NORTH DAKOTA HEPATITIS C ELIMINATION PLAN

2023-2027

DIVISION OF PUBLIC HEALTH
SEXUALLY TRANSMITTED & BLOODBORNE DISEASES UNIT

June 2023

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Introduction

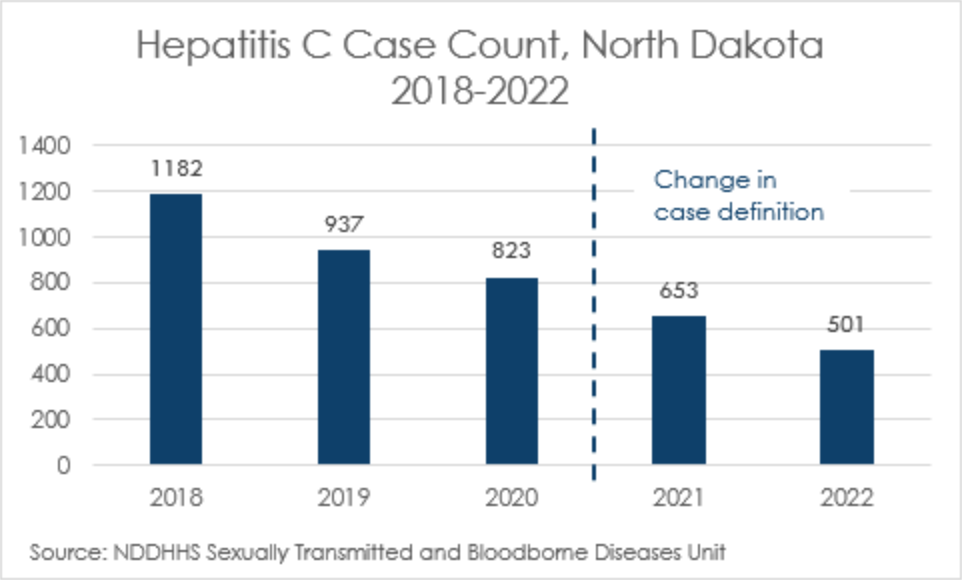
BACKGROUND

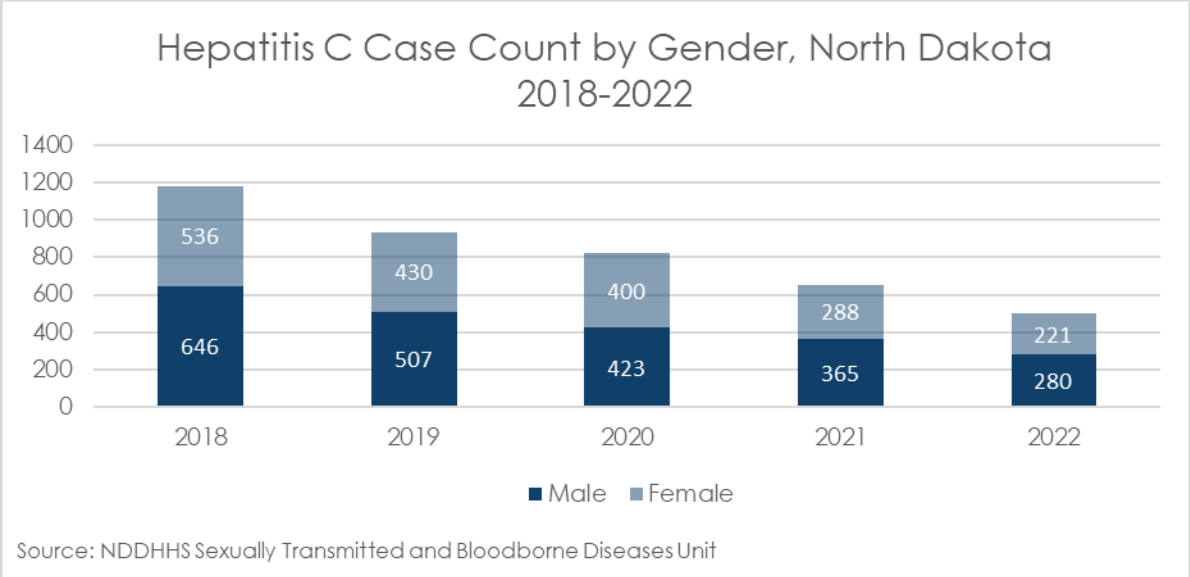
Hepatitis C Virus (HCV) is a growing public health threat largely driven by injection drug use and the opioid crisis. HCV is both a preventable and curable disease state and thus, can and must be eliminated as a public health threat. The World Health Organization (WHO) has defined elimination as a 90% decrease in new chronic HCV infections and a 65% reduction in mortality utilizing 2015 population data as the baseline.

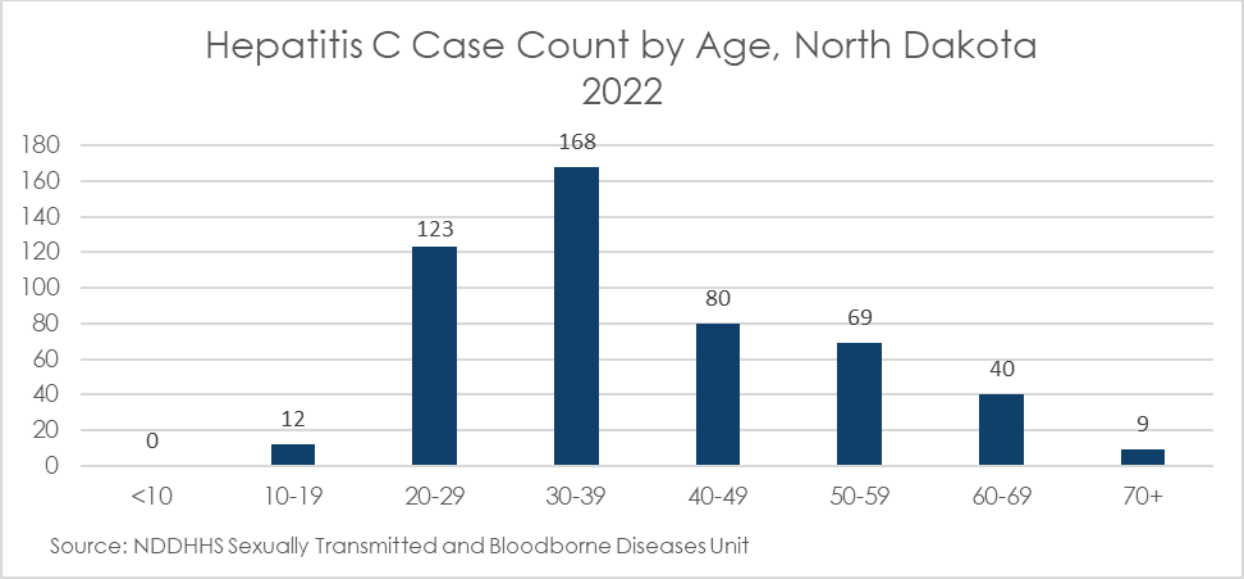
Elimination of HCV as a public health threat requires strategic planning on the global, national, state/ jurisdictional, and local level. Efforts must be targeted to educate the public, prevent transmission, improve screening and diagnosis efforts, increase access to curative therapies, and reduce disparities across the entire HCV care cascade. While large scale planning on a global and national level is essential, jurisdictional planning is needed to address specific opportunities and threats among diverse populations. Thus, the impetus for a plan specific to the people of North Dakota has been developed and is described in this document, from which local planning will be fueled. While this plan is focused on hepatitis C, as further described in the *Plan Development and Process* section, synergistic efforts to address hepatitis A and B will be incorporated as able moving forward.

