



ANNUAL EVALUATION REPORT

Prepared by Facente Consulting
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Executive Summary

End Hep C SF (EHCSF) is a cross-sector initiative that utilizes evidence-based practices, harm reduction, community wisdom, and the creative leveraging of resources to work toward hepatitis C (HCV) elimination in San Francisco (SF). Using a Collective Impact framework, EHCSF unites a diverse group of stakeholders from various sectors to collaboratively develop and support HCV elimination strategies. This report was developed through 11 interviews with members of the initiative, 25 responses to the annual member survey, and data from EHCSF partner programs.

Results

Successes:

Members felt that EHCSF excelled in many areas and made progress towards recommendations from 2020. Notable successes in 2021 included maintaining momentum towards EHCSF's goals despite the COVID-19 pandemic, avoiding service disruptions through collaborative troubleshooting of COVID-19 related issues, advancements in research and related publications, the launch of a new cohort of community navigators, the creation of EHCSF's flex fund, expansion of antibody testing, and progress made toward closing the gap on confirmatory RNA testing for antibody positive San Franciscans.

Challenges:

EHCSF members consistently stated that many of 2021's challenges were related to the COVID-19 pandemic. With these circumstances in mind, members identified several areas where EHCSF fell short in the past year and offered ideas on how to improve. Themes included insufficient community outreach and engagement efforts, lack of access to city-wide surveillance data, inability to track internal treatment and navigation data, and an ineffective digital communication platform.

Next Steps

EHCSF should consider the following recommendations in the coming year:

- Revise the strategic plan to account for the challenges brought on by the COVID-19 pandemic.
- Continue to advocate for access to city-wide treatment data and build systems for internal data-sharing.
- Prioritize outreach to organizations that provide services to neighborhoods in high prevalence areas with lesser access to HCV treatment.
- Reduce the real and perceived barriers for new people to get involved in the initiative.
- Raise awareness about EHCSF's public data dashboard and its applications.
- Work with partner program sites to understand and resolve obstacles to regularly attending workgroup meetings
- Work with partner programs to troubleshoot obstacles to submitting HCV data to SFDPH or EHCSF in a timely way.
- Provide career development opportunities for workgroup members.

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I. Background

Since its inception in 2016, End Hep C SF (EHCSF) has grown to include more than 30 community partner agencies ranging from community-based organizations, government agencies, clinical providers, and research institutions with the shared goal of eliminating HCV in San Francisco. EHCSF utilizes a collective impact framework, which brings together partners from different sectors to solve complex social problems using a structured form of collaboration.

This report explores EHCSF’s successes and challenges in 2021, progress made towards achieving the initiative’s goals, next steps for the group, and reflections on EHCSF’s performance on the five tenets of the collective impact approach: common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. This report was developed with input from 11 interviews with members of the initiative, an annual member survey taken by 25 members, and data supplied by EHCSF programs. The pie charts that appear in this report depict results from the member survey, while line graphs show SFPD and city-wide data.

II. Progress Updates

As part of their annual evaluation in 2020, EHCSF members identified several future directions for the group. Members were then asked to rate how well the group progressed toward meeting these goals as part of the 2021 evaluation process. The results are summarized in this table below, and the Qualitative Results section of this report provides additional context and details about these themes.

Recommendation	Excellent	Good	Fair	Poor
EHCSF should identify new ways to provide outreach and education to clients as well as continue to adapt their testing and treatment approaches to the new landscape brought on by the pandemic.	56%	40%	4%	0%
EHCSF should continue to advocate for funding, data, and administrative changes to expand and improve the quality of hepatitis C efforts in the city.	44%	52%	4%	0%
EHCSF should continue to develop and integrate the current participants and groups, building internal coherence.	32%	52%	16%	0%
EHCSF should prioritize improving capacity to collect and utilize quality data related to HCV.	56%	40%	4%	0%

Successes

Members overwhelmingly felt that EHCSF excelled in many areas over the past year, despite the difficulties imposed by the COVID-19 pandemic.

