

Hepatitis Free Northern New England (Hep Free NNE)  
Minutes – October 26, 2023  
Steering Committee Meeting #18

**Meeting Roles**

Bronwyn – facilitator & proj. mgr.

Chloe – monitor chat

Alex – taskmaster & hands-raised

**Official start time: 11:01am**

**I. Housekeeping**

- Approved October 12 meeting minutes.
- Welcome back, Kelly!!!
- Reviewed survey results about Steering Committee meeting frequency in 2024. Now that we are folding in Planning Group activities, with additional monthly 2-hour Planning Group meetings and the role of the Steering Committee shifting, there is a general consensus that most members would like to retain routine SC meetings, just scaling them back to monthly instead of every other week. Reviewed tentative schedule moving forward.
- HepFreeNNE.org – coming soon (January 2024)
- Planning Group membership – 93 registrants as of October 25!

**II. Reviewed the priority area feedback from the summit breakout sessions.** Refined the priority areas based on the feedback. Discussed the different level definitions.

**III. Reviewed the next steps in planning and the roles of the Planning Group versus the Steering Committee.**

**IV. Wrap up**

- **Action items:** Register for the Planning Group meetings if you have not already done so!
- **Any Other Business (AOB)**

**Next meeting:** November 9, 2023 @ 11am via ZOOM.

- No November 23 meeting (holiday)
- No December 7<sup>th</sup> meeting (it is replaced by the Planning Group Meeting)



## HFNNE Steering Committee Meeting

October 26th, 2023

Start time: 11:01am

### 10/26: Meeting Roles

Bronwyn – facilitate & materials prep

Chloe – monitor chat & hands raised

Alex – taskmaster

### Official start time: 11:01

### Housekeeping & Misc. (~9 minutes)

- Welcome back, Kelly!!!
- Approve the October 12th meeting minutes
- SC meeting evaluations – N/A, will reimplemented these now that the summit is behind us
- Steering Committee schedule follow-up: survey results
- HepFreeNNE.org – coming soon

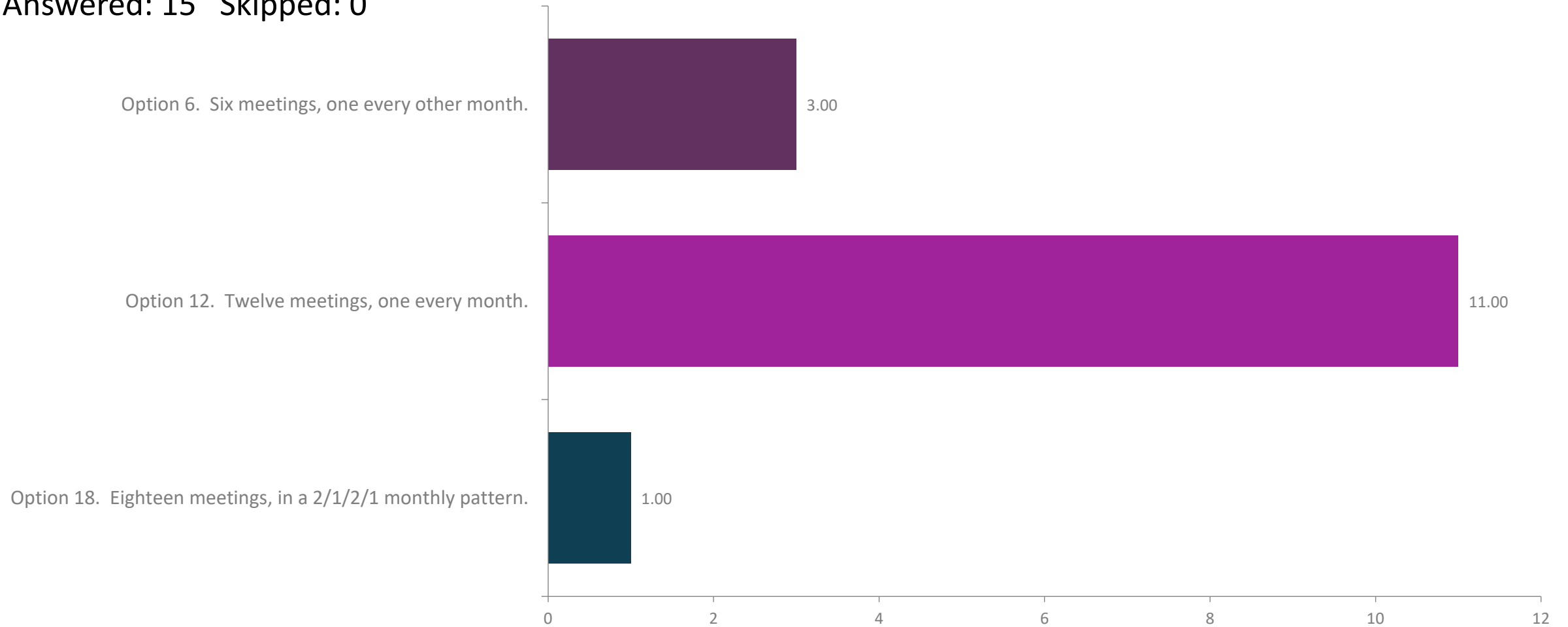
- I. **Review priority area feedback from the summit breakout sessions.** *Refine the priority areas based on the feedback.* (~40 minutes)
- I. **Next steps in planning** (~5 minutes)
- II. **Wrap up** (~5)
  - a. General thoughts/concerns/questions?
  - b. Next steps
  - c. Review action items (Taskmaster)
  - d. Evaluation reminder
  - e. Any Other Business (Parking Lot)

