

# SPREADING INFORMATION, STOPPING INFECTION

## HIV and Hepatitis C Prevention in Atlantic Canada



## Workshop Proceedings and Evaluation Report

March 4-5, 2013  
Westin Hotel, Halifax



## A Partnership of:



**Atlantic Interdisciplinary Research Network:**  
Social and Behavioral Issues in Hepatitis C and HIV/AIDS

## Supported by:



## Acknowledgements

This workshop was chaired by Dr. Jacqueline Gahagan, and organized by Jacqueline Gahagan, Alexandra Hill-Mann, Pamela Hudson, Sue McWilliam, Sarah Peddle, Michelle Proctor-Simms and San Patten. We would like to thank the workshop presenters, facilitators, volunteers. Special thanks go to the participants who so actively contributed to the dialogue and knowledge sharing throughout the workshop. We would also like to acknowledge the co-investigators, research assistants, community advisory committee members, and youth advisory committee members of the *Our Youth, Our Response* project. Workshop facilitation, evaluation and writing of this report were provided by San Patten and Associates, Inc.

To find out more about this work, please visit <http://dal.ca/gahps>.

## Executive Summary

The *Spreading Information, Stopping Infection* workshop was held in Halifax, Nova Scotia from March 4 to 5, 2013. The purpose of the workshop was to bring together researchers, health educators, policymakers, health care workers, and youth to share knowledge about HIV and Hepatitis C (Hep C) prevention and harm reduction across Atlantic Canada. The workshop aimed to facilitate open communication and knowledge sharing around HIV and Hep C prevention and harm reduction issues, approaches and potential research and programming partnerships. The workshop was an extension of the *Our Youth, Our Response* (OYOR) research project, a three-year inter-provincial research study funded by the Nova Scotia Health Research Foundation (NSHRF).



The workshop successfully met the following five objectives:

- To bring together representatives from different sectors (health, education, justice, community) across Atlantic Canada to create an open dialogue.
- To share updates on current HIV/Hep C prevention and harm reduction research issues and initiatives in the four Atlantic Provinces and to inform government and community leaders of recent research findings.
- To facilitate a discussion around the practical relationship between research, engagement of youth, policies, and programs/ services in the integration of HIV/Hep C
- To explore how collaborative research and policy can better meet the needs of diverse populations and to gain input from all sectors on ways to ensure research results can serve to inform future prevention and harm reduction approaches.
- To identify stakeholders with an interest in moving the research results into action; and develop an action plan from participants' perspectives to inform future HIV/Hep C prevention research and prevention interventions.

The workshop began with inspirational “mini TED Talks” on the benefits and challenges of HIV/Hep C integrated approaches to prevention research and programming in Atlantic Canada. The nine speakers provided a range of inspirational messages about what works in an integrated approach to addressing HIV, Hep C, addictions, and/or harm reduction, and effective methods for prevention of HIV and Hep C among youth.

We then discussed awareness and attitudes among youth in Atlantic Canada regarding HIV, Hep C and harm reduction. We viewed two videos: one by Sean McMullen, who interviewed young people on the streets of downtown Halifax, and the second by youth of St. Andrew’s Church in November 2012 in order to raise awareness and funds for Direction 180, the local harm reduction program in Halifax.

Workshop participants then broke into two groups to have in-depth discussions about the challenges and opportunities of an integrated approach to HIV, Hep C, addictions and harm

reduction, from the perspective of: 1) Government and Policy Makers, and 2) Frontline Service Providers.

Using a World Café discussion technique, the participants then discussed the following five questions:

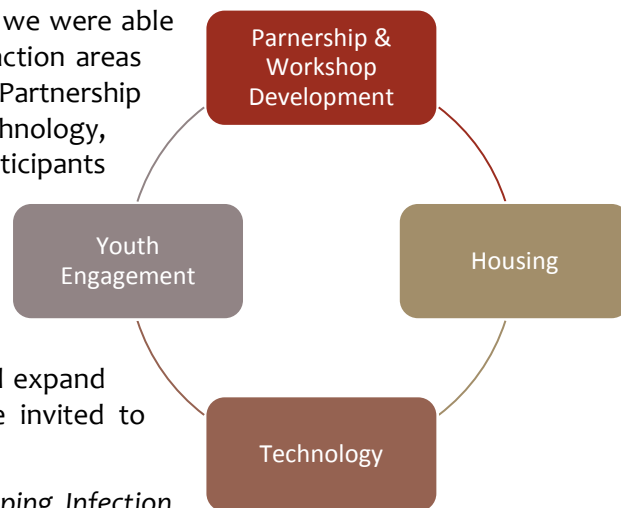
1. How do we practically make integration a reality between and within sectors and organizations?
2. What sectors need to be engaged? What are their roles and responsibilities?
3. How will we know that our programs / services are effective? What are measurable indicators of success?
4. What are the areas, themes, issues and types of research that are lacking and require additional attention?
5. What are the key messages and methods that will engage youth in our region?

The World Café discussions were followed by discussions of the implications of integration from the perspectives of policy and programming. The guiding question was “*What can we, as a community and government, do to increase the effectiveness of policies and programs?*”

Participants enjoyed an exercise and discussion about youth perspectives and innovative methods for youth engagement. A clear recommendation coming from the workshop was to develop a youth version of the MIPA/GIPA principles.

In order to consider province-specific contexts for integration, participants broke into small groups for each province (PEI, NS, NB, NL) and identified provincial strengths and challenges in integrating HIV and Hep C prevention. Each province also identified their priorities for ways to improve their work in transitioning towards integration.

Based on the province-specific priorities, we were able to identify four cross-provincial priority action areas and formed initial Working Groups on: Partnership and Network Development, Housing, Technology, and Youth Engagement. Workshop participants signed up for one or more of the working groups and committed to follow up on actions relating to the priority areas common across all four provinces, with the understanding that membership in these working groups will expand as other stakeholders in the region are invited to participate.



Overall, the *Spreading Information, Stopping Infection* workshop generated a great deal of energy, commitment and great ideas for improving the effectiveness of programs and policies under an integrated model of HIV and Hep C prevention for youth in Atlantic Canada.

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## Introduction

The Spreading Information, Stopping Infection workshop was held in Halifax, Nova Scotia from March 4 to 5, 2013. The purpose of the workshop was to bring together researchers, health educators, policymakers, health care workers, and youth to share knowledge about HIV and Hepatitis C (Hep C) prevention and harm reduction across Atlantic Canada. The workshop aimed to facilitate open communication and knowledge sharing around HIV and Hep C prevention and harm reduction issues, approaches and potential research and programming partnerships. For a list of acronyms used in this report, please refer to Appendix A.



This report provides a summary of the workshop proceedings. The evaluation results for the workshop are provided in Appendix B. Below is an abbreviated workshop agenda.

Day One – March 4, 2013				
Objective	Time	Agenda Item	Description	By
To bring together and introduce representatives of different sectors (health, education, justice, community); and to create an open dialogue.	8:15	Registration, coffee, breakfast		
	8:45	Welcome and Overview	Mi'kmaq Traditional Ceremony, with all participating	Billy Lewis
	9:15	Introduction to the Program, Each Other and the Day	“Collaborating to Develop Policies and Programs that Work”	Jacqueline Gahagan
To share updates on current HIV/Hep C prevention and harm reduction research issues and initiatives in the four Atlantic Provinces; and to inform government and community leaders of recent research findings.	9:30	Inspiration: Mini TED Talks on the Benefits and Challenges of HIV/Hep C Integrated Approaches to Prevention Research and Programming in Atlantic Canada	(10 mins per speaker) 1. OYOR Research Study 2. Hep NS 3. AIDS NB 4. AIDS Committee of NL	1. Alexandra Hill-Mann 2. Carla Densmore 3. Matthew Smith 4. Julie Crouse
	10:15	Fishbowl with live polling	What are some key messages that we heard?	Sarah Peddle
	11:00	Nutrition Break		
	11:15	Continued Inspiration: Mini TED Talks on the Benefits and Challenges of HIV/Hep C Integrated Approaches to Prevention Research and Programming in Atlantic Canada	(10 mins per speaker) 1. The HaRMS Study 2. Direction 180 3. MOSH 4. AIDS Saint John 5. Canadian Aboriginal AIDS Network (CAAN)	1. Dolores Levangie 2. Cindy MacIsaac 3. Jacqueline Atkinson 4. Julie Dingwell 5. Marni Amirault
	12:05	Fishbowl with live polling	What are some key messages that we heard?	Sarah Peddle

