

ABLC Meeting November 16, 2017: 10:00 – 11:00 AM Atlantic

In Attendance: Marni Amirault (CAAN & AHA Centre), Donna Bulman (UNB), Stacey Burns-MacKinnon (PEI DHW), Julie Dingwell (AIDS SJ), Jacquie Gahagan (Dal), Lois Jackson (Dal), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Caroline Ploem (AIRN), Michelle Proctor-Simms (NSACA), Julie Thomas (HON), and Sonia Gaudry (REACH 2.0)

Regrets: Diane Bailey (Mainline), Larry Baxter (Community), Colt Burrows (REACH 2.0), Greg Harris (MUN), Jo-Ann MacDonald (UPEI), Jeannine McNeil/Michelle Bowden (PHAC), Karen Pitts (Hep NS), Cybelle Rieber (AIDS PEI), Gerard Yetman (Co-Chair, ACNL)¹

MINUTES

1) Welcome and Introductions

- Susan welcomed and thanked everyone for attending.
- To ensure that Sonia knew who was on the call, we did a quick round of introductions. Colt was unable to attend the meeting due to a personal matter.

2) Review and Approval of Current Agenda and Minutes from October 12th

- The agenda was reviewed and approved as circulated; the minutes from October 12th were approved.
- All of the action items were completed.
 - Susan and Caroline sent a note to Donna to welcome her to the ABLC.
 - Caroline connected with all existing ABLC members to determine ongoing interest for another term; 16/19 responses received to date – all are staying on.
 - Caroline prepared a list of Atlantic Members on the REACH 2.0 and CBR Collaborative 2.0 grants as a reference for the upcoming TOR and membership renewal discussion.
 - Caroline contacted Jeannine to see if there was anything she wanted included in the minutes.
 - Caroline will circulate the 5-year Stigma Project workplan and get the minutes from the June 2017 meeting. The agenda for the ABLC meeting in November will focus on the Stigma Project and the ABLC Terms of Reference/Membership.

ACTIONS

- ✓ Caroline will send reminders to the ABLC members who have not yet indicated their intentions for another term.
- ✓ Michelle will update AIRN when she learns more about developments related to the public release of the Toward a Provincial Model for NDD and SCS report.

¹ ACNL=AIDS Committee of Newfoundland and Labrador; AHA Centre=Aboriginal HIV & AIDS Community-Based Research Collaborative Centre; AIDS SJ=AIDS Saint John; CAAN=Canadian Aboriginal AIDS Network; Dal=Dalhousie University; HepNS=Hepatitis Outreach Society of Nova Scotia; HON=Healing Our Nations; MUN=Memorial University of Newfoundland; NSACA=Nova Scotia Advisory Commission on AIDS; PHAC=Public Health Agency of Canada; UPEI=University of Prince Edward Island.

3) HIV Stigma Project Funding (Sonia)

a) Overview

- Funding from REACH is available from two national grants: (1) \$450,000 from a CIHR CBR Research Grant (over 3 years) to implement the HIV Stigma Index; and (2) ~ \$1,000,000 from PHAC (over 5 years) to implement the HIV Stigma Index and do subsequent interventions.
- The main *first step* for all regions is to implement the HIV Stigma Index – an international tool that has been implemented in 80-90 countries. There is a strong history/legacy of countries around the world using this tool to measure stigma and then conducting interventions to address the related stigma.
- The process of data collection is very central to the HIV Stigma Index – it involves peer-to-peer conversations using a relatively long structured instrument. The process involves supporting People living with HIV (PLWHIV) talking with PLWHIV about their experiences of stigma. The governance and support around this project provides a number of leadership positions for PLWHIV.
- The Global Network of People Living with HIV (GNP+) oversees the use of the Stigma Index, and it is important to respect and use the tool *as is* so that comparisons can be made across countries. However, there is the flexibility to build on the questionnaire by adding items specific to regions/countries.
- Collecting Stigma Index data is Phase 1 of this initiative. The interventions – e.g. stigma reduction in targeted healthcare or other settings – will come in subsequent years (primarily through the PHAC funding) once the stigma data is collected.
- Laurel Sprague who has been involved in stigma work for years is now the Executive Director of GNP+. She remains very engaged in this work and is very supportive of REACH doing this work in Canada.

b) Stigma Initiatives to Date in Other Provinces

- **Ontario Context**
 - Waiting for the results of the REB application revisions and getting ready to launch the HIV Stigma Index. Sonia will gladly share the REB application with other regions once it has been approved.
 - They are also in the process of building *a regional governance group* for the implementation – e.g. to look at the questionnaire and determine if any questions need to be added for the Ontario context.
 - James Watson will be leading the Ontario peer researcher recruitment, training and support. James will also be an important contact for all regions when it comes to the peer researcher component.
- **British Columbia Context**
 - BC got a head start on stigma work due to funding received through local sources several years ago.
 - Colt was very involved in this work and can inform us about the BC experience.
 - BC has ~170 Stigma Index questionnaires completed but have not yet analyzed the data. They are having conversations with REACH about the possibility of funding to do so.
- **Manitoba Context**
 - Received a CIHR Catalyst Grant to do some capacity building and piloting of the Stigma Index with ~50 PLWHIV this year. They are using the tool as is and have not added any questions.
 - James Watson and Francisco Ibanez-Carrasco went to Manitoba to provide the peer researcher training. Sonia is not sure whether they have started collecting data.

