

San Francisco Department of Public Health
Funding Opportunity Number CDC-RFA-PS12-120901SUPP13
Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B
Category A
September 30, 2013 to September 29, 2014

Project Narrative

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Executive Summary

The San Francisco Department of Public Health (SFDPH) is applying for Year 2 funding under the Category A – Early Identification and Linkage to Care for Foreign-Born Persons with Hepatitis B to supplement and expand the project period funded under CDC-RFA-PS12-1209PPHF to continue early identification of persons with chronic HBV infections and to enhance linkage to care, treatment, and preventive services for persons with these infections.

The referenced agency funding opportunity number is CDC-RFA-PS12-120901SUPP13

The SFDPH's project is called HEAL SF – B: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B, and is an innovative collaboration between the dynamic San Francisco Hepatitis B Free (SFHBF) Campaign and the San Francisco Department of Public Health (SFDPH), a leader in the development and implementation of state-of-the-art prevention science and interventions.

The city of San Francisco has a higher density of Asian/Pacific Islanders (API) than any other U.S. city, and it is also estimated that over 30% of San Francisco's population is foreign-born, with the majority of foreign-born residents coming from areas with high (>8%) and intermediate (2-7%) prevalence levels for hepatitis B surface antigen (HBsAg). Because of San Francisco's population, testing for chronic infection of hepatitis B is of paramount importance, especially to address the gloomy statistic that San Francisco has the highest rate of liver cancer of any U.S. city. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. Recognizing this major health disparity, we are proposing to continue an innovative and unique partnership between the SFHBF campaign and the SFDPH to test at least 3,000 foreign-born individuals (the majority being APIs) to ensure that they know their hepatitis B status and to link to care anyone who tests positive for hepatitis B infection.

Testing will occur through the combined efforts of the well-established SFHBF testing network at existing community sites, clinics and events. The SFHBF testing network serves diverse communities and offers culturally competent testing and linkage to care activities and is, again, well poised to begin efforts immediately. Data from all testing sites and clinics will go to one centralized location, the SFDPH, for cleaning, analysis, and reporting. Information garnered from the testing and linkage to care activities will be regularly compiled and shared with all partners to illustrate best practices, trends, challenges or successes.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a broad network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits that San Francisco as a whole will experience for many decades into the future.

A. Background and Need

San Francisco, California is the second most densely populated city in the nation, the most densely populated city in California, and has a higher density of the Asian/Pacific Islander (API) population than any other U.S. city. The total population is 805,235; making it the thirteenth most populous city in the U.S. (2010 Census). Of SF residents, 390,987 (48%) are White; 48,870 (6%) are Black/African American; 4,024 (0.5%) are American Indian/Alaska Native; 271,274 (34%) are Asian/Pacific Islander; and 53,021 (7%) are some other race. There are 121,774 (15%) Hispanic/Latino residents of any race. San Francisco also has a high rate of foreign-born individuals.

Total Foreign-Born by Place of Birth – San Francisco

	2006 Estimate	% of Total Foreign Born
Total Foreign-Born Europe	34,794	13%
Total Foreign-Born Asia	166,707	62%
Total Foreign-Born Caribbean	1,636	1%
Total Foreign-Born Mexico	22,766	8%
Total Foreign-Born Other Central America	24,158	9%
Total Foreign-Born South America	9,153	3%
Total Foreign-Born Other Areas	11,143	4%
Total Foreign-Born	270,357	100%

Source: 2000 Census; 2006 ACS

The majority of San Francisco’s foreign-born population comes from areas with high (> 8%) and intermediate (2-7%) levels of hepatitis B surface antigen (HBsAg) prevalence. Because of San Francisco’s population, testing for chronic infection with hepatitis B is of paramount importance – even for people who have been previously vaccinated. Vaccination is a requirement of immigration, but not necessarily testing – and we have had instances in San Francisco where people think that they are protected from hepatitis B in that they were vaccinated, when in fact they are chronically infected and did not know it because they were never properly tested. The only way for a person to truly know their chronic hepatitis B infection status is to be tested.

Underneath San Francisco’s shiny veneer there also lies a gloomy statistic, that this glorious “City by the Bay” has the highest rate of liver cancer in the nation. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. It is estimated that one out of every ten Asians in San Francisco has chronic hepatitis B and that 6,000 Asians in San Francisco will die from liver disease and cancer brought on by hepatitis B. An internal assessment also estimated that it could cost San Francisco \$700 million in medical and work loss costs for hepatitis B related conditions.