Day One – March 4, 2013				
Objective	Time	Agenda Item	Description	By
	12:45		Lunch	
To facilitate a discussion around the practical relationship between research, engagement of youth, policies, and programs/ services in the integration of HIV/Hep C	1:30	Awareness and Attitudes among Youth in Atlantic Canada	Video presentation of youth interviewed in downtown Halifax about HIV and Hep C  Spoken word performance and presentation	Sean McMullen  Ardath Whynacht
	2:30	Sector-specific tables 1. Government & Policy Makers 2. Frontline service providers (3 tables per sector)	Guiding question: From the perspective of [name of sector], what are the challenges and opportunities of an integrated approach to HIV, Hep C, addictions and harm reduction?	Six small table facilitators
	3:30		Nutrition Break	
	3:45	Plenary: report back by youth rep at each table	What are highlights from each perspective? And what is the way forward?	Youth rapporteurs
	4:15		Adjourn Day 1	

Day Two – March 5, 2013				
Objective	Time	Agenda Item	Description	By
To explore how unified research and policy can better meet the needs of diverse populations; and to gain input from all sectors on ways to ensure research results can serve to inform future prevention and harm reduction approaches.	8:30	Summarizing Results of Day 1	Interactive exercise	San Patten
	9:00	World Café Discussions	Questions: 1. How do we practically make integration a reality between and within sectors and organizations? 2. What sectors need to be engaged? What are their roles and responsibilities? 3. How will we know that our programs / services are effective? What are measurable indicators of success? 4. What are the areas, themes, issues and types of research that are lacking and require additional attention? 5. What are the key messages and methods	Small group facilitators

Day Two – March 5, 2013					
Objective	Time	Agenda Item	Description	By	
			that will engage youth in our region?		
	10:00		Nutrition Break		
	10:15	Harvesting Results of World Cafés	Plenary report back from World Café facilitators	Small group facilitators	
	10:45	Two Concurrent Priority Setting Sessions: a) Policy Directions b) Programming Approaches	Guiding Question: “What can we, as a community and government, do to increase the effectiveness of policies and programs?”	One government rep and one community rep	
	11:30	Plenary: report back by youth rep from each session	What are the top five priorities from each perspective? Where do they cross over?	Youth rapporteurs San Patten	
	12:00		Lunch		
To identify stakeholders with an interest in moving the research results into action; and develop an action plan from participants' perspectives to inform future HIV/Hep C prevention research and prevention interventions.	1:00	Provincial Networking Zones	One table for each province to share ideas about way forward within provincial networks	Group Work	
	1:45	Report back	Concrete implementation steps for each province	Group Work	
	2:05	Voting Exercise	Based on priorities identified at policy and program levels, each participant votes for their top 3 priorities.		San Patten
			Nutrition Break		
	2:30	Next Steps: Action Plan and Working Groups Needed	Initial Meetings of Working Groups	Four Working Group Facilitators	
	3:30	Evaluation	Head, Heart, Hands	San Patten	
	3:45	Appreciations and Adjournment of Day Two		Jacqueline Gahagan	



## The Our Youth, Our Response Project

*Our Youth, Our Response* (OYOR) is a three-year inter-provincial research study funded by the Nova Scotia Health Research Foundation (NSHRF). This study seeks to examine the current state of primary and secondary HIV/Hep C prevention policies and programs for youth aged 16 to 25 across Atlantic Canada. This work will identify effective strategies currently in use as well as novel approaches to prevention that may be successful on a larger scale in one or more of the Atlantic Provinces. The OYOR research team secured the funding for this workshop as an extension of the OYOR research project.

**OUR  
YOUTH**

**OUR  
RESPONSE**

Dr. Jacqueline Gahagan leads the primary research team, which is composed of one researcher and one to two policy trainees in each Atlantic province. This inter-provincial team works collaboratively and meets regularly via teleconference to build a cohesive methodology that is applicable across the region.

To date, the OYOR research team has completed a comprehensive scoping review of existing policies and programs related to youth and HIV/Hep C prevention in the Atlantic Region. This review was focused on the following core sectors: Education; Community Organization; Health; and Corrections.

Currently, the research team is in the process of recruiting participants for key informant interviews in each province. These key informants will include youth as well as stakeholders with knowledge in the areas of HIV/Hep C policy, including policy analysts, government-decision makers, and health/social service providers.

The third year of the OYOR project will focus on data analysis and working with our Advisory Committee and community collaborators to explore any gaps found in policies and programs for HIV/Hep C prevention among youth. These data will be used to advance our knowledge of the HIV/Hep C prevention needs of youth and to determine novel, effective policy and programmatic HIV/Hep C prevention strategies, and improve the health of Nova Scotians.

## Opening Remarks

The workshop opened with a blessing from Mi'kmaq elder, Billy Lewis who provided some thoughtful words of inspiration and community. He encouraged participants to engage their heads, hearts and hands throughout the two days, and blessed the meeting with a smudge ceremony using sage.



Dr. Jacqueline Gahagan then welcomed all participants and provided some background to the workshop, linking it to the project called *Our Youth, Our Response: Building Capacity for Effective Policy and Programming Responses Across the Atlantic Region*, funded by the Nova Scotia Health Research Foundation. This workshop was a key activity in the project, engaging community collaborators to explore any gaps found in policies and programs for HIV/Hep C prevention among youth. The ultimate goal of the *Our Youth, Our Response* project is to advance our knowledge of the HIV/Hep C prevention needs of youth and to determine novel, effective policy and programmatic HIV/Hep C prevention strategies, and improve the health of Nova Scotians.

## Inspiration: Mini TED Talks

This purpose of this session was to open the workshop with inspirational talks about the benefits and challenges of HIV/Hep C integrated approaches to prevention research and programming in Atlantic Canada. The nine speakers, representing their organizations and/or projects, addressed the following questions in their 10-minute mini TED Talks:

1. What are the benefits and challenges of an integrated approach (HIV, hep C, addictions, and/or harm reduction)?
2. What does this mean for primary and secondary prevention of HIV and Hep C among youth?
3. What does it mean for harm reduction practices across populations and sectors?

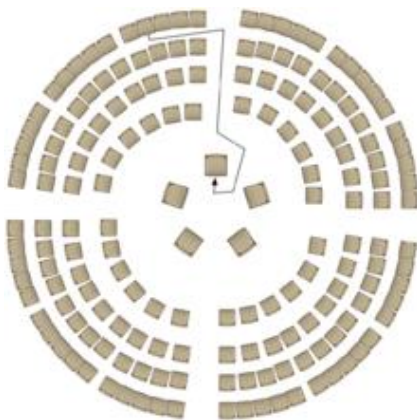
The following individuals presented during this portion of the workshop:

- Alexandra Hill-Mann: *Our Youth, Our Response* Research Study
- Carla Densmore: Hepatitis Outreach Society of Nova Scotia
- Matthew Smith: AIDS New Brunswick
- Julie Crouse: AIDS Committee of Newfoundland
- Dolores Levangie: Harm Reduction within Mainstream Services (HaRMS) Study
- Cindy MacIsaac: Direction 180
- Jacqueline Atkinson: Mobile Outreach Street Health (MOSH), North End Community Health Centre
- Julie Dingwell: AIDS Saint John
- Marni Amirault: Canadian Aboriginal AIDS Network (CAAN)

Videos of each of these talks are available online on the Gender and Health Promotion Studies (GAHPS) website.

The participants and presenters were able to interact and expand upon the information in the Mini TED Talks through a discussion method called Fishbowl Discussions. We had one Fishbowl Discussion after the first four presentations, and again after the last five presentations.

Box 1 provides a description of the Fishbowl Discussion method.



### Box 1: The Fishbowl Discussion Method

Chairs are arranged so that there is an Inner Circle of 5-6 chairs, and an Outside Circle of all the rest of the chairs.

Inner Circle = People talking

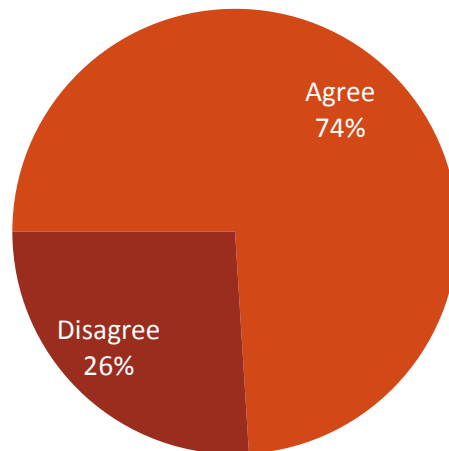
Outside Circle = People listening

Individuals **\*must\*** move into the inner circle if they want to speak. To do so, they tap the shoulder of someone who is in the inner circle. That person offers their chair and moves to the outer circle.

