



AIRN Blended Leadership Committee December 2, 2016 from 2:00 – 3:30 PM Atlantic

In attendance: Marni Amirault (CAAN & AHA Centre), Larry Baxter (Community), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Jo-Ann MacDonald (UPEI), Julez Thomas (HON).

AIRN Staff: Caroline Ploem

Regrets: Diane Bailey (Mainline), Michelle Bowden (PHAC), Stacey Burns MacKinnon (PEI DHW), Carla Densmore (HepNS), Julie Dingwell (Co-Chair, AIDS SJ), Jacquie Gahagan (Dal), Greg Harris (MUN), Lois Jackson (Dal), Gerry Mugford (MUN), Michelle Proctor-Simms (NSACA)

Absent: Cybelle Rieber (AIDS PEI), Gerard Yetman (ACNL)¹

AGENDA

1) Welcome and check-in (Susan)

Susan welcomed everyone to the Zoom meeting and asked for a quick update.

- Marni – AHA Centre has started working on the CIHR CBR Collaborative proposal renewal.
- Larry – Working with a few fellow PHAs to assist a PhD student in Physiotherapy (A. Quigley) with her research project. It will likely be around yoga or some other exercise and the impact on cognitive improvement for PHAs.
- Michael – Focused on PHAC funding, what the future holds, and the role of PHAs within the changing landscape. He participated in a panel of PLWHIV at the national forum held by *realize* (formerly CWIGHR) to talk about the lived-experience of aging with HIV.
- Jo-Ann – Is working with two master's students. One is collecting data to identify the educational needs of needle exchange clients. Ethics approval has just been received from both the Health Region and the university. Another student is doing a secondary analysis of the province's hepatitis C database.

ACTIONS:

- ✓ Jo-Ann will let AIRN know if we can help out in any way (e.g. KTE).

2) Review and approval of current agenda and minutes from October 13th

- The agenda was approved with the addition of two items: (1) AIRN's abstract to CPHA; and (2) Meeting with Sean Rourke.
- The October 13th minutes were approved as circulated. The action items had been completed.

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) PHAC LOI Developments

- Two documents were appended to the agenda: (a) The Nov 9/16 statement by Minister Philpott announcing bridge funding to March/18; (b) Letter sent by AIRN to Minister Philpott around the cuts to CAAN funding. Marni expressed CAAN's appreciation for all the support AIRN provided.
- While the announcement of a year's bridge funding may be helpful in the short-term, it is insignificant in the longer-term. It is difficult to know at this point how things will play out in the long run and what the landscape will look like.
- Marni reported that CAAN has been offered the bridge funding and that a team has submitted a full proposal to the CAF for approximately double the amount of what they were initially invited to submit. It is now "wait and see".

The Minister of Health was at CAAN's AAW events in Ottawa (Dec 1/16). She made no mention of the CAF cuts, but did announce that there will be an increase to HIV/AIDS research funding. Marni was not sure of the exact amount (Susan heard \$300,000 in the media) and whether it was specific to Indigenous communities.²

- Caroline noted that Michelle Bowden had sent her regrets to all members of the ABLC due to a conflict with a PHAC teleconference related to the CAF.

ACTIONS:

- ✓ Caroline will forward any news from Michelle Bowden to the ABLC.

4) AHA Centre/CAAN updates (Marni)

- The CAF proposal and the planning of AAW events have taken a lot of staff time. Main focus at the moment is the CBR Collaborative grant for the next 5 years of the AHA Centre. CAAN held a planning meeting last week in Ottawa with members of their governing council and community research associates. San Patten gave a report back on the evaluation. There were no surprises in terms of areas to improve, and the evaluation included a lot of positive comments. The deadline for submitting the CBR grant is Feb 7/17.
- CAAN is holding events with different themes across the country for AAW (Dec 1-6). Info is listed at <http://caan.ca/2016/11/16/aboriginal-aids-awareness-week-2016>.
- Marni accepted her invitation to sit on CHARAC as a community-based researcher. The next meeting is in March/17. AIRN members should let Marni know if there are any issues we would like to bring forth (e.g. improvements in CIHR's program, funding allocations, etc.).

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ACTIONS:

- ✓ ABLC members to let Marni know of any issues to bring forward to CHARAC.

5) Status of Harm Reduction Programs

Caroline has recently spoken to Diane, Cindy and Julie and provided the following highlights:

- Diane is sounding optimistic, especially about the possibility of sustainable funding for Mainline beginning next year, and thinks the evaluation report has been extremely helpful.