Recognizing this major health disparity, the San Francisco Department of Public Health (SFDPH) in 2004 established a unique partnership with the Asian Liver Center at Stanford University and embarked upon an innovative testing and vaccination project targeting the API

community called “3 For Life.” In the 3 For Life project, APIs were targeted for testing and simultaneous vaccination/protection from hepatitis B. Testing was conducted at a local community center two Saturdays a month for one year. In the total 72 clinic hours that services were offered, 1,200 adults were screened and 3,000 vaccinations administered. The project was closely evaluated and data indicated that 10% of the clients were surface antigen positive (chronically infected) and 40% were surface antibody positive (immune due to prior infection) leaving 50% vulnerable to infection and eligible for vaccination. While 54% of clients were fully insured, only 16% reported that their doctor had ever suggested hepatitis testing to them. Among those who tested positive for chronic infection, 75% indicated that their doctor had never suggested testing, or that they did not know if testing had ever been suggested.

This particular project was extremely valuable to the SFDPH because it demonstrated not only the tremendous burden of disease (potentially at least 25,000 people chronically infected in San Francisco based on our foreign-born population), but also the significant barriers that needed to be overcome in terms of awareness and knowledge on both the doctor and patient sides. SFDPH decided that more action was needed.

In November 2006, the San Francisco Board of Supervisors passed a resolution establishing the goal of universal hepatitis B testing and vaccination for API residents. The Health Commission endorsed this goal in December of that same year, yet no public funds were allocated to address the issue. In January 2007, the San Francisco Hep B Free (SFHBF) campaign was founded as a partnership between AsianWeek Foundation, the Asian Liver Center at Stanford University, and the San Francisco Department of Public Health (SFDPH) to overcome gaps in knowledge and barriers to screening and care. SFHBF’s goal is to eliminate hepatitis B infection by increasing awareness, testing, vaccination, and treatment by utilizing a broad, community-wide coalition. SFHBF is a full spectrum public/private collaboration unifying the API community, health care system, policy makers, businesses, and the general public. Since its founding, SFHBF has mounted mass media and grassroots messaging campaigns which raised citywide awareness of hepatitis B and promoted use of the existing health care system for hepatitis B screening and follow-up. Since its inception, over 150 organizations have contributed over a million dollars in resources to the SFHBF campaign. The SFHBF campaign has conducted over 60 educational events reaching over 1,100 health care providers. Community events and fairs reach over 200,000 members of the general public and over 8,000 API clients have been tested at convenient screening sites created by the SFHBF campaign. Testing sites today are advertised on their website, <http://sfhepbfree.org/screenings/>.

The SFDPH, who is the other primary partner in this proposal, is a world-class health department with a comprehensive primary care infrastructure called the Community Health Network (CHN). The CHN of SFDPH has more than ten adult primary care clinics and has the unique role of addressing the broad health needs of all San Franciscans, with a special emphasis and commitment to serving the City’s most vulnerable and diverse populations. The goals of the CHN go beyond just providing people with health care; SFDPH makes a special effort to create a bond with patients in their communities. Part of this bond is providing education to patients, helping everyone to understand that good health is achievable regardless of financial or ethnic background. The CHN community clinics are located in neighborhoods all throughout San Francisco – reaching foreign-born residents from Asian, African and Southeast Asian countries.

In 2011, CHN conducted over 3,400 hepatitis B screenings on patients and properly conducted further care on the 3.5% who were chronically infected (DPH Infectious Disease Data runs, 2011-2012). SFDPH believes that sustainable testing activities come from making systematic enhancements to primary care visits, and has embarked on a quality improvement initiative to ensure that appropriate actions take place that result in those improvements.

Another bonus in the city of San Francisco is the existence of Healthy San Francisco (<http://www.healthysanfrancisco.org/>). This program was created by the City of San Francisco to make health care services accessible and affordable for uninsured residents. It is available to all San Francisco residents, regardless of immigration status, employment status or preexisting medical conditions. It is through the existence of Healthy San Francisco that many of the clients who test positive for hepatitis B can be referred and linked to care if they do not already have a primary care doctor or coverage.

