

REPORT ON THE MAY 27, 2022, NETWORK EVENT: IGNITING HIV-STBBI CHANGE THROUGH COMMUNITY INNOVATION

We acknowledge that we work and gather on the original lands of Anishinaabeg (Ojibwe), Ininiwak (Cree), Anishininiwag (Oji-Cree), Dakota/Lakota, Inuit, and Dene peoples and on the homeland of the Métis Nation. We are humbly working together toward the Truth and Reconciliation Commission's Calls for Action and the Missing and Murdered Indigenous Women and Girls Inquiry's Calls for Justice through our research, events, and projects of the MB HIV-STBBI Collective Impact Network.

IGNITING HIV-STBBI CHANGE THROUGH COMMUNITY INNOVATION

The Manitoba HIV-STBBI Collective Impact Network (CINetwork) hosted its **twelfth large network event** on May 27, 2022. This was our fourth large **virtual event**.

WHAT IS THE PURPOSE OF THE NETWORK?

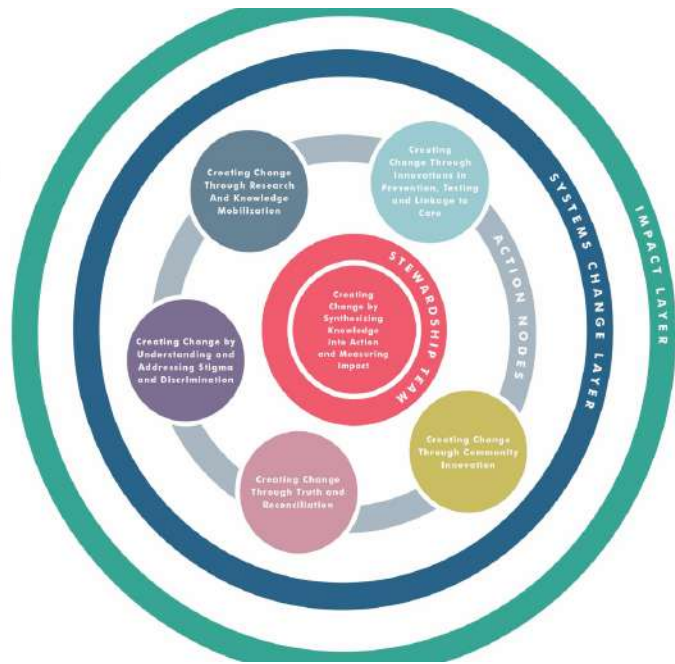
OUR VISION

To eliminate HIV and related STBBIs as a public health threat by 2030 and ensure that those who live with HIV, live well in Manitoba.

OUR MISSION

We are a network of innovators working collectively to transform the landscape of HIV and STBBIs in Manitoba. The Network brings together a diverse array of people from across Manitoba to understand and develop solutions to address HIV-STBBI complex system issues. We work to strengthen our current contributions and enrich each other's contributions to HIV-STBBI innovations through partnerships and collaboration, as well as identify and act upon new opportunities which we cannot do on our own but can achieve together. We address three key components of systems including changing mental models, institutional structures (policies, practices, and ways of knowing/doing things) and pathways (capacity and connections). The Network supports activities ranging from knowledge transfer and exchange, deliberative discussions, policy change, practice change, education, research, and program evaluation.

- The MB HIV-STBBI Collective Impact Network Framework
Developed to harness our collective work together to make transformational systems change



KEY MESSAGE FROM THE EVENT

Participants who attended the Event see HIV/STBBI community innovations as an important way forward for Manitoba. Examples shared from the event offered exciting opportunities for future studies and scale-up.

DESCRIPTION OF THE EVENT

At this event we wanted to hear from organizations working in the community who are conducting projects, programs, and pilot projects that are tackling HIV/STBBI's in innovative ways. As well, the CINetwork wanted to share its projects, progress, and future plans.

The objectives of the Event were to:

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

The event was a virtual event held on May 27, 2022. We used [Zoom](#) and [GroupMap](#) to facilitate conversations, network, and collect participants feedback and questions.

Our primary audiences for the event were:

Report developed and completed August 2022 by E. Rockar, MB HIV-STBBI Collective Impact Network Project Coordinator &, L. Ringaert MB HIV-STBBI Collective Impact Network Project Director.

- Front-line public health and health care professionals
- Researchers and academics
- Frontline service providers and community organizations
- Policy and program decision makers (public or private sector)
- Peer-mentors and navigators
- Educators

The Event planning team consisted of **Ken Bristow, Jackie Flett, Lisa Patrick, Riley Hammond, Linda Larcombe, Paula Migliardi, Laurie Ringaert, and Mike Payne**. Laurie Ringaert, also a member of the IAF and an experienced facilitator, provided design work, was lead facilitator and overall project management of the event. This team did considerable work in thinking through the event objectives, how to create engaging sessions that would produce results, how to best engage PEERs and provide support, and how to create networking and fun. They also spent a great deal of time thinking about and seeking out innovative speakers. On the day of the Event, the facilitation team consisted of **Laurie Ringaert, Linda Larcombe, and Sri Maddur**. The Master of Ceremonies (MC) was **Ken Bristow** with **Jackie Flett** leading two interactive sessions. Graphic recording was provided by **Fuselight**. This report as well as recordings from the event are available on the [CINetwork website](#).

OVERVIEW OF THE DAY

The day started at 8:00AM with time for networking. At 8:30AM, Ken Bristow (MC) and Laurie Ringaert (Lead Facilitator) welcomed the group. The main event had four panels, two keynote speakers, and several breakout discussion sessions. The event formally ended at 4:00PM, with a half hour for networking until 4:30PM. To follow is an overview of the day: [the full agenda is available here](#).

PANEL ONE

Following networking and the MC/Facilitator welcome, we began the day with a welcome from knowledge keeper **Gayle Pruden**. This followed with Laurie giving an overview of community innovation. The first panel of the day, *Panel One* consisted of three presentations:

1. **Standing Strong: Living Well with HIV Workshop Series**, Srinanth Madder, Nine Circles Community Health Centre, Winnipeg
2. **Working with Newcomer Communities in Winnipeg toward Prevention and Reduction of HIV Stigma**: Simret Daniel and Ana Lervolino Sexuality Education and Resource Centre (SERC), Winnipeg
3. **Lockers Increase Access**: Colleen Tower Northern Regional Health Authority, (NRHA), Flin

Flon



Think Better Together

Panel One was followed by a discussion session, where participants were placed into small groups to compile key highlights from the presentations and questions. GroupMap™ digital facilitation platform was used.

A standout from the conversations was the locker program from Flin Flon (*Lockers Increase Access: Colleen Tower Northern Regional Health Authority, (NRHA), Flin Flon*). Participants were interested in scale-up and noted that lockers were:

- Accessible
- Discrete
- Tailored to participants' needs
- Non-judgmental
- Welcoming
- An example of a peer idea
- A safe environment
- Had great potential
- Decreased barriers to access to care



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PANEL TWO

Panel Two consisted of two presentations:

1. **Using a Virtual Classroom to Build HIV and HCV Capacity in Saskatchewan:** Amanda Galambos Saskatchewan Infectious Disease Care Network (SIDCN) Saskatoon, Saskatchewan
2. **Incorporating Rights-Based Reconciliation in National Surveillance of People Who Use Drugs:** Albert Mcleod. Two-Spirited People Winnipeg, Manitoba

KEYNOTE SPEAKER: DR. BARRY LAVALLEE



Following *Panel Two*, we heard from Dr. Barry Lavallee, Chief Executive Officer of Keewatinohk Inniniw Minoayawin Inc, and 2021 Honorary Fellow by the Royal College of Physicians and Surgeons in Canada. Dr. Barry Lavallee discussed ***Residuals and Continuing impact of Colonization on First Nation Self-Efficacy.*** [*This presentation was recorded and is available to view here.*](#)



Think Better Together

Panel Two and Dr. Barry Lavallee's presentation were followed by a discussion session where participants were placed into small groups to compile key highlights from the presentations and questions. GroupMap™ digital facilitation platform was used.



