

A landscape photograph of a desert region at sunset. The sky is a mix of blue and orange, with wispy clouds. In the foreground, there are two prominent, flat-topped rock formations (mesas) illuminated by the warm light of the setting sun. The ground is a mix of brown and green, with some sparse vegetation.

Southwest Hepatitis C Tribal Summit

June 28-29, 2017

Indian Pueblo Cultural Center

Albuquerque, New Mexico

Sponsored by:

Albuquerque Area Indian Health Board
Office of Minority Health Resource Center

In Collaboration with:

Begaye Consulting
JSI Research & Training, Inc.
New Mexico Department of Health

Southwest Hepatitis C Tribal Summit

June 28-29, 2017

Albuquerque, NM

Table of Contents

Synopsis.....	3
Tribal Hepatitis C Summit Day One Agenda.....	3-4
Tribal Hepatitis C Summit Day Two Agenda.....	4
Round Table Discussions.....	5
Hepatitis C and HIV Integration.....	6
Next Steps Activity.....	6-7
Social Media & Website.....	7
Evaluations.....	8-10
Summit Participants.....	11
Planning Committee.....	12
Collaborating Agencies.....	12
Acknowledgements.....	12

SYNOPSIS



The 2017 Southwest Hepatitis C Tribal Summit was held on June 28-29, 2017 convening American Indians and individuals who provide services to AIs in the southwest region of the United States with approximately 68 attendees. This second annual summit addressed HCV surveillance in tribal populations, healthcare disparities, culturally responsive program, and resources and collaborations. This year's summit also featured the CDC's Cherokee Nation Hepatitis Elimination Project.

The focus of this annual summit was to bring together Native advocates to develop HCV culturally responsive education and outreach programs and to discuss National Tribal Hepatitis C priorities and strategies on combating HCV in tribal communities.

The summit was held at the Indian Pueblo Cultural Center in Albuquerque, New Mexico and was hosted by the Office of Minority Health Resources Center (OMHRC) and the Albuquerque Area Indian Health Board (AAIHB).

DAY ONE AGENDA

Ms. Mattee Jim (Diné), from First Nations Community HealthSource offered the Opening Blessing for the event followed by welcoming remarks from Elton Naswood, Senior Program Analyst, Office of Minority Health Resource Center; Ayn Whyte, Albuquerque Area Indian Health Board; and by Captain James Dickens, Regional Minority Health Consultant, HHS Region VI.

Morning Session One Presentation: *Re-Cap of 2016 SW HEP C Tribal Summit*

- Kurt Begaye, Begaye Consulting
- Hannabah Blue, MSPH, JSI Research & Training, Inc.

Morning Session Two Panel: *Southwest HCV Programming & Updates*

- Alyssa Kitlas, Manager, Hepatitis, National Association of State and Territorial AIDS Directors
- Karla Thornton, MD, MPH, Associate Director, Project ECHO, Professor, Division of Infectious Diseases, University of New Mexico Health Sciences Center
- Joshua Swatek, Viral Hepatitis Prevention Coordinator, New Mexico Department of Health

Morning Session Roundtable Discussions:

- National Roundtable – NASTAD
- IHS Roundtable – Project ECHO
- State Roundtable – NM Department of Health



Alyssa Kitlas, NASTAD



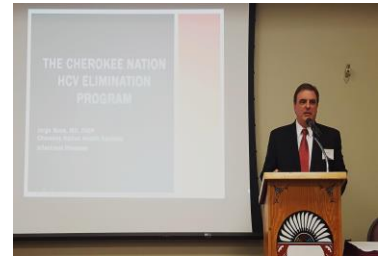
Karla Thornton, UNM



Joshua Swatek, NMDOH

Morning Session Keynote Speaker: *Cherokee Nation Elimination Project*

- Jorge Mera, MD, Director, Infectious Diseases, Cherokee Nation Health Services



Dr. Jorge Mera, Cherokee Nation

Afternoon Session Three Panel: *Hepatitis C in Indian Country*

- Kimberly Fowler, PhD, Director, Technical Assistance and Research Center, National Council of Urban Indian Health
- Veronica Bruce, PhD, University of New Mexico Health Sciences Center
- Jorge Mera, MD, Director, Infectious Diseases, Cherokee Nation Health Services



