

HepFree
2030 

HEP FREE 2030:

THE HAWAI'I

HEPATITIS

ELIMINATION

STRATEGY

2020-2030



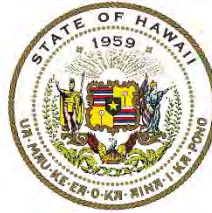
This strategy represents a collective effort dedicated to all people affected by and living with viral hepatitis in Hawai'i Nei. It acknowledges their resiliency and strength, despite facing systemic injustices and stigma related to viral hepatitis. We hold space and memory for all those who passed too soon from these preventable diseases. We honor and thank all of you who continue to pave the way for future generations.

He po'i na kai uli, kai ko'o, 'a'ohe hina pūko'a

Though the sea be deep and rough, the coral rock remains standing.

Said of one who remains calm in the face of difficulty [Ōlelo No'eau # 905]





Proclamation

WHEREAS, 4,000 preventable hepatitis-related deaths occur worldwide each day, even though there is an effective cure for hepatitis C and a vaccine and effective treatment for hepatitis B; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends vaccination against hepatitis B for infants, children and adults and hepatitis C testing for adults; and

WHEREAS, increasing insurance coverage and the development of safer and effective medications for combating hepatitis B and curing hepatitis C have made the prevention, screening, and treatment of both diseases increasingly accessible; and

WHEREAS, Hawai'i is the state with one of the highest rates of liver cancer in the U.S., and the leading causes in Hawai'i are hepatitis B and C, with up to 63,000 people in the Aloha State possibly affected; and

WHEREAS, Hawai'i is currently engaged in measures to combat viral hepatitis, including a syringe access program to curb the spread of viral hepatitis from shared needles; and

WHEREAS, Hep Free Hawai'i, a community coalition of over 90 partners and stakeholders, is dedicated to increasing awareness of and access to viral hepatitis B and C care services in Hawai'i; and

WHEREAS, the COVID-19 pandemic has highlighted the need to take a proactive approach to all infectious diseases, including the implementation of strategies that address equitable access to care and treatment for minorities, immigrants, and others impacted by social determinants of health; and

WHEREAS, on July 28, 2020, Hep Free Hawai'i will unveil the "Hawai'i Hepatitis Elimination Strategy 2020-2030," based on the core values of harm reduction, social justice, intersectionality, and aloha;

THEREFORE I, DAVID Y. IGE, Governor of the **State of Hawai'i**, do hereby proclaim July 28, 2020 as

"HAWAI'I HEPATITIS ELIMINATION DAY"

and ask the people of the Aloha State to join me in raising awareness about viral hepatitis and support elimination efforts to equitably prevent, diagnose, and treat all people at risk for or living with viral hepatitis in Hawai'i.

Done at the State Capitol in the Executive Chambers, Honolulu, State of Hawai'i, this twenty-second day of July 2020.


DAVID Y. IGE
Governor, State of Hawai'i



JOSH GREEN, MD

HAWAI'I LIEUTENANT GOVERNOR

"Today I am proud to join Hep Free Hawai'i and others in the Aloha State who are marking World Hepatitis Day 2020 by releasing the "Hep Free 2030: The Hawai'i Hepatitis Elimination Strategy 2020-2030," ...[which] recognizes that hepatitis elimination can only come if we continue to address other related health and social inequities and stigma."

[Read Lt. Governor Green's letter here!](#)



MAZIE HIRONO

UNITED STATES SENATOR

“The launch of the “Hep Free 2030: The Hawai’i Hepatitis Elimination Strategy 2020-2030” represents an aggressive and comprehensive effort to make Hawai’i the first state in the nation to eliminate viral hepatitis. This groundbreaking endeavor will help save thousands of lives across our state and serve as a model for other states to address the serious public health challenge of viral hepatitis.”

[Read Sen. Hirono’s letter here!](#)



BRIAN SCHATZ

UNITED STATES SENATOR

"This strategy will serve as a key model in our nation's fight against hepatitis and is integral in addressing health disparities across the state and saving lives. I wholeheartedly support Hep Free Hawai'i, the Hawai'i Department of Health, and others who are committed to eliminating viral hepatitis and improving the health of the people of Hawai'i."

[Read Sen. Schatz's letter here!](#)



NOT MUCH TIME?

[Read our one-page summary of this strategy here.](#)

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COMMUNITY SUMMARY

A Collaborative, Nimble Strategy to Eliminate Hepatitis A, B, and C

[Hep Free Hawai'i](#) (HFH) is a coalition of over 90 local, national, and global partners dedicated to increasing awareness of and access to viral hepatitis and harm reduction services throughout the state of Hawai'i. Originally a partnership between the [Hawai'i Department of Health's Harm Reduction Service Branch](#), the [Hawai'i Health & Harm Reduction Center](#) (formerly the CHOW Project and the Life Foundation), and the AIDS Community Care Team, we have grown by connecting with communities across the islands, aiming to make Hawai'i truly "Hep Free."

