HIV Community Advisory Group Meeting Minutes
June 3, 2020; 10:15 a.m. – 12:15 p.m. – *Skype Conference Call*

Attendance: Laura Byrne, H2RC; Chris Fletcher; Pat Gocklin, DHMC; Peter Jacobsen, VT CARES; Grace Keller, Howard Center Safe Recovery; Chuck Kletecka; Zpora Perry, UVMMC; Karen Peterson, APSV; Donna Pratt, Twin States; David Schein, Vermont Positive Living Coalition; Taylor Small, Pride Center of VT; Theresa Vezina, VT CARES
Guests: Kristen Cameron, Vanessa Melemede Berman
Vermont Department of Health: Daniel Daltry
Caracal Consulting: Alexander B. Potter, Emily Potter

The conference call commenced at 10:15 a.m.

I. HSH PROGRAM CURRENT STATUS & GOAL OF CALL

A. Daniel provided a brief update on the state of VDH and the HSH Program. All of VDH has been mobilized to respond to COVID-19 and it is a very dynamic time. People are spread out across teams and many are feeling the strain. There is a similar feel to the difficult times in the 80s with HIV, when there was not enough testing, understanding, and care.

B. Vermont has seen over 50 deaths and as more targeted testing has become available, Daniel noted that numbers are about to start to rise again – there is general agreement that current efforts are only identifying 1/10th to 1/5th of the population with the virus. For approximately 80% it will be an illness that comes and goes, but for the other 20% it will become very intense very fast. People are fine one day, and the next day it is a very different experience. VDH continues to learn new information every day and protocols change quickly – then sometimes revert to the original, such as with the varying length of time staff is required to utilize when interviewing past contacts of infected individuals – past 14 days, past 2 days, past 10 days. It is frustrating and difficult to try to provide the most patient-centered care with changing practices issued form the CDC regularly; at times daily.

C. Vermont has seen zero to four (0 to 4) cases per day for the past three weeks, but a testing event conducted within the past two days turned up 20 positive individuals. Work must be done and completed quickly, resulting in many long hours in a challenging environment.

D. The HSH team is working across multiple teams to respond to COVID-19. Erin had planned to be at this meeting and sends her regrets, but Daniel asked that she stand down from this meeting to handle a rapid response issue within VDH.

E. In response to inquiry from David, Daniel confirmed that VDH does not currently need help with contact tracing.

F. In response to questions David submitted prior to the meeting, Daniel reported:
   1. VDH does not know the certainty of the federal dollars for state contracts at this time. There have been no current statements of CDC withdrawing those funds. They know what must be spent this year and that there will be no carry forward as there has been in the past. Any unused grant funds will be returned to the CDC at year end.
   2. For group gatherings, Governor stated this week that groups greater than 25 people could now meet, but this could change quickly. Again, the situation is very dynamic and VT will be seeing a spike in infections. In addition, CAG must consider whether in-person meetings are the right choice for the population we serve – a population for whom immune health is paramount. There is still no clear indication from Jonathan if VDH will be able to offer in-person training for HIV testing. Therefore, VDH cannot speak with any certainty to in-person retreats at this time.

G. Daniel introduced Emily Potter, who is now working with Caracal Consulting and will be attending CAG meetings from here on.

II. SSP Advertising/Promotion – Solicitation of Ideas: Kristen Cameron, VDH

A. Kristen Cameron, working with communications at VDH, gave a brief description on the sort of feedback she is hoping to gain in speaking with CAG about advertising and promoting Syringe Services Programs. Some of the basic facts of demographics that she shared included that those accessing the services were:
   1. 79% male
   2. Approximately half in construction work and 20% unemployed
   3. Less likely to be white and less likely to have a college degree
   4. Windham, Rutland, Windsor and Grand Isle have the greatest overdose rates

B. Given this information, VDH is soliciting feedback on how best to help consumers of SSP service with balancing what they need for help with what they may have to give up to be safer – safer regarding ODs and disease.

C. Information already gathered from Best Practices:
   1. Tips work better than lists: many materials, even those from the Harm Reduction Coalition, have sequential directions whereas other research indicates that is not the way people naturally behave. Therefore, sequential information may not be the best way to reach people with safety information.
   2. Lists can be overwhelming for everyone. Free standing tips work best and phrases that rhyme work particularly well, e.g. "Start low, go slow."
   3. SSP staff are generally trusted resources for information, and people do listen to their peers first and foremost.

D. Information sought:
   1. Input for materials that reinforce safer messaging in ways people will react to most positively.
   2. Places to put materials that will be places the intended audience goes – e.g. parole offices have been suggested, given many people accessing SSPs have had difficulty with the law and illegal drug use.
   3. How to make information available WHEN people want it, WHERE they want to find it.
   4. Is social media a helpful resource? So far, it has been indicated it is.
   5. ***How do your organizations currently communicate for best results?***

E. Feedback:
   1. Grace said that for them, OD prevention communication is always in the forefront of everything they communicate, and COVID has presented challenges to this messaging. Agrees with points made about short tips – main message has been "don't use alone." Many people who die of overdose do so because they are home alone and there is no one to call 911/administer Narcan, etc. Unfortunately, COVID recommendations are to stay home, and people are much more isolated and more likely to be home alone. It is a safety balance. Try to talk to people about their range of risk, and try to give them as much safety and prevention information as possible, but COVID is very frightening and people are feeling such pressure, which can increase risk.
   2. Theresa described how they communicate to the public on how to find the program, which is one of their communication priorities. Peer to peer referrals are definitely the most common way for people to about the SSPs. They use a referral program where the current member is given tickets to give to friends; when the friend enrolls, the ticket goes into a drawing and friend is enrolled in drawing as well. This is especially important with people who are doing secondary exchange – want these people to get the folks they are exchange for into the exchange itself.
   3. Theresa described other efforts - a four-fold small booklet that gives contact information and services offered; flyers at community boards; making sure materials are at the hubs; communicating with recovery centers and other stake holders; doing

workshops for providers. Finding that providers from those events are definitely referring folks in. Theresa added that building trust in new communities is one of the larger challenges – she has found they need to enroll at least 5 people regularly using the exchange before there is a tipping point for the community and trust starts to grow.

