

End Hep C SF Annual Evaluation Report

YEAR FOUR – 2020



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). EHCSF uses a “Collective Impact” approach, which brings together partners from different sectors to solve a complex social problem using a structured form of collaboration. Now in its fourth year of existence, EHCSF has developed the 2020 Annual Evaluation Report to reflect on this past year and document the group’s successes and challenges and identify next steps for the future. This report is informed by individual interviews with members, group interviews with different workgroups, and an online survey available to all members to complete.

Progress Towards Annual Goals

At the beginning of 2020, EHCSF and our community partners were making great progress in achieving the goals we had outlined in our [2020-2022 Strategic Plan](#). However, in March the COVID-19 pandemic forced the group to halt or severely limit all HCV testing and treatment strategies. Even though programs and services were limited, EHCSF continued to collect and report on data to measure our progress during this time and to use as comparison for 2021.

Prevention, Testing, and Linkage Measures

In early 2020, the Prevention, Testing, and Linkage (PTL) workgroup finalized a set of measures to evaluate the programs and efforts of the workgroup. As expected, the quarterly number of HCV antibody tests significantly decreased into Q2 of 2020 (Q1: 1,253 → Q2: 305) and we expect those numbers to be similarly low in Q3. Positivity rate mirrors the downward trend we see in the number of antibody tests (Q1: 6.3% → Q2: 2.6%), but those rates may be skewed because there are significantly fewer tests completed in 2020 than in 2019. Lastly, our linkage numbers are similar to the numbers in 2019 (Q1: 11 → Q2: 31), but it is difficult to track whether people are linked to treatment, so these numbers are likely to be an underestimate of reality.

Citywide Indicators

In 2020, with the support of the Research and Surveillance (R+S) workgroup, we were able to gather data that measure the city’s progress towards HCV elimination.

Indicator	Measure	Main Findings
Incidence	HCV incidence among young people who inject drugs (PWID)	Between 2000 and 2019, there appears to have been a general decline in incidence among young PWID, measured in person-years (.34 between 2000-2002 and .23 between 2015-2019).
Prevalence	HCV infection prevalence	In 2015, 16,408 SF residents had acute or chronic HCV infection.
Morbidity	HCV-related hospitalizations	In 2014, there were 4,281 reported number of hospitalizations and since then there has been a general decline, falling below 2,000 in 2019.
	Liver transplants	The number of liver transplants has been generally trending down since 28 transplants in 2012, reaching a low of 16 transplants in 2019.
	Liver/intrahepatic bile duct (IBD) cancer diagnoses	The number of liver and IBD cancer diagnoses ebbs and flows between 2007–2017, but remains relatively consistent around 70-80 cases per year.
Mortality	HCV-related mortality	Between 2006 and 2012, there was a steady increase in the HCV-related mortality rate. But post-2012, the rate begins to decrease steadily in SF, reaching its lowest rate of the data set at 5.7 deaths per 100,000 in 2018.

More data on these measures can be found in our public EHCSF data scorecard, available at: <https://app.resultsscorecard.com/Scorecard/Embed/72121>

When reflecting on 2020, EHCSF members identified seven areas where the group was successful and/or experienced roadblocks. These seven themes are categorized into the five core principles of the Collective Impact approach.¹

Collective Impact Principle	Main Findings
Common Agenda	Theme 1: Even though COVID-19 side railed many of EHCSF’s planned activities and strategies for 2020, the group still maintained a strong commitment to HCV elimination in the city.
Shared Measurement	Theme 2: EHCSF expanded its capacity to continuously evaluate their programming and measure EHCSF’s progress towards HCV elimination.
Mutually Reinforcing Activities	Theme 3: EHCSF has been able to secure funding to continue and expand their testing and research efforts.
	Theme 4: EHCSF members have been able to maintain testing and treatment efforts (albeit at lower levels) and to adjust to changing circumstances brought forth by the pandemic.
Continuous Communications	Theme 5: EHCSF has maintained strong communication among members, keeping members informed and engaged, even as in-person meetings went virtual.
	Theme 6: EHCSF has maintained communication with external partners and community members via presentations at conferences and the production of research papers.
Backbone Support	Theme 7: EHCSF’s backbone support has helped the entire group transition to the new realities of 2020, and stay engaged with HCV work even when most others were solely focusing on COVID-19.

Lastly, EHCSF members identified five next steps as the group heads into 2021, recognizing that COVID-19 will continue to play a large factor in our ability to achieve our mission of eliminating HCV in San Francisco.

1. EHCSF should identify new ways to provide outreach, referral services, and education to clients during the pandemic.
2. EHCSF should find new ways to engage with clients and community members during this time to ensure that their needs are being met.
3. EHCSF should continue to adapt their testing and treatment approaches to the new landscape brought by the pandemic.
4. EHCSF should continue to advocate for funding, data, and administrative changes to expand and improve the quality of hepatitis C efforts in the city.
5. EHCSF should hold a small (likely virtual) symposium to share our practices, lessons learned, and resources with the community.

¹ Kania, J. and Kramer, M. Collective Impact. *Stanford Social Innovation Review*. Available at: https://ssir.org/articles/entry/collective_impact.

INTRODUCTION

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). EHCSF brings together different stakeholders who are involved in HCV testing, linkage, treatment, and advocacy together with community members who have lived experience with HCV. Founded in 2016, EHCSF has grown and expanded to include more than 30 community partners that have expertise around HCV and share the vision of HCV elimination in San Francisco. EHCSF uses a “Collective Impact” approach, which brings together partners from different sectors to solve a complex social problem using a structured form of collaboration.

