Collective Impact Network
Evaluation Report
2019-2020

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The Provincial Health Services Authority (PHSA) formed the HIV/Hepatitis C Collective Impact Network (CIN) in 2016 with six of its contracted community-based organizations (CBOs), BCCDC and Oak Tree Clinic. Since then, the membership expanded to nine but now sits at seven CBOs. The goal of the CIN is to contribute to advancing PHSA's long term outcomes and to focus on six agreed-upon priority areas.

Long Term Outcomes of the PHSA CIN (as outlined in RFP):

- Improve HIV and hepatitis C prevention, diagnosis, linkage to care, and treatment outcomes;

- Increase integration of HIV and hepatitis C services across the continuum of care;

- Increase reach and coverage of HIV and hepatitis C services across the province;

- Improve monitoring and evaluation of the impact of contracted agencies;

- Reduce duplication and improved collaboration between service partners; and

- Respond to the shifting needs of the community and epidemic over time.

Priority Areas of the PHSA CIN:

1. Increase involvement of People with Lived Experience

2. Increase program equity and services for HIV and hepatitis C

3. Increase program equity and services across BC (urban, suburban, rural and remote locations)

4. Harm Reduction

5. Reducing Stigma

6. Commitment to Truth and Reconciliation *(Please note that the wording of this has not yet been agreed upon)*

Community members of the PHSA's CIN:

- Central Interior Native Health Society (CINHS)
- Community-Based Research Centre (CBRC)
- Options for Sexual Health
- Pacific Hepatitis C Network (PHCN)
- Pacific AIDS Network (PAN)
- Pivot Legal Society
- YouthCO

The PHSA implemented its third annual survey in October 2020 to evaluate the CIN and the work of the contracted CBOs. The delay was related to COVID-19. The information collected from this survey will be used to: (i) inform the strategic direction of the PHSA CIN; (ii) report to the PHSA on progress of funded work; and (iii) inform funding and programming decisions of the PHSA.

An online survey link was sent to 24 staff of contracted organizations and PHSA engaged in the CIN; 12 respondents completed the survey resulting in a 54% response rate. This report provides a summary of quantitative and qualitative responses.

Demographics

Ninety two percent of respondents (11 out of 12) were staff of community-based organizations, while one respondent was a staff of PHSA agency or service.

Average Network Health Scores (out of 5)

A Network Health Survey, building on the theory and methods behind Network development and Network evaluation and using published tools and measures, was created to identify strengths and areas of growth for CIN.

Compared to 2018-2019, the network health for 2019-2020 has increased from 3.9 to 4.3.

