphilis will acquire HIV
- Nearly 10% of people living with HIV (PLWH) will acquire syphilis

16% of PLWH have a past or current HCV infection

66% of PLWH who also inject drugs also have HCV

Infectious Disease Overlap: People Living with HIV

- Rate of gonorrhea approx. 20x higher among PLWH than general population
  - Driven in large part by the higher rate of STIs among men living with HIV who have sex with men;
    - Rate of STIs among PLWH with other risk categories is more similar to the general population.
- Rate of syphilis is approx. 32x higher among PLWH than the general population

SDOH: The **nonmedical factors** in people's lives that affect their health status through wide-reaching influence on all areas of life.

Individual Factors

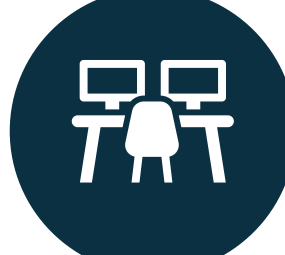
- Characteristics like:
  - Gender
  - Race
  - Ethnicity
  - Sexual orientation
  - Language
  - Literacy
  - Socioeconomic status
  - Adverse experiences

- Impact individual health because of how they interact with structural and societal inequalities for each person

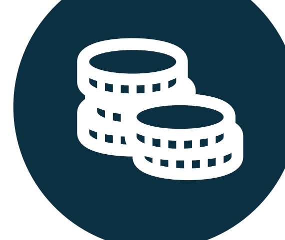
Societal Determinants

- Systems & societal infrastructure like:
  - Healthcare access
  - Food access
  - Education access & quality
  - Transportation access
  - Social support
  - Racism, sexism, other forms of structural and systemic oppression

- Directly influence health



"The conditions in which people are born, live, work, and age."



Stigma versus Discrimination

Stigma

Mark of disgrace associated with a particular circumstance, quality, or person

- Includes negative thoughts, attitudes, and beliefs a person might have about have about a person, group, or circumstance

Discrimination

Behaviors and actions taken because of stigma and bias including:

- Social avoidance or rejection
- Denial of healthcare, education, housing or employment
- Verbal and/or psychological abuse
- Physical violence

What drives stigma & discrimination?

- Unfamiliarity and dehumanization
- Misunderstandings of risk
- Assumptions about behavior
- Uncertainty about how to react

Stigma and Discrimination for People Living with HIV

- 15% of Black PLWH were treated worse while getting HIV care than other patients because of their race
- 11% of Hispanic or Latina/o/x PLWH were treated worse than other patients because of their ethnicity
- 25% of PLWH who inject drugs were treated worse than other patients because of their drug use
- 11% of male PLWH who have sex with men were treated worse than other patients because of their sexual orientation
- 7% of PLWH were treated worse than other patients because of their HIV status

Racism

- Defined as: an organized social system that devalues and disempowers racial groups regarded as inferior (CDC)
    - Also defined as “organized systems within societies that cause avoidable and unfair inequalities in power, resources, capacities, and opportunities across racial or ethnic groups
- Can manifest through beliefs, stereotypes, prejudices, or discrimination
- Occurs at multiple levels:
    - Internalized: incorporation of racist attitudes, beliefs, and ideologies into one’s worldview
    - Interpersonal: interactions between individuals
    - Institutional: ways in which policies and practices perpetuated by institutions produce different outcomes for different racial groups
    - Structural: systems, social forces, ideologies, and processes that generate and reinforce inequities among racial and ethnic groups
- Reduces access to resources and opportunities such as employment, housing, education, and health exposure & exists as a cause of exclusion, conflict, and disadvantage

Impact of Racism

- Racism creates sharp divides in health outcomes that fuel disparities
- Inequalities in income, education, trauma, stigma, and access to healthcare compound historical injustices and affect rates in two critical ways:
- **Prevalence of Disease:** The cumulative effect of racism over centuries has yielded a situation where HIV, syphilis, and hepatitis C are more common in communities of color.
  - For people trying to protect themselves from these conditions, this means that the same behaviors can carry higher risk than they would in White communities.
- **Personal Autonomy:** A person's ability to protect themselves from infection depends on having the freedom, choices, and resources to do so.
  - Black communities and other communities of color systematically have fewer economic opportunities, less access to healthcare, and higher rates of co-morbid conditions. These increase the barriers to prevention and lowers a person's ability to acquire treatment once diagnosed.

The Case for Integrated Services

What are Integrated Services?

- Behavior that makes someone vulnerable to one infection, may put an individual at risk for multiple infections or overdose
  - Prevention services and treatment (or referral to treatment) should be addressed in a single intervention or service visit when possible
- Give clients, regardless of the initial reason for seeking care, seamless access to tailored and comprehensive services for HIV, STIs, viral hepatitis, and substance use, to meet their specific needs
  - Sometimes called a "no wrong door" approach

Reaching Priority Populations

- Integrated service aims for a health equity approach by providing comprehensive services and support to communities who experience significant marginalization and are impacted by the Syndemic

- Priority populations of the Syndemic include:
  - Gay, bisexual and other men who have sex with men and their sexual networks
  - Transgender individuals who have sex with men and their sexual networks
  - People who use drugs
  - People of Color, especially Blacks/African Americans, Latiné, and Indigenous people
  - People who exchange sex for drugs, housing, and/or other resources

High Impact Settings and Outreach

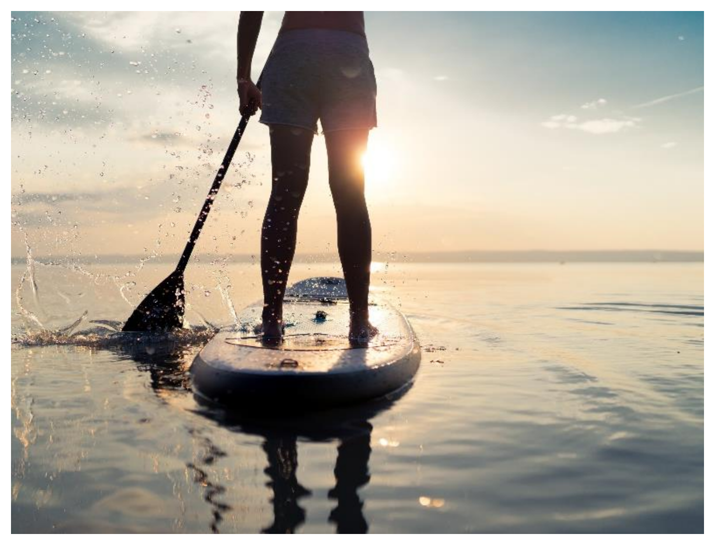
- Integrated services in non-clinical settings increase the opportunity for clients to access care in community settings and reduce the potential for missed opportunities to serve clients' varied needs

- Priority populations may experience stigma, homelessness, or other life-domain issues that make it difficult to access traditional office-based services

- Outreach-based prevention activities in the places the priority populations live, work, and play is critical to integration

Questions?

Thank you for your kind attention



Zandt Bryan

Program Manager

Sexual Health & Prevention

Kari Haecker

Capacity Building Coordinator

Sexual Health & Prevention

@WADeptHealth

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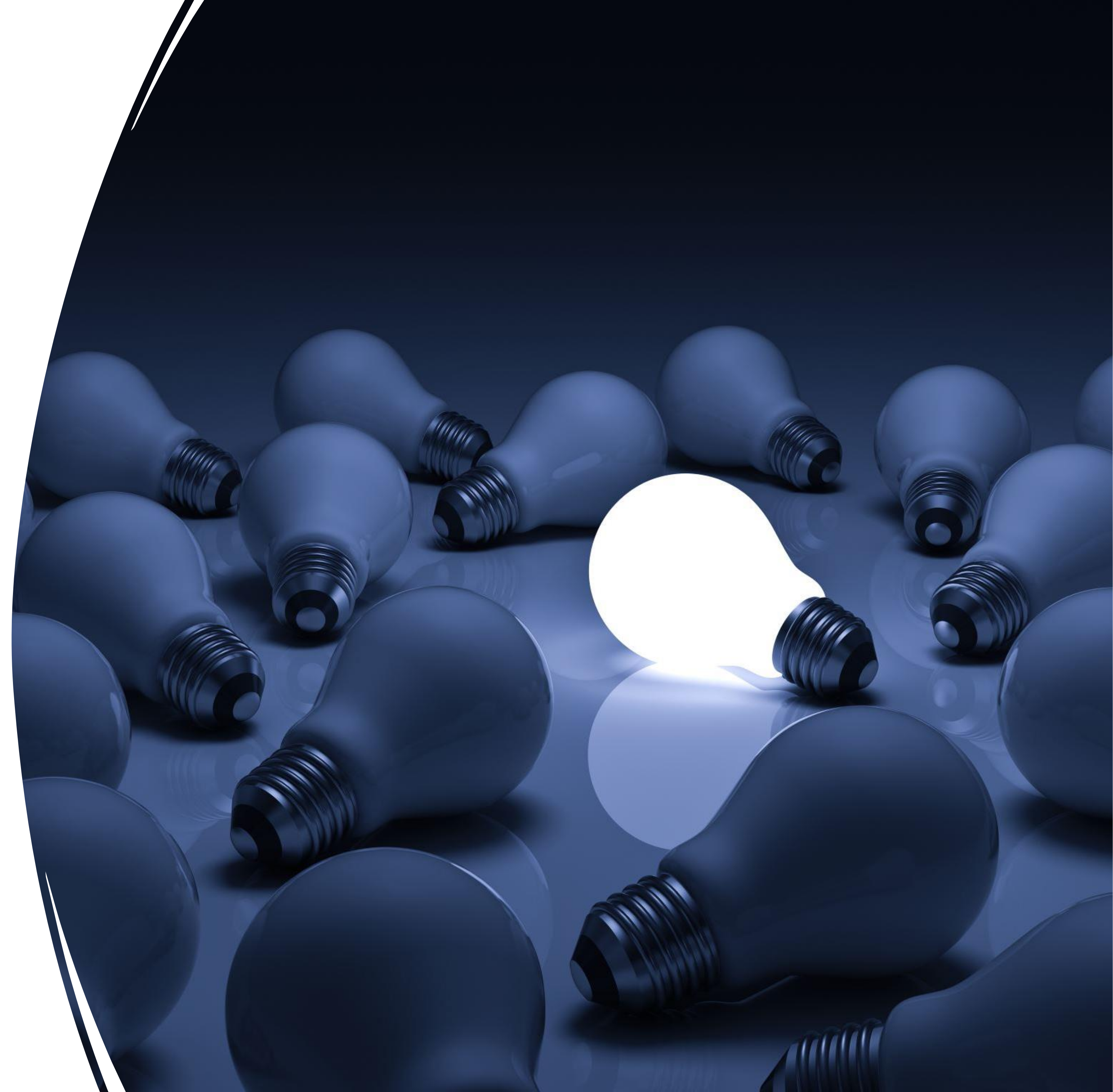
Power Mapping PrEP Journey: Priority Population- Same Gender Love Black Men

Leisha McKinley-Beach

What Is Power Mapping?

- Identifying who has the power in your community
- Discover the connection with them and your goal (whether they are for or against you)
- Discover the connection with each other (other entities/people on the power ma)
- How do you get them to use that power to support your desired outcomes
- How do you communicate with them effectively



What’s The Goal

- Goal: Ensure that Black same gender loving men have a pathway to PrEP at no cost

What Do We Need To Tell The Story?

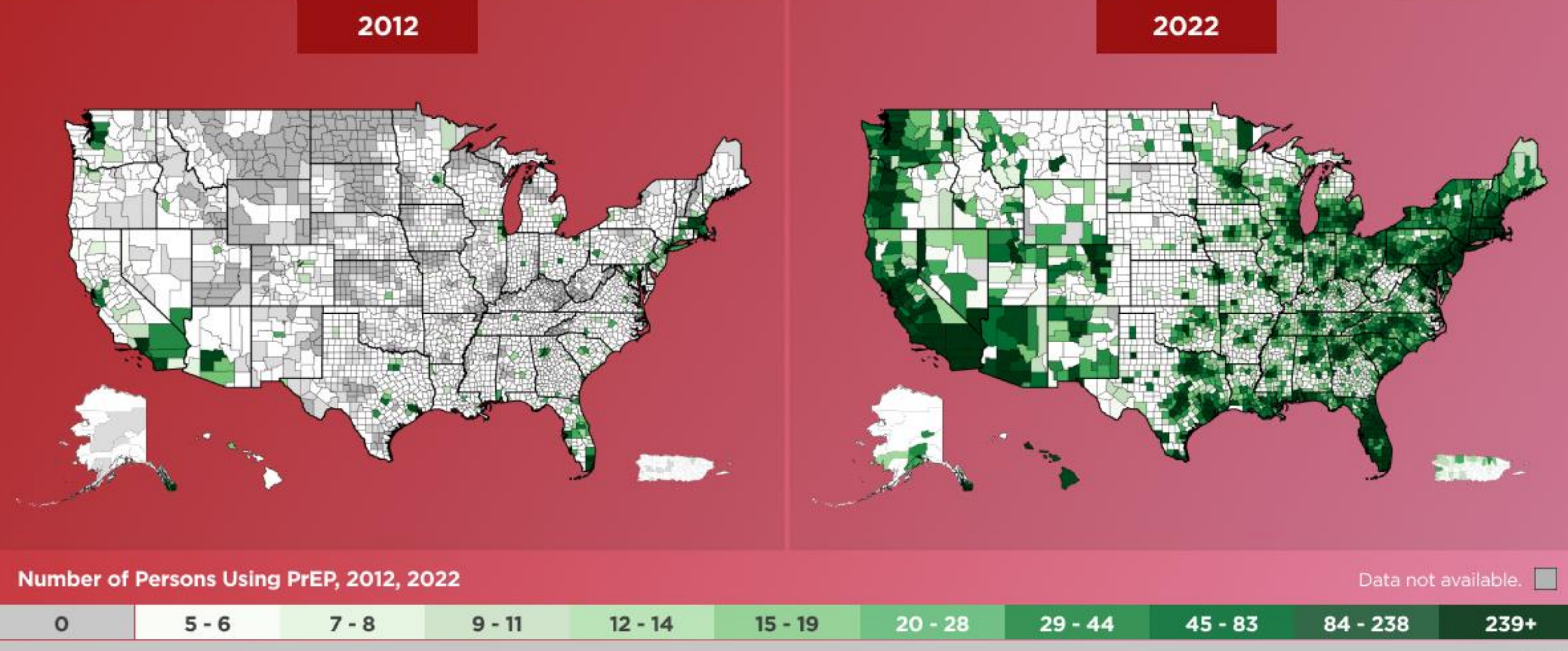
Data

Personal stories from the population being impacted by the process

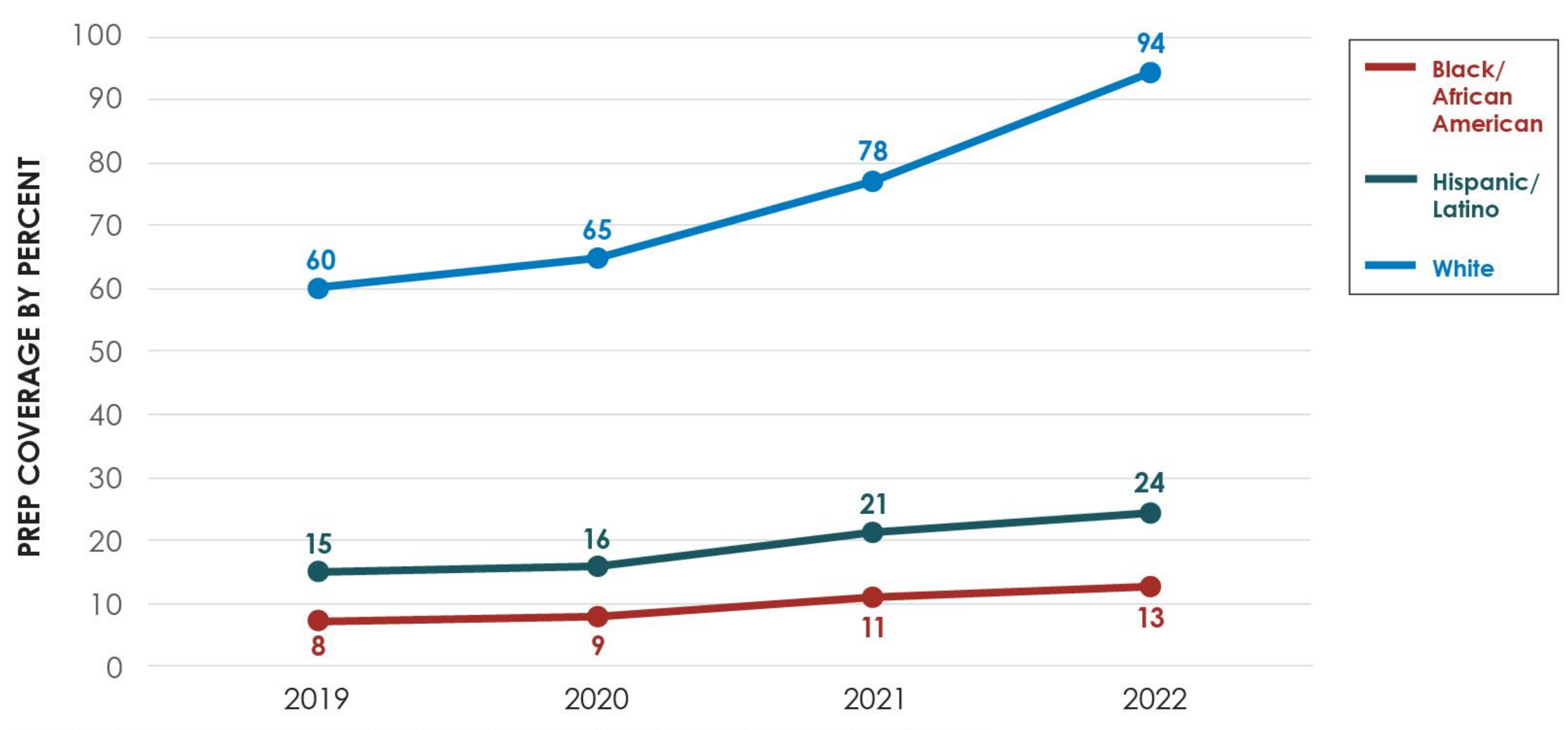
Research (understanding what has prevented them from saying yes, or supporting your efforts before)

Show the pathway how you get from concept to end goal (journey mapping)

From 2012 to 2022, **PrEP users increased** by **over 4400%** with an average **increase of 52% per year**.



More Is Needed!



(HIV.gov, 2024)

In all U.S. regions in 2022, **Black individuals** had a **higher unmet need for PrEP** than **White individuals**. A lower PrEP-to-Need Ratio indicates a higher unmet need.

	MIDWEST	NORTHEAST	SOUTH	WEST
Black	4.06	6.81	4.32	4.45
Hispanic	12.01	10.3	8.84	9.27
White	35.92	66.63	26.7	37.09

PrEP-to-Need Ratio, 2022	0.00 - 4.83	4.84 - 7.54	7.55 - 11.71	11.72 - 19.22	19.23+

**PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.*

Local Data: Seattle MSA

In 2021, there were 10,100 people living with HIV in Seattle MSA.
In 2021, 308 people were newly diagnosed with HIV.