Now in its fourth year of existence, EHCSF has developed this 2020 Annual Evaluation Report to reflect on this past year, document the group’s successes and challenges, and identify next steps for the future. This report is informed by individual interviews with members, group interviews with different EHCSF workgroups, and an online survey available to all members to complete.

PROGRESS TOWARDS ANNUAL GOALS

At the beginning of 2020, EHCSF and our community partners were making great progress in achieving the goals we had outlined in our [2020-2022 Strategic Plan](#). However, in March the COVID-19 pandemic forced the group to halt or severely limit all HCV testing and treatment strategies. As expected, this year’s numbers are much lower because of the pandemic and local shelter-in-place (SIP) orders, but EHCSF continued to identify and carry out strategies to continue testing and treatment alternatives.

Prevention, Testing, and Linkage Measures

In early 2020, the Prevention, Testing, and Linkage (PTL) workgroup finalized a set of measures to evaluate the programs and efforts of the workgroup. Data for these measures was collected and provided by the San Francisco Department of Public Health (SFDPH), who provides funding to community organizations that offer these testing and linkage services. Testing and linkage data collection for 2020 has been limited because members’ capacity has been directed to COVID-19 and many testing and linkage programs were temporarily suspended or severely limited in response to the SIP order. This report contains preliminary data for 2020. We expect that once the COVID-19 threat has diminished and members can fully re-engage with hepatitis C work that we will be able to report these numbers more quickly. A complete and detailed list of all the measures in this report can be found in this publicly-available [Clear Impact Scorecard](#) for EHCSF's work.

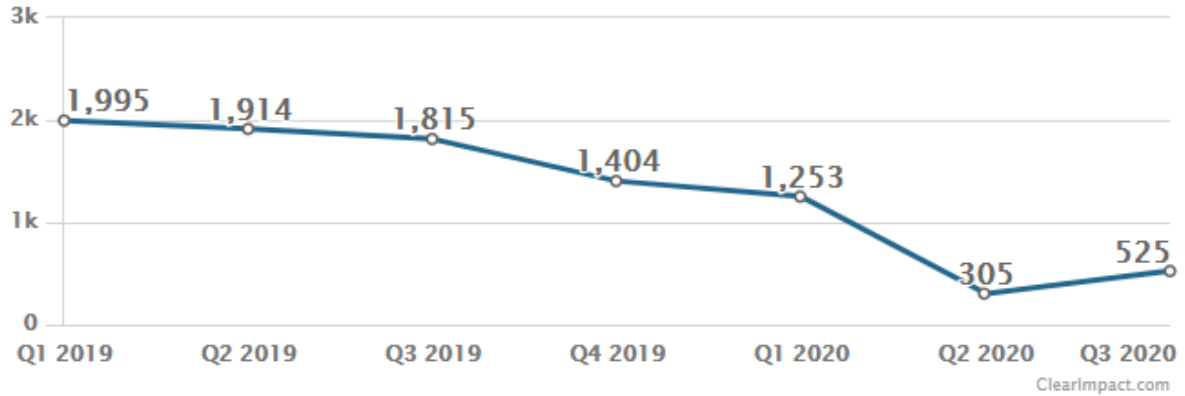
Antibody Testing

The number of antibody tests completed gives us an idea of how well we are carrying out our testing strategies, particularly those that are community-based and not within medical settings. The graph below depicts the quarterly number of HCV antibody tests provided by SFDPH-funded community-based organizations (CBOs). San Francisco implemented the SIP order on March 16th, 2020 (end of Q1), limiting the hours and operations of many CBOs and severely reducing the of tests that could be done in Q2. The graph depicts the downward trend we expected to see for 2020, though again it is important to note that 2020 data is still preliminary and may be incomplete. As we go forward into

2021, the 2020 testing data will give the PTL workgroup a baseline for what is achievable under these current circumstances.

Number of community-based HCV antibody tests

Data Source: SFDPH HCV community-based testing data

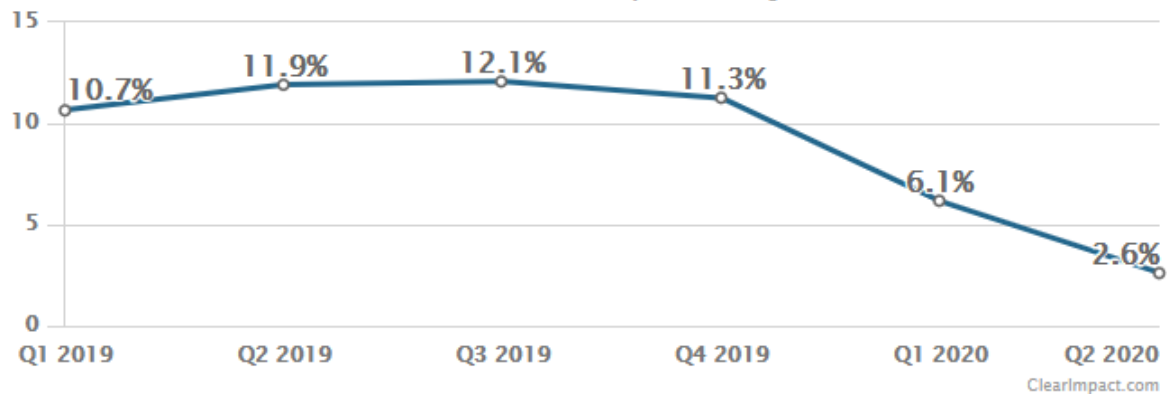


Positivity Rate

The positivity rate lets us know how well we are doing in our attempts to focus testing on those who are highly impacted by HCV. For example, a low positivity rate might let us know we are not reaching and testing the people at highest risk, and must shift our strategies, location of services, etc. to make sure we are reaching the populations most in need of testing. The graph below shows the percent of positive antibody tests among all HCV antibody tests provided by SFDPH-funded CBOs per quarter. The positivity rates may look much lower in 2020 compared to 2019, but antibody tests and positive results for this year are still being reported, which may shift the positivity rate. Furthermore, the 2020 positivity rates may be more biased because there will be significantly fewer tests completed in 2020 than in 2019.