A standout from Panel Two and the keynote, was the reconciliation-based study (Incorporating Rights-Based Reconciliation in **National Surveillance of People Who Use Drugs: Albert McLeod. Two-Spirited People MB. Winnipeg**). Participants noted that the data discussed was:

- Localized
- Highly specific
- Very useful
- Indigenous-led
- Strengths based
- Culturally specific
- Addressing ingrained stigmas
- Considering cultural and spiritual support



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PANEL THREE

Panel Three consisted of three presentations:

1. **Promoting Alternative HIV Testing to Undiagnosed Population:** Friday Olowookere, Sexuality Resource Centre, Sexuality Education Resource Centre (SERC) Brandon, Manitoba
2. **Incorporation of systematized STBBI Testing in a Community Based Opiate Agonist Treatment (OAT) Program:** Dr. Andrew Lodge, Molly Brett, Jenny Ewasiuk, and Krista Ringland, Clinic Community Health Centre
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, McGill Montreal

KEYNOTE SPEAKER: DR. ELDER ALBERT MCLEOD



Following *Panel Three*, we heard from Dr. Elder Albert McLeod, Two-Spirited People of Manitoba, and MB HIV-STBBI Collective Impact Network Stewardship Team. Dr. Elder Albert McLeod discussed *Why and How Do We Pivot our Responses to HIV-STBBIs in Light of the MMIWG2S Inquiry National Action Plan and Pathway Forward?* [This presentation was recorded and is available to view here.](#)



Think Better Together

Panel Three and Dr. Elder Albert McLeod's presentation were followed by a discussion session where participants were placed into small groups to compile key highlights from the presentations and questions. GroupMap™ digital facilitation platform was used.



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A standout from Panel Three and the keynote, was the use of technology in the healthcare field.

Participants asked:

- The COVID experience has shown us that technology is a key tool in health and harm reduction service delivery. How can we include access to technology as a harm reduction resource?
- How can we collectively better integrate new technology that we are learning about into regional/provincial strategies?

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- Are there alternatives for app-based initiatives for folks without access to technology?

PANEL FOUR

Panel Four was the last panel of the day and consisted of two presentations:

1. **Meeting the Moment (MTM); Integrating Street Health, Addictions Medicine, and Primary Care.** Sarah Hansen, Nine Circles Community Health Centre. Winnipeg
2. **Manitoba Satellite Sites:** Veda Koncan. Manitoba Harm Reduction Network, Winnipeg

WHAT ARE THE ACTIONS NEEDED NEXT?

The final panel of the day was followed by a wrap-up discussion session where participants were placed into small groups to discuss what needs to happen next. GroupMap™ digital facilitation platform was used.



Through GroupMap, participants posted ideas about what actions are needed next. Participants were able to “like” entrees. The most liked entrees included:

- Go out in the community to meet people where they are at.
- Better designed sharps containers, more discrete, ability to put more in, more private.
- Scaling up Meeting the Moment activities in Thompson
- Support mobility if my community isn't the right resource; but also ensure the service is

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available in the community. Help people connect in the way that is right for them.

- *Peer outreach for people newly diagnosed with HIV.*
- *Finding ways to get resources to community that may not have access to technology.*

EVENT WRAP UP

At the end of the event, Knowledge Keeper **Gayle Pruden** offered closing remarks to end the event in a good way. The event formally ended at 4:00PM, with time for networking until 4:30PM. *Participants were asked for final comments and how they would be leaving the day. Feedback included:*

- *Great work*
- *So great to learn from everyone! How can we scale-up these awesome initiatives?*
- *I feel so grateful for all the learning we had today!*
- *Thankful for being able to attend a special day and motivated to start implementing some new ideas.*
- *Grateful for the opportunity to share time with you wonderful folks*
- *Tons of perspective building*

DESCRIPTION OF PARTICIPANTS AND EVENT EVALUATION

WHO REGISTERED FOR THE EVENT?

113 People registered for the event

Registration data was collected prior to the event when participants registered for the event. The majority of registrants lived in Winnipeg, but there were registrants from communities across the country, ranging from coast to coast, from British Columbia to Nova Scotia. The majority of registered participants were frontline public health/health care professionals. 50% of people registered self-identified as BIPOC. 22% of people registered self-identified as living with HIV or Hepatitis C. **Full information on registration data is included in Appendix A.**

EVALUATION OF THE DAY

Evaluation is a very important aspect of the Network. We use a developmental evaluation/strategic learning approach where we are evaluating events and other aspects of the Network and take the learnings forward into our next steps. Evaluation information was collected following the event.

More detailed evaluation information is available in Appendix B.

Of our 113 registrants, **80** people attended the event. 71% (32/80) of participants completed the post-event evaluation survey. The survey was administered by immediately sending out an online

evaluation survey link followed by another reminder one and two days later.

For the majority of people, this was the first large MB HIV-STBBI Collective Impact event that they had attended. Feedback was overwhelmingly positive. **72%** of participants who completed the survey would recommend our events to a friend or colleague. Most people reported being very satisfied with the event.

84% of people either agreed or strongly agreed that:

- *Compared to the face-to-face events this virtual event worked just as well*
- *The facilitation methods (break out groups, use of interactive boards, etc.) was highly effective in helping us meet our objectives for the day*
- *The Facilitators were highly effective in facilitating the needed conversations to help us meet the objectives of the day*
- **94%** of people either agreed or strongly agreed that *the design of the program (speakers, topics, breaks) was highly effective in helping us meet our objectives of the day*
- **97%** of people either agreed or strongly agreed that *the facilitators were highly effective in attending to the technology and logistical needs to help us meet the objectives of the day*

Many people reported making new connections or reinforcing connections.

- **28%** of people responded that they established a meeting with a potential new collaborator
- **38%** of people responded that they reinforced a relationship with a potential collaborator they met at a previous Network meeting
- **63%** of people responded that they reinforced existing relationship with existing collaborator(s)
- **66%** of people responded that they spoke with a potential new collaborator
- **66%** of people responded that they identified a potential new collaborator that they would like to connect with
- **81%** of people responded that they made a connection with someone

There were many accolades for the day. In particular, the importance of PEER-led initiatives was identified as a central theme. Some useful suggestions for future events included increasing the size and length of the breakout rooms and lengthening the time for presentations. Suggestions for future events included:

- *Following up on current projects and initiative taking place.*
- *Evaluations of the strategies/projects discussed*
- *Inviting a more diverse audience (group home workers, care staff working with the children, foster parents of teens, CFS)*
- *Collaboratively designing a potential MB intervention. What is a PEER navigator, what does a MB role look like and what would a collaborative funding proposal/project look like?*

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Participants were also asked, both during the event and in the post-event survey, what is one word to describe your feelings/energy leaving the Event today? The most chosen words included:

- *Inspired*
- *Invigorated*
- *Happy*
- *Hopeful*
- *Reflective*
- *Motivated*
- *Energized*

WHAT WILL HAPPEN NEXT?

