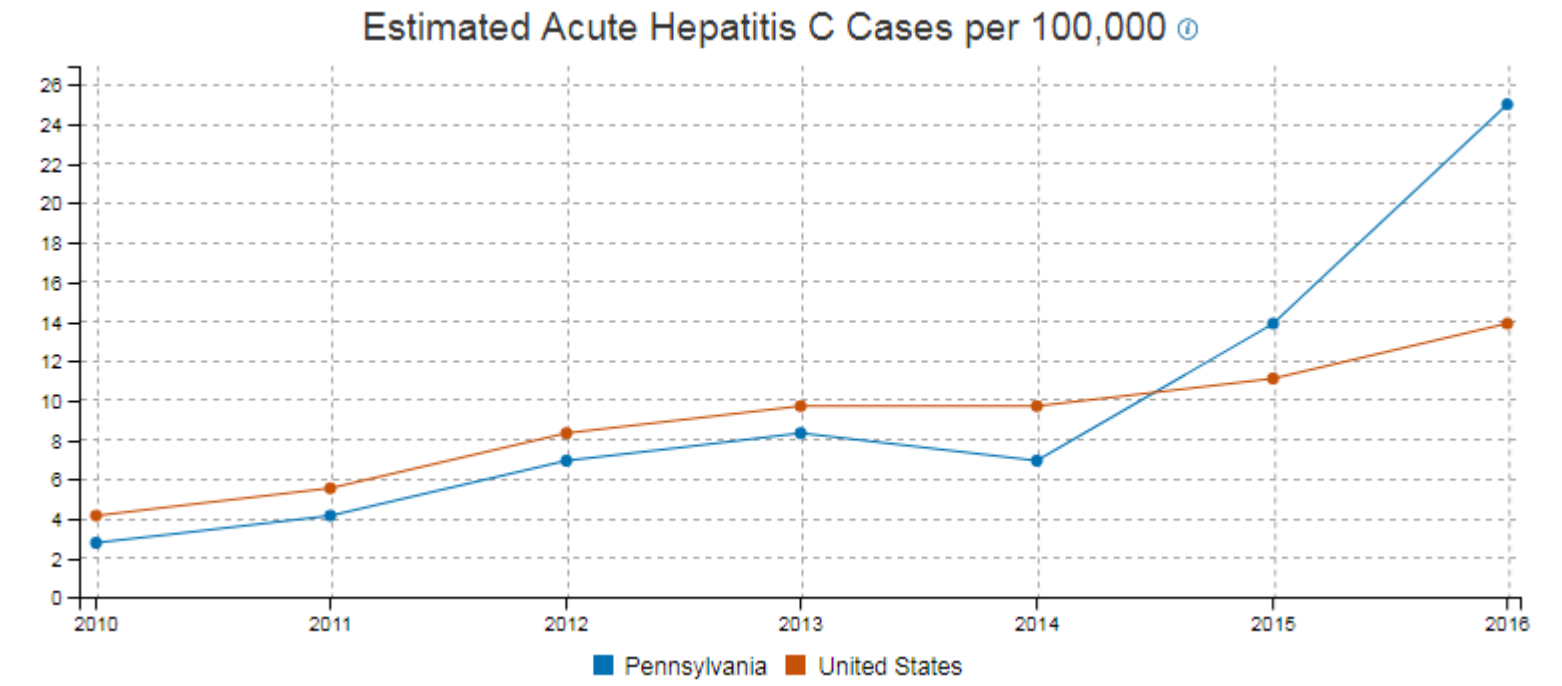
Hepatitis C in Central PA

Ralph D. McKibbin, MD, FACP, FACG, AGAF

Blair Gastroenterology Associates

Altoona, Blair County, PA

Rising Risk of HCV



Select Indicator

