TOOLKIT

1|4

HEPELIMINATION

VIRAL HEPATITIS ELIMINATION PLANNING: GETTING THE RIGHT PEOPLE ENGAGED

Successful viral hepatitis elimination planning requires a systemic and ongoing commitment across multiple stakeholders. This tip sheet is intended to help health department staff who are building an elimination planning group determine who should be engaged and the role and capacity in which each individual should contribute.

For more information pertaining to building an elimination planning group, please visit https://nastad.org/resources/building-coalition-support-VH-elimination-toolkit.

THE COMPOSITION OF YOUR VIRAL HEPATITIS ELIMINATION COMMITTEE SHOULD BE REPRESENTATIVE AND STRATEGIC

REPRESENTATIVE

The elimination process should be iterative and ongoing, and it requires meaningful involvement of all stakeholders not just in the planning stages, but also through implementation and oversight. Individuals tasked with creating elimination strategies must comprehensively represent each of the facets of the hepatitis elimination process. By working together, the groups identified below can brainstorm, appreciate, and learn from each other to identify goals and objectives and craft effective and tailored hepatitis elimination strategies. The planning group's membership should reflect the social and demographic diversity of the community it represents.

STRATEGIC

In addition to the sector they represent, selecting a representative with either ***administrative*** or ***community-based*** expertise in that space can be integral to influencing the amount of change the group can produce. As part of this process, it is important to understand regional socio-political landscapes. To note, it is sometimes appropriate to involve multiple representatives from the same sector in an elimination planning group.

KEY CONSIDERATIONS AND TIPS

Include decision-makers and persuasive leaders who can impact policy and social change – "The Influencers"

A critical component to creating the power and sustainability of this group is to include influential leaders from community, government, medical and public health organizations who can leverage their position to implement and advance elimination strategies.

The **public health and governmental agency** representatives selected should be the most senior leadership possible as their buy-in and influence can most effectively affect policy and programmatic change.

Senior leadership is in a more direct position to convey the group's work to the highest leadership in their organization, and their participation can create greater buy-in from the organization to play a meaningful and sustained role moving forward.

Characteristics of a strong "Influencer"

- Decisionmaker in organization
- Positive reputation for collaboration and results
- Effective communicator
- Trusted in their respective sector

Community-based leaders

Community-based leaders – such as community organization leaders, advocates, and faith leaders – can be representatives that bring both organizational and community-based perspectives. Therefore, it is important to first consider what contributions are sought from each represented organization. For example, if the objective is to leverage a community-based organization's expertise in reaching specific communities, it may be more beneficial to include a staff member who provides direct services rather than someone from senior leadership. If the objective is to leverage a community-based organization's influence in the community, a senior leader may be a more effective representative. When possible, health departments should consider shared leadership structures that compensate organizations for their time.

The clinicians invited should be working in the viral hepatitis space and/or working in a health system or organization with whom collaboration would advance the group's success. Their role would be to provide insights pertaining to the interactions between clinicians, patients, and the health care system, to be mentors and ambassadors among their peers and the community, and to serve as trusted voices to policymakers.

Create a Diverse and Inclusive Elimination Planning Group that Reflects the Communities it Serves

The composition of the committee should reflect the diversity of the communities it serves and the communities who are most impacted by viral hepatitis. Ensure representatives from different identities, geographic regions, and areas of expertise. For more information on stakeholders to engage, see the list of stakeholders at the end of this tip sheet.

Create Various Ways to Meaningfully Involve People with Lived Experience

It is essential to elimination that persons with lived experience (PWLE) be meaningfully engaged throughout the elimination planning and implementation process. This may require flexibility in the times and location of meetings or providing certain resources, such as stipends to cover travel or other costs to support the ongoing participation of PWLE in the group. When inviting PWLE to participate, consider multiple modes of communication beyond email (e.g., face-to-face, phone calls, etc.).

Community partners can often help identify and provide warm handoff introductions to PWLE. Invitations should include acknowledging the expertise that PWLE bring to the process, describing how you envision PWLE participating in the process, and clearly stating logistics for participation (e.g., time commitment, virtual/in-person, etc.). Efforts should always be made to compensate PWLE for their participation. Whenever possible, direct financial compensation is preferred over other forms of payment, such as gift cards. And in some cases, if health department policies impede the timely processing of payments, it may be useful to facilitate compensation through a community partner.

Overall, building a connection with people with lived experience should be the main priority. Offering to connect before the first meeting to preview the agenda, answering any questions they may have regarding involvement and next steps, or engaging in any other actions that will help make the relationship more personable will go a long way.

