MINUTES
BC SUPPORT Unit Advisory Council
April 3, 2023

Attendees: Martha MacLeod (chair), Lin Chen, Linda Dempster, Alison Hoens, Sherri Mytopher, Lisa Ridgway, Anni Rychtera

Ex-officio: Stirling Bryan, Waqar Mughal, Alison Orth, Victoria Schuckel

Regrets: Courtney Defriend, Michelle Duffy, Ellen Chesney, Terri Fleming, Gregory Haljan, Stephanie Irlbacher-Fox, Monica Mamut, Swapnil Shah, Martin Wright

Tentative:

Guests: Laura Harvey, Shirley Wong (for Martin Wright)

Secretariat: Sara Lima Branco

1. Call the Meeting to Order
S. Bryan welcomed all members to this meeting of the BC SUPPORT Unit Advisory Council and brought the meeting to order at 12:02 pm.

2. Territorial Acknowledgement
S. Bryan acknowledged that this meeting is being hosted from within the ancestral, traditional, and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓íl̓witul̓athelh (Tsleil-Waututh) Nations. Meeting attendees were welcomed to share their respective territory in the chat or during discussions.

3. Thank you to outgoing chair and welcome to new members and chair
A.-M. Visockas indicated her inability to continue her membership in the council, and S. Bryan led a thank you to A.-M. Visockas for all her contributions to the council. M. MacLeod will be stepping in as chair until the end of the year (December 31, 2023).

New patient partners were welcomed; L. Chen, S. Mytopher, and L. Ridgway.

4. Agenda
Prior to addressing the action items, M. MacLeod inquired if the assembled group had anything to add or any changes to the agenda. There were none.

A new ongoing standing item has been added to the agenda: BC SUPPORT Unit overview and level setting. This will act as a way for all of us to be on the same page on the status of Unit work.

In addition, M. MacLeod indicated that there were two things she’d like this group to accomplish by meeting’s end: (1) advise on the emphasis and direction of the Unit’s EDI work and (2) how to best set ourselves up for the June 5th in person meeting.
5. **Action items from last meeting.**

Action Item: **ToR - Will remove “of the former BC AHSN” from Section 2 (Membership). COMPLETE.**

Action Item: **ToR - “Representation from Indigenous and community-based research interests” will be changed to reflect them as two separate groups. COMPLETE.**

6. **Approval of Minutes**

The minutes from the November 21st, 2022, meeting were presented to the group and approved as written.

7. **BC SUPPORT Unit overview and level setting**

S. Bryan led the group through a presentation, outlining the Health Research BC strategy (and the Unit’s importance in achieving these goals), component area foci during Phase II, the Health Data Platform, and some key activities from the Capacity Development, Data Platform and Services, Learning Health Systems, and Patient Engagement component areas.

Points of discussion:

- Phase II is the opportunity to leverage infrastructure created in Phase I, and to identify how we can have an impact.
- Evidence of impact for engaging patients: Inquiry regarding evaluation, and its importance in Phase II. Inquiry if additional support is being provided for this. S. Bryan advised that the Unit has access to a larger evaluation group (due to the consolidation), but indicated the inquiry merited a discussion about investing more in this area.
- Good measurement metrics for evaluation are needed.

8. **EDI presentation and discussion: Erin Michalak and Sahil Kanani**

E. Michalak and S. Kanani joined the meeting, and after round table introductions, they provided the assembled group an update on EDI in the context of POR and the work of the Unit.

Brainstorming questions posed by E. Michalak and S. Kanani:

- What do you think?
  - Committee members appreciated that the presentation that clearly outlined that there are a variety of voices and discourses that need to be better understood.
  - Are the connecting lines within the maps determined using software and/or by people on the research team? Answer: The research team join the lines and look at relationships. Their approach is to consider downstream effects, and to identify different relationships and influences that can be found downstream.
  - Once the understanding of the nodes and relationships is outlined, will the researchers provide recommendations on how to address these things? The Unit and Health Research BC could help; for example, re how patient partners are compensated for their time (i.e., expense costs and honoraria).
  - Equity = accessibility. Within BC we have differences in terms of accessibility to health care, but also to health research. There are individuals unable to participate in health research due to economic barriers, which can result in a lack of diversity.
In response to the inquiry if they would welcome this group sharing potential contacts for this work, E. Michalak indicated yes, and that a mechanism could be set up to facilitate this.

Advisory Council members shared links with E. Michalak and S. Kanani that they may find helpful:
- National initiatives.
  - The new clinical trial national CIHR funded consortium. They have an EDI component and links with SPOR.
  - National work in the data space.
  - CANTRAIN, the new national training platform for clinical trials as they have an EDI training stream in development.

What is the best way to collaborate with you on this project and portfolio of work moving forward?

What key EDI-related initiatives should we be aware of/gleaning knowledge from?
- Within the BC SUPPORT Unit?
- Provincial?
- National/international?

The Diversity Tapestry Project can be found here.

9. Continuing the conversation of sustainability and legacy in advance of June 5, 2023, meeting S. Bryan shared the sustainability graphic from the slide deck, which was created after our discussions and work at the BC SUPPORT Unit Advisory Council meeting that took place in advance of last year’s retreat.

S. Bryan clarified the difference between sustainability (activities continuing, the Unit’s work moves forward from Phase II. What needs to be continued?) and legacy (those activities that won’t be continued. How do we ensure there’s longstanding impact from those activities?).

A package will be created summarizing the work from last year, as well as providing an update of our work and the work of the other Units.

It was flagged that there is work that is taking place in the province that may not be discussed on June 5th – for example, clinical trial development and. As we prepare for June 5th, we need to keep SUPPORT Unit sustainability and legacy in mind in two ways: (1) a base for discussion and the continuing tracking of work/progress (2) and what needs to be monitored and measured in the evaluation sphere, and how change of culture can be meaningfully captured in metrics.

10. Summary & Next steps
M. MacLeod and S. Bryan thanked the council for their engagement today.

11. Group adjourned at 1:29pm.