DISCLOSURES

This activity is jointly provided by Northwest Portland Area Indian Health Board and Cardea

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COMPLETING THIS ACTIVITY

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email
If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538

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CONFLICT OF INTEREST

Richard Fischer, MD is a member of an Organon speaker's bureau.

Dr. Fischer does not participate in planning in which he has a conflict of interest, and he ensures that any content or speakers he suggests will be free of commercial bias.

None of the other planners or presenters of this CE activity have disclosed any conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CE activity.

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Acknowledgement

This presentation is funded in part by:

The Indian Health Service HIV/AIDS & Hep C Program
and
The Secretary's Minority AIDS Initiative Fund

There is no commercial support for this presentation

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Outcomes and Objectives:

Conference Objective: At the completion of this activity, the learner will be able to explain the steps that would be necessary to begin to screen for and treat patients with the Hepatitis C Virus (HCV) at their practice sites.

By the end of this learning event participants will be able to:

- Describe best practices for screening and treating of HCV in persons who inject drugs (PWID)

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SYRINGE SERVICES PROGRAM AT A TRIBAL HEALTH CENTER

Jessica Rienstra, RN
Hepatitis C Project Coordinator
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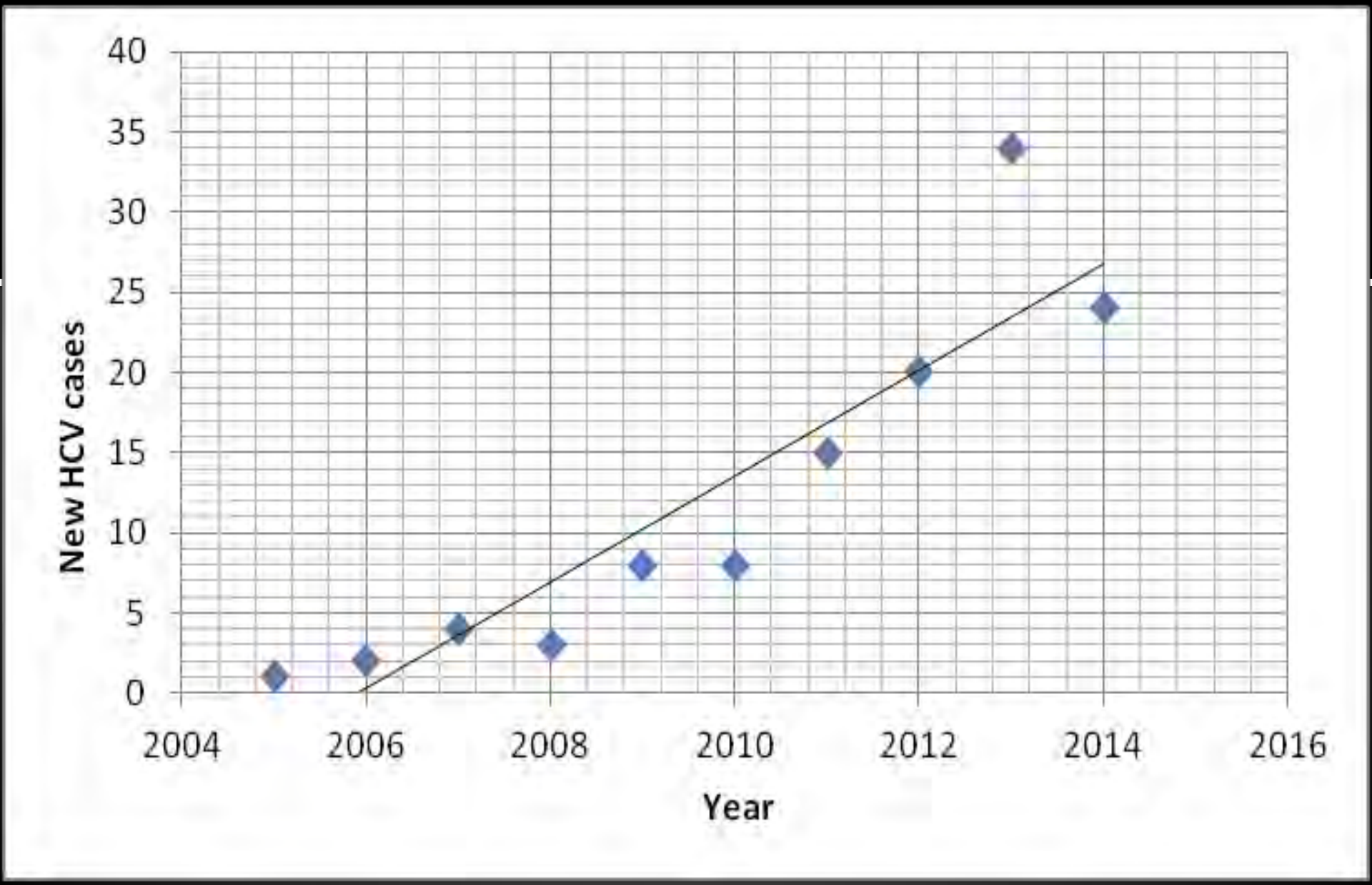
The Lummi Tribal Health Center is located in Bellingham, Washington on the Lummi Nation.

