



Project Overview

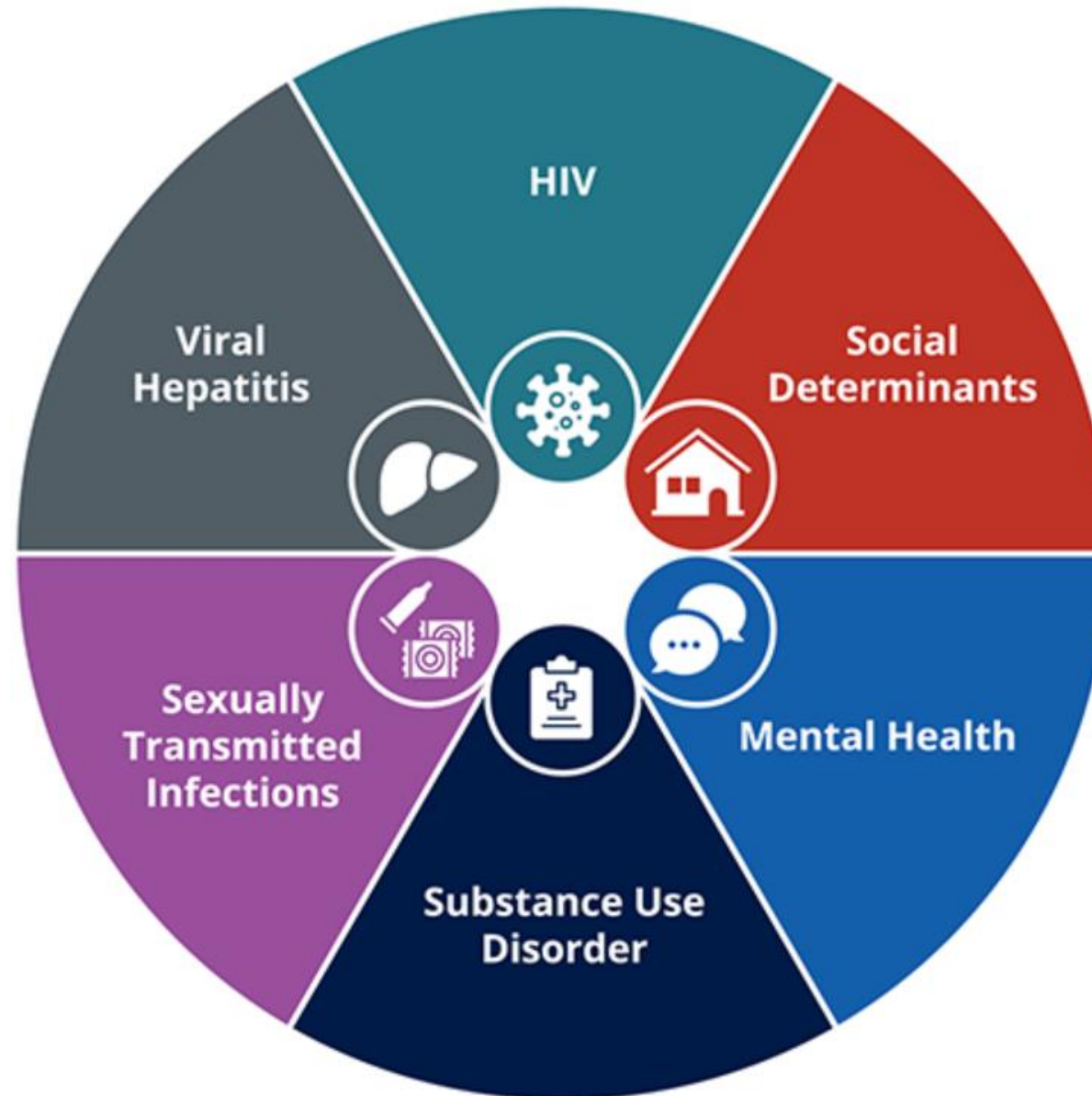
Hepatitis Free Northern New England



**THANK
YOU!**



Syndemic Approach



Source: [CDC](#)



Timeline Overview

2021/2022: Runway to Hep Free NNE
Developing state infrastructure

January 2023: Launch Hep Free NNE
Shared tristate identity and mission

January 2023: Launched Community Engagement, Situational Analysis & Epidemiological Profile Development
Ongoing throughout the planning process

October 2023: Kickoff Broader Planning Group Engagement
HFNNE Regional Summit

Dec. 2023 – Dec. 2024: Developing the Plan
An Iterative, Community-Driven Process

January 2025: Publish the Plan
Celebrate & Kickoff implementation!





