



Using a Collective Impact Framework to Eliminate Hepatitis C in San Francisco

TARGET POPULATION: People living with and at risk for acquiring hepatitis C virus (HCV)

LOCATION: San Francisco, California

PROGRAM DESIGN: Collective impact

ESTIMATED COST: Staff time for participating in the work groups and coordinating initiative

FUNDING SOURCE: The San Francisco Cancer (SF CAN) Initiative, a charitable donation from AbbVie Pharmaceuticals, and in-kind staffing support from San Francisco Department of Public Health (SDPH)

CORE ACTIVITIES

Overview: End Hep C SF

End Hep C SF is a multi-sector collective impact initiative working to eliminate hepatitis C virus (HCV) and HCV-related stigma in San Francisco, California. This initiative released a strategic plan from 2017-2019 outlining five priority areas: (1) developing and maintaining the overarching initiative; (2) aligning and improving research and surveillance to make better use of existing data to guide programs and policies; (3) improving education and prevention strategies; (4) increasing community-based testing and linkage; and (5) expanding access to HCV treatment. The plan is available online [here](#). The initiative is city-wide, and the bulk of its efforts focus on communities that are most impacted by HCV.

Education and Prevention

Developing and distributing HCV educational materials for people who inject drugs and men who have sex with men (MSM) are important priorities of the Prevention and Education work group of End Hep C SF.

This group also develops strategies to increase the capacity of organizations serving people who inject drugs and MSM to address HCV through provider trainings.

“We have still got a lot to do. But I no longer doubt that it’s possible to do everything we’re envisioning—a multi-disciplinary and growing collaborative of 70 passionate, committed hepatitis C experts also believe we can #EndHepCSF!” – Katie Burk, Viral Hepatitis Prevention Coordinator

Community-Based Testing and Linkage

Elimination will require increased testing and linkage in community settings such as syringe services programs, shelters, and substance use treatment agencies. End Hep C SF plans to increase the number of community-based HCV tests to 10,000 per year by 2019.

Treatment Access

Expanding treatment access to all San Franciscans is a crucial strategy of HCV elimination. End Hep C SF is working to increase the number of patients treated for HCV in San Francisco, setting a target of 2,100 per year in safety net sites by 2019.

Reducing Disparities

People who inject drugs, people of color, trans women, baby boomers (i.e., individuals born between 1945 and 1965), MSM living with HIV, justice-involved populations, and people who are homeless experience increased risk of HCV transmission as well as more negative health outcomes related to hepatitis. End Hep C SF uses data-driven approaches to identify these disparities and develop interventions to reach these populations.

DATA

An estimated, 22,500 San Franciscans are people who currently inject drugs. Until recently, limited epidemiologic data was available, hindering the ability to understand the true burden of the epidemic. San Francisco-based researchers and epidemiologists worked together on the Research and Surveillance group of End Hep C SF to determine the city's first-ever HCV prevalence estimate which will be released in May 2017.

EVALUATION

Evaluation using a collective impact framework asks participants to identify key data needed to monitor progress. Participants then collect the data, analyze the data, and use it regularly while coordinating and strengthening their collective activities. Participants have identified the following key measures to evaluate on an ongoing basis moving forward: stakeholder participation in work groups and activities, data and tools developed and shared, number of educational materials distributed and trainings provided, reported number of tests conducted at community sites, and number of people treated in safety net sites.

OUTCOMES

The Hepatitis C Summit was held in March 2016, energizing 145 stakeholders to move towards eliminating HCV in San Francisco and generating momentum towards End Hep C SF.

Community Engagement

End Hep C SF was launched on World Hepatitis Day, July, 28, 2016. Since then, one hundred individuals have attended at least one meeting and over thirty partner agencies have signed on to the initiative.

Prevention and Education Efforts

In 2016, syringe services programs in San Francisco had more than 70,000 contacts, offering safer injection equipment, HCV education, and referrals to services. Also in 2016, the Buprenorphine Induction Clinic prescribed buprenorphine products to 176 new patients.

Expanded Testing and Linkage to Care

More than 2,000 clients were tested for HCV antibodies in community-based settings. Three agencies are funded to offer HCV linkage services, and in 2016, their first year of operation, succeeded in linking 187 previously-disconnected patients with HCV to care and treatment.

Increased Access to Treatment

End Hep C SF has succeeded in piloting HCV treatment programs in many innovative settings including jail health, shelters, inpatient drug treatment, and methadone programs. Thirteen primary care clinics in the San Francisco Health Network began routinely treating their patients. More than 150 primary care providers in the San Francisco Health Network and HealthRIGHT 360 have been trained to treat HCV.

STRENGTHS

End Hep C SF is a collective impact initiative. Collective impact is a framework to tackle deeply-entrenched social problems by bringing together multiple stakeholders to focus on a common agenda and to agree on shared measurements to demonstrate success.¹ This model allows for broad participation and shared leadership with an emphasis on representation of impacted communities. End Hep C SF has been extremely successful in engaging service providers and community members around the goal of HCV elimination as is evidenced by the broad spectrum of new and innovative testing, linkage, and treatment interventions implemented at multiple agencies in the past year.

LIMITATIONS

As with most viral hepatitis programming, the budget of End Hep C SF is not sufficient to meet the need for all programming reach the goal of eliminating HCV.

FUNDING & COST

San Francisco Department of Public Health (SFDPH) contributes staff time to participate in the steering committee and support administrative functions of the initiative. SFDPH also supports hepatitis surveillance, syringe access and disposal, and HCV testing and linkage-to-care programs which are crucial stakeholders in the initiative. The SFDPH programming is funded by a grant from the California Department of Public Health, San Francisco General Fund, and CDC integration funds.

End Hep C SF is currently supported by the San Francisco Cancer (SF CAN) Initiative and a charitable donation from AbbVie.

STAKEHOLDERS

San Francisco Department of Public Health; University of California San Francisco (UCSF); San Francisco AIDS Foundation; Glide Foundation; California Hepatitis Alliance; UCSF Alliance Health Project; Drug Policy Alliance; Bayview Hunters Point Foundatoin; BAART Programs; HealthRIGHT 360; Homeless Youth Alliance; Kaiser Permanente; Larkin Street Youth Services; Mission Wellness Pharmacy; Mission Neighborhood

Health Center; Native American Health Center; Project Inform; San Francisco Health Plan; Shanti Project; St. James Infirmary; Sutter Health; San Francisco Hepatitis C Task Force; Walgreens; and Zuckerberg San Francisco General Hospital.

PROGRAM CONTACT

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¹ <http://www.fsg.org/ideas-in-action/collective-impact>