Established in 1978, LTHC serves close to 6,500 patients. The Lummi Nation operates an ambulatory direct care facility under a Self-Governance Compact with the IHS. The center offers general comprehensive medical and dental, mental health and substance abuse counseling, WIC, family planning, community health outreach (CHR) and health education. 60% of LTHC employees are community members.

Overview

In 2012 40% of new HCV cases in Whatcom county were Native American while accounting for only 3.2% of The county's total population.

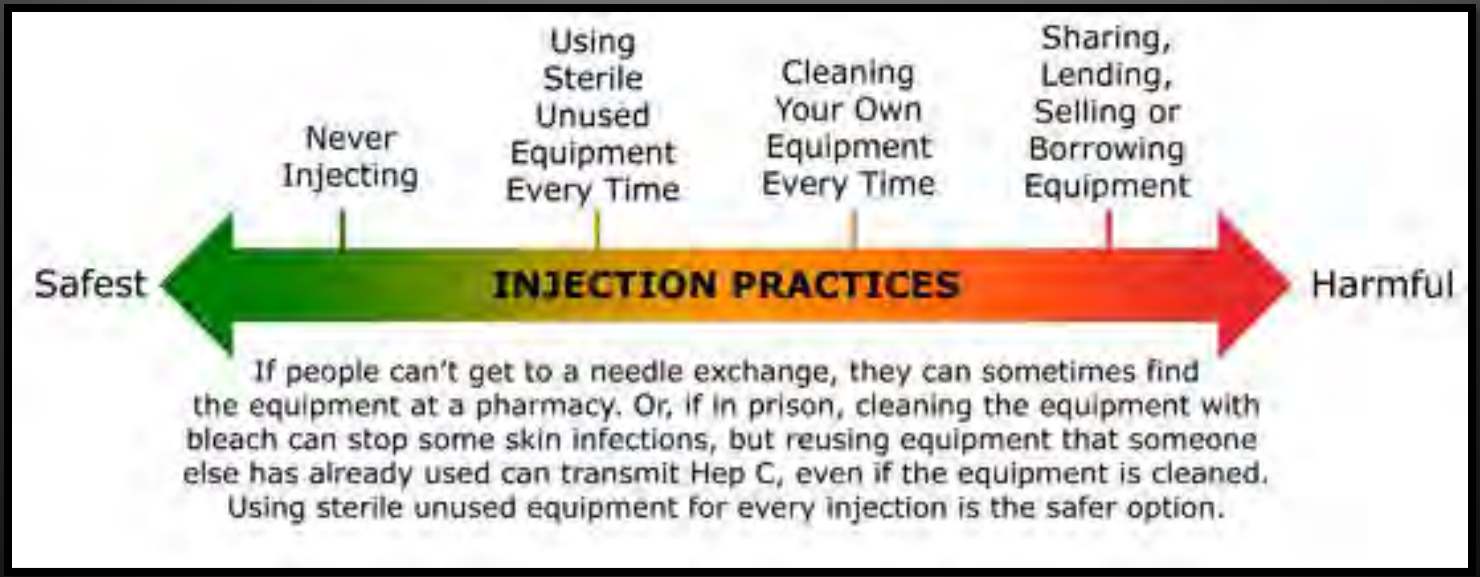
HCV at LTHC


40
35
30
25
20
15
10
5
0
New HCV cases
2004
2006
2008
2010
2012
2014
2016
Year

Offering HCV treatment to all patients, including those actively or intermittently injecting, requires an optimization of a syringe program to minimize any future exposures.

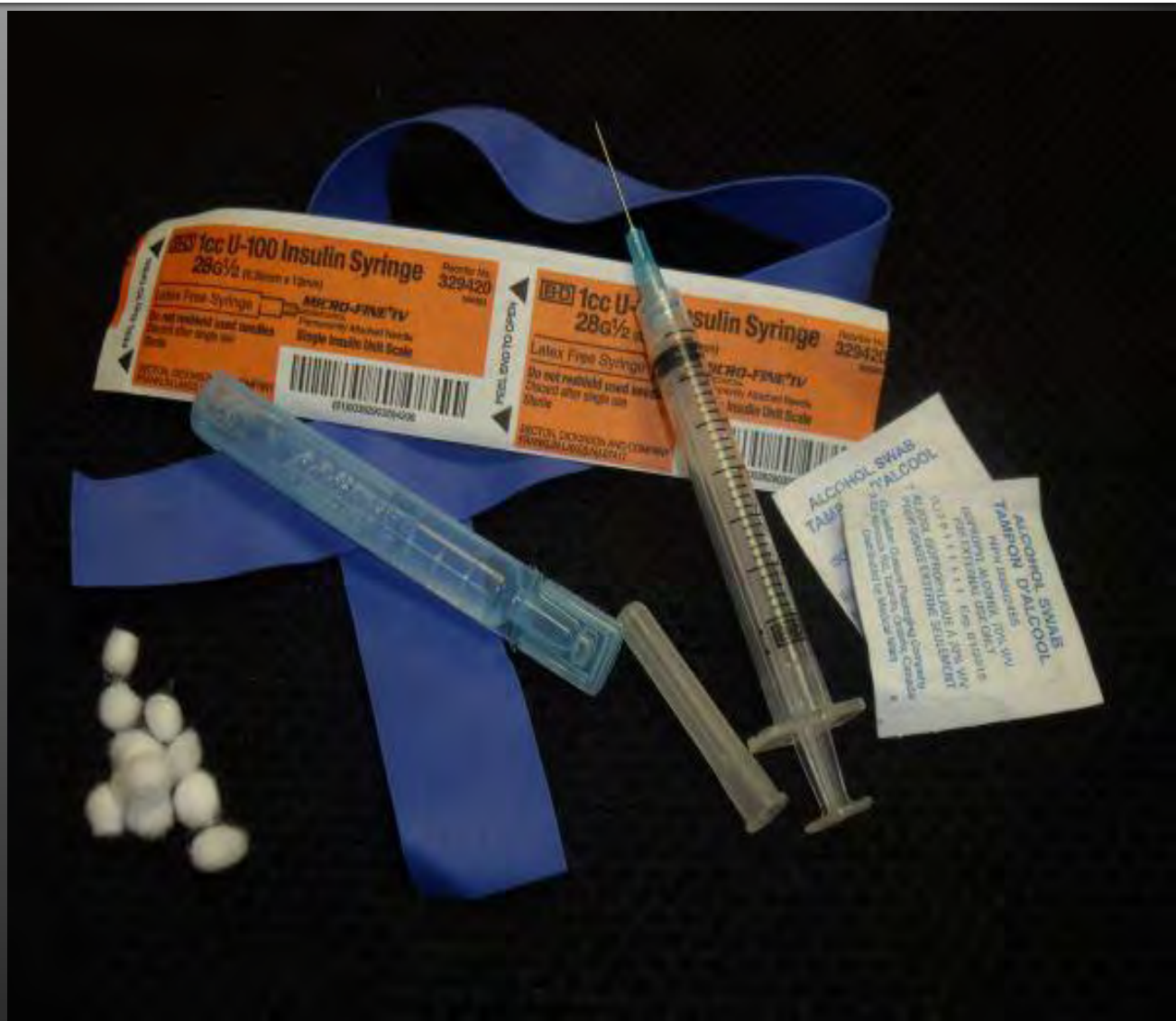
Lummi Tribal Health Center (LTHC) offers a Primary Integrated Care Syringe Service Program that allows patients to access harm reduction materials while maintaining anonymity.

