IGNITING HIV-STBBI CHANGE THROUGH COMMUNITY INNOVATION

MB HIV-STBBI Collective Impact Network. Spring Symposium and Engagement Event: May 27th, 2022. Virtual Via Zoom

ABOUT THIS DOCUMENT

This document provides information about the presentations that will be occurring at the event

Prepared by: CINetwork Event Planning Team

MANITOBA HIV–STBBI COLLECTIVE IMPACT NETWORK

IGNITING HIV-STBBI CHANGE THROUGH COMMUNITY INNOVATION

MB HIV-STBBI Collective Impact Network
Spring Symposium and Engagement Event: May 27th, 2022
Virtual via Zoom

This document provides information on the panel presentations and presenters who will be presenting at our Spring Symposium and Engagement Event on May 27th, 2022. We are pleased to have two keynote presentations and 10 panel presentations that will be presented through four panels.

This document provides the following tables:

- TABLE 1: Summary of Keynote Presentations
- TABLE 2: Presentation on CINetwork Activities

- TABLE 3: Summary of Panel Presentations
- TABLE 4: Panel Presentation Title and Action Area
- TABLE 5: Panel Presentation Title and Systems Change Areas
- TABLE 6: Panel Presentation Abstracts

About the Event:

27 May 2022
Virtual Event
Objectives:

- To build relationships and knowledge amongst CINetwork participants to propel its systems change work
- To highlight community innovation as an important aspect of HIV-STBBI systems change
- To showcase examples of community innovation projects
- To hear about broader issues from keynote presenters that will impact community innovation
- To hear about the CINetwork's key directions moving forward
- To discuss what steps can be taken next by the CINetwork with community innovation and related projects

Production Team:

- **CINetwork Event Planning Team:** Ken Bristow, Jackie Flett, Lisa Patrick, Riley Hammond, Linda Larcombe, Paula Migliardi, Laurie Ringaert, Mike Payne
- **Facilitation Team:** Laurie Ringaert, Linda Larcombe, Sri Maddur
- **Masters of Ceremony:** Ken Bristow, Jackie Flett
- **Graphic Recording:** Fuselight

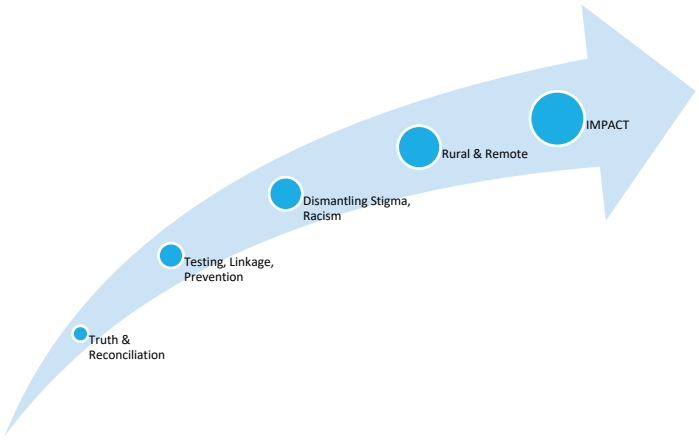
Registration: Register Here to get the Zoom link

TABLE 1: KEYNOTE PRESENTATIONS			
Time	Presenter	Title	Abstract
11:00am	Dr. Barry Lavallee Chief Executive Officer of Keewatinohk Inniniw Minoayawin Inc, 2021 Honorary Fellow by the Royal College of Physicians and Surgeons in Canada.	***Residuals and Continuing impact of Colonization on First Nation Self-Efficacy***	This short talk with demonstrate the importance of understanding a patient's ability to address their own care when they live in a racist environment. How do we articulate oppression when we are a settler? How might we move to become First Nation centred in our work and actions?
1:00pm	Dr. Elder Albert McLeod Two-Spirited People of Manitoba, MB HIV-STBBI Collective Impact Network Stewardship Team	***Why and how do we pivot our responses to HIV-STBBIs in light of the MMIWG2S Inquiry National Action Plan and Pathway Forward***	As with other epidemics and global pandemics, Indigenous people are disproportionally represented in the epi data. What have national commissions and inquiries into Canada's relations with Indigenous peoples provided as interventions and solutions to this dilemma?

