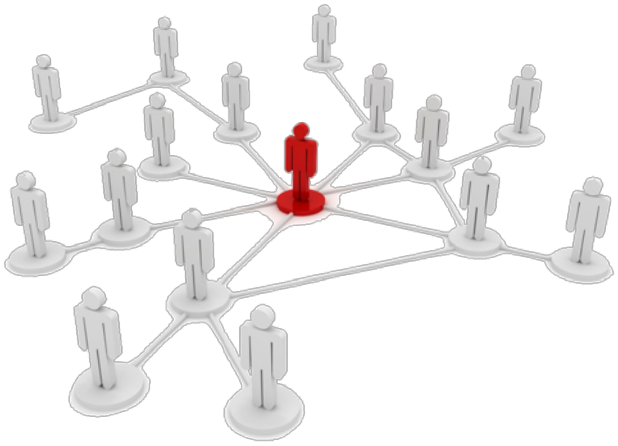

National Collaborating Centre for Infectious Diseases

A Mixed-Methods Approach to Addressing Challenges Related to STBBI Partner Notification in Canada

Consultation Proceedings

October 3-4, 2011
Toronto, Ontario

Prepared by:
Nancy Dubois
DU B FIT Consulting

Acknowledgements

The National Collaborating Cetnre for Infectious Diseases (NCCID) would like to thank the following people for their contributions to the STBBI partner notification (PN) consultation:

Advisory Committee
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Dr. Eve Cheuk, NCCID
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Dr. Pamela Leece, Toronto Public Health
Dr. Anneliese Poetz, NCCID
Mr. Ellison Richmond, University of British Columbia
Dr. Omobola Sobanjo, Institut national de santé publique du Québec
Ms. Darlene Taylor, University of British Columbia

Consultation Facilitator / Report Author
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1.0 Introduction

The National Collaborating Centre for Infectious Diseases (NCCID) began a project in 2010 to examine the Canadian practice and experience of partner notification (PN) for sexually transmitted and bloodborne infections (STBBIs). This ongoing project amalgamates various prior NCCID activities related to PN that have a specific communicable disease focus, emphasizes the commonalities in the practice of PN and addresses challenges specific to each communicable disease. The project incorporates two draft NCCID knowledge products – an Evidence Review on PN for HIV and a project on PN for chlamydia – into a broader theme and expands on other STBBIs that were not addressed in earlier activities.

This project uses a mixed-methods approach to capture a wide range of evidence – both published and experiential. Components of this project include:

- A review of provincial and territorial acts, regulations and protocols related to PN/contact tracing for STBBIs
- A series of Evidence Reviews
- A series of experiential reviews of practice in Canada
- Mathematical modelling for evaluating the effectiveness and cost-effectiveness of different models of contact tracing for chlamydia.

As part of this comprehensive project, a two-day consultation was held in Toronto on October 4 and 5, 2011.

This report serves to reflect the proceedings of the consultation and as a springboard for further work in setting priorities by NCCID in this area. The final agenda for the consultation can be found in Appendix A. For the list of participants, please see Appendix B. All presentations from the consultation are accessible on the NCCID website (www.nccid.ca). Biographies of all presenters are provided in Appendix C.

2.0 Setting the Context

A reception was hosted in the evening of October 3 at which Dr. Margaret Fast, Scientific Director of NCCID, provided an overview of the six National Collaborating Centres (NCCs) for Public Health and the mandate of NCCID, and highlighted current ongoing projects at NCCID.

Dr. Eve Cheuk reviewed the STBBI PN project and reminded the participants of the objectives of the PN consultation:

1. Initiate a national dialogue on STBBI PN in Canada
2. Provide participants with an overview of NCCID's STBBI PN project
3. Gather input from participants to inform the scope of topics and activities of the project
4. Identify and prioritize challenges of implementing STBBI PN programs
5. Identify and discuss strategies to overcome these challenges
6. Identify next steps for NCCID to facilitate improving STBBI PN programs in Canada.

3.0 Consultation Results

3.1 Identifying the Challenges of STBBI PN Programs

The first day of the consultation began with presentations by writers of the six Evidence Reviews on the topics of PN for HIV/STBBIs. The six topics and writers were:

1.	PN: A historical account	Dr. Omobola Sobanjo
2.	PN for chlamydia	Dr. Pamela Leece
3.	HIV PN: An evidence review	Ms. Nicole Finlay
4.	PN in special populations: Summary of findings	Dr. Sue Pollock
5.	Impact of STBBI PN on other outstanding issues	Ms. Darlene Taylor
6.	New technologies in PN	Mr. Ellison Richmond

The purpose of this panel was to present the latest available published information on a number of PN issues, and to initiate thought and dialogue in participants regarding their current challenges with respect to implementing STBBI PN programs. Following these presentations, participants took part in a guided discussion at five breakout tables. Notes generated in "Breakout #1: Challenges I" were captured in a running template and are compiled in Appendix D.

Prior to continuing with small group work, a panel of invited speakers shared with the group their experiences in STBBI PN from their own country.

1.	The UK – Partner notification: The UK perspective	Ms. Lorna Sutcliffe
2.	The US – Partner notification for STI in the US, successes and challenges: The New York City experience	Dr. Julia Schillinger
3.	Argentina – Strategies on Testing Promotion within HIV/STD High Prevalence Groups	Dr. Fernando D'Elio
4.	Canada – Partner notification and sexually transmitted and blood-borne infections in Canada	Dr. Catherine Dickson

The international panel was followed by Canadian public health practitioners who presented from a local or regional perspective.

1.	Long distance sex partnerships and STI	Dr. Ann Jolly
2.	The methodology behind using social networks for contact tracing	Dr. Johnmark Opondo
3.	InSPOT Toronto	Dr. Rita Shahin*
4.	Alberta syphilis campaign	Ms. Karen Sutherland

* Unavailable

All presentations are accessible on the NCCID website (www.nccid.ca).

Following these presentations, participants built on the discussion of the first breakout session and further explored challenges of PN programming in their groups. Notes generated in "Breakout #2: Challenges II" are compiled in Appendix E. Challenges identified in each breakout group were reported in plenary and organized into a master list under these eight categories:

1. **Knowledge exchange**
    a. Lack of capacity to synthesize, analyze and apply evidence when available
    b. Lack of sharing of common practices, tools and products (e.g. methods of contact tracing in the context of privacy legislation)
    c. Lack of awareness of PN legislation/policy across the country
    d. Lack of awareness of new PN knowledge and trends
    e. Lack of learning from outside STBBI community of practice (e.g. vaccines)
    f. Lack of documenting successful/innovative processes in implementing technologies
    g. Lack of opportunity for people doing STBBI work to meet (not given priority because perception is that collaboration/travel/meetings are luxuries)
    h. Lack of awareness of the role of public health (e.g. by the public and health care practitioners; helps build trust and understanding of need for funding)
    i. No explicit criteria for prioritization of PN
    j. No explicit criteria for determining the right mix of people to do PN in any given context
    k. No explicit criteria for determining when to use a targeted PN approach for a particular population (e.g. First Nations, remote and isolated communities)

2. **Capacity and resources**
    a. Staff training
    b. Collective agreement barriers (union issues)
    c. Geography (e.g. rural, remote/First Nations communities, long-distance networks/contacts)
    d. Privacy issues (how can you verify the data – related to technology uses, how do you know people are who they say they are)
    e. Capacity and resources: implementing new approach means something else becomes lower priority – competing issues and jobs

3. **Public awareness**
    a. Limited engagement of relevant community groups
    b. Awareness message fatigue (e.g. physicians, clients) – mass of information on all issues not just STIs, how do you get heard with your message, in the midst of all this "noise"
    c. Branding of PN (e.g. preventative intervention)

4. **Surveillance**
    a. Standardization of measures for data collection (e.g. case definitions, numerator and denominator)
    b. Inability of communication between FPT surveillance systems and various databases
    c. Inflexibility of systems (e.g. difficulty in making changes)

5. **Legislation and policy**
    a. Methods of contact tracing re: privacy legislation
    b. Medical/legal responsibility/different provinces and jurisdictions regarding EPT or APT
    c. Interpretation of public health acts and how it is supposed to take precedence but not universally understood that way

6. **New strategies using technology**
    a. Appropriate infrastructure (e.g. need IT support, technology such as cellphones, etc.)
    b. Data governance issues with new technologies

7. **Research gaps re PN**
    a. Evaluation
        i. Common outcomes
        ii. Rigour of methods/appropriateness of methodology for the questions being asked
        iii. Effectiveness and cost-effectiveness

8. **Jurisdictional issues**
    a. Allocation of resources, what drives this
    b. Minister/political buy-in (right circumstances at right time – "planets aligning"?)