Positivity Rate

Data Source: SFDPH HCV community-based testing data

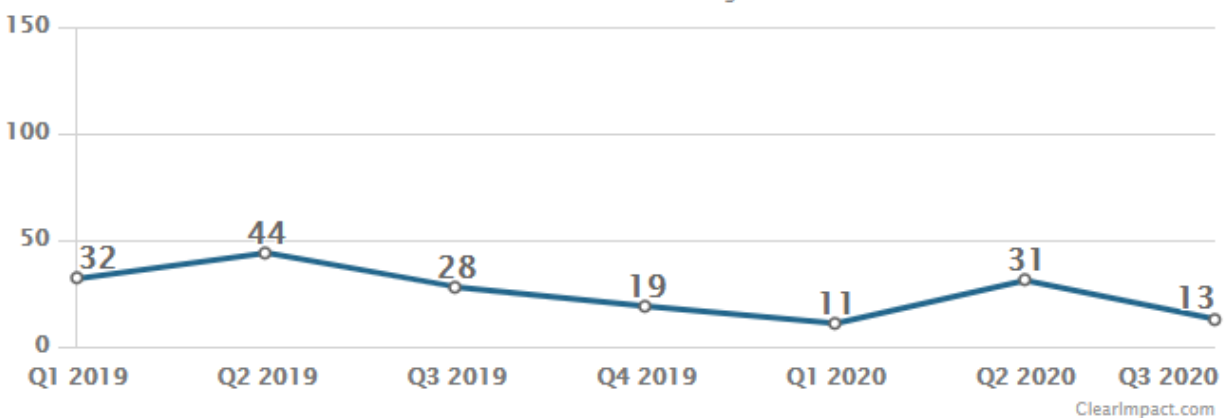


Linkage

Next, we have the number of clients with positive RNA tests (i.e. confirmed, current infections) who were linked to treatment by our CBO partners. The number of clients linked to treatment tell us how well we are doing with supporting our clients and ensuring they begin a course of HCV treatment. Even though data are still coming in for 2020, we can see that even at the beginning of San Francisco's SIP period, there were patients linked to treatment in numbers comparable to 2019. As usual, it is difficult to track whether people are linked to treatment, so these numbers may be an underestimate of reality. Nonetheless, they help paint a picture of the number of clients being linked to treatment in this current pandemic landscape.

Number of clients linked to treatment

Data Source: SFDPH HCV linkage data



Citywide Indicators

In early 2019, the Research and Surveillance (R+S) workgroup identified measures we should use to track our progress toward HCV elimination: incidence, prevalence, morbidity, and mortality related to HCV in SF. In 2020, we were able to gather data for each of these indicators. A complete and detailed list of all the citywide indicators in this report can be found in this publicly-available [Clear Impact Scorecard](#) for EHCSF's work.

Incidence

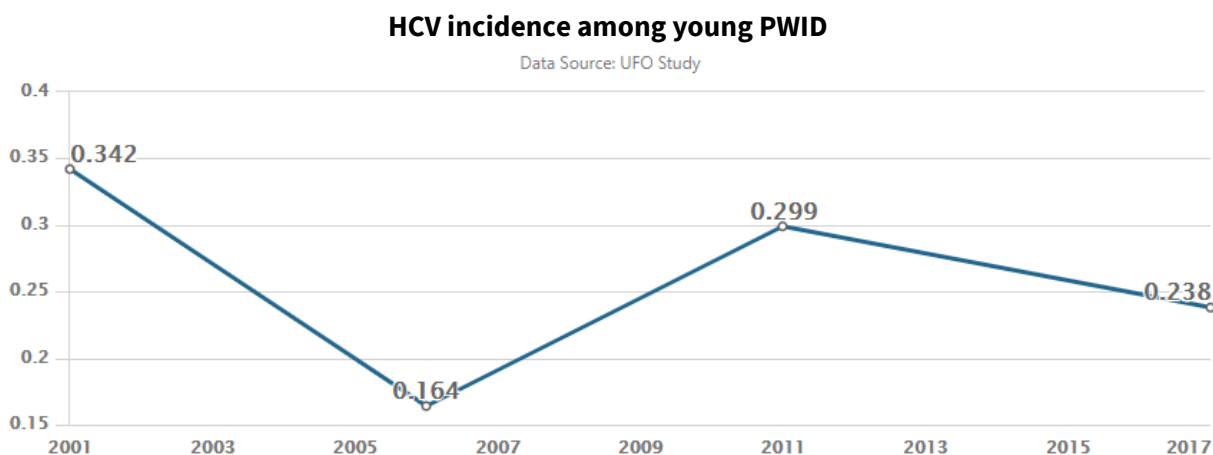
HCV incidence among young PWID

It is extremely difficult to estimate the incidence rate of HCV in SF overall, with the data currently available. In 2020, EHCSF was able to document HCV incidence for young people who inject drugs (PWID) in San Francisco, however, through an analysis of data from the UFO study.² HCV infection rates are disproportionately high among PWID, making them a priority population for EHCSF. This measure provides us an estimate of the risk of HCV infection for young PWID (age 30 and under), and it allows us to measure our progress toward reducing new infections among this high-risk

