

END HEP C SF

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Strategic Plan 2020 - 2022



End Hep C SF WHO ARE WE?

We are a multi-sector collective impact initiative that utilizes evidence-based practices, community wisdom, and the creative leveraging of resources to work toward hepatitis C elimination in San Francisco. End Hep C SF began in 2016, and as we enter the era of our second strategic plan, this is a good time to reflect on what we have accomplished and where we want to be going.

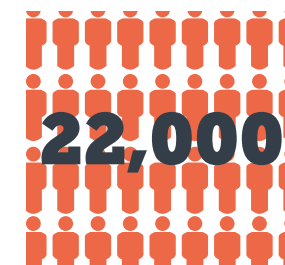
In the last 3 years, **we tested more than 11,500 people** in our community-based testing programs that focus on communities highly impacted by the hepatitis C virus (HCV) – 11% of whom tested positive for HCV antibodies. **We developed the city's infrastructure for low-threshold HCV treatment** through strengthening existing partnerships, obtaining new funding, and creating new programs. **We treated over 800 people** within the San Francisco Health Network, our system of publicly-run safety net clinics, and thousands more in the broader health care system of San Francisco. **We trained more than 30 people to be community navigators**, who interacted over 5000 times with their peers and linked numerous people to life-saving treatment. **We completed the first-ever citywide estimate** of the number of people living with HCV in San Francisco, and **we released a plan to eliminate HCV among people living with HIV in San Francisco**, with a goal to achieve a 90% reduction in

co-infections by 2023. **We worked with professional filmmakers** to create and disseminate a 4-part video series about our initiative and the people who make it amazing (<http://bit.ly/EHCSF-videos>), and **we held the first ever San Francisco Hepatitis C Research Symposium**, attended by more than 145 researchers and community members.

The landscape around us has also changed: Medi-Cal adopted universal HCV treatment and removed treatment restrictions that had previously created barriers for some, and the US Preventative Services Task Force recently recommended universal HCV screening for adults. California changed the Code of Regulations (Title 17 §2505) so that laboratories must report negative test results when requested by a local health officer, which will improve our ability to track the total number of active HCV cases in San Francisco.

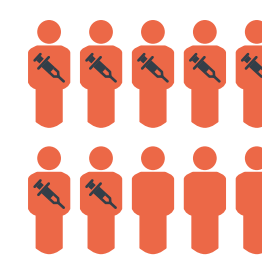
Yet despite all these accomplishments, we still face substantial barriers to eliminating HCV in San Francisco. HCV continues to impact people who are most stigmatized or disadvantaged in our society, especially those who inject drugs or who are unsheltered, African Americans and trans women, and people who are or have been incarcerated.

1 22,000 SAN FRANCISCANS HAVE HAD HEPATITIS C



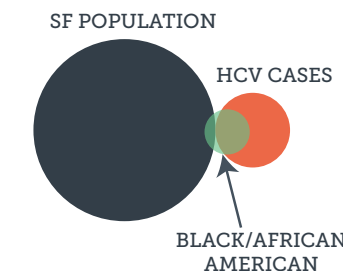
22,000 people—a number equal to the entire population of the Haight neighborhood—have had hepatitis C (are antibody positive).

2 HIGHER AMONG THOSE WHO INJECT DRUGS



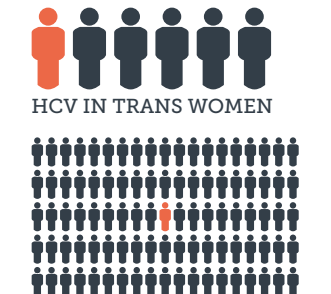
68% of active hepatitis C cases are among people who inject drugs, even though they are only 3% of the total population.

3 HIGHER AMONG BLACK/AFRICAN AMERICANS



6% of people in San Francisco are Black/African American, yet 31% of HCV cases are among this population.

4 HIGHER AMONG TRANS WOMEN



While 1 in 100 cis gender women are living with HCV, 1 out of 6 trans women are living with HCV.

Some providers still stigmatize people living with HCV, thereby inadvertently creating disincentives to access HCV treatment. San Francisco's economic inequality continues to worsen, with the extremely high cost of housing leading to displacement and homelessness, in turn generating additional barriers for impacted populations to access HCV prevention and treatment. Accidental overdose continues to be a major risk for many people living with HCV and their loved ones, including those recently cured. New HCV infections continue to occur, fueled by an ongoing opioid and methamphetamine epidemic and a worsening housing crisis. We still have no way to pay for HCV treatment for people in our county jails, and we must continually strive to achieve equity in treatment rates for people who use drugs, African Americans, and people who are unhoused or unstably housed. We continue to struggle with an uncoordinated and underfunded system for HCV-related data collection and analysis, which would help us use data to answer key questions about the fastest and most effective ways to address persistent HCV-related health inequities, and ultimately eliminate HCV.

