

# Hepatitis Free Northern New England (HFNNE)

## Steering Committee Meeting

MINUTES: April 18, 2024



**Attendees:** Alex Potter, Bronwyn Barnett, Carolina Rojas-Becerra, Cheryle Pacapelli, David de Gijzel, Helen Price-Wharff, Jay Gupta, Jonathan Stewart, Kelly Bachiochi, Kristen Chopas, Lauren Ferridge, Liana Perez, Laurie Williams, Mike Selick, and Roxann Stubbs.

Facilitator/notetaker: Bronwyn Barnett

	NOTES	ACTION																														
MEETING OPENED: 11:01 a.m.																																
HOUSEKEEPING	<p><b>Resending Steering Committee Calendar Invites</b></p> <p>In 2024, we switched to having JSI send out the calendar invites so that they can host the meetings on ZOOM, which the state (NH) is phasing out. But we're continuing the find that there are Google Calendar/Outlook issues - so people are confused about when meetings are. So we are going to switch back to the NH (Bronwyn) sending the invites and JSI hosting the Zoom. <b>Please accept the new <u>Steering Committee</u> series sent out by Bronwyn and delete the old invites.</b></p> <p><b>Remaining 2024 HFNNE Meetings</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Steering Committee</th> <th>Planning Group</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>April 18<sup>th</sup></td> <td>April 11<sup>th</sup></td> </tr> <tr> <td>May</td> <td>May 16<sup>th</sup></td> <td>May 30<sup>th</sup></td> </tr> <tr> <td>June</td> <td>June 20<sup>th</sup></td> <td>NO PG MEETING</td> </tr> <tr> <td>July</td> <td>July 18<sup>th</sup></td> <td>NO PG MEETING</td> </tr> <tr> <td>August</td> <td>August 15<sup>th</sup></td> <td>August 8<sup>th</sup></td> </tr> <tr> <td>September</td> <td>September 19<sup>th</sup></td> <td>NO PG MEETING</td> </tr> <tr> <td>October</td> <td>October 17<sup>th</sup></td> <td>October 10<sup>th</sup></td> </tr> <tr> <td>November</td> <td>November 21<sup>st</sup></td> <td>NO PG MEETING</td> </tr> <tr> <td>December</td> <td>December 19<sup>th</sup></td> <td>December 10<sup>th</sup></td> </tr> </tbody> </table> <p>You can always visit <a href="http://hepfreenne.org">hepfreenne.org</a> for the most updated meeting schedules.</p>	Month	Steering Committee	Planning Group	April	April 18 <sup>th</sup>	April 11 <sup>th</sup>	May	May 16 <sup>th</sup>	May 30 <sup>th</sup>	June	June 20 <sup>th</sup>	NO PG MEETING	July	July 18 <sup>th</sup>	NO PG MEETING	August	August 15 <sup>th</sup>	August 8 <sup>th</sup>	September	September 19 <sup>th</sup>	NO PG MEETING	October	October 17 <sup>th</sup>	October 10 <sup>th</sup>	November	November 21 <sup>st</sup>	NO PG MEETING	December	December 19 <sup>th</sup>	December 10 <sup>th</sup>	<p>Please accept the new <u>Steering Committee</u> meeting series sent out by Bronwyn and delete the old invites.</p>
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PLANNING GROUP FEEDBACK/UPDATES	<p><b>Planning Group Feedback:</b></p> <ul style="list-style-type: none"> <li>Reported that there was overall positive feedback on PG meeting structure &amp; planning process.</li> <li>Response that people would like to see the voices of more peers and PWLE included in the planning process, which is something that has been going on in the background throughout the planning process – <i>but we may need to do a better job communicating these efforts</i>. Over 135 voices from PWLE across all three states have been included in the planning process via MOUs with community-based organizations, plus over 40 interviews with key informant healthcare stakeholders, 15+ listening sessions with coalitions and associations spanning broad and diverse membership bases, listening sessions etc. Reminder that Planning Group and Steering Committee meetings represent just two ways that people are able to contribute to the plan. Reaffirmed that engaging PWLE is a priority that we should always be working on.</li> </ul> <p><b>What have we done so far?</b> We have completed the goals and objectives for three of the five pillars!</p>	<p>No action items</p>																														