² Morris MD, *et al.* (2020). Housing Stability and Hepatitis C Infection for Young Adults Who Inject Drugs: Examining the Relationship of Consistent and Intermittent Housing Status on HCV Infection Risk. *Journal of Urban Health*, 97(6). <http://dx.doi.org/10.1007/s11524-020-00445-7>.

subpopulation. The analysis originally aimed to estimate the association of recent housing status on HCV incidence among young PWID. The researchers found that young PWID were at a higher risk for HCV infection if they were recently or chronically unhoused.

The graph below shows us the rate of new HCV infections among young PWID in SF, measured in person-years, from 2000-2018. Since 2000, there has been a general decline in incidence among young PWID (with a real low in 2006) – a testament to our CBOs and medical providers who have worked together to provide culturally and age-appropriate services to this population. However, since the data source used in the study is specific to young adults who inject drugs, we should be careful not to generalize these results to all PWID in SF.



Prevalence

The data for HCV prevalence in 2015 was taken from the San Francisco prevalence estimate paper that was published in 2018 on behalf of EHCSF.³ The paper estimates that in 2015, 16,408 San Francisco residents were living with active HCV infection, though some of them may have already been treated and cured, since we don't yet have a good system for keeping track of the number of people cured of HCV in SF so our treatment counts are probably a significant underestimate. This prevalence estimate is based on triangulation of data found in case registries, medical records, observational studies, and published literature from 2010 through 2017. Prevalence for subpopulations (e.g., baby boomers, MSM, trans women) are also found in the paper. An analysis is currently underway to update the estimate of hepatitis C prevalence in San Francisco and should be available in early 2021.

Morbidity

Hospitalizations due to HCV

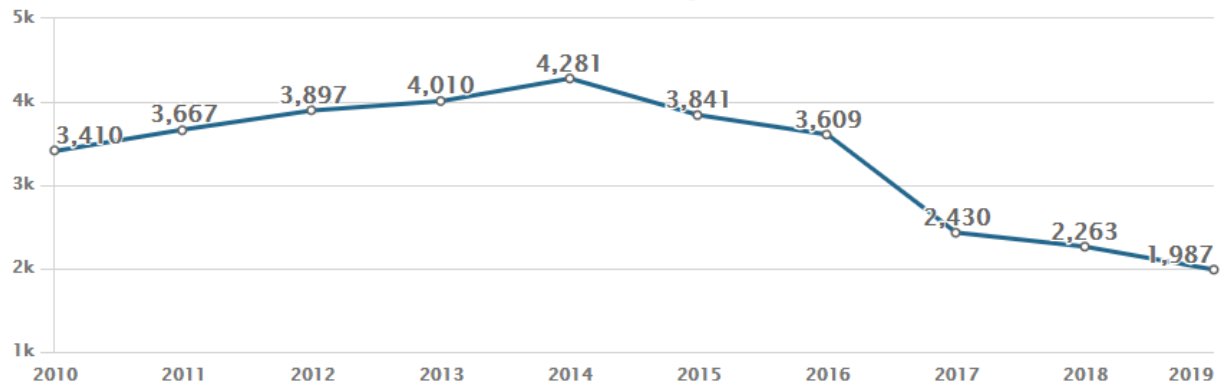
The number of hospitalizations due to HCV is one of the ways EHCSF is measuring HCV-related morbidity. Hospitalizations due to HCV should be largely avoidable because of the introduction of direct-acting antivirals to easily treat and cure HCV. An increased number of hospitalizations due to HCV indicate that there is room to improve early interventions/strategies to prevent complications and address exacerbations due to HCV.

³ Facente SN, *et al.* (2018). Estimated Hepatitis C Prevalence and Key Population Sizes in San Francisco: A Foundation for Elimination. *PLoS One*, 13(4), <http://dx.doi.org/10.1371/journal.pone.0195575>.

The graph below shows the yearly count of inpatient discharges for SF residents treated in a CA-licensed hospital where a hepatitis C diagnosis code appears as a principal or secondary diagnosis. This data was retrieved from the Office of Statewide Health Planning and Development (OSHPD) within the California Health and Human Services Agency. Up until 2014, the number of hospitalizations was steadily increasing, but beginning in 2015 numbers began decreasing, with a significant decrease occurring between 2016 and 2017. Those numbers finally fell below 2,000 in 2019. It is important to note that in October 2015, the diagnosis coding system changed from ICD-9-CM to ICD-10-CM. We should be cautious when analyzing and comparing data pre-2015 to post-2015 as changes in trends may be a result of the change in coding systems.

