PLDI Impact Evaluation PHAC Report

Submitted: April 21, 2017

Acknowledgments

This evaluation offers a report of Pacific AIDS Network's (PAN) Positive Leadership Development Institute's (PLDI) impacts in British Columbia. The BC PLDI program would not have been possible without Ken Buchanan, a former PAN Board member, PLDI champion extraordinaire, and founding member and chair of the PLDI Steering Committee. Ken, this report is dedicated to you.

Former and current staff from Ontario AIDS Network, including Rick Kennedy, Thomas Egdorf, Ed Argo and Tara Jewal, were critical in supporting the establishment of the PLDI program in BC – thank you. The BC PLDI is exceptionally grateful to Jennifer Evin Jones, PAN's Executive Director; Stacy Leblanc, Director of Program Development; and the PAN Board of Directors for their continued support and championing of the BC PLDI program. We also thank Interior Health, and especially Maja Karlsson and Lori Hiscoe, for their support of the BC PLDI. Importantly, we acknowledge and thank British Columbia's AIDS Service Organizations for their ongoing support, financial and otherwise, of the PLDI program and PLDI participants.

We thank the Public Health Agency of Canada (PHAC) and a former PHAC employee, Moffatt Clarke, for ongoing support of the BC PLDI. We also appreciate the contributions of MAC AIDS, ViiV Healthcare, the RBC Foundation and PriceWaterhouseCoopers in support of the PLDI.

The BC PLDI program also recognizes the tremendous role of PAN's member organizations for supporting over 160 people living with HIV to complete the PLDI's *Core Leadership Training.* We thank the PLDI trainers – and Kath Webster, Mark Seguin (retired), Dakota Descoteaux, Val Nicholson, John Dub (retired), and Program Manager and Trainer-in-Training Jaydee Cossar – for their tireless and inspirational work. Of course, the program would be nothing without its participants; thank you for trusting the process!

The impact evaluation presented here was designed by a Steering Committee comprised of people living with HIV (PLHIV), key stakeholders, PAN staff and contractors, as well as a team of four Peer Evaluators hired to conduct this project. A big thank you to Jaydee Cossar, Dakota Descoteaux, Chad Dickie, Susan Dann, Janice Duddy, Heather Holroyd, Maja Karlsson, Paul Kerber, Stacy Leblanc, Darcy McFadden, Martin Morberg, Candice Norris, Flo Ranville, Shelly Tognazzini, and Elayne Vlahaki for their work on this project. We also gratefully acknowledge the PLDI participants, people living with HIV, and key stakeholders who completed surveys and interviews.

This report was authored by Janice Duddy, Director of Evaluation and Community-Based Research at the Pacific AIDS Network, and Heather Holroyd, Community Based Research and Evaluation Projects Contractor. Any questions or comments can be directed to janice@pacificaidsnetwork.org.

PAN wishes to thank the Public Health Agency of Canada (the views expressed herein do not necessarily represent the views of the Public Health Agency of Canada) and REACH 2.0 for the financial support to conduct this impact evaluation.

Executive Summary

Background

The Positive Leadership Development Institute (PLDI) is a three-module leadership training program exclusively by and for people living with HIV (PLHIV). The purpose of PLDI is to support people who are living with HIV/AIDS to realize their leadership potential and increase their capacity to participate meaningfully in community life. The Ontario AIDS Network (OAN) originally developed the program and the Pacific AIDS Network (PAN) brought PLDI to British Columbia in 2009. Since its launch in BC, PLDI has facilitated 20 training sessions: 10 sessions of *Core Leadership Training*, four sessions of *Bored? Get on Board!*, five sessions of *Communication Skills Training*, and one session of *Mental Health First Aid*.

Purpose of the Evaluation

The PLDI Leadership realized it had completed 20 trainings with over 160 PLDI participants over the course of seven years and felt it was time to take a deeper dive in understanding what kind of impact this program was having across the province of BC. The purpose of evaluating the PLDI program is to determine whether it is 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, including data about PLDI participants' leadership activities in their communities and across the province. This evaluation is also an opportunity to determine what can be done to improve and grow the program.

To measure the impact of the program, PAN established a Steering Committee and launched a peer-led, participatory evaluation of the PLDI program in spring 2016 with the support of the Public Health Agency of Canada and REACH 2.0. PAN intends to disseminate the findings of the PLDI Impact Evaluation in reports to funders, participants and stakeholders. The findings will also be used to improve BC's PLDI program and develop materials to promote the program.

Evaluation Plan, Data Collection and Data Analysis

In collaboration with the Steering Committee, a team of four Peer Evaluators developed an evaluation plan and logic model (see Appendix A) based on eight key evaluation questions.

To obtain the data necessary to answer the evaluation questions, the Peer Evaluators built data collection tools and implemented: an online survey (81 respondents); qualitative interview questions for PLDI participants (15 interviews), key stakeholders (11 interviews) and PLDI program champions (2 participants), as well as focus group for the PLDI Trainer and Trainers-in-Training (5 participants); and developed a framework for analyzing the historical evaluation data (i.e. the data collected after each PLDI training session since the program's launch in 2009).

