Executive Director Summit
Fall 2014 – *Draft* Notes

Date & Time: Wednesday, October 22 @ 9:00am – 4:30pm

Location: Vancouver Airport Marriott Hotel, 7571 Westminster Highway, Richmond, BC

9:00-9:15am	**Welcome and Introductions**
9:15-10:15am	**Focus Group: Future directions for PAN programming** With Elayne Vlahaki In keeping with PAN's mission to build skills and capacity of member organizations and people with lived experience, we are trying to gain more in-depth understanding of the training needs of Executive Directors (EDs) and staff and volunteers at organizations as a whole. An online survey will follow these focus groups. Participants broke into groups by health region to answer a series of 5 questions. Each group brought forward one important issue. • **Provincial Health Services Authority (PHSA):** Criminalization is something that needs to be taken on by EDs and the whole sector. • **Fraser:** Multi-agency peer networking. • **Island:** HIV testing and criminalization, better access to support in plain language. • **Interior:** Harm reduction and how to use respectful language for people who may be actively using drugs or dealing with multiple health challenges. • **Vancouver Coastal:** Need for more resources and being able to get information and updates – having the time to do what needs to be done, and the money to do it with. • **Northern:** Underlying themes that are outlined in *From Hope to Health*, E-health communication, evaluation, reporting, and confidentiality. PAN is planning an event for next fall focusing on skill and capacity building for EDs. Info from today will help inform PAN on how to support EDs' learning needs better.

10:15-10:30am	**CATIE Programming Presentation** By: Michael Bailey, Director, Program Delivery, CATIE See Michael Bailey's power point presentation. Blended Learning is a new approach to delivering programs that uses two or more different types of learning approaches and contexts to deliver training. • People and organizations seem to be losing core knowledge – need to build capacity of service providers to support people/clients build knowledge on basic issues relating to HIV. For instance, providers may have a knowledge of "addictions counselling" but not necessarily moving up through an organization and with core knowledge of HIV. • People are interested in learning modules, discussion boards, webinars. • People are looking for something very flexible – available when people want it, online, small short modules, 15-20 min modules, using quizzes and games to reinforce learning. • Blended learning is a useful tool for people starting a job in the sector, to gain core knowledge of HIV and treatment etc. • CATIE will be providing a Hep C Core training module– the first pilot will begin in January of this year (2015). • This module will include, a discussion board, face to face training (emotional wellness, access to testing treatment and support) webinars (introductory webinar to pilot). Other work: • Partnering with PAN for February Conference for Frontline Support Workers. • Workshops across the province: Prince George in November - CATIE will be returning for Northern Health's research conference in 2 weeks –will be piloting new workshops – 1) understanding HIV risks and 2) communicating with your pharmacist; PWN partnership – event in Kelowna in two weeks, inviting people from Kamloops; and Nelson in March 2015, inviting people from Cranbrook as well.
10:30-11:00am	**Presentation: Hep C Medical Information - The Changing World of Hepatitis C** By: Dr. Ramji See Dr. Ramji's power point presentation.

	There is a big concern about what will happen 20 years from now as the disease progresses and prevalence of cirrhosis increases. • By 2035 the most common health complications associated with chronic hep C will increase by 80-205%. • As the burden of disease increases, so do the costs of not treating. • HCV related mortality exceeds mortality from HIV. • There is still so much stigma around the disease and the CDC recommends everyone between the ages of 45-75 be tested one time. • Treatment has changed so much in the last 10 months, and will continue to change over the next 3months. • Fibrosis is the key to reducing morbidity – the sooner you receive treatment the better. • It is difficult to represent in data the societal effects of treatment and cures. • Screening is imperative and needs to be de-stigmatized. • Viral eradication with the new treatments is 70-90% depending on the genotype.
11:00-11:15am	Break

11:15-12:00am	**BC HIV/AIDS Evaluation Working Group & the Community HIV/HCV Evaluation and Reporting Tool (CHERT)**
	
	By: Elayne Vlahaki
	
	See Elayne Vlahaki's power point presentation.
	
	Review of key findings from CHERT, a PAN led online survey, collecting annual, standardized data from PAN member organizations regarding programs and services. Will be working towards incorporating outcomes more substantially into the tool.
	