Our strategic plan is designed to move us forward toward our vision of the future, using a collective impact framework and evidence-based decision-making to continue to make change.





VISION STATEMENT

End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat, and hepatitis C related health inequities have been eliminated.

MISSION STATEMENT

To support all San Franciscans living with, and at risk for, hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce morbidity, mortality, and stigma related to hepatitis C.



VALUES

We believe that:

- All people living with HCV deserve access to HCV treatment.
- Everyone living with or at risk for HCV should have equal access to prevention and care regardless of individual characteristics, including but not limited to race/ethnicity, insurance status, housing status, appearance, gender identity, sexual orientation, age, mental health status, incarceration and substance use.
- Our work is most effective when people who have lived experience with HCV are involved in all aspects of planning and implementation.
- It is imperative to draw on the wisdom of service providers, activists, people who use drugs, and others in the community who have been most impacted and engaged in the fight against HCV over many years.
- Housing is healthcare, and we must support housing advocacy efforts, while simultaneously working to employ creative strategies to treat people and prevent HCV in the absence of stable housing.

We are committed to working together to:

- Provide interventions that are evidence based, and continuously review our progress to determine areas where we need to improve, through the regular collection of and use of local data related to HCV.
- End stigma about HCV and people living with HCV.
- Maximize the health and wellness of people who use drugs by treating them with respect, ensuring access to appropriate services, and empowering them to reduce harm and make choices to improve their health.
- Continue to invest in populations that have frequently been characterized as “difficult to engage,” as we realize that these groups often have the greatest unmet need for services and support.

Structure and Priorities

Under this new strategic plan, our initiative is expanding to include four areas of focus, with the following key initiatives for 2020-2022:

1. Policy and Advocacy

- Strengthen collaboration, communications and advocacy about HCV elimination in and beyond San Francisco
- Continue to advocate for improved viral hepatitis funding, data collection and public reporting
- Advocate for policy and technological changes that will remove barriers to starting HCV treatment, including prior authorizations

For more details of our up-to-date strategic priorities, see: www.endhepcsf.org/policyadvocacy

2. Prevention, Testing, and Linkage

- Increase mobile and venue-based testing for those who are highly impacted by HCV, including trans women, people who use drugs, African Americans, and people who are unhoused
- Work with the Treatment Access workgroup to expand options for HCV treatment in non-clinical spaces and rapidly link people with HCV to care, including in SROs, shelters, and navigation centers
- Reduce HCV-related stigma via development and launch of an anti-stigma campaign focused on providers

For more details of our up-to-date strategic priorities, see: www.endhepcsf.org/preventiontestinglinkage

3. Treatment Access

- Set realistic, data-driven targets for HCV treatment throughout San Francisco, to be examined and updated on a yearly basis
- Improve access to treatment for populations we have not yet adequately reached, including pregnant women and people who are in jail, have long term stays in inpatient settings, who use drugs and/or are engaged in opiate substitution, and who are unhoused or live in single residence occupancy hotels (SROs)
- Continue to develop creative delivery models, including new strategies created in partnership with mental health providers, private health centers, and organizations that serve African American and Latinx communities

For more details of our up-to-date strategic priorities, see: www.endhepcsf.org/treatmentaccess

4. Research and Surveillance

- Improve End Hep C SF's ability to use data to drive our work, including setting benchmarks for our testing, treatment, and prevention strategies and projecting a realistic target date for HCV elimination in our city given those intervention benchmarks
- Seek funds for research grants and administer Requests for Applications (RFAs) to answer key data questions
- Serve as a data consultant for other End Hep C SF workgroups and the Coordinating Committee, providing technical assistance as needed to improve our ability to use evidence-based strategies