LTHC offers screening and treatment for Hepatitis C through Primary Care Providers participating in ECHO sessions.

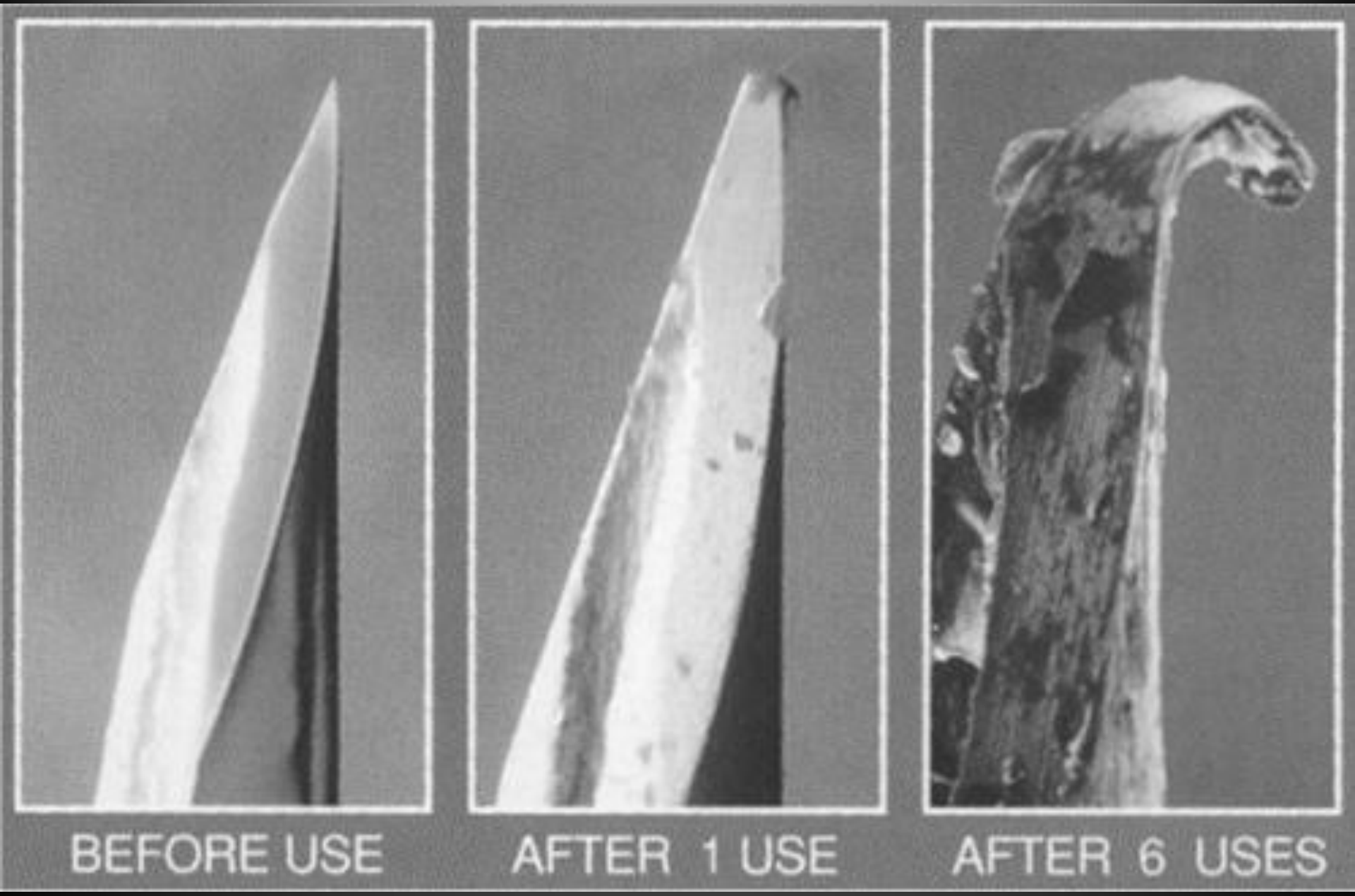


Supplies:

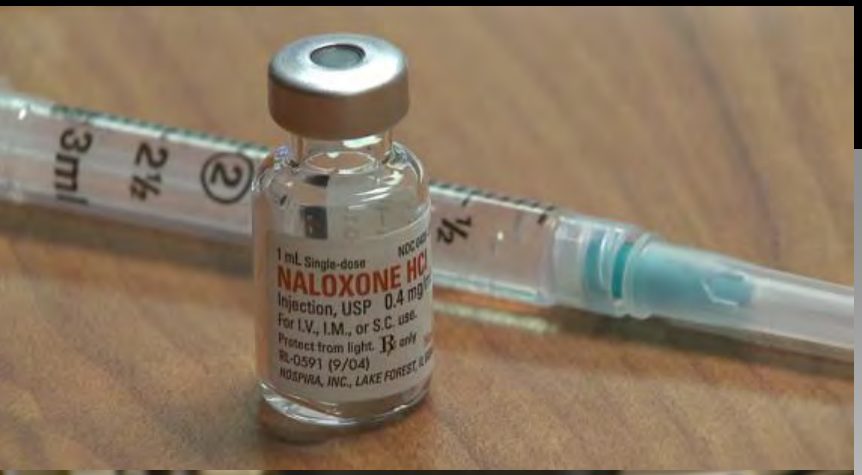
-Sterile syringes
-Alcohol prep pads
-Cookers
-Cotton filters
-Sterile water
-Bandages
-Condoms
-Tourniquet
-Narcan



https://nasen.org/


BEFORE USE
AFTER 1 USE
AFTER 6 USES

Easy and safe access to Narcan



Principles of Harm Reduction

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet people who inject "where they're at," addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

