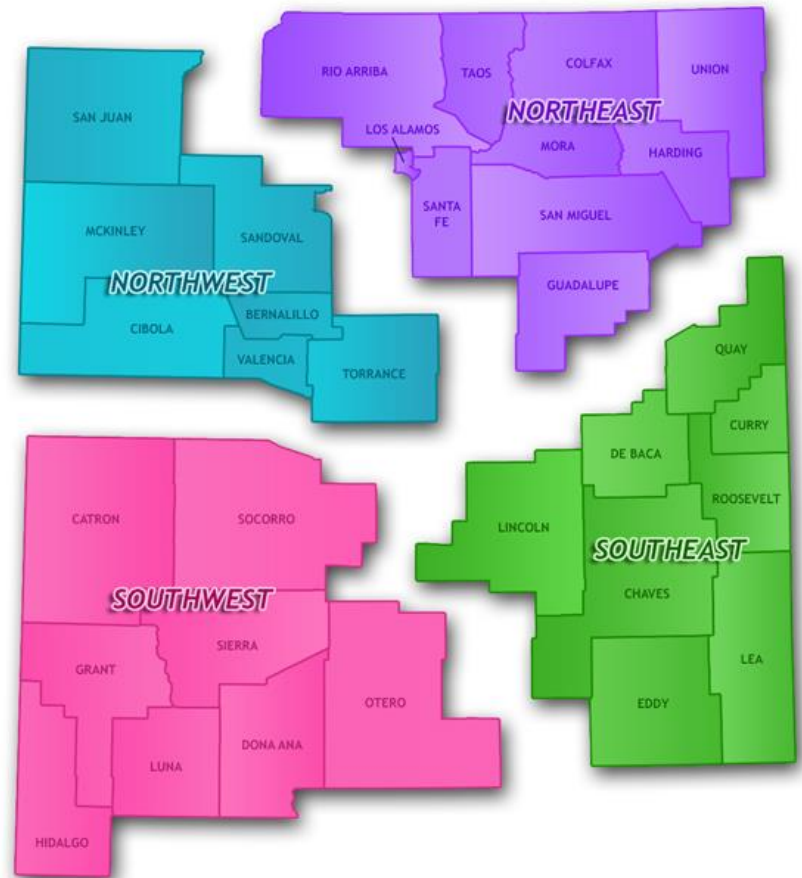


Reaching Hard to Reach Populations: An Integrated Public Health Response

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Overview of New Mexico

- 2.1 Million people in the 5th largest state; just under half of the population lives in Albuquerque Metro Area
- 49% Hispanic; 12% Native American population over 23 federally recognized tribes and nations
- A 2016 estimate by the University of New Mexico estimated 14,000-22,000 people who inject substances
- NMDOH served over 16,000 people in harm reduction services



Key populations

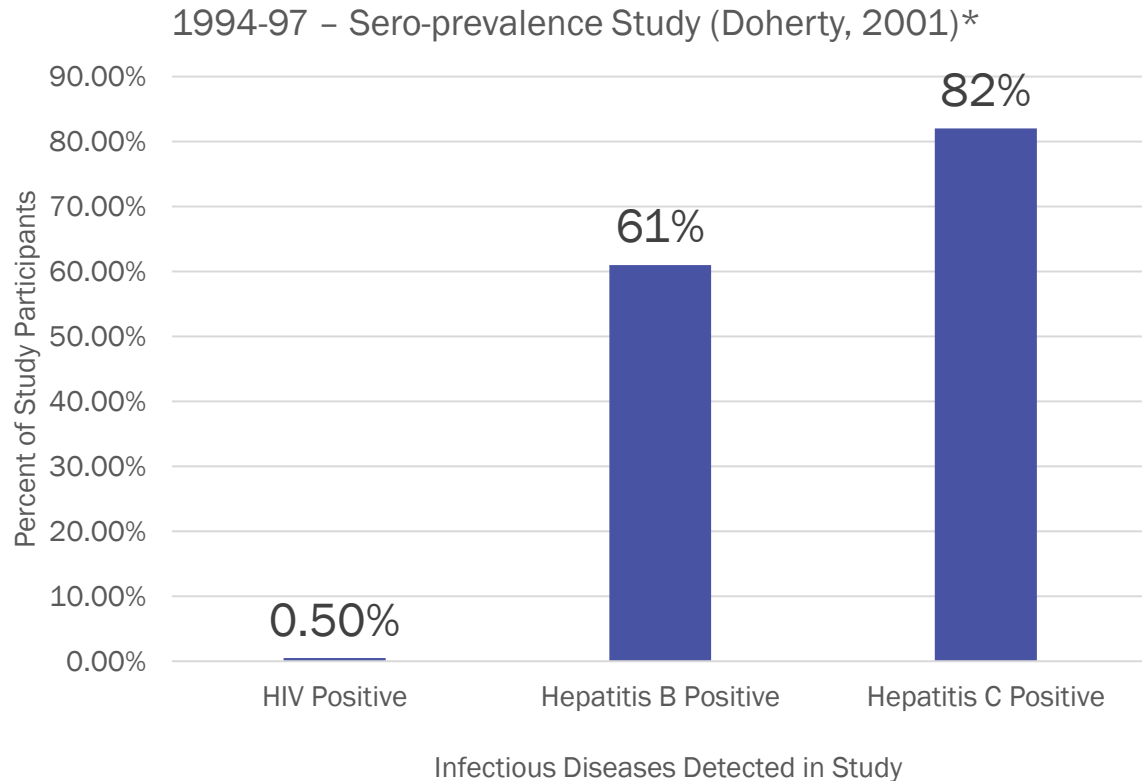
- Rural New Mexicans
- Tribal members both living on and off reservations
- Mono-lingual or preferred Spanish speaking community members
- Individuals experiencing homelessness
- Individuals who use substances
- Formally or currently incarcerated community members