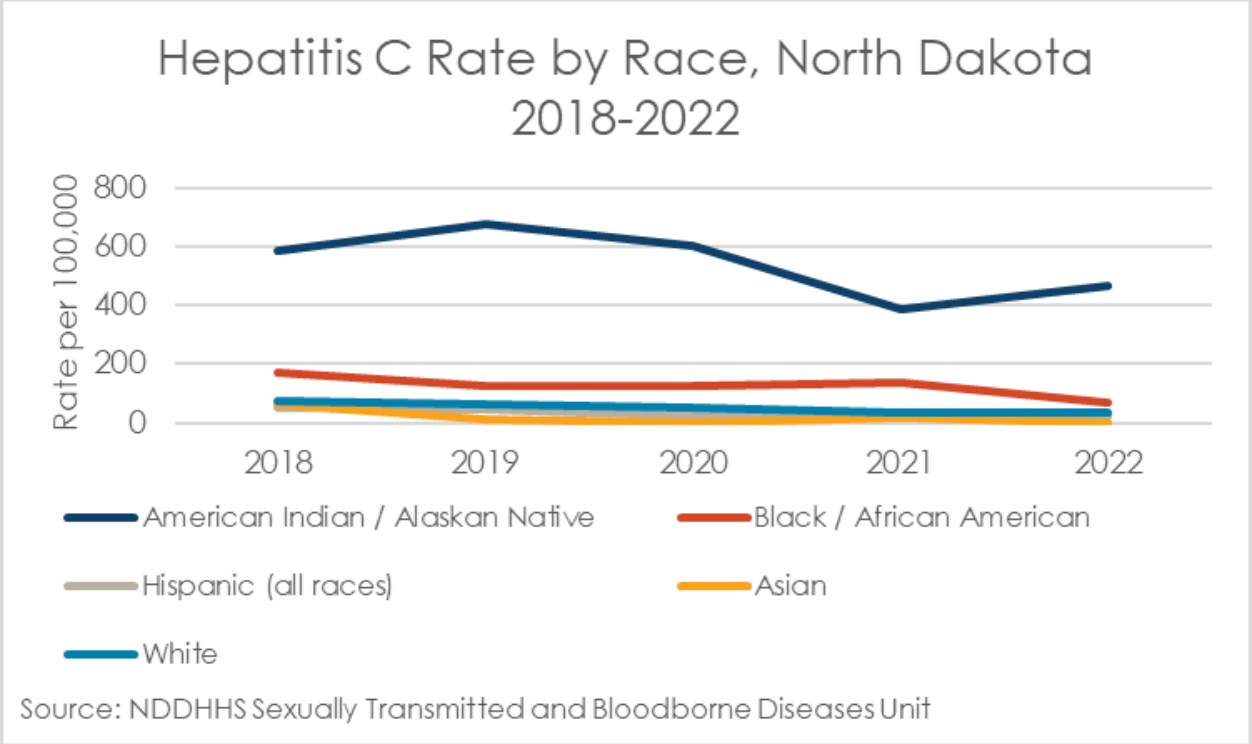
HCV IN ND

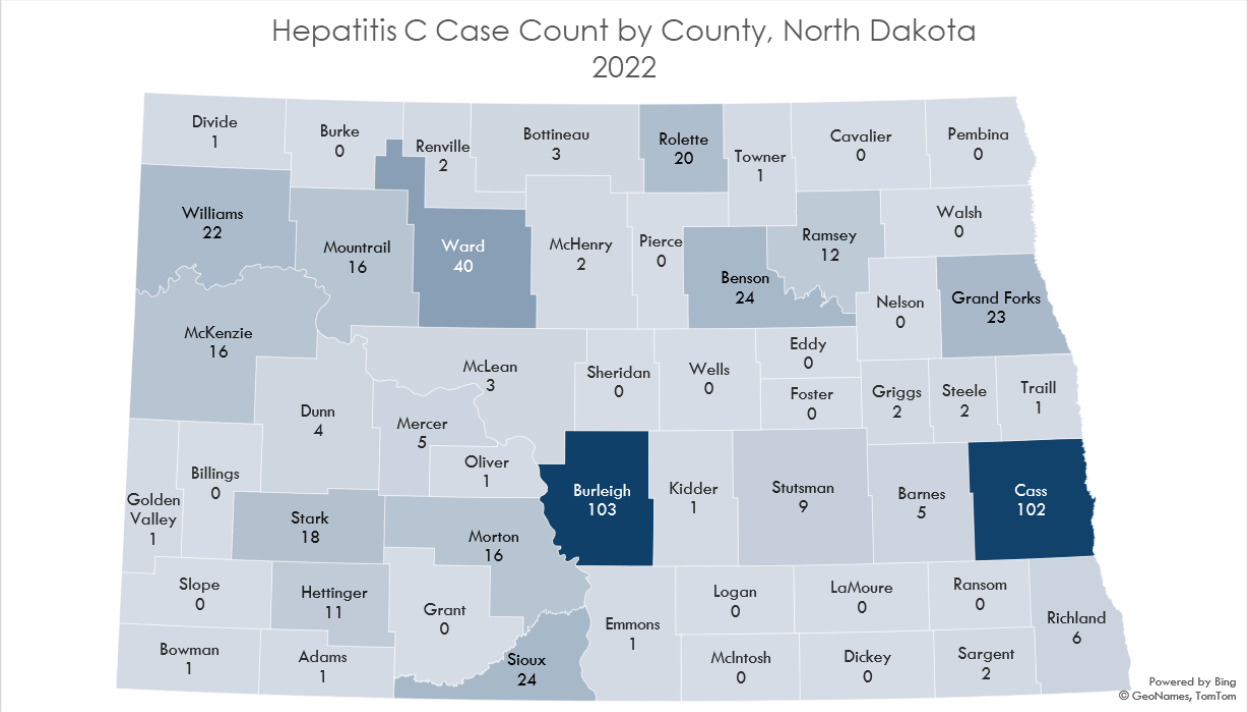
In 2022, there were 501 reports of persons newly identified as having a positive laboratory result indicating past or present HCV infection. This number includes cases that may be chronic, acute, or unknown. The case definition was changed for 2021 to no longer include individuals that are antibody positive and RNA negative at first report. Due to this, data from 2021 and 2022 cannot be accurately compared to previous years. See the below bar graphs for ND hepatitis C case count information by year, gender, age., race and county.


Hepatitis C Case Count, North Dakota
2018-2022
1400
1200
1000
800
600
400
200
0
1182
937
823
653
501
Change in
case definition
2018
2019
2020
2021
2022
Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit


Hepatitis C Case Count by Gender, North Dakota
2018-2022
1400
1200
1000
800
600
400
200
0
536
646
430
507
400
423
288
365
221
280
2018
2019
2020
2021
2022
Male
Female
Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit


Hepatitis C Case Count by Age, North Dakota
2022
180
160
140
120
100
80
60
40
20
0
0
12
123
168
80
69
40
9
<10
10-19
20-29
30-39
40-49
50-59
60-69
70+
Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit


Hepatitis C Rate by Race, North Dakota
2018-2022
Rate per 100,000
800
600
400
200
0
2018
2019
2020
2021
2022
American Indian / Alaskan Native
Black / African American
Hispanic (all races)
Asian
White
Source: NDDHHS Sexually Transmitted and Bloodborne Diseases Unit



PLAN DEVELOPMENT PROCESS AND FORMAT

The North Dakota Hepatitis C Elimination Plan was developed by the North Dakota Hepatitis Elimination Council (hereafter referred to as *the council). The council is* a group formed and supported by North Dakota Health & Human Services (NDHHS) Sexually Transmitted and Bloodborne Diseases Unit. Elimination planning began in December of 2022 and the plan was finalized by *the council* in June 2023. The primary roadmap utilized for elimination planning was the "**2021 Guidance for Jurisdictional Hepatitis C Elimination Strategic Planning"** document from the Centers for Disease Control and Prevention (CDC). This guidance document encouraged alignment of plan structure with the "**Viral Hepatitis National Strategic Plan: A Roadmap to Elimination for the United States 2021-2025"** document (referred to hereafter as the *National Strategic Plan)*, emphasizing HCV elimination.

