Participant Autonomy and HCV Elimination: End Hep C SF’s Community Engagement Model

KATIE BURK, MPH
VIRAL HEPATITIS COORDINATOR
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Presentation Objectives

1. Review foundation of End Hep C SF
2. Discuss End Hep C SF mission, vision, and values
3. Explore the actualization of the participant involvement principle in the End Hep C SF context
VISION STATEMENT: End Hep C SF envisions a San Francisco where HCV is no longer a public health threat, and HCV-related health inequities have been eliminated.
Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

- **Common Agenda** -- Keeps all parties moving toward the same goal
- **Common Progress Measures** -- Measures that get to the TRUE outcome
- **Mutually Reinforcing Activities** -- Each expertise is leveraged as part of the overall
- **Communications** -- This allows a culture of collaboration
- **Backbone Organization** -- Takes on the role of managing collaboration

Source: http://www.collaborationforimpact.com/collective-impact/
Community partners
Vision, Mission, Values, and Strategies

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

**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 incidence, morbidity, and mortality related to hepatitis C.

- All people living with hepatitis C deserve access to a cure
- Everyone living with or at risk for hepatitis C should have equal access to prevention and care
- Draw on the wisdom of those most impacted by HCV
- Engage populations that have been characterized as “difficult to engage”
- Address health disparities
Harm Reduction Principle: Participant Involvement

Ensures that drug users and communities impacted by drug use have a real voice in the creation of programs and policies designed to serve them.

→ What does this look like in a HCV elimination initiative?
End Hep C SF Design

Prevention, Testing and Linkage

Research and Surveillance

 Treatment Access

End Hep C SF Coordinating Committee

Executive Advisory Committee

Consumer Advocates

HCV Elimination
Coordinating Committee Strategy: Representation of Impacted Communities

Katie Burk, MPH  
SFDPH

Kelly Eagen, MD  
Tom Waddell  
Urban Health

Perry Rhodes III  
Alliance Health Project

Pauli Gray  
SFAF

Andrew Reynolds  
Project Inform

Isaac Jackson, PhD  
Urban Survivors Union

Joanne Kay  
End Hep C SF

Annie Luetkemeyer, MD  
UCSF

Meghan Morris, PhD  
UCSF

Melissa Sanchez, PhD  
SFDPH

Robin Roth  
SF Hep C Task Force

Brian Clear, MD  
BAART Methadone Programs
End Hep C SF launch: Visibility and Inclusiveness
Prevention Testing Linkage Strategy:
Create Multiple Platforms for Storytelling

Voices of End Hep C SF:
A blog series
http://www.endhepssf.org/category/voices/

HCV Care Navigation at Shanti
by Jordan Akerley  April 2, 2018  Voices  0

After conducting a needs assessment in 2015, the Shanti Project moved to expand its care navigation services to include individuals mono-infected with HCV. At the...

CONTINUE READING ➔

Treating HCV at Magnet and the 6th Street Harm Reduction Center
by Pierre-Dédir Crouch  October 16, 2017  Voices  0

Treating HCV at Magnet and the 6th Street Harm Reduction Center
"We really don't have many people left with hep C at Ward 86." I...

CONTINUE READING ➔

"Tales from the Cured": Ending Hepatitis C in San Francisco
by Janelle Slivis  September 25, 2017  Voices  0

As members of GLIDE’s HIV & Hep C Harm Reduction Programs, the Hepatitis C navigators and I get the pleasure of being part of the...

CONTINUE READING ➔

Treating HCV in Jail Health Services
The Pharmacist's Role in Hepatitis C Elimination
Curing Hep C Without Walls
The evolution of hepatitis C policy advocacy (and my professional evolution) in the...

The Trans*National Study: Addressing Hep C Risk and Care for Trans women in the...