The quantitative data from the online survey and historical evaluation data was analyzed to produce descriptive statistics. The qualitative data from the interviews, focus groups and historical evaluation data was analyzed by the peer evaluators, PAN staff, and a contractor to identify themes and patterns.

Findings

Quantitative findings show that the PLDI is having a significant impact on the lives of PLDI participants, is supported by community-based organizations, and is having a ripple effect into the larger HIV sector.

The **qualitative** data uncovered a range of themes and patterns that show the impact of the PLDI program across the province, including:

1. *Connecting to community and creating a diverse network*
2. *"I get to witness lives changing right on the spot": Accepting one's "HIVness"*
3. *Increasing confidence and self-worth, recognizing the value of self-care*
4. *Transforming into leaders "Because of PLDI": For themselves, for peers, for community and into the public*
5. *Engaging as skilled expert leaders, or walking the walk of GIPA/MIPA*

Recommendations

The quantitative and qualitative findings of this Impact Evaluation inform the following set of five recommendations that can be used by PAN and the PLDI team to improve and enhance BC's PLDI program. We encourage the team to find a way to operationalize these recommendations, to put them into use, and to check-in regularly to measure progress made in relation to these recommendations.

1. *Develop a strategic plan that ensures program sustainability and development*
2. *Support and collaborate with frontline agencies and health authorities serving PLHIV, with special attention to how things are different in rural and remote communities*
3. *Maintain PLDI participants' post-training momentum through meaningful engagement opportunities*
4. *Integrate the program and post-program recommendations shared by PLDI participants*
5. *Champion the engagement of people with lived experience in process and outcome evaluations*

Table of Contents

Background

What is PLDI?

The Positive Leadership Development Institute (PLDI) is a leadership training program exclusively by and for people living with HIV (PLHIV). The purpose of PLDI is to support people who are living with HIV/AIDS to realize their leadership potential and increase their capacity to participate meaningfully in community life.

The three modules are as follows:

1. *Core Leadership Training*, which explores the question 'Who am I as a leader?'
2. *Bored? Get on Board!*, which provides Board governance training
3. *Communication Skills Training*, which provides training on public speaking and presentations

PAN also provided *Mental Health First Aid Training* as a pilot module for PLDI. Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Just like physical first aid is provided until medical treatment can be obtained, MHFA is given until appropriate support is found or until the crisis is resolved. This module has only been offered by the British Columbia (BC) PLDI program at this point.

Core Leadership Training is a prerequisite for the other two modules of the training. Once you have completed the *Core Leadership Training* you can take the *Bored? Get on Board!* training or the *Communication Skills* training in any order you wish.

How did PLDI come to British Columbia?

Working in partnership with the Ontario AIDS Network (OAN), the organization that originally developed the PLDI program, the Pacific AIDS Network (PAN), brought PLDI to BC in 2009. PLDI has since supported people who are HIV positive to realize their leadership potential and provided tangible employment and resiliency skills, enabling them to increase their capacity to participate in community. Participant response to the first training module in 2009 was overwhelmingly positive and participants requested that the second and third training modules to be made available in BC. A potential fourth module, Mental Health First Aid, was piloted in 2015. The PLDI has been operational in BC for seven years.

Since its launch in BC, PLDI has facilitated 20 training sessions: 10 sessions of *Core Leadership Training*, four sessions of *Bored? Get on Board!*, five sessions of *Communication Skills Training*, and one session of *Mental Health First Aid*.

How does PLDI Run in BC?

At the programmatic level, PLDI trainings have always been delivered by and for PLHIV. A volunteer PLDI Steering Committee comprised of PLDI Trainers (PLIHV who have gone through a structured PLDI train-the-trainer program) and key PAN staff was created to help steward the evolution of the program. The PLDI Steering Committee was first founded, chaired and champion by the late Ken Buchanan, who was a member of PAN's Board of Directors at that time. This committee fulfills many vital functions: developing policy and procedures; being vocal champions for the PLDI program, including the delivery of presentations at conferences; and acting as key informants for program evaluation. As described below, a subcommittee of the Steering Committee reviews applications and makes participant selections for all trainings. Steering Committee members have been involved with the program since 2009, and the PLDI program's two certified trainers have a combined 15 years of experience delivering the training.

All applications are reviewed and decided upon by a volunteer Selection Committee, which is a subcommittee of the PLDI's Steering Committee and includes PLDI Trainers and Trainers-in-Training. PAN and the PLDI Selection Committee are committed to ensuring diverse representation at PLDI trainings, including representation by women and Indigenous people, as well as those populations who are underrepresented in the PLHIV community. When it comes to PLDI participants, one other foundational cornerstone is the removal of geographic and/or financial barriers, and these special efforts have resulted in a robust participation by women, Indigenous peoples and residents from health regions across BC (see Table 1).