Kimberly Fowler, NCUIH

Afternoon Session Roundtable Discussions:

- Urban Indian Communities – National Council of Urban Indian Health
- Indian Country – University of New Mexico Health Sciences Center
- Tribal Programs - Cherokee Nation Health Services

Afternoon Session Four Presentation: *Communicating Information on Hepatitis C and HIV Prevention Integration*

- Hannabah Blue, MSPH, JSI Research & Training Institute, Inc.



Hannabah Blue, JSIRTI, Inc. (Dine)

DAY TWO AGENDA

The second day of the Summit started with an overview of Day 1 discussions and activities by Elton Naswood, Senior Program Analyst, OMHRC.

Morning Session Five Panel: *Specialty Pharmaceuticals*

- Theresa Hughes, Chief Executive Officer, Hughes Healthcare Disparities Group
- John Harborth, Account Manager Public Health, OraSure Technologies, Inc.
- Robert Jarvis, Arcaria Health

Morning Session Six Presentation: *The Importance of Integrating Hepatitis and Harm Reduction Services*

- Dominick Zurlo, New Mexico Department of Health

Morning Closing Session: *Next Steps Activity*

- Kurt Begaye, Begaye Consulting
- Hannabah Blue, MSPH, JSI Research & Training Institute, Inc.



SW HEP C Tribal Summit Planning Committee

ROUNDTABLE DISCUSSIONS

After the panel discussions, participants engaged in Roundtable Discussions to further engage with panel speakers on identified topics and area of discussions per the presentations. This was a very interactive session that was proposed for this year's summit and attendees enjoyed the one-on-one interaction and dialogue with the presenters and other attendees.

Below are the highlights that were shared after the Roundtable Discussions:

Alyssa Kitlas, NASTAD

- Stigma: People aren't accessing services because of the stigma that exists. Address stigma related to drug use and Hepatitis C

Karla Thorton, Project ECHO

- Community Health Representatives: Engage CHRs at table and talk about importance of CHRs, as they play a role in delivering medications and reaching hard to reach populations

Joshua Swatek, NM DOH

- Peer Education: Need to do a better job engaging communities through peer education by going out to communities to engage to see what they need. Using peer education models to get the message out there

Dr. Jorge Mera, Cherokee Nation

- Leadership: Community engagement and awareness is critical, but start with leadership
- Data: Build off data and understanding what the injection drug user population looks like, to inform program and policies

Kimberly Fowler, NCUIH

- Advocate: Advocate for Hepatitis C to be a part of IHS surveillance measures, such as new GPRA measure
- Trust: There is a need to understand resources for Native agencies in order to be a part of data collection, ie. building better trust with Native communities to be involved in the work
- Data: There seems to be a challenge to build the data ourselves (tribal). Improve the process of not working around the community through non-Native agencies to collect data

Veronica Bruce, University of New Mexico Health Sciences Center

- Data collection: We can only do the best with what we got. What role does death and movement have on our data? When that is the best estimate we have.
- Treatment: Change the way that we express ourselves about Hepatitis C treatment. Talk to people in the community about Hepatitis C treatment, ways they can get access to these treatments, and instead of focusing on costs, focusing on benefits.



HEPATITIS C AND HIV PREVENTION INTEGRATION

Hannabah Blue of JSI Research and Training, Inc. led a session on Hepatitis C and HIV prevention integration. The session gave background on Viral Hepatitis, including Hepatitis B & C, and then delved deeper into considerations for integrating Hepatitis C and HIV prevention, care and treatment work. The session particularly focused on the most effective and formats and information for materials development. The session was held as an interactive workshop that broke summit participants into table groups, who then reflected and brainstormed on ideas for integrating Hepatitis C into HIV prevention services. Participants reviewed available materials on Hepatitis C and HIV integration and how they may work or not work for Native American/Tribal communities. Additionally participants provided ideas for formatting of materials about HIV and Hepatitis C integration.

