



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



AIRN Blended Leadership Committee Thursday October 13, 2016 from 9:30am-11:00am ADT

In attendance: Larry Baxter (Community), Julie Dingwell (Co-Chair, AIDS SJ), Michelle Proctor-Simms (NSACA)

AIRN Staff: Caroline Ploem (Minutes)

Regrets: Marni Amirault (CAAN & AHA Centre), Diane Bailey (Mainline), Michelle Bowden (PHAC), , Lois Jackson (Dal), Stacey Burns MacKinnon (PEI DHW), Carla Densmore (HepNS), Greg Harris (MUN), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Cybelle Rieber (AIDS PEI), Julez Thomas (HON), Gerard Yetman (ACNL)¹

Absent: Jacquie Gahagan (Dal), Jo-Ann MacDonald (UPEI), Gerry Mugford (MUN)

AGENDA

1) Welcome and check-in (Caroline)

- Caroline welcomed the participants and, upon request, agreed to facilitate the meeting. Despite there being only four people on the call, the group agreed to proceed with a discussion but to bring back any important decision items to the larger ABLC.
- Michelle – The NSACA is part of a harm reduction team (with DHW and NSHA reps) working on a 2017-2018 business case for needle exchange based on the current service delivery models. The need for a larger engagement process with stakeholders and service providers (e.g. Mainline, D180 and Ally Centre) to inform the 2018-19 business case -- within a broader harm reduction framework that includes needle exchange services -- has been articulated and is under discussion. For the current fiscal (2015/16), NSHA has applied to an internal Innovation Fund to help needle exchange providers fill immediate needs – the response is pending.

NSACA is responding to the results of the LOI process eliminating the Ally Centre and Northern Healthy Connections Society from moving on to the full proposal stage. They have written a letter to the federal minister of health (copying provincial minister and others), and are working with the DHW and NSHA to determine how to fill the funding gaps.

NSACA is also hosting two stakeholder engagement meetings toward the end of October, as part of their stakeholder engagement strategy following the “Review.” One is related to income security and employment (Oct 25), and the other is on HIV/STBBI testing (Oct 27). The HIV/STBBI testing meeting had originally been planned for Sept 30th, but was postponed because it conflicted with Mainline’s Public Awareness Day.

- Julie – New Brunswick is interested in doing work around point-of-care testing (POCT) and is looking for the results from the pilot project in Halifax. Michelle agreed to send her Jacquie’s report.

AIDS Saint John has been invited in partnership with New Brunswick’s other two ASOs to submit a full proposal in response to the LOI. New Brunswick has been retained to work on testing, but nothing else. The federal government is prescribing what can and cannot be done, with whom you can/cannot work (e.g. education is not fundable). New Brunswick’s three ASOs will receive approx. \$140,000 less in operational funding. While their needle exchange programs are funded provincially, the reduction in operational funding will certainly have an impact.

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 – Busy with meetings, events and travel since September’s meeting. Went to Toronto for the rebranding, launch, forum and AGM of *realize* (formerly known as CWIGR) and for the REACH Leadership meeting in early October. Also attended Mainline’s Public Awareness Day, the final Naloxone meeting, a seminar on collaboration, and a number of REACH Working Group meetings (see Section 10).
- Provincial funding updates from Diane and Cindy – Informed Caroline that D180 will be receiving \$50,000 as a one-time offer to address their wait list which currently stands at about 100 people. Mainline thinks that they will get \$400,000 in funding (i.e. not enough to meet their budget).
- The group began debriefing around the PHAC LOI process (see Item 5 for more). Comments included: The process has not been transparent; none of the MPs in Ottawa were aware of the PHAC process; people are in shock about some of the organizations that were not funded; regional PHAC consultants were tangential to the process (therefore, no local context); the LOI submitted by Mainline and D180 was not approved; CAAN’s funding has been cut by approximately 70% (i.e. from \$750,000 to \$250,000). While Michelle Bowden was not on the call, she did ask Caroline to let people know that they can call her for questions.

Although it is not clear whether the process can be salvaged, many groups around the country are mobilizing and lobbying for a different outcome (e.g. CAAN, CPPN, CAS, CTAC, AHC). It is important to note that the PHAC LOI process was established with the previous Conservative government. Atlantic Canada is unique in that all MPs are Liberals. Any lobbying efforts directed at the Minister should be copied to Atlantic Canada’s MPs.