	• Received CIHR Centre for REACH funding to do a CHERT overhaul and focus on outcomes.
	• The outcome indicators for CHERT will be developed with guidance and support from the BC HIV/HCV Evaluation Advisory Group.
	• Purposes:
	  ○ Measuring the contribution PAN member organizations/CBO's are making to the HIV sector in BC;
	  ○ Program planning and improvement – organizations can use CHERT data to improve programming;
	  ○ Standardization – aiming to standardize indicators that everyone is collecting;

- Accountability – gives us a way to show what organizations are achieving – to their funders, members and other key stakeholders. This focus on accountability works to justify current and even potentially expand resources received from funders.

- CHERT reports: we are veering away from long reports and are reporting more on key themes (this year's focus was on human resources, harm reduction and stigma); a report focusing on the community-level contribution *to From Hope to Health;* and a CHERT Supplemental Information Report (2011-2014) – ALL CHERT reports are available to download on the PAN website.

  Human resources:

  - When assessing CBO contribution, we must reflect on paid and unpaid human resources: FTE have shifted – organizations seem to have more FTEs – *Why? What are some potential reasons?* Responses from attendees : Broad based community support is there, while it wasn't there before; other orgs are getting on board as well as politicians making it feasible and reasonable for people to stay in regions other than Vancouver; scope has grown, focus has shifted to determinants of health, allowing more interest and funds; more ability to have full time employment.
  - Volunteers: Average numbers of volunteers seem to be increasing over time a little bit, average number of hours are increasing as well.
  - Post-secondary students assisting with HIV/HCV work – total number seem to be decreasing – *Why? Why aren't PAN member orgs making use of post-secondary students? Do we need to better connect students to orgs?* Responses from attendees: Number of students that orgs are able to take on fluctuate based on staffing resources, and capacity to support students. It is about resources, time and equipment, supervision, there are not usually resources attached to requests. Requests for practicums are up, but resources are not there. There is now less of an emergency, a disconnect between age groups. Varies a lot based on location and community. Students learn how to do things without resources – good experience for the real work. It was also noted that actual numbers may be different than what was collected and that the question may need review.

Harm Reduction:

- CHERT trends related to the distribution of harm reduction materials and provision of services – increasing adoption of focus on harm reduction approaches; over time there has been an increase in number of orgs providing harm reduction, and the number of respondents setting up satellite sites; more CHERT respondents say their programming includes harm reduction material distributions; significant shifts in distribution of pipes versus needles. Important to break these down by region. Some work may also need to be done to compare these numbers to the order numbers collected by the BCCDC.

Stigma and Discrimination:

- Addressing stigma and discrimination is a key guiding principle in *From Hope to Health* and a PAN priority. CHERT findings demonstrate that stigma and discrimination continue to act as a barrier at the community level; second biggest challenge identified by respondents, after resources and funding; a big focus of training and workshops; one of the highest focuses of upstream prevention; data should continue to urge orgs to strengthen efforts to address stigma and discrimination.
  Comments from attendees: Attempts to address stigma should be focussed on both people experiencing stigma as well as training for service providers, especially with regards to cultural safety.

- Linking CHERT with data from *From Hope to Health* – areas of CHERT data used: provision of HIV prevention and education, distributing harm reduction supplies – engaging and retaining people in care, supporting people through the cascade, fighting stigma and discrimination and community involvement
  - **Conclusions:** demonstrate big contribution from CBOs to address HIV in the province, encourage government to collaborate and engage with CBOs to strengthen this response.

Questions?

- *How are partners being engaged?*

- Ministry of Health is working on writing an annual report *From Hope to Health*, and asked PAN to make a submission regarding the impact of CBO's – some of which came from CHERT's *From Hope to Health* report. Conversations with Health Authorities are continuing as well, with the goal of working towards a standardized tool that will reduce reporting for organizations. Finally, we are working on developing outcome indicators for the CHERT. The more we are able to measure the impact the more influence we will have.
- *How can we improve the use of CHERT among PAN organizations?* Breaking it down and doing theme-based reports like what was done with *From Hope to Health*. Also providing regional information.
- *How has CHERT data been used by you, PAN members?* Some are using agency info from CHERT for funding applications.

12:00-12:45pm **IGNITE! Presentations**

1. **What is "Program Science" Anyway?:** Janice Duddy

   See Janice Duddy's power point presentation.