The Applied Research, Community Health Epidemiology and Surveillance (ARCHES) Branch within the SFDPH has a dedicated group of epidemiologists and analysts who receive all chronic hepatitis B reports and enter them into a chronic viral hepatitis registry. In 2010, the SFDPH received over 5,000 positive hepatitis B (HBV) laboratory reports on 3,630 individuals. Of the 62.7% of cases for whom race was known, 87.9% of cases were Asian/Pacific Islander (API). The SFDPH stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates chronic hepatitis data with communicable disease control data. The database is person-based and allows case management, as well as the collection and analysis of longitudinal data. Faxed and mailed positive hepatitis reports are hand-entered, while electronic files received from three large medical centers are electronically imported into ICOMS. A chronic hepatitis module also resides within ICOMS and allows data entry of data collected from enhanced surveillance activities. Chronic hepatitis data stored within ICOMS is reported monthly to State and CDC entities, and is used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches.

The partnership between SFDPH and SFHBF is far reaching and effective. As a founding member of SFHBF, SFDPH holds a permanent seat on SFHBF's Governing Council and has always been an active collaborator on campaign activities. SFDPH also provides in-kind office space for the SFHBF Executive Director. In turn, SFHBF provides a connection to the community and a more nimble approach to community testing than SFDPH is able to accomplish alone. The breadth of the SFHBF volunteer network, the creative means employed for educating and recruiting people to testing sites, and the actively participating organizations accomplish a tremendous amount toward testing and awareness on a community level. The relationship between the two organizations dedicated to hepatitis B prevention and linkage to care is well established and well-primed for further work together.

B. Program Description

The overarching goal of this proposal for Year 2 funding is to test at least 3,000 foreign-born individuals (the majority of whom are APIs) to ensure that they know their hepatitis B status and to link to care anyone who tests positive for hepatitis B infection. This will be accomplished through an established and innovative partnership between SFHBF and SFDPH. To increase the capacity for hepatitis B testing, SFHBF will facilitate and coordinate at least 3,000 free tests at convenient locations, ensure appropriate follow-up activities for all positives and collect standardized data for analysis and reporting to CDC. SFDPH will continue to test patients in our comprehensive community clinic network, provide appropriate care to positives, create reports for all who test positive, assist with linkage to care activities as needed, transform project data into various CDC-required formats for reporting and secure electronic transfer of data for reporting to the CDC, conduct data analysis, report/submit data to the CDC on a regular basis, and collaborate with the CDC to improve data quality. It is a mutually beneficial partnership that has outcomes of better knowledge and treatment for hepatitis B disease in the San Francisco community.

Responsibilities of the partners include:

San Francisco Hep B Free (SFHBF) Campaign

- Coordination of testing sites and implementation of activities on a community level – consistent monitoring of testing sites and activities and assurance of at least 3,000 people tested
- Targeted outreach and recruitment of foreign-born populations for increased testing and/or sustained high numbers of tests at existing sites
- Coordination of and security of standardized registration data on all tested
- Coordination of follow-up counseling and linkage to care activities
- Collection of data from testing sites
- Submission of data to SFDPH for analysis and CDC reporting
- Monthly reports at SFHBF community meetings to share successes or issues with SFHBF volunteers and stakeholders

San Francisco Department of Public Health (SFDPH)

- Testing and tracking of patients within the comprehensive Community Health Network (CHN) primary care network sites
- Assistance with case management of positives for any SFHBF partner who needs additional resources (assistance with post-testing counseling and linkage to care)
- Production of secure data reporting module in compliance with all CDC standards for reporting to CDC
- Data compilation, entry, cleaning and analysis of all data submitted from SFHBF testing sites
- Production of progress reports to share at monthly SFHBF meetings for continued community engagement
- Reporting of all data on all tested to CDC on a regular basis
- Addition of all positive cases into SFDPH's Chronic Viral Hepatitis Registry
- Identification of trends and relevant surveillance or epidemiological information that is appropriate for enhancing/improving testing or linkage to care opportunities

This is a synergistic partnership where both organizations benefit from each other – SFHBF benefits from the expertise of the SFDPH’s case management, epidemiology and surveillance staff and best practices around testing and care linkage activities; SFDPH benefits from the on-the-ground work of SFHBF partners who are assuring that testing is taking place for free at the community level, bringing specific people in for testing and conducting proper follow-up activities for positives – both are united toward the mission of prevention and appropriate care of hepatitis B. With a chronic HBV infection rate of up to 10% for those tested, the outcome is a city that benefits from up to 300 people finding out early what measures need to be in place for them to not develop liver cancer as a result of chronic hepatitis B.

