

# PHSA Collective Impact Network (CIN) Meeting Agenda

April 15th, 2021

1 – 4 pm

## INVITEES (ATTENDEES IN BOLD)

PHSA/ BCCDC	<b>Heather Pedersen</b> , Phyliss Suave, <b>Lauren Allen</b>
FNHA	<b>Sara Pyke</b> , <b>Robyn Newman</b>
PAN	<b>Evin Jones</b> , <b>Simon Goff</b> , <b>Alfiya Battalova</b> , <b>Marc Seguin</b> , <b>Monte Strong</b>
CINHS	<b>Jennifer Hoy</b> , Shobha Sharma
CBRC	<b>Darren Ho</b> , Jody Jollimore
OPTIONS	<b>Michelle Fortin</b> , Nicole Pasquino, Anisha Abdulla
BCHN	<b>Deb Schmitz</b> , Daryl Luster
PIVOT	<b>Drew Dennis</b> , TJ Felix, <b>Chris Rahim</b>
YouthCO	<b>Ivan Leonce</b>

## MINUTES (DRAFT)

ITEM	DESCRIPTION
1.	<p>Intro</p> <ul style="list-style-type: none"> <li>Welcome and Territorial acknowledgment</li> <li>Regrets; Recording and notes</li> </ul> <p>Regrets:TJ Felix; Jody Jollimore; Nicole Pasquino; Anisha Abdulla</p>
2.	Check-In- Name & How are you feeling?
3.	<p><b>CIN Business</b></p> <ul style="list-style-type: none"> <li>Ratify December 2020 minutes <b>(approved)</b></li> <li>Approve April 2021 agenda. Any additional items? <b>(approved)</b></li> <li>Monte &amp; Marc (PAN) - define these PAN roles with CIN.</li> </ul> <p><b>Marc</b> - I am here in the capacity as the Manager of the Positive Leadership Development Institute program (PLDI), I am so very fortunate I oversee a PAN program that really speaks to Engaging People with Lived Experience. Like the Collective Impact Network our scope is provincial in nature and our program’s purpose is supporting people who are living with HIV to realize their leadership potential. We know our diverse graduates (LGTBQ2S, co-infected, substance users, Indigenous, Immigrants and newcomers) return to their respective Health Authority with a strengthened sense of self and a renewed purpose to be engaged either in volunteering or through service delivery with ASOs or in community. So we hope the PLDI program prepares PWLE to sit at different tables such as this and within your organizations as we know their voices add so much value to the conversation.”</p> <p><b>Monte</b> - “What I can offer comes from a mixture of two slightly different personal perspectives. First, my job position as the Hepatitis C Leadership Project Coordinator. As the coordinator I engage a couple people with lived experience of hepatitis C on a weekly basis to hear their perspective. If your programs, projects, or services requires that valuable lived experience of hepatitis C perspective, I could coordinate questions you might have. Along that line I also encourage and support the voice of BC Hepatitis Network that has brings a strong voice of lived</p>

experience to help inform the community in hep C work. Secondly, my lived experience of HIV as a trainer-in-training with PAN's PLDI program means that I have training & facilitation experience as well as my story of living with HIV to engage peers. How might a person such as myself who has that ability assist your efforts?"

4.

#### **PHSA update (Heather/Lauren)**

- Lauren is returning to this role, but I have kept her up to date in the last 6 months. It is wonderful working with you and hope to stay connected. (Heather)
- **Innovation and HR Funds 2021**

Still unallocated funds for this fiscal year. Survey pending, given opioid crisis – the decision was made to use the funds as a one-time relief fund for addressing the overdose crisis. Criteria will be broad. \$40,000 per application, which is higher than COVID relief fund. Application process will be low barrier; review process will ensure a split between all the health regions and equitable access across the province. The fund will be released in May with one month to complete - for CIN and non-CIN members. Questions?

**Evin** total funding envelope \$835,000 - will activities have to be completed in this fiscal? Answer – Yes.

**Drew** - Is the purpose to go to community services or advocacy as well? Answer – it will be quite broad and include different projects. We will still be looking for guiding principles, similar to those used during the Innovation fund (e.g. involvement of PWLE etc.)