The *National Strategic Plan* outlines five main goals (refer to Table 1). The North Dakota HCV Elimination Plan was structured in alignment with these goals, then developed with more detailed direction specific to HCV in North Dakota. Three work groups were formed among council members with diverse expertise: data and surveillance, community-based interventions, and clinical services. Amber Slevin, PharmD, BCACP, a clinical pharmacist with expertise in Hepatitis C, serves as the council chair and co-facilitated all work groups and council meetings with Sarah Weninger, MPH,

HIV.STI.Hepatitis Prevention Coordinator with NDHHS. Members of each work group and the plan goals of focus for each group are reflected in Table 2. The data & surveillance work group then developed key performance indicators (KPIs) for each strategy in partnership with focus area experts, ensuring quantifiable activities and/or metrics for progress measurement. The plan was then reviewed, edited as necessary, and approved by *the council*.

TABLE 1: NATIONAL STRATEGIC PLAN AND NORTH DAKOTA HEPATITIS C ELIMINATION PLAN GOALS

Goal 1	Prevent new viral hepatitis infections
Goal 2	Improve viral hepatitis–related health outcomes of people with viral hepatitis
Goal 3	Reduce viral hepatitis–related disparities and health inequities
Goal 4	Improve viral hepatitis surveillance and data usage
Goal 5	Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders

TABLE 2: ND HEPATITIS ELIMINATION COUNCIL MEMBERS, WORK GROUPS, AND OTHER CONTRIBUTORS

Data & Surveillance	Community-Based Interventions	Clinical Services
Goals 4 & 5	**Goals 1 & 2**	**Goals 2 & 3**
Madison Klein *Viral Hepatitis Surveillance Epidemiologist, NDHHS* Alexi Murphy, PharmD *Quality and Operations Pharmacist, NDHHS* Deanna Van Bruggen *Regional Field Epidemiologist, NDHHS*	Crystal Arnson, DNP, APRN, WHNP-BC *Nurse Practitioner, Upper Missouri District Health Unit* Teliea Baker *Student, Minot State University* Michael Dulitz, MPH, NRP *Opioid Response Coordinator, Grand Forks Public Health*	Crystal Arnson, DNP, APRN, WHNP-BC *Nurse Practitioner, Upper Missouri District Health Unit* John Hagan, MD *Physician and State Correctional Health Authority, North Dakota Department of Corrections and Rehabilitation*

	Lacresha Graham, LAC *Manager of Addiction & Recovery Program and Policy, NDHHS* Deanna Van Bruggen *Regional Field Epidemiologist, NDHHS* Marilyn Yellowbird, RN *Director of Public Health, Elbowoods Memorial Health Center*	Jorden Laducer *Community Engagement Training Coordinator, NDHHS* Kali Luecke, PA-C *Physician Assistant, SMP Health St. Kateri* Alexi Murphy, PharmD *Quality and Operations Pharmacist, NDHHS* Kayla Nelson, DNP, FNP-C *Family Nurse Practitioner & Medical Director, ShareHouse* Karly Westra, PharmD *Clinical Pharmacist, Belcourt Indian Health Service*
Additional contributions from: Brendan Joyce, PharmD *Director, Clinical and Pharmacy Services, ND Medicaid* Lindsey VanderBusch, MPH *Director, Sexually Transmitted and Bloodborne Diseases Unit, NDHHS*		
Council Chair: Amber Slevin, PharmD, BCACP **Council Facilitator and NDHHS Liaison:** Sarah Weninger, MPH, *HIV.STI.Hepatitis Prevention Coordinator, NDHHS*		

THE HEPATITIS ELIMINATION PLAN

Goal 1: Prevent New HCV Infections

Injection drug use (IDU) has been a driving factor for the increase in HCV rates over the past decade. Innovative and accessible harm reduction, education, screening, and linkage to care among persons with injection drug use (PWID) is thus a major focus of goal 1. Awareness of risk, current hepatitis status, and treatment availability is essential among PWID to reduce the transmission of HCV. In addition to reducing transmission through IDU, a focus on reducing perinatal transmission is a priority. New screening guidelines foster increased hepatitis status awareness when adhered to, and when prenatal care is sought.

The rural nature of the state of North Dakota presents unique challenges and opportunities in meeting the objectives of goal 1, and strategies have been designed accordingly. Initiatives to increase the capacity of both public health and the health care work forces to prevent and manage HCV are essential to the success of such strategies.

OBJECTIVE 1.1: INCREASE HEPATITIS C PREVENTION AND TREATMENT SERVICES FOR PERSONS WITH INJECTION DRUG USE

Strategy 1.1.1: Expand access to harm reduction modalities such as syringe service programs (SSPs), sterile injection equipment, and syringe disposal through both traditional and innovative models.

Key Performance Indicators:

- Increase total SSP sites in ND from 5 to 10.
- Increase percentage of pharmacies offering sterile syringe equipment and disposal by 10% annually.
- Establish at least one mail order SSP option for entire state of ND.

Strategy 1.1.2: Develop training of peer support counselors to support PWID in navigation of hepatitis C care (screening, treatment, and harm reduction).

Key Performance Indicators:

- Train 50% of ND substance use disorder (SUD) peer support counselors on hepatitis C care navigation.

Strategy 1.1.3: Disseminate HCV prevention, testing, and treatment education messages and materials to PWID and others at risk for HCV infection to increase HCV awareness in communities.

Key Performance Indicators:

- Develop two major campaigns educating the public on hepatitis C.
- Disperse educational materials to 30 diverse organizations each year.

OBJECTIVE 1.2: ELIMINATE PERINATAL TRANSMISSION OF HCV

Strategy 1.2.1: Partner with health care providers and health systems to increase HCV screening rates during pregnancy followed by linkage to care for treatment after pregnancy.

Key Performance Indicators:

- Establish baseline screening rates during pregnancy and increase rates by 10% annually with a goal of 80% screening adherence to guideline recommendations.
- Provide education to 10 prenatal care providers annually.

Strategy 1.2.2: Develop and implement perinatal HCV surveillance in North Dakota to identify and monitor rates of recommended follow up testing and referral to care for children born to persons with HCV.

Key Performance Indicators:

- Establish perinatal hepatitis C surveillance protocol in ND
- Add pregnancy to reportable conditions for individuals with hepatitis C
- Achieve 80% screening rates among children born to mothers with HCV

OBJECTIVE 1.3: INCREASE THE CAPACITY OF PUBLIC HEALTH, HEALTH CARE SYSTEMS, AND THE HEALTH WORKFORCE TO PREVENT AND MANAGE HEPATITIS C

Strategy 1.3.1: Link health care providers to existing trainings, support tools, and resources on HCV testing and treatment, harm reduction, and SUD treatment including use of medications for opioid use disorder (MOUD).

Key Performance Indicators:

- Develop central repository of resources on each topic, accessible online.
- Disseminate central repository of resources to 5 clinic or harm reduction sites per year.

