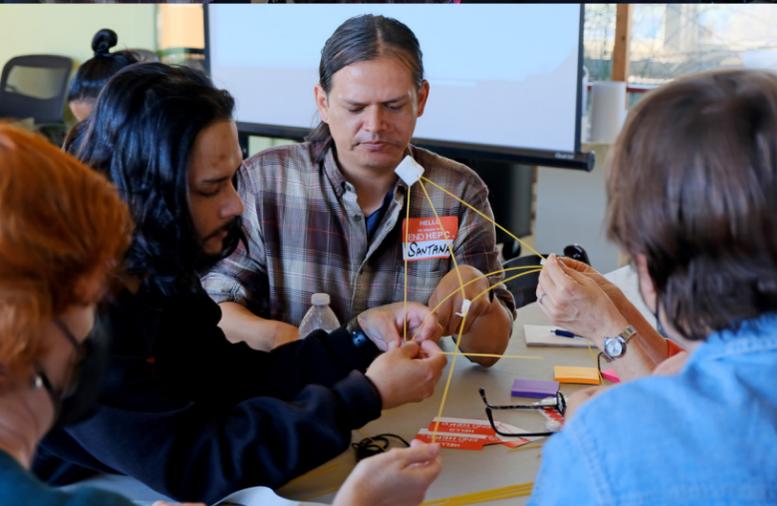




END HEP C SF **STRATEGIC PLAN**
2023 - 2025





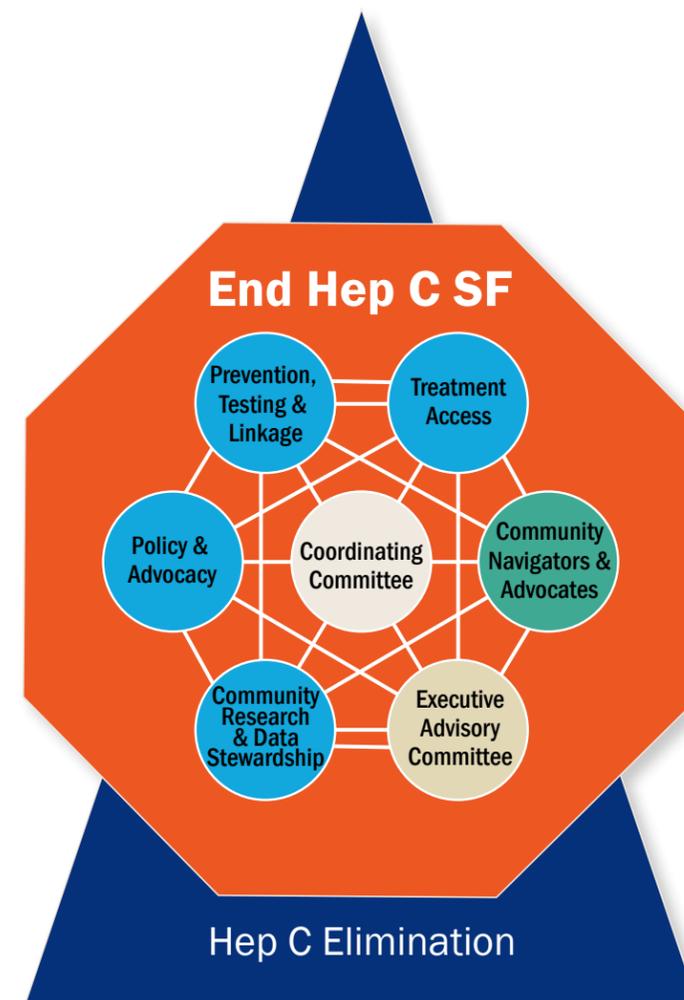
About Us

End Hep C SF is a multi-sector **collective impact** initiative that utilizes evidence-based practices, community wisdom, and the creative leveraging of resources to work toward **hepatitis C** (HCV) elimination in San Francisco.

