

**Draft Minutes**  
**CBR in BC Quarterly**  
**October 4, 2017**  
**1:00 pm - 3:30 pm**

**Attendees:** Heather Holroyd (PAN), Janice Duddy (PAN), Janet Madsen (PAN), Saira Mohammed (BCCfE), Sean Grieve (BCCfE), Carly Wellham (Dr. Peter), Zoran Batazanci (BCCfE), Andrea Beuller (BCCfE), Allison Enjetti (BCCfE), Siroos Hozahabri (BCCfE), Patrick McDougall (Dr. Peter), Gina McGowan (MoH), Cheryl Dowden (ANKORS), Terry Howard (GlassHouse Consultants)

**Location:** McLaren Housing, 1249 Howe Street, Vancouver

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**1. Welcome & Check In**

**2. Previous minute approved**

**3. Agenda approved**

**4. Evaluation of the CBR in BC Quarterly Meetings**

Discussion: Is there an interest in evaluating the meetings? If so, what are some of the key questions we would like to investigate? For example, meeting structure, contents, impacts, areas of improvements, etc. An evaluation was done several years ago; do we wish to do another?

- Meetings are a collaborative space to discuss work, approaches, updates.
- Excellent idea to do an evaluation. These meetings are a great place to discuss (among other things) how to best support PRAs and PRA training; this is an ongoing theme that could be explored
- An updated evaluation could use questions from first evaluation plus questions related to network development
- There is lots of room for expansion to the meetings, especially in shared problem solving and research development
- Yes; the meeting is a great place to bring questions and build responses
- Should we be looking at a larger research agenda? We could build a network that goes beyond KT to community, and potentially to policy makers and program developers, and that explores accountability mechanisms, i.e. the feedback of research findings and sharing with policy-makers: "Go big"
- An evaluation could identify gaps in who is sitting at this table – e.g. decision-makers
- What IS the gold standard for CBR? What would real community-initiated, community-driven research be?
- We have to recognize that people affiliated with institutions get perks, such as paid time and entry to conferences or other education events. How do we/can we make these professional development opportunities available to PRAs too?

**Take away:** This discussion has provided some items we can use to inform the evaluation; and some others ideas we can implement now

## 5. CAHR Ancillary Event

Discussion: The group needs to decide if we are going to continue moving forward on the ancillary event for CAHR. Following the June meeting, a working group was formed and has met twice to identify potential outline for event. The event would highlight case studies where CBR findings have been integrated into and/or influenced programs and policies as well as where there have been barriers to uptake and/or to integrate research findings. In terms of content/structure and organization of the event, are people interested/able to commit to planning and supporting this session?

- No venue has been booked, and no application has been made to be included in the official program
- Terry is connected with a couple of members on the Scientific Committee and could ask them about the feasibility of this. He would need something committed on paper to show them – use the description produced so far
- BC is such a great example of CBR it would be a shame to miss this opportunity
- PAN can coordinate the central organizing, but can't do everything and doesn't have the resources to fund the event. There are financial commitments if we decide to move forward
- If it's an official Ancillary event, CAHR provides the room and a 4- or 8-hour block of time. CAHR will also promote the event in its official communications to conference attendees, e.g. lots of benefits of being an official CAHR ancillary event
- Committee, however, would be responsible for recruiting and compensating speakers, e.g. providing honorariums for talking and taking into consideration travel and accommodation costs. The exact financial commitments and offers to speakers will need to be discussed and agreed upon by the CBR Quarterly group relative to the funding available for the event
- Who can commit? Allison would be happy to help support the planning

## 6. Impact of PHAC Changes on CBR

Discussion: PAN is gathering provincial data on the impact of PHAC funding changes on groups in BC. Quebec (Coq-SIDA) and Ontario (Ontario AIDS Network) are gathering information as well. Are groups at the table seeing differences in their work because of changes in funding from the Community Action Fund? Is it impacting CBR?

- The Incentive Study has been affected, as collaborating organizations have lost staff and aren't able to do the legwork for recruitment. There hasn't been another location identified to replace this loss
- Are groups, studies, projects, etc linking to organizations that have been newly funded by PHAC? Janice will circulate a list of the newly funded groups
- Please contact PAN with any additional information as we are working with the Quebec and Ontario groups to prepare a report on these impacts. This report will be shared with PHAC.