- What can AIRN do to support these efforts?
 - Evidence from the Landscape Report could be used to highlight the discrepancy between funding decisions and regional needs
 - Use social media to put pressure on Minister Jane Philpott. She is active on Twitter.

ACTIONS:

- ✓ Michelle will send a copy of the POCT report to Julie.
- ✓ Caroline will send the link to CAAN’s petition once it is live.

2) Review and approval of current agenda and minutes from September 15th

- There were no additions to the agenda and the minutes were approved as circulated.

3) Website and social media update

- A few additions/changes to the website were made based on feedback received at the last meeting. The website was officially launched Sept 22nd through REACH, AIRN’s listserv and Twitter. A preliminary look at Google Analytics reveals a need to increase promotion to increase our traffic.
- Twitter was launched mid-August. To date, we have sent out 186 Tweets and have 64 followers. On average, we send out 2-3 Tweets per day and gain one new follower/day. Our Tweets reach ~ 170 different people/organizations per day.

ACTIONS:

- ✓ Members of ABLC to promote AIRN’s website and Twitter accounts through their own networks.
- ✓ Caroline will promote the website by posting links via Twitter.
- ✓ Members to ABLC to let Caroline know of any ideas for promoting the website/Twitter.

4) Report back from REACH Leadership Meeting

- 1.5 day meeting was held Oct 3-4 at the OHTN office. Most of the REACH leadership and staff were there (~25 people). Susan, Lois, Jacquie and Caroline participated from the Atlantic, as did Zack (formerly of the Atlantic). The REACH Staff are preparing the meeting notes.

Day 1 Highlights:

- Review of REACH 2.0 objectives, progress, and funding allocations. The report indicates that progress has been made in terms of program science and participatory evaluation, particularly around capacity building and the piloting and testing of interventions. There are clearly regional differences in the progress made to date, with BC, ON and QC on the forefront. Going forward, we need to make sure that capacity building is accessible in all regions. It is also recommended that REACH 2.0 focus more on adapting and scaling up effective interventions and stepping up its KTE on research findings to better enable stakeholders to adopt program science in their work.
- Planning/Discussion on the next 3 years – How can we make a difference?
 - Stigma Initiative – Reviewed updated competition guidelines and timelines. REACH is setting aside \$500,000 for a Stigma Initiative involving projects across Canada. The competition will be launched Dec 1st. Each team can apply for up to \$100,000 for a project aimed at eradicating stigma. It will be a very interactive, multi-stage and collaborative application process. Partnerships across regions will be strongly encouraged.
While acknowledging that a decision could not be made with only 4 people online, the group agreed that stigma was one of AIRN's priorities and that it was a good funding opportunity.
 - PrEP – Review of draft workplan and next steps in Ontario. Will be rolling out a \$30,000 PrEP initiative based on the outcomes of the Think Tank held in March/16. It involves developing a database; cost-effectiveness studies; generating guidelines; scale-up with MSM; and feasibility studies with other priority populations.
 - Small group discussions were held on how we can make a difference in the next 3 years in relation to: The prevention, engagement and care cascade; syndemics and mental health; and health systems and access to healthcare.
- REACH CBR Collaborative – Focused on presentations/discussions on the progress to date and an update on funding allocations. The current funding runs to May/17 and an open competition will be held for future funding. The date is not yet set, but a large time lag is not anticipated. While there is hope, there is no guarantee that REACH will get funding for the CBR Collaborative.

ACTIONS:

- ✓ Caroline to look at the current and previous Stigma Index submissions to CIHR and compile a list of people from the Atlantic who are/were involved.
- ✓ Discuss and brainstorm Stigma Initiative ideas at the next meeting of the ABLC.
- ✓ Caroline to share notes from the in-person meeting once they are available.

Day 2 Highlights:

- Half-day spent mainly looking at REACH's structure, partnerships, and training and education initiatives. This included:
 - A review of the mandates and membership of the 5 working groups; a presentation on the GIPA renewal process; and a discussion of UWW plans for the next 3 years.
 - There was an inspiring overview of the **Investigaytors** Program. The young team of researchers presented on the progress of this CBR project, aimed at building the research capacity among young gay, bi, queer, trans and 2-Spirit men in Toronto toward the development of periodic health monitoring survey for GBMSM in Ontario.

