



# Welcome!

Please make yourself comfortable



# Welcome

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- Housekeeping
- THANK YOUs
- Collective Introductions







Today's meeting provides an opportunity for us to...

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- Connect with one another
- Share learnings
- Discover areas of commonality
- Spark and build relationships
- Reframe, reimagine and recombine perspectives
- Build a shared understanding of systems, problems, potential strategies, and alignment opportunities





# Group Agreements

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- Encourage participation – building a shared understanding depends on the inclusion of every voice
- Listen to understand before forming your response
- If someone holds a different perspective, ask questions, focus on ideas, and look for shared understanding
- Speak and act respectfully
  - *Intent vs. Impact of words*
  - *Avoid generalizations*
  - *Speak from your own experience*
  - *Be conscious of body language and nonverbal responses*

# Overview of Today



Why Collective Action



Viral Hepatitis in Oregon: 2019 in Review



Oregon Programs Shout Out

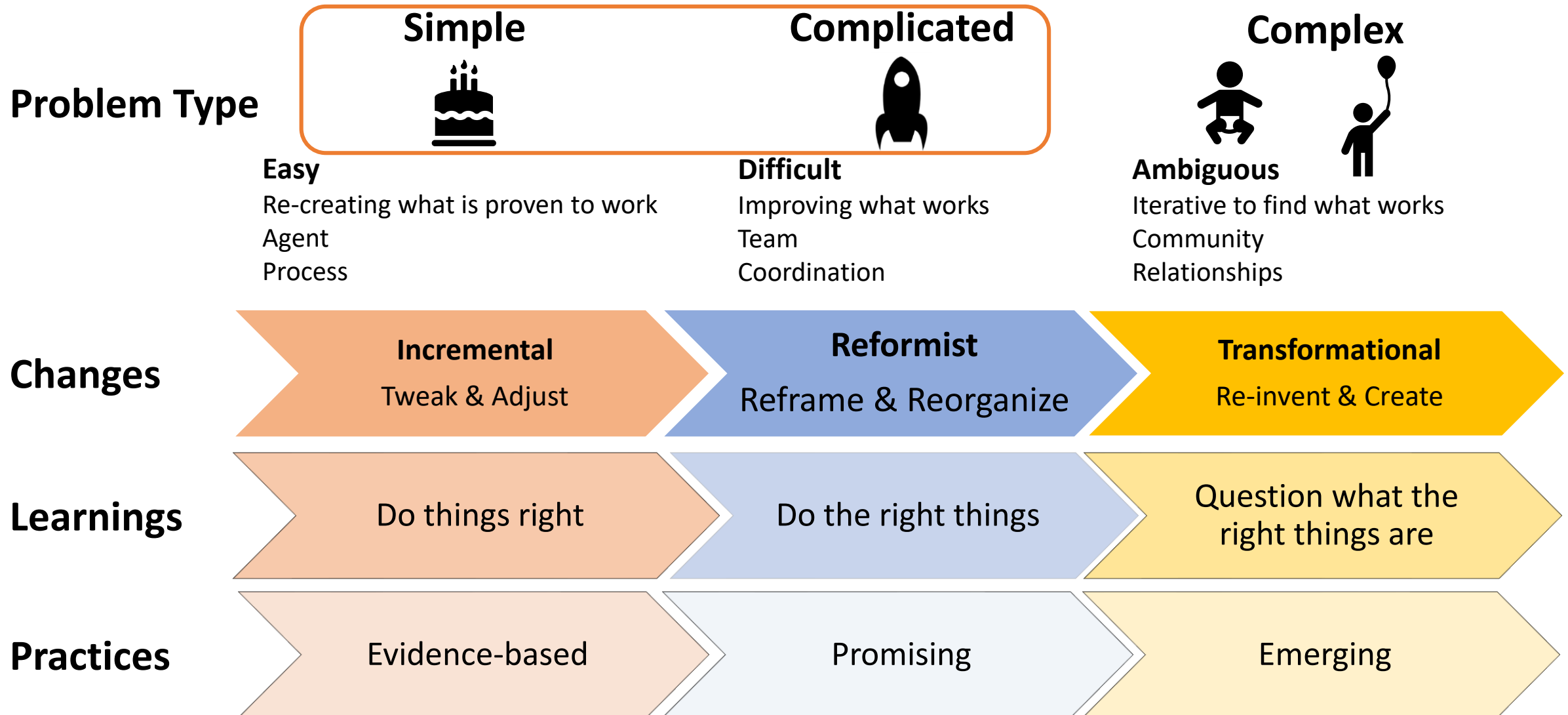


Break Out Discussion Groups



Viral Hepatitis Collective Action 2020

# Context: Problem Types and Approaches



# Traditional Approaches

- Stakeholders are disconnected - especially those in different sectors
- Grants are prescriptive
- Individual grantees
- Organizations compete and generally work separately
- Evaluations try to isolate the impact of their individual organization's efforts
- Operate under the assumption that scaling solutions will result in large scale change