On World Hepatitis Day, July 28 2019, we partnered with the Hawai'i Department of Health and the Hawai'i Health & Harm Reduction Center to host the inaugural meeting to develop Hawai'i's Hepatitis Elimination Plan. It was attended by 45 stakeholders including patients, consumers, medical and social service providers, policymakers, among others. The meeting was also attended by Lieutenant Governor Josh Green, who proclaimed hepatitis elimination an important priority for Hawai'i.

This strategy aligns with recommendations from other plans:

- [CDC Winnable Battles Framework](#)
United States Centers for Disease Control and Prevention
- [National Viral Hepatitis Action Plan](#)
United States Department of Health and Human Services
- [National Strategy for the Elimination of Hepatitis B and C](#)
The National Academies of Science, Engineering, and Medicine
- [Global Health Sector Strategy on Viral Hepatitis, 2016-2021](#)
World Health Organization

Since our beginnings, we have been co-directed by a representative from a community-based organization and a representative from the Hawai'i Department of Health. This public-private partnership has allowed us to better respond to the changing health and social environment. This joint strategy document that will be guided, implemented, and evaluated by all participating partners and stakeholders including the Hawai'i Department of Health.

"Hep Free 2030: The Hawai'i Hepatitis Elimination Strategy 2020-2030" aims to eliminate hepatitis in Hawai'i by addressing viral hepatitis along the continuum of a "care cascade" or "result chain", step-wise frameworks that reflect the need for a multi-pronged, intersectional approach to truly eliminate hepatitis. This strategy is intended to integrate with other local plans, including "H20: Hawai'i HIV Elimination Plan."

WHAT DOES HEPATITIS ELIMINATION MEAN?

According to the World Health Organization, hepatitis "elimination" would be when new cases of disease become zero (or at least very low) in a certain area. This means that we will be figuring out ways to prevent new hepatitis infections and to care for people who are already living with hepatitis in Hawai'i.



Based on the core values of harm reduction, social justice, intersectionality, and aloha, our community partners identified five priorities to eliminate hepatitis A, B, and C in Hawai'i:

1. Awareness and Education
2. Access to Services
3. Advocacy at All Levels
4. Equity in Everything
5. Data for Decision-Making

Evaluation of goals, objectives, and critical issues will take place during monthly meetings and annual stakeholder convenings through 2030.



"NO MATTER WHAT, IF YOU HAVE HEPATITIS... OR WHATEVER YOU HAVE THAT'S DETRIMENTAL, YOU CAN OVERCOME IT."

- HFH volunteer, now cured of hepatitis C

WHAT'S HAPPENING IN HAWAI'I?

By the Numbers

Hepatitis is a major issue for Hawai'i. Looking at the numbers (quantitative) and listening to stories of the people (qualitative), we continue to learn more about:

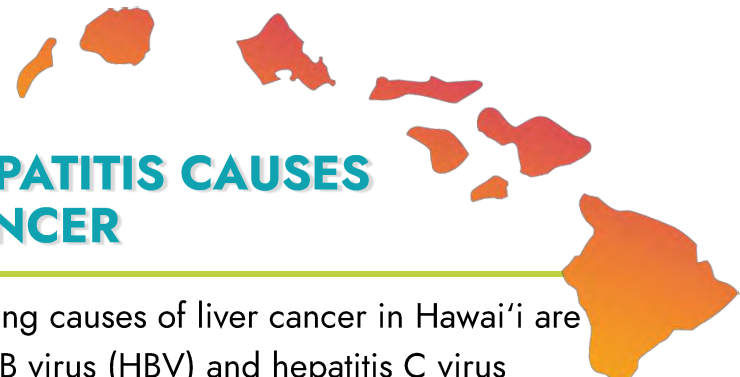
- who are most affected by viral hepatitis in Hawai'i
- where we should focus our efforts
- what is (or isn't) working, so that we can adapt quickly
- how to educate policymakers to make systems-level change

Basically, these data help us tell the story of viral hepatitis in our local communities. Unfortunately, the Hawai'i Department of Health does not receive adequate funding for meaningful hepatitis B and C surveillance. So how do we know what's happening? Using other data sources, here is the story so far:



LIVER CANCER IS HIGH

Hawai'i has one of the highest rates of liver cancer in the United States. For every 100,000 people in Hawai'i, 10 new liver cancer cases were reported (201 people total), and 8 people died of liver cancer (158 people total) in 2016.ⁱ



VIRAL HEPATITIS CAUSES LIVER CANCER

The leading causes of liver cancer in Hawai'i are hepatitis B virus (HBV) and hepatitis C virus (HCV), which account for 2 out of 3 cases of liver cancer.ⁱⁱ

