

Hepatitis Free Northern New England (Hep Free NNE)
Minutes – May 25, 2023
2023 Steering Committee Meeting #10

Meeting Roles

Bronwyn – facilitator & proj. mgr.

Chloe – monitor chat

Kelly – taskmaster & hands-raised

Minutes recorded by: Bronwyn Barnett

Official start time: 11:01am

I. Housekeeping

- Reviewed meeting roles.
- No objections or revisions to the May 11 minutes.
- Thanked members for completing the meeting evaluation last week. Based on feedback that the last meeting felt a bit rushed, BB will try to keep future agendas shorter. Thank you for the feedback!
- Update from Kelly and VT DOH: Kelly will be going on maternity leave sometime next month, taking most of the summer off and returning sometime in October. Alex Potter will be the connection between this group and the VT leadership team. Congratulations to Kelly, and thank you to Alex!!
- Welcome, Tiffany Townsend! Tiffany, MS, FNP-C, AAHIVS (pronouns: she/her/hers), works for Maine Medical Center/Maine Medical Partners – Gilman Clinic, which treats viral hepatitis and HIV.
- Steering Committee members introduced themselves (22 members as of 5/25).

II. Reviewed Current HepFreeNNE Activities

- Listening Sessions: Three Lanes – the deliverable for all three lanes are high-level summaries of the qualitative data you will use (SC members) to develop the first iteration of priority areas and goals. *See the meeting slide deck for details about each “lane.”*
- Discovery Committees: DCs on Medicaid Partnerships, HCV Perinatal Care, and HCV Care in Correctional Settings.
- Associations/Presentation Planning
- HepFreeNNE webpage & general info email – under construction
- Material development
- **Activities starting now:** planning for the fall summit & developing an outreach plan for recruiting Planning Group members & fall summit attendees

III. Discussed the HepFreeNNE summit planned for October 5TH

- This summit will mark the kickoff for bi-monthly Planning Group meetings. We hope that this summit's attendees become Planning Group members who commit to meeting bi-monthly to work on developing the tristate goals & objectives.
- Can we remove “kickoff” from the name? HepFreeNNE Summit or spelling out ‘hepatitis free’
- The summit will be virtual.
- 10-3 timeslot? An early start time is better – as the day goes on, more conflicts crop up.
- Shorter with breaks for a virtual meeting. Need time for folx to check emails, stretch, bio-breaks etc. Maybe 4 or 5, 45 minute sessions with 15 breaks at the end – so they start at the top of the hour.
- Keynote speaker
 - Could be helpful if it is really relevant to the day. Could be a distraction if it's too big.
 - Getting the rest of the agenda really crisp could help us figure out what a keynote speaker could add to “frame up” the day.

- Maybe someone from NVHR, NASTAD – someone from a national level fitting this initiative into other things going on to reinforce its importance. Provide some credibility and endorsement.
 - Andy is preparing slides for an Indiana summit that is similar – he will have slides and a talk prepared for different approaches to elimination and is happy to adapt it for our needs.
- Are we hoping that folx who attend this meeting are already committed to being on the Planning Group? Or is part of this to encourage them to join? Probably both – need to think this through. There will probably be a mix of folx we've kept apprised who are already bought in and committed, but we will need to ensure we can retain folx who don't have as much background in this initiative. Frame it so ppl know this is a kickoff to a year of work we're hoping to do together.
- Maybe a provider-led session about the struggles they have every day in trying to eliminate HCV
- Casting a wide net; 100+ attendees.
- Ensure we have people who emcee and assign roles specific to technology, not content. This is where JSI is going to be essential. They will bring in resources to help support the technology side of things.
- Use Bistate/NP Association as resources for what works in these large virtual events.
- A primary goal of the summit is wanting ppl to leave with a desire for continued participation.
- Situational analysis will be vital for pulling people in. "What is going on with HCV??" is always a question. Presenting those findings will help make things more real and relevant for everyone – and will highlight the gaps.
- Highlight for attendees how much easier medically HCV is to treat medically – it's attainable from a medical perspective – most barriers are social barriers. How do we hit home on this message? Could be something the keynote speaker touches on.
- Tech:
 - Native technology to Zoom – annotation – can put checkmarks next to things you like or words on the screen so everyone in the breakout session can where they see mood of the virtual room is going.
 - Poll Everywhere is another option – just type in your comment, and people can see your response. Real-time seeing comments float up & down, and can endorse them.
 - Refrain from using something that has a high learning curve.
 - Ensure that presenter can mute participants
- Planning for folx who can't join or can only join for part of the meeting: how can we ensure a "digital" package of information to share afterward? Ensure there are provisions for people who cannot be there that day (or in certain breakout groups) to be engaged.
 - Record it
 - Other tools TBD
- Help people figure out what they are genuinely interested in. Pitch it as this is a platform for a team approach – no one can do it all. Focus on what interests you – you don't need to do it all.
- Tools in which one can help people who freeze with too many choices
- Be direct around expectations. It's important in the kickoff for folx to have a 'flavor' around what's out there – but if you decide to participate in something, it comes with responsibility, which is empowering: "people are relying on me."
- A buddy system might be helpful to break down the large intimidating group of 100 people. "Here is the pair that is going to work on this."
- Motivate people enough to bring them to the summit & once they are in, get them motivated enough to do the work. Sell it. Need to get people super excited about doing this work.
- A success story might be helpful. Share a place that has done this: Iceland, Oregon. 10-minute presentation. Here is a place that has really done this. This is attainable. Link it nationally – Francis Collins clip. The success stories are mostly outside the US, so people might not see it as working here; but it may be more meaningful now in the context of our federal government supporting hepatitis B and C elimination.

- Using the media. Jay has a connection with NHPR. If we write something up, he can connect with these contacts.
- If it's too big, ppl will be paralyzed. We need to make sure people can work on smaller, actionable, attainable components. Start with the "little end" – "bucket it."
- Giving folx tangible next steps that are not super overwhelming.
- Ability to offer CME – dual perspectives. CMEs can be more about consumption – whereas we really want "doers" – people ready to work on this. For providers who need CME this is compelling. But is it worth the investment of time and money in it? Is this the right framework to get people engaged?
 - From a harm reduction perspective – if this event is marketed for medical or allied providers, CMEs narrow the target population. *Argue the need to highlight in the success stories how really successful HCV campaigns are about funding and engaging harm reduction programs. Harm reduction programs are the base of the work we're doing.* If we want to reach the folx that need to be most included, having that harm reduction lens is essential to what we're about, influencing who needs to be at the table and the voices we want to hear from.

IV. Wrap up

- **Action items:** No action items other than to keep thinking about the summit
- **Any Other Business (AOB):** *How do we balance the long-term desire to treat HCV with the real and immediate needs of the communities of people who use drugs right now?* This question/theme will be added to the next meeting's agenda, with David leading the conversation. The immediate needs of folx who use are substantial. We need to address this in the kickoff meeting and in general. Acknowledge the upset in housing, Medicaid unwinding, the toxic drug supply, and the inability of people to procure safe drugs and access wound care.

Next meeting: June 8, 2023 @ 11am via ZOOM.