

Community Engagement



Community Engagement Report

**Seek and Treat to Optimally Prevent (S.T.O.P.)
HIV/AIDS**

March 2011

**Prepared by Margreth Tolson,
Community Engagement**

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Kath Webster, STOP Leadership Committee Community Representative, Vancouver; Community Facilitator

Boys R Us Drop-in Program

BC Centre for Disease Control Outreach Program

BC Persons with AIDS Society (BCPWA)

Downtown Eastside HIV/IDU Consumers' Board

Healing Our Spirit BC Aboriginal HIV/AIDS Society

Health Initiative for Men (HIM)

HUSTLE Men on the Move

Maximally Assisted Therapy (MAT) Program at VCH Downtown Community Health Clinic

Providing Alternatives Counselling and Education (PACE) Society

Portland Hotel Society and the Life Skills Centre

Positive Women's Network

Vancouver Coastal Health Aboriginal Health Strategic Initiative

Vancouver Native Health Society (VNHS)

WATARI Youth Community and Family Services

WISH Drop-in Centre Society and the AESHA Research Project

YouthCo AIDS Society

Executive Summary

Seek and Treat to Optimally Prevent (STOP) HIV/AIDS is a pilot project funded by the BC Ministry of Health to expand HIV testing, treatment and support services in BC. Vancouver Coastal Health (VCH) is committed to ongoing community involvement throughout the STOP project until its completion in March 2013. Phase One of community discussions was conducted in 2010 (www.vch.ca/get_involved/community_engagement/reports/), and Phase Two was conducted in January and February 2011 to inform planning of health services going forward as of April 1, 2011. The 12 discussion groups (including two groups conducted in Spanish) were attended by 130 participants reflecting a wide diversity of age groups and neighbourhoods in Vancouver.

Community Alerts

Two strong themes arose across many groups, underlying concerns about successful uptake of HIV testing and treatment:

- **HIV education workshops** are still needed in many communities to counter stereotypes and misinformation about transmission and risk behaviour, particularly in rural Aboriginal communities and the Downtown Eastside.
- **Pre-test counseling and education:** some people may need several pre-test counseling sessions to prepare themselves, and emotional health should be considered carefully before a Rapid test is administered.

Key messages for public health social marketing, to encourage testing

- Stop using the word 'AIDS'; using the word 'HIV' on its own reduces anxiety.
- Actively counter myths and fears about HIV, such as 'It's inevitable for our community'.
- Offer HIV testing in combination with tests for a wide range of health conditions (as appropriate to the community) to lessen stigma
- For people living in poverty, offering \$3. - 5.00 cash or food voucher would greatly increase uptake.
- Show images of strong role models living long, healthy lives with HIV

Rapid test locations

- Most participants felt strongly that HIV testing should not be provided at community festivals or other places perceived as 'too public' (e.g. dental offices, food banks, etc.).
- Suggestions for other more appropriate locations included community health fairs, needle exchanges, community centres or other locations that are part of the 'normal everyday route' for community members.

Peer Involvement: Peers providing the Rapid HIV test

- Participants from the Downtown Eastside and Spanish language communities would like peers to be able to administer the Rapid HIV test.
- Gay men, people with mental illness and male sex workers have concerns about peers giving tests.
- Most participants from all groups felt that peers providing the test together with a nurse would be acceptable to their community.

Health education information and workshops for newly diagnosed people

- Rather than being overwhelmed with a great deal of information at time of diagnosis, people suggested some key necessities: a phone number for a peer or agency they can talk to immediately, reassuring verbal messages about their health and living with HIV, and a brief sheet of information about HIV.
- Participants expressed strong interest in post-diagnosis workshops as a place to learn a wide range of disease self-management skills, including immune system health, goal-setting and disclosure.

1. Introduction

Seek and Treat to Optimally Prevent (STOP) HIV/AIDS is a pilot project funded by the BC Ministry of Health to expand HIV testing, treatment and support services in BC, with the overall goal of reducing HIV incidence. Project partner organizations include Northern Health, Provincial Health Services Authority, Providence Health Care, the BC Centre for Excellence in HIV/AIDS and Vancouver Coastal Health (VCH).

From its inception, the VCH STOP project has identified community partnership as critical to an accountable, responsive and effective pilot project. Phase One of community consultations was conducted in 2010, and the results of this consultation were used to inform ongoing planning. The report is available on VCH's website (www.vch.ca/get_involved/community_engagement/reports/).

