

# CBR in BC Quarterly

June 22, 2021 – 1pm-4pm PST

## Minutes

### Attendance:

Darren Lauscher (many hats!)

Val Nicholson (many studies and roles!)

Becky Gormley (CHIWOS)

Tessa Lawson Tattersall (BCCDC)

Nance Cunningham (BCCfE)

Surita Parashar (BCCfE)

Anna Vorobyova (THRIVE)

Daniel (PAN)

Sharyle Lyndon (THRIVE)

Kathleen Inglis (Eng/aging in HIV)

Britt Udall (SHAWNA)

Nicole Dawdyniuk (SHARE)

Melanie Lee (CHIWOS, BCC3)

Edi (PAN)

Paul Kerber (PAN)

Tim Wesseling (BCCfE – SHAPE, SHARE)

Diandra Oliver (PAN)

Michio (PAN)

Antonio Marante (THRIVE)

Madeline Gallard (PAN)

Flo Ranville (CBRC)

Clara Tam (BCCfE)

Kate Salters (BCCfE)

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## 1. Welcome & Check-in

## 2. Approval of Previous Minutes

## 3. Approval of Agenda

## 4. Guest Presentation:

### Women-Centred HIV Care Model and Toolkits - Presented by Melanie Lee and Val Nicholson

Link to Toolkits: <https://cep.health/clinical-products/hiv/>

- Women represent about ¼ of people living with HIV in Canada – unique social and health needs that require holistic care
- CHIWOS is the largest cohort-based study of WLHIV in Canada. Women enrolled from three provinces (ON, BC, QC)
- Multi-step process for developing the model
- Model is in the shape of a house to represent safety and stability.
- Focus groups with WLHIV to review the model. Service providers and clinicians also had a chance to review.
- First message: you are not alone.
- 6 sections of the toolkit:
  - Section A: Person-Centred Care
  - Section B: Trauma and Violence-Aware Care
  - Section C: HIV Care
  - Section D: Women's Health Care
  - Section E: Mental and Emotional Health Care
  - Section F: Peer Support, Leadership and Capacity-Building
- Regional webinars to support use of this toolkit.
- If you are interested in connecting about adaptations of the Toolkit, please reach out to Mina Kazemi: [mina.kazemi@wchospital.ca](mailto:mina.kazemi@wchospital.ca)

## Q&A:

- Plans to do regional dissemination in BC, ON, QC – in BC, Oak Tree Clinic. Becky is happy to share out information about these events when it's available! Two national webinars. Great response! Wanted to make sure people knew there are two Toolkits and how to use it.
- Important to have the words of women living with HIV peppered throughout – meaningful to those newly being diagnosed and to clinicians.
- National webinars recorded! <https://www.catie.ca/en/webinar-series-wchc-toolkits>
- Q: Any thoughts to do KTE with medical students, pharmacy students etc.? A: Great idea! Will bring this back to the team.
- Q: Plans to expand to other provinces/territories? A: Not at this time, primarily due to capacity. Fairly universal tool that is quite adaptable. Also a good suggestion, will bring this forward. In the webinars, lots of attendees from SK, MB and one from the Atlantic.
- Q: Response from women living with HIV in rural communities? A: There *are* differences – but if we get the toolkit into the right hands, sure that they will be able to adapt for rural and remote areas. A lot of women in the study lived in rural and remote communities.
- Q: How did you develop the visual model? A: Asked women to envision what they would want to see, their dreams – almost all, it became a house. Brought it back to the group to see if it represented what they were saying. Vision of the house came out of focus groups.
- Wanted to make this Toolkit strengths-based.
- Please share the Toolkit widely!!
- Q: Is it possible to get a hard copy of the Toolkits? A: Women's Centre in HIV Care Working Group has partnered with CATIE – so there is support around sharing physical copies of the Toolkits. If you want a hard copy, Becky can mail you one too 😊