Number of hospitalizations due to HCV

Data Source: OSHPD CA Patient Discharge Data, 2010-2019

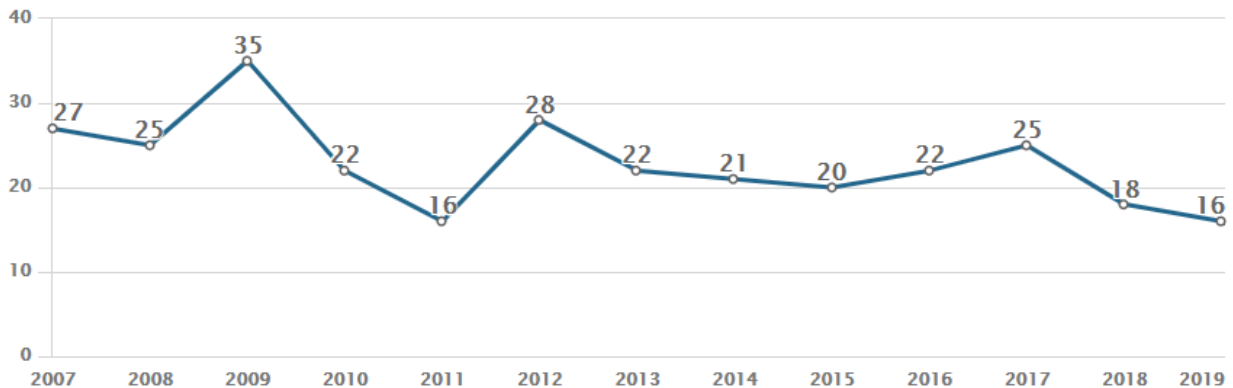


Liver transplants

Our next measure for HCV morbidity is the number of liver transplants performed on San Francisco residents, as reported by the United Network for Organ Sharing (UNOS). The number of liver transplants gives us an indication of how many people in SF have a diseased or injured liver (i.e., a liver that no longer functions properly). Liver damage or failure due to HCV should be largely avoidable because of the introduction of direct-acting antivirals to treat and cure HCV. The graph on the next page depicts the yearly number of liver transplants performed on SF residents between 2007 and 2020. Overall, the number of liver transplants has been generally trending down since 2012, reaching a low of 16 transplants in 2019.

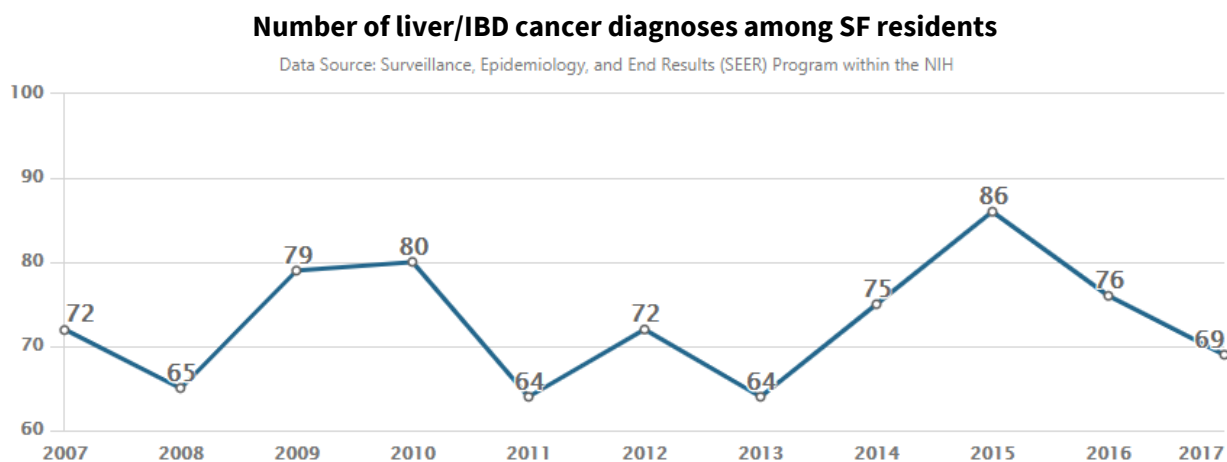
Number of liver transplants performed on SF residents

Data Source: Organ Procurement and Transplantation Network (OPTN) data via United Network for Organ Sharing (UNOS)



Liver/intrahepatic bile duct (IBD) cancer diagnosis

A last indicator EHCSF uses for HCV morbidity is the number of liver and intrahepatic bile duct (IBD) cancer diagnoses in San Francisco county per year, as reported by the Surveillance, Epidemiology, and End Results (SEER) Program within the National Institutes of Health (NIH). Liver cancer is a major cause of death in people with chronic HCV infection. There is also an association between HCV infection and IBD cancer. This measure is important because it gives us an indication of whether our strategies are successful in identifying people living with HCV and curing them of their infection before they develop liver or IBD cancer. The graph below shows the data for the number of liver and IBD cancer diagnoses in San Francisco. The data ebbs and flows but remains relatively consistent between 70-80 liver and IBD cancer diagnosis per year.