Overdose Deaths per 100,000

Select State

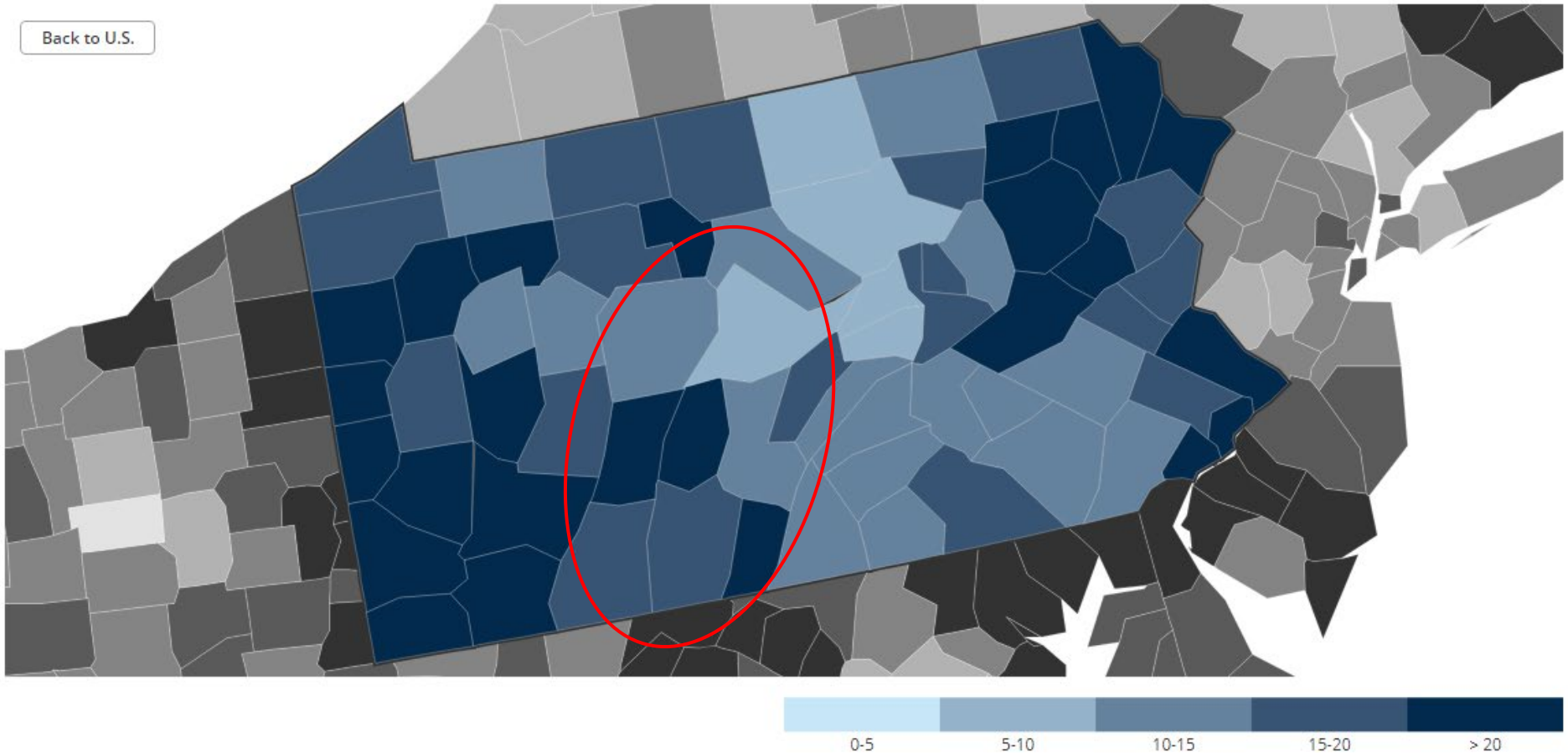
Pennsylvania

Select Data Year

2016

Nonmetro | Metro | All

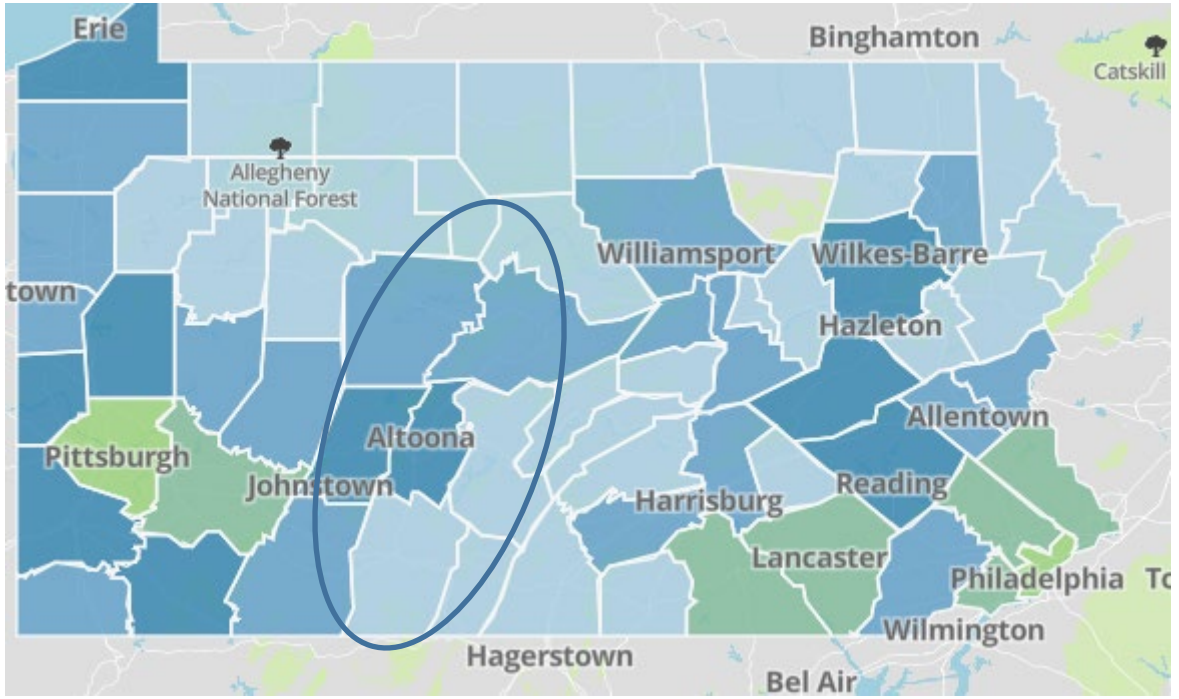
Back to U.S.



Download the data (CSV)