http://harmreduction.org/about-us/principles-of-harm-reduction/

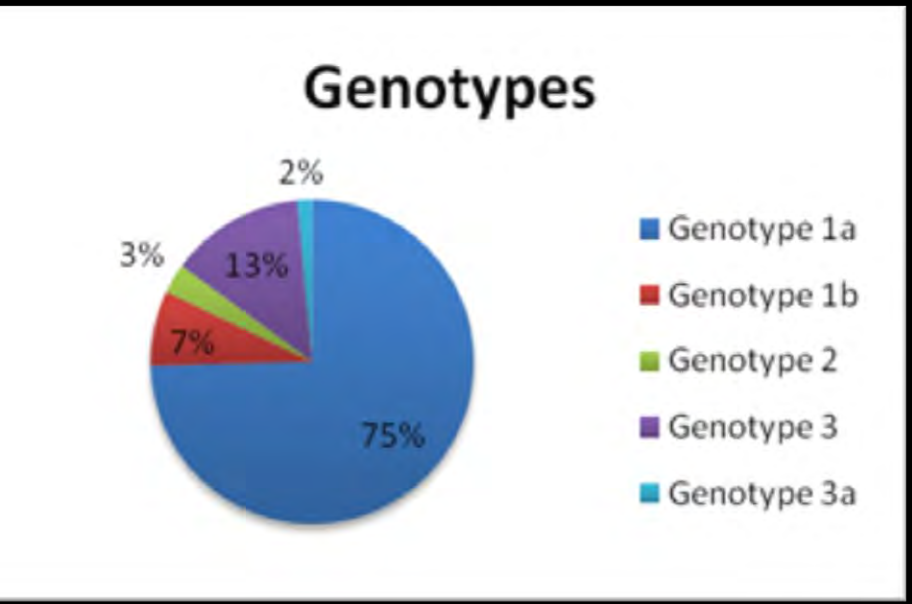
Basic Harm Reduction Principles

-Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
-Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
-Establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions and policies.
-Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
-Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

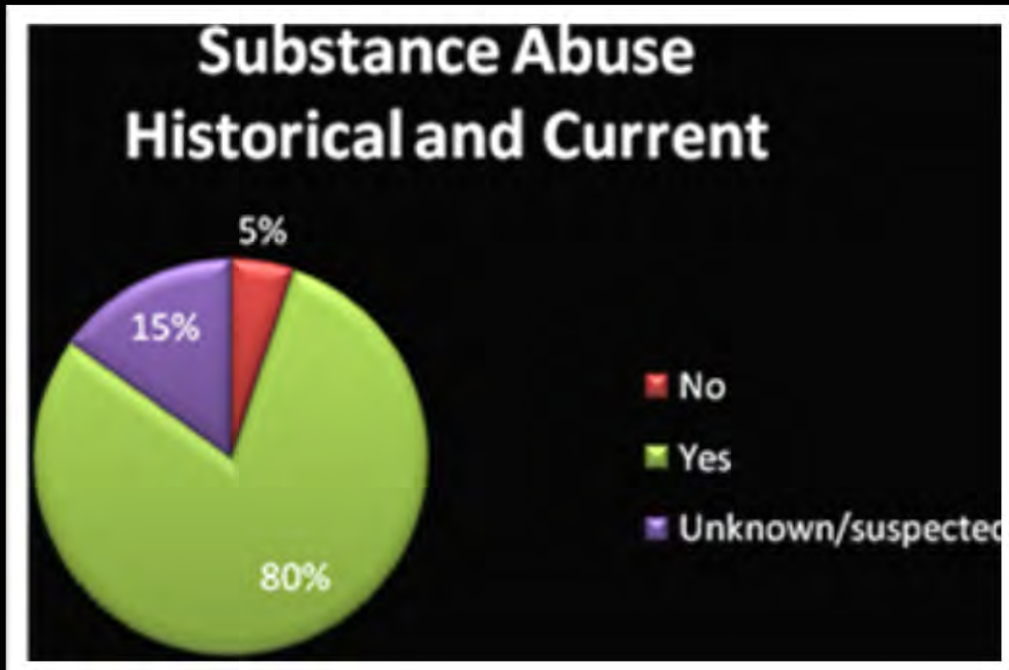
Human-centered design. Meeting people where they are and really taking their needs and feedback into account. When you let people participate in the design process, you find that they often have ingenious ideas about what would really help them. And it's not a onetime thing; it's an iterative process.

