**PHSA Collective Impact Network (CIN) Draft Minutes**

**May 21st, 2020**

**1 – 3 pm**

Zoom meeting <https://zoom.us/j/2556219928> p/w pan2020

**Attendees**

|  |  |
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| PHSA/ BCCDC/ consultant | Lauren Allan, Jillian Schwandt, Karmen Olson/HR team, Phyliss Suave |
| BC Women’s Hospital and Health Centre | tba |
| FNHA | tba |
| Pacific AIDS Network | Evin Jones, Janice Duddy, Simon Goff, Monte Strong, Alfiya Battalova, Marc Seguin |
| Central Interior Native Health Society | Jennifer Hoy |
| CBRC for Gay Men’s Health | Darren Ho |
| Options for Sexual Health | Michelle Fortin |
| Pacific Hepatitis C Network | Deb Schmitz, Daryl Luster |
| Pivot Legal Society | Meenakshi Mannoe |
| YouthCO | Sarah Chown |

**MINUTES**

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| **ITEM** | **TIME** | **DESCRIPTION** |
|  | 1:00 | Welcome, regrets from Shobha.  Territorial acknowledgment: “We would like to acknowledge that PAN, and many at the CIN table, as provincial organizations, gratefully and respectfully work and partner with Indigenous Peoples in what is often referred to as British Columbia.” |
|  | 1:03 | Ratify minutes (Apr 2020) and approve agenda  Minutes change: Change Help C to hep C (one occurrence)  Meenakshi: add harm reduction supplies item. Added under hr presentation discussion. |
|  | 1:05 | **PHSA/BCCDC updates (Lauren)**  Contracts  Working on all of them, PAN is first so that Alfiya and Janice helping with evaluation piece for others. Once we finalize, we will move to the others.  Innovation fund  one-time funding, still being planned, release in June, similar format from last year, posted for about a month, focus and alignment within CIN. Maybe funding related to COVID and how we can incorporate it.  **Dual health emergencies – work update, feedback and Q&A (Harm Reduction team)**    Karmen Olson (Harm Reduction Operations BCCDC) spoke from the slideset.  Karmen (following the meeting) sent the following resources:    Here is the mentioned link to the P2P – [peer2 peer brochure](file:///C:\Users\sejgo\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9QX5MUGL\P2P%20brochure:%20https:\towardtheheart.com\resource\responding-to-drug-overdoses-during-covid-19\open)  **Discussion:**  Meenakshi: access to pipes and safer smoking supply? Anything glass is not provided through BCCDS at this time but in lim. number through health authorities, no dedicated funding for that. Regional harm reduction coordinator – application go through that.  Daryl: dearth of willing prescribers in rural and remote areas.  Karmen: refusal to prescribe oral formulations.  Michelle: physicians who are involved in social justice work in reproductive work. Will report back once we survey these physicians on being prescribers and trans work.  Sarah: YouthCO has a resource, access to trans care, are you also asking about prescribing HIV care, PrEP?  Meenakshi: fear around accessing safe supply, gatekeeping in different clinics, spec VCH clinics, lots of barriers around initiating safe supply. The excuse is that because they don’t know what will happen after that. How do DTES folks get funneled through VCH?  Evin: Daryl’s concerns about lack of prescribers. Consistent theme among frontline orgs in remote communities, including pharmacies. Webinar with Guy F.  Are you part of emergency committee? How can ppl communicate concerns from peers from community-based level?  Karmen: Weekly PEEP (peers from different group in health authorities), connected with BC Yukon, [harmreduction@bccdc.ca](mailto:harmreduction@bccdc.ca). Not on the committee but James Buxton is on that group. Everyone is trying very hard to be nimble about getting information.  Lauren: maybe more formal portal would be good to set up.  Evin: not clear what will happen with COVID, would be good to formalize what the structures are and who is making what decision.    Karmen: connected with harm reduction teams.  Evin: So, if there is a concern, talk to harm reduction coordinator in their authority or directly to BCCDC.  Lauren: Innovation fund: same as previous years, $100,000 to 3-4 different projects.  Evin: If COVID is impacting service delivery, are you having these conversations with groups as part of contracting process?  Lauren: being very flexible about that. We can revisit when we reformulate the contracts. More money on virtual communications, people’s safety is our priority. Hopefully, we will be able to do more face-to-face when we have a vaccine. |
|  | 1:25 | **CIN 2020-23: the focus on work teams and CIN priorities**    Presentation notes:   * 2019-20 As usual, we will be sending our short eval survey out in the coming weeks – and will report back. But we will touch on that today too. * Reminder: We are once again part of the PHSA goals – including TRC calls to action. Hence the invitation to FNHA to join last year. * The diagram includes all of us – better/stronger together: how contracts link in (left column) to PWLE – central to CIN and WGs. * How CIN works   + main CIN table –advocacy, knowledge transfer, partnerships;   + Innovation fund – allows us to run with ideas   + work teams – sharing out leadership, PAN playing supportive role, NEW PHSA expectations to come. * Also looked at the CIN framework, and priorities formed in 2017. |
|  | 1:30 | **Work Teams Update: Finishing well and/or closing projects.**   * See Reports (in Appendix) including challenges and successes.   Recommendation – to consider finishing WT1 Peer survey when appropriate – PHCN/PAN as lead/support). Current teams closed March 31st.  Deb: PWLE WG still makes sense  Darren: Rural equity – can be refreshed.  Sarah– continue to partner with ACPNet, priority working with Surrey memorial.  Michelle – Now ppl are having to learn new technology due to COVID. Perhaps folks in remote communities would have more appetite and we can engage with them in the new ways? |
