



2016-2017 Annual Report



**WORKING TOGETHER
IN CHALLENGING TIMES**

PAN Vision

We lead an inspired, strong and effective community-based response to HIV/AIDS, HCV and related communicable diseases and conditions.

PAN Mission

Working collaboratively, the Pacific AIDS Network builds the capacity and skills of its member organizations, including people with lived experience, to effectively address HIV/AIDS, HCV, and related communicable diseases and conditions.



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Leaders' Message



PAN Board of Directors 2016-2017, left to right: Antonio Marante, Patience Magagula, Katrina Jensen, Melanie Monds, Kindra Breau, Clare MacDonald and Jesse Brown. *Not pictured: Monique Desroches Dale Northcott, and Kim Stacey.*

This past year is one marked by many changes and tremendous challenge. Loss has certainly been a big theme. Many have resulted from funding changes for the community-based sector and our work. There are acute losses for individuals, families and communities impacted by the overdose crisis. Stigma is another element that has been very visible—feeding into the opioid crisis and the focus of many conversations at PAN—be it from information shared at the Fall 2016 Meeting and at other events; or the early research findings now flowing from research projects such as Positive Living Positive Homes (PLPH) and the BC Stigma Index. As any PAN member could speak to, stigma impacts people living with HIV, hepatitis C (HCV), those who use drugs and other people with lived experience (PWLE) in profound and complex ways, affecting provision and access to services, support, dignity, and health outcomes. But throughout it all, the last year has also demonstrated the great strength, resilience and conviction of our members and the important work of many, many individuals.

Across BC, the overdose tragedy continues to unfold, fueled largely by the use of fentanyl, a powerful synthetic opioid 50 to 100 times more potent than morphine. The toll this crisis is taking on the staff, workers and volunteers on the frontlines is profound—the impact it is having on communities, families

and people with lived experience (PWLE) is staggering. At the time of preparing this Annual Report, the BC Coroners Service has estimated that the number of overdose deaths will surpass 1,400 in 2017, a huge increase over the record 935 deaths documented in 2016. This despite the tireless efforts of community-based organizations, public health units, first responders, and PWLE. The PAN board of directors and staff would like to acknowledge the tremendous efforts, dedication and bravery of those on the frontlines of this crisis, the front line workers, volunteers and people with lived experience who have reversed countless overdoses—and without whom the death toll would be so much greater.

The PAN board of directors and staff would like to acknowledge the tremendous efforts, dedication and bravery of those on the frontlines of the overdose crisis—the frontline workers, volunteers and people with lived experience.

PAN's own policy work on the overdose crisis began in earnest at the 2016 Fall Meeting, where we heard from our members and from PWLE about a host of necessary changes that need to occur. Over the past year, we created a number of significant policy documents calling for the creation of a safe drug supply. We also prepared a Rapid Assessment Report, which identifies key capacity- and skills-building activities and supports for community workers and PWLE on the frontlines—the very people who are doing so much, but who typically have the least amount of resources. We have presented the Rapid Assessment to various key provincial and federal stakeholders, including the Director General of Regional Operations at the Public Health Agency of Canada (PHAC).

Thankfully, there have been some positive policy changes and shifts by both the federal government and the province in the past year. The creation and resourcing of overdose prevention sites (OPS) in communities across BC; the repeal of the so-called Respect for Communities Act and subsequent federal approval of five new supervised consumption sites in BC (in the DTES, Kelowna, Kamloops and two in Surrey, including an exemption to supervised consumption of oral and intra-nasal substances at Safepoint) are welcome developments in harm reduction. The ever-broadening distribution of no-charge naloxone kits through the Take Home Naloxone Program (now available at 551 locations across BC); and the increasing numbers of people starting on, and physicians prescribing, opioid substitution therapy (OST) are also good progress.

However, the ongoing death toll and related damage clearly indicate that more is called for, including an increased level of investment—particularly at the community-based/frontline level—to support treatment, prevention and, above all, harm reduction. PAN and our members will continue to advocate for scaling up evidence-based practices such as OPS and opioid substitution therapy (OST); and to further resource harm reduction agencies and peer groups that are effectively providing low-barrier services that help to link people to care and to keep them on treatment. Combatting this crisis will also require a willingness to try new and novel approaches. Given the decades of experience addressing the HIV epidemic, of grassroots mobilizing and innovating, PAN members are uniquely positioned to: test new and novel approaches along the continuum of care; scale up effective, low barrier harm reduction services; engage people where they are at; and to help facilitate consultation and meaningful engagement with people who use drugs.