San Francisco has a history of innovative and ambitious public health efforts. End Hep C SF emerged from that history to tackle **an epidemic that kills more Americans than the deaths from sixty other reportable infectious diseases**, including HIV, pneumococcal disease, and tuberculosis, combined (excluding COVID-19).

More than 150 members of End Hep C SF, representing **38 organizations** and many passionate individuals, apply evidence-based strategies to prevent and treat hepatitis C, **track metrics for testing and treatment** and promote public awareness to advance our mission. San Francisco was the first city in the U.S. to declare a commitment to eliminating HCV as a public health threat. Since our origin in 2016 we have **worked together as a community** to save lives and prevent further HCV transmission.

Today, our initiative functions with the leadership of a Coordinating Committee, four workgroups each supported by two “co-leads” who also serve on the Coordinating Committee, and regular interaction with both an Executive Advisory Committee and various consumer advocates, including our amazing **community navigators**.



Our Mission

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.

Our Vision

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.

Our 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.**

A Moment of Transition

Navigating a pandemic and over 6 years into the initiative, End Hep C SF weathered a lot of change. **COVID-19 had a huge effect** on our member organizations’ ability to provide services to prevent, diagnose, and treat HCV - but our resilience kept us moving forward. The dissolution of the San Francisco Hepatitis C Task Force, the shocking absence of hepatitis C-related funding in the [2022-2023 California State Budget](#), and ongoing challenges related to safe (re)engagement of members during COVID-19 have all affected our priorities for work.

Yet, we continue to thrive. Since our last strategic plan was released, we have had so many accomplishments. Zuckerberg San Francisco General launched a routine opt-out testing program for all inpatients, in conjunction with Housestaff Improvement Project. Community organizations were able to partner with the health department to help provide HCV testing or treatment initiation at COVID-19 Shelter in Place (SIP) sites. End Hep C SF members oversaw an assessment of HCV treatment readiness in the San Francisco County jails, released a needs assessment with 11 recommendations for working toward elimination of perinatal HCV, released the first official [HCV Surveillance Report](#) in nearly a decade, led more than a dozen publications and presentations, and were even featured on [KALW Public Radio](#).

However, there is so much more to be done. As part of the process to develop this plan, members of End Hep C SF worked together to identify the core strategies and strategic priorities for the next three years that we believe will keep us on track to eliminate HCV in San Francisco.

Core Strategies

- 1. Committing to Equity:** Prioritize services for communities that are disproportionately impacted by HCV. Create explicit equity-oriented goals to turn the curve on HCV testing and treatment for specific groups by geography, demographics, and systems.
- 2. Turning Elimination Curves:** Use [Results-Based Accountability](#)¹ (RBA) as a framework to measure whether what we’re doing to eliminate HCV is really making anyone better off, and discuss how we can be even more effective.
- 3. Building Leadership:** Enhance and clarify the roles and responsibilities of workgroup co-leads and their role in coordinating activities to advance the strategic priorities of their workgroups and the initiative overall.
- 4. Expanding Our Base:** Maximize inclusion of members with various levels of availability, expertise, history with EHCSF, and reduce hurdles to participation.

¹ Clear Impact, “What is Results-Based Accountability™?” <https://clearimpact.com/results-based-accountability/>.

Strategic Priorities for 2023-2025

Committing to Equity

In 2022, End Hep C SF [published a report](#) identifying that as of 2019 approximately 1.3% of all San Francisco residents have untreated, active HCV infection, with many thousands of people already successfully treated and cured. However, we know the burden of HCV infection is not felt equally in San Francisco. While people who inject drugs make up less than 3% of the total population in this city, **more than 9 out of 10 untreated infections are among people who inject drugs**. Trans women with low socioeconomic status bear more than 15 times the HCV infections than should be expected given their small population size in San Francisco.

Yet there are even more groups for whom we simply need more data. People who live in the Bayview-Hunters Point neighborhood, for example, had **the second highest rate of reported HCV cases** of any zip code in the latest surveillance report released by San Francisco Department of Public Health. Yet HCV-related services in the neighborhood are very limited. As a whole, we continue to have poor data citywide related to ethnicity, incarceration history, housing status, and sexual orientation or gender identity of people being diagnosed with or treated for HCV.