## Complex System Approaches

- Support cross-sector exchanges of information, expertise and perspective
- Build networks and partnerships
- Develop consensus around common goals
- Innovate, align and coordinate actions
- Broadened perspective can reframe views of problems and levers
- Increase stakeholder strategic and operational alignment



# Viral Hepatitis Community Collaborations

## Oregon's Viral Hepatitis Collective



### AIMS

- Prevent new infections
- Decrease community and population health disparities
- Improve health outcomes
- Decrease future medical care costs

### ACTIONS

- **Confront stigma** directed at persons and populations affected by viral hepatitis;
- **Educate communities and decision-makers** about urgency and need to address viral hepatitis;
- **Address broader health issues faced by people who use drugs;**
- **Increase hepatitis C screening and linkage efforts** in affected populations;
- **Improve access and reimbursement** across all settings for screening, care, treatment and cure; and
- **Use data** to focus prevention, and evaluate interventions, and monitor viral hepatitis care.

**Who are we?** Community members and other stakeholders interested in addressing viral hepatitis prevention, testing & care.

**When do we meet?** The last Thursday of each month from 5-6pm via phone/web.

**Current Work Groups?** Communications, Screening to Cure and Drug User Health

**How can I get more information or on the email list for the phone and web link?**

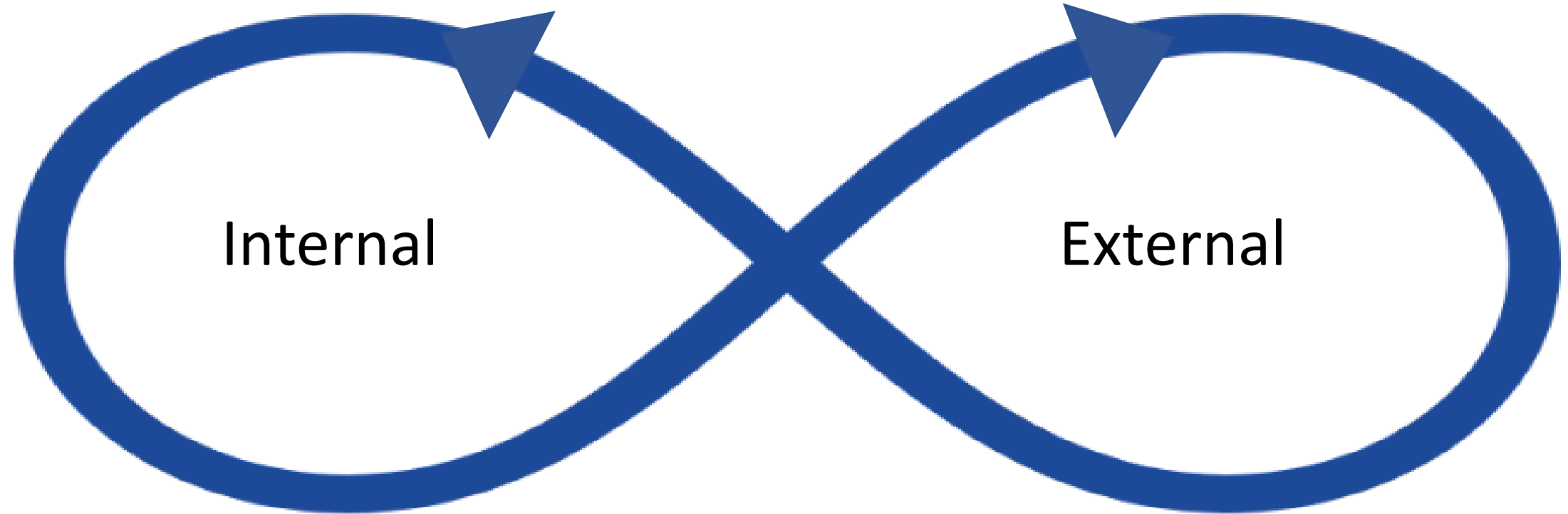
Lorren Sandt: [lorren@caringambassadors.org](mailto:lorren@caringambassadors.org)