Of the eight categories of challenges, Knowledge Exchange (KE) was identified as the category that intersects with the mandate of NCCID. On Day 2 of the consultation, participants were asked to begin the day's activity by prioritizing the top five challenges from the KE list based on the following consideration/criteria:

- What is the need (urgency, gaps etc.) to address a particular challenge?
- What will be the impact of potential activities for addressing a challenge? Is it realistic to address the challenge? Is there evidence to suggest that success is possible?
- What is the capacity to address a particular challenge? Is it within the mandate of NCCID? Is there an opportunity for partnerships or collaboration with other agencies/stakeholders?
- Is there any precedent for addressing a particular challenge?
- What is the return on investment, cost-effectiveness, and affordability?
- Do potential activities for addressing a particular challenge align with the values and atmosphere of the current political environment?

The five challenges, under the category of KE, receiving the most support were:

i. Lack of capacity to synthesize, analyze and apply evidence when available.
ii. Lack of sharing of common practices, tools and products (e.g. methods of contact tracing in the context of privacy legislation)
iii. Lack of documenting successful/innovative processes in implementing technologies
iv. Lack of opportunity for people doing STBBI work to meet (not given priority because perception is that collaboration/travel/meetings are luxuries)
v. No explicit criteria for determining when to use a targeted PN approach for a particular population (e.g. First Nations, remote and isolated communities)

Follow-up work will need to be done to identify who could provide leadership and/or contribute to addressing the challenges in the remaining seven categories (i.e. capacity and resources, public awareness, surveillance, legislation and policy, new strategies using technology, research gaps regarding PN, jurisdictional issues).

Before participants progressed to the last breakout session, Dr. David Fisman provided the group with a short workshop on the concept of mathematical modelling. In addition to providing participants with a description of his work with NCCID on evaluating the effectiveness and cost-effectiveness of different models of contact tracing for chlamydia, this mini-workshop was intended to prompt participants to consider mathematical modelling as a potential method for obtaining evidence in the face of uncertainty when addressing a particular programmatic challenge.

As with all other presentations, Dr. Fisman's slides are available on the NCCID website (www.nccid.ca).

3.2 Overcoming Challenges

Each breakout group was assigned one of five priority KE challenges and was asked to suggest strategies to overcome the challenges and to brainstorm ways in which these strategies could be implemented and evaluated. Notes taken in "Breakout #3: Ways to overcome challenges" are reproduced in Appendix F. The table below includes the suggestions from each breakout group.

Challenge	Suggested Strategies
i. Lack of capacity to synthesize, analyze and apply evidence when available.	• Ask what the most important research questions are, what data to collect (ask of individual jurisdictions) *Implementation Ideas:* • Representatives from different regions could meet (e.g. teleconference) to discuss which research questions to ask • Continuous scan of literature w/alerts • Regular publication of briefs w/ updates on PN data (e.g. prevalence/incidence/trends), latest evidence and literature – short and digestible especially for front-line staff – this could be combined with sharing best practices and tools, sharing successes and challenges from other jurisdictions • Ask for and collect more evidence from jurisdictions within and outside Canada; ask for regular data points from jurisdictions *Evaluation Ideas:* • None provided
ii. Lack of sharing of common practices, tools and products (e.g. methods of contact tracing in the context of privacy legislation)	• Development of a centralized website to serve as a repository of tools, ideas, practices, links which is open-access (e.g. stdpreventiononline.org, knowledge centre of CPHA) • Organization of webinars to provide situation/practice updates, this circumvents the challenges of distance and time differences • Development of online continuing education modules • Development of information videos (e.g. how to notify partners) for doctors/healthcare providers to share with their clients. More technologically relevant than the good old booklets. E.g. "let them know" website used in Melbourne, Australia *Implementation Ideas:* • Have a central body like the NCCID sponsor the centralized website as opposed to having an NGO sponsor it. • Allocate specific resources: staff to monitor and update site regularly as well as developing YouTube videos for client information • Use of popular media: print publications, update emails, press releases, grand-rounds, use of other professional organizations for dissemination of videos and training materials *Evaluation Ideas:* • Uptake of websites e.g. number of hits on YouTube videos, or views of websites • Number of participants completing training modules • Number of participants at webinars • Survey jurisdictions to determine the sources of where they otbain their tools and products

iii. Lack of documentation of successful/ innovative processes in implementing technologies	• Literature reviews • Write down things that we have learned (creation of new knowledge) and share beyond the local level • Sharing of new tools and materials through a common forum (technological forum) • Sharing of softwares that facilitate PN practices *Implementation Ideas:* • Common repository of relevant PN literature, database of people with certain expertise • Regular meetings with key leaders with PN via Skype-like forums, chat room forums or webinars • Create a wiki or blog that enables common sharing • Communities of Practice platforms • Canada needs to publish more *Evaluation Ideas:* • Number of "sharing" knowledge instances (e.g. communicities of practice forums, publications etc.)
iv. Lack of opportunity for people doing STBBI work to meet (not given priority because perception is that collaboration/ travel/meetings are luxuries)	• Look for opportunities to tack on to other meetings, conferences • Videoconferencing, webinars, teleconferences • Attach CME to webinars, meetings • Identify existing networks and encourage them to continue • Coordination between existing networks • Facilitate regional collaborations • Emphasize importance of provincial representatives consulting within their region • Post existing resources to be available to others • Subsidies to attend meetings • Goal: information sharing, best practices, networking, participants contribute *Implementation Ideas:* • Identify a coordinating body • Follow-up meeting to NCCID collaboration – travelling consultation • Identify regional contacts and other collaborating organizations • Establish web page with links to resources *Evaluation Ideas:* • KT indicators for personal and virtual – ask NCCMT

v. No explicit criteria for determining when to use a targeted PN approach for a particular population (e.g. First Nation, remote).	• You need to know your population, identify them
	  o E.g. technological solutions (using mobile phones, survey monkey etc.) is very efficient for working with MSM communities
	  o E.g. working directly with people works best for Aboriginal communities
	• Looking for the networking avenue that is most common among the high transmitters
	  o E.g. Do they cluster at a particular bar, are they using a particular mobile phone applicaiton
	
	Implementation Ideas:
	• Get your IT department to get your nurses connected with mobile phones, so they can get connected to the community through a phone number, as opposed to a name.
	• Collect some basic epidemiologic information so you can know the demographics and tailor your strategy to them
	• Partner with health informatics programs to innovate applications
	• Packaging health strategies that reduce STIs in target groups along with other related health issues
	• Partner with universities to do the research
	
	Evaluation Ideas:
	• Social marketing evaluation studies
	• Just have to keep our response rates high
	• Acceptability surveys
	• Focus groups
	• Keep the methodology rigorous so we do not bias our results
	• Qualitative research
	• Partners notified, tested etc.
	• Collect baseline data so that you can see whether or not you have made a difference
	• Document success

3.3 Recommended Roles for NCCID in Addressing PN Challenges

In plenary discussion, participants were asked for their input regarding how NCCID could be involved in addressing the challenges and actions identified. The ideas have been sorted into themes below.