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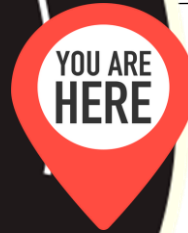
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HFNNE Steering Committee Members: THANK YOU!

Alexander Potter, BA, GCPH

Community Planning Grantee, VT Department of Health
Principal, Caracal Consulting

Anna McConnell, MS, FNP, RN

Director of Drug User Health
Maine Access Points

Andrew Seaman, MD

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

Anne-Marie Toderico, PharmD

Pharmacy Director, Office of MaineCare Services

Brian Castonguay, RN

Statewide Nurse Educator/Infection Control Coordinator, Wellpath

Bronwyn Barnett, MPH

Hep Free NNE Project Manager
Viral Hepatitis Prevention Coordinator
New Hampshire Division of Public Health

Carolina Rojas-Becerra, MPH

Viral Hepatitis and Harm Reduction Program Manager,
Maine Center for Disease Control and Prevention

Carrie Lones

Viral Hepatitis Epidemiologist,
New Hampshire Division of Public Health

Chloe Manchester, MSc

Viral Hepatitis Epidemiologist
Maine Center for Disease Control and Prevention

Cheryle Pacapelli, BS, CRSW

Project Director, Peer Recovery Supports Services
Facilitating Organization, Harbor Care

Courtney Pladsen, DNP, FNP-BC

Medical Director, Office of MaineCare Services

David de Gijzel, MD, MSc, MPH

Chief Health Officer, Better Life Partners
Assistant Professor, Geisel School of Medicine & 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 Account Executive, AbbVie

Hannah Bowen, MPH

HIV/STI/HCV Surveillance Program Manager
New Hampshire Division of Public Health

Jay Gupta, RPh, MS, MTM Specialist, C-IAYT

Director of Pharmacy & Integrative Health, Harbor Care

Kelly Bachiochi, MPH

HIV/STI/HCV Epidemiologist
Vermont Department of Health

Kinna Thakarar, DO, MPH

Physician - Infectious Diseases and Addiction Medicine
MaineHealth

Kristen Chopas

National Accounts Director, Gilead Sciences

Leona Alvarado

Tribal Health Liaison
The Houlton Band of Maliseet Indians

Laurie Williams, MSN, NP

Liver Diseases – Principal Medical Science Liaison, Gilead Sciences

Liana Perez, BSN, RN

Public Health Nurse, City of Nashua Division of Public Health & Community Services

Melissa Caminiti, MPH, BSN, RN

Partnership Director, Groups Recover Together

Mike Selick, MSW

Associate Director of Capacity Building
National Harm Reduction Coalition

Nikki Butler

Southern ME Director of Overdose Prevention
Maine Access Points

Roxann Stubbs, ANP

Sr. Medical Science Liaison, AbbVie

Tiffany Townsend, MS, FNP-C, AAHIVS

Family Nurse Practitioner / ME ECHO, Maine Medical Center/Maine Medical Partners



Steering Committee Leadership

Hep Free NNE's current Steering Committee includes 27 members spanning all three states.