To address these critical gaps in knowledge and service, members of the Community Research and Data Stewardship and Prevention, Testing, and Linkage workgroups identified three focus areas where we will work to increase access to HCV testing and treatment. These three areas address geographic, population, and systems-generated inequities in access to life-saving HCV testing and treatment, and as such a focus on these groups will help us improve HCV-related equity:

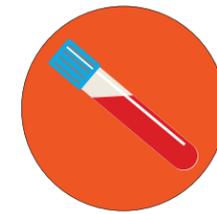
- ▶ **People living in the Bayview-Hunters Point neighborhood**
- ▶ **Trans women**
- ▶ **People who are or were recently incarcerated**

In addition to these three focus areas, End Hep C SF will continue to address HCV-related inequities and disparities that affect people who use drugs and people who are unhoused. Information about these evolving activities and indicators of progress will be regularly updated at endhepcsf.org/strategic-plan-2023-25.

Turning Elimination Curves

We believe in continuously evaluating the work of End Hep C SF to determine if we are making an impact and where we could do better. Using the RBA framework, we update a series of performance measures on a quarterly basis, then discuss within workgroups about whether the “curves” of these measures are trending in the right direction, and if not, what we want to do differently to turn the curve.

Ultimately, we want to turn these curves right to elimination. To do this, **we have identified the following strategic priorities for the next 3 years:**



Testing:

- **Increase** the number of HCV antibody tests done in the community (e.g., in non-clinical settings) to a higher rate than we achieved pre-COVID.
- **Maintain** high rates of community-based antibody testing among people who inject drugs, people with a history of incarceration, people who are unhoused, and people who are Black or African American.



Treatment:

- **Increase** the number of medication lockers available in various locations around the city.
- **Increase** the number of treatment starts through the San Francisco Health Plan and within the San Francisco Health Network as a whole.
- **Begin** more regular treatment of pregnant or nursing people living with HCV, using shared decision-making in the absence of FDA approval for HCV medications during pregnancy.
- **Increase** the number of low-threshold treatment options in the city, above the 15 sites that were open in 2021.
- **Increase** the number of people who receive treatment for HCV while incarcerated in one of the San Francisco County jails.



Improved data metrics:

- **Approach** pairing 100% of positive HCV antibody tests with confirmatory RNA testing.
- **Move** toward 100% reporting of all HCV RNA testing (including negative tests) conducted citywide, so we can begin more accurately measuring treatment progress and HCV incidence and prevalence overall.

The curves for the indicators and performance measures we are using to track progress toward elimination can be viewed on our public [evaluation dashboard](#).

Building Leadership

One of the hallmarks of a collective impact initiative is its decentralized nature: there is no “President” or leader of the organization that ultimately makes all the decisions. Instead, people with many different backgrounds and areas of expertise come together collectively around a common agenda (in our case, eliminating HCV). Activities throughout the organization are mutually reinforcing, with each participant’s voice having a meaningful contribution toward the collective whole.²

This is the idea behind [our Coordinating Committee](#), where co-leads from the various workgroups and other community liaisons meet to strategize, steward funds, and provide overall guidance to the initiative. Workgroup co-leads then work with the people serving as backbone support to plan and facilitate individual workgroup meetings.

This is the intention; however, in practice End Hep C SF has sometimes had only a few people coordinating most of the work and making most of the decisions, of course with the general support of others in the initiative. We recognize that this internal focus is especially important to collective impact work, and the success and sustainability of our elimination initiative. Over the next 3 years, we plan to work strategically to shift this dynamic, building leadership among far more End Hep C SF members and making strides to decentralize the work of the initiative.