5) Submitted funding applications (Updates)

- *PHAC Community Action Fund (Results end of Sept/16)* – Caroline provided a summary of some of the information gathered to date.
 - Nationally, 124/224 applications have been invited to submit a full proposal, many of which have never received PHAC funding before. A number of national organizations have had their funding drastically cut (e.g. CAAN, CAS) or eliminated (e.g. CTAC).
 - According to Michelle Bowden, 13/22 projects in the Atlantic Region have been invited to submit full proposal and 9 applications were denied. Some of those denied, like ACCB and NHCS, had previously been funded by PHAC. Sida AIDS Moncton, AIDS Saint John and AIDS NB are going ahead to next phase, as are ACNS, Healing Our Nations, Hepatitis Outreach Society of NS, AIDS PEI, and ACNL. Details of the initiatives have not yet been made available.
 - Depending on the results of the full proposals, AIRN will need to broaden its membership to include groups new to this funding (e.g. JHS of SE NB; Health Association of African Canadians; Association of Black Social Workers; African Diaspora of the Maritimes; the Labrador Friendship Centre).
 - Many people have the impression that the Harper Government wanted to cull the existing ASOs and to eradicate a movement. It would be interesting to know if there were other criteria beyond those of which we are aware.
 - Full proposals are due Nov 24/16. According to PHAC, \$600,000 in contingency funding has been set aside nationally to fill in the gaps once the decisions on proposals have been made. The process had not yet been identified.
 - It is not clear what proportion of those invited to move to the next phase will be funded. While there is no guarantee, some have the impression that the decisions have generally been made, and that decent proposals will get the go-ahead. PHAC has already told groups the amount they can apply for.
- MAC AIDS (Cindy Maclsaac) – “Halifax Area Network of Drug Users” (HANDUP) (Decision: Oct/16)
 - Aimed at establishing the first peer-run organization of people who use drugs in Atlantic Canada. It would empower PWUD to lead activities contributing to the health, safety and well-being of other PWUD.
- Catalyst Grant: “Moving Beyond Piloting POCT: A Social Ecological Exploration of Barriers and Facilitators to Scaling up HIV POCT in Canada” (Decision: Oct 20/16) (Jacquie) – No update.
- NSHRF – “GANS - “Shedding Light on Problem Gambling among Opioid Dependent Populations” (Decision: Nov/16) (Cindy)
 - Looks at exploring the prevalence of gambling risks among 400 people accessing methadone treatment through Addiction Services’ Opiate Treatment Program across the province.
- CIHR Operating Grant: HIV/AIDS Community-Based Research (2016-2017) – (Decision: Feb 28/17)
 - “New Technologies and Chemical Culture: Examining Deployment and Effects Among MSM” (Matt Numer) – This is a 3-year qualitative study looking at how chemical substances such as recreational drugs, prescribed drugs, and steroids impact the sexual health of gay men and other MSM who use online apps to find sex partners. In Matt’s words, it explores the proliferation of “chemculture” through online technologies and how this relates to sexual health in the gay community.
 - “The Canadian HIV Stigma Index CBR Project” (Francisco Ibáñez-Carrasco) – The main purpose of this project is to implement the HIV Stigma Index across Canada to describe and map out HIV-related stigma to influence programs, services and policies that can mitigate and overcome stigma.

6) Ongoing Research Projects – Updates (Caroline)

- “Trans Priorities Project” (via Zack) - Consultations with local trans women in 5 cities across Canada have been completed. The data analysis of these consultations has been conducted and an online survey for researchers and/or service providers is available at: <http://transpriorities.hostedincanadasurveys.ca/index.php/499136?lang=en>
- “Grinding Against HIV Prevention Discourse: A critical exploration of risk among user of mobile gay cruising apps” (via Matt Numer) – Data collection is completed and is working on KT.
- “A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize access to Care in HIV” (via Debbie Kelly) – Still planning to train pharmacists by the end of the year and launching in Jan/17.
- Mainline Evaluation KTE Component - Successful public awareness day held at Mainline Sept 30th. Diane, Susan and Natasha all provided interviews and there was good media coverage around what Mainline does and its funding struggles. The outside of their building was covered with bright-coloured posters with information about the work they have done over the past ~25 years. A number of people from the area who were not previously aware dropped in and learned about their work. Close to 100 copies of the evaluation report were available and widely distributed.
- HIV, Aging and Frailty (Susan) (no update).
- Naloxone Demonstration Project (Susan/Caroline) – Last meeting was held Sept 29th. The project has been a great success. ~250 kits have been given out and approximately 130 community workers have been trained. They have documented 7 overdose reversals, but anecdotally are aware of at least one or two more. Although the pilot phase over, the initiative will continue to March 31st. We are not sure yet what will happen after.

