

Hepatitis Free Northern New England (Hep Free NNE)  
Minutes – July 6, 2023  
2023 Steering Committee Meeting #12

**Meeting Roles**

Bronwyn – facilitator & proj. mgr.

Chloe – monitor chat

Alex – 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 25 minutes.
- Notification of a meeting schedule update: Due to conflicts, our August 3rd meeting is canceled.
- Welcome, Liana Perez! Liana (she/her/hers) is a Public Health Nurse and Disease Intervention Specialist & Behavioral Health Specialist with the City of Nashua Division of Public Health and Community Services (DPHCS). She works with Nashua's local syringe service programs to provide naloxone training and providing HIV/HCV testing. She also goes into recovery centers to provide testing.
- Steering Committee members introduced themselves (23 members as of 6/28).

**II. October 5<sup>th</sup> Summit: Focused Follow-up Discussion**

**1. Save the dates – what is the minimal information needed to get on people's calendars?**

- Aim to get Save the Dates out about three months in advance – end of July. Just include basic information on the Save the Date card. The assumption is that most people check the event webpage for more information.
  - Once the webpage is complete, a second message could go out: "the website is up with more details, check it out!"
- Note that it's virtual
- Maybe include the types of sessions in the Save the Date, indicating that it's not just presentations/a webinar. There will be breakout groups, roundtables, opportunities to engage and connect. Come prepared to participate, clear your calendar, turn off your TEAMS.
- Basic framework and hook. "Breakout rooms TBD" As long as you know what the summit is about, most people will register at that point.
- Lunchtime focus on clinicians
- Start thinking about modes of communication – different tentacles we want to use for outreach. Associations, LinkedIn (Jay can help here), social media to reach people not in the traditional medical communities. States will rely on our partners for a lot of this social media outreach.
  - VT Loves Coordinating Care – community groups that get lots of people together to talk about substance use related issues. Get this out to them. Hub & Spoke Seminar Series between Doors & DH. (Andy)
  - Need to include state stakeholders who are gatekeepers to funding in this planning. Representatives etc. Who are our champions?
  - Mailing list for summit participants for updates post-summit

## 2. Getting on the same page about the purpose of the summit, which is to 1) recruit Planning Group Members, and 2) Revising the 1<sup>st</sup> Iteration of Priority Areas & Goals (PAGs)

1. *If we are using this to recruit PG members*, we need to ensure that attendees leave the summit feeling motivated to eliminate HBV/HCV, that VH elimination is attainable, confident in the planning process & the Steering Committee's leadership of it, that they are able to contribute meaningfully, and will get something in return such as regional data.
2. *In terms of revising the 1<sup>st</sup> Iteration of Priority Areas & Goals (PAGs)* - this means we must establish a thoughtful & well-structured way to engage attendees in this process. Considerations include - identifying and defining key roles for each breakout group, such as a facilitator, a co-moderator, someone on tech support/logistics, an SC "plant" etc., assessing technology needs for "frustration free" interactive participation & to capture feedback, developing basic scripts & prompts for facilitators & moderators

## 3. Timeframe

- 45 minute sessions with 15 minute breaks
- Concerns about a full day - will folx be able to commit to a full day? Consider sticking to the morning and starting earlier.
- Start at 9am but consider having the afternoon be part of a working session. People who are more likely to join the working session are less likely to say they can't join bc they cannot commit the whole day.
- Doesn't have to be all or nothing – if people cannot commit to the full day: "come to the session that is most applicable to you!" The more the merrier even it's for just one of the session. Focus on communication in advance so folx have a good idea about the focus for each session.
- A fun, energizing activity before lunch.
- Consider overlapping sessions – so we can retain the smaller timeslot but folx can choose what they are interested in.
  - Can do this through breakout room. Have people register for sessions in advance. This would also help the facilitator to know numbers/names in advance.
- Pre-record the keynote speaker. Send it out in advance to save time during the day and to give people a flavor for the summit/project.
  - Could we also have an audio version so folx can listen to it while driving etc.?
- WOVA App? Virtual summits have high participation in the beginning and then drops off at the end. Easier to maneuver through sessions and to come back to them. Do we have a budget for this?
  - Zoom is capable