The active participants within the SFHBF umbrella who will provide pivotal roles in coordinated testing, follow-up, and patient recruitment include:

- The Asian & Pacific Islander Wellness Center – a multicultural health organization transforming lives, strengthening well-being, and leading under-served communities toward justice and health.
- North East Medical Services (NEMS) – one of the nation’s largest federally qualified health centers operating 7 comprehensive care clinics and serving over 54,000 people (they also performed over 11,000 tests for hepatitis B in 2011!). 92% of NEMS’s patient- base is Asian and 86% of patients are better served in a language other than English.
- UCSF Medical Center Collaborative with Chinatown Public Health Center – a unique collaborative of medical students from UCSF regularly testing Chinatown residents for hepatitis B and conducting appropriate follow-up activities
- Chinese Hospital – the only Chinese hospital in the U.S., dedicated to culturally competent health care services and accessible to all socioeconomic levels.
- City College of San Francisco – an urban community college serving about 100,000 students at nine campuses and many other sites throughout San Francisco.
- AsianWeek Foundation – a nonprofit leader for community organizing and assemblage, emphasizing the bringing together of the Asian Pacific American community and celebrating its diversity.

Most of these organizations have, under the SFHBF umbrella, been conducting screenings for free in their respective neighborhoods for over three years. These sites also have the staff and ability to take their testing mobile, setting up shop in specific neighborhoods or at specific street fairs or community events. This SFHBF testing umbrella is, again, ready to go and would not need work-up time to prepare. Data from veteran testing sites such as NEMS and API Wellness Center clearly demonstrate that there are spikes in demand for tests when there is targeted outreach and marketing toward specific populations, thus the SFHBF umbrella, with work from the Executive Director and participating organizations like AsianWeek Foundation, would ensure that effective methods of foreign-born client recruitment continue. There are many opportunities for new testing efforts to populations like San Francisco’s large Filipino population (36,300 – 2010 USD Census) and newer African immigrant population (over 4,700 people – www.africanadvocaynetwork.org) in addition to the continuous testing endeavors to reach the Chinese and Vietnamese communities. There is always room for increasing the capacity for testing – be it in the form of increased hours for a phlebotomist, increased funds for lab tests,

more specific messages to clients, or increased funds for follow-up. The SFHBF umbrella will coordinate the testing and ensure that capacity is fully maximized. Currently, a standardized data form is used under the SFHBF umbrella for clients who are tested (see Attachment A), which was modified at the beginning of Year 1 of funding for this project to additionally include all of the project-required data variables for reporting to the CDC.

C. Proposed Objectives for Testing and Referral of Persons Chronically Infected with Hepatitis B

- 1) By, Sept 29, 2014, API Wellness Center (APIWC) will conduct at least 12 community testing activities/events using the SFHBF Registration Form and test at least 40 people per event (500 people tested total).
 - Target population will be reached via coordinated recruitment efforts from API Wellness Center, the SFHBF Executive Director and AsianWeek Foundation.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive by APIWC clinicians*.
 - All APIWC data on performed tests, counseling, and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

- 2) By Sept 29, 2014, North East Medical Services (NEMS) will conduct at least 12 community testing activities/events using the SFHBF Registration Form and test at least 40 people per event (500 people tested total).
 - Target population will be reached via coordinated marketing and outreach efforts from NEMS, the SFHBF Executive Director and AsianWeek Foundation.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive by NEMS clinicians*.
 - All NEMS data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

- 3) By Sept 29, 2014, the UCSF medical student collaborative will conduct at least 10 community testing events at Chinatown Public Health Center using the SFHBF Registration Form and test at least 20 people per event (200 people tested total).
 - Target population will be reached via coordinated marketing and outreach efforts from UCSF medical students, the SFHBF Executive Director and AsianWeek Foundation.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive by UCSF medical students – (this is traditionally done by bringing patients into the Community Health Network system and ensuring that they have follow-up appointments at Chinatown Public Health Center)*.
 - All UCSF student collaborative data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

- 4) By Sept 29, 2014, Chinese Hospital will conduct at least 50 community testing events using the SFHBF Registration Form and test at least 10 people per event (500 people total).
 - Target population will be reached via coordinated marketing and outreach efforts from Chinese Hospital, the SFHBF Executive Director, and AsianWeek Foundation.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive by Chinese Hospital clinicians*.
 - All Chinese Hospital data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

- 5) By Sept 29, 2014, City College of San Francisco will conduct at least 150 tests on students using the SFHBF Registration Form
 - Target population will be reached via coordinated marketing and outreach efforts from City College of SF, the SFHBF Executive Director, and AsianWeek Foundation.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive by the staff Nurse Practitioner*.
 - All City College data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

*Note: Any positives for whom APIWC, NEMS, Chinese Hospital, UCSF students, or City College cannot conduct follow-up activities will be referred to the SFDPH's Chronic Hepatitis Team for counseling and/or linkage to care.