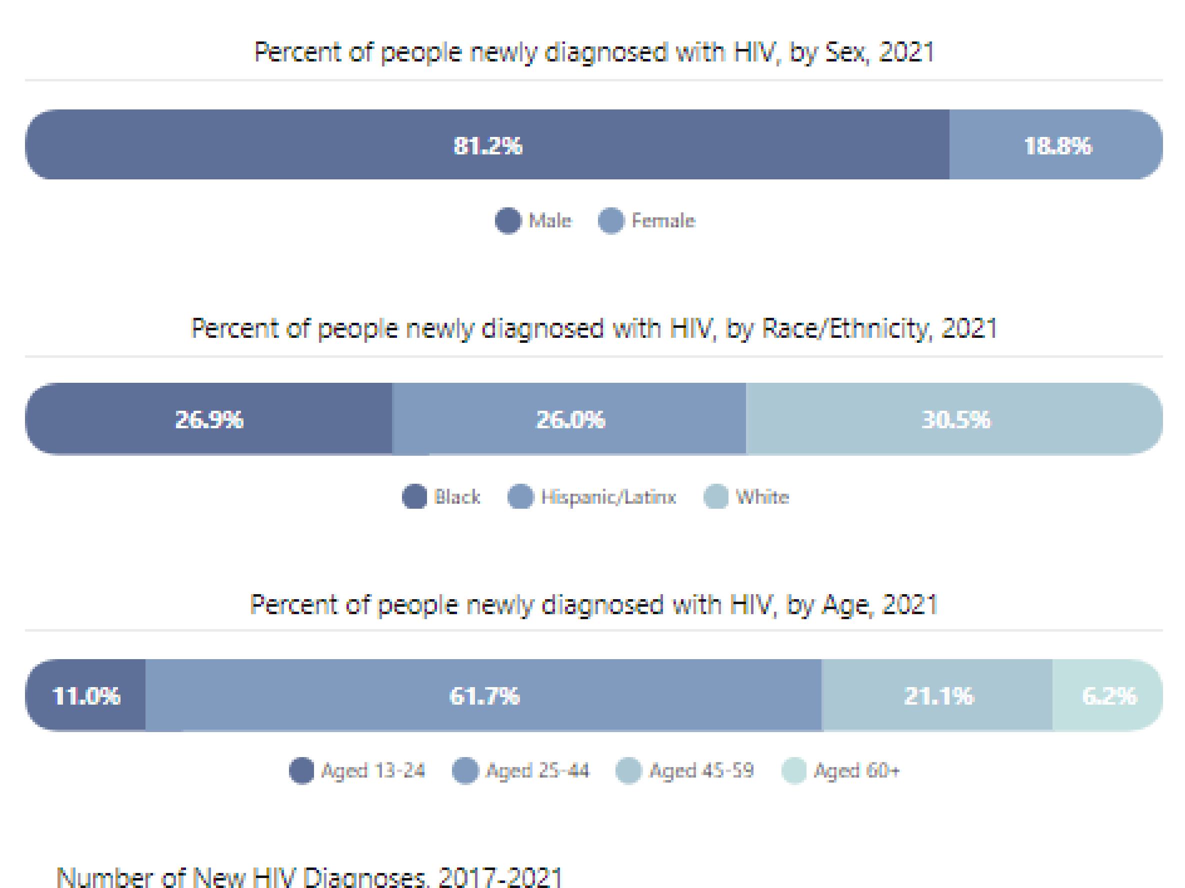
New HIV Diagnoses

Number of new HIV diagnoses, 2021

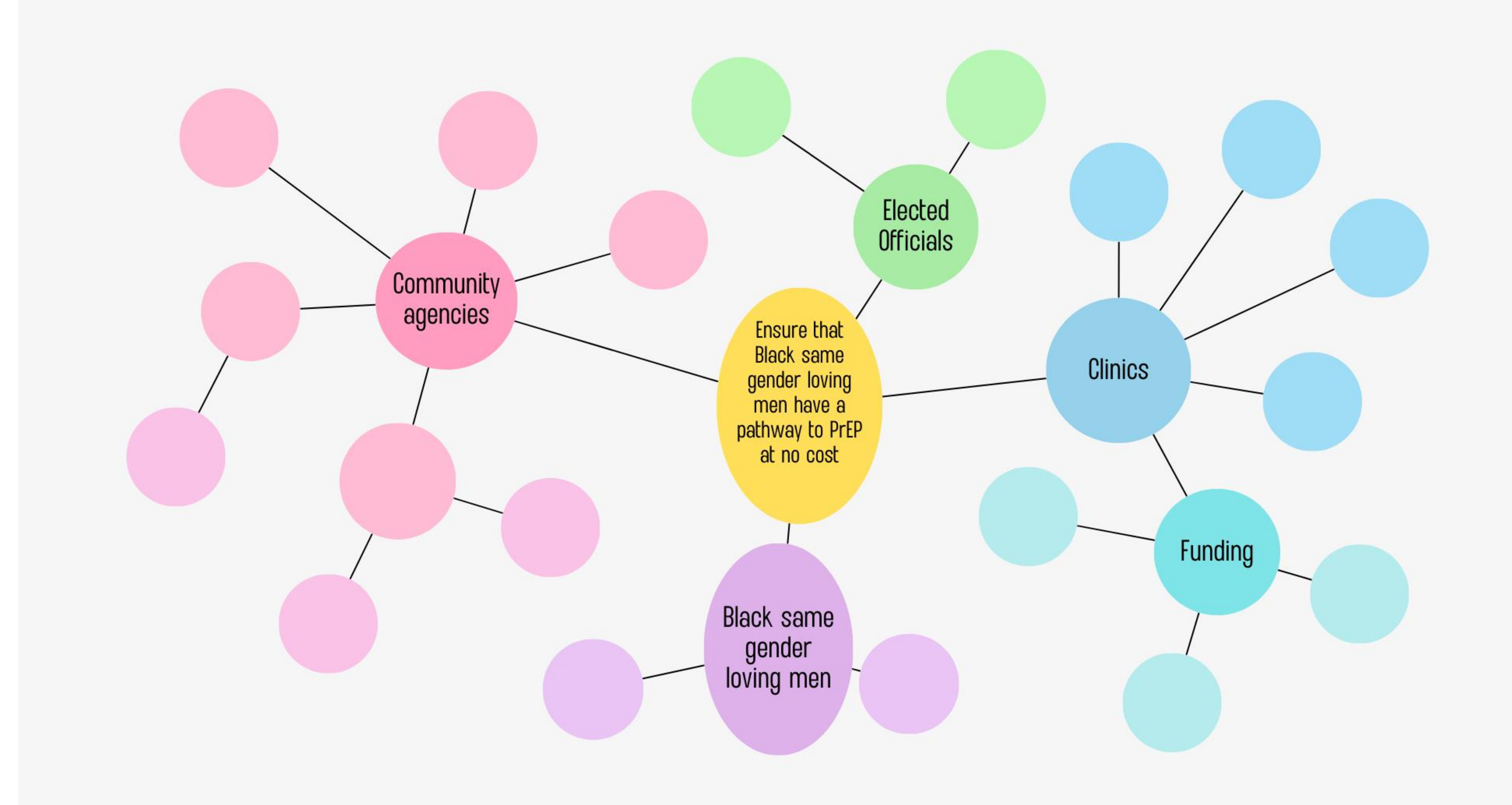
308

Rate of new HIV diagnoses per 100,000 population, 2021

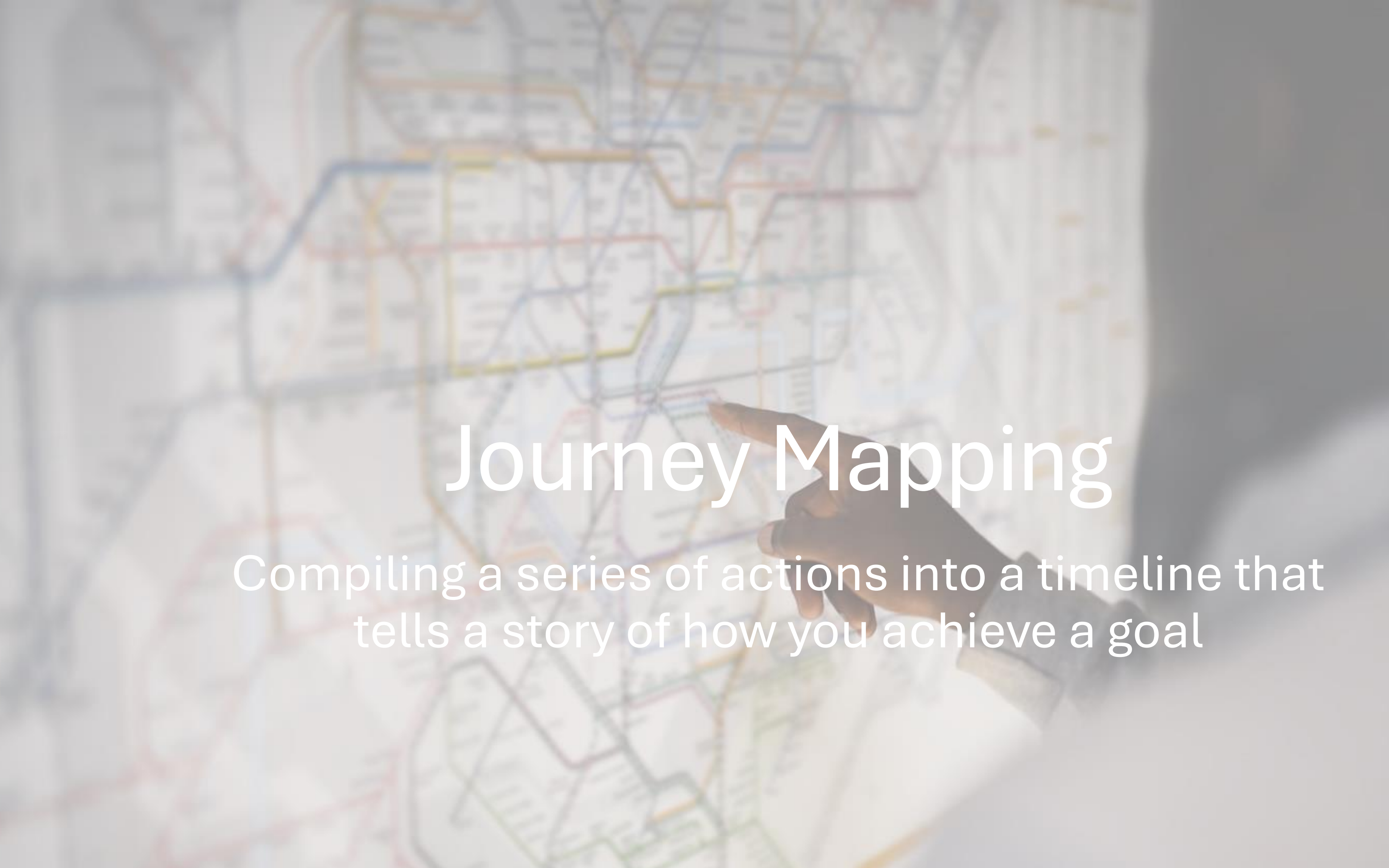
11



Power Map



Journey Mapping



Journey Mapping

Compiling a series of actions into a timeline that tells a story of how you achieve a goal

Journey Mapping: Ensure that Black same-gender-loving men have a pathway to PrEP at no cost

2024

Development of equity index for Black same-gender-loving men and HIV prevention

2025

Next step

2026

Next step

2028

Next Step

2030

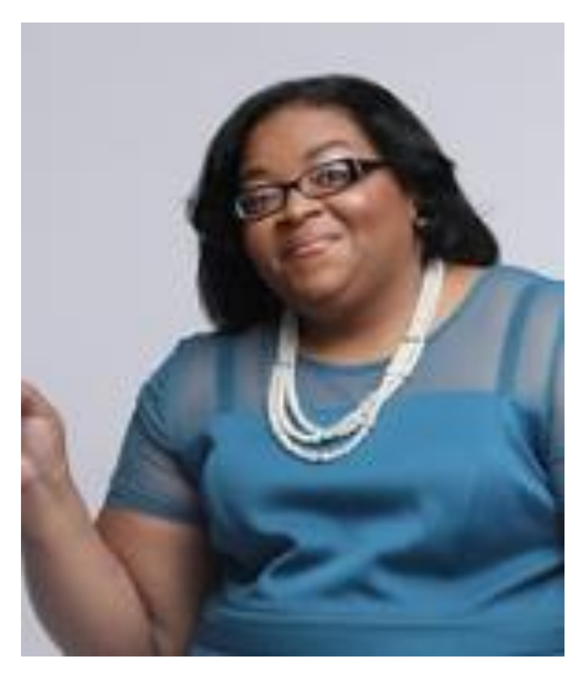
Black same-gender-love men get PrEP at no cost

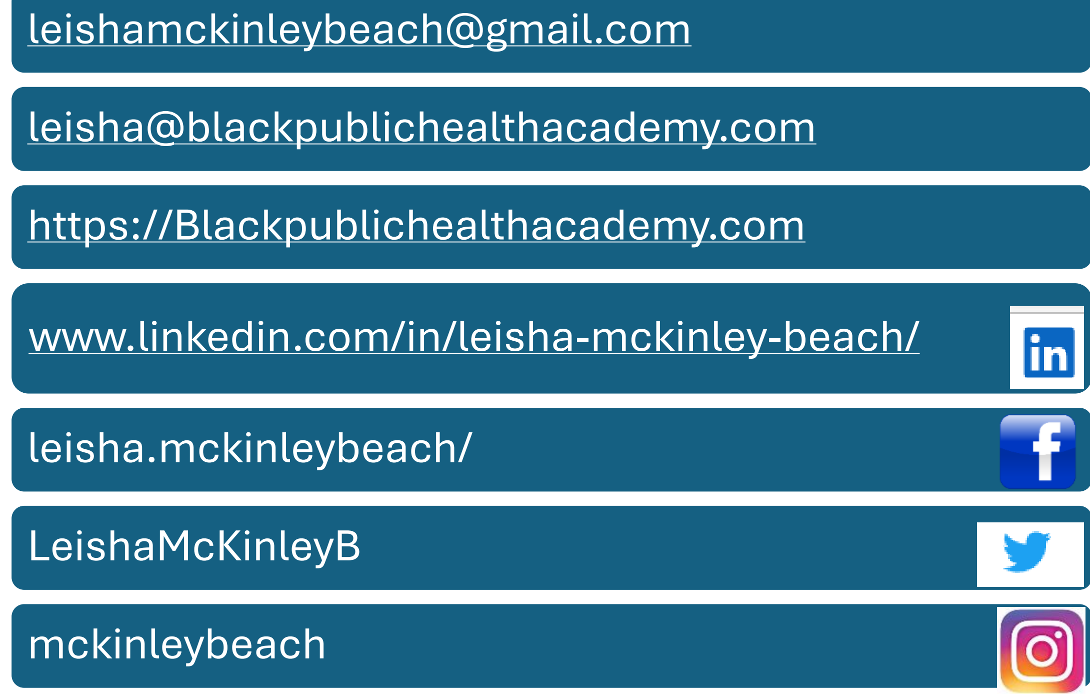
Exercise

- Create a Power Map
- Identify two (2) people or entities that can impact your goal
- Answer the following questions
  - What data would you use
  - What story would you tell
  - How do you determine if this person/entity supports your goal
  - State at least one component from your journey map that shows this goal is achievable

- Time for the exercise: 10 minutes
- Report back

How to find me





By Us, For Us: Building Capacity for Priority Community-Led Initiatives

Reina Hernandez, Status Neutral Program Lead, getSFcba

Goal: To develop community-led initiatives that effectively promote the health and wellness of communities impacted by current syndemics

OBJECTIVES:

1. Identify and document community assets related to healthcare services and relevant resources
2. Develop action plans and ideas for meaningful community engagement activities, including strategies for resource allocation, partnership development and capacity building
3. Support participants to empower communities to actively participate in the planning, design, implementation and evaluation of interventions to address syndemics

What is community asset mapping?

Community asset mapping is the process of identifying existing resources in a community to address specific issues

Focus is on the **strengths** of a community, not the deficits

Community Development

An effort to build assets that increase the capacity of residents to **improve their quality of live**

Based on principles of…

Self-Determination **Social Justice**

Autonomy **Sustainability**

Democratic Participation **Inclusion**

Community is part of every aspect: planning, design, implementation, evaluation and decision-making

What are the assets and why do they matter?

- **Community assets** can be people, places, institutions and other resources

- **Assets** can address social determinants of health
  - **Referral systems**
  - **Partnerships**
  - **Systems level change**

Example Template of a Community Asset Map

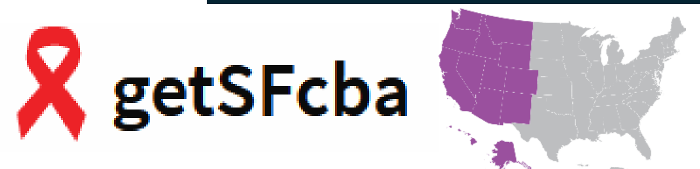
INDIVIDUALS

HEALTH CENTERS

The Community
Your Organization
Yourself

PHYSICIAL SPACES

GRASSROOTS ORGS



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Create Your Community Asset Map

- Breakout Activity:
  1. Breakout into groups by region
  2. Identify and list resources
  3. Organize into categories
  4. Regroup for share out & discussion

Instructions for your Community Asset Map

1. Identify the issue
2. Define the boundaries of the community
3. Identify partners to involve
4. List assets of groups
5. List assets of individuals
6. Organize assets on a map

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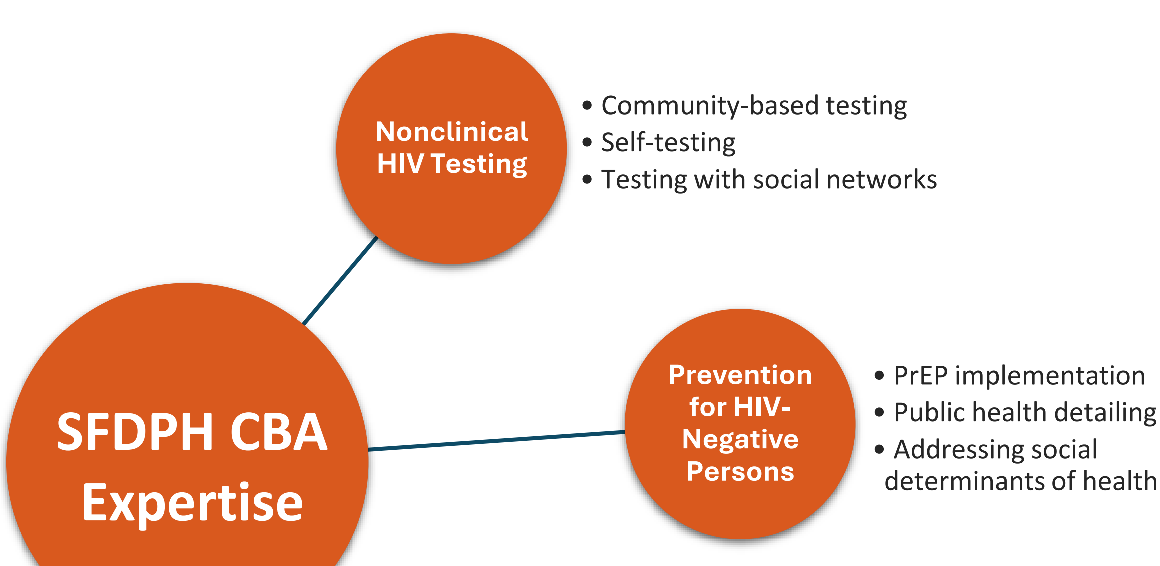
Debrief Questions

1. What unique resources or strengths do these groups bring to the community?

2. How do these assets complement each other within the broader community ecosystem?

3. How can these resources be leveraged to maximize community impact?

SFDPH CBA Program



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Questions?

Syndemic Services Navigation Basics

Reina Hernandez, Status Neutral Program Lead, getSFcba

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Objectives

1. Understand role and responsibilities of syndemic services navigators in supporting clients accessing care

2. Understand the key components of syndemic service navigation and core skills and knowledge for navigators

3. Identify navigation best practices to optimize patient engagement, service utilization and health outcomes

Defining Syndemic Services Navigation

Syndemic Services Navigation is…

Supporting clients by creating routes for utilization of HIV/HCV, PrEP, MAT, STI treatment and essential support services by **addressing as many barriers as possible**

Purpose of Syndemic Navigation Services

Increase access to HIV, PrEP, HCV, SUD, STI treatment and prevention

Address social determinants of health through the provision of essential support services

Improve health outcomes for communities impacted by local syndemic conditions

Reduce health disparities

Principles of Care

Trauma-Informed

Strength-Based

Client-Centered

Cultural Humility & Responsiveness

Navigator Responsibilities

1. Outreach
2. Testing
3. Patient Education
4. Assessment
5. Counseling
6. Benefits & Insurance Navigation
7. Referrals
8. Follow-up

Barriers to Accessing Care and Services

Individual-Level Barriers	Structural-Level Barriers
Stigma	Fragmented Healthcare System
Medical Mistrust	Criminalization
Fear	Laws & Policies
Lack of Awareness	Inadequate sexual health education
Misinformation	Long appointment wait times
Cost	Insurance Barriers
Language	Cultural Competence
Transportation	Geographic Location

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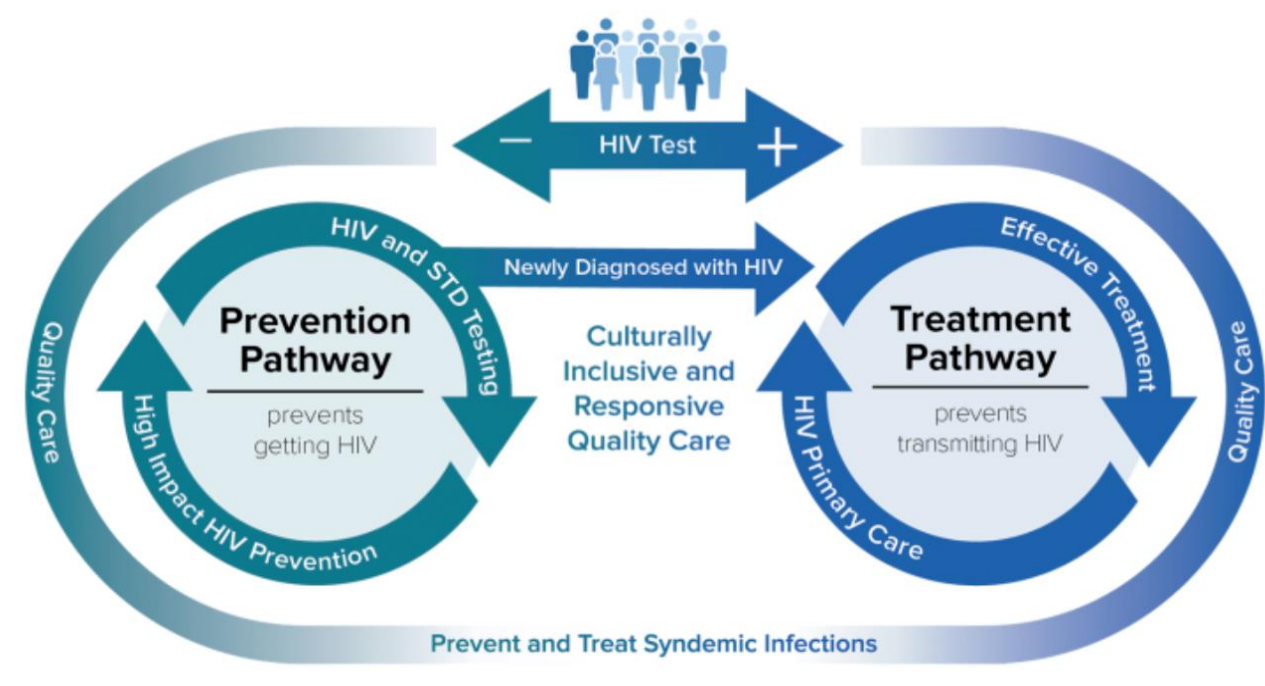
Status Neutral Care Model

Person-first, not HIV status

Accessible services regardless of HIV status

Testing not a requirement

May require alternative funding sources



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Addressing Social Determinants of Health

- **Tailored interventions** that address immediate and long-term needs

- **Understanding the context** and impact on access, health and wellness

Low Barrier Strategies for Engagement

- Same-day availability
- Walk-in visits
- Transportation Support
- Later Service Hours
- Open on weekends

- Incentives and food pantry
- Language accessibility
- Flexibility for no show and late appointments
- Safe and Secure space

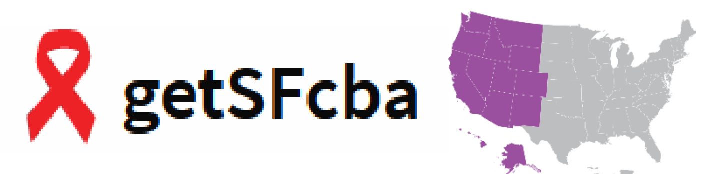
Patient Education: Treatment Talking Points

HIV, PrEP & STI's

- Improved treatment options:
- On-demand and injectable PrEP
- HIV ART: Single-tablet regimens,
- DoxyPEP for STI's
- Safety and Efficacy of Treatment
- U=U and TasP
- PrEP Works
- Hep C can be cured

HCV

- Improved Treatments: high efficacy, less side effects, shorter treatment times
- No Prior Authorizations
- No Sobriety Requirements
- Coverage options through insurance and assistance programs



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Patient Education & Counseling

- Harm Reduction
- Sexual Health Practices
- Motivational Interviewing
- STEPS to Care
- Treatment Adherence
- How to use insurance

Assessment

Identification of Barriers to Care

Economic barriers: income, insurance, benefits

Social Barriers: social support, stigma

Systemic Barriers: Accessibility of services

Develop an individualized Plan

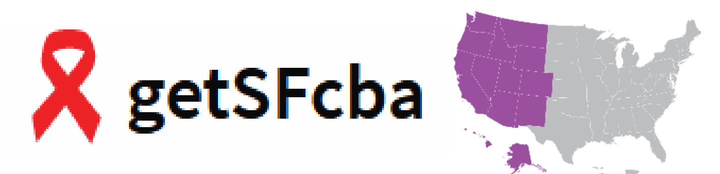
Client concerns and priorities are integral to this process

Benefits, Insurance and Assistance Enrollment

Documents Needed

- **Identity Card-** Fee waivers
- **Income**- Draft and provide letter when permitted
- **Residency**
- **Medical Documentation**
  - Release of Information forms can streamline the process

Authorized representative forms allow you to check on status of benefits, submit required documents and receive critical information



Referrals

Referrals

Relevant to needs identified

Consideration of location

Cultural and linguistic appropriateness

Warm hand-off's

Introducing client and provider via phone

Timely

Medical Provider Linkage Coordination

- Assist in finding a medical provider
  - Insured Clients may need to see in-network providers
  - FQHC’s, community and city facilities for uninsured clients
    - Sliding-scale or subsidized
  - Online directories
    - zocdoc.com, psychology today, pleaseprepme.org, hiv.gov
  - Member services can provide lists of facilities based on zip code or type of care
    - Call phone number on the back of insurance card

Essential Support Services

- **Supportive services**
  - Legal Support: immigration, name and gender marker changes
  - Primary Care, Gender-Affirming Care
  - Mental Health Providers
  - Community Support Groups
  - Housing
  - Food Security
  - Economic and Workforce Development

Follow-up

To confirm referral linkage

Did client attend appointment? Were they provided services?

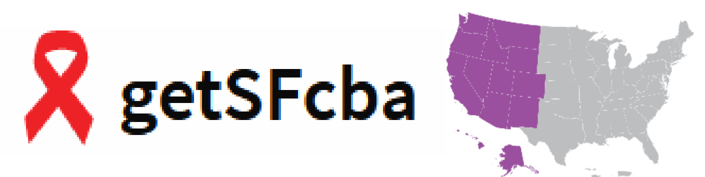
Is additional support needed and how was their experience?

Reschedule missed appointments

Proactive re-engagement if lost to follow-up

Implementation Considerations

- **Partnerships**
  - Facilitation of referrals and linkage to care
- **Staff**
  - i.e. Assigning navigation role(s), supervision, data collection
- **Tools**
  - Evidence-based interventions, EHR, IT, phones
- **Communication**
  - Across the organization, with partners and navigation sites



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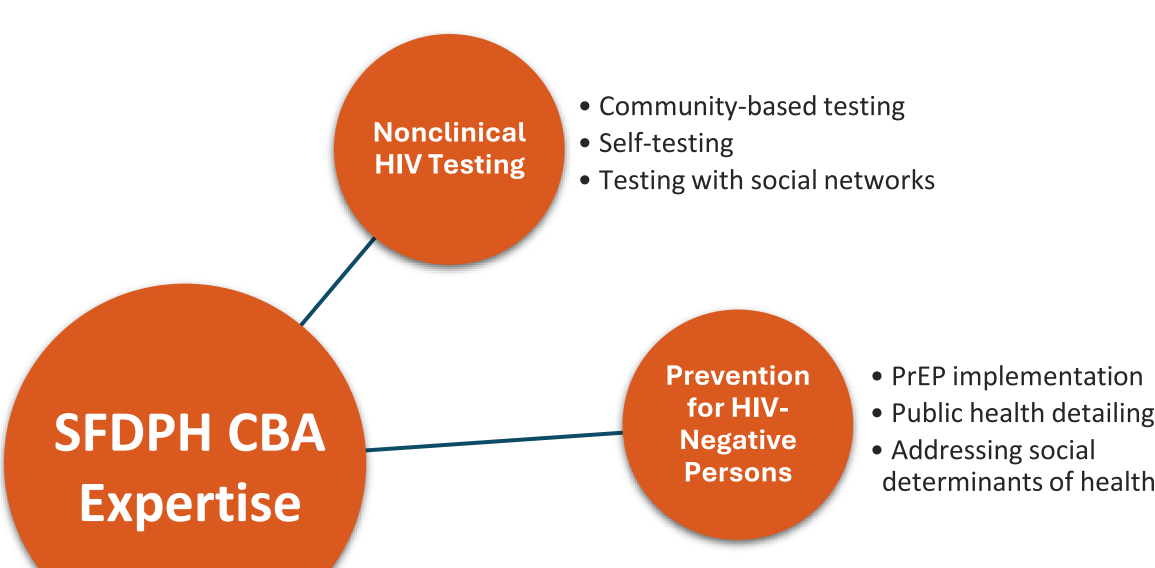

- Community-based testing
- Self-testing
- Testing with social networks

- PrEP implementation
- Public health detailing
- Addressing social determinants of health

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Questions?

WASHINGTON STATE 2024 STATUS NEUTRAL SYNDEMIC NAVIGATION ACADEMY: DAY 2

Day One Recap

- Grounded in the WHY THIS APPROACH with Zandt
- Developed strategies for building COMMUNITY-LED syndemic services with Leisha & Reina
- Reviewed current science and clinical updates with Alyson
- Started to get into the HOW to implement navigation services with Reina
- *Any standout learning moments from Day 1?*

Day Two

- Deeper dive into DRUG USER HEALTH- a core component of our syndemically focused work-with Maddie
- Lean into discussing the impact of MEDICAL MISTRUST in our work
- Learn more about the importance of LANGUAGE in our work
- Get deep into PAYMENT ASSISTANCE PROGRAMS and HEALTH INSURANCE with Reina
- Begin PLANNING next steps for your Syndemic programs with Mike

Harm Reduction:

Foundations for Addressing Hep C & Overdose in WA

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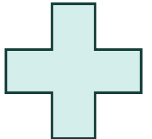
Our Focus Today

- Define a comprehensive understanding of *harm reduction* and related drug user health concepts
- Examine the impact of *hepatitis C* and *opioid overdose* on people who use drugs in the broader syndemic context
- Discuss opportunities to build collaborative partnerships to support people who use drugs within a syndemic service approach

Review: What is a syndemic?

SYNERGY

Interaction of two or more conditions that produce a combined effect greater than the sum of their separate efforts.



EPIDEMIC

Widespread occurrence of an infection or other health condition in a community at a particular time and set of social contexts.

=

SYNDEMIC

When two or more health conditions or infections and the social contexts in which they occur, interact with and worsen one another other's impact, resulting in an excessive burden of disease, including increased transmission, morbidity, and mortality.