² A PHAC news release located following the meeting clarified that "The investment from the Canadian Institutes of Health Research announced today includes over \$3.1 million to fund 13 biomedical and clinical research projects, including two being led by early-career researchers, as well as over \$300,000 to fund 10 community-based research projects, four of which are focused on Indigenous communities." — <http://news.gc.ca/web/article-en.do?nid=1163639>

- Diane is now sitting on the Provincial Harm Reduction Working Group. She participated in the first meeting on Dec 1st and will keep us posted. The Ally Centre (Christine Porter) and Northern Healthy Connections Society (Al McNutt) are also involved.
- Cindy is sitting on three of the provincial government working groups: (1) Naloxone; (2) Opioid Treatment; and (3) Monitoring/Reporting Overdose Deaths.
- AIDS Saint John is implementing a Take Home Naloxone (THN) program.
- The government of Newfoundland and Labrador launched a THN program on Nov 30th. A total of 1200 free naloxone kits will be distributed through 52 different sites across the province.
- The opioid and fentanyl crisis is currently front and centre in the media
e.g. Dr. Nancy Murphy (Poison Centre Director at the HI) was interviewed on CTV News on Dec 1st <http://atlantic.ctvnews.ca/video?clipId=1007777&binId=1.1145463&playlistPageNum=1>. Later that evening, CBC aired a documentary titled *Unstoppable: The Fentanyl Epidemic* — <http://www.cbc.ca/firsthand/features/heres-what-you-need-to-know-about-opioids-and-addiction>

6) Update on AIRN's CBR Collaborative Centre Funding

- This is currently AIRN's only source of funding. There is ~ \$220,000 left in funding from the existing CBR grant and the REACH Leadership agreed that the funds would be used to keep the staff positions in the 5 regions. The leadership has been asked to consider and vote on 1 of 3 proposed models:
 - (1) Allocating the same amount (42K) to all regions. Because funding agreements were signed at different times, this would result in different end dates. In this scenario, the AIRN staff position would end July 31/17; QC, MN and BC would end Dec 31/17; and SK would end Apr 30/18.
 - (2) Allocating different amounts so that all five positions have the same end date of Dec 31/17. Because contracts are set to expire on different dates, the Atlantic would receive the most (72K); QC, MN and BC would each receive 42K; and SK would receive the least (18K).
 - (3) Allocating the same amount (42K) to all regions, but the new end dates would be individualized, depending on staff's full or part-time work.
- The preliminary discussion with the REACH Leadership Committee indicated a preference for Option 2, as it makes the most strategic sense for the Collaborative Centre to have staffing positions with the same end dates. This option is also the most favourable for AIRN.
- While there is no guarantee that the CBR Collaborative Centre will get funded for another 3 years, the group will be submitting another application to CIHR.
- The ongoing relevance of having a meeting with Sean (added to the agenda under Item 2) in terms of a funding strategy was discussed.
 - While we may do so in the future, there is no immediate urgency. As Susan explained, it is unlikely that funding from REACH 2.0 could be used to sustain the AIRN network. Any funds would have to go to specific program science initiatives.
 - It remains important for AIRN to build on its relationship with community groups and to not lose its identity and visibility. AIRN has committed itself to a number of research initiatives in the Atlantic Region and, in the absence of a coordinator, could not deliver on them.
 - AIRN's coordinator position will continue for at least the next 7-12 months, and we continue to be on the lookout for ways to sustain ourselves beyond REACH without competing with/taking money away from front-line organizations. Caroline's contract has been renewed to Dec 31/17, pending the availability of funding.

7) Grants Recently Funded/Pending (in which AIRN is involved)

Recently Funded

- Catalyst Grant: “Moving Beyond Piloting POCT: A Social Ecological Exploration of Barriers and Facilitators to Scaling up HIV POCT in Canada” (\$33,000 Jacque)
 - Caroline took part in the first teleconference of the research team earlier in the afternoon. The ethics application to Dalhousie University is getting started and information about the INSTI testing kits distributed across Canada since 2005 is being gathered.
 - While the project is not specific to Indigenous communities, the research team identified the need to include someone with expertise in Aboriginal CBR ethics on the team as it is likely that some pilot sites were in Indigenous communities. Marni suggested we contact Mi’kmaw Ethics Watch, based at Cape Breton University.
 - Larry and Julez thought that they had agreed to be involved on the research team for this grant, but had not received any information about the meeting.

ACTIONS:

- ✓ Caroline will follow up with Alex at OHTN/REACH re. the research team involvement of Larry and Julez.
- ✓ Caroline will provide Alex with the contact info for Mi’kmaw Ethics Watch.