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# Context: Collaboration and Engagement

Exploration

Maturation




Internal

External

Development

Creative-Destruction

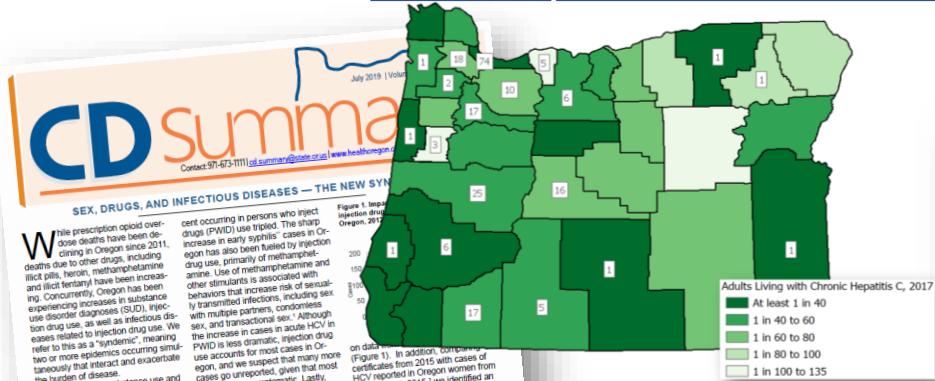




# HEP C?

## REQUEST THE TEST.

Number of prescribers of at least one HCV antiviral, Oregon from January 2014 to March 2018



**CD Summary**  
SEX, DRUGS, AND INFECTIOUS DISEASES — THE NEW SYNDROME

While prescription opioid overdose deaths have been declining in Oregon since 2011, dying in Oregon from drug overdoses has also been fueled by injection drug use, primarily of methamphetamine and amphetamine. Use of methamphetamine and amphetamine is associated with other stimulants that increase risk of sexual behaviors that increase risk of drug use. Concurrently, Oregon has been experiencing increases in substance use disorder diagnoses (SUD), injection drug use, as well as infectious disease related to injection drug use. We refer to this as a "syndemic," meaning two or more epidemics occurring simultaneously that interact and exacerbate the burden of disease.

The roots of the substance use and infectious disease syndemic are complex, involving poverty, homelessness, trauma and toxic stress. The response has been hindered by lack of health care, behavioral health and substance use prevention and treatment resources. This CD Summary describes the infectious disease consequences of the syndemic and provides resources for improving patient management.

**IMPACT ON WOMEN AND INFANTS**  
The substance use syndemic has had a notable impact on women and infants. From 2012 through 2016, the number of HCV-positive women delivering babies increased 34.3%, based on data from the Oregon Health Division.

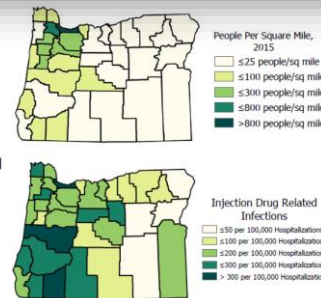
**THE DATA**  
HIV, syphilis, acute hepatitis C (HCV), and group A strep (GAS) are four infectious conditions that in Oregon from 2013 to 2016, showed a marked increase in the number of cases reported (Table 1). While the number of new HIV diagnoses remained flat, the per-HIV diagnosis remained flat, the per-

## Were you born between 1945 and 1965?

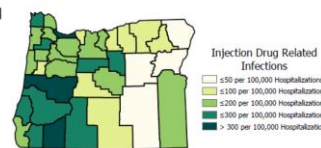
Then you should definitely watch this video. And the next time you see your doctor, #RequestTheTest.



