**PHSA Collective Impact Network Meeting**

**DRAFT MINUTES**

**December 6th, 2018**

**1:30 – 4:30 pm**

Tom Cox Boardroom, BCCDC, 655 West 12th Avenue, Vancouver

**ATTENDEES**

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| PHSA/ BCCDC | Lauren Allan, (Maria Alvarez, Naveed Janjua – joined us for Hep C testers cohort presentation) |
| Pacific AIDS Network | Evin Jones, Simon Goff |
| Central Interior Native Health Society – by phone | Shobha Sharma, Sari Legate |
| CBRC for Gay Men’s Health | Darren Ho |
| Pacific Hepatitis C Network | Deb Schmitz, Daryl Luster |
| Pivot Legal Society | Catarina Moreno, Darcie Bennett |
| Positive Living BC | Elgin Lim, Adam Reibin |
| YouthCO | Sarah Chown |

**AGENDA**

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| **ITEM** | **NOTES** |
| Welcome and Introduction | * Lauren Allan - welcome from PHSA. We want to flag two new groups to the CIN. * Friends for Life (FFL) - 16 month contract for women’s specific project - contract finalized last week - unfortunately Jesse Brown ed of FFL had to send regrets - they will be hiring a women with lived experience of hiv/hcv and forming a provincial committee that will include leadership of women with lived experience... - in turn they will solicit applications from women ax the province to support wellness initiatives for themselves and in their communities. * Central Interior Native Health Society (CINHS) - Sari Legate, Shobha Sharma on the line - like FFL receiving funding from PHSA to do a project - therefore joining the CIN - great to have these 2 new orgs coming aboard- Sari: sorry to not be able to attend in person ... been team lead since august still feeling new at it. CINH is a primary health care clinic - focus primarily on folks living on or close to street who are indigenous, substance use issues, hiv, hcv - all ages. Have a prenatal family focus we are developing through some of our programming. fortunate to be successful in applying to the women’s innovation fund - working on job description - 2 positions - 1 as an aunty/elder ; the other as an outreach position for women at risk of hiv and hcv - helping them to navigate the health care system, etc. Shobha: initially our org set out to provide culturally informed, trauma informed services more just for indigenous clients... - addressing the spiritual, emotional, physical needs of folks coming for health care services. Initially set out to just serve indigenous clients but now we have expanded - wrapping care around street involved people, those most at risk, etc. there is a huge need and we are responding. Also provide teaching to health care students and promote relationship building with clients. * Catarina - Interim ED of PIVOT - welcome to the table! I will be at the table potentially a few more times, but my time at PIVOT is temporary. Excited to be here. * Go round… Name, agency, quick summary of PHSA funded work * PHCN   + HCV Helpline. * Options for Sexual Health (welcome!)   + Recently successful in PHSA funding to support women living with or at risk of HIV and/or HCV and to do education work (e.g. clinical education nurse; phone line available from 9am to 9pm). * PLBC   + Connecting with and partnering with PHCN, partnering with Northern Health to do work in northern region, community dental clinic. * YouthCO   + Youth living with HIV and/or HCV – leadership and support; Camp Moomba. * CBRC   + HIV intervention and research for gay, bisexual and other men who have sex with men, sexual health education work through PHSA’s Innovation Fund. * PAN   + Backbone agency for PHSA CIN – facilitate and bring the member orgs together; PHSA funding also supports PAN’s annual Fall Conference. * Pivot Legal Society   + Work in policy and law related to risk of HIV, HCV and overdose. |
| Ratify minutes and approve agenda | *Ratify Minutes* - Done - all in support. Edit/change suggested by Deb: change the amount under 2.a. to 70 or 80,000 people in BC living with hcv, not 10,000. (ACTION Simon)  *Approve Agenda* - Done - all in support no changes or additions.  *Regrets*: Mona L, Glen B, Geoff F, Janice D, Caitlin J (BC Women’s Hospital), Michelle F & Nicole P (Options), Jesse B (Friends for Life) |
| Update from PHSA | Funding Update (Lauren)   * We do have a small amount of money for peer engagement – approx. $1000 per working group. If you feel you already have representation, and want to use the funds for something else, just have a conversation with me. The funds need to be expensed ideally by end of the FY. Workgroups should discuss how they plan to spend this and let Lauren know which agency would like to hold the funds. * Contract extensions: all current CIN contract are being extended by 1 year, incl. the ones just signed with FFL and CINHS - extended to now end March 31, 2020. * RFP Timeline: There will be a competitive RFP process over the course of next year with new contracts to (hopefully) be in place by April 1, 2020. Innovation Fund had a very simple application process; the last RFP process was quite large and daunting. We got good feedback on the need to have the process be a bit less onerous. * Aim to post the RFP's in the spring 2019 - either before or right after summer. Will be in communication when I have the dates. The posting will be longer than 6 weeks as it was in the past. Potentially have the RFP up for 3 mos. to help organizations develop any collaborations. * The funding envelopes will likely not change significantly. Might be small changes to amounts allocated to each component. I will share more information on this as it comes available.   