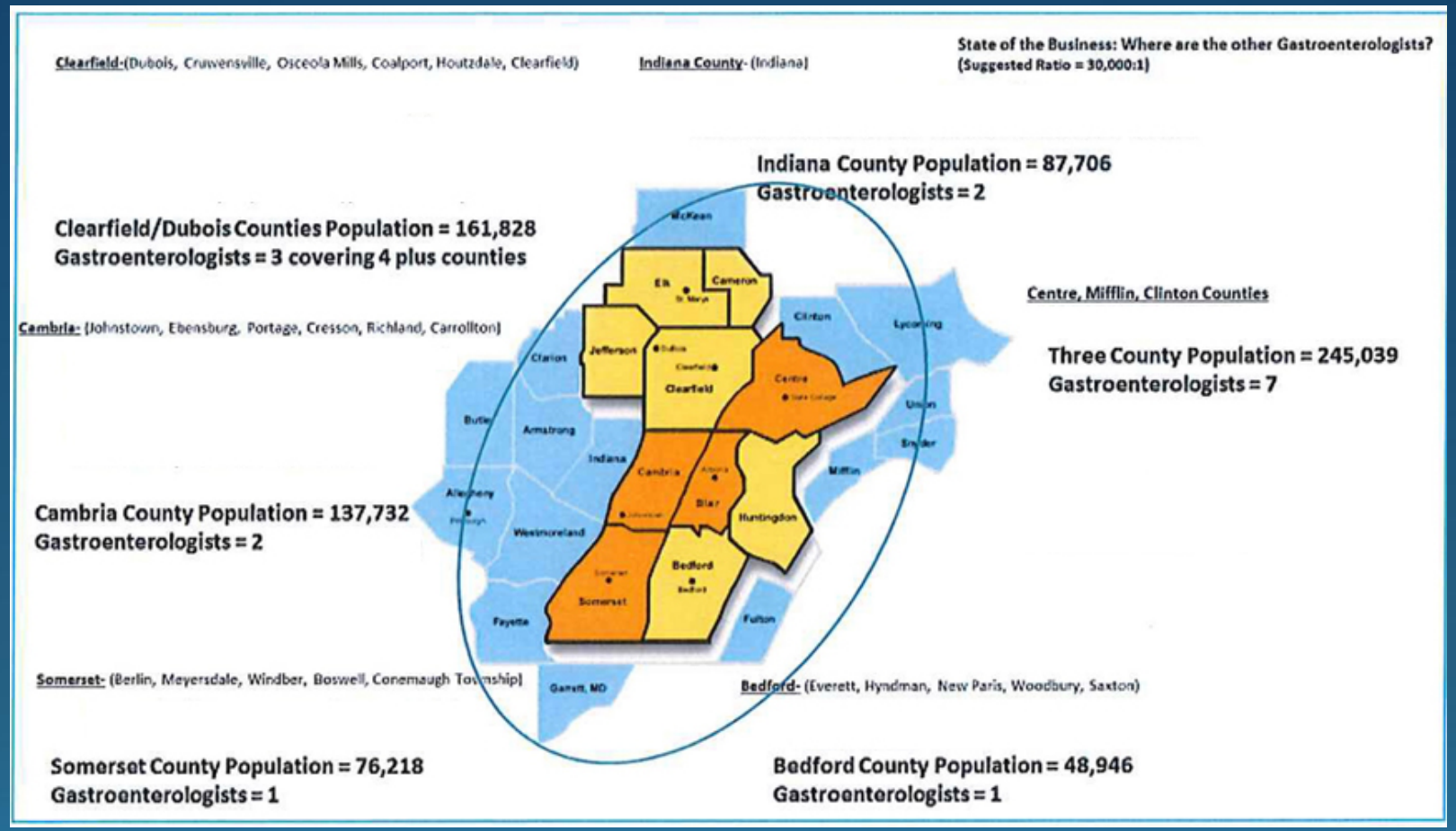
Note: Estimated age-adjusted drug poisoning mortality. Rates displayed are the estimated minimum rates.
Source: National Center for Health Statistics, 1999-2016.