Mortality

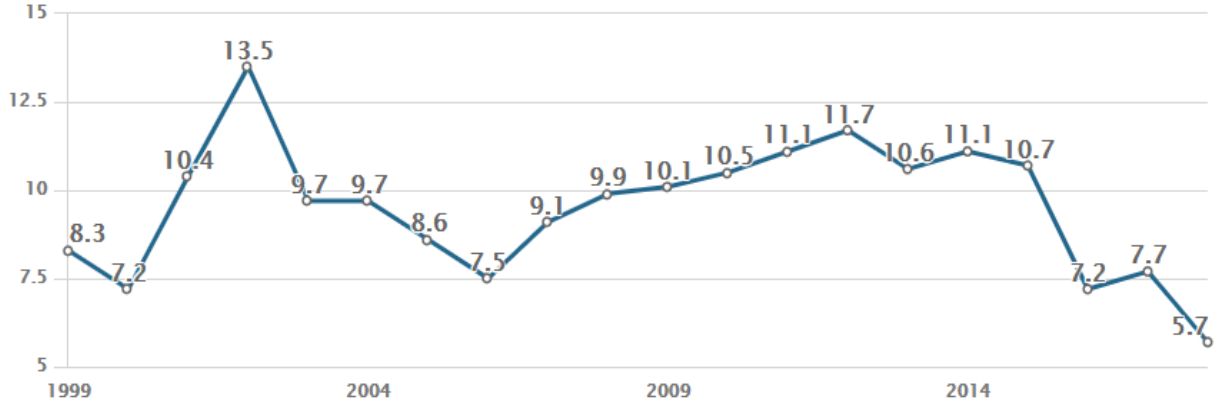
HCV mortality rate

For mortality, EHCSF is tracking both the number of deaths in SF due to HCV and the age-adjusted HCV-related mortality rate per 100,000 people. This measure helps us estimate our success in diagnosing and treating HCV before it becomes fatal, therefore reducing the number of deaths associated with HCV. The graph on the next page depicts the age-adjusted number of HCV-related deaths per 100,000 San Francisco residents between 1999 and 2018. Between 2006 and 2012, there was a steady increase in the mortality rate. But post-2012, the rate begins to decrease steadily, reaching its lowest point in 2018 (the last year data are available), at 5.7 deaths per 100,000 people. The data come from the CDC WONDER database and are based on death certificates for U.S. residents; it important to note that estimates of causes of death using death certificates are almost always an undercount of the true numbers of deaths from that condition, and this is specifically true for HCV.⁴

⁴ R. Mahajan et al., "Mortality among Persons in Care with Hepatitis C Virus Infection: The Chronic Hepatitis Cohort Study (Checs), 2006-2010," *Clin Infect Dis* 58, no. 8 (Apr 2014), <http://dx.doi.org/10.1093/cid/ciu077>.

Age-adjusted HCV-related deaths per 100,000 SF residents

Data Source: CDC WONDER database



SUCCESSSES AND ROADBLOCKS

This next section summarizes the information collected from individual and group interviews and from an online annual survey. In the survey, members were asked to rate their level of agreement/disagreement to statements about EHCSF's internal functioning and processes for this year. A total of eighteen EHCSF members responded to the online survey. Responses from the survey as well as findings from the qualitative interviews were grouped into main themes regarding EHCSF's successes and roadblocks in 2020. The themes are organized into the five core principles of collective impact:

- Common agenda (CA)
- Shared measurement (SM)
- Mutually reinforcing activities (MRA)
- Continuous communication (CC)
- Backbone support (BS)

In the remainder of this section of the report, the main themes from the interviews and results from the survey are featured, aligned with each core principle.

There were a subset of questions in the online survey that asked EHCSF members to reflect on the progress EHCSF made in the four future directions the group identified in the [Year 3 Evaluation Report](#). In the survey members were asked to rate how well they think EHCSF did for each next step (poor, fair, good, excellent). The results are shown below, and discussion of these results is integrated in the following discussion of themes from interviews.

Survey Results – Future Directions from 2019			
Core Principle	Planned Future Direction for 2020	Excellent & Good	Excellent only
CA	End Hep C SF should develop and strengthen partnership with key allies beyond the current membership, particularly by working more closely with private sector providers, as well as other stakeholder groups working to address HCV.	82%	27%
BS & CA	End Hep C SF should continue to develop and integrate the current participants and groups, building internal coherence.	100%	50%
MRA	Continue to focus on testing and treatment, building on progress End Hep C SF has made to date (e.g., bringing “mobile test and treat” services to syringe access programs, engaging primary providers, exploring new or underutilized methods for treatment access).	93%	64%
SM	End Hep C SF should prioritize improving capacity to collect and utilize quality data related to HCV.	92%	62%

Common Agenda (CA)

Definition: We agree on our vision, mission, values, and strategies.

Theme 1: Even though COVID-19 side-railed many of EHCSF’s planned activities and strategies for 2020, the group still maintained a strong commitment to HCV elimination in the city.

Even though members were forced to pivot their responsibilities to COVID-19 efforts, EHCSF still met frequently and kept HCV elimination in the forefront of their discussions and meetings. While many initiatives across the city temporarily halted their work, EHCSF remained strong, continuing to convene to share lessons learned and leverage resources for ongoing HCV efforts in a primarily COVID-19 focused landscape. Even though EHCSF couldn’t carry out all the strategies and initiatives set out for this year in the strategic plan, it kept its work in line with stated its mission and priorities by focusing limited outreach and testing efforts to the populations at highest risk for HCV infection. This includes people who are unhoused or marginally housed and people residing in SIP hotels – people who are also at high risk for COVID-19. In last year’s evaluation, members wanted EHCSF to focus on developing and strengthening partnerships with new members from different sectors, but COVID-19 severely limited EHCSF’s capacity to recruit new members. This effort should be continued into 2021.

Survey Results – Common Agenda			
Core Principle	Statement	Agree & Strongly Agree	Strongly Agree only
CA	EHCSF has developed a shared vision and strategy for eliminating HCV in San Francisco.	100%	83%
CA	EHCSF includes a diverse set of voices and perspectives from multiple sectors.	94%	61%

Shared Measurement (SM)

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

Theme 2: EHCSF expanded its capacity to continuously evaluate their programming and measure EHCSF's progress towards HCV elimination.