a) Knowledge Broker

- Host an electronic forum
  - Webinars, chatrooms etc. (There are challenges of some technology not being amenable to certain groups and that certain groups may not have the access to certain technologies. Therefore, chat room would be a good venue for quick and fast sharing of ideas and archiving of resources.)
  - Create a wiki or blog for sharing of ideas/common sharing
  - Create a Community of Practice
- Explore social media practices that could be summarized and shared with practitioners (e.g. Facebook, smartphones)
- Utilize "YouTube" videos for continuing education and clients (e.g. coaching video for clients) and make the information accessible to all providers
- Provide websites, resources, tools, and connections with others that have been vetted
- Compile the published evidence; summarize the evidence-based research and distribute in a "one pager" format; provide a platform to disseminate the evidence; provide a common forum to share new

knowledge; undertake periodic scans and provide update on research
- Include more information than just PN as there is no natural separation between PN and testing and treatment (e.g. US STD Prevention Online)
- Need for more literature reviews and documentation of experiential knowledge, and sharing of these resources beyond the local level and the borders of regional health authority
- Provide common repository of PN literature that can be updated regularly and database of people in the country with certain experience in the country for contact if needed

b) Advocacy
- Endorse knowledge sharing strategies (to advocate for importance of KT in the field)
- Advocate for those in the field to connect electronically not only to their peers but also to their clients, for example, through social media
- Advocate for evaluation of Canadian PN approaches – perhaps through encouraging local public health authorities to employ epidemiologists or through collaboration with academia

c) Supporting Documentation
- Help public health professionals working in PN to publish their cases and the success of their practice/program
- Provide good writers to partner with public health to document experiential knowledge for publication (Canada needs to be better represented in the international, published literature.)

d) Research
- Work with NCCID STBBI PN Advisory Committee to define research questions
- Work with partners to put out a call for competition to undertake needed research to address gaps (e.g. research on explicit criteria for determining when to use a targeted PN approach)
- Partner with universities to get research done and published
- Assist with evaluation at the public health unit level
    - Link local practitioners with lots of data to students/academic researchers with the time to undertake research

e) Convening Meetings
- Facilitate collaboration and the sharing of trends and innovations with an opportunity to explore local applications

f) Defining Roles
- It was recommended that there needs to be clear roles between NCCID and PHAC such that there is no encroachment on either.

3.4 Highlights from the Consultation Evaluation

Thirty (94%) participants completed a written evaluation form at the end of the consultation. A blank evaluation form can be found in Appendix G. A compilation of the evaluation results is provided in Appendix H.

Overall, participants were very pleased with the event with 97% rating it as good or excellent. This was comprised of 37% rating is as good and 60% as excellent. In meeting the six objectives for the consultation, the following table shows the percentage of participants who felt each objective was fully met.

Objective	% Participants who felt each objective was fully met
Provided participants with an overview of NCCID's STBBI PN project	83
Initiate a national dialogue on STBBI PN in Canada	80
Gather input from participants to inform the scope of topics and activities of the project	70
Identify and prioritize challenges of implementing STBBI PN programs	63
Identify and discuss strategies to overcome these challenges	60
Identify next steps for NCCID to facilitate improving STBBI PN programs in Canada	50

With respect to the quality of the presentation sessions, the following table shows the percentage of participants who felt each presentation session was good or excellent.

Presentation Session	% Participants who felt the presentation session was good/excellent
Day 1: Partner Notification for HIV/STBBIs – Evidence Reviews	67
Day 1: Successes and Challenges of Partner Notification for STBBIs – The International Experience	87
Day 1: Successes and Challenges of Partner Notification for STBBIs – The Canadian Experience	83
Day 2: Mathematical Modeling Mini-Workshop	80

Responses to specific questions asked regarding the consultation are summarized below:

- 83% agreed or strongly agreed that the correct mix of participants had been assembled and that there was plenty of opportunity to connect with people they could collaborate with.
- 83% felt the duration of the workshop was good or excellent.
- 90% agreed or strongly agreed that their interest was maintained throughout the consultation.
- 93% felt that the format of the breakouts were good or excellent.
- 97% agreed or strongly agreed that the flow of the consultation was maintained throughout the event.
- 97% felt the format of the presentations were good or excellent.

Participants were asked what was most valuable about the consultation and three recurring themes emerged:

- The opportunity to network with peers
- The opportunity to share and exchange ideas and information with other jurisdictions (locally, provincially and internationally)
- The opportunity to learn about NCCID’s work in the area of PN

In terms of aspects of the session that were felt to be of lesser value, many participants felt rushed during small group work and suggested more time should be allotted to small group and plenary discussion to further explore issues and solutions that were raised at the consultation.

4.0 Next Steps

The following items were identified as follow-up to the Consultation:

1. The challenges in the other seven categories (other than Knowledge Exchange), that were not prioritized during the consultation, will be shared in the report generated from the consultation for the group to verify. More work will be done to identify who could/should provide leadership/contribution to addressing these challenges.

2. During a plenary discussion, it was shared that a key outcome of the consultative process would be for NCCID to identify the three things that NCCID will tackle and really communicate that loudly and clearly to not just those in the room but to public health jurisdictions and communicate that widely; show leadership.

3. The draft report from the consultation will be circulated to the Advisory Committee and to the delegates to ensure accuracy. Participants will also be asked to reflect on the discussion of the consultation and to provide additional feedback that was not raised at the consultation. All new ideas, comments and suggestions will be included in Appendix I of the proceedings.

APPENDIX A – Consultation Agenda

A Mixed-Methods Approach to Addressing Challenges Related to STBBI Partner Notification in Canada

Renaissance Toronto Downtown Hotel
October 2-4, 2011

Consultation Objectives

- Initiate a national dialogue on STBBI partner notification in Canada
- Provide participants with an overview of NCCID's STBBI partner notification project
- Gather input from participants to inform the scope of topics and activities of the project
- Identify and prioritize challenges of implementing STBBI partner notification programs
- Identify and discuss strategies to overcome these challenges
- Identify next steps for NCCID to facilitate improving STBBI PN programs in Canada

Consultation Agenda

** The consultation will be conducted in English.*

Sunday Evening, October 2 – Pre-Consultation Reception
Box Suite Level, La Terraza

5:30 – 5:45	Welcome remarks and introduction Presentation: National Collaborating Centre for Infectious Diseases • NCC overview	Margaret Fast
5:45 – 6:00	Presentation: NCCID STBBI Partner Notification Project • Project overview • Consultation objectives	Eve Cheuk
6:00 – 8:00	Reception	All

Monday October 3 – Consultation Day 1
Concourse Level, Raptor Room

8:00 – 8:30	Breakfast and registration	
8:30 – 8:45	Housekeeping Quick round of introduction	Nancy Dubois
8:45 – 10:15	Presentation: Partner Notification for HIV/STBBIs – Evidence reviews (10 min presentation + 5 min Q&A each) 1. Partner notification: A historical account 2. Partner notification for chlamydia 3. HIV partner notification: An evidence review 4. Literature review of partner notification in special populations: Summary of findings 5. Impact of STBBI partner notification on other outstanding issues 6. New technologies in partner notification	 Omobola Sobanjo Pamela Leece Nicole Finlay Sue Pollock Darlene Taylor Ellison Richmond

10:15 – 10:30	Break	
10:30 – 11:15	Breakout #1: Challenges I • What are the current challenges with implementing STBBI PN programs?	All
11:15 – 12:15	Presentation: Successes and Challenges of Partner Notification for STBBIs – The International Experience 1. <u>The UK</u> Partner notification: The UK perspective 2. <u>The US</u> Partner notification for STI in the US, successes and challenges *The New York City experience* 3. <u>Argentina</u> Strategies on testing promotion within HIV/STD high prevalence groups	 Lorna Sutcliffe Julia Schillinger Fernando D'Elio
12:15 – 1:00	Lunch	
1:00 – 1:45	Presentation: Successes and Challenges of Partner Notification for STBBIs – The International Experience *(continued)* 4. <u>Canada</u> Partner notification and sexually transmitted and blood-borne infections in Canada Plenary discussion (1:20 – 1:45)	 Catherine Dickson All
1:45 – 2:45	Presentation: Successes and Challenges of Partner Notification for STBBIs – The Canadian Experience 1. Long distance sex partnerships and STI 2. The methodology behind using social networks for contact tracing 3. InSPOT Toronto 4. Alberta syphilis campaign Plenary discussion (2:25 – 2:45)	 Ann Jolly Johnmark Opondo Rita Shahin Karen Sutherland All
2:45 – 3:00	Break	
15:00 – 15:30	Breakout #2: Challenges II • What are some issues that still have not been discussed?	All
15:30 – 16:15	Report back Prioritization exercise	All
16:15 – 16:30	Day 1 wrap-up	Margaret Fast