Prominent themes:

Holding consistent meetings and sustaining momentum toward EHCSF's goals despite the challenging environment were considered significant successes. Many members stated that the ability to maintain testing and treatment services, albeit at diminished numbers in comparison to pre-COVID levels, as well as maintaining coordination while allowing for flexibility in meeting structure was a testament to the strength of EHCSF's backbone support.

Collaborative problem-solving strengthened relationships and reduced disruptions in care. The format and facilitation of workgroup meetings adapted to meet the needs of the group without sacrificing the progression of EHCSF's progress towards its goals.

The launch of a new cohort of community navigators indicates progress toward resuming pre-COVID programs. The community navigator program had been on pause since the city's Shelter-in-Place order was instituted in 2020. However, EHCSF was able to pivot programming by utilizing community navigators to aid in the NOW Study's outreach and intake processes. EHCSF welcomed a new cohort of community navigators in 2021, providing training in both English and Spanish.

End Hep C SF added a new "flex fund" program to boost community engagement activities. The launch of EHCSF's flex fund was a major success of 2021. This fund will provide member organizations with up to \$2,000 to pay for one-time costs for activities that support the initiative's objectives.

The Community Research and Data Stewardship workgroup made significant contributions to the public's understanding of HCV in our community. Members published several HCV-related reports in 2021, including a [report on preliminary results of the No One Waits \(NOW Study\)](#); a [Viral Hep C Surveillance Report, 2018-2019](#); a [case study of hepatitis C elimination during the COVID-19 pandemic](#), published in Public Health Reports; a journal article on [hepatitis C care cascades for 3 populations at high risk](#); and a poster on the benefits of using the collective impact approach to develop paths to eliminating Hepatitis C in young adults who inject drugs, featured at the [International Conference on Health and Hepatitis Care in Substance Users \(INHSU\) conference](#).

“Considering how difficult it has been to maintain testing and treatment services during the COVID-19 pandemic, the ability of all our agencies to adapt and still be able to service our communities is worth recognition”

Challenges

EHCSF members were asked to reflect on specific challenges where the initiative fell short of making anticipated progress and lessons that can be learned from the group's performance in 2021.

Prominent themes:

The COVID-19 pandemic continued to inhibit EHCSF's ability to carry out activities that were previously planned for the year.

Many respondents believed that many of the challenges cited below were largely unavoidable due to the obstacles imposed by the pandemic.

Networking opportunities have been more limited since the start of the pandemic, leading to a lack of recruitment of providers in neighborhoods with high HCV prevalence and low access to HCV treatment.

Members would like to prioritize strategic outreach to organizations in lesser served areas of the city that don't traditionally provide HCV-focused services. A focus on recruiting new members from different areas of the city, whose valuable perspectives are currently underrepresented in the initiative, would likely improve service access in those areas and benefit the initiative as a whole.

The lack of both internal and external data regarding testing, navigation, and treatment continues to inhibit the initiative's understanding of HCV in San Francisco.

Many members expressed frustration in the limited nature of city-wide surveillance data, and several interview participants stated that EHCSF needs access to data from other major HCV treatment providers in the city. Additionally, the absence of a shared database amongst community navigator programs makes it difficult to track internal treatment and navigation data.

End Hep C SF's digital communication platform is ineffective.

Members who participated in interviews stated that there is a need for an improved electronic communication platform (currently GroupSite). This process is complicated by firewalls at various agencies, but EHCSF is currently in the process of identifying an improved platform.