Drugs & Drug Use

122

Drugs 101

Drugs & Drug Use

Looking at Our Language

Outdated	Preferred
Drug abuse, dependence, habit	**Substance use disorder**
Drug abuser, junkie	**Drug user, person who uses drugs**
Addict	**Person with a substance use disorder**
Relapse	**Return to use, recurrence of use**
Clean or dirty syringes	**Sterile/new or used syringes**
Clean or dirty urine	**Positive or negative urine drug screen**
Medication Assisted Treatment (MAT)	**Medication for Opioid Use Disorder (MOUD)**
High risk	**At increased risk of acquiring HIV, HCV, syphilis, etc.**

Acronyms & Abbreviations

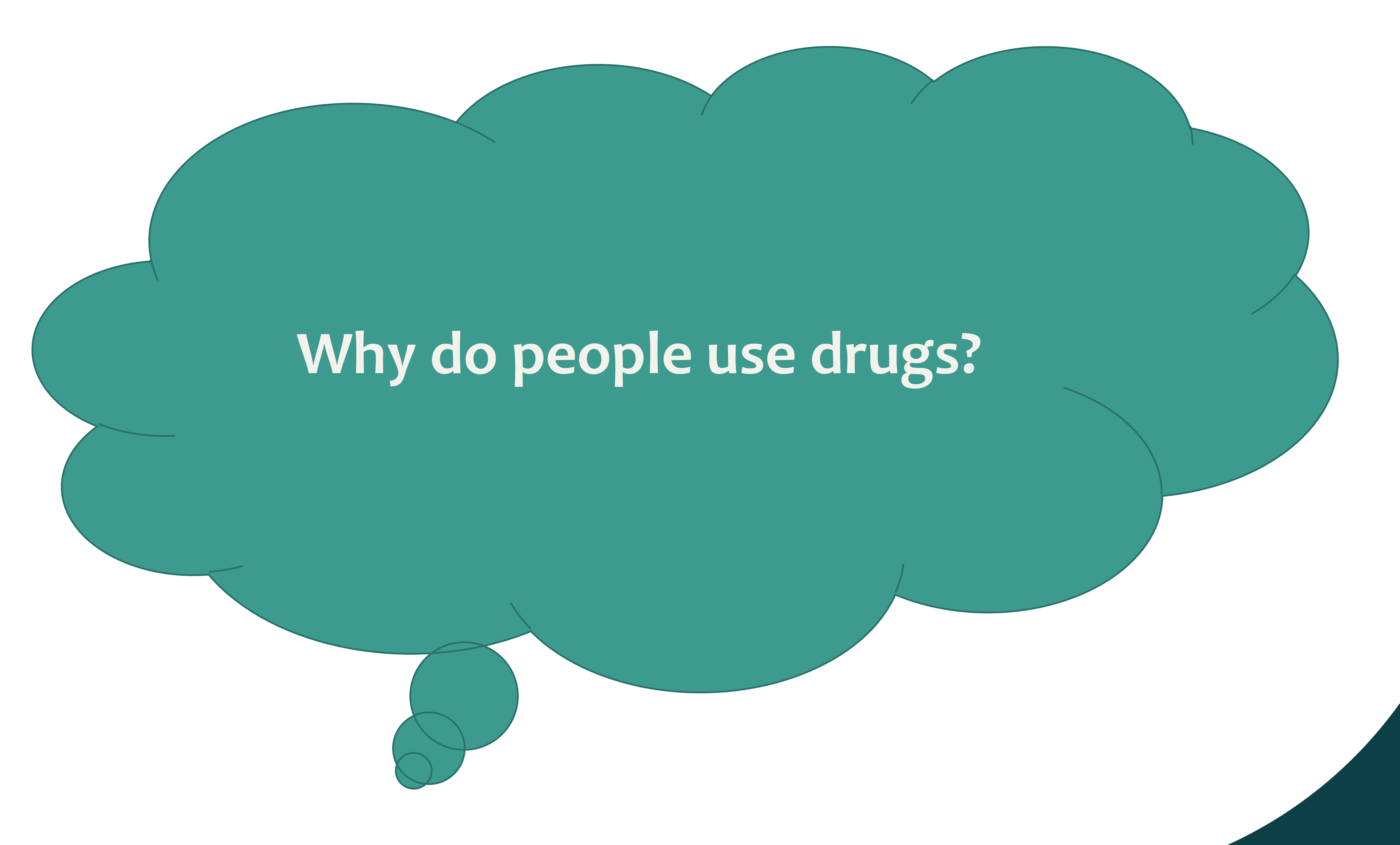
Term	Abbreviation / Acronym
People who use drugs	**PWUD**
People who inject drugs	**PWID**
Injection drug use	**IDU**
Hepatitis C	**HCV**
Medications for opioid use disorder	**MOUD**
Drug User Health	**DUH**

What is a drug?

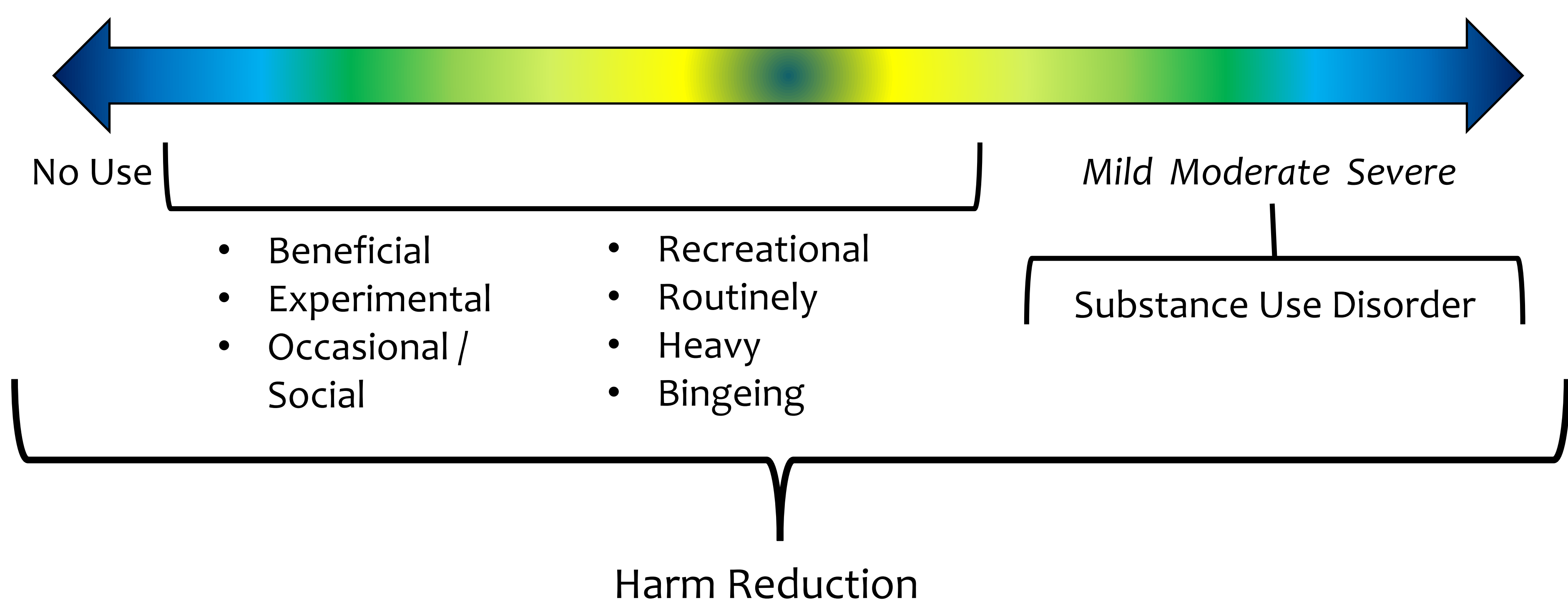
Any substance that produces changes in the brain, body, or both

- Difference between prescription drugs & illicit (illegal) is a matter of:
    1. Manufacturing
    2. Regulation

- Consider, is it…….?
    - Socially acceptable (e.g. alcohol)
    - Prescribed / medically recommended (Adderall, Xanax, antidepressants, insulin)
    - Treating a condition (arguably all drugs we use)


Why do people use drugs?

Drug Use Exists on a Continuum



Use vs. Dependence vs. Substance Use Disorder

- **Use:** consumption of a drug (eating, smoking, injecting, booty bumping)
- **Dependence** is a normal outcome of regular use of any substance that causes withdrawal (including caffeine, nicotine, antidepressants, opioids, alcohol, etc.).
- **Substance use disorder (SUD)** is characterized by continued use despite negative consequences related to drug use.

Drug Wheel

STIMULANTS

increased energy, confidence, alertness and heart rate, euphoria, dilated pupils, reduced appetite, arousal, sexual dysfunction, impulsiveness, comedowns, dependence, anxiety, paranoia, psychosis

Caffeine
Amphetamines (Adderall, Dexedrine)
Methamphetamines (crystal meth, speed)
Nicotine
Powder and crack cocaine

EMPATHOGENS

desire for connection, warmth, understanding, arousal, perspiration, mood swings, gloomy, muscle spasms, clenched jaw, dehydration

MDMA (ecstasy)
MDA, MDEA
6-APB, 5-MAPB, 4-FA, 2C-B
AMT

PSYCHEDELICS

heightened senses, visual or auditory hallucinations, distorted perception, euphoria, spiritual connection, loss of coordination, unusual behaviour, anxiety, panic, psychosis

Psilocybin (mushrooms)
LSD (acid)
DMT

DISSOCIATIVES

relaxation, floaty, euphoria, disconnectedness, numbness, hallucinations, panic, unable to move, in a "hole"

Ketamine
Nitrous oxide
Methoxetamine
PCP

DEPRESSANTS

relaxation, euphoria, confidence, boldness, loss of coordination, nausea, vomiting, withdrawal, dependence, unconsciousness

Alcohol
Benzodiazepines (Ativan, Valium, Xanax, etizolam)
GHB/GBL

OPIOIDS

relaxation, confidence, pain-free, safety, sleepiness, euphoria, constricted pupils, perspiration, impaired concentration, constipation, tolerance, dependence, withdrawal

Fentanyl
Heroin
Hydromorphone (Dilaudid)
Morphine (Kadian)
Methadone
Buprenorphine (Suboxone)

CANNABINOIDS

calm, hunger, dry mouth, floaty, giggly, arousal, lethargy, drowsy, bloodshot eyes, anxiety, paranoia

Cannabis
Synthetic cannabis

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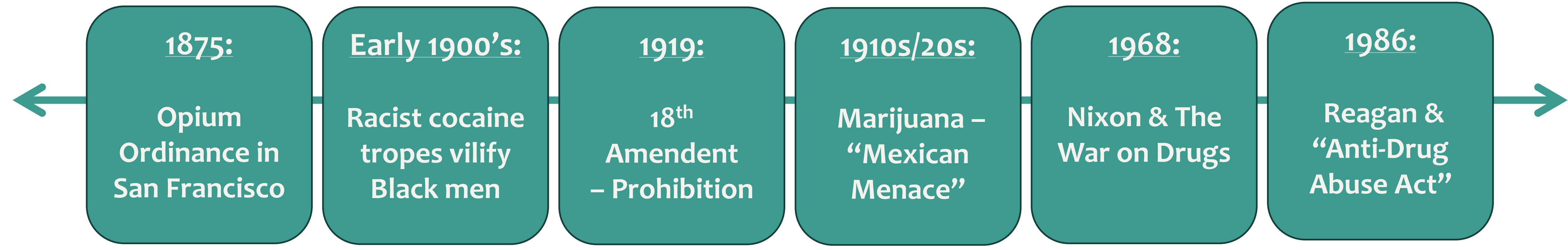
Criminalization

Drugs & Drug Use

Why are some drugs ***legal*** while others are ***illegal***?

- Many illegal drugs, like cannabis (until recently), opium, coca, and psychedelics have been used for thousands of years
  - Not based on any scientific assessment of the relative risk of each drug
- Anti-drug laws in the US have a basis in **racism and xenophobia**

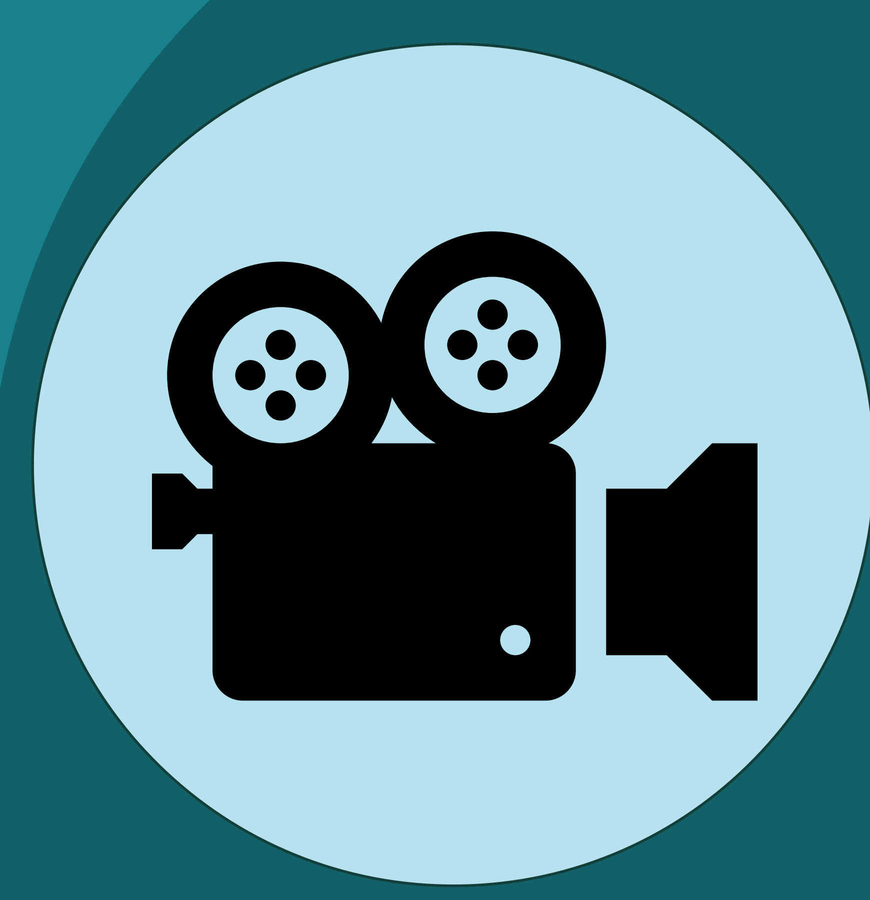


"You want to know what this was really all about. The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying. We couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana use and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know were lying about the drugs? Of course we did."

-John Ehrlichman, a top Nixon aid

What is the Drug War?
With Jay-Z & Molly Crabapple

Drug Policy Alliance



Impact of Criminalization

- Anytime you criminalize something, you loose opportunity for regulation, perpetuate stigma, and increase opportunity for harm and danger

- Procuring illicit drugs is a risk in and of itself
  - Considerations include:
    - Unpredictability of the drug supply:
      - What is the drug?
      - How potent is the drug?
    - How will I get the money to buy the drugs?
    - Will I physically be safe when I go to meet my dealer?
    - How will I get/dispose of my syringe and/or clean water?
    - Where can I consume the drugs without rushing?

Consequences Related to Drug Use

- **Drug use is associated with potential health risks, like:**
  - Bacterial infections
  - Exposure to viral infections (e.g. hep C & HIV)
  - Overdose
  - Dependence
  - Withdrawal

- **People who use drugs also experience *life impacts*, like:**
  - Stigma and discrimination
  - Loss of social safety nets (friends/family)
  - Healthcare discrimination
  - Employment & housing discrimination
  - Financial problems
  - Incarceration

Overlap with Infectious Disease

- Estimated prevalence of HCV among PWID in 2017 was 53%[1]
- ~20-30% of PWID become infected with HCV within first 2 years of IDU
- 60-90% will have HCV with 5 years of initiating use [3]

The risk of injection drug use for HCV and HIV is due to restricted access to safer use supplies, not drug use itself

- SSPs are associated with an estimated 50% reduction in HIV and HCV incidence [3]
- When SSPs are combined with medications for opioid use disorder treatment, HCV and HIV transmission is reduced by ~2/3 [3,4]

An Introduction to Harm Reduction

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What does "**harm reduction**" mean to you?

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

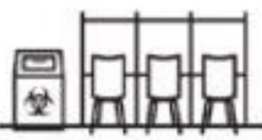
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

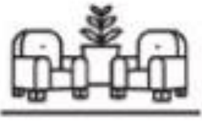
(h)arm (r)eduction:

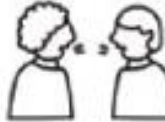
The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm







What is harm reduction?

- *"A movement for social justice built on a belief in, and respect for, the rights of people who use drugs."*

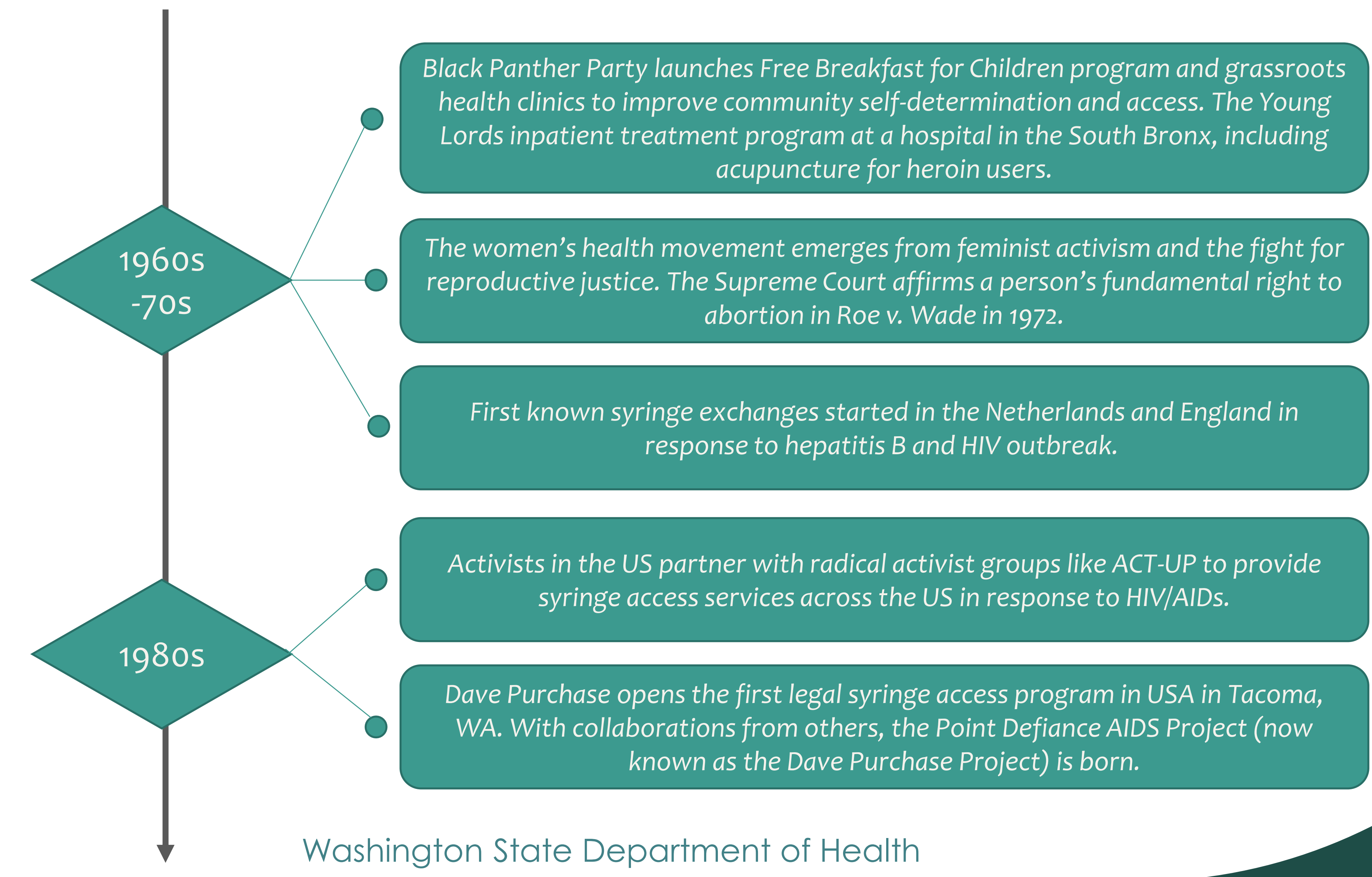
  (National Harm Reduction Coalition)

- *"A set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective, racialized drug policies."*

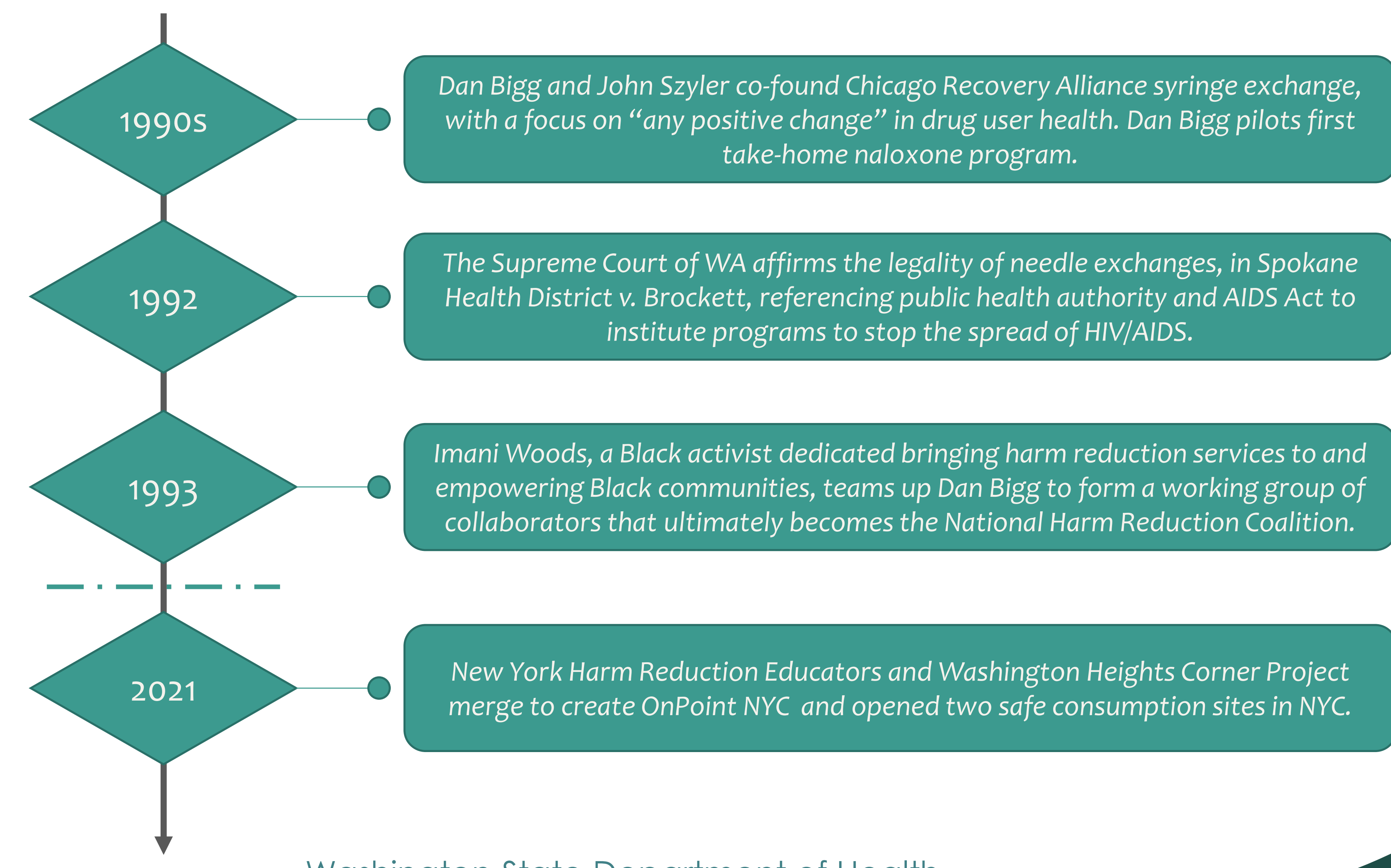
  (Drug Policy Alliance)

- *"A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use."*

History of Harm Reduction



History of Harm Reduction



Risk & Relationship

- Harm reduction prioritizes relationship and understands that *all* activities we engage in, from drinking coffee, to driving a car, to using drugs, to violence, are on a spectrum of harm

- **The same activities, under the same circumstances, will carry different risks depending on the person engaging in the activity and their relationship to them**

- What you perceive as "high-risk" or "risky" may feel entirely different to your client

Consider the term "High-Risk"

- **"High-risk":** medical term that identifies how a particular action is statistically more likely to result in harms such disease transmission
  - Often does not include what's applicable to a specific individual
- Often overused in data, public health, other spaces as a stigmatized way of talking coping strategies people use to take care of themselves, heal from trauma, and survive
- Actual risk if often due to the societal systems of oppression and criminalization of people and the things they do to survive

“An addictive relationship that develops is one in which the addictive object is invested with the magical belief that substance can provide a soothing, caring, or healing that people cannot.”

- G. Alan Marlatt*

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Harm Reduction is Relationship

- ***"When there is nowhere safe to go, the predictability of drugs or alcohol can be a place of safety."*** *– Shira Hassan*
- Consider, substance use offers:
  - Consistency in use routines
  - Community
  - A way to cope with difficult experiences, trauma
- Considering the continuum of use from a source of safety, joy, to chaotic use, and everything between, asks us to consider the whole person with compassion and non-judgement

“Harm reduction happens in the pockets of exquisite care we show our loved ones, without questioning or judging their life choices, or imagining that we know better than they do. It's extending a belief system of true autonomy and self-determination:

I trust you, I'm not afraid of you, here are tools that might be useful to you, do with them what you will.”