In order to attend a PLDI training, a person must be living with HIV/AIDS and reside in BC. Applicants must also have the endorsement of a PAN member agency. By endorsing someone's application, this means that the Executive Director or an assigned staff member recommends the applicant for the PLDI professional development opportunity. The support and collaboration of PAN member agencies is essential to the success of PLDI. These partnerships promote the training benefits of PLDI to other organizations within their communities and support the referral of PLHIV who are potential candidates for professional development opportunities. Furthermore, due to limited financial resources and the costs associated with delivering PLDI training, PAN member agencies generously provide $150 for each referred PLHIV participant to ensure the sustainability of the program.

More than 160 individuals have completed the first training module, and at least 51 individuals have completed all three modules.

Table 1: Demographics of PLDI Participants[1]

	Numbers	Percentages
Gender		
Trans	3	1.9%
Women	63	39.4%
Men	94	58.8%
TOTAL	**160**	
Region		
Fraser	29	18.1%
Interior	21	13.1%
North	15	9.4%
Vancouver Coastal	71	44.4%
Island	20	12.5%
Yukon	1	0.6%
Outside of BC	2	1.3%
Unknown	1	0.6%
TOTAL	**160**	
Age Range		
19-29	14	8.8%
30-40	33	20.6%
41-51	58	36.3%
51+	51	31.9%
Unknown	4	2.5%
TOTAL	**160**	
Trainings Completed		
Core	160	100.0%
Bored? Get on Board	65	40.6%
Communications	81	50.6%
Mental Health First Aid	18	11.3%

Purpose of the Evaluation

The PLDI team and Steering Committee realized that it had completed 20 trainings, had over 160 PLDI participants or grads, and had been running for over seven years and felt it was time to take a deeper dive in understanding what kind of impact this program was having across the province. The purpose of evaluating the PLDI program is to determine whether it is meeting its short, intermediate, and long-term

[1] The numbers are slightly different than the 167 grads reported previously. Names have dropped off the active list, either because the participant has asked us to remove them, or someone has died and the name has been removed.

objectives and to gather concrete data about PLDI participants' experiences since and as a result of the training, including data about PLDI participants' leadership activities in their communities and across the province. This evaluation is also an opportunity to determine what can be done to improve and grow the program.

This impact evaluation was undertaken to develop an evidence-based understanding of PLDI's comprehensive impacts in the sector and across the province; while each training session was individually evaluated, these evaluations only captured participants' experiences at the training but did not provide information about what participants went on to do after the program, or if the program was positively contributing to a talent pipeline for community-based organizations and beyond.

Thus, this peer-led, participatory impact evaluation of the PLDI program was launched in spring 2016 with the support of the Public Health Agency of Canada and REACH 2.0. PAN intends to disseminate findings of the PLDI impact evaluation in reports to funders, participants and stakeholders. The findings will also be used to improve BC's PLDI program and to develop materials to promote the program.

What is participatory evaluation?

The PAN staff initiating this evaluation chose a participatory evaluation framework, as this methodology is in keeping with PAN's commitments to inclusive, meaningful involvement of PLHIV, collaboration and partnership, and evidence-based excellence and innovation. Participatory evaluation engages a range of stakeholders in the collection, analysis, interpretation, and dissemination of data, which ensures that the evaluation process and the data it generates is approached from a wide range of perspectives[2].

> Participatory evaluation is one of many forms of evaluation. It creates opportunities for all organizational partners to contribute to the evaluation process, as well as the application of findings to make improvements. This type of evaluation values insiders' knowledge, subjectivity, the empowerment of stakeholders, and community centered approaches.*

Building on PAN's work in the field of HIV and community based research, we adopted the following definition of participatory evaluation:

- Shares knowledge, builds evaluation skills, and allows participation of program beneficiaries, implementers, funders and others;

[2] * Community Tool Box Team. (2015). Section 6: Participatory Evaluation. Retrieved from http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/participatory-evaluation/main

Chouinard, J. (2013). The case for participatory evaluation in an era of accountability. American Journal of Evaluation, 34(2): 237-253. doi 10.1177/108921403478142.

Datta, L. (2013). Paradox lost and paradox regained: Comments on Chouinard's "The case for participatory evaluation..". American Journal of Evaluation, 34(2), 254-260.

Zukoski, A. & Luluquisen, M. (2002). Participatory Monitoring and Evaluation. Policy & Practice, 5. Retrieved from https://depts.washington.edu/ccph/pdf_files/Evaluation.pdf

- Actively engages with the Greater/Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) Principles, and thus ensures that people with lived experience are engaged at all levels of the evaluation and have adequate supports for their participation and success (including access to content experts when needed);
- Is change-oriented and promotes action for improved program processes or outcomes;
- Is inclusive, built on mutual respect, and seeks to democratize knowledge by recognizing and valuing the unique strengths and perspectives of all team members involved in the research process;
- Is committed to long-term sustainable relationships; and
- Is firmly grounded in methodological rigour and sound ethical practices.