— Melinda Gates —

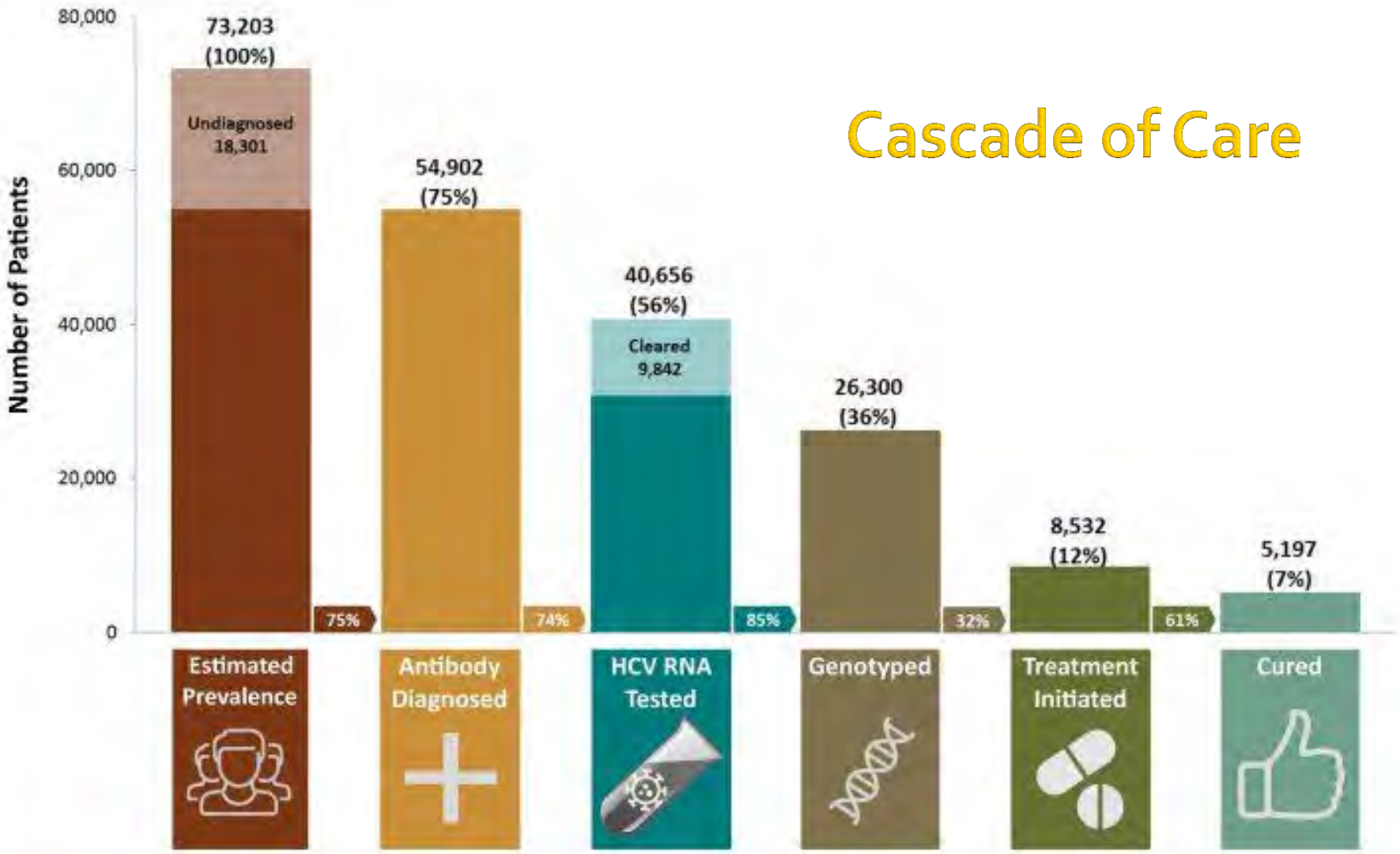
So, Where Are They At?...



Substance Abuse	
No	14
Yes	217
Unknown/suspected	41



Cascade of Care



Example from the University of BC

INCREASE SCREENING!

-Community Events POCT

-Flyers

-Patient Education

COLLABORATE WITH LOCAL RESOURCES!

-Health Department

-Local Hospitals

-Dental Office

-County Jail

-CDC

STRENGTHEN YOUR HARM REDUCTION EFFORTS!

DON'T GIVE UP!

"They'll Never Succeed" SUCCESS STORIES

- ✓Untreated schizophrenia
- ✓Struggling with homelessness
- ✓Incarcerated
- ✓Poor Health Insurance Coverage

Everyone Deserves Treatment

Resources

www.Harmreduction.org

http://stopoverdose.org/

https://nasen.org/

Local County Health Departments

Good Days Foundation : https://www.mygooddays.org/for-patients/patient-assistance/