- Tourmaline, Introduction, Saving Our Own Lives

Harm Reduction in Washington

Public Health Harm Reduction

- Objective drug education
- MOUD (Medications for Opioid Use Disorder)
- Syringe Service Programs (SSPs)
- Drug testing
- Supervised injection sites/ supervised consumption spaces
- Overdose prevention programs
- Good Samaritan laws
- HIV, viral hepatitis and STI testing and treatment
- Housing First models

Syringe Service Programs (SSPs)

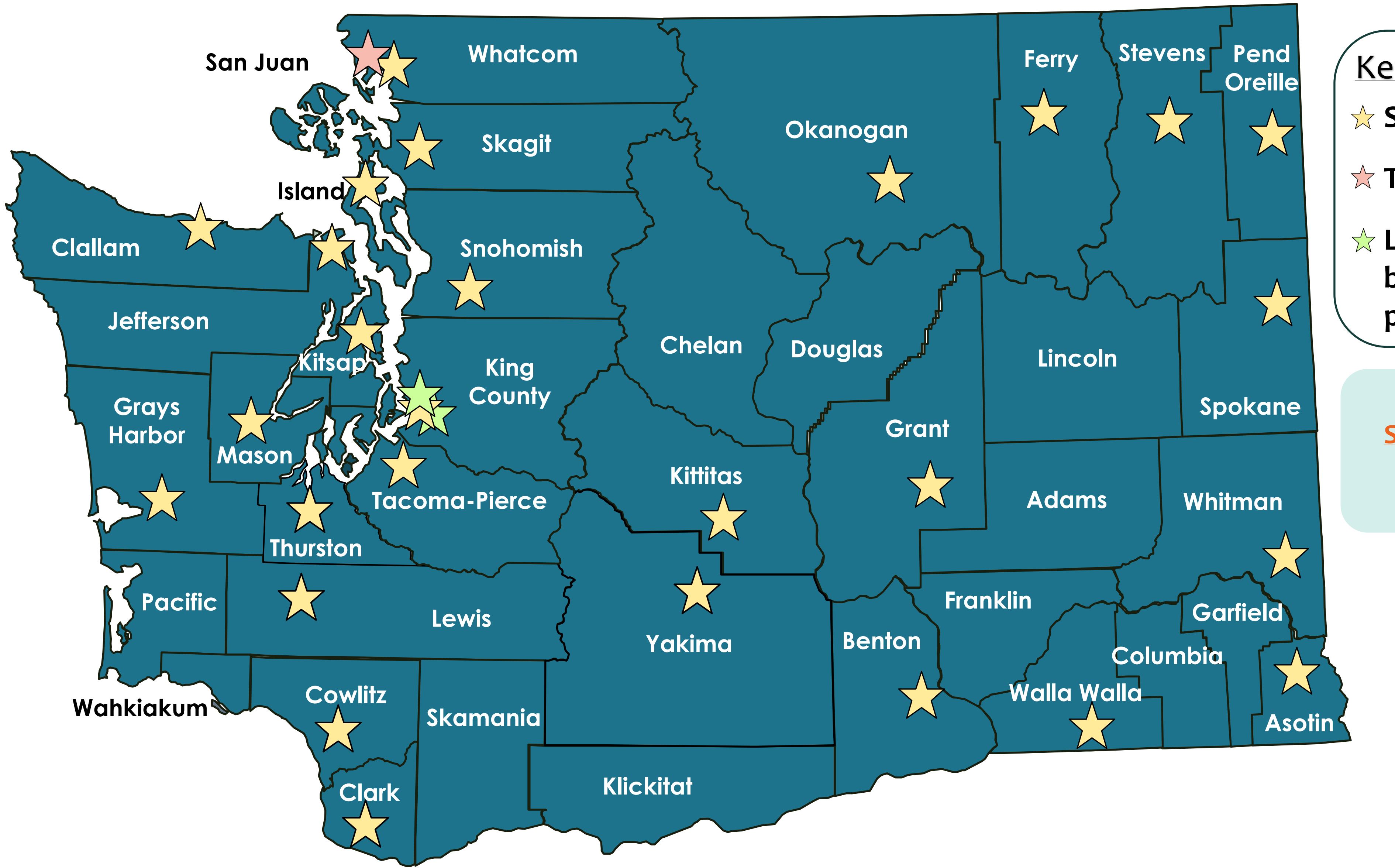
- Evidence-based community-based public health programs that provide critical services in nonjudgmental environments to people who use substances.
- Services include:
  - Sterile injecting/drug use supplies
  - Safe syringe disposal
  - Overdose prevention education & naloxone
  - Referrals and access to healthcare, treatment, and support.

DOH Publication: SSPs Benefit Communities and Public Health

Staff pictured at Hepatitis Education Project's indoor SSP in 2021 (above left).

The People's Harm Reduction Alliance, also known as PHRA in 2020 (below left).

Syringe Services Programs (SSPs) in Washington



Key:
- SSP
- Tribal SSP
- Low-barrier buprenorphine program partnered with SSP

Visit WA DOH's Syringe Service Program Directory for more info!

Future Direction: Health Engagement Hubs

- Pilot project facilitated by DOH & WA Health Care Authority via RCW 71.24.112
- Expand on models developed by harm reductionists and SSP to offer a "one stop shop" to support people who use drugs
- Offer access a range of medical, harm reduction, and social services including:
    - Referrals to substance use treatment & MOUD
    - Patient-centered medical care, including wound care
    - Drug use and safer sex supplies
    - Linkage to housing, transportation, and other supportive services

Hepatitis Education Project, 2021

Viral Hepatitis

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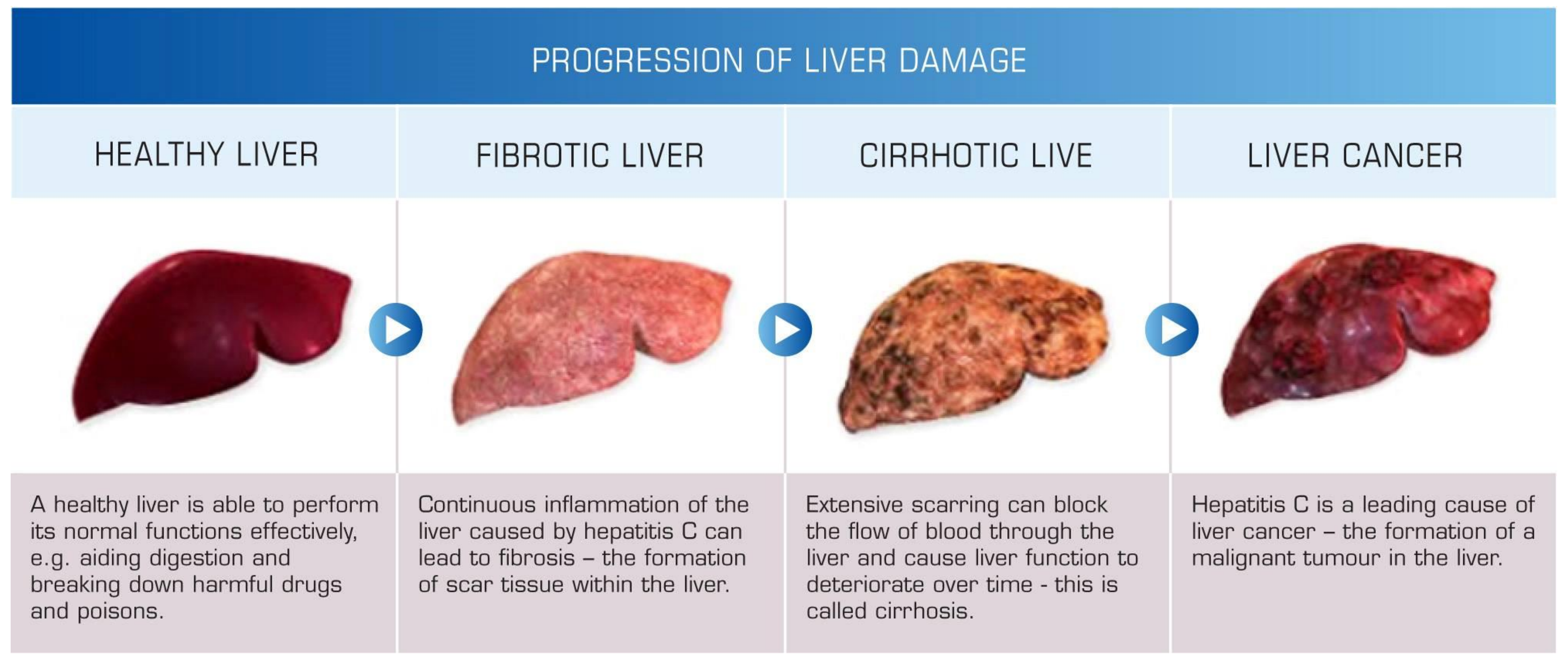
What is hepatitis?

- Hepatitis means inflammation of the liver
  - *Hepa* (liver) + *Itis* (inflammation)
- Most often caused by a virus
  - Other forms: toxic hepatitis,
- Liver is a vital and 2nd largest organ
  - Processes nutrients, filters our blood, and fights infections
  - “Non-complaining” organ
  - Sometimes can regenerate and heal over time
- Inflammation results in scarring on the liver, which can lead to liver failure and/or liver cancer


PROGRESSION OF LIVER DAMAGE
HEALTHY LIVER
FIBROTIC LIVER
CIRRHOTIC LIVE
LIVER CANCER
A healthy liver is able to perform its normal functions effectively, e.g. aiding digestion and breaking down harmful drugs and poisons.
Continuous inflammation of the liver caused by hepatitis C can lead to fibrosis – the formation of scar tissue within the liver.
Extensive scarring can block the flow of blood through the liver and cause liver function to deteriorate over time - this is called cirrhosis.
Hepatitis C is a leading cause of liver cancer – the formation of a malignant tumour in the liver.

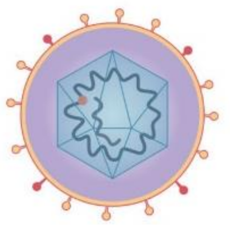
Liver Health & Overdose

- Liver inflammation and scarring make it harder for the liver to function
- Poor functioning leads to increased difficulty processing drugs, alcohol, and other substances
- Can result in a “build up” of substances in your system, which can play a role in overdose
- Effects of drugs may last longer or impact the body differently than expected
- May overdose more often or for longer

Hepatitis A (HAV)

- Transmitted via fecal-oral contact
  - Contaminated food/water
  - Sexual contact
  - Household contact
- Most adults experience symptoms that present like food poisoning or the flu
- Causes an acute infection that resolves in 4-8 weeks
  - May be more severe in people who are immunocompromised including PLWH or people with another form of hepatitis
- Vaccine is available – series for HAV or in combination with HBV
  - Can also be used as a form of post-exposure prophylaxis, if given within 2 weeks of exposure

Hepatitis B (HBV)



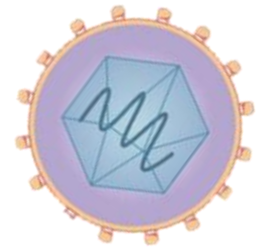
- Transmitted via exposure to infected blood or body fluids including during:
  - Sexual contact
  - Sharing injection drug equipment
  - Mother-to-infant (vertical transmission)
- Can cause an acute or chronic infection
  - More likely to be chronic in infants/children
  - More likely to be acute in adults
- Most infections present without symptoms
- Long-term infection can lead to liver scarring and cancer
- Vaccine is available – series for HBV or in combination with HAV

Hepatitis A & B Vaccines

- ***Twinrix*** is a combination hepatitis A & hepatitis B vaccine
  - 3 doses administered over 6 months (0, 1, 6)
  - No need to restart series of shots if there is a break between shots
- ***Heplisav*** and ***Engerix*** are two monovalent HBV vaccines
- ***Havrix*** is a monovalent two dose HAV vaccine (0, 6)

<u>*There is no vaccine for hepatitis C*</u>

Hepatitis C (HCV)

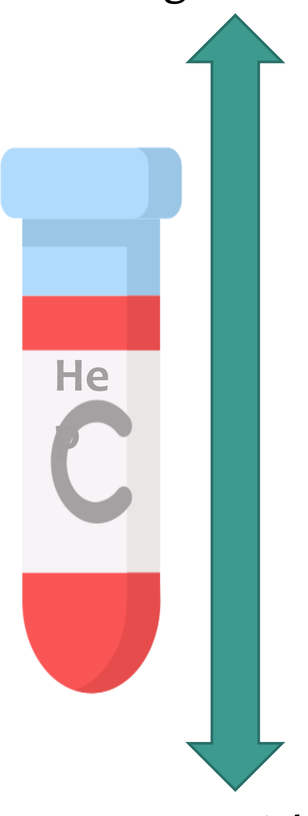


- Transmitted via blood or body fluids containing blood
  - **Sharing injection drug equipment**
  - Unsterile tattooing/piercing equipment
  - Exposure to infected blood
- Historically, HCV was most common in Baby Boomers (born 1945-1965)
- Most common bloodborne infection in the US
  - Prior to COVID-10, higher mortality than 59 other infectious diseases combined
  - 3,998 new chronic cases of HCV in WA in 2021
- Disproportionately impacts American Indian/Alaska Native, Black, and Latino populations

HCV Infection

- Acute infection occurs within 6 months of initial exposure
  - 15-25% of people clear the infection during this time with no need for treatment
  - More likely to notice/experience symptoms during this time
- Chronic infection occurs if the body doesn't clear HCV acutely
  - 75-85% of people exposed develop chronic HCV and need treatment
- Most infections are asymptomatic
  - ~20% of people experience noticeable symptoms
- Can take decades to have severe, noticeable impacts
  - Virus slowly attacks the liver over time
  - Can lead to liver scarring and cancer
- NO VACCINE

HCV Transmission



- Sharing syringes and other works during IDU
- Tattooing/piercing with unsterile equipment

- Sharing personal hygiene items
- Non-injection drug use
- Sexual transmission
- Fighting

Blood transfusions & organ transplants

Factors that increase transmission risk:

- Presence of/exposure to blood
- Open wounds, sores present
- Rougher sex
- Anal sex
- Multiple sex partners
- HIV infection
- STI infection

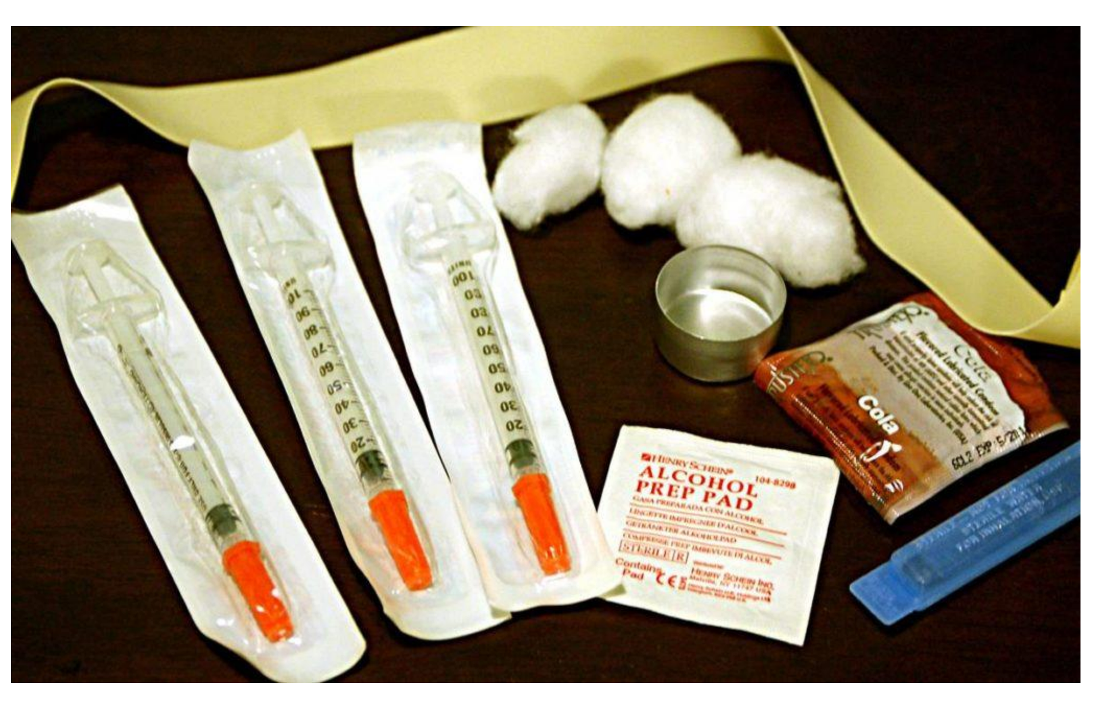
Factors that decrease transmission risk:

- Use of sterile syringes and works during IDU
- Cleaning syringes/works for IDU
- Lubrication

Sharing Drug Use Equipment

- Longstanding research on sharing syringes/needs demonstrates increased transmission of HCV
- Sharing ***any*** piece of drug use equipment ("works") can transmit HCV (and HBV & HIV)
    - The term *works* include needles, syringes, cottons, cookers, rinse water, tourniquets, gauze, drugs, etc.
- Sharing smoking equipment
- Also applies to hormone or steroid injection equipment

Sharing Drug Use Equipment



- Sharing ***any*** piece of drug use equipmentor "works" can transmit HCV (and HBV & HIV)
    - *works* include needles, syringes, cottons, cookers, rinse water, tourniquets, gauze, drugs, etc.
- Smoking equi
- Cleaning equipment reduces, but **does not** eliminate risk

Washington State Department of Health

HOW LONG CAN HEP C LIVE OUTSIDE OF THE BODY?

ON SURFACES FOR MORE THAN
16 DAYS

COTTON FILTERS WRAPPED IN FOIL FOR
24-48 hours

IN WATER UP TO
21 days

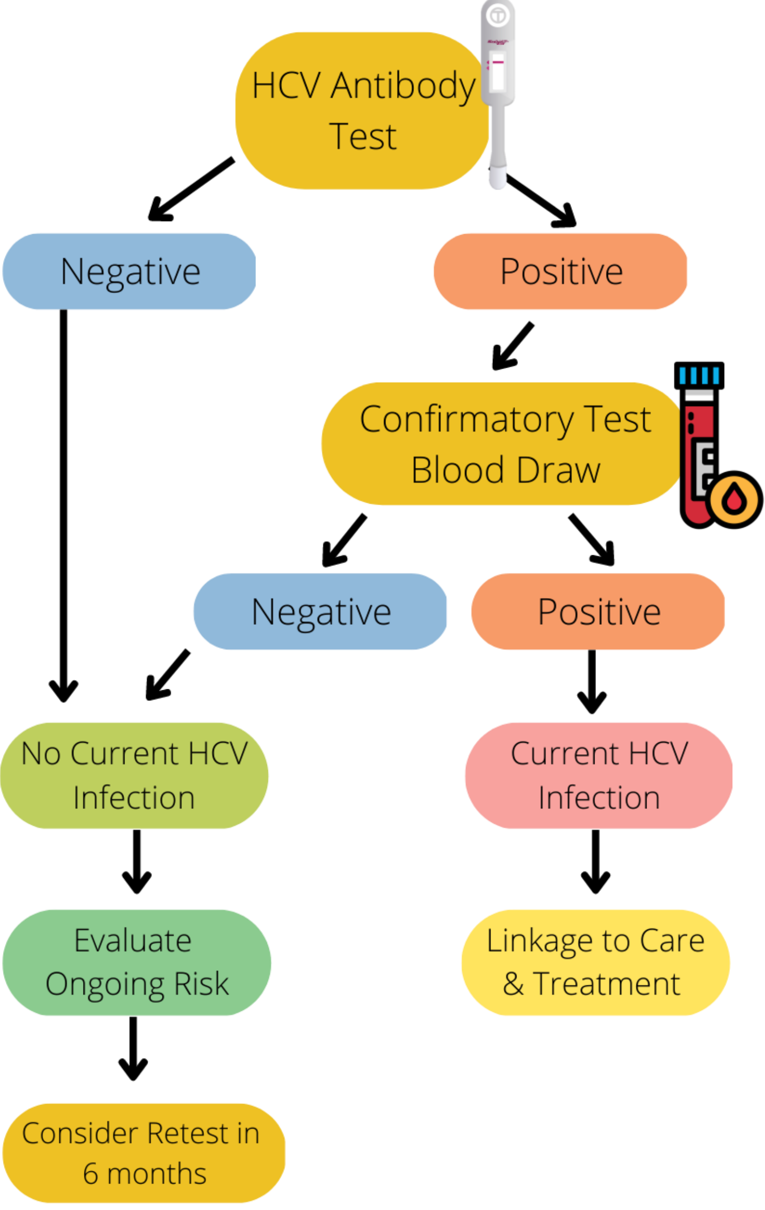
IN THE BARREL OF A SYRINGE UP TO
63 DAYS

Who should get tested for HCV?

- People should get tested for hepatitis C if they:
  - Are over age 18+ (universal screening guideline recommends one-time test)
  - Are pregnant (test during each pregnancy)
  - Were born to a parent with an active HCV infection
  - Currently inject drugs
  - Have ever injected drugs (even once)
  - Have been exposed to blood from a person with HCV
  - Have HIV
  - Have abnormal liver tests or liver disease
  - Had a blood transfusion or surgery before 1992
  - Are on hemodialysis
- Regular testing is recommended for people who currently inject and share drug injection equipment & hemodialysis recipients

Anyone who requests HCV testing should receive it, regardless of disclosed risk

Hepatitis C Testing Sequence



Hepatitis C Treatment

- Hepatitis C is **CURABLE**
    - It is the only virus we have a true cure for to date.
- Direct Acting Antivirals (DAAs)
    - 8-12 weeks of oral medication
    - Pan-genotypic (all genotypes)
    - Very limited side effects
    - No longer require injection interferon
    - Approximately 90% cure rate
- SVR-12 looks for cure!
    - A sustained virologic response blood draw completed 12 weeks after treatment checks to see if a person is "undetectable" and therefore cured
- Once treated, a person can get re-infected with HCV if exposed

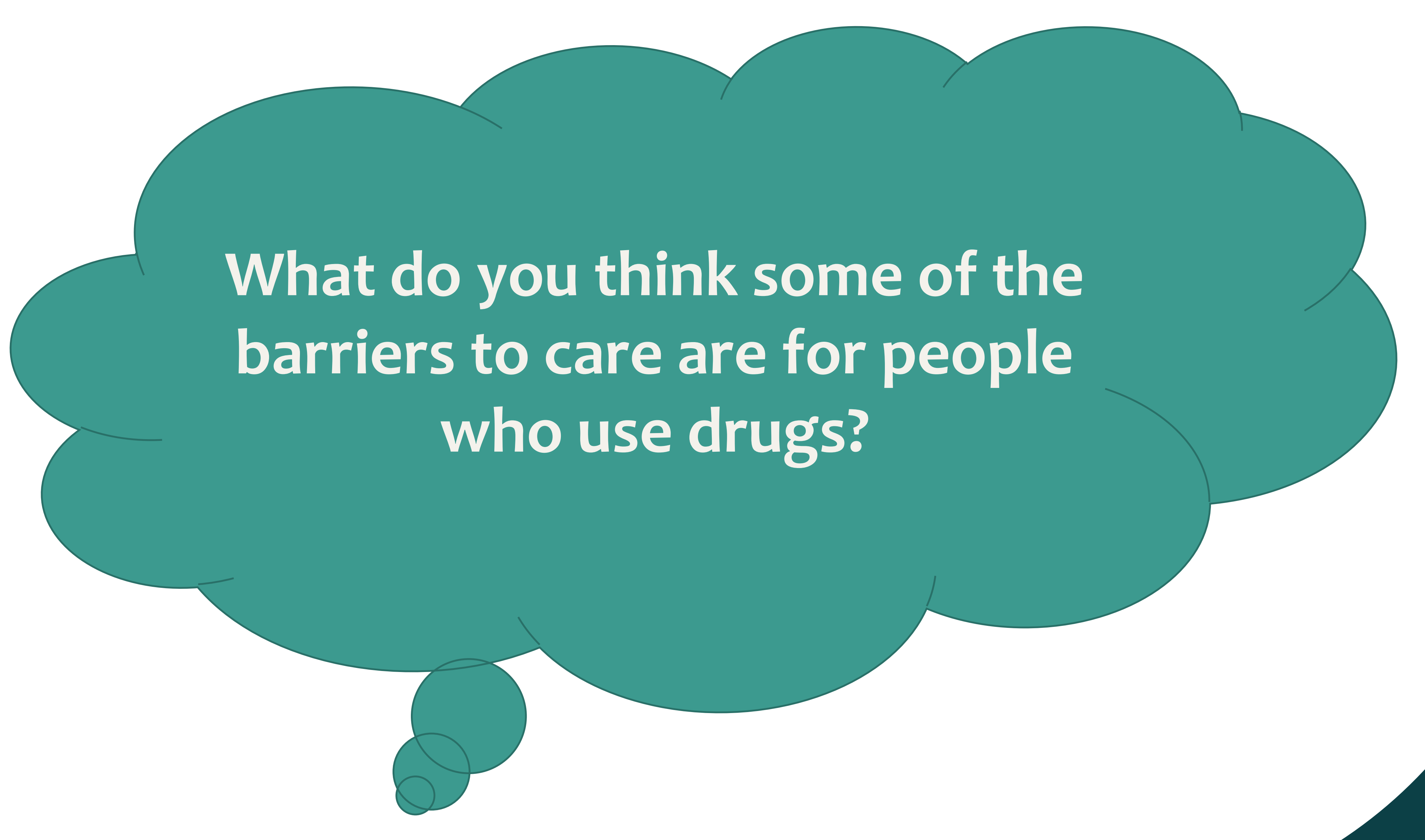
Mavyret is the preferred HCV treatment medication for AppleHealth.

HCV Treatment Initiation

- Only 1 in 3 people with HCV will get treated within one year of diagnosis
  - People with Medicaid are 46% less likely to get treatment for HCV within 1 year than people with private insurance
  - People of color with Medicaid are 27% less likely to get HCV treatment within 1 year than white people

- Treatment initiation was lowest among adults aged 18-39 years
  - Parallels opioid and overdose epidemic

Source: Vital Signs: Hepatitis C Treatment Among Insured Adults | CDC, 2019–2020


What do you think some of the barriers to care are for people who use drugs?