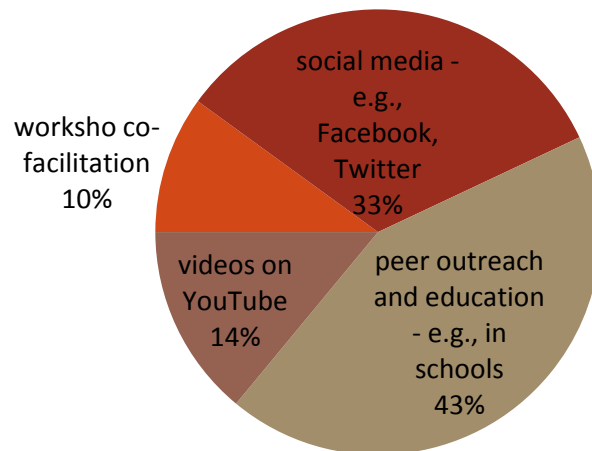
The Fishbowl conversations were triggered by live text polling questions formulated during the Mini TED Talks in order to highlight key themes and messages, and to generate more in-

depth discussion between participants and the presenters. The text polling tool (polleverywhere.com) allowed participants to see a multiple choice question and then submit their response privately by text message using their cell phones. The results of the polls were displayed on a screen to show the real-time results as participants submitted their votes. Below are the polling questions and responses, from which the Fishbowl Discussions stemmed.

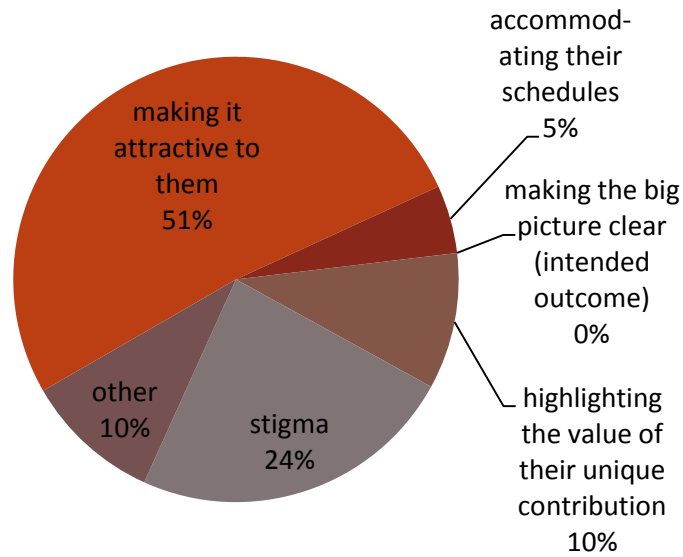
**The average Atlantic Canadian is at higher risk for HIV than the rest of Canadians.**



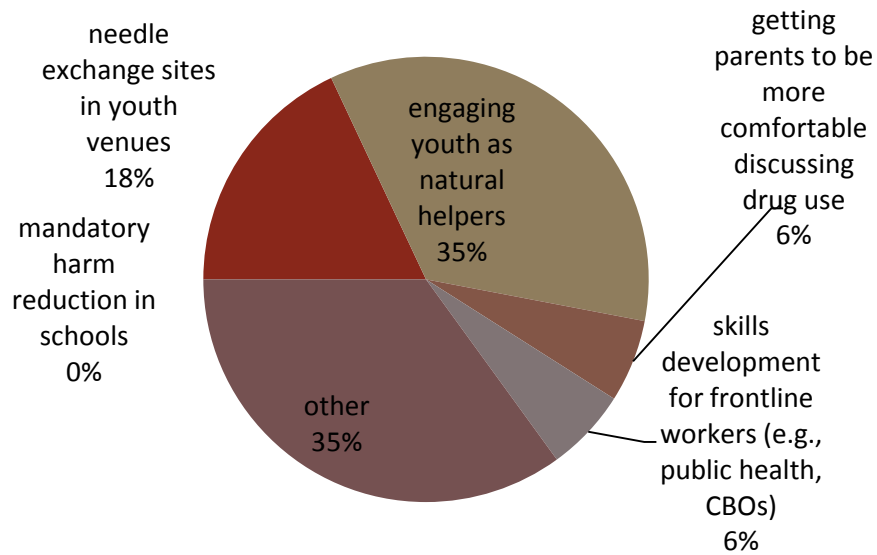
**What is the best strategy for engaging youth in delivering prevention messages?**



**What is the biggest challenge of engaging youth in leading research projects?**

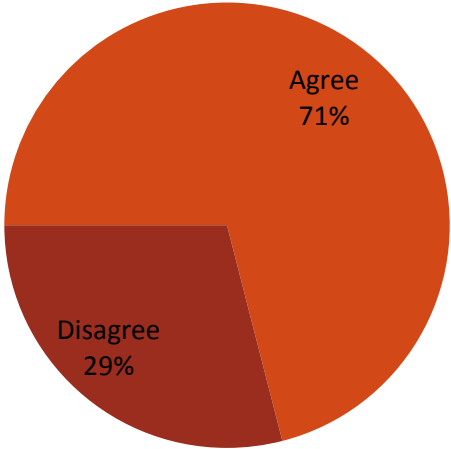


**What do you think is the most important way to meet the harm reduction needs of youth?**





**Integration of HIV and HCV funding is an improvement over disease-specific funding.**

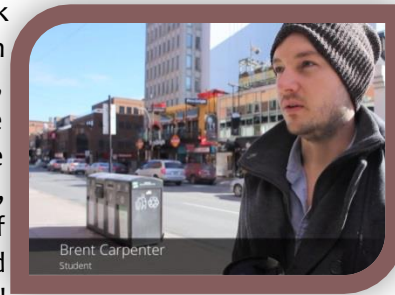


## Awareness and Attitudes among Youth in Atlantic Canada

The participants viewed two videos in order to introduce the topic of Atlantic youth attitudes and awareness regarding HIV, Hep C and harm reduction.

The first video was created by Sean McMullen, a local photographer and videographer who interviewed young people on the streets of downtown Halifax. In the video, young people are asked questions such as: “What do you know about HIV?”, “What do you know about Hepatitis C?”, “Do you know how HIV and Hepatitis C are transmitted?”, “What comes to mind when you think about HIV?”, “What comes to mind when you think about Hepatitis C?”, “Do you think HIV exists in Halifax?”, “Do you think Hepatitis C exists in Halifax?”, and “What do you think should be done to prevent the spread of HIV and Hepatitis C?” The responses from the interviewed youth reflected common misconceptions, stigmatizing attitudes or stereotypes and general lack of awareness about basic information regarding HIV and Hep C. The video also demonstrated a lack of local concern regarding HIV/Hep C among young people, and the filmmaker reported reluctance of youth to discuss these issues on video. Sean McMullen’s video can be found on YouTube at the following link:

<http://youtu.be/Xwc4RqHVPEI>



**A student shares his knowledge of HIV**

The second video was created by youth of St. Andrew’s Church in November 2012, and was presented by Susan Chisholm. It was created to raise awareness and funds for Direction 180, the local harm reduction program in Halifax. Cindy MacIsaac of Direction 180 posted the video, along with the following description, on YouTube:

*A compassionate group of youth from St. Andrew's Church in Halifax made this video to raise awareness and funds to support Direction 180's efforts to expand access to methadone treatment for opioid dependent people in Halifax. They are my heroes!*

The video explained the work of Direction 180, the number of clients served and on a waitlist, how its efforts to open a second methadone clinic were disrupted by local community members, and the funds needed to purchase a mobile clinic vehicle. The video is a heartwarming and encouraging demonstration of compassion and concern by local youth who understand the value of methadone treatment and who helped to raise funds for a mobile clinic. The St. Andrew’s youth video can be found on YouTube at the following link:

<http://youtu.be/zmxnwekLcDs>



**Screen capture of the St. Andrew's Church video**

After viewing and discussing the two videos, local spoken word artist, Ardath Whynacht, provided a reading of two poems. In addition to her performances, which were powerfully political and emotional, Ardath also explained how she has used arts-based approaches (such as spoken word) to engage young people in discussing difficult issues, such as mental illness and addictions.