**Michelle** – Is there opportunity for any upstream projects? Answer - yes.

**Simon** - Any changes in term of staffing funding cap? – Answer: yes, it will increase as 10% was not enough before.

- **Heather** – we have also been funded to do a redesign of the website Smart Sex Resources – and will be sending round a needs assessment to Sexual health professionals – I will ask Simon to help and send around.

5.

#### **CIN Work Teams**

##### **1) CBRC and YouthCO - Community of Practice for Indigenous staff members**

**Darren** – Slightly delayed, we are excited to get this off the ground soon. We have found that we have hired more two-spirited and Indigenous folks and want to offer support. For our original staff member, a check-in with Elder was very meaningful for him. Now we have roughly 10 people so we have reached out to the Indigenous community (in this case, Sandy Lambert who has time and ability to support a Community of practice). As support for Indigenous staff, this is considered paid time for them and Sandy. 1-2 hrs every month. Starting in May with CBRC staff. Darren does know there are a few people from the other CIN agencies where their Indigenous staff members are interested in being supported in this way.

**Ivan**- It's important to support your Indigenous staff - not off side of the desk -- but within their work week. Even if your org does not have Indigenous staff, parallel work can be done around our community of practice. (e.g. looking at colonization and white supremacy)

**Simon** - How do you see the space being confidential for staff? Response From Darren - I will have checkins with Sandy to see how I can support him in his needs. Also we have a IBPOC caucus meeting that we might be able to borrow policy/practice ideas from. Sandy is mindful about confidential conversations, that may be work or HR related.

Monte - Makes me want to dive deeper- does this project have a webpage where others can access and learn more? Darren - currently no but this may be possible if this is what the group want - if they want to make more public, but it will exist now in our meeting notes and among staff members for now.

Evin - FYI - just wanted to offer up a potential resource/learning opportunity - a number of PAN staff including myself, recently took this workshop that was offered by the team at Indigenous Perspectives Society (IPS) - I learned a great deal and highly recommend to others if it is of interest - <https://ipsociety.ca/training/leadership-governance-best-practices/recruitment-and-retention-of-indigenous-people/>

## **2) CINHS - Safe Space in Healthcare and Advocacy**

**Jen** - We are behind our overly ambitious timeline that we had proposed last year. Being the frontline health care provider clinic here, we have noticed distrust from the majority of our clients when accessing health care and advocacy services all throughout the city - or throughout the North, end, even in our agency, which is devoted to indigenous populations. Now we are in the process of data collection and we are doing focus groups (and one/two person interviews) of clients that are coming through our clinic, and having mock appointments and walkthroughs to determine the cultural, physical, emotional, and spiritual safety of our space and the care that we're providing. Our surveys are also on paper and with the assistance of a peer, if needed. We have had so many setbacks with COVID outbreaks and physical things like floods in the building, but we've actually received some really amazing feedback and some really helpful suggestions. We haven't had a chance to compile it and look at it deeply yet. But a couple of themes have already come up that we have already addressed. One of them was language used, and YouthCO did come and virtually present to our clinic about safe language, which was an amazing presentation. We want to come up with a basic guideline of not only training resources but also a baseline where all of the staff should be at in regards to care for our community. We also want to have a suggested training guideline for other agencies throughout the North, where our clients are experiencing a lot of the stigma and non-ideal treatment. That will go on our new website, when we finally get to update that.

**Simon** - *Thanks to Heather and Lauren who have to leave for another meeting. They will be back.*

## **3) OPTIONS - Knowledge Exchange and Translation work**

**Michelle** - Been able to update the website, bring in new women-specific HIV/ hep C data and treatment options (including translating medical info for the public). Brought in consultants to look at the website from a decolonizing lens (Acknowledgments etc.) Two Saturdays per month we have our only gender-specific, women's only clinics, to help fill the void left by PWN. We have partnered with WISH and others to promote. We were hoping to have the PWLE position on board but are waiting on Anisha back – 37 hrs a month to provide support. Hoping to use the leverage the knowledge for a comprehensive sex ed campaign. We got approval to work with some people with lived experience around stigma, around the issues of stigma in healthcare. We had quite a bit of success with our bus ads. So in 70 different regions across the province, we will have two new posters that are specifically related to stigma and HIV and HCV - one by adults, women, and the other one by youth. We've been working with Metis Nation BC and their Youth Advisory Committee. Have a social media Sex Ed campaign

called “Back in my day” – are folks up to doing a video for campaign 10-20 secs or small vignette? **ACTION** Michelle will share with Simon.

