

PHSA Collective Impact Network (CIN)

21 APRIL 2022 / 1-4PM / [ONLINE](#)



Invitees

| Organization | Representative(s) |
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| PHSA | Heather Pedersen Present , Teddy Consolacion Present |
| FNHA | Sara Pyke Present , Robyn Newman |
| PAN | Evin Jones, Simon Goff, Alfiya Battalova, Marc Seguin All Present |
| BCHN | Deb Schmitz Present |
| CINHS | Jennifer Hoy, Shobha Sharma |
| CBRC | Darren Ho Present , Jody Jollimore |
| OPTIONS | Michelle Fortin, Sugandha Bajaj (Noor) Present |
| PIVOT | Lyndsay Watson, Asha Nygra All Present |
| YOUTHCO | Ivan Leonce Present |

Minutes

| Item | Time | Description | Chair |
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| 1. | 1:00 | Welcome and Territorial Acknowledgement <ul style="list-style-type: none"> Introduction to new PIVOT reps: Lyndsay Watson - Legal Director, and Asha Nygra - Development Manager | Heather |
| 2. | 1:10 | Check-in | Noor |
| 3. | 1:20 | CIN Business <ul style="list-style-type: none"> Meeting is recorded to assist note taking by PAN. Regrets - Michelle, Jen, Shobha. Ratify December 2021 minutes and Terms of Reference - Ratified, adapted Terms of Reference, we did a version 2 and made a few changes. Approve April 2022 agenda. Any additional items? No changes. Survey news <ul style="list-style-type: none"> No annual CIN eval survey this time, not to burden you with this, and based on survey from last year, there are quite a few things we are working on based on the findings. Peer Engagement Needs Assessment | Simon |

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| | | <ul style="list-style-type: none"> ○ Stems from the work that this table started ○ This survey has a different shape – targeting CBO responses from CIN and PAN. ○ The aim is to increase peer engagement by using the results to help build workshop series in June (peer support workers, peer outreach workers) and to understand the foundational needs for PAN’s future work. <p>(ACTION Please take time between now and May 2nd to do the 8-10min survey)</p> | |
| 4. | 1:30 | <p>Health Authority updates</p> <p>PHSA</p> <ul style="list-style-type: none"> ● Lauren’s role has been hired into. ● New Peer programming funding opportunity - Applications are open till May 9. Some consultations went into this call for proposals. We are extending the contracts by one more year. Feeling good where we landed with this call. Peer projects in the area of HIV, Hep C and overdose will be eligible. A lot of interest from Indigenous communities. ● Haven’t sent the contract extensions. The new project manager – Margaret – will be working on them. Margaret will also be involved in strategic priority work in the area of HIV and STBBI in general. Looking forward to introducing her to the group. She will be doing a lot of admin pieces, and Heather will continue to be here. ● There has not been a lot of strategic priority setting, and this work is ramping up. Gearing up around HIV & HepC and STBBI and great to have that back as a priority. <p>Evin: thanks for the update, great you will continue being involved. Great to hear about leadership involvement w the CIN.</p> <p>FNHA</p> <ul style="list-style-type: none"> ● FNHA STBBI Team launching “STBBI 101” for nurses working in First Nations communities May 25-26 (2 half day workshops) <ul style="list-style-type: none"> ○ Structured using FNHA Sexual Wellbeing Model developed by Len Pierre and Andrea Medley. ● Have shared out widely PHSA’s Peer funding opportunity to Health Directors and communities. ● FNHA Multi-year Health Plan (Look out for the link on our website soon). | Heather Sara |

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| | | <ul style="list-style-type: none"> • Celebrated and promoted Indigenous Nurses Day April 10, 2022 (First year celebrating this day on April 10th; it used to be included in Nurses Week in May). <ul style="list-style-type: none"> ○ Having a stand alone day enables truly highlighting Indigenous Nurses. • With return to in-person community events FNHA has been able to promote health at events such as the All-Native Basketball tournament and All-Native Youth Hockey tournament. • Dedicated group of folks within FNHA working to support health for Two-Spirit & Indigenous LGBTQIA+ folks. Working on a briefing note for a “Champion” for this work within FNHA. • <i>Talk Tobacco</i> campaign to encourage folks to decrease use of commercial tobacco https://www.fnha.ca/about/news-and-events/news/fnha-talk-tobacco-launch-program-to-help-people-quit-commercial-tobacco. | |
| 5. | 1:35 | <p>Epi Update and Q&A</p>  <p>CIN_presentation_20220421.pptx</p> <p>Comments:</p> <p>Sara: see https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infectious-syphilis-congenital-syphilis-canada-2020.html for National Syphilis picture.</p> <p>Heather: GetCheckedOnline data – in the beginning higher positivity rate initially but it levelled off quickly during the pandemic. It’s hard to draw causality between the two.</p> <p>Evin: Also see this report for STIs in Canada</p>  <p>STIs spreading aggressively in Canad</p> <p>Sara: high cases among hard-to-reach folks. They have introduced a second prenatal screening to trace some of the new cases.</p> <p>Heather: big rise among women who are unhoused or underhoused.</p> | Teddy |
| 6. | 2:05 | <p>Cultural Agility Open Space - anything to share about what you are doing at your organization? Any learnings, resources, best practices?</p> | Ivan |

