

The Depth of Water Requires Knowledge: Listening to the Voices of the HIV Patient Journey



Innovation and Development Commons
Brown Bag Lunch
27 November 2014
Patricia Howard, MA



Agenda

- What is HIV?
- STOP HIV Pilot and From Hope to Health
- BC HIV Statistics
- Acknowledgements
- Purpose of PJM
- Background
- Methodology
- The River Journey
- Introduction of Report
- Discussion of Findings
- Recommendations
- Next Steps

First item on the agenda for our upcoming meeting:

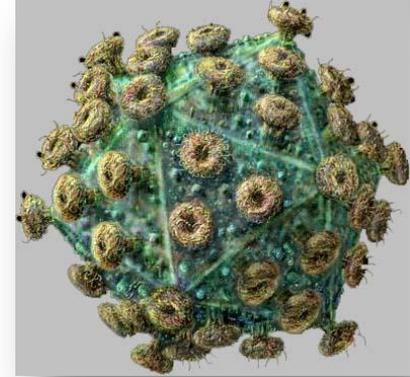
Sex.



your  cards
someecards.com

What is HIV?

- HIV is a virus that attacks the immune system, resulting in chronic, progressive illness that can leave people vulnerable to infections
- Fortunately, the virus is also frail: it cannot survive long outside the human body and does not transmit easily aside from some very specific behaviour



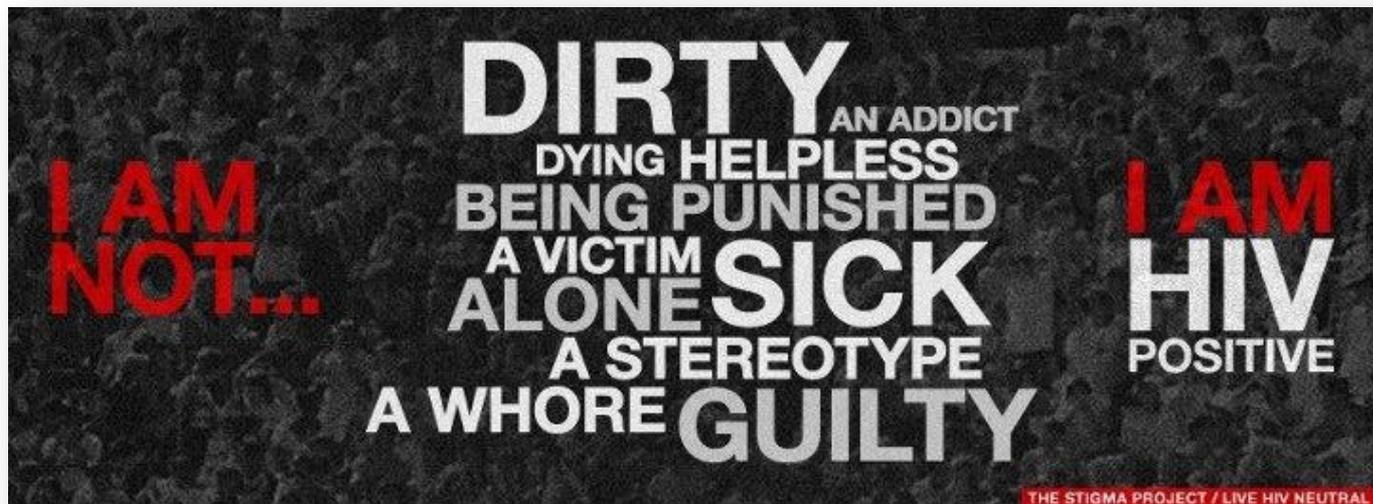
HIV **cannot** be transmitted by:

- mosquito bites
- shaking hands or hugging
- coughing or sneezing
- using toilet seats or door knobs
- sharing eating utensils or at the water fountain



HIV and Silence

69% believe that people would be **unwilling** to tell others they have HIV/AIDS because of the **stigma** associated with this disease



Background STOP HIV Pilot



From Hope to Health

1. Timely access to high-quality and safe HIV/AIDS care and treatment
2. Reduce the number of new HIV/AIDS diagnosis
3. Reduce the impact of HIV/AIDS through effective screening and early detection
4. **Improve** the patient experience in every step of the HIV/AIDS journey
5. Demonstrate system and cost optimization



1. Reduce the number of new HIV infections in British Columbia
2. Improve the quality, effectiveness, and reach of HIV prevention services
3. Improve the quality, effectiveness, and reach of HIV prevention services
4. **Improve quality and reach of HIV support services for those living with and vulnerable to HIV**
5. Reduce the burden of advanced HIV infection on the health system



BC HIV Statistics

In BC there are approximately 12,000 people living with HIV

Each year it is estimated 200 - 300 people ranging from 13-81 years old are diagnosed with HIV infection

June 2013 FN only ARV Stats

BC - on ARVs

705/6403 (11% Aboriginal)

705/837 (84% on treatment)

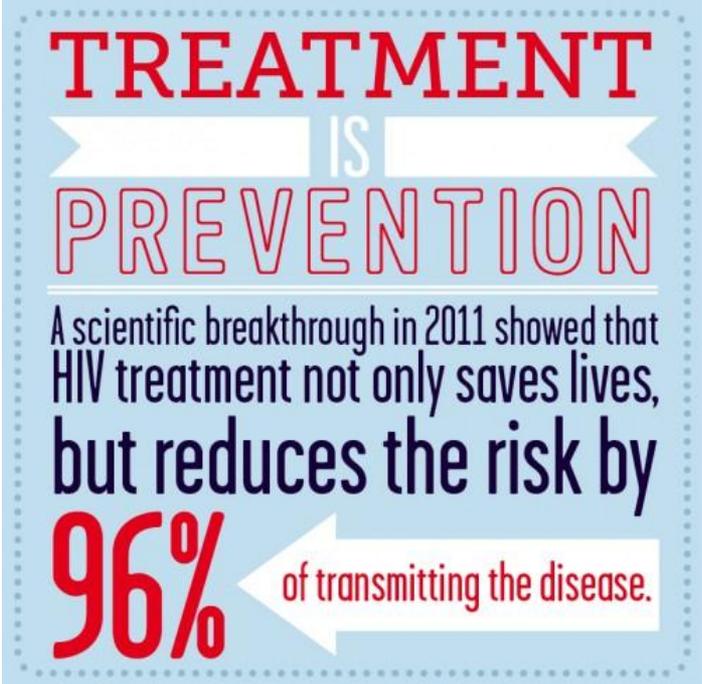
NH Region

73/180 on ARVs (41% Aboriginal)

73/85 (86% on treatment)

NI Region

45/49 (92% on treatment)



TREATMENT
IS
PREVENTION

A scientific breakthrough in 2011 showed that HIV treatment not only saves lives, but reduces the risk by **96%** of transmitting the disease.

