

Draft Minutes
CBR in BC Quarterly
February 27, 2018
9:30 am - 12:30 pm

Attendees: Mona Lee (PAN), Janice Duddy (PAN), Joanna Mendell (Cheque Day Study, BCCSU), Ross Harvey (PLBC), Sean Grieve (SHAPE), Darren Lauscher (PAN), Tim Wesseling (SHAPE), Heather Burgess (At Home At Howe; Home and Community Care, BC-CfE), Becky Gormley (CHIWOS), Flo Ranville (SHAWNA), Sarah Moreheart (SHAWNA), Lulu Gurney (SHAWNA), Carly Wellham (Dr. Peter Centre), Judy Mitchell (PLN), Barb Borden (SHAWNA), Tabitha Steager (PAN)

Location: McLaren Housing (1249 Howe Street) & Teleconference

1. Welcome & Check-in

2. Approval of Previous Minutes

- Mona will send around minutes from last meeting and this meeting

3. Approval of Agenda

4. CAHR 2018 Ancillary Event

Update: An ancillary event proposal to host a demo participant-observation CBR Quarterly Meeting as a CHAR 2018 ancillary event was submitted and approved. Please see below for the event details:

Title: The BC CBR Quarterly Meeting at CAHR 2018: Knowledge to action through collaboration – How a community of practice facilitates the uptake and integration of research findings

When: 9am – 12pm on Thursday, April 26

Host(s): BC CBR Quarterly Group

Attendance / Registration: We want to hold 12-15 seats for the BC CBR Quarterly Group and open about 25-35 seats to folks outside of this group who are attending CAHR 2018. For the folks outside of the BC CBR Quarterly Group, we would like to target researchers and community members interested in discussing successes and challenges in the uptake of research findings: What successes have research projects achieved in implementing their findings into organization programs, policies and practices, and what made these successes possible? Conversely, what challenges to the uptake and integration of findings have research projects experienced and what are some lessons learned for mitigating these challenges?

****NOTE by CAHR: Ancillary event organizers are required to manage their own registration so please set up your own registration link and send me the link which will be posted on the CAHR website. Generally speaking, ancillary events are limited to registered CAHR delegates, however some exceptions can be made upon request. Please send me the details of who and how many people who anticipate to attend that are likely not to be registered delegates.*

Description: The Community-Based Research (CBR) in BC Quarterly Meetings (called the CBR Quarterly Meetings hereon) are organized by Pacific AIDS Network (PAN) staff, hosted by McLaren Housing Society, and attended by community members and researchers, community-based organizations,

students and academic researchers. This diverse group has become a community of practice that gathers approximately four times a year to share learnings, challenges and best practices related to CBR, evaluation and knowledge translation/sharing initiatives. At CAHR 2018, we are hosting a demo participant-observation CBR Quarterly Meeting as an ancillary event, where attendees are welcome to join as active participants or as passive observers. There will also be a dedicated time for networking after the meeting.

The theme of this meeting is to explore how the findings from CBR projects by and with the CBR Quarterly group members have been put into action by various organizations and how the uptake of these research findings have influenced programming at organizations. By focusing on concrete examples of 'knowledge to action' initiatives, the discussions will focus on new and established methods for research uptake and integration, and related challenges.

Demonstrating the value and successes of peer work through their roles in research, evaluation and knowledge translation is integral to the CBR Quarterly Meetings. Peers living with HIV have engaged and participated in these meetings from day one. Thus, ancillary event participants will be encouraged to share peer work experiences related to 'knowledge to action' initiatives, and how to best embody GIPA/MIPA principles and support peers in research.