TABLE 2: PRESENTATION ON CINETWORK ACTIVITIES			
	PRESENTERS	TITLE	ABSTRACT
10:00am	Laurie Ringaert, Mike Payne, Linda Larcombe CINetwork Co-Strategic Facilitators	The CINetwork: Moving Forward 2022-2027	This session will provide an overview of where we have come, where we are going over the next 5 years. Introduce our new CINetwork Team.

TABLE 3: SUMMARY OF PANEL PRESENTATIONS						
PANEL	**TIME**	**PRESENTATION TITLES**	**PRIMARY PRESENTER**	**OTHER PRESENTERS**	**ORGANIZATION**	**LOCATION**
PANEL ONE: COMMUNITY INNOVATION THROUGH ACTION						
1	9:15am	Standing Strong: Living well with HIV workshop series.	Srinath Maddur	Joel Baliddawa (PEER)	Nine Circles CHC	Winnipeg
1	9:15am	Knowledge into Action: Working with newcomer communities in Winnipeg towards HIV prevention and reduction of HIV-related stigma	Simret Daniel	Ana Lervolino	SERC	Winnipeg
1	9:15am	Lockers Increase Access	Colleen Tower	PEER: TBD	Northern Health Region	Flin Flon
PANEL TW0: COMMUNITY INNOVATION THROUGH ACTION						
2	10:30am	Incorporating Rights-Based Reconciliation in National Surveillance of People Who Inject Drugs in Winnipeg, Canada	Albert McLeod	Lea Mutch, Paula Migliardi, Marcia Anderson, Souradet Shaw, Shelley Marshall	Two-Spirited People of Manitoba	Winnipeg
2	10:30am	Using a Virtual Classroom to Build HIV and HCV Primary Care Capacity in Saskatchewan	Amanda Galambos		Saskatchewan Infectious Disease Care Network (SIDCN)	Saskatoon
PANEL THREE: COMMUNITY INNOVATION THROUGH ACTION						
3	12:30pm	Promoting Alternative HIV Testing to Undiagnosed population	Friday Olowookere		SERC-Brandon	Brandon
3	12:30pm	Evaluation of an Innovative AideSmart! App-based Multiplexed Point-of-Care Screening Strategy for HIV, Hepatitis C, Syphilis for At-Risk Canadian Populations: What's the Verdict?	Angela Karellis	Nitika Pant Pai	McGill University	Montreal
3	12:30pm	Incorporation of systematized STBBI testing in a community-based opiate agonist treatment (OAT) program	Andrew Lodge	Molly Brett, Jenny Ewasiuk, Krista Ringland	Klinic Community Health	Winnipeg
PANEL FOUR: COMMUNITY INNOVATION THROUGH ACTION						
4	2:00pm	Meeting the Moment Project (MTM): Integrating Street Health, Addictions Medicine, and Primary Care	Sarah Hansen	Jocelyn Bevacqua, Heather Pashe	Nine Circles CHC	Winnipeg
4	2:00pm	Manitoba Satellite Sites	Veda Koncan	TBD	Manitoba Harm Reduction Network	Winnipeg

The CINetwork uses "Action Areas" to organize its work. Under these action areas we classify various projects, presentations, meetings, discussions, etc. In this way we can use these areas to see what sort of impact we can making toward tackling HIV-STBBI's in Manitoba.



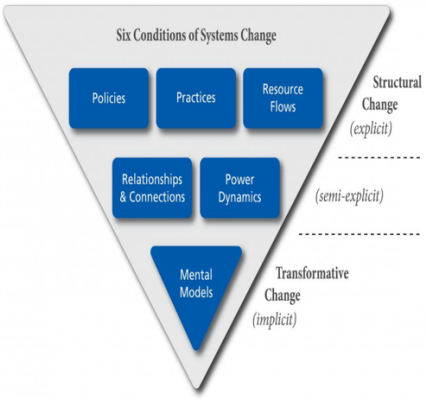
The presenters were asked to classify their presentation based on the action areas when they submitted their abstracts, and this is shown in the following table.