Tuesday, October 4 – Consultation Day 2
Concourse Level, Raptor Room

8:00 – 8:30	Breakfast and registration	
8:30 – 8:45	Housekeeping Day 1 recap	Nancy Dubois
8:45 – 9:45	Mathematical Modeling Mini-Workshop: Mathematical modeling of *Chlamydia trachomatis* infection: A useful tool for disease control policy • What is mathematical modeling? • How can mathematical modeling assist in public health program planning? • How can modeling be used to inform issues related to STBBI PN? Q&A	David Fisman
9:45 – 10:05	Break	
10:05 – 11:15	Breakout #3: Ways to overcome challenges • What are some strategies to overcome these challenges? • How can these strategies be implemented and evaluated? • Is there a role for NCCID in improving STBBI PN programs in Canada?	All
11:05 – 12:00	Report back and plenary discussion	All
12:00 – 12:10	Wrap-up and next steps • What are the next steps for NCCID?	Margaret Fast
12:10 – 1:30	Lunch Evaluation and networking	

APPENDIX B – Participant List

Organization	First Name	Last Name	Job Title
Alberta Health Services	Barbara	Anderson	Manager, Sexually Transmitted Infections, Northern Alberta
	Karen	Sutherland	Manager, STI Services
British Columbia Centre for Disease Control	Melanie	Achen	Manager, Clinical Services
Capital, SouthShore, SouthWest, Valley District Health Authorities, Nova Scotia	Richard	Gould	Medical Officer of Health
Fraser Health Authority, British Columbia	Victoria	Lee	Medical Officer of Health
Hastings and Prince Edward Counties Health Unit, Ontario	Bill	Sherlock	Clinical Services Manager, Communicable Disease Control
Health Canada, FNIHB	Janice	Benson	Communicable Disease Control Coordinator, Ontario Region
Institut national de santé publique du Québec	Omobola	Sobanjo	
	Marc	Steben	médecin conseil Direction risques biologiques, environnementaux et occupationnels
McGill University	Kate	Zinszer	PhD candidate
Ministère de la Santé et des Services sociaux	Evelyne	Fleury	Agente de planification, programmation et recherche, Service de lutte contre les ITSS
	Claude	Laberge	médecin-conseil, Service de lutte contre les ITSS
Ministry of Health Argentina	Fernando	D'Elio	AIDS Program
National Collaborating Centre for Infectious Diseases (NCCID)	Eve	Cheuk	Project Manager
	Margaret	Fast	Scientific Director
	Anneliese	Poetz	Project Manager
New Brunswick Public Health	Céline	Couturier	Senior program Advisor
Ontario Ministry of Health and Long-Term Care	Anara	Salamatova	STI/BBI Consultant, Public Health Division
Ottawa Public Health, Ontario	Michèle	Gauthier	Public Health Nurse
Public Health Agency of Canada	Catherine	Dickson	Research Analyst, Professional Guidelines and Public Health Practice Division
	Ann	Jolly	Senior Research Epidemiologist, Professional Guidelines and Public Health Practice Division
	Sue	Pollock	Professional Guidelines and Public Health Practice Division
Public Health Ontario	Jennifer	Pritchard	Nursing Consultant, Communicable Diseases Unit
Queen Mary University, UK	Lorna	Sutcliffe	
Saskatoon Health Region, Saskatchewan	Johnmark	Opondo	Deputy Medical Health Officer
Toronto Public Health, Ontario	Pamela	Leece	Medical Resident
	Anthony	Leonard	Manager, STIs Program
University of British Columbia	Ellison	Richmond	MPH Student
	Darlene	Taylor	PhD Candidate
University of Toronto	Nicole	Findlay	MPH Epidemiology Student
	David	Fisman	Associate Professor, Dalla Lana School of Public Health
	Ashleigh	Tuite	
US Centers for Disease Control and Prevention	Julia	Schillinger	Medical Epidemiologist
Winnipeg Region Health Authority, Manitoba	Kim	Bailey	Team Manager, Healthy Sexuality & Harm Reduction
	Sonya	Corkum	Knowledge Exchange Specialist

APPENDIX C – Speaker Biographies

Consultation Reception

Margaret Fast

Margaret V. Fast B.Sc. (Medicine), MD, DTCH, FRCP(C) has been the Scientific Director of the National Collaborating Centre for Infectious Diseases since November 2008 and holds appointments in the Departments of Medical Microbiology, Community Health Sciences, and Pediatrics and Child Health at the University of Manitoba. She has worked in Viet Nam and in Kenya but has spent most of her career working in public health in Manitoba, Canada.

Eve Cheuk

Eve Cheuk completed her PhD in Immunology at the University of Toronto in 2006. She worked in a number of public health units in Ontario following her graduation, having been involved with STBBI surveillance, and a research project examining how knowledge, attitude and behaviour influence hospital staff's decision to accept or decline the seasonal influenza vaccine. Eve joined the National Collaborating Centre for Infectious Diseases in 2009. She is the lead for several projects related to pandemic H1N1, HIV prevention and partner notification for STBBIs. Eve is currently enrolled in the distance-learning Masters program in Infectious Diseases at London School of Hygiene and Tropical Medicine, University of London, UK.

Partner Notification for HIV/STBBIs – Evidence Reviews

Omobola Sobanjo

Omobola Sobanjo obtained her medical degree from Obafemi Awolowo College of Health Sciences, Nigeria. On completing her internship, she began her practice in primary care. During this period, she participated in several community-based medical projects. She also served as a peer educator trainer educating adolescents on reproductive health issues. This experience in primary care in sub-Saharan Africa served to heighten her interest in public health and infectious disease control. As a result, she completed a Master's in Public Health International at the University of Leeds, UK. She went on to obtain full registration with the General Medical Council and practiced clinically in the British National Health Service.

She has been involved in research projects in line with her interests: STBBI prevention and control, reducing maternal mortality and improving women's health. She is currently involved in an STI control project in Nunavik and she intends to continue pursuing these interests as she establishes her career here in Canada.

Pamela Leece

Pamela Leece is a resident in the Public Health and Preventive Medicine program at the University of Toronto. She is currently on rotation with the communicable disease control directorate at Toronto Public Health. She has completed her training in Family Medicine, and works part-time as a staff physician at Hassle Free Men's Clinic in Toronto. She previously earned a Masters degree in Health Research Methodology at McMaster University, and worked as a research assistant in the Department of Clinical Epidemiology and Biostatistics. Her current areas of clinical and research interest include sexual health, HIV prevention, addictions, harm reduction, inner city health, and global health.

Nicole Findlay

Nicole Findlay will be writing the NCCID evidence review on HIV partner notification under the supervision of Dr. Liviana Calzavara. Nicole is a second year Master of Public Health in Epidemiology student at the University of Toronto. She has an Honours Bachelor of Health Sciences and a Bachelor of Arts in Political Sciences from McMaster University. Nicole has been involved in HIV/AIDS research for about five years. In addition to her undergraduate thesis on HIV/AIDS, she has worked as a research assistant to both The CIHR Social Research Centre for HIV Prevention and Stephen Lewis. Her projects have focused on HIV/AIDS in the Canadian population, as well as on different populations in Sub-Saharan Africa.