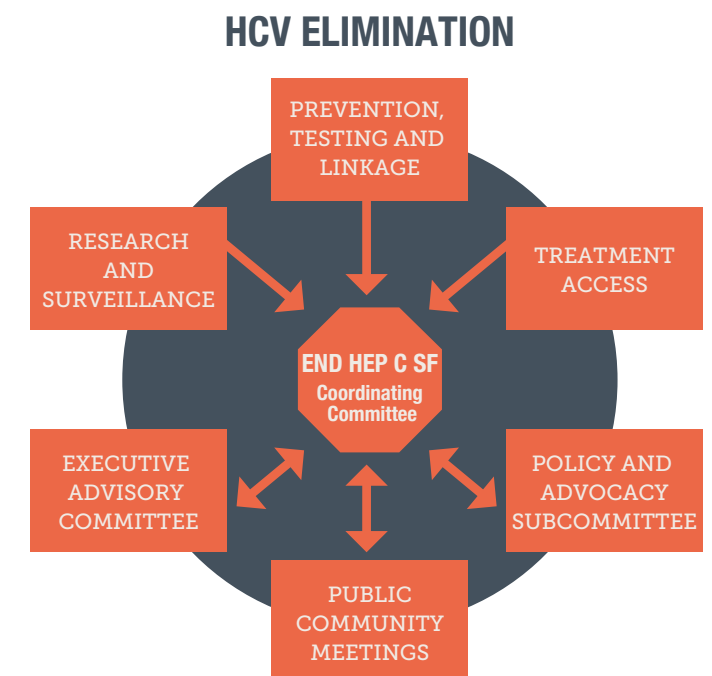
For more details of our up-to-date strategic priorities, see: www.endhepcsf.org/researchsurveillance

Community is our Heart

The lifeblood of our initiative is our community members, especially those who have lived experience with HCV. Since 2018, we have piloted a community navigator program, with three cohorts of navigators being trained and supported through mini-grants to three community-based organizations: Glide, the San Francisco AIDS Foundation, and St. James Infirmary. In 2020, we are moving to expand this program and make it permanent and sustainable. Our community navigators will begin providing targeted outreach and treatment support to people living in SROs.

We continuously strive to improve representation and build leadership in our initiative so that community members guide this work at all levels, and we believe in appropriate compensation for their labor and expertise. Whenever possible we strive to offer a menu of options for different levels and types of participation, to include people with lived experience of HCV as part of our leadership, and to balance community and clinical voices in our work. Together, we continue to learn from each other, grow collectively, and steadily improve our work toward eliminating HCV.

Policy and Advocacy is addressed through an open subcommittee of the initiative's Coordinating Committee, and the other three areas are managed through three active workgroups. Our work is also continuously informed by input from our Executive Advisory Committee, a group of physicians and senior policymakers who provide additional expertise and specialized knowledge, and from our semi-annual public community meetings, where we offer a regular means for a broad community of people who care about addressing HCV to gather, learn, and share perspectives on progress and priorities.



In Memory of **ORLANDO CHAVEZ**

Orlando Chavez was one of those rare, authentic champions of everyday people – a tireless activist for everyone who was living with hep C. He understood the value of his lived experience, and his street smarts, which he put to great use in the service of others through his outreach work. He was a non-stop advocate and agitator, adding his voice at rallies and protests across the nation. He talked of being a sherpa, going into the wilderness to find and guide people to hep C treatment. His dapper style, with his sharp suits and a sharper tongue, were legendary in the community – as was that seemingly permanent, mischievous twinkle in his eye. From the polished halls of Congress in DC, to the cramped offices of the State Capitol in Sacramento, to the grimy streets of Oakland and San Francisco, the Big O was always advocating, always educating, and always agitating to improve the lives of people who use drugs and increase low-barrier access to hep C treatment. His

legacy remains strong and continues to grow with us today, and we're proud to dedicate this strategic plan to him.



Orlando was a hero.

He was deep in the fight to End Hep C from the very start.

He was a leader who inspired all of us.

He was at every rally and linked so many to care — and so much more.

He always insisted that it was bigger:

that is was, and IS, an issue of social justice.

He is gone but his work lives on through all of us.

“Hey Hey, Ho Ho, Hep C has got to go!”

by Paul Harkin and Pauli Gray, on behalf of End Hep C SF

End Hep C SF Community Partners

To date, 37 organizations and more than 100 individuals have officially signed on to the End Hep C SF initiative. Anyone with lived experience with HCV, people who work on HCV-related issues professionally, and anyone who wants to learn more about HCV are encouraged to sign on as community partners. These partners sign a simple document confirming that they share the vision of HCV elimination in San Francisco, and will offer staff time and expertise to support the work of End Hep C SF.

Participation from representatives of these various organizations per the Collective Impact framework is what keeps us steadily moving toward HCV elimination in our city. More information can be found at www.endhepcsf.org if your organization would like to officially sign on!