Acknowledgements



Patricia Howard, MA
Principle Researcher



Dr. Tina Fraser, PhD
Collaborating Research Support



Dr. Theresa Healy, PhD
Collaborating Research Support



Bareilly Sweet, MEd
Collaborating Research Support

First and foremost, I have to acknowledge and thank our experts.

This PJM Report would not have been possible without the assistance of our participants:

Allan Mousseau, Christina Tom, Gay-lene Collison, TW, MR, CA, CW, SD, RL, CF,
KL, BK, ML, MR, FM, CT, LS, JS, MW.

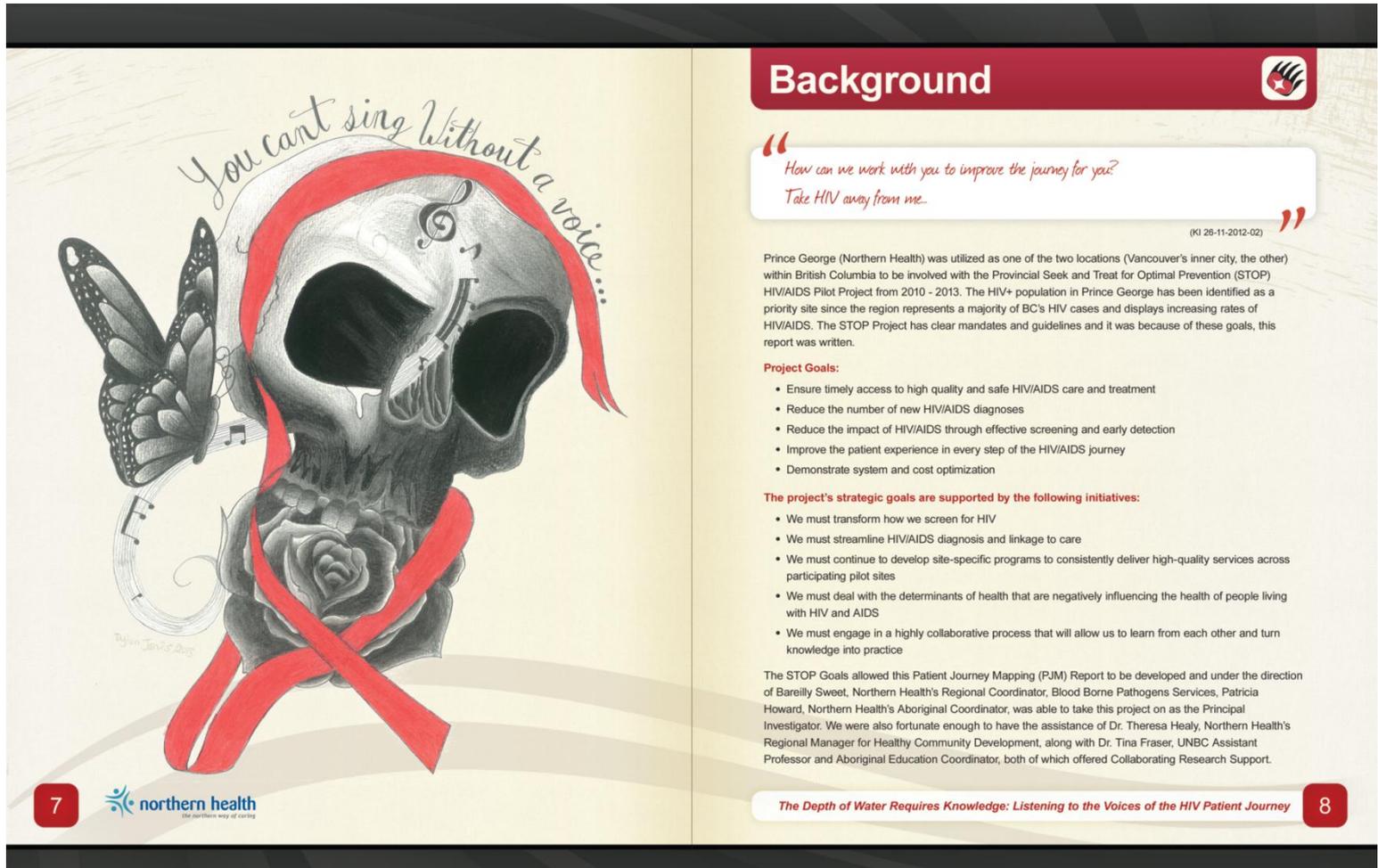
Purpose of PJM



Improve the patient experience in every step of the HIV/AIDS journey

- Be culturally safe and appropriate
- Reduce stigma & discrimination
- Listen to the experts
- Address barriers
- Identify areas of need

Background



Background

“
*How can we work with you to improve the journey for you?
Take HIV away from me.*
”

(KI 26-11-2012-02)

Prince George (Northern Health) was utilized as one of the two locations (Vancouver's inner city, the other) within British Columbia to be involved with the Provincial Seek and Treat for Optimal Prevention (STOP) HIV/AIDS Pilot Project from 2010 - 2013. The HIV+ population in Prince George has been identified as a priority site since the region represents a majority of BC's HIV cases and displays increasing rates of HIV/AIDS. The STOP Project has clear mandates and guidelines and it was because of these goals, this report was written.

Project Goals:

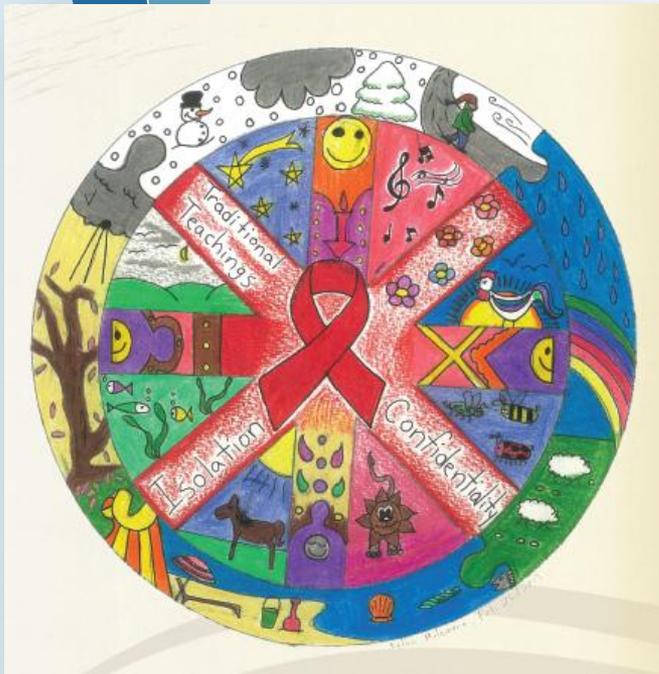
- Ensure timely access to high quality and safe HIV/AIDS care and treatment
- Reduce the number of new HIV/AIDS diagnoses
- Reduce the impact of HIV/AIDS through effective screening and early detection
- Improve the patient experience in every step of the HIV/AIDS journey
- Demonstrate system and cost optimization

