

# Report on the Dec 1, 2017 Network Event: Working Together to Affect Change

## MB HIV Collective Impact Network

The Manitoba HIV Collective Impact Network (The Network) hosted its fourth full network event on December 1, 2017 to coincide with World AIDS Day. The event was held at the Neeginan Centre 181 Higgins, Winnipeg, Manitoba in the spacious rotunda.

The Network is supported through funding from the Public Health Agency of Canada and REACH 2.0 as well as the direct contributions of Network members.

### What is the Purpose of the Network?

**Our Vision:** *to eliminate HIV 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 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 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 two key components of systems including **institutional structures** (policies, practices, ways of knowing ways of doing things, etc.) and **pathways** (capacity, connections). The Network supports activities ranging from knowledge transfer and exchange, deliberative discussions, policy change, practice change, education, research, and program evaluation.

### Description of the Event

"*Working Together to Affect Change*" was the name of this Network gathering that began at 8:30am and ended at 1:30 pm. The gathering was described as "*We are a network of innovators gathering together on World AIDS Day for a morning of networking, sharing, contributing and taking action on complex HIV Issues in Manitoba.*"

The goals of the event were to:

- To facilitate the building of working relationships for a strong network
- To begin to set priorities for our three Strategic Action Groups.

### Overview of The Day

The event program was designed by the Event Planning Team. The Team included **Laurie Ringaert, Mike Payne, Gayle Restall, Linda Larcombe, Stephanie Van Haute and Monika Wetzel**. Our emcee, **Eric Plamondon**, enhanced the program with insightful thoughts and at the same time introduced speakers and kept the program on time. The program opened with an invocation from **Elder Albert Mcleod**. This was followed by a plenary presentation by **Mike Payne**, Co-Strategic Facilitator of the Network titled: "*We Are Making a Difference*". This

was followed by a dynamic session called "*HIV in Manitoba: Making the Case for Action*" which included three presenters and three panelists. Participants had 30 minutes for networking and refreshments and then got down to work in three breakout sessions titled: "*Taking Our Challenges to Action*". The break-out sessions included our three strategic action nodes: Stigma, Prevention & Testing-Linkage. This was followed by a working lunch where the small groups reported back to the large group. The day ended with **Jim Kane** reminding us to remember those who had passed away due to AIDS and HIV. Then **Mike Payne** and **Laurie Ringaert**, Co-Strategic Network facilitators closed the session with a summary and discussed next steps.

### SESSION HIGHLIGHTS

#### WE ARE MAKING A DIFFERENCE: PLENARY

The purpose of this session was to provide a foundation for understanding what the MB HIV Collective Impact Network is and why it is important in affecting change in Manitoba. **Mike Payne**, provided an overview of vision, mission and goals of the Network and also described the purpose of collective impact as a methodology to impact the landscape of HIV in Manitoba. He also highlighted some of the key projects that are occurring in the Network at this time. **Mike** introduced the Stewardship Committee members.

#### HIV IN MANITOBA: MAKING THE CASE FOR ACTION: Presenter & Panelist Session

The purpose of this session was to lay the foundation for action for the Collective Impact Network Strategic Action Groups (Prevention, Stigma, Testing-Linkage). It was meant to stimulate the conversation that would occur in the break-out groups. The session included the Emcee, three presenters and three panelists and was then summarized by **Monika Wetzel, Policy Analyst/Consultant, Manitoba Health, Seniors and Active Living, Primary Care, Manitoba Government**.

#### Presenters

- **Dr. Richard Rusk:** (Testing & Linkage) Medical Officer of Health, Manitoba Public Health
- **Shelly Smith:** (Prevention) Consultant for Healthy Sexuality, Manitoba Health & Member of Stewardship Committee of the MHCIN
- **Dr. Gayle Restall:** (Stigma) Associate Professor, Dept. of Occupational Therapy, Faculty of Health Sciences, University of Manitoba. Board member Nine Circles CHC & Member of Stewardship Committee of the MHCIN

#### Panelists

- **Rick Lees:** Executive Director Main Street Project, Board member Nine Circles CHC
- **Anne Russell:** HIV Nurse Health Sciences Centre
- **Karlene Mcleod:** Indigenous nurse, member of Cross Lake First Nation. STBBI nurse for the Northern Health Region.