Evin – can PAN promote the effort to fill the gap left by the Positive Women’s Network?  
Michelle - Options is part of the Feminist Deliver Collective, and has been promoting the need there. **ACTION** Michelle will share with PAN too.

#### **4) BCHN - HCV Elimination Blueprint Implementation – Community Pre-Summit Project**

**Deb** - Lots of energy around eliminating of the virus by 2030. Elimination has really focused our attention – taken down the siloes, and has clarified roles. COVID has really put a halt to all of that, but has opened up a space to do some work.

We were looking at holding a summit in British Columbia that would bring together all stakeholders to really look at what are the actions that we want to take here in BC, the different roles and how we're going to work together. In preparation for that, we wanted to do a project that would actually connect with CBOs. Using the [CANHEPC blueprint](#) -an excellent guiding document – the jurisdictions or provinces and territories are now responsible for putting those pieces into action, so it looks at the continuum of care (testing, diagnosis, care, and treatment, prevention). We've added in post-treatment, because there are issues for folks who have been cured (some pretty significant, ongoing extrahepatic manifestations that need to be dealt with). We had planned look at each of the sections of the blueprint, and identify the community role. We have pivoted from that, to a survey for CBOs providing direct services. We will get an idea from the organizations what they would like to do, and do an analysis around policy, and develop materials. Once we have data and start to do analysis, the input of folks with lived experience at that point will be really critical. When the forum actually happens, we are convinced that the medical community will see the value of community being involved, but they are not always really clear what that should be. We want to make that clear. The project is extended to probably September. I'm not sure what the CIN can do to support it, except if you know CBOs that do provide direct service, please send out the [link that PAN has](#).

More info:

<https://www.surveymonkey.com/r/CommunityHepCElimination>

<http://community.bchep.org/>

Evin – Has the next summit been rescheduled?

Deb – The BCCDC is involved and we can’t move ahead without them, perhaps November?

#### **5) PIVOT – Community education and outreach**

**Drew** - We were hoping to return to communities across the five health regions that have been part of community consultations, that resulted in [Project inclusion](#) and upwards of 80 recommendations. PIVOT is more in the law reform / policy change areas and upstream interventions, with a whole range of people affected, including those at risk or living with HIV, Hep C. The community consultation is not much further ahead on, but there has been a lot of uptake on the community education - a lot more webinars and presentations around knowing your human rights and also webinars aimed at service providers and healthcare professionals. Online has helped us expand reach. However, it's been harder in terms of barriers to access, for community members. With Chris coming in, and two new staff coming in over the last 12 months, this is really an opportunity for us, to pause, and rethink some of the things that we're doing, incl. our education curriculum.

As many know, the city of Vancouver, has applied for exemption to the feds to be able to decrim simple possession and other municipalities are following a suit. So that's been a really active piece of work within our team. The other piece is there's a police board meeting tonight. We've been advocating for Vancouver to do meaningful implementation of their decriminalizing poverty motion that was made in the Fall. We have an action where people can add their voice and send a note to mayor and city council.

Urge Vancouver Mayor and City Council to prioritize community-led alternatives to policing:  
[https://www.pivotlegal.org/take\\_action\\_prioritize\\_alternatives\\_to\\_policing](https://www.pivotlegal.org/take_action_prioritize_alternatives_to_policing)

**ACTION:** link shared and signed during the meeting

Evin - Any other thoughts on the BC's Controlled Drugs and Substances Act (CDSA) exemption?

Drew - Caitlin Shane, who's our staff lawyer, is looking at how they're going to implement it and what conditions or thresholds might be applied. It's not enough if Police are working as facilitators to connect people to rehab facilities/ other measures. That's going to cause further harm in terms of the policing role in this. We are hoping that the feds - in granting exceptions - will not apply conditions that limit the harm reduction model.

