

CBR Collaborative and REACH 2.0 Reporting Tool – Narrative Reporting

REGION/PROGRAM: Atlantic

REPORTING PERIOD: July 1, 2018 – March 31, 2019; April 1 – June 30, 2019

Narrative Report:

Summarize the actual and/or anticipated impact of the work plan activity/project, particularly in relation to the objective. If applicable, describe the reason(s) for any delays in the activity/project. Provide information on the following:

- Activity description
- Primary impact observed
- Population reached
- Region(s) impacted
- Did this activity address CBR inequities? How? [for CBR Collaborative activities]
- If possible include: evaluation data/quote/blog post/anecdote to illustrate impact

| Approved Work Plan Activities [for retroactive reporting these activities will not necessarily have approval] | Status (completed, in progress, delayed, ongoing) | Reporting (as per instructions above) |
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| Overarching Principle 1: GIPA/MEPA | | |
| 1. Hire and support PLHIV to coordinate and implement the <i>Building Capacity for the Stigma Index Implementation in Atlantic Canada</i> project | Completed | <ul style="list-style-type: none"> • A PLHIV was hired as the Project Coordinator and 6 PLHIV as Project Assistants (PAs) – including one identifying as Indigenous and one as African Caribbean or Black – during this foundational stage. PLHIV hired were from Nova Scotia (3), New Brunswick (2), Newfoundland & Labrador (1), and PEI (1). • The PAs each worked a total of 20–40 hours between February and April, 2019. Their main tasks were to reach out and connect with other PLHIV to generate interest in the HIV Stigma Index. • The project was overseen by a Steering Committee comprised of PLHIV and supported by AIRN’s CBR Coordinator and Director. |

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| 2. Support the co-chairs of the pilot phase of <i>Project PEER: Uncovering the Impact of GIPA/MIPA and the Wise Practices of Informal and Formal Supports</i> | Completed | <ul style="list-style-type: none"> ▪ The research team for the pilot phase of <i>Project PEER</i> was co-chaired by two PLHIV who were supported during this reporting period by the Atlantic CBR Coordinator. As the project coordinator, she assisted with tasks such as organizing meetings, developing meeting agendas and documentation, and the writing of reports (~20 hours/month). |
| 3. Hire and support people who use substances (PWUS) in harm reduction and other related REACH and CBR initiatives | Ongoing | <ul style="list-style-type: none"> ▪ The <i>Additional Harm Reduction Services in Two Sites in Nova Scotia</i> engaged 6 PWLE as peer research assistants (RAs). In an earlier phase, the peer RAs were hired to administer questionnaires. During this period, they assisted in the transcription of one-on-one interviews with key informants and in the planning and moderation of the community workshops in Halifax and Sydney. |
| Overarching Principle 2: Bilingualism | | |
| 1. Incorporate translation costs into grant applications for national research projects (and regional projects as needed) | Ongoing | <ul style="list-style-type: none"> ▪ The <i>Project PEER</i> national environmental scan recruitment, data collection tools and final report will be available in both English and French. |
| 2. Commit to have nationally relevant blog posts translated and posted in French | Ongoing | <ul style="list-style-type: none"> ▪ None this reporting period. |
| CBR Collaborative OBJECTIVE 1: Coordinate CBR efforts within and across regions | | |
| 1. Regularly host meetings of the Atlantic Blended Leadership Committee (ABLC) | Ongoing | <ul style="list-style-type: none"> • Five meetings were held this reporting period – i.e. September, November and December 2018; and in January and February 2019. Minutes are posted on the AIRN website. |
| | April–June 2019 | <ul style="list-style-type: none"> • Two meetings were held this period – i.e. In April and June 2019. A preliminary transition planning meeting was also held between the outgoing Director and CBR Coordinator and the incoming Co-Directors. |

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| 2. Participate on the <i>National Coordinating Committee on HIV and Aging Research Working Group</i> (through <i>Realize</i>) | Ongoing | <ul style="list-style-type: none"> The Atlantic CBR Coordinator participated in quarterly meetings and supported related initiatives – e.g. #AIDSageism campaign, World AIDS Day social media campaign on HIV and aging, webinar on African, Caribbean and Black Canadian Elders on Aging with HIV. |
| 3. Coordinate <i>Project PEER (People living with HIV Engaged in Employment Roles): Uncovering the Impact of GIPA/MIPA and the Wise Practices of Informal and Formal Supports</i> | Completed | <ul style="list-style-type: none"> The Atlantic CBR Coordinator served in the project coordination role for the pilot phase of the <i>Project PEER</i> Research Team (NPA: Dr. Greg Harris). <i>Project PEER</i> is a CBR project aimed at investigating existing formal and informal support systems for people living with HIV engaged in employment roles in the HIV sector. The purpose of this pilot project was to explore a small group of organizations in terms of their support models, policies and practices. It was intended to inform a future full-scale environmental scan aimed at developing a coherent national response to the support needs of PEERS across Canada. Online surveys were completed by 14 PEERS and 13 Executive Directors among a national sample of 25 organizations. Work then began on the data analyses and on a proposal for a full-scale environmental scan. The pilot phase of the <i>Project PEER</i> ended in October 2018. |
| 4. Partner on the <i>#GotBlood2Give/DuSangÀDonner</i> study (PI: OmiSoore Dryden) | In progress | <ul style="list-style-type: none"> The Atlantic CBR Coordinator served as a Halifax partner on the <i>#GotBlood2Give</i> study, funded by Canadian Blood Services (MSM Research Grant) and led by Dr. OmiSoore Dryden. The overall goal of this mixed-methods CBR study is to examine the barriers to participation in blood donation among African, Caribbean and Black (ACB) men who have sex with men (MSM). More specifically, this study is aimed at identifying the factors that best predict receiving a negative HIV test. Surveys with ACB MSM in Halifax, Montreal, Ottawa and Toronto are being conducted to assess demographics, health practices and sexual behaviours and are followed by an optional HIV point of care test. Participants are then invited to in-depth interviews about the current blood donation questionnaire and reflections on a proposed modified donor questionnaire. Five virtual research team meetings and an in-person peer researcher training workshop in Halifax were held during this reporting period. For more information, see the project website. |