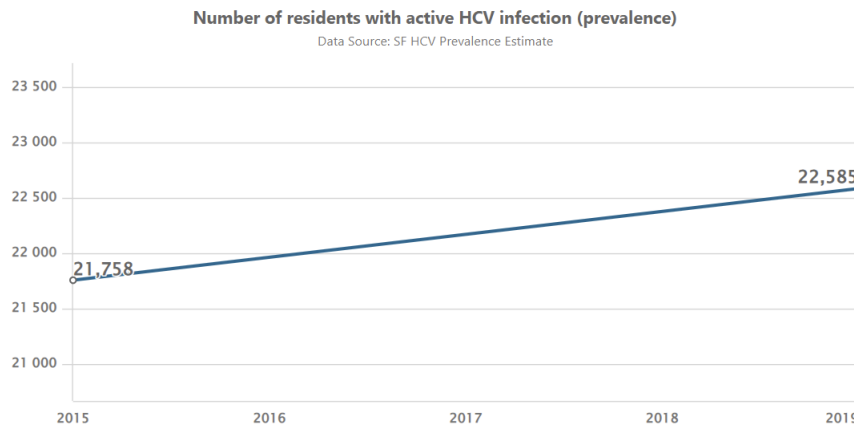
III. Quantitative Results

A. City-Wide Indicators

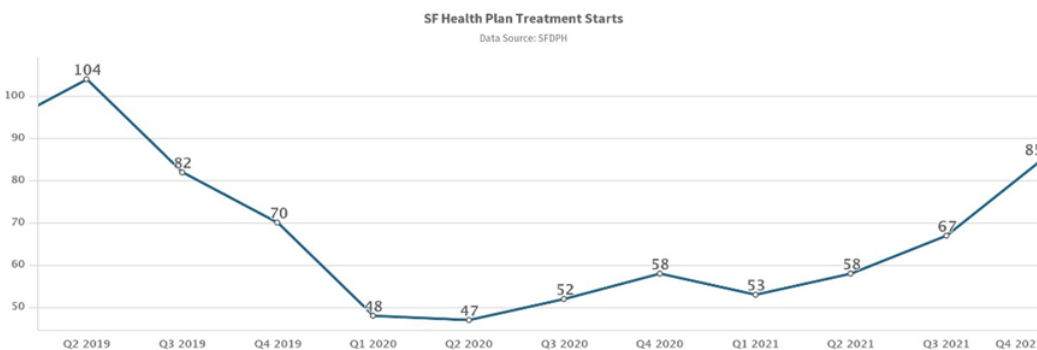
End Hep C SF uses a [Results Based Accountability \(RBA\)](#) framework that allows the group to continuously monitor progress towards the initiative’s goals, measure the impact of their efforts, document factors influencing data trends, and make strategic plans for improvement. The End Hep C [Program Performance Measures Data Dashboard](#) displays program-level data, while the [San Francisco Hepatitis C Data Dashboard](#) tracks important city-wide indicators, above and beyond those things under the control of EHCSF. These data dashboards measure outcomes and progress toward elimination, while the qualitative evaluation assesses the effectiveness of EHCSF's process.

Notable Measures:

Total number of HCV cases increased in San Francisco. In 2021, EHCSF members published The Viral Hepatitis C Surveillance Report, 2018-2019, which shows that the prevalence of people with active HCV infection increased between 2015-2019.