- People With Lived Experience in Injection Drug Use, Hepatitis C, and Incarceration
- Tribal Health
- Harm reduction
- Harm reduction advocacy
- Recovery services
- Providers
- Infectious disease/addiction specialists
- Corrections
- Pharmacy
- Medicaid
- Drug companies
- Liver disease specialist
- HIV/AIDS Community Group
- Overdose prevention
- Federally Qualified Health Center
- Major healthcare systems
- State HIV/VH surveillance
- Nursing
- *And more...*

Plus

- Three state co-chairs (one from each state health department)
- Project management provided by NH's viral hepatitis coordinator
- Contract support from JSI/CHI, funded through NH's CDC grant award



HFNNE: Planning Bodies



1

- ❖ Maintains strategic accountability.
- ❖ Provides high-level direction and oversight, serving on steering committee subcommittees or on ad-hoc planning initiatives as necessary.
- ❖ Ex officio members of the broader Hep Free NNE Elimination Planning Group ("Planning Group") and may chair workgroups
- ❖ Hourly meetings, every two weeks.
Size: Less than 30 members.

STEERING COMMITTEE

2

- ❖ Contributes to and critically assesses key planning elements.
- ❖ Refines priorities and goals; provides oversight and support for workgroup efforts; synthesizes new community-level data.
- ❖ Serves as principal points of liaison between the Planning Group and its broader stakeholders/clients. May chair workgroups.
- ❖ Two-hour meetings, every other month, Dec 2023 – Dec 2024 (7 meetings total). **Size: Broad; ~50+ members.**

PLANNING GROUP

3

- ❖ Develops specific, measurable objectives, strategies, evaluation metrics, and funding opportunities associated with each priority area & goal.
- ❖ One workgroup for each priority area.
- ❖ Identifies and evaluates strategic opportunities pertinent to its priority area.
- ❖ Meeting as needed; workgroup sizes vary.

WORKGROUPS

REGIONAL APPROACH



POOLED RESOURCES

Sharing resources (**people, time, money, talent/skills**) means all three states can more effectively and efficiently use existing resources while we work to leverage broader opportunities.

Collaborating across jurisdictions also **decreases waste** (in time & resources) and **increases peer learning** opportunities & networks.

INCREASED VISIBILITY

Raising the visibility of viral hepatitis **as a public health priority** is a necessary *first step* toward getting stakeholders engaged in elimination efforts.

The statement made by three state DOHs committing to a **first-in the-nation** regional effort tells people that *“eliminating viral hepatitis is a priority within and across our states. Now is the time to join the effort!”*

ACCESS & MARKETABILITY

Working together increases our **collective power** for getting the attention and support of champions/entities with regional priorities.

Leveraging these broader supports will be essential for **driving a collective impact approach** & ensuring a pathway toward implementation.

ACCOUNTABILITY FOR ALL

All three states are committed to supporting a **community-driven, iterative planning process** with **core principles** that include nontraditional partnerships, a syndemic approach, amplifying diverse voices, and harm reduction.

Working together will ensure we adhere to our process goals, meet our timelines, and follow-through on our deliverables.

Hep Free NNE



MISSION

To free Northern New England (Maine, New Hampshire, and Vermont) from viral hepatitis B and C.

VISION

Northern New England is a place where new hepatitis B and C infections are prevented, every person knows their status, and every person with viral hepatitis has access to high-quality health care and treatment free from stigma and discrimination.