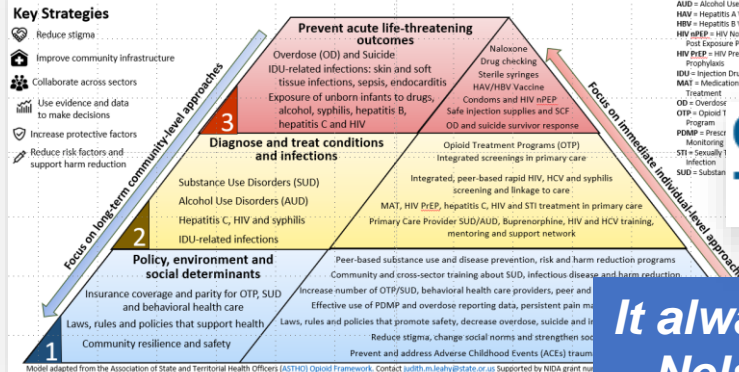
## Oregon Population Density, by County



## High rates of IDU-related SBI hospitalizations in rural, low population density Counties.



## Syndemic Community Approaches



## Harm Reduction and SSP Planning & Resource Tool Development

### Input

Develop a product that would be (1) useful for new and existing programs, and (2) organizes existing information and resources

### Stakeholders

- Public Health: HIV Program, Injury and Violence Prevention Program and Viral Hepatitis
- Health Systems: Substance Use, Treatment, Recovery and Prevention Unit, Opioid Treatment and Recovery Program
- Local Public Health Authority (LPHAs) with existing SSPs
- Community Based Organizations (CBOs) with existing SSPs

### Development and Review

#### Products

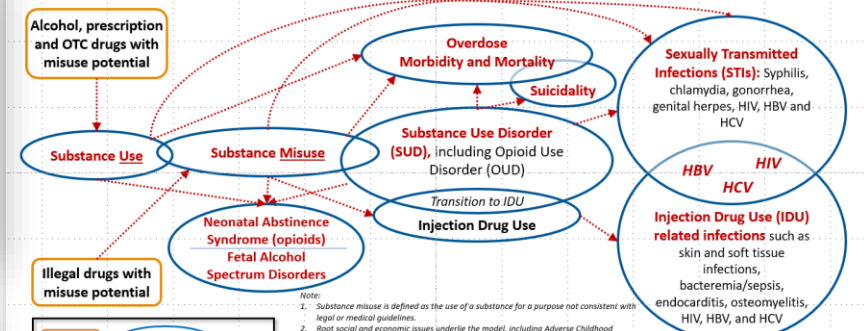
1. Planning and Resource Manual: On-line and print format
2. Modifiable Tools and Templates: Capacity Building Assessment Tool, Implementation Planning, SSP Workplan Template, General Workplan Template
3. Online Resource Library: Organize existing information and tools

### Launch and Pilot

#### 1. Webpage

- Interactive and Print Manual
  - Tools and Templates
  - Resource Library
- #### 2. Support/Technical Assistance
- Planning
  - Engagement
  - Information

## Syndemic: Substance Use, Overdose, STIs, associated conditions and IDU-related infections



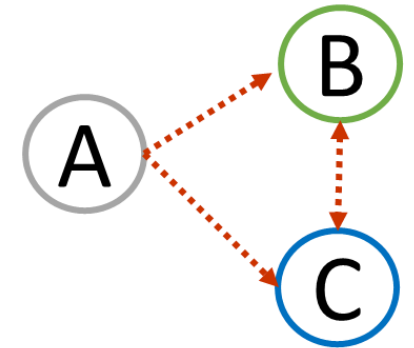
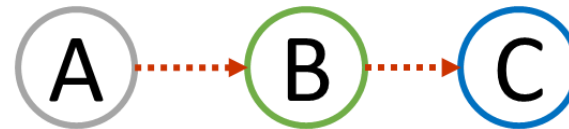
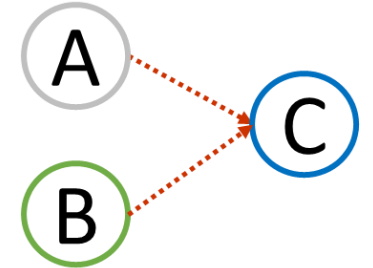
Supported by NIDA grant number UG3DA044831 (PI: P. Todd Korthuis, MD MPH) Contact [judith.m.leahy@state.or.us](mailto:judith.m.leahy@state.or.us) for model questions