The ideas and suggestions gathered from the event participants are summarized in this report. The results will be shared with the Stewardship Team, at Action Node meetings, the next event team, and evaluation team to discuss and learn and consider as they move forward with action planning. We will also distribute this report to the entire Network to use and consider for discussion in their own walks of life. Importantly, The CINetwork Stewardship Team will review the findings from this event and determine next strategies for the CINetwork.

OUR GRATITUDE

The Network Co- Strategic Facilitators, Mike Payne, Laurie Ringaert and Linda Larcombe wish to express our sincere gratitude to all the participants, presenters and especially to people with lived experience and to those who engaged from afar to attend this event. We appreciate the funding provided for the Network and for the event from our two main funders: from the Public Health Agency of Canada-Community Action Fund and from REACH-Nexus.

THANKS TO THE EVENT PRODUCTION TEAM

This event could not happen without a full production team. We are grateful and appreciative to all of those who assisted in making this event happen:

- **Knowledge Keeper:** Gayle Pruden who provided her wisdom at this event
- The Master of Ceremony: **Ken Bristow**
- **Event Planning Team:** Ken Bristow, Jackie Flett, Lisa Patrick, Riley Hammond, Linda Larcombe, Paula Migliardi, Laurie Ringaert, and Mike Payne.
- **Facilitation team:** Laurie Ringaert, Linda Larcombe, and Sri Maddur.
- **Our highly engaged Stewardship Team**
- **Evaluation, analysis, and report** development: Ella Rockar and Laurie Ringaert

- Graphic recording **Fuselight**
- **Communications:** Chance Dupuis
- Thank you to our presenters as listed in this report.

FUNDING FOR THE CINETWORK

The Network is supported through funding from the Public Health Agency of Canada and REACH-Nexus, from CIHR support to individual research projects as well as the in-kind contributions of Network members. *“Partial financial support provided by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency.”*

CONTACT INFORMATION

For more information about the Network, please contact:

MB HIV-STBBI Collective Impact Network

- Laurie Ringaert: laurie@changeweavers.com
- Mike Payne: mpayne@nynecircles.ca

Please visit our the CINetwork Website: <https://cinetwork.ca>

We want this report to be read and used. If you do read it and use it with your own related groups, please feel free to share your thoughts with us. (See Contact Information).

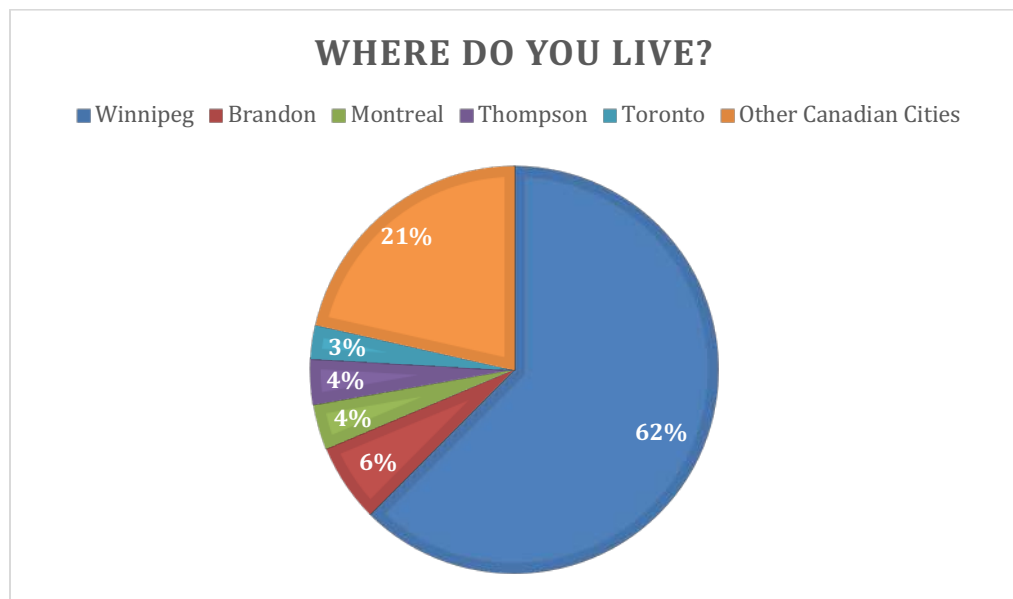
APPENDICIES

APPENDIX A: REGISTRATION INFORMATION AND GRAPHS

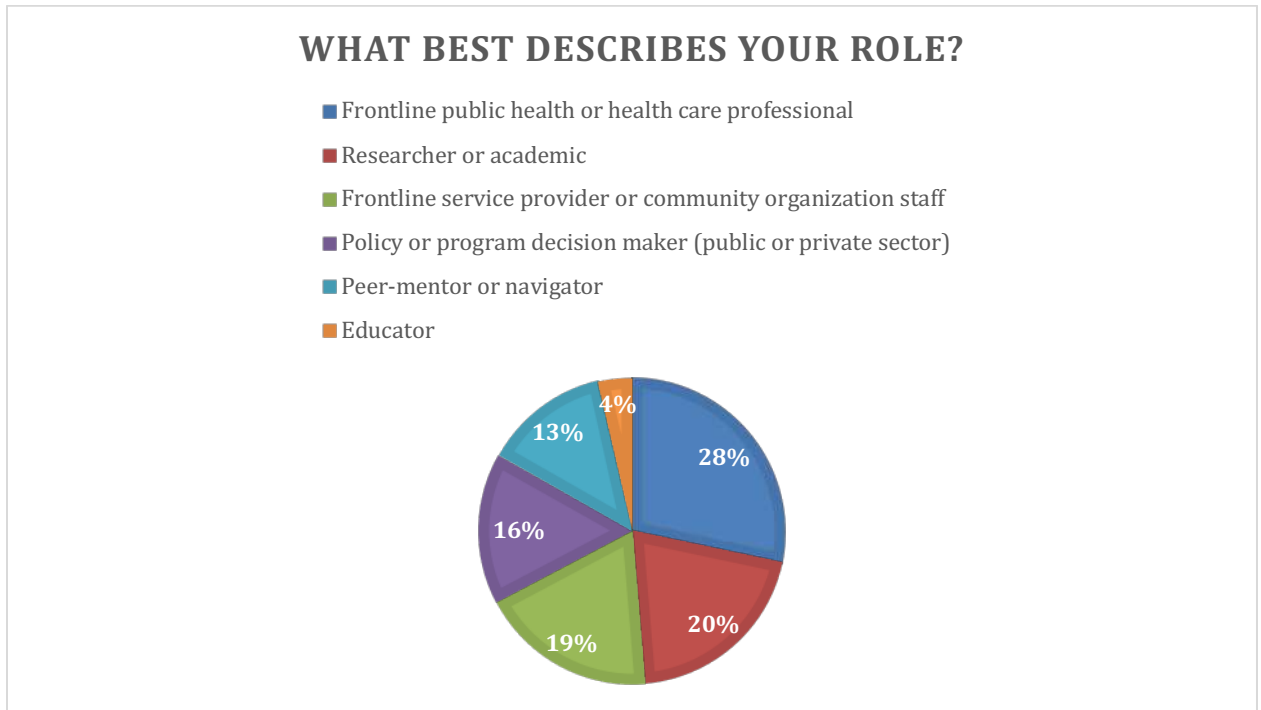
WHO REGISTERED FOR THE EVENT?