Discussed at today's CBR Quarterly Meeting:

- Registration
 - PAN will open a registration link and send to CAHR. At this point, this registration will cap seats at 35 (outside of BC CBR Quarterly Group). We can figure out who will be represented at this table from the BC CBR Quarterly Group. PAN is happy to manage the registration.
 - To consider: do we want to ask any questions within the registration? (e.g. what captured your interest about this event?)
- Meeting room structure
 - FYI, theatre style is free; U-shape costs \$150.
 - The BC CBR Quarterly Group will move around the chairs ourselves to avoid cost. CAHR is aware and ok with this as long as we do not move tables, mics, etc. The group asks that we assign pre-event and post-event chair shufflers in advance.
- Budget
 - FYI, food and beverages must be ordered through Bayshore; and the orders must be placed no later than 30 days in advance of the event.
 - Keep it simple (coffee and muffins).
 - SHAWNA can contribute to the budget.
 - PAN will develop a budget and send around with the minutes.
- Who will chair/facilitate the meeting? Who will take notes?
 - Someone from SHAWNA may be interested in taking notes.
 - Please let PAN know if you want to take on any of these roles.
- Meeting agenda and format
 - Peer work theme is important. One idea is to demonstrate the value by having PRAs share how this meeting has facilitated connections and skills/capacity building.
 - For project updates, use the format of brief summary, one success, one challenge, and one lesson learned.
 - It's important that we talk about challenges → this leads us to identify gaps in capacity building and problem solve.
 - We won't be able to share with as much flexibility or fluidity at this meeting due to limited time and number of people we need to manage. Need to keep the meeting structured and plan carefully who shares and presents.

- Use breakout sessions/groups.
- **Working Group** will come up with a more detailed agenda.
- **PAN** will take on doing an evaluation on the historical piece of CBR Quarterly meetings.
 - Do a document review of past minutes (and maybe a survey) to collect information around how these meetings were born, what happens during the meetings, solutions brainstormed collaboratively by the team to various challenges teams face in CBR, impacts of these meetings.
 - We can share this in advance of the meeting by creating a document.
- Audio visual needs
 - FYI, audio visual equipment and labour orders must be placed no later than 30 days in advance of the event.
 - **Mona** will email CAHR: What's available to us? Are there costs to having a projector in the room?
 - Mona has heard back: No equipment available in the room, but we are welcome to bring our own (e.g. projector and cable for PowerPoint presentation). If we need any technical support to hook things up, there may be a fee – we can inquire about this.
- Meeting Contents
- Knowledge Translation
 - How do we want to share what came out of this meeting? The small working group will discuss how best to share the notes and or outcomes from the Ancillary Session and how these will be distributed.
- **Potential Additional Themes for Ancillary:** Professionalization of peer research work as a challenge (when does a peer become not a peer because of professionalization?), peer mentorship, how to access key populations for recruitment (i.e. young people, people with higher incomes), capacity building for peers (capacity bridging?)
- Build a graphic timeline about the process i.e. CTN – talk to Darren

5. Program & Project Updates

- Please provide a short summary of each project and consider these three points: one success, one problem encountered, and one lesson learned

SHAWNA

Summary: Longitudinal research project on social, policy, legal, gender and geographic gaps in women's sexual health and HIV care across Metro Vancouver. SHAWNA employs peers (WLWH) who are fully involved throughout the project as PRAs, peer mentors, interviewer/outreach workers, and members of Positive Women's Advisory Board. Peers recruited and led meetings. Peers also met with other SHAWNA project workers to develop tools and materials to distribute findings like newsletters, webinars, etc. Involved in a number of qualitative projects to further explore experiences of WLWH, including on trans health; exploring criminalization of HIV non-disclosure; etc.

Success: Completion of the last PhotoVoice project – now have completed PhotoVoice sessions exploring HIV non-disclosure with a number of communities with an intersection of being HIV+ including the Positive Women's Advisory Board, members of the ACB community, youth, and trans and gender-diverse people. Looking forward to sharing this in the Spring – stay tuned for dates/location.