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| | <p>Cultural agility is a new term for me. Working respectfully with Indigenous people, adapting to cultural uniqueness, aligning values with those of Indigenous peoples. Goal is to grow and build capacity, do some action planning (reflecting, revealing and inspiring).</p> <p>LOOKING WITHIN: What opportunities to consider, challenge or grow your capacity to engage cross-culturally/interculturally have you or your team been able to experience these past 3-4 months? What was your experience? Is there a key takeaway you feel comfortable sharing?</p> <p>LOOKING AROUND: What commitments, innovations or returns to tradition have you witnessed other organizations, individuals or communities take up over the last 3-4 months that support cultural agility? What caught your attention about this? Do you see this as something that might be better to uplift or support as an ally OR as something that could be appropriately applied to your/our work without being *appropriative*?</p> <p>Darren: We had a recent challenge at CBRC. Without details, we realized that language used in a public promotion could have been potentially damaging. We realized that we should have done more consultations within our staff.</p> <p>Heather: We need to slow down and put more time into consultations. Need to start 7 steps back instead of coming in with solutions. When we think of adaptation with GetCheckedOnline, maybe we need to think about this is not the solution. Need to build the relationship.</p> <p>Ivan: Value of witnessing and listening, not pushing for solutions.</p> <p>Lindsay: Indigenous Feminist Symposium at UVic (Making space for Indigenous Feminisms) https://www.uvic.ca/research/centres/circle/events/ifs/index.php celebrating the book “Making Space for Indigenous Feminism” https://fernwoodpublishing.ca/book/making-space-for-indigenous-feminism693</p> <p>Asha: In an effort to be more inclusive at Pivot, and how to get our message across, we received feedback from the community. Internal work at Pivot of being more inclusive of all intersections – non-profit structures are hard to access when you are racialized. Outward –</p> | |
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| | | <p>looking at our relationship with communities, looking at how we pay them.</p> <p>Marc: cultural agility being used, trainings for PLDI – governance. The team was developing the slide deck, wanted to include different models of leadership. Realization that we need to speak to the community. Created statements and went to trainers in community and they identified our trainer in the community. The slides ended up looking very different.</p> | |
| 7. | 2:25 | Break (and quiz) | Simon |
| 8. | 2:40 | <p>Future think – From our foundation, into the next 2 years...</p> <p>Annual CIN Survey has looked at how the CIN was running. We are taking a pause because we have 2 years left, and we have been implementing many of the recommendations from last year. We want to make sure we are using this time the best way we can. We want to collectively do more together. We want to do things that are concrete.</p> <p>We have a goal, and our 6 priorities, as background.</p> <p>We can start by looking at where we are individually.</p> <p>Questions:</p> <ol style="list-style-type: none"> 1. Give an example of a recent ‘success’. How do you judge ‘success’? 2. What are your most pressing needs looking ahead? Are there common aspirations around the table? 3. How can we support each other and advocate for what we want to accomplish? <p>Deb – Everything about hep C in the last few years went into a black box of COVID – no one new how hep C fit. Now there is an explosion of requests to us. Success- two projects Sophia Bartlett BCCDC – Guidelines for STI testing for Corrections in Canada. Engage PWLE in Corrections, healthcare providers and Correction officers - https://stbbipathways.ca/stbbi-policy-and-guideline-development-for-bc-corrections/. Result has been a new holistic way for connecting people to testing and care. Hepatitis Testing Call https://stbbipathways.ca/test-link-call-project/ – smartphones and plans preloaded with phone numbers in a project called Unlocking the Gates (UTG)– dealing with release from Corrections planning. Hep C</p> | Heather Simon |