Pending Decisions:

- MAC AIDS (Cindy MacIsaac) – “Halifax Area Network of Drug Users” (HANDUP) (Decision: Delayed)
 - According to Cindy, the decision has been delayed likely to the end of Dec/16
- NSHRF – “GANS - “Shedding Light on Problem Gambling among Opioid Dependent Populations” (Decision: Nov/16) (Cindy)
 - This grant has been put on hold.
- CIHR Operating Grant: HIV/AIDS Community-Based Research (2016-17) – (Decision: Feb 28/17)
 - “New Technologies and Chemical Culture: Examining Deployment and Effects Among MSM” (Matt Numer)
 - “The Canadian HIV Stigma Index CBR Project” (Francisco Ibáñez-Carrasco)

Decisions on the above will be made within the next 3 months. Contact Caroline for more info.

- PHAC: HIV and Hepatitis C Community Action Fund (Decision: Unknown /17)
 - “Ending HIV Stigma in Canada: Adapting and Applying Contact-Based Interventions” (REACH)
 - Interagency Coalition on AIDS and Development (ICAD) – For strategic partnership with the Canadian Positive People Network (CPPN)
 - “Building capacity of community-based organizations across Canada to provide supervised injection services for people who use drugs” (Dr. Peter Centre)

8) Brainstorm: REACH 2.0 HIV Stigma Initiative (\$100,000 – to be launched Jan/17)

- REACH 2.0 is looking to fund 5 interregional contact-based interventions aimed at ↑ awareness of HIV-related stigma; changing attitudes and ↓ stigma; and changing stigmatizing behaviours in healthcare settings, workplaces and the community – ~ 100K available for each team.

- The draft guidelines specify that the intervention has to address stigma:
 - Experienced by one or more **priority groups**: Gay and other MSM; ACB Communities; Trans populations; Indigenous Communities; and People who use drugs.
 - In one or more **target settings**: Health care environment, workplace, and/or intra or inter-community.
 - Across at least one or more **regions**.
- The guidelines also specify that:
 - The intervention has to directly impact stigma along the prevention, engagement and/or care cascade.
 - The application process will require various types of collaboration with REACH over multiple stages over 6 months.
- ABLC members agreed that, while it is a lot of work for a small amount of money, it is a priority for AIRN to apply for this initiative. It is a great opportunity to address an issue that has been identified as a priority in the Atlantic.
- We have had some preliminary conversations with Zack and a peer researcher from the PROUD Study (CBR project that looks at HIV risk among people who use drugs in Ottawa). There is strong interest in the potential for an interregional collaboration.
- Access to care for people who use drugs and the associated stigma is a big issue in the Atlantic. We may want to consider building on some of the work that has been done in healthcare settings (e.g. by Lois Jackson or Tim Christie). There is a huge issue around accessing care in rural and urban areas and the ways in which PWUD are treated by emergency room and ambulance personnel. EHS has a research officer – a good contact if we go that route.
- Agreed that we are not well-positioned to tackle workplace stigma in the Atlantic Region. We are best positioned to consider stigma in the healthcare settings. There are a lot of things we could propose as an intervention (e.g. navigator model, clinical guidelines, promoting use of needle exchange within hospitals).
- May also want to consider how stigma intersects across different communities (e.g. PWUD who are trans, gay/MSM, and/or Indigenous). We need to be really careful though not to partition it out too much because of the amount of \$ and the need to develop an intervention.
- We need to clarify from REACH what is meant by “Partnerships across regions are eligible and encouraged.”
 - It would be impossible to carry out an intervention across all four provinces and include another region for 100K. Our understanding is that, while the intervention would not be Atlantic-wide, the model and results should be relevant across the region.
- We learned from the *Landscape Report* that there is stigma across and within communities. The following comments were made when asked “Do we want to focus on the intra or inter-community setting?”
 - While we hear about a lot of stigma around race/culture in larger centres like Toronto, we have a smaller, more homogenous population. Although this stigma is also here, it may be more subtle. Not sure how an intra/inter-community project would be received. The community of PHAs in this region is fragmented, with people focused on issues such as criminalization, stigma, treatment, etc.

- PHAs from other regions are struck about how sensitive the HIV community in Atlantic Canada is about confidentiality. This perpetuates our own stigma. There's no profile of the PHA community in our own region to break down some of the stereotypes. So, the intervention may be with ourselves (PHAs).
- To generate more ideas about other things we might want to tackle in this region – thinking about priority populations and target settings – it was suggested that we have a discussion with the people from the Atlantic region who were involved in previous stigma grant applications.

ACTIONS:

- ✓ Caroline will follow up with REACH for lists of people involved in the previous stigma grant applications.
- ✓ ABLC members to consider other ideas for the HIV Stigma Initiative in advance of a more thorough discussion in Jan/17.