c) Questions and Discussion (all) ²

Need for Capacity Building Stage

- Susan highlighted that we are committed to the HIV Stigma project, but that we are not yet ready in the Atlantic region to implement the *HIV Stigma Index*.
 - Beyond the need to build the capacity of peer researchers, we need to do some pre-work to get the PLWHIV community ready to engage in the training. There is a strong culture around privacy in the region, and many are not willing to disclose their status.
 - It would be especially helpful to hire a person living with HIV who can help drive this project (e.g. establishing a regional governance committee, setting the stage, recruitment).
- Is funding available to hire a person living with HIV to assist us in doing this needed developmental work?
 - Sonia said that there is some funding (25-30K) but not enough for full-time salaries for new positions.
 - REACH staff (regional and national) are expected to contribute in some way. At the national level, James, Francisco and Colt can provide training and support.
 - According to Sonia, hiring a PLWHIV on a part-time basis over the next year to engage PLWHIV and lay the groundwork for implementing the HIV Stigma Index the year following is something that REACH would be willing to fund (25-30 K). It is very consistent with the idea of the Stigma Index and with the CIHR funding guidelines.
- Other members of the ABLC agreed that moving forward in a stage-wise process was the only way we can succeed in our region.
- We need to take a close look at the *HIV Stigma Funding Guidelines*, and map out what we want our next year to look like in terms of capacity building — i.e. Develop our goals/objectives, timeline, work plan, and budget. If approved, the funding agreement would be with St. Michael's hospital.

HIV Stigma Index: Sampling, Funding, and Other Considerations

- We have done a lot of work in the Atlantic with people who use drugs (PWUD). It will be important to use our connections with groups involved in harm reduction across the region to tap into PWUD who are HIV+ and/or co-infected with other STBBIs.
 - Given the number of PLWHIV we committed to interviewing (100 for CIHR; closer to 200 for the PHAC grant), it will be important for us to reach as broad a sample of PLWHIV as we can, including PWUD, sex workers, indigenous communities, etc.
- Sonia suggested that we may want to conduct more than 100 interviews. The questions are very specific to HIV-related stigma, and are not relevant to people who are not aware of their HIV status or are HIV-negative. While we could add some questions of relevance to these populations, the interviews would not count toward the HIV Stigma Index. The funding is specific to PLWHIV and we want to ensure that we have a large enough sample to effectively measure stigma.
- It is possible to combine the HIV Stigma Index and qualitative interviews with the same person. The questionnaires can be helpful in identifying the individuals to interview further to gather richer data.
- It generally takes about an hour just to get through the questions on the HIV Stigma Index. Because of the conversation that it generates and how people interact around the topic, it often results in a longer interview (2+ hours).

² This discussion was unstructured but the minutes are organized under two main headings to separate our discussion around the need for capacity building from that related to the actual implementation of the HIV Stigma Index.

- GNP+ is currently in the process of revising the Stigma Index to update the language and shorten it. We do not know yet when it will be ready. Depending on how comparable the two versions of the Index are, we may want to stick with the current version so that our data can be included with those of other regions.
 - Also, if all regions in Canada use the same tool, we could compile the data to paint a national picture and contribute to the GNP+ global picture of stigma
- Is there funding to analyze the data from the Stigma Index?
 - This may be a legitimate expense through the CIHR funding, but resources would be allocated on a case-by-case basis. Different models may be established across regions, depending on the skillsets and resources available to the regional teams.
- Are PLWHIV expected to be part of the data analysis?
 - In keeping with the spirit of the Stigma Index, PLWHIV should be invited to take part in every stage of the project, including data analysis.
 - While not everyone has the skills or comfort for data analysis, there are some approaches that can be used to figure out how best to do so collaboratively – e.g. Francisco has some work around collaborative analysis which brings people together with very varying skillsets.
- Are proposals to REACH for HIV Stigma Project Funding available to other regions?
 - Regions that are actively working on stigma (e.g. BC and Manitoba) received funding from other sources, so there are no proposals yet to share. Sonia will share once she receives them.
- Will the data from the Stigma Index allow us to pull out information specific to Canada’s diverse populations (e.g. Indigenous Communities)?
 - This is an area in which we may want to add questions. When our regional governance team is ready to take a look at the questionnaire to ensure it captures all of the information we want, we may want to gain input from other regions (e.g. BC, ON) who have/will have gone through the process.
- On behalf of AIRN, Susan thanked Sonia very much for her time and expressed our gratitude for clarifying how we might move forward with our proposal to REACH.
 - Sonia reminded us that it is not a CIHR proposal and that she is not looking for 20 pages.

d) Next Steps

- Since we can include all of the development steps in the proposal (e.g. forming a regional governance committee), we can get started writing.
- Caroline and Susan will start working on the capacity building proposal in collaboration with community members and circulate to the ABLC for feedback.
 - Michael volunteered to participate on the proposal; we will follow up with Larry to ask about his interest; it was suggested that we also ask Al McNutt.
- We should aim to have a woman living with HIV on the proposal development team.
 - Janet Connors is back in Halifax and may be willing; Al likely knows how to reach her.
 - ABLC members who were not at the meeting may also have suggestions.
 - While based in Toronto, Wangari Tharao (Women’s Health in Women’s Hands) may be able to connect us with a woman from the Atlantic.
- When we get to the HIV Stigma Index phase, we should complement the tool with qualitative questions, including some that explore the issue of resilience, which could be very helpful in terms of getting ideas for interventions.