HEPATITIS A AFFECTS HOUSELESS PEOPLE

The CDC recommends all houseless persons get vaccinated for hepatitis A.ⁱⁱⁱ As of 2019, about 6,400 people in Hawai'i were considered houseless and should receive hepatitis A immunizations.^{iv}



VIRAL HEPATITIS AFFECTS SEXUAL & GENDER MINORITIES

At least 1 in 10 lesbian, gay, bisexual, and transgender (LGBT) public high school students in Hawai'i reported injecting drugs at least once before graduating; 1 in 4 of these LGBT youth also reported using prescription drugs without a prescription.^{v,vi} Increase in injection drug use has been closely linked with opioid misuse and its sequelae, especially HCV infection and drug overdose.



The CDC recommends that people born in Asia or the Pacific regions get tested for hepatitis B, followed by linkage to either immunizations or treatment.^{vii} Almost half of the people in Hawai'i identify as API (not including people who identify as multi-racial), and about 1 out of 5 people in Hawai'i were born outside of the U.S.^{viii}

From 2013-2015, the Department of Health's Enhanced Hepatitis B Screening Program at Kalihi-Palama Health Center found an HBV prevalence of 5.9% among Pacific Islanders, primarily from Chuuk (in the Federated States of Micronesia) and the Marshall Islands.^{ix}

HEPATITIS B AFFECTS ASIANS & PACIFIC ISLANDER PEOPLE (API)

HCV

HEPATITIS C SCREENING IS RECOMMENDED FOR 80% OF HAWAI'I

The CDC recommends that all adults over 18 years old receive testing for hepatitis C, regardless of any known or reported risk factors.^x In Hawai'i, this means that the over 1.1 million adults and should get tested at least once.^{xi}



HEPATITIS C AFFECTS PEOPLE WHO INJECT DRUGS, ESPECIALLY YOUTH

The CDC recommends HCV testing for all persons who inject drugs.^{xii} Hawai'i's statewide syringe exchange found an HCV antibody positivity of 67% among a representative sample of its participants. There was a noticeable difference in this positivity between younger (under age 30 years) and older PWID, with rates of 31.6% and 90.9%, respectively.^{xiii}



HEPATITIS C AFFECTS PEOPLE WHO ARE/WERE INCARCERATED

The CDC recommends universal HCV testing for all adults in correctional settings.^{xiv} The last seroprevalence study in Hawai'i's prisons estimates HCV prevalence at 24%, or 1 out of every 4 persons who were imprisoned.^{xv}



LOCAL PEOPLE, LOCAL STORIES

Voices of Hepatitis

Our work in Hawai'i would mean nothing without the ideas and voices of people living with viral hepatitis. Their stories of bravery, resilience, and honesty make them essential contributors to this strategy and its implementation. Meet some of our storytellers, who make sure that our collective action is meaningful and responsive to community needs. Click on the links to watch their full stories.



PAIJ

"I want to be able to walk other people through it. I want to get people to the right supports that they need."

bit.ly/PaijHFH



KENSON

"We need to change the way we think about the situation or the disease or experience that we have, to be able to come out and speak publicly and educate others."

bit.ly/KensonHFH



JADE

“There’s always hope...You can get out of this, and you can recover, and you can have a normal life.”

bit.ly/JadeHFH



PETER

“By going to doctor visits, and [my mom’s] treatments and stuff, getting her medications – it’s cool, because I know it’s all for love.”

bit.ly/PeterHFH



STACIA

“I thought to myself, you know what, give yourself a chance. You never gave yourself a chance ever in your life. Just give yourself a chance. And so I did.”

bit.ly/StaciaHFH



EDDIE

“Whatever I can do every day, I do it. Because I refuse to lay down. I refuse to die.”

bit.ly/EddieHFH

WE ARE DEDICATED TO ELIMINATING HEPATITIS AND RELATED INEQUITIES AMONG, FOR, AND ALONGSIDE PEOPLE WHO USE DRUGS, PEOPLE WHO ARE HOUSELESS, PEOPLE WHO ARE FOREIGN-BORN (REGARDLESS OF CITIZENSHIP STATUS), PEOPLE WHO IDENTIFY AS SEXUAL AND/OR GENDER MINORITIES, PEOPLE WHO ARE JUSTICE-INVOLVED, INDIGENOUS AND NATIVE HAWAIIAN PEOPLES, AND ANY OTHER AFFECTED COMMUNITIES IN HAWAI'I.