   A new approach in HIV research and evaluation – continuous process of asking questions, formalizes the process of asking questions and supports orgs to engage with data research and other analyses, goal of improving services for people living with HIV, HCV and other conditions.
   - Helps to support orgs whose programs learnings don't make it into the published literature.
   - Finding the right strategies at the right time for the right populations…etc.
   - Science is fully embedded into all aspects of a programs vs. traditional research which is done by academics and then translated to practitioners. With this approach the programs drive science, rather than science driving programs.
   - Guiding research within practice.
   - Expanding where we gather information from – not just published evidence. Adding elements such as mathematical modeling, outcome evaluation, surveillance, operational research, cost-effectiveness evaluation, hypothesis development, operations research.
   - CIHR Centre for REACH in HIV/AIDS has decided to use an applied program science approach for its new *REACH 2.0.* Centre (new funding started in June 2014), supporting frontline evaluation, applied program science, identifying successful interventions, KTE.
   - PAN has a funded position through *REACH 2.0* to help support organizations with evaluation questions, supporting participatory evaluation, data collection, evaluation analysis, reporting, also looking

at program science approach across BC – if you have evaluation questions – Call (604.558.2079) or email Janice (janice@pacificaidsnetwork.org)

2. **Mental Health First Aid:** Stacy Leblanc and Carlene Dingwall

   See Stacy Leblanc and Carlene Dingwall's power point presentation.

   This is a new program that PAN is excited about bringing to member organizations.

   - MHFA was first developed from work being done in Australia, have been working with MHFA for a number of years, in Canada it evolved from Out of the Shadows At Last – first national report around Mental health.
   - It is one strategy to deal with stigma and improve mental health in Canada.
   - Professional help is not always available, MH problems are very common, stigma and discrimination around MH is a big issue, so many people do not come forward to deal with problems, not everyone knows where to seek help. Early intervention is essential.
   - MH first aid – approach is similar to physical first aid – first response, initial support and crisis intervention – until someone is able to access professional help.
   - Goals to preserve life, prevent deterioration, help healing and comfort, recognize signs and symptoms and provide initial assistance.
   - What the training looks like – combo of lecture and applied learning. The training was developed in Canada by the Canadian Mental Health Commission – it is highly interactive with lots of activities, small group work, sense of community and team building within group. Main components: overview of problems in general, definitions, substance related disorders, mood, anxiety and psychotic disorders.
   - Anyone can benefit from learning MH first aid. PAN delivered two pilot trainings, one in Victoria and one Prince George, now looking at models and ways to resource additional trainings for more rollout on other regions.
   - Helps validate knowledge and teach new skills.
   - PAN is currently in the process of reviewing the pilot evaluations and determining the best way to rollout.

3. **Canadian HIV Stigma Index:** Andrea Langlois

   See Andrea Langlois' power point presentation.

The Stigma Index is an action research project that has been conducted internationally in over 50 countries.

- Consists of methodology, training, questionnaire, and tools for rolling it out.
- Led by people living with HIV, for people living with HIV.
- Trying to document experiences of stigma and discrimination and rights violations.
- Based on GIPA principles.
- Focus on action and how to support communities to create evidence-based priorities and advocacy work.
- Quantitative questionnaire, with one qualitative piece.
- The Stigma Index tool is standardized (i.e. cannot be changed), but there will be an opportunity to add regional and country specific questions.
- PAN is supporting implementation in BC, and we will be ensuring that our survey captures resilience as well.
- Some examples of outcomes in other countries. Greater involvement of PHAs in Germany; in Swaziland it led to a national framework to address stigma and discrimination, an expert client program, and human rights monitoring; in Fiji it led to strengthened counseling services, including of confidentiality clauses; and in Estonia, resulted in the first clinic in Europe run by and for people living with HIV, and a workplace anti-discrimination initiative.
- Stigma has been outlined as a priority for PAN and the BC CBR program, and is a national priority as well for the CBR Centre and *REACH 2.0*. A number of persons/groups from across Canada applied for CIHR operating grant – was not successful this year, but that grant is being resubmitted next week. PAN has in the meantime been successful in receiving funding from the Vancouver Foundation, along with some matching funds from *REACH 2.0* and other sources – to roll out the BC arm of the Stigma Index in 2015.

4. **Positive Leadership Development Institute & Status of Women Funded Positive Women's Training Project Evaluation Videos:** Val N. and Kath W.
    - Videos to be added to PAN's website soon.

- Series of videos created as part of the evaluation process for the Status of Women funded project supporting poz women to access leadership development training within the PLDI. This was a joint project between PAN and the Positive Women's Network.
- Evaluation through story telling.