Questions   * Sarah - having 3 months to complete that will be great, but if that starts in the fall, it is challenging for staffing continuity is really important. * Elgin - would it be for another 3 year funding period? Lauren – most likely. It is hard to create momentum when it is for such a short funding cycle. * Evin - will the programming that each of the components is addressing, be similar? Lauren – most likely. To make big changes would involve having to do a large community consultation again (this is how the components within the RFP were originally developed) - so the components will remain the same it is anticipated. |
| BCCDC update | Hep C testers’ cohort – Maria Alvarez (see attachment for presentation) – main differences between 2015 and 2018, adding more testers, more cases, more population groups and algorithms to find data. Working with FNHA to use their data.  Discussion w Maria and Naveed:   * Engaging community stakeholders is next step * Think about how this data can be used to inform the work community organizations do * Daryl: We have the best data in the world. What about the gaps – how can we use the data to advocate with the MoH and the differences between HAs? (ACTION PHCN/PAN) * Daryl: The 20,000 people lost to care (tested but not treated)-how can we reach these people? Where are they?   + Had student over summer look at this   + Looked into care cascade by geographic region – hoping to have this data by late spring. * Sarah: recommendation to change language to be more gender affirming – people giving birth (not only women). * Sarah: How would children born with HIV show up in dataset? Data by age is very helpful for YouthCo.   + They do get tested and should show up in the data. How can we look at this group? * Naveed – We will have the Care Cascade to mid 2018 by end Jan 2019 * Naveed Q: How can we create a formal process to inform community-priorities in cohort? Can we come up with a list by spring meeting and share with the team?   + Lauren to check with Naveed and Maria to determine when they want this data by (ACTION Lauren UPDATE - by Jan 25th 2019) * Daryl – is the data being used to educate primary health care providers? Naveed – yes. Webinars. * Lauren – data might inform next RFP. * Evin – can community do more to push the stalled hep C plan at MoH? Naveed – yes. Push for timelines/deadline for *Healthy pathways forward* re-make. Ask for clarity on proposed action and implementation. * Sari Q: How will data on hep c and hep b in indigenous populations in BC be shared?   + Data distribution will lie with FNHA to decide how to disseminate. * South or East Asian – where are the boundaries? South tends to be India/Pakistan. East is East and S. East incl. Philippines. Looking to get a more accurate breakdown using other sources e.g. marriage. * Naveed and Maria: Hep team started creating lay summaries and infographics on the website – community can let them know if there are any requests for knowledge products, by a date tbd. (ACTION All – UPDATE - by Jan 25th 2019) |
| Introduction to CIN priorities and Workgroups | *This information in italics was not shared due to time but will be included for NEW GROUPS - Ed.*  *CIN PRIORITIES – formalized in May 2017 – see webpage*   1. *Increase involvement of People with Lived Experience (PWLE);* 2. *a) Increase program equity and services for HIV and HCV; b) Increase program equity and services across BC (urban, suburban, rural and remote locations);* 3. *Harm Reduction; and* 4. *Reducing Stigma.*   *CIN PRIORITY ACTIONS*   * *Re: 1 - PAN was tasked with a peer resource mapping project w CIN members. Led to resources on website.* * *Re: 3 - In April 2018, alongside the CIN’s ongoing support for PrEP roll-out, PIVOT reported on their early findings from Project Inclusion as a way to approach this priority from a collective advocacy perspective – and we expect action items to come. The results will (also) now help shape the work of our Stigma workgroup going forward.* * *The first working group – called the HCV Caucus – first met in June of 2017. This Caucus was led by the PHCN and includes people with lived experience. It successfully applied for PHSA Innovation Funding, and is now looking to address needs arising from The Hep C Resources in BC project – highlighting gaps that exist in HCV resources, information and advocacy across BC, especially with the advent of publicly reimbursed HCV treatments. This report may aid the new Rural/remote equity workgroup.*   ---  Three new workgroups were initiated in September 2018: PWLE involvement; Rural/remote equity; and Stigma reduction. All are supported by Lauren and Simon, as needed.  As we go through the rest of the mtg we invite the 2 new agencies to consider where they would like to participate in moving forward – the best fit for them (ideally 2 groups)? |