Below are the themes found from participants' feedback from the session:

- Integrate HIV/HCV testing, including through rapid testing and Counseling, Testing & Referral Services (CTRS)
- Focus on priority populations for both HIV & HCV
- Provide integrated education, information, messages and materials
- Integrate harm reduction approaches, including when working with people who inject drugs, such as increasing syringe access
- Build internal capacity in organization to conduct HIV/HCV prevention, care and treatment
- Make information relevant to tribal audiences and communities, including by integrating into tribal and youth activities and locations, such as casinos.
- Provide education to different segments of Native American communities and Tribal Nations, including tribal leadership, organizations, stakeholders and community members.
- Explore and apply for funding opportunities that allow for integrated focus on HIV & HCV
- Integrate HIV and HCV coalitions, committees and action groups
- Combat HIV and HCV stigma
- Build referral and collaboration partnerships within agencies and across organizations and communities

Summarized feedback on considerations for HIV & HCV is below:

- Keep an infographic or fact sheet to one page
- Include Native specific imagery/design and statistics
- Avoid small fonts
- Avoid too much text
- Avoid technical language and keep simple
- Include pictures
- Utilize simple graphs and charts, if at all
- Consider the audience, including literacy levels and utilizing infographics to appeal to a younger audience

NEXT STEPS ACTIVITY

At the end of the Summit, conference organizers led participants through a Focused Conversation to reflect on what was shared and learned, as well as what next steps should be taken to move the work around addressing Hepatitis C in Southwest Tribal communities forward. The below questions were asked with compiled participants' responses noted:

What did we learn? What are we coming away with?

- 2 epidemics: baby boomers and under 30
- Better data allocation for HCV
- Syringe exchange no longer prohibitive at the federal level

- What am I going to do moving forward?
- How to get Tribal Leaders involved?
- The idea of “elimination” and where that can go
- Developing appropriate communications and messages

What was the highlight or “aha” moment for you? Were there things that came up that surprised you?

- Just have to do the work and things will fall into place
- We all have a moral obligation/charge to help everyone
- Feelings of: excitement, frustration, encouragement, curiosity

How will this affect your work? What are things we can build off of?

- Getting more involved
- Empower ourselves and build our internal capacity

What is our response? What are our next steps?

- Take the information learned back to local community/organization
- Develop social media/marketing campaign in different languages
- Empower clients
- Flip the script on shame
- Attend the “Reform” conference
- Fight the systemic poverty
- Distribute Southwest Tribal Hepatitis C Summit synopsis
- Integration webinar

What ideas do you have for the Summit next year?

- Have more pharma involvement
- Have a Navajo Nation specific summit
- Stay coordinated with other Summits, such as the one in White Earth

SOCIAL MEDIA

- The Southwest Hepatitis C Tribal Summit utilizes the official hashtag **#SWN8VHepC** for all social media posts and online marketing efforts.
- #SWN8VHepC social media platforms include a Facebook Page: <https://www.facebook.com/SWN8VHepC/> and Twitter profile: <https://twitter.com/swn8vhcpc>
- The Southwest Hepatitis C Tribal Summit Facebook Page has a following of 80 individual users.
- The Southwest Hepatitis C Tribal Summit Facebook posts maintained an organic reach of 726 individual users with an individual engagement ceiling of 50 shares, reactions and post clicks.

WEBSITE

- The Southwest Hepatitis C Tribal Summit website is www.swn8vhcpc.org
- In 2017, the website garnered 1,414 views of which 1,347 came from the United States, 30 from Canada, and the remaining view from various countries in Europe and Asia.
- Aside from the Home Page, visitors frequented the Agenda and Registration pages.
- Visitors came to the website via such search engines as Google and Bing, Hughes Healthcare Disparities Group website and the OMHRC listserv.