## 4. Content

- Welcome & Opening Remarks
- Keynote Speaker – prerecord and send out in advance. Provide an audio-only version. If this is prerecorded we could start earlier knowing that some folx won't be able to make it early due to childcare commitments etc., but that they will have access to it.
- Something to boost interaction and participation early plus more interaction throughout. Consider a baseline poll around priority areas.
- Move the harm reduction panel to earlier in the day. Ground people in harm reduction.
  - What is going well in harm reduction? Innovative ways for harm reduction outreach? Loss to follow-up is always a challenge, so what are some things HR is doing that is working? Linkage to care. L2C is a big gap in the HR process.
  - Is the harm reduction panel as 'harm reduction' too narrow? Should it be centered on PWUD and what their perceptions, needs, solutions are? Expressing of needs and stories of success as opposed to barriers. It doesn't feel like harm reduction – what

- we are trying to do - it is trying to provide excellence and a super high standard of care for people affected by HCV.
- Misconception that people who participate in SSPs are just there for clean needles when the data shows that SSP participants are more likely to get into treatment, have reduced communicable disease within the region. Need to address stigma within healthcare bc it's the number one barrier to individuals wanting to seek care. SSPs role in destigmatizing space providing appropriate care.
  - Is it time to take the next step? SSPs are not really about harm reduction. That is how we sold it to mainstream society at first. They are places where we consume health care that suits them bc the traditional system isn't able to do it. We need to educate the rest of the world that this is a viable pathway to get HCV treatment. It's not just to reduce harm it is to provide care. It is legit. People who are not on board with harm reduction put it in a corner, yet people accept harm reduction and harm reduction philosophies so maybe there are other strategies for communicating this.
    - Yes, and providing healthcare to those who are disconnected from healthcare is harm reduction.
    - But so are PCP visits but we don't call it harm reduction
  - Not just SSPs willing to provide vaccines or testing but reframed as health care sites
  - "Reframing harm reduction" – this might be what needs to happen within some medical professionals concepts of harm *reduction but steer clear of a session called "Reframing Harm Reduction" bc this may undercut and alienate people who have worked so hard to advance this movement. Instead focus on harm reduction's connection to HCV health.* BC that is such an essential part of harm reduction in this space – this is where HCV cases are coming from and where the connections to care are going to come from unless the medical system suddenly became very good for PWUD and went out to tent cities at 2am it doesn't happen without harm reduction. Would be surprised if medical professionals were not interested in this.
  - Intro: Keynote speaker will be important for setting the cadence and landscape of the summit. Andy Seaman might be a great fit. Having national people at this conference would be beneficial too. Could pair a national endorsement - a short clip – with the keynote speaker message. A teaser. Could we put together a tik-toc style video with multiple perspectives: harm reductionist, PWLE, national perspective, state coordinator, provider etc. – why elimination is important to them and why they think this could be a good success? A fun trailer!
    - Interactive component in the beginning – whiteboard, sticky note thing, prompting questions: collective collage to engage – interesting to see common threads with other participants. Thing become more meaningful.
    - Talk about some of the comments put up so people can feel like they were involved or engaged to feel included in this process.
    - Zoom chat – decided tech person to translate from Zoom chat to the tool were using.
    - Start identifying folx early.
    - Include why a regional approach is beneficial.
    - Indicate in the introduction that this is about growing resources. People might hear elimination and think that is not going to happen. We need to make it clear that we are doing this across sectors, that it's going to grow resources, and to stay involved bc this is how we're going to develop the actual recommendations that are stemming from your experiences and present barriers. You need to attend the afternoon working sessions bc you know you need to resources to make this possible and we want to know what resources you need to make them appear. And we want to see you in December, etc.

### III. Wrap up

- **Action items:** Continue this discussion electronically.
- **Any Other Business (AOB)**

**Next meeting:** July 6, 2023 @ 11am via ZOOM.



HFNNE Steering Committee Meeting  
July 6, 2023

Start time: 11:01am

#### 7/6: Meeting Roles

Bronwyn – facilitator & proj. mgr.  
Chloe – monitor chat & hands raised  
Alex – taskmaster

**Official start time: 11:01**

#### Housekeeping (~4 minutes)

- Meeting roles
- Any objections or revisions to the June 8 minutes?
- Note the shift from “HepFreeNNE” to “Hep Free NNE”
- Welcome, Cheryle!

- I. **Preliminary NNE Viral Hepatitis Regional Epi Profile** (~20 minutes)
- II. **Summit Discussion & Updates** (~20 minutes)
- III. **Draft registration site – a walkthrough** (~10 minutes)
  - I. **Wrap up** (~5 minutes)
    - a. Review action items (Taskmaster)
    - b. Evaluation reminder
    - c. Any Other Business (Parking Lot)

**Next meeting:** July 20, 2023 @ 11am via ZOOM.

**\*\*No August 3 meeting\*\***

Thank you!!!

