

ABLC Meeting October 12, 2017: 10:00 – 11:00 AM Atlantic

In attendance: Marni Amirault (CAAN & AHA Centre), Larry Baxter (Community), Lois Jackson (Dal), Susan Kirkland (Co-Chair, Dal), Karen Pitts (Hep NS), Michelle Proctor- Simms (NSACA), Gerard Yetman (Co-Chair, ACNL)

AIRN Staff: Caroline Ploem

Regrets: Stacey Burns MacKinnon (PEI DHW), Julie Dingwell (AIDS SJ), Michael Liddell (Community), Jo-Ann MacDonald (UPEI), Jeannine McNeil (PHAC), Cybelle Rieber (AIDS PEI)

Absent: Diane Bailey (Mainline), Jacque Gahagan (Dal), Greg Harris (MUN), Julez Thomas (HON)¹

MINUTES

1) Welcome, Introductions and Check-in (All)

- Susan welcomed and thanked everyone for attending. She extended a special welcome to Karen Pitts (Hepatitis Outreach Society of Nova Scotia – Hep NS) who is replacing Carla Densmore who resigned from Hep NS. Karen is the Program Coordinator at Hep NS and noted that they are involved in a number of new projects this year and are looking forward to connecting with AIRN.
- We then took a moment to check-in. Most agreed that this was a busy time and that there did not seem to be enough time to get everything done. Michelle shared that she was keeping busy with the harm reduction initiatives, and that she has had some preliminary discussions with DHW around PreP, now that generics are available. She is also trying to finish up the proposal for the STBBI testing guidelines.

2) Review and Approval of Current Agenda and Minutes from September 14th

- The agenda was reviewed and approved as circulated; the minutes from September 14th were approved. All of the action items were completed.

3) Potential New ABLC member (Donna Bulman)

- The group discussed the ABLC Terms of Reference (TOR) in light of Donna Bulman's qualifications and interest in joining the ABLC. We all agreed that she meets all of the criteria for joining as an academic member of the team and that we would be very happy to have her join.
- Caroline noted that the TOR were drafted in 2014 and should be reviewed to ensure ongoing relevance. Also, ABLC membership is on a three year renewable term. It is time to check-in with our members to determine ongoing interest.

ACTIONS

- ✓ Susan and Caroline will send a note to Donna to welcome her to the ABLC.
- ✓ Caroline will connect with all existing ABLC members to determine ongoing interest for another term.
- ✓ The TOR and membership renewal will be on the agenda at our Nov 9th meeting. In preparation, Caroline will prepare a list of Atlantic Members on the REACH 2.0 and CBR Collaborative 2.0 grants.

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) PHAC Update (Jeannine)

- Jeannine had to leave her office due to a fire alarm, so she was not able to join us or provide an update.

ACTIONS

- ✓ Caroline will connect with Jeannine to see if there is anything she would like to include in the minutes.

5) AHA Centre/CAAN updates (Marni)

- Just held a very successful CAAN & AHA Centre: Wise Practices Skills Building & AGM (Sept 25-28) in Calgary. It ran smoothly and they were able to bring in a number of newly diagnosed folks. There were 200 delegates over the three days and the event covered various research topics – including CanCURE and hepatitis C – and research projects (e.g. Envisioning Health).

CATIE was there working with CAAN and a film crew to create a film about stigma and Aboriginal PLWHIV. Not sure when the video will be released, but it should be relatively soon.

Marni is leading an International Team of Indigenous People (including members from Guatemala, Peru, Australia, New Zealand and the US) on the issue on knowledge translation and knowledge transfer. They met for two days before the event to plan for a plenary session on wise practices around Indigenous Knowledge Sharing, and to plan for a Catalyst Grant being submitted next week.

There were a number of funders in attendance the first day of the event. Staff are hoping that might result in some additional funding possibilities for CAAN/AHA 2.0 Centre.

- The AHA Centre has hired their half-time Communications Assistant (Jennifer). She was a community research associate with the previous iteration of the AHA Centre and has a communications background.
- The AHA Centre is busy with grant proposals, as well as getting the AHA Centre 2.0 up and running and branded.

6) REACH Update (Caroline)

- Caroline noted that the October REACH Leadership meeting had been cancelled and the next meeting will be held November 10th. There is not too much new to report, except for some answers to questions that arose at the ABLC's September meeting when she reported that Sean Rourke had stepped down from his role as Scientific and Executive Director of the OHTN.

Jean Bacon is serving as Interim Executive Director. She has decades of experience in the Ontario HIV sector and has worked in senior positions at OHTN for the past 10 years (as Director of Health Policy and KTE and the Deputy Director of REACH).