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| 5. Develop the Research Ethics Board (REB) Application to Dalhousie University for <i>Project PEER</i> | April–June 2019 | <ul style="list-style-type: none"> • THE CBR Coordinator drafted the REB Application; ethics approval for <i>Project PEER</i> from Dalhousie University was received in June 2019. The research team is awaiting final REB approval from St. Michael’s Hospital (SMH) to proceed with the national environmental scan of 50 Executive Directors and 50 PEERs in the HIV sector. A job description was created for a Project Coordinator to be hired through Memorial University to work with James Watson at SMH and the national research team. |
| 6. Support regional harm reduction efforts | Ongoing | <p>The CBR Coordinator and/or a number of members of AIRN’s leadership (ABLCL) participated on the Advisory Committees/Research Teams for various harm reduction efforts:</p> <ul style="list-style-type: none"> • Halifax Area Network of Drug Using People (HANDUP) — Originally funded by MAC AIDS, this project is based on the “Nothing about us, without us” principal. PWLE of substance use have been meaningfully engaged in the provision of peer-based education and support to prevent HIV, HCV and other STBBIs, as well as to prevent overdose and other inherent risks of substance use. Links include: https://www.facebook.com/HANDUPHalifax/ and https://twitter.com/HANDUPhfx • Halifax Area Network of Drug Using People (HANDUP) Peers Assisting, Lending Support (PALS) —Funded by the PHAC Harm Reduction Fund, the <i>PALS Project</i> involves building on the peer strengths and experience of HANDUP. HANDUP members have been hired and trained to deliver harm reduction and health promotion services to their peers who are at high risk of engaging in unsafe drug use/sexual practices upon release from the Central Nova Correctional Facility. • Mainline’s Peer Navigator Program – Also funded by PHAC, this project involves meaningfully engaging PWUS in outreach and navigation services. Peers distribute clean equipment, collect used needles and other supplies, provide peer support, safer drug use education, and can link PWUS to needed health and social services. Feedback from participants indicates that this program also has a myriad of benefits for the peer navigators themselves. Not only do they gain new knowledge and skills through the program, their participation is meaningful, empowering, and life changing. • <i>The HaliFIX Overdose Prevention Society</i> was formed in March 2019 as a non-profit organization to draw more attention to the need to establish Atlantic Canada’s first OPS. • Keeping Watch: Second Annual Harm Reduction Symposium — ABLCL member, Julie Dingwell, was a member of the Symposium Planning Committee. |

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| 7. Conduct the <i>Additional Harm Reduction Services in Two Sites in Nova Scotia Study</i> (PAs: L. Jackson, D. Bailey, M. Dechman & C. Porter) | In progress | <ul style="list-style-type: none"> Funded through REACH 2.0, this small-scale community-based study is aimed at gaining some understanding of what PWUS and local key informants think about implementing additional harm reduction services – e.g. safer consumption sites, peer-staffed detox programs, peer-led navigation programs, additional free needle distribution and disposal programs, and no-cost naloxone program – in their communities of Halifax and Sydney. Questionnaires and key informant interviews asked about the advantages of each of the additional harm reduction services; the implementation climate (e.g. support for implementing the additional harm reduction services); and how to adapt additional harm reduction services to meet local needs (e.g. how and where should the services best be delivered). During this reporting period, the research team focused on the completion of the quantitative and qualitative data analyses of the 160 questionnaires completed by PWUS and the 11 key informant interviews with public sector and NGO employees. The KTE phase was also launched during this time frame, and included community workshops, a poster presentation at a national harm reduction conference, and the submission of manuscripts for publication in a peer-reviewed journal. See section “CBR Collaborative OBJECTIVE 4” for details. |
| 8. Conduct the <i>Atlantic COAST Study</i> (PAs: L. Jackson & C. MacIsaac) | In progress (goes to 2021) | <ul style="list-style-type: none"> The <i>Atlantic COAST (COmmunity AddictionS Treatment) Study</i> is funded through a CIHR HIV/AIDS CBR Operating Grant (2018-21). It is being led by Lois Jackson and Cindy MacIsaac, and was formerly named “Preventing the spread of HIV: The critical role of drug addiction treatment programs.” The study is aimed at looking at barriers and facilitators to addiction treatment across the Atlantic region. This reporting period involved the submission of eight REB applications to begin Phase 1 interviews with PWUS in the four Atlantic provinces. Approval was received in the winter of 2019, and most of the interviews with 55 PWUS were completed in-person by the end of March 2019. |
| | April–June 2019 | <ul style="list-style-type: none"> Phase 1 interviews with PWUS were completed in April 2019. They are currently being transcribed and the data analysis is underway. The preliminary results are expected later this summer. REB applications are underway for Phase 2 of the study, which will involve interviews with family, CBO staff, and other stakeholders. The research team anticipates beginning the Phase 2 interviews in early fall. A website has also been launched at https://www.dal.ca/sites/atlantic-coast.html |