## Sector-Specific Perspectives on Integration

The participants were randomly assigned to two sector-specific groups:

1. Government and Policy Makers
2. Frontline Service Providers

The guiding question for each sector’s discussion was:

*From the perspective of [name of sector], what are the challenges and opportunities of an integrated approach to HIV, Hep C, addictions and harm reduction?*

Below is a summary of key messages from each sector’s discussion:

Government and Policy Makers	
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• No additional funding – opportunity for discussions and education, etc. re: cost savings and efficiency – can these savings then be re-integrated or re-invested?</li> <li>• Reduction of silos and opportunity to reduce duplication</li> <li>• Focus on prevention</li> <li>• Greater continuity of care, more holistic care</li> <li>• Better priority setting: see which issues need to be augmented</li> <li>• Recognition of complexities within issues</li> <li>• Reducing severities of outcomes (Archie Billard)</li> <li>• Integration could decrease stigma</li> <li>• Opportunity to leverage messages to general public about our region being 10 years behind other provinces</li> <li>• Creative partnerships – governments have the opportunity to link to CBOs and fund umbrella projects that have more intellectual freedom or are under less scrutiny (e.g., STI prevention messages through manhunt.com) for more “controversial” projects</li> <li>• Marginalized groups have challenges for creating public buy-in, so umbrella issue may make it more palatable to the general public and to a conservative government</li> <li>• Simplification of funding process – both for applicants and funders</li> <li>• Simplification, making things easier to make judgments on</li> <li>• Creative partnerships outside of government</li> <li>• Policy making that is proactive, broad and contextualized</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping doors open to multiple/specialized perspectives</li> <li>• Changing demographics, medicines, advocacy, etc. This makes it difficult to keep up via specific policies.</li> <li>• Asking for money isn’t well received</li> <li>• Broad variety of marginalized groups are involved or perceived to be involved – gay men, IDUs, etc.</li> <li>• Providing “evidence-base” to support decision making - need to have the stories to support need for policy change</li> <li>• Stigma – in varying degrees related to different illnesses</li> <li>• Keeping the specialist perspectives that have been developed over the years, dismantling 30+ years of political activism and community work, lots of cultural competence needed to work with specific populations</li> <li>• Having integrated policy and programs informed by multiple competing interests and perspectives</li> <li>• Create more gaps, more difficult to create policies that explicitly mention needs of IDUs when we also have to focus on youth, women</li> <li>• Need for evidence-based versus ideologically-based or morally-based policy making, or based on public opinion – most relevant at provincial level</li> <li>• Integration is top-down. Policy is not “one size fits all”</li> </ul>

Frontline Service Providers	
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Community members can access more systems/services in one-stop shop: holistic care (mental health and addictions, communicable diseases, housing, addiction, health care)</li> <li>• Provide care for more people</li> <li>• Focusing on organization's strengths</li> <li>• Name changes (e.g., "Wellness Centre") may reduce stigma</li> <li>• Create more anonymous services</li> <li>• Recognizing the work that ASOs are already doing</li> <li>• Meet the needs of people who are co-infected</li> <li>• Focus on risk factors</li> <li>• Connecting mental health/addictions</li> <li>• Policy/programs influenced by service users</li> <li>• Meet needs of people who are co-infected</li> <li>• Broader focus on wellness</li> <li>• More support/advocacy through joined forces</li> <li>• Service providers need to influence policy</li> <li>• Meeting needs of newcomer populations</li> <li>• We are always grouping the people that we are working with under labels because that is how funding proposals are set up. The fact that we separate our work is somewhat stigmatizing - labelling populations leads to stigma. Removing these subgroupings could reduce stigma</li> </ul>	<ul style="list-style-type: none"> <li>• No new money or resources – agencies will have to do more with less, fear that duties are being downloaded rather than integrated</li> <li>• Meeting the needs of diverse subpopulations and ethno-racial groups</li> <li>• Confidentiality, privacy and autonomy challenges in creating "one-stop shop" models of service delivery - people don't necessarily go get services if they think they'll be running into their acquaintances</li> <li>• How will this affect specific sub-populations? Long-time PHAs feeling less supported, maintaining sense of belonging, moving away from GIPA principles, need to find ways for clients to build relationships with staff</li> <li>• Broadening focus, sharing of resources could mean losing importance of each disease</li> <li>• Possibility of causing more stigma</li> <li>• Getting away from GIPA principles: how will service providers continue to recognize what clients bring</li> <li>• Starting new programs with same resources</li> <li>• Staff need to become more knowledgeable as there will be doubling up of services – training time will take up programming hours</li> <li>• Working together – police, government, service providers</li> <li>• Advocacy may go to wayside – maintaining specific services</li> </ul>

## World Café

World Cafés are described as “an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community.”<sup>1</sup>

The World Café is a small group conversational process that allows participants to rotate between various topics. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into predefined issues. In our case, participants rotated between the five discussion topics listed below. As a process, the World Café evokes the collective intelligence of the group and ensures that all participants are able to contribute.

1. How do we practically make integration a reality between and within sectors and organizations?
2. What sectors need to be engaged? What are their roles and responsibilities?
3. How will we know that our programs / services are effective? What are measurable indicators of success?
4. What are the areas, themes, issues and types of research that are lacking and require additional attention?
5. What are the key messages and methods that will engage youth in our region?

The facilitators for the five discussion topics were:

- Jacqueline Gahagan
- Sarah Peddle
- Michelle Proctor-Simms
- Pam Hudson
- Jeannine McNeil

The participants chose three out of the five questions, and spend 20 minutes per round (i.e., three rounds of 20 minutes). A summary of the discussions for each topic are provided below:

### How do we practically make integration a reality between and within sectors and organizations?

#### Taking Stock and Gathering Evidence

- We need cost-effectiveness data: cost of treatment and incarceration
- Organizations that are going to do most of the integration should do an assessment of what they are doing, and what they bring – their current capacities. People are already

Integration will happen most smoothly if we:

- Start with taking stock of our strengths
- Build upon existing partnerships
- Customize to the local context and stakeholder roles
- Ensure effectiveness for clients

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<sup>1</sup> [www.theworldcafe.com](http://www.theworldcafe.com)



- positioning but we don't even know what is happening yet in funding structures.
- Preparedness of various stakeholders: identify the gaps, understand what is out there, avoid duplication
- Uncertainties re: integration – need extensive consultation

#### Avoiding Competition

- Sometimes when you combine organizations they may discover their goals don't match. This can cause friction. There has to be a common goal. People need to be on the same page
- Sometimes organizations are competing for funding

#### Collaboration Among Stakeholders

- Government are often working in silos. Government ministers need to collaborate, with integration of sectors – finance, justice, health. Having them together around the table to hear the story of one individual
- Integration shouldn't happened without sharing the impacts everywhere – costs to our system (e.g., ER, justice) and sharing responsibility for what's happening

#### Sound Rationale

- New Brunswick – changed the guidelines for sexual health testing, with no consultation. Reasoning behind the changes doesn't make sense.

#### Reaching New Populations with Broadened Messages

- National Safer Sex Day – including messages for older adults – ASOs and other organizations could work together to do a regional safer sex day – vignettes of an older couple going to Florida as an example

#### Building on Our Strengths

- Urban versus rural realities (stronger collaborations sometimes in rural areas)
- Stepping back and looking at what we bring to the table: more emphasis on building the bridges – what already exists and how we can go from here
- Integration is complex – you need to find the right balance, but also being open to the idea that complexity is an opportunity to be creative

#### Customized Approach to Integration

- Need to understand all communities are different. Some communities have different types of support from police. Integration will look different everywhere.
- Urban versus rural areas have different issues: more meaningful involvement in rural areas, rural folks may be more closely connected to their neighbourhood.
- Northern Region (e.g., Nunavut) – fly-in communities are very different. Working to split health and social services in Nunavut – realized these two would be better off separated

#### Focusing on Best Practices

- Get rid of DARE Program – this program is still prominent in the school system and doesn't work
- Complexity of integration in One Stop Shop models, lessons learned e.g., Nunavut health services. For youth-serving agencies – do youth really care how the agency is funded? Need to have seamless services. Suite of organizations in one building. You need to bring services to where the communities are.
- Look for lessons from other forms of integration (e.g., addictions and mental health)

#### Efficiency Not at Price of Effectiveness

- Concern that integration is really downloading to the community. Guarding against downloading and demanding additional resources for broader mandates. Recent example: moved mental health individuals to community life but not with any new resources – then we get an Ashley Smith situation. Sometimes resource issues aren't just about amount of money, it's about appropriate management and reallocation. Goal should be more effective services versus downloading and eroding services

### What sectors need to be engaged? What are their roles and responsibilities?

- School system (primary to grade 12), including teachers, parents via HSA/PTA, school boards, administration, provincial department of education, to improve the sexual health curriculum so that it is more inclusive of HIV, Hep C, STIs, disabilities, special needs, harm reduction, sexuality, etc. – connect through Principal Meetings
- Family support centres – support families with challenges e.g., SHYM, YWCA, FRC
- Aboriginal organizations
- Youth-based organizations
- Faith-based organizations who provide services – provide mutual support without creating conflicts, how you frame it is important
- Government: education, justice, corrections, public safety (particularly in light of increasing criminalization), health – do they see HIV/Hep C as a crisis? Work through bureaucrats as they are more long-term and have influence over ministers
- Public health nurses
- Wellness Committee and Mental Health Committee – multidisciplinary, mechanism for information sharing

### How will we know that our programs/services are effective?

#### What are measurable indicators of success?

##### Funder Requirements

- We know what works but we need to measure a certain way that Funders want
- Only numbers are collected by funders, and no questions about quality of care, quality of life
- Measuring impact is not possible through PERT report
- Educate funders about what matters in evaluation, especially with new integrated approach Top-down, not always up to program staff

##### Measuring success requires:

- Meaningful outcomes that matter to community members & service providers
- Being able to attribute outcomes to our programs
- Indicators which are relevant to all partners and have a sound rationale
- Adequate capacity for evaluation

