

**STOP-HIV Community Engagement Working Group
DRAFT Quarterly Report to Leadership Committee – March 29, 2011**

CEWG Terms of Reference were ratified by the Leadership Committee at the February, 2011 meeting.

The CEWG has been functioning primarily as an information sharing committee and has identified a number of issues for the attention of the Leadership committee

Emerging Issues from the pilot communities as identified at the January and February meetings: (some of which have been further identified in the report from Danielle Elliot and by Dr.Evan Adams)

1. Re: Aboriginal

- There is a lack of Aboriginal community readiness for HIV testing and treatment (STOP and POC), particularly in the North. This is due to issues around stigma, lack of sex and health education, lack of anonymity in small communities and general lack of primary care resources for Aboriginals
- Need for prevention and education in Aboriginal communities – long-term planning and resources are needed
- Lack of consensus around Aboriginal recommendations and a need for coordination of how gaps in service could be funded by the partner HA's
- Need for a map or description of which Aboriginal committees and individuals are participating in planning for STOP-HIV.

2. Re: STOP-HIV Communications

- Need for additional, appropriate communications to community taking into consideration literacy levels and cultural focus
- Communications so far seem to be focused on service providers
- 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 would be useful (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.
- Key message categories - anti stigma messaging is key as stigma exists at every level of the community including service providers (but who would be responsible for this?)

3. Re: North HA

- Community engagement in NHA will be led by an existing Blood Borne Pathogens committee
- One of the significant issues in the area currently is a push by businesses and others in Prince George to “clean up the streets”
- Community Engagement in the North is challenging because of the size of the region and the mobility of the Aboriginal population

4. Vancouver Coastal Health has completed a second phase of community consultations