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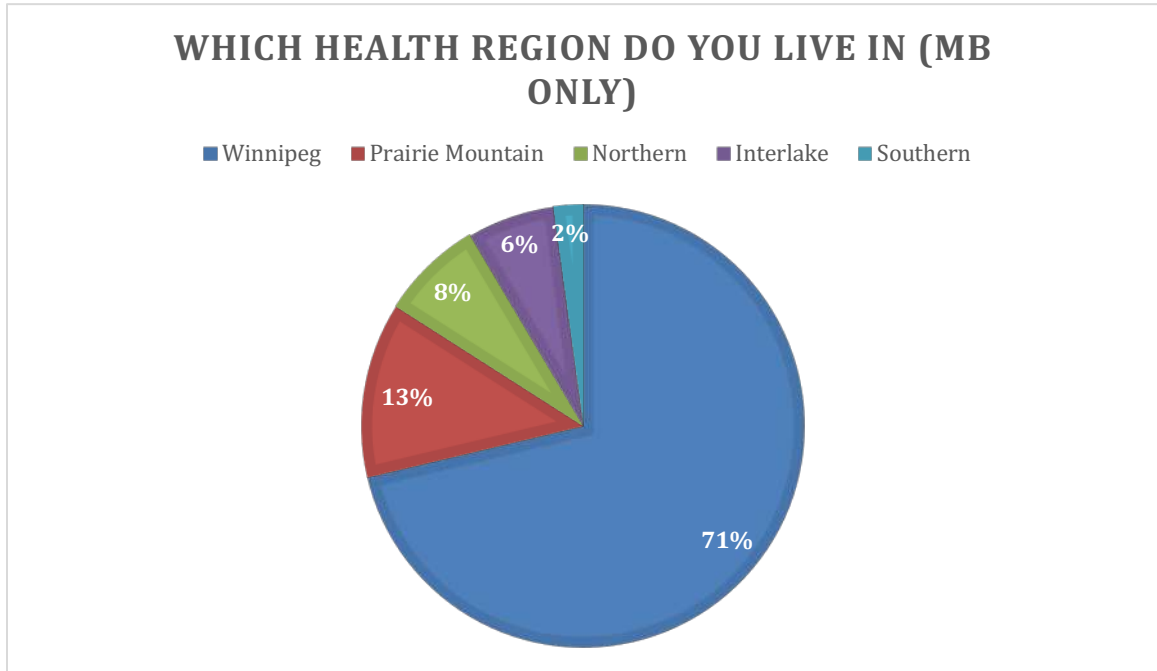
Registration data was collected prior to the event, when participants registered for the event. The majority of registrants (62%) lived in Winnipeg. There was notable representation from Brandon, Montreal, Thompson, and Toronto. In addition, there were one or two registrants from communities across the country, ranging from coast to coast, from British Columbia to Nova Scotia.



The majority of registered participants were front-line public health/health care professionals (28%), researchers/academics (20%), followed by frontline service providers/community organization staff (19%). There were also a significant number of policy/program decision makers (16%) and peer-mentors/navigators (13%).



Of the Manitoba-based registrants, the majority were from the Winnipeg Health Region (71%) followed by a significant number of registrants from the Prairie Mountain Health Region (13%).



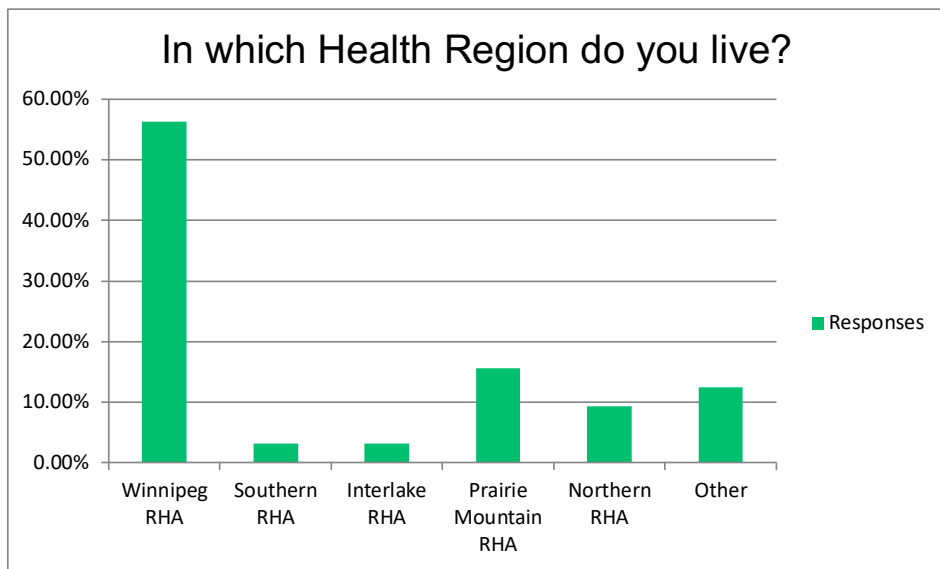
50% of people registered self-identified as BIPOC and 22% of people registered self-identified as living with HIV or Hepatitis C.

APPENDIX B: EVALUATION INFORMATION AND GRAPHS

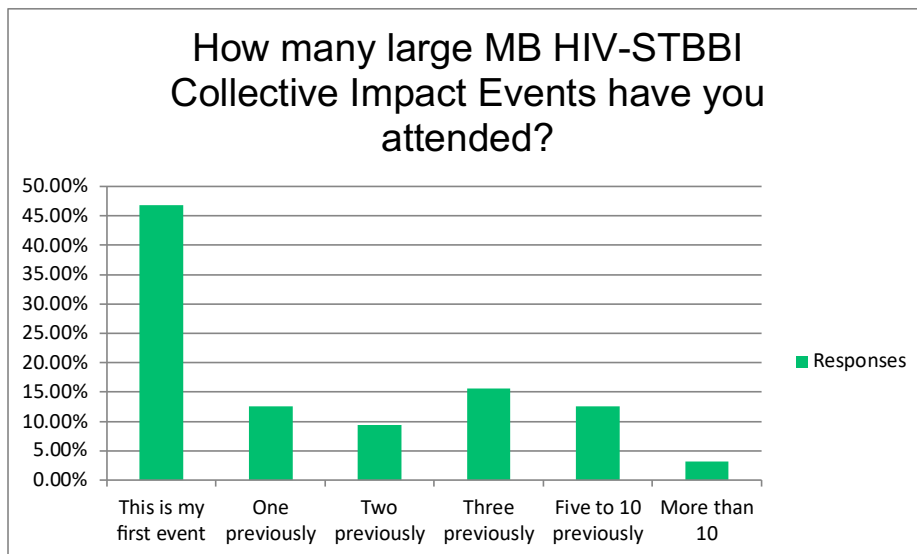
80 people attended the event. 71% (32/80) of participants completed the post-event evaluation survey.

