

## **ABLC Meeting November 19, 2018: 12:00 – 1:00 PM Atlantic**

**Invited:** Marni Amirault (CAAN & AHA Centre), Diane Bailey (Mainline), Larry Baxter (Community), Greg Harris (MUN), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Jo-Ann MacDonald (UPEI), Jeannine McNeil (PHAC), Caroline Ploem (AIRN), Michelle Proctor-Simms (NSACA), Cybelle Rieber (PEERS Alliance), Dena Simon (ACNS)

**Regrets:** Diane Bailey (Mainline), Donna Bulman (UNB), Julie Dingwell (Avenue B), Jacquie Gahagan (Dal), Lois Jackson (Dal), Stacey Burns-MacKinnon (PEI DHW), Julie Thomas (HON), and Gerard Yetman (Co-Chair, ACNL)

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## **MINUTES**

### **1) Welcome and Focus of Today's Meeting (Susan)**

### **2) Review and Approval of Current Agenda and Minutes from September 25th**

- Burning issues to add?

### **3) ABLC Consultation re. REACH 3.0 Proposal (see Appendix – page 3)**

- Regional consultation to identify/confirm research main accomplishment and priorities re. testing and linkage to care (see Draft Summary in Appendix A – anything to change/add/edit in relation to the Questions included in Appendix B?)
- Developing a significant change story – Main question to ABLC: What do you see as our most significant regional story? Who should we consult/interview?

### **Time Permitting (and/or deferred to Dec 13th):**

### **4) Regional Check-in (All)**

### **5) National Organization Updates**

- PHAC update (Jeannine)
- AHA Centre/CAAN update (Marni)
- Action Hepatitis Canada (Cybelle)
- CPPN (Michael)

### **6) Grant Updates**

#### **a) Recently Funded (since late Sept/18)**

- Halifax Area Network of Drug Using People (HANDUP) Peers Assisting, Lending Support (PALS) (C. MacIsaac)
- Other?

#### **b) Decision Pending**

- Project PEER Catalyst Grant: Uncovering the Impact of GIPA/MEPA and the Wise Practices of Informal and Formal Supports [Greg] – Decision: Feb 28/19
- CIHR HIV/AIDS Biomedical and Clinical Team Grant – Testing, Reaching the Undiagnosed and Linkages to Care: “REACHing” for impact? [Sean Rourke] – Decision: Mar 28/19

#### **c) In Development**

- REACH 3.0 (Due: Dec 11/18)

## 7) Ongoing Research Projects

- “Preventing the spread of HIV: The critical role of addiction treatment services” (L. Jackson)
- “New Technologies & Chem Culture: Examining Deployment and Effects among MSM” (M. Numer)
- The **PANACHE** study (**P**references **A**nd **N**eeds for **A**ging **C**are among **H**IV **E**lders in **C**anada)” (S. Walmsley & K. Murzin)
- “Harm reduction and addictions interventions among people hospitalized with injection drug use-associated infective endocarditis” (T. Brothers)
- Canadian Blood Services “ACB and MSM – it’s not an oxymoron” (O. Dryden)
- “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” (G. Harris)
- “Additional Harm Reduction Services in two Sites in Nova Scotia: An Exploration of Advantages, Community Interest, and Methods of Delivery” (L. Jackson & D. Bailey)
- “The Canadian HIV Stigma Index CBR Project” (F. Ibáñez-Carrasco)
- Ending HIV Stigma in Canada: Adapting & Applying Contact-Based Interventions (S. Rourke)
- “Halifax Area Network of Drug Users Stands Up” (HANDUP Stands Up) (C. MacIsaac)
- Catalyst Grant: “Moving Beyond Piloting POCT” (J. Gahagan)