Newly Identified Confirmed Chronic Hepatitis C Age 15-34 Years 2007-2016



https://data.pa.gov/Opioid-Related/Newly-Identified-Confirmed-Chronic-Hepatitis-C-Age/jtwn-qd4c

Central Pennsylvania GI Map



BGA New Visits for HCV

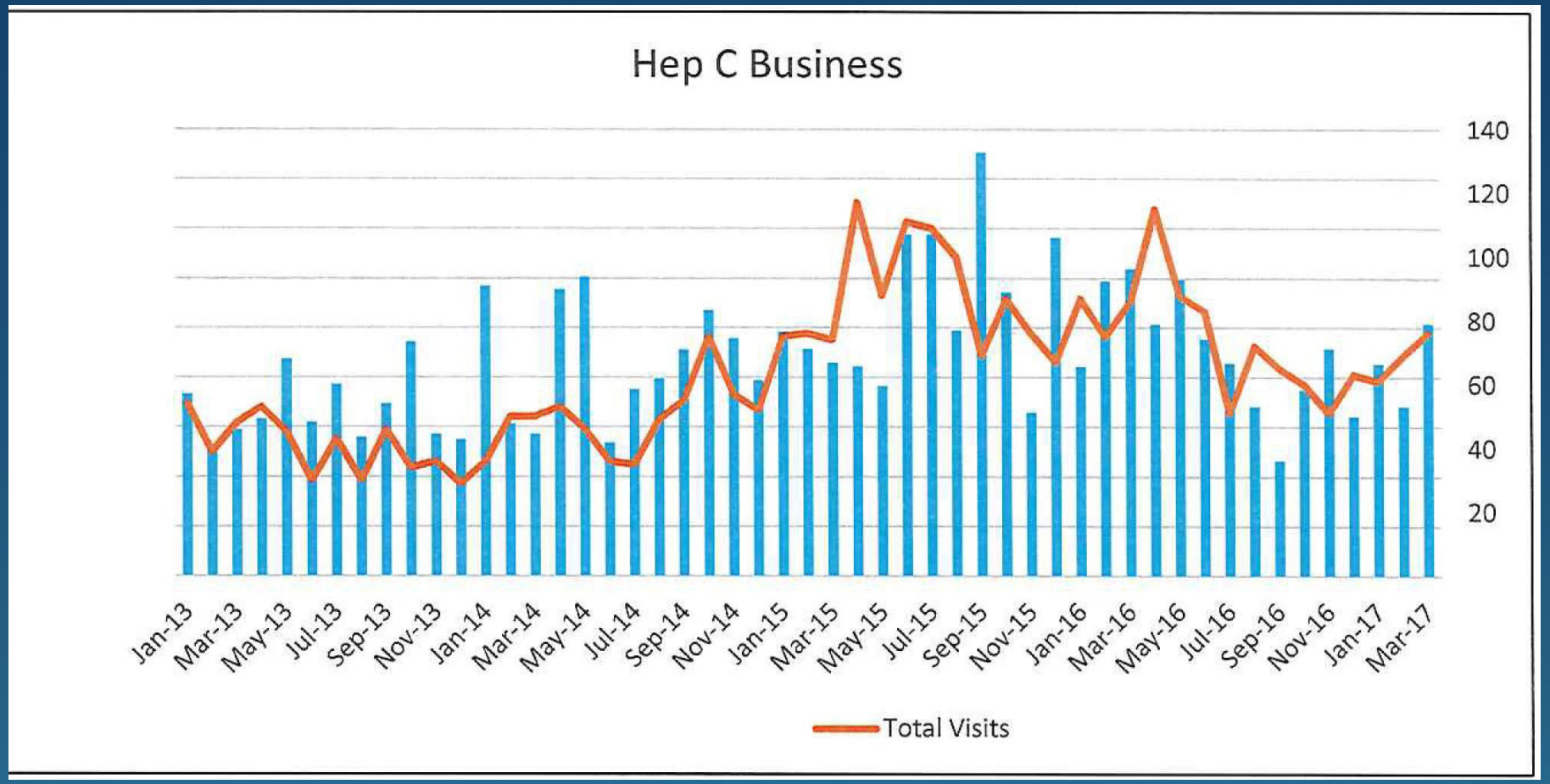
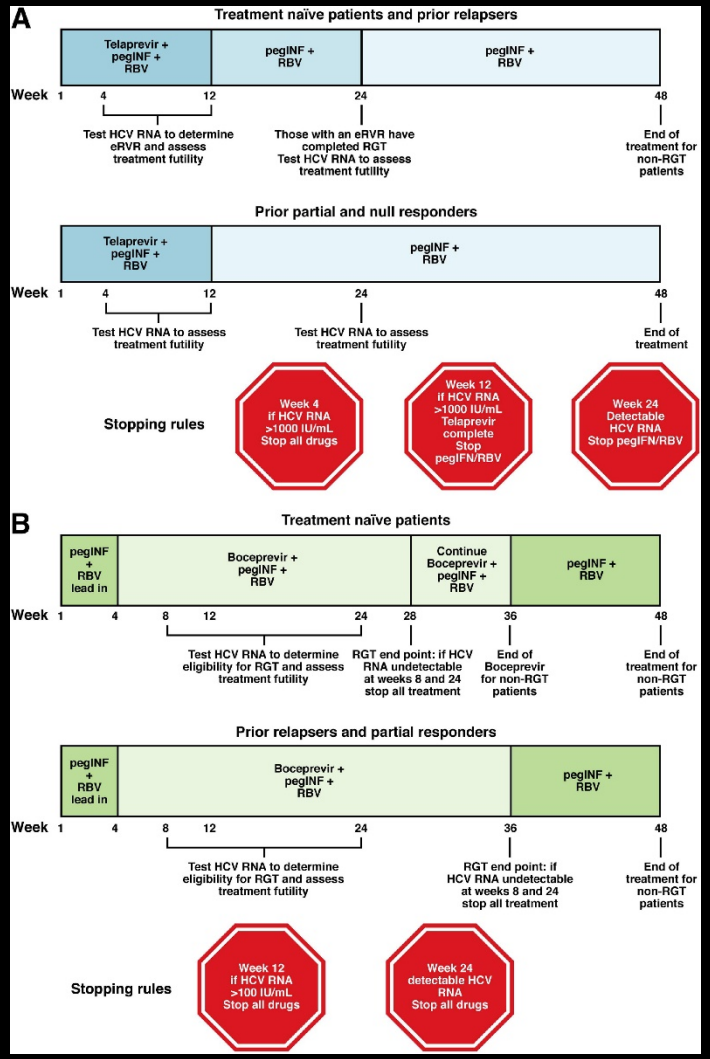


Figure 1



Old HCV Therapy Guidelines

Gastroenterology 2012 142, 1314-1323.e1DOI: (10.1053/j.gastro.2012.02.013)