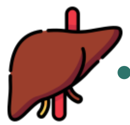
My client tested positive for hep C – now what?

PROVIDE HEALTH EDUCATION

- Determine where/when they got tested and what kind of test – antibody or confirmatory?
  - Sign Release of Information (ROI) to help client get results, if necessary

- Make sure they have been vaccinated for hepatitis A & B
  - Available at local health clinics, FQHCs, primary care, & some community orgs

- Talk about how to prevent giving hep C to others *(blood-to-blood transmission)*
  - Avoid sharing injection or tattoo equipment, safe sex, other potential risks



- Talk about the importance of liver health
  - Stay hydrated, try to get nutrients, and cut back on alcohol or stop entirely

My client tested positive for hep C – now what?

TALK ABOUT TREATMENT

- HCV has new treatments and is CURABLE!
  - Treatment is a primary of prevention of hep C transmission
  - Do not have to stop using drugs or alcohol to get treated
- Highlight that the treatment is effective and free or low-cost for most patients
  - 8-12 weeks of medication for most people with few side effects
  - Covered by Apple Health (Medicaid) in full
    - Patient Assistance Programs available for uninsured/underinsured who make <$100k / year
  - Can get treated by a primary care doctor – no specialist needed

My client wants to get treated for HCV – how can I help?

- **Refer your client to a provider who treats hepatitis C (primary care)**
  - Help them schedule the first appointment, confirm insurance is accepted
  - Ask to be scheduled specifically with someone who treats hep C, if possible
- **Make a plan to get to the appointments/lab visits once scheduled**
  - Set up a reminder system before the appointment
  - Coordinate transportation - How will your client get to the appointment?
  - Central WA Care Connectors (DOH) may be able to assist clients in Yakima, Benton, Franklin or Walla Walla counties with appt transportation
    - Contact Victor Ruiz, for more info
- **Refer to Care Coordination** – Hepatitis Education Project, Seattle, WA (206-732-0311)
- **Advocate for providers in your community to start treating HCV & build relationships with the ones who are!**
  - Develop networks of those providing nonjudgmental, compassionate care to people who use drugs and people who have hepatitis C

My client was prescribed HCV treatment – what else can I do?

- Brainstorm where they will store their medication
  - Comes in a box with 4 weeks of medication
  - Can it be kept safely somewhere? With a friend/family member? On their person?
- Help develop routine to take their hep C meds at the same time every day
  - Pair HCV meds with other routine meds or a daily habit
  - Reminder alarm on phone
- Continue transmission prevention – can still give others hep C until cured
  - Can still give hep C to other people until fully cured
  - New injection/tattooing equipment, safe sex, other risk prevention

My client finished HCV treatment – what's next?

- Make sure they complete a final hep C test, 3 months after treatment
  - Final blood test determines if all hep C infection is gone from blood
  - If final test comes back negative, they are cured!
- Build off client's momentum and sense of self-efficacy to work towards other goals
  - May feel pride, sense of empowerment to work on something else
  - Preliminary research reinforces this experience
- Prioritize prevention of hep C re-infection
  - Continue to re-enforce importance of using new injection and tattooing equipment, safe sex, other risk prevention measures
  - Re-infection rates are low among PWID
  - Treatment is still available if re-infected

What is an opioid overdose?

- An *overdose* occurs when a toxic amount of one or more drugs overwhelms the body
- When there are too many opioids in the body, the receptors in your brain repress critical functions like breathing due to overwhelm of your central nervous system – this is an *opioid overdose*
- A person who is experiencing an opioid overdose:
  - Won't wake up
  - Has slow breathing or isn't breathing
  - May have a slow or stopped heartbeat
- Opioid overdoses result in death
  - You can use naloxone to intervene in an opioid overdose and save someone's life!

What are the signs of an opioid overdose?

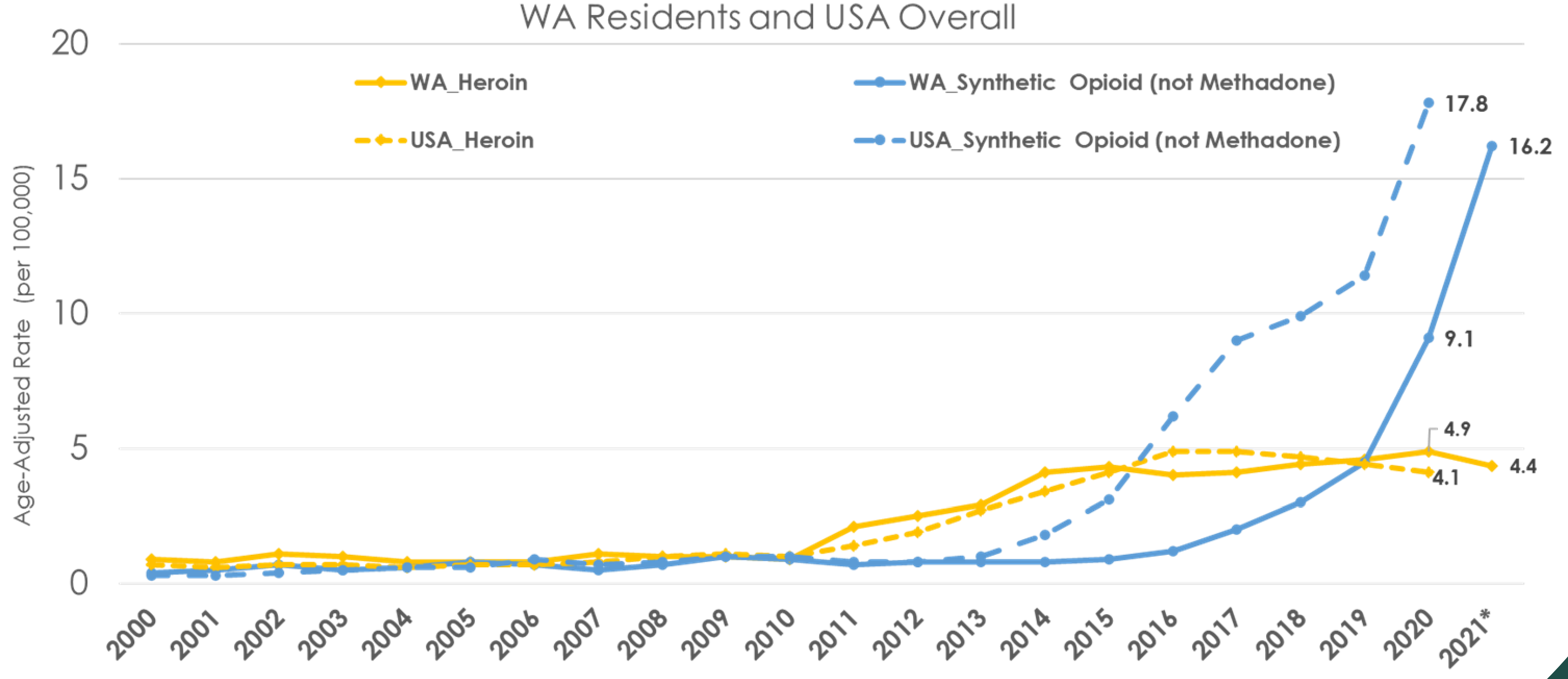
- **Results in a respiratory depression that results in a person to experience:**
  - **Slow, shallow breathing (no breathing at all):** usually less than 10 breathes per minute
  - **Loss of consciousness:** may appear to be asleep or passed out
  - **Non-responsiveness:** won’t wake up to external stimuli like shouting, shaking, or sternum rub
- **Additional signs may include:**
  - **Blue or gray/white lips**
  - **Blue or purple fingernails**
  - **Slow or erratic pulse (or no pulse at all)**

Factors that Increase Risk for Overdose

- **Unregulated drug supply**: street drugs of unknown purity or origin make dosing difficult and can be dangerous. Always assume a heightened risk!
- **Increased use frequency:** the short duration of a fentanyl high means people have to use more often to stay comfortable
- **Decreased *tolerance* after periods of non-use** (e.g., treatment or incarceration): when returning to use, if a person takes the same amount their body could previously tolerate
- **Using multiple drugs:** especially if using multiple kinds of downers (depressant drugs, like alcohol or benzodiazepines)
- **Route of administration:** injection drug use has highest risk, followed by smoking and snorting drugs.
- **Using alone:** you can't reverse your own overdose - take extra care!
- **History of drug overdose:** statistically speaking, once a person has overdose once, they are more likely to experience another overdose.
- **Other health conditions:** including diabetes, COPD, liver disease, hepatitis, or other conditions that may make

Heroin and Synthetic Opioid Overdose Death Rates,

USA & WA (2000-2021)



*** 2021 rates based on 2020 population estimates**

Source: WA DOH Death Certificates, CDC Wonder

What is naloxone?

- Medication used to counter the effects of and reverse an **opioid overdose**
  - Helps a person start breathing again
- Cannot be used to get high, is not an opioid, and is not addictive
- Only works if a person has taken opioids
  - No harmful effect if given to someone who has not taken opioids
- Comes in two forms:
  1. Injectable (intra-muscular)
  2. Nasal spray

Injectable naloxone

Nasal naloxone

What is naloxone? (video)

How to Respond to Overdose

Opioid Overdose:
Administering Naloxone

Washington State Department of Health

Use Naloxone for a Drug Overdose

You should give naloxone to anyone who has taken drugs and may be overdosing. Someone who is overdosing may stop breathing or their breathing may be slow and labored. **Act fast! An overdose is life threatening.**

Give naloxone even if you do not know what kind of drugs a person took. Naloxone will only work on opioids, but there is no harm if they took a different kind of drug.

Washington's Good Samaritan Law provides some protection when calling 9-1-1 to save a life – even if drugs are at the scene. (RCW 69.50.315)

1. Check for a response

- Try to wake them up. Shake them and shout their name.
- Rub your knuckles hard on the center of their chest.
- Hold your ear close to their nose, listen and feel for signs of breathing.
- Look at their lips and fingernails – pale, blue, or gray color is a sign of overdose.

2. Call 9-1-1

- Tell the operator your exact location.
- Say you are with a person who is not breathing. You do not have to say anything about drugs or medicines at the scene.
- Tell the operator you are going to give the person naloxone.
- Follow any instructions you get from the operator.

3. Give naloxone

- There are two common types of naloxone. Follow the "How to Use" instructions on the right.

4. Start rescue breathing

- Someone who has overdosed needs oxygen. Naloxone may take a few minutes to start working. Check again to see if they are breathing.
- If you can't hear them breathe or their breath sounds shallow, provide rescue breaths. (See the other side of this sheet.)
- Follow instructions of 9-1-1 operator until help arrives.

5. Give a second dose of naloxone

- Wait about 3 minutes for naloxone to take effect.
  If the person has not responded after 3 minutes, give a second dose.

6. Post care for overdose

- Stay with the person until help arrives. Remember, the Good Samaritan Law offers protections when you call 9-1-1 for an overdose.
- If the person starts breathing on their own, but they do not wake up, roll them on their side to a recovery position. (See the other side of this sheet.)
- When the person wakes up, they may have opioid withdrawal symptoms such as chills, nausea, and muscle aches.
- They may not remember what happened. They may be scared, nervous, or restless. Keep them calm until help arrives. Try to stop them from taking more drugs.

How to Use

Nasal spray – Needs no assembly. **Do not test the device.** Each device only works once. You may need both devices.

1 **Peel** back the package to remove the device.

2 **Place** and hold the tip of the nozzle in either nostril.

3 **Press** the plunger firmly to release the dose into nose.

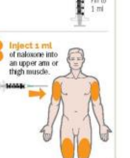
OR

Injectable – This requires assembly.

1 **Remove cap** from naloxone vial and uncover the needle.

2 **Insert needle** through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.

3 **Inject 1 ml** of naloxone into an upper arm or thigh muscle.



Strategies to avoid or respond to opioid overdoses

The risk of having an overdose, and of dying from overdose, has increased over the past few years. One of the reasons why is the increased presence of fentanyl, a very strong opioid, in the drug supply. If you are in settings where drugs may be used, these important strategies could help save your life or the lives of others.

If you use drugs:

- **Assume fentanyl:** Assume any drugs that you don't purchase directly from a pharmacy or cannabis dispensary, including pills or powdered drugs that look like cocaine, contain fentanyl. Fentanyl might be in your drugs, even if they test negative using test strips. For more information about fentanyl, go here.

- **Go low, go slow:** If you are using drugs, try to use one drug at a time and start with a low amount of what you are using – you can always put more in your body, but you can't take it out once it's there.

- **Carry naloxone:** Carry at least two doses of naloxone and let someone else know you have it and where they can find it. Naloxone works on all opioids, including fentanyl. To find naloxone near you, go here.

- **Use the buddy system:** Use with someone else whenever possible. If you can't or don't want to use with someone, consider asking a friend or family member to check on you, or call a service like **Never Use Alone:** (800) 484-3731.

- **Know the signs:** The signs and symptoms of an opioid overdose are blue or gray lips or fingernails, trouble breathing or not breathing, not waking up.

- **Act fast:** Fentanyl overdose happens fast. If you see an overdose, respond quickly. Call 9-1-1, administer naloxone, and provide rescue breathing. For more information on how to respond, visit here. The Good Samaritan Law offers some legal protections for people who experience and respond to overdoses. More information about the Good Samaritan Law is available here.

DOH 810-002 April 2022
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

How can my clients access naloxone?

- Available for **free** at syringe service programs and other organizations in WA
  - Find an SSP program offering naloxone with the Syringe Service Program Directory

- Using the Statewide Standing Order at a pharmacy to get naloxone
  - Naloxone is free with Medicaid/WA Apple Health, likely to have copay with private insurance
  - Organizations may also use this standing order to get and distribute naloxone
  - Standing order and FAQ can be found on DOH's OEND webpage

Statewide Standing Order to Dispense Naloxone

Washington State Statewide Standing Order to Dispense Naloxone HCl

Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons and entities based on availability and preference. Eligible persons and entities include persons at risk of experiencing an opioid-related overdose or persons or entities in a position to aid persons experiencing an opioid-related overdose. This includes anyone who may witness an opioid overdose and who understands the instructions for use.

Intramuscular Naloxone Hydrochloride Injection Solution (0.4 mg/1mL)

Dispense: **Two 1mL single-dose vials of naloxone HCl (0.4mg/1mL) injection solution** and sufficient quantity of 3mL syringes with needles of 23 or 25 gauge (G) and 1" to 1.5" length, for the number of doses dispensed. A maximum of 10 vials may be dispensed.

Directions for use: Call 911. Inject the entire solution of the vial intramuscularly in the shoulder or thigh. Repeat every two to three minutes until patient responds or until emergency medical assistance is available.

Refills: As needed.

Naloxone Hydrochloride Nasal Spray (4mg/0.1mL)

Dispense: **1 kit containing two single-dose devices of naloxone HCl 4mg nasal spray.** A maximum of 5 kits may be dispensed.

Directions for use: Call 911. Administer a single spray in one nostril. Repeat into the other nostril every two to three minutes until patient responds or until emergency medical assistance is available.

Refills: As needed.

[signature] MD — 01/12/2023

Physician Signature — **Date**

Tao Sheng Kwan-Gett, MD, MPH

Physician Name (Printed)

Expiration, Renewal and Review: This standing order will expire on the date that the physician who signed the order revokes it or ceases to act as the Secretary of Health's designee, whichever comes sooner. This standing order shall be reviewed on a regular basis against current best practices and may be revised or updated if new information about naloxone administration necessitates it.

Washington State Statewide Standing Order to Dispense Naloxone HCl

Authority: This standing order is issued in accordance with RCW 69.41.095(5), which allows for "[t]he secretary or the secretary's designee [to] issue a standing order prescribing opioid overdose reversal medications to any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose." The physician issuing this standing order has been designated to do so by the Secretary of Health.

Purpose: The purpose of this standing order is to aid persons experiencing an opioid-related overdose by facilitating distribution of the opioid antagonist naloxone to people in Washington.

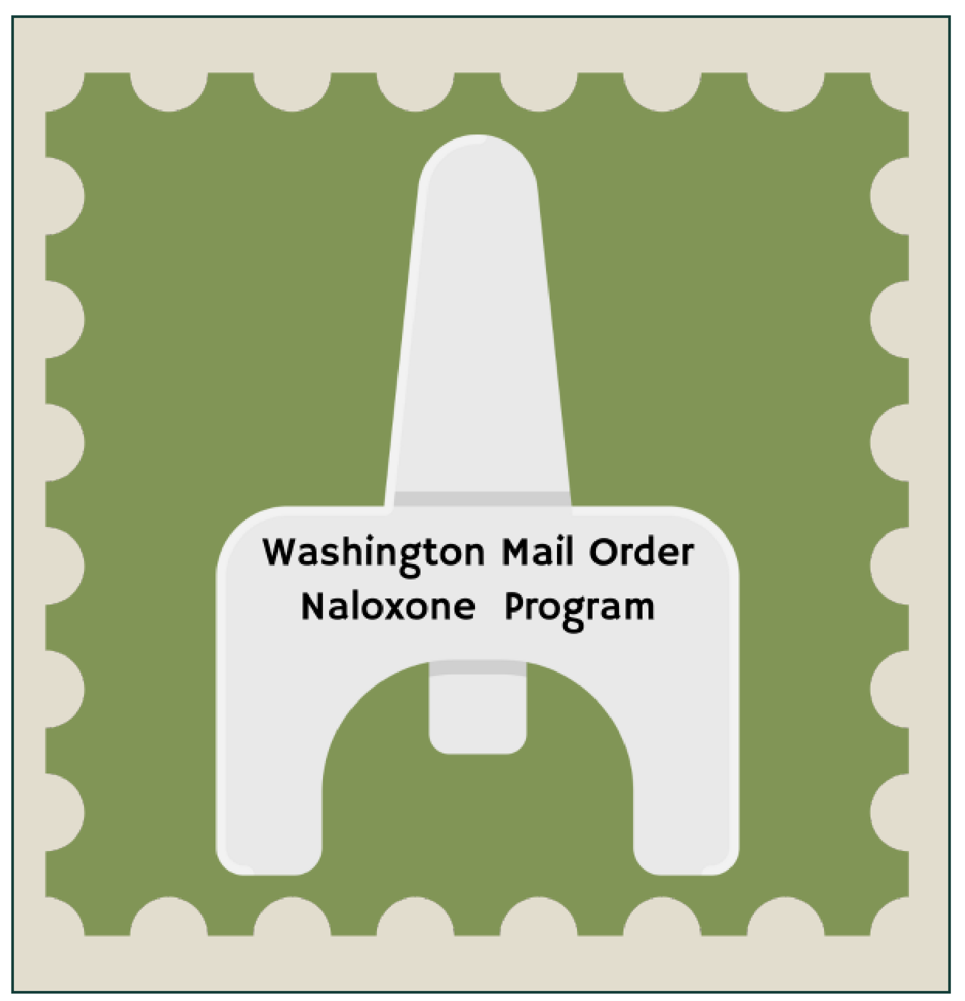
Authorization: This standing order shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes a pharmacist to dispense naloxone to any eligible person or entity. This standing order authorizes any eligible person or entity in the State of Washington, including but not limited to any wholesaler licensed in the State of Washington, to possess, store, deliver, distribute, or administer naloxone. An eligible person or entity is any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. These could include a natural person, such as an individual at risk of an opioid-related overdose or a family member, friend or acquaintance of that individual; or a legal person, such as an ambulance service, police department, or school or other educational institution that could be in a position to assist a person at risk of experiencing an opioid-related overdose.

There is no minimum age specified in the standing order. Follow your organization's protocol for any age limits when dispensing medication; if no protocol exists, we suggest that you use your best judgement to determine the ability of the patient to recognize the signs and symptoms of an opioid overdose and to administer the naloxone.

Terms and Conditions:

- ***Any pharmacist dispensing naloxone to eligible persons or entities***, as defined above, must provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. Pharmacists using this standing order to dispense naloxone should list the provider who signed this order as the prescriber. Pharmacists may, but are not required to, download the standing order, print it out, and assign it a prescription number so that the printed-out standing order functions like or can be processed by most pharmacy software systems like a written prescription. Pharmacists can fill in the recipient's name, address, and date of birth on the hard copy of the standing order. Additional elements, including the naloxone dose, quantity to dispense, directions for use, number of authorized refills, and physician's signature, are already provided in the standing order. The standing order functions analogously to an individual prescription written in the recipient's name.
- ***Any individual or entity that dispenses, distributes, or delivers an opioid overdose reversal medication as authorized by this section*** shall ensure that directions for use are provided. Pharmacies and other entities are strongly encouraged to provide in-person training and allow hands-on practice with a demonstration kit and/or show a training video to persons receiving naloxone for the first time. Training may include information on the proper response to an opioid-related overdose; instructions on the role of naloxone; recognizing a potential opioid-related

Mail Order Program

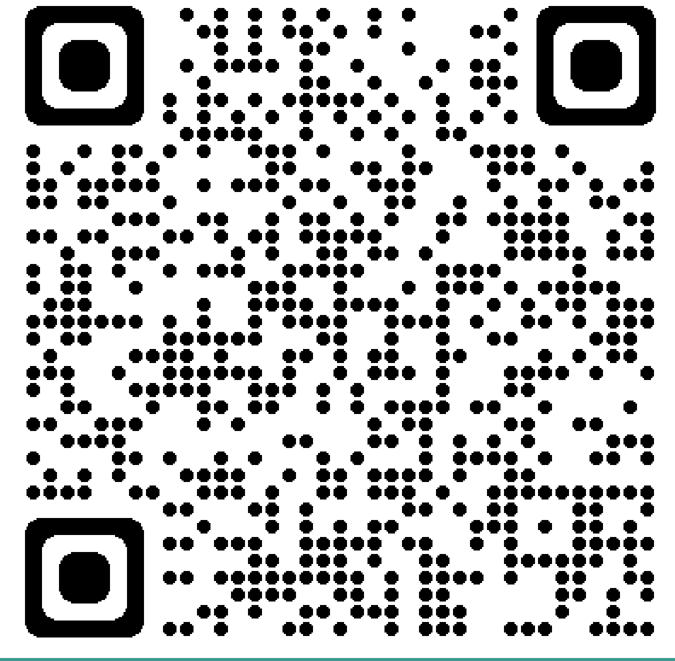


- Individuals in WA State can have naloxone mailed directly to them for FREE at: http://phra.org/naloxone
  - Mailed anonymously to requested address

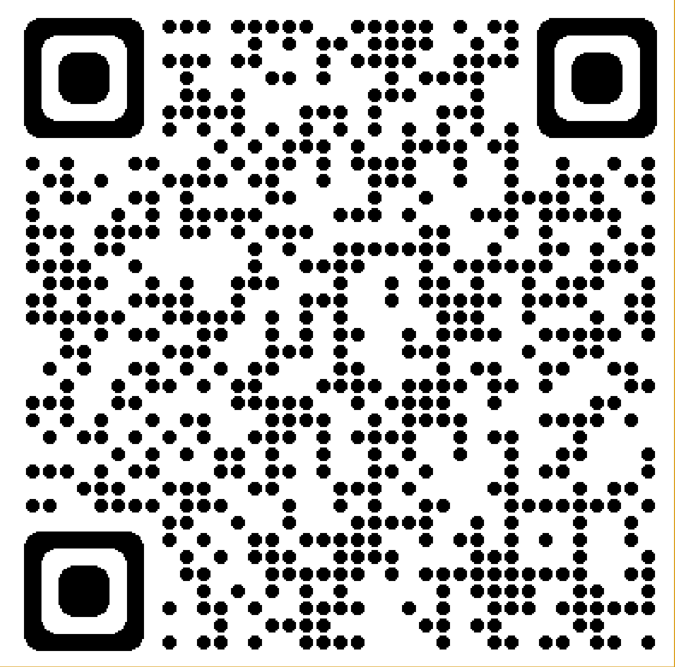
- **Program is intended to serve people who CANNOT access naloxone at pharmacies or other community access points**

Opioid Education & Naloxone Distribution (OEND) Program - Opportunities

To apply to distribute naloxone to people at risk for witnessing/experience an overdose, please visit:



To request naloxone training from our OEND team, please visit:



Overdose Prevention Campaigns

- Friends For Life - Prevent Overdose (wafriendsforlife.com)
- Laced & Lethal | Learn About Fentanyl in King County (lacedandlethal.com)
- Get Naloxone – Prevent Overdose WA

Medications for Opioid Disorder (MOUD)

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Medications for Opioid Use Disorder (MOUD)

- **Benefits:**
  - Decreasing the likelihood of a fatal overdose
  - Supporting the choice to reduce or stop opioid use
  - Reducing cravings for or urges to use opioids
  - Protecting overall health, including reducing the risk of infectious disease transmission such as HIV, hepatitis C and other bloodborne diseases
- Three approved medications:
  - Methadone
  - Buprenorphine (Suboxone/Subutex)
  - Extended-release naltrexone

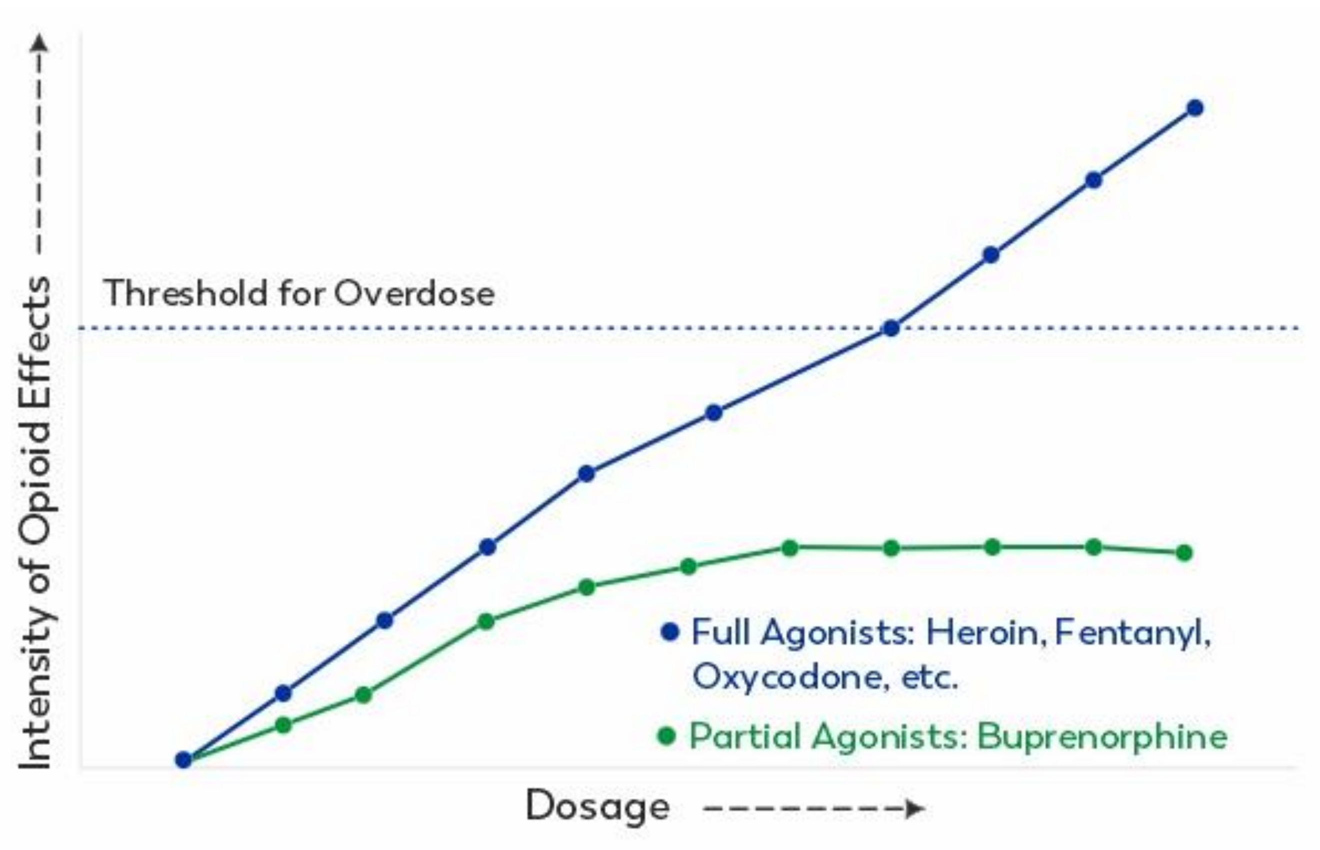
What is methadone?