VCH is committed to ongoing community involvement throughout the STOP project until its completion in March 2013, seeing this as a mutually beneficial and ethically responsible means to both communicate out its response to community ideas and to solicit further input for ongoing planning. VCH STOP Community Representative, Kath Webster and VCH Community Engagement (CE) staff held Phase Two of community discussions in January and February 2011 with the following objectives:

- i) To give members of the public a summary of what people said last summer, and report on what VCH did in response to those suggestions;
- ii) To review the possibilities for the coming year, asking for people's feedback;
- iii) To ask how VCH should continue to get community feedback on VCH's STOP project.

2. Methods

VCH STOP Leadership identified key themes to be discussed by members of the public, to inform planning of health services going forward as of April 1, 2011. Discussion groups were chosen as the methodology so that people would share and build on each other's ideas for improved models of service. Community partners were contacted to host these discussions.

An outline of themes, results and questions was presented to each discussion group (see Appendix 1) asking people for their suggestions on the following topics:

- o Point-of-Care (POC or Rapid) HIV test locations
- o Peers providing Rapid HIV tests, and the support and education needed for peers
- o Public health messages to encourage testing
- o Health education information and workshops for newly diagnosed people

Provision was also made to welcome people's experiences and ideas that may lie outside the above group of topics, and commitment was made to bring forward these additional concerns as 'Community Alerts' in this report. The 12 discussion groups (see Appendix 2) included two groups conducted in Spanish. The 130 participants reflected a wide diversity of age groups and neighbourhoods in Vancouver (see Appendix 3) and the content of these discussions is summarized below.

Limitations

Where a formal group process was not possible, facilitators conducted interviews with one, two or three people at a time. This flexibility of approach greatly enhanced some people's comfort and they participated with enthusiasm when methods were adapted to their specific needs. Some people were not able to participate, largely due to stigma and consequent fear of being identified as someone living with (or suspected of living with) HIV. Future consultations will need to consider a wider range of methods to gather information and ideas from people, taking into account diverse needs and providing increased opportunity for participation.

3. Community Alerts

Two strong themes arose across many groups, underlying concerns about successful uptake of HIV testing and treatment. Consideration of these concerns will be key to the successful achievement of the STOP HIV/AIDS project's goals.

Need for HIV education programs in marginalized communities

- Stereotypes and misinformation about transmission and risk behaviour remain critical barriers to uptake of testing and treatment.
- HIV education workshops are needed in many communities, particularly in rural Aboriginal communities and the Downtown Eastside.

“Some people think you get HIV from the test itself – that the person giving you the test somehow passes the HIV on to you.”

“People are saying you get it from bed bugs. Is that true?”

- HIV education should be included under an ‘umbrella’ of health education on other chronic conditions, such as diabetes, hepatitis, heart disease and others, as relevant to the community.
- For all communities and populations, it is important that HIV education be delivered by a member of their own community, or a trusted and well-respected person known to the community.
- For Aboriginal communities, people suggested:
 - Band councils and elders need to be educated, as their support of HIV education and awareness is key to successful efforts.
 - The STOP HIV/AIDS project may want to consider developing some sort of formal agreement with the First Nations Health Council.

Pre-test counseling and education

- Fear of an HIV diagnosis, and entrenched beliefs that ‘HIV is a death sentence’ prevent many people from getting tested.
- Group participants emphasized that some people may need several pre-test counseling sessions to prepare themselves, develop a foundation of trust and support with the person providing the test, and learn basic information about HIV testing, transmission and new medications.
- Hopeful messages about long-term survival with HIV may increase uptake of HIV testing, increase follow-up for treatment, and reduce the likelihood of self-destructive or self-isolating behaviour after a positive test result.
- Emotional health should be considered carefully before a test is administered, and people should not be pressured to take the Rapid test before they are ready.

4. Public health messages to encourage testing

Public health social marketing strategies are currently being developed by the VCH STOP project in order to encourage testing in specific communities, and group participants suggested images and messages they felt would be effective for their respective communities.