Figure 1: Left to Right: Richard Rusk, Gayle Restall, Karlene Mcleod, Anne Russell, Rick Lees, Shelly Smith, & Monika Wetzel.

## Taking Our Challenges to Action: Break Out Sessions

The purpose of this one-hour session was three-fold:

- To get to know each other
- To begin to set priorities for the 2018 Action Plan
- To get commitment of people to be part of one of the three Strategic Action Nodes (Prevention, Stigma, Testing-Linkage).

## Break-Out Session Facilitators

- Stigma: Dr. Gayle Restall & Dr. Linda Larcombe
- Prevention: Tammy Reimer & Tania Wiebe
- Testing-Linkage: Stephanie Van Haute & Albert Mcleod

## Who Attended?

This event was advertised widely throughout the Network. We were pleased to have **63 people** attend. Demographics were captured on the participants. People wear a number of “hats” when they attend these events. Figure 3 shows a variety of “hats” that people self-identified themselves for those who chose to indicate at registration.

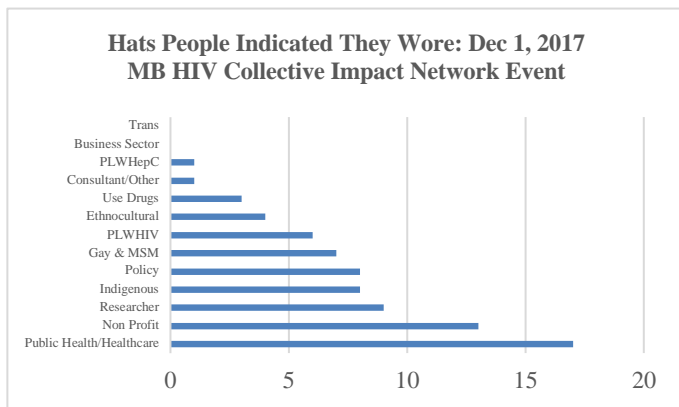


Figure 2

Prior to the event, when people registered they indicated which organizations they were associated with. Figure 4 indicates which organizations people were associated with. Those with \* include people with lived experience representatives.



Figure 3: Testing-Linkage Discussion Group

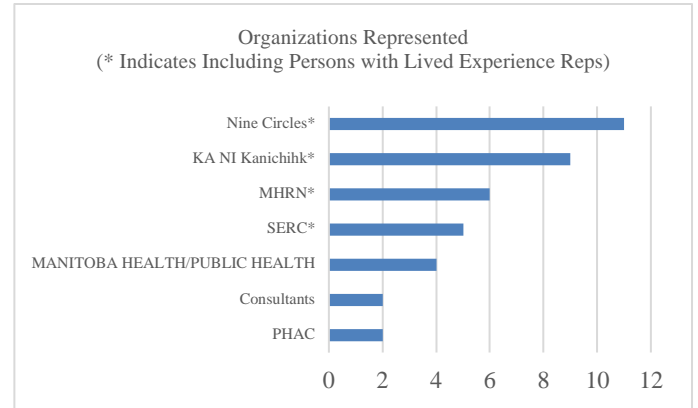


Figure 4

Those organizations represented by one person included:

- Health Sciences Centre
- Kinic
- Main Street Project
- National Collaborating Centre on Infectious Diseases
- Rainbow Resource Centre
- University of Manitoba (2)

The number of participants who indicated they were wearing a regional health authority hat are shown in Figure 5 and included 4-Northern RHA, 3-Winnipeg RHA and one each from the Southern and Prairie Mountain RHA's.