<p><b>REFINE &amp; REFLECT: EQUITY &amp; ATTAINABILITY OBJECTIVES</b></p>	<p><b>Reviewed the plan structure &amp; definitions (goals vs. objectives vs pillars).</b></p> <p><b>Update that we shifted language from “they” to “we”</b> in the Equity statement to address othering.</p> <p><b>Noted that our objectives currently do not include qualifiable measures.</b> If metrics are not included at the objectives level, then how we are measuring change should be taken into account on the activities level.</p> <p><b>Discussed the drafted objectives for last two goals:</b> Equity &amp; Autonomy and Attainability &amp; Sustainability. <i>Key outcomes to specific discussion points are below.</i></p> <ul style="list-style-type: none"> <li>• <b>Equity Goal:</b> Replaced the phrase “Social Determinants of Health” to “Social Drivers of Health.”</li> <li>• <b>Equity Goal:</b> Dropped the term “empower” and shortening the 3<sup>d</sup> objective in the Equity goal. Shifted to what we can provide.</li> <li>• <b>Equity Goal:</b> Will reevaluate the plans identified in the in the fourth objective of the Equity goal, ensuring that this is not an arbitrary list – maybe group the plans into broader headings.</li> <li>• <b>Attainability Goal:</b> Added the term “collaboration” to the 5<sup>th</sup> objective.</li> <li>• <b>Attainability Goal:</b> Added the term “connecting” to the 1<sup>st</sup> objective.</li> </ul>	<p>The Leadership Team (JSI/State Coordinators) will assess and integrate SC feedback into a final iteration of objectives for the Equity goal and Attainability goal.</p> <p>A final(ish) iteration of the objectives will be shared during our May 16<sup>th</sup> SC meeting.</p>
<p><b>Next Steps</b></p>	<p>Working on our specific activities for each objective!</p>	<p>Please attend the next PG meeting on May 30<sup>th</sup>!</p>
<p><b>FUTURE MEETINGS</b></p>	<p><b>Next Steering Committee Meeting:</b> May 16, 2024, 11am – 12pm  <b>Next Planning Group Meeting:</b> May 30, 2024, 10am – 12pm</p>	
<p><b>MEETING ADJOURNED:</b> 12:00 p.m.</p>		

## I. Welcome & Overview

- Please add your name, pronoun, and affiliation in the chat

## II. Updates

- What have we accomplished so far?

## III. Objectives Review

- Draft Objectives for Equity and Sustainability Pillars
  - What do you think is missing?
  - Do these objectives relate to the pillar goal?

## IV. Progress Updates and Summary



# Next Planning Group Meeting

Thursday, May 30th (10am-12pm)

- Not June 6th
- Change in your calendar
- Zoom link will stay the same



# Planning Group Feedback

- Positive feedback that the review of the pillars was helpful in making progress towards meeting goals.
- Going forward, peers and PWLE should be more included in the planning process.
- 100% of responses said the meeting was 'good' or 'very good'



# What have we done so far?

## Trusted Partner Objectives



Goal: **Harm reduction services** have the **capacity** to support viral hepatitis elimination efforts and strategies are informed by the **leadership of people who use drugs**.

1. Increase the number of people with lived experience (PWLE) participating in, advising on, and leading outreach and peer programming in order to integrate viral hepatitis education and testing into established, high-impact programs.
2. Increase state and local funding for harm reduction programs.
3. Expand the ability of harm reduction programs to provide viral hepatitis supports and services across the full cascade of care.
  - a. Staff training/education.
  - b. Increase the number of educational materials and supplies distributed to clients in harm reduction settings.
  - c. Expand testing and testing locations, such as mobile outreach.
4. Simplify and increase ease of entry and linkage to care at harm reduction services and recovery-focused community organizations by establishing collaborative connections to treatment programs that offer welcoming and trauma-informed care.
5. Strengthen the financial viability of harm reduction programming through insurance coverage and other innovative reimbursement models.

### NOTE

The a, b, c, sub-bullets on objective #3 are examples of types of activities that will go under each objective. Activities will be added to the rest of the objectives at a later date.

## DRAFT - Welcoming Services & Spaces



Goal: **Stigma** is not a **barrier** to testing, treatment, or care.

- 1) Reduce stigma associated with viral hepatitis by normalizing hepatitis conversations and make hepatitis B and C testing as part of routine primary care.
  - a) Make opt-out testing the norm in primary care settings.
- 2) Increase patient and healthcare worker education and awareness of the high cure rates and low reinfection rates among people who use drugs.
  - a) Implement healthcare worker-focused education to unlearn biases around people who use drugs (PWUD) and apply person-first language.
  - b) Acknowledge substance use disorder (SUD) as a medical diagnosis.
  - c) Eliminate the practice of denying services on the basis of sobriety as a prerequisite to treatment.
- 3) Increase utilization of peer support workers, health advocates, and community healthcare workers (CHWs) to make judgement-free connections and build productive caregiving relationships between communities and healthcare settings.
- 4) Increase the application of trauma-informed care principles through healthcare worker training and education and through re-design of testing and treatment practices and programs.
  - a) Introduce alternative screening options, such as dried blood spot (DBS) testing.
  - b) Support providers in adopting non-triggering language in healthcare settings.
  - c) Develop a network of health care facilities known to offer welcoming, compassionate, and non-stigmatizing care.

### NOTE

The a, b, c, sub-bullets on objectives #1, 2, and 4 are examples of types of activities that will go under each objective.

## DRAFT - Capacity to Care



Goal: **Cross-cultural** and **well-trained** care teams and payors are **connected** and have the capacity to **service** all people engaged with the cascade of care.