EVALUATIONS

Individual Daily session evaluations as well as overall post-summit evaluations were collected.

Individual Daily Session Evaluations:

Individual Daily session evaluations asked participants to rate the sessions' lecture, audio-visuals and discussion; the subject matters' application to HCV interests; the information's usefulness to HCV efforts; the speakers' knowledge of the subject; and the overall quality of the presentation, on a 4-point scale, with scores options: 1-not at all, 2-to a small degree, 3-to a moderate degree, and 4-to a high degree. An average of 25 participants responded with information on each of the session presented.

- Session One provided an overview of the 2016 SW HEP C Summit and provided that the participants expressed a high degree of interest in the presentation with comments of "Great way to start the morning session" and "The presentation were very informative. It's always nice to come to a summit and gain current information in regards to the work I do."
- Session Two Panel on Southwest HCV Programming & Updates was given very high evaluations with more than half of participants responses expressing a high degree of interest in the panel presentations with most informative comments including "Great information and conversation" Great Kickoff Panel. Not too technical" and "The lecture, I enjoyed the dialogue at the end and the discourse."
- The Keynote Speaker's presentation on the "Cherokee Nation Elimination Project" by Dr. Jorge Mera received to a high degree evaluation with comments as "Dr. Mera is always a wealth of knowledge," "Powerpoint presentation, graphs, stats. Visual aids were helpful; kept me interested in his presentation," and "The lecture for me was very informative. I enjoy facts, stats and reports. Learning of the Cherokee project and how my own program can learn and implement the practices from the project." Some stated they would have had the session a little longer to provide more time for the Keynote Speaker to present.
- Session Three Panel on Hepatitis C in Indian Country, provided participants with information relative to regional and national HCV programming, data and information. Most participants' evaluation responses was between a moderate to a high degree of interest. Some comments included "We need better surveillance, community engagement and having leadership included," "I only got to participate in the discussions session, which was very good," and "Instead of focusing on data, it would have been good to have more info on programs and services that have been effective at reaching urban Indian communities."
- Session Four presentation on Communicating Information on Hepatitis C and HIV Prevention Integration provided information on HCV and HIV as to at risk, prevention and treatment and with an interactive activity to engage discussions on social marketing materials. The evaluations indicated a high degree of interest with comments of "Group activities that are engaging, the discussion," "The presenter was excellent and did a great job to keep the audience's attention," and "Review of materials was strong and very good choice for this audience. Gave everyone a voice."
- Session Five panel on Specialty Pharmaceuticals was received with a mix range of all evaluation categories from not at all to moderate degree, and to a high degree. Comments included "The pharma aspect was not appropriate – other than sharing a product for testing," "Good information," and "Listening to all presenters."
- Session Six presentation on the Importance of Integrating Hepatitis and Harm Reduction Services provided information on best practices of programming for HCV and harm reduction approaches. This session was evaluated as to a moderate and high degree overall by participants. Comments provided on the most informative to the session were "Information that I didn't know about, gloves, syringe info," "Excellent and informative," and "He kept everyone engaged. Lots of good data and info."

Overall Summit Evaluations:

Overall summit evaluations asked participants to rate the relevance of the topics, information and summit to their work and services, as well as the summit facilities on a 4-point scale, with scores options: 1-not at all, 2-to a small degree, 3-to a moderate degree, and 4-to a high degree. They were also asked to rate their knowledge before and after the summit. An average of 25 participants provided overall summit evaluation data. Out of these a majority indicated that the summit was moderately or highly relevant to their HCV work (92%) and to their services/efforts (96%); the information was moderately or highly relevant to the services they provide (92%); there were a moderate or high variety of topics relevant to advocacy pursuits (88%); and that the facilities were moderately or highly conducive to their learning experience (96%).