Barriers to service

- Travel time, cost of transportation
- Public transit takes a long time
- Not all services are nearby; many services such as MOUD are not available in rural communities
- Stigma and culturally appropriate messaging can create barriers between providers and the community
- Reducing barriers by providing a variety of providers is key

Establishing Need for Harm Reduction Programs in Public Health

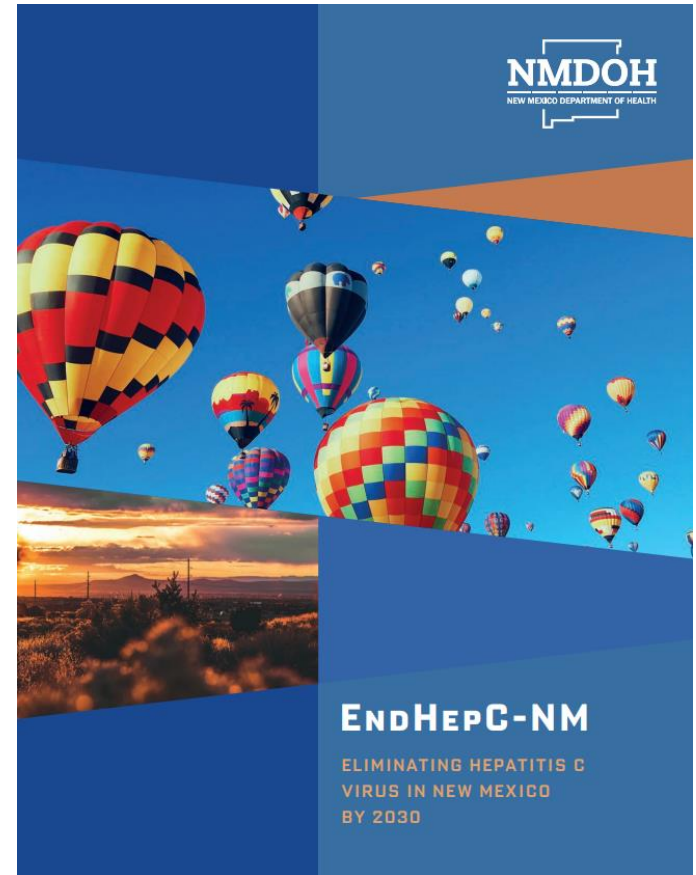
- 2001 Doherty Study found greatest increase of Hepatitis C (HCV) among individuals injecting substances under age 40
- Harm reduction strategies arose from the need to address transmission of these diseases as a public health issue



*Samuel, M.C., Doherty, P.M., et. al, 2001. *Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA.* Epidemiological Infections, 127, 475-484.

Leadership in Elimination of Hepatitis C Virus (HCV)

- Testing and treating high-risk individuals in the New Mexico prison system.
- EndHepC-NM elimination plan published in June 2022.
- Special initiative to provide health insurance coverage, approved unanimously by New Mexico Medical Insurance Pool (NMMIP) board in 2019.
- Las Cruces Public Health Office (PHO) is first to begin HCV treatment in public health.