The Opiate Treatment Outpatient Program: Treating HCV in a One-Stop Shop
PTL Strategy:
Early Engagement of Impacted Communities

New Treatments Have Changed the Game
Messages for and by drug users
Meeting People Where They Are: Community-Based HCV testing

Increased or added community-based HCV testing at several venues:

• Homeless shelters
• SF County Jail
• Single room occupancy hotels
• Syringe exchange programs
• Methadone treatment programs
• Residential drug treatment programs
• Transgender wellness group
• STD clinic
Meeting People Where They Are: Colocation of Services for Drug Users

- HIV and HCV testing
- Syringe Access
- Naloxone provision
- Suboxone induction
- HCV tx and PrEP

Drug User Health
Prevention Testing Linkage Success: Community Engagement

Get Cured, Stay Cured meeting 3.8.18, Testing Day Rally 5.19.18
PTL Strategy: Funding Peer Linkage programs

Community members recruited for HCV testing and treatment

Peer linkage Programs

1. GLIDE
2. (INCONDITIONAL)
3. StJames
4. San Francisco AIDS Foundation
5. Peer linkage Programs
6. Peers Trained
PTL Strategy: Create Multiple Platforms for Storytelling

We can’t treat Hep C if we don’t know we have it.

There is new hope for people with Hep C

Come visit us. Talk about the new treatments. Get tested.

Grant Funding Opportunity and Request for Proposals (RFP)

for

New Treatments Have Changed the Game
Video Content Creation and Launch

Key Dates:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Issue Date</td>
<td>May 14, 2018</td>
</tr>
<tr>
<td>E-Question Period</td>
<td>May 14 – June 20, 2018</td>
</tr>
<tr>
<td>Proposals Due Date</td>
<td>June 20, 2018</td>
</tr>
<tr>
<td>Award Decisions Announced</td>
<td>July 16, 2018</td>
</tr>
<tr>
<td>Project Period</td>
<td>Aug 1, 2018 – March 31, 2019</td>
</tr>
</tbody>
</table>
Research and Surveillance Strategy: Making Data Readily Available to the Community

What is hepatitis C?
The hepatitis C virus (HCV) is easily transmitted between people through blood-to-blood contact and, if untreated, can cause chronic liver disease. While some people who are infected with HCV are able to get rid of the virus on their own without treatment, about 80% develop chronic infection, and 2% develop liver disease unless they are tested and treated. Living with HCV for several decades without treatment often results in cirrhosis (liver scarring), with some cases progressing to liver cancer. In fact, San Francisco has the highest rate of liver cancer in the nation, largely due to HCV and another virus, Hepatitis B.

ARE THERE MORE PEOPLE MORE LIKELY TO BE LIVING WITH HCV THAN OTHERS?
Yes, some groups of people are much more likely to be infected with HCV than others. Approximately 68% of active HCV infections in San Francisco are among people who inject drugs, despite people who inject drugs making up less than 5% of the city’s population. Men who have sex with men make up an estimated 9% of the population, yet account for 14% of active HCV infections. Baby boomers (born between 1946-1965) make up 21% of the population, but account for 39% of active HCV infections. About 72% of active HCV infections in San Francisco are among men. If you have ever injected drugs, are a man who has sex with men, or are a transgender woman, or were born between 1946-1965, End Hep C SF recommends talking to your medical provider about testing for HCV.

Are active HCV infections in San Francisco among people who inject drugs, despite people who inject drugs making up less than 5% of the city’s population. Men who have sex with men make up an estimated 9% of the population, yet account for 14% of active HCV infections. Baby boomers (born between 1946-1965) make up 21% of the population, but account for 39% of active HCV infections. About 72% of active HCV infections in San Francisco are among men. If you have ever injected drugs, are a man who has sex with men, or are a transgender woman, or were born between 1946-1965, End Hep C SF recommends talking to your medical provider about testing for HCV.