## 8) Recently Held and Upcoming Events (Oct/18– )

- [Stimulus Conference](#) — Oct 3-5 [Edmonton]
  - [REACH Leadership Meeting](#) — Oct 18-19 [Toronto]
  - [CATIE Webinar: Eliminating hepatitis C among people who use drugs: The latest research and its implications for the front lines](#) — Oct 30<sup>th</sup> [Online]
  - Mainline “NEEDLES” Documentary Film Screening — Nov 8 [Halifax] – Airs on Eastlink Community TV Dec 2<sup>nd</sup>
  - REACH Stigma Researchers Update Meeting — Nov 16 [Halifax]
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- [CRISM Atlantic 2nd Symposium](#) — Nov 20 [Moncton]
  - HIV PrEP Stakeholder Engagement Workshop — Nov 21 [Truro]
  - [GotBlood2Give Halifax Training](#) — Nov 24 [Halifax]
  - Red Ribbon Flag Raising & HIV/AIDS Awareness Week Proclamation — Nov 29 [Halifax]
  - [World AIDS Day](#) — Dec 1 [Multiple locations]
  - [Health Canada Consultation on strengthening Canada’s approach to substance use issues: Updating the Canadian Drug and Substances Strategy \(CDSS\)](#) — Sept 5 – Dec 4 [Online]
  - [CATIE Webinar: Peer health navigation: mental health implications of working as a peer](#) — Dec 12 [Online]
  - [EduCATIE + Atlantic Regional Courses: Preventing the Sexual Transmission of HIV](#) — Jan 7–Feb 5/19 and Hepatitis C Basic Jan 14–Feb 11/19 [Online]
  - REACH/UWW Peer Researcher Learning Institute — Feb 5 to 8 [Halifax]
  - [CPHA Public Health 2019](#) — Apr 30 to May 2/19 [Ottawa]
  - [CAHR 2018](#) — May 9 – 12 [Saskatoon]
  - [8th Canadian Symposium on Hepatitis C Virus 2019](#) — May 24 [Montreal]
  - [Canadian Liver Meeting](#) — May 24-26 [Montreal]
  - [41st Annual Guelph Sexuality Conference](#) — June 21-22 [Guelph]

## 9) Next Meetings (every second Thursday of the month from 10:00 – 11:00 am)

- Dec 13/18 and Jan 10/19

# APPENDIX A

## Atlantic Region Summary: Major Accomplishments and Key Issues

### Introduction

AIRN is a research network of over 260 individuals and organizations working in the area of HCV and HIV in Atlantic Canada and has been the regional partner for REACH and the CBR Collaborative since 2009. The goal of AIRN is to coordinate research efforts to support evidence-based decision-making to influence policy, programs, and practice to prevent the transmission of HIV and HCV, and to improve the quality of life of those affected.

The following is an overview of the Atlantic region's major accomplishments related to REACH and the CBR Centre over the past five years, as well as the region's key issues in reaching the undiagnosed and linkage to care. It should be noted that time constraints prevented adequate consultation with members of the Atlantic team in preparing this draft.

### Major Accomplishments

- As determined by AIRN's membership, the current regional priorities are: harm reduction, addiction and mental health; stigma, discrimination and resiliency; STBBI testing; PLWHIV leadership; and HIV and aging.
- Atlantic Canada's harm reduction and HIV/STBBI testing landscape is very conservative and reducing related barriers has long been top priority among a number of the region's researchers and community organizations. Some major achievements have been made, for example:
  - Atlantic researchers have contributed significantly to testing-related developments both regionally and nationally, most notably in the area of point-of-care testing (POCT).
  - Until recently, harm reduction initiatives were much more limited and underfunded. There was no provincial coverage for naloxone or PrEP anywhere in the region, for instance, and little hope for mobilizing toward safer consumption sites.
  - Efforts are ongoing to address the *limited* access to needle and syringe programs, low threshold opioid treatment, peer programs, and other harm reduction services, as well as the regional *nonexistence* of POCT, community detox centres, and safer consumption sites.
- Regional partners have been successful in securing and leading grants from various funding sources aimed at influencing policy, programs and/or practice. Examples include:
  - CIHR CBR Operating Grant (2018-21): "Preventing the spread of HIV: The critical role of addiction treatment services" (L. Jackson)
  - CIHR CBR Operating Grant (2018-21): "New Technologies and Chemical Culture: Examining Deployment and Effects among MSM" (M. Numer)
  - REACH 2.0 (2017- 18) "Additional Harm Reduction Services in Two Sites in Nova Scotia: An exploration of advantages, community interest and methods of delivery." (L. Jackson & D. Bailey).
  - Gilead Inc. (2018). "Eliminating Hepatitis in Nova Scotia." (L. Barrett)
  - Nova Scotia Department of Health and Wellness (2017): "Toward a Provincial Model for Needle Distribution and Disposal and Safer Consumption Sites" project. (S. Kirkland, C. Ploem & S. Patten)
  - CIHR CBR Catalyst Grant (2016-18): "Moving Beyond Piloting: A Social Ecological Exploration of Barriers and Facilitators to Scaling up HIV Point-of-Care Testing (HIV POCT) in Canada" (J. Gahagan)
  - CIHR HIV Implementation Science (2016-17): "A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize Access to Care in HIV" (D. Kelly & J. Kielly)
  - CIHR CBR Catalyst Grant (2015-167) "Community Preparedness in the Context of HIV Point-of-Care Testing in the Atlantic region: Are our communities ready?" (J. Gahagan)
  - CIHR Planning and Dissemination Grant (2014-15): Surging ahead in community-based research in HIV/AIDS: Building on our collective knowledge to reduce harms and understand the impact of addiction on people at risk or living with HIV/AIDS in Atlantic Canada (S. Kirkland & J. Dingwell)
  - PHAC (2014). Exploring the Landscape of Communicable Diseases in Atlantic Canada (S. Kirkland).
  - NS Advisory Commission on AIDS (2013-14) "Rapid Point of Care HIV Testing: A Pilot Study" (J. Gahagan & T. Hatchett)