DEMOGRPAHICS

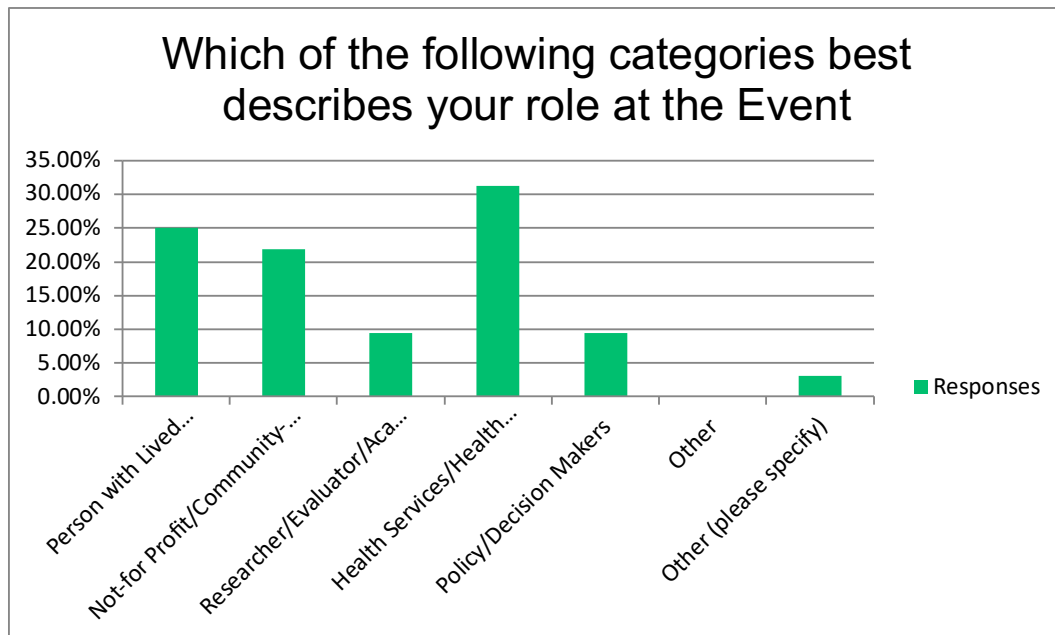
Of the people who completed the evaluation survey, the health region data was very similar to the registration data; the majority of people live in the Winnipeg Regional Health Authority, followed by Prairie Mountain, other and then Northern.



For 46% of the participants, this was the first large Manitoba HIV-STBBI Collective Impact Event that they had attended.

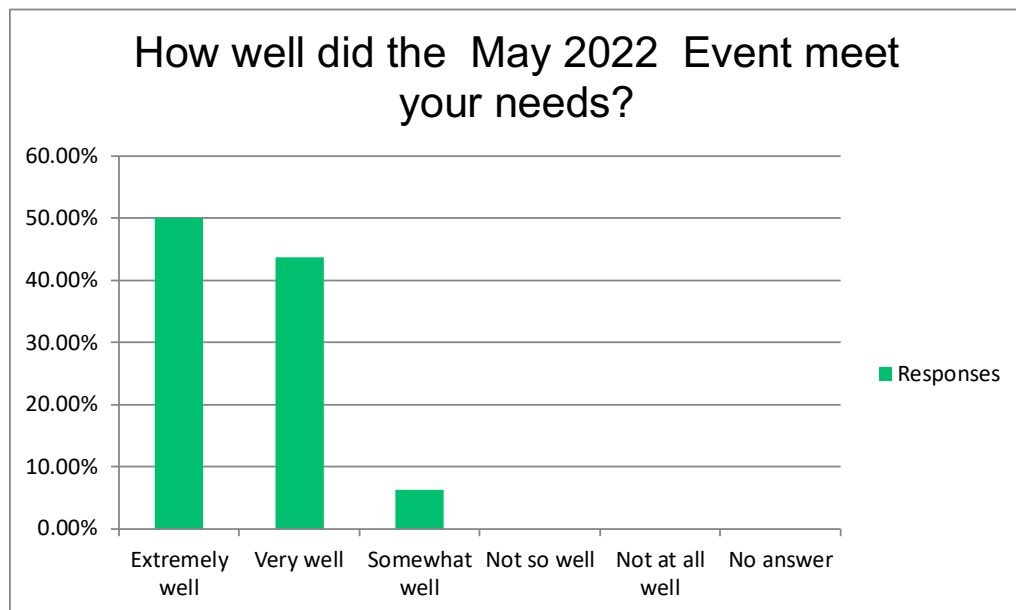
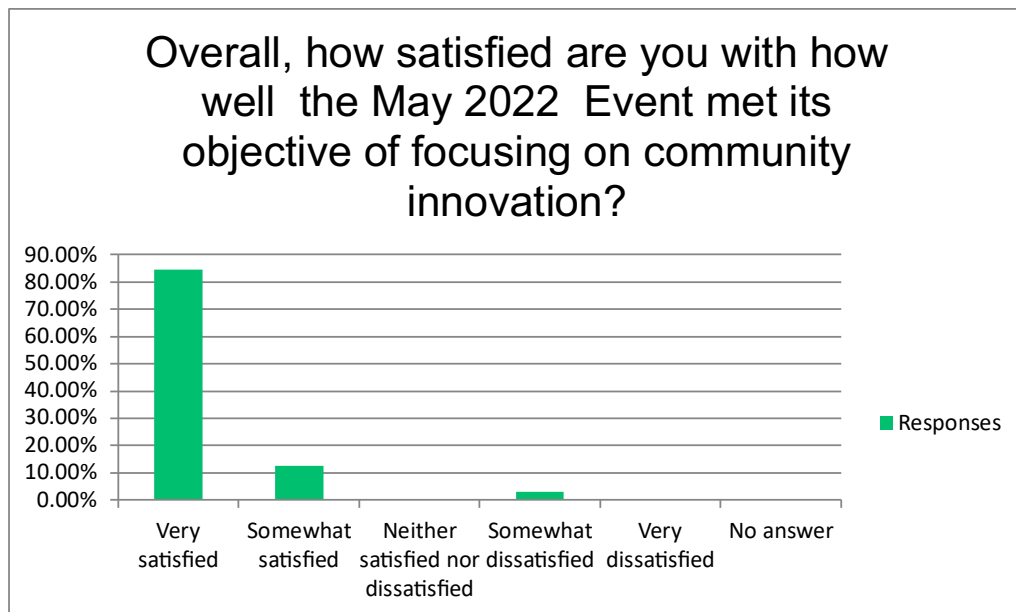


Of the people who completed the survey, most people identified their primary role as a Health Services/Health Practitioner/Front-line worker, followed by a Person with Lived Experience. This data is different than the registration data, where there were more people identifying as either researchers/academics, or frontline service providers/community organization staff. Significantly 25% of those who answered the survey were people with lived experience.