See our tip sheet <<link>> for addition insights on engaging PWLE throughout the elimination process.

Direct Invitations to Specific People

Whenever possible, identify the names and titles of specific people within an organization to invite as group members rather than sending a general request for collaboration. This demonstrates intent and thoughtful consideration when extending an invitation.

When drafting the invitation, provide an opportunity for the invitee to name an alternate representative, should they be unable to participate. This is particularly helpful when inviting senior leadership, as they are likely to name someone closely aligned with their work and whose insights they value.

Provide a summary of objectives and expectations to planning group members

- Provide an overview of the objectives and a description of what is expected of them as a planning group member
- Offer a realistic estimate of the required time commitment so that prospective members can make an informed decision regarding their involvement

NOTE: *These factors are subject to change as the group takes form, but it is helpful to set the tone early so that prospective members can consistently build this time into their schedule*

EACH STAKEHOLDER BRINGS VALUABLE KNOWLEDGE AND INSIGHTS

Academics and Advocates: These two groups bring in-depth knowledge pertaining to hepatitis to the conversation. They can understand, interpret, and make informed decisions based on data and have an acute understanding of current policies and how they can be improved. Within these two groups are:

- Data Analysts
- Epidemiologists
- People who work for advocacy organizations, health systems, and schools of public health
- Policy Analysts
- Researchers

Behavioral and Mental Health Service Providers: The intersection of viral hepatitis and substance use disorder requires unique attention to be paid to individual's mental and behavioral health. Working with providers that specialize in these fields, as well as harm reduction service providers and substance use and mental health treatment facilities, will help reduce the use of substances by people living with viral hepatitis, offer alternate methods for coping with everyday stressors, and promote engagement in healthier habits to improve one's livelihood.

Clinicians: Clinicians bring an understanding about barriers to care that supplements the expertise of people with lived experience and helps inform elimination strategies using a real-world lens. They are also trusted voices among policymakers, fellow clinicians, and the general public. Examples of clinicians include:

- AIDS Service Organizations
- Gastroenterology, Hepatology, and Infectious Diseases Specialists
- Nurses and Care Navigators
- Pharmacists
- Primary Care Practitioners, including Physicians Assistants / Associates and Nurse Practitioners
- Sexual and Reproductive Health Organizations
- Social Workers

Community Leaders: These are leaders and activists who understand the specific needs of their respective community and what strategies will and will not work well. Including them in this process will build trust and strengthen relationships.

- Civic Leaders
- Cultural Leaders
- Faith Leaders
- Homeless Service Providers and Other Social Service Providers

Correctional Facility Administrators: People who are incarcerated are disproportionately impacted by viral hepatitis. Involving local jail and state prison administrators can increase access to care in high-burden settings by establishing viral hepatitis vaccination and treatment programs, implementing universal opt-out testing, and providing linkage to care services for those nearing release.

Industry Partners: Collaboration with stakeholders from industries closely connected to viral hepatitis can provide critical fiscal and other resource support for elimination efforts.

- Pharmaceutical manufacturers
- Health care systems/Hospitals
- Pharmacies
- Medical equipment suppliers

Medicaid: State Medicaid programs cover a disproportionate share of adults with HCV, but because of finite budgets and the high cost of HCV medications, many states restrict access to HCV treatment. Including Medicaid and managed care organizations (MCOs) in these processes can improve access to care through the development of innovative care and payment models, the implementation of quality measures treatment, and the removal of prior authorization requirements.

People with Lived Experience (PWLE): Lived experience is personal knowledge that has been gained through direct, first-hand experience with an issue. PWLE should be involved at every stage of the elimination planning process as they can assist in making plans more informed, focused, and culturally appropriate. This includes:

- People living with or cured of hepatitis
- People with a history of homelessness, incarceration, or substance use
- Historically marginalized people (e.g., people of color, LGBTQIA+ people)

Private Health Care Payors: It is important to have all entities responsible for providing health care at the table. Including private insurers will aid to create solutions to reducing barriers, such as removing treatment restrictions, decreasing medical expenses, and generating savings for private insurers over time.

Public Health Departments: Collaboration with local, state, and federal public health departments is extremely important. Doing so will help address specific needs regarding hepatitis elimination in distinct communities, combat multiple social determinants of health and reduce health inequities, and overall, promote more positive health outcomes.

Remaining Groups: There are many groups and individuals who can offer valuable insight during the elimination planning process, like housing authorities, youth and student organizations, laboratories, and policymakers. Identifying and including more representatives in the planning process should be a repeated step to ensure that everyone who has a role to play in viral hepatitis elimination is represented.