

STOP HIV/AIDS Community Engagement Working Group (CEWG)

Meeting February 24, 2011
DRAFT Minutes

Present: Heidi Standeven, Doreen Littlejohn, Kath Webster, Darren Lauscher, Andrea Keesey, Evin Jones, Olive Godwin, Susann Richter, Eugene Harry (opening prayer and first half of meeting)

Regrets: Melanie Rivers, Emma Palmantier, Graham Pollock

1. Minutes of the last meeting were reviewed and accepted. Business from the minutes:

- Regarding the TOR – Membership issues – Vanessa West will work with Olive to represent NHA. Having a positive person participating is challenging
- Graham Pollock is not attending because he is covering the BCCfE announcement about China's new AIDS policy

2. Community Engagement Updates

Northern HA – report by Olive Godwin

- Community engagement challenges are very different at NHA than at VCH due to lack of resources. An existing committee, Partners in HIV, has now reconvened to become a Blood Borne Pathogens committee. That group has agreed to take on a community engagement role in NHA around STOP-HIV. It has such members as:
 - MHSD
 - Schools
 - Downtown organization and businesses
 - Transition houses and shelters
 - RCMP
 - Public Health
- One of the significant issues in the area currently is that there is a push by businesses and others in Prince George to “clean up the streets”
- Olive is leaving CINHS but will stay on the BBP group.

STOP-HIV – report from Evin Jones

The Outcome Evaluations working group is looking into aligning its work around reporting tools with the STOP-HIV process. There are a number of activities under STOP that could inform the OEWG such as the evaluator hired by VCH, the social determinants indicators working group and other tools under development.

Question from Olive – is there anyone from the North on the Social Determinants group?

Susann to inquire with the SDWG

Doreen gave feedback around the reporting tool that was piloted – she feels that it is too long, not user friendly and not tailored for Aboriginal organizations. VNH has devised its own system with McMaster University (?)

Doreen to send a copy of their reporting tool to Susann

Aboriginal CE process

Heidi Standeven reported on the seven priorities that were identified from Danielle Elliot's Aboriginal consultation report (attached). The intention of this prioritization was to choose ones that are "doable". Olive expressed concern that the recommendations are too specific and were made in the absence of enough information about current service planning in NHA, such as the development of the Unattached Patients Clinic into a full service primary care clinic (Olive is leading this process around unattached clients)

FNHC now has a review committee led by Joe Gallagher to ensure that an Aboriginal lens is being applied to documentation coming from STOP-HIV (led by Laurie Sellers).

Doreen suggested that it would be useful to see a "family tree" or map of what different Aboriginal planning and review groups are active around STOP-HIV

Vancouver Coastal Health

Kath reported that she and Margreth Tolson have held consultations with about 130 people with HIV or at risk, along with ASO's and clinics as a second phase of consultation around STOP-HIV. A report is being written.

STOP-HIV Project - General

The timing of the Aboriginal recommendations is unfortunate because budget decisions for the next fiscal year are being finalized this week by VCH (not sure about the timing at NHA).

PHSA is still in process. A Women's Report will be presented to the Leadership committee by Cheryl Davies. *Doreen requested a copy.*

Emerging Issues from Community

Lack of consensus around Aboriginal recommendations.

Need for a map or description of what Aboriginal committees and individuals are participating in planning for STOP-HIV.

3. Communication Discussion

The following questions were suggested for discussion:

1. Do community members have enough information about STOP-HIV? (identify which communities)
2. If not, what types of communications are needed? What formats?
3. Key message categories
4. STOP-HIV update and web site - who is the target audience? Do they reach / work for community members?
6. Are we utilizing existing communication routes to distribute info? What are those routes?
6. Who is responsible for producing various communications?

Question 1 - Do community members have enough information about STOP-HIV? (identify which communities)

- People in the broad community don't know what STOP-HIV is as the communications so far seem to be focused on service providers

Question 2 – what types of communications are needed?

- There is a need for a brief, community focused message, targeting youth
- Use of social media would be a good avenue for youth

- One-pager that could be available in print version for placement in different parts of the community
- Andrea and Graham are working on a FAQ single pager that could be used as the basis for such a communication to community
- Communications about testing should be going to places where people access health care, such as doctors and dentists offices

Question 3 – Key message categories

- Anti stigma messaging is key as stigma exists at every level of the community including service providers
- Would need funding to do a broad based anti stigma campaign – where would the dollars come from?

Communications should become a standing agenda item. A number of the questions need to be revisited.

5. Next Meeting: Thursday March 31st, 12 – 2 pm at Vancouver Native Health, 441 East Hastings St.