**Next meeting:** November 9<sup>th</sup> @ 11am via ZOOM.

Thank you!!!

# Q1: How often would you prefer the HFNNE Steering Committee meet in 2024?

• Answered: 15 Skipped: 0

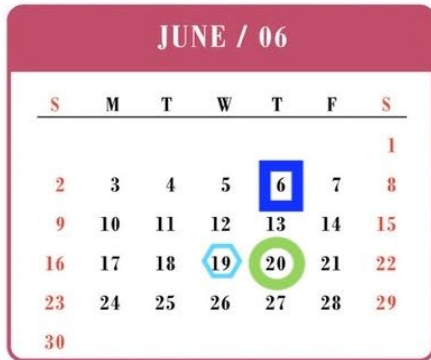
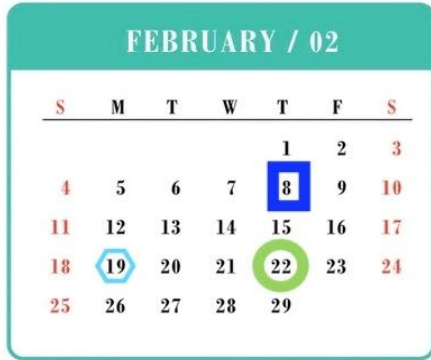


# 2024

12 STEERING COMMITTEE MEETINGS

6 PLANNING GROUP MEETINGS:  
Not required; attend according to your  
interest and ability.

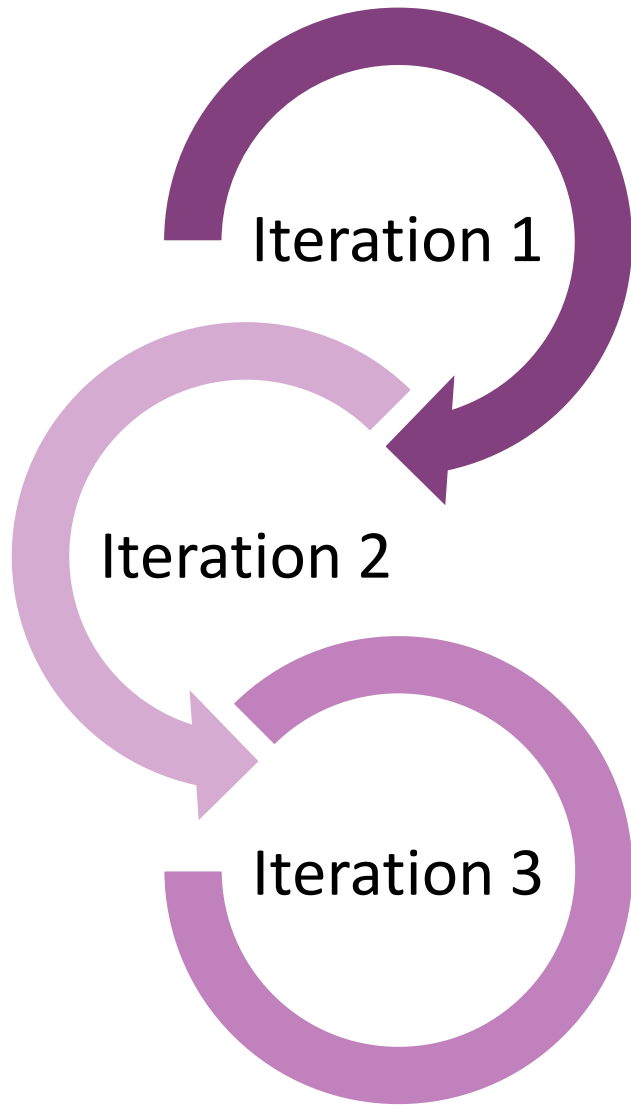
FEDERAL HOLIDAYS



Steering Committee members are de facto members of the **Planning Group** – it is understood that SC members will attend PG meetings based on their interest.

Steering Committee Meetings will remain one hour, 11am to 12pm.

Planning Group Meetings are two hours, 10am to 12pm.



# Iterative Process

## *Test & Tweak*

- *Reacting, refining, reassessing.*
- Not trying to get it perfect the first time. **“Test & Tweak”** repeated cycles to get us closer to a usable, responsive plan based on OUR community needs.
- Refining key components of the plan through repeated adjustment cycles, “testing,” for **quick feedback loops & incremental improvements.**
- Gathering data & incorporating data as an ongoing process. Many opportunities to engage & incorporate diverse voices.
- Progress versus perfection.



# Strategic Priorities vs. Goals vs. Objectives

## SNAPSHOT OVERVIEW

### Strategic Priorities

- The **BIG BUCKETS**. Commonly referred to as: Priority Areas, Focus Areas, Pillars, Recommendations
- Some common ones in VH elimination plans are screening, prevention, linkage to care, treatment, social determinants, and surveillance.
- These are straightforward, SHORT, simple, easy to remember, and developed first. They are broad but specific. Oftentimes value-free. No metrics.

**Goals** are achievable outcomes that are generally broad and longer term.

- Example - "Reduce new viral hepatitis infections"

**Objectives** are shorter term and define measurable actions to achieve an overall goal.

*Lots of ways to approach these – key is to be intentional about how we’re structuring things.*



# Priority Areas

## Things to think about

- ✓ Are they clear? Can people ENGAGE with each one?
- ✓ Are they written in a way that people outside immediate viral hep services can easily understand them and see where they may FIT within them? Remember, syndemic approach.
- ✓ Do they reflect the topic areas and themes identified in the situational analysis? These we developed based on the key informant interviews, discussions with PWLE, coalition voices, etc.
  - **Public Awareness & Access to Testing**
  - **Linkage to Care and Access to Treatment**
  - **Health Care System Capacity**
  - **Public Health System Capacity**
  - **High Priority Populations, Harm Reduction, and Community Partnerships**