Chart legend: ■ 2018-19 ■ 2019-20

Category	2018-19	2019-20
Network Performance	4.05	4.37
Network Advantage	3.96	4.35
Network Leadership & Governance	4.03	4.15
Network Operations	3.88	4.4
Network Resources	3.75	4.35
Network Membership	3.74	4.38
Network Purpose	4.04	4.15
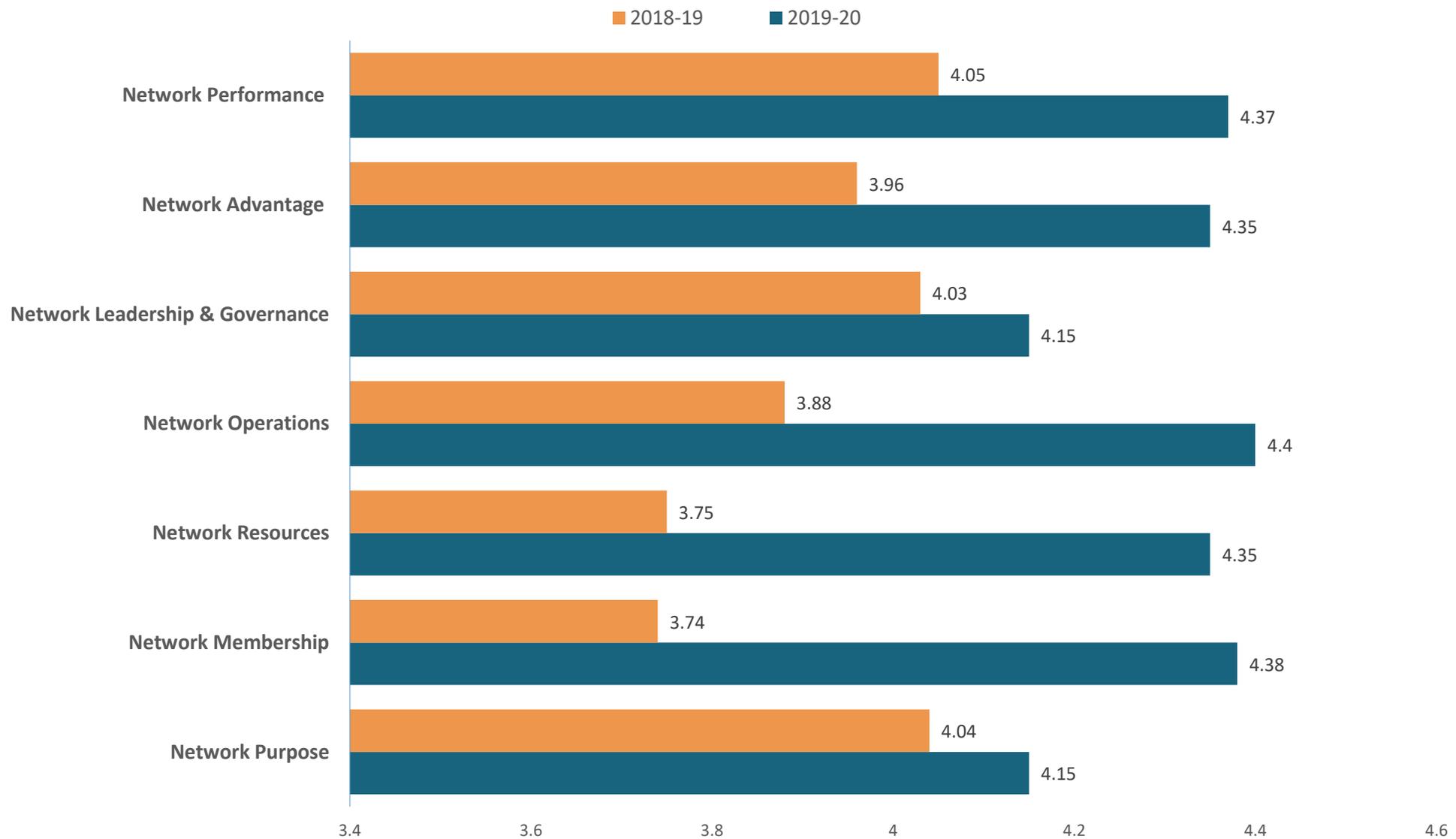
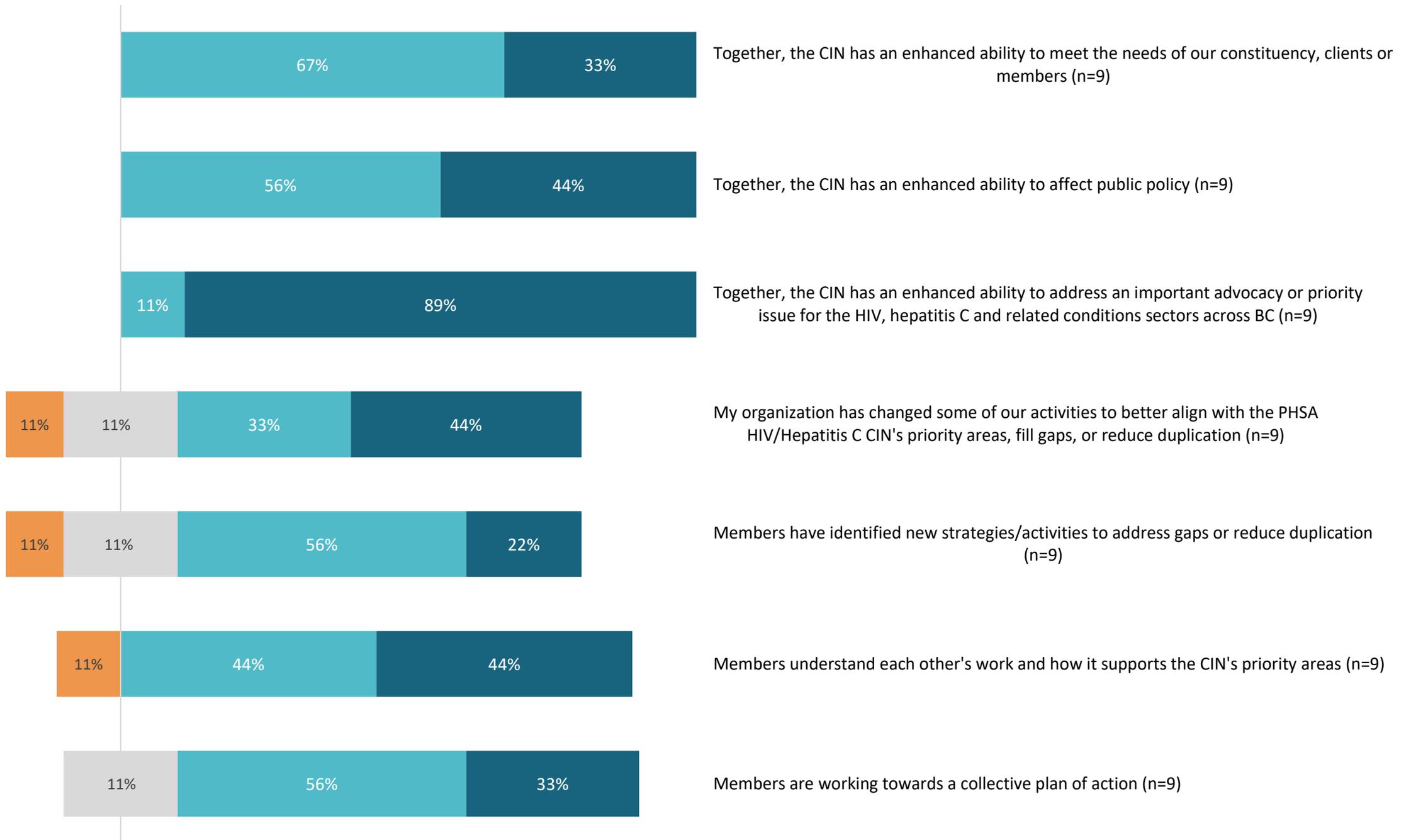| Network Area	Desired Network Characteristic	Score (/5)
NETWORK PURPOSE	1. As a network, members have the skills, experience, diversity of knowledge and capacity to advance network goals	4.1
	2. The network has the ability to respond to shifting needs of the community and epidemic over time	4.2
	NETWORK PURPOSE AVERAGE (total score/2)	**4.15**
NETWORK MEMBERSHIP	3. Membership is appropriate given the work of the network	4.8
	4. Members regularly seek feedback and advice from one another	3.8
	5. Members are adding value to each other's work	4.5
	6. Members honour their commitments to the network	4.3
	7. There is a high level of trust between members of the network	4.4
	8. New members can quickly become productive within the network	4.5
	NETWORK MEMBERSHIP AVERAGE (total score/6)	**4.38**
NETWORK RESOURCES	9 Members know where resources are within the network – i.e. knowledge, skills and capacity	4.3
	10. The network has sufficient funding and human resources to support the priority areas over a multi-year period	4.4
	NETWORK RESOURCES AVERAGE (total score/2)	**4.35**
NETWORK OPERATIONS	11. There is ample shared space, both online and in-person, allowing participants to easily connect	4.3
	12. The network anticipates, surfaces, and addresses conflict when it arises	4.6
	13. Network spaces invite self-organized action	4.3
	NETWORK OPERATIONS AVERAGE (total score/3)	**4.4**
NETWORK LEADERSHIP & GOVERNANCE	14. The network has engaged people with lived experience in its decision-making processes	4.2
	15. Leadership is shared. Responsibility and control is spread throughout the network	4.1
	NETWORK LEADERSHIP & GOVERNANCE AVERAGE (total score/2)	**4.15**
NETWORK ADVANTAGE	16. Members are actively contributing to network efforts	4.2
	17. Members are achieving more together than they could alone	4.5
	NETWORK ADVANTAGE AVERAGE (total score/2)	**4.35**
NETWORK PERFORMANCE	18. The network is making progress on its stated goals and objectives	4.4
	19. The network regularly measures, evaluates, and reflects on its impact to refine its goals and activities	4.5
	20. The network is creating value for **its members**	4.5
	21. The network is creating value for **the members' constituents** (e.g. individuals and/or organizations that you work with or serve on day-to-day basis)	4.1
	NETWORK PERFORMANCE AVERAGE (total score/4)	**4.37**