- Long acting, full opioid agonist
- Must visit an opioid treatment program to receive medication (usually daily to start)
- Oral medication

What is buprenorphine?

- Partial opioid agonist
- Functions primarily by suppressing and reduces cravings for opioids
- Comes in buprenorphine/naloxone (Suboxone) or buprenorphine (Subutex)
- Primarily oral medication, becoming available as an injection or implant

Buprenorphine – Ceiling Effect



What is naltrexone?

- No opioid component
- Blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria.
- Less supportive evidence for naltrexone
- Intramuscular injection for OUD, also taken as a daily oral medication for Alcohol Use Disorder

Pulling It All Together

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What do we know?

- People who use drugs experience significant stigma and discrimination in legal, social, health, and behavioral health systems
    - Perpetuates exclusion & marginalization from traditional settings
- SSPs engage critically with people who are most at risk of overdose, infectious disease transmission, and substance use-related harm
- Research shows that intensive care navigation increases health outcomes for people who drugs and/or experiencing homelessness
    - Co-located service models also support engagement in care
- Complex needs require a hands-on approach that prioritizes relationship over defined outcomes

What can I do?

Learn and share about harm reduction and safer drug use techniques to prevent the transmission of infectious diseases and increased risk for other health conditions:

- Deepen your understanding of how people use substances to increase your comfort and ability to accurately discuss harm reduction practices.
  - Safe(r) Drug Use 101, National Harm Reduction Coalition
  - Sex Work & Harm Reduction, National Harm Reduction Coalition
  - Beyond Do No Harm: 13 Principles for Health Care Providers to Interrupt Criminalization, Interrupting Criminalization

- Start with simple practices:
  - Discuss where and how clients can access drug use equipment, services, and treatment.
  - Provide info on naloxone access.
  - Educate patients about the risks of drug overdose and provide risk reduction counseling.
  - Emphasize the importance of not using drugs alone to avoid increased risk in the event of an overdose - Never Use Alone Hotline available at 1-800-484-3731 (English) or 1-800-928-5330 (Spanish).

What can I do?

Work to develop patient trust and build rapport by normalizing conversations about substance use, prioritizing self-determination, and engaging in a collaborative goal-setting process:

- Collaborate with patients to set harm reduction-oriented goals that prioritize any positive change.
    - Decisions to use substances and/or engage in other behaviors are influenced by social systems and norms. Behaviors that may appear harmful to you may serve an important purpose and feel beneficial to the patient.

What can I do?

Develop Relationships with Resources & Providers

- Building relationships with providers who treat people who use drugs (and all of your clients) with respect and dignity
  - Bonus points if they have their own knowledge of harm reduction and safer use as critical components of whole person care

- Advocate for providers in your area to begin treating for hepatitis C
  - Talk to WA DOH Office of Infectious Disease

- Locate your local methadone clinics, low-barrier buprenorphine programs, and other substance use treatment facilities that support your folks

Talking to Your Clients About Drug Use

- Use a trauma-informed approach
  - People may be using substances to manage trauma symptoms
  - Respect client comfort, boundaries, and privacy
  - May not be willing to talk to you about some or any of their use
  - Keep an open door and recognize that trust takes time

- Know your resources and develop relationships
  - Familiarize yourself with syringe service programs (SSPs), substance use treatment programs, and MOUD services in your area
  - Staff/volunteers at SSPs may have lived experience with drug use and expertise you can learn from

Talking to Your Clients About Drug Use

- If you don't know something – just ask!
    - Drug use terminology and trends change over time so clarify your understanding
    - Drugs and drug use are hyper-local, meaning what people use, call it, and what's in the drug supply vary a lot!

- Approach conversations with and commit to maintaining curiosity and non-judgement.
    - Demonstrate interest in their experience to support relationship-building
    - Use this as an opportunity to reinforce the client as the expert in their drug use and life!

Resources!

Resources: Harm Reduction

Harm Reduction Basics:

- Harm Reduction Principles | National Harm Reduction Coalition
- Harm Reduction | Drug Policy Alliance

Safer Use

- Safe(r) Drug Use 101 | National Harm Reduction Coalition
- Getting Off Right | National Harm Reduction Coalition
- Six Essential Tips for Safer Drug Use | Drug Policy Alliance
- **Hotline: Never Use Alone**

Toolkits:

- Native Harm Reduction Toolkit | National Harm Reduction Coalition
- Pregnancy and Substance Use: A Harm Reduction Toolkit | Academy for Perinatal Harm Reduction & National Harm Reduction Coalition

Syringe Service Programs:

- Peer Reviewed Research About Syringe Service Programs |WA DOH

Resources: Drugs & the Drug War

Drug Information

- Drug Information | DanceSafe
- Drug Facts - Drug Policy Alliance

History of the Drug War & How to Move Forward

- What is the Drug War? With Jay-Z & Molly Crabapple - YouTube
- Drug War History - Drug Policy Alliance
- Decriminalize Drugs, Invest in Health Services - Drug Policy Alliance

Resources: Naloxone

Naloxone Overview

- Naloxone Instructions | WA DOH
    - Available in English, Spanish, Vietnamese, Chinese (Simplified), Ukrainian, & Russian
- Video: What is Naloxone? | SAMHSA

"How To" Instructions and Videos for Overdose Response Naloxone Administration

- Drug Overdose Prevention, Recognition & Response | WA DOH
- Naloxone Instructions Webpage | WA DOH
    - Handout: Naloxone Instructions | WA DOH
    - Video: Opioid Overdose – Administering Naloxone | WA DOH
- Video: How to Use Naloxone Spray (:30) | CDC
- Video: How to Use Injectable Naloxone (:30) | CDC

Resources: Opioids

- Opioid Overdose Basics Guide | National Harm Reduction Coalition
- Opioid Basics | CDC
- Overdose Prevention Materials Available from King County - *Posters, stickers, and other materials available to download or order from King County to post on fentanyl, naloxone, overdose, and related topics*

Resources: Fentanyl

- Fentanyl Facts | CDC
- Fentanyl Use and Overdose Prevention Tips | National Harm Reduction Coalition
- WTFentanyl — Correcting Fentanyl Misinformation
- Research Article: Del Pozo, B., Sightes, E., Kang, S., Goulka, J., Ray, B., & Beletsky, L. A. (2021). Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl. Health & justice, 9(1), 34. https://doi.org/10.1186/s40352-021-00163-5
- Video: Fentanyl Safety Roll Call Training Video | Police Assisted Addiction and Recovery Institute

Resources: Stimulants

- Stimulant Guide | Feature Topics | Drug Overdose (cdc.gov)
- What is Overamping? | National Harm Reduction Coalition (Stimulant Overdose)
- Methamphetamine Overdose / Overamping | Stopoverdose.org (Stimulant Overdose)
    - Full Page Meth Overdose Flyer – English & Spanish
    - Half Page Meth Overdose Flyer – English & Spanish

Resources: Hepatitis C

- What is hepatitis C virus? (CDC) - *Client education webpage providing an overview on what hepatitis C is, how it's spread, symptoms, when to get tested, etc. Available in a PDF format for download.*
- Hepatitis C - FAQ (CDC) - *Overview of info about hepatitis C provided in a Q &A format.*
- Hepatitis C Overview Guide (National Harm Reduction Coalition) - *A click-through training guide on hepatitis C that reviews symptoms, transmission, testing, and treatment utilizing a harm reduction lens and emphasizing safer drug use strategies.*
- Hepatitis infection among people who use or Inject drugs (CDC) - *Information on the intersection between injection drug use and viral hepatitis, including recommendations for prevention for PWID.*
- Hepatitis C and Injection Drug Use (CDC) - *Fact sheet providing information on the intersection between hepatitis C and injection drug us, with a target audience of people who inject drugs. Also available in Spanish here.*
- What to expect when getting tested for Hepatitis C (CDC) - *Client education webpage providing an overview on what to expect when getting tested for hepatitis C. Available in PDF format in both English and Spanish for download.*

Hotlines & Service Locators

Hotlines

- Never Use Alone (Call or text: 1-800-484-3731) - *nationwide overdose prevention, detection, crisis response and reversal lifeline services for people who use drugs while alone, operates 24/7.*
- Fireside Project (Call or text: 62-FIRESIDE) - *Free, confidential, non-clinical emotional support by phone and text message to people during psychedelic experiences, people exploring the meaning of past psychedelic experiences, and people who are supporting others have psychedelic experiences.*

Service Locators

- The Washington Recovery Help Line (1.866.789.1511) - *A help line for those experiencing substance use disorder, problem gambling, and/or a mental health challenge, with options to connect callers to community resources, treatment, and other support.*
- WA DOH – Syringe Service Programs Locator – *Locate syringe service programs across the state supported by WA DOH using this tool to sort by county.*

Recommended Reading (Madison's List!)

- Saving Our Own Lives: A Liberatory Practice of Harm Reduction – Shira Hassan
- The Harm Reduction Gap – Sheila P. Vakharia
- Undoing Drugs – Mia Szalavitz

Madison McPadden (She/Her)
Capacity Building Consultant:
HCV & Drug User Health

Office of Infectious Disease

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Addressing the Legacy and Present-Day Impact of Racism and Medical Mistrust On Black Communities

Leisha Mckinley-beach

Objectives

Enhance understanding of racism and medical mistrust within Black communities and their effects on healthcare services.

Offer strategies, tools, and resources to better handle racism and mistrust.

What Is Medical Mistrust?

01

- Not just a lack of trust in the medical system & personnel (dominant culture), but the belief that they are acting/will act with ill intent towards a certain individual or group (marginalized)

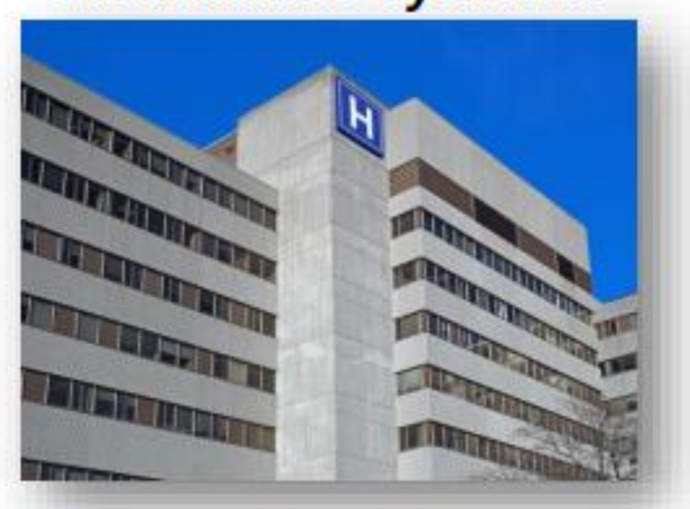
02

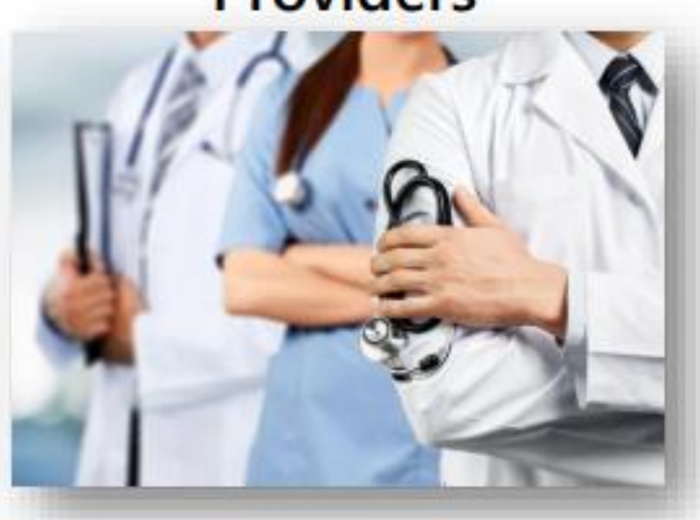
- Often extends to the pharmaceutical industry and to government

03

- Considered "an active response to direct or vicarious (e.g., intergenerational or social network stories) marginalization"

Healthcare systems





Medical Mistrust

- Client is suspicious that providers/organizations genuinely care that providers/organizations genuinely care for patients' interests, are honest, practice confidentiality, and have competence to produce the best achievable results

Medical Mistrust and Health

- Lower health care utilization including preventive health practices
- Lower adherence to medical treatment
- Poorer quality patient-provider relationships
- Higher likelihood of engaging in behaviors that place people at risk
- Lower rates of involvement in biomedical research

Personal Story Biomedical Research

COVID-19 Vaccine Clinical Trials: One HIV Advocate's Experience as a Study Volunteer

By: HIV.gov | **Published:** September 14, 2021

Topics

COVID-19

Many in the HIV community continue to work tirelessly to respond to the COVID-19 public health crisis, including by stepping forward to participate in vaccine clinical trials.

Recently, national HIV/AIDS consultant Leisha McKinley-Beach spoke with us and shared with us her experience as a volunteer in the Novavax vaccine phase 3 clinical trial at a local university. Participants randomly received either the vaccine or placebo in two doses, 21 days apart. The study is supported through the National Institute of Allergy and Infectious Diseases.

Q: Why did you decide to get involved in a vaccine clinical trial?

A: When the trial was announced, I was approaching my 30th year of working as an HIV advocate. Before I retired, there was still something I wanted to do—participate in a clinical trial. I never fathomed that my first experience would be for COVID-19 rather than HIV.

Q: Did you have any reservations?

Activity: “If you keep talking, they will kill me”

- List comments of mistrust you’ve heard from clients, family, friends or even yourself

Medical Mistrust & HIV

“Conspiracy-related” beliefs

The idea that the government created HIV as a form of genocide against Black people and other marginalized groups

Treatment-related beliefs

The idea that HIV treatment (antiretrovirals) are used to experiment on or kill those who take or that a cure is available, but is being withheld by the government and/or pharmaceutical company for profit

Medical mistrust is negatively associated with many HIV-related measures and outcomes

- PrEP
- HIV Testing
- Participating in HIV related research

Potential Provider-level Interventions to Address Mistrust

- Patient-centered approach
  - Ask open-ended questions about patient's beliefs (e.g., those related to medication)
  - Elicit from patient their priorities related to their health
  - Understand their competing priorities/concerns
  - Utilize shared decision-making

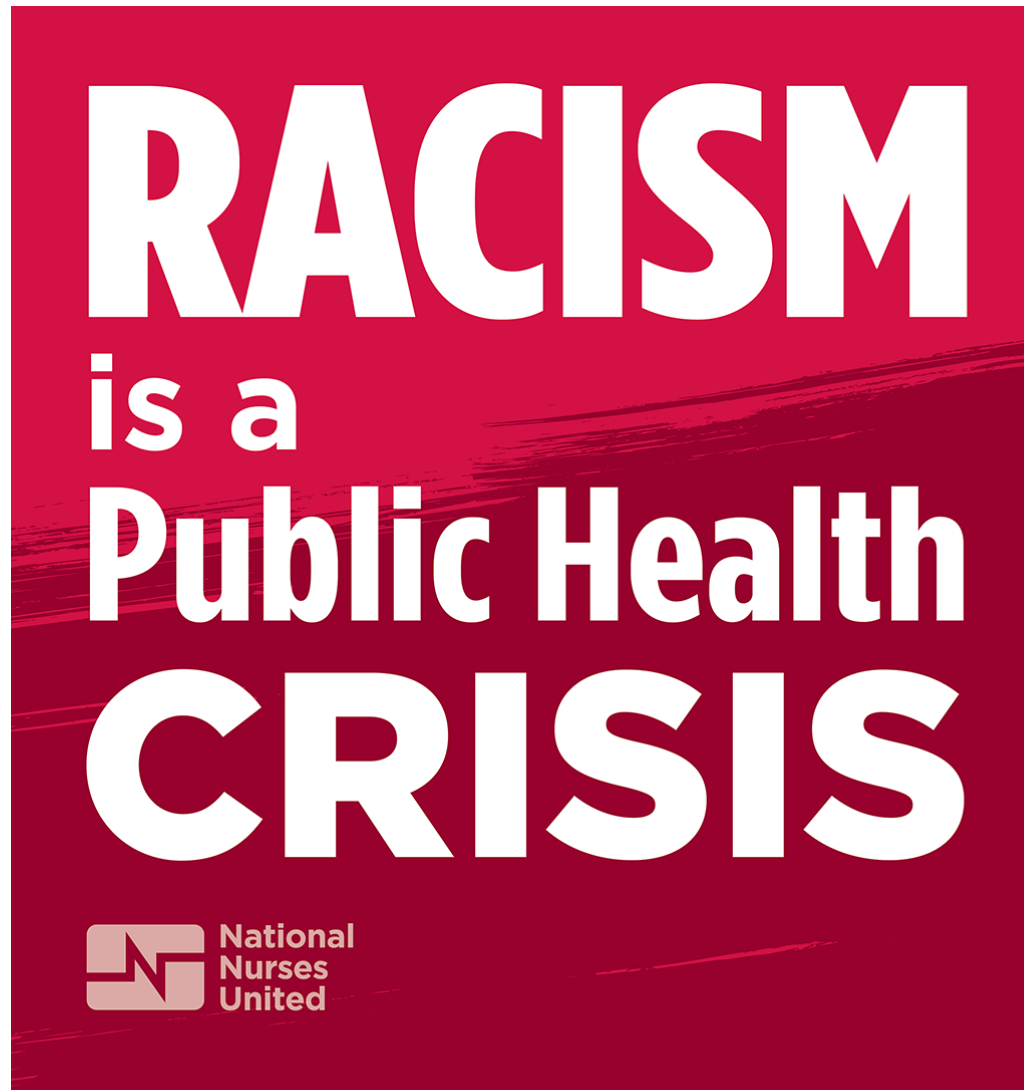
Oni J. Blackstock, MD, MHS, How Did We Get Here? Historical Perspective, "Addressing Medical Mistrust in Black Communities: Implications for COVID-19, HIV, Hepatitis, STIs and Other Conditions" August 29, 2020

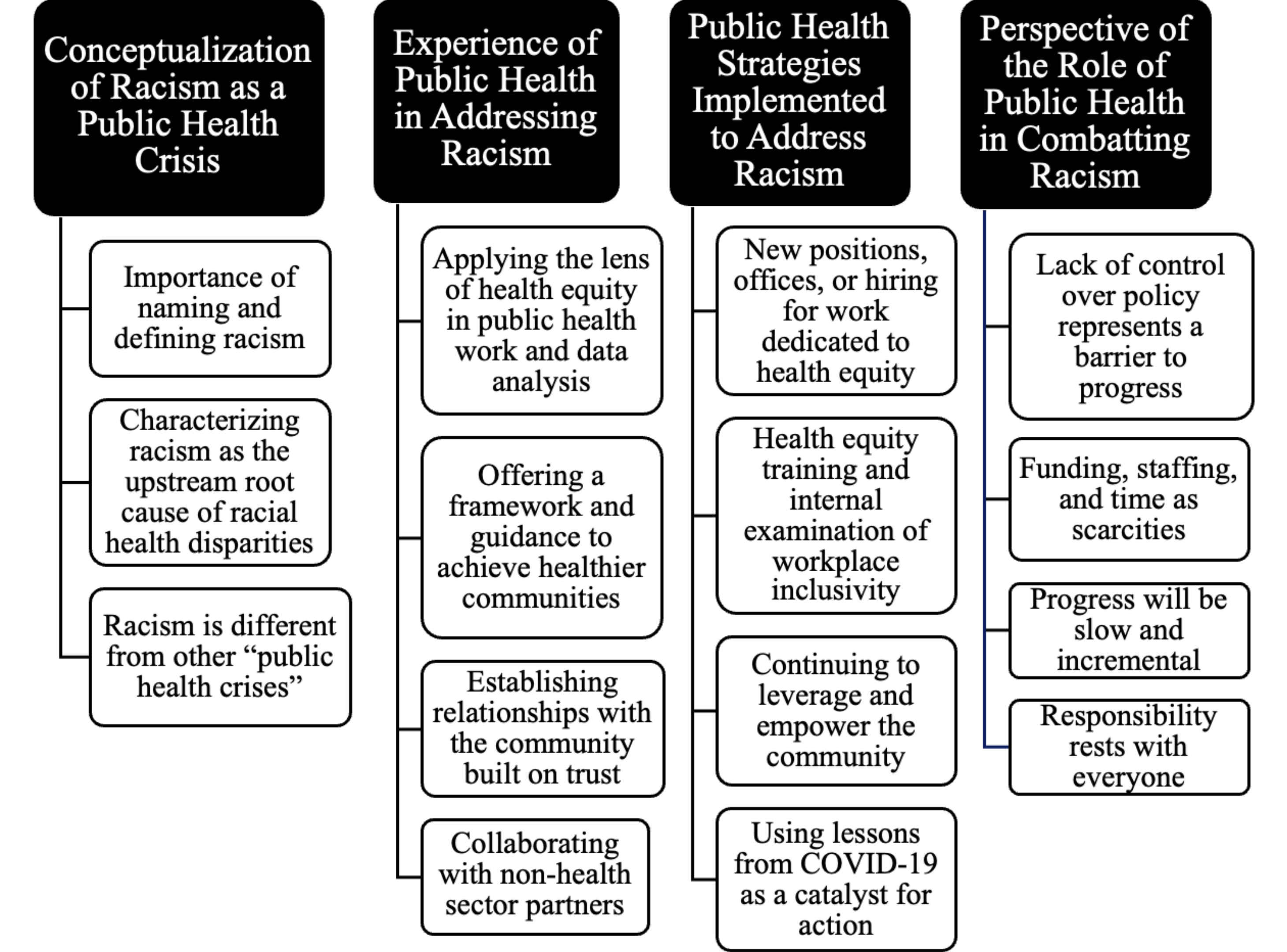
Potential Systems-level Interventions to Address Mistrust

- Having staff that reflects the patient population
  - Increasing underrepresented group representation among medical providers
- Using community workers or peer navigators
- Working with faith-based organizations
- Commitment to and work towards becoming a fully inclusive anti-racist organization

Oni J. Blackstock, MD, MHS, How Did We Get Here? Historical Perspective, "Addressing Medical Mistrust in Black Communities: Implications for COVID-19, HIV, Hepatitis, STIs and Other Conditions" August 29, 2020

Racism is a Public Health Crisis





Georgetown Medical Review
Lamberti M. Racism as a Public Health Crisis: A Qualitative Case Series of Public Health Responses in the Washington, DC/Maryland/Virginia Area. *Georgetown Medical Review*. 2022;6(1). doi:10.52504/001c.34716

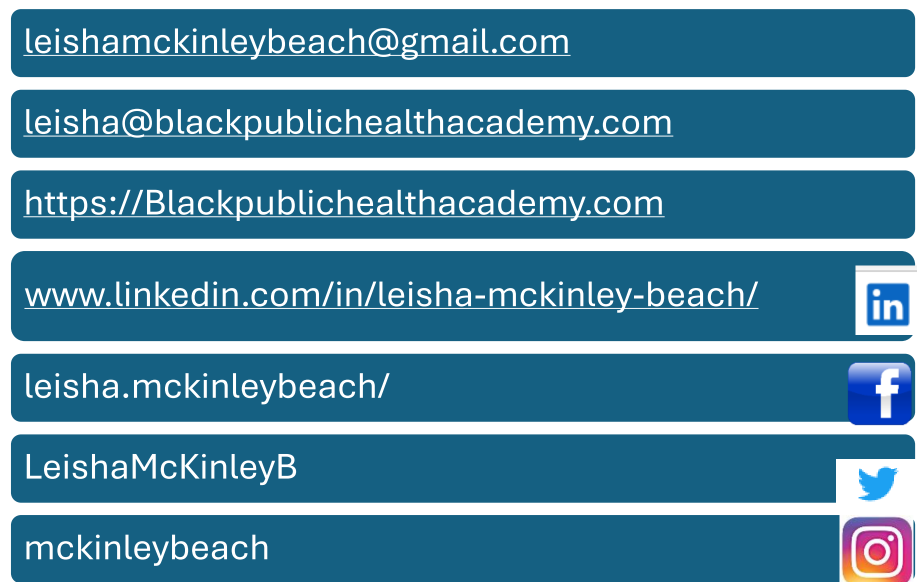
Exercise: If It Were Me

Purpose of the exercise is to give the public health workforce an opportunity to serve as a client in role play exercises to have the experience of the client/customer

Participant: How did you feel

Audience: What did you observe?