TABLE 4: PANEL PRESENTATION TITLE AND ACTION AREA

PANEL AND PRESENTATION TITLE		ACTION AREAS			
Panel	**Presentation Titles**	**Truth & Reconciliation**	**Testing, Linkage, Prevention**	**Dismantling Stigma, Racism**	**Rural & Remote**
1	Standing Strong: Living well with HIV workshop series.		√	√	
1	Knowledge into Action: Working with newcomer communities in Winnipeg towards HIV prevention and reduction of HIV-related stigma		√	√	
1	Lockers Increase Access	√			√
2	Incorporating Rights-Based Reconciliation in National Surveillance of People Who Inject Drugs in Winnipeg, Canada	√	√	√	
2	Using a Virtual Classroom to Build HIV and HCV Primary Care Capacity in Saskatchewan	√	√	√	√
3	Promoting Alternative HIV Testing to Undiagnosed population	√	√	√	√
3	Evaluation of an Innovative AideSmart! App-based Multiplexed Point-of-Care Screening Strategy for HIV, Hepatitis C, Syphilis for At-Risk Canadian Populations: What's the Verdict?		√		
3	Incorporation of systematized STBBI testing in a community-based opiate agonist treatment (OAT) program	√	√	√	
4	Meeting the Moment Project (MTM): Integrating Street Health, Addictions Medicine, and Primary Care		√		
4	Manitoba Satellite Sites		√		√

	Total	5	9	5	4

The CINetwork uses the following model on system change to analyze the CINetwork's work on system gaps and progress. In this model the authors propose six conditions for systems change. The Water of System Change (2018) by John Kania, Mark Kramer, and Peter Senge. Under this system change areas we classify various projects, presentations, meetings, discussions, etc. In this way we can use these areas to see what sort of impact we can making toward tackling HIV-STBBI's in Manitoba.



The presenters were asked to rate their project based on five of these areas when they prepared their submission for this Event, and this is shown in the following table.

TABLE 5: PANEL PRESENTATION TITLE AND SYSTEM AREAS

PANEL AND PRESENTATION TITLE		SYSTEM CHANGE AREAS				
Panel	**Presentation Titles**	**Changing Mindsets**	**Changing Policies**	**Changing Practices**	**Changing Workflows**	**Changing Power Dynamics**
1	Standing Strong: Living well with HIV workshop series.	√		√		
1	Knowledge into Action: Working with newcomer communities in Winnipeg towards HIV prevention and reduction of HIV-related stigma	√	√	√		√
1	Lockers Increase Access	√		√		
2	Incorporating Rights-Based Reconciliation in National Surveillance of People Who Inject Drugs in Winnipeg, Canada	√		√		
2	Using a Virtual Classroom to Build HIV and HCV Primary Care Capacity in Saskatchewan	√	√	√	√	√
3	Promoting Alternative HIV Testing to Undiagnosed population	√	√	√	√	√
3	Evaluation of an Innovative AideSmart! App-based Multiplexed Point-of-Care Screening Strategy for HIV, Hepatitis C, Syphilis for At-Risk Canadian Populations: What's the Verdict?	√	√	√	√	√
3	Incorporation of systematized STBBI testing in a community-based opiate agonist treatment (OAT) program	√	√	√	√	√
4	Meeting the Moment Project (MTM): Integrating Street Health, Addictions Medicine, and Primary Care			√		
4	Manitoba Satellite Sites			√		