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| CBR Collaborative OBJECTIVE 2: Target CBR efforts and build CBR capacity where it is needed most | | |
| 1. Build leadership skills and capacity of people living with HIV (PLHIV) to engage in the <i>Building Capacity for the Stigma Index Implementation in Atlantic Canada</i> project | Completed | <ul style="list-style-type: none"> • This one-day workshop was intended as a launch and momentum builder for <i>the Building Capacity for the Stigma Index Implementation in Atlantic Canada</i> project. The evaluation of the Moving Positively Together in Atlantic Canada workshop indicated that the one-day event for 26 PLHIV from across the region met its objectives. Details are provided in the Workshop Summary Report. <ul style="list-style-type: none"> ▪ Participants <i>Strongly Agreed</i> or <i>Agreed</i> that the event helped them: Connect/reconnect to PLHIV (100%); learn about HIV-related stigma and its complexity (96%); understand the benefits of the Stigma Index (73%); and explore what we can do to move toward implementation (72%). The vast majority reported intentions to learn more about (89%) and to become involved in the HIV Stigma Index (77%). ▪ Following the workshop, participants were invited to sit on the Steering Committee for <i>the Building Capacity for the Stigma Index Implementation Project</i>. Their role was to oversee the implementation of the project and to ensure that the goals and objectives were being met. |
| 2. Conduct the <i>Building Capacity for the HIV Stigma Implementation Project</i> (PAs: S. Kirkland & L. Baxter) | In progress (to June 2019) | <ul style="list-style-type: none"> • This 9-month foundational project had five main objectives: (1) To connect/reconnect people living with HIV in the Atlantic Region from diverse groups; (2) To develop and foster connections among people living with HIV across the four Atlantic provinces; (3) To build leadership capacity for the HIV Stigma Index implementation among people living with HIV in the Atlantic Region; (4) To exchange knowledge of HIV-related stigma, its consequences, and the Canadian People Living with HIV Stigma Index; and (5) To develop a proposal in the spring of 2019 to implement the HIV Stigma Index. • In September 2018, a PLHIV was hired on a part-time basis as Project Coordinator for six months to work with a Steering Committee toward increasing the capacity of stakeholders in the Atlantic region to implement the HIV Stigma Index, as per the project’s objectives. Six project assistants (PAs) with lived experience of HIV from across the four Atlantic provinces were recruited in January 2019 to work a total of 20-40 hours each to assist in generating interest in the HIV Stigma Project [Link to Job Ad]. • Promotional materials were developed – including postcards, posters and info sheets – and the team reached out to hundreds of individuals, organizations, and front line workers across the region. |

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| | | <ul style="list-style-type: none"> • More than 2000 <u>promotional postcards and posters</u> were distributed and an <u>informational poster</u> was developed for display at various HIV-related events. By the end of March, almost all PAs expressed interest in receiving training as PRAs for the HIV Stigma Index. Close to 100 PLHIV across the region had indicated definite or potential interest in being interviewed. Given our goal of conducting 100 interviews for the implementation phase, the Atlantic region will be well positioned to move forward. |
| 3. Build capacity for expanded harm reduction efforts | Ongoing | <p>As discussed under “CBR Collaborative OBJECTIVE 1”, members of the Atlantic Team have supported various capacity building efforts around harm reduction. These include:</p> <ul style="list-style-type: none"> • The <i>PALS Project</i> – Building on the peer strengths and experience of HANDUP, members have been hired and trained to deliver harm reduction and health promotion services to their peers upon release from the Central Nova Correctional Facility. PWLE have developed the skills to provide peer education and support to prevent HIV, HCV and other STBBIs, as well as to prevent overdose and other inherent risks of substance use. The project is active on social media, including Facebook and Twitter. • Seeing Beyond the Substance – A 5-minute video produced by ENSEMBLE (formerly AIDS Moncton) aimed at reducing stigma related to substance use. It features Matt Bonn (HANDUP and PALS) and other peers. • Mainline’s Peer Navigator Program – This project involves building the capacity of PWUS to provide outreach and navigation services. As previously described, peers distribute clean equipment, collect used needles and other supplies, provide peer support, safer drug use education, and link PWUS to needed health and social services. An evaluation of the program highlighted the knowledge and skills peer navigators gain through the program, as well as the meaningful, empowering and life changing nature of their participation. • The HaliFIX Overdose Prevention Society – Formed in March 2019 as a non-profit organization to draw more attention to the need to establish the first OPS in Atlantic Canada. • Keeping Watch: Second Annual Harm Reduction Symposium – Held March 29–30 in Saint John, NB, <i>Keeping Watch</i> included a half-day workshop for frontline workers, as well as a full-day educational symposium for 200+ health care workers, frontline providers and students. The evaluation of the event was extremely positive, pointing to increased knowledge and capacity to address various harm reduction issues. |

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| 4. Support <i>Not Without Us! (NWU) Halifax</i> | Completed | <ul style="list-style-type: none"> The CBR Coordinator and other members of the Atlantic Team (J. Gahagan & L. Baxter) assisted with the logistics, planning and/or facilitation of <i>NWU! Halifax: A Learning Institute for and by Peer Researchers working on Intervention Research and CBR on HIV, Hep C and STBBIs</i>. Designed by UWW, this was a blended six session Learning Institute to prepare 12 peer researchers to support emerging academics and community scholars planning to work with "peers", especially in CBR and intervention research. In addition to the online sessions, a 3-day in-person meeting was held in Halifax February 6-8, 2019 in order to: (1) Build on, and advance, the educational work of a team of peer researchers and health researchers across Canada; (2) Review the basics of Program Science, Community Based Research and working with peer researchers; and (3) Provide basic tools and practice on adult education to PRAs so they can train others on the contents learned (and other content). <i>NWU! Halifax</i> culminated in a 3-hour workshop for ~15 local graduate students delivered by the PRAs. While a more formal evaluation of this event is available through UWW/REACH, one of the participants provided the following comment: <i>"I just wanted to say how helpful and informative it was. As a health researcher, I tend to learn about CBR/PAR only from academics or my colleagues who are doing the engagement/hiring of peer researchers. It was really a privilege to hear directly from peer researchers and every presentation was so helpful and well presented. I also TA a health theory class at Dal and recommended it to a few of my students. I've received some feedback from them and they all learned a lot, it helped them to push their thinking to go beyond the paradigm of 'traditional' research."</i> |
| CBR Collaborative OBJECTIVE 3: Build partnerships/provide infrastructure for funding/program success | | |
| 1. Generate research ideas and funding proposals aligned with both regional and national priorities <ul style="list-style-type: none"> <i>Atlantic Region Takes Action on STBBI Testing</i> | In progress (to June 2019) | <ul style="list-style-type: none"> In early January 2019, members of the Atlantic Team began a partnership with CIHR toward hosting a Best Brains Exchange (BBE) meeting in Halifax to bring Medical Officers of Health (MOHs) and other key public health decision makers and stakeholders across the four Atlantic provinces together to talk about what is happening around testing in our region and to mobilize toward concrete actions on testing and linkage to care. |

