**JVA webinar 10/08/2019**

**Communicating Vulnerability Assessment Findings to the General Public**

Questions:

1. X state has held town hall type meetings to communicate results in the counties that are most vulnerable. In some communities there has been negative feedback – EMS personnel commenting that fentanyl is a population control drug. How to deal with that?

Comment: One state commented that they have not had this issue.

Answer: Distance yourself from the comment and try not to engage or acknowledge it. Move on to another more constructive comments. This is likely coming from a personal standpoint and it won’t help to focus on it. X state said it was a personally motivated comment because the individual had some family members with addiction issues.

1. Have personal statements been made at other meeting and what was the impact?

Answer: Yes, and they have been positive by helping to bring a face to the public health issue.

1. X state – The national assessment found STD rate positive correlates with HBV (inaudible) and we found this in our assessment as well. But, our partners don’t want us to communicate this information because they don’t see STD and HBV as having the same direct cause.

Answer: Use this as an opportunity to focus on the social determinants of health and how the same risk factors present in a community can cause different outcomes. Try to get stakeholders to go deeper to examine the commonalities in the community that lead to different negative outcomes in the population.

Comment: X state – we found this to be true, as social determinants are common with HAV – this is another perspective for them to consider what the impact of these conditions is based on another public health condition.

1. Barbara - Has anyone done Town Halls? How have these gone?

X state- we had lots of turnout – first responders, treatment facilities, EMS, others talking about how to be responsive to vulnerability and we had a rich conversation. Talked about forming local substance abuse coalitions, looking at available resources and what is still needed. This project overall has helped our DOH build local capacities to be prepared to address outbreaks and be a partner with the state.

1. X state – Received a comment after presenting the map of high risk areas. “Why isn’t my county on there when I know someone who had an overdose?” How to honor their personal story but still respond with appropriate public health information?

Answer: Use both “high touch” and “high tech” approaches to acknowledge the emotional aspects of what they have shared, and then move on to the public health science answer.

1. Activities beyond grant period – X state – introducing a new bill on syringe exchange programs into the legislature and using the JVA as a map to show areas where it is needed.

X state held a series of stakeholder meetings on draft document comments – how could they see themselves using the results. Also did legislator communication, sharing with community, how important the data is, to better address data quality issues; Hepatitis programs at the state level and how they will use the results moving forward.

X state – continuing to work with substance abuse task force and HIV program for syringe exchange – additional staff have been hired for opioid overdose and this will be used as a starting place for some new activities.

X state - Funding from new overdose action grant and looking at more vulnerable counties. Another state is using the data for the same thing.