Speaking of our shared history in addressing HIV and AIDS, the funding climate continues to be volatile for many PAN member organizations, particularly in the wake of the restructuring of federal funding for community-based HIV and HCV services under the Community Action Fund (CAF). Vigorous and powerful advo-

PAN Collaborators

Key collaborators and partners (external to the Pacific AIDS Network):

Aboriginal HIV & AIDS Community-Based Research Collaborative Centre - AHA Centre
BC Centre for Disease Control
BC Centre for Excellence in HIV/AIDS
BC Ministry of Health
BC Women's Hospital + Health Centre
CATIE
Chee Mamuk
CIHR Centre for REACH in HIV/AIDS and the CBR Collaborative Centre
Coalition des organismes communautaires québécois de lutte contre le sida
CTAC
First Nations Health Authority
Fraser Health Authority
Global Network of People Living with HIV – GNP+
HIV/AIDS Legal Network
Interior Health Authority
Island Health Authority
Northern Health Authority
Ontario AIDS Network
Ontario HIV Treatment Network
Pacific Hepatitis C Network
Provincial Health Services Authority
Public Health Agency of Canada
School of Public Health and Social Policy, University of Victoria
University of Northern BC
Vancouver Coastal Health Authority
YouthCO (Yúusnewas)

cacy efforts across multiple levels were undertaken in response—here in BC this was led by Positive Living BC and PAN—while nationally, it was led by the Canadian AIDS Society (CAS). Our shared collaborative efforts speaks to the ongoing power of the HIV movement to strategize, mobilize and advocate. Collective efforts vis-à-vis members of parliament, the federal Minister of Health, PHAC leadership and related government stakeholders

at the provincial and territorial levels resulted in the heartening decision by the federal government to provide transition funding to all organizations previously receiving federal funding, but who were not successful in the CAF solicitation process. Unfortunately, this funding is for one year only (to March 31st, 2018)—and not all PAN members have as yet secured alternate sources of funding to maintain vital frontline services.

Despite their best efforts, sadly, some of our long-time and valued organizations, such as the Positive Women's Network and the DTES HIV/IDU Consumers' Board, faced significant funding challenges over this past year, resulting in the difficult decision to cease or significantly cut back on operations. Presently there are other smaller, grassroots and often member-driven organizations at increased risk of closure or down-sizing. Finally, member-driven community-based groups such as the Pacific Hepatitis C Network and HepCBC continue to advocate for sufficient resources to address BC's HCV epidemic.

Here at PAN we will continue to seek opportunities now and in future to support impacted agencies and to highlight—and wherever possible facilitate—solutions to address the looming gaps in services. Sustainability of HIV and HCV community-level services will continue to be a file that we work actively on in concert with our members. We applaud the tenacity and creativity of our members in challenging funding decisions, in seeking solutions—all the while as they continue to provide the best level of service possible for their clients and members.

For PAN, happily, there have been some significant successes to celebrate over the past year. We were very thankful to be able to secure five-year funding commitments through the PHAC CAF solicitation. This will allow us to continue with capacity-building and skills-building programming across BC, including providing regionally-based/located training event(s) on an annual basis. We will continue to partner with the First Nations Health Authority (FNHA) to provide training for frontline educators working with Indigenous clients and communities. PHAC funding will also be used to expand the Positive Leadership Development Institute (PLDI) here in BC. Working in partnership with the Ontario AIDS Network and COCQ-SIDA, our three networks will be building a pan-Canadian PLDI. Congratulations as well, to the other PAN members who were successful in the federal funding solicitation, including YouthCO, the Community Based Research Centre for Gay Men's Health, AIDS Vancouver Island, Positive Living North, and Health Initiative for Men.

PAN was also successful in our proposal to Canadian Institutes of Health Research (CIHR) under the Collaborative Centres of HIV/AIDS Community-Based Research (CBR) competition. This means that the CIHR CBR Collaborative: A Program of REACH (CBR Collaborative 2.0) will continue and that there will be sustained regional and national support to foster rigorous,

relevant CBR to improve the health and well-being of people living with and affected by HIV in Canada. Again, we look to the active engagement of our members and to people living with HIV, HCV and others with lived experience, to ensure the ongoing success of these programs.