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| <ul style="list-style-type: none"> Atlantic anti-stigma and “get tested, know your status” campaign for PWUS | <p>Completed</p> | <ul style="list-style-type: none"> Close to a dozen meetings were held during this reporting period with the various partners – including CIHR, REACH, AIRN, Dalhousie University, Nova Scotia Advisory Commission on AIDS, PHAC, and Research Nova Scotia – to plan the content, process and logistics of the one-day event titled “The Atlantic Region Takes Action on Sexually Transmitted Blood Borne Infection Testing”. These partnerships resulted in the generation of approximately \$40,000 in funding – i.e. CIHR (\$18,000); REACH (\$10,547); Nova Scotia Advisory Commission on AIDS (\$6000); and Research Nova Scotia (\$5000). This funding enabled us to bring 40 participants to the BBE on June 24th as well as a rare occasion to bring 35 AIRN members from across the Atlantic region from community, research and government together June 25th to discuss our actionable goals and intended workplan for the coming ~5 years. The evaluation findings from the June 24th and 25th events are presented below (Items 9-10) in the “CBR Collaborative OBJECTIVE 3” report for April – June 2019. In the spring of 2018, several members of the Atlantic Team partnered to prepare a letter of intent (LOI) to the PHAC Harm Reduction Fund for a 2-year Atlantic-wide social marketing campaign consisting of two interconnected components: (1) An anti-stigma campaign to help reduce the stigma faced by drug using populations in the Atlantic region, and (2) A 'get tested, know your status' campaign providing information in a variety of formats on where HIV and HCV testing is currently available by the type of test in each of the Atlantic provinces. The team was led by Jacquie Gahagan, and included MOSH, AIRN, Direction 180, Mainline, the Ally Centre, Avenue B Harm Reduction, PEERS Alliance, and the AIDS Committee of Newfoundland and Labrador. The LOI was submitted in July 2018 but was not successful. |
| <p>2. Coordinate the writing and submission of the <i>Project PEER</i> Catalyst Grant to CIHR</p> | <p>Completed</p> | <ul style="list-style-type: none"> Funded (\$39,986) in the spring of 2019, Project PEER (People living with HIV Engaged in Employment Roles) aims to further engage a stakeholder team from across Canada with expertise in working with and addressing the needs of populations impacted by HIV to actualize a national environmental scan and collaborative response to the support needs of PEERs. The Principal Investigators are A. Ceranto, A. Li, G. Harris (NPI), M. Muchenje, and J. Watson. More info about this project can be found on the CIHR website. |

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| 3. Collaborate on the development of the <i>HANDUP Peers Assisting, Lending Support (PALS)</i> grant proposal and project | Completed | <ul style="list-style-type: none"> • The Atlantic CBR Coordinator supported Direction 180 in the preparation and submission of the HANDUP PALS proposal to PHAC’s Harm Reduction Fund. PALS is a peer-driven, 28-month project (\$292,459) aimed at reducing risk taking behaviour (sharing of drug use equipment and unsafe sexual practices) of people who use substances who are being released from the Central Nova Scotia Correctional Facility (CNSCF). The PALS project is the first of its kind in Canada and aims to reach 75-100 PWUS upon release. • Launched in January 2019, the project involves HANDUP PALS meeting PWUS upon release to provide resource information, safer drug use and safer sex supplies, and to be available to accompany them to health, housing, opioid treatment, income assistance and/or other ancillary support services. • The Advisory Committee includes representatives from justice, law enforcement, legal aid, and allied community and research partners. |
| 4. Support the submission of the CIHR HIV/AIDS Biomedical and Clinical Research Team Grant – “ <i>REACHing for Impact</i> ” (NPA: S. Rourke). | Completed | <ul style="list-style-type: none"> • In October– November 2018, the Atlantic CBR Coordinator supported the Atlantic Team in the regional submission of <i>Testing, Reaching the Undiagnosed and Linkages to Care: “REACHing for Impact”</i>. The Atlantic Team is comprised of J. Gahagan and D. Kelly (PAs); M. Proctor-Simms (PKU); L. Barrett, G. Harris, L. Jackson, J. Kielly, S. Kirkland, H. Van Nguyen, T. Ramsey, and G. Zahariadis (Co-Applicants); and C. Sarbu and G. Yetman (Collaborators). • As part of the larger team grant, the Atlantic Team proposed conducting the APPROACH 2.0 study to determine whether a pharmacy-based STBBI testing program will increase the number of people tested, find new diagnoses and generate good value for money. Building on the successful APPROACH pilot, this study will expand the pharmacy testing model to include testing for HIV, hepatitis C and syphilis in Nova Scotia, Newfoundland & Labrador and Alberta. It will investigate factors required for scalability and sustainability – e.g. (1) Regulatory and policy issues; (2) Integration with existing public health systems; and (3) Financial considerations. • At the end of March 2019, S. Rourke and his team learned that this grant was funded for \$6 million over five years. |