4.1 Key themes across many groups

- Stop using the word ‘AIDS’, as this word causes great fear and panic. By using the word ‘HIV’ alone, it may cause less anxiety and become more equated with other viruses, like hepatitis, which do not create the same fear and stigma.
- Actively counter myths and fears about HIV, such as ‘It’s inevitable for our community, why try to prevent it?’, or ‘If I don’t get tested, I won’t have to deal with it’, or ‘I’ll die in a year anyway – why bother with treatment?’
- Include encouragement to get tested for a range of health conditions in these health promotion messages, so that HIV is one of several health conditions to get checked (like diabetes, hepatitis, STIs, depression, etc.), as relevant and acceptable to the target population.
- Many group participants living in poverty stated that offering \$3.00 or \$5.00 cash or food voucher, and combining the HIV test with tests for other conditions, would greatly increase uptake of testing.
- Show images of strong role models, from their respective communities, living with HIV and living long, healthy lives:

“Everyone knows that testing positive changes your life forever, and people need positive images of what that change can look like. They need to replace their negative image with a new and positive image.”

- If an HIV+ person is not willing to be identified in a poster for their specific community, show images of local well-respected community representatives, whose ‘testimony’ will be meaningful and trustworthy.
- Use statistics in some way: many people spoke about the impact of seeing some sort of statistic as a trigger to get tested.
- Let people know the test is fast, free, accurate and confidential.
- “Find out now: early treatment means a long life.”
- Emphasize there are many medications to treat HIV and ways to support the immune system, and HIV is now a manageable condition
- Health promotion messages must also be realistic about the impact of HIV, conveying changes needed to live well with HIV, for example, “With some changes in nutrition, exercise and medication, people are living long, healthy and active lives with HIV.”

4.2 Key themes for specific communities

- Ads for heterosexual men and women should still focus on the message ‘HIV can affect anyone’, as many still believe it is only affecting the gay and drug-using populations.
- Some women suggested ads should encourage women to get tested because early treatment can prevent HIV transmission to an unborn child, and also reassure women that it is still possible to have a healthy baby after an HIV positive diagnosis.
- Some members of the gay men’s community had seen many health promotion messages indicating ‘Everyone is at risk’, so they did not realize their behaviours would put them at greater risk. For this community, it would be helpful to include statistics and tools to assess one’s own risk for HIV.
- Members of Aboriginal communities said it may be very effective for their community to acknowledge the risk for children to be orphaned if a parent dies of HIV, therefore encouraging early testing and treatment.
- For Aboriginal communities, it is also important to acknowledge the role of traditional medicines in maintaining good health.
- Members of the Latin American community echoed many of the same themes as found across all groups, but suggested that they also need to know:
 - *where* to get tested: ads should give information about appropriate locations for testing;
 - Interpreters are available and how to ask for this;
 - There is no need for papers of any kind (e.g. Social Insurance Number, passport, etc.).
- Health promotion messages for this community should also be targeted to different populations within the Spanish-speaking community, i.e. the approach to migrant farm workers should be quite different from ESL students.

5. Rapid HIV test locations

In the Phase One consultation, many people suggested that testing could be offered in community-based locations (e.g. shelters, community kitchens, drop-in centres), and at community events. The new VCH STOP clinical outreach team is now providing the Rapid test and other public health and HIV services in many non-clinical locations like these. To further inform this team's work, people were asked in this consultation to address in depth the specific locations they felt would be appropriate for testing, and specifically whether the Rapid test should be offered at community festivals, dental offices, etc.

5.1 Where to provide the test

It is interesting to note that 8 of the 12 groups responded with a strong 'NO' to the above suggestion that the test be provided at community festivals or other places perceived as 'too public' (e.g. dental offices, food banks, etc.). People gave a wide range of reasons why they felt community celebrations are inappropriate, and women expressed particularly high concern about the importance of private and discreet test locations. All groups had suggestions for other more appropriate non-clinical locations for testing:

- Community health fairs (because the focus is on health);
- Needle exchanges and detox centres;
- Community centres and drop-ins;
- Shelters and transition houses;
- BC housing sites;
- Locations with counseling nearby;
- In locations that are part of the 'normal everyday route' of the community members, e.g. for residents of the Downtown Eastside, the recent clinic at the Carnegie Centre was very successful; for gay men, hold a clinic at a local café; for members of the Latin American community, Raven Song Clinic and the Watari office.

5.2 Elements that encourage testing

- Many people emphasized that uptake of HIV testing would likely increase if offered as part of an overall health and wellness exam, combined with other tests and vaccines (such as the flu shot).
- It is still important to maintain HIV testing at clinics, as some people would not trust the credibility of a test offered outside of a clinical location, and prefer to see the same healthcare professional each time they get tested.
- In outreach locations, it is important to have the same nurse present each time, so people become familiar with this person.