Sue Pollock
Sue Pollock is a public health physician with the Public Health Agency of Canada. Sue completed her residency in Community Medicine at UBC (2009), her Medical Degree at the University of Calgary (2004), and a Master of Science in Epidemiology at the University of Toronto (2000). Sue has been with PHAC since 2007, previously as a Field Epidemiologist in the Canadian Field Epidemiology Program and currently in the Physicians at PHAC Development Program.

Darlene Taylor
Darlene Taylor is a PhD Candidate at the University of British Columbia in the School of Population of Public Health. She did a masters degree in Health Care and Epidemiology at UBC and has an undergraduate degree in nursing. Her research interests include epidemiology of HIV, HIV testing methodologies, and ethical issues with marginalized populations. Darlene has been the manager of the research program at the BC Centre for Disease Control since 2003 which includes facilitating all research activities related to sexually transmitted infections, HIV, Hepatitis, and TB.

Ellison Richmond
Ellison Richmond is completing his Masters in Public Health at the University of British Columbia in Vancouver. He is currently working on an evaluation of a TB prophylaxis regimen and has interests in harm reduction and communicable disease prevention and control. Ellison studied physiology and developmental biology at the University of Alberta in Edmonton and has enjoyed volunteering with peer education and outreach programs.

Successes and Challenges of Partner Notification for STBBIs – The International Experience
Lorna Sutcliffe
Lorna Sutcliffe is a Senior Researcher and Programme Manager in Sexual Health & Health Services Research. Her research interests focus on: health services research for sexual health in primary care; public health interventions to reduce the transmission of STIs; and qualitative research methods.
Lorna is currently managing a five year NIHR program of research to improve sexual health outcomes in young UK men, targeting young men for better sexual health: The BALLSEYE Program led by Dr Claudia Estcourt and is involved in an HTA funded Randomised controlled trial of partner notification in primary care. Partner Notification Study: led by Brighton & Sussex Medical School; and 'The eSTI2 Consortium: enabling and translating advances in diagnostic and communication technologies to reduce the burden of STIs' for which we are a consortium partner, led by St George's Medical School.

Julia Schillinger
Dr. Julia Schillinger is a medical epidemiologist with the Division of STD Prevention at the US Centers for Disease Control and Prevention. She graduated from Yale School of Medicine, and completed a pediatrics residency at Johns Hopkins Hospital. She has both academic and practical experience in the field of partner notification. While based in Atlanta with CDC, she led the first multicenter trial of expedited partner therapy (EPT) for Chlamydia; since 2002, Dr. Schillinger has been assigned by CDC to the New York City Department of Health and Mental Hygiene, where she directs epidemiology, surveillance, and research for the Bureau of STD. She led a successful effort to get EPT legalized for chlamydia in New York State, and has overseen implementation and evaluation of the practice in New York City. She has published on several aspects of STD epidemiology and program.

Fernando D'Elio
Currently working as consultant for the National AIDS Program of Argentina at the Prevention Policies Area Working on researches, prevention actions among vulnerable population, and articulated work with civil society organizations. Co-coordinating the project of health facilities for sexual minorities in public hospitals and trainings for based community organizations. From 2007 to 2011 worked as Latin American and Caribbean Program Associate for the INTERNATIONAL GAY AND LESBIAN HUMAN RIGHT COMMISSION-IGLHRC working on promotion and protection of human rights for LGTB people. Since 2000 to 2006, he was member of the board of Nexo A.C., gay organization Director of "NX Magazine, Gay Journalism for Everybody". Formulation and Administration of "Global Communicational Project for VIH prevention for

LGBT funded by Global Found for fighting against AIDS, Tuberculosis and Malaria. Solid expertise on technical support to not-for-profit, educational and health care organizations on issues related to HIV/STD, health and Human Rights. Currently working on his master degree thesis on Politics and Sociology.

Catherine Dickson
Dr. Catherine Dickson graduated from medical school at McGill University and holds an MSc in Human Kinetics from the University of Ottawa. Catherine has been working for the Public Health Agency of Canada (PHAC) for the past 2 years where she has worked in both chronic and communicable disease areas. Catherine currently works as a research analyst at the Centre for Communicable Diseases and Infection Control's Professional Guidelines and Public Health Practice Division where she is secretariat for the Canadian Guidelines on Sexually Transmitted Infections. Catherine recently chaired the planning committee for the PHAC pre-conference symposium on partner notification at the 2011 International Society for Sexually Transmitted Diseases Research conference in Quebec City.

Successes and Challenges of Partner Notification for STBBIs – The Canadian Experience

Ann Jolly
Ann Jolly studied infectious disease epidemiology at the University of Manitoba and graduated with a PhD in 1998. She researches the transmission of sexually transmitted and blood-borne pathogens through social and sexual networks of vulnerable people. She has developed methods for social network enhanced contact tracing and has assisted in outbreak investigations across Canada.

Johnmark Opondo
Dr. Johnmark Opondo is the Deputy Medical Health Officer for Saskatoon Health Region, and has several years of experience in public health -- from reducing the high rates of maternal mortality in three African countries, to a background in reproductive health -- as a public health expert. Dr. Opondo is currently one of the MHO leads in the Saskatchewan HIV Provincial Leadership Team which has been charged with rolling out the Provincial HIV control strategy.

He received his Masters training in Public Health from Atlanta's Emory University, worked at the Centers for Disease Control and Prevention (CDC) in Atlanta, following a clinical career in Kenya as a medical doctor, where he also served as a District Medical Health Officer in the city of Mombasa.

Rita Shahin
Dr. Rita Shahin is an Associate Medical Officer of Health with Toronto Public Health. She is responsible for the Sexually Transmitted Infections Case Management Program, the Sexual Health Clinics Program and the Needle Exchange Program at TPH.

Karen Sutherland
Karen Sutherland has worked with the Sexually Transmitted Infection Program in Alberta for the past seven years at both Alberta Health and Wellness and Alberta Health Services. She is currently the Manager of STI Services in Alberta and in this role works closely with partner notification nurses across the province. Prior to working with STI, she worked with the tuberculosis program and has held a number of positions in both acute care and nursing education. She has a Bachelor of Science in nursing from the University of Alberta and a Master of Arts degree, majoring in Medical Sociology, also from University of Alberta.

Mathematical Modeling Mini-Workshop

David Fisman
Dr. David Fisman is Associate Professor of Epidemiology at the Dalla Lana School of Public Health at the University of Toronto, and also holds appointments in the Departments of Medicine and Health Policy, Management and Evaluation at University of Toronto. He is a member of the International Society for Pharmacoeconomics and Outcomes Research international expert working group on best practices in mathematical modeling for communicable disease control.

APPENDIX D – Notes from "Breakout # 1: Challenges I"

Breakout Session 1 – Challenges I

Reflecting on the STBBI partner notification (PN) program in your jurisdiction in terms of

- STBBI prevalence
- Client populations (urban, sub-urban, rural, remote and isolated/closed settings)
- Types of core and adjunct interventions provided in your PN program
- Objectives and goals of your STBBI services

What are some of your implementation challenges?
(e.g. logistical, jurisdictional, legal, human resources and training, reporting infrastructure etc.)