Participants were asked to rate their level of knowledge on a 4-point scale before and after the summit, with scores ranging from 1=very low to 4= very high. The average level of knowledge before the summit increased from 2.6/5 before the summit to an average of 4.3/5 after the summit.

A majority of participants also indicated that the length of the sessions were moderately or highly appropriate (92%); the speakers' presentation were moderately or highly appropriate to the summit's objectives (96%); and that the information presented was moderately or highly useful (96%).

Comments provided by participants for strengths of the summit included:

- Great presentations, information, topics, agenda, and expert speakers
- Good community partners
- Loved the breakout tables, was more inclusive than Q&A
- Networking and opportunities to meet others who are working in Hepatitis C
- Varied experience from attendees with willingness to learn from each other and teach each other
- Information about effective harm reduction and HCV elimination programs

Comments provided by participants for areas for improvement of the summit included:

- Tribal involvement
 - Have more tribal input from tribal entities
 - Have tribal leaders and officials involved in and at summit
- Data
 - Include statistics for all Western states
 - Comprehensive data on HCV infection, care and testing rates in Native American communities
- Skills building
 - Grass level/street outreach approach
 - Ways to reduce stigma and increase education
- Sharing best practices
 - Overview of HCV prevention, testing, care and treatment programs on tribal lands
 - What organizations are doing for HCV prevention, testing, outreach and other services
 - Focus on success stories
- Additional topics
 - Basic overview of Hepatitis C
 - More about advocacy
 - Hepatitis D & E
 - Drug user focus and participation
- Summit engagement
 - Ways to stay involved with organizers throughout the year
 - More summit outreach and marketing in advance for greater attendance

Participants also gave input for how to format the next Tribal Southwest Hepatitis C Summit:

- Like the idea of merging with Circle of Harmony
- Include video/short film clips and documentaries
- Provide pamphlets in the hallway
- Provide a list of agencies and their services and handouts
- Have more pharma involvement
- Provide 5-10 minute breaks between sessions
- Have 2 full days
- Greater geographic representation, and not primarily New Mexico
- Share contact list of all attendees through registration
- Thoughts and comments should be addressed on website
- Utilize square tables rather than round tables

