Minnesota’s White Earth Tribal Hepatitis C Intervention

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

In response to clusters of hepatitis C virus (HCV) infection near the White Earth Reservation, a native community-based health organization, the Minnesota Department of Health (MDH), Indian Health Service (IHS) physicians, and tribal home health nurses worked together to form a groundbreaking collaboration and hold a health summit focused on HCV prevention.

BACKGROUND
At the Minnesota Department of Health, viral hepatitis is thoroughly integrated with the state’s HIV and STD services, though hepatitis programs lack HIV and STD programs’ resource profile. Collaboration with other agencies and organizations has been one way to provide a greater level of viral hepatitis services with limited funds. The White Earth Reservation in north central Minnesota is committed to addressing high rates of hepatitis C with the help of MDH and native health services. The White Earth Reservation is located in Becker, Clearwater, and Mahnomen counties and is one of seven Chippewa reservations in Minnesota. White Earth Home Care, a Medicare certified home care agency on the reservation, uses public health nurses, registered nurses, and certified home health aides to provide services including skilled nursing assessments, IV medication education and management, wound care, and medication management.

OVERVIEW OF THE INTEGRATION EFFORT
In 2010, MDH surveillance staff identified and investigated clusters of HCV in the region of the state where the White Earth Reservation is located. Epidemiologists and an HCV outreach specialist/disease investigator worked with physicians and, more importantly, home health nurses with established trust and access within the community, to reach the affected population. Sacred Spirits, a native health community-based organization that operates outside of tribal government, worked with the tribal government and MDH to provide HIV testing, HCV testing, and syringe access services.

Native leaders and health authorities from the area then came together to form the White Earth HIV and HCV Harm Reduction Coalition to reduce HIV and HCV rates and promote health. The coalition is made up of representatives from Sacred Spirits, IHS, tribal home health, and chemical health. In May 2012, the coalition held the HCV Tribal Summit, the first of its kind in the United States. The summit covered topics such as harm reduction, HCV 101, enhanced risk assessment, prescription drug abuse,
coalition development, and HCV treatment options. The event was attended by members of tribal government, IHS staff, elders from the community, and health and social service professionals from around the state.

RESULTS/BENEFITS
In 2012, HCV screening on the reservation doubled to 513 enzyme immunoassay tests conducted in the community of 19,000 people. The cohort aged 48-68 particularly benefited from this work. In 2008, only six HCV cases were identified. However, 51 people were diagnosed in 2012, 67 percent of whom were baby boomers. Additionally, HCV testing rates at two STD enhanced testing sites improved by an average of 56 percent as a result of the coalition’s efforts.

From May 8-9, 2013, the White Earth HIV and HCV Harm Reduction Coalition hosted its second annual HCV Tribal Summit with support from MDH. Attendance doubled to 150 persons from around the state and country. With the assistance of the National Native American AIDS Prevention Center and MDH, the coalition is now developing this project into a replicable model for other tribes looking to partner with state and federal agencies to combat HIV and HCV.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY
The White Earth HIV and HCV Harm Reduction Coalition was ratified by the White Earth tribal government, an important step in ensuring its community recognition and endurance. Tribal governments provide a unique environment for health interventions. Health departments can be a valuable resource and can work successfully alongside tribal leaders such as the White Earth Nation by seeking local alliances and being conscious of cultural factors. Screening rates for HIV and HCV can be increased through a partnership effort with community leaders and through engagement of community members.

MDH continues to provide support to organizations serving the people of White Earth. In 2013 Sacred Spirits was awarded funding and supplies to provide HIV and HCV testing and referral as well as syringe access and disposal for persons who inject drugs. The continuation of services and sustained relationship between the coalition members and MDH has proved to be a critical component in the success of this venture and of future projects aimed at reducing the health disparities affecting native communities in Minnesota.

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