##### Challenge of Attribution

- We all know what are the right indicators but the challenges are attribution
- The right indicators, attributable to our programs versus attributable to the collective
- Lots of assumptions re: attribution

##### Relevance to All Stakeholders

- Whose indicators? Partnership: doesn't always get discussed, not all on the same page

- Don't go it alone – find a shared common success indicator, engagement with stakeholders, dialogue, working it out together, taking time to build relationships
- Stakeholders – whose perspectives are being represented?
- Fragmentation of measurement by type of service provided – however, the bottom line is the same – keep folks alive and healthy
- Language issues: Do we have a common language for evaluation and measurement? How to describe something in terms of an indicator of success
- Measures that fit with and engage our clients, capture their perspectives
- Meaningful engagement of youth in evaluation, in designing indicators of success

#### Types of Data

- Qualitative / quantitative issues
- Quality of care, quality of life, survival are hard to measure
- Measurement and data needs to have more upstream focus and assess trends over time
- GAS = goal attainment strategies, focus on outcomes, measure change
- Cost reduction issues – number of contacts prevented in ER visits
- Measuring disease progression, over time, look at changes in rates
- Facebook – measure number of hits, shares, likes

#### Sound Rationale for Data Collection

- Set priorities based on “Need to know” versus “nice to know”
- What's the aim? What do people want to measure? Clients? Funders?
- Evaluation framework established in advance - need to have indicators built in from the start

#### Capacity Building

- Balance resources and capacities
- Big challenge: financial and time resources
- Sometimes unrealistic objectives – lack of capacity?
- Dedicated resources needed for evaluation

### **What are the areas, themes, issues and types of research that are lacking and require additional attention?**

#### Community-Based Research

- More community-based research is needed, and more engagement of PHAs in leading those CBR projects
- Community-specific needs and promising practices researched at a local level

#### Research Needs:

- Community-based research with meaningful engagement of youth
- Testing interventions around youth awareness, harm reduction
- Interprofessional collaboration

#### Youth Engagement

- Accessing youth for their meaningful engagement, creative recruitment strategies. Create a Youth Bureau or Secretariat to provide a pool of interested youth who make a two-year commitment to provide youth perspectives on programs and research projects

#### Intervention Research

- Alternative service models: such as rehabilitation, episodic disabilities, workplace issues, care teams, elder care
- Rural versus urban needs
- Lots of research identifying the social determinants but little translation of that knowledge into action on the ground or impacting policy. How to influence the political agenda (e.g., around housing)  
Need more funding for evaluation and intervention research, and to inform evidence-based practice, more attention to implementation of research findings, talking to service users about what they need, what outcomes they think are important.
- Addiction services through public health and through CBOs –need more collaboration and explore different models of delivery (e.g., community detox versus public health; peer support workers versus nurses versus social workers, harm reduction programs such as Mainline doing intake for Addiction Services) – comparison studies of impact.
- Needs of service users

#### Youth Awareness

- Awareness regarding HIV and Hep C amongst mainstream youth and general population
- Sex education in schools – often a last minute request late in the school year, needs to be built into the curriculum with adequate time scheduled to sex and harm reduction education. Intervention research to increase teachers' comfort level – education shouldn't be so dependent on teachers' comfort level or their willingness to invite ASO speakers. Others who could be delivering in-school education are nurses or peers. Students are more comfortable talking to a stranger than someone who teaches them full-time. Sex-positive orientation in our education.
- Working with parents and develop materials to deliver messages to kids
- Remember that not all teens are in school
- Safer sex discussions – focus on oral, anal or vaginal sex – depends on who is teaching it

#### Interprofessional Education

- Expand the definition of interprofessional health education: getting students interested and experienced on the real world – social workers, gender studies
- Generally, need to improve relationship between CBOs and professionals in addictions work (e.g., hire peers to work in the detox programs run by Addiction Services)

#### Harm Reduction

- Needle sharing – needle exchanges as well as general risk reduction education, homeless shelters should have NEPs
- Academic silos and funding silos: harm reduction and prevention are complementary, funding silos reinforce the divides
- Audiences about steroid injection – don't associate their injection practices with BBP risk, not accessing harm reduction information

### **What are the key messages and methods that will engage youth in our region?**

- Decision making, involvement and ownership – e.g., always make sure youth are on boards of directors, advisory committees so that there is leadership by youth with adults acting as advisors or mentors

- UNAIDS model – “Crowd Out AIDS” – monthly interactive meetings/open forums with open calls for involvement – Incorporate international issues to engage youth, or anything involving leaving the home environment (e.g., travel). Partner youth in Canada with youth in other countries to provide new experiences and perspectives (e.g., Black CAP in joint project with Jamaica)
- Reaching youth outside of schools – e.g., through youth workers and probation officers, reach youth who are completing community service hours, youth-serving community-based organizations (e.g., Phoenix) to facilitate youth engagement. Youth doing community work as part of restorative justice – opportunities for involvement
- Meet youth “where they are at” through effective outreach e.g., MOSH is working (out at all hours), going to youth. Hold meetings in coffee houses, with music, lots of interaction and activities in meetings.
- Remove adults from engagement processes, remove “expertise” from discussions
- How to get the message out regarding HIV, HCV and harm reduction – being ready to seize the moment when youth are ready to hear it.
- Appropriate recognition of youth involvement and recognize their challenges in scheduling and transportation. Rather than fit youth into the schedule and way of doing things with adults, do the reverse. Have projects be youth-led, with support and advice from adults.
- Empower young people to take leadership, be the leaders of the project. Provide training opportunities for youth
- Peers: provide incentives to share information (e.g., name in a draw to win a prize) and freebies (pizza, money, bus passes, etc.) and pay them just as you would pay an adult for their expertise
- POSSE – peer outreach program
- Ottawa Youth Bureau – young people who are included in community involvement without a specific cause

To engage youth, we should:

- Include them in meaningful decision-making and leadership roles
- Incorporate international perspectives
- Work both inside and outside schools
- Provide incentives and work within their schedules



## Improving Effectiveness of Policies and Programs

Participants then broke into two groups - policy and programming – to discuss the implications of integration. The guiding question was “*What can we, as a community and government, do to increase the effectiveness of policies and programs?*”

### Improving Policy Effectiveness

#### Policy Development Process Recommendations

- Meaningful youth engagement / involvement
- Take into account language, diversity
- Multi-stakeholder input – e.g., school system stakeholders: students, teachers, parents
- Process first starts with identifying what is NOT working – youth falling through the cracks, then move to policy changes needed
- Influence of funding from different jurisdictions
- Consultations – ensure ideas are implemented
- Youth meaningfully involved in process of building policy – ask them how they want to be involved
- Base policy on assets rather than deficits – strength-based approach to policy making
- Embrace diversity - space is important, for inclusion of high risk groups
- Engage with stakeholders at different levels of policy-making, more specific policies, e.g., school boards
- Who influences opinions – lobbying for legislation changes
- Do consultations influence policy – money leads to power
- Where is the power base?
- What is the primary issue, what exactly is the problem, why are we having these problems?
- Plan of action for changing policy
- MIPA and GIPA principles as core to all policies
- Best practices, standards and guidelines
- Collective groups working with politicians
- Key stakeholders: children and youth strategy

#### Improving policy effectiveness requires:

- Multi-stakeholder input in assessing policy shortfalls
- Understanding jurisdictional realities
- Ensuring GIPA and MIPA
- Building upon community assets
- Recognizing diversity
- Learning from international examples
- Starting from shared goal of healthier communities
- Linking policies to practice (programs)

#### Policy Content Recommendations

- Policy statements need to be simple and broad
- Overall goal: achieving optimal health, healthy youth
- International examples (e.g., Scotland?)
- Improving access to services for youth – inclusive space – ages, addiction services

- Responsible drug policy that is based on harm reduction
- Be mindful of language used (e.g., risk activities) and youth lingo and practices
- Policies which are flexible, adaptable and acknowledge diversity
- Need to find balance between equity and population-specific policies
- Health information systems need special considerations
- We need policy to address stigma
- Need to explore training in school curricula

#### Policy Implementation

- Communication of policies to service users and service providers
- Using policy to guide programs
- Use policies to make decisions re: funding allocations
- Positive force – how we communicate policies – what it means for clients
- Research – can't use for secondary data
- Effectiveness – healthy youth, meaningful involvement, ensure ideas are implemented
- How do we create a sense of urgency or importance

### **Improving Program Effectiveness**

- Youth Advisory Board to direct programs and activities
- Youth-oriented funding that is youth-driven and youth-led
- More direct outreach and recruitment of youth
- More freedom by CBOs to act outside of government's ideology
- Youth Advisory Board would help design a more comprehensive curriculum that provides sex and sexuality education, drug use
- Youth Advisory Board would also provide input about drug policy content
- Develop a youth equivalent of GIPA/MIPA for non-tokenistic youth inclusion with adequate compensation
- Engage parents in creating safe spaces within families for youth