Project **HEAT**

(Hepatitis Elimination Access to Treatment)

- Temporary Insurance Coverage for:
 - Categorically uninsurable – employment, immigration status, enrollment window closed
 - NM MIP – state high risk pool insurance
 - Up to 6 months coverage – premiums, deductibles and copays paid by NMDOH
 - Sustainable through 340B pharmacy revenue
- Current patient count: 15-
- Expected acceleration as providers at PHOs and Casa de Salud begin treating.

Partner Highlight:

Casa de Salud

- **Culturally humble integrative primary care.**
- Most patients are uninsured, self-pay. Prices are sliding scale. NM Medicaid and high risk insurance.
- Key services: primary care, acute care, harm reduction, addiction treatment, and related wellness services.
- Provides both traditional medical practices integrated with western medical practices
- Provides navigation services, which include food, housing, IDs etc.
- Serves low-income community, primarily mono-lingual Spanish community population
- Currently conducting HCV testing on entire patient population.

Partner Highlight:

The Mountain Center

- Nonprofit educational and experiential learning organization, anchored by therapeutic adventure programs serving NW New Mexico
- Strong focus on harm reduction and related medical and social services
- Established STD/HCV testing partner, and developing treatment services for PWUD
- Partners with external clinics to provide services in house
- Provides outreach directly to community members, going to houses or areas easy to access.

Partner Highlight:

La Familia Health Clinics

- FQHC serving the Santa Fe area since 1972.
- Been providing harm reduction services for 15 years.
- Well established primary care, acute care, STD/HIV and HCV testing partner.
- Separate clinic for people experiencing lack of housing.
- Experienced NP led the rewrite of the HCV Treatment Protocol (Maria McMahon).
- All under one roof model, can receive harm reduction, HCV treatment, primary care with one provider.

Harm Reduction: Partnering with Law Enforcement

Successful harm reduction is made possible by strong partnerships with law enforcement:

- New Mexico was the first US state to require officers to carry naloxone
 - [HB 370](#) was passed in 2017 by Rep. Sarah Maestas Barnes, Rep. Rebecca Dow, and Rep. Derrick J. Lente
- [Naloxone statewide standing orders for law enforcement](#) were implemented by NMDOH
- Ongoing training is offered to law enforcement regarding the New Mexico Harm Reduction Act, including the public health benefits of syringe services, overdose prevention education, and harm reduction programs



Photo by: KOAT News

Harm Reduction: Prevention Services

- Syringe services (including syringe exchange)
- Overdose prevention training
- Provide syringes to people who use insulin if they cannot otherwise afford or obtain them
- HIV, HCV and other STD counseling and testing
- Adult Viral Hepatitis vaccination and testing
- Adult Viral Hepatitis surveillance
- Wound and abscess care
- Variety of providers is key to success



Syringe drop box at the Las Cruces Public Health Office

Harm Reduction: Intervention Services

Harm reduction programs offer many opportunities for participants to enter treatment services:

- Community health and social service referrals
- Primary medical care referrals and direct service
- Active navigation into substance use treatment and HCV curative treatment
- Buprenorphine medication assisted treatment referrals
- Assistance in food support, substance use treatment, medical services, clothing, and housing
- Integration of HIV and STD programs improve program outcomes
 - Quick response to potential outbreaks
 - Increased testing for syphilis in harder to reach populations

Harm Reduction: Overdose Reversal Services

Harm reduction also focuses on reducing the likelihood of overdose:

- Naloxone distribution and training
- Overdose prevention training for program participants
- Overdose prevention training for law enforcement
- Providing fentanyl test strips to those most at risk

Improvement of Outreach

- Recent law requiring detention centers and prisons to provide MOUD to individuals who are in need. Many rural areas do not have a reliable provider for MOUD
 - NMDOH has committed to expanding healthcare in rural areas with little access. Increasing services such as MOUD and HCV curative therapy.
 - 3.5 Million from opioid settlement funds directly to increase MOUD in NM
 - 1.7 Million to expand MOUD in public health offices, with focus on rural New Mexico
- Commitment to bring services to people, especially people who are unhoused
 - 4 million in funds to expand navigation and healthcare services
 - Focus on both urban and rural areas of the state
 - Bringing basic health services to people
- Integration of medical services into harm reduction programs
 - People often trust their harm reduction providers this serves as a great linkage to care resource
 - Integrating harm reduction into larger service providers such as medical clinics can be done but there are some challenges

Reducing Barriers: Teaching Points for Stigma and Awareness

- Meet people where they are
- Treat people as people
- Ask people what they need – our success is not defined by our goals but by the improvement in the quality of lives of community members
- Use affirming language
- Mistakes happen – learn and move forward
- Active navigation/Linkage-to-Services

Thank you & Contact Information

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www.nmharmreduction.org

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