Sean is currently focusing more on his research responsibilities at St. Michael's Hospital and the main focus at the OHTN is transitioning Sean's grants (including REACH 2.0 and the CBR Collaborative 2.0) to St. Michael's.

- Susan indicated that she did not think that the changes at OHTN will have much of an impact on AIRN, in that our affiliation from a financial and partnership perspective has always been through REACH (which Sean still leads). While there may be some administrative changes (e.g. staff moving to St. Michael's), this will have little impact on our relationship to REACH.

7) Toward a Provincial Model for NDD and SCS – Update (Michelle & Susan)

- Susan was pleased to report that AIRN – with a huge amount of effort – managed to get the report in on time.
- Based on previous experience, trust and goodwill, AIRN took on this project agreeing that the report would be the property of DHW or the Harm Reduction Working Group (HRWG) but made clear that our hope was that the report would be made public. We thought it was an appropriate way to proceed in that we weren't doing this as a research project per se, but as a direct initiative of government.
- While the report remains embargoed, there are good signs that it will be made public. It has been received in a positive light, and Cindy MacIsaac has been given the okay from Rob Strang to use elements of the report in her presentation at the CATIE Forum in Nov/17 – “Toward SCS in Nova Scotia.”
- Michelle agreed that the report was well received and would likely be made public. She added that the report was tabled for the October 5th meeting of the Opioid Response Leadership Team. While she has been unable to connect with Elaine or Rob for an update, she did note that the report was viewed as an excellent piece of work by the HRWG and Rob and was recommended for presentation to the Leadership Committee.
- One of the key issues at this point is to translate and operationalize some of the high level recommendations for the business planning cycle.
- NHCS, Mainline and SHARP Advice have just submitted their business cases for 2018-19 for NDD. They were asked to indicate what it would take to sustain their services and, building on the recommendations from the report, what it would take to enhance NDD across the province (e.g. the fan-out model).
- Michelle does not know if anything concrete is included in the DHW business case around SCS, but is aware that Rob Strang is supportive of seeing something roll out equitably across the province (e.g. perhaps even overdose prevention sites versus supervised consumption sites). There will no doubt need to be more discussions at the leadership level. Michelle hopes to know more when Elaine Holmes returns next week.

ACTIONS

- ✓ Michelle will update AIRN when she learns more about developments in this area.

8) HIV Stigma Project Funding (see funding guidelines) – (Susan and Caroline)

Overview

- After multiple unsuccessful attempts, REACH had two big proposals accepted – (1) CIHR for 450K (over 3 years) to implement the Stigma Index across Canada; and (2) PHAC for > 1 million (over 5 years) to implement contact-based interventions to ↓ stigma in health and social service settings.
- While REACH prefers to see the Stigma Index implemented first across the country to inform the contact-based interventions, Caroline's understanding is that there is some flexibility based on regional interests and needs.
- The Stigma Index was developed by the Global Network of People Living with HIV (GNP+) and the International Committee of Women Living with HIV. It has been used since 2008 in more than 70 countries across the world. Its overall aim is to: (1) Increase evidence for policies and programs to decrease stigma and discrimination; and (2) Ensure that the GIPA principle is fundamental to the stigma/discrimination responses. It is a lengthy questionnaire (~100 questions, taking ~2-3 hours to complete) administered one-on-one by a person living with HIV.

- AIRN's letter of support for the CIHR Stigma Index indicated that we would support all relevant aspects of project management at the regional level with national collaboration – this involves the recruitment, hiring and support of Peer Research Associates (PRAs), assisting with participant recruitment (~100 PLWHIV across the Atlantic Region).

Discussion/Brainstorm

Ideas Related to the HIV Stigma Index:

- The HIV Stigma Index needs to be driven and delivered by PLWHIV. Susan highlighted that we need to do some prep work to set the stage for the implementation of the HIV Stigma Index – e.g. hold a meeting of people living with HIV to review the criteria for an HIV Stigma Index project, and determine if there is an appetite for carrying this work forward in the region, and how it might be done. As part of this prep work, it will be important to collaborate with the AHA Centre to include the Aboriginal voice.

Marni indicated that the AHA Centre would support this initiative – they are already doing some stigma work in BC – and that it would be important to speak with Julie Thomas, as Healing Our Nations is really on the front line of First Nation communities in Atlantic Canada.

Larry agreed that some preliminary work needed to be done, in that Atlantic Canada does not have a core group of PLWHIV trained as PRAs as some other regions do. Preliminary work could be done to recruit PLWHIV interested in being PRAs and doing some basic training and orientation, so that when it comes time to implement the Index, we have people to draw upon.