Old: Hepatitis C Triple Therapy Side Effects

Table 4

Adverse Events From Boceprevir and Telaprevir vs Standard of Care

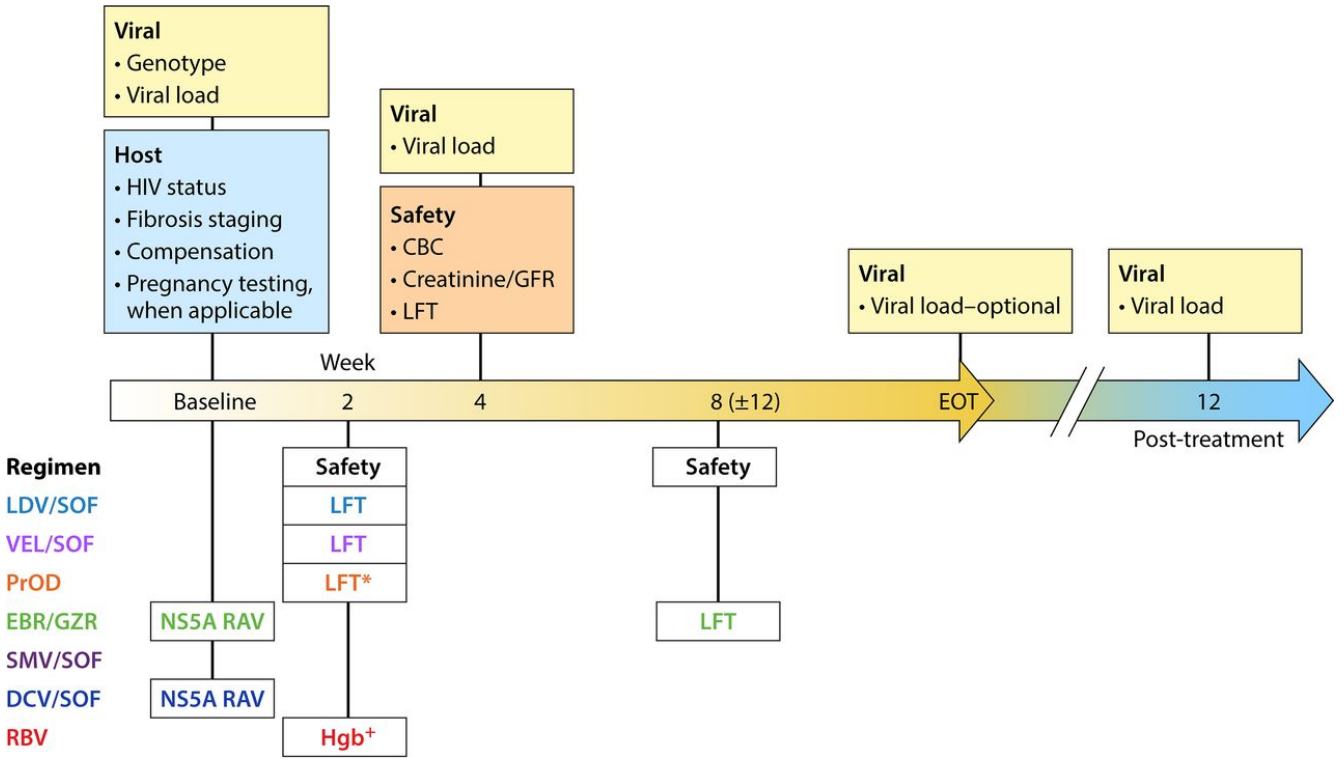
Drug	Adverse events [a]	Treatment arm frequency	SOC frequency	Comment
Boceprevir[6, 9, 15]	Anemia	45%–50%	20%–30%	Erythropoesis-stimulating agents allowed
	Dysgeusia	35%–44%	11%–16%	
Telaprevir[7, 8, 10, 16]	Rash	56%	34%	6% discontinued telaprevir due to rash
	Anemia	36%	17%	
	Anorectal symptoms[a]	29%	7%	

View Table in HTML

SOC, standard of care; pegIFN, pegylated interferon; RBV, ribavirin.

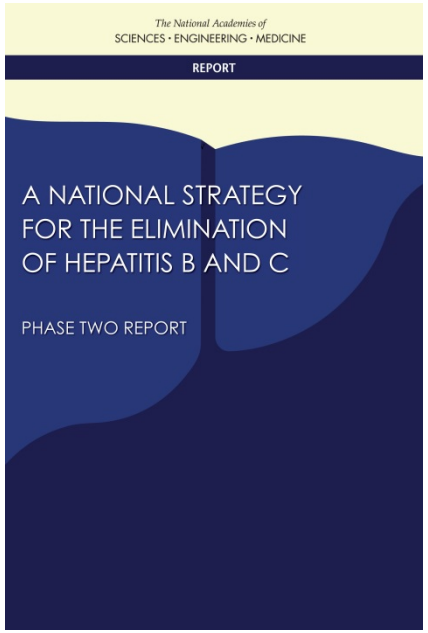
[a] Anorectal symptoms include hemorrhoids, anorectal discomfort, and anal pruritis.

New: Follow Up Testing in the Age of Direct Acting Antiviral Therapy for Hepatitis C



Wilson EM, Rosenthal ES, Kattakuzhy S, Tang L, Kottilil S. 2017. Clinical laboratory testing in the era of directly acting antiviral therapies for hepatitis C. Clin Microbiol Rev 30:23–42.