Figure 1: Participatory Evaluation Working Model for the PLDI Impact Evaluation

Given this focus on participatory evaluation, PAN and PLDI Leadership engaged a PLDI Impact Evaluation Steering Committee to support the impact evaluation process. The PLDI Impact Evaluation Steering Committee included PLDI participants, PAN staff, a PLDI program trainer, the evaluator for PLDI training sessions, a health authority stakeholder, and a contractor hired to assist with community-based research and evaluation projects at PAN. The Steering Committee provided input and collaborated on all aspects of the evaluation, including: the development of the key evaluation questions and logic model; plans for the data collection and analysis processes; and strategies for knowledge translation and exchange. In order to evaluate this intensive participatory evaluation process, document our learnings, and identify how this process could be improved in the future, PAN engaged a contractor to conduct a

two-phase meta-evaluation consisting of a mid-project survey distributed in December 2016 and post-project interviews that will be conducted in the spring of 2017. Findings of the meta-evaluation will be shared throughout our networks.

Once broad evaluation questions were developed and it was time to begin implementing the evaluation a team of Peer Evaluators were hired, two of whom had participated in the PLDI program and two of whom had not. This process actively engaged the GIPA/MIPA principles and the PLDI program's emphasis on leadership by and for PLHIV (see Figure 1). This process was also considered a capacity-bridging activity, as the Peer Evaluators that were hired had a strong interest in evaluation but had limited experience with conducting evaluation project at the time of hiring. Therefore, the Peer Evaluator role was both a training opportunity and an employment experience.

Capacity-bridging and 'just-in-time' evaluation training

'Capacity-bridging' is an emerging term proposed by the Aboriginal HIV & AIDS Community-Based Research Collaborative Centre[3]. Capacity-bridging moves away from the implied deficits that accompany the term 'capacity-building,' and aims to instead acknowledge that all parties bring skills and knowledge to a collaborative experience. A capacity-bridging model recognizes and works to 'bridge' these diverse forms of knowledge to achieve a more rigorous and fulsome outcome. The PLDI impact evaluation was a capacity-bridging activity, wherein the two PAN staff members and contractor provided guidance related to the methods of evaluation, and the four Peer Evaluators provided guidance as to the substantive content and direction of the evaluation at every stage of the process, from developing the evaluation plan to guiding the analysis.

As mentioned, the Peer Evaluators hired for this project were novices to evaluation. Thus, a big component of the project involved hands-on evaluation skills training program facilitated by the Director of Evaluation and Community-Based Research. The Director received permission from the Public Health Agency of Canada to modify an evaluation skills training manual they had produced for a public health audience; the final peer evaluation training manual is a ten-module resource and is available on PAN's website so that it may be adopted by other organizations interested in collaborating with and training people with lived experience to conduct evaluation projects. The English version of the peer evaluation training manual is accessible on the PAN website and REACH 2.0 website.

The peer evaluation training manual is designed to offer 'just-in-time' training; in the case of the PLDI impact evaluation, the Director would facilitate a session on a relevant module immediately prior to the Peer Evaluators implementing the training provided by the module. For example, the team reviewed a module on designing a stakeholder engagement plan, and then immediately went to work drafting such

[3] http://pacificaidsnetwork.org/cbr-musings/cahr-ancillary-event-capacity-building-or-capacity-bridging-reenvisioning-cbr/

a plan for the PLDI impact evaluation. The draft stakeholder engagement plan was then circulated to the PLDI Impact Evaluation Steering Committee for review.

Evaluation Plan and Data Collection Tools

In collaboration with the PLDI Impact Evaluation Steering Committee, the Peer Evaluators developed an evaluation plan and logic model (see Appendix A) based on eight key evaluation questions:

1. Has the PLDI fulfilled an expressed need in British Columbia?
2. Have there been observed changes in the amount and quality of peer leadership in BC since the implementation of PLDI?
3. Has there been an observed change in the sense of community (personal and professional networks) between HIV-positive people in BC?
4. Has there been a detectable impact on HIV care, knowledge, disclosure, and health outcomes (mental and physical) for PLDI graduates (compared to non-graduates)?
5. To what extent have these changes (2, 3, 4) been due to the PLDI program (or due to other things)?
6. What have been the positive and negative impacts for key stakeholders – PLDI participants, community-based organizations, healthcare providers/planners, larger HIV sectors – of the implementation of the PLDI program in BC? Were these impacts intended or unintended?
7. Was the implementation of PLDI of good quality? Are there aspects of the program that should be changed moving forward?
8. Is the PLDI the best option for peer leadership training in BC, compared to other options and considering resources?

These evaluation questions and the logic model were used to develop indicators, data sources, data collection methods, and an analysis process. As described in more detail below, the data collection tools included:

- An online survey for PLHIV and key PLDI program stakeholders (n=81),
- Semi-structured qualitative interviews with PLDI participants (n=15) and key stakeholders (n=11),
- Semi-structured qualitative interviews with 'Champions' key to bringing the PLDI program to BC and supporting its ongoing development (n=2),
- A focus group with PLDI trainers and trainers-in-training (n=5), and
- A framework for analyzing 14 sets of historical evaluation data.