5.3 Handing out information about the test and testing locations

- Many groups agreed that community festivals, food banks, soup kitchens and other public places would be good locations to hand out information about the Rapid test and where to get tested.
- Information should be brief, and printed on small, discreet items, like matchbooks, lighters, business cards, candies, etc., as appropriate to the community.

5.4 Other places to get the test: online and in stores

- There is need for tests to be available in stores and online, as privacy is a critical issue.
- Several people said it took them a long time to get their HIV test done because they could not face asking someone for the test. If they could have done the test on their own, they would have done so earlier, seeing the at-home test as a way to prepare mentally before going to a clinic for confirmation.
- Tests available through these means would greatly increase uptake.
- Concerns were acknowledged with regard to discretion (e.g. how to label a test kit if sold at a pharmacy or store) and anonymity (ensuring the person does not need to give their name or credit card number online).
- Availability of tests is authorized by the federal government and therefore beyond the scope of this project, but this recommendation is noted as a key community theme.

6. Peer Involvement

Peer involvement was a prominent theme in the Phase One consultation. In response, the VCH STOP project will shortly be establishing peer involvement teams to work with STOP clinicians, doing outreach and supporting people to get tested, and supporting clients post-diagnosis.

6.1 Should peer workers provide the Rapid HIV test?

It was suggested by some participants in the Phase One consultation that it may be helpful to have peers administer the Rapid HIV test, with appropriate training and support. Participants in this second phase of consultation were asked to discuss in depth whether this would be appropriate for their respective community, and the training and support required for peers in this role.

The definition of ‘peer’ varied between communities, and HIV status did not seem as important as the peer being recognized as someone from their own community, and who ‘speaks the language’, whether that be the slang-terms used, or a specific language like Spanish. In some cases, people expressed concern about peers’ HIV status being known, as people would then avoid contact, due to stigma by association. As well, for 1-1 work it is important to match the peer by gender, age-range and life experience whenever possible.

Peers providing test: Yes

- Downtown Eastside and Latin American community;
- Easier to get tested if you know person, and they have tests handy;
- People may not want doctor/nurse involved on first test, but for confirming test later.

Peers providing test: No

- People with mental illness and male sex workers: would not trust a peer; the test should be given by a doctor or nurse;
- Gay men also expressed significant concern about being tested by someone who does not have a professional level of training, and accountability for maintaining confidentiality. Some also noted it would be awkward in their community for the peer to provide tests to people whose friends and partners they know.

It was widely agreed between groups that it is most helpful to provide many options for testing in any community or neighbourhood. People want the choice of being tested by a peer, or to be tested by someone they don’t know, or to have both a peer and a nurse present for testing.

6.2 Other roles for peers

Across groups, participants agreed key roles for peers include:

- Handing out information about testing;
- Providing a link for nurses to some high-risk communities, e.g. drug dealers;
- Offering to accompany people to a test;
- Being present at the test (if wanted);
- Providing numerous sessions for pre and post test counseling and education;
- Offering ongoing support, regardless of result;
- Community education workshops, on HIV prevention and living healthy with HIV;
- For the Aboriginal community, peers can provide family education and support after diagnosis, preferably in a traditional healing model.

6.3 Screening and recruiting for peer work

All groups shared similar thoughts on the elements required for peer involvement to be successful. Particular focus fell on two elements:

- Peer workers are recognized in their community, and are healthy role models in that community.
- Peer workers are carefully screened for motivation, integrity and discretion: their credibility and trustworthiness must be of primary concern.

6.4 Training

Some suggested elements of training include:

- Clear definition of the role and tasks for peers;
- Clear boundaries:
 - Learning to share their experience in a way that does not overwhelm the other person, and also preserves their own privacy;
 - Learning methods to ‘turn off’ the peer-role when not at work.
- Self-care: learning and respecting their physical, emotional and spiritual needs;
- Counseling skills, including crisis intervention and suicide prevention;
- Able to speak clearly and accurately about HIV and medications;
- Pass exam on HIV knowledge;
- For peers who work in languages other than English, bi-lingual peers could attend initial training in English, then train other peers in their own language.

6.5 Ongoing support and education

- Group counseling skills;
- Debriefing after each shift;
- Involved in non-HIV activities together so they have shared social time, to counter the pressure of work;
- Access to counseling for themselves (like the Employee Assistance Plan available to VCH staff).