The project's strategic goals are supported by the following initiatives:

- We must transform how we screen for HIV
- We must streamline HIV/AIDS diagnosis and linkage to care
- We must continue to develop site-specific programs to consistently deliver high-quality services across participating pilot sites
- We must deal with the determinants of health that are negatively influencing the health of people living with HIV and AIDS
- We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice

The STOP Goals allowed this Patient Journey Mapping (PJM) Report to be developed and under the direction of Bareilly Sweet, Northern Health's Regional Coordinator, Blood Borne Pathogens Services, Patricia Howard, Northern Health's Aboriginal Coordinator, was able to take this project on as the Principal Investigator. We were also fortunate enough to have the assistance of Dr. Theresa Healy, Northern Health's Regional Manager for Healthy Community Development, along with Dr. Tina Fraser, UNBC Assistant Professor and Aboriginal Education Coordinator, both of which offered Collaborating Research Support.

Methodology



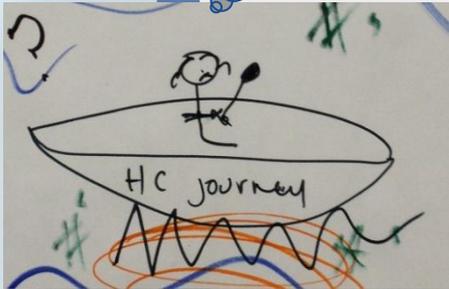
- Literature Review/Best Practices
Process for patient mapping
- Engagement with ASO's to identify participants
Cultural Safety and confidentiality
- 2 focus groups with HIV + individuals
(14 participants) one group women specific
- Key informant interviews with HIV+ individuals
(5 participants)
- Broad representation
(age, gender, newly dx, long term survivors)

19 people total living with and affected by HIV
84% Aboriginal representation

The River Journey



I am all alone



I know what my body needs too



Designed to improve the Health Care System by **listening** to the voices of the patient

Introduction of Report

One story

"My journey began in October of 1984. This doctor I used to go and see took a blood test. We used to call him the "vampire" because he always took blood from everyone. He went and got me tested without telling me. And then he said "make an appointment, come back" so I went back, kept my appointment. He told me, "I have some good news and some bad news." I asked, "What's the good news?" He said, "There is no good news really, I just said that to cheer you up. The bad news is: you're HIV positive; you have five years left to live." Right away he knew how long I was going to live and that was 28 years ago when he said that and I'm still here."

(KI 12-12-12-05)



Discussion of Findings

Findings



"I know I'm not alone in having that feeling of rejection and having a hard time with asking for help for that fear of not being able to receive it, and in a way that almost sounds like being spoiled or something but it's not that way."

(KI 26-11-2012-02)

We had a very rich set of data and began to process of analyzing by identifying common themes. Our first cut of the data resulted in 5 themes and xx subthemes. Our second cut enabled us to condense and synthesis and finally we had the 3 themes and xx sub themes discussed here.

General observations

One of the central themes that emerged throughout the STOP HIV/AIDS Pilot Project has to be, despite the many obstacles in place, the incredible amount of strength and resilience within this population. It was an honour and privilege to work with such an amazing group of individuals.

Shame discrimination and stigma

In the focus groups, the major finding related to silencing. The common experiences around stigma, discrimination and shame all created a perfect storm that swamped any attempts to engage in the health care system and be heard. There were also experiences that were related to how they were treated, and which also highlighted the implications and outcomes of this treatment.

"dangerous blood coming through"

"You're a junkie, you always will be. That's what they're saying."

(KI 26-11-2012-03)

Some implications and outcomes reported in the subthemes were: lack of compassion, lack of HIV knowledge, lack of knowledge of the determinants of health. These were all embedded in the service provided.

"At the hospital I kind of feel like their attitudes are different. The nurses. Like I can tell when somebody's talking about you, type of thing. They're talking about you but they're just you can sense it you know."

Stay away from her - she's got AIDS

(KI 26-11-2012-01)

Systemic barriers

In addition, to the stress of dealing with individual service providers who failed to offer compassionate service participants identified additional stress that was imposed by the system itself. Policies meant they were told things like:

- You can only talk about one thing to the doctor

"He said that's something we'd get into at another time"

(KI 26-11-2012-01)

Can only discuss one problem

Late for an appointment told to come back next week

- You have to wait to see the doctor, long beyond the appointed time, with no recognition of the cost to the HIV patient (rides that are no longer available, meals that were skipped, medication regimes that have been disrupted, other appointments they have.)

"I just wish it wasn't such a long wait period to see a doctor. Like, if I want to make an appointment, because on a daily basis I have different things I have to do, like, I go to my groups and things like that. So it's not like I can just hang out in a doctor's office all day waiting for an appointment, right? Like, I understand that they're very, very busy here but maybe they should get another Doctor or two or something you know. So they can meet the needs of the patients a bit better."

(KI 26-11-2012-01)

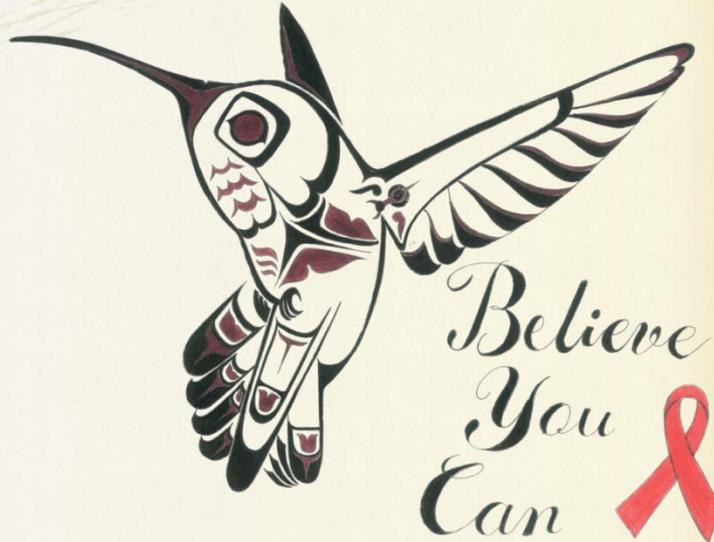
- You are not asked for important information that could impact treatment and care

"They fast track you once you're in there. Once you see the doctor or whatever they fast track you, they don't ask you proper questions. I don't see results that I want to see... I want to see what's going on with my blood work. I didn't get to see that, that was just rather broke my little heart. Cuz, I like to know I'm the type of person who wants to know the numbers. Cuz once the numbers go down I have the ability to change that, not the medical worker."