Goal 2: Improve HCV-Related Outcomes of People with Hepatitis C

Optimizing the HCV care cascade in North Dakota will lower HCV prevalence on a population level and reduce individuals' progression of HCV to liver fibrosis, cirrhosis, and death. Reducing these outcomes is the aim of goal 2. The HCV care cascade for people living with hepatitis C consists of screening, diagnosis, linkage to care, treatment with direct acting antivirals (DAA) that lead to greater than 95% cure in most individuals, and confirmation of cure via undetectable HCV RNA 12 weeks after DAA completion. Each step of the care cascade must be addressed to optimize access and reduce loss of follow-up, beginning with guideline-based HCV screening of all adults once per lifetime and more frequently for those with risk factors. It is estimated that fewer than 50% of people living with hepatitis are aware of their status.

Similar to goal 1, North Dakota faces a few unique challenges. For example, at the time of writing this plan *the council* is aware of only one provider actively treating HCV on the western half of the state. In many parts of the state, individuals have to drive several hours to access an HCV treating provider. Additionally, few non-specialist providers are treating HCV despite the reality that specialist involvement is rarely needed with current DAA therapies. In unique clinical scenarios requiring specialist involvement, there is free, virtual support available for providers through Project ECHO. Equipping non-specialist providers, particularly those serving disproportionately affected populations and individuals living in rural areas, is paramount to effectively eliminate HCV as a public health threat in ND. People living with hepatitis C in North Dakota also face barriers that are less unique to North Dakota, such as stigma, high cost of DAAs, payer restrictions, and a lack of broad scale implementation of universal HCV screening guidelines which were published at the height of the COVID-19 pandemic. North Dakota also has unique opportunities, including correctional facility leadership aggressively pursuing HCV care cascade optimization as well as collaborative involvement of state Medicaid representatives on *the council*.

Figure 1: Hepatitis C Care Cascade

OBJECTIVE 2.1: INCREASE THE PROPORTION OF PEOPLE WHO ARE TESTED AND AWARE OF THEIR HEPATITIS C STATUS

Strategy 2.1.1 Scale up implementation of universal HCV screening guidelines in clinical and non-clinical settings with a focus on settings that serve disproportionately affected populations in North Dakota (including but not limited to SUD treatment programs, corrections facilities, and organizations serving racial and ethnic groups disproportionately impacted by HCV).

Key Performance Indicators:

- Increase number of people tested at Counseling, Testing, and Referral (CTR) sites by 10% per year.
- Increase use of home testing for hepatitis C by 10% each year in racial and ethnic groups disproportionately impacted by HCV.
- Advertise CTR applications annually to SUD treatment programs, corrections facilities, and organizations serving racial and ethnic groups disproportionately impacted by HCV.

OBJECTIVE 2.2: IMPROVE THE QUALITY OF CARE AND INCREASE THE NUMBER OF PEOPLE WITH HEPATITIS C WHO RECEIVE AND COMPLETE TREATMENT, INCLUDING PERSONS WITH INJECTION DRUG USE AND PEOPLE IN CORRECTIONAL FACILITIES

Strategy 2.2.1: Increase the number of providers who treat hepatitis C in the state of North Dakota through training of medical residents, primary care providers, SUD care providers, and interdisciplinary team members such as nurses and pharmacists.

Key Performance Indicators:

- Train 5 providers per year on hepatitis C treatment regimens, clinical models, and available provider support resources.
- Establish partnerships with ND-based medical residency programs to train and support HCV management providers and teams.
- Provide one webinar per year on hepatitis C treatment tailored to health care professionals.
- Encourage all hepatitis C managing providers in state to complete hepatitis C-focused cultural competence module outlined in goal 3.

Strategy 2.2.2 Educate people who are newly diagnosed and with chronic hepatitis C infection about recommended assessment, vaccination, treatments, and the benefits of treatment adherence and completion.

Key Performance Indicators:

- Attempt outreach to 100% of newly diagnosed individuals with hepatitis C with a goal of reaching 60% of newly diagnosed individuals.
- Attempt outreach to 100% of individuals with known, chronic hepatitis C infection.
- Develop brief, patient-friendly education materials, electronic and paper-based, that link to local HCV management resources.

Strategy 2.2.3: Increase access to hepatitis C treatment services among active SUD populations in tandem with harm reduction strategies.

Key Performance Indicators:

- Develop NDHHS-based case management services to support individuals living with hepatitis C before, during, and after treatment.
- Develop partnerships with local syringe service programs to provide patient-centered support and linkage to hepatitis C care.
- Develop and leverage partnerships with local pharmacies to provide harm reduction counseling, hepatitis C treatment support, and sterile equipment access and disposal.

Strategy 2.2.4: Increase the number of people screened and treated for hepatitis C in correctional facilities by providing universal opt-out screening on admission to jails and prisons, continuing to negotiate for best pricing of HCV medications in order to offer treatment to a larger proportion of identified patients, and developing resources to provide linkage to care post-detention and post-incarceration.

Key Performance Indicators:

- Increase number of jails that provide opt-out hepatitis C screening by 1 per year.
- Maintain 100% opt-out screening in ND prisons.
- Increase percentage of individuals with hepatitis C treated in prison to 80%.
- Annually disseminate hepatitis C treating-provider directory to all ND corrections facilities.
- Facilitate and support pilot programs that provide direct linkage to care in the community post-corrections.

Strategy 2.2.5: Identify and minimize cost and insurance-related barriers to viral hepatitis care and treatment, maximizing the number of individuals treated, while maintaining payers' ability to negotiate best prices and support case management.

Key Performance Indicators:

- Evaluate insurance-related barriers during surveillance outreach.
- Develop a work group to collaborate with payers in order to streamline and simplify prior authorization with a goal of 2 payer collaborations per year.
- Establish a council member liaison to the National Viral Hepatitis Round Table to ensure efforts are in alignment with nation-wide initiatives.
- Include information regarding the 340b program in the central hepatitis C resource repository; include in provider training when applicable.

OBJECTIVE 2.3: INCREASE THE CAPACITY OF THE PUBLIC HEALTH, HEALTH CARE DELIVERY, AND HEALTH CARE WORKFORCE TO EFFECTIVELY IDENTIFY, DIAGNOSE, AND PROVIDE HOLISTIC CARE AND TREATMENT FOR PEOPLE WITH HEPATITIS C.

Strategy 2.3.1: Establish a central hepatitis C expert role in ND to support providers treating hepatitis C and connect them with any needed specialists and/or virtual platforms, such as Project ECHO, for complex cases.

Key Performance Indicators:

- Develop role and/or contract to provide hepatitis C treatment support services to ND providers.

Strategy 2.3.2: Develop and implement a hepatitis C engagement program to provide linkage to care and treatment support services to people with hepatitis C.

Key Performance Indicators:

- Provide annual outreach to individuals living with hepatitis C with the goal to re-engage 10% of people into hepatitis C care each year.
- Develop NDHHS-based case management services to support individuals living with hepatitis C before, during, and after treatment.

Strategy 2.3.3: Develop a provider resource directory including a list of health care providers and sites offering hepatitis C treatment.

Key Performance Indicators:

- Once developed, evaluate and update directory annually then disseminate to key partners.
- Utilize directory to identify geographical areas lacking hepatitis related treatment access, then offer provider training in alignment with Strategy 2.2.1 to clinics within area of focus.

Goal 3: Reduce HCV–Related Disparities and Health Inequities

Nationwide, HCV disproportionately affects certain racial and ethnic minorities (most significantly, Black American and American Indian), PWID, people who experience homelessness/unstable housing, and people in correctional facilities. Available North Dakota data similarly illustrates such disparities as outlined in the introduction, and further surveillance efforts are addressed in goals 3 and 4.

Additionally, stigma related to HCV diagnosis affects people at risk of or living with hepatitis C which worsens existing disparities and marginalization. HCV related stigma may affect many sects of an individual's life, including quality of health care and progression through the HCV care cascade.