	Total	7	5	9	4	5

The following are the abstracts for each panel presentation

TABLE 6: PANEL PRESENTATION ABSTRACTS	
PANEL	**ABSTACTS**
9:15AM	**PANEL ONE: COMMUNITY INNOVATION IN ACTION**
1	***Standing Strong: Living Well with HIV Workshop Series***. Srinanth Maddur. Joel Baliddawa (PEER). Nine Circles Community Health Centre, Winnipeg, MB
	Goal: To provide a peer led, interactive education, support and prevention program designed to enhance the well-being of people living with HIV in Manitoba Activities: The program involved 2 phases: 1. Program Development: The Standing Strong project emerged after several rounds of consultations and focus groups with Manitobans living with HIV. 2. Program Implementation: Standing Strong has four modules and focusses on: a) Back to Basics (HIV, CD4, ARTs) b) A Positive Sex Life c) Disclosure: Starting the conversation d) Impact of HIV stigma and overview of supports available to people in Manitoba. Key elements of Standing Strong are that it is co-facilitated by Health Educators and peers (people with living experience of HIV) and that friends and family members are also encouraged to attend. Impact: Sixteen individual workshops were provided. All the workshops have received positive feedback from newly diagnosed HIV participants, long term survivors and from family members and friends. Engaging family members and friends in workshops has led to increased affirmative support for people living with HIV. Long term impact of treatment adherence and improved quality of life is yet to be evaluated. Challenges: COVID-19 public health restrictions limited in-person program delivery. Online versions of the program were utilized with some success during COVID lockdowns but not all participants had access to technology. Lessons learned: Engaging people living with HIV in the development and implementation of Standing Strong is critical for the success of the program.
1	***Knowledge into Action: Working with Newcomer Communities in Winnipeg towards HIV prevention and reduction of HIV-Related Stigma***. Simret Daniel, Anna Lervolino. SERC, Winnipeg, MB.
	Through a history of engaging with immigrant and refugee communities, SERC has learned how certain notions about HIV, sex and sexuality, gender, and sexual orientation relate to the way racialized migrants are positioned in Canadian society, including their resettlement experiences and their economic options and opportunities. The KiA project provides prevention and support interventions, builds capacity, increases knowledge, and reduces risks around HIV/STIs among African newcomers. Community members were integral in the design and implementation of the project. The outcomes and impacts of the project are measured through pre- and post- evaluation forms, daily feedback forms and follow-up focus group conversations and surveys. This presentation will highlight the main challenges, learnings, and successes of this work.

1	***Lockers Increase Access.*** Colleen Tower, PEER TBD. Northern Health Region. Flin Flon, MB
1	Goal: Increase access to Harm Reduction supplies and decrease incidence of HIV-STBBI Activity: For the past year and a half we have maintained a peer-initiated locker system, available to anyone, that is stocked with Harm Reduction supplies bi-weekly with the specific items requested by the person who "owns" each locker. Each locker is also supplied with a notepad and pen so that notes, questions, and new requests can be left for services provider. Impact: Increased access to new supplies for those who are not able to attend distribution spaces during traditional work hours and for those who are more comfortable accessing supplies without having to talk to a service provider. This low barrier service has also subsequently increased some people's comfort level in accessing the Primary Care building services. Peer to peer distribution has also increased since implementation. Challenges: Weather, loss of keys, re-issuing of keys when locker is no longer being used, keeping up with having kits and supplies ready Lessons learned: Combination locks on lockers may work better. Distribution of keys works well when done by a peer. Having a peer come in once a month to make supply kits has been essential to keeping up with increased distribution.
10:30AM	**PANEL TWO: COMMUNITY INNOVATION IN ACTION**
2	***Incorporating Rights-Based Reconciliation in National Surveillance of People Who Inject Drugs in Winnipeg, Canada***. Albert McLeod, Lea Mutch, Paula Migliardi, Marcia Anderson, Souradet Shaw, Shelley Marshall. Two-Spirited People of Manitoba. Winnipeg, MB.
	Background: The Public Health Agency of Canada coordinates an ongoing surveillance system that monitors individual and structural risks, and HIV and hepatitis C infection among people who inject drugs in Canada. Winnipeg Manitoba was recruited to be a survey site in 2019, where a significant rise in injection drug use has been reported since 2014. Description: The Winnipeg survey team expected high proportion of survey participants to be Indigenous and sought to incorporate local Indigenous oversight, governance, and community leadership into the site survey. An Indigenous Oversight and Governance committee was established to oversee the survey implementation, incorporate Indigenous research principles, and research questions, and ensure Indigenous oversight on data analysis, interpretation, and research products. The survey was conducted from January through April of 2019 with 181 participants surveyed (cis-gender women = 76, cis-gender men = 96, other gender = 9) and 82% of participants identified as Indigenous. 134 participants provided a dried blood spot sample for HCV and HIV testing. Survey results will be presented at this session. Lessons Learned: Participants in this study have hope and spirituality, they belong to families, and they contribute to their communities. These strengths support coping with unjust social and colonial conditions, and toxic drug markets. This project highlighted the imperative to implement Indigenous oversight in local studies and demonstrated possibilities and challenges when implementing a national surveillance survey. Recommendations point to local responses that address underlying social inequities, Indigenous wellness and cultural identity, and rights-based reconciliation.