	• $150 fee charged to PAN member organization for the Core Training– apply through member organization, everyone makes an application, rigorous review process by the PLDI Steering Committee– 18 participants per training, diverse group, across the province, sexual orientation, racial background, age, leadership skill level to foster mentorship.
12:45-1:30pm	Lunch
1:30-2:30pm	**ASO Advocacy: Speaking Out, Safely** **What the CRA rules are about charities doing advocacy, what's allowed and what's not** By: Richard Elliot See Richard Elliot's power point presentation. Resource document: Resources on Charities, Political Activity & Lobbying (pdf) How ASOs are able to do work related to advocacy without "repercussions": • Overview of what the federal advocacy guidelines are for charitable organizations. • Organizations' purposes must be exclusively charitable (i.e. relief of poverty, advancement of education, advancement of religion, purposes beneficial to the community in a way the law regards as charitable). • That does not mean that you cannot engage in political activities or advocacy. • There is a clear recognition of CBOs ability to engage in policy process or "advocacy". • Charities must present info on public policy issues in a way that is informative, accurate and well-reasoned (based on factual info that is methodical, objective, fully and fairly analyzed), including addressing facts and arguments to the contrary. • 3 types of activities: charitable, political and prohibited. • The more things that you can put in "charitable activities" the less you have to include in that 10% of political activities. • Conclusions: you can do advocacy on issues connected to your charitable purposes. • Your advocacy must be well-reasoned. • You can spend up to 10% of your total resources on "political" activities. • Much advocacy work can be considered a charitable activity. • Keep good records of expenditures on various activities. • Never engage in partisan political activity. For more information about advocacy work by charities please see Richard Elliot's full presentation.

2:30-2:45pm	Break

2:45-3:30pm	**Public Health Agency of Canada: PHAC Funding and Future Directions**
	
	By: Lisa Smylie
	
	Audio available here: Public Health Agency of Canada: PHAC Funding and Future Directions
	
	• Helping to lead up the process looking at the new funding model for PHAC funding for the HIV/AIDS and HCV "Community Action Fund."
	• Highlights of what PHAC is proposing:
	  ○ Taking a three pronged approach/three different proposed funding models, for how we deliver our grants and contribution funding.
	  ○ Increasing length of the term of funding to 5 years.
	  ○ Letter of intent process where a 4-page proposal detailing intentions of a project will be submitted and after review only some will be invited to submit a larger proposal.
	  ○ "Community alliance model": Community organizations would come together for large projects around a common issue or population. They would decide what role each org would play and how decision making would happen.
	
	Questions for Lisa:
	
	1. Do you know when the funding criteria will be published? And will they be available before call for letters of intent? (Ross H.)
	  ○ Will be available hopefully next year, can't necessarily guarantee that they will be well before the call for letters of intent, but they will be shared as soon as possible.
	2. With regards with PHAC visioning documents – is it possible to distribute ahead of webinar? With description of genesis? Separate from webinars (Ross H.)
	  ○ Yes. They will be made available.
	3. In the work and evaluation plan, which includes the evaluation soliciting indicators, we commit to collecting these indicators, but there is no place in the reporting tool to report those indicators. In the new regime will there be a consistency across what we are asked and what we report? (Ross H.)
	  ○ There is a separate group that works on evaluation and reporting. We can anticipate difficulties in keeping consistency. Can we reach a point where we can say here is a common bank of indicators, and tools you may consider using to collect the data, and if we have

that bank of indicators, then we can create a reporting tool to report just on those indicators. Will bring this feedback, back to Genevieve Tremblay who leads evaluation at PHAC. And also a way to communicate what data we are using, and how.
    - Comment from Janice D. - here in BC PAN has been working on finalizing CHERT. We would be enthusiastic to work towards a common bank on indicators as we have this as a standing goal for CBOs in BC.
4. I have applied for funding from ACAP, it is a lot of work, and did not receive funding. Applied again for needle exchange, and did not get anything. Small agencies are at a marked disadvantage without people/the HR power to write these specialized grant applications. We walked away from ACAP. Is there any streams of funding for smaller agencies for smaller amounts? (John C.)
    - We had not considered smaller streams for smaller amounts. But is being considered when looking at funding allocations. Part of the reason behind the letter of intent process.
    - One of the benefits of a community alliance model is that it will allow smaller organizations to join in an alliance with larger orgs who may have more of a capacity to write those grants. There is also a wide variation in capacity to do evaluation work. Organizations with stronger evaluation capacity can help smaller organizations.
5. What was the original reason, rationale or vision for changing the funding model? (Evin J.)
    - Jackie Arthur had developed a series of vision documents – in consultation with community. Logic model for this fund, fund description, and principles and vision for this fund. Those vision documents came well before this "how" and they have not changed.
    - There is a webinar coming up soon regarding what it means to PHAC to adopt an integrated approach and it will include what our vision for this approach.
6. Describe what your next steps will be regarding specific consultations with people living with HIV/AIDS? (Monique D.)
    - There will pan-Canadian discussions with people living with HIV but do not have a date yet. This is being organized by the Canadian AIDS Society (CAS). The teleconference will occur in the3rd week of November likely.