Although these special populations are included throughout *the plan,* goal 3 is specifically dedicated to reducing disparities and elevating the voice of those disproportionately affected by HCV. North Dakota must ensure that HCV elimination initiatives, especially education materials and provider training, result in culturally and linguistically appropriate elimination efforts.

OBJECTIVE 3.1: REDUCE STIGMA AND DISCRIMINATION FACED BY PEOPLE WITH AND AT RISK FOR HEPATITIS C

Strategy 3.1.1: Ensure representation of people with lived hepatitis experience in North Dakota viral hepatitis elimination planning.

Key Performance Indicators:

- Identify and invite a minimum of 3 individuals to serve as council members with lived hepatitis experience, with a focus on engaging those who serve or come from underserved, special populations disproportionately affected by hepatitis C.

Strategy 3.1.2: Reduce hepatitis C-related stigma through public awareness campaigns.

Key Performance Indicators:

- Develop hepatitis C specific media campaign highlighting stories from people with lived experience.
- Partner with organizations, boards, and/or community liaisons that specifically work with underserved, special populations disproportionately affected by hepatitis C when creating campaign(s).

- Have people with lived hepatitis experience speak to at least 2 groups per year in the general community, health care work force, and/or mental health/substance use disorder treatment programs.

OBJECTIVE 3.2: REDUCE DISPARITIES IN NEW HCV INFECTIONS, KNOWLEDGE OF STATUS, AND ALONG THE CASCADE OF CARE

Strategy 3.2.1: Stratify jurisdictional data by race and ethnicity to assure elimination indicators and strategies are addressing disparities and access to care.

Key Performance Indicators:

- Document race and ethnicity for at least 80% of newly reported cases.

Strategy 3.2.2: Foster partnerships with organizations that serve disproportionately impacted populations to scale up effective and innovative strategies to improve hepatitis C education, prevention, testing, and treatment.

Key Performance Indicators:

- Each year identify and engage at least 1 organization or board that specifically works with underserved, special populations disproportionately affected by hepatitis C to develop and disseminate educational materials/programs in impacted communities.
- Each year identify and engage at least 1 organization that specifically works with underserved, special populations disproportionately affected by hepatitis C to scale up testing and treatment services.
- Identify and pursue partnership with North Dakota based Indian Country Project ECHO Hepatitis C and Syndemic champions.

Strategy 3.2.3: Develop and offer health care provider training on cultural competency and addressing bias when assisting underserved populations, particularly biases that commonly affect people living with or at risk of hepatitis C.

Key Performance Indicators:

- Create training content through partnership with NDHHS Community Engagement Unit.
- Add web-based, hepatitis-specific cultural competency/bias training to the central hepatitis C resource repository for those working in public health, health care, mental health, or substance use disorder treatment.

Goal 4: Improve Viral Hepatitis Surveillance and Data Usage

HCV elimination efforts must be data-driven and evidence-based in design, as well as regularly evaluated for effectiveness. This requires both strong baseline data as well as monitoring of progress on elimination efforts. NDHHS is currently scaling up HCV surveillance efforts, and goal 4 provides a road map for continued expansion. Monitoring of population level care cascade progression and care engagement are key aims of goal 4.

Surveillance is also essential to the timely detection and intervention of hepatitis outbreaks. At this time, North Dakota does not have a detailed hepatitis outbreak plan, and this is an imminent focus.

OBJECTIVE 4.1: IMPROVE PUBLIC HEALTH SURVEILLANCE THROUGH DATA COLLECTION, CASE REPORTING, AND INVESTIGATION.

Strategy 4.1.1: Leverage epidemiologist and surveillance team patient interviews to provide education and linkage to services.

Key Performance Indicators:

- Dedicate at least two Disease Intervention Specialists (DIS) to assure initial and follow-up interviews are completed.
- Expand surveillance team to include culturally competent, community-based health workers.

Strategy 4.1.2: Utilize hepatitis C viral care cascade surveillance strategies to re-engage patients in need of HCV RNA testing, linkage to care, initiation of HCV treatment, and confirmation of cure.

Key Performance Indicators:

- Provide annual outreach to individuals living with hepatitis C with goal to re-engage 10% of people into hepatitis C care each year.

Strategy 4.1.3: Evaluate ongoing risk behaviors, barriers to harm reduction services, and access/barriers to HCV treatment through regular epidemiology patient interviews.

Key Performance Indicators:

- Evaluate and document risk behaviors and barriers to access of harm reduction, hepatitis care, and hepatitis treatment reported during patient interviews.
- Consolidate and report the above data annually to the ND Hepatitis Elimination Council.

Strategy 4.1.4: Establish a jurisdictional framework for HCV outbreak detection and response and increase capacity of surveillance staff to support outbreak investigation and response activities.

Key Performance Indicators:

- Develop ND hepatitis outbreak response plan.
- Annually exercise and reassess outbreak investigation to assure effectiveness.

OBJECTIVE 4.2: IMPROVE REPORTING, SHARING, AND USE OF CLINICAL VIRAL HEPATITIS DATA

Strategy 4.2.1: Optimize the hepatitis C care cascade surveillance system to monitor HCV elimination progress and to inform quality improvement efforts.

Key Performance Indicators:

- Develop and update annually HCV clearance cascade dashboard to monitor elimination progress.

Strategy 4.2.2: Prepare and disseminate an annual viral hepatitis surveillance data report to support surveillance and prevention programs, inform policies and include equity metrics for key populations or settings to ensure surveillance identifies health disparities.

Key Performance Indicators:

- Identify and collect strategy-specific metrics as recommended by ND Hepatitis Elimination Council on an annual basis.
- Continue to publish Hepatitis C epidemiologic profile with inclusion of strategy-specific data annually.

Goal 5: Achieving Integrated, Coordinated Efforts that Address the Viral Hepatitis Epidemics Among All Partners

This goal focuses on the integration of HCV elimination within programs and services addressing other aspects of the syndemic (i.e. SUD, HIV, HBV, and STIs) which furthers the reach and impact of HCV elimination efforts. As new programs and initiatives are established, a proactive approach to comprehensive syndemic service design will facilitate efficient, holistic care for the people of North Dakota. As syndemic service integration is established, it is important to communicate and disseminate best practices with providers in North Dakota.

North Dakota has a unique advantage in that such integration of efforts is already occurring frequently within the NDHHS Sexually Transmitted and Bloodborne Diseases Unit. Extension of this design to local public health programs and external partners as well as integration into future funding agreements will amplify HCV elimination efforts. Such external partners of initial focus are outlined in the below strategies.

OBJECTIVE 5.1: INTEGRATE PROGRAMS TO ADDRESS THE SYNDEMIC OF VIRAL HEPATITIS, HIV, STIS AND SUD

Strategy 5.1.1: Identify and scale up hepatitis C prevention, testing, linkage to care and treatment across programs that address the syndemic including but not limited to SUD services, mental health programs, homeless clinics, rural health outreach, etc.

Key Performance Indicators:

- Facilitate integration of hepatitis C education and screening services on intake to programs that address one or more aspects of the syndemic.
- Train and support two SUD or mental health focused providers in hepatitis C treatment annually.
- Train and support one rural healthcare provider in hepatitis C treatment annually.

Strategy 5.1.2: Provide technical assistance and training for health care providers to manage and treat people with co-morbidities such as viral hepatitis, HIV, STIs and/or substance use disorders.

Key Performance Indicators:

- Develop and disseminate training on at least one of the above co-morbidities annually.