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| 5. Support the submission of the <i>CIHR Centre for REACH (REACH 3.0)</i> Grant (NPA: S. Rourke) | Completed | <ul style="list-style-type: none"> • In late 2018/early 2019, the Atlantic CBR Coordinator supported the Atlantic Team in the regional submission of the CIHR Centre for REACH in HIV/AIDS (REACH 3.0) Grant. A total of 15 members joined the regional team, led by Jacquie Gahagan, Lois Jackson and Deborah Kelly (Co-PAs) and Michelle Proctor-Simms (PKU). • The REACH. 3.0 grant application was submitted in early January 2019 and results were anticipated by the end of May 2019. • The Atlantic Team committed to three main priorities toward REACH 3.0: (1) Testing and Reaching the Undiagnosed; (2) Linkage to Care (both for people who test negative and positive, living well with HIV); and (3) Reducing HIV Stigma. More specifically, it intends to address regional STBBI testing gaps through innovative and expanded options, including pharmacy-based STBBI testing and linkage to care; strengthening prevention and harm reduction services; and reducing stigma and discrimination. The team also proposed to continue to identify needs and gaps for research and training, building relationships with local researchers and knowledge users, and coordinating responses to current regional priorities (e.g. harm reduction, addiction and mental health; stigma, discrimination and resiliency; STBBI testing) • Specific initiatives identified under the three priorities are listed below. Given the overlap between REACH 2.0 and REACH 3.0, additional details can also be found in the narrative report on the REACH 2.0 objectives. <ul style="list-style-type: none"> <u>Testing and Reaching the Undiagnosed</u> <ul style="list-style-type: none"> ▪ Pharmacy-based STBBI testing and scale-up (PA: D. Kelly) ▪ Sexual health assessment and scale-up of STBBI testing (PA: J. Gahagan) <u>Linkage to Care</u> <ul style="list-style-type: none"> ▪ The Atlantic COAST Study (PAs: L. Jackson & C. MacIsaac) ▪ Project PEER: Uncovering the Impact of GIPA/MEPA and the Wise Practices of Informal and Formal Supports (PAs: A. Ceranto, A. Li, G. Harris, M. Muchenje, and J. Watson) <u>Reducing HIV Stigma</u> <ul style="list-style-type: none"> ▪ The Atlantic HIV Stigma Index Project (PAs: S. Kirkland, J. Gahagan and L. Baxter) |

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| CBR Collaborative OBJECTIVE 4: Promote KTE and learning for impact | | |
| 1. Write one or more blog posts/month for the REACH website | Ongoing | <ul style="list-style-type: none"> • The Atlantic CBR Coordinator posted the following blogs on the REACH website this reporting period: <ul style="list-style-type: none"> ▪ Mainline’s Peer Navigators Playing Vital Role in Harm Reduction ▪ Moving Positively Together in Atlantic Canada ▪ Being Safe, Being Me in the Atlantic Provinces: Results of the Canadian Trans youth Health Survey ▪ Sounding the Alarm in New Brunswick |
| 2. Regularly update and manage the AIRN listserv | Ongoing | <ul style="list-style-type: none"> • A total of 83 postings were made to the AIRN listserv between July 2018 and March 2019, the majority aimed at promoting KTE events and products. A few examples of these postings are listed below. # of postings: July – September 2018: 44; October – December 2018: 18; January – March 2019: 21 Examples: <ul style="list-style-type: none"> ▪ CanHepC Webinar Today at 12 p.m. ADT - Blueprint to Inform a Hepatitis C Elimination Strategy ▪ Webinar: 'African, Caribbean and Black Canadian Elders on Aging with HIV' - Today, 1-2PM Atlantic ▪ Building Capacity for Reconciliation through Etuaptmumk (Two-Eyed Seeing) ▪ NEW WEBINAR: The Way Forward: The New Pan-Canadian STBBI Framework for Action ▪ WEBINAR- Estimates of HIV incidence, prevalence & Canada’s progressmeeting the 90-90-90 HIV targets. |
| | April–June 2019 | <ul style="list-style-type: none"> • 24 postings were made to the AIRN listserv between April and June 2019. Examples include: <ul style="list-style-type: none"> ▪ Latest Pozcast from UWW - Gay Men Using Meth ▪ Publishing in the Journal of Indigenous HIV Research ▪ UWW Seminar 9: “A narrative inquiry study into the experiences of transitions into and out of correctional facilities in Alberta for people living with HIV” ▪ June 13, 2019 free UWW online conference against HIV stigma |

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| 3. Regularly update and manage AIRN’s website and social media channels | Ongoing | <ul style="list-style-type: none"> • AIRN’s website – www.airn.ca -was maintained during this period, and included the addition of several new KTE products on the Featured Resources page. A few examples include: <i>Ending the Epidemic in Five Years in Canada: It’s Time to Act</i>; <i>Pan-Canadian STBBI Framework for Action</i>; link to the UWW <i>pozcasts</i>; and various conference posters. • A page dedicated to the Building Capacity for HIV Stigma project was created. • Pages dedicated specifically to program science and participatory evaluation resources developed or compiled by other groups involved in Canada’s response to HIV, including CATIE, OHTN, Universities Without Walls, REACH, and the Pacific AIDS Network are also maintained on the website. • During this 9-month reporting period, the AIRN website received 1229 unique visitors who viewed almost 3000 pages. • The Atlantic CBR Coordinator also maintained AIRN’s Twitter page (@airn2016) and Tweeted 115 times during this time frame to 250+ followers. |
| 4. Continue to share the findings from the “Toward a Provincial Model for Needle Distribution and Disposal (NDD) and Safer Consumption Sites (SCS)” research. | Ongoing | <ul style="list-style-type: none"> • The poster, Recommended Models for Introducing Safer Consumption Sites in Nova Scotia (Kirkland, Ploem and Patten, 2018) was presented as part of a community consultation held in September 2018 regarding the need for an OPS/SCS in North End Halifax. |
| 5. Complete and disseminate the “Moving Positively Together in Atlantic Canada: Workshop Summary Report” (KT) | Completed | <ul style="list-style-type: none"> • The report based on the one-day “Moving Positively Together in Atlantic Canada” workshop for PLHIV was finalized and distributed in January 2019. The report provides an overview of how this HIV-related stigma and capacity building workshop came to be, the workshop activities and highlights, participant feedback and evaluation, and recommendations for moving forward. The report was distributed primarily through AIRN’s listserv and website. |
| 6. Participate on the Dr. Peter Centre “National Overdose Prevention Knowledge Translation Committee” | Ongoing | <ul style="list-style-type: none"> • The Atlantic CBR Manager joined the Dr. Peter Centre “National Overdose Prevention Knowledge Translation Committee” to assist with implementing knowledge translation strategies to inform efforts to build the capacity of community-based organizations across Canada to provide supervised consumption services for people who use drugs. The commitment is for three years, and includes two quarterly teleconferences. The first teleconference was held Feb 27/19. |