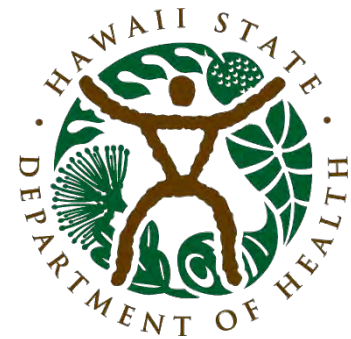
OUR HISTORY

Success through Partnerships

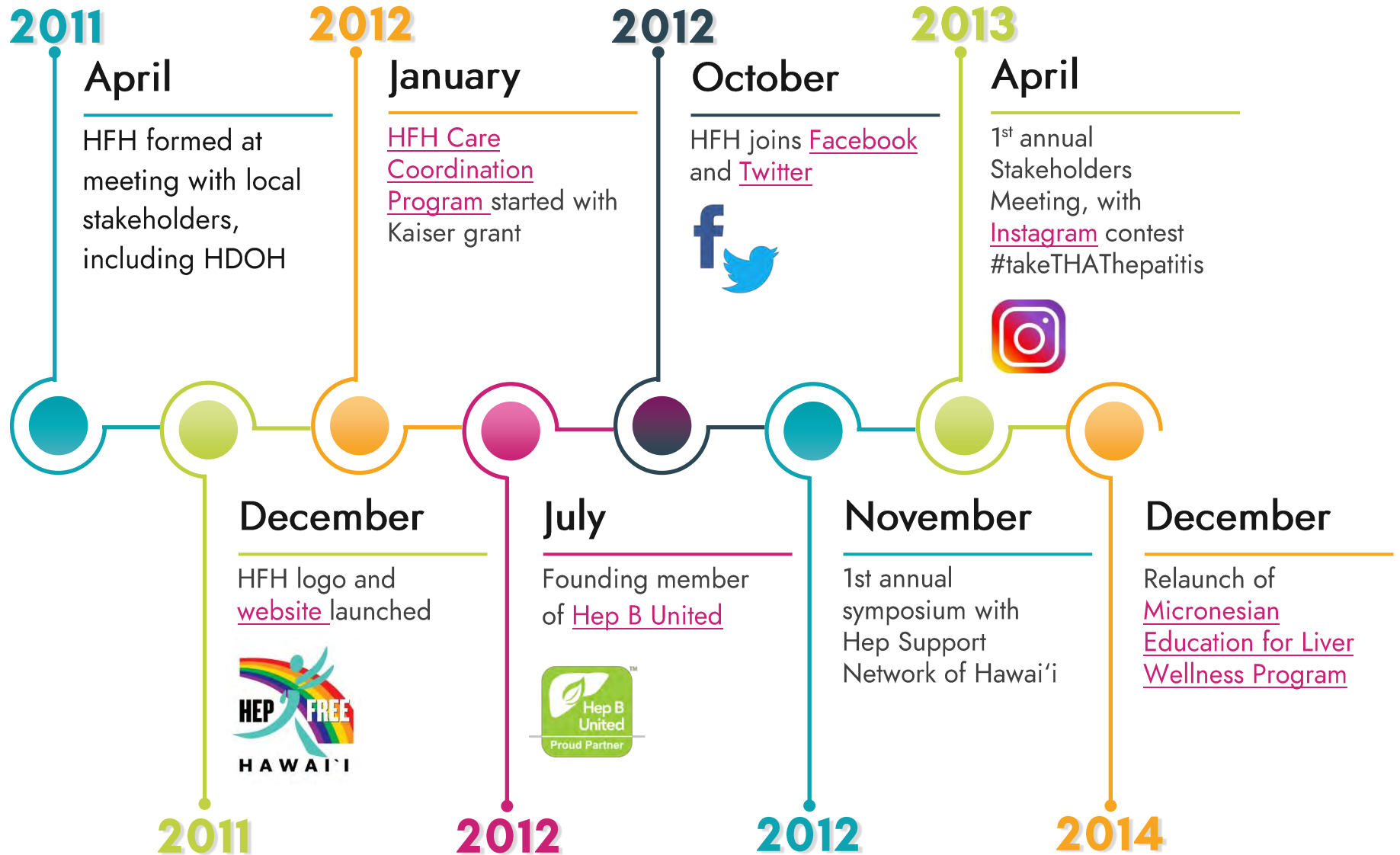
[Hep Free Hawai'i](#) (HFH) is a coalition of over 90 local, national, and global partners dedicated to increasing awareness of and access to viral hepatitis and harm reduction services throughout the state of Hawai'i. In 2011, we started with a small group of stakeholders led by the Hawai'i Department of Health and the CHOW Project, now Hawai'i Health & Harm Reduction Center. (See [Addendum](#) for our original logic model.) Since then, we have grown to include partner agencies in healthcare, social justice, government, business, industry, patient advocacy, and more!

