

AIRN Blended Leadership Committee

Wednesday April 27th from 9:30 – 10:40 am Atlantic

In attendance: Marni Amirault (CAAN and AHA Centre), Larry Baxter (Community), Stacey Burns (PEI DHW), Carla Densmore (HepNS), Lois Jackson (Dal), Susan Kirkland (Co-Chair, Dal), Zack Marshall (MUN), Jeannine McNeil (PHAC), Gerry Mugford (MUN), Cybelle Rieber (AIDS PEI)

AIRN Staff: Caroline Ploem (Minutes)

Regrets: Julie Dingwell (Co-Chair, AIDS SJ), Greg Harris (MUN), Michael Liddell (Community), Michelle Proctor-Simms (NSACA), Julez Thomas (HON), Gerard Yetman (ACNL).

Absent: Diane Bailey (Mainline), Jacquie Gahagan (Dal)¹

MINUTES

1) Welcome and check-in

- Susan welcomed everyone to the call and began with a quick go-around of any items to share or add to the agenda.
- Jeannine – The deadline for the LOIs was April 15 and regional staff will be involved in the reviews but not necessarily those from their own region. They will see all of the regional applications and will be providing the regional context. No timelines as of yet, but will share once she knows.
- Gerry – His abstract for a poster presentation on HIV/HPV genotyping and cancer has been accepted for AIDS 2016. He will not be going, but is looking for someone from the Atlantic who is going to Durban to stand by the poster.
- Zack – Is stepping down from ABLC – is leaving Halifax at the end of June to take a position out West. The group congratulated Zack and expressed that we will miss him.

ACTIONS:

- ✓ Caroline will post Gerry's request on the Listserv.

2) Approval of current agenda and minutes from March 10th

- Susan added an item at the bottom of #4 – How do we fit into Implementation Science and what are our priorities for the coming year?

3) In-person Meeting with REACH Leadership (April 8)

- AIRN's funding currently comes from REACH (through the CBR Collaborative) which will come to an end in Dec/16. There will be REACH 2.0 funding, but we do not know what that will look like in the Atlantic region. It has not yet been allocated.
- Susan outlined some of the soul-searching we have been doing and the steps taken steps to look at questions around our sustainability (i.e. AIRN survey; Impact Assessment; teleconference with a small group of members from AIRN and REACH).

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.

- Caroline provided a few highlights of the AIRN survey results, referring the group to page 2 of the minutes from the April 8th AIRN-REACH meeting, as well as to Summary of Results document distributed in advance of the ABLC meeting.
- Bottom line is that there is still a need for AIRN and our work is valued. The goals, objectives, areas and themes in which we have been working are still resonating very strongly in the region.
- Some ideas have been suggested as to how we could restructure. Susan asked the group for input and ideas around restructuring. Is it necessary to our sustainability?
- While our goals and strategic directions remain relevant, they may not translate to AIRN's sustainability. AIRN fits very well under the CBR umbrella, but this funding is not guaranteed beyond this year.
- Susan asked for input as to AIRN's direction, noting that while there may be some hope that the CBR funding will be renewed, we cannot rely on the possibility. REACH 2.0 is really moving forward on Implementation Science. Although our fit is not as clear as under CBR, a lot of the work we are doing could be put in an implementation science framework (e.g. scaling up effective interventions; working as part of national groups).
- Various suggestions were made:
 - Strengthening our links and visibility with HIV and HCV Clinics in Atlantic Canada, as well as other clinicians and more academic researchers.
 - Having local groups meeting in person periodically.
 - Members of the ABLC from the same area getting together in person for teleconferences.
 - Regional face-to-face meetings.
 - For future CAF-type funding opportunities, get together with community to determine ideas for win-win projects.
- Susan and Lois provided an overview of the discussion related to AIRN being part of the Healthy Population Institute (HPI).
 - HPI – formerly the Atlantic Health Promotion Research Centre (AHPRC) – has gone through an extensive and helpful renewal process and are now are organized under four interconnected hubs: (1) Health of marginalized populations; (2) Youth and healthy aging; (3) Indigenous health and wellbeing; and (4) Implementations science (cross-cutting). They have gone from having 10 researchers to 24-25 which strengthens their grant seeking possibilities.
 - Lois, Susan, Caroline, and Maureen Summers (HPI Managing Director) met to discuss the possibility of AIRN becoming part of HPI. Susan sees both pros and cons to the possibility. AIRN could lose its own identity and visibility, but could gain from the strength of the researcher population. Lois noted that here are different types of possible partnerships between AIRN and HPI that would need to be discussed. It could be a formal partnership; it could be developing partnerships with international groups, etc.
- Given our funding from REACH, we need to develop a workplan that moves in the direction of Implementation Science as well as CBR. How can AIRN move forward with Implementation Science within the framework of our priorities (i.e. harm reduction, stigma & discrimination, and STBBI testing)? From an Implementation Science Perspective, Susan thinks that we can move forward in all three areas and asked for some ideas or suggestions from the group.