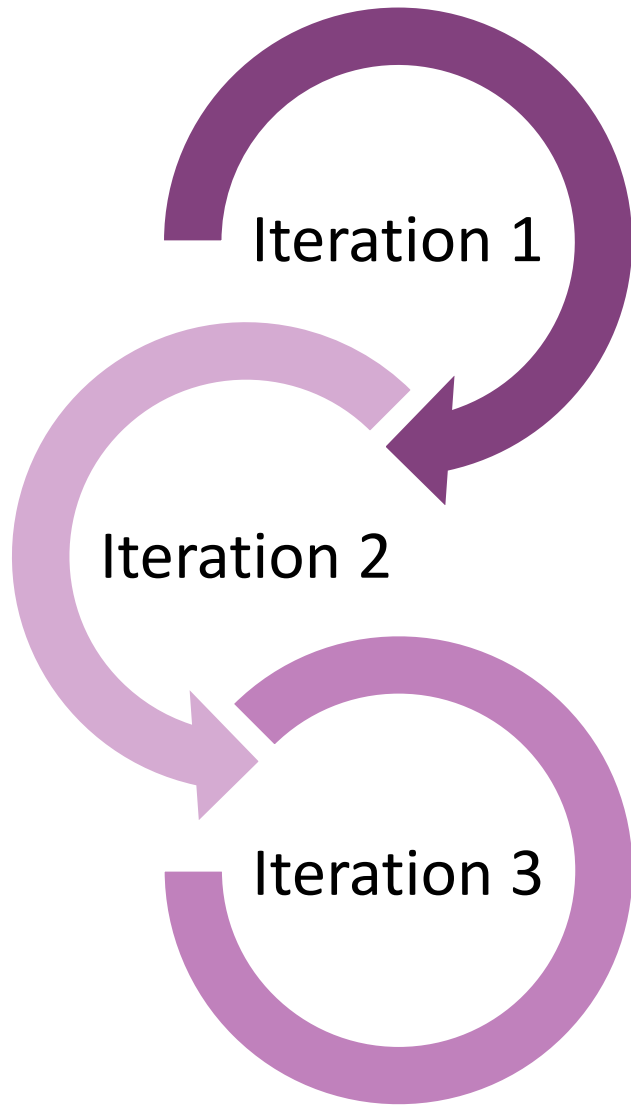
GOAL

To develop the first five-year Northern New England hepatitis B and hepatitis C elimination plan by January 1, 2025 via a **community-driven, iterative planning** process.



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.



Community Driven: Engagement Highlights To-Date*

**Community Engagement
is ongoing*

87+

**Discussions with People
With Lived Experience**

41+

**Key Informant
Interviews**

15+

**Coalition and
Associations Engaged**

25+

**Discovery Committee
Listening Sessions**



We all have a role to play

More important than the plan itself, is the process and PEOPLE behind it, and the partnerships we build along the way.

“Centering Community in the Planning Process”



Community Driven: Engagement Highlights To-Date

87 and counting

Discussions with People With Lived Experience

Hep Free NNE is working to ensure that People with Lived Experience in injection drug use (*the leading risk factor for viral hepatitis B & C*), harm reduction programs and recovery organizations, and the staff who serve them have multiple pathways for informing the direction and development of the HFNNE Strategic Plan via Community Conversations (interviews, group discussions, surveys) with clients and staff across all three states.

Community Driven: Engagement Highlights To-Date

41 and counting

Key Informant Interviews

Ongoing, hour-long key informant interviews with representatives of primary and community health centers, infectious disease specialists, syringe service program, and harm reduction specialists, substance use prevention, treatment and recovery providers, HIV/AIDS service organizations, state and local public health, tribal health, pharmaceutical industry, and advocacy organizations help inform the situational analysis and emerging themes.

Community Driven: Engagement Highlights To-Date

15 and counting

Discussions via Existing Coalition and Association Meetings

Leveraging existing coalition, association, and staff training that spanned regional health, hospital, and primary care associations, HIV coalitions, rural health and health equity meetings, department of corrections staff meetings, community health worker training, LGBTQ+ services, family planning, and more Hep Free NNE co-chairs were able to gather input about hepatitis awareness, prevention, testing, and treatment barriers and opportunities.

Community Driven: Engagement Highlights To-Date

25 and counting

Discovery Committee Listening Sessions

Hep Free NNE Discovery Committees (DCs) were established to explore complex, politically fraught, or sensitive issues that have the potential for maximum impact for hepatitis elimination.

Three DCs were established: **Medicaid Partnerships, HCV Care in Correctional Settings and Reentry, and Perinatal HCV Care**. Over the course of six months, ~34 stakeholders were engaged during ~25 listening sessions.

Interactive Priority-Setting for the Elimination Plan

11:00a - 11:45a

▶ **ADDING YOUR VOICE**

The first iteration of priorities and goals for the Northern New England Hepatitis Elimination Plan grew out of the themes found in the epidemiology report, Situational Analysis, and Discovery Committees. These are a starting point for growth, refinement, and adaptation. Dr. de Gijssel leads an overview of how the interactive workshop session will work.