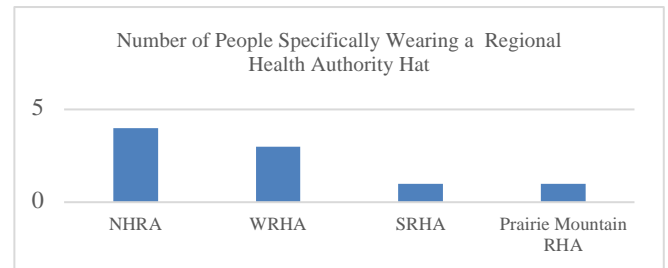


Figure 5

## FINDINGS FROM THE SMALL-GROUP SESSIONS

The Participants had one hour to get to know each other, develop and prioritize key areas of focus for the three strategic action groups (Prevention, Stigma and Testing). Time was constrained but the three groups did very good work in the time allowed. When examining the findings from the three groups, **five themes** emerged that crossed the three groups for priority areas of focus:

- Develop an understanding of barriers facing Remote and Northern communities
- Develop an understanding of barriers in health service pathways
- Allow ways for innovation and opportunities to emerge in the delivery systems
- Policy change strategies: at organizational, local and provincial levels
- Educational Strategies: Public, Communities, Youth and for Health practitioners

As a group, participants categorized their ideas into project types including major projects and small wins. As well, as a group, participants were asked to categorize their ideas into strategies for action. Most were categorized as **policy strategies, followed by research, individual change strategies, practice change strategies, and finally deliberative discussions.** See Figure 7.



Figure 6: Stigma Discussion Group

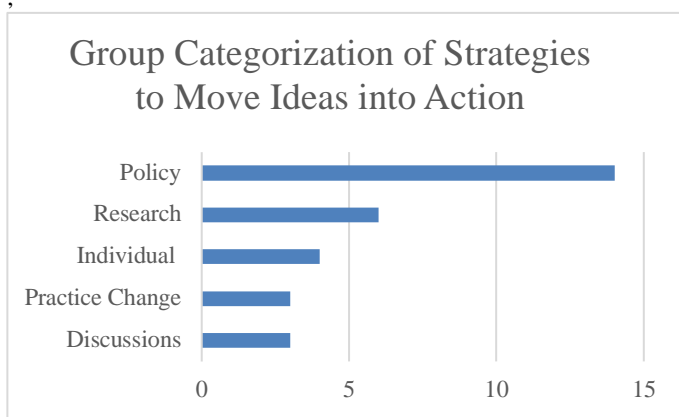


Figure 7

## Evaluation of the Day

31 Participants completed the evaluation survey.

- **69%** rated the day as V. Good to Excellent.

When asked what worked well, participants rated the components of the session as follows in Table 1.

SESSION COMPONENT	SAID WORKED-WELL
Presentation/Panel Session	75%
Networking Discussion at Breaks	75%
Group Facilitators	71%
Interactive Exercises	68%
Venue	54%

Comments:

*“Love the venue-a bit loud but great otherwise.” “Beautiful Venue”. “Love the icebreaker bingo...best one I’ve seen, and it actually worked”. Well-balanced activities”; “I appreciate the pace of the work-allowed everyone to participate.” “Great being in a multidisciplinary group and hearing different perspectives” Great MC”*

*“I think it was well done. Space to discuss, but also good directed discussion”*

## Thinking about the Day What Could be Improved?

People discussed the following areas for improvement: access to parking, difficulty hearing in the space due to echo and noisy, some awkwardness/distraction due to being open area to the public and need more time. Table 2 shows how participants rated the session components for areas of improvement.

SESSION COMPONENT	SAID COULD BE IMPROVED
Venue	37%
Presentation/Panel Session	26%
Interactive Exercises	26%
Group Facilitators	16%
Networking & Discussion at Breaks	1%

Comments: *“We need some of our national and provincial lab partners in the room”; “Not everyone could participate during the circle exercise. “Not everyone could understand the meaning of things”; “Didn’t really get into the meat of any ideas”*

## How Effective Was the Session at Meeting its Objectives?

**69%** felt the session was effective at meeting the objective of beginning to develop action plans and work groups to address the goals of the MB HIV Collective Impact Network.