Improving program effectiveness requires:

- Meaningful youth engagement (e.g., youth version of GIPA/MIPA principles)
- CBO independence and autonomy to act according to evidence and best practices

## Province-Specific Priorities

### Prince Edward Island

- Rebuilding relationships between ASOs, public health, and harm reduction programs
- Welcome integration – means that more people have to come on board and share the workload with existing and new partners
- Strategic planning for networking across the province, find and nurture allied partnerships
- We are seeing integration as a fresh start to become an umbrella organization, with a name change
- Already broad action taken by AIDS PEI – e.g., suicide prevention, working with clergy
- challenge will be working with housing sector – there are youth homes but no transition housing for youth who are 18+
- Face-to-face interaction with other service providers and government representatives is necessary
- There is one food bank on the Island, so working with farmers to create produce boxes at reduced price for PHAs
- PEI Native Council, Healing Our Nations and regional CAAN connections need to be nurtured
- Need more networking and collaboration with youth workers, schools and youth-serving organizations
- Need more sexual health education in schools
- Finding appropriate balance between service provision, inter-sectoral collaboration (e.g., committees) and research
- In a small province, need to build upon personal connections that can turn into professional connections and collaboration
- Creative fundraising initiatives (e.g., Culinary Institute)
- Huge gap is affordable housing, transitional housing and shelters for vulnerable populations (particularly for women)
- Systemic issues around income security and housing, particularly for youth transitioning out of foster care

*Stakeholders from PEI welcome an official move towards integration, as they have already been working from this model out of necessity for years. HIV and hepatitis C programs will now have a framework for more formal collaboration with allied professionals.*

### Nova Scotia

- Relations between provincial government and community-based organizations, especially around addiction services
- More face to face meetings between service providers to discuss programming and local context (e.g., to meet needs of clients in shelter system)
- Reach youth where they are at – drop-in centres and community organizations that youth already use
- Work with partner organizations to help develop the prevention policies within partner organizations

*Stakeholders from Nova Scotia recognized the opportunities of integration in improving relations between community and government stakeholders, and in working with partner organizations and youth to meet local needs.*

- Use technology such as webinars to provide training for partners' staff
- Continuity of care
- Consult with youth
- Halifax Connects Fair– importance of maintaining relationships between organizations despite staff turnover
- Parent-teacher associations
- Organizational “speed dating” to stay connected, monthly informal meetings of service providers

### New Brunswick

- already strong network of 3 ASOs (AIDS Saint John, AIDS Moncton and AIDS NB) meets frequently, on committees and working groups together – collective decision making already
- utilize technology: AIDS NB has satellite office in Miramichi, technology is important
- good working relationships with public health funders
- strong community movements that HIV organizations are linked into
- serious lack of emergency housing, few shelters especially for youth and women
- transportation challenges without good train system
- in rural areas, partnership with RCMP rather than local police forces
- aging GBLT and PHA population – nursing home policies and practices that are respectful, need to be proactive in anticipating needs of aging PHAs
- solidify existing partnerships with corrections and mental health

*New Brunswick HIV organizations already have a strong working relationship, but see opportunities for improvement in using technology more, and in addressing issues such as housing, transportation, aging, corrections and mental health.*

### Newfoundland

- Although there is lots of media coverage of booming economy in NFLD, there are cutbacks and tight economic situation outside of oil and gas sector
- ACNL has been able to get funding support from Department of Health and Community Services for reduction program, so not as reliant on PHAC for funding, good provincial connections
- Good relationships with health authorities, especially smaller health regions, and community health networks that ACNS uses to share information and collaborate on working with vulnerable youth (e.g., youth centres) – good partnerships that will be built upon
- Utilizing technology can be improved, especially working with youth – very rural province, so using the internet is important (e.g., Webinars, download presentations on YouTube)
- No anonymous testing in NL, still lots of stigma

*Newfoundland stakeholders noted that they have been able to build positive working relationships with provincial and regional health bodies. Further work needs to be done with respect to reaching rural populations and youth, and to address HIV-related stigma.*

## Youth Engagement

Jessica Danforth, founder and Director of the Native Youth Sexual Health Network, led the participants through a youth engagement exercise to demonstrate how youth may perceive the competing messages and pressures they get regarding sexuality and HIV prevention. The exercise went as follows:

- Divide participants into groups of three.
- One of the people is the Youth and his/her job is to just sit and listen. The second person is the HIV Educator whose job is to lecture the youth on condom use. The third person is the voice of Reality whose job is to inundate the youth about the reality of sex, how it is portrayed in mainstream media, the realities of relationships, etc.
- When instructed to “go”, the HIV Educator and the voice of Reality both simultaneously start talking to the Youth, trying to drown out the other.
- Switch roles after 30 seconds, until each person has acted each of the three roles.
- Ask the participants for their reflections on what it was like to be in each role.

This exercise was effective in demonstrating that young people can be barraged with multiple competing pressures. It also demonstrated the challenge for HIV educators to rise above the various societal pressures that make healthy decisions difficult for youth.

Jessica recommended additional youth engagement resources on the website:

[www.Advocatesforyouth.org](http://www.Advocatesforyouth.org)

### Youth Engagement Working Group

Following Jessica's exercise, the participants then discussed in more depth how youth can be meaningfully involved in HIV/Hep C prevention and harm reduction initiatives. The participants discussed generating a framework for a ‘youth advisory board,’ intended to be an auxiliary membership for existing organizations. The intent of the youth board would be for the members to identify social issues of importance to them, determine (short term?) means of addressing these issues, and generating and implementing (short term?) work plans.

Some of the potential topics on which the youth advisory board would focus included:

- Sex education
- Sexual / gender identity education
- Drug education / drug policy reform

The proposed structure for the youth advisory board was that there would be a rotating youth board which would work in collaboration with, or with supervision from, adult members. Youth board members would be rotating insofar as membership would only be an option for certain age groups (e.g., ages 14 – 19).

The activities of the youth advisory board would be youth-driven, with issues of focus to be identified by the members. The youth would organize and lead activities, with direction and guidance from senior members.



In terms of resourcing the activities of the youth advisory board, it would be able to apply for youth-specific funding, and organize activities that would otherwise not be options for senior board members.

The benefits are that the youth board may have increased freedom to act on social issues, due to different structure of accountability. The rotating structure would allow for programs, goals and targets to evolve with time, reflecting the priorities of the new board members. Recruitment for the youth advisory board would be based on desired membership demographics, and the members of the youth board will likely have greater access to peers, and a better idea of how to get them interested. In turn, youth will be able to transmit messages / generate interest on the part of parents.

## Priority Working Groups

Based on the province-specific priorities, the facilitator led the participants through a consensus-building process to identify the top five common issues across all four Atlantic provinces. The four common areas which were prioritized for follow up by forming working groups were:

- Partnership and Network Development
- Housing
- Technology
- Youth Engagement

The participants were asked to sign up for one or more of the working groups and commit to follow up on actions relating to the priority areas common across all four provinces. The four working groups and preliminary members are listed below, with the understanding that membership in these working groups will expand as other stakeholders in the region are invited to participate.

Working Group	Purpose	Committee Members
<b>Partnership and Network Development</b>	This working group will focus on sustaining and expanding partnerships with multi-sectoral stakeholders in order to ensure inclusivity of all relevant perspectives in the integration of HIV, Hep C, STIs and BBPs.	Cindy MacIsaac Alana Leard Julie Dingwell Jeannine McNeil Pamela Hudson Laine Weldon Jo-Ann MacDonald Gail Neville Melinda Pyke Janet MacPhee Marg Dykeman Carla Dunsmore Laura Toole Michelle Proctor-Simms Sarah Peddle
<b>Housing</b>	This working group will focus on advocating for and collaborating in implementing more low-cost housing across Atlantic Canada, building upon the successes of the Housing First model.	Cindy MacIsaac Alana Leard Pamela Hudson Colin Campbell Michelle Proctor-Simms
<b>Technology</b>	This working group will focus on the use of communication technologies and social media to improve cost-effective means of knowledge exchange, collaboration and outreach.	Alana Leard Laine Weldon Greg Harris Janet MacPhee Matt Smith
<b>Youth Engagement</b>	This working group will focus on sharing ideas and building capacity for greater and more meaningful engagement of youth in leading prevention and harm reduction program, policy and research initiatives.	Cindy MacIsaac Alana Leard Pamela Hudson Laine Weldon Greg Harris Melinda Pyke Janet MacPhee Colin Campbell

## Next Steps

This report will be circulated to all workshop participants as well as individuals who were invited but unable to participate. We also encourage HIV, Hep C and harm reduction stakeholders to share this report with their local partners.

The main follow up actions from the workshop will be to connect those individuals who signed up for the four Working Groups: Partnership and Network Development, Housing, Technology, and Youth Engagement. Initial meetings by teleconference can be hosted by the OYOR project. The initial Working Group members may also wish to invite additional members to join the Working Groups.