Recap



How to Find Me

THE ROLE OF RESPECTFUL LANGUAGE IN ENHANCING CARE ENGAGEMENT

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Objectives

✓To define what respectful language may look like for a wide range of diverse communities and learn how to apply these principles in your work.

✓To provide a foundation in sexual orientation and gender identity/expression terminology.

✓To understand why respectful language is important when working with the public and with communities disproportionately affected by syndemic conditions.

Icebreaker

- If you could learn one language, which one would you learn and why?

Respectful Language

Language should reflect and speak to the needs of people we want to serve in a non-stigmatizing way.

How can we be respectful when we communicate public health information?

- ❑Use a health equity lens when framing information about health disparities.
- ❑Use preferred terms that are used by the communities you serve while recognizing that there isn't always agreement on these terms.
- ❑Use person-first language and avoid unintentional blaming.
- ❑Consider how communications, outreach materials, and forms that your agency uses are developed and look for ways to develop more inclusive health communications.
- ❑Explore other resources and references related to health equity communications.

How can we be respectful when we communicate public health information?

✓**Use a health equity lens when framing information about health disparities.**

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❑Explore other resources and references related to health equity communications.

Health Equity in Language and Communication

Acknowledge systemic social and health inequities.

Community Engagement.

Intersectionality.

Recognize and reflect the diversity of communities.

Health literacy.

How can we be respectful when we communicate public health information?

- ✓Use a health equity lens when framing information about health disparities.
- ✓**Use preferred terms that are used by the communities you serve while recognizing that there isn't always agreement on these terms.**
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Preferred Terms Around Sexual and Gender Identity/Expression

How can we be respectful when we communicate public health information?

✓Use a health equity lens when framing information about health disparities.

✓Use preferred terms that are used by the communities you serve while recognizing that there isn't always agreement on these terms.

✓**Use person-first language and avoid unintentional blaming.**

❑Consider how communications, outreach materials, and forms that your agency uses are developed and look for ways to develop more inclusive health communications.

❑Explore other resources and references related to health equity communications.

Respectful Language Strategies

Avoid adjectives such as vulnerable, marginalized, and high-risk.

- Ex: High-risk groups for HIV -> Groups with higher risk for HIV

Avoid dehumanizing language.

- Ex: HCV infected person -> Person with HCV

There are many types of subpopulations, be as specific as possible.

- Ex: Injection drug users-> People who inject methamphetamines

Avoid violent sounding words when referring to people, groups, or communities.

- Ex: Target population -> Population of focus

Avoid unintentional blaming.

- Ex: People who refuse to be vaccinated -> People who are unvaccinated

Scenario 1

Christopher is a syndemic navigator helping Celina out with finding resources for mental health and substance use services in their community.

Christopher called a clinic to see if they had any intake appointments but was getting frustrated over the phone. He explained that Celina *“is an addict, why can’t she get in sooner. She’s probably going to use again soon.”* Celina does not look comfortable throughout this phone call…

Scenario 2

Markeisha Stones is a transgender woman checking in for her STI testing appointment at the front desk. Her ID shows a different legal name and lists her sex as male. After check-in, Markeisha is asked to take a seat in the waiting area for her name to be called. Ten minutes go by, and a nurse comes out and calls for “Mr. Stones”. With no answer, the nurse calls again this time with a louder voice “Mark Stones”. People in the waiting area are now looking around…

Scenario 3

Preston, who identifies as non-binary and uses they/them pronouns, just concluded their appointment with their syndemic navigator who helped them connect with a clinic for PrEP. Needing to get some clarity on one of the services offered at the clinic that Preston could potentially benefit from, the syndemic navigator walks out with Preston towards the nurses' station to ask a question.

Speaking to one of the senior nurses, with Preston, the nurse keeps referring to Preston with “he” and “him”. Preston's body language and facial expression clearly change. The syndemic navigator just continues chatting with the senior nurse and the nurse continues to refer to Preston using he/him...

Mistakes Happen

It is normal and OK to make mistakes.

Offer your genuine apology:

- I apologize for using the wrong pronoun/name. I didn't mean to disrespect you.

Correct yourself.

Move on, no need to dwell on it.

Continue to learn and strive to do better.

How can we be respectful when we communicate public health information?

- ✓Use a health equity lens when framing information about health disparities.
- ✓Use preferred terms that are used by the communities you serve while recognizing that there isn't always agreement on these terms.
- ✓Use person-first language and avoid unintentional blaming.
- ✓**Consider how communications, outreach materials, and forms that your agency uses are developed and look for ways to develop more inclusive health communications.**
- ❑Explore other resources and references related to health equity communications.

Developing inclusive strategies in communications and organization policies

Build a diverse workforce throughout all levels (including leadership).

- Actively hire and promote people from the communities that you are trying to serve.

Work with community partners to identify priorities and strategies.

- Actively consulting with communities that you are trying to serve.

Avoid jargon and use straightforward, easy to understand language.

Ensure that information is culturally responsive, accessible, and available.

- Communities that you want to serve are represented in materials (promotional/educational).

Develop a safe and affirming environment.

- Bathrooms matching gender identity (or single-occupancy all genders bathrooms).
- Trans-friendly signage to facilities (ex. "All-Gender Restroom").

How can we be respectful when we communicate public health information?

- ✓Use a health equity lens when framing information about health disparities.
- ✓Use preferred terms that are used by the communities you serve while recognizing that there isn't always agreement on these terms.
- ✓Use person-first language and avoid unintentional blaming.
- ✓Consider how communications, outreach materials, and forms that your agency uses are developed and look for ways to develop more inclusive health communications.
- ✓**Explore other resources and references related to health equity communications.**

Take Home Messages

Respectful language contributes to a safe and affirming environment.

A health equity foundation is a form of respect for the communities that we serve.

Intentionally engage with community members and experts.

Recognize the strengths of communities and elevate their solutions.

Reflect the language used by communities and communicate in a way that is accessible for them.

Understand that mistakes happen and continue to learn more about what you can do to reduce the harm that mistakes can cause.

Resources

Access content on CDC's Health Equity Guiding Principles for Inclusive Communication:

- Health Equity Guiding Principles for Inclusive Communication | Gateway to Health Communication | CDC

PHSKC's Equitable Language Guide:

- PHSKC Equitable Language Guide (kingcounty.gov)

Sex and Sexuality Video for Sexual Orientation and Gender Identity Terms:

- Sex & Sexuality: Crash Course Sociology #31 – YouTube

Access the Delivering HIV Prevention and Care to Transgender People CME/CEU Program:

- HIV Care for Transgender and Gender Diverse People » LGBTQIA+ Health Education Center

CDC Resources on Gender Affirming Healthcare

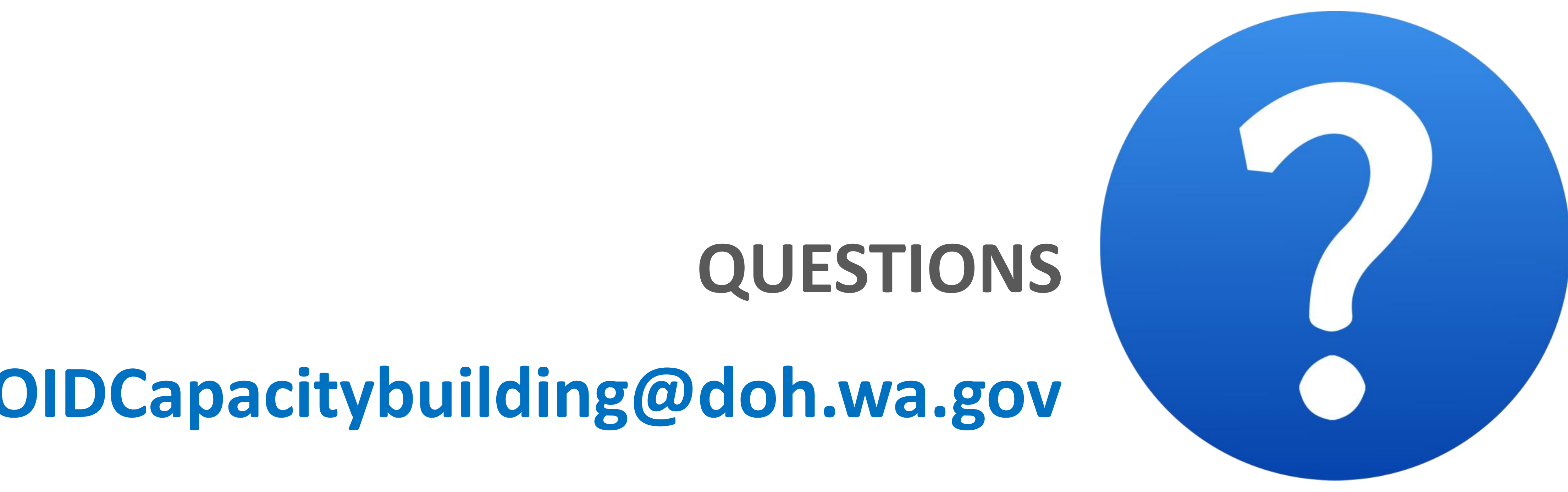
- Patient-Centered Care | For Health Care Providers | Transforming Health | Clinicians | HIV | CDC

Glossary of LGBTQIA+ Terms:

- **English:** LGBTQIA+ Glossary of Terms for Health Care Teams » LGBTQIA+ Health Education Center
- **Spanish:** Glosario de términos LGBT para equipos de atención a la salud » LGBTQIA+ Health Education Center

Access more content from the LGBTQIA+ Health Education Center

- LGBTQIA+ Health Education Center



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Paying for Syndemic Healthcare Services:

Understanding and Navigating The Payer System

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

Goal: To equip navigators with knowledge, skills and resources to assist clients in understanding, enrolling in, and utilizing health insurance and/or assistance programs

OBJECTIVES

Build **foundational knowledge** of health insurance concepts, terminology and the structure of health insurance

Develop Skills for **Navigating Insurance and Assistance Program Systems**

Prepare navigators to educate clients on **utilizing their health insurance and/or patient assistance program benefits**, including preventative services, understanding EOB's, managing out-of-pocket-costs and choosing providers

Train navigators to **advocate on behalf of clients,** assisting with appeals, claim disputes

Question

Which of the following have you assisted clients with?

A) Medicaid

B) HealthWell Foundation

C) Patient Advocate Foundation (PAF)

D) Good Rx

Barriers to Service Utilization

- Eligibility and Enrollment Processes
- Overall Cost
- Unexpected Costs
- Fear of Legal Consequences
  - Legally vulnerable groups
    - Undocumented Individuals
    - PWUD
- Pharmacy and Provider Billing Errors
- Insurance Companies
  - Non-compliance
  - Lack of oversight
- Complaint Process
  - Time-consuming

The Affordable Care Act (2010)

- **Expanded Medicaid to provide coverage to more low-income people**
- Established cost limits for consumers (enrollees)
- Health Insurance Exchanges
- Protections for pre-existing conditions
- Allows young adults to stay on parent insurance up to age 26
- Essential Health Benefits
- Provides subsidies for low-income individuals
- Individual and Employer Mandates

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CENTER FOR LEARNING & INNOVATION

The Affordable Care Act (2010)

- **Qualified Health Plans (QHP's)**
  - Certified by the Health Insurance Exchange
    - ACA Compliant
- **"Grandfathered" Health Plans**
  - Existed prior to enactment of the ACA- March 2010
  - Exempt from **some** ACA requirements
    - Cost limits, pre-existing conditions, preventive coverage, right to appeal

Medicaid (Apple Health)

- **Comprehensive health coverage**
- **Consists of various programs**
  - Children's Health Insurance Program
- **Eligible individuals and families often are unaware of eligibility**
  - Engagement efforts needed

Medicaid: Eligibility

- Federal and State-funded program that provides health coverage to
  - Low-income families
  - People of child rearing capacity
  - Children
  - People with disabilities
  - People over 65 **who meet asset and income eligibility**

Medicaid Expansion: Outcomes

■ # of studies that find positive effects ■ # of studies that find no difference or mixed findings ■ # of studies that find negative effects

	# of studies that find positive effects	# of studies that find no difference or mixed findings	# of studies that find negative effects
Access & Utilization of Care	184	79	
Insurance Coverage	201	13	
Payer Mix	99	2	
Health Care Affordability & Financial Security	66	14	
Provider Capacity	18	21	3
Self-Reported Health	20	19	
State Economy	25		
Positive Health Outcomes	21	22	3

0 25 50 75 100 125 150 175 200 225 250 275

# of Studies

Source: KFF analysis of 601 studies of the impact of state Medicaid expansion published between January 2014 and March 2021

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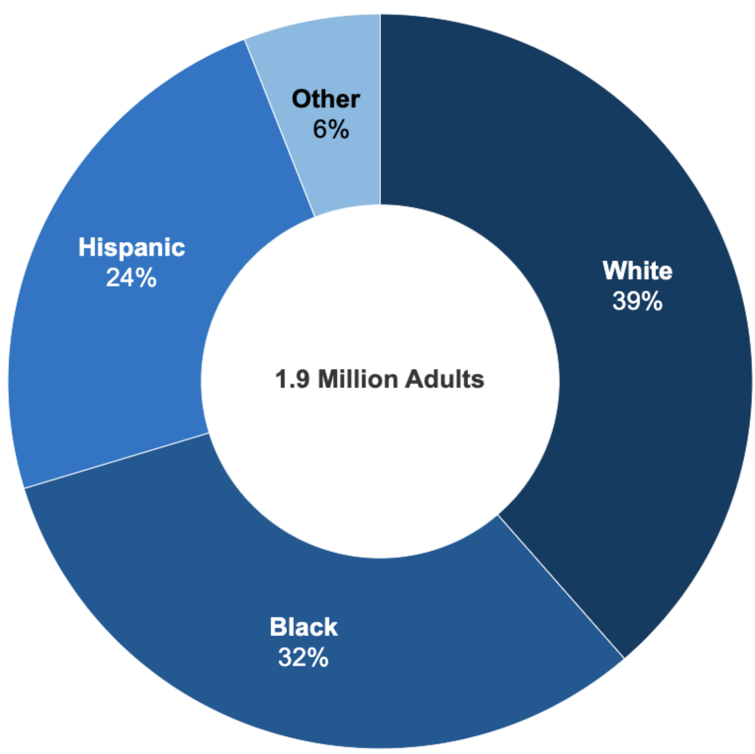
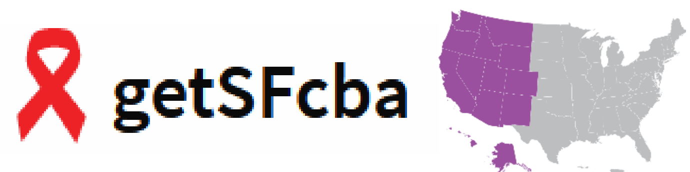
Medicaid: The Coverage Gap

Race/Ethnicity of Adults in the Coverage Gap



NOTE: Totals may not sum to 100% due to rounding. Nonelderly includes individuals ages 0 to 64. Other includes Asian, American Indian Alaska Native, and Native Hawaiian and Other Pacific Islander people, along with people of multiple races. Hispanic people may be of any race but are categorized as Hispanic; other groups are all non-Hispanic.
SOURCE: KFF analysis of 2021 American Community Survey. • PNG

KFF



Essential Health Benefits

Federal mandate (ACA) requires coverage for 10 essential health benefits, including:

Preventive Services

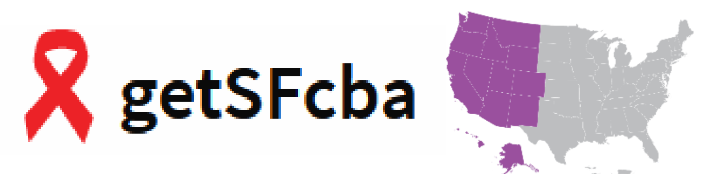
- Hep A and B Screening & Immunizations
- Hep C screening
- PrEP-related Labs, office visits and medication

Federal Poverty Level (FPL)

FPL: a measure of income set by Health and Human Services (HHS) to determine your eligibility for programs and benefits

2024

Household Size	100%	138%	150%	185%	200%	250%	300%	350%	400%	450%	500%
1	$15,060	$20,783	$22,590	$27,861	$30,120	$37,650	$45,180	$52,710	$60,240	$67,770	$75,300
2	$20,440	$28,207	$30,660	$37,814	$40,880	$51,100	$61,320	$71,540	$81,760	$91,980	$102,200
3	$25,820	$35,632	$38,730	$47,767	$51,640	$64,550	$77,460	$90,370	$103,280	$116,190	$129,100
4	$31,200	$43,056	$46,800	$57,720	$62,400	$78,000	$93,600	$109,200	$124,800	$140,400	$156,000
5	$32,470	$44,809	$48,705	$60,070	$64,940	$81,175	$97,410	$113,645	$129,880	$146,115	$162,350
6	$41,960	$57,905	$62,940	$77,626	$83,920	$104,900	$125,880	$146,860	$167,840	$188,820	$209,800



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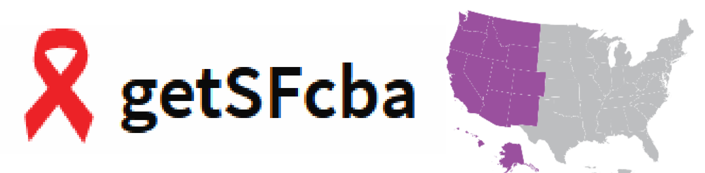
Public and Private Insurance

- **Public (Medicaid & Medicare):** Issued by government entities. Low or no cost, limited selection of providers, longer wait times
- **Private Insurance:** Insurance plans issued by a private company through employers, qualified health plans purchased off of the Health Benefits Exchange, and individual plans purchased off of the exchange. Paid for by individuals.

Medicare Parts A, B, C and D

- **Part A: Hospital**
- **Part B: Medical**
- **Part C: Medicare Advantage**, sold by private health insurers, provide Part A and B coverage AND additional benefits
  - Vision, Dental, Hearing, Prescription
- **Part D:** Prescription drug coverage
  - Sold by private health insurers
  - Medicaid can cover premiums for low-income individuals

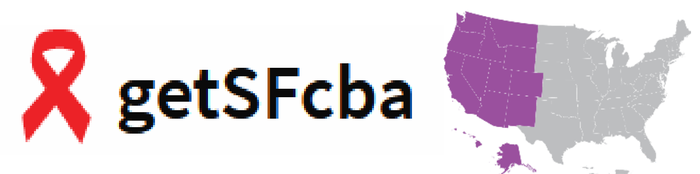


Medicare Part D: Donut Hole

Phase 1 Deductible	Phase 2 Initial Coverage	Phase 3 Coverage Gap	Phase 4 Catastrophic
$545	<$5030	<$8000	
Member pays 100%	Member pays 25%	Member pays 25%	Member pays 0%
	Part D pays 75%	Part D pays 5%	Part D pays 20%
		Pharma pays 70%	Medicare pays 80%

Ending in 2025!

Source: https://retiringoptions.com/part-d-comparison-tool/



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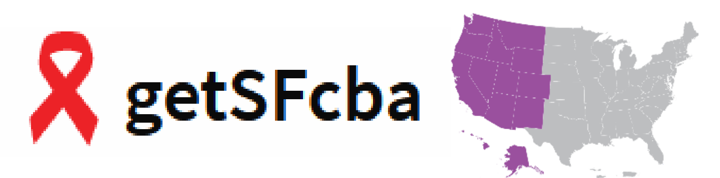
Self-Funded and Fully Funded Plans

- **Self-funded Group Health Plans:** Employer pays all claims directly to provider. There are no premiums and the employer assumes responsibility for all costs.
  - Exempt from most state laws and consumer protections

Regulated by the Department of Labor (Federal)



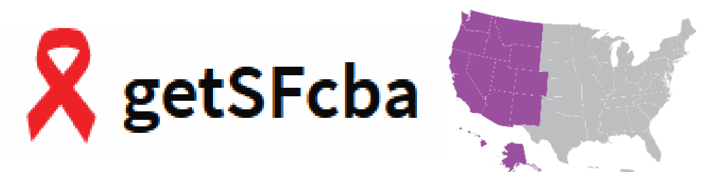
Fully-funded Insurance Plans

- **Fully-funded:** Employer sponsored but premiums are paid to an insurance company. The insurance company assumes responsibility for all costs.
- **Regulated by State Insurance Regulators**
  - **Example:** WA-Office of the Insurance Commissioner
  - **Example 2:** California Department of Managed Care

Submit complaints accordingly

Consolidated Omnibus Budget Reconciliation Act

- **COBRA:** allows for an individual to continue employer-based coverage in case of job loss.
  - NOT an insurance type
  - Coverage is the same
  - 60 days to elect continuation
  - Can be expensive, shop around (Medicaid, Commercial)



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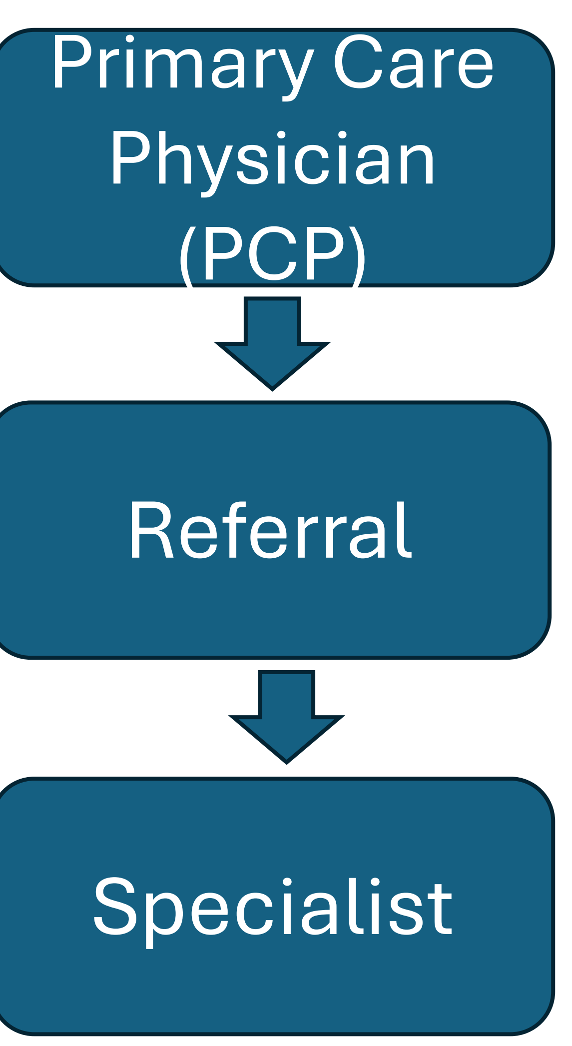
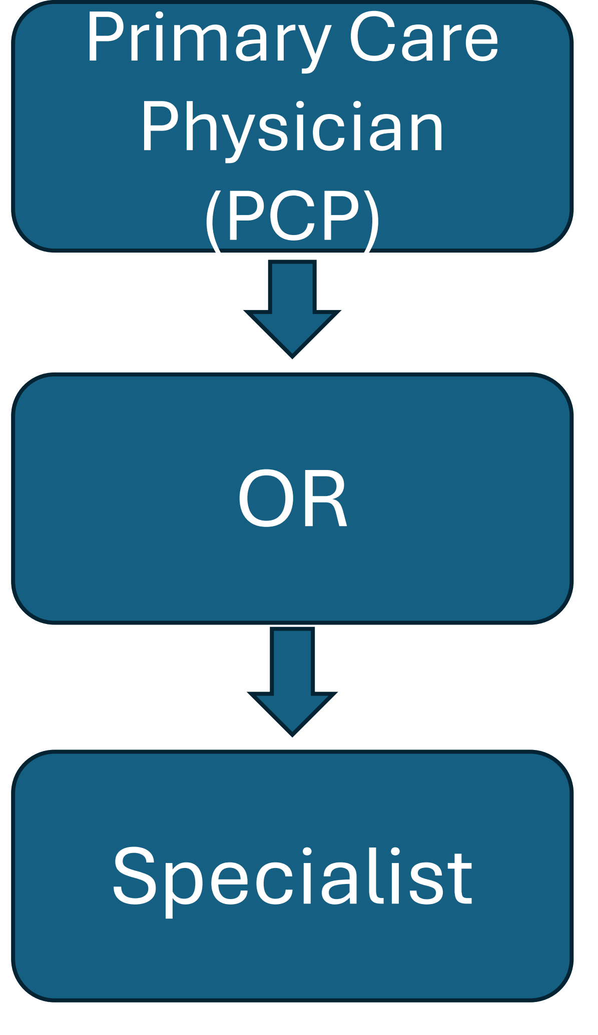
Health Maintenance Organization (HMO)

- Premiums are lower than PPO
- Care is coordinated through a Primary Care Physician
- Referral needed for a Specialist
- No access to out of network providers
- Limited number of hospitals, doctors and specialists



Preferred Provider Organization (PPO)

- Premiums are higher than an HMO
- No referrals needed for Specialists
- Access to out-of-network providers
- Larger network of hospitals, doctors and specialists



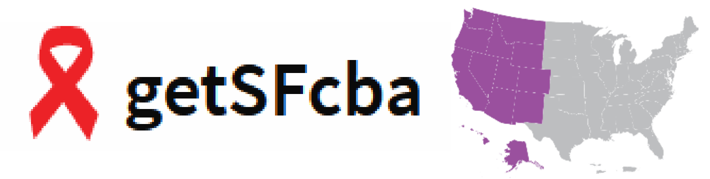
Medicaid FFS and MCO Plans

- **Fee-for-service:** providers are paid flat rate for services rendered, regardless of the services. Care is coordinated by the client.
  - Think of the PPO model
- **Managed Care Organization:** providers are paid flat rate for services rendered, regardless of the services. Care is coordinated by provider.
  - Think of the HMO model
  - In Washington MCOs for Apple Health are Molina, Community Health Plan of Washington, Wellpoint, Coordinated Care, UnitedHealthcare Community Plan.