- Provide centralized access to Project ECHO groups that address one or more of the above co-morbidities.
- Develop centralized hepatitis C expert role and/or contract to provide hepatitis C treatment support services to ND providers.
- Maintain STI clinical consult network and advertise availability of this service at applicable trainings.

Strategy 5.1.3: Work to align indicators and integrate surveillance data across programs and clinical service providers that address viral hepatitis, HIV, STI and substance use disorder services.

Key Performance Indicators:

- Identify current alignment as well as opportunities to optimize alignment of syndemic service outcomes and data collection.
- Create and disseminate a syndemic-focused surveillance report every 2-3 years, including information on system-level services.

OBJECTIVE 5.2: ESTABLISH AND INCREASE COLLABORATION AND COORDINATION OF VIRAL HEPATITIS PROGRAMS AND ACTIVITIES ACROSS PUBLIC AND PRIVATE PARTNERS

Strategy 5.2.1: Integrate viral hepatitis initiatives intro strategic planning efforts occurring at the local, community level that includes a diverse set of partners to plan and coordinate activities and leverage available resources.

Key Performance Indicators:

- Assess and advise on three community level public health strategic plans annually to ensure inclusion of hepatitis services and metrics.

Strategy 5.2.2: Disseminate lessons learned and best practices on HCV Elimination with strategic planning groups and other partners.

Key Performance Indicators:

- Support involvement of ND-based hepatitis champions in national and international organizations, conferences, and work groups.
- Establish a council member liaison to the National Viral Hepatitis Round Table to ensure ND efforts are in alignment with nation-wide initiatives and advise strategic planning groups and other partners accordingly.

- Dedicate a portion of each *council* meeting to providing national and international updates on HCV elimination efforts, strategies, data, and best practices.
- Support ND-based hepatitis champions in educating their colleagues on hepatitis C best practices on local and state-based platforms (e.g. professional conferences, organizations, health systems).

Strategy 5.2.3: Monitor, evaluate and communicate progress on viral hepatitis strategic goals and objectives.

Key Performance Indicators:

- Evaluate and publish data/outcomes for each strategy in this plan annually, specific to key indicators.
- Evaluate and update elimination plan strategies and key indicators as needed based on annual data reporting.

Plan Implementation and Measurement

NDHHS (*Sexually Transmitted and Bloodborne Diseases Unit)* under the advisement and assistance of *the council* is responsible for plan implementation and measurement. Some strategies will be accomplished and measured internally, while others will be the result of supporting, funding, collaborating with, and/or contracting other individuals and agencies. Below are several key partners essential for implementation of the plan.

KEY PARTNERS

Local health departments

HIV/HCV Counseling, Testing, and Referral Sites

Syringe Service Programs

Substance Use Disorder Treatment Providers

Health Care Providers, Clinics, Systems (including mental health)

Department of Corrections

Insurance Providers/Payers

Project ECHO

Organizations that work with populations disproportionately affected by HCV

HEPATITIS C ELIMINATION PROGRESS METRICS, MONITORING, AND REPORTING

The overarching, core metrics that this plan and *the council* aim to reduce in hepatitis elimination efforts are hepatitis C incidence, prevalence, and deaths caused by hepatitis C. The National Strategic Plan has set goals for reduction in incidence (≥20% by 2025 and ≥90% by 2030) as well as hepatitis C-related deaths (≥25% by 2025 and ≥65% by 2030), with which ND goals are in alignment. Proxy indicators include but are not limited to evidence of hepatitis C viral clearance (proxy for reducing hepatitis C related death; goal increase of ≥20% by 2025 and ≥90% by 2030). Both core and proxy indicators will be stratified by populations facing disparities whenever feasible. Lastly, key performance indicators (KPIs) will add in measuring progress of each goal, objective, and strategy. KPIs are listed throughout the plan and Appendix B contains baseline data.

NDHHS (*Sexually Transmitted and Bloodborne Diseases Unit)* is responsible for monitoring and/or obtaining data from key partners and reporting to *the council* annually.

CONCLUSION

While North Dakota faces some unique challenges in eliminating hepatitis C, we also have unique opportunities and advantages. This plan aims to address challenges and leverage resources specific to North Dakota. Key partners and quality metrics will be essential to design and implement the strategies necessary to eliminate hepatitis C in our population.

ACKNOWLEDGEMENTS

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Appendix A: Abbreviations and Acronyms

Below are a list of abbreviations and acronyms that are used throughout the plan.

Centers for Disease Control and Prevention (CDC)

Counseling, Testing, and Referral (CTR)

Direct acting antivirals (DAA)

Disease Intervention Specialist (DIS)

Injection drug use (IDU)

Key Performance Indicators (KPIs)

North Dakota Health & Human Services (NDHHS)*

Persons who inject drugs (PWID)

Syringe service programs (SSPs)

Substance use disorder (SUD)

World Health Organization (WHO)

**Most references to NDHHS involvement in the plan, responsibility, and monitoring are intended for the Sexually Transmitted and Bloodborne Diseases Unit at NDHHS.*

Appendix B: Baseline Data Correlated with Key Performance Indicators (KPIs)

Goal 1: Prevent New HCV Infections

Objective 1.1 Increase hepatitis c prevention & treatment services for persons with injection drug use						
Strategy 1.1.1 Expand access to harm reduction modalities such as syringe service programs (SSPs), sterile injective equipment, and syringe disposal through both traditional and innovative models.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Increase total SSP sites in ND from 5 to 10.	5 SSPs					
Increase percentage of pharmacies offering sterile syringe equipment and disposal by 10% annually.	Unknown					
Establish at least one mail order SSP option for entire state of ND.	No current mail order SSP established for ND					
Strategy 1.1.2 Develop training of peer support counselors to support PWID in navigation of hepatitis C care (screening, treatment, and harm reduction.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Train 50% of ND substance use disorder (SUD) peer support counselors on hepatitis C care navigation.	SUD peer support counselors not trained currently on hepatitis C care navigation					
Strategy 1.1.3 Disseminate HCV prevention, testing and treatment education messages and materials to PWID and others at risk for HCV infection to increase HCV awareness in communities.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop two major campaigns educating the public on hepatitis C.	Zero campaigns were conducted about hepatitis C in 2022.					

Disperse educational materials to 30 diverse organizations each year.	19 organizations received hepatitis C materials in 2022.					
Objective 1.2 Eliminate perinatal transmission of HCV.						
Strategy 1.2.1 Disseminate HCV prevention, testing and treatment education messages and materials to PWID and others at risk for HCV infection to increase HCV awareness in communities.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Establish baseline screening rates during pregnancy and increase by 10% annually with a goal of 80% screening guideline adherence.	Baseline screening rates are not currently known					
Provide education to 10 prenatal care providers annually.	No formal education offered to prenatal care providers currently					
Strategy 1.2.2 Develop and implement perinatal HCV surveillance in North Dakota to identify and monitor rates of recommended follow up testing and referral to care for children born to persons with HCV.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Establish perinatal hepatitis C surveillance protocol in ND.	Perinatal hepatitis C surveillance protocol not currently established					
Add pregnancy to reportable conditions for individuals with hepatitis C.	Pregnancy not currently reportable condition for individuals with hepatitis C					
Progress to metric of 80% of children born to mothers with hepatitis C receiving guideline-based screening.	No baseline or surveillance system yet in place					
Objective 1.3 Increase the capacity of public health, health care systems, and the health workforce to prevent and manage hepatitis C.						
Strategy 1.3.1 Link health care providers to existing trainings, support tools, and resources on HCV testing and treatment, harm reduction, and SUD treatment including use of medications for opioid use disorder (MOUD).						