Just a few other developments of note, over the past year, that we'd like to celebrate:

- Science leads to U=U (undetectable = untransmittable) statement: A significant development in HIV science and advocacy is the research that definitively proved that if a person's HIV viral load is undetectable, they won't transmit the virus sexually: U=U! PAN was pleased to follow the lead of our members and partners from across Canada and the world, in endorsing the U=U Consensus Statement.
- HCV treatment, which has vastly improved over the last few years, is becoming more accessible for British Columbians. In February, the BC Government co-led negotiations with drug manufacturers that will improve access for treatment for people living with chronic hepatitis C.
- The Provincial Health Services Authority (PHSA) decided to embark on a new way of working with its community-based HIV and HCV contracted agencies, using a collective impact approach. This Collective Impact Network (CIN), with PAN working as the backbone organization, will allow partners to do more together than they can separately and will hopefully see gains for people living with HIV and HCV across the province. (See the Training and Leadership section for more on the CIN).
- Working in partnership with many of our members, our colleagues at REACH and with different funders, PAN has been pleased to be part of the shift towards a growing culture of evidence-based practice and evaluation. Adopting shared measurement tools to track the impact of our sector's collective efforts responding to HIV, HCV and related conditions is key to tracking our shared successes and demonstrating the value of the work we all do. PAN is presently working in partnership with the PHSA and the new Collective Impact Network (CIN), as well as with Northern Health (NH), to build shared measurement frameworks and collect data using a set of common measures.
- Speaking of evaluation, PAN recently conducted an impact evaluation of its Positive Leadership Development Institute (PLDI) program – over 160 individuals have participated in PLDI in BC since its start in 2009! What the evaluation found was that the PLDI has a positive impact for participants, within community-based organizations, and across the sector as a whole. PLDI grads are in key leadership and service roles across the province and 92% of evaluation participants

felt like GIPA/MIPA principles are being more actively used in their communities since PLDI started. Congratulations to all PLDI grads for the difference you are making in your communities across BC!

Finally, we are very grateful for the hard work and effort of the members of the PAN team, including staff members, contractors, the Board of Directors and other volunteers. We are grateful for the support of our funders and supporters who make it possible to sustain our work as well as innovate and deliver new programs and services; to engage in community-based research and evaluation to provide evidence to move our shared work forward; and to continue to mobilize on key issues such as housing access, social equity and confronting stigma. Most of all, we are extremely thankful to our 48 member groups for their involvement, collaboration and participation in our network – thank you for all that you do!

Signed by

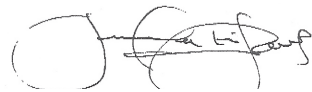
Katrina Jesen
Co-Chair, PAN Board



Jesse Brown
Co-Chair, PAN Board



Jennifer Evin Jones
Executive Director, PAN



Training and Leadership

The Positive Leadership Development Institute

The Positive Leadership Development Institute (PLDI) is a much loved and unique program here at PAN. To date, 176 people living with HIV (PLHIV) have completed Core Leadership Training, representing over 2000 years of life-experience with HIV—remarkable for a program that started in 2009. PLDI has always existed with the purpose of supporting PLHIV to realize their leadership potential and increase their capacity to participate meaningfully in community life. The PLDI program operations over this last year were focused on the continued longevity of the program as well as expanding the vision and mission of the institute provincially and nationally. The 2016-2017 year was a very exciting one for the program, with many successes.

PLDI Grads represent over 2000 years of life-experience with HIV

In June 2016 the PAN PLDI team hosted its 10th Core Leadership Training. In November of 2016, the PLDI Facilitation Team held a governance training (Bored? Get on Board!) for 18 Core Training graduates. Seventy-five percent of those who attended reporting increased skills and a better understanding of governance models. This past June, 2017, we held another Core Leadership Training at Loon Lake for 16 participants, and 80% of those who attended said they had increased their capacity to lead; made increased connections to community; and had a better understanding of self-care. Our trainings continue to demonstrate that the PLDI program builds the resiliency and leadership capabilities of people living with HIV so they can become active change agents.

This year also saw some changes to the PLDI program. One of the PLDI's most respected trainers, Marc Seguin, retired from the PLDI. Marc was an integral member of the PLDI team since its inception. We honour and thank Marc for his incredible contribution to the PLDI in BC.

Much of our work over the past year was about securing the future of the PLDI in BC. In response to the Public Health Agency of Canada's (PHAC's) Community Action Fund call for proposals,

we joined with the Ontario AIDS Network (OAN) and COCQ-SIDA and submitted a Letter of Intent (LOI) as a Community Alliance. Our LOI was "green lit" and we were invited to submit a full proposal—we were then thrilled to receive word that our proposal for a pan-Canadian PLDI program was successful.

This new community alliance will receive funding from 2017 to 2022 and will continue with the established PLDI training programs in Ontario and British Columbia, but also see the introduction of the PLDI program in Quebec, including French adaptation/translation. We are especially excited in BC because the PLDI program will now have a full-time manager to oversee day-to-day activities, to support the PLDI training team, and to do more to help local community organizations to better meet the needs and capacities of the PLDI Graduates. We will also be able to expand our trainings, hosting two Core Leadership Trainings a year, which means more PLHIV will be realizing their leadership potential, as well as a third training (either Bored? Get on Board! Communication Skills Training, or Mental Health First Aid).