Veterans Affairs

VA enrollment is provided by Veterans Affairs health systems for veterans and their spouse and dependents

- **Refer to VA site**
- Best Practice: Identify a primary point of contact for seamless transitions
  - HCV Coordinator, HIV Coordinator, etc.
- Limited non-VA in-network urgent care facilities
- Exceptions to in-network restrictions for emergency care



Components of Health Insurance Plans

Premiums

Copayme
nt

Deductibl
e

Coinsuran
ce

Maximum
Out-Of-
Pocket
(OOP)

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Health Insurance Terms

Premiums: dollar amount paid each month to maintain insurance policy active

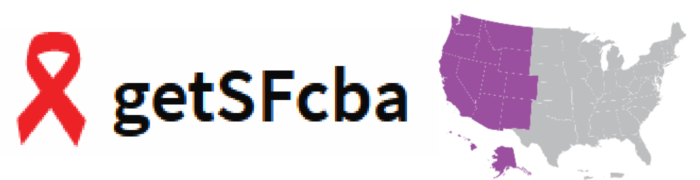
Employer-sponsored plans:

Job-based

Also known as **group plans**

Individual health plans:

Purchased by individual for self



Health Insurance Terms

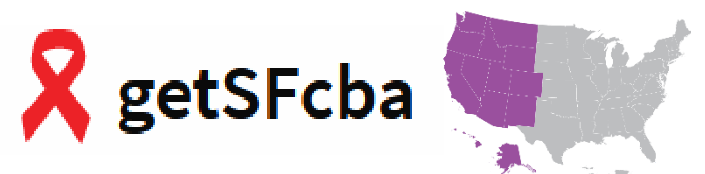
Cost-Sharing: a covered individuals **portion** of payment in the form of co-pays, deductibles, co-insurance, out-of-pocket maximum **AFTER** insurance has covered their share.

Note: If you have zero coverage, this is not cost -sharing. You may be **underinsured** and eligible for assistance programs.

Health Insurance Terms

Deductible: set amount you pay for services before your insurances starts to pay anything

- Pharmacy Deductible applies to medications
  - Not all plans have a pharmacy deductible
- Medical Deductible applies to services and procedures
- Not all services are subject to deductibles i.e. preventive services



Health Insurance Terms

Co-Pay: Fixed dollar amount ex. $10, $40, $100

- Co-pays typically paid at time of service. This can be before or after you've met the deductible, depends on the service.

Co-Insurance: Set percentage amount ex. 20%, 40%

- Co-insurance typically paid once the service provider has sent a finalized bill to the insurance plan

"Which of the following best describes the relationship between a deductible and a co-pay in health insurance?

- A) A deductible is the amount you pay out-of-pocket before your insurance starts covering costs, while a co-pay is a fixed amount you pay for each healthcare service or prescription after meeting your deductible.
- B) A co-pay is the maximum amount you pay out-of-pocket for covered services in a year, while a deductible is a fixed amount you pay for each healthcare service or prescription.
- C) A deductible and a co-pay are two terms for the same concept, representing the initial payment you make for healthcare services.
- D) A deductible is the maximum amount you pay out-of-pocket for covered services in a year, while a co-pay is the amount you pay out-of-pocket for non-covered services."

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Health Insurance Terms

Summary of Benefits- provides a summary of your plan, including what is covered and how the plan works

Explanation of Benefits (EOB)- THIS IS NOT A BILL!

Provides a breakdown of a provider's charges for services received, amount paid by insurance and your portion of the cost. LOOKS LIKE A BILL.

- Includes history of payments for the year in relation to deductible and out-of-pocket maximum

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Health Insurance Terms

- **Formulary:** list of covered prescription drugs by a health insurance plan
  - Lists preferred drug, PA needs, cost spending limits
- **Step-Therapy:** a process that insurers require an enrollee to try an alternative before approving the prescribed treatment
  - “fail first” method

Health Insurance Terms

High Deductible Health Plans (HDHP)

Deductible is lower than traditional plans

Low premiums, high out-of-pocket costs

Minimum Coverage Plans

Catastrophic Coverage

Preventive Care Only

Must be 30 years of age or apply for affordability or general hardship exemption

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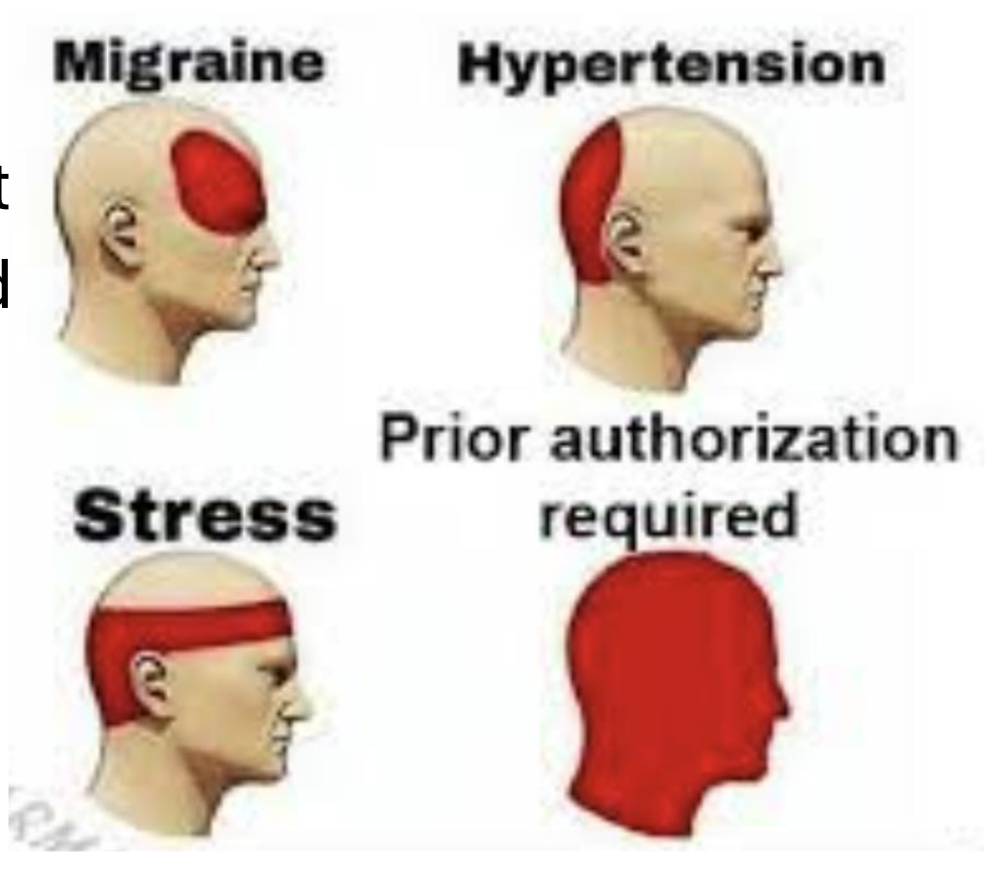
Health Insurance Terms

Prior Authorizations (PA)

- Process used by insurance companies t determine if they will cover a prescribed procedure, service or medication
- **Cost Utilization Management**
  - Safety
  - Cost



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Common Reasons for PA Denials

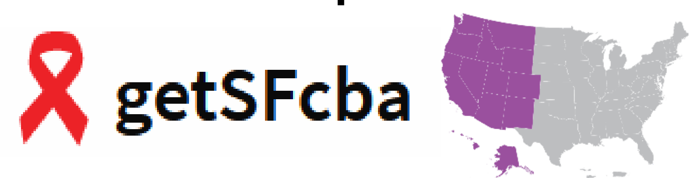
- **Cost Management**
- **Medical Necessity**
  - Missing or unclear documentation
  - Not medically necessary, alternative options available
- **Administrative Errors**
  - Incorrect Billing Codes, Missing DOB, weight, provider signature

Common Reasons for PA Denials

- **Requested service or product is not covered**
  - No coverage, excluded
  - Covered under medical benefit or pharmacy benefit
- **Procedural Error**
  - Insurers make mistakes
  - Electronic systems may read something incorrectly or miss it

Tips for Prior Authorization Submissions

- **Submit electronically**
  - e-PA i.e. covermymeds
  - Makes it difficult to leave missing fields
- **Develop policies and procedures**
  - Lack of structure lends itself to error submissions, provider documentation
- **Be Proactive**
  - Delayed follow up or no action leads to denials
  - Appeal denial
  - Report non-compliance



Prior Authorization Tips

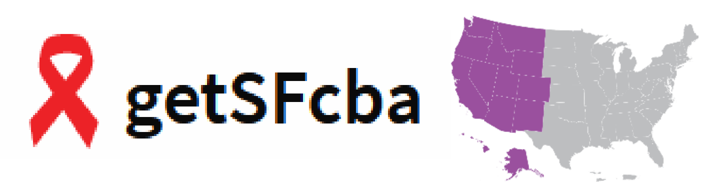
- Connect with pharmacy reimbursement field managers
- Online submissions allow for easy tracking
- Check on status often
- Document Patterns based on insurance
- Document all activity performed
- Create templates i.e. Letters of Medical Necessity
- **Collaborate with your pharmacists**

Medicaid: SUD Services

- **Substance Use Treatment Options**
  - Alcohol
  - Medications for Opioid Use Disorder (MOUD)
  - Opioid Treatment Programs (OTPs)

Federal Limits on the sharing of SUD information

- Inconsistent and not applicable across the board



Medicaid: HIV Treatment & Prevention

Covered and No Prior Authorization Required

INJECTABLE REGIMENS

HIV Treatment
Cabenuva (CAB/RPV)

PrEP
Apretude (CAB)

ORAL REGIMENS

HIV Treatment
Biktarvy (B/FTC/TAF)

PrEP
TDF/FTC (generic Truvada)
Descovy (FTC/TAF)

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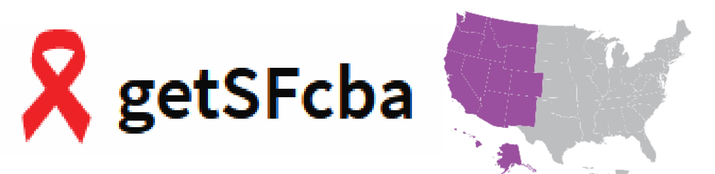
Syndemic Service Navigation: Benefits and Coverage

Reina Hernandez, Status Neutral Program Lead, getSFcba



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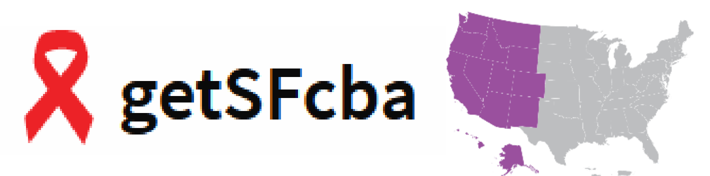
Medicaid: Health Service Related Needs

- MCO Medicaid plans can provide services to address social determinants of health
- Fee-for-service plans do not include this benefit
- Clients are required to be seen by a contracted provider
- Member services can provide lists of providers who can provide this support



Medicaid: SUD Services

Inpatient and Outpatient Services Available

Alcohol Treatment

Patient Protections- 42 CFR Part 2

- Client information is protected from being shared
- Disclosures with consent
- Limits and inconsistent interpretation

Medicaid: HCV Treatment

- Covered and No Prior Authorization Required
- Mayvret is preferred
- Sobriety is not required

100 Score by State of Hep C

HCV Treatment: Uninsured or Underinsured

Patient Assistance Programs

Company	Contact Information	Drugs Covered	Financial Eligibility
Abbvie	877-687-7503 www.abbvie.com/myAbbVieAssist	**Mavyret (glecaprevir/ pibrentasvir)**	< $87,480 annual income for a household size of 1 or < $180,000 annual income for a household size of 4
Gilead Sciences	855-769-7284 www.mysupportpath.com	Epclusa, Harvoni, Sovalid, Vosevi	500% FPL or < $100,000 annual household income
Merck and Co. [2]	800-727-5400 www.merckhelps.com	Zepatier	500% FPL or < $100,000 annual household income

Medicaid: MOUD, OD Prevention and MAT

Overdose Prevention

Naloxone - Covered

phra.org/naloxone

WA Specific Service
FREE online
mail-based service

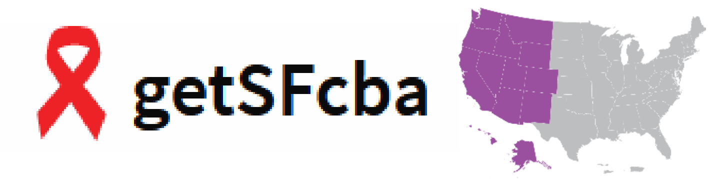
- Naloxone
- Syringe Access

Medication for Opioid Use Disorder

Suboxone – **PA Not Needed**

Subutex – **PA Needed**

Naltrexone – **PA Not Needed**



Uninsured and Underinsured: PrEP, PEP, HIV ART

Eligibility:

<500% FPL

Uninsured or No prescription coverage

Truvada, Descovy, Biktarvy

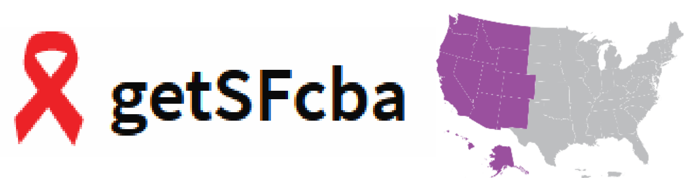
Patient Assistance Program(PAP)

Apply:

Online

Paper

Fax



Eligibility:

- <500% FPL
- Uninsured or No prescription coverage
- Tivicay, Isentress, Dovato

Patient Assistance Program(PAP)

Apply:

Online

Phone

Fax

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Co-pay Assistance: PrEP, PEP, HIV ART

Eligibility:

No Income Restriction

Commercial Insurance Only

$7200/year

<u>Truvada, Descovy, Biktarvy</u>

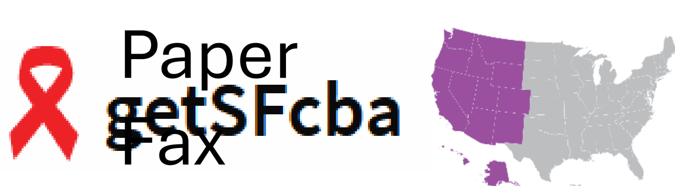
Patient Assistance Program(PAP)/Medication Assistance Program(MAP)

Apply:

Online

Paper

Fax



Eligibility:

No Income Restriction

Commercial Insurance Only

$7200/year

<u>Tivicay, Isentress, Dovato</u>

Patient Assistance Program(PAP)/Medication Assistance Program(MAP)

Apply:

Online

Phone

Fax

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Scenario

Larry went to the pharmacy and was charged $10 for his Biktarvy prescription after his insurance was applied. He has met $50 of his $500 deductible and his income is $95,000. What are his options?

Select all that apply

A) Pay the $10 out of pocket

B) Enroll in Gilead's MAP/PAP Program

C) Enroll in Gilead's Co-pay Card Program

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Co-pay Assistance: LAI-PrEP and LAI-HIV ART

Enroll Online: apretudehcp.com

Apretude

Eligibility:

- Commercially Insured
- Must have Rx Coverage

$7,850 co-pay or coinsurance per calendar year

Automatic renewal of funds

Enroll Online: cabenuva.com

Cabenuva

Eligibility:

Commercially Insured

Must have Rx Coverage

$7,850 co-pay or coinsurance per calendar year

Automatic renewal of funds

Assistance for Uninsured and Insured: Mavyret

- No income restrictions
- Must be commercially (private) insured
- Cannot be used with government-funded insurance
- **Financial Assistance:** $12,000
- **PAP/MAP for Uninsured is available: abbvie.com**

Document and Save payment processing information

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LAI-PrEP and LAI-HIV ART Navigation

Medical vs Pharmacy Benefit

Some plans do not offer pharmacy benefit option

Administering provider will have to bill insurance

- Buy medication at full-cost and submit claim for
- Not feasible for many CBO's or small practices

Provider tools offered by manufacturer- Use them!

Patient Assistance Programs

Medication Acquisition Under Medical Benefits

Buy-and-bill	White Bagging	Brown Bagging
1. Provider or clinic buys medication from distributor 2. Provider bills the client's insurance	1. Provider submits prescription to specialty pharmacy 2. Pharmacy processes claim for prescription and delivers to providers office	1. Specialty pharmacy processes prescription claim and delivers to patient 2. Patient takes medication to providers office to be administered

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LAI-PrEP Implementation Challenges

Categorized as a **medical benefit** due to provider administered injection

- High cost for provider

Medication Delivery

- Clinic workflow interruption

Administrative Burden

Number of Office Visits

CDC Guidelines

HIV RNA Requirements

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PLANNING NEXT STEPS WITH YOUR NAVIGATION PROGRAM & GROUP BREAKOUT(S)- REGIONAL OR AGENCY

Session Objectives

- Start group work (regional, organizational) to begin working through program planning and implementation materials.
    - Step 1: Organizational Planning Worksheets
    - Step 2: Application to Performance Objectives & Work Plan
    - Step 3: Reflection
    - Step 4: Next Steps, Close Out

Tool Available

- Washington Syndemic Prevention Services Organization Worksheet
  - *Meaningful Community Engagement*
  - *Social Determinants of Health*
  - *Client-Centered Services*
  - *Syndemic Approach Scenarios*
- Performance Objectives & Work Plan- Year 1 Template
  - *Navigation OR Testing OR Both*
- Service Overviews
  - *Navigation & Testing*

Step 1: Organizational Planning Worksheets

CLIENT CENTERED SERVICES

Service Type	In House	Referral	Exisiting Partnership (Who & Strength, 1-5)	Status Neutral
Gender Affirming Care	☐	☐	☐ ___________________	☐
Primary Care	☐	☐	☐ ___________________	☐
HIV Testing	☐	☐	☐ ___________________	☐
HIV Treatment	☐	☐	☐ ___________________	
STI Testing	☐	☐	☐ ___________________	☐
STI Treatment	☐	☐	☐ ___________________	☐
Housing	☐	☐	☐ ___________________	☐
Substance Use Treatment	☐	☐	☐ ___________________	☐

Step 1: Organizational Planning Worksheets

SYNDEMIC APPROACH	
Below are examples of clients entering the syndemic prevention services system at your agency*. For each example, discuss how you would support this client. List the services you could offer them in-house and what services you would need to rely on referrals to partner agencies for additional support. Do you have an existing relationship with an agency that provides services that you would need to refer the client to? If not, do you have an idea of an agency you would like to engage? Use Client Centered Services section to inform these scenarios. Use these examples to inform additional sections below. **entering the syndemic prevention services system could be at any point- during a testing event, at an outreach event, client enters your facility, etc.*	
Monolingual Spanish speaking transgender woman seeking STI testing due to a potential syphilis exposure	
Unhoused transgender woman who engages in sex work seeking gender affirming hormone therapy	
Bisexual cisgender man living with HIV who has not seen HIV care provider in over one year seeking GC treatment for his partner	

Step 1: Organizational Planning Worksheets

Social Determinants of Health

Social Determinants of Health	Strategy
Lack of Continuous Health Care Coverage	
HIV-related Stigma and Discrimination in Health Care Systems	
Medical Mistrust	
Inadequate Housing and Transportation	
Food Insecurity	

Step 1: Organizational Planning Worksheets

Meaningful Community Engagement

Name a community organization you would like to engage. For each community organization, create a community engagement plan that addresses each of these principles. Afterwards, review the Community Engagement Checklist *(use a seperate sheet for each organization you are developing a plan for).*

Organization Name:

Community Engagement Principles	Strategies
Set clear goals: Priority setting	
Learn about the community: Personal autonomy & Medical mistrust and generational trauma	
Develop cultural humility: Person-centered language & Recognizing implicit bias and cognitive dissonance	
Foster transparency: Addressing power, privilege, and stigma	

Community Engagement Checklist

Does your community engagement plan...

☐ Collaborate with existing community partners by welcoming their expertise and lived experiences.

☐ Invite new and nontraditional partners (e.g., community/civic groups, social services, education institutions, businesses, etc.) to the table.

Step 2: Performance Objective & Work Plan Overview

- Describe how your program objectives & activities relate to the key goals and strategies put forth in the syndemic RFA.
- January 1, 2024- June 30, 2025 reporting period- recognizing there is the six month “on ramp” included in contracts to get programs moving by July 1, 2024.
- Will review at minimum quarterly throughout performance period.
- Links to federal grants, awards and internal OID office
- May be updated throughout the performance period
- DOH staff are here to support!

Performance Objective & Work Plan Overview

Program Area Partnerships

What partners are **key and essential** to meeting the strategies and activities (outlined in the syndemic RFA) in this service category?

Partner	Partner Details	New Or Existing Partner?	Existing MOU/MOA In Place (Y/N)

Performance Objective & Work Plan Overview

Program Area- Agency Staff		
Please indicate what staff at your agency will be supporting the work in this service category. If a position is not yet filled, please indicate 'To Be Hired'		
Staff Name & Contact	**Position Title**	**Brief Description of Role**

Performance Objective & Work Plan Overview

Maximum of three (3) objectives per service category. Prioritize the most critical obectives for the work plan.

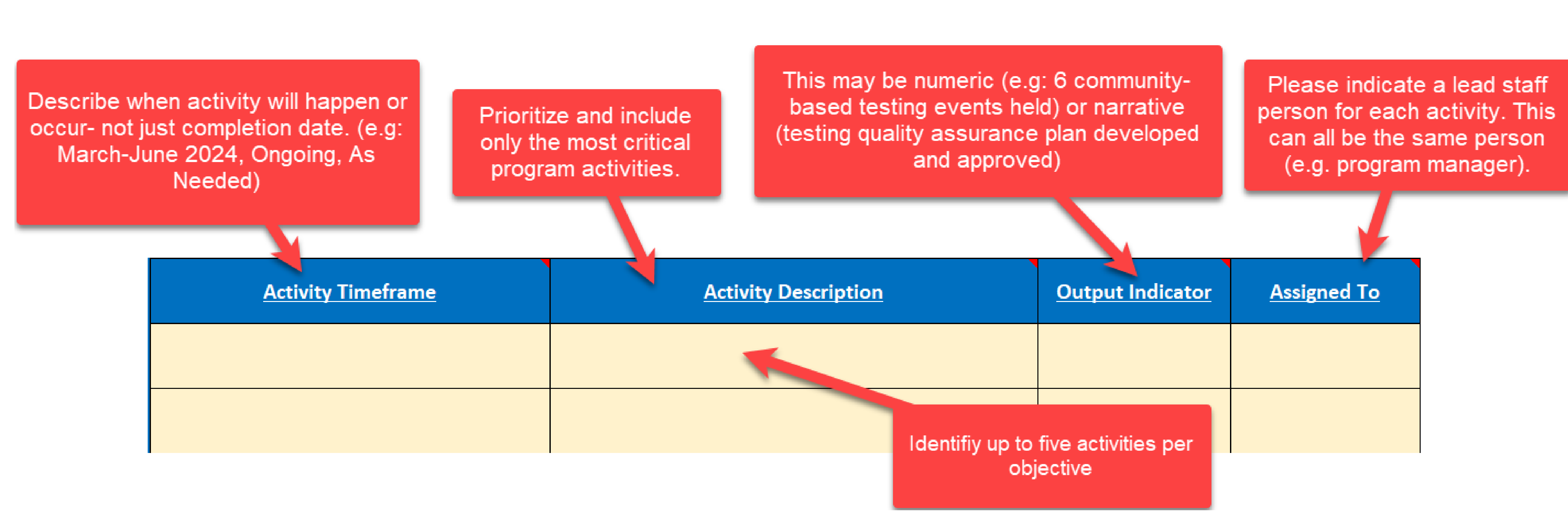
Can use data from previous grants or project; if no data exists, indicate that Year 1 will be baseline.

Program Area Objectives

Describe up to three objectives for this service category, using SMART objective format. Beneath each objective, please describe up to five associated activities. Focus on highest priority objectives for your agency.

Objective 1	Baseline	Target

Performance Objective & Work Plan Overview



Step 3: Reflection

- What syndemic partnerships have you identified that may be lacking or need to be strengthend during this contract year?
- What are your next steps in creating or enhancing syndemic-focused partnerships or services
- What gaps in your (or your teams) knowledge and skills have you identified?
- What additional TA or resources do you need to address these gaps?
- *Any other thoughts?*

Step 4: Steps Moving Forward

- Provide Access & Training
  - At different places on this so will be done by agency
  - Syndemic Navigation Guidelines have examples of Provide
  - PrEP DAP, Navigation Services, Testing- all centralized in Provide
- Training Feedback
  - What training needs were identified? Who is best to provide?
  - Develop list of training needs related to Syndemic Navigation
- Performance Objectives & Work Plan / Deliverable Grid
  - Submit by July 1, 2024
  - If need support, reach out
- Bimonthly Learning Collaborative
  - Invites coming!

Step 4: Steps Moving Forward

- Continued Collaboration
  - Continue to work together to build best practices in new service
  - Any and all feedback is needed and welcome