Our initial role was to build a network of partnerships that would maximize existing resources for access to care and services. Over time, we have expanded our capacity through grants and strategic partnerships to provide programs (such as the Micronesian Education for Liver Wellness and the Hepatitis Care Coordination program) and to spearhead innovation projects (such as co-locating wound-care and hepatitis testing and hepatitis C testing and linkage in Maui jails). [Read our previous Strategic Plan for 2018-2020.](#)

HFH is fiscally sponsored by Hawai'i Health & Harm Reduction Center (www.hhrc.org), a non-profit 501(c)(3).



HFH MILESTONES



2015

June & July

1st [Share Our Stories](#) video; 1st Hep Free Hawai'i Hero Award

2016

March

HFH joins national advocates at [Hepatitis on the Hill](#) in Washington, DC

2017

December

Integration within [Hawai'i Opioid Initiative](#)



2019

March

HCV treatment for syringe exchange participants at HHHRC

2015

September

Attends 1st [World Hep Summit](#) in Scotland



2017

May

HFH [website](#) and logo redesign



2018

August

Hep B United/CDC Award for Micronesian education

2019

July

Hawai'i Hepatitis Elimination planning began

OUR MISSION, VISION, AND VALUES

Practicing Our Values

Mission

- To empower Hawai'i's 'ohana to promote liver health and wellness
- To raise awareness and increase access for the prevention, diagnosis, and treatment of liver disease, especially viral hepatitis and related harms
- To erase stigma, social and racial inequity, and health disparities surrounding communities affected by liver disease

Vision

- To create a Hawai'i free of hepatitis and other liver disease
- To promote liver health by integrating culturally appropriate services within a comprehensive system of care

Core Values

As we implement this strategy, we will put the following values into practice:

- **Harm Reduction.** We practice and support non-punitive and non-judgmental approaches to public health that meet people where they are and celebrate positive change, with the goal of minimizing the harms of actions that lead to adverse social and health outcomes.



- **Social Justice.** We promote health equity and empower individuals with unwavering dedication to eliminating the stigmas and systemic injustices that impact the communities we serve. We advocate through education, advocacy, and partnerships.
- **Intersectionality.** We recognize that success in eliminating hepatitis means addressing other related health and social inequities, including racism, classism, and other forms of institutionalized stigma. We build sustainable relationships with traditional and non-traditional partners that are mutually beneficial, client-centered, and continually growing.
- **Aloha.** We carry a deep sense of love for our 'ohana, and we acknowledge the importance of Native Hawaiian values to our community. We strive to act in a respectful manner that is both culturally appropriate and carries the spirit of aloha.

**“OUR FIGHT AGAINST HEPATITIS IS ALSO A FIGHT
AGAINST STIGMA, DISCRIMINATION, AND INEQUITY.”**

- HFH Steering Committee Member, whose uncle had hepatitis B



OUR PROCESS

How Did We Get Here?

On World Hepatitis Day, July 28 2019, we partnered with the Hawai'i Department of Health and the Hawai'i Health & Harm Reduction Center to host the first meeting to develop Hawai'i's Hepatitis Elimination Plan. It was attended by 45 stakeholders including patients, consumers, medical and social service providers, policymakers, among others. The meeting was also attended by Lieutenant Governor Josh Green, who proclaimed hepatitis elimination an important priority for Hawai'i.

Over the following 12 months, we talked story with over 160 individual stakeholders in more than 24 formal meetings, multiple online surveys, and many more informal conversations to create the structure of this plan, establish its scope (viral hepatitis A, B, and C), and identify elimination priorities, strategic directions, and examples of micro-elimination opportunities.



WHAT DOES MICRO-ELIMINATION MEAN?

Micro-elimination means that we will work on many different, innovative, community-driven projects at the same time. This allows us to tailor hepatitis elimination to the needs of each community and to change direction quickly if things aren't working.^{xvi}



After an intensive year of discussion, we collectively identified five priority areas to eliminate hepatitis in Hawai'i. For each of these areas, we developed Strategic Directions that would help guide us over the next ten years, but still give us enough flexibility to adapt to changing resources and challenges (e.g., 2020 COVID-19 pandemic). Finally, we have highlighted some possible or existing micro-elimination opportunities to move step-wise in each direction.

WILL THIS BE A COMPLETE LIST OF OPPORTUNITIES?

Not at all! The micro-elimination opportunities we list below represent only a fraction of the ideas we came up with. We decided to highlight a few that we thought were important and exciting. Since opportunities and resources may change over time, let's stay nimble!



ELIMINATION PRIORITIES

PRIORITY AREA 1

AWARENESS AND EDUCATION



STRATEGIC DIRECTIONS



DIGITAL PRESENCE

By 2030, increase digital presence on multiple online and social media platforms to cultivate awareness and engagement around hepatitis and related issues.



CULTURAL ENGAGEMENT

By 2030, provide, support, and enhance culturally appropriate and in-language opportunities for community-based knowledge-sharing among people most impacted by viral hepatitis.