(KI 26-11-2012-01)

files not updated

Recommendations



Believe
You
Can



Recommendations

“ No, I don't like groups. I'm not a group person I stay by myself. I don't even see my spouse anymore, that's how scared I am. I need counselling. My mom doesn't know. I'm not the kind of person to open up. ”
(KI 26-11-2012-02)

Best Practice principles

During the individual interviews, the consensus emerged around best practice principles for care. These included:

- Reduce Shame – ensure the least amount of people know they are HIV+

“ I don't tell anybody anymore because of negativity ”
(KI 26-11-2012-03)

Doctors talk so loud in clinics and hospital. They announce to everyone I am HIV+

As soon as I found out my whole family just right away it was on Facebook. And it was all my mom. The one person that I'm supposed to love and she fucking hurt me so hard. I still love her. I just can't respect her the way I used to.. "Oh my daughter's dying she's got HIV" if I'm dying I'm like why am I still here? I haven't talked in a while about this to anybody. ”
(KI 26-11-2012-03)

- Highest regard for confidentiality – ensure accessing services does not become a broadcast of a status that should be private
- Address ignorance and lack of respect proactively and effectively

“ At the hospital I kind of feel like their attitudes are different, yeah. I just face so much of it [rejection] in my life that I really don't need it from people that are supposed to be a professional and those supposed to be helping you ”
(KI 26-11-2012-03)

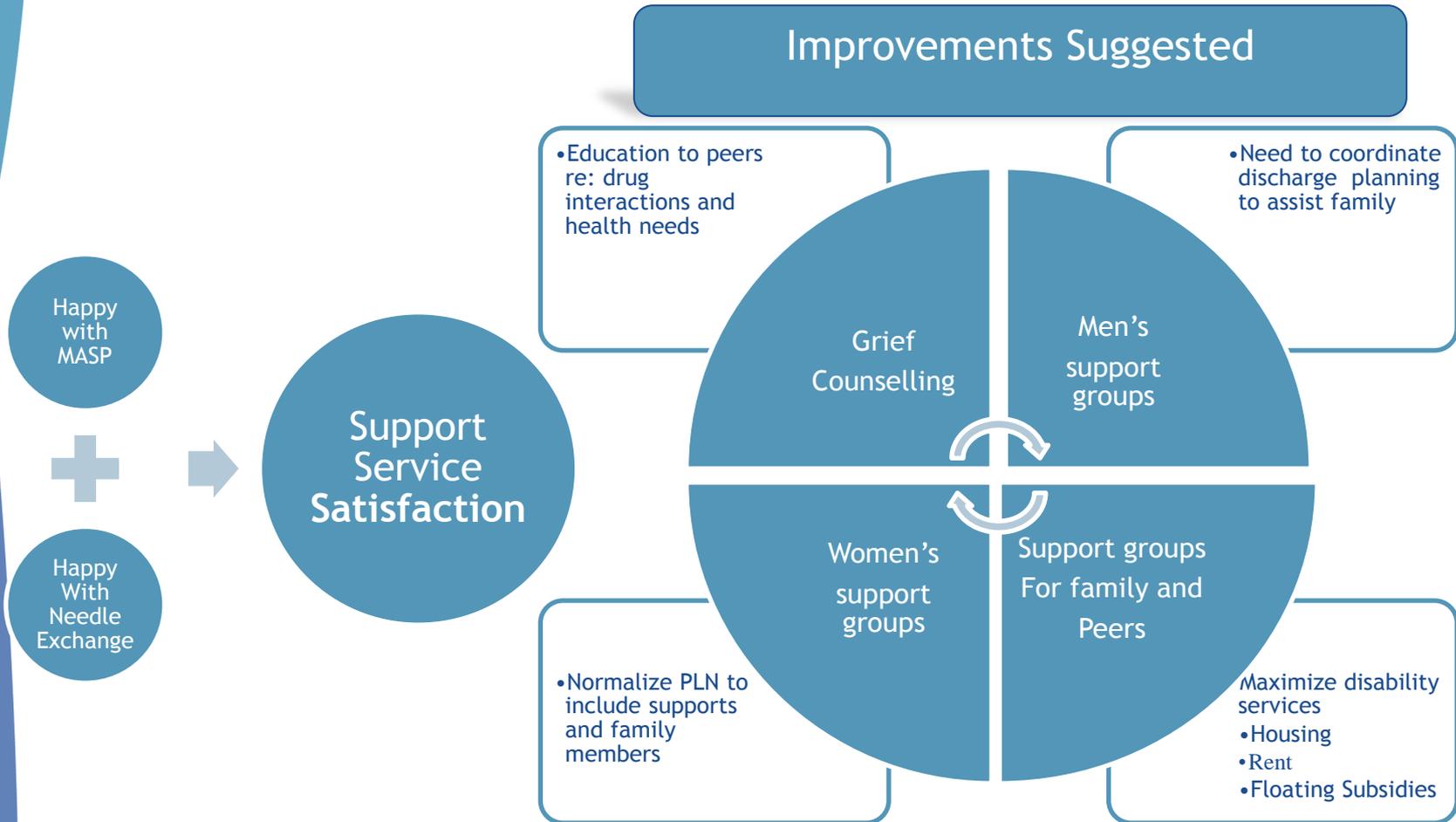
I am embarrassed to go to PLN. everyone will know

I keep my head down – people talk

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the northern way of caring

The Depth of Water Requires Knowledge: Listening to the Voices of the HIV Patient Journey **8**

Themes from 6 January 2014 follow up



Themes from 6 January 2014 follow up



Knowledge to Action - Top Three Priorities

“
Improvements, there's always room for improvement.
”

(KI 12-12-12-05)

1. Address stigma and discrimination through education and awareness
2. Community engagement and supports to build community capacity
3. Improve the experience for those living with and affected by HIV



Key Message: Nothing about us - without us

BBP Services: Activities

Promote testing in acute care

1. Develop interest
2. Initial training
3. Ongoing support

Training for NH health care providers

Normalization of testing

Partner with MH&A & Ministry of Social Development at policy and service delivery levels

Support Partners' Groups in PG & other communities

Training for community health care providers

Specialist & Pharmacist Support

MASP (PG)

Community engagement

1. Environmental Scan
2. Community Forum
3. Ongoing support for community plan tailored to local needs & resources

Recommended actions/outcomes from "Depth of Water"

Address ignorance & lack of respect among health care providers

Protect confidentiality

Improve communication & understanding around treatment delays or difficulties

Invest in treatment services

Commit resources to address social determinants of health:

- Housing
- Food security
- Life skills
- income

Ensure well-resourced diverse & culturally appropriate ancillary services

Support patient's self-advocacy & self-care

NH Peer Advisory Council

Reduced shame, stigma & discrimination of HIV+ individuals

-Reduced wait time for doctor
-Promised services are actually in place
-Internal & external outreach