Key Performance Indicator	Baseline Data – 2022	2023	2024	2025	2026	2027
Develop central repository of resources on each topic, accessible online.	Central repository not currently developed					
Disseminate repository to 5 clinic or harm reduction sites per year.	Central repository not currently developed, not disseminated					

Goal 2: Improve HCV-Related Outcomes of People with Hepatitis

Objective 2.1 Increase the proportion of people who are tested and aware of their hepatitis c status.						
Strategy 2.1.1 Scale up implementation of universal HCV screening guidelines in clinical and non-clinical settings with a focus on settings that serve disproportionately affected populations in North Dakota (including but not limited to SUD treatment programs, corrections facilities, and organizations serving racial and ethnic groups disproportionately impacted by HCV).						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Increase number of people tested at Counseling, Testing, and Referral (CTR) sites by 10% per year.	In 2022, 1,751 individuals were tested for HCV in the CTR program.					
Increase use of home testing for hepatitis C by 10% each year in racial and ethnic groups disproportionately impacted by HCV.	In 2022, 49 individuals were tested for hepatitis in this program. Of those tested, minority races identified included two Hispanic, one American Indian, two Asian and three black.					
Advertise CTR applications annually to SUD treatment programs, corrections facilities, and organizations serving	CTR program grant applications are available annually and are advertised to several SUD					

racial and ethnic groups disproportionately impacted by HCV.	treatment programs, correctional facilities and other organizations.					
Objective 2.2 Improve the quality of care and increase the number of popel with hepatitis C who receive and complete treatment, including persons with injection drug use and people in correctional facilities.						
Strategy 2.2.1 Increase the number of providers who treat hepatitis C in the state of North Dakota through training of medical residents, primary care providers, SUD care providers, and interdisciplinary team members such as nurses and pharmacists.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Train 5 providers per year on hepatitis C treatment regimens, clinical models, and available provider support resources.	5 providers trained on hepatitis C treatment in 2022.					
Establish partnerships with ND-based medical residency programs to train and support HCV management providers/teams.	Partnership not established					
Provide one webinar per year on hepatitis C treatment tailored to health care professionals.	One webinar on hepatitis C treatment was presented in 2022 to health care professionals.					
Encourage all hepatitis C managing providers in state to complete hepatitis C – focused cultural competence module outlined in goal 3.	Module not created					
Strategy 2.2.2 Educate people who are newly diagnosed and with chronic hepatitis C infection about recommended assessment, vaccination, treatments, and the benefits of treatment adherence and completion.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**

Attempt outreach to 100% of newly diagnosed individuals with hepatitis C with a goal of reaching 60% of newly diagnosed individuals.	36%					
Attempt outreach to 100% of individuals with known, chronic hepatitis C infection.	2.5%					
Develop brief, patient-friendly education materials (electronic and paper-based) that link to local HCV management resources.	No materials are available that link to HCV management resources.					
Strategy 2.2.3 Increase access to hepatitis C treatment services among active SUD populations in tandem with harm reduction strategies.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop Health and Human Services (HHS)-based case management services to support individuals living with hepatitis C before, during, and after treatment.	Case management program not developed.					
Develop partnerships with local syringe service programs to provide patient-centered support and linkage to hepatitis C care.	Partnerships exist with SSPs but no training on linkage to hepatitis C care is established.					
Develop and leverage partnerships with local pharmacies to provide harm reduction counseling, hepatitis C treatment support, and sterile equipment access/disposal.	Partnerships not developed.					

Strategy 2.2.4 Increase the number of people screened and treated for hepatitis C in correctional facilities by providing universal opt-out screening on admission to jails and prisons, continuing to negotiate for best pricing of HCV medications in order to offer treatment to a larger proportion of identified patients, and developing resources to provide linkage to care post-detention and post-incarceration.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Increase number of jails that provide opt-out hepatitis C screening by 1 per year.	Unknown.					
Maintain 100% opt-out screening in ND prisons.	ND prisons currently provide opt-out HCV screening.					
Increase percentage of individuals with hepatitis C treated in prison to 80%.	Currently 30-40%.					
Annually disseminate hepatitis C treating-provider directory to all ND corrections facilities.	Provider directory not yet developed.					
Facilitate and support pilot programs that provide direct linkage to care in the community post-corrections.	No programs currently exist.					
Strategy 2.2.5 Identify and minimize cost and insurance-related barriers to viral hepatitis care and treatment, maximizing the number of individuals treated, while maintaining payers' ability to negotiate best prices and support case management.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Evaluate insurance-related barriers during surveillance outreach.	Insurance-related barrier data not currently collected					
Develop a work group to collaborate with payers in order to streamline and simplify prior authorization with a goal of 2 payer collaborations per year.	Work group not yet developed					

Establish a council member liaison to the National Viral Hepatitis Round Table to ensure efforts are in alignment with nation-wide initiatives.	Liaison not yet established					
Include information regarding the 340b program in the central hepatitis C resource repository; include in provider training when applicable.	Central repository not yet developed					
Objective 2.3 Increase the capacity of the public health, health care delivery, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with hepatitis C.						
Strategy 2.3.1 Establish a central hepatitis C expert role in ND to support providers treating hepatitis C and connect them with any needed specialists and/or virtual platforms, such as Project ECHO, for complex cases.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop role and/or contract to provide hepatitis C treatment support services to ND providers.	Role not yet developed/contracted					
Strategy 2.3.2 Develop and implement a hepatitis C engagement program to provide linkage to care and treatment support services to people with hepatitis C.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Provide annual outreach to individuals living with hepatitis C with the goal to re-engage 10% of people into hepatitis C care each year.	Current no patients are contacted for reengagement into care.					
Develop HHS-based case management services to support individuals living with hepatitis C before, during, and after treatment.	HHS-based case management services not yet developed.					

Strategy 2.3.3 Develop a provider resource directory including a list of health care providers and sites offering hepatitis C treatment.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Once developed, evaluate and update directory annually then disseminate to key partners.	Directory not yet developed					
Utilize directory to identify geographical areas lacking hepatitis related treatment access, then offer provider training in alignment with Strategy 2.2.1 to clinics within area of focus.	Directory not yet developed					

Goal 3: Reduce HCV–Related Disparities and Health Inequities

Objective 3.1 Reduce stigma and discrimination faced by people with and at risk for hepatitis C.						
Strategy 3.1.1 Ensure representation of people with lived hepatitis experience in North Dakota viral hepatitis elimination planning.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Identify and invite a minimum of 3 individuals to serve as council members with lived hepatitis experience, with a focus on engaging those who serve or come from underserved, special populations disproportionately affected by hepatitis C.	Council consists of only 1 individual with known, lived hepatitis C experience					
Strategy 3.1.2 Reduce hepatitis C-related stigma through public awareness campaigns.						