Given the amount of grads PLDI had supported we decided it was time to conduct an impact evaluation of BC's program. With financial support from PHAC and REACH 2.0, a team of four Peer Evaluators was hired, trained, and supported to conduct the evaluation. The purpose of evaluating the PLDI program was to determine whether we were meeting the short, intermediate, and long-term objectives of the program; and to get some concrete data about PLDI participants' experiences since, and as a result of the training. This included data about PLDI participants' leadership activities in their communities and across the province. We also plan to use results to improve the program moving forward, and determine better ways to promote the PLDI. The PLDI Impact Evaluation collected data from PLHIV, PLDI participants, and community stakeholders throughout the province, and wrapped in April 2017.

The evaluation highlighted that on an individual level, PLDI is having a deep impact on the lives of graduates. For some, increased confidence to disclose has helped them step into new leadership roles (such as public speaking) and combat feelings of internalized stigma. Moreover, graduates are empowered to take control of their own health and wellbeing, which enables them to have greater access to the health care system. Many evaluation participants acknowledged that the program has led them to pursue other professional development opportu-

nities, employment and volunteering outside the HIV sector. It is also important to note: 92% of evaluation respondents felt GIPA/MIPA (Greater/Meaningful Involvement) principles are being more actively used in their communities since PLDI started; 88% felt that PLDI participants have more volunteer/work opportunities after completing PLDI; and 82% felt that PLDI training has supported participants to have improved health outcomes.

The leadership skills provided by PLDI also offer a pathway to resilience in the face of HIV stigma by utilizing self-worth and engagement as tools for both individual and social change. Our behavioral skills-building interventions, delivered by PLHIV for PLHIV, build skills in leadership, system navigation, coping mechanisms and resiliency. The tools provided by PLDI provide lasting effects on people's ability to lead, confidence in themselves and the ambition to make change both structurally and personally.

The work over the last year shows that the PLDI program is liberating and empowering for PLHIV, and is also a program that many funders want to support. When PLHIV discover their personal power and network with others who share their very personal experience, this naturally lends itself to a more effective force for individual and social change. Most importantly, PLDI offers healthy social connections which are a powerful tool to build and maintain personal resilience.

Thanks to the extraordinary support of our funders, volunteer steering committee, the hours of work done by the PLDI training team, our Evaluation Steering Committee and Peer Evaluators, and the remarkable efforts of PAN member organizations and other partners, we're making a difference for people living with HIV in BC and will continue to do so for many more years to come.

Capacity Building & Workforce Development

We were very pleased to learn through our 2016 Members and Stakeholders' Survey Report that a high majority of respondents reported that PAN's capacity building tools and events are having a positive impact on member organizations (84% of respondents) and the overall sector (also 84% of respondents). We work hard to listen to our member and community needs and respond with solid programming to support and build the skills of paid staff and volunteers working across the province.

In reflecting on PAN's capacity-building offerings for this year, providing opportunities to help address stigma and discrimination was central to much of our work. Stigma and discrimination affect not only people living with HIV, but people living

PHSA Collective Impact

New this year, the Collective Impact Network (CIN) is a Provincial Health Services Authority (PHSA) sponsored initiative being co-led by PAN acting as the "backbone organization" providing administrative and facilitative support for the network and its activities. This group consists of the PHSA and the six PHSA-contracted agencies that are supporting the community-based response to HIV and HCV. Having devised a foundational structure to plan for core activities such as shared measurement and face-to-face meetings, the CIN had its inaugural meeting in February 2017 alongside key representatives from the PHSA. Since then we have fixed five common priorities:

- Increase involvement of People with Lived Experience (PWLE);
- Increase program equity and services for HIV and HCV;
- Increase program equity and services across BC (urban, suburban, rural and remote locations);
- Harm Reduction; and
- Reducing Stigma

The CIN has moved forward with concrete actions, including an asset mapping exercise to explore best practices around for peer based work and the formation of a HCV caucus. PAN has developed a "shared measurement" tool for measuring results consistently, and we will be able to track the impact of our sector's collective efforts and demonstrate the value of the work we do. PAN has also administrated an internal PHSA Innovation Fund to help kick start novel programs within the network. Our goal is to facilitate collaboration on priority areas that will best support people living with HIV and HCV and the frontline organizations that serve them.



with hepatitis C, people who use drugs, Indigenous peoples, gbMSM, and other populations. As identified in pre-event assessments, stigma reduction is often a prevailing goal in the planning and development stages of our capacity building initiatives. The unprecedented number of overdose deaths in BC the past 18 months necessitated a focus on issues related to drug use and harm reduction. Recognizing that the overdose crisis disproportionately affects some populations more than others, was why our shared collaborative efforts working with the First Nations Health Authority, YouthCO (Yúusnewas), Chee Mamuk, and others on the Educators' Forum was so important.