A National Strategy for the Elimination of Hepatitis B and C



Suggested citation: National Academies of Sciences, Engineering, and Medicine. 2017. *A national strategy for the elimination of hepatitis B and C.* Washington, DC: The National Academies Press.

The National Academies of | SCIENCES ENGINEERING MEDICINE

Service Delivery

- One of the main bottlenecks in hepatitis care is the need for patients to be treated by specialists. As a result, viral hepatitis care remains out of reach for people in rural and underserved areas.

AASLD and IDSA should partner with primary care providers and their professional organizations to build capacity to treat hepatitis B and C in primary care. The program should set up referral systems for medically complex patients.

The 2005 Report to the Secretary: Rural Health and Human Service Issues

The NACRHHS

The National Advisory Committee on Rural Health and Human Services

April 2005

Executive Summary

This is the 2005 Report to the Secretary of the U.S. Department of Health and Human Services (HHS) by the National Advisory Committee on Rural Health and Human Services (NACRHHS). This year's report features a chapter that focuses on collaborations in rural communities, as well as issue-specific chapters on access to obstetrical services in rural communities, obesity in rural communities and welfare reform in rural communities. All four chapters represent particular areas of interest for the Committee that were identified at its March 2004 meeting.

Collaborations to Enhance Community and Population Well-Being

The purpose of this chapter is to suggest a policy and program agenda for HHS that would foster collaborations among community organizations and local rural leaders to improve the well-being of the community and its residents. The NACRHHS has established the following principles to guide the development of collaborative relationships that advance community health and well-being:

- Genuinely engage people in the community in all programs and in collaboration/coordination across programs.
- Measure expected outcomes of program interventions and demand accountability for those outcomes.
- Target resources effectively by following an integrated strategy focused on community-wide goals and objectives.
- Support local leaders who believe in an action model that integrates the activities of multiple programs.
- Discourage redundancy across programs as they are implemented in rural communities.

The NACRHHS collected information and observed successful examples of local collaborations in Southeast Nebraska and Tupelo, Mississippi. In addition, through reviewing current literature and the experiences of its members, NACRHHS learned of other examples in which local organizations overcame obstacles to collaboration and were able to merge resources for independent sources of support on behalf of common goals. An important indicator of local success in collaboration is strong, creative and consistent leadership. The NACRHHS examined models of local leadership, including strategies for recruitment and programs for training. Those models, summarized in this chapter, generated suggestions for rethinking the administration of Federal programs.

Actions the Secretary should undertake would include the following:

- Create common reporting requirements for programs that are linked at the local level.
- Encourage programs in other Federal agencies to participate in multi-sector collaborations.
- Facilitate interagency cooperation that allows for single lines of accountability for funds.

The Committee makes the following recommendations:

- The Secretary should support the creation of a Web resource page for "models that work," showing successful collaborations in rural places.
- The Secretary should support research that will further specify opportunities and barriers.
- The Secretary should support leadership development for rural community organizations and residents.
- The Secretary should require grant recipients engaged in direct delivery of services to demonstrate an effect on community development.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.™

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

SPECIAL TOPIC

A Framework for Disseminating Evidence-Based Health Promotion Practices

Jeffrey R. Harris, MD, MPH, MBA; Allen Cheadle, PhD; Peggy A. Hannon, PhD, MPH; Mark Forehand, PhD; Patricia Lichiello, MA; Eustacia Mahoney; Susan Snyder, MS; Judith Yarrow, MA

Suggested citation for this article: Harris JR, Cheadle A, Hannon PA, Forehand M, Lichiello P, Mahoney E, Snyder S, Yarrow J. A framework for disseminating evidence-based health promotion practices. Prev Chronic Dis 2012;9:110081. DOI: http://dx.doi.org/10.5888/pcd9.110081.

PEER REVIEWED

Abstract

Wider adoption of evidence-based, health promotion practices depends on developing and testing effective dissemination approaches. To assist in developing these approaches, we created a practical framework drawn from the literature on dissemination and our experiences disseminating evidence-based practices. The main elements of our framework are 1) a close partnership between researchers and a disseminating organization that takes ownership of the dissemination process and 2) use of social marketing principles to work closely with potential user organizations. We present 2 examples illustrating the framework: EnhanceFitness, for physical activity among older adults, and American Cancer Society Workplace Solutions, for chronic disease prevention among workers. We also discuss 7 practical roles that researchers play in dissemination and related research: sorting through the evidence, conducting formative research, assessing readiness of user organizations, balancing fidelity and reinvention, monitoring and evaluating, influencing the outer context, and testing dissemination approaches.