ACTIONS:

- ✓ Caroline to connect Julie to Cindy for more information about the learnings of the naloxone project. New Brunswick is looking to initiate a pilot.
- ✓ Caroline will connect with Julie to provide more information and discuss the proposed initiative: Increasing Naloxone Access to Rural Areas through Community Pharmacists.

7) AHA Centre/CAAN updates - (via Marni)

- In response to the previously mentioned funding cuts, they are working on an open letter and petition which Marnie will share once it is available on their website.
- Have submitted 2 applications to the CIHR HIV/AIDS CBR Fund:
 - APHA Leadership Grant (led by Renee Masching) – Aimed at creating an expanded cultural-based model of GIPA that is relevant to First Nations, Inuit and Metis Peoples in Canada.
 - Indigenous & Decolonizing Methodologies grant – To help CAAN synthesize the work they’ve done over past 6+ years through the development of a toolkit and book articulating CAAN’s understanding of Indigenous and Decolonizing methodologies in the context of HIV and AIDS CBR with First Nations, Inuit and Metis communities in Canada.
 - Piloting their first writing retreat in collaboration with the Stable Homes Strong Family project. Looking at data from digital storytelling workshops across the country and from info collected about housing policies. Hoping to publish a few articles related to policy recommendations for housing programs for Indigenous people living with HIV across Canada.

8) Current and upcoming research funding/proposal development opportunities

- [CIHR Foundation Grants](#) – Registration & Stage 1 Application Deadline: Sept 13 & Oct 13/16
- [CIHR Project Grants](#) – Registration & Stage 1 Application Deadlines: Sept 20 & Oct 20/16
- Upcoming: NSHRF ([REAL Knowledge Sharing Support Award - \\$10,000](#)) – TBA
- [NSHA Community Wellness Funds](#) – \$3,000 based on CHB priorities. Deadline: Nov 1 at 12:00 am
- PIVHOT Grant (ViiV) – focused on “improving health outcomes or the quality of life for patients living with HIV/AIDS in Canada” – Oct for 2016 funding.
- [PHAC Community Action Fund Full Proposal](#) – Deadline: Nov 24
- [NIH \(International\) - Multidisciplinary Studies of HIV/AIDS and Aging](#) – Next deadlines: Oct/16; Feb/17 & June/17.
- REACH 2.0 HIV Stigma Initiative (\$100,000 - to be launched Dec 1/16)
- REACH – Ongoing.
- CANFAR – Dec/16 \$25,000 per year or \$160,000 over two years

9) Recently Held/Upcoming Events (All events are posted on our new website)

- [CWGHR 2016 AGM and Annual Forum](#) (Coming of Age: Exploring our Collective Response to HIV and Aging) — Sept 23 -24, 2016 [Toronto]
- [Engage NS: Five Myths of Collaboration – Free Half-Day Seminar](#) — Sept 27, 2016 [Halifax]
- [CMHA Mental Health for All Conference: Together by Design](#) — Sept 28 -30, 2016 [Toronto]
- In-person REACH Leadership Meeting — Oct 3-4, 2016 [Toronto]

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- [CATIE Annual Meeting](#) — Oct 14, 2016 [Toronto]
 - [OHTN Research Conference: HIV Endgame 1: Closing Gaps in the Care Cascade](#) — Oct 24-26, 2016
 - [Supporting Peer Research Associates Effectively: A Workshop](#) – Nov 20, 2016 [Toronto].
 - [OHTN Research Conference: HIV Endgame 2: Stopping the Syndemics that Drive HIV](#)— Nov 21-22, 2016 [Toronto]
 - [CAHR 2017](#) – Apr 6-9, 2017 [Montreal]
 - [6th Canadian Symposium on HCV](#) – March 3, 2017 [Banff]
 - [25th International Harm Reduction Conference](#) — May 14-17, 2017 [Montreal]

ACTIONS:

- ✓ Caroline to add the Canadian Public Health Association Conference to be held in Halifax in 2017 to the website event calendar.

10) Anything else?

- Status of in-person meeting with REACH – Susan planned to discuss this item with Sean while in Toronto but Caroline was not aware of the outcome of this discussion.

ACTIONS:

- ✓ An update will be provided to the ABLC as soon as it is available.

Next meeting: November 10th from 9:30 – 11:00 am.