## Key Issues: Reaching the Undiagnosed and Linkage to Care

- While the rates of HIV in the Atlantic region have traditionally been relatively lower than the national average, it is no time to be complacent. Since January 2018, there have been significant spikes in the number of HIV cases reported in Nova Scotia and New Brunswick and, at the current rate, the incidence of HIV in these two provinces will have more than doubled by the end of the year.

## Main Barriers and Facilitators

- Atlantic Canada is largely rural and geographically dispersed, with a total population (2.4 million) less than that of Toronto's. The regions fairs poorly in terms of various social determinants of health, including high unemployment rates and poverty.
- Stigma and discrimination is very commonly reported by people living with HIV in the Atlantic region, and there is a strong culture around privacy and secrecy, with many people unwilling to disclose their HIV status.
- AIDS Service Organizations in the region also have few resources, and thereby less capacity and reach than those in the larger provinces.
- There are a multitude of barriers to testing for HIV and other STBBIs in the Atlantic Region and a huge need for innovative and expanded options to increase access to testing.
  - There is variable access across to anonymous testing in the Atlantic region. In Nova Scotia, it is only available in Halifax and Sydney. Anonymous HIV testing is not at all available in Newfoundland and Labrador and PEI.
  - Although used for several pilot projects, rapid POCT is not yet available in the Atlantic region. Need for government, community, industry and research sectors to collaborate and innovate to address testing gaps.
- The APPROACH 1.0 study has demonstrated the feasibility, acceptability and high satisfaction with a pharmacist-offered POCT program in Alberta and Newfoundland and Labrador.
- Findings from a recent scoping review related to HIV POCT in non-urban settings highlight the role of allied professionals in increasing access to HIV testing. Uptake and satisfaction is high when HIV POCT is offered at innovative sites.
- Results from a feasibility and acceptability HIV POCT pilot study conducted several years ago in Halifax with people who use drugs (PWUD) highlighted the need for rapid point of care HCV testing among PWUD, as it was their main concern.
- In short, the Atlantic region needs: Access to HR initiatives available in larger Canadian cities (e.g. SCS, community detox); to address major gaps in HIV/STBBI testing (e.g. anonymous HIV testing, POCT); and strong leadership and accountability for addressing drug use and STBBIs from a comprehensive, evidence-based systems perspective.