|  | 1:35 | **Informing the CIN: Feedback from the SoLE event**    Data set was not grouped deliberately.  We asked PWLE in the room about each CIN priority: ideas, things that work, barriers.   * Mar 10-11 Really great event, happened just before the shutdown. * A chance for peers to inform, inspire and join our work going forwards (left at the raw data stage). * We now have a roster of peers (9-12 for each priority) – a resource for team forming.   Language:  Sarah: using living experience rather than lived (input from Indigenous communities).  Daryl: Include both living and lived. Make it clear it’s inclusive of both.  Monte: referred to life experience (can include lived and living).  Michelle: experiential peers  Evin: who came up with that phrase ‘pwle’? We also use Persons with lived experiences to acknowledge different aspects.  Marc: PLDI split in the middle for various reasons, lived – brought us here today, living – it’s more in the present, forward-thinking. Up for discussion.  Phyliss – living experience, some ppl are still living it, have lived with me to help other people navigate, some ppl prefer living.  Sarah: conversation about power, power within CIN, less language and the intent behind the language and how you show up in spaces.  Phyliss – has it ever been asked?  Daryl: if you wan to include it.  Janice: language was shifting at the request of ppl, incl lived and living makes sense. Need to respond.  Lauren: Include in the survey – feedback on the language of PWLE  Deb: have seen PWLLE  Simon: it’s work in progress  Meenakshi: arise from conference and academic spaces to push back against people who are claiming expertise and then language becomes bulky. People can gather (homelessness conference) address power differential, language doesn’t translate easily into everyday life.  Sarah: we call all of us peers (age and other things). Making it more specific about what we mean, naming other things, acronyms are not always helpful.  Daryl: the problem is context, depends a lot on it. |
|  | 1:40 | **Work Teams 2020-23:**   * 3 years ahead for the CIN. Time for all priorities. Nothing left out. Just ordering. * All priorities interrelated. Noticed geo equity strong theme last time. * Also, other agencies were brought in (e.g. ACPNet – joined us in Dec)   **Names of the priorities**  Hep C equity lens on – not helpful for us moving forward, due to ongoing challenges, what was Hep C equity is better to be called **Hep C focus**. Every agency is dealing with Hep c as part of their services and responses, and all the priorities is inclusive of HIV, Hep C and other conditions. That language wasn’t helpful.  **In the following Menti exercise, in the ‘Barriers to effective work team’ Question -** We haven’t addressed harm reduction as part of a work team. Perhaps this is due in part to our working definitions of harm reduction?  Here’s the MENTI report.    *Simon: Anything surprising from the Menti questions and responses?*  Monte: some answers came more immediately, others – need more time to think about.  Marc: priorities are difficult, not easy to choose.  Daryl: Number of hours, it’s not surprising, it’s a lot of juggling.  Darren: the barriers and hrs align well. Lack of staff time to come together and work on different projects.  Sarah: they are big priorities, how much time can we spend on stigma. More specific priorities can help the WGs.  Defining that can happen at WG group level and maybe there is a specific ask from PHSA, etc. Wherever refining happen, that would help.  Priority vs strategic aim vs objective  Evin: Part of the challenge is trying to be strategic about orgs who sit at the CIN who are represented, and how do we expand representations of PWLEs. What other mechanisms exist that CIN can access to push the lever around policy and advocacy change. Where does that fit with supporting PWLE of Hep C? Where do we support them even if they part of the CIN? Where do we take the lead and where do we support the leadership of others appropriately, respectfully and realistically, effectively?  Marc: when groups come together, they need to ask why we are doing this and working on this issue. It might help in terms of the steps.  Daryl: what Sarah is saying I have the same feeling, we were floundering as a group. Then we came with an idea of work groups. Maybe we need to better define what those work groups do.  Monte: Thinking about lived experience, as a coordinator of advisory committee of Hep C leadership project, opportunities to bring in that work to this table. But when it comes to different areas, including policy and advocacy, there is a gap depending on what some of the knowledge is. There is still much to learn for me. To figure out where my lived experience fits. The theme is knowledge translation.  Simon: we have general categories, more people around the table to look at these, but we want to avoid tokenism. We want to ensure that people are able to engage with the topic. We might have passion and interest from ppl at the team table to start but once we figure out a specific area (goal), they may no longer want to be engaged. Because we are trying to make it as broad as possible, and inclusive.  Daryl: not sure we can mitigate that from the start. Concerns about bringing PWLE because of their own safety and intimidation. Feelings of intimidation. We need to be aware of that.  Marc: a lot of PWLE are up to speed about their contributions in the meetings, they are adding and contributing in different ways. We are setting up the table so people can participate. Should be considering COVID-19 lens for the first few months because it will have ramifications for everything that we do?  Simon: successful work of the team can be a 3-month project (organizing an event). Other things have taken years. It gives flexibility, can be small-scale projects. Once we are done, we can move to the next work group.  **What work team(s) would you lead (include your agency name)?**  **From menti.com**   * PWLE – PAN/PLDI * Rural equity - CBRC * Hep C focus – PHCN/PAN * Harm Reduction * Stigma – YouthCO   New ideas:   * Decolonizing Practices – OPTIONS * Indigenous lens - Phyliss   PIVOT, CINHS to come.  NEXT STEPS   1. Leadership team to meet 2. Form teams (and invite peers), finalize leaders by September 3. Decide on work plan: goal, objectives, timeline (short/longer term project). Does the team need to expand to other agencies?   Terms of reference for people coming to the team is a good idea  Evin: Maybe we could strike the PWLE engagement team first to discuss the peer engagement ☺  Michelle: Engaging women from the SoLE event.  Simon: The women from Day 1 stayed for Day 2, and our roster of potential peer consultants is made up of men as well. |
|  | 2:55 | Next Meeting – September 24th 1-4pm |
|  | 3:00 | Adjourn |