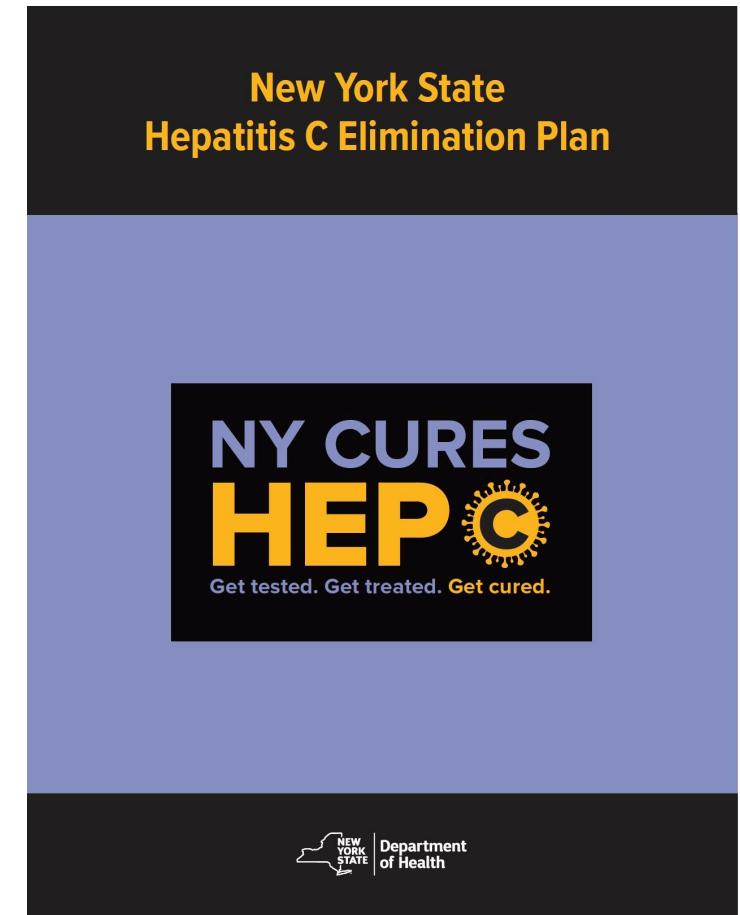
# New York

**Recommendations** that will lead NYS toward eliminating HCV as a public health problem.

## HCV Elimination Workgroups:

- 1) HCV prevention
- 2) HCV care and treatment access
- 3) HCV testing and linkage to care
- 4) Surveillance, data and metrics
- 5) Social determinants

*The five workgroups developed over 30 recommendations for HCV elimination in NYS in the five identified areas.*





# Question

Our priority areas – as they are written NOW – are aspirational.

- **Are they really our VISION?**
- **Should take a few steps back to identify the “BIG BUCKET” this vision goes into?**



# EXAMPLE

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- **Are they really our VISION?**
- **Should take a few steps back to identify the “BIG BUCKET” this vision goes into?**

## VISION

Viral hepatitis prevention & treatment are normalized as part of routine care, and community-wide elimination efforts are not hindered by stigma. (#4)

## HFNNE PRIORITY AREA

Normalizing Prevention & Treatment

*[Or more explicitly - Addressing Stigma Across Key Settings]*

## GOALS

Develop goals around decreasing stigma in different key settings & across the care continuum.

Examples -

- *Increase provider knowledge of drug user health*
- *Increase routine opt-out testing for all adults age 18 and older*

**Objectives:** Develop key (regional?) strategies w/ metrics tied to each goal.



# EXAMPLE

Our priority areas – as they are written NOW – are aspirational.

- Are they really our VISION?
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VISION	PRIORITY AREA	GOALS
Viral hepatitis prevention & treatment are normalized as part of routine care, and community-wide elimination efforts are not hindered by stigma. (#4)	Normalizing Prevention & Treatment  <i>OR</i>  Addressing Stigma Across Key Settings	Increase provider knowledge of drug user health  Increase routine opt-out testing for all adults age 18 and older





## Priority Area Feedback from the Summit *Iteration #2*



**Next steps in planning**



## Wrap up

- a. General thoughts/concerns/questions?
- b. Next steps Review action items  
(Taskmaster)
- c. Evaluation reminder
- d. Any Other Business (Parking Lot)



# THANK YOU!

Next meeting: November 9, 2023