Over the past year, EHCSF has been able to develop measures to track the group's progress toward eliminating HCV in the city and evaluate the impact of ongoing programs. The data for the PTL workgroup and city-wide measures has been collected and can be viewed online in the [Clear Impact Scorecard](#). EHCSF has adopted an Results-Based Accountability (RBA) approach to continuously evaluate their programming, document the factors impacting the data, and plan for next steps to maintain the results or to increase/decrease the results (i.e., "turn the curve"). This year we were unable to create measures and collect data for the Treatment Access (TA) workgroup because most TA members had to shift completely to COVID-19 prevention and treatment efforts and were unable to regularly meet as part of EHCSF. This new approach to HCV data gives the group a picture of what we have been able to accomplish this year despite the pandemic, allowing us to use that information as the impacts of COVID-19 slowly begin to recede.

Survey Results – Shared Measurement			
Core Principle	Statement	Agree & Strongly Agree	Strongly Agree only
SM	The process of designing and managing the measurement of EHCSF's progress toward elimination (e.g. data-based indicators) is participatory and transparent.	94%	67%

Mutually Reinforcing Activities (MRA)

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

Theme 3: EHCSF has been able to secure funding to continue and expand their testing and research efforts.

Over the past year, EHCSF has been involved in advocating for new funds to support our ongoing projects and expand our HCV efforts through new strategies. With the help and advocacy of the San Francisco Hep C Task Force, EHCSF was able to secure \$145,000 for two years from the Board of Supervisors' "add-back" funds. These funds are used to support low threshold testing/linkage activities, including the UCSF DeLIVER Care van, the San Francisco AIDS Foundation, and the Street Medicine team (SFDPH). We also received funding from the California Department of Public Health (CDPH) through the statewide Ending the Epidemics initiative to support regular hepatitis surveillance reporting, and received supplemental funding to extend our Collaborative Change Initiative grant from the Hellman Foundation, allowing us to continue our HCV-related work in the context of the COVID-19 pandemic. Lastly, EHCSF was able to finalize and launch a process for developing and releasing Requests for Applications (RFAs) for research and surveillance work. In 2020, funding was

provided to UCSF researcher Ali Mirzazadeh to complete an analysis of HCV-related mortality using CDC WONDER data (this feeds to the HCV mortality indicator described in the previous section). SFDPH was also able to set up a new contract with Facente Consulting to better understand perinatal HCV infection and transmission in San Francisco, a year-long project that will unfold in 2021.

Theme 4: EHCSF members have been able to maintain testing and treatment efforts (albeit at lower levels) and to adjust to changing circumstances brought forth by the pandemic.

At the onset of the pandemic, many resources were frozen or diverted to COVID-19 efforts. CBOs and other providers had to pivot their efforts to meet client needs while also ensuring the safety of their staff. Coordination of activities between members was also severely hindered during this time, as programs and in-person efforts were largely put on pause. However, within a few months EHCSF members were able to come together to figure out how to implement testing strategies that made both clients and staff feel safe, while also creating and practicing social distance protocols. Members were able to share strategies and lessons learned among each other in regular virtual meetings, to ensure that HCV work continued even when it seemed like everyone else was solely focused on COVID-19. Similar to other forms of healthcare, HCV treatment shifted to telehealth services, offering providers a new alternative for delivering care. The pandemic helped us see that in-person appointments are not always mandatory to maintain a course of treatment, and telehealth services also remove transportation as a barrier for clients to access treatment. However, it is important to acknowledge that some patients prefer in-person appointments; options will be important moving forward.

Survey Results – Mutually Reinforcing Activities			
Core Principle	Statement	Agree & Strongly Agree	Strongly Agree only
MRA	Partners in EHCSF are coordinating their activities to align with EHCSF’s strategic plan and priorities.	100%	39%

Continuous Communications (CC)

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

Theme 5: EHCSF has maintained strong communication among members, keeping members informed and engaged, even as in-person meetings went virtual.

During the pandemic, EHCSF has managed to keep members in touch with each other and keep communication channels open so everyone can continue to engage in conversations related to HCV. EHCSF has used Zoom meetings, Groupsite, EHCSF’s website, emails and other virtual communication channels to keep communication open among members, even though in-person meetings and activities had to be cancelled. That has been great for members since it has enabled people to learn from one another as things in the city were rapidly changing, and it helped keep members informed of new developments. Many members shared that this also helped to serve as a professional support group and to keep them and their colleagues engaged, even when they had to focus primarily on COVID-19 matters at their organizations.

Theme 6: EHCSF has maintained communication with external partners and community members via presentations at conferences and the production of research papers.

In 2020, members of EHCSF participated on panels in national and local conferences, including the International AIDS Conference ("AIDS2020") and the national Drug User Health Symposium sponsored by SFDPH. Since EHCSF's Research Symposium in 2019, there have been multiple papers submitted for publication or already published, and multiple presentations made of our work, which help further expand visibility our work within the public health community. However, there is still some room for improvement to engage external stakeholders and community members as the pandemic abates.

Survey Results – Continuous Communication			
Core Principle	Statement	Agree & Strongly Agree	Strongly Agree only
CC	Structures and processes are in place to engage <i>EHCSF members</i> , keeping them informed and motivated.	100%	61%
CC	Structures and processes are in place to engage <i>external stakeholders and community members</i> , keeping them informed and motivated.	88%	24%

Backbone Support (BS)

Definition: There is someone/a group identified to hold all the pieces together. For End Hep C SF, this is the Coordinating Committee with consultant support.