## Mobilizing a Research Team for Two Testing Grants

- Since September, several meetings have been held with Atlantic region stakeholders to address reaching the undiagnosed and linkage to care re. STBBIs.
- There is strong interest in being involved in the CIHR Team Grant and we have identified two leads with biomedical/clinical expertise: Dr. Debbie Kelly (Memorial University of Newfoundland) and Dr. Tasha Ramsay (Nova Scotia Health Authority). Given the success of the APPROACH 1.0 study The Atlantic region is in a good position to remain connected to this work, particularly as it relates to increasing access to POCT and linkage to care through pharmacies.
- While not all everyone from the community will feel connected to a biomedical/clinical initiative, the Atlantic region is also in the process of mobilizing for a community-based operating grant that would involve: (1) A baseline sexual health assessment of 16-24 years olds in all four Atlantic provinces; (2) A targeted approach to scaling up testing in the regions with poorer sexual health outcomes; and (3) Evaluating what models, approaches and locations worked in which region and for which populations with an eye to developing a plan for a sustainable testing program.
- It is anticipated that synergies would be generated between the biomedical/clinical and community-focused testing initiatives.

## APPENDIX B

### Part 1: Regional Summaries of Main REACH 2.0 (and CBR 2.0) Accomplishments and Priorities for REACH 3.0

**REACH REGIONAL SUMMARIES** -- (2 PAGES MAX, DUE: December 1, 2018) [this will eventually be collated into a national summary report / Regional focus for REACH 3.0 implementation]

Reaching out to key stakeholders, core teams to do some planning/consultation on the future work of REACH 3.0 in each of our regions. This could also be an opportunity to reach out to new team members for REACH 3.0 (thinking about who we need to engage with a shift in focus, perhaps public health, MHOs, other stakeholders). Consultations can take many forms -- one-on-one telephone conversations, email communications, small meetings.

#### REACH 2.0: WHAT HAVE WE ACCOMPLISHED?

What are our major accomplishments re. REACH Centre and CBR Collaborative (1 page):

1. Increase Prevention
2. Increase Testing
3. Improve Health Outcomes for People Living with HIV in Canada
4. Stamp Out HIV Stigma

Other areas of focus for REACH 2.0:

5. Building capacity around Program and Implementation Science and participatory evaluation

#### REACH 3.0: WHERE DO WE WANT TO GO?

What does your region want to prioritize in relation to (1 page) -- every region will decide on how they want to engage their core teams, stakeholders, key advisors to answer this [what will you need to support this work in your region]:

Using program and implementation science and collective impact approaches:

1. Testing & Reaching the Undiagnosed
2. Linkage to Care (both for people who test negative and positive, living well with HIV)
3. Stigma

#### **Overarching/foundation functions:**

4. Policy and System Change
5. Communications and KTE
6. Evaluation
7. Capacity-Building and Training

#### WHO WANTS TO BE ON THE GRANT FOR THE REGION?

Preference for participant role – Principal Applicant, Co-Applicant, Knowledge User, Principal Knowledge User or Collaborator (info will be needed by Dec 5<sup>th</sup>)

Who else do we need to involve?

## Part 2: Developing a Significant Change Story

### Protocol for Collecting Most Significant Change Stories (Drafted by Nov 21/18)

The summary of each of these should not be too long -- 1 page max

*Main Question to ABLC: What Do You See as Our Most Significant Regional Story? Who Should We Consult/Interview? (Interview protocol is included below)*

Opening questions:

1. Tell me about how you have been involved with X (name of the program or initiative or REACH, if appropriate).
2. (a) For people with lived experience:
  - What has happened to you because of X?
  - Probes: what was your life like before and how is it different now?
- (b) For policy/system change people and/or community-based organizations:
  - What changes has X brought about in programs, services, policies or other systems?
  - Probes: What were things like before and how are they now different?

Through the discussion, ensure you gather the following information:

1. Who is involved
2. When/where does the story take place
3. Description of what happened
4. Why this is significant to the storyteller
5. Implications of the story for REACH or the STBBI system

At the end of telling their story, ask the person to come up with a story title.

**Regional Plan** -- who is going to talk to which project/program/person -- need to have a wide representation of impact for people with lived experience, community-based organizations, policies/systems changes, etc. [it would be good to do some joint planning in order to gather a wide variety of voices for this piece]

Region	Organization/Person to be contacted	Area of Impact (ie.individual, organization, capacity building, system, policy...) and any other notes
ATL	Harm reduction work Testing AIRN - Atlantic Blended Leadership Committee (ABLC) to be consulted re. "Most Significant Change Story" by Nov 19th	Capacity building - Two areas of significant focus and accomplishments in the Atlantic over the years and going forward (REACH 2.0 and 3.0.)