## What is One Thing You Learned Today?

Five people indicated they learned more about **stigma**.

*“I learnt that actions to reduce stigma include changes at the organization level.”*

Several people indicated they learned more about the **gaps**.

- *“Helped confirm gaps-like peer networks access, access issues for people in communities without supports, cost of medications and need for universal coverage for HIV meds”*
- *[Learned there are] “on-going low testing numbers”*

- “We still have a long way to go”
- “Rural communities’ access to meds and healthcare”

Several people indicated they learned new things:

- “Diversity of groups”
- “Always new things”
- “I have more questions than answers-always indicates learning. Thinking about SDOH & intersections of health outcomes”

## Were You Able to Make a Connection today that may help with your work?

**89%**indicated they made a connection.

*“New contacts, Great Networking”*

## How would You Describe Your Feelings/Energy Leaving the Session Today?

*7/18 responses indicate “good/great” including good, very good, good energy and great.*



**Other words included**

*Optimistic, Motivated, Hopeful, Happy, Awesome, Proud, More Interested*

**Comments:**

*“Good energy, fills the level of motivation to get people together”  
 “I feel very excited in the first place to have been offered and more than energized to contribute in the MB HIV Collective Impact Network”  
 “It was good, and I feel good about it” “Nice to reconnect this sector”;  
 Passionate about HIV care and initiative”*

## Suggestions for Future Network Sessions

- Time to highlight work of organizations
- Similar discussions on policies, strategies, priorities
- Personalized stories of PL&H
- More time
- More talk on treatment, testing, stigma
- Communication prior on action outcomes
- Info for teenagers

## How Likely is it You will Recommend One of these Network Meetings to Another Friend or Colleague?

28 people answered this question. On a scale of 0-10, with 10 being highest, **82%** rated this as 8-10, or **highly likely**.

## Final Comments

- Well organized logistically
- The 1-5 thing was confusing during the circle
- Invite someone who is not a usual person: would be valuable
- Start later: 9am better

- Bus tickets for peers
- Looking forward to action planning

## Next Steps

A strategic planning day is planned for January 19, 2018 where we will once again concentrate on the three strategic areas of Prevention, Stigma and Testing-Linkage and take a deeper dive into understanding and discussing an action plan and evaluation plan for 2018. Groups will examine the priority suggestions from the Dec. 1, 2017 event as well as from previous discussions, trends in the literature, new opportunities, etc. The event is planned for the Millennium Library and will be invitation only to help concentrate on developing plans.

The Stewardship Team will review the results of January 19, 2018 and then solidify the action plan moving forward for 2018. The MB HIV Collective Impact Network will be informed of the action plan.

Future Network events are being planned for 2018.

## Many Thanks to Our Stewardship Team

Name	Affiliation
Dr. Genevieve Boily-Larouche	National Collaborating Centre for Infectious Diseases
Sandy Kostyniuk	Public Health Agency of Canada
Dr. Carla Loeppky	Manitoba Government
Dr. Linda Larcombe	University of Manitoba
Albert Mcleod	Consultant & Two Spirit Manitoba
Dr. Javier Mignone	University of Manitoba
Paula Migliardi	WRHA
Tammy Reimer	Nine Circles CHC
Dr. Gayle Restall	University of Manitoba
Dr. Brent Roussin	FNHIB, Manitoba Government, University of Manitoba
Shelly Smith	Manitoba Government
Stephanie Van Haute	MB HIV Program
Monika Wetzal	Manitoba Government

### Do You Have Questions about the Network?

Please contact the Network Co-Strategic Facilitators

- Mike Payne: [mpayne@ninecircles.ca](mailto:mpayne@ninecircles.ca)
- Laurie Ringaert: [lringaert@ninecircles.ca](mailto:lringaert@ninecircles.ca)