Evaluation of CIN Collaboration

Legend: Somewhat disagree | Don't know | Somewhat agree | Agree

67% (Somewhat agree), 33% (Agree)	Together, the CIN has an enhanced ability to meet the needs of our constituency, clients or members (n=9)	
56% (Somewhat agree), 44% (Agree)	Together, the CIN has an enhanced ability to affect public policy (n=9)	
11% (Somewhat agree), 89% (Agree)	Together, the CIN has an enhanced ability to address an important advocacy or priority issue for the HIV, hepatitis C and related conditions sectors across BC (n=9)	
11% (Somewhat disagree), 11% (Don't know), 33% (Somewhat agree), 44% (Agree)	My organization has changed some of our activities to better align with the PHSA HIV/Hepatitis C CIN's priority areas, fill gaps, or reduce duplication (n=9)	
11% (Somewhat disagree), 11% (Don't know), 56% (Somewhat agree), 22% (Agree)	Members have identified new strategies/activities to address gaps or reduce duplication (n=9)	
11% (Somewhat disagree), 44% (Somewhat agree), 44% (Agree)	Members understand each other's work and how it supports the CIN's priority areas (n=9)	
11% (Don't know), 56% (Somewhat agree), 33% (Agree)	Members are working towards a collective plan of action (n=9)	

The majority of CIN members had collaborated with other organizations as a result of PHSA CIN they wouldn't have collaborated with otherwise (n=9):