# Housekeeping

Please add your name, pronoun, and affiliation to the chat

- Meeting roles
- Any objections or revisions to the June 8 minutes?
- Note the shift from “HepFreeNNE” to “Hep Free NNE”





# Welcome, Cheryle!

Cheryle Pacapelli (She/her/hers), BS, CRSW

Project Director, Peer Recovery Supports Services Facilitating Organization (PRSS-FO) - Harbor Care

# Current Hep Free NNE SC Member List

**Alexander Potter, GCHP,**

Founder and Principal, Caracal Consulting/VT Department of Health

**Anna McConnell,** Director of Drug User Health  
Maine Access Points

**Andrew Seaman, MD**

Associate Professor of Medicine, Oregon Health & Science University  
Medical Director of Hepatitis and HIV Services at Portland, Oregon's Central City Concern  
Vermont Medical Director, Better Life Partners

**Anne-Marie Toderico,** Pharmacy Director  
Office of MaineCare Services

**Brian S. Castonguay,** Regional Manager  
Wellpath

**Bronwyn Barnett,** Viral Hepatitis Prevention Coordinator  
New Hampshire Division of Public Health

**Carrie Lones,** Viral Hepatitis Epidemiologist  
New Hampshire Division of Public Health

**Chloe Manchester, MSc**

Viral Hepatitis Epidemiologist, Maine Centers for Disease Control

**David de Gijzel, MD, MSc, MPH**

Chief Health Officer, Better Life Partners  
Assistant Professor, Geisel School of Medicine and The Dartmouth Institute  
Staff Physician, Section of Infectious Diseases & International Health, Dartmouth Health

**Frank McGrady, PharmD**

Executive Clinical Director of Pharmacy , Penobscot Community Health Care

**Geoff McIntosh,** Population Health Acct. Executive  
Abbvie

**Hannah Bowen,** HIV/STI/HCV Surveillance Program Manager  
New Hampshire Division of Public Health

**Jay Gupta,** Director of Pharmacy & Integrative Health  
Harbor Care

**Kelly Bachiochi,** HIV/STI/HCV Epidemiologist  
Vermont Department of Health

**Kinna Thakarar,** Physician - Infectious Diseases and Addiction Medicine  
MaineHealth

**Kristen Chopas,** National Accounts Director  
Gilead

**Laurie Williams,** Liver Diseases – Principal Medical Scientist  
Gilead

**Liana Perez,** Public Health Nurse, Disease Intervention Specialist & Behavioral Health Specialist  
City of Nashua Division of Public Health & Community Services (DPHCS)

**Cheryle Pacapelli,** Project Director, Peer Recovery Supports Services Facilitating Organization  
Harbor Care

**Melissa Caminiti,** Director of Recovery & Reentry Services  
Wellpath

**Mike Selick,** Associate Director of Capacity Building  
National Harm Reduction Coalition

**Nikki Butler,** Southern Maine Director of Overdose Prevention,  
Maine Access Points

**Roxann Stubbs,** Sr. Medical Science Liaison Hepatology  
Abbvie

**Tiffany Townsend,** Family Nurse Practitioner / ME ECHO  
Maine Medical Center/Maine Medical Partners





# Profile of Viral Hepatitis Epidemiology in Northern New England

\*\*Preliminary slide deck\*\*



# Save the Date Flyer – send out by August 1

- Used as the basis for the event page & Save the Date email for continuity of language/framing
- Timeline – send out to outreach list by August 1
  - But once we have final version & event page plus registration set up, we can start informally sharing to our networks.
- Hep Free NNE webpage (hosted by NH DHHS) published by August 1
- Stakeholder outreach form for SC members
- Broader stakeholder list development, outreach plan, & toolkit →



- Survey Reponses (Excel)
- Summit flyer (Canva)



# Stakeholder outreach plan & toolkit – forthcoming

- Being prepared by Dora/JSI for SC review in a future meeting
- The toolkit will include: a generic email templates with information about Hep Free NNE and the summit, social media post copy, and this flyer. **Is there anything else that would be helpful?** Press release copy...?
- Questions, recommendations, or requests?



# Event Page & Registration Walkthrough



# Wrap up

**A. Review action items  
(Taskmaster)**

**B. Evaluation Reminder**

***C. Time Permitting: Any Other  
Business (Parking Lot)***



# THANK YOU!

Next meeting: July 20, 2023