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| 7. Launch the KTE phase of the <i>Additional Harm Reduction Services in two Sites in Nova Scotia: An Exploration of Advantages, Community Interest, and Methods of Delivery Study</i> | Ongoing | <ul style="list-style-type: none"> • The KTE phase of the <i>Additional Harm Reduction Services in Two Sites in Nova Scotia</i> study was launched during this reporting period. Community workshops were held in Halifax and Sydney in February and March 2019 to present the results of the study, hold a panel discussion, and engage the community in a discussion about the need for additional harm reduction services. Feedback received was very positive. <ul style="list-style-type: none"> ▪ <i>Getting to the Heart of it: A Discussion of Harm Reduction Services in Nova Scotia</i> – Halifax, February 14 (75 participants) ▪ <i>"Implementing Additional Harm Reduction Services in Nova Scotia"</i>– Sydney, March 8 (50 participants) • A poster highlighting key findings from this study on how to gain community support for harm reduction services was presented at the Stimulus Conference 2018, held October 3-5, 2018 in Edmonton. Jackson, L., Bailey, D., Dechman, M., Porter, C., Gahagan, J., Karabanow, J., ... Murray, S. (2018, October). <i>Implementing additional harm reduction services in Nova Scotia: Perspectives on community support</i>. Poster session presented at Stimulus 2018: Drugs, Policy and Practice in Canada, Edmonton, AB. • Two manuscripts were submitted for publication in the <i>Harm Reduction Journal</i>. Results are anticipated in the summer of 2019. <ul style="list-style-type: none"> ▪ Jackson, L., Dechman, M., Mathias, H., Gahagan, J., & Morrison, K. (2019). <i>Key factors influencing the implementation of harm reduction services: The perspectives of people who use substances and local key informants</i>. Manuscript submitted for publication. ▪ Mathias, H., Jackson, L., Dechman, M., Gahagan, J., & Karabanow, J. (2019). <i>Peer harm reduction services: Perceptions of key challenges</i>. Manuscript submitted for publication. |
| | April–June 2019 (ongoing to December 2019) | <ul style="list-style-type: none"> • The study is in its final KTE stage. A community report, <i>Increasing services, reducing harms: Results from a community-based study in Nova Scotia</i> has been drafted and is currently being reviewed by the research team. It will be finalized in mid-July for distribution to partners and stakeholders. • The research team is awaiting the results of the two manuscript submissions to the <i>Harm Reduction Journal</i>. • A story map is being created to outline the existing needle distribution and disposal programs in Nova Scotia, including the people they serve and their geographical reach. This public educational tool should be completed in the summer of 2019. |

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| 8. Support the development of a poster on the “Project PEER” pilot project for presentation at CAHR 2019 | April – June 2019 | <ul style="list-style-type: none"> The Atlantic CBR Coordinator assisted the Project PEER Research Team in the development of a poster for presentation at CAHR 2019. Ceranto, A., Chambers, L., Cumby, C., Demetrakopoulos, A., Harris, G., Li, A., Muchenje, M., Ploem, C., & Watson, J. (2019, May). <i>Project Peer: Uncovering the Impact of GIPA/MEPA and the Wise Practices of Informal and Formal Supports</i>. Poster session presented at CAHR 2019, Saskatoon, SK. |
| 9. Organize and host the CIHR Best Brains Exchange (BBE): <i>The Atlantic Region Takes Action on STBBIs</i> | April – June 2019 | <ul style="list-style-type: none"> The CIHR BBE program is designed to improve engagement between researchers, stakeholders and senior decision makers, and to help accelerate the translation and uptake of research evidence in decision-making. Held June 24th in Halifax, this one-day event brought together 40 leading regional and national STBBI public health officials, researchers and other stakeholders to talk about testing in our region and to mobilize toward concrete actions on testing and linkage to care. It focused on the “Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-borne Infections in Canada by 2030” and the development of STBBI policies, programs and actions aimed at reaching the undiagnosed. More information will soon be posted on the BBE website. The event was facilitated by Jean Shoveller. Presenters included Genevieve Tremblay, Todd Hatchette, John Kim, Debbie Kelly, Rick Galli, Ken English, as well as an MOH (or designate) from each of the four Atlantic provinces. Four main objectives were established for the BBE: <ol style="list-style-type: none"> Increase understanding of the unique characteristics of STBBIs in the Atlantic region including potential barriers and innovative solutions to testing; Explore collaborative and interprovincial actions to help support increased access to testing, as a key pillar of the Pan-Canadian Framework for Action, in an effort to reach the undiagnosed and expedite access to treatment; Examine the potential utility of newer STBBI testing technologies and approaches for use in Atlantic Canada; and Determine potential interprovincial agreements for testing-related actions needed to help reduce the health impact of STBBIs in the Atlantic region. |

