



Setting a Path Towards Elimination of Disease and Disparity in the Cherokee Nation of Oklahoma

TARGET POPULATION: Baby boomers (i.e., persons born 1945 – 1965) seeking care within the Cherokee Nation

LOCATION: Eastern Oklahoma; 6 full and 8 partial counties of the Cherokee Nation

PROGRAM DESIGN: Community-based program, public awareness campaign

ESTIMATED COST: \$200,000

FUNDING SOURCE: Gilead Foundation

CORE ACTIVITIES

Background

Native Americans living with hepatitis C (HCV) are twice as likely to die from HCV than non-Native Americans in the United States. In 2011, the CDC reported that Native Americans had the highest mortality rates of persons with HCV by race or ethnicity. In 2015, *Hepatitis C in Native Oklahoma: Optimizing Care and Setting a Path Towards Elimination of Disease and Disparity*, launched to respond to high rates of hepatitis C in the Cherokee Nation.

In 2015, the Cherokee Nation identified high rates of HCV as a public health priority. The largest Native American tribe in the United States, the Cherokee Nation includes nearly 320,000 registered citizens with a little over half living in 14 counties in northeastern Oklahoma stretching from Tulsa north to the Kansas border, east to the Arkansas and Missouri borders and south to U.S. Interstate 40.

The goal of the initiative is to eliminate HCV and improve the health of Native Americans in the Cherokee Nation Health Service (CNHS) by developing

a community-based program to test, treat, and cure HCV, coupled with public awareness efforts to reduce new HCV infections. This first-of-its-kind project is an important resource for other communities to use in their efforts to eliminate HCV among Native American populations.

An innovative, multi-party collaborative effort was launched to respond to high rates of hepatitis C in the Cherokee Nation. The goal of the initiative is to eliminate HCV and improve the health of American Indians in the Cherokee Nation Health Service (CNHS) by developing a community-based program to test, treat, and cure HCV, coupled with public awareness efforts to reduce new HCV infections.

Public Awareness Campaign

The Oklahoma Department of Health has developed a culturally appropriate and effective HCV campaign for baby boomers (i.e., persons born in years 1945-1965) who seek medical care with the Cherokee Nation.

The campaign includes traditional and social media marketing techniques such as billboards, radio, television, and digital advertising and has been developed in close coordination with the Cherokee Nation in order to identify the most effective strategies and venues.

Campaign development activities are flexible in order to accommodate creative and thoughtful ideas generated by focus groups.

Campaign Development

Working with Oklahoma's contracted advertising agency Visual Image (VI), the Oklahoma Department of Health has developed a campaign that includes radio, digital, out-of-home and direct mail. The state's Viral Hepatitis Prevention Coordinator (VHPC) completed a survey with Cherokee Nation clinic attendees and sought input to campaign material design. The VHPC solicited feedback on the campaign materials from over 65 clinic participants at W.W. Hastings, the Cherokee Nation hospital and one of the largest clinics.

DATA

In 2013, the CNHS screened 4,312 persons aged 18-65 years old for HCV using an electronic health record-based reminder. Overall, 6% tested positive, with 6.1% testing positive among those aged 18-48 years, and 5.8% testing positive among those aged 49-69 years. This prevalence is notably high in the CNHS, twice as high as the estimated prevalence (3.25%) among baby boomers nationally. The 2013 Viral Hepatitis Surveillance Report from the U.S. Centers for Disease Control and Prevention (CDC) found that the rate of new HCV infections among Native Americans and Native Alaskans was more than twice that of non-Hispanic whites. Cherokee Nation tribal leadership is aware of the high prevalence of HCV infection and significant political will exists to scale-up HCV diagnosis, care, and treatment.

EVALUATION

This project has not undertaken a formal evaluation aside from reach and numbers of campaign materials displayed.

OUTCOMES

Over 1,300 paid radio spots and additional donated/extra run spots reached an estimated 55% among those aged 18-49 years and 46% among those aged 35-64 years. The health department: prepared informative e-mails for Cherokee Nation employees along with a post-card template that could be used for future mailings; placed campaign materials in the Cherokee Nation newspaper and in the daily newsletter; and coordinated social media outreach via Facebook posts through which Cherokee-specific areas received targeted campaign materials that linked to the CNHS hepatitis website. Digital mobile ads appeared within the Cherokee Nation zipcodes on gaming, music streaming and other mobile applications. Out-of-home advertising consisted of campaign signage in the Cherokee Nation hospital, clinics and gas station pump toppers were placed at 59 gas station/convenience stores within the Tribal Jurisdictional Service Area (TJSA).

STRENGTHS

The collaborative manner of the project has enhanced and strengthened the relationship between all partners and has bridged gaps between the tribe, public health programs, academia, and clinical services.

LIMITATIONS

All partners in the project are part of a large organization that has its own respective governmental bureaucracy. Learning to coordinate activities while respecting the law, rules, and mandates of each organization has been a challenge, but because of the shared enthusiasm to eliminate HCV, the partners have found ways to be effective and efficient in attaining project goals.

FUNDING & COST

This innovative project has received funding for two years on a year to year basis from the Gilead Foundation. In year one, \$200,000 was budgeted for the public awareness campaign.

STAKEHOLDERS

This project builds upon existing relationships between the CNHS Infectious Disease Program, Oklahoma University Health Science Center Infectious Diseases, Oklahoma University College of Public Health, Yale University School of Public Health Center for Infectious Disease Modeling and Analysis Exit Disclaimer, and the Oklahoma State Department of Health (OSDH).

PROGRAM CONTACT

Sally Bouse, MPH, CHES
Viral Hepatitis Prevention Coordinator
Oklahoma State Department of Health
405.271.4636
SallyB@health.ok.gov