- Comment from Evin J.: PAN will be sure to promote those opportunities in our e-news, PLDI newsletter, and other communications.

7. What specific consultation has taken place regarding hepatitis C related services, people living with Hep C? (Clare M.)
    - We just had a discussion with HCV orgs organized by a Canadian Society for international health. Invited those who had taken part in the development of world HCV day, and key partners. Ottawa. One engagement opportunity for HCV orgs. Webinars – quite an extensive stakeholder list. Invitations for webinars includes those who have expertise in STBBIs.
8. Canadian HIV Vaccine Initiative (CHVI) – over $5 million in *Federal Initiative* funding was removed from the domestic response, set aside for this work (including a factory that was never built). Will these funds be restored to the community? What is happening right now the CHVI? (Katrina J.)
    - The agency is in the midst of taking a look at the HIV Vaccine initiative. The outcome may change based on current thinking and exploration now underway. Jackie Arthur is working on this now. Not sure about the target date. Commit to getting back to PAN on this.
9. Harm Reduction – what will be the level of acceptability of LOI's/proposed work that have to do with supporting HR? (Marcie S.)
    - Government of Canada's position on this is "we are committed to a broad range of prevention activities" and we are also conscious of the federal vs provincial and territorial jurisdictions. We leave it up to provincial and territorial funding agencies to fund those activities.
10. Do you see any issues/concerns with the "watering down" of HIV specific funding (now opening up even more to hep C, STBBI's, etc.) programs and services related to addressing HIV related stigma – where will this fit in, if at all? (Evin J.)
    - Hoping that this webinar on "integration" will fully describe what we mean/intend by integration. Should appease a lot of folks who are worried about "the end of the HIV movement."
11. To what extent will community-based organizations (including People living with HIV/AIDS) be involved with the review of the LOI's and full applications? Who will be reviewing the LOI's? And to what extent will there be input from the PHAC regional offices? (Mary J.)
    - Can't say at this time who will be reviewing the LOI's, but are trying to figure out how we can include these considerations. And we will

share once we know. In terms of engaging the regions – absolutely. We have been including regions in thinking and development of proposal, and will continue with eligibility, review process, and review of proposals in moving forward.

12. To what extent will community expertise and demonstrated capacity be recognized in the funding criteria, including those organizations with established capacity, intimate familiarity with the issues, also GIPA/MIPA – how will that be recognized in the LOI process? How will HIV experience be reflected and weighted in grants? (Mary J.)
    - One of the questions we ask in reviewing a proposal is what is the capacity of the organization to undertake this activity? Do we feel they have the expertise and how have they demonstrated that?
13. To what extent will the "San Patten Formula" (which was commissioned and adopted by the PHAC in 2006) (which all provinces and regions were consulted and in accord with) be used to inform decisions regarding future funding allocations? (Katrina J.)
    - When we are engaging with folks we are doing that thinking internally, and so by way of process, is to turn back to that formula, and ask to what degree does that reflect what we've heard and what we've considered and determine if a new formula needs to be considered and if it still makes sense to use the same formula.
14. When will the funding allocation formula be decided, i.e. the budgets established? (Katrina J.)
    - Before call for letter of intent. Before the next federal election? Not sure. But it will be done next fiscal year (FYE March 31, 2016).
15. What criteria might be put into place in order to ensure that regional groups like PAN, etc. can apply for national funding ... for groups thinking of forming a strategic alliance model and doing pan-Canadian work? (Katrina J.)
    - We haven't yet figured out eligibility criteria for who will be eligible for national funding. But have heard lots of comments and considerations about this. Can't say right now. But will be shared so that people know where they fit.
16. Is the "Strategic Partnerships" model still on the table for anyone other than Alberta? (Marcie S.)
    - Where we have support within a community take this approach we will. We haven't heard of any regions as yet where there is unanimous support of that approach, but it will be considered where it makes sense and where there is support.

3:30-4:30pm	**Debrief – PHAC Funding Presentation** ○ Willingness to revisit San Patten Formula – large community consultation process. ○ Looking to Jackie Arthur regarding vaccine initiative. ○ PHAC webinars Nov 5th, 10-11 webinar "What is an integrated approach to STIBBs; Practical applications for CBOs"; Nov 19th 10-12 "new community action fund: follow up discussion on new delivery model".