Theme 7: EHCSF’s backbone support has helped the entire group transition to the new realities of 2020, and stay engaged with HCV work even when most others were solely focusing on COVID-19.

At the onset of San Francisco’s SIP order, many EHCSF members had their responsibilities diverted to COVID-19 efforts, and everyone experienced restrictions to in-person meetings and activities. EHCSF's backbone support quickly helped transition meetings to online formats, and communication was strengthened via existing online channels (e.g., Groupsites, emails). This helped keep members engaged in hepatitis C conversations and with each other. The backbone ensured these new changes were appropriate and realistic for member’s given their current capacity to engage with EHCSF (which was very limited for some people). Lastly, the backbone helped reduce redundancy in EHCSF’s work during the pandemic by coordinating member’s efforts so there would be no overlap or redundancy.

Survey Results – Backbone Support			
Core Principle	Statement	Agree & Strongly Agree	Strongly Agree only
BS	EHCSF’s backbone infrastructure effectively guides the group’s vision and strategy.	100%	62%
BS	EHCSF’s backbone effectively coordinates participating organizations and all the moving parts required to ensure the success of the initiative.	94%	50%

FUTURE DIRECTIONS

A list of next steps were identified for EHCSF as the group moves forward into 2021. The following next steps were identified from conversations with members and workgroups and from open-ended responses in the online survey.

EHCSF should identify new ways to provide outreach, referral services, and education to clients during the pandemic.

Outreach, referral, and education services were severely limited once the city issued the SIP order, but as organizations are re-opening with safety protocols in place, EHCSF should identify new ways to resume these services more robustly. Even though COVID-19 overshadows most other health issues, HCV is still present and we must continue to providing support and wrap around services, especially to the communities at highest risk for HCV. Some members suggested that we could partner with COVID-19 testing events in the city to provide HCV testing and education services while people are waiting to receive their COVID-19 test. Expanding our outreach and education via phone could be another opportunity, since the public has had to heavily rely on phone and virtual channels to communicate with one another during the pandemic. As we identify new methods for outreach and education, it is also important to provide education and outreach to people not already living with HCV, since that will help build awareness and dispel myths in the general population.

EHCSF should find new ways to engage with clients and community members during the pandemic to ensure that their needs are being met.

In 2020, EHCSF has been unable to maintain the same level of contact and engagement with our clients and community members that was possible when we could convene in-person and build community with one another. This is a vital piece of the recipe for successful elimination of HCV among our priority populations, so we must find innovative ways to keep community members connected and engaged during this time. Since virtual channels are the main safe way to connect, EHCSF may have to help increase clients and community members' capacity to use technology. There is a disparity in access to technology among our priority populations, but there is also a disparity in digital literacy, so both must be addressed to ensure that clients can engage in telehealth services or other virtual meetings. Members also expressed a desire to find a way to bring back the Community Navigator program that is safe for both clients and the navigators.

EHCSF should continue to adapt their testing and treatment approaches to the new landscape brought by the pandemic.

Throughout the past year, members have continued to learn how to provide HCV testing and treatment in a manner that keeps people safe during the COVID-19 pandemic. Medical settings were the first to adapt to these realities, because they needed to be able to diagnose and treat patients for COVID-19 as they came in. Community-based HCV testing and treatment services, however, were largely put on pause at the onset of the pandemic. As we go into the new year, EHCSF should continue to work to adapt lessons learned from medical settings and apply them to community-based HCV programs. Community-based and low-threshold treatment often work best for our priority populations, so we should continue to find ways to use the infrastructure built in response to COVID-

19 and apply that to our community settings. Lastly, routine opt-out HIV, HCV, and STI testing at emergency departments provides another venue where clients can learn of their HCV status when presenting for other reasons, and EHCSF can continue to advocate for this testing method.

EHCSF should continue to advocate for funding, data, and administrative changes to expand and improve the quality of hepatitis C efforts in the city.

As EHCSF goes into 2021, there are at least three possible high-impact routes for advocacy efforts. First, EHCSF can consider advocacy to influence the local rules and regulations in a way that will improve the quality of HCV programs and remove barriers to access. For instance, CDPH recently received a 340b (drug rebate) designation for CA state prisons. Can SFDPH do something similar so San Francisco jails can get a discount on HCV medications and help improve access to HCV treatment with the jails? Second, EHCSF can continue advocating for further funding. Even though budgets across the city will be tight and severely limited, advocating for HCV funding will keep hepatitis C on policymakers' radar and make sure the government does not forget about the importance of continuing HCV elimination efforts. Lastly, before COVID-19 San Francisco was slated to help the State pilot negative RNA reporting, but that has been put on hold by CDPH due to pandemic priorities. EHCSF should explore strategies for pursuing negative RNA reporting within San Francisco, regardless of CDPH's ability to support the pilot.

EHCSF should hold a small (likely virtual) symposium to share our practices, lessons learned, and resources with the community.

Given that the last EHCSF research symposium was well received by many, EHCSF should consider carrying out another (virtual) symposium in 2021. It may have to be on a much smaller scale than the previous symposium, but it would be a great opportunity to share all the work that has been happening since the last symposium, especially during the pandemic. Even if it features only a few presentations, it will help continue conversations regarding HCV in San Francisco, and it would be a great way to solicit feedback and input from community members and the public health community.