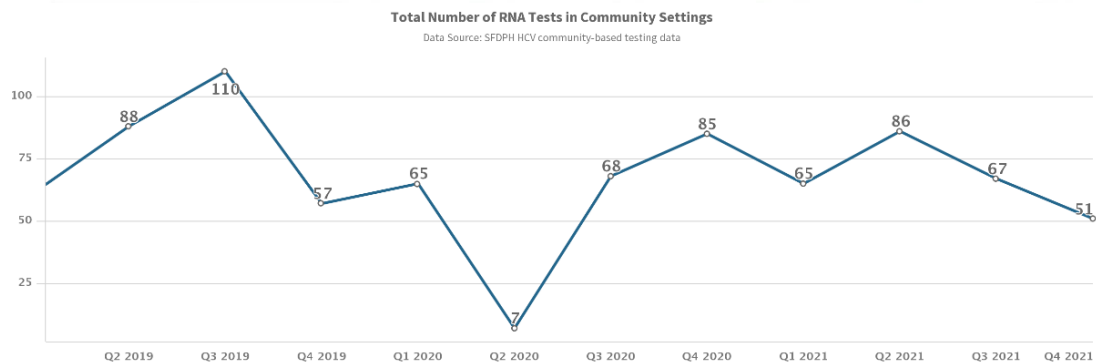
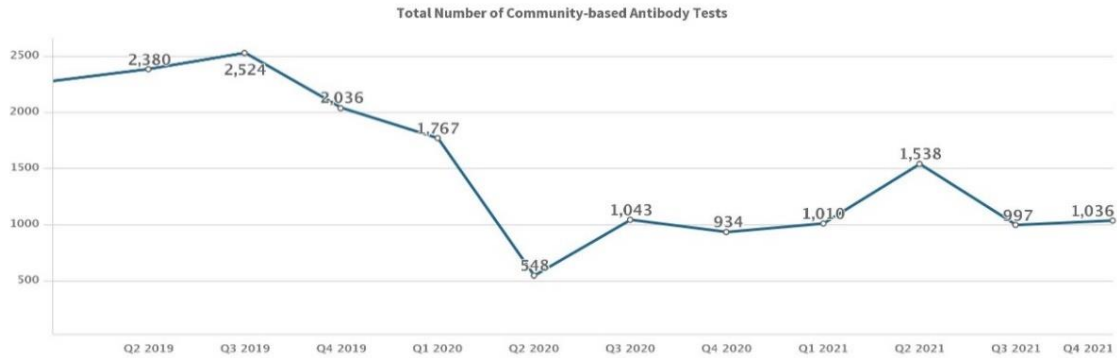
SFHP saw an increase in new HCV treatment starts. The San Francisco Health Plan (SFHP) is the managed care health plan that serves the majority of low-income San Franciscans, and the majority of persons tested by End Hep C SF partner programs use SFHP for health insurance. EHCSF continues to advocate for the collection of negative RNA results, which would allow high-quality estimates



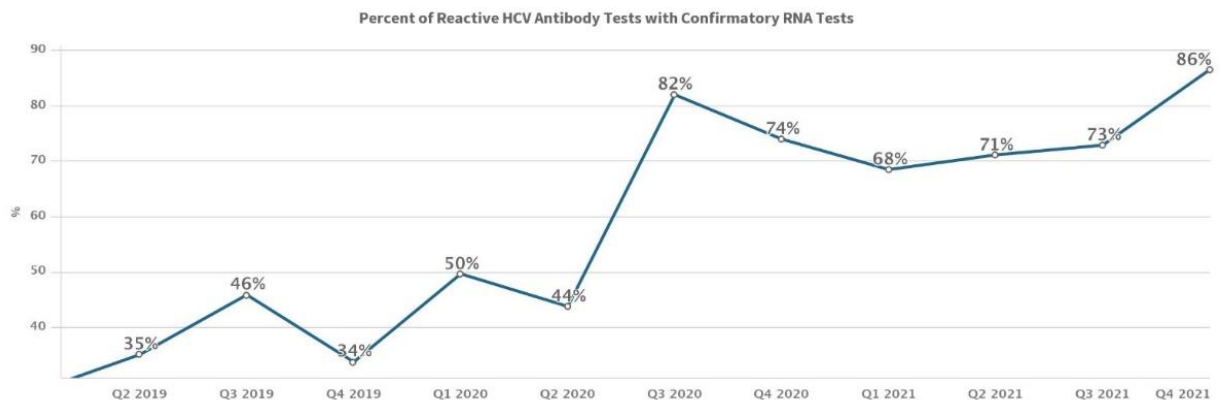
of the number of San Franciscans treated each year. In the meantime, SFHP data functions as an important proxy of citywide treatment progress and highlights treatment data for San Franciscans of lower socioeconomic status, which overlaps with many EHCSF priority populations. SFHP treatment starts increased significantly in 2021 compared to 2020. If this trend continues to follow the same trajectory, SFHP’s treatment starts will exceed pre-pandemic levels by the end of 2022.

B. Program Performance Measures

Antibody and RNA testing increased in 2021 but testing volume has not returned to pre-pandemic levels. Although HCV antibody testing has not returned to pre-pandemic levels (9,226 antibody tests in 2019), the initiative performed 39% more antibody tests in 2021 than in 2020 (5,948 vs 4,296). The total number of HCV RNA tests followed the same trajectory.