As with the PLDI, significant energies over the past year were dedicated to securing funding to continue with our capacity building efforts. We were very pleased and honoured to be successful in the PHAC CAF solicitation process, and excited to secure five year funding for many of our capacity and skills building programs.

Annual Fall Meeting

PAN's 2016 Annual Fall Meeting last October welcomed people from across all regions in BC and featured a number of plenary sessions including a comprehensive panel and roundtable discussion on Canada's national drug policy and its effects on public health in the context of BC's ongoing crisis of overdose and overdose deaths. The discussion began with a keynote address by Richard Elliott from the Canadian HIV/AIDS Legal Network and was followed by a panel discussion with Donald McPherson of the Canadian Drug Policy Coalition; Katie Lacroix, for the Society of Living Intravenous Drug Users (SOLID); Darcie Bennett from Pivot Legal Society; and Jordan Westfall of the Canadian Association of People Who Use Drugs. The panel discussion was facilitated by Katrina Jensen, Executive Director of AIDS Vancouver Island. The panel and ensuing discussion was rich and varied. Please check the PAN website for a detailed report on this session.

The 2016 Fall meeting also featured:

- STOP, From Hope to Health and Healthy Pathways Forward updates with representatives from all the health authorities, the BC Ministry of Health and the BC Centre for Excellence in HIV/AIDS;
- Population Size Estimates (PSE) Project Update Presentation & Discussion;
- Treatment as Prevention: Exporting the HIV Strategy to HCV, and;
- Refreshing Healthy Pathways Forward: A Strategic and Integrated Approach to Viral Hepatitis in BC.

Presentations from the conference can be found on our website in the Resources section: pacificaidnetwork.org/resources-2

Educators' Forum

For the second year, PAN partnered with the First Nations Health Authority (FNHA) and CATIE, along with a planning team that included representatives from Chee Mamuk, YouthCO, Vancouver Coastal Health and the BCCDC, to host the Educators' Forum: Promoting Effective STBBI, HIV, Hepatitis C and Harm Reduction Education with Indigenous Peoples of BC.

The Educators' Forum is designed to support educators to build competency in connecting and working with Indigenous populations. Budget restrictions mean that the event is targeted and has, sadly, attendance restrictions.

The 2017 Forum was held on Indigenous land, known as Skw-lax- Secwepemc Territory, and we extend our appreciation for having had the opportunity to gather and learn on their territory. We offer our sincere gratitude to the Chief and Council of the Little Shuswap Lake Indian Band and the staff of Quaaout Lodge for their generous hospitality.

The program featured keynote presentations by Dr. Charlotte Loppie, Dr. Bruce Alexander and Martin Morberg. Other sessions included: Naloxone training and implementing a take home Naloxone program; an Introduction to PreP (Pre-exposure prophylaxis); cultural activities with local Indigenous facilitators; a roundtable discussion on the overdose crisis; and a special viewing of Circle of Life, Circle of Love, a video project from the Canim Lake Band.

While the event was a great success it was not without its challenges. Mother Nature threw us a few curveballs, by way of a wicked winter storm, but with the patience and understanding of the participants, and the behind-the-scenes work of the planning committee, we were able to persevere. Special thanks to Frank Antoine and Frank Marchand at Quaaout Lodge for helping to make the journey home a safe and sound one.

This population-targeted event has proven to be very popular and with a recent five-year commitment for funding from PHAC, and an ongoing partnership with FNHA, we are excited to be able to continue building on the success of these last two events.

Our annual meeting welcomed people from across all regions of BC and focused on public health in light of the overdose crisis.

PAN Communications

PAN connects communities across health authorities in each area of the province not only through capacity building events, but through resources and news broadcasts. Our Weekly eNews features PAN-specific updates as well as news submitted by members and community partners. We also share information on the relationship between social determinants of health and HIV/HCV health outcomes; policy developments and updates that impact community-based services; community resources and funding opportunities, as well as job postings within the sector. This past year we also focused on the ongoing overdose crisis and provided information and resources that member agencies might find useful and relevant. Information was posted on the website proper (under the Resources section) and also via the eNews.

A very high percentage (91%) of respondents to the Members' and Stakeholder's Survey find the PAN Weekly eNews useful. "I enjoy the email blasts, as they keep me informed on new changes or innovations in the area of HIV/HCV," said one respondent. Another commented, "The newsletter is really helpful. I was able to pass on the evaluation support link that I read about in the newsletter to someone who had just asked me for something similar a few days before."