EVENT SATISFACTION

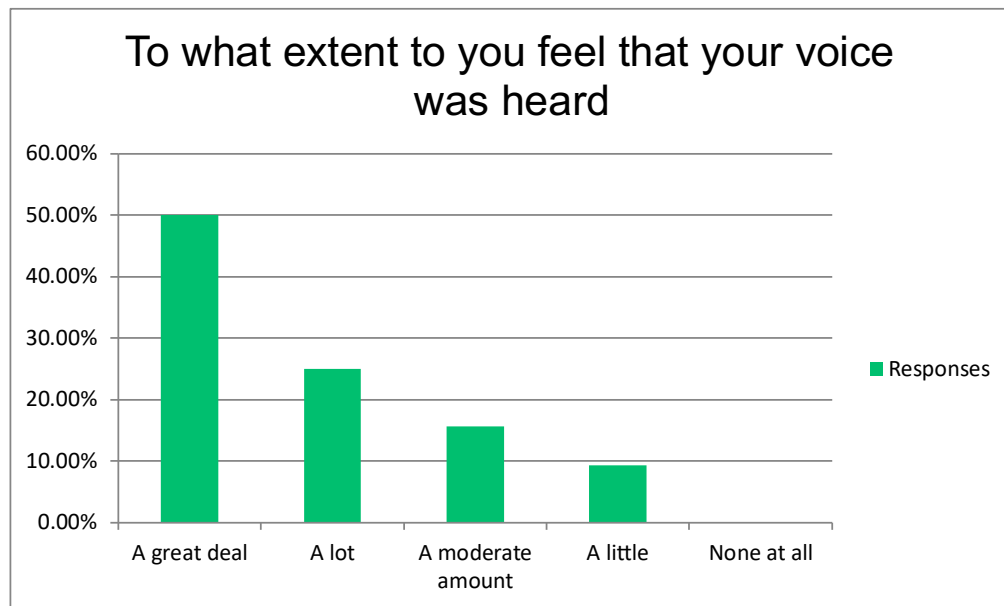
The majority of people were very satisfied with the event and felt that their voice was heard.



The following feedback was collected on successes of the event. In particular, participants liked:

- *Learning about local initiatives!*
- *Everyone was really engaged and collaborative*
- *Learning about current and past initiatives. As a presenter, it was very valuable to present to a captive audience*
- *Organization, coordination, and time management*
- *I liked being able to connect with others in the small groups.*
- *The theme for graphic art design and changing it up frequently*
- *The people I got to talk to and some of the presenters*

- *The small group meetings after presentations.*
- *The generation of ideas, as well as contact information for presenters willing to talk one on one about the projects that they have implemented (as this is very helpful if wishing to replicate what someone else has already done).*
- *How smooth it flowed*
- *The strategies being utilized*
- *Focus on reconciliation and decolonization*
- *Lots of good information*
- *New people*
- *How open-minded everyone is*
- *Hearing from people with lived experience and people working to implement these innovations.*
- *Ability to connect with other participants including people with lives experience and hear different perspectives and experiences*
- *Many topics discussed*
- *Good topics*
- *How well it is put together and all the different areas it covered.*



The following feedback was received from participants regarding having their voice heard:

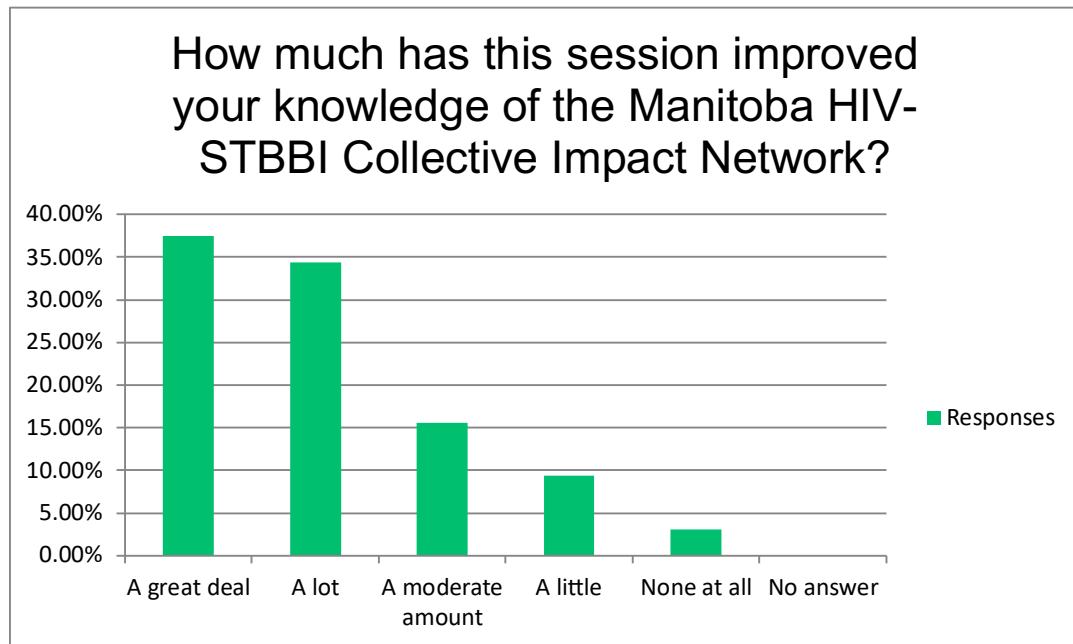
- *Maybe giving the presenter a little more time to present. Other than that amazing job!*
- *I didn't have a speaking role really, but you made me feel very welcome to speak when I needed to!*
- *Maybe a bit more time to talk because we had to rush. And not everyone one got to finish what*

they were saying

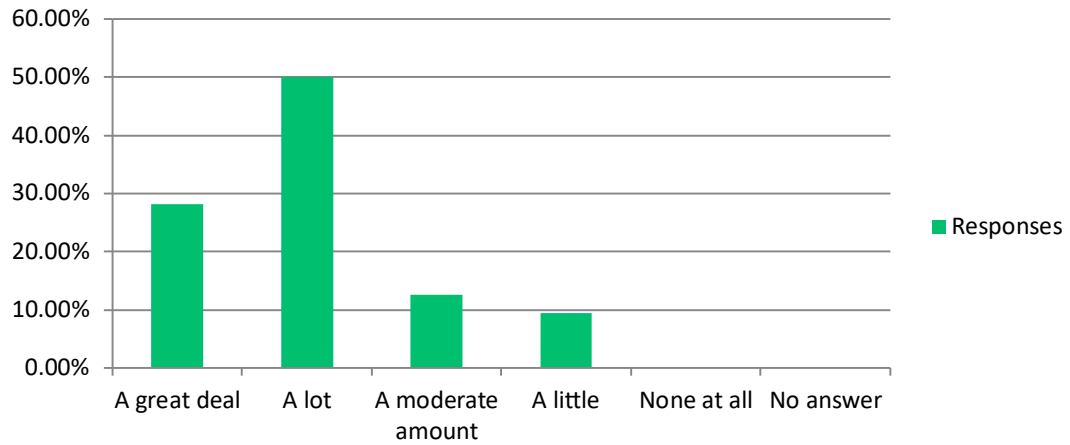
- *I would prefer my voice was heard less! I want to listen and learn.*
- *I like the engagement of participants. The only thing I didn't like was that many of the presentations were "rushed" and time limiting. If more time was allowed for a fulsome discussion, it would have been better. It felt like we were only dealing with the tip of the iceberg conversations. The audience was fully engaged but time was not on our side.*
- *In the breakout session I was able to address other areas as well. Ex: Incarcerated Indigenous Woman who isn't given the rights with testing and disclosure*
- *The discussions in break out groups were great. Tech glitches with link depending on user group you were in.*