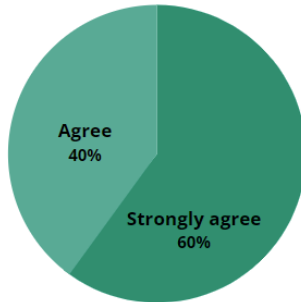
End Hep C SF has made clear progress in closing the gap between preliminary and confirmatory HCV testing. According to the most recent data, the number of people with reactive antibody tests who received confirmatory RNA testing was 76% in 2021, up from 36% in 2020, and 68% in 2019. This measure is important because it shows whether End Hep C SF programs are determining whether their clients have an active infection that requires treatment, which achieves one considerable step between HCV infection and cure. Although more work is needed to reach the target of 100%, EHCSF has made clear advancements towards achieving this goal.



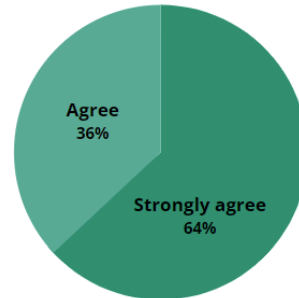
IV. Qualitative Results

A. Common Agenda: We agree on our vision, mission, values, and strategies.

EHCSF'S [current strategic plan](#), which was crafted in 2019 by group members with support from Facente Consulting, provides a detailed roadmap to guide the initiative towards achieving its objectives. Interview and survey participants were asked to share feedback on EHCSF'S strategic plan and whether they feel that the group operated with a shared vision and mission in 2021.



End Hep C SF includes a diverse set of voices and perspectives from multiple stakeholders.



End Hep C SF has developed a shared vision and cohesive strategy for eliminating HCV in San Francisco.

Prominent themes:

Although the 2020-2022 strategic plan continued to guide and inform EHCSF's work in 2021, the COVID-19 pandemic limited the plan's relevance and application. Many members felt that

while the strategic plan provided structure to EHCSF's efforts in 2021, it needs to be revised to reflect the realities of the pandemic. Interview participants also suggested that EHCSF should try to incorporate the strategic plan in the group's day-to-day work and provide periodic "refreshers" for members.

The occasional absence of representation from some of EHCSF's highest-volume testing sites at workgroup meetings makes it difficult to form cohesive strategies.

Some members stated that it's difficult to "get everyone on the same page" about strategy when some of EHCSF's highest volume sites are absent from important strategy conversations.

Voices of providers from neighborhoods with disparities in access to HCV care are largely missing from the initiative.

Community engagement activities have largely been on pause over the past two years. Many members that were interviewed feel that EHCSF should refocus on strategic outreach to recruit new members whose perspectives are under-represented in the initiative in 2022.

"We're looking at high prevalence rates in different neighborhoods like Treasure Island, Bayview, and Hunters Point but I don't think we've recently done a deep dive to figure out what treatment looks like in those spaces....Maybe we should just be talking to clinicians in [those areas] to get their perspective and their patients' perspectives and learn what we can do to meet their needs versus just doing what we think they need from the outside."

B. Shared Measurement: We jointly determine shared measures to demonstrate the success of this initiative, for which all the different partners can collect data.

EHCSF's Clear Impact™ data dashboards were revised in late 2021 in an effort to make them more accessible to the community, highlight EHCSF's priorities, and provide each program access to their own individual dashboard. Members were asked to reflect on the design and management of EHCSF's evaluation efforts.

Prominent themes:

End Hep C SF's evaluation efforts are effective and transparent. Members stated that they had access to most or all of the internal data they needed over the past year, and that EHCSF's backbone is very responsive to data requests. Respondents also shared their appreciation for the RBA framework specifically for its transparency and effectiveness.

“EHCSF is really trying to make data accessible, and I think that's success unto itself because they bring it forward and make it really digestible. It's a totally different model than I've seen in other any other kind of [infectious disease] work.”

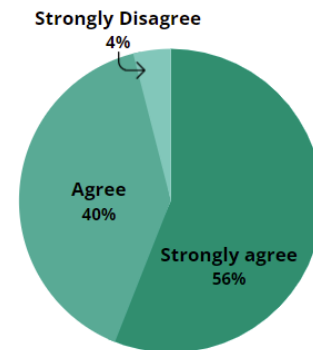
There are inconsistencies in awareness and use of EHCSF's data dashboards amongst members.