We were aware from the 2015 Members' and Stakeholder's Survey that our website design was not easy to use; something we have had on our radar. We are happy to report that this year

PAN Online

Our website is a hub where members can find information on the latest news via our blogs, program and project information; resources from capacity building events and original material we collate on an ongoing basis.

www.pacificaidnetwork.org

the website was significantly revamped to make information better organized and easy to find. As requested, webinar and conference information can be found on the home page and navigation tabs across the top clearly indicate how to easily find programming and resources. We hope that our members and partners embrace the changes!

Over the next year we look forward to working with people in different regions to continue to build connections with, and between organizations responding to the challenges of community-based HIV and HCV work.

We would like to acknowledge all the presenters and contributors for their part in the success of PAN's various capacity building initiatives this past year and we also thank the participants for being actively engaged learners.



Community Based Research and Evaluation

PAN had a productive year supporting members' engagement in community-based research (CBR), program science and participatory evaluation and continuing our partnerships with the national CIHR Centre for REACH in HIV/AIDS and CBR Collaborative Centre (A Program of REACH). The accomplishments and successes shared in this report are the result of collaboration between member organizations, key stakeholders, people with lived experience and PAN's Evaluation and CBR staff team, which has grown tremendously over the year.

Building a Culture of Learning Through Evaluation

Over the past year, PAN has started to describe our encouragement of data-driven decision-making as "building a culture of learning through evaluation." From this perspective, evaluation is not something we do only for the sake of reporting, but is an activity that helps us better understand what's happening in our organizations and why. Evaluation provides evidence to celebrate and build on successes, to underscore the importance of the work we are doing, and to make shifts where necessary. Our evaluation work this year included:

Evaluate This! 2017 Flipped Workshop: PAN coached staff from Positive Living Fraser Valley through this workshop hosted by REACH. Unlike a traditional workshop where participants come together for one or two days of intense learning, Flipped Workshop participants gain education, skills and experience over the course of three months. Teams work with others from across the country and with coaching support to create an evaluation framework suited to the needs and capacities of each organization.

One-on-one evaluation support: PAN staff provided one-on-one, tailored support to help member organizations design and implement evaluation frameworks for ongoing and new evaluation projects. PAN staff also offered 'evaluation hotline' support, where members can connect for one-off evaluation advice.

Development of shared measurement indicators: To promote evidence-based practice and evaluation, PAN encourages using shared measurement tools that can track the impact of

our collective response to HIV, HCV and related conditions. This year, PAN has been working in partnership with the Provincial Health Services Authority (PHSA), and with Northern Health (NH) to build evaluation frameworks and data collection tools using a set of common measures. PAN is excited about this movement towards systematically evaluating and consistently monitoring the sector's achievement of common goals.

Members' and Stakeholders' (M&S) Survey: First introduced in 2015, our annual M&S Survey is one of the ways we measure our progress aligning to our three key values: accountability and stewardship, evidence-based action, and collaboration and partnership—as well as our achievement of activities identified in PAN's Strategic Plan. The survey findings are an opportunity to learn from our membership, staff and contractors, key stakeholders, and community members about how we are meeting our goals, to hear perceptions of our work, and provide respondents an opportunity to identify issues or directions across BC that PAN might consider addressing. The Survey reports are available in the Who We Are section of our website.

PLDI Impact Evaluation: As described above, after completing 20 trainings with over 160 participants since its launch in 2009, PAN decided to explore the impacts and outcomes of the Positive Leadership Development Institute (PLDI) in BC. The results will be used to improve BC's PLDI program and to develop materials to promote the program. Please see the PLDI section of this report for more detail on the evaluation.

Rapid Assessment of Capacity- and Skills-Building Needs related to the Overdose Crisis: Building on discussions at the 2016 PAN Fall Conference about member organizations' experiences responding to the overdose crisis, PAN wrote a report on Drug Policy and then completed a rapid assessment of frontline organizations' capacity-building needs related to the overdose crisis. This assessment has been shared across the country and is influencing government activities and resources in support of frontline service provider organizations.

Evaluation is not something we do only for the sake of reporting, but is an activity that helps us better understand what's happening in our organizations and why.

Community-Based Research and Program Science

PAN is a provincial and national leader in community-based research (CBR) and a champion for program and implementation science, which aims to incorporate research into policy and services. PAN also coordinates the CBR Quarterly Meetings, which over the past 5 years have transformed into a community of practice where diverse CBR practitioners from across BC come together to share updates, knowledge and tips on conducting CBR projects. The group works together to promote best practices in research, including the embodiment of GIPA/MIPA/NAUWU (Nothing About Us Without Us) principles.