Accessible, well-resourced, diverse & culturally appropriate ancillary support services

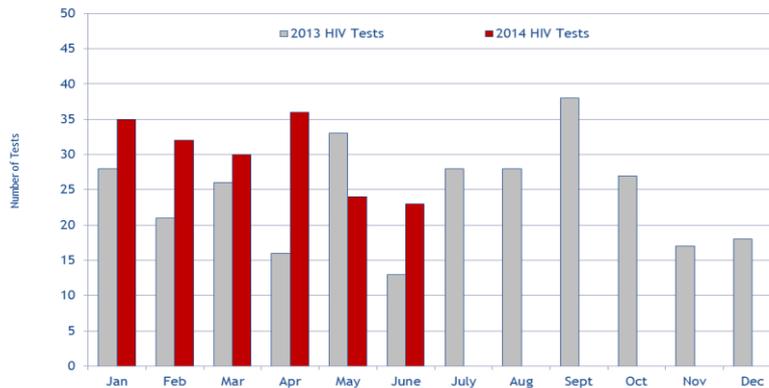
Blood Borne Pathogens Services Team



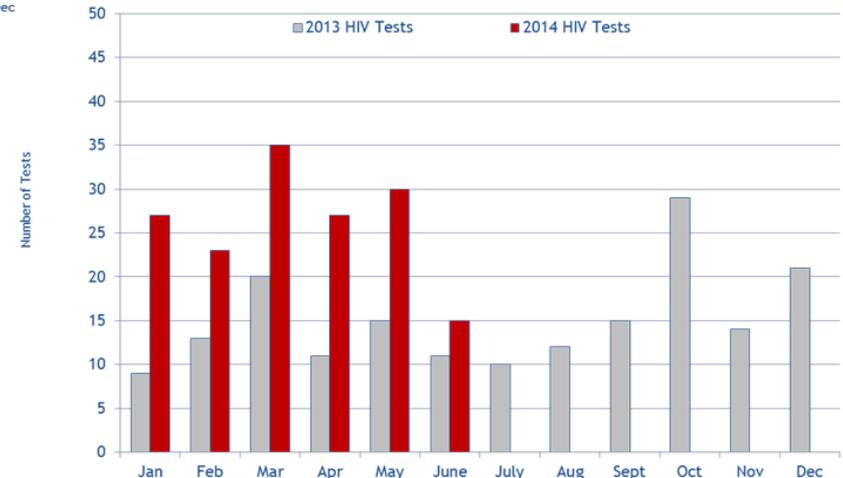
Peer Nominated Innovation Award October 2014
HIV Continuum of Care Collaborative

Regional Testing Initiative - Jan 2014

Comparison of Monthly HIV Test Volumes
St. John Hospital 2013 and 2014 (YTD)



Comparison of Monthly HIV Test Volumes
Stuart Lake Hospital 2013 and 2014 (YTD)



- Prince George
- Vanderhoof
- Ft. St. James
- Fraser Lake
- Lakes District

Next:

- Quesnel
- Mackenzie
- McBride
- Valemount

Tools & Resources: Integration for Wrap around Services



Patient information—Routine HIV testing at UHNBC

Why is an HIV test being offered?

We are offering an HIV test to all patients in hospital.

Knowing your HIV status is important for your health and health care. People with HIV often have no symptoms for many years. During this time, your health may be affected without you knowing. The only way to know for sure is to have an HIV test.

An HIV blood test is simple. It can be done with all your blood tests while you are in the hospital.

HIV is treatable with medication. The medication will keep your immune system strong. People with HIV who are treated can live long and productive lives.

What you need to know

The Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system. The immune system helps your body fight off infection.

HIV infection is a chronic illness that can be treated with medication. Like diabetes, there is no cure for HIV. But people with HIV who are treated can stay healthy and are less likely to pass the virus onto others. This is because the amount of virus in the body can be controlled by medication.

HIV can lead to Acquired Immunodeficiency Syndrome (AIDS) if you are not treated with anti-HIV medication.

HIV can spread from one person to another during unprotected sex (vaginal, anal, and sometimes oral) or by

blood contact (such as sharing needles) with someone who has HIV.

HIV is a 'reportable' infection. This means that positive test results are sent to the Medical Health Officer, who is a public health doctor, and an HIV Designate Nurse, who are responsible for the care of people who may have been exposed to HIV. The role of the HIV Designate Nurse is to offer you completely confidential nursing support.

You have the right to refuse to be tested for HIV.



PHSA Laboratories
Public Health Microbiology & Reference Laboratory
BC Centre for Disease Control, 655 West 12th Avenue Vancouver, BC V6Z 4R4 www.phsa.ca/bccdcpublichealthlab

Serology Screening Requisition

Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or last 4 digits of health number)	DATE COLLECTED (DD/M/YYYY)	TIME COLLECTED (HH:MM)	ORDERING PHYSICIAN/HEALTHCARE PROVIDER (Please write name and address of repeat ordering)
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of this report
DOB (DD/M/YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> LINK		
ADDRESS	ADDITIONAL COPIES TO: (Address - NRCR)		
CITY / TOWN	POSTAL CODE		
SAMPLE REFERENCE NO.			

Section 2 - Clinical Information

Clinical Information	Reason for Test
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Headache / stiff neck <input type="checkbox"/> Rash symptoms <input type="checkbox"/> STD contact <input type="checkbox"/> Fever <input type="checkbox"/> Other: specify _____	<input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> Investigation <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up <input type="checkbox"/> Other: specify _____
Recent Travel (Destination)	Onset Date (DD/M/YYYY)
	History