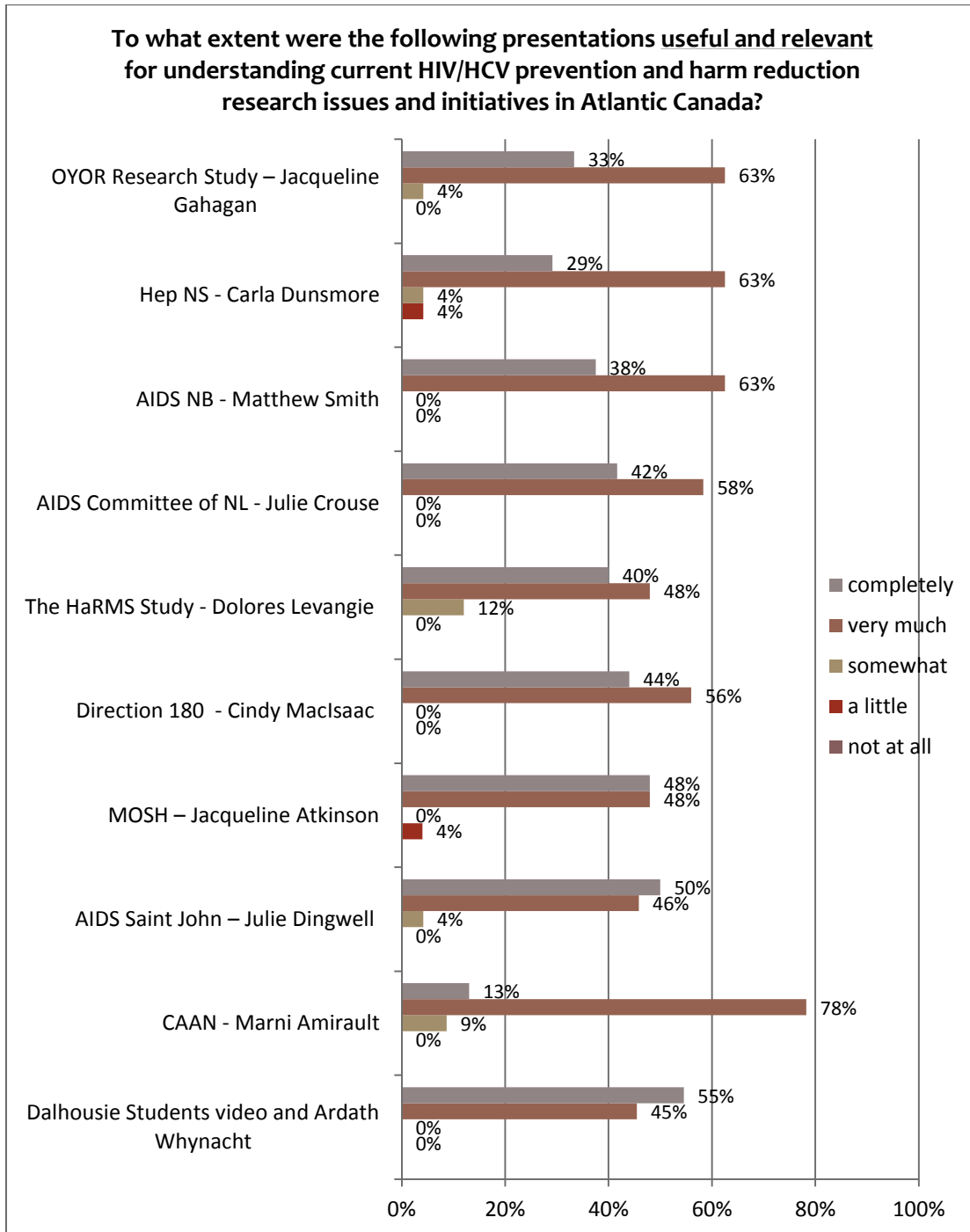
Finally, the discussions which took place during this workshop will inform the OYOR project in its ultimate goal of developing novel, effective policy and programmatic HIV and Hep C prevention strategies.



## Appendix A: Acronyms

<b>GIPA</b>	Implication accrue des personnes vivant avec le VIH/sida
<b>ITS</b>	Infection transmise sexuellement
<b>MIPA</b>	Implication significative des personnes vivant avec le VIH/sida
<b>OLS</b>	Organisme de lutte contre le sida
<b>PDH</b>	Pathogène à diffusion hématogène
<b>VHC</b>	Virus de l'hépatite C
<b>VIH</b>	Virus de l'immunodéficience humaine

## Appendix B: Evaluation Data



**Is there anything you would recommend to improve Day Two of the “Spreading Information, Stopping Infection” Workshop?**

- the discussion about funding might be a bit confusing for some in the room who are less involved at the service provider level, i.e., distinction between provincial funding and federal funding as one example

**Please complete the following sentence: “My personal follow-up action item after this Workshop will be to...”**

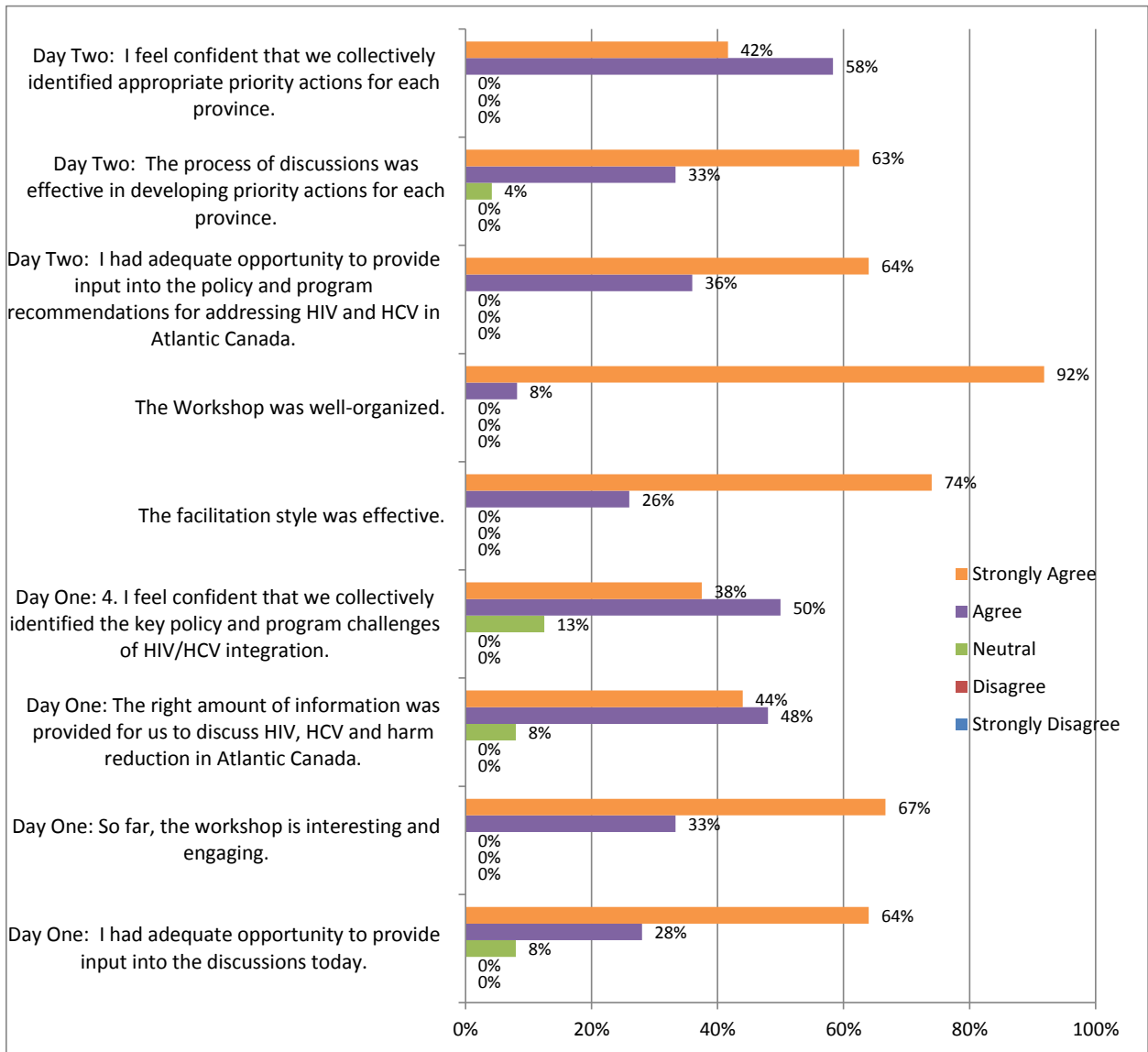
- Bring back this information to my workplace so that folks know what those on the ground are thinking and talking about
- Keep connected with my prevention partners
- Work much harder to engage and support youth
- Share discussions with my colleagues and look at how our facility can continue to involve youth in moving forward with integration
- Continue to create partnership and to ensure that youth are leading the discussion around the needs and programming that affect them
- Pass on the knowledge and the needs of youth to other youth and people who want to see change
- Continue to spread the word and connect the dots
- Spread more awareness of HIV/AIDS and harm reduction actions that can be taken
- Make better efforts to include youth into programming – discussion so as to steer the direction of the programs and content being offered
- Inform people in my office re: the discussions we’ve had about integration
- Further engage and hopefully influence the course of research on HIV/HCV
- Present info to other staff
- Become involved with community collaborations
- Connect with Jessica Danforth – Aboriginal organizations
- Meet with staff to discuss reinvigorating partnerships and developing a youth sub-committee to report to the Board
- Get a good understanding of which organizations provide what in Nova Scotia
- Participate in priority working groups
- Contact the office of the Ombudsman to get a copy of the report regarding how we can better serve youth
- Update contact list of people in conference and make sure email is easy to connect
- Make small simple presentation for NECHC/MOSH/Mainline colleagues on what I learned
- Start educating staff in the shelters
- To consider creative ways to engage youth in my work – continue to be sure time is spent strengthening relationships
- Engage in an ongoing discussion about impacts, challenges and opportunities re: integration of policies and services related to sexuality and STBBIs
- Use the organizations and individuals I have connected with at this workshop as a resources for the work I do
- Implement a greater involvement piece for my clients and youth
- Improve partnerships with like-minded organizations and make contacts with groups not previously linked up (e.g., parent groups)