Here are some updates on our major research projects:

Positive Living Positive Homes: Led by PAN, Positive Living Positive Homes (PLPH) is a community-based research study to investigate the links between housing and health for people living with HIV. We gathered data in three communities: Prince George, Kamloops, and Greater Vancouver. The study is in its final phases of analysis and knowledge sharing and is set to be complete by March 31, 2018.

The study team completed interviews with a total of 98 HIV-positive participants as well as 40 service providers and policy-makers across the three sites. Participants living with HIV were interviewed twice—once at baseline and then once a year later—to see how housing situations change over time, and how those changes affect health and well-being. The study team held gatherings (data parties) in each of the three sites to present preliminary findings and gather feedback from community members on how best to use the data. The PLPH participatory analysis group has been busy developing creative ways to share our findings.

One major resource that will come out of this research is the housing toolkit, which contains a comprehensive guide for accessing and maintaining housing, a self-assessment tool for

determining which kind of housing one is best suited for, and a list of subsidized housing providers in each study site. Other change tools from the study are in development and will be ready for use in 2018.

The BC People Living with HIV Stigma Index Project: The People Living with HIV Stigma Index is a survey tool that has been used around the world since 2005. Led by PAN, the BC People Living with HIV Stigma Index (Stigma Index) project was the first time this index had been implemented in Canada. The study seeks an understanding of how stigma and discrimination are used against people living with HIV, and how individuals and communities can respond to increase the health and wellbeing of people living with HIV.

PAN hired and trained six talented peer research associates (PRAs) in the fall of 2016. Data collection started immediately after their training and they completed over 180 surveys in six communities between November 2016 and March 2017, covering all five health regions in the province. Collecting so many stories of stigma and discrimination was a daunting task, but the researchers handled it with grace and perseverance. As noted in the 2016 Members' and Stakeholders' Survey Report, "Peer-led research is paramount to a healthy approach, it builds capacity and re-empowers the frontline community/consumer." Guided by the Stigma Index Steering Committee and supported by PAN staff, the study launched its analysis and knowledge translation (KT) activities in the summer of 2017. During this time, we conducted a data synthesis session with the PRA team and formed a community-based working group dedicated to data analysis and the development of KT materials. These efforts are ongoing and will be complete when the study wraps up in March 2018.

The BC Stigma Index team is pleased to be aligned with The Canadian People Living with HIV Stigma Index study, which received approvals and funding in early 2017. Andrew Beckerman, and Darren Lauscher—members of the BC Stigma Index Steering Committee—are contributing expertise from BC's implementation of the Index to help guide the national implementation.



Making It Work: Supporting Community Approaches to Integrated Service Models for People Living with HIV, HCV, Ill Mental Health, and/or Problematic Substance Use:

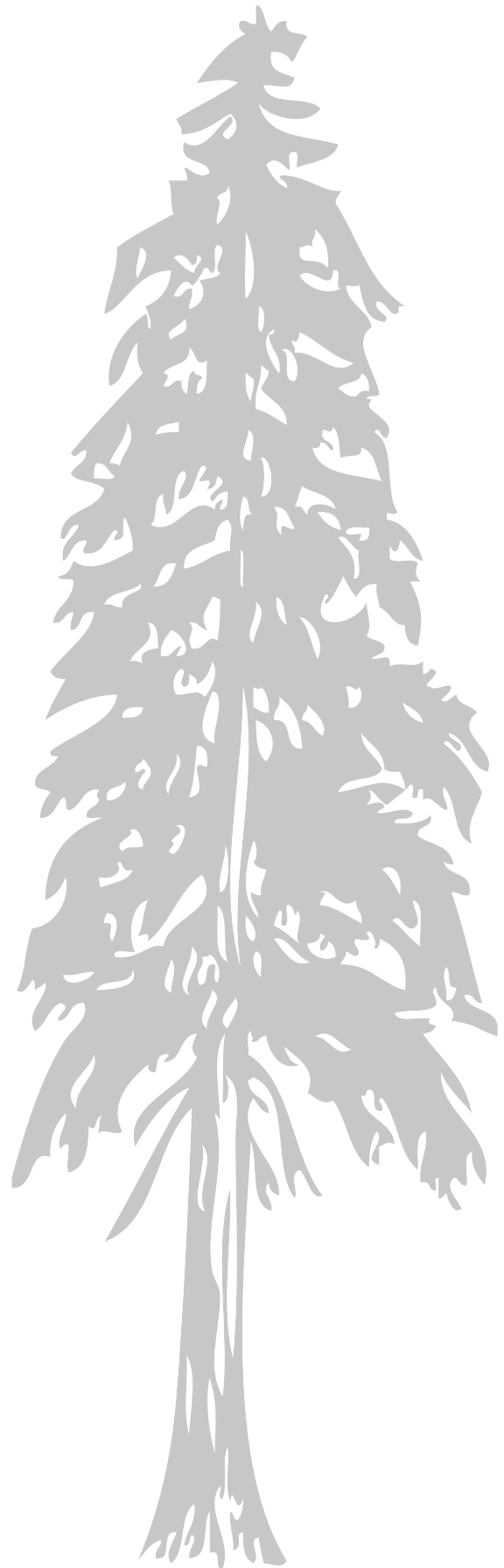
Making It Work is a community-based research and program science project that launched in spring 2017, funded by a CIHR Aboriginal Stream Catalyst Grant. This project was initiated by community-based organizations (CBOs) supporting clients with increasingly complex needs. Because Indigenous peoples are disproportionately affected by HIV and HCV, the Making It Work project aims to build a realist evaluation framework to explore how service providers support Indigenous clients, and if/how Indigenous worldviews, beliefs and practices related to health and well-being are incorporated into services for all clients. The Making It Work project is in its early stages but we have achieved several milestones to date:

Establishing a Strong Research Team: We have brought together a multi-disciplinary, multi-sectoral research team comprised of people with lived experience, service providers, policy-makers, and university-based researchers. Importantly, each key stakeholder group includes people who identify as Indigenous. In June, we held a face-to-face meeting with the study team to establish foundational relationships among team members, to determine a working Terms of Reference document, and to begin designing study questions.

Connections with Research Sites: Three BC service providers have agreed to participate in this project as data collection sites, including Positive Living North's No khēyoh t'sih'en t'seh-ena Society, the Ktunaxa Nation's Street Angels program, and AIDS Vancouver Island.

Planning Ahead: The first phase of this project will be collecting data to allow us to develop a program theory using a realist evaluation framework in the three research sites. If we are successful in securing additional funds, the project will work to apply the program theory to a comprehensive evaluation of case management and community development programs in BC, with the hope of improving services for people living with complex health issues.

Our CBR and Evaluation Program has been making great strides in creating data that supports evidence-driven programs, projects, policies and decisions. Another busy year ahead is planned and we look forward to engaging with many of you in our work.



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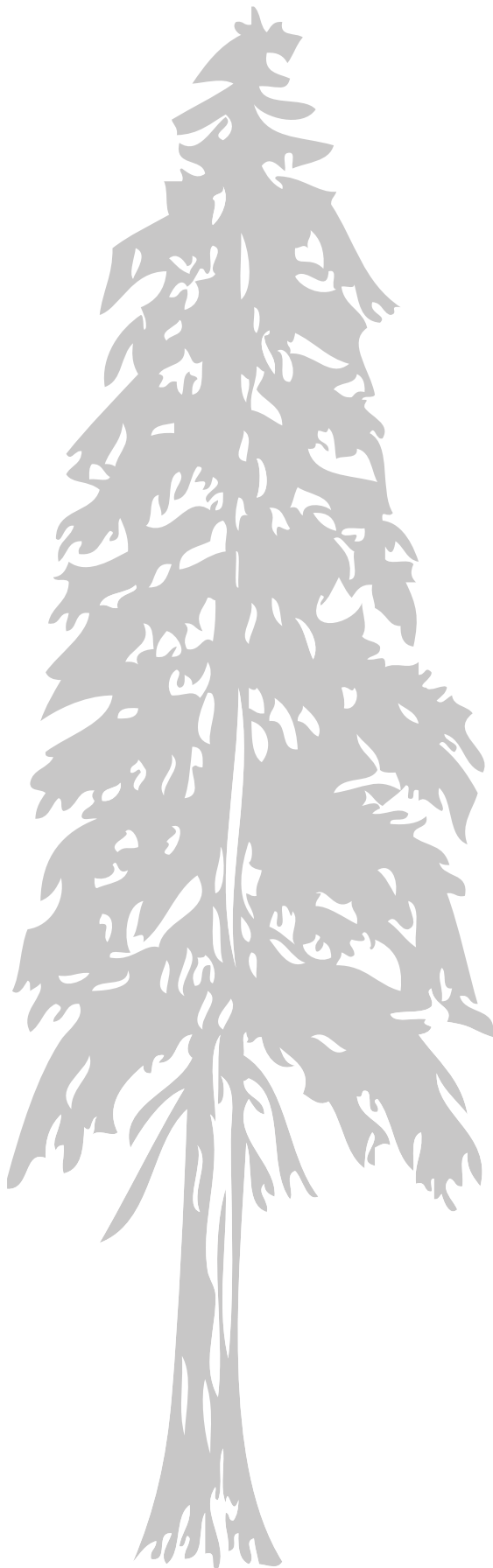
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