SUMMIT PARTICIPANTS

- Bianca Alba, New Mexico Department of Health
- Amy Armistad, Project ECHO, University of New Mexico
- Barbara Ayze, First Nations Community HealthSource, Inc.
- Marlene Boyd, New Mexico Department of Health/PHD/IDB
- Barbara Carroll, New Mexico Department of Health
- Christina Castillo, First Nations Community HealthSource, Inc.
- Chandelle Chavez, New Mexico Department of Health
- Lisa Cohen, ICF
- Paul Conrow, Community Planning and Action Group-New Mexico
- Arealia Denby, Consultant
- Amanda Dezan, Project ECHO, University of New Mexico
- James Dickens, HHS Region VI
- Brooke Doman, New Mexico Department of Health
- Natalie Edgewater, San Juan Southern Paiute Tribe
- Jeffrey Eggert, Gilead Sciences
- Sandra Elevario, New Mexico Department of Health
- Francesca Estrada, New Mexico Department of Health
- Kimberly Fowler, National Council of Urban Indian Health
- Andrea Gallegos, New Mexico Department of Health
- Andrew Gans, New Mexico Department of Health
- Athena Gassoumis, Alamo Health Services
- Jessica Gelay, Drug Policy Alliance
- Savannah Gene, Albuquerque Area Indian Health Board
- Tamara Gomez, First Nations Community HealthSource, Inc.
- Lynn Green, Gilead
- Derwin Hall, Merck & Co. Inc.
- John Harborth, OraSure Technologies Inc
- Armanda Herrera, Canoncito Health Center
- Elberta Holt, Chinle IHS
- Darlene V. Hunt, Dine' College
- Rob Jarvis, Acaria Health Specialty Pharmacy
- Mattee Jim, First Nations Community HealthSource, Inc.
- Arlene Joe, Native Hands
- Tracy Jungwirth, New Mexico AIDS Education & Training Center/ Project ECHO, UNM
- Kuranda Kasatka, Drug Policy Alliance
- Marie Kirk, IPD/PJHC/Reentry Project
- Alyssa Kitlas, National Alliance of State and Territorial AIDS Directors
- Okhyun Ko, Korean Community Services of Metropolitan New York
- Kevin Lawson, OraSure Technologies
- Candelora Lehi, San Juan Southern Paiute Tribe
- Yuridia Leyva, University of New Mexico Health Sciences Center
- Charlotte Little, San Felipe Pueblo Health Board
- Martin Martinez, New Mexico Department of Health
- Robert McGoey, Liver Health Connection
- Marlene Montano, New Mexico Department of Health
- Kimberly Morgan Bossley, The Bonnie Morgan Foundation for HCV
- Kimberlee Moss, First Nations Community HealthSource, Inc.
- John Murphy, New Mexico Department of Health
- Pearl Nweke, New Mexico Department of Health
- Savannah Pierson, New Mexico Department of Health
- Lora Preseton, San Juan Southern Paiute Tribe
- Oni Richards, African Family Health Organization
- William Riding In, First Nations Community HealthSource, Inc.
- Cari Riley, New Mexico Department of Health
- Arthur Salazar, University of New Mexico Truman Health Services
- Tonita Sarracino, Pueblo of Acoma
- Audrey Semel, First Nations Community HealthSource, Inc.
- Laine Snow, New Mexico Department of Health
- Linda Son Stone, First Nations Community HealthSource, Inc.
- Amanda Stafford, New Mexico Department of Health
- Robert Sutter, University of New Mexico School of Medicine/Canoncito Health Center
- Renae Swope, Independent Consultant
- Gus Tallman, San Juan Southern Paiute Tribe
- Louise Tallman, San Juan Southern Paiute Tribe
- Jaiju Thomas, New Mexico Department of Health
- Karla Thornton, Project ECHO, University of New Mexico
- Kathy Trujillo, New Mexico Department of Health
- Kimberly Washburn, Pueblo of Acoma CHR Program
- Janine Waters, New Mexico Department of Health
- Sherri Willeto, First Nations Community HealthSource, Inc.
- Tashina Williams, San Juan Southern Paiute Tribe
- Venita Wolfe, University of New Mexico
- Carlene Yellowhair, San Juan Southern Paiute Tribe
- Dominick Zurlo, New Mexico Department of Health

PLANNING COMMITTEE

- Kurt Begaye
- Hannabah Blue
- Elton Naswood
- Joshua Swatek
- Ayn Whyte

COLLABORATING AGENCIES

- Albuquerque Area Indian Health Board
- Begaye Consulting
- First Nations Community HealthSource, Inc.
- JSI Research & Training, Inc.

ACKNOWLEDGEMENTS

On behalf of the Office of Minority Health Resources Center (OMHRC) and the Albuquerque Area Indian Health Board (AAIHB), Thank You to all the individuals and organizations who helped to make this annual event happen, including but not limited to Summit Sponsors and Partners, Plenary and Keynote Speakers, Presenters, Planning Committee Members, Volunteers, and Sponsors.

Organizations/Agencies:

- Albuquerque Indian Area Indian Health Board
- Acaria Health
- Begaye Consulting
- Eventbrite
- First Nations Community HealthSource
- Gilead
- Indian Pueblo Cultural Center
- Merck
- Native American Community Academy
- New Mexico AIDS Education and Training Center
- New Mexico Department of Health
- Office of Minority Health Resource Center
- OraSure Technologies
- University of New Mexico, School of Medicine

Individuals:

- Barbara Ayze
- Kurt Begaye
- Curtis Billie
- Hannabah Blue
- Savannah Gene
- Mattee Jim
- Elton Naswood
- Ann Schwartz
- Ayn Whyte
- Sherri Willeto