- 1) Prioritize recruitment and retention of a viral hepatitis care workforce whose identities and experiences reflect those of the communities they are serving.
- 2) Expand access to technical training opportunities for clinical and non-clinical staff in order to increase the range of settings in which culturally-appropriate viral hepatitis services are provided.
- 3) Improve treatment outcomes by facilitating seamless care transitions between different healthcare worker systems and reducing missed opportunities for prevention, testing, treatment, and follow-up.
  - a) Implement reflex testing as standard protocol.
  - b) Expand upon the number and type of healthcare workers that provide treatment to patients.
  - c) Increase referrals and follow-up with patients after a positive RNA test.
- 4) Support and sustain care teams to include roles that are not traditionally involved in the healthcare system such as those who work with at-risk populations, peer navigators, and other community-based organization staff.
- 5) Increase the number of healthcare workers and facilities implementing telehealth for viral hepatitis education, evaluation consultation, and treatment with a particular emphasis on serving rural populations and people who do not typically engage in traditional healthcare settings.
- 6) Improve and enhance access through broader reimbursement strategies.

### NOTE

The a, b, c, sub-bullets on objective #3 are examples of types of activities that will go under each objective.

# Since the last meeting...

- Language edits to pillars
- Iteration process to create sustainability and equity objectives
  - Started with content and ideas from Planning Group breakout rooms
  - Analyzed alongside PWLE analysis, situational analysis, epi profile, and the Goal Inventory.



# Pillars & Goal Language Change



## TRUSTED PARTNERS

GOAL

Harm reduction services have the capacity to support viral hepatitis elimination efforts and strategies are informed by the leadership of people who use drugs.



## WELCOMING SERVICES & SPACES

GOAL

Stigma is not a barrier to testing, treatment, or care.



## CAPACITY TO CARE

GOAL

Cross-cultural and well-trained care teams and payors are connected and have the capacity to service all people engaged with the cascade of care.



## EQUITY & AUTONOMY

GOAL

All people have the resources **we** need to build resilience and determine **our** own viral hepatitis care.



## ATTAINABILITY & SUSTAINABILITY

GOAL

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





# Structure & Definitions

**PILLARS:** The core elements of the Elimination Plan. PILLARS serve as the backbone of HFNNE's approach to VH elimination.

**GOALS:** The direction and focus of HFNNE's Plan, GOALS broadly define what the Plan will achieve.

Pillar +  
Goal

**OBJECTIVES:** The set of actions taken to achieve HFNNE's goals. OBJECTIVES outline the change that is expected and propose reasonable steps toward enacting that change.

Objective

Objective

**ACTIVITIES:** Individual concrete actions that are practical, well-defined, and easily-measured.

Activity

Activity

Activity

Activity

**METRICS:** Quantifiable measures used to track, monitor, and assess activities.

**FUNDING:** Identify funding opportunities targeting specific activities.



**Equity &  
Autonomy**



## **GOAL STATEMENT**

All people have the resources we need to build resilience and determine our own viral hepatitis care.

**What is missing?  
Does it relate to the goal statement?**



# DRAFT - Equity & Autonomy Objectives

- 1. Increase utilization of low-threshold resources for key and unique populations of people who may be higher risk for viral hepatitis or experience barriers to testing and treatment services.**
  - i. Reduce disparities in access.
- 2. Improvements to the system of viral hepatitis care are designed around the lived experience of PWUD and available social drivers of health (SDoH) data.**
  - i. Ensure SDoH data are collected.
  - ii. Support partners in incorporating SDoH content in their plans and services.
- 3. Empower individuals with the information and knowledge necessary to make informed decisions to act upon their own pathway for viral hepatitis care.**
  - i. Peer navigators/care navigators
  - ii. Accessible/understandable information is available
  - iii. Develop resource guides/care maps
- 4. Identify opportunities for integration of viral hepatitis language into strategic plans for related health and social issues including plans for housing, substance use, mental health, Native American rights, non-citizen rights, sexual and gender minorities, incarceration, and drug policy. (adapted from Hawaii)**
  - i. Enhance partnerships with non-traditional partners.
  - ii. Integrate VH strategies into other topical strategic plans.



# Attainability & Sustainability

GOAL

## GOAL STATEMENT

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

**What is missing?  
Does it relate to the goal statement?**



# Draft - Attainability & Sustainability Objectives

1. Increase screening, testing, treatment and care coordination by identifying and building on existing systems, capabilities, routines and partnerships.
2. Expand capability to provide training and technical assistance on best practices and innovations for testing, care, and support across diverse health and community care systems.
3. Develop data sharing policies and agreements with health care, public health and other community serving organizations to optimize care coordination, assure access, and monitor progress and outcomes.
4. Increase capacity for viral hepatitis surveillance, including improved policies and practices for reporting laboratory test results, for timely and accurate assessment of outbreaks, trends and disparities.
5. Improve effectiveness of advocacy for funding, policies and other resources necessary for achieving progress toward viral hepatitis elimination.





## Wrap up

- a. General thoughts/concerns/questions?
- b. Next steps



**THANK YOU!**