Evin - Hopefully not create another drug court system. Thanks to all the PIVOT team!

Michelle - BCCLA – First time ability to comment on the police act due April 30th - this is the link to a tool box for submissions: <https://bccla.org/wp-content/uploads/2021/04/2021-04-09-BC-Police-Act-review-toolkit-Edited.pdf>

Chris - [https://www.pivotlegal.org/decriminalizing\\_poverty\\_endorsements](https://www.pivotlegal.org/decriminalizing_poverty_endorsements)

The above is the organizational sign on. It is better if folks are from Vancouver however it is ok if folks are not.

## 6) PAN – Organizational stigma assessment tool

- This virtual day is moving forward because of support from PHSA – it was thought that it would be a really relevant piece of work especially given the priority focus/work team focus on Stigma Reduction at the CIN Table
- We are bringing together a Planning Committee for the day made up of a diverse partners (some new to PAN) that will develop the specific objectives for the event, but as it stands now, we are envisioning a coming together of diverse individuals, organizations, and communities to discuss stigma from an intersectional perspective, as it is experienced/enacted broadly in relation to health and the social determinants of health and within the health care sector.
- If anyone on the CIN is interested in sitting on the Planning Committee for this day they would be welcome and let us know
- Given the focus on stigma at the CIN what are people's thoughts on key objectives or ideas for this meeting and what outcomes from the meeting could be beneficial to them, their work and the work of the CIN?
- We are aiming for this event to take place in June. It would be great if folks from the CIN table could attend the day – are there any conflicting dates that we should know about?

Any dates to avoid in June? June 21 Aboriginal day, one week in June Men's Health week....

10min Break- Mentimeter break 2:45pm Darren – winner

6.

**Open Discussion on Feedback from last meeting (see appendix) (Simon/Alfiya)**

Simon- notes- “perspective from a white settler”

Introduction taken from the Appendix (below)

Now we wanted to open space for your feedback on what you read:

**Notes:** (Heather & Lauren -Back)

**Michelle-** thank you for framing this and for hearing some of the feedback – not easy but also important. A better way to frame this is - we're having like a conversation around inequities around colonization. I would love to bring someone on board to help unpack some of these conversations- and hear what are other organizations doing – how orgs are looking to create a safer space.

**Darren-** Thanks for putting down the feedback. The Truth and reconciliation conversations are important to have (and not halt), but the way we were trying to have the conversation was not the best. It doesn't have to come up as a specific agenda item, but could come up in and out of our projects.

**Deb-** thanks to PAN. We need to keep on having the conversation, and I am seeing rocky conversations that are happening online, but people are hanging in there and coming back. It's a privilege to see people talking openly in safe spaces.

#7- Power & Privilege considerations present at the table

#14 - White fragility – still room for settler conversation, about we are responsible for. To understand Reconciliation and decolonization and how they are defined. I see two separate conversations happening and love the idea of bringing in expertise. It really is a settler thing to push through... so we should allow ourselves to have something of a pause to go forward in a good way.

**Drew-** Thanks for the steps and lead time today for prep. Some convo we had in our own org (with TJ) led to some questions:

- What are the roles? - PSHA as a funder. PAN as resources/organizer - Taking a step back to consider roles.
- I think that the commitment to decolonizing is really upon each of the individual organizations. At the CIN table it's weird because we're each here as individual human beings, representing our organizations.
- Thanks, Deb, for acknowledging the power differentials that might be here in terms of executive directors or leadership staff and staff situated in different positions within an across organizations.

In the moment I also wonder what are the appropriate ways to have the conversations or have updates, but what are the expectations? Maybe there's optional share opportunities across the organization's versus sort of almost a mandated report back?

**Lauren-** RFP/contracts perhaps led to expectations – but we do not want be prescriptive at all, rather that each org having this discussion. Each organization is so different – maybe just a place to share resources and information. PSHA and BCCDC are on own journey about this.

**Heather-** find myself in blind spots, caught in colonial approach – don't have any answers here except to learn and grow with these processes as well. Bring some of the lessons I have learned into my own organization.

**Chris-** if there is a disconnect between organizations and org change and decolonization, then how do we work together here? Someone suggested a consultant, so it might be useful to have some facilitation guidelines as a jumping off point. We should consider racialized settlers too as there is a different relationship around Indigeneity.