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| | | <ul style="list-style-type: none"> • The evaluation results were extremely positive. More specifically: <ul style="list-style-type: none"> ▪ More than three-quarters (78%– 83%) of participants agreed that each of the four main objectives were met; ▪ The vast majority (88% - 95%) were satisfied with the various BBE components – i.e. The workshop overall; the expert presentations; the afternoon small group discussion; and the afternoon plenary session; ▪ Almost all (93% - 98%) of respondents were satisfied with the facilitation and individual presentations; 94% reported an interest in attending a similar event in the future; ▪ Everyone (100%) agreed that they gained new knowledge from the BBE that will be relevant to their future work, and that they fostered relationships/collaborations as a result of the BBE. |
| 10. Organize and host the <i>AIRN Planning Day</i> | April – June 2019 | <ul style="list-style-type: none"> • Held June 25th, this was a rare chance to bring 30 AIRN members from across the region together to discuss our actionable goals and preliminary workplan for the next 5 years. Although not exclusively focused on testing, it provided an opportunity to discuss the outcomes of the BBE to further discuss how the Atlantic provinces can reduce the burden of STBBIs by 2030. The evaluation indicated that our objectives were met. e.g. Almost all reported that the event helped participants learn about: STBBI testing issues (77%); the Pan-Canadian Framework for Action on STBBIs (100%); and potential actions that the region can take on STBBIs moving forward (85%). • Participants agreed that the day allowed for discussion on: How the Atlantic provinces can advance STBBI testing (77%); the Pan-Canadian Framework on STBBIs; AIRN’s purpose, priorities, and sustainability (100%); and strategic actions and next steps for taking action on STBBIs (85%). |

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| REACH 2.0 OBJECTIVE 1: Identify the range of existing efficacious interventions focusing on combination interventions that address the needs of populations most affected by HIV, STIs and HCV | | |
| 1. Complete the quantitative and qualitative data analyses for the <i>Additional Harm Reduction Services in two Sites in Nova Scotia: An Exploration of Advantages, Community Interest, and Methods of Delivery</i> (PAs: L. Jackson, D. Bailey, M. Dechman & C. Porter) | Ongoing (to December 2019) | <ul style="list-style-type: none"> Previously discussed under CBR Collaborative OBJECTIVES 1 and 4, this REACH-funded research is rooted in implementation research to close gaps in the prevention, engagement, and treatment cascade for PWUS. It is aimed at gaining an understanding of what PWUS and local key informants in Halifax and Sydney think about implementing additional harm reduction services – e.g. safer consumption sites, peer-staffed detox programs, peer-led navigation programs – in their communities. Based on an adaptation of Kirk et al.’s (2016) Consolidated Framework for Implementation Research (CFIR), questions are focused on the ‘relative advantage’, ‘implementation climate’ and ‘adaptability’ of each of the harm reduction services. More specifically, the objectives are to identify what PWUS and key local stakeholders perceive as: <ol style="list-style-type: none"> The <i>relative advantages</i> (in terms of health, social and/or economic benefits) of additional harm reduction services compared to existing services; The <i>implementation climate</i> (e.g. receptivity to services) for additional harm reduction services; and How to <i>adapt</i> additional services to meet local needs within their communities. The methodology and KTE activities related to this study have been discussed in earlier sections of this report and are not repeated here. |
| REACH 2.0 OBJECTIVE 2: Provide support and expertise for front-line organizations and service providers in participatory evaluation | | |
| 1. Support the development of an evaluation framework for the <i>HANDUP PALS Project</i> | In progress | <ul style="list-style-type: none"> AIRN is supporting the development of a participatory evaluation framework for the <i>HANDUP PALS Project</i>. As reported above, this CBR project is led by Direction 180 and aimed at providing peer education and support to individuals at risk for HIV, HCV and other harms upon release from incarceration. The Atlantic CBR Coordinator and several members of AIRN’s leadership are part of the evaluation sub-committee for the PHAC-funded project. The <i>PALS Project</i> Evaluation Committee held its first meeting in March 2019 and continues to work with Direction 180 and members of HANDUP to develop a participatory evaluation and monitoring plan. |

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| | April-June 2019 | <ul style="list-style-type: none"> • Three meetings of the evaluation sub-committee were held in April and May toward the development of the evaluation framework to contribute to the research evidence on effective models of practice for organizations and communities that work with PWUS upon release from correctional facilities. • The purpose of the evaluation will be to conduct a formative/process and a preliminary outcome evaluation of PALS to assess the: <ul style="list-style-type: none"> ▪ Implementation of PALS; ▪ Impact on HANDUP members serving as PALS (e.g. skills, confidence/self-efficacy to deliver programming and to reduce personal risk behaviours); and ▪ Impact on clients (e.g. improved health, quality of life; skills, confidence/self-efficacy to reduce risk-taking behaviour and harm). • In partnership with PALS members, the participatory evaluation will seek to answer three main questions: <ul style="list-style-type: none"> ▪ Was PALS implemented as intended? ▪ Did PALS reduce risk behaviour and increase capacity among HANDUP members who served as PALS? ▪ Did PALS reduce risk behaviour and increase health and quality of life for PWUS released from CNSCF? |
| REACH 2.0 OBJECTIVE 3: Identify gaps in the implementation, scale-up and sustainability of efficacious interventions, and support research to develop packages of interventions | | |
| 1. Conduct Phase 1 of the <i>Atlantic COAST</i> Study (PAs: L. Jackson & C. MacIsaac) | In progress | <ul style="list-style-type: none"> • The 3-year CIHR-funded <i>Atlantic COAST Study</i> seeks to better understand the barriers and facilitators to drug treatment addiction programs for people who use substances (PWUS) in Atlantic Canada. • As outlined on the project's website, the study aims to: <ol style="list-style-type: none"> 1. Explore and understand key policies and practices of drug addiction treatment programs, focusing specifically on barriers and/or facilitators to access and retention for PWUS in Atlantic Canada; 2. Explore and understand safer/unsafe drug use and sexual health practices among PWUS in Atlantic Canada during the period of time when they want to access/stay in treatment but do not because of program-level policy and practice barriers; |