Online survey

The online survey was the first point of data collection. It was intended to capture a broad range of experiences and feedback about the PLDI program from PLHIV who had and had not participated in the PLDI program, as well as from key stakeholders at PAN's 50+ member organizations and at the health authorities. As such, the survey was distributed widely: an announcement and link to the survey was emailed to PLDI participants and to key stakeholders at PAN's 50+ member organizations, and the announcement and link were also circulated via a blog post on PAN's website and through PAN's eNews (a weekly newsletter distributed to 575+ individuals). It is estimated that the survey was distributed directly to 300 individuals but it is difficult to estimate how many additional people may have read about it on the PAN website or in PAN's eNews. The survey took approximately 30 minutes to complete and received 81 complete responses. Respondents were offered the option of entering a draw for a $50 Visa gift card as a thank you for completing the survey.

Semi-structured interviews

Teams of two Peer Evaluators conducted interviews with PLDI participants and staff at sponsoring organizations to better understand the influence of the PLDI training in the lives of individual participants and in the functioning of the HIV/AIDS sector in British Columbia. A total of 15 PLDI participants and 11 key stakeholders were interviewed.

Interview participants were recruited through a link at the end of the online survey described above. The interview sign-up process had to be separated from the online survey to keep a participant's responses to the online survey anonymous, so survey participants who were interested in participating in an interview were asked to click a link to being a separate survey. This separate survey asked individuals interested in participating in an interview to provide their name, email address, and phone number. Recognizing that not all key stakeholders and PLDI participants had completed the online survey, the PLDI Program Manager and Director of Evaluation and Community-Based Research also sent targeted emails to several key stakeholders and to PLDI participants who they knew were less likely to have completed the online survey.

Individuals who indicated interest in participating in an interview were emailed a consent form and link to a checkbox indicating they had read the form and wanted to proceed with the interview; when the checkbox had been ticked, interview participants were invited to select times and dates that worked best for them. With the exception of one in-person interview, the interviews were conducted via teleconference to ensure participation by people from across the province. PLDI participants who completed an interview were mailed a $30 Visa gift card as an honorarium.

Because there was no budget for transcription, one Peer Evaluator conducted the interview while a second Peer Evaluator took notes to capture the data shared in the interview. The interviews were recorded in case of technical difficulties with note taking, but the recordings were only accessible by the Director of Evaluation and Community-Based Research. Beyond budget considerations, working in

teams also provided Peer Evaluators with an opportunity to observe and learn from other novice interviewers.

Champion interviews

To better understand the history of the PLDI, its establishment in BC, and vision for the future, the Peer Evaluators interviewed PAN's Director of Programs and the PLDI Program Manager. Like the semi-structured interviews with PLDI participants and key stakeholders, these were also held by teleconference with a Peer Evaluator conducting the interview and the contractor taking as close to verbatim notes as possible.

Focus group with PLDI trainers

The team identified the PLDI Trainers and Trainers-in-Training as a key stakeholder group to engage in this evaluation. All Trainers are PLHIV who facilitate the delivery of the PLDI program and have witnessed its immediate and longer-term impacts on participants and the broader HIV/AIDS sector in BC. Some of the PLDI trainers have been with the program since it was brought to British Columbia in 2009, and are thus in a unique position of being able to describe how the program content and impacts of the training have evolved over time. To get a sense of these impacts, one former trainer, two current trainers, and two trainers-in-training were brought together for a two-hour, in-person focus group.

The focus group was co-facilitated by a Peer Evaluator and the contractor, with another Peer Evaluator and the Director of Evaluation and Community-Based Research taking notes. The focus group was also audio-recorded and transcribed verbatim.

Framework for analyzing historical evaluation data

Participants at PLDI training sessions are invited to evaluate the training session almost immediately after it concludes. These evaluations seek feedback about the structure of the training session, the trainers' facilitation skills, the content of the training, and suggestion for how the training could be improved.

The 14 sets of training evaluation data that had been digitized were compared to identify questions that were asked in each evaluation and that could be pulled together and analyzed for similarities and differences in PLDI participants' responses over time. The historical evaluation data provides insights into the aspects of the training that participants found most immediately useful and the ways in which trainers' facilitation skills and structure of the sessions.

Data analysis

The quantitative survey and historical evaluation data was analyzed to produce descriptive statistics and cross-tabulations.

The qualitative interview and focus group data was analyzed in a two-step participatory process of synthesis followed by analysis.