ACTIONS:

- ✓ Caroline and Susan will develop a workplan for input by ABLC.
- ✓ An AIRN-REACH in-person meeting will be held either over the summer or early fall.

4) Grants

a) Input from Community Groups re. process around Community Action Fund

- Carla – The idea of a community alliance with other groups in NS did not materialize. HepNS submitted a proposal in alliance with HCV groups in BC and Quebec. They also submitted as a single organization. The LOI was a lot of work, and it would be useful to know the likelihood of being funding after a successful LOI application.
- Cybelle – LOI process was challenging and long but positive. Two applications were submitted from AIDS PEI: (1) One with ACNS; and (2) Another with a national group around a gay men’s prevention project. In working with the national group, was struck by the need to contextualize the work in terms of the Atlantic Region (e.g. PEI does not have anonymous testing, while other groups figuring out how to evaluate POCT).
- Our work in the region always needs to be contextualized. The size of our population and the burden is relatively low but the burden of HCV is very high per capita. We may not have high numbers, but we are at high risk and those numbers could change very dramatically based on levels of poverty, unemployment, rurality, etc.

b) Recently Funded

- CIHR CBR in HIV/AIDS Catalyst Grant (Mat) – “Grinding Against HIV Prevention Discourse: A critical exploration of risk among user of mobile gay cruising apps”
- CIHR Implementation Science Component 1 (Debbie Kelly) – “A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize access to Care in HIV”

c) Pending Decisions

- CIHR Knowledge to Action (Lois) – “Moving towards integrated health and social service delivery for Aboriginal and marginalized populations” (Submitted Sept-15)
- CIHR Project Scheme Grant (Jacquie) – “Testing Innovation: Bridging the Gaps to Sexually Transmitted and Blood Borne Infections (STBBI) Testing Among At-Risk Youth in Select Non-Urban Settings through an Interdisciplinary Implementation Science Approach” (Submitted Mar-16)
- NSHRF – Development and Innovation Competition 2016-17 (Matt Numer) – “PREP-aring for the New Age of HIV: Examining the capacity of Nova Scotia to prevent HIV among MSM through pre-exposure prophylaxis treatment” (Submitted Mar-16)
- PHAC Community Action Fund – Updates from applicants (LOIs submitted Apr-16)

d) In Development

- MACAIDS (C. Maclsaac) – “Halifax Area Drug Users Coalition” (Deadline: Jun 1-16)
Cindy is looking at resubmitting an application declined last year for a smaller amount (maximum now is 50K; applied for 75K last year). Involves establishing and supporting a small group of people who use drugs to meet weekly to: (1) Identify priorities and needs; (2) Identify mechanisms to achieve their goals; (3) Establish an avenue so that their voices can be heard and supported.

Feedback from ABLC members was positive.

Marni suggested connecting with the Dudes Club in Vancouver (group of men in the Downtown Eastside who meet once a week – affiliated with Vancouver Native Health)

ACTIONS:

- ✓ Marni will send contact info to Caroline about the Dudes club

5) AHA Centre/CAAN updates (Marni)

- AHA Centre also presented to CHARAC to provide an update on the collaborative centre. Presentation was well received and they are hoping that CIHR will consider another call for proposals to fund the AHA Centre again. Their funding ends July/17/
- CAAN applied for CAF funding. The AHA supported a few proposals, including Healing Our Nations.
- CAAN's AGM is June 16-17 in Montreal. Includes 1.5 days of skills building.
- Working on some KT materials for the AHA Centre.
- Going to Goose Bay on May 1st to present on CAAN research at the Red Ribbon show (annual HIV/HCV awareness event).
- Healing Our Nations is hosting a Hep C Awareness breakfast at the Friendship Centre on May 19.