## **Program and Project Updates**

### **Incentive Study - Saira at BCCfE (notes submitted)**

*Summary:* “Incentives Study Phase 2” is in the data collection phase as we complete all follow up visits for active participants; this study will wrap up by the end of March 2018. “Incentives Study Phase 1” is being re-launched to replicate the results from 2012 across all study site involved in Phase 2 (Vancouver, Surrey, Prince George, & Victoria) and also to confirm the results from the initial Phase 1 study. The main aim of Phase 1 is to determine whether the provision of a monetary reinforcer can increase the proportion of people who use drugs to undergo clinical and laboratory screening to determine HAART eligibility. We plan to enroll a total of 300 participants in Vancouver, Surrey, Prince George, and Victoria and plan to initiate Phase 1 in mid-October of this year and complete all follow up visits by the end of March 2018.

*Success:* Currently, we have hired personnel for our Phase 1 study sites in Vancouver and Surrey and executed contracts in a timely manner for our study sites in Prince George and Victoria.

*Challenge:* Ethics approvals are a time-consuming process as ethics submissions were made to three different research ethics boards for four study sites. Harmonization for ethics approval across all sites is still a “work-in-progress” in BC.

*Lesson Learned:* Study initiation is dependent on many factors and thus delays are expected and should be foreseen when determining a study timeline.

### **At Home At Howe Study – Allison**

Allison continues to work on the Howe Street Study. She’s also working on disseminating the information gathered for the HIV and Aging study, which included an environmental scan of CBO services and supports in community related to aging. The team has just finished writing a grant application for this project.

The proposal includes a quantitative virtual analysis of health service utilization of people enrolled in drug treatment programs and what services they use. It also includes qualitative work on interviewing about 60 older adults with HIV. Working with Kate Murzin (Realize) on the qualitative piece and Realize will deliver KT to service providers.

### **Social Isolation Pilot at the Dr. Peter Centre – Carly**

Finishing up a feasibility study of an evening program for MSM who are 50+, experience social isolation and food insecurity. The evaluation has been per-led and included focus groups. Data shows that the program has had a positive impact on bridging gaps in services. Recruitment of socially isolated men was a challenge and included outreach to some doctors, placing ads at pharmacy, and word of mouth. The number of participants grew from 3 to anywhere between 8- 15 per event. Now that the feasibility study is done, applications for ongoing funding will follow.

*Lessons learned:* There is a value in offering different pieces of services and supports in one place, for example, counselling, food, social support, art and music therapy. The program created feelings of community and family for participants.

### **SHAPE Study – Andrea and Sean**

What gaps exist in the cascade of care? The SHAPE study is an evaluation of STOP and its ability to reach vulnerable groups. There is a quota of participants based on geography and income levels, although this has required some flexibility in some areas (allowing people to be in more than one category). The baseline survey was launched in 2016 and there are currently 516 participants; the goal is 800 participants. There are many Vancouver area people; recruitment in the Fraser and Interior regions has proved more challenging. Phase 2 of the survey has now launched.

### **BC People Living with HIV in BC Stigma Index Project – Heather and Janet**

The study is based on an international survey tool to measure perceived stigma and discrimination. The BC study is the first time the survey has been used in Canada. Six Peer Research Associates completed 181 survey interviews with people living with HIV across BC. The quantitative data is currently being analyzed and the PRAs, Steering Committee and study team have identified that some qualitative interviews would add layers to the data; these interviews will be undertaken shortly. Knowledge translation tools will be developed in the next quarter. The national component of the project is underway, and PAN's experience helping to inform and support the rollout in Ontario and Manitoba.

### **Positive Living, Positive Homes – Janice**

The Positive Living, Positive Homes research project examines the critical link between housing and health outcomes, and aims to address policy, program and advocacy gaps. Data was gathered through interviews with people living with HIV (PLHIV) and service providers in three areas: Vancouver, Kamloops and Prince George. Many layers and issues have emerged in the data. The team is strategizing an analysis plan and knowledge translation priorities.

### **Making It Work Project – Janice**

This study is exploring the hypothesis that linking case management and community development could lead to better health outcomes. This work is being developed in partnership with the Canadian Aboriginal AIDS Network/Aboriginal HIV & AIDS CBR Collaborative Centre (AHA Centre) to encourage service delivery that is culturally safe, especially for Indigenous peoples accessing services. We are looking at whether models with cultural elements might mean better outcomes for *all* service users.

### **Positive Leadership Development Institute Impact Evaluation – Janice**

The PLDI program has been active since 2009, and we decided to evaluate whether it's meeting the short, intermediate, and long-term objectives of the program and to gather data about PLDI participants' experiences since and as a result of the training, including data about PLDI participants' leadership activities in their communities and across the province. This evaluation is now in the knowledge translation phase, with the report and a summary posted online, as well as a training manual for peer evaluators. Other KT pieces, including webinars, will follow.

### **Webinar series on Evaluation**

PAN is developing a three-part webinar series slated for the new year. This series aims to reframe evaluation and demonstrate how it can be used and thought of beyond reporting and applied as a learning tool for organizations.