To start, the Peer Evaluators met with the Director of Evaluation and Community Based Research, the PLDI Program Manager, and contractor supporting this evaluation process to provide a verbal 'report back' or synthesis of the main themes and ideas they heard in the interviews and focus group. This synthesis process gathered the embodied data dispersed among the Peer Evaluator team, as each member had conducted interviews with a diverse range of individuals. By asking the Peer Evaluators about the main themes and ideas they came across during their involvement in the data collection phase, the Director of Evaluation and Community-Based Research and contractor involved with the evaluation had a starting point for developing codes for the data analysis phase of the project.

The first step in the analysis phase involved the Peer Evaluator team, Director of Evaluation and Community-Based Research and contractor reading the focus group transcript and coding for the themes and ideas discussed during the synthesis phase and those that emerged from the transcript itself. Once again, the team gathered to discuss these themes and ideas, and the Peer Evaluators were asked if the themes and ideas they encountered in the focus group transcript (as two of the four Peer Evaluators had not attended the focus group and so the transcript was their only artefact of the process) aligned with the themes and ideas they encountered in the interviews. The Peer Evaluators commented that the focus group transcript and interviews raised similar themes and ideas, which provided the Director of Evaluation and Community-Based Research and the contractor with confidence that the synthesis activities and group analysis of the focus group transcript provided the necessary guidance for them to code and analyze the qualitative responses from the historical evaluation data and notes from the interviews with PLDI participants, key stakeholders, and PLDI program champions.

The findings from the quantitative and qualitative analysis processes are presented in the following section.