7. Health education information and workshops for newly diagnosed people

There was much discussion in Phase One about the need for both tools and training so that healthcare providers and patients can communicate more easily about HIV and related health issues. In Phase Two, we asked participants for detailed ideas on topics for health information handouts and workshops to help people manage their HIV.

7.1 Information at time of diagnosis

With regard to handouts, few participants expressed interest in receiving information on medical or clinical aspects of HIV when newly diagnosed. It was strongly stated in many groups that it was the emotional impact, largely shock and fear, that puts new patients at risk for isolation, possible self-harm and a long delay (sometimes years) before they re-engage with healthcare.

“Mental health and isolation are huge at diagnosis – information about resources for emotional support should be on the FRONT page of the information they give you, not the back page.”

Rather than being overwhelmed with a great deal of information, participants identified primary needs upon diagnosis:

- A phone number for a peer or agency they can talk to immediately, to ask questions and receive emotional support;
- Reassuring verbal messages about their health and living with HIV;
- A brief sheet of information about HIV, including resources for emotional support and reassurance about medications to support their health;
- A brief and simple ‘map’ of next steps for their medical plan, including appointments made with specialists, for follow-up, blood tests, etc.;
- Asking if the patient would like to have a peer initiate contact by phone or email.

People also discussed handouts that would be helpful at later appointments, such as:

- A CD-ROM of HIV information (rather than a large binder, due to concerns about privacy);
- A self-assessment tool to help people evaluate their support network, including information about where to get more support.

7.2 Health education

The new proposed peer support network in Vancouver may start delivering information for people living with HIV, in partnership with clinical staff. Many participants expressed strong interest in learning about a wide range of disease self-management skills:

- Details about the virus, how it affects the immune system and how to support one’s health;
- Setting goals to improve well-being, including mental and emotional health;
- Nutrition and exercise;
- Medications and side-effects (in plain language), and holistic/complementary therapies;
- Healthy sexuality;
- Spirituality;
- Money management;

- Getting back to work;
- Disclosure.

“These workshops are important for ‘growing up’. When you get HIV, you have to ‘grow up’ very quickly, and we need strategies and role models to grow and cope together.”

It was also observed by Aboriginal and youth participants that, as people live longer with HIV, it may be increasingly helpful to consider mechanisms to provide education and support for family members, who must also cope with the diagnosis and stigma.

Finally, to ensure accessibility and uptake of the workshops by newly diagnosed patients, people also suggested:

- Workshops and meetings should be held at neutral locations, like community centres, rather than stand-alone AIDS Service Organisations (ASOs) that are easily identified. Fear of being seen to enter these facilities has been identified as a barrier that sometimes prevents people from accessing any information.
- Workshops should be developed by and for specific communities, or a generic model is allowed to be adapted by each community (including translation when required), and facilitated by members of the community, so workshops are relevant to their experience and perceptions.

8. Next Steps

VCH is committed to ongoing public involvement throughout the length of the STOP project. Feedback during this Phase Two consultation will inform planning for the coming year’s pilot-test strategies (April 2011 – March 2012). This report, like Phase One’s consultation report, will be sent to all participants and published on the VCH website, and it is hoped that we will return to groups in Fall 2011 for further updates and discussion, so public input continues to play a role in shaping implementation of pilot-test strategies.

At the end of each discussion group, we asked participants for their feedback on whether the group discussion model was useful for their community, and for suggestions on other methods to be considered for future phases of community involvement, to ensure the consultation process is available to anyone who wants to participate.

Suggestions for Phase Three include:

- Online surveys;
- Emailed questionnaires;
- Providing education workshops or discussion panels with HIV+ peers prior to discussion groups;
- Creating an interactive website that would provide regular updates and ongoing opportunity for dialogue.

VCH and the Community Engagement department will consider each of these ideas in future planning. It was also suggested by Latin American community members that an update in May 2011 would be helpful, so that people receive a verbal summary of this report.

It must be acknowledged that some community groups paid their members honoraria to attend a discussion group, as this is a ‘norm’ in their community. It is not financially feasible for VCH to provide honoraria for all consultation participants, but it was observed that when discussions are held at a time that members already regularly meet, or methods are adapted to a regular drop-in setting, there was strong and enthusiastic participation, without honoraria provided. The VCH STOP project team thanks all agencies for the significant effort made on our behalf to ensure public participation, but does not wish to burden community partners with an ongoing obligation to provide honoraria. We hope increased breadth of methods will provide many options for members of the public to participate in ways that are convenient, respectful and confidential.