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| | <p>treatment planning for UTG Peers- Hep C specific, apts, messaging, texts. Fifteen people met and getting treatment and care- incredible. Evin has been involved with this as well with the roll out of Access Hepatitis Canada’s progress report. Speaking to governments across the country. Hopeful that process within our province will start with Healthy Pathways Forward - with targets this time.</p> <p>Evin: Kudos to you Deb, keeping Hep C on the radar. The meeting with the ministry and the momentum that’s picking up is due to your efforts and not giving up.</p> <p>Deb: successful in getting proposal for scaling up what we are providing now either in the province or in specific health authorities. We are told that the process is delayed. It would be a great signifier for the BC government to meet the 2030 targets.</p> <p>Heather: Judging success piece. When I think about my own work, there are things that do not necessarily fit with the quantitative measures but it’s about collaboration and relationship and how they are functioning, and the networks built.</p> <p>Darren: hard to gauge success, our Investigaytor program has been successful, it’s for youth interested in learning about CBR. We started with 12 participants and retained 7, they went through the whole investigative research course. These participants are folks who are engaged in research and who can have meaningful discussion about HIV research, PrEP research. It’s exciting to see. The success – not that they are engaged in research - but that they built communities. These are 7 engaged youth. Related to that, previous cohort of Investigaytor, their end year project was to develop PrEP step-by-step guide, this guide is still being asked for in different clinics. It’s a booklet how to access PrEP in BC. Great to see this resource is still being utilized. It’s not about the numbers, it’s the quality of engagement.</p> <p>Heather: this conversation started with Jen Hoy, on paper it’s 1-2 people but the lengths they went to access and serve these people makes a difference. These people would not be engaging with health system.</p> | |
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| | | <p>Jen (Via email):</p> <p><i>Success-</i> A recent success of our programming was more a client success, that is really reflective of how we are able to support our clients. The attached link is her story https://www.princegeorgecitizen.com/local-news/how-successful-recovery-looks-for-one-prince-george-woman-4935898 and the Northern Health team talked about was actually our staff that formerly was employed by NH, but physically working within HASP/CINHS (has since moved to just CINHS). We spent countless hours supporting her and advocating for her, including being present at her childbirth. Fast forward 5 years to this past February (the anniversary of her 5 years sobriety). I brought her over a cake and small gift, and she decided to turn me into a blubbering idiot by thanking me for helping her choose to live. She looks at her recovery as an active choice to live, to take control of her health and wellness, reconnect/re-unite with family, and acknowledged the countless hours our program dedicated to supporting her.</p> <p>This amazing woman now helps facilitate women’s groups at our center, as well as Harmony House, and works at her band office. She volunteers with many groups supporting folks struggling with substance use and homelessness in our community. Her thanks to me, was truly a thank you to all service providers and front-line staff who work tirelessly supporting our most vulnerable people; her story shows how successful folks can be if we can meet them where they are at and really ensure all practice is client centered.</p> <p><i>Judging Success</i></p> <p>We judge success in a couple different ways. We try hard to stay focused on client goals, and helping them reach those is a success. But realistically we also need to look at numbers (funders love numbers). So another way we judge success is showing improvement in measurable ways for our client panel. Examples of this would be recently reaching ~92% HIV viral suppression for our HIV positive folks, and 99.1% successful treatment for those we have supported through HCV treatment. We have surpassed all engagement goals for all programs we offer, and have very positive client feedback.</p> <p><i>Needs</i></p> <p>We are in need of more meaningful ways to include PWLE into our programming and employment. We currently have 1 full</p> | |
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| | | <p>time peer staff member and some opportunities for clients to make some extra income through short term jobs (snow removal, kit making etc). What we are missing is how best to navigate having staff who are also clients, so that we can start to employ peer health navigators.</p> <p>Ivan: success around internal stuff – we don’t get to talk about it a lot. AP Process – how many times we successfully met the deadlines, we only failed once to meet the deadline. It’s an important piece. How we pay racialized folks. The money goes to youth in the communities, there are in precarious financial positions. Glad we were able to get to that point. Success is not a presence of something but absence of something, less concerns and complaints about not receiving payments.</p> <p>Lyndsay: Our work is hard to quantify, it’s not transactional. I don’t think I can measure it in a conventional way. When you send a letter, you don’t know what they did with it, you don’t know what the measurable impact is. We can’t measure our relationship with community. Systemic advocacy is different. It has to center other people’s voices. Need to be open to feedback from people who are impacted by their work.</p> <p>Asha: I agree, relationship that we build with people who are marginalized, so important to be led by that input. Being cognizant in our outward communication and honor people’s stories, not being exploitative.</p> <p>Evin: PAN has been convening a table when COVID started. Themes around housing issues, homelessness, other things exasperated by COVID, and people who are marginalized. Had a meeting with them for next steps forward. Met with several organizations- BC Not for Profit Housing Association (BCNPHA), Canadian Mental Health Association (CMHA), Aboriginal Housing Management Association (AHMA) and Homelessness Services Association of BC (HSA) - regarding complex care. PAN members and other members had felt alienated and not consulted with these are our 3 key messages. The ministry agreed someone should sit on the committee- to represent our constituents. Getting out of the PAN silo and connecting with</p> | |