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| | | <p>3. Discuss with PWUS and other stakeholders in Atlantic Canada the findings from objectives 1 and 2 in order to develop recommendations and strategies to address barriers, build on facilitators, and target HIV prevention for PWUS.</p> <ul style="list-style-type: none"> As discussed under CBR Collaborative OBJECTIVE 1, most of the in-person interviews with PWUS were completed during this reporting period. Questions focused on the program-level barriers and facilitators PWUS have experienced in the last two years or so when trying to get in, trying to stay in and/or leaving drug addiction treatment programs (i.e. detox, opioid assisted treatment). |
| | <p>April – June 2019</p> | <ul style="list-style-type: none"> Phase 1 interviews with 55 PWUS were completed in April 2019 and are currently being transcribed for analysis. The preliminary results are expected in the next reporting period. As of June 2019, the team is waiting for approval from the various REBs for Phase 2 of the study which will involve telephone interviews with family members and community-based organization staff. The interviews will focus on how they perceived their family member’s or client’s experiences in the last two years when trying to get in, trying to stay in and/or leaving drug addiction treatment programs. Phase 2 is expected to start in the fall of 2019 and continue through to the summer of 2020. |
| <p>REACH 2.0 OBJECTIVE 4: Actively engage in rigorous Applied Program Science</p> | | |
| <p>1. Pharmacy-based STBBI testing and scale-up (PA: D. Kelly) – Part of the “REACHing for Impact” Team Grant</p> | <p>Funding announced</p> | <ul style="list-style-type: none"> At the end of March 2019, we learned that the CIHR HIV/AIDS Biomedical and Clinical Research Team Grant – <i>Testing, Reaching the Undiagnosed and Linkages to Care: “REACHing” for Impact</i>, led by S. Rourke (NPA) was funded. As part of this larger Team Grant, members of the Atlantic Team will be leading the APPROACH 2.0 study to determine whether a pharmacy-based STBBI testing program will increase the number of people tested, find new diagnoses and generate good value for money. |

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| | April – June 2019 | <ul style="list-style-type: none"> • During this period, members of the Atlantic Team held several meetings in gearing up for the “REACHing” for Impact Grant. As discussed previously under CBR Collaborative Objective 3, the team led by Debbie Kelly will build on the successful APPROACH pilot to expand the pharmacy testing model to include testing for HIV, hepatitis C and syphilis in Nova Scotia, Newfoundland & Labrador and Alberta. It will investigate factors required for scalability and sustainability – e.g. (1) Regulatory and policy issues; (2) Integration with existing public health systems; and (3) Financial considerations. • Using an implementation science approach, this work will provide critical information and “proof of concept” on how to provide pharmacy-based STBBI testing in rural and remote areas from a scalability and sustainability perspective. It will also address how to scale up STBBI testing– e.g. checks and balances – to other provinces and jurisdictions. • Debbie Kelly presented the results of the APPROACH pilot and plans for the “REACHing” for Impact scale-up as part of the <i>Best Brains Exchange</i>, held June 24th. |
| | April – June 2019 | <ul style="list-style-type: none"> • At the end of June 2019, J. Gahagan began the process of assembling a team to develop a proposal to secure funding to undertake a national sexual health baseline survey of 16-24 year olds using a tool developed and validated in 2013 with PHAC funding (click for article). With the impending release of Canada’s Five-Year Action Plan on STBBIs, baseline data would offer very timely and useful data for more targeted actions aimed at reducing the burden of STBBIs in Canada. |
| REACH 2.0 OBJECTIVE 5: Create a strong embedded training and capacity building program in community-based research, intervention research, participatory evaluation and Program Science | | |
| None this reporting period | | |
| REACH 2.0 OBJECTIVE 6: Develop a research and Program Science partnership among funded centres to maximize the impact of research and KTE resources | | |
| None this reporting period | | |

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| REACH 2.0 OBJECTIVE 7: Stigma Index – national and regional implementation, intervention planning and evaluation | | |
| 1. Complete the <i>Building Capacity for the Stigma Index Implementation In Atlantic Canada Project</i> | In progress | <ul style="list-style-type: none"> The 9-month foundational project was in progress during this reporting period. As outlined earlier, the project had five main objectives: (1) To connect/reconnect people living with HIV in the Atlantic Region from diverse groups; (2) To develop and foster connections among people living with HIV across the four Atlantic provinces; (3) To build leadership capacity for the HIV Stigma Index implementation among people living with HIV in the Atlantic Region; (4) To exchange knowledge of HIV-related stigma, its consequences, and the Canadian People Living with HIV Stigma Index; and (5) To develop a proposal in the spring of 2019 to implement the HIV Stigma Index. The outcomes of this project are described above (see CBR Collaborative OBJECTIVE 3). |
| | April – June 2019 | <ul style="list-style-type: none"> The Project Coordinator and Project Assistants hired for the capacity building phase completed their work in April 2019. In May 2019, AIRN submitted a draft proposal to REACH to begin the regional implementation of the HIV Stigma Index. The proposal was for a 10-month project involving the hiring of a 0.5 FTE Project Coordinator and the training of 5-6 PRAs to carry out 100 Stigma Index interviews followed by 12 in-depth interviews with people living with HIV across the four Atlantic provinces. Feedback from REACH on the draft proposal was received in June and the team was asked to reduce the project's timeframe and budget. The revised proposal was submitted with S. Kirkland, J. Gahagan and Larry Baxter as the Primary Applicants. It is for a 9-month project (July 2019 – March 2020) supported mainly by the National HIV Stigma Index Coordinator, rather than a 0.5 FTE regional coordinator. The intent remains to hire and train 5-6 PRAs to conduct 100 Stigma Index interviews and 12 in-depth interviews. |