Section 3 - Test(s) Requested (Refer Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PRENAT)	HEPATITIS	OTHER SEROLOGY
HIV <input type="checkbox"/> HBV HIV Non-Neonatal Reporting <input type="checkbox"/> HBV HIVAg <input type="checkbox"/> HBV Rubella IgG <input type="checkbox"/> RUBEB Syphilis Screen <input type="checkbox"/> TPIS Other Tests, specify: _____	Acute - undefined etiology HIVAg, Anti-HIV, Total, Anti-HIV, Anti-HIV-1, Anti-HIV-2 Chronic - undefined etiology HIVAg, Anti-HIV, Total, Anti-HIV, Anti-HIV-1, Anti-HIV-2 Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc, Total Specific Hepatitis Markers Anti-Hepatitis A Total (Immune Status) <input type="checkbox"/> HMAI Anti-Hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAMAIB Anti-HBs (Immune Status) <input type="checkbox"/> HBSAB Anti-HBc, Total (Immune Status) <input type="checkbox"/> HBCT Anti-HBc, Total (Acute Infection) <input type="checkbox"/> HBCTIB	Immunity Measles IgG <input type="checkbox"/> MGB Mumps IgG <input type="checkbox"/> MUGB Parvo B19 IgG <input type="checkbox"/> PARBIB Rubella IgG <input type="checkbox"/> RUBIB EBV IgG <input type="checkbox"/> EBVIG CMV IgG <input type="checkbox"/> CMVIG Varicella IgG <input type="checkbox"/> VZVIG HIV IgG <input type="checkbox"/> HIVIG Herpes Simplex IgM <input type="checkbox"/> HSMIG
Syphilis (Non-Prenatal) Syphilis Screen <input type="checkbox"/> TPIS Syphilis Confirmatory <input type="checkbox"/> TPIC History (Required for confirmatory testing)	Acute Measles IgM <input type="checkbox"/> MEASIP Rubella <input type="checkbox"/> RUBIP Mumps IgM <input type="checkbox"/> MUMIP Parvo B19 IgM <input type="checkbox"/> PARBIP Rubella IgM <input type="checkbox"/> RUBIP EBV IgM <input type="checkbox"/> EBVIP CMV IgM <input type="checkbox"/> CMVIP HIV 1/1+ <input type="checkbox"/> HIV1IB HIV 2/1+ <input type="checkbox"/> HIV2IB	OTHER TESTS (Specify) _____ _____ _____
HIV (Non-Prenatal) Note: Patient has the legal right to choose not to have their name reported to public health in non-neonatal reporting HIV <input type="checkbox"/> HBV HIV Non-Neonatal Reporting <input type="checkbox"/> HBV HIVAg <input type="checkbox"/> HBV	HEPATITIS HIVAg, Anti-HIV, Total, Anti-HIV, Anti-HIV-1, Anti-HIV-2 HIVAg, Anti-HIV, Total, Anti-HIV, Anti-HIV-1, Anti-HIV-2 HBsAg, Anti-HBs, Anti-HBc, Total Anti-Hepatitis A Total (Immune Status) <input type="checkbox"/> HMAI Anti-Hepatitis A IgM (Acute Infection) <input type="checkbox"/> HAMAIB Anti-HBs (Immune Status) <input type="checkbox"/> HBSAB Anti-HBc, Total (Immune Status) <input type="checkbox"/> HBCT Anti-HBc, Total (Acute Infection) <input type="checkbox"/> HBCTIB	OTHER SEROLOGY Measles IgG <input type="checkbox"/> MGB Mumps IgG <input type="checkbox"/> MUGB Parvo B19 IgG <input type="checkbox"/> PARBIB Rubella IgG <input type="checkbox"/> RUBIB EBV IgG <input type="checkbox"/> EBVIG CMV IgG <input type="checkbox"/> CMVIG Varicella IgG <input type="checkbox"/> VZVIG HIV IgG <input type="checkbox"/> HIVIG Herpes Simplex IgM <input type="checkbox"/> HSMIG
		COMMENTS

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Properties and Services at www.phsa.ca/bccdcpublichealthlab

For information on sample collection, please call the PHSA Client Services at 1-877-PHSA-LAB (1-877-747-2333) Fax: (604) 100-9911 / 1-888-269-2333

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University Hospital of Northern British Columbia

HIV Testing Admission Orders Page 1 of 1 PATIENT LABEL

Allergies: None known Unable to obtain
List with reactions: _____

Date: _____ Time: _____

Admission Instructions	Time Processed	Comments
Offered for all adult patients admitted to acute care. * Consider offering Hepatitis Test in conjunction with HIV test.* Patient has consented to HIV Test <input type="checkbox"/> Yes - HIV antibody test with next bloodwork <input type="checkbox"/> No - Select reason below to complete order If no, state reason: <input type="checkbox"/> Known HIV positive <input type="checkbox"/> Recent HIV test within last 12 months <input type="checkbox"/> Patient unable to provide consent* <input type="checkbox"/> Patient refusal *Language barriers are not a valid reason for inability to consent. Nurse will arrange interpreter service.		
Follow-up for Positive Test Results If patient requires further support around pre or post counsel, please call in this order: <ul style="list-style-type: none"> NIHU Public Health HIV Designate Nurse: 778-349-2793 & Alternate (Mon - Fri) Communicable Disease Team Nurses On Call Line: 250-565-7363 (Mon - Fri) AIDS Prevention Program: 250-563-1727 (1300 - 1900, Mon - Sun) Wellness Van Nurse: 250-560-9777 (1900 - 2300, Mon - Sun) 		

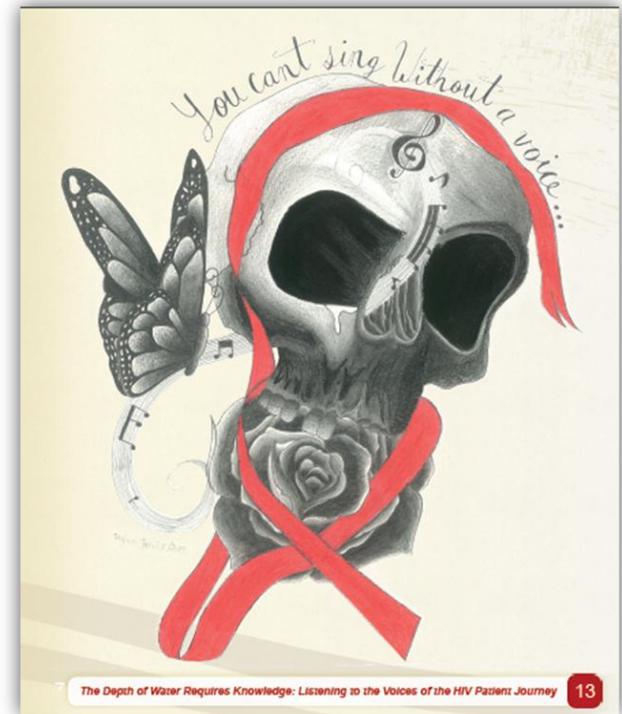
Printed Name _____ Signature _____ College ID _____ Pager _____



Purpose of Environmental Scans

The primary objectives of the environmental scans are to:

1. Examine existing services and supports
2. Map existing services in communities
3. Identify gaps and challenges
4. Implement potential solutions



Environmental Scan Sample Questionnaire

Community Name:

Contact Name:

Date:

Things to keep in mind when answering questions below: •Do you have the service on site? •If not on site, do your community members have access to services off site? •Is there an active, functioning referral process? •Are services accessible and provided with adequate access, easy to reach?	Green	Orange	Pink	Red	
	Access/ availability is good/ acceptable	Access/ availability is there, but with quality issues needing improvement	Service gap: insufficient service or capacity or limited access	Service gap: no service in the community or accessible	
Questions	Check as appropriate: ✓				Comment Section
Example: Do your community members have access to contraception (other than condoms)?			✓		Community Health Nurse comes to clinic one day each week. Gap: need more hours on site.
Q1 Has your community participated in any HIV stigma reduction activities (i.e. AIDS Walk, Around Kitchen Table, community HIV education event/health			1		2 individuals came previously - not health care professionals; should be done door to door, one on one meetings - more personal and confidential; community tells us what they need
Q2 Do your community members have access to HIV prevention information materials?		1			written materials are ineffective as there are literacy issues - photos more appropriate - engage the community members via photo novella - photo voice
Q3 Do you incorporate traditional cultural practices (TCP) into your HIV program?				1	
Q4 Do you provide any formal HIV education for your community?			1		some education - health days
Q5 Do your community members have access to peer based programs for HIV prevention or support?			1		
Q6 Do you have condoms to distribute to clients at your insitution / health centre/in your community and/or First Nations community?		1			distribution is limited; health canada supplies limited kind; improvement needed
Q7 Do your community members have access to HIV post exposure prophylaxis (i.e. after sexual assault or needle stick/occupational exposure)?			1		extremely limited - people don't disclose - confidentiality issues
Q8 Do you have a needle and syringe exchange program at your health centre/in your First Nations community?				1	confidentiality issues pose problems
Q9 Do your community members have access to Mental Health & Addiction services (counselling, detox, treatment)?			1		2 workers for entire nation - need more

List of Invitees and ES Scan Participants

1. NH Health Services Administrator
2. NI NHA Rural Public Health
3. NH Public Health Nurse
4. Tachie First Nation
5. Mental Health & Addictions
6. Nak'azdli Health Center Health Nurses
7. Yekochee First Nation Health Nurse
8. Fire Weed Safe House
9. NH Fort St. James Home Care Nurse
10. Stuart Lake Hospital - Head Nurse
11. Nezul Be Hunuyeh Child and Family Services Society Manager
12. Nak'azdli Health Center NP



Community Engagement Invite and Agenda



Lakes District Community Focus Group

Follow up Meeting

HIV/Hep C Impacts EVERYONE
Partnership for Healthier Communities



We value your input as we work collaboratively to enhance and develop HIV/Hep C & Harm Reduction services

Community Focus Group
Chamber of Commerce – Heritage Room

9 October 2014

1:00pm – 3:00pm

Please join us in a public forum for further information contact:
250.565.7398

Or e-mail Trish at Patricia.Howard@northernhealth.ca



Lakes District Community Focus Group *Follow Up Meeting Agenda:*

Thursday 9th October 2014
Chamber of Commerce Building 1:00 – 3:00

- 1:00** *Welcome and Opening prayer*
- 1:05** *Ice breaker and Introductions*
- 1:30** *Review notes from August 12 meeting*
- 1:45** *Action Planning - Team charter and vision*
- 2:45** *Wrap up – challenges and TOR – Next Steps*
- 3:00** *Adjourn*

First item on the agenda for
our upcoming meeting:

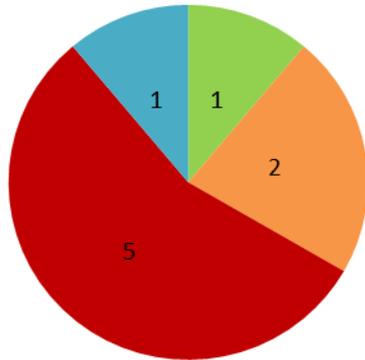
Sex.



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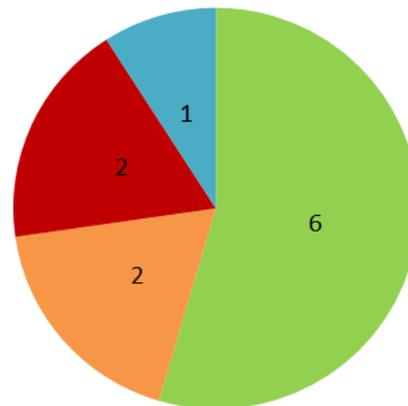
Q8 Do you have a needle and syringe exchange program at your health center/in your FN Community?

- Access/ availability is good/ acceptable
- Access/ availability is there, but with quality issues needing improvement
- Service gap: insufficient service or capacity or limited access
- Service gap: no service in the community or accessible
- Unknown



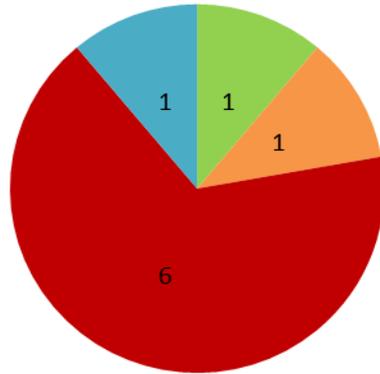
Lakes District

- Access/ availability is good/ acceptable
- Access/ availability is there, but with quality issues needing improvement
- Service gap: insufficient service or capacity or limited access
- Service gap: no service in the community or accessible
- Unknown



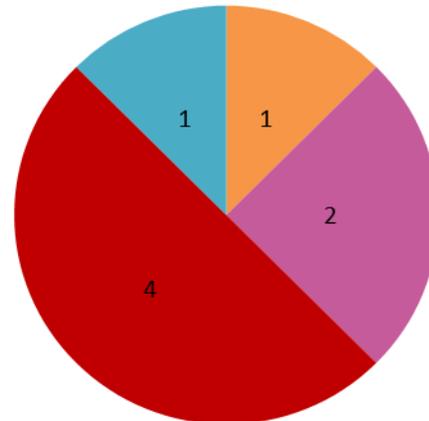
Ft. St. James

Q12 Do you have a process for confirmatory HIV testing and linkage to care and treatment if you diagnose someone at your site?



- Access/ availability is good/ acceptable
- Access/ availability is there, but with quality issues needing improvement
- Service gap: insufficient service or capacity or limited access
- Service gap: no service in the community or accessible
- Unknown

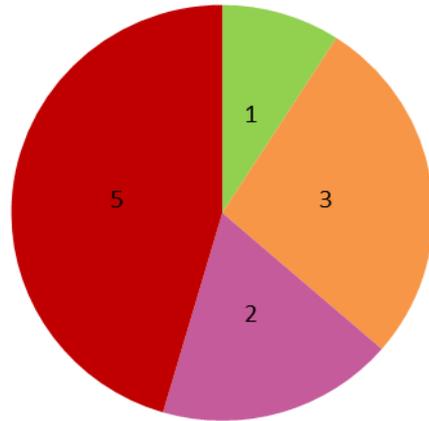
Lakes District



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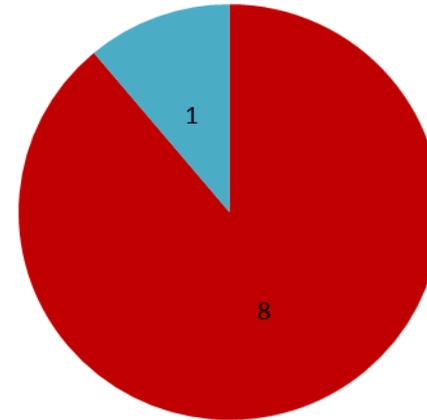
Ft. St. James