6) Research Funding/Proposal Development Opportunities:

- MACAIDS = <http://www.macaidsfund.org/thework/applications>- Application released (April 1) and deadline (June 1)
- [CIHR Catalyst Grant: HIV/AIDS Community-Based Research](#) (Summer 2016 Competition) – Application released (Feb 23) – Application Deadline: June 28
- CIHR Implementation Science Component 2 – Not yet released. AIRN is considering applying. There will only be 4 projects funded from across the country. Competition will be very tough.
- Upcoming: [NSHRF](#) (REDI Team Development and Catalyst Awards; REAL Knowledge Sharing Support Award) – \$10,000 each, to be released in Oct/16.
- [ViiV Positive Action for MSM & Transgender](#) – Closing May 20. This is for projects led specifically by MSM or Transgendered populations around decreasing stigma, increasing access to health services, and enhancing capacity of CBOs. Worth approximately 80K over two years.

7) Ongoing Research Projects – Updates

- Mainline Evaluation – Has been finalized and included in the meeting materials.
- HIV, Aging and Frailty – Susan continues to work with an Italian team and will be submitting a team grant this summer.
- Naloxone Demonstration Project – Is going well and a number of ABLC members are on the Advisory Committee. The next monthly meeting is April 28th.

8) Update on CBR Collaborative Centre and REACH 2.0

- REACH 2.0 – Trans Priorities Project
Zack reported that things are going very well and that the focus groups are almost completed. They have held focus groups in Toronto, Winnipeg and Edmonton and will be in Vancouver May 1-6. They will then be conducting interviews with ACB population in Toronto. The next step will be a national survey looking at priority research areas. While focus groups have not been held in Atlantic Canada, this will be an opportunity to provide input. Zack will provide us with the survey link to share with our networks.
- CBC Collaboration Centre Evaluation (Presentation to CHARAC)
The presentation given by Sean Rourke to CHARAC was included in the meeting materials. It was well received, but no decisions about ongoing funding have been made. Caroline referred to two of the next steps/recommendations of relevance to the Atlantic Region: (1) Sustain network in the Atlantic so it can continue to improve services to priority populations; and (2) Increase investment in REACH CBR Centre from \$300,000/year to \$500,000.

- PREP Initiative (March 10th Think Tank)
Lois provided an overview of the one-day Think Tank meeting (~50 participants) that she and Jacquie attended in Toronto. There was a lot of discussion around the need to determine the effectiveness of PREP with populations other than gay men (e.g. women, PWUD). OHTN and CANFAR have committed funding around a national network.

REACH is preparing a 2-pager which will summarize the outcomes of the day.

9) Upcoming Conferences/Events:

Susan referred to the list below and flagged the Action Hepatitis Canada Atlantic Members meeting.

- [CAHR Conference, 2016](#)
Canadian Association for HIV Research (CAHR) — May 12 to 15, 2016 [Winnipeg, MB]
- [2016 PLWHIV/AIDS Forum and the Canadian AIDS Society Annual Meeting](#) — May 16 to 18, 2016 [Winnipeg, MB]
- [CANAC Conference, 2016](#)
Canadian Association of Nurses in AIDS Care (CANAC) — May 19 to 21, 2016 [Halifax, NS]
- [Indigenous Health Conference, 2016](#) University of Toronto—May 25 to 27, 2016 [Mississauga, ON]
- [Community Health Nurses of Canada Conference](#) — May 30 to June 1, 2016 [St. John's, NL]
- [Action Hepatitis Canada Atlantic Members Meeting](#)
Action Hepatitis Canada — June 6-7, 2016 [Halifax, NS]
- [Public Health 2016](#) Canadian Public Health Association — June 13 to 17, 2016 [Toronto, ON]
- [CAAN AGM and Skills Building 2014](#)
Canadian Aboriginal AIDS Network (CAAN) – June 13 to 17, 2016 [Montreal, QC]
- [AIDS 2016, International AIDS Conference](#)
International AIDS Society — July 18 to 22, 2016 [Durban, South Africa]
- [Guelph Sexuality Conference, 38th Annual](#)
University of Guelph— June 23 to 24, 2016 [Guelph, ON]

10) Anything else?

- Jeannine commented on the excellence of the Mainline Evaluation Report.
- Susan and Caroline noted that they will be meeting May 3rd with Cindy, Diane and Michelle to discuss the next steps in KTE, including a presentation to government and others stakeholders.

Next meetings: June 9th and July 14th from 9:30 – 11:00 am.