HUB FOR EXPERTISE

By 2030, position HFH “brand” as a local resource and expertise hub for viral hepatitis and related harms (e.g. harm reduction, drug user health, immigrant/migrant health, LGBTQ health).



HEALTHCARE EDUCATION

By 2030, increase provider awareness and education to enhance the network of care for testing, immunizations, and treatment.

MICRO-ELIMINATION OPPORTUNITIES



DIGITAL PRESENCE

Social Media Influencers: Increase social media engagement within at-risk communities (e.g., baby boomers, people who inject/use drugs, youth, formerly incarcerated, Asians and Pacific Islanders) through online and community influencers.

Website Upgrade: Maximize website functionality by updating info and tools such as searchable maps.

Linked Partnerships: Increase website traffic by cross-linking with partner organizations via “Partner buttons.”



CULTURAL ENGAGEMENT

Storytelling Capacity: Empower communities and increase awareness through storytelling workshops to create a story bank and speakers bureau.

Health Ambassadors: Identify and empower local community influencers (including community health workers, social workers, but also patients, family) to become “ambassadors of health.”

Community-Driven Models: Create low-threshold “talk story” opportunities that are culturally/linguistically appropriate (e.g. Micronesian Education for Liver Wellness Program; youth for youth videos).



HUB FOR EXPERTISE

Media Campaign: Develop statewide awareness campaign to promote website and logo (e.g., PSAs w Olelo; paid/earned media).

Clear Branding: Clarify plan for brand visibility and positioning (logo).



HEALTHCARE EDUCATION

Learning Hubs: Develop and enhance provider capacity through mentorship and virtual learning hubs.

Promotional Materials: Develop and disseminate materials for use in healthcare settings (e.g., posters, flyers, etc.).

Provider Honor Roll: Promote non-discrimination and peer accountability through publicized provider report cards (similar to Bay Area Hep B Free).

Continuing Education: Provide ongoing continuing education programs, including annual convening, for all members of healthcare team, including social service providers.

PRIORITY AREA 2



ACCESS TO SERVICES

STRATEGIC DIRECTIONS



IMMUNIZATIONS

By 2030, develop a sustainable hepatitis A and B immunization infrastructure in Hawai'i, especially for adults at risk.



TESTING

By 2030, increase awareness of and access to low-threshold, sustainable testing in high-impact venues and settings.



LINKAGE TO CARE

By 2030, increase awareness of and access to low-threshold, sustainable programs for viral hepatitis care coordination services, including integration with related linkage services such as housing, mental health, immigration, and harm reduction.



TREATMENT

By 2030, increase awareness of and access to timely and affordable treatment for viral hepatitis, primarily through engagement with insurance payers at all levels.



PRESCRIBER CAPACITY

By 2030, increase the number and capacity of medical providers to consistently screen for and treat viral hepatitis by creating a network of clinical support and mentorship.

MICRO-ELIMINATION OPPORTUNITIES



IMMUNIZATIONS

Community-Based Vaccines: Establish and implement evidence-based standing orders from statewide authority for hepatitis A/B immunizations in non-healthcare settings.

Pharmacy-Based Vaccines: Increase sustainable capacity of pharmacies to provide hepatitis A/B immunizations, especially adequate insurance coverage.

Vaccine Registry: Ensure implementation and use of a statewide immunization registry system among primary care, pharmacies, corrections, and community-based partners.



TESTING

High-Impact Settings: Increase HBV and HCV screening in high-impact settings, including primary care, FQHCs, corrections, syringe exchanges, substance treatment centers, homeless shelters, and community-based settings.

Universal Testing: Promote and ensure universal and risk-based adult screening for hepatitis, as recommended by U.S. Preventive Services Task Force (USPSTF).



LINKAGE TO CARE

HCV Care Coordination: Establish and support stand-alone or integrated HCV care coordination programs to address treatment and related issues, including housing, harm reduction, substance use, mental health.

HBV Care Coordination: Establish and support standalone or integrated HBV care coordination programs to address treatment and related issues, including immigration, language access, and chronic disease.



TREATMENT

Pharmacy-Based Treatment: Enhance and support pharmacy-driven treatment, especially with prior authorizations (e.g. collaborative practice agreements).

Co-infection with HIV: Develop and implement incentive models to promote testing and treatment of hepatitis among people living with HIV/AIDS.



PRESCRIBER CAPACITY

Project ECHO®: Launch liver health tele-ECHO® clinics for ongoing training and mentorship statewide.

Annual Summit: Establish and maintain an annual CME/CE event for providers and community members.

PRIORITY AREA 3



ADVOCACY AT ALL LEVELS

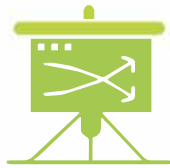


STRATEGIC DIRECTIONS



HEALTH DEPT. CAPACITY

By 2030, increase funding for health department infrastructure (e.g., staffing, programming) to address viral hepatitis elimination in Hawai'i.