- 6) By Sept 29, 2014, SF Hep B Free will have conducted at least 8 supplemental community testing events at Bay Area-wide celebrations/fairs using the SFHBF Registration Form wherein at least 150 people will be tested per event. This will include at least Asian Heritage Street Celebration (typically in May) and Pistahan (typically happens in August, brings at least 80,000 people) and other festivals such as Mabuhay, or Cherry Blossom Festival, Dragon Boat Festival and the Laotian Festival.
 - Target population will be reached via coordinated marketing and outreach efforts from the SFHBF Executive Director, AsianWeek Foundation, and identified SFHBF partners.
 - Post-testing counseling and linkage to care activities will be conducted on those who test positive.
 - All SFHBF data on performed tests at supplemental community events will be collected by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

- 7) By October 30, 2013, the SFHBF Executive Director and AsianWeek Foundation will have conducted an assessment of testing sites to determine what is needed to increase and maximize capacity for testing for each site.

- 8) By October 30, 2013, any necessary modifications will be made to the existing SFHBF registration form to include better documentation about post-testing counseling and linkage to care activities for patients who test positive. Data points ensured to be collected include state of residence, county of birth, date of birth, current gender, race, ethnicity, history of hepatitis A and B vaccines, lab tests, lab results, provision of test results to patients, linkage to care and whether the positive case was reported to surveillance.
- 9) By November 30, 2013, the database module within SFDPH's Chronic Hepatitis Registry and ICOMS system will be revised by SFDPH to capture any additional report project data based on CDC guidelines.
- 10) By September 30, 2013, data will continue to be submitted monthly to CDC in accordance with all CDC standards and guidelines. The data will include all retroactive information collected from community testing sites. The data reporting will continue until at least Sept 29, 2014.
- 11) Beginning October 2013, monthly summaries will continue to be produced by SFDPH staff for sharing with SFHBF and SFDPH. The reports are standing agenda items on monthly SFHBF meetings for volunteers and active organizations. Reports will be produced until at least Sept 29, 2014 and will also be used for quality improvement purposes to enhance systematic, sustainable improvements for testing and testing outcomes.

All data elements from SFHBF participants will be collected by the SFHBF Executive Director and forwarded on to the SFDPH. This data is initially in hard copy form, the SFHBF registration form. The data from these forms will be entered by the respective testing sites and subsequently forwarded on to the SFDPH. SFDPH will then enter, compile, clean, and analyze all data submitted from the SFHBF testing sites, and transform this project data into various CDC-required formats for reporting and secure electronic transfer. Project data will then be reported to the CDC monthly by SFDPH staff. SFDPH staff will also perform follow-up activities such as counseling and linkage to care for any patients forwarded on to them by the SFHBF Executive Director. SFDPH's Chronic Hepatitis Registry staff are well-versed in proper reporting of data elements to CDC and will continue to do so through the specific reporting module developed for this project.

Program success will be determined by the following evaluation indicators:

- Number of tests performed.
- Place of birth and vaccination history documented on at least 85% of all those tested.
- At least 85% of those who test positive for hepatitis B receive test results.
- At least 85% of identified positive cases are reported to surveillance within 6 months of diagnosis date.
- At least 75% of those who test positive receive counseling.
- At least 75% of those who test positive are linked to care, treatment, and preventive services.