9) EVALUATE THIS! 2016: A Pilot Flipped Workshop in Evaluation for CBOs

- Caroline has been tasked with gauging interest and pulling together a team by the end of Dec/16 to provide an opportunity for a CBO/ASO to build capacity around evaluation.
- Modeled after the UWW's Flipped Workshop, this would involve working with REACH. We would work with an interested organization to identify a program/project that they would like to evaluate and guide people through the steps required to conduct the evaluation.
- The rationale stems from REACH and other organizations having developed a host of useful evaluation tools of which many groups are not aware. There is no link to support organizations to use the tools or to facilitate the process of completing an evaluation.
- All agreed that this would be a good opportunity for our region, and a great opportunity for AIRN to reach beyond Halifax and Nova Scotia to be less Hali-centric. While we won't refuse people from Nova Scotia, we would really like to extend the invitation outside the province.

ACTIONS:

- ✓ Caroline will send a message through the Listserv promoting the opportunity.

10) Ongoing Research Projects

- Trans Priorities Project ([Survey for researchers/ and/or service providers](#))
- "Grinding Against HIV Prevention Discourse: A critical exploration of risk among user of mobile gay cruising apps" (Caroline via Matt Numer)
- "A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize access to Care in HIV" (Caroline via Debbie Kelly)
- HIV, Aging and Frailty & Giovanni Guaraldi's visit January 12-13 (Susan)
 - Susan has been working with a team in Italy led by Giovanni Guaraldi on a large HIV cohort study. The research involves looking at indicators of frailty and how they can be used in clinical decision making.
 - Group agreed that asking Dr. Guaraldi to do a presentation/webinar on this work was a great idea. We will open the opportunity to AIRN listserv and realize members (formerly CWGHR). There will be an in-person presentation that will be streamed through webinar technology (Adobe Connect?)

ACTIONS:

- ✓ Caroline will organize the event, ensuring that either CHE or another department has the technical ability to host the webinar.

11) Current and upcoming research funding/proposal development

- CIHR [Collaborative Centres of HIV/AIDS Community-Based Research](#) – Deadline: Feb 7/17
- NSHRF [\(REAL Knowledge Sharing Support Award - \\$10,000\)](#) – Deadline: Dec 7/16.
- [NIH \(International\) - Multidisciplinary Studies of HIV/AIDS and Aging](#) – Next deadlines: Feb/17 & June/17.
- REACH 2.0 HIV Stigma Initiative (\$100,000 - to be launched Jan/17)
- REACH - Ongoing
- CANFAR – Dec/16 \$25,000 per year or \$160,000 over two years

12) Recently Held/Upcoming Events (see <http://www.airn.ca/event-calendar.html> for an updated list

- [CATIE Annual Meeting](#) — Oct 14/16 [Toronto]
- [OHTN Research Conference: HIV Endgame 1: Closing Gaps in the Care Cascade](#) — Oct 24-26/16
- [Supporting Peer Research Associates Effectively: A Workshop](#) – Nov 20/16 [Toronto].
- [OHTN Research Conference: HIV Endgame 2: Stopping the Syndemics that Drive HIV](#)— Nov 21-22/16 [Toronto]
- [Red Ribbon Flag Raising & HIV/AIDS Awareness Week Proclamation](#) – Nov 24/16 [Halifax]
- [ACNS World AIDS Day Vigil](#) – Dec 1/16 [Atlantica Hotel Halifax]
- Healing Our Nations: AAAW Event- Dec 1/16 [Saint Mary's First Nation]
- [CAHR 2017](#) — Apr 6-9/17 [Montreal]
 - Abstract submitted on the “Moving Beyond Piloting POCT” Project
 - AIRN will try to submit an abstract prior to Dec 14/16.
- [6th Canadian Symposium on HCV](#) – March 3/17 [Banff]
- [CANAC 2017 25th Annual Conference: HIV Nurses at the Forefront](#) – May 4-6/17 [Regina]
 - Abstract submitted on the “Moving Beyond Piloting POCT” Project
- [25th International Harm Reduction Conference](#) — May 14-17/17 [Montreal]
- [Canadian Public Health Association 2017](#) — June 6-8/17 [Halifax]
 - AIRN submitted an abstract mostly focused around the Mainline Evaluation, but bringing in the harm reduction landscape in Atlantic Canada.
 - Abstract submitted on the “Moving Beyond Piloting POCT” Project

ACTIONS:

- ✓ AIRN will attempt to submit an abstract for the CAHR Conference by the Dec 14/16 deadline

13) Anything else?

- Julez reported that HON (Healing Our Nations) raised \$800 in their November online auction.
- The Dec 1st AAAW event at St. Mary's First Nation was postponed to Dec 6th due to weather.
- Happy Holidays to all!

Next meeting: January 12th from 9:30 – 11:00 am. Stay tuned for details on the Aging and Frailty presentation/webinar (potentially Jan 13th at noon).