- **David de Gijssel, MD, MPH, MSc**, 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 Hitchcock Medical Center

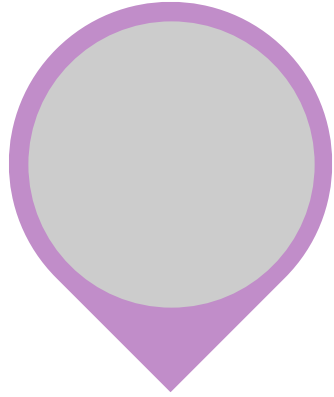
▶ **SHARING WHAT YOU THINK | INTERACTIVE WORKSHOP**

Attendees break into randomly-assigned small groups to examine this first iteration of goals, and share feedback, ask questions, reflect, and refine in a facilitated discussion, complemented by an interactive platform to help capture discussion themes.

- **Co-facilitated by Hep Free NNE Steering Committee members**

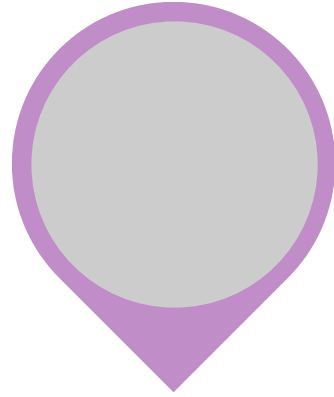


Your work today - October 5



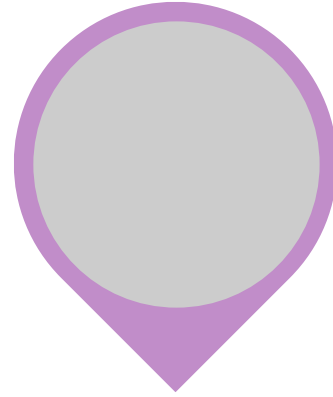
Register

Register for the Planning Group.



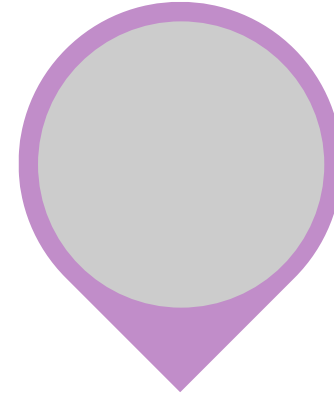
Absorb

Absorb the incredible amount of local data and findings prepared for you today.



React

React to the first iteration of regional priorities during the 11am breakout session.



Reach Out

Reach out after the summit: touch base, ask questions, share your perspective, make connections.



HepFreeNNE@dhhs.nh.gov

Thank you! *Break and Next Steps*

9:45a – 10:00a

Break

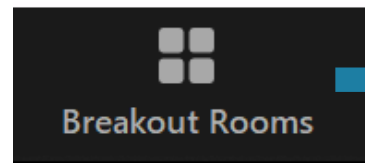
10:00a – 10:45a

Concurrent Panels and Presentations

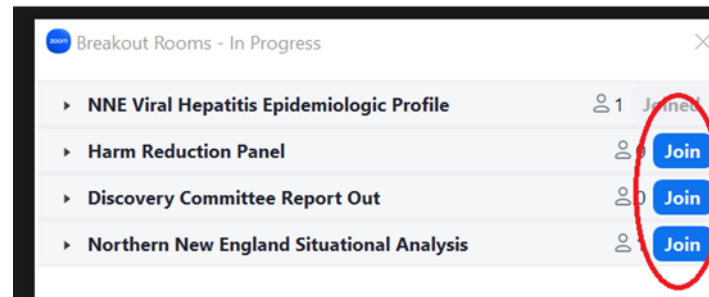
- **NNE Viral Hepatitis Epidemiologic Profile**
- **Discovery Committee Findings**
Medicaid Partnerships; HCV Care in Correctional Settings; Perinatal HCV
- **Harm Reduction Panel**
- **NNE Situational Analysis**

You will be moved into a Zoom breakout room shortly for one of the four sessions you selected. Once placed in a breakout room, you will have the option to switch sessions.

If you **DID NOT** preselect a session, or if you want to **CHANGE** your selection, click the breakout room icon located at the bottom of your screen.



CLICK



SELECT