Breakout Group "Blue"

- Legislative/policy: newer methods of contacting partners not covered by public health legislation (privacy, communication methods such as email or social media)
- IT: Offices may block certain useful websites
- Government: consider political environment, policy making, allotment of funding
- Resource utilization: STI competes with other core programs
- Small health units may not have resources to do advocacy on PN programs - ? re-focus your messaging on cost or more acceptable terms – BUT challenge to collect data for cost analysis
- Some jurisdictions have PN specialists designated - ? addresses concern about competing issues
- Where do you put your resources?
- What is our capacity?
- Need clear measurements for effectiveness to do evaluation, request funds, learn from others experience
- Lack of regional coordination – no designated focal point for STI's, communication difficulties

Breakout Group "Green"

- Good metrics/measurements/evidence for evaluation (and Canada-specific data and research)
- (Canadian-specific research: policy and history, special/marginalized populations, PN in larger context of PH interventions)
- Local challenge: getting client to disclose: voluntary
- Lack of awareness of purpose of PH: create a sense of trust… but sensitivities re: STBBIs and just how prominent PH work is; how can PH explain successes/failures as measured
- Combating stigma re: sexual health generally
- Involving physicians in PN: training, awareness, resources, attitudes and understanding (and knowing about services/programs, updates)
- Siloing of services: discontinuity of care
- Leadership support for buy-in to the latest and greatest in PN

Breakout Group "Purple"

- Volume of cases versus available resources
- Priority of resource allocation: pathogen/incidence
- Likely harm/unnecessary burden resulting from making Chlamydia reportable
- Unavailability of good data on effectiveness of PN in STBBI
- Evaluation of actual effectiveness of PN
- Identifying a profile group in which it really works
- Anonymous partners
- Issues of equity in reaching & engaging community groups
- Access to newer technology (e.g. work restrictions) / internet literacy

Breakout Group "Red"

- To address the erosion of PN in Canada
  - Issues around the dilution of resources since Chlamydia and Hepatitis C
    - Coping with the burden of disease
  - Re-training of nurses/staff to standardize across Canada
    - More rigorous and intentional about how we do it
    - UK – has "Stiff" courses for providers
- Who does PN?
  - Clinicians, nurses, pharmacists, social workers, sex therapists
  - Who is best and in what context?
- Changing the name? Branding PN to be more acceptable
  - In Quebec, preventive intervention name is used to reduce the stigma around policing connotations of the term partner notification and contract tracing.
- Do we have the evidence to make informed decisions
  - We need common measurable outcomes to see what actually works
- The structure of how the PN programs are carried out varies from province to province
  - We need documentation of how each jurisdiction does things so we can learn from each other and standardize where appropriate
- Incentives for providers to do PN and testing to increase the uptake and success of programs
  - This happens in Quebec but they still are not doing it, so it's more than just paying them for it and training them.
- Lack of training for the people we expect to do this work
- Return of investment in PN programs?? ….but it is in the law that you have to do it.
  - Effectiveness and cost-effectiveness
- Privacy issues …the interpretation of the public health acts and how it takes precedent over privacy …in theory it should take precedent over everything except criminal acts and human rights but this understanding is not universal across all those involved.
- Definition of PN
  - CDC: Location, interview, education, testing, treatment of partners
  - Outcomes: number of partners elicited, number located, number medically evaluated
- Geography: distance of partners to index patients
  - Are they within the jurisdiction of those doing the tracing/notification

Breakout Group "Yellow"

- Volume of cases: incidence increasing but resources for PN decreasing
- Need better cost-effectiveness data for PN to request funding from politicians
- Cost-efficacy: Unsure how far down the "contact tree" do you go down (diminishing returns)
- In remote areas (i.e. First Nations), one nurse is doing it all; e.g. they are doing suturing and delivering babies and contact tracing is the least of priorities
- Surveillance issues
- Political will, management
- Technology/privacy issues, etc.
- Not enough staff to do the work

APPENDIX E – Notes from "Breakout # 2: Challenges II"

Breakout Session 2 – Challenges II

Having heard presentations highlighting new approaches to PN in Canada in other countries such as:

- Expedited partner therapy
- Sexual network analysis
- Internet-based partner notification (inSPOT)
- STBBI awareness campaign

What would be some of the major barriers if some of these approaches are to be implemented in your jurisdiction?

Breakout Group "Blue"

- EPT: medico-legal responsibility unclear or physicians uncomfortable
- Demand for evidence before using newer technologies, e.g. cost-effectiveness
- Knowledge translation and rapid use of technology and surveillance data
- More resources, focus groups, time, etc. to understand your population of interest (prior to launching media or internet campaigns)
- Need target- and context-specific campaigns
- Limited expertise in social network analysis, time to conduct interviews, and interpret data
- Capacity issue to develop and pursue new approaches
- Data system linkage: public health, pharmacy, clinical, lab
- We do not have methodology clear to organize education campaigns
- Need for national ongoing surveillance, coordinated with provincial level - ?awareness day
- How do we leverage FTP relationships to have more coordinated approach?

Breakout Group "Green"

- Buy-in from all levels (front-line staff up to government; lack of flexibility from union requirements; battling inertia)
- Resources to sustain the program, which programs will lose out or be reduced
- How to measure the success/failure of a new program, how to compare it to the previous system?
- Training new staff/staff requirements; professional 'barriers' re: traditional roles
- Adapting the approach to institutions at the local and regional level
- Lack of opportunities to network, learn from other jurisdictions and other attempts – we may be able to share our resources and our experiences

Breakout Group "Purple"

- Need for Infrastructure and support
- Red-tape: Policies/procedures/guidelines
- Threats to job security
- Increase in workload
- Medical and political buy-in
- Concerns for privacy/confidentiality
- Delayed responsiveness to new approaches
- Knowledge exchange
- Implementation costs

Breakout Group "Red"

- Trans-jurisdiction privacy issues
- Getting the experts together and the leaders of the field from across the country to share best practices
    - Very little connection between provinces
    - Information doesn't filter down well to the practical programs and also get sent up to management
- Identify ways to tackle problems that are not specific to STBBIs
    - For example, how to impact government and get on the agenda
        - This is can be hard because the topic of STBBIs is a turn off.
        - Be ready for when the officials need you with briefing notes.
    - Knowing who your allies are and keeping your enemies closer
- Standardizing your outcomes for the different services within the jurisdictions
- Lack of support and awareness of STBBIs from the public and general physicians
- Overloading primary care physicians with all these things to be aware of. It may be easier to have the patient alert physicians that they are worried about it.

Breakout Group "Yellow"

From Panel Discussion:

- Surveillance issues (links to Lab, # of tests, type of tests)
- Political will/timing/management buy-in
- Resources: Use "other nurses" not just all PH
- First Nations – challenge of many small communities, rural, remote
- General screening, at risk populations – cost-efficacy
- Technology/privacy issues etc.

Major Barriers identified in Breakout Sessions:

- Surveillance: lack of "test" denominator data, types of tests, etc.
- Costs: CT is huge, uses lots of resources; too much, unmanageable burden; prioritization
- lack of resources (unmanageable burden especially with CT) and political will
- Need evaluation of our programs – performance measurement
- Challenges with geography (i.e. remote and rural communities, First Nations reserve communities, etc.)
- Ability to use technology

APPENDIX F – Notes from "Breakout # 3: Ways to Overcome Challenges"

Breakout Session 3 – Ways to overcome challenges

Breakout Group "Blue"

Challenge: Lack of opportunity to meet
What are some strategies to overcome this challenge? If possible, name successful cases.
• Look for opportunities to tack on to other meetings, conferences • Videoconferencing, webinars, teleconferences • Attach CME to webinars, meetings • Identify existing networks and encouraging them to continue • Coordination between existing networks • Facilitate regional collaborations • Emphasize importance of provincial representatives, consulting within their region • Post existing resources to be available to others • Subsidies to attend meetings • Goal: information sharing, best practices, networking, participants contribute
How can these strategies be implemented?
• Identify a coordinating body • Follow-up meeting to NCCID collaboration – travelling consultation • Identify regional contacts and other collaborating organizations • Establish web page with links to resources
How can these strategies be evaluated (i.e. indicators)?
• KT indicators for personal and virtual – ask NCCMT
What are some specific gaps in knowledge and practice with regard to PN that NCCID can help address?

Breakout Group "Green"

Challenge: Lack of capacity to synthesize, analyze and apply evidence when available
What are some strategies to overcome this challenge? If possible, name successful cases.
• Ask what the most important research questions are, what data to collect (ask of individual jurisdictions)
How can these strategies be implemented?
• Representatives from different regions could meet (e.g. teleconference) to discuss which research questions to ask • Continuous scan of literature w/alerts • Regular publication of briefs w/ updates on PN data (e.g. prevalence/incidence/trends), latest evidence and literature – short and digestible esp. for front-line staff – this could be combined with sharing best practices and tool, sharing successes and challenges from other jurisdictions • Ask for and collect more evidence from jurisdictions within and outside Canada: ask for regular data points from jurisdictions • (Lots of cross-over with "G) meeting/sharing/collaboration" and "D) sharing trends", "B) sharing practices and tools" and "F) documenting success" challenges)

How can these strategies be evaluated (i.e. indicators)?
What are some specific gaps in knowledge and practice with regard to PN that NCCID can help address?

