



Priorities: Iteration #1

"The First Draft"

Your Job

- Review
- Revise
- Refute!
- Reaffirm!

Do you believe these draft priorities areas **respond** to what you and your clients are experiencing locally?

Do you believe these draft priorities will help **guide our mission** of eliminating viral hepatitis B and C in Northern New England?



#1

All people can access viral hepatitis services from a cross-cultural, sensitive, well-trained workforce

- Key concepts: social determinants of health, insurance status, housing security, limited choices or ability to focus on VH care



#2

Interconnected care teams and payors support people through the cascade of care.

- Key concepts: Increase access to care options, care transitions, siloed continuum



#3

Viral hepatitis prevention and treatment are normalized as part of routine care and community-wide elimination efforts are not hindered by stigma.

- Key concepts: "othering"/stigma, provider knowledge/capacity, reframing perceptions of VH and treatment



#4

Harm reduction services are robust, recognized as reimbursable by payors, and informed by the leadership of people who use drugs.

- Key concepts: Build capacity for harm reduction services/care, creating welcoming spaces for care



#5

Policies and programs are informed by comprehensive data systems and are supported by a well-resourced public health infrastructure

- Key concepts: policy, data, infrastructure, capacity



Next Steps: Breakout Rooms

Everyone will now be automatically added to a breakout room facilitated by Hep Free NNE Steering Committee Members to provide feedback on the priorities.