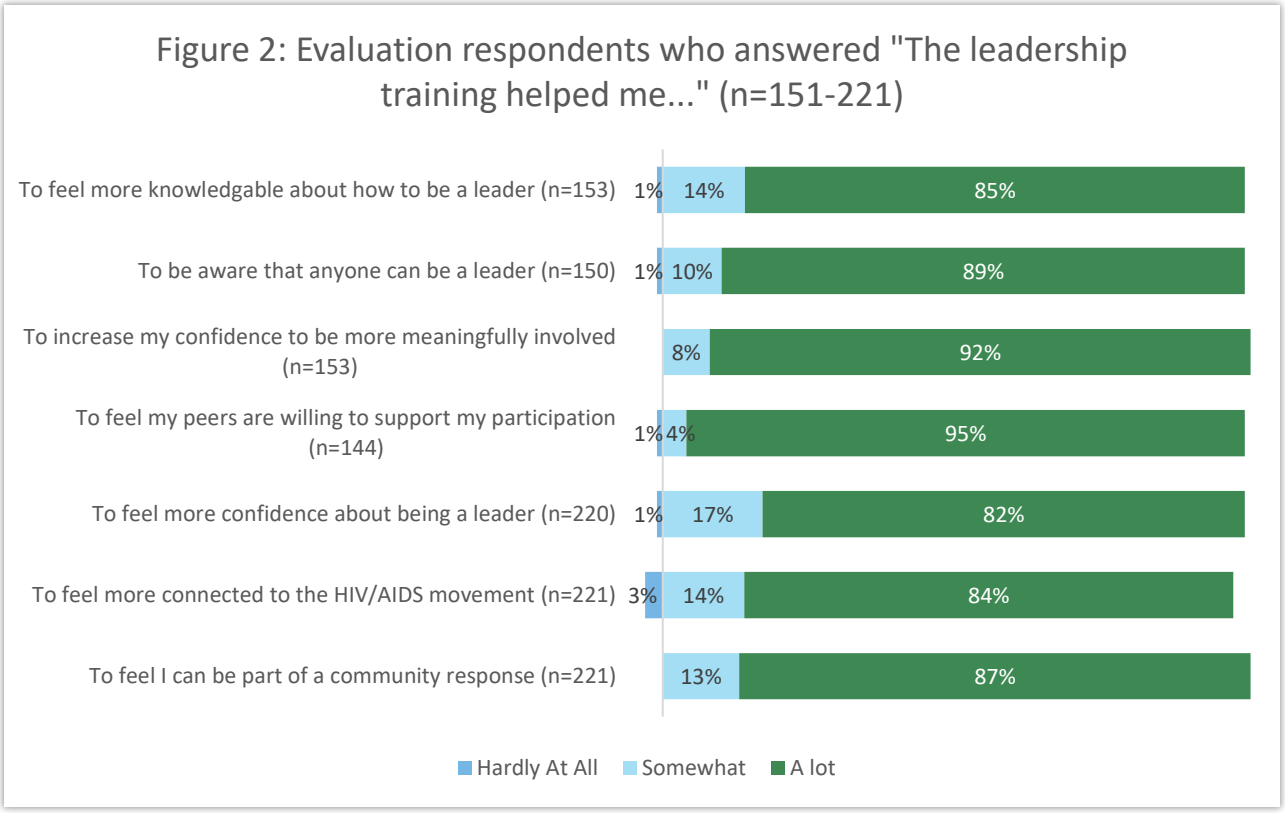
Findings

Quantitative findings

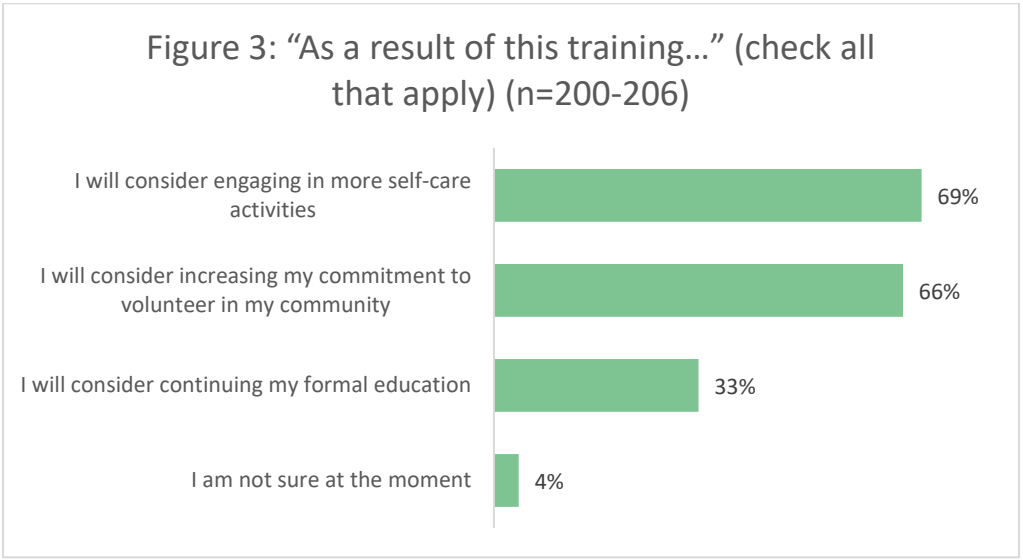
Historical evaluations

The historical evaluations (end-of-event evaluations for each PLDI training session) provide the ability to understand participants' thoughts and feelings about the trainings immediately following each training. At the time of analysis, we had evaluation data for 14 trainings (ranging from 2012 – 2016). The data went through an intensive cleaning phase to allow us to pull common questions out of multiple evaluations.

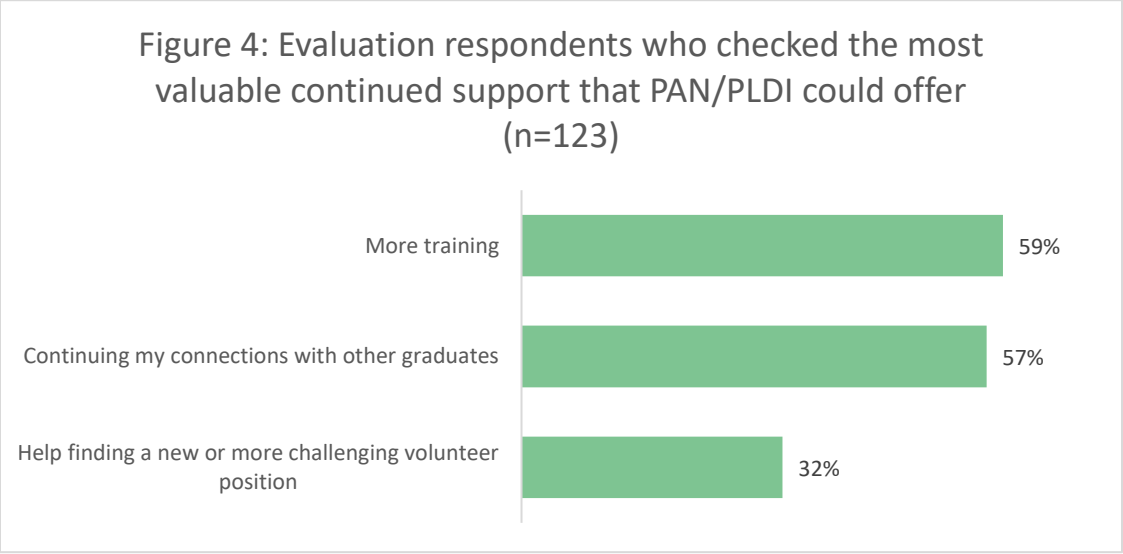
14 out of 14 evaluations (n~220) asked participants: "The leadership training has helped me …". In Figure 2, you will see that the vast majority of PLDI participants reported that PLDI had helped them increase their knowledge, skills and confidence related to leadership and also increased their connection to community and the HIV/AIDS movement.



Another question asked in 13/14 historical PLDI evaluations was: "As a result of this training…" this question allowed participants to check all the responses that applied to them. The results are in Figure 3 and show that many PLDI participants were going to engage in more self-care activities (69%) and would consider increasing their commitment to volunteer in their community (66%) as a result of the PLDI training.