To bring about this change, we have identified the following strategic priorities for the next 3 years:

- ▶ **Finalize** a re-defined job description for workgroup co-leads that honors their importance as movers and shakers in End Hep C SF’s work.
- ▶ **Offer** ongoing opportunities for professional and leadership development of workgroup co-leads and other initiative leaders, through attending conferences, participation in trainings, or being mentored to lead presentations about End Hep C SF.
- ▶ **Create** a transparent, collaborative structure for setting workgroup meeting agendas and following up on action steps between meetings.
- ▶ **Foster** relationships and mentorships by linking new members with more tenured members.

As part of this work, we plan to work together with End Hep C SF’s Strategic Director to implement **best practices** for building a stronger culture of collaboration, where leaders are grown and supported to help the initiative evolve.

² Collective Impact Forum, “What is Collective Impact?” <https://collectiveimpactforum.org/what-is-collective-impact/>.

Expanding Our Base

To center the value of drawing on the wisdom of people most impacted, it is essential to offer multiple points of entry to engage and participate in End Hep C SF activities. While most of End Hep C SF’s work shifted to virtual environments in the early days of the pandemic, members are ready to re-imagine how to promote engagement of a wider variety of people in our community. Moreover, as we emerge from the shadows of COVID-19, a consistent theme from members has been a desire to create more opportunities for connection across roles and work groups.



To that end, we identified the following strategic priorities for the next 3 years:

- ▶ **Define** and publicize different roles that individuals can play in End Hep C SF, taking into account barriers related to experience, confidence, time of day, physical accessibility, technological know-how, and available time to participate.
- ▶ **Create** an updated recruitment and onboarding process to ensure that the history, values, language, and approach of End Hep C SF are clear and exciting for people who may want to join our efforts.
- ▶ **Relaunch** End Hep C SF community meetings, which before COVID-19 were a vital opportunity twice a year to break bread, learn together, and have fun meeting new people who are also committed to eliminating HCV.
- ▶ **Host** an annual End Hep C SF “spotlight event” to build connection with existing members, highlight innovation, and bring in new members who are learning about the work to sustain the collective impact initiative. At least one of these will be an opportunity for researchers who specialize in HCV and drug user health to share updated research and strategize collaboration.

Spotlight on Community Navigator Program

“I’m a client and a worker. With that duality, I can be sensitive to what people need.”

Since 2018, End Hep C SF’s Community Navigator Program has supported and trained people with “lived experience” of HCV to advocate for individuals living with or at risk for hepatitis C. In recognition of the tremendous impact of this program on the lives of the navigators and community members, we expanded the program to include a fourth organization in 2021.

“This group has become an internal support system, as well as a crucial component for the regular functioning of (our agency’s) harm reduction services”

– EHCSF Community Navigator Program Staff

Fueled by the commitment of staff and navigators, we adapted to address impacts of the pandemic that limited the ability of programs to safely conduct outreach and HCV testing. The program partnered with UCSF’s No One Waits (NOW) study to apply the expertise of Community Navigators to this community-based point-of-diagnosis HCV treatment study.

We believe that a strong community voice is vital to our work, and we will continue to create opportunities to connect with and grow our contributions to community health and wellness.

“The most rewarding part of all of this is that I am able to guide and navigate other folks. I finally know what I want to do as a career, which feels great!”



Acknowledgements

Our work is driven by the leadership of our Coordinating Committee. We are grateful for the vision and commitment of these HCV champions:

**Amy Rodriguez, Annie Luetkemeyer, Courtney Mulhern-Pearson,
David Leiva, Isaac Jackson, Jennifer Price, Joanne Kay,
Jordan Akerley, Juba Kalamka, Katie Burk, Meghan Morris,
Pauli Gray, Rachel Grinstein, Robin Roth, and Shelley Facente.**

A big thank you to the Hellman Foundation, AbbVie, the San Francisco Cancer Initiative (SF CAN), the San Francisco Department of Public Health and Vital Strategies for generous funding and support.

Community Partners

To date, 38 organizations and more than 150 individuals have officially signed on to the End Hep C SF initiative. **People with lived experience, advocates and others who work on HCV-related issues 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 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 <https://endhepcsf.org/community-partners/>.