How many people have hepatitis C in San Francisco?
End Hep C SF estimates that approximately 22,000 residents of San Francisco have antibodies to HCV—this is about 2.5% of all people living in San Francisco in 2015 according to the U.S. Census. Some people with antibodies have cleared the virus naturally or have taken treatments to be cured, but we estimate that around 12,000 people (a little less than 2% of the population) have active virus in their bodies. People with active virus can transmit the virus to others and their infection may progress toward liver disease, they would benefit from HCV treatment. A few thousand San Franciscans have been treated and cured with new medications, but the exact number is not easy to determine. The true number of active HCV infections could be lower than our estimate. However, we would rather conservatively estimate the number of residents who have been treated than miss counting people who need treatment.

© 2018 Piscator et al. This is an open access article distributed in the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Open Access


Received: October 27, 2017
Accepted: March 20, 2018
Published: April 11, 2018

Copyright: © 2018 Piscator et al. This is an open access article distributed in the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Background
In 2016, End Hep C SF is a comprehensive initiative to eliminate hepatitis C (HCV) infection in San Francisco. The introduction of direct-acting antivirals to treat core HCV infection provides an opportunity for elimination. To properly measure progress, an estimate of baseline HCV prevalence, and the number of people in various subpopulations with active HCV infection, is required to target and measure the impact of interventions. Our analysis was designed to incorporate multiple relevant data sources and estimate HCV burden for the San Francisco population as a whole, including specific key populations at higher risk of infection.

Methods
Our estimates are based on triangulation of data found in case registers, medical records, observational studies, and published literature from 2010 through 2017. We examined subpopulations based on sex, age, and HCV risk group. When multiple sources of data were available for subpopulation estimates, we calculated a weighted average using inverse variance weighting. Credible ranges (CRs) were derived from 95% confidence intervals of population size and prevalence estimates.

Results
We estimate that 21,758 residents of San Francisco are HCV seropositive (CR: 10.274–42,067), representing an overall seroprevalence of 2.8% (CR: 1.2%–4.9%). Of these, 16,408 are estimated to be biologic (6,505–30,407), though this estimate includes
Treatment Access Success: Provide Treatment Outside Traditional Settings

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of Treatment Starts</th>
<th>Treatment Completion</th>
<th>Date Treatment Program Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate Treatment Outpatient Program (UCSF)</td>
<td>147</td>
<td>143</td>
<td>August 2016</td>
</tr>
<tr>
<td>San Francisco County Jail</td>
<td>100</td>
<td>77</td>
<td>March 2017</td>
</tr>
<tr>
<td>Residential Drug Treatment (HealthRIGHT 360)</td>
<td>69</td>
<td>67</td>
<td>January 2016</td>
</tr>
<tr>
<td>Syringe Exchange (San Francisco AIDS Foundation)</td>
<td>34</td>
<td>28</td>
<td>August 2017</td>
</tr>
<tr>
<td>Street Medicine</td>
<td>12</td>
<td>7</td>
<td>May 2016</td>
</tr>
<tr>
<td>Shelters</td>
<td>10</td>
<td>10</td>
<td>Dec 2016</td>
</tr>
<tr>
<td>Magnet (Gay Men’s Sexual Health Clinic, SFAF)</td>
<td>10</td>
<td>4</td>
<td>June 2017</td>
</tr>
<tr>
<td>Totals</td>
<td>382</td>
<td>336</td>
<td></td>
</tr>
</tbody>
</table>
End Hep C SF Lessons Learned

- Focus on leadership development efforts and understand HCV leadership can come in many forms
- Create multiple thresholds for participation
- Prioritize inclusion of people most impacted by HCV, and get creative about how to involve them
- At every opportunity, ask how the initiative could be doing better (reaching more people, being more inclusive, etc.)
- You are never done figuring out your participant involvement strategies
For More Information:

www.EndHepCSF.org

Katie Burk, MPH
Viral Hepatitis Coordinator
SFDPH
katie.burk@sfdph.org