No	11%
Yes	89%

Benefits of Collaboration included:
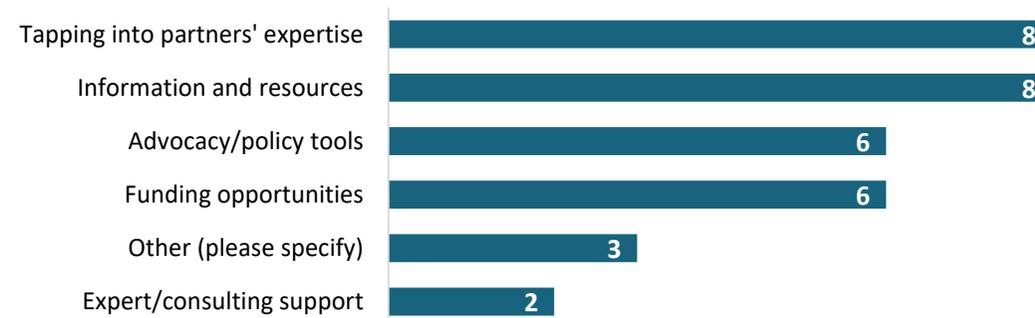
Themes	n=7
Deeper knowledge about the work and expertise of other organizations	6
Better services to the community	3

"It opened up conversations about the areas that our CIN members have a deep knowledge about (decriminalization and the advocacy around that, the clinical and policy work around Hep C, youth-specific services, etc.)."

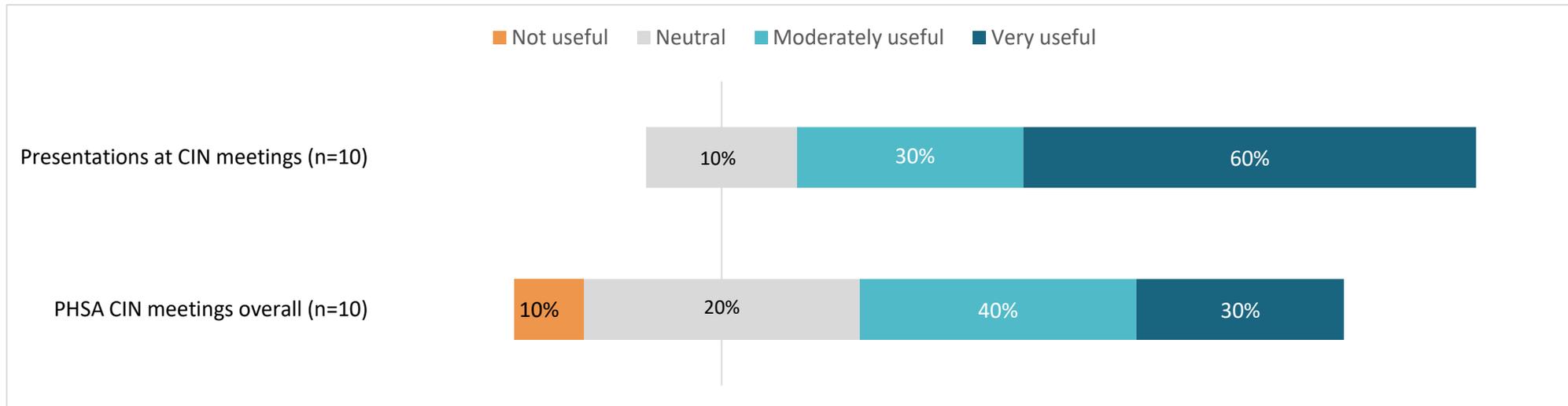*"Being more knowledgeable and better services to the community."*

Many CIN members spoke about opportunities and resources gained as a result of PHSA CIN:

Tapping into partners' expertise	8
Information and resources	8
Advocacy/policy tools	6
Funding opportunities	6
Other (please specify)	3
Expert/consulting support	2

Among 'Other' are: 1) opportunity to form relationship and network; 2) connections to other organizations outside of the network; 3) personal contacts for peripheral support

Overall, meetings and presentations were rated as following:

Legend: ■ Not useful ■ Neutral ■ Moderately useful ■ Very useful

Presentations at CIN meetings (n=10): Neutral 10% | Moderately useful 30% | Very useful 60%

PHSA CIN meetings overall (n=10): Not useful 10% | Neutral 20% | Moderately useful 40% | Very useful 30%

Successes and suggestions for improvements regarding PHSA support included:

"I appreciate the time to check in and hear about other organizations' work (or just the highlights of their work)."

Themes	n=10
Regular check-ins, sharing ideas, collaboration	3
Things are going well overall	2
Flexibility and recognition of the changing environment and priorities of the CIN members	2
PHSA Lead/Innovation Fund and COVID-19 support	2

Suggestions for improvement of CIN meetings & presentations included:

Themes	n=7
More presentations and professional development	3
Better understanding of other CIN members' work	2
Better project management	1
CIN is doing well with information sharing	1

"I like the epidemiology presentations and would appreciate any other relevant presentations as well. Anything related to professional development/capacity building."

"More in depth education of CIN for new members to get the lay of the land."

Is the CIN model working? If not, what would you like to see done differently?