ACTIONS

- ✓ Caroline and Susan will aim to develop a first draft of the proposal with Al, Larry, Michael, and a woman living with HIV.
- ✓ Caroline will contact Larry and Al to determine their interest in participating and for suggestions re. a woman living with HIV. If unsuccessful in identifying an interested woman, Caroline will reach out to the broader ABLC and to Wangari for other suggestions.



Note: As anticipated, the full hour was spent on the above three items. Most of the items below will be carried forward to our next meeting scheduled for December 14th.

4) Member “Burning Issue” Updates (all)

5) Potential New ABLC Member (Dena Simon – Executive Director of ACNS)

6) ABLC Terms of Reference/Membership (Susan & Caroline)

- Review of and suggested updates to the TOR
- Update re. ongoing interest of current ABLC members
- Need for new member recruitment?

7) Grants Recently Funded/Pending (Updates)

a) Recently Funded (since Sept/17)

- [Canadian Blood Services “ACB and MSM – it’s not an oxymoron”](#) (Dr. Omisoore Dryden)

To be conducted in Halifax, Montreal, Ottawa and Toronto, the overall objective of this 2-year \$400,000 research study is to generate evidence to guide modifications to the current Canadian Blood Services’ donor criteria and questionnaire in order to facilitate greater participation by ACB MSM.

b) Recently Submitted/Pending Decisions

- CIHR CBR Catalyst Grant (Decision: Feb 28/18) – “*The PANACHE study (Preferences And Needs for Aging Care among HIV Elders in Canada)*” (S. Walmsley and K. Murzin - Realize)
- CIHR CBR Operating Grant (Decision: Feb 28/18)
 1. “*Preventing the spread of HIV: The critical role of addiction treatment services*” (L. Jackson)
 2. “*New Technologies and Chemical Culture: Examining Deployment and Effects among MSM*” (M. Numer)
- MAC AIDS Fund (Decision: Nov/17): “*HANDUP Stands Up*” (C. MacIsaac)
- CIHR Team Grant: HIV Implementation Science Component 2 (Decision: Jan 31/18): “*APPROACH 2.0: A Scaled-Up “APPROACH” to HIV and HCV Testing through Pharmacies*” (D. Kelly)

8) Ongoing Research Projects

- “Additional Harm Reduction Services in two Sites in Nova Scotia: An Exploration of Advantages, Community Interest, and Methods of Delivery” (Lois & Diane)
- “The Canadian HIV Stigma Index CBR Project” (Francisco)
- Ending HIV Stigma in Canada: Adapting & Applying Contact-Based Interventions (Sean Rourke)
- “Halifax Area Network of Drug Users” (HANDUP) (Cindy)
- Catalyst Grant: “Moving Beyond Piloting POCT: A Social Ecological Exploration of Barriers and Facilitators to Scaling up HIV POCT in Canada” (Jacquie)
- “A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize access to Care in HIV” (Debbie Kelly)
- Others?

9) Recently Held and Upcoming Events (see <http://www.airn.ca/event-calendar.html>)

- [World Hepatitis Summit](#) — Nov 1-3/17 [Brazil]
 - [Issues of Substance Conference](#) — Nov 13/17 [Calgary]
 - [Black Health and Anti-Black Racism](#) (Dr. Onye Nnorom) — Nov 14/17 [Cherry Brook]
 - [Health Equity, Race and Medicine](#) (Dr. Onye Nnorom) — Nov 14/17 [Halifax]
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- [CATIE Webinar: HIV and HCV point-of-care testing in Canada](#) — Nov 20/17 [Online]
 - [CATIE Forum and Annual Meeting](#) — Nov 23-24/17 [Toronto]
 - [1st CRISM Maritimes Symposium/Exchange Session](#) — Dec 5/17 [Halifax]
 - [CATIE Webinar: New testing technologies and approaches for syphilis](#) — Dec 18/17 [Online]
 - [CanHepC: 7th Canadian Symposium on HCV](#) — Feb 9 - 11/18 [Toronto]
 - [Rainbow Health Ontario Conference](#)— March 21-24/18 [Sudbury]
 - [CAHR 2018](#) — April 26-29/18 [Vancouver]
 - [Canadian Public Health Association 2018](#) — May 28-31/18 [Montreal]
 - [Global Hepatitis Summit 2018](#) — June 14-17/18 [Toronto]
 - [IAS, AIDS 2018, 22nd International AIDS Conference](#) — July 23-27/18 [Amsterdam]

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

- December 14, 2017 and January 11, 2018