Appendix 1 – Project Overview for Discussion Groups

Important themes from Summer 2010	What VCH has confirmed	OUR QUESTIONS
<u>Medical services in non-clinical locations</u>	STOP HIV Outreach Team provides testing and treatment in many locations	<p><u>Rapid testing locations:</u></p> <p>Should we offer rapid testing at community festivals, dental offices and other public sites?</p> <p>What are some concerns we need to prepare for, and how should we take care of these concerns?</p>
<u>Peer Involvement</u>	Peer workers will work with STOP Clinical Outreach team, and in other locations, to support people getting tested, do outreach, co-facilitate education groups	<p><u>Peers will provide rapid testing:</u></p> <p>How can we ensure this is successful – for the peer and for the person getting tested?</p> <p>What forms of support and education would be important for peer workers?</p>
<u>Public health messages (e.g. ads)</u>	New messages being developed for specific communities: positive and encouraging	<u>What are positive & encouraging messages</u> for getting tested, in your community?
<u>Diagnosis and Treatment</u>	Training for 700 doctors and nurses; STOP Clinical Outreach Team available to support doctors, peers available to support patients; New info. workshops for patients; New specialist HIV case managers in place	<p>What specific <u>health education handouts</u> should be developed for newly diagnosed HIV+ people ?</p> <p><u>Medical info. workshops for PHA's:</u> What are some important topics to cover in these workshops?</p>
<u>Language and immigration needs</u>	<p>Clinic for uninsured people at Raven Song in evenings;</p> <p>Services for HIV+ uninsured people at all VCH clinics;</p> <p>Better access to interpreters</p>	<u>Are there gaps we have missed</u> for HIV testing and treatment?

Appendix 2 - Focus Groups by Date, Location & Attendance

<i>Date</i>	<i>Location</i>	<i>Number of people</i>	<i>Attendance by Gender</i>
Jan. 27, 2011	Vancouver Native Health Society	10	9 male; 1 female
Jan. 31, 2011	Positive Women's Network	9	9 female
Feb. 1, 2011	Downtown Community Health Clinic Maximally Assisted Therapy (MAT) Program	8	4 female; 4 male
Feb. 1, 2011	Health Initiative for Men	3	3 male
Feb. 2, 2011	BOYS R US Drop-in for male sex workers	7	6 male; 1 transgendered
Feb. 3, 2011	Youth Co AIDS Society	5	4 male; 1 transgendered
Feb. 4, 2011	Portland Hotel Society Life Skills Center	15	13 male; 2 female
Feb. 7, 2011 (Spanish language)	WATARI	25	18 male; 6 female; 1 transgendered
Feb. 8, 2011	Downtown Eastside HIV IDU Consumers' Board	14	10 male; 4 female
Feb. 9, 2011	BC Persons with AIDS Society	6	6 male
Feb. 10, 2011	Healing Our Spirit BC Aboriginal HIV/AIDS Society	11	7 male; 2 female; 2 two-spirited
Feb. 11, 2011 (Spanish language)	Latin American youth	17	7 male; 10 female
TOTAL		130	87 male 38 female 5 transgendered/two-spirited

Appendix 3 - Focus Groups by Gender, Age and Neighbourhood of Residence

<i>Gender</i>	<i>Age</i>
Male (Total: 87)	20s = 12 30s = 17 40s = 19 50s = 27 60s = 12
Female (Total: 38)	Teen = 1 20s = 10 30s = 5 40s = 12 50s = 9 70s = 1
Two-spirited/Transgendered (Total: 5)	20s = 1 30s = 1 40s = 2 50s = 1
TOTAL	130

<i>Age</i>	
Teens =	1
20s =	23
30s =	24
40s =	32
50s =	37
60s =	12
70s =	1
TOTAL	130

<i>Neighbourhood of Residence</i>	
Downtown Eastside =	41
Downtown Westside =	15
Downtown Other =	19
Hastings Sunrise =	1
Commercial Drive =	4
East Vancouver =	17
Main & Broadway =	1
Kingsway =	1
Fairview =	1
South Vancouver =	1
Vancouver =	12
Burnaby =	4
New Westminster =	2
Surrey =	2
Richmond =	1
North Vancouver =	2
Coquitlam =	3
Not specified =	3

Note:

Downtown Westside refers to Yaletown/West End

Downtown Other refers to Chinatown/Strathcona/Tinseltown/Gastown