"I think it's working. We still have a way to go in terms of identifying more clearly our shared measurements across different areas of work but there is certainly more openness to that conversation. "

"I am looking forward to seeing how the new model (initiated in Sept 2020 after feedback) helps with the effectiveness of work teams."

Themes	n=10
Going well, change is progressing	7
Difficult to determine	3

"It's hard to see the progress of the working groups, though that doesn't mean they aren't working."

"I think we are starting to make gains and are building stronger relationships between organizations. I would like to see more collective action happening together. "

In 2018, the PHSA CIN took a new approach to focus on 3 of the 5 priority areas by developing workgroups. Each CIN member led one and participated in another. Here are the workgroups and their objectives:

Increase the involvement of people with lived experience (PWLE)
- Identify the differences and barriers between best practices and the working realities within Community Based Organizations and Health Authorities in rural and urban BC environments.

Geographic Equity: Increase program and service equity across BC
- Build trust and connections with agencies in rural/remote areas.
- Facilitate access for rural/remote agencies to take the lead in adapting existing interventions to suit their community's needs.
- Support and advocate for funding for remote/rural interventions through building a central list of funding opportunities and facilitating mentorship connections for grant writing support.
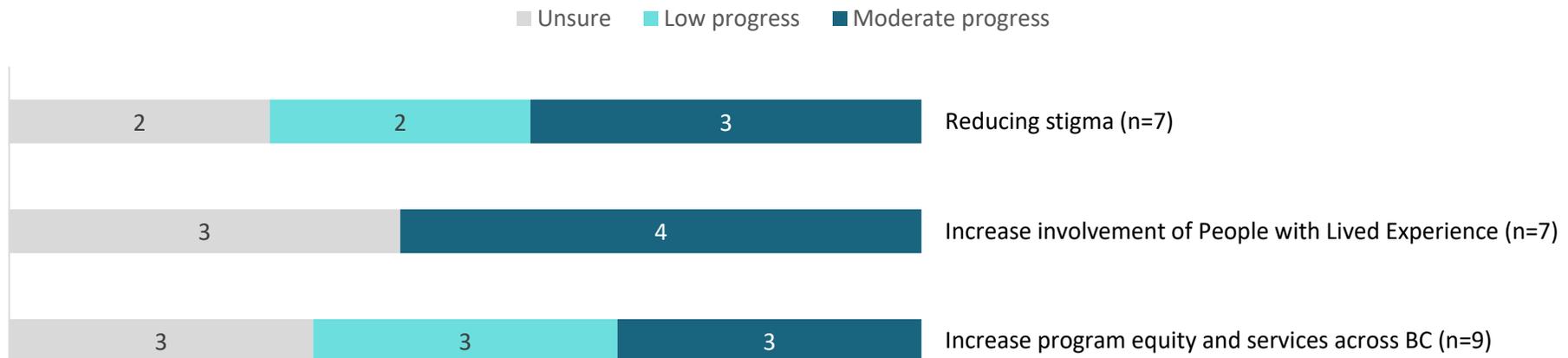
Anti-Stigma Working Group
- Develop anti-stigma U=U materials for healthcare providers who are working with PLHIV in BC through building partnerships with other community-based organizations, designing training modules (building on existing resources), and promoting the availability of workshops.

# Workgroup Progress in addressing the priority areas of CIN

How would you rate the CIN's progress towards addressing each of its priority areas?

Legend: Unsure | Low progress | Moderate progress

Priority Area	Unsure	Low progress	Moderate progress
Reducing stigma (n=7)	2	2	3
Increase involvement of People with Lived Experience (n=7)	3		4
Increase program equity and services across BC (n=9)	3	3	3

"Contributions involve deliberately set-aside time. For us, this was helped by linking in some of the CIN priorities to the Innovation Fund work ."

"By involving more people and getting information out"

"In providing a place for PWLE, who are not necessarily expert in the jargon/language of the professionals, where they can contribute in meaningful ways. A safe environment for their (PWLE) input that is geared towards their acquired skills and understanding of the issues that PWLE face."
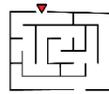
Workgroup Challenges & Lessons Learned

For the work groups that your organization is engaged in (either leading or participating), please tell us what worked well and what was challenging with the work group model?

Themes	n=7
Buy-in and commitment from all the CIN members	3
Staff turnover	2
Limited time	1
Lack of consistent communication	1
Integration of projects in other work	1

"The challenge has been mainly over time available, and focusing on projects that are somewhat 'off the corner of the desk' as opposed to fully integrated with our agency's existing work plan"

"It has been a bit challenging getting folks to commit to doing work in the work groups."