**Darren-** Non-indigenous people of color are settlers too, and need to unpack this as well.

**Evin** – Chris, can you clarify your point on facilitator?

**Chris-** Common understand and guidelines, and it needs to be facilitated so everyone’s voices are heard.


**Robyn-** struggled with the need to have the answer- but it important to practice cultural humility as lifelong journey. With whole hearts totally open... need to listen to Indigenous voices or people have been marginalized. Indigenous voices and leadership is really important.

**Drew-** This all doesn’t mean we can’t continue the conversation (quite the opposite from the feedback). Inappropriate – might have been better to have a relational conversation vs PowerPoint with bullet points about what orgs are doing. Could be facilitated? What are we learning, what do we stumble with, cultural skill share and recognize power differential (breakout groups/caucuses?). Between meetings, finding way to building relational trust and more intimate conversations... shared trust with each other.

**Sara-** important to continue the conversation- been at FNHA for two years – learned so much and keep learning. I will always be a white settler....happy to share resources that FNHA come up. I will share. At sensitive meetings, Elder opens and closes meeting all the time, really humbling. Important also to close things in a good way with an Elder/knowledge keeper... so people are feeling good for next meeting.

**Robyn-** anyone read this book "**21 Things You May Not Know About the Indian Act**"- **Bob Joseph Michelle** - can [download](#) for free PDF.

**Simon-** it has come through the need to continue the conversation and reflect – Roles of this table and each agency are hugely different. Thank you so much for your time and thoughts last few months and today.

7.	<p><b>Annual CIN survey presentation and discussion (Alfiya/Simon)</b> (See Alfiya) SLIDES</p>  <p>Report - PHSA CIN Survey - 2019-2020 -</p> <p>Simon and Alfiya presented from the Report. In the ppt you will see some of the speaking notes that accompanied the data on the slides. Esp. in terms of year over year change. Please use this for details.</p> <p><b>ACTION:</b> we will come back to the key takeaways (last slides) in the next meeting.</p>
8.	New Business

	<p><b>Heather</b>- Thank you for putting this together , as a new member of the group. Quick-update- Bute St Clinic is still looking for a forever home and is presently operating out of 3 Bridges.</p> <p><b>Lauren</b> on Project Team , we are going through Capitol request- hoping to have news next meeting and partner with another community org in that space.</p> <p><b>ACTION</b> what would you like to see in terms of updates from STIs , hep C, harm reduction for next meeting - let me know!</p>
9.	Check Out
10.	Next Meeting – June 24 1-4pm
11.	Adjourn

## **APPENDIX - Item 6**

### **Timeline to date:**

- PHSA RFP asks projects to show commitment to reconciliation, increase access to HIV and HCV Services for priority populations, and indicate how key populations, particularly Indigenous peoples, affected by HIV and HCV will be involved (August 2019)
- A general commitment to reconciliation was added as priority by the group to the CIN common agenda (May 2020 CIN meeting)
- CIN Projects – 2+ focus on this new priority (Sept 2020 CIN Meeting)
- CIN annual survey included reconciliation section (November 2020)
- Initial conversation on reconciliation, decolonization and anti-racism within the CIN (December 2020 CIN Meeting)

### **CIN Meeting - Agenda item on TRC (Dec 2020)**

The agenda for the Dec meeting was developed by the CIN “Leadership Committee” (Evin, Simon, Lauren/Heather, Phyllis and Alfiya). The intention of this agenda item was to dedicate time to an introductory conversation on TRC commitments, lay some background and explore what CIN organizations are doing. We also thought to talk about what might be the next steps for the CIN as a whole. This was to further the conversation had at the May 2020 CIN meeting.

**It quickly became apparent that this conversation was uncomfortable and upsetting, and it was halted. PAN and PHSA committed to follow up with all members (by phone for those most affected), asking for feedback.**

Upon reflection and with the help of feedback from folks, we recognize that we could have done much better in a number of key ways, including:

- providing much more lead time to everyone to engage with the content and questions;
- providing people with a warning that the content of the conversation could be difficult or triggering;
- suggesting to participants that they could opt out (or discuss this option with their colleagues);
- offering support prior to the meeting for people to connect with us to discuss concerns;
- not having a settler facilitate the session.