## 5. Break

## 6. Study – information sharing

### DaDHS trial – PIs: Drs. Troy Grennan, M. Hull, Darrell Tan

- BCCDC
- Prospective, double-blind, randomized placebo-controlled multi-centre pilot trial
- Antibiotic to prevent STIs – doxycycline
- Focusing on syphilis
- Trying to reach more that may be eligible
- You can reach out to Tessa for recruitment materials: [tessa.lawsontattersall@bccdc.ca](mailto:tessa.lawsontattersall@bccdc.ca)
- Suggestion to do outreach at bathhouses
- Suggestion to reach out to AIDS Vancouver peer navigators – also to put up posters in bathrooms
- Suggestion of reaching out to the STOP team
- Suggestion to reach out via hook-up apps like Grindr
- Suggestion to get in touch with Momentum Health Study
- From chat: Dr. Peters Centre, Clinics in DTES, OPS sites, FB
- Gay bars have poster areas e.g. Pumpjack
- RAAC

- Qmunity
- Booth at Pride?

## **7. 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. We would also like to invite teams to use this time to share about their projects in light of COVID-19 – how you are doing, how you have adapted your work, etc.

### **CBRC – Test Now**

- Partnered with REACH Nexus to launch Test @ Home
- Study for gay, bisexual, trans, 2 Spirit men and non-binary people
- After finishing survey questions, can order up to 3 rapid HIV test kits (can be used by participant or given to others); these are not confirmatory tests
- Open until end of August, but may be extending this into the fall
- Partnered with Women’s Health in Women’s Hands in Toronto
- Have sent around 2300 to 3000 test kits to people in their homes
- Looking for new participants

### **Thrive**

- In total, 27 interviews with older adults living with HIV – almost half and half of people who have used home and community services and half people who were denied or have not used them
- Have interviewed 9 providers so far
- Learning: remote work doesn’t have to take away from CBR approach
- Online work made training easier e.g. using NVivo

### **SHARE**

- Over the last few weeks, analysis of care provider transcripts – meeting weekly as a team and doing analysis using Jamboard (virtual post it notes)
- It’s been a win during COVID to be able to do this work well!
- Looking for more patient interviews
- Practice in participatory CBR approach is really exciting!
- Indigenous steering committee – operationalizing OCAP principles came up. Really useful and important process for their team to go through to think about how this should be embedded and operationalized in their work

## **CHIWOS PAW**

- 12 presentations back to community – a lot of the presentations have different titles. One of the great successes! First one was called “Water is at the Heart”.
- Challenge: taking the research and having someone else hold the research. Women had the opportunity to present the same questions they answered to another community group.
- Working on another presentation for Fraser Health that will be more of a Scientific Café presentation – “Canoe Journeys”
- Upcoming presentation on July 13 for CAAN’s Fireside Chat series

## **Building More Bridges - Working with peers in SK on distance to care**

### **James Raven Project (Broken Arrow)**

- Talking about harm in health care – working to prevent this happening for others.
- Broken arrow – breaking the cycle

## **SHAWNA**

- Have seen more participants than before when they were in the office!
- Challenge: going back into the office, resuming in person work. Curious to see how things will adjust.

## **SHAPE**

- Success reaching participants by phone – huge amount of participants engaged by calling them
- Challenges: always more ideal to meet people in person than virtually.
- Persistence, thinking outside of the box – sometimes wondering if you’re being annoyingly persistent, but also getting positive feedback about the reminders.

## **Making it Work**

- Solidified program theory and have made strides in getting out into the world to do research – heard from community partners that they are ready to get going! Pretty big study team.
- Challenge: COVID fatigue – not just about COVID – but the poisoned drug supply has impacted participation of folks. Staff have been moving in and out.
- Excited about working with peers! It has been really rewarding for Diandra. Looking forward to bringing their “program magic” out into the world!
- Virtual accessibility has been really great.
- Challenge: so much to do, so much you want to do! But it’s hard to delegate – and partners have many things to do.
- Lessons learned: when it’s smooth, you know it will get messy again