Breakout Group "Purple"

Challenge: Lack of sharing of common practices, tools and products (e.g. methods of CT re: privacy legislation)
What are some strategies to overcome this challenge? If possible, name successful cases.
• Development of a centralized website to serve as a repository of tools, ideas, practices, links which is open-access (e.g. stdpreventiononline.org, knowledge center of CPHA) • Organization of webinars: to act as update seminars/meetings, this circumvents the challenges of distance and time differences. • Development of online continuing education modules • Development of information videos (e.g. how to notify partners) for doctors/healthcare providers to share with their clients. More technologically relevant than the good old booklets. E.g. "let them know" website used in Melbourne, Australia
How can these strategies be implemented?
• Have a central body like the NCCID sponsor the centralized website so it is more effective as opposed to having an NGO sponsor it. • Allocate specific resources: staff to monitor and update site regularly as well as developing YouTube videos for client information • Use of popular media: print publications, update emails, press-releases, grand-rounds, use of other professional organizations for dissemination of videos and training materials • Avoid privacy issues by obtaining verbal/documented consent before forwarding videos to clients
How can these strategies be evaluated (i.e. indicators)?
• uptake on websites e.g. # of hits on you-tube videos, or views of websites, • # of participants completing training modules, • # of participants at webinars
What are some specific gaps in knowledge and practice with regard to PN that NCCID can help address?

Breakout Group "Red"

Challenge: No explicit criteria for determining when to use a targeted PN approach for a particular population (e.g. First Nations, remote/isolated)
What are some strategies to overcome this challenge? If possible, name successful cases.

• You need to know your population, identify them
  o E.g. technological solutions (using mobile phones, survey monkey etc.) is very efficient for working with MSM communities
  o E.g. working directly with people works best for Aboriginal communities
• Looking for the networking avenue that is most common among the high transmitters
  o E.g. Do they cluster at a particular bar, are they using a particular mobile phone app

How can these strategies be implemented?
• Get your IT department to get your nurses connected with mobile phones, so they can get connected to the community through a phone number, as opposed to a name. • Collect some basic epidemiologic information so you can know the demographics and tailor your strategy to them • Partner with health informatics programs to innovate applications • Packaging health strategies that reduce STIs in the target group along with other related health issues • Partner with universities to the research
How can these strategies be evaluated (i.e. indicators)?
• Social marketing evaluation studies • Just have to keep our response rates high • Acceptability surveys • Focus groups • Keep the methodology rigorous so we do not bias our results • Qualitative research • Partners notified, tested etc. • Collect baseline data so that you can see whether or not you have made a difference • Document success
What are some specific gaps in knowledge and practice with regard to PN that NCCID can help address?
• Compile the published evidence • Providing a platform to disseminate the evidence • Helping public health professionals who are doing the work get their cases and success written up and published • Good knowledge brokers • Good writers to partner with public health in getting the evidence out

Breakout Group "Yellow"

Challenge # : Lack of document successful/innovative process in implementing technologies
What are some strategies to overcome this challenge? If possible, name successful cases.
• Literature reviews • Write down things that we have learned (creation of new knowledge) and share beyond the local level • Sharing of new tools and materials through a common forum (technological forum) • Sharing of software that facilitate PN practices
How can these strategies be implemented?
• Common repository of relevant PN literature, database of people with certain expertise • Regular meetings with key leaders with PN via Skype-like forums, chat room forums or Webinars • Create a wiki or blog that enables common sharing • Communities of Practice platforms • Canada needs to publish more
How can these strategies be evaluated (i.e. indicators)?
What are some specific gaps in knowledge and practice with regard to PN that NCCID can help address?
• Provide a common forum to share new knowledge • NCCID endorsement of knowledge sharing strategies (to advocate for importance of KT in the field)

APPENDIX G – Consultation Evaluation Form

A Mixed-Methods Approach to Address Challenges Related to STBBI Partner Notification in Canada
Toronto, October 3-4, 2011

Consultation Evaluation Form

1.	To what extent did we meet the objectives of the consultation?	**Did not meet**	**Partially met**	**Fully met**
	Initiate a national dialogue on STBBI partner notification in Canada	1	2	3
	Provide participants with an overview of NCCID's STBBI partner notification project	1	2	3
	Gather input from participants to inform the scope of topics and activities of the project	1	2	3
	Identify and prioritize challenges of implementing STBBI partner notification programs	1	2	3
	Identify and discuss strategies to overcome these challenges	1	2	3
	Identify next steps for NCCID to facilitate improving STBBI PN programs in Canada	1	2	3

2.	Please rate your impression of the presentation sessions.	**Very Poor**	**Poor**	**Adequate**	**Good**	**Excellent**
	Day 1: Partner Notification for HIV/STBBIs – Evidence Reviews	1	2	3	4	5
	Day 1: Successes and Challenges of Partner Notification for STBBIs – The International Experience	1	2	3	4	5
	Day 1: Successes and Challenges of Partner Notification for STBBIs – The Canadian Experience	1	2	3	4	5
	Day 2: Mathematical Modeling Mini-Workshop	1	2	3	4	5

3.	Please rate your level of agreement with the following statements.	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
	The correct mix of participants was present to full discuss the issues.	1	2	3	4	5
	The flow of the consultation was maintained throughout the event.	1	2	3	4	5
	My interest was sustained throughout the consultation.	1	2	3	4	5
	There was plenty of opportunity to connect with people that I can collaborate with.	1	2	3	4	5

4.	Please rate the following items.	**Very Poor**	**Poor**	**Adequate**	**Good**	**Excellent**
	Meeting location	1	2	3	4	5
	Meeting facilities	1	2	3	4	5
	Facilitation services	1	2	3	4	5
	Duration of workshop	1	2	3	4	5
	Format of presentation sessions	1	2	3	4	5
	Format of breakout sessions	1	2	3	4	5

5. What was the most valuable aspect of this consultation?

6. What was the least valuable aspect of this consultation?

7. How can this consultation be improved?

8. Other comments and suggestions

9. Overall, how would you rate this consultation?
   Very Poor Poor Adequate Good Excellent

Thank You for completing this evaluation form!
It will help us to improve the design and execution of future NCCID meetings.

APPENDIX H – Results from the Consultation Evaluation

Total number of participants (excluding NCCID staff) = 32
Total number of completed evaluation forms = 30

Question 1: To what extent did we meet the objectivesw of the consultation?

	Did not meet		Partially met		Fully met	
	n	%	n	%	n	%
Initiate a national dialogue on STBBI PN in Canada	0	0%	5	17%	24	80%
Provided participants with an overview of NCCID's STBBI PN project	0	0%	3	10%	25	83%
Gather input from participants to inform the scope of topics and activities of the project	0	0%	8	27%	21	70%
Identify and prioritize challenges of implementing STBBI partner notification programs	0	0%	10	33%	19	63%
Identify and discuss strategies to overcome these challenges	0	0%	11	37%	18	60%
Identify next steps for NCCID to facilitate improving STBBI PN programs in Canada	0	0%	12	40%	15	50%

Question 2: Please rate your impression of the presentation sessions.

	Very Poor		Poor		Adequate		Good		Excellent		Good + Excellent	
	n	%	n	%	n	%	n	%	n	%	n	%
Day 1: Partner Notification for HIV/STBBIs – Evidence Reviews	0	0%	0	0%	9	30%	13	43%	7	23%	20	67%
Day 1: Successes and Challenges of Partner Notification for STBBIs – The International Experience	0	0%	0	0%	2	7%	15	50%	11	37%	26	87%
Day 1: Successes and Challenges of Partner Notification for STBBIs – The Canadian Experience	0	0%	2	7%	2	7%	11	37%	14	47%	25	83%
Day 2: Mathematical Modeling Mini-Workshop	0	0%	0	0%	4	13%	12	40%	12	40%	24	80%

Question 3: Please rate your level of agreement with the following statements.