KNOWLEDGE GROWTH

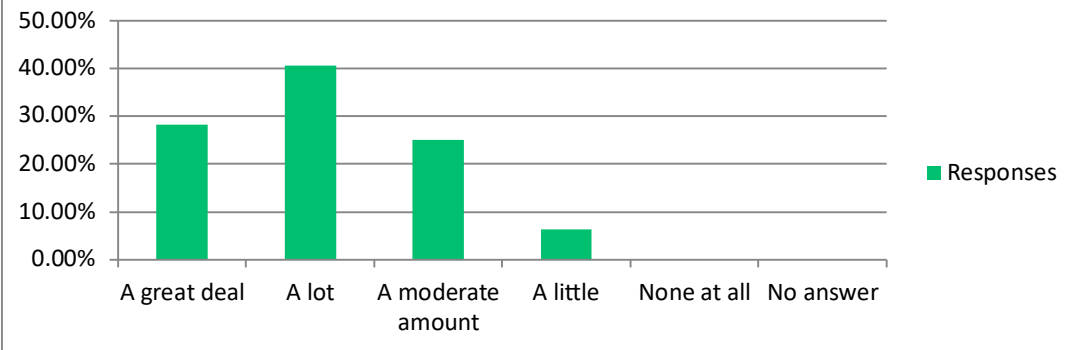
Throughout the four graphs below, we can see that the session was successful in growing participant's knowledge, with the majority of people responding positively to the statements regarding improved knowledge.

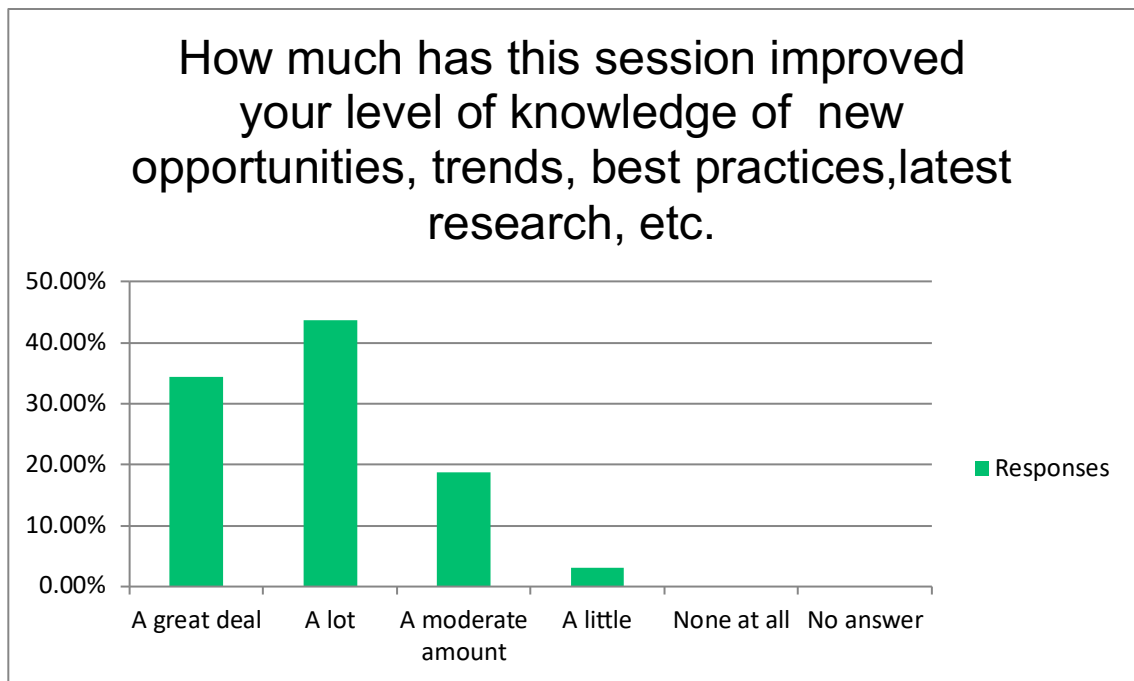


How much has this session improved your level of knowledge of systems gaps/challenges?



How much has this session improved your level of knowledge of current systems including current programs, projects, pathways, policies, ways of doing things, etc.





The following comments were collected from participants, who were asked “what is one thing you learned or will take away today?”

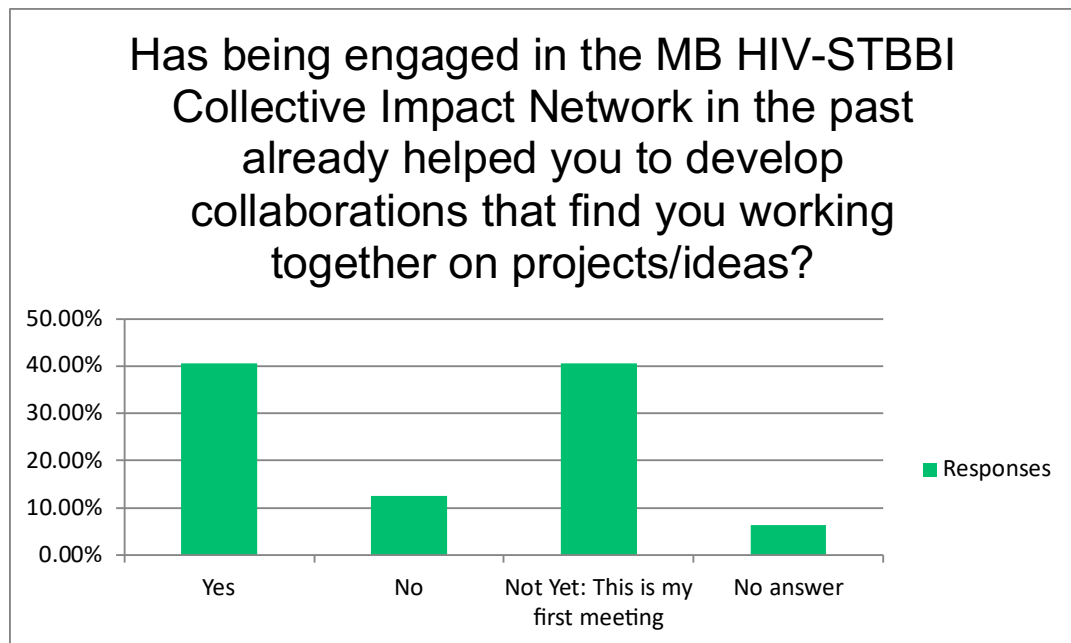
- *Trauma informed and inter-sectional services are essential in MB in forming relationships and facilitating access to care*
- *Will be linking to other agencies with common ideas/activities that could be helpful for learning or even implementation partners*
- *We always knew that engaging peers was key in education and knowledge translation. Seeing it in action reinforces this.*
- *Interested in the Standing Strong webinars*
- *Increase awareness*
- *Importance of peer involvement.*
- *The progress of HIV and STBBI testing in remote areas*
- *The role trans people played in the early colonization of Canada*
- *Peer support and community outreach is VERY important*
- *That there are still gaps that need to be overcome*
- *Other programs and how they run.*
- *The impact of Peer led events*
- *I've taken lots away, but it really reinforced the need for peer involvement in planning, development, and implementation of programs, policies, etc. As well as the need for more peer support in general.*
- *Very high efforts are creating new opportunities to increase STBBI engagement*

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- *Need for peer support*
- *Harm Reduction lockers was a novel approach I haven't heard of before.*
- *The locker idea was a great one and something to explore more.*
- *Effectiveness of HR supply lockers*
- *New learnings and ideas*
- *Other workplaces in Manitoba and Ontario*
- *How racist the health system is*
- *The virtual classroom was very intriguing*
- *Power of peer initiatives*
- *Lived experience is an important factor*
- *I've learned about this new system of lockers I never knew about before and learning from how people are making connections with the rural communities so helpful and exciting*
- *I am very interested in the lockers that were presented.*
- *How peer support and involvement can be incredibly beneficial*
- *Some of the innovations that may be able to be adopted in future*
- *continue to work on STBBI prevention*
- *That we are surely making a difference. I really like the lockers and that they need to be placed in all communities for access*
- *Peer support is imperative.*
- *I will be bringing back all of these new ideas to our department for exploration.*
- *Enjoy all the new learning*

COLLABORATION AND NETWORKING

Of the people who had attended an event in the past, the majority felt that past engagement had helped them to develop collaborations.