Several interview participants stated that they hadn't looked at EHCSF's Clear Impact™ dashboards at all in the past year, but those who hadn't used it stated that program data wasn't applicable to their work. More than one respondent mentioned wanting access to data points that are currently tracked and appear in the EHCSF dashboard, which suggests the EHCSF backbone could increase efforts to raise awareness about the dashboards and their purpose.

Some of EHCSF's programs are frequently late in submitting data, which limits the accuracy and application of the dashboards. Some of EHCSF's highest volume testing sites do not submit data in a timely manner, which undermines the initiative's evaluation efforts.

EHCSF continues to struggle to gather data on access to HCV treatment and navigation from partners. Respondents voiced frustrations around their inability to access city-level data, though acknowledged that the capacity of SFDPH and other treatment providers to solve this problem with data-sharing agreements is severely diminished due to the competing demands of the COVID-19 pandemic.

The lack of a data-sharing system for community navigator programs makes it difficult to track internal treatment and navigation data. Currently, there is no system for sharing de-identified data amongst organizations with community navigator programs. This inability to effectively coordinate with one another creates potential barriers for patients. Gaining access to the EPIC system or creating an internal database that tracks clients by code rather than by identifying information could rectify this issue.



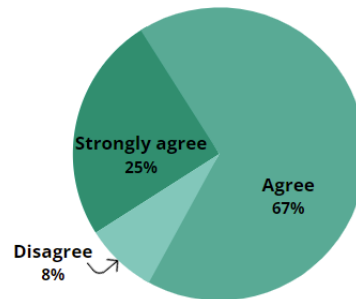
The process of designing and managing the measurement of EHCSF's progress toward HCV elimination (e.g. data-based indicators) is participatory and transparent.

“They want us to know how many people got cured but we have no way of tracking that information. We don't know if people are going to multiple orgs.”

C. Mutually Reinforcing Activities: Instead of acting uniformly, the participants in the initiative strategically coordinate a wide variety of activities that mutually reinforce the common agenda.

Participants were asked for feedback on the coordination of efforts and activities between different workgroups and EHCSF member programs over the past year.

“EHCSF was really, really helpful because they were making these connections [with SIP hotels] for us. That’s exactly what I would love to see EHCSF be, a facilitator of connections that helps people sort out problems or identify common solutions. That is exactly what we should be doing.”



EHCSF workgroups effectively coordinate their activities with one another to advance EHCSF’s strategic priorities.

Prominent themes:

Members believe that EHCSF activities are well-coordinated.

Members cited the success of UCSF’s DeLiver van partnering with Shelter in Place (SIP) hotels to provide mobile HCV testing, as well as the launching of the EHCSF’s flex fund as examples of effective coordination over the past year.

Workgroup meetings provided space for program staff to collaborate on important emerging issues.

Members appreciated the use of meeting time to collaborate on program-level issues, such as the roll out of COVID-19 vaccination services and troubleshooting workforce disruptions with one another.

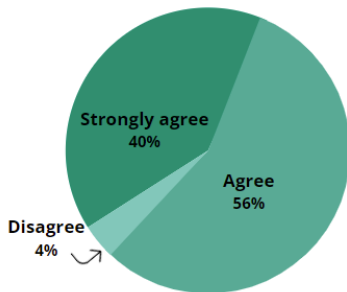
Awareness of EHCSF’s events and activities is higher in some workgroups than in others.

Some members thought there wasn’t enough cross-collaboration between workgroups. One participant suggested that members of each workgroup join other workgroups periodically to give updates or presentations on their work.

“I think coordination within EHCSF is going well, but it feels like there’s a lot going on [in the workgroups] all the time...I feel like the Coordinating Committee agenda is often really full so I don’t always know what’s going on in the working groups.”

D. Continuous Communications: Constant communication exists not only within the Coordinating Committee and between partners but also with the community.

Participants were asked to describe communication within the initiative and with external stakeholders, and what they believe keeps people motivated to continue to engage in the group.