| Feedback from Workgroups 1-3 | *Each workgroup leader gave a presentation of work to date form 2 meetings (from 3 handouts - attached) incl. building the team, defining objectives and deliverables, and a sketch of the next few months of work.*  *Workgroup 1: Increase the involvement of PWLE*   * Lead Agency: PHCN (Deb, Daryl) * Team: PAN (Paul Kerber), PLBC (Glen) * External invites: Laurel Gloslee, Neil Self   Notes:   * Developing survey to find out what is going on across the province – aim to launch in April, then analysis and next steps. * Create connections with organizations and peers that we may not have relationships with. Send names of other orgs that might want to connect in rural/remote areas to Deb and Daryl (ACTION: all). * Send any other best practice resources to Deb and Daryl (ACTION: all). * Suggestion to not run survey in lower mainland (Sarah) or have a way to separate out survey data (make sure survey is set up so data can be separated) (Lauren) to help compare HAs and the hep C testers cohort data. * Link in w environmental scan of best practices. Evin/Simon to follow up with Janice and Mona on best practices (ACTION Evin/Simon). * Tie it into overdose crisis and/or substance use. Here Erica Thompson might be an ally? * Make sure we know the target. HAs and CBOs? * Can we get HAs to give their stamp of approval? * Some type of incentive? * Suggestion from Darcie to do health authority AND size of city drop down questions. * Groups doing peer work, those that aren’t connected, and those not doing well with peer work – three groups that may need different survey questions. * Run the draft survey by CIN for feedback. * Darren – there may be another target to be considered: those doing peer work; PWLE not yet connected; AND those not doing well with peer work. * Know who’s getting paid work? Who is volunteering?   *Workgroup 2: Increase program and service equity across BC*   * Lead Agencies: Options (Michelle), CBRC (Darren) * Team: YouthCO (Sarah), PHCN (Deb)   Notes:   * Adam - Concern about HR time required for this, quite a process to offer skills in grant writing to small agencies. * Sarah - Maybe reframe deliverable as ‘what is on offer’. * Daryl – reach out to community service clubs? * In 3.1 do the orgs have the capacity to take on the consult work? * Lauren – work with those interested in applying… e.g. Friendship Centres – but might not have capacity. * Evin- helping build fund dev capacity is tough… another challenge is if agencies are consistent with accepted principles (e.g. NAUWU). * Shift language to Community-readiness work. Community development foundation. * Adam - This works resonates and fills a gap. Getting buy in is tough. * Darren – timelines not concrete yet. * CINHS clinic works with transient population, this fits well for agencies CINHS works with.   *Workgroup 3: Stigma reduction*   * Lead Agencies: PLBC (Adam), YouthCO (Sarah) * Team : Options (Michelle), CBRC (Darren), PAN (Janet Madsen), PIVOT   Notes:   * Adam shared the most recent Critical Path document for the ‘*Can’t pass it on/ can’t get it’* campaign (PLBC/ HIM developed). The print/online marketing campaign could grow to suit needs. This would require no extra budget or resources. * Inviting the workgroup into this campaign. Would like to ask stakeholders across the province to join this workgroup. * Need to sell this idea to a wider audience. * Aim to help shape policy. * Offering training modules for HCP - What is u=u to you? How do you promote it to your patient? * To have provincial scope in this campaign, need more money – could we take this on the road? * Sarah – Please note we acknowledgement the absence of hep C in this anti-stigma project. But this could be a template for later campaigns. * Evin – In Pan’s Stigma Index study 30% avoid healthcare due to stigma so this is exciting. Kim K (LPRC/CBRC) has just asked about a U=U provincial campaign after the Fed announcement around [science and HIV non-disclosure](https://www.hivplusmag.com/undetectable/2018/12/03/canadian-government-becomes-first-country-endorse-uu) and the Federal Auditor General’s announcement on new prosecutorial guidelines: <http://gazette.gc.ca/rp-pr/p1/2018/2018-12-08/pdf/g1-15249.pdf> (p11-13) * There may be year-end funds for extra print runs/social media campaigns (would need about $20-25K in total to expand reach). * The Gov of Canada anti-stigma campaign $500K. |
| Summary and Next Steps | * Next steps for workgroups (ACTION: Workgroup leaders) * FFL, CINHS – what is your best fit workgroup(s)? If you need to reflect you can email me. (ACTION FFL)   + CINHS would join workgroup 2! (ACTION: Adam/CINHS)   + CINHS is also open to being looped in whenever necessary for any workgroups on an ad hoc basis. (ACTION: Workgroup leaders/CINHS) |
| Next Meeting | BCCDC Apr 2 (am) or Apr 3 (pm) - to be decided – PLBC would prefer Apr 2. |
| Meeting Adjourned |  |