Workgroup Successes

The respondents mostly focused on the challenges of the CIN model. However, one respondent commented that goodwill and connections have been enhanced by the model

Workgroup Evaluation

Legend: ■ Somewhat disagree ■ Somewhat agree ■ Agree ■ Not applicable
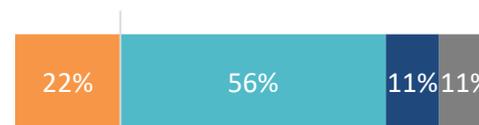
22%	56%	11%	11%	The work done so far by the workgroups have added value to the overall goals and long term outcomes of CIN (n=9)
	44%	44%	11%	Developing work plans was useful in setting out goals for the workgroups (n=9)
22%	44%	33%		All CIN member organizations are equitably or fairly contributing to workgroups and related activities (n=9)
	44%	56%		The current approach of having CIN organizations support work groups as a way to address priority areas (n=9)

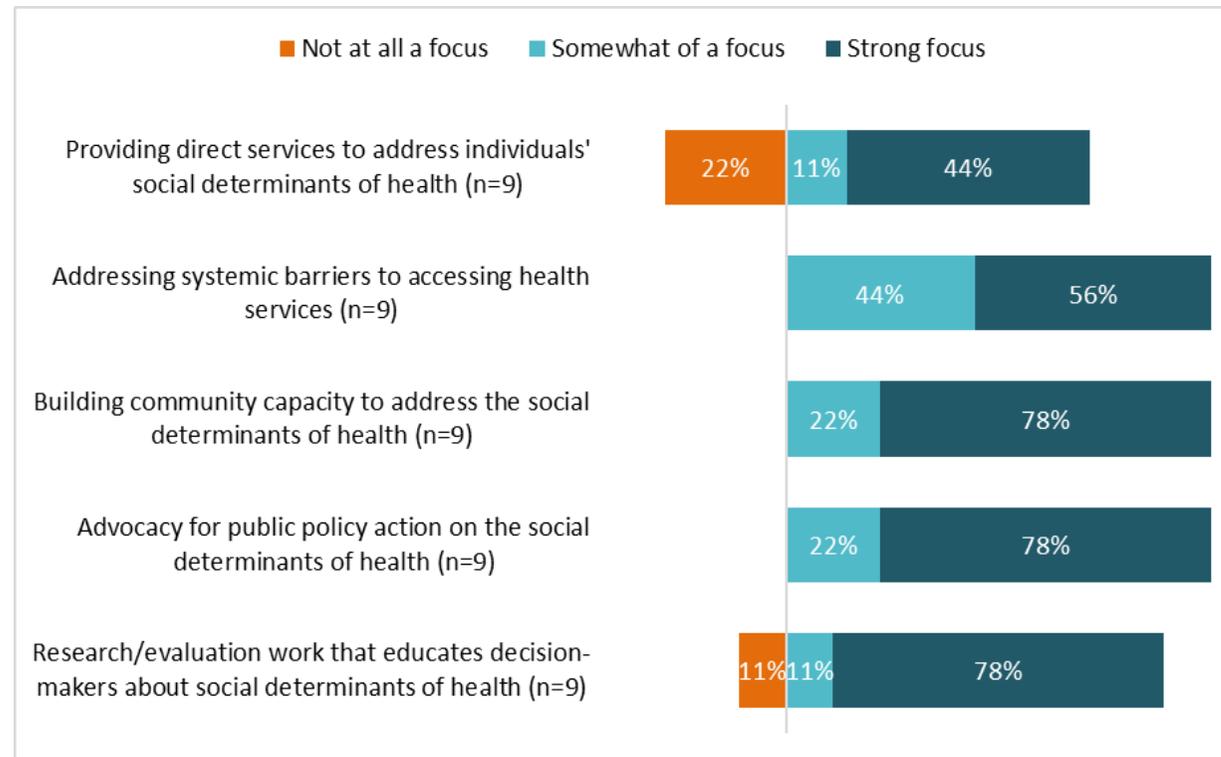The social determinants of health (SDH) are the social and economic factors that influence people's health. These are apparent in the living and working conditions that people experience every day. The SDH influence health in many positive and negative ways

Types of Activities Each CIN Member Organization Are Doing to Address Social Determinants:

Legend: ■ Not at all a focus ■ Somewhat of a focus ■ Strong focus

Activity	Not at all a focus	Somewhat of a focus	Strong focus
Providing direct services to address individuals' social determinants of health (n=9)	22%	11%	44%
Addressing systemic barriers to accessing health services (n=9)		44%	56%
Building community capacity to address the social determinants of health (n=9)		22%	78%
Advocacy for public policy action on the social determinants of health (n=9)		22%	78%
Research/evaluation work that educates decision-makers about social determinants of health (n=9)	11%	11%	78%

Activities that are a Strong Focus for CIN Members:

"Helping people to navigate the systems of health and wellness, who are too often lost to care in a system that remains stigmatizing and far too often dismissive."

"Community research report, Project Inclusion and advocacy of key recommendations; various policy position statements around access to safe supply, clinics, low-barrier housing; advocacy toward decriminalization of simple possession."

"CBRC distributes the Sex Now survey which researches about gay men's social determinants of health. Then uses this research to do advocacy work (meeting with federal members, health authority reps, and community members)."