## Oregon Medicaid Program to End HCV Treatment Rationing in 2019

It always seems impossible until it's done.  
~ Nelson Mandela

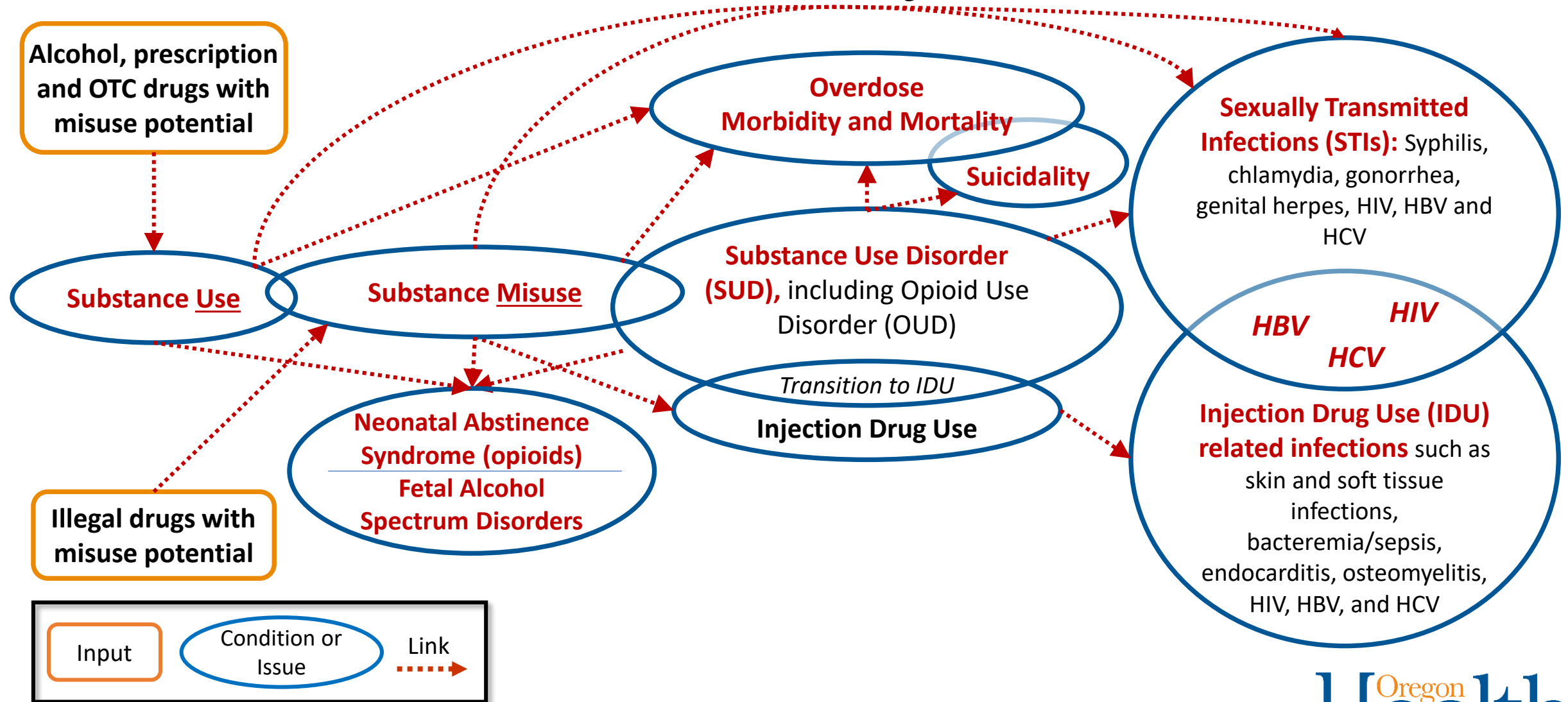
# What is a Syndemic?

- Synergistic epidemic
- Population-level cluster of health conditions or issues
- Syndemic  $\neq$  co-morbidity
- Each condition or issue has its own epidemiologic trajectory
- Conditions or Issues interact at the level of
  - Cause
  - Consequence, or
  - Needed response
- The burden from the interaction is greater than the sum





# Syndemic: *Substance Use, Overdose, STIs, associated conditions and IDU-related infections*



# A Collective Approach...

- Places viral hepatitis prevention, testing and treatment within broader, complex social problem responses;
- Encourages innovative thinking, cross-sector engagement; and
- Seeks to address root causes of viral hepatitis health disparities

**Rafting Up:** When two or more kayakers sit side by side, holding onto each other's kayaks to make a raft which will not capsize or break up. Rafting Up also serves to stabilize participants in rough conditions or during a rescue.







Together we are unsinkable...