F. Kristen said she hopes to interact more with the group and those running SSPs on how materials can be improved – she would like her contact information to be shared among the group. CAG members agreed all are happy to be a resource for this effort.

III. Vermont Opioid Harm Reduction Study: Vanessa Melamede Berman, Associate Program Evaluator, Pacific Institute for Research and Evaluation

A. Vanessa presented a Powerpoint on the results of the PIRE study, then took questions.
   1. This study was conducted for VDH ADAP and interviewed "persons who misuse opioids and live in or access Syringe Services Program (SSP) services in three target counties (Franklin, Rutland, and Windham) in Vermont." The aims were to assess the current harm reduction services and strategies that are being used to lower the risk of opioid overdose and infectious disease transmission; assess gaps in knowledge and use of services and behavioral strategies that can lower the risk of opioid overdose and infectious disease transmission; and identify content and formats for effectively communicating health messages from the Department of Health and other agencies to populations at risk for opioid-related overdose and infectious disease transmission.
   2. Powerpoint slides of Vanessa's presentation were sent to CAG members in advance of the meeting, and will be available through the CAG Member web-portal.

B. Question/Answer
   1. Zpora: Why those specific counties?
      a. VDH ADAP chose those counties and also looked at where research had been done already. Specifically wanted to look at Franklin County mobile van.
   2. Do you feel it would have looked different if Chittenden County was in the study?
      a. Yes, if Chittenden was in the study it would be different, as Chittenden would be unique. Otherwise, the three counties were very similar, and are probably not significantly different from the rest of the state. There are a lot more supports offered in Burlington.
   3. David inquired about interaction of funding sources between providing rural social activities and opioid prevention – it was determined he and Daniel would discuss this at another time, discussing ways the creative community could be involved.
   4. Grace: Interested in the role of pharmacies – in other countries a lot of harm reduction work happens through pharmacies. Here, Naloxone is available over the counter but costs hundreds of dollars. Pharmacies can be discretionary on selling syringes – can sell to one person but not to others. It would be good to recruit pharmacies into efforts. This is a primary place for people in other countries to get their treatment, needles and Narcan. It could reach people the SSPs don't currently.
      a. Vanessa shared that in Richford, an individual is an hour from St. Albans, and 30 minutes from pharmacy – reported experience is not nearly as good at pharmacy as at SSPs. Pharmacies can be good for hours of access, but clients face stigma, fees, and often long distances to access pharmacy that might sell to them.
   5. Laura: Presentation resonated with Windsor County and H2RC's experiences. Over 40% of participants will call 911, but we still have people with stories about police coming to homes at a 911 call and arresting people present. It only takes one or two stories such as this to undercut all efforts to get people to call 911 if they see an overdose. Concerned that SSPs can talk about the Good Samaritan law to participants but if it is

truly not being enforced, this is very harmful. Grace agreed, that one person being affected by law enforcement not respectful of the GSL can set back messaging 10 years.

a. Vanessa agreed, and has presented to police and 911 responders trying to get respect for the Good Samaritan law. There are definitely people in those communities understand and are on board with the GSL, but there are few (or more) examples of the bad experiences out there. Still needs to be a lot of work within law enforcement to do education and anti-stigma work, to underline tht if the law is implemented as it should be, it will save lives.

6. Laura: Interested in the attitude toward marijuana – still have programs that will kick our participants out for marijuana use.
    a. Yes, talked to the hubs, and they are in a bind due to the federal illegality of marijuana. They do not have to kick people out of the program, but they are required to not advance the individual to the next steps for marijuana use. Vanessa was unsure at the spoke level what the policies were. It's a barrier and there is a need for people to understand that marijuana is a way to get off opioids and reduce the symptoms, and can certainly be thought of as harm reduction.
7. Peter: Any observations about how messaging would feel best-received, specifically around language that most resonates, use of jargon by those in the field, etc.?
    a. Largest issues around the language of judgement – people feel judged by the way people talk about "addicts" or "junkies" and this has a huge detrimental effect on communication. Destigmatizing language on a larger scale, in widespread context, would be most helpful and avoiding language that reinforces that stigma.

IV. CAG BUSINESS

A. Minutes of March 24: Correction was noted that in ***III.A.1.*** APSV's Bennington's office was checking messages three times per *day*, not per week.
    1. No further discussion of minutes.
    2. Karen moved the minutes be approved and Chris seconded.
    3. Minutes unanimously approved.

B. Daniel noted that next month – July 28 – our CAG meeting will feature Dr. Rick Rawson presenting next month about meth and stimulants. It is likely that CAG meetings will remain virtual for the foreseeable future.

C. Announcements:
    1. Zpora: Understanding that people have had to suspend Oraquick testing, and if you have a client who needs testing and you are unable to do it, UVMMC can do it.
    2. Donna: Online support group every Tuesday and Thursday. Virtual Women's Retreat end of June. If you have not received information but would like to, contact Donna.
    3. David: Watch for email message from Positive Living Coalition and Twin States regarding virtual group support meetings. David will arrange a Zoom meeting for a community meeting later this week.
    4. Taylor: Pride Center is hiring for a new GLAM coordinator and looks forward to introducing new staff member at the next CAG meeting.

Conference call concluded at 12:13 p.m.

Respectfully submitted,

Alexander B. Potter