**For future meetings on research about HIV, HCV and harm reduction in Atlantic Canada, what topics would you like to see covered?**

- Youth/peer information, concerns and ideas
- Bridging gaps for serving diverse populations
- How to speak to youth
- Primers on community-based research / action research
- Review of current research



- Suggestions for how to conduct basic, simple research on the fly with a mobile population
- Current stats on youth with HIV
- Use of social media and technology
- Innovative approaches for integration
- New research and information
- Funding pockets for projects
- Update on point of care testing pilot (MOSH) – soon to be started
- Issues of migration between Atlantic Canada and Fort McMurray
- Strategies for integration and evaluation of integration
- Youth involvement
- Best practices for harm reduction
- How to develop new ways to engage policy makers
- Stats on people of African descent regarding HIV/HCV and harm reduction programs
- Researcher-community relationships
- Aboriginal / culturally relevant approaches to HIV, HCV, harm reduction in Atlantic Canada
- Research translating to policy and programming, and reverse: ground level informing research
- Arts-based/creative – together creating an arts-based community spirit, group cohesion, demonstrate to folks that don't know
- Discussion of support services
- How to engage and maintain contact with people whose needs are immediate (i.e., food, shelter, arrest, drugs)
- Evaluation workshop – how to identify measurable outcomes
- Education around prevention and sexual diversity
- Guiding not leading within youth and addictions
- Strategies on how to engage youth – how to make them take on a leadership role
- Realistic policies that will touch/reach as many people as possible
- Housing
- CBR and PHA involvement in all aspects of the research
- Have youth present and discuss engagement
- Reality of risk activity
- Role of community – not affiliated with HIV, HCV
- “speed dating”
- Successful rural harm reduction programs
- Examples of successful community collaborations
- Point of care testing
- Review some existing policies relating to HIV, HCV and harm reduction
- Youth presenting re: their involvement, experiences, learnings
- Service gaps to people at risk and newcomers to Canada
- Education networks and building community support networks
- Present states of HIV, HCV in Atlantic Canada



**General Comments:**

**Day One**

- Awesome work, great information
- Very relevant, great to hear what is going on in our community and what resources are available
- Sharing information about different programs across Atlantic Canada is always a good thing – always learn something new
- Merengue was awesome! More dancing! (x2)
- Ardath was phenomenal!
- This was a great way to face-to-face with other community members. A lot of great initiatives that I can take home.
- Loved beer goggles
- Spoken word / coffee houses were great ideas
- Really enjoyed Mini TED Talks
- Text polling was great

- Liked video and spoken word as a way to reach youth
- Great first day! As tired as I was, I never lost interest or focus.
- Dynamic/diversified initiatives throughout Atlantic Canada – just think what could be done with more resources, not necessarily just financial
- Thank you for being so well organized and being on time. Hats off to those behind the scenes!
- There is a lot of good ideas that were discussed this morning and is something that can be taken into other organizations allowed me the opportunity to ask them how they are providing these services
- Very interesting, informative
- Everything flowed well and keep interest and stamina going
- Extremely interested in working on corrections
- Informative to say Hep C rather than HCV for older adults too
- The amount of youth accessing needle exchange programs are alarming
- Benefits of community input
- Great priority of perspectives
- Smaller group discussion was great and very effective
- Learned something from each presentation

### Day Two

- Excellent gathering – well organized, multiple opportunities to share information
- Great workshop!
- Great job!
- Great work, very informative, very well organized
- Really good to be able to hear from different groups – integrating what’s known and what’s important to each stakeholder
- Appreciate the opportunity to come together with Atlantic organizations
- San was an excellent facilitator
- Time flew by, the pace was great. I am used to ‘conference’ style meetings which drag on. The participation and style of this workshop was good!
- Need to better engage policy makers! Will the report go out to policy makers? If yes, can we ask for some feedback?
- I felt like we had lots of opportunity to have discussions that were moving the issues forward, sharing information across provinces
- Great food and venue/rooms
- The youth were always in the back, they were not really engaged. I felt that the workshop was youth focused but not youth geared.
- The 1pm session was a bit too long
- Jessica Danforth’s activity was great
- Food and organization was great
- San was a very good facilitator. Thank you!

### Head:

- Learned about new projects
- Informing policy is not an easy process
- Thinking about way in which to involve youth
- To find better ways to integrate
- Meeting/workshop to action

- Knowledge about what's available. The services provided by the Atlantic region.
- I am blown away by the depth of wisdom of the youth who have roles in outreach, etc.
- Increased my awareness about our need to much more for youth
- Youth led solutions need to happen
- Need more collaboration among provinces
- Fun ways to connect with youth
- Thinking about / awareness of the challenges related to integration
- I have a more clear understanding of the disease and prevention techniques
- So much knowledge out there and opportunity to share/collaborate
- How evaluation is much more complicated than just stats
- I learned more about what other organizations are doing. How we all have good intentions and similar philosophies.
- Increased knowledge of existing programs that can inform and facilitate work
- Gained more information regarding Atlantic issues, concerns and accomplishments
- Learned a lot about youth engagement in integration, lots of good food for thought, lots more knowledge re: what is happening on the ground
- With all the organizations working in the community around HIV/HCV and all willing to work together to get this right for those we serve
- Provided ideas to take forward

#### Heart:

- Learned about language I should rethink (e.g., "youth at risk")
- The need for adults to back off youth work
- Disappointed at how much people don't know the good work these community organizations are doing. In addition, the competition between these groups/organizations for funding
- There is so much affecting youth these days and they require so much help/assistance and awareness as possible to live healthy and safe lives
- Feeling more aware of youth and the impact of the social determinants of health
- Connection – we are not alone
- So thankful for all the amazing people we have in our corners
- Renewed encouragement and determination to carry on work in province
- To explore avenues with the NB partnership of community-based AIDS organizations – how we can encourage a NB approach re youth, HIV, HCV
- So happy to hear about how important these health issues are to so many people, touching to see the hard work and dedication put in
- I feel supported, working towards similar goals, positive attitudes throughout the conference.
- Sharing common goals – we are fighting the same battles – stigma, discrimination, funding environment
- Engaging youth is about protecting our future and theirs
- I feel warm knowing that I am not alone in this work (sometimes it gets lonely in the trenches)
- Complexity of the issues
- Commitment and dedication of participants
- I have more respect for the frontline workers and more empathy for the teens dealing with the choices and hardships that comes with preventing and having HIV

**Hands:**

- Will work with our local youth organization more proactively
- Engaging process for discussion and networking
- Greater involvement of youth/IDUs in advisory roles
- I will take a more hands-on approach with preventing and spreading awareness
- Starting a youth advisory committee – we can't assume, so engage and learn
- Access the many organizations and groups to contribute to the great work done by so many health professionals in this workshop
- Continue to participate, lend a helping hand to people I work with and ask for a hand when I need help.
- Provided practical information I can integrate into my work
- Connect with the necessary community partners
- Developing a youth committee
- How other areas are done, in case I need to refer to other locations
- Work with youth engagement agencies
- Arts-based youth initiatives
- Use of technology and resources renewed at workshop
- Great ideas for how to evaluate programs

For more information on this workshop or the NSHRF-funded **Our Youth, Our Response** study, please contact:

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You can also view related materials (including video of presentations from this workshop) at <http://dal.ca/gahps>.