Survey respondents were asked to assess the involvement of PWLE at their organizations beyond programs and services funded by the PHSA (PHSA funds activities that provide foundational support to the organization as a whole).

CIN members spoke about the impact of involving PWLE in their organization's work:

Themes	n=6
Forms the basis of our work	3
Operations	1
Different outlook and perspective	1
Approach, collaboration and future direction	1

"Grounds and informs the work and staff direction/approach"

"[We have] involved people with lived experience with substance abuse and homelessness"

"It has given us a different out look and perspective "

"It has impacted how we do our work in terms of approach, collaborating, and future direction."

"It has always been a key part of our organizations mission and governance"

How well do CIN members engage and support PWLE in their organizations?

Legend: Poorly | Somewhat | Well | Very Well

Statement	Poorly	Somewhat	Well	Very Well
Committed to embodying the GIPA/MIPA and "Nothing About Us, Without Us" principles throughout all areas of our work (n=10)		20%	50%	30%
Provide opportunities for meaningful involvement of PWLE in the design, implementation and evaluation of HIV/hepatitis C programs/services (n=10)	20%	10%	40%	30%
Provide opportunities for PWLE to carry out real and meaningful roles in frontline HIV/hepatitis C service delivery (e.g. counsellors, peer educators, peer navigators, or outreach workers) (n=8)	13%	38%	38%	13%
Provide opportunities for PWLE to take on leadership, governance or decision-making roles (n=10)	10%	30%	40%	20%
Promote an enabling and protective environment to facilitate the participation of PWLE (n=10)	10%	10%	60%	20%
Create an environment that supports the health and related needs of PWLE (n=10)		20%	50%	30%
Provide mentoring and/or related support for PWLE (n=10)	10%	20%	50%	20%
Provide financial support and/or compensation for PLWE (n=10)	10%	10%	60%	20%
Provide capacity/skills building trainings or opportunities for People With Lived Experience (PWLE) (n=10)		50%	30%	20%

In our new contract with the PHSA, PAN is committing to move the work around Truth and Reconciliation (TRC) forward in the Collective Impact Network. What would you prioritize as the first steps for the CIN to take related to TRC?

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

"Staff training and perhaps some planning around specific steps that we can take to apply this knowledge in our work both short- and long-term."

"Have an elder present to give some insight to this topic."

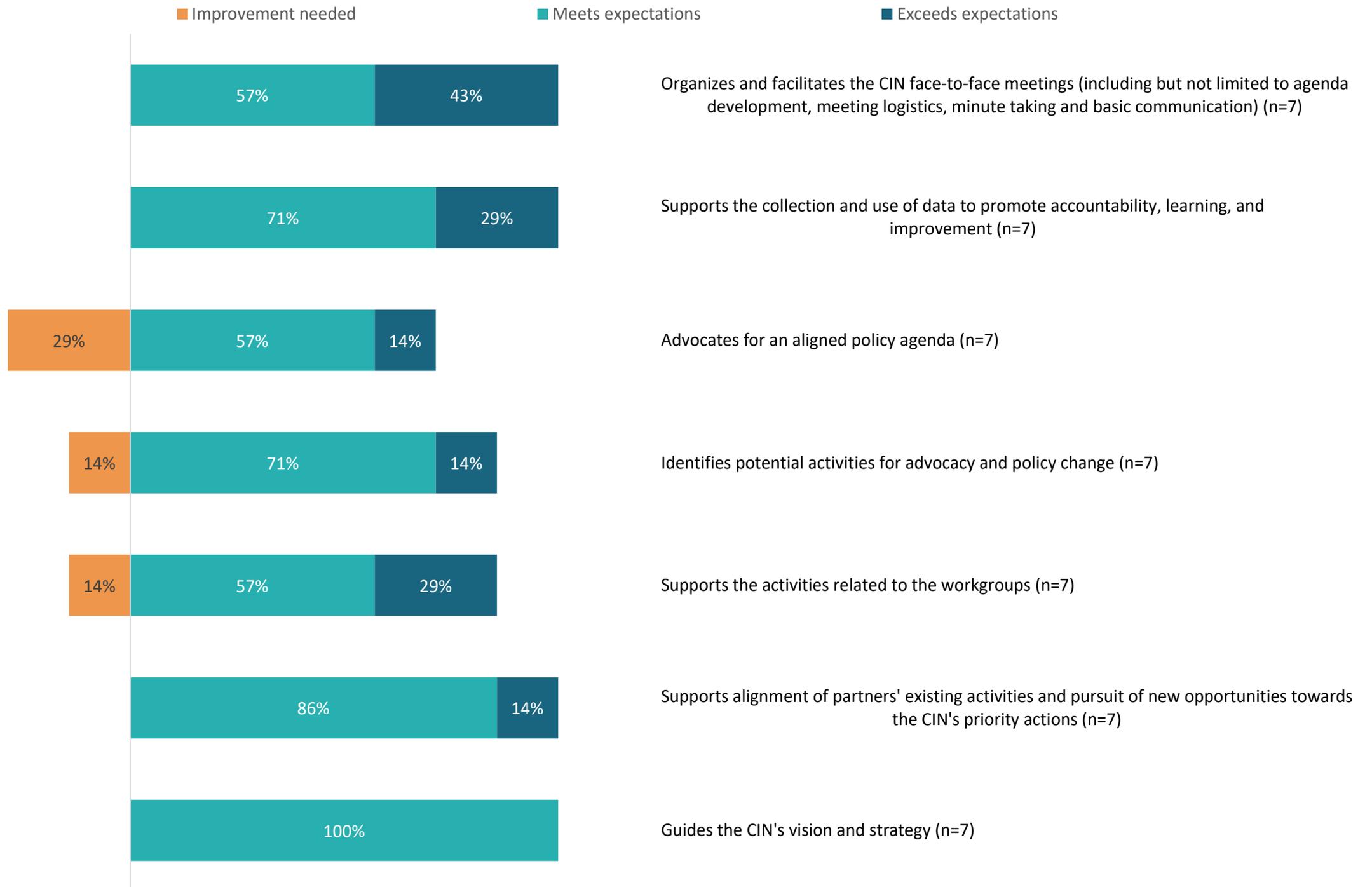"Reaching out to the Indigenous communities and have a rep from the community to lead the presentation or assist."