D. Organizational Capacity

The goals of the SF Hep B Free (SFHBF) campaign are to create public and healthcare provider awareness about the importance of testing and vaccinating APIs and foreign-born individuals for hepatitis B; to promote routine hepatitis B testing and vaccination within the primary care medical community; and to ensure access to treatment for chronically infected individuals. The tag line of SFHBF is to turn San Francisco into the nation's first city free of hepatitis B. SFHBF officially launched in April 2007 and has implemented critical new activities, gained commitments of resources and meaningful support, and affected public policy. Their multi-faceted approach has had and promises to have a large impact on mainstream healthcare institutions – by integrating new services, creating new models of outreach and service delivery and bringing media, politicians, businesses and community groups together in a citywide collaboration. SFHBF has built enormous momentum through implementation of culturally appropriate strategies for organizing and energizing the API community. The campaign builds on the community strengths of established networks, emphasizes the community's potential to take a leadership role, and is fostering self-determination in organizing the largest-ever collaborative effort in the API community. In addition, SFHBF is helping to make the healthcare system more responsive not only to the API community's need to address hepatitis B, but to the barriers and healthcare needs of the community as a whole. SFHBF has also effectively bridged the community with the mainstream by actively engaging all of SF's healthcare groups and expanding education and awareness to ensure that hepatitis B is not branded as solely an API concern. SFHBF is dedicated to expanding availability of free or low-cost testing at community and healthcare settings and events. SFHBF is also dedicated to working together to ensure that all individuals who test positive, regardless of insurance, receive follow-up care.

SFHBF is a community collaboration guided by a seven-member governance council and staffed by one Executive Director. It was founded by a close partnership between Asian Liver Center at Stanford University, AsianWeek Foundation, and the San Francisco Department of Public Health (SFDPH). The fiscal sponsor for the SFHBF campaign is the nonprofit Community Initiatives organization (<http://www.communityin.org/> - offering human resource, grant management and fiscal sponsorship support to the SFHBF campaign).

The Executive Director of the SFHBF campaign coordinates all of the education, testing, marketing and sustainable change activities of the campaign. SFHBF conducts monthly meetings at rotating locations throughout San Francisco that are always well attended and provide healthy forums for ideas and further collaborative efforts. The members of the Governance Council include representatives from:

- Chinese Hospital (Dr. Stuart Fong)
- AsianWeek Foundation (Ted Fang, Director)
- San Francisco Department of Public Health (Dr. Tomas Aragon, Health Officer)
- Northern California Hospital Council (Ron Smith, Senior Vice President)
- San Francisco Mayor's Office (Francis Tsang)
- Asian Liver Center at Stanford University (Dr. Sam So, Director)
- Community at Large (Caryl Ito)
- Advisor – non voting (Janet Zola, Co-founder SF Hep B Free)
- Advisor – non voting (California Assemblywoman Fiona Ma, Speaker Pro Tempore)

- Advisor – non-voting (Amy Pine)

In addition to the Governance Council, SFHBF has active participation from over 30 organizations (*please see attached letters of support for a small sampling of the steadfastness constantly received by the campaign*) committed to fulfilling the SFHBF mission. The organizations that have been particularly dedicated to supplemental testing activities include:

- The Asian & Pacific Islander Wellness Center – a multicultural health organization transforming lives, strengthening well-being, and leading under-served communities toward justice and health.
- City College of San Francisco – an urban community college serving about 100,000 students at nine campuses and many other sites throughout San Francisco.
- UCSF Medical Center Collaborative with Chinatown Public Health Center – a collaborative of medical students from UCSF regularly testing Chinatown residents for hepatitis B and conducting appropriate follow-up activities.
- North East Medical Services (NEMS) – one of the nation’s largest federally qualified health centers. NEMS operates 7 comprehensive care clinics and served over 54,000 people in 2011. 92% of NEMS’s patient base is Asian and 86% of patients are better served in a language other than English.
- Chinese Hospital – the only Chinese hospital in the U.S. They are a community-owned, non-profit hospital delivering quality health care in cost-effective ways, responsive to the community’s ethnic and cultural uniqueness, providing access to health care and acceptability to all socioeconomic levels.
- AsianWeek Foundation – a nonprofit leader at bringing together the Asian Pacific American community to increase community, diversity and development. They have been instrumental in targeted client recruitment by using creative means to inform specific populations about the increased importance of testing for them.

SFHBF has also had tremendous support and collaboration from a host of other organizations representing healthcare, disease prevention, education, and community sectors. In terms of statewide and national support, SFHBF has a special relationship with the Speaker Pro Tempore of the California State Assembly, Assembly member Fiona Ma, who is the honorary chair and spokesperson for the SFHBF campaign and advisor for the SFHBF Governance Council. Dr. Lisa Tang, who is the Chairperson of the National Task Force for Hepatitis B is also an active member and participant in the SFHBF campaign. SFHBF has also leveraged support from multiple organizations and volunteer groups to increase awareness toward hepatitis B testing and subsequent care for anyone chronically infected. Particularly supportive partners have been, among others:

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|---|--|
| • Asian Liver Center at Stanford University | • AsianWeek Foundation |
| • California Pacific Medical Center/Sutter Pacific Medical Foundation | • Brown and Toland Medical Group |
| • Dignity Health (formerly Catholic Healthcare West) | • Chinese Community Health Plan |
| • Kaiser Permanente San Francisco | • Hill Physicians |
| • Saint Francis Memorial Hospital | • Northern California Hospital Council |
| • San Francisco General Hospital Liver Center | • San Francisco Department of Public Health |
| | • University of California at San Francisco Liver Center |

All SFHBF partners stay informed and active through the efforts of the Executive Director and various committee leads who conduct frequent electronic communications, in-person meetings, constant planning for testing or educational events and other activities relevant to the elimination of hepatitis B.

The SFDPH has been a leader in the development and implementation of state-of-the-art prevention science and interventions. The mission of the SFDPH is to protect and promote the health of all San Franciscans. The SFDPH includes a comprehensive primary care network of clinics specifically located in neighborhoods throughout San Francisco. The Community Health Network (CHN) sees over 20,000 patients every year and conducted over 3,400 hepatitis B tests in 2011. This complete and comprehensive network includes multiple primary care clinics, additional partner clinics and specialty clinics. It takes a complete network of city health care providers and resources such as the CHN to truly care for a city with the diverse needs of San Francisco and the SFDPH network offers a wide array of options for health care and accessibility to health care for all people – of all levels of income and all ethnicities.

SF's Extensive Public Health Clinic Network



<http://www.sfdph.org/dph/default.asp>

For the epidemiology and surveillance aspects of hepatitis B, there is the Applied Research, Community Health Epidemiology and Surveillance (ARCHES) Branch within the SFDPH. One of the missions of the SFDPH is to prevent the spread of disease in San Francisco by investigating cases and outbreaks, promoting vaccination, and planning for infectious disease emergencies. The SFDPH works closely with community members, clinicians, and city, state, and private organizations to protect the health of San Franciscans and visitors. To control and prevent the spread of disease, the SFDPH conducts community immunization programs, clinician education and training, communicable disease surveillance and investigation; provides health education to persons with communicable diseases and their contacts; and recommends public health actions to control the spread of disease.

The Chronic Hepatitis Registry Team within the SFDPH was funded by the Centers for Disease Control and Prevention (CDC) to develop the San Francisco Chronic Viral Hepatitis Registry (the Registry). This team is uniquely positioned to maintain this registry, given that California law requires laboratories and healthcare providers to report all cases of chronic hepatitis B or C

in San Francisco residents to SFDPH. Interviews of San Francisco residents with chronic hepatitis B as well as surveys of their healthcare providers began in 2007. An additional objective of the Registry is to provide healthcare providers with information about the epidemiology of chronic HBV and HCV infection in San Francisco and to notify them through an annual mailing about recent guidelines on chronic hepatitis screening, treatment, and prevention from national organizations such as the CDC and the American Association for the Study of Liver Disease (AASLD). Chronic hepatitis data stored in the Registry is reported monthly to State and CDC entities, and is used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches which are published on their website (www.sfcdep.org), including:

- "Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2010"
- "Registry Match: Chronic Hepatitis B, Hepatitis C Infection and HIV 2010"
- "Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2009"
- "Knowledge of hepatitis B risk factors and prevention practices among individuals chronically infected with hepatitis B in San Francisco, California"

Since 2006, SFDPH's Chronic Hepatitis Team has received valuable guidance from an Advisory Panel comprised of clinicians and researchers who serve the SF viral hepatitis community. The Panel has provided guidance on clinician practices, data collection and analysis, and reviewed CDCP summary reports. Other successful collaborations include those with the Program Collaboration and Service Integration (PCSI) effort in SF and the SF Hep B Free campaign.

As previously mentioned, the SFDPH stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates chronic hepatitis data with communicable disease control data. SFDPH data are stored securely on SFDPH MIS servers and routinely backed up. The SFDPH's Chronic Hepatitis Team is specifically trained to collect and maintain the confidentiality of any given patient's data, and the team currently performs surveillance activities on a routine basis, following the County's confidentiality protocols. All of this project's data from the SFHBF testing sites will be entered or transferred into a secure computerized database to which only project team staff will have access. The project team staff will be responsible for the transferring and entering of all project data and will monitor data quality and completeness. Data will only be reviewed by the project staff, who will follow the County's confidentiality protocols. The project staff will also produce monthly reports for CDC and also for the SF community and SFHBF campaign. They will also perform any post-testing counseling or linkage to care activities on any positive clients that SFHBF partners are not able to reach.