POLICY INTEGRATION

By 2030, integrate viral hepatitis language into strategic plans for related health and social issues, such as opioid misuse, homelessness, cancer, etc.



INSURANCE COVERAGE

By 2030, ensure consistent, affordable coverage of hepatitis immunizations, testing and treatment with limited pre-authorizations, as aligned with national and professional guidelines.



COMMUNITY ADVOCACY

By 2030, develop and maintain network of community and patient advocates to increase awareness of and access to services.



PROVIDER ADVOCACY

By 2030, develop and maintain network of clinical hepatitis advocates to increase awareness of and access to services.

MICRO-ELIMINATION OPPORTUNITIES



HEALTH DEPT. CAPACITY

Legislative Action: Draft and submit bills to local, federal, and/or global legislative champions to secure higher allocation in base budget within health department.

Departmental Action: Integrate viral hepatitis language into health department contracts and training to increase services in programs serving similar communities (e.g., HIV, TB, cancer).



POLICY INTEGRATION

Legislative Action: Draft and submit legislative resolution for strategic plan and legislative briefing to identify champions and discuss appropriations in future sessions.

Cross-Linked Policies: Identify strategies or policies for integration of viral hepatitis language, including plans for housing, substance use, mental health, non-citizen rights, sexual and gender minorities, incarceration, drug policy, Native Hawaiian health.



INSURANCE COVERAGE

Legislative Action: Draft and submit bills to improve access to hepatitis services, especially by reducing barriers to treatment (e.g., prior authorizations, prescriber requirements).

Pharmacist Capacity: Draft and submit bills to increase pharmacy scope of practice and reimbursement for hepatitis services.

Quality Metrics: Identify champions within insurance plans to develop and implement hepatitis-related benchmarks for reimbursement.



COMMUNITY ADVOCACY

Advocacy Training: Identify and train patients and allies to be local legislative and policy advocates (e.g., model used by National Viral Hepatitis Roundtable).

Advocacy Network: Coordinate ongoing mechanisms to share insights and consolidate efforts (e.g., speakers bureau; Circle model; correctional ECHO®; veteran matching in courts).



PROVIDER ADVOCACY

Advocacy Training: Identify and train healthcare providers to be local legislative and policy advocates (e.g., model used by National Viral Hepatitis Roundtable).

Advocacy Network: Coordinate ongoing Clinical Advocacy meetings to share insights and consolidate efforts (tie in with Awareness/Education).

PRIORITY AREA 4



EQUITY IN EVERYTHING



STRATEGIC DIRECTIONS



SHARED LEADERSHIP

By 2030, create and maintain opportunities for those most affected by viral hepatitis—especially people who inject drugs, are immigrants or migrants; are houseless; are LGBTQ+; have been incarcerated; live in rural areas—to have policy and leadership roles.



PEOPLE FIRST

By 2030, implement intentional mechanism of engagement and feedback to ensure that Micro-Elimination projects address the needs of those most affected by viral hepatitis.



STIGMA REDUCTION

By 2030, develop and support efforts that change community norms around perception of viral hepatitis, especially regarding stigma of affected populations.



DATA EVALUATION

By 2030, integrate equity into evaluation metrics for all Priority Areas and Micro-Elimination projects via the Data Workgroup.

MICRO-ELIMINATION OPPORTUNITIES



SHARED LEADERSHIP

Leadership Development: Develop trainings and support for emerging leaders to plan and implement micro-elimination models (e.g., grant-writing).

Peer Mentorship Network: Coordinate ongoing mechanisms to share insights and consolidate efforts (e.g., speakers bureau; Circle model; correctional ECHO®; veteran matching in courts).



PEOPLE FIRST

Community Champions: Create “Ambassadors of Health” or “Hepatitis Champion” designation to identify and empower community liaisons to provide feedback (e.g., Paij w PWID; Kenson and Rensely w Micronesian families).

Feedback Loops: Create formal mechanism to receive and respond to community feedback, especially via Hepatitis Heroes.



STIGMA REDUCTION

Social Influencers: Create social opportunities to discuss hepatitis via Community Champions (above) (e.g., “Ask me about hepatitis” t-shirts; HIV models of engagement; incentives).

Community-Driven Materials: Disseminate visual, multi-lingual and low-threshold materials, developed by people affected by hepatitis (e.g., comic books).

(From Equity Metrics in [Data for Decision-Making](#))



DATA EVALUATION

Qualitative Measures: Develop evaluation metrics and mechanisms to highlight experiential, qualitative (“talk story”) data, especially to determine impacts of stigma, culture, and other social nuances.