Structures and processes are in place to keep EHCSF members engaged, informed, and motivated.

Prominent themes

Members feel that communication generally works well within EHCSF and feel well informed about activities throughout different workgroups. Several added that leadership is responsive and helped the initiative adapt to virtual meeting settings quickly and effectively.

Strong relationships between EHCSF members and a shared interest in HCV and health justice keep members motivated and engaged. Many EHCSF members that were interviewed believe that group members' dedication

to mutual interests and the strong relationships with one another, rather than formal communication structures, are what keeps them energized and motivated to stay active and informed.

The current electronic communication platform is ineffective. Due to many members' aversion to using GroupSite™, most of EHCSF's internal communication occurs at workgroup meetings. Some members stated that they feel out-of-the-loop because of this, particularly when they need to miss meetings. EHCSF staff continues to search for a new system that accommodates the needs of the initiative's many members and aren't blocked by agency firewalls.

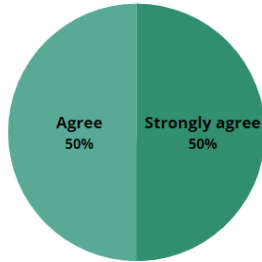
"As a participant in just one work group, it has been hard for me to track what's going on in other workgroups...I sense that we operate in a bit of a silo. It's hard to track what progress is being made."

Communication with external stakeholders needs to be given higher priority. Stakeholders mentioned included prospective partner organizations, coalitions, non-member organizations, and funders. Participants felt that inadequate outreach has been caused by the COVID-19 pandemic but suggested that more attention to this issue be given in 2022.

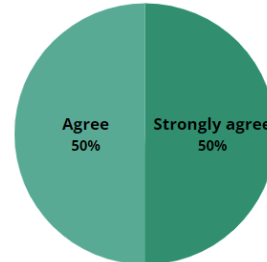
Some members believe that too much deference is given to people viewed as leaders or experts in the group. A few interview members that were interviewed raised the issue that there is not enough discourse in workgroup meetings, which can sometimes lead the group to pursuing the wrong things. They recommended that EHCSF's meeting facilitators explore different ways of engaging members who don't speak up as much during workgroup meetings.

E. Backbone Support: There is an independent group identified to coordinate, facilitate, and advance the initiative as a cohesive set of activities.

EHCSF's backbone support is made up of the Coordinating Committee and the initiative's backbone staff; EHCSF Coordinator Joanne Kay, EHCSF Strategic Director Brittany Maksimovic, and Facente Consulting staff Shelley Facente and Katie Burk. Members of EHCSF faced many structural difficulties throughout the year, such as workforce disruptions, departure of coordinating staff, and organizational instability. Respondents were asked how well backbone support responded to these disruptions and whether they believed backbone support kept the group on track with its mission and priorities.



EHCSF's backbone support effectively coordinates participating organizations and all the moving parts required to ensure the success of the initiative.



EHCSF's backbone infrastructure effectively guides the group's vision and strategy.

Prominent themes

Members believe that EHCSF is a well-coordinated and effective collective. Although the departure of the SFDPH's Viral Hepatitis Coordinator, who played a prominent role in EHCSF, presented obstacles, EHCSF's Backbone Support was strong, supportive, and effective throughout the year. The launch of a new cohort of community navigators and the ability for Backbone Support to guide members through unexpected circumstances were frequently mentioned as examples of strong support, as were consistency of workgroup meetings and securing new funding.

Staff went above and beyond to help programs navigate disruptions in 2021. Examples included EHCSF staff volunteering at member programs when they were short-staffed to prevent service disruptions and participation in new community coalitions.

"We continued to have productive workgroup meetings throughout the pandemic, even when [COVID-19] was surging, which is a testament to the importance of this group."

Meetings are well-run, effective, and flexible. Many participants stated that meetings are productive and well-facilitated and appreciated Backbone Support's flexibility to adapt meetings so that members can discuss and troubleshoot emerging issues, such as rolling out COVID-19 vaccination programs.