"Highlighting the chosen small step … whatever that step is, and putting it into practice in the CIN. Through everyone's participation it becomes 'capacity building' inherently."

"Take one small step that aligns with TRC and do it authentically, with heart, with connection, and do it effectively.

An example of a small step could be to encourage and unpack the meaning of relationship when working together and providing opportunity for that to be explored among CIN members.

From San'yas training I recall…it starts with relationship, it takes time, listening more to one another. The small step should be digestible and manageable."

"Ensuring CIN members are well acquainted with TRC Call to Actions; centering CIN work goals with TRC; and aligning CIN member work goals with TRC."

CIN Members provided feedback on PAN's role providing backbone support:

Legend: ■ Improvement needed   ■ Meets expectations   ■ Exceeds expectations

57%	43%	Organizes and facilitates the CIN face-to-face meetings (including but not limited to agenda development, meeting logistics, minute taking and basic communication) (n=7)
71%	29%	Supports the collection and use of data to promote accountability, learning, and improvement (n=7)
29% / 57%	14%	Advocates for an aligned policy agenda (n=7)
14% / 71%	14%	Identifies potential activities for advocacy and policy change (n=7)
14% / 57%	29%	Supports the activities related to the workgroups (n=7)
86%	14%	Supports alignment of partners' existing activities and pursuit of new opportunities towards the CIN's priority actions (n=7)
100%		Guides the CIN's vision and strategy (n=7)

The evaluation asked about the capacity building needs of CIN members:

Themes	n=4
Staying informed	2

"To help inform our fellow members about ways they can better serve their clients/members in the area of viral hepatitis. There remains gaps in full understanding about hep C specifically."

The survey respondents had suggestions about how PAN could better support the work of CIN:

"I would somehow like to gain better insight into the CIN members, not just as organizations, but the actual people who participate in terms of their work position, their 'asks', their 'offers', what they're wanting to achieve being part of the CIN. Matching up opportunities of doing work together among members can be challenging. The process of forming relationship (not just the warm fuzzy part) takes longer than we might think in order to really come to the table and work."

Themes	n=4
Status quo	2
Building personal connections	1

Key takeaways

Network Health, CIN meetings, member collaboration, engagement of PWLE are very positive, and have all seen advancement in comparison to the last survey.

However, the results have highlighted some opportunities for us.

1) CIN Network Health:

- Leadership, responsibility and control is spread out more

- Members regularly seek feedback and advice from one another

Key takeaways (cont.)

2) CIN Collaboration and Meetings:

- Strengthening the CIN collective plan of action

- Improving alignment of CIN members' activities with the PHSA CIN's priority areas

- Continuing to develop new strategies to address gaps or reduce duplication

- Building understanding of the CIN members' mutual work and the way this work supports the CIN's priority areas

- Organizing more presentations and opportunities for capacity building/professional development

3) Backbone support by PAN (incl. CIN Advocacy):

- Strengthening advocacy efforts for an aligned policy agenda

- Identifying potential activities for advocacy and policy changes

- Improving support of activities related to the workgroups

Key takeaways (cont.)

4) CIN Workgroups (now 'Teams'):

- Focusing on aligning the workgroups' activities with the CIN's goals and long-term outcomes

- Focusing on improving the ability of all CIN members to contribute equitably to the workgroups

5) Engagement of PWLE:

- Developing opportunities for meaningful engagement of PWLE

6) Social Determinants of Health:

- Building capacity for research/evaluation to inform the work around social determinants of health

Thank you!

Questions? Comments?