

AIRN Blended Leadership Committee

Thursday February 11th from 9:30am-10:30am ADT

In attendance: Marni Amirault (CAAN and AHA Centre), Stacey Burns (PEI DHW), Jacquie Gahagan (Dal), Greg Harris (MUN), Jeannine McNeil (PHAC), Michelle Proctor-Simms (NSACA), Gerard Yetman (ACNL)

AIRN Staff: Caroline Ploem (Chaired the meeting and took minutes)

Regrets: Carla Densmore (HepNS), Julie Dingwell (Co-Chair, AIDS SJ), Larry Baxter (Community), Lois Jackson (Dal), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Jo-Ann MacDonald (UPEI), Gerry Mugford (MUN), Cybelle Rieber (AIDS PEI).

Absent: Diane Bailey (Mainline), Julez Thomas (HON), Zack Marshall (MUN)¹

MINUTES

1) Welcome and check-in

- Caroline welcomed everyone and asked those online to identify themselves.

2) Approval of current agenda and minutes from January 14th

- Caroline noted that due to the number of regrets and the number of people who could only participate in the first half of the meeting, the agenda was shortened to focus on the immediate priorities.
- There were no additions to the agenda. The Jan 14th minutes were approved as circulated.

3) In-person Meeting with REACH Leadership – Focus of Logistics and Travel (April 8)

- With the exception of Jacquie, everybody on the call confirmed their interest in attending the full-day meeting in person.
- It will be held in room 303 of Dal's Student Union Building.
- Those who will be travelling and require financial support to do so are asked to send a budget estimate to Caroline by Feb 19th so she can complete a budget for REACH.

ACTIONS:

- ✓ Jacquie will let the ABLC know about her participation ASAP.
- ✓ Estimated travel costs to be sent to Caroline by Feb 19th.

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.

4) Upcoming Conferences/Events:

- CATIE's **What's New** Listings for Feb – July/16: <http://www.catie.ca/en/news/events>
- Webinars on **Trauma-Informed Practice: Progress in Atlantic Canada** (Feb 22 & 29 @ 1 – 2pm AT) – (Jeannine)

Main presenters will be Nancy Poole (BC Centre of Excellence in Women's Health) and Holly Murphy (IWK). These webinars will look at learnings about enacting trauma informed approaches, building on the lessons from projects in Nova Scotia and BC. Contact Jeannine for more info. You can register by going to: bit.ly/1Tel41K

- Webinars on the **Community Action Fund** (Feb 24th and March 1st in English; Feb 25th in French)

Three 90-minute webinars have been scheduled to explain the steps involved in completing the LOI (soon to be released). The solicitation was supposed to be out by the end of January/16 but we are still waiting. Taking part in one of these webinars is highly recommended for anyone who plans to apply. More information, including the registration link has been posted on the AIRN Website. bit.ly/1ouOv46

- Webinar - **What's the buzz on PrEP?** Why public health is listening (Feb 24 at 2:00 AT)

San Patten will be presenting key findings from a project related to the PrEP and gay men. What are they hearing and saying about it? How are they making sense of the information? Is it changing their sexual behaviours? What are the implication for public health? It is intended mainly for public health program managers working in the area of STBBI/HIV prevention and control or healthy sexuality programming, as well as frontline public health nurses and physicians.

5) Updates from the group

- Jacquie was asked to report on the CIHR Program Scheme Grant that she and her team are developing (due March 1st). The project is aimed at looking at access to POCT in select Atlantic and Prairie provinces. A broad international team from the US, UK, Australia and Canada is involved. They are planning to use an Implementation Science approach to determine successful interventions around testing and then looking at how to scale those up in non-urban settings in select areas of the Atlantic and the Prairies.
- Caroline reported that she will be taking on the coordination function of the national REACH Peer Working Group ("Supporting the Supporters"). Sarah had previously supported this group, and they have been less active since she left. The group's main focus at the moment is conducting an environmental scan. They will begin by developing and piloting two surveys to look at policies, programs, and practices of organizations that help PHAs transition into working roles in Canada. The hope is that this survey will lead to a larger environmental scan though CIHR funding.

6) **Feedback on Potential Survey Questions around AIRN Sustainability (see Agenda for questions) -**
Suggested additions, deletions, changes, etc. To whom should this be sent?

General Points of Discussion/Agreement

- The survey is intended primarily for the ABLC (and others who have been intimately involved in AIRN's work) mainly to inform the meeting with REACH.
- The group agreed that it was comprehensive and good preparation for our meeting with REACH. They estimated that it would take approximately 30-60 minutes to complete as a Word document.
- Agreed that it would be easier to format the survey for online administration [e.g. Opinio (free through Dal) SurveyMonkey, Constant Contact].
- ABLC okay with the wording of most questions. Suggestions were to:
 - Include an open-ended final question – e.g. Are there other questions/issues or content areas that we need to consider in terms of moving forward?
 - Reword Question 4 to read: *What do we do well? What are our challenges or limitations?*
 - Consider adding a few questions at the beginning to get a sense of involvement with AIRN.
- Keep it to an online survey. Telephone interviews would be arduous and would create too much work.
- Send to members of the ABLC, those that were involved in the former governance model (but not currently on ABLC), and researchers (involved in grant applications over the years) in the Atlantic.
- Send to a few potential key funders (e.g. NSHRF; PHAC) with a few targeted questions related to what AIRN could be doing differently to access funding.

e.g. Do you have funding opportunities for the type of work that AIRN does? What are some of the challenges/limitations in terms of how we are structured for accessing funding? What are some other sources of potential funding support?

ACTIONS:

- ✓ Caroline will format the survey for online administration, incorporating the suggested additions/edits listed above.
- ✓ Jeannine will identify a few people from PHAC
- ✓ Greg will forward info on a potential funding from NL

7) **Other Considerations in Moving Forward**

- The discussion above led to the following additional comments:
 - We need to look at the makeup of AIRN versus criteria for funding. AIRN was originally configured to work collaboratively across the Atlantic so that we are not seen as competing for research funds.



Atlantic
Interdisciplinary
Research
Network:
Social and Behavioral Issues in Hepatitis C and HIV/AIDS

CIHR
CBR Collaborative
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- Given the current funding climate, “business as usual” needs to be revisited. We need to ask some fundamental questions. Who are we? How do we best organize ourselves so that we are sustainable?
- What is the added-value of being involved in AIRN recognizing that researchers are going to do the work anyway?
- Should the function of AIRN be focused on more integrated knowledge translation? This might be easier to fund - e.g. AIRN helps with KTE or IKT from Atlantic Region so everyone benefits from the work going on in the region.
Applying to NSHRF (and/or other potential funders) for such a concrete function would likely be more fundable than for a research network. The ultimate purpose of our work may be the same, but the workplan would look different.
- If we were to serve more of a KTE function, it might be worth exploring the possibility of supporting a regional AIDS/HCV/STBBI Network. The new PHAC structure may provide the opportunity for this more integrated and comprehensive KTE function.

Next meeting: March 10th from 9:30am-11:00am ADT.