Real and perceived barriers to participating in the group are too high and limit recruitment of new members. Some respondents felt that there should be more clarity on who can join the initiative and how to get involved, and that this information should be featured prominently on the website and in marketing materials. These respondents also felt that attending workgroup meetings might not be feasible for some stakeholders, and that the initiative should create more roles at various levels of responsibility to accommodate people who want to get involved but don't have much time to contribute.

F. Policy and Advocacy

Policy and advocacy are not explicit tenets of the collective impact model, however, because EHCSF created the Policy and Advocacy workgroup in 2021, interview respondents were asked to reflect on these efforts as well as areas of policy or advocacy they would like EHCSF to focus on in the coming year.

Prominent themes:

The creation of a Policy and Advocacy workgroup and procurement of new funding were significant achievements in 2021. Though respondents stated that COVID-19 generally precluded progress toward policy and advocacy efforts, they felt that officially naming the Policy and Advocacy workgroup and securing new funding indicated EHCSF's success in this area.

End Hep C SF should focus their policy and advocacy efforts on supporting, rather than leading new initiatives. More than one participant stated that in their opinion, legislative policy and advocacy is not one of EHCSF's main priorities and that the initiative should provide support to policy work led by others rather than spearheading it. These participants feel that the group's advocacy efforts should focus on the initiative's direct needs, such as advocating for the city to require reporting negative tests and rectifying EHCSF staffing concerns.

2022 priorities should include organizing around World Hepatitis Day, the implementation of new Medi-Cal prescribing structures, and advancing the goals of other initiatives that organize around issues related to HCV. Respondents stated that they would like to see EHCSF strengthen partnerships and advocacy for related issues such as perinatal transmission, Hepatitis A and B, HIV, overdose prevention, and other issues affecting the unhoused.

"The way we will be effective in policy and advocacy is by partnering with other very active policy groups, rather than us being the policy group itself... we don't necessarily need to be the ones going to Sacramento and doing the lobbying, I think we need to partner with groups who are doing that and use our energy very wisely."



V. Next Steps

The following is a broad overview of recommendations based off the feedback of End Hep C SF's members.

Prominent themes:

- 1. End Hep C SF should revise or re-develop the strategic plan to account for the challenges brought on by the COVID-19 pandemic.** EHCSF has planned to initiate a new strategic planning process in the Spring of 2022. Backbone Support members should be intentional about weaving the initiative's new strategic priorities into day-to-day work in future years.
- 2. End Hep C SF should continue to advocate for access to city-wide treatment data and build systems for internal data-sharing.** Members specifically recommended pursuing data-sharing agreements with Kaiser Permanente, local hospitals, and other agencies that conduct HCV testing and treatment. It is worth noting that SFDPH staff are actively working on increasing capacity to collect and analyze negative RNA results, which would enable city-wide estimates of HCV treatment provision.
- 3. End Hep C SF should prioritize outreach to organizations that provide services to neighborhoods where key populations reside and communities with disparities in access to HCV care.** Outreach can be strategically designed to build skills and capacity for EHCSF members looking for career development opportunities. Additionally, EHCSF should conduct more informal research to understand barriers to treatment for these populations.
- 4. End Hep C SF should find ways to reduce the real and perceived barriers for new people to get involved in the initiative.** Examples include creating a "get-involved" page or link that is prominently displayed on the website and developing new channels for people with limited capacity or experience to get involved on various levels.
- 5. Backbone Support should raise awareness about End Hep C SF's public data dashboard and its applications with all workgroups.** Additionally, EHCSF should continue to work with members to find out what data are most important for them to have access to so that the workgroups can prioritize action items.
- 6. End Hep C SF should work with testing sites to troubleshoot obstacles to meeting attendance.** Backbone Support members should meet with the necessary program staff to determine the barriers that prevent them from attending meetings,
- 7. SFDPH should work with testing sites to address barriers to timely data submission.** SFDPH should communicate with partner program sites and find creative solutions to data-submission problems.
- 8. End Hep C SF should work on facilitating career development opportunities for workgroup members.** This may require Backbone Support to find ways to stimulate constructive discourse and empower some of the group's quieter or less involved members to represent the initiative at community meetings and events.