Community Feedback Loops: Create mechanisms for community participation in data collection, reporting, and messaging to ensure meaningful engagement and avoid unintended consequences (e.g., communities perceived as “diseased”).

Stigma Research Repository: Conduct literature reviews and create repository for stigma research, especially related to viral hepatitis and harm reduction.

PRIORITY AREA 5



DATA FOR DECISION-MAKING

STRATEGIC DIRECTIONS



DATA TO ACTION (CARE CASCADES)

By 2030, develop site- or population-specific care cascade reports for targeted programming, policymaking, and communication by identifying and utilizing existing data sources.



CROSS-CUTTING EVALUATION

By 2030, establish Data Workgroup to develop evaluation metrics/process for other Priority Areas and Micro-Elimination Projects.



SURVEILLANCE INFRASTRUCTURE

By 2030, improve health department surveillance infrastructure to determine statewide and county-level prevalence estimates for grant-writing, programming, and policymaking.



EQUITY METRICS

By 2030, integrate equity into evaluation metrics for all Priority Areas and Micro-Elimination projects via the Data Workgroup.

MICRO-ELIMINATION OPPORTUNITIES



DATA TO ACTION

Standardized Care Cascades: Define and disseminate “best practice” for care cascade definitions and development for comparison across sites and populations.

Data Capacity-Building: Provide training and technical assistance for agencies/communities on best practice for data collection, reporting, and dissemination.

Quality Improvement: Develop and share care cascade reports to identify opportunities for improvement in clinical practice within and across agencies/communities.



CROSS-CUTTING EVALUATION

Multi-Level Evaluation: Develop metrics and processes to measure outcomes at various levels, from patients and providers to policies and systems.

Qualitative Measures: Develop evaluation metrics and mechanisms to highlight experiential, qualitative (“talk story”) data, especially to determine impacts of stigma, culture, and other social nuances.



SURVEILLANCE INFRASTRUCTURE

Health Department Capacity: Identify local and federal funding and staffing opportunities for hepatitis surveillance within DOH.

Vaccine Registry: Ensure implementation and use of a statewide immunization registry system among primary care, pharmacies, corrections, and community-based partners.

Visualization Projects: Create capacity for data visualization, reporting, and dissemination for community use (e.g., geo-mapping, heat maps, infographics).



EQUITY METRICS

Qualitative Measures: Develop evaluation metrics and mechanisms to highlight experiential, qualitative (“talk story”) data, especially to determine impacts of stigma, culture, and other social nuances.

Community Feedback Loops: Create mechanisms for community participation in data collection, reporting, and messaging to ensure meaningful engagement and avoid unintended consequences (e.g., communities perceived as “diseased”).

Stigma Research Repository: Conduct literature reviews and create repository for stigma research, especially related to viral hepatitis and harm reduction.

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**"I WOULD NEVER HAVE BEEN ABLE TO GET TREATED
WITHOUT YOUR HELP. THANK YOU!"**

- former HFH client, now cured of hepatitis C



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ADDENDUM: ORIGINAL HEP FREE HAWAI'I LOGIC MODEL

Situation: Hawai'i has the highest rate of liver cancer in the U.S. and hepatitis B and C are the leading causes of liver cancer. Most adults at-risk for and living with chronic hepatitis B or C do not know it and therefore do not access hepatitis screening, vaccinations and/or treatment.



Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<ul style="list-style-type: none"> Funding Federal recommendations: <ul style="list-style-type: none"> IOM report HHS Plan CDC guidelines AASLD Steering committee Working committees Partner Agencies Volunteers Healthcare providers Community Hepatitis Stakeholders: <ul style="list-style-type: none"> People living with hepatitis Pharma Physicians/HCP DOH CBOs 	<ul style="list-style-type: none"> Awareness campaign Healthcare provider education Public education Screening and vaccination events Centralized hepatitis resources Website Hotline Fundraising 	<ul style="list-style-type: none"> List of partner agencies # of healthcare provider education sessions # of public education sessions List of hepatitis educational materials available (languages) Website site index Calendar of hepatitis events List of sites for free/low cost testing and vaccinations 	<ul style="list-style-type: none"> Increased awareness of hepatitis B/C in healthcare community and among general public Increased/strengthened collaboration among hepatitis stakeholders Expanded list of viral hepatitis resources in Hawai'i 	<ul style="list-style-type: none"> Enhanced capacity of healthcare and social service providers to implement viral hepatitis screening, vaccination and treatment recommendations Increased number of people in Hawai'i that know their hepatitis B and C status Increased number of people living with hepatitis B and C that access care 	<ul style="list-style-type: none"> Comprehensive, evidence-based, sustainable statewide hepatitis prevention and care program Decreased incidence and prevalence of hepatitis B and C in Hawai'i Improved health and decreased health disparities Decreased stigma associated with hepatitis B and C

Initial HFH Logic Model from May 2011



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