**APPENDIX: WORK TEAM UPDATES**

The primary actions of the CIN have been at the work team level. CIN work teams are comprised of a subset of CIN members, work primarily outside the CIN meetings, and address goals within their respective priority area. PAN actively participates in each work team, as well as providing administrative support and evaluation/survey expertise.

Work team 1: Increase the involvement of PWLE (Lead Agency: PHCN. Team: PAN, PLBC, FFL)

Successes: The purpose of this project is to increase meaningful involvement of people with lived experience (PWLE) of HIV and hepatitis C by exploring the differences between ‘best practices’ and the working realities in community-based organizations (CBOs) and health authorities (HA) across the province. During this period PAN has been working with PHCN to finalize the survey on Survey Monkey. We’re aiming to launch the survey in the coming months (when it makes sense with the COVID-19 crisis) and at that time we’ll reach out to our CIN colleagues to help us get the survey out to individuals with lived experience who work in organizations as peers, to leadership within those organizations and to health authorities.

Specific challenges: Increase the involvement of PWLE – here, the project was hampered by capacity and then COVID-19.

Work team 2: Increase program equity and services across BC (Lead Agencies: Options, CBRC. Team: YouthCO, PHCN, CINHS, FFL)

Success was primarily found in our individual organizations in building trust and connections with rural communities through our work outside of this team.

Specific challenges: Increase program equity and services across BC – early on, the team did not have any uptakes to their offer of helping organizations through the application process for the Innovation funds. They had also planned to compile a list of grant-writing resources to be shared with various organizations, but this task has been incomplete. When they first met they talked about what it would look like and how manageable it would be to share better and emerging practices from urban and rural settings but that this seemed to be too great a task for the group to take on.

Work team 3: Stigma reduction (Lead Agencies: PLBC, YouthCO; Team: Options, CBRC, PAN, PIVOT)

Successes: This team, led by YouthCO, supported ACPNet on African, Caribbean and Black Canadian HIV/AIDS Awareness Day (February 7th) with an HIV awareness event at Surrey Library to help stop stigma and end prejudice towards those of us living with HIV.

On December 2nd, the team (YouthCO and PLBC) worked with ACPNet to host a drop in table at the Jim Pattison Outpatient Clinic around World AIDS Day.

Specific challenges: Stigma reduction - they made progress with SMH, and then the presentation was cancelled due to COVID-19, and they were not able to do it online because clinical staff do not all have their own workstation so they would have to be in shared space to access it that way. This team was also working with smaller, attainable goals, as it had been a struggle earlier to land on a project (as reported before).