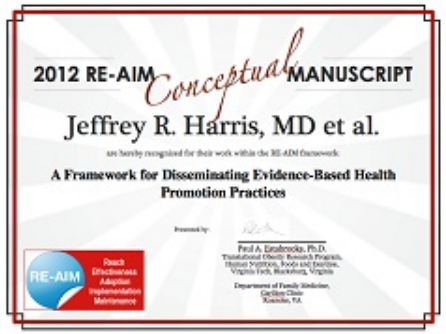
Introduction

Although the public health community has developed many evidence-based practices to promote healthy behaviors, adoption of these practices has been haphazard (1,2). In response, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) have called for more attention to dissemination of evidence-based practices and for research on how to increase dissemination effectiveness (3-5).

Several conceptual frameworks have been developed to organize the extensive literature on diffusion and dissemination of evidence-based practices. Particularly relevant for the dissemination of evidence-based health promotion practices are those of Greenhalgh et al (6) and Wandersman et al (7). Greenhalgh, focusing on system-level practices in large health care organizations, reviewed the literature on dissemination and diffusion and developed a conceptual framework to organize it. Wandersman focused more directly on health promotion practices that might be implemented in both small and large organizations; his interactive systems framework (ISF) highlights the roles of key actors in the dissemination process. Another recently developed framework that synthesizes several existing frameworks (including that of Greenhalgh) is the consolidated framework for implementation research (CFIR) (8). Finally, the RE-AIM framework, though developed for evaluation, is widely used to provide organizing principles for the dissemination of evidence-based practices (9).

These frameworks are useful for generating hypotheses for future research, but no practical framework exists for developing and testing dissemination approaches. Such a framework would serve as a guide to dissemination for community-based organizations and help researchers develop and test approaches to dissemination of evidence-based practices.

We describe a practical framework for dissemination developed at the University of Washington Health Promotion Research Center (HPRC), a Prevention Research Center funded by CDC to conduct research on community-based prevention and control of chronic diseases. To illustrate the framework, we use 2 dissemination approaches we have developed and tested and discuss practical roles researchers play in dissemination and dissemination research.



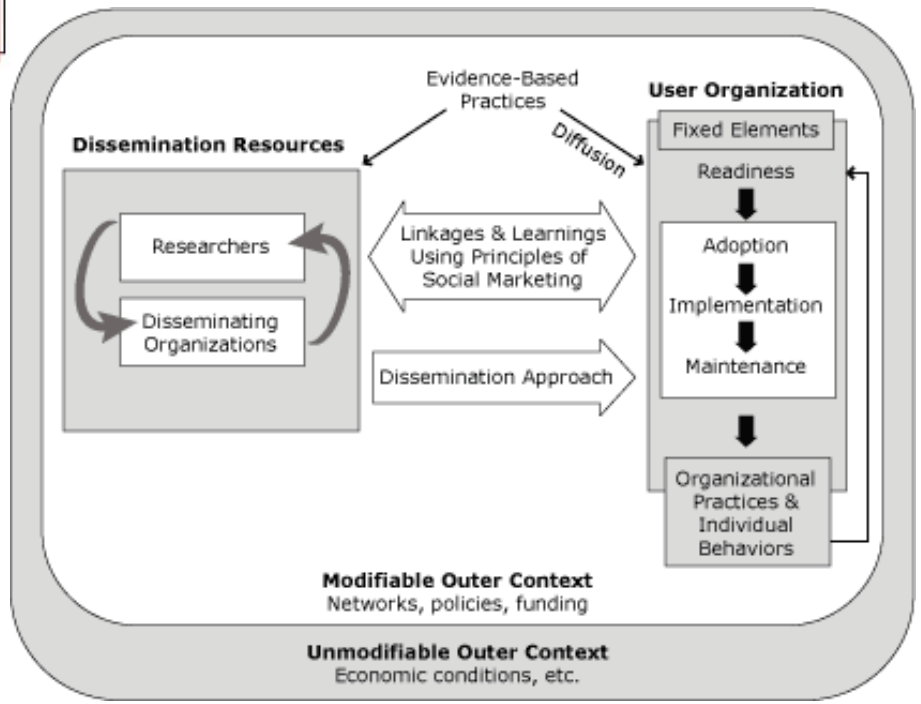


Figure. The dissemination framework shows the resources (researchers and disseminating organizations) affecting a user organization through a dissemination approach developed collaboratively, using social marketing principles. The framework functions in an outer context of modifiable and unmodifiable elements.