COMMENTS AND FEEDBACK

Participants shared feedback on positive aspects of the event, including:

- *As a virtual event, this was very well done!*
- *It is more accessible to health care providers in the rural areas to be able to attend these types of events. More equitable.*
- *It was well organized, and the sessions were interesting.*
- *The presentations were amazing, and I will be able to bring back a lot of new ideas to our department*
- *That was the most interactive virtual conference I have attended. It felt very close to an in-person conference.*
- *Everyone was so friendly and engaging. You seem like you all know each other very well, there was a sense of family*
- *I was really impressed from hearing how much is being improved by those who are doing the work on their own very inspirational for me to want to do the same*
- *I would love to be able to branch out to other potential possibilities to participate in anything that is going on with this field of work*
- *I loved that peers are an integral and important part of the event*
- *Enjoyed small group activities*
- *I do enjoy the breakout groups. They are a little unusual to get used to, but great to take advantage of after that initial discomfort*

- *Engaging in conversation worked well.*
- *Everything worked well*
- *I liked the virtual aspect. Although we were apart, we were still able to make connections in the breakout rooms*
- *All worked well*
- *Everything can out fine*
- *Organized facilitators, kept everyone on time*
- *The virtual format made it accessible for me to attend the entire day where an in-person event likely would not have been manageable with my work commitments*
- *Clear agenda*
- *All worked well. Love love the breakout rooms as it gives an equal opportunity to meet new people*
- *I am excited about the networking that I was able to do as part of this event!*
- *It was a great event. Thanks!*
- *This was fine and I'd like to participate in future events*
- *It was wonderful! A big thank you to the organizers*
- *Great work!*
- *Great job*
- *Everything was great!*

Feedback for improvements and items to consider for the next event included:

- *Felt the breakout rooms were too small. Maybe 6 people instead of 4 would be better. Some people didn't take part in the breakout rooms, so it made the group very small--- I had 2 breakout rooms where there was only 2-3 of us.*
- *The only suggestion I have is to lengthen the time of some of the presentations, particularly the keynote speakers.*
- *The music portion was just a bit broken up from my end but liked the songs!*
- *It would have been even better I believe if we could have, or I could has hearing it all from everyone because by hearing others I could have left thing out that could have been useful*
- *Felt like too many breakout sessions. The breakout sessions did not have facilitators, putting burden on participants to guide discussion. We would prepare the question list but sometimes facilitator did not choose questions from the list to ask presenter.*
- *Lots of information presented in a very short time with little time left for a more fulsome discussion. In the future, I feel it would be more beneficial to have less presenters and more time for focused discussions. I think it's important to take advantage of the opportunity when you have a fully engaged audience.*

Report developed and completed August 2022 by E. Rockar, MB HIV-STBBI Collective Impact Network Project Coordinator & L. Ringaert MB HIV-STBBI Collective Impact Network Project Director.

- *The variety of speakers was great! As a presenter in the last section, I wished there was opportunity to reflect on that last panel so that myself and my co-presenter could answer questions*
- *Not a fan of the side bar chat. Some people that spoke were nervous to do so and some comments made in chat that made speaking even more nerve wracking.*
- *I thought the event went well. I appreciate it being a virtual event as that reduces barriers to attendance. As I mentioned already, it might be appropriate to extend the timeframe of some of the presentations.*
- *The breakout groups were too short, and the random nature of placing folks into groups didn't always work. I was in a group with a black zoom box with a name but no one there and the other person had to leave. I didn't know how to join another group. It was hard to connect the work of the groups to the wider conference.*
- *Sound quality was not the best at times*
- *The breakout sessions and collaborative tools were excellent. It would be nice to find a way for us to see the breakout questions in breakout rooms (because we kept forgetting)*
- *The small groups where pretty fast but the time was cut a bit so maybe another few minutes who be better maybe.*
- *We don't need the intro ice breaker session when we have to introduce ourselves to people in all the following breakout sessions anyway.*
- *"time" - was against us*
- *Tech glitch with the zoom, unable to open link nor does my video show.*
- *Health professionals are often also feeling nervous and may not always know the right things to say. Reminding all to give one another grace regarding what is said as not everyone may be as well reversed regarding how to navigate conversations regarding harm reduction.... but that our hearts are in the right place.*
- *Hope it will be in person. Miss seeing everyone at face value*
- *I would like to follow up on current projects and initiative taking place.*
- *I would love to attend a in person event*
- *Longer program descriptions*
- *I think continuing to offer a virtual attendance option in future would be wonderful.*
- *Evaluation of the strategies/projects discussed*
- *If maybe In the future we could invite others like group home like the care staff working with the children, foster parents of teens or CFS or if we were to go out and do presentations for places like Mamawii Women's Shelter , woman and men drop in center , I know will get bigger if that's to happen but it worth it if our goal is to prevent stigma and helping other communities*

- *Would like to do more focus on Incarcerated Women*
- *Something similar to what was offered to nurses and physicians in Sask. that touches all parts of the province.*
- *I'd love to find time to collaboratively design a potential MB intervention. Maybe What is a PEER navigator, what does a MB role look like and what would a collaborative funding proposal/project look like?*
- *Want to be in person or hybrid*

Participants were also asked, both during the event and in the post-event survey, what is one word to describe your feelings/energy leaving the Event today?

- *Inspired*
- *Inspired*
- *Overwhelmed*
- *Inspired and humbled!*
- *Reflective*
- *Happy*
- *Excellent*
- *Motivated to act together!*
- *Inspired*
- *Re-invigorated!*
- *Awakened*
- *Heartened*
- *Energized - it's good to feel connected to a broader movement*
- *Hopeful*
- *Informative*
- *Anxious*
- *High performance*
- *Good*
- *Motivated*
- *Engaged*
- *Happy*
- *Hopeful*
- *Inspired*
- *Calm*
- *Inspired*

- *Impacted*
- *Inspired*
- *Invigorated*
- *Inspired and humble*
- *Invigorating*
- *Happy*
- *Optimistic*
- *Energized*
- *Connected*
- *Happy*
- *We kind of sad because it I was so happy to see faces, I seen before and new face but everyone seemed to be very lightened and happy and seen everyone made me happy especially know how everyone is help each other made my heart happier*
- *Drained*
- *Invigorated!*
- *Reflective*
- *it's a great start*
- *Ecstatic*
- *Hopeful*

Overall, feedback about the event was positive, and 72% of participants would recommend our events to a friend or colleague.

How likely is it that you would recommend the MB HIV-STBBI Collective Impact Network Events to a friend or colleague?