Both entities, SFHBF and SFDPH, are passionate in their work, goals, strategies and among their employees/volunteers about the importance of eliminating hepatitis B from the San Francisco community. This collaboration is about leveraging and maximizing resources by tapping into each other's strengths and expertise. The organizational capacity is solid and ready to go, the drive is in the staff, and the quality of the work is high.

E. Staffing and Management

For this unique, collaborative hepatitis B testing and linkage project, SFDPH staff and SFHBF staff and member organizations and volunteers play pivotal roles.

For the primary partnership between SFHBF and SFDPH, the key individual who will be coordinating testing activities and collection of data is the Executive Director of the SF Hep B Free Campaign, Genevieve Jopanda. Ms. Jopanda has been working with the SFHBF campaign for over three years and has excellent relationships with all participating testing partners. As previously mentioned, an infrastructure is already in place for hepatitis B testing at specific community sites (free community testing has been going on for over three years using a standardized SFHBF registration form) but there is always room to increase capacity.

Ms. Jopanda will be responsible for conducting an assessment to determine the specific resources needed at the sites to increase or maximize each site's testing capacity and ensure that they receive those resources (in the form of subcontracts dispersed by the AsianWeek Foundation). Ms. Jopanda, in consultation with AsianWeek Foundation staff, will also perform the logistical work needed to set up supplemental testing at new community sites or events, such as the Pistahan or Cherry Blossom Festivals, or go into specific communities with a higher density of the target population for supplemental testing. Data from tested clients will be maintained at testing organizations such as API Wellness Center, NEMS, etc., but Ms. Jopanda will collect it on a monthly basis and ensure that it is transferred safely and securely to SFDPH for analysis and reporting. Finally, Ms. Jopanda will ensure that monthly reports (prepared by SFDPH's project staff based on collected testing site data) are given at SFHBF planning meetings so that membership can hear of testing and follow-up successes and/or challenges.

Angela Pang, Communications Manager, at AsianWeek Foundation will assist the SFHBF Executive Director with client recruitment from foreign-born audiences and crafting of culturally appropriate messages and recruitment strategies. As has been demonstrated from existing testing sites, there are increases in demand for tests immediately following marketing efforts and AsianWeek Foundation will help with those efforts whenever it is appropriate or necessary as determined by the SFHBF Executive Director. AsianWeek Foundation will also be responsible for creating subcontracts with existing sites and dispersing funds to them to increase their capacity for testing.

Dr. Melissa Sanchez, Chronic Viral Hepatitis Surveillance Project Director at the SFDPH, will head an experienced epidemiology and surveillance team at the SFDPH who will be responsible for receiving all data from the SFHBF Executive Director, properly inputting data into the CDC reporting module within the Chronic Hepatitis Registry/ICOMS database for appropriate analysis, and regular submission to the CDC. Team members include Amy Nishimura (Chronic Hepatitis Team Project Coordinator) and Martina Li (Chronic Hepatitis Team Research Assistant III). This team will also produce monthly summary reports for the SFHBF campaign to share at monthly SFHBF planning committee meetings. The produced summaries will be used to discuss testing success stories, challenges, best-practices or issues. For any clients who test positive and, for whatever reasons, cannot be reached by testing partners, the Chronic Hepatitis Team will

contact those clients for post-testing counseling and linkage to care services. One member of the team in particular (Martina Li) is well-versed in this type of follow-up and is able to provide counseling and linkage in appropriate languages. The Team will utilize the full network of clinics within the Community Health Network of SFDPH and the Healthy San Francisco program as their primary referral sites for monitoring and care, but will also help to provide linkage to other sites if that is deemed as appropriate. Additional support to the SFDPH team will be given by Mr. Jackvin Ng (Information Systems Business Analyst) who will continue to oversee the project data module for CDC reporting and Ms. Lorna Garrido (Deputy Director, Operations, Finance, and Grants Management Branch). The Principal Investigator of the entire project is Dr. Tomás Aragón. As Health Officer and Director of Population Health Division for the SFDPH, Dr. Aragón is optimally positioned to coordinate this multi-divisional project that will require integrated collaboration throughout SFDPH and frequent communication with the SF community.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits to San Francisco as a whole will be experienced for many decades into the future.