Challenge: How to support all projects that fall under SHAWNA umbrella. Negotiating the shift in PRA-focus from recruitment to KT back to community. This highlighted opportunities for PRA team to engage in facilitation skills building (e.g. going to Toastmasters). Having a safe space to practice is important (and

where you can participate as observers). FYI, there is a [Toastmasters gathering happening every 2nd and 4th Thursday from 12:05pm to 1pm at St. Paul's Hospital](#). Sarah (the project coordinator) is also going on maternity leave, which will lead to shifts in team (e.g. bringing on a new team member). There is a concentration of services are in Metro Vancouver, but outside of this, safe places to access resources and information can be tricky. SHAWNA team wants to break this stigma down, and has been trying to reach out (physically) to distribute their resources at places like WARM Zone. SHAWNA team can also connect with Jaydee Cossar at PAN if they want to connect with PLDI grads in distributing their newsletters.

Lesson Learned: Communication is key. Each member of the team needs to be aware of what's happening (keeping each other in the loop). Peer mentor role is critical in CBR and PRA teams. Check-ins and check-outs are also very important.

EDGE Collective: A community of practice for knowledge translation, evaluation, community engagement, etc. They meet about once a month (usually on a Tuesday at 3pm) at UBC Learning Exchange ([edgecollective.ca](#)). They do problem solving (e.g. anyone can bring a problem related to KT, evaluation, community engagement, etc. and this community collaboratively brainstorms and solves the problem – like we do at this CBR Quarterly table). There is a call for presentations by Health XChange's PechaKucha evening focused on mobilizing research evidence to make change in health policy or practice due this Friday, March 2, 2018 (please see attached poster).

SHAPE

Summary: STOP HIV/AIDS evaluation on what retains people in care?

Success: Bringing Tim on board; he has been a big help. SHAPE also has been accepted for CAHR.

Challenge: Challenges related to recruitment. Age group 18-29 has been really difficult to get a hold of. Fraser Health and Island Health regions (whereas North Health has been successful), as well as higher income groups (i.e. \$29,000-\$50,000) also have been difficult to recruit. These are groups that come up over and over again for recruitment challenges – do we want to have this be a part of the CAHR Ancillary Event to learn about what folks are doing nationally?

Lesson Learned: Had to step outside of regular recruitment like taking posters to places that we generally do not think of going to (e.g. bathhouses, bars). Will also have a presence at Positive Gathering this year. Also taken a physical visit approach, e.g. going out to Purpose Society (a community-based organization in New Westminster). Also plan to visit Positive Living Fraser Valley in Abbotsford. Engaging with party groups and youth conferences may be a way to go.

Supervised Consumption Site KT – Dr. Peter Centre

Summary: Over a period of 5 years, to train community-based organizations (CBOs) on supervised consumption site. Three peers have been working on this over past 6 months.

Success: Training module developed for CBOs (either up and running, or just getting started). One program getting trained in Lethbridge currently. Focus on what peers are looking for when they visit a supervised consumption site and what peers need in terms of self-care.

Challenge & Lesson Learned: Building in trainings into this process to make sure peers are solid before they start sharing with other people and organizations. Creating network of peers!

Integrated Evening Program – Dr. Peter Centre

Summary: A pilot on integrated evening program for people over 50, identify as gay men experiencing isolation and/or food insecurity.

Success: Finished the study and a great program report came out. Will be presenting this at CAHR.

Challenge: Recruitment was very slow – hard to reach out to socially isolated folks. Difficult for folks who lost their partners to re-engage with the community and leave their doors. There is a lot of stigma related to isolation. Some folks also did not see themselves as Dr. Peter Centre clients. As it was a pilot program, funding was wrapped up. However, didn't want to just cut off the program so will be applying for funding

to continue. At the same time, with uncertainty of this evening program, offered the pilot program participants an access to the Day Program.

Lesson Learned: Regaining trust and taking time to make people feel comfortable key. Peer leadership critical. Program success evident through people's enthusiasm for evaluation of the program – navigating medical systems, identifying impacts of aging on physical and mental health, importance of peer mentorship and leadership, etc.

Cheque Day Study

Summary: Looking at when and how often people receive their income assistance cheques (any provincial assistance), and related impacts. Looking at whether there might be less harm to community and individuals if cheques were distributed every two weeks on different dates. 109 participants enrolled.