Key Performance Indicator	Baseline Data – 2022	2023	2024	2025	2026	2027
Develop hepatitis C specific media campaign highlighting stores from people with lived experience.	Media campaign not yet developed					
Partner with organizations, boards, and/or community liaisons that specifically work with underserved, special populations disproportionately affected by hepatitis C when creating campaign(s).	No campaigns created.					
Have people with lived hepatitis experience speak to at least 2 groups per year in the general community, health care work force, and/or mental health/substance use disorder treatment programs.	Zero presentations provided by persons with lived experience in 2022.					
Objective 3.2 Reduce disparities in new HCV infections, knowledge of status, and along the cascade of care.						
Strategy 3.2.1 Stratify jurisdictional data by race and ethnicity to assure elimination indicators and strategies are addressing disparities and access to care.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Document race and ethnicity for at least 80% of newly reported cases.	78% of newly reported cases have race and ethnicity					
Strategy 3.2.2 Foster partnerships with organizations that serve disproportionately impacted populations to scale up effective and innovative strategies to improve hepatitis C education, prevention, testing, and treatment.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Each year identify and engage at least 1 organization or board that	No targeted effect to engage with an organization or board to					

specifically works with underserved, special populations disproportionately affected by hepatitis C to develop and disseminate educational materials/programs in impacted communities.	disseminate materials in impacted communities.					
Each year identify and engage at least 1 organization that specifically works with underserved, special populations disproportionately affected by hepatitis C to scale up testing and treatment services.	Current partnerships in place with Family HealthCare and Northland Community Health Centers.					
Identify and pursue partnership with North Dakota based Indian Country Project ECHO Hepatitis C and Syndemic champions.	Partnership not yet developed with NDHHS or Council Members and North Dakota based Indian Country Project ECHO Hepatitis C and Syndemic champions					
Strategy 3.2.3 Develop and offer health care provider training on cultural competency and addressing bias when assisting underserved populations, particularly biases that commonly affect people living with or at risk of hepatitis C.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Create training content through partnership with community engagement unit within NDHHS.	Training content not yet developed					
Add web-based, hepatitis-specific cultural competency/bias training to the central hepatitis C resource repository for those working in public	Training content not yet developed					

health, health care, mental health, or substance use disorder treatment.						

Goal 4: Improve Viral Hepatitis Surveillance and Data Usage

Objective 4.1 Improve public health surveillance through data collection, case reporting, and investigation.						
Strategy 4.1.1 Leverage epidemiologist/surveillance team patient interviews to provide education and linkage to services.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Dedicate at least two Disease Intervention Specialists (DIS) to assure initial and follow-up interviews are completed.	Two DIS were established in 2022.					
Expand surveillance team to include culturally competent, community-based health workers.	Surveillance team does not include community-based health workers					
Strategy 4.1.2 Utilize hepatitis C viral care cascade surveillance strategies to re-engage patients in need of HCV RNA testing, linkage to care, initiation of HCV treatment, and confirmation of cure.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Provide annual outreach to individuals living with hepatitis C with goal to re-engage 10% of people into hepatitis C care each year.	No outreach was conducted to reengage persons into care.					
Strategy 4.1.3 Evaluate ongoing risk behaviors, barriers to harm reduction services (when applicable), and access/barriers to HCV treatment through regular epidemiology patient interviews.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**

Evaluate and document risk behaviors and barriers to access of harm reduction, hepatitis care, and hepatitis treatment reported during patient interviews.	Barriers to care are not currently documented for hepatitis C newly diagnosed interviews.					
Consolidate and report the above data annually to the ND Hepatitis Elimination Council.	Data points established; reporting planned for future years					
Strategy 4.1.4 Establish a jurisdictional framework for HCV outbreak detection and response and increase capacity of surveillance staff to support outbreak investigation and response activities.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop ND hepatitis outbreak response plan.	ND hepatitis outbreak response plan not yet developed					
Annually exercise and reassess outbreak investigation to assure effectiveness.	ND hepatitis outbreak response plan not yet developed					
Objective 4.2 Improve reporting, sharing, and use of clinical viral hepatitis data.						
Strategy 4.2.1 Optimize the hepatitis C care cascade surveillance system to monitor HCV elimination progress and to inform quality improvement efforts.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop and update annually HCV clearance cascade dashboard to monitor elimination progress.	ND HCV clearance cascade dashboard not yet developed					
Strategy 4.2.2 Prepare and disseminate an annual viral hepatitis surveillance data report to support surveillance and prevention programs, inform policies and include equity metrics for key populations or settings to ensure surveillance identifies health disparities.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**

Identify and collect strategy-specific metrics as recommended by ND Hepatitis Elimination Council on an annual basis.	Data points established; reporting planned for future years					
Continue to publish Hepatitis C epidemiologic profile with inclusion of strategy-specific data annually.	Data points established; reporting planned for future years					

Goal 5: Achieving Integrated, Coordinated Efforts that Address the Viral Hepatitis Epidemics Among All Partners

Objective 5.1 Integrate programs to address the syndemic of viral hepatitis, HIV, STIs and SUD.						
Strategy 5.1.1 Identify and scale up hepatitis C prevention, testing, linkage to care and treatment across programs that address the syndemic including but not limited to SUD services, mental health programs, homeless clinics, rural health outreach, etc.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Facilitate integration of hepatitis C education and screening services on intake to programs that address one or more aspects of the syndemic	Facilitated education into a webinar services, Building Bridges, that education public health and behavioral health professionals.					
Train and support two SUD or mental health focused providers in hepatitis C treatment annually	Currently aware of two SUD/mental health providers treating HCV in ND.					
Train and support one rural healthcare provider in hepatitis C treatment annually	Currently aware of approximately 10-12 rural healthcare providers treating hepatitis C (approximately 50 providers statewide)					

Strategy 5.1.2: Provide technical assistance and training for health care providers to manage and treat people with co-morbidities such as viral hepatitis, HIV, STIs and/or substance use disorders.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Develop and disseminate training on at least one of the above co-morbidities annually.	No co-morbidity specific training in 2022.					
Provide centralized access to Project ECHO groups that address one or more of the above co-morbidities.	Central repository not yet developed, Project ECHO partner identified (Hennepin Health) and will be added to repository once developed					
Develop centralized hepatitis C expert role and/or contract to provide hepatitis C treatment support services to ND providers.	Hepatitis C expert role not yet developed/contracted					
Maintain STI clinical consult network and advertise availability of this service at applicable trainings.	The STD Clinical Consultation Network at the University of Washington is available to ND providers in 2022.					
Strategy 5.1.3: Work to align indicators and integrate surveillance data across programs and clinical service providers that address viral hepatitis, HIV, STI and substance use disorder services.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Identify current alignment as well as opportunities to optimize alignment of syndemic service outcomes and data collection.	Current data reporting does not reflect view from syndemic lens.					
Create and disseminate a syndemic-focused surveillance	No report available.					

report every 2-3 years, including information on system-level services.						
Objective 5.2 Establish and increase collaboration and coordination of viral hepatitis programs and activities across public and private partners.						
Strategy 5.2.1: Integrate viral hepatitis initiatives intro strategic planning efforts occurring at the local, community level that includes a diverse set of partners to plan and coordinate activities and leverage available resources.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Assess and advise on three community level public health strategic plans annually to ensure inclusion of hepatitis services and metrics.	No review occurred of community level strategic plans.					
Strategy 5.2.2: Disseminate lessons learned and best practices on HCV Elimination with strategic planning groups and other partners.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Support involvement of ND-based hepatitis champions in national and international organizations, conferences, and work groups.	No champions identified to work in national and international organizations.					
Establish a council member liaison to the National Viral Hepatitis Round Table to ensure ND efforts are in alignment with nation-wide initiatives and	Liaison not yet identified					

advise strategic planning groups and other partners accordingly.						
Dedicate a portion of each *council* meeting to providing national and international updates on HCV elimination efforts, strategies, data, and best practices.	Not yet a part of council meeting agendas					
Support ND-based hepatitis champions in educating their colleagues on hepatitis C best practices on local and state-based platforms (e.g. professional conferences, organizations, health systems).	Approximately 1-2 educational presentations given per year over past 4 years					
Strategy 5.2.3: Monitor, evaluate and communicate progress on viral hepatitis strategic goals and objectives.						
Key Performance Indicator	**Baseline Data – 2022**	**2023**	**2024**	**2025**	**2026**	**2027**
Evaluate and publish data/outcomes for each strategy in this plan annually, specific to key performance indicators.	Data points established; reporting planned for future years					
Evaluate and update elimination plan strategies and key performance indicators as needed based on annual data reporting.	Elimination plan finalized, plan to evaluate annually.					