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| | <p>other allies and working on other issues with other groups regarding social justice- this enabled our success vs a PAN letter being shelved. We were more successful.</p> <p>Alfiya- quantifying impact- advocacy hard to measure. what else do we have in the Evaluation toolbox – thinking outside of outcomes, outputs, knowledge - forgetting about the “in-between” - process evaluation and relationship... and how important this is.</p> <p>Michelle: expand the clinical work and leverage more funding psycho-education groups. Bringing more PWLE to deliver the training</p> <p style="padding-left: 40px;">Via email – “I believe in terms of ‘future opportunities’ with us looking at expanding the Saturday clinic work and hoping to leverage some additional funding to deliver more direct psycho-educational groups. Also, considering how we might bring some PWLE in to do Sexual Health Educator training to then enhance the capacity of organizations who employ folks with lived experience.”</p> <p>Ivan: Additional staff funding/increased rates for salary in contracts — with the recent increases in cost of living, we are particularly worried about retaining staff - especially staff who are facing difficult financial situations that don’t allow them the option of staying on with a lower wage than they might be able to get in other sectors.</p> <p>Darren: staff and hiring, project-based funding, when it’s finished, we need to look for more funding, feeling of lack of stability even for more experienced staff.</p> <p>Heather: engagement of PWLE, sustainability and continuity and networks and relationships</p> <p>Deb: what do we see as important for evaluation? Refreshed framework for our work. Breaking down collaboration and networking and how we want to evaluate that. Intrigued by Ivan’s indicator about payments being made on time.</p> | |
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| | | <p>Simon: we are all funded by PHSA but outside this group we are very diverse. We are trying to come together on communal issues. We need to pick things that we have capacity in and that we have passion for. Maybe we can do some homework thinking about this. We can come up with agenda for what we will do in the next few months. We know that we need some distance to think about it. We need everybody to think about it. Question 3 - about how we can support each other is an important one.</p> <p>Evin: Some ideas:</p> <ul style="list-style-type: none"> • ANY kind of increase in the federal funding envelope for HIV, hep c, and other STBBIs • a provincial viral hepatitis strategy with (as deb said) real targets and accountabilities. • ANY kind of real positive policy change within BC re the drug poisoning crisis (access to safe supply via compassion club models led by people who use drugs) • F.ederally that Health Canada moves forward with decriminalization of drugs at a threshold amount that will actually make a difference in the drug poisoning crisis (sadly they seemed poised to offer BC an exemption from the Controlled drugs and substances act at a cumulative threshold of only 2.5 grams which is Way Too Low, not evidence based, not recommended by people who use drugs, etc.). • Working effectively with other civil society groups re the need for more resourcing/supports for staff (including peer workers) to promote sustainability of the non-profit sector in BC ? This is something that the federation of community social services is working on. <p>This table is also good at responding in real-time. Options let us know about struggles with sustainable funding, and she brought it to the CIN table. They made the call to write to Minister Dix with letters of support. We wrote one from PAN and they were able to receive a positive decision made, they don't have to close any clinics. The importance of these clinics, especially in small communities, is enormous.</p> | |
| 9. | 3:30 | <p>Agenda setting for next meeting – finding a date in June (Thur 1-4pm typically); taking the temperature for an in-person; any presentations from peers/BCCDC; role assignments; agenda items</p> | Darren |

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| | | <p>Darren – suggestion June 9th – set.</p> <p>Question regarding in-person meetings- would folks consider revisiting it in person? What are your thoughts on this, perhaps check closer to the date re COVID and numbers and can see each other in-person.</p> <p>Any presentation from Peers or BCCDC? or other agenda items people wish to add?</p> <ul style="list-style-type: none"> • Evin- PEER Project Luminate working on- update on this - Simon? Workshops occurring in June so not an analysis- perhaps bring Jen in for peer support work or perhaps better in fall. • Are there ways we can do a Part 2 Cultural Agility Conversation or Future Conversation. YES- in agreement. • ROLES: Simon please circulate as there are several people absent. • Cultural Agility – open for someone else to take on or Darren can Co-facilitate if no one else volunteers. • No other Agenda items at this time. • Evin- should we plan we will try doing it in person barring a new variant, because people need to travel. • Heather - upstairs room still available- looking at room capacity and a space next door to BCCDC. Heather can explore. • Darren - we will confirm as we get closer to June. | |
| 10. | 3:45 | Check Out Be well everyone! | Noor |
| 11. | 4:00 | Adjourn | - |