	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Agree + Strongly Agree	
	n	%	n	%	n	%	n	%	n	%	n	%
The correct mix of participants was present to full discuss the issues.	0	0%	1	3%	3	10%	17	57%	8	27%	25	83%
The flow of the consultation was maintained throughout the event.	0	0%	0	0%	0	0%	14	47%	15	50%	29	97%
My interest was sustained throughout the consultation.	0	0%	0	0%	2	7%	13	43%	14	47%	27	90%
There was plenty of opportunity to connect with people that I can collaborate with.	0	0%	2	7%	2	7%	13	43%	12	40%	25	83%

Question 4: Please rate the following items.

	Very Poor		Poor		Adequate		Good		Excellent		Good + Excellent	
	n	%	n	%	n	%	n	%	n	%	n	%
Meeting location	0	0%	0	0%	2	7%	15	50%	13	43%	28	93%
Meeting facilities	0	0%	0	0%	3	10%	15	50%	12	40%	27	90%
Facilitation services	0	0%	0	0%	1	3%	8	27%	21	70%	29	97%
Duration of workshop	0	0%	0	0%	4	13%	14	47%	11	37%	25	83%
Format of presentation sessions	0	0%	0	0%	0	0%	13	43%	16	53%	29	97%
Format of breakout sessions	0	0%	0	0%	1	3%	14	47%	14	47%	28	93%

Question 5: What was the most valuable aspect of this consultation?

- Networking opportunities
- Opportunities to share experiences, successes and common challenges
- Snapshot outside Canada
- Great brainstorming opportunities
- Roundtable discussions to break out and think about the challenges and then presenting it back to the group for discussion
- To hear what the PH issues are with PN
- Networking (x3)
- Knowledge exchange
- Sharing other Canadian and International practice models
- Sharing ideas
- Meeting and making relationships
- Hearing what other bodies/jurisdictions are doing, successes and challenges
- Opportunity to network
- Address and brainstorm on important challenges and opportunities
- Networking with colleagues from national and international level
- Sharing information/learning new information and look forward to outcomes
- Group “think” – very valuable opportunity to learn and share
- Exchange of information and experiences

- Hearing what the provinces are doing
- Networking with health care providers involved with STIs
- Receiving education from other jurisdictions on how they are practicing partner notification, and STI client management
- Nancy did very well in facilitating the workshop
- Eve did well in organizing the event
- The rich mix of participants and opportunity to get input from them
- Great discussion
- Well organized
- Sharing idea/info with other jurisdictions
- Opportunity to contribute to discussion
- Appropriate amount of time was allotted
- The New York Experience and the Alberta syphilis campaign
- Learning about what is happening in the UK, US and Canada
- Knowledge exchange, discussions
- Good presentations
- The opportunity to learn what others are doing
- Connection with national colleagues
- Nice mix of PN related issues, e.g. existing evidence, gaps, tools, technologies and approaches
- Experience exchange, opportunity to learn
- Breakout sessions
- Learning about the literature reviews being done by NCCID
- Mathematical modelling
- Networking with colleagues and having the opportunity to share challenges and possible way forward
- Know what is coming up (literature review)

Question 6: What was the least valuable aspect of this consultation?

- There were some ideas that did not get tied back to the objective of PN program development. A lot of learning but there could more concrete understanding on who to use it to improve programs on the ground.
- Reviews would have been great if completed
- Nothing worth mentioning
- Not enough time
- Bit short
- Sometimes, the consultation was leaning too much on one leg/aspect of PN, other times we seemed to deviate a little from the main topic. Nonetheless, if was a great experience.
- Evidence reviews that were not complete
- Too much time and day dedicated to challenges, not enough time on solutions.
- Not very interesting to hear about the lit review methods
- It would have been great to have more time to see what is out there (being done in different areas)
- No data available/presented related to how effective STI PN is
- Feels like similar conversations that have happened before
- Although I learned a lot from David's presentation, it could have been shorter to give more time to strategies and next steps.
- Time should be given to clearly identifying and communicating next steps from today
- Math modeling – not sure how well this meets the objectives
- The Canadian Experience
- All was good – more time would have been helpful
- Literature review are not finished

Question 7: How can this consultation be improved?

- More time to address some of the tasks
- Having a pre-set system or plan in place to see the recommendations implemented
- Great consultation, mix of presentations and breakout sessions. Perhaps a facilitator who is more familiar with PH.
- Including front-line staff (CD nurses) could be beneficial.
- Difficult to follow discussion during breakout sessions – room small for the number of groups/people
- The room could be warmer
- Allow more time for group work
- Felt rushed at times when having group discussions
- Sometime to connect with PHAC leadership…?
- It was great! Please host another one soon!
- Sometimes the consultation try to tackle too much in a short period of time
- Monday was a "heavy" busy day – we did accomplish much! ☺
- Provide finished reviews of partner notification literature reviews that were summarized in first session – piqued my interest
- Some communication with higher management folks – ADM's of provincial departments
- Provide a longer time to hear from participants
- Keep the objectives in view always to avoid deviation/losing focus
- More participants, but I also like the intimate nature of this conference
- Being solution-oriented
- Being clear about target audience (policy maker, research/academic, PH practice/service, public) for the work that NCCID is engaged in
- Seeing more practical, evidence based experiences
- Practicing nurses to have their best experiences
- It may have been helpful to have the presentations available earlier on (or at least to let participants know that presentations would be available at the beginning of the consultation)
- More "decision-makers" in public health in this meeting
- Being increasingly inclusive of other BBI, specifically hep C+B
- By inviting more diverse fields, attendants such as social workers, nurses, psychologist etc.
- Having primary care professionals to share and see what can be done at this level
- More time for small group discussions and working on solutions
- Present results and implementation experience

Question 8: Other comments and suggestions

- Note-takers/reporters did great job as did the group facilitator!
- It was good having things documented all the way through.
- Math modeling – would like to be able to apply
- Although I think the meeting could have been extended (maybe full 2 day), it was an excellent meeting. Touched on many relevant issues and generated lots of valuable discussion and ideas.
- Facilitation was excellent and thoroughly enjoyed consultation!
- Great staff to work with (NCCID)
- Don't lose the momentum – I am looking forward to reviewing the consultation report along with the knowledge sharing from the three identified priorities for NCCID.
- Excellent facilitation
- Very good discussions which needed to happen
- Would like to see this as an annual event. It is a great opportunity to hear from other provinces

- Excellent facilitation!
- This was a great opportunity to meet colleagues from all around Canada. A great conference. Very well done!! Excellent facilitator! She kept things on track. Not easy to do.
- Thank you! Hope to see you again!
- Giving the leads of the various reviews an opportunity to compare methods and outcomes and use consistent approaches when possible could help make a final product that is more usable as a whole.
- Great consultation and exciting project – thank you!
- To have "dot-voted" on all 8 sections, not just knowledge translation – objective of consultation was "ID and prioritize challenges of implementing STBBI PN…" – not just NCCID's priorities…
- Very good mix of people, strong facilitation with good energy that influenced the mood in the room
- THANKS!
- The literature reviews don't seem to be as important. I would not put much time for the historical aspects. Literature review for special populations: Are Canadian travelers such a burden in the Canadian STI epidemic?
- 1st agenda had us working all day Tuesday therefore flight was booked for early evening – as it turns out with agenda change could have booked an earlier flight. This was a huge time "waster".
- Thank you!

Question 9: Overall, how would you rate this consultation?

Very Poor		Poor		Adequate		Good		Excellent		Good + Excellent	
n	%	n	%	n	%	n	%	n	%	n	%
0	0%	0	0%	1	3%	11	37%	18	60%	29	97%

APPENDIX I – Additional Feedback Provided by Participants Following the Consultation

No additional feedback was provided by participants following the consultation.