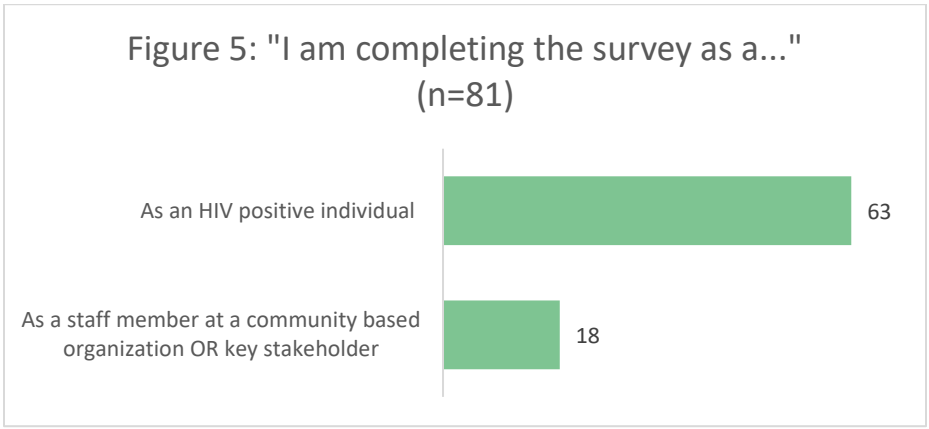


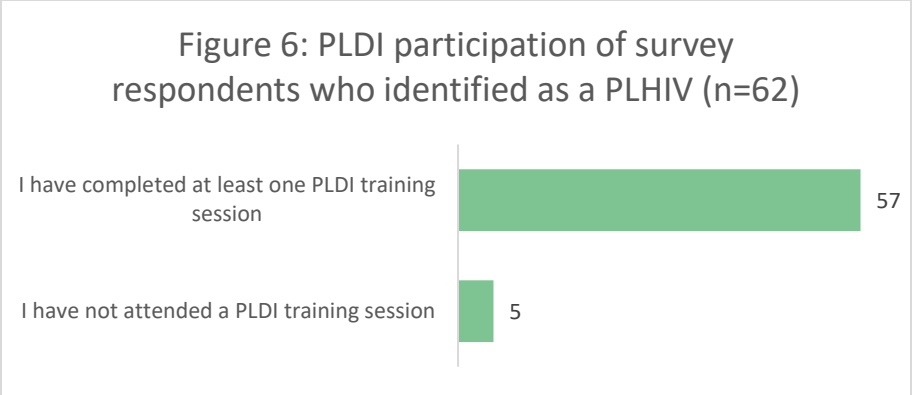
In 7/14 evaluations there was a question that asked “What would be the most valuable continued support that PAN/PLDI could offer you?” Respondents were able to check all that applied to them (Figure 4) and the majority of respondents felt that more training (59%) and supporting connections between graduates (57%) would be the most valuable support.



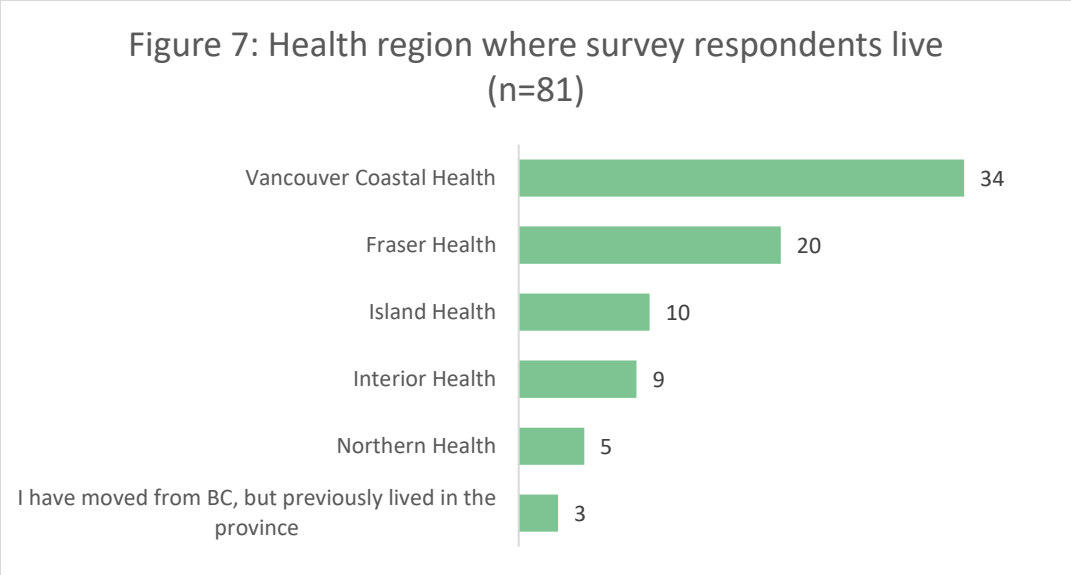
Online survey

As noted above, the PLDI impact evaluation team conducted an online survey that sought feedback from people living with HIV (PLHIV), community-based organization (CBO) staff and other key stakeholders. 81 individuals completed the survey. As per Figure 5, 63 online survey respondents identified as PLHIV and 18