- The question arose as to how the initiative was progressing nationally. A national committee of PLWHIV is guiding this project and a National Coordinator has been hired. According to Larry, there are at least two Atlantic members on the National HIV Stigma Index Steering Committee. Larry sits on a broader research committee, but not on the PLWHIV committee.

A meeting involving the national stigma steering committee and regional co-investigators was held in Toronto in June (both Susan and Larry attended) but they have not seen any notes from the meeting.

- Work on the Stigma Index has been going on in BC for some time and Caroline thinks that Manitoba may be involved in a stigma initiative. Colt Burrows has been hired as the National HIV Stigma Index Coordinator and also to coordinate the implementation of the Index in Ontario.

Caroline spoke recently with Colt to ask a few funding questions and for help in locating some background documents to assist the ABLC in its discussion. Colt forwarded the PPT presentations (56 slides) used at the June meeting.

- Is there any sense of the number of proposals that we could submit or how much money is involved?

Caroline suggested that we have a discussion with Colt and Sonia to gather further information, and to see where we might go in our region. The Stigma Index is one activity, but there may also be an opportunity to conduct a contact-based intervention.

It would also be good to know more about what other provinces are doing and whether they have already been funded for certain projects.

Ideas Related to a Contact-based Stigma Reducing Intervention:

- Interest was also expressed by ABLC members to do something related to people who use drugs. We have an Atlantic team involved and interested in the issue; we have HAND-UP (the Halifax Area Network of People Who Use Drugs).

- We could think about a contact-based intervention in healthcare settings or in medical schools or with pharmacists. This would fit well with the report that AIRN just completed – e.g. ensuring that people are serviced well by pharmacists.

There are a lot of issues within emergency departments and addiction services, as well as in correctional centres and jails.

Susan noted that she is involved in some research looking at practices around what PWUD are offered in terms of harm reduction services in the hospital setting. Conducting an intervention would be challenging, but not impossible.

Next Steps:

- Both the CIHR and PHAC grants are national projects. While the intent is to have projects in all regions, the funding to the regions is dependent on the regional submissions of successful proposals to REACH 2.0. The guidelines are very loose – e.g. there are no deadlines – and it will be helpful to get more information from REACH.
- All agreed that before proceeding with a proposal, it is necessary to have a discussion with national REACH staff, including Sonia and Colt. We will invite Colt and Sonia to our next ABLC meeting in November (scheduled for Nov 9th) and will also ask them to invite the Atlantic members of the National HIV Stigma Index Steering Committee to our discussion.

ACTIONS

- ✓ Caroline will circulate the 5-year workplan presented at the June meeting.
- ✓ Caroline will ask Sonia or Francisco if there are any notes/minutes from the June meeting.
- ✓ The ABLC meeting in November will focus on two main items: (1) The Stigma Project; and (2) ABLC Terms of Reference/Membership. The three regular updates (PHAC, AHA Centre and REACH) on the agenda will be replaced by a general update item for burning issues.

9) 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)

The overall objective of this two-year 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. The study will be conducted in Halifax, Montreal, Ottawa, and Toronto – four cities in Canada with significant and vibrant ACB communities

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. Kelley)

10) 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)
Lois indicated that ethics approval has recently been received from Dalhousie University and CBU. Before moving forward, the team needs to determine whether ethics approval is required from NSHA.
- “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?

11) Held Since September 14th

- [Realize Forum: Setting our Minds to it! HIV & Mental Health in Canada](#) — Sept 14/17 [Toronto]
- [The Stairs: Award Winning Harm Reduction Documentary Premiere](#) — Sept 16/17 [Halifax]
Susan noted that a number of AIRN members attended the film and that the director, Hugh Gibson, was very interested in maintaining a relationship and trying to raise the profile of this movie during teachable moments in the university and externally. We will continue to work with him on that.
- [CMHA Mental Health for All Conference](#) — Sept 18-20/17 [Toronto]
- [ScotiaBank AIDS Walk](#) — Sept 24/17 [Halifax, Truro & St. John] and Sept 18-Oct 4/17 [Moncton]
- [CAAN & AHA Centre: Wise Practices VI, Skills Building & AGM Gathering](#) — Sept 25-28/17 [Calgary]

12) 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]
- [CATIE Forum and Annual Meeting](#) — Nov 23-24/17 [Toronto]
- [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] Abstract Submissions open
- [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]
- Others?

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

- Thursday **November 16** and December 14, 2017. ***While we usually meet every second Thursday, the next meeting has been rescheduled from Nov 9 to the 16th.