Q11 Do you offer point of care (POC) rapid HIV testing at your institution / health centre/in your community and/or FN community



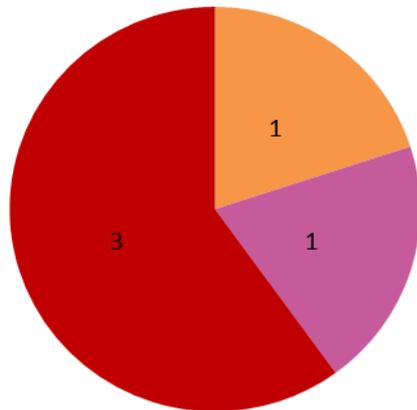
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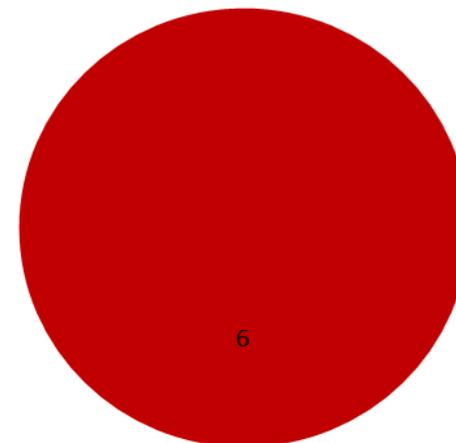
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**Ft. St James
Aboriginal Specific**

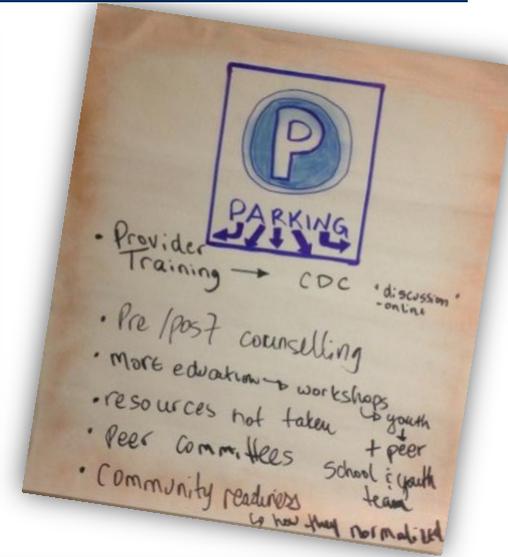
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**Lakes District
Aboriginal Specific**

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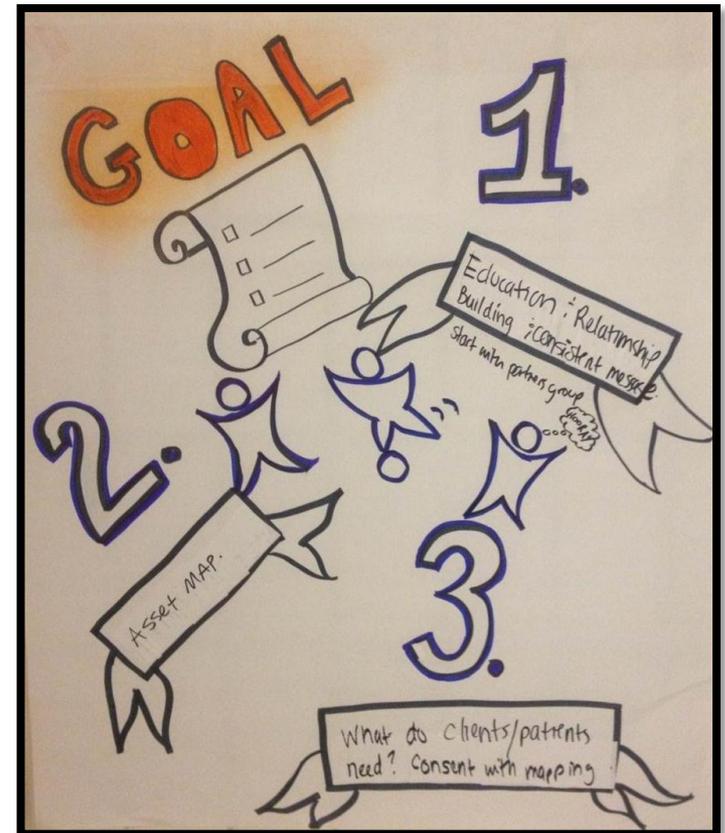
Community Engagement - Focus Groups



Community Forum Goals

Top 3 goals:

1. *Education and Relationship Building*
 - *Incorporating consistent message*
2. *Asset Map*
 - *Resource guide*
3. *Determine what do clients need?*
 - *Consent with mapping*



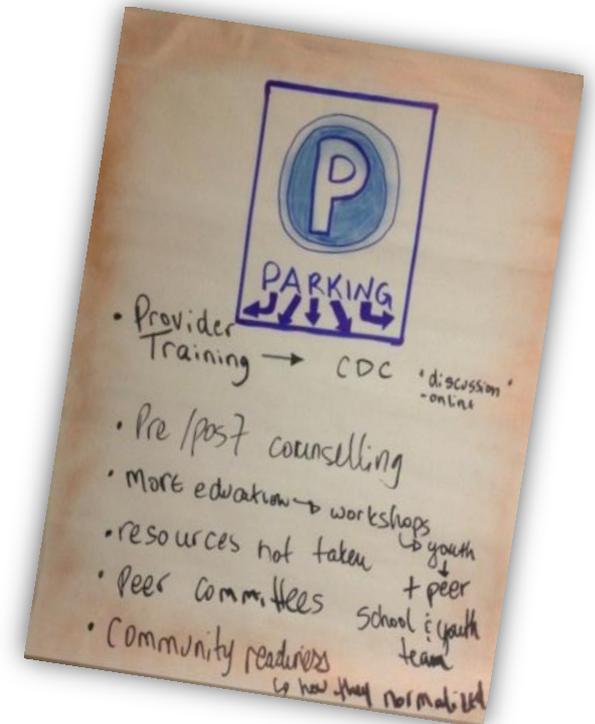
Next steps: Partner Education/Training

Two sessions:

Specific pathway/ process map

Community education with BBP training

- How do we support clients?
 - **Mapping**
- Identify community champions
 - Including physicians/specialists
- Process pathway developed
 - “What to expect when you receive diagnosis”



Thank you - Questions?

“

Is there one thing that you think service providers or anybody needs to know about your journey? Just that I'm hopeful that things do change, in the system.

”

(KI 26-11-2012-01)



Any questions please contact:
Patricia.Howard@northernhealth.ca