In humility, we recognize that many of us have much to learn.

Thank you to everyone who offered their feedback and who connected with us since the meeting.

We wanted to report back to you all that we heard.

### **Your Feedback:**

1. Work at an organizational level takes much time, relationship and is ongoing. This may help us decide what is appropriate to raise at the CIN table, and what is best done by individual organizations.
2. We need to carefully consider when discussions are and aren't appropriate particularly in an online setting, and the need to build trust and safety ahead of difficult discussions.
3. If we do any further sessions on this topic, it should be led/facilitated by an Indigenous person, and/or with an Elder in support.
4. Greater sensitivity and thoughtfulness and recognizing the realities of Black, Indigenous and other racialized people. What does it mean for people with white privilege to engage in this work in a good way?
5. Attendance for any future sessions should be optional (ultimately this is at the discretion of each CIN organization).
6. Agenda and a description of content should be delivered well in advance.
7. Recognize that there are other power and privilege considerations present at the CIN table e.g. between Executive Directors (EDs) and their staff; persons with white privilege ...
8. As much of this work should be done at the organizational level, perhaps sharing non-prescriptive learnings/journeys is better than trying to build capacity or strategy at the CIN table? Maybe this is an ED discussion?
9. As this was a stated commitment from the PHSA that all organizations needed to write into their funding proposal, perhaps we should hear more directly from the PHSA in terms of hopes and expectations.
10. Since the December meeting, an Elder led piece on reconciliation and decolonization has been offered by Fraser Region Aboriginal Friendship Centre Association (FRAFCA) which is something the CIN can consider.
11. It is recognized that there are many, diverse opinions and perspectives on the issues (cannot assume that one person speaks for all). "It must be acknowledged that there is not a homogenous Indigenous worldview, and that each Indigenous nation or community will have their own worldview." ~ Bob Joseph (Member of the Gwawa'enuk Nation, and hereditary chief of the Gayaxala clan)
12. Recognize that even the terminology (e.g. "reconciliation" "decolonization") comes with assumptions.
13. We should develop and agree on appropriate language for the CIN priority, bearing in mind but not being beholden, to the PHSA languaging.
14. An optional session on white fragility for white CIN members was proposed. It was suggested that it could be facilitated by Sarah Chown due to her work at YouthCO and her history with the CIN. This is something the CIN can consider.
15. Backed up by our survey results, we could move our model from a 'Leadership Team' to an 'implementation team' where more decision-making power is initiated at the wider CIN table.
16. Alternatively, we could consider expanding the 'Leadership team' to give more Black, Indigenous and People of Color representation.

17. We could develop a community agreement or expand/edit our Terms of Reference, in light of any adopted recommendations.
18. PAN has since developed a work-in-progress [Resource](#) page on reconciliation work - with the invitation to CIN members to please add their own recommendations and resources.

**We have committed to bring this back to the CIN table for discussion and for all of us to decide how best to move forward.**

Finally, we have added your answers (below) from the recent CIN evaluation survey to further inform the discussion.

### **CIN survey responses (November/December 2020)**

*Qu: What would you prioritize as the first steps for the CIN to take related to TRC?*

1. Staff training
2. Plan how we can apply the knowledge in our work both short- and long-term
3. Consult with Indigenous elders and community members to provide their insights
4. Prioritize consultation with respective Nations where CIN organizations and their work are situated
5. Take small but meaningful steps that align with TRC, do it authentically (e.g., encourage and unpack the meaning of relationship when working together and provide an opportunity for that to be explored among CIN members)
6. Conduct an internal review of our programs and policies from a TRC lens

*Qu: What kind of capacity building can PAN provide to the CIN members around TRC?*

1. Reaching out to the Indigenous communities and have a rep from the community to lead the presentation or assist.
2. Highlighting the small steps that we can take, whatever that steps are, and putting them into practice in the CIN, building internal capacity
3. Ensuring CIN members are well acquainted with TRC Call to Actions
4. Centering CIN work goals with TRC
5. Aligning CIN member work goals with TRC