Success: Half-way done interim results analysis.

Challenge: The lag between having result, publishing and then being able to share things out to the community. Right now, it is only people who use drugs who are eligible for the study.

Lesson Learned: Putting together a community impact statement. It is a big change to participants and the community that would be impacted if this policy was to change more permanently. Looking beyond the people who use drugs population. Have held forums with police, fire and ambulance. And looking beyond Vancouver to collect impacts across province if the policy was to change. Findings suggest that there should be some sort of choice about how they receive payments. Building in communication with the Ministry to share findings has been helpful. The Ministry of Social Development and Poverty Reduction have been having consultations on how best to reduce poverty, looking at barriers and challenges to people on assistance. Folks at this table may be interested in signing to support recommendations of [Urban Core Poverty Reduction Strategy](#). Signatories are being collected until March 10, 2018.

CHIWOS: Partnered with many stakeholders to provide Canadian perspective on WHO's Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV. Developed a series of webinar on implementing this, with the next one being on Friday, March 9th from 9am to 10:30am. Please register [here](#). This is a virtual webinar but all of the BC presenters and team members will be gathered at SFU Harbour Centre, RM 2245 (McCarthy Tetrault) – folks are welcome to join the team here in person too.

AT HOME AT HOWE: Recruitment of a sub-study looking at former residents. Using passive recruitment because we don't have permission to follow up for this phase – recruitment will be challenging.

Home and Community Care: Wrapping up a survey of CBOs providing services to older adults living with HIV. Do some service planning or finding out if CBOs filling gaps in this area.

PLBC: Worked with the UBC Faculty of Dentistry – looking at access to dental care – PLHIV were not accessing dental care. We took this study and presented to the provincial government 2016, the outcome was a grant from MOH to support capital and supply costs for the PLBC clinic. A week ago Monday treated our first client in our clinic. Lesson learned is that don't be shy to use the data that you generate; big challenge is money. Working on developing a Dental Emergency Fund for folks who do not have any coverage through insurance.

PLN: Peer support working program – weekly support meeting. Getting interest from other organizations about the best way to support peers in their organizations. Challenge that some of the peer workers find themselves receiving some negative feedback about their role in the organization. Important to build boundaries some key learnings from Dr. Peter Centre PRAs.

BC People Living with HIV Stigma Index

Summary: Wrapped up data collection quite a while ago. Have had a preliminary analysis and KTE for the data. We have a steering committee this week on how to best move forward. Have been interviewing the PRAs who did data collection on the tools and the process to gather learnings.

Success: Share learnings on the data and process with the national study. Need to capture successes.

Challenge: Survey tool was developed in other countries. BC was the first province to use this tool and there have been some challenges in cleaning up data and analysing data. Gathering data on the gaps in the tool and the future research we need to do.

Lesson Learned: Capacity building with the Peer Researchers has been great. And PRAs are holding key positions in further work relating to the Stigma Index and in other research projects.

Making It Work: We are working on a Catalyst Grant through CIHR – looking at how agencies are combining and delivering case management and community development programs to make services work for clients, particularly through an Indigenous lens and an Indigenous view of health and wellbeing. We have been coming up with a framework and how to take an academic approach and Indigenizing it for the purpose of this project. In the end, we hope to develop an evaluation framework for case management and community.

PLPH

Summary: HIV and housing within a BC context. Interviewed 99 people living with HIV and 43 service providers and policy makers in Greater Vancouver, Kamloops and Prince George. We have finished data collection and are in the sharing findings and KTE phase.

Success: Hired Dan Wilson as our Knowledge Translator – as a participant of the study.

Challenge: Have been visiting community agencies to have casual presentations on the study. We have been having some low turnouts at these events.

Lesson Learned: Need to meet peers where they are at in terms of capacity building. It is important to have open conversations about what people want to learn or get out of the process.

6. Meeting Adjourned