2	***Using a Virtual Classroom to Build HIV and HCV Primary Care Capacity in Saskatchewan.*** Amanda Galambos. Saskatchewan Infectious Disease Centre Network (SIDCN). Saskatoon.
2	Goal Increase the capacity of primary care providers to test, treat, and manage HIV and cure Hepatitis C (HCV) in Saskatchewan. Activities Recruited primary care providers as participants. Developed and delivered online continuing medical education that featured local HIV and HCV specialists, highlighted provincial data and trends, and discussed clinical best practices. Used a Virtual Classroom model for live and interactive presentations. Impact Over 500 Saskatchewan primary care providers from over 50 communities who have received accredited HIV/HCV/Syphilis continuing medical education that resulted in increased knowledge and improved clinical skills. 33 new HIV and 38 new HCV medication treatment prescribers from over 16 communities recruited, educated, and enrolled under this project. Challenges Needed to increase frequency and enrollment capacity of educational events to meet registration demand. Lessons learned Use a case-based approach and feature local medical experts as presenters. Include people with lived experience as subject matter experts and co-presenters. Develop a simplified approach to medication treatment initiation that highlights common regimens used locally and indicate when to seek specialist support. Offer ongoing educational opportunities, including clinical mentorship opportunities. Ongoing need to advocate for and model non-judgmental and stigma-free healthcare of vulnerable populations. Evaluation All activities were evaluated using anonymous post-participation surveys. Follow-up surveys were used to assess the impact of the medical education received on participants' HIV and HCV clinical practices.
12:30PM	**PANEL THREE: COMMUNITY INNOVATION IN ACTION**
3	***Promoting Alternative HIV Testing to Undiagnosed Population.*** Friday Olowookere. SERC-Brandon. Brandon, Manitoba

	Goal: SERC's Brandon, MB, office, in partnership with Reach Nexus Ready to Know Research Project, implemented easy access to free HIV self-testing kits. The project goal is for undiagnosed HIV+ people with barriers to accessing health services to learn their HIV status. Activities: We serve as a pickup location for clients participating in the project and provide information and resources to participants. We promote the project through various channels and help raise awareness within the target community. Impact: There has been a positive impact for participants who have accessed the self-testing kits. For example, one participant shared that they were happy to be able to administer the test themselves and receive a result instantly, and that they face discrimination and stigma when accessing health care services as a result of using injection drugs. Challenges: Many people from the target population, including People Who Use Drugs (PWUD) and/or are homeless, have faced barriers accessing the HIV self-testing kits, including lack of internet-enabled devices and privacy for testing. Lessons learned: If the same attention was given to HIV as was given to COVID-19, rates would decline greatly. There are still many barriers for people at risk of HIV infection to access the self-testing kits and more must be done to increase self-test availability and reduce stigma and discrimination in health care.
3	***Evaluation of an Innovative AideSmart! App-based Multiplexed Point-of-Care Screening Strategy for HIV, Hepatitis C, Syphilis for At-Risk Canadian Populations: What's the Verdict?*** Angela Karellis, Nitika Pant Pai. McGill University, Montreal
3	Background: The COVID-19 pandemic disrupted sexually transmitted blood borne infection (STBBI) services. Conventional lab-based STBBI screening entails multiple visits and long turnaround time, that precipitates losses to follow-up. The AideSmart! multiplexed app-based strategy offered by healthcare professionals, allows to simultaneously detect several STBBIs rapidly while facilitating counselling/communication in outreach settings. Goal: To evaluate the AideSmart! multiplex strategy's feasibility in key at-risk Canadian populations. Methods/Activities: This cross-sectional study (April 2021-ongoing), performed in Quebec and New Brunswick, screened participants for HIV, hepatitis C and syphilis with rapid multiplex point-of-care (POC) tests (MedMira HIV/HCV/Syphilis Test and Chembio Dual Platform Pathway for HIV/Syphilis), and checked by conventional tests. Interim results of 348 participants recruited are presented. Impact: All participants accepted to undergo the AideSmart! strategy. Preference was indicated for rapid testing (59.9%) over conventional testing (26.3%) and receipt of test results in one day (57.1%, vs. 39.8% in <1 week, 3.0% <2 weeks, and 0.9% in 2 weeks or more). Rapid tests yielded results in <15 minutes. Participants (94.0%) would recommend rapid testing to their friends. Accuracy of POC tests was high (sensitivity: 77.3%-100.0%; and specificity: 98.8%-100.0% across all pathogens for n=184). Lessons Learned: The AideSmart! POC strategy, together with multiplexed tests, fills many screening gaps during the pandemic, mitigates stigma and has the potential to improve STBBI community engagement and rapid screening. Individuals received confirmatory results in two days and were linked to care pathways. The digital strategy can improve communication between various stakeholders, thereby optimizing access and linkages and plugging service delivery gaps.
3	***Incorporation Of Systematized STBBI Testing in a Community-Based Opiate Agonist Treatment (OAT) Program.*** Andrew Lodge, Molly Brett, Jenny Ewasiuk, Krista Ringland.

3	The interface between substance use and STBBI is complicated and intricately entwined. Moreover, stigmatization is a well-recognized challenge in care delivery in both the substance use and STBBI contexts. A holistic, effective approach to engagement in the context of these issues must therefore be informed by those two fundamental findings. Complex health care systems in Canada often result in operational silos, even in instances when the health care issues in question are closely related and directly impact each other, as is the case with STBBI and substance use. This results in missed windows of opportunity for the providers and navigational confusion for the participant. Our opiate agonist treatment (OAT) program operates as part of a broader community-based primary care clinic. The program's goal is straightforward: STBBI testing is incorporated into the OAT program in a systematized fashion, performed every three months. This is a simple—and perhaps obvious—notion, but a principle that is rarely found in care models divided into specialities and subspecialties. The approach's impact is two-fold. STBBI screening is provided routinely and automatically and so opportunities for testing are not missed. Furthermore, systematization reduces stigma by offering testing to all participants on a regular basis, instead of relying on "screening" tools to determine who should be tested, and when. The program is in the early implementation phase, and we are committed to quality improvement through ongoing performance measurement. Methodology will employ both quantitative and qualitative methods, the latter to include participant feedback regarding the experience.
4	***Meeting the Moment Project (MTM): Integrating Street Health, Addictions Medicine, and Primary Care.*** Sarah Hansen, Jocelyn Bevacqua, Heather Pashe. Nine Circles Community Health Centre. Winnipeg, MB
4	Winnipeg's Downtown and Point Douglas areas have increasing concerns related to poverty, homelessness, street involvement, and STBBI's related to injection drug use. The priority population for Meeting the Moment (MTM) includes people who use drugs (PWUD), or who are unstably housed, or experience social exclusion/isolation, in Winnipeg's core neighbourhoods. This population is often unable to attend a health care setting for an appointment due to barriers such as mental health, addiction, or having a history of discrimination or trauma. MTM provides and evaluates low threshold primary care and cultural programming services that take place within community settings (ex. community centers and emergency shelters) to meet the project priority population where they are at. MTM meaningfully engages PWUD in design, promotion, implementation, and evaluation of project interventions. MTM aims to create an initial connection and encourage folks to connect to a primary care provider for follow-up. We combine street outreach, community management of methamphetamine psychosis and withdrawal, addictions medicine, cultural programming, peer support, social support, and housing referral services. Challenges include limited funding to offer interventions only 2 days a week, often only being able to provide acute episodic care, and the lack of available primary care providers. Despite this, the project has been very successful in creating connections and providing care for a population that historically has been unable to access traditional models of care.
4	***Manitoba Satellite Sites.*** Veda Koncan, PEER: TBD. Manitoba Harm Reduction Network. Winnipeg Manitoba.

	Access to supplies and information has been impacted by covid-19, especially for those without tech access and in rural and remote communities. Our project supports 9 peer-run Satellite Distribution sites in providing supplies, overdose information and support in communities throughout Manitoba. The goal of these sites is to increase access to supplies, overdose prevention and to provide linkages and referrals to services to community members that face barriers and are more likely to seek support from a peer community member. The project also supports peers in doing work they are frankly, already doing, supporting their communities. The project just began March 1st, but we anticipate measuring impact via supplies distributed, contacts made, and information distributed including referrals and overdose response training. For this discussion the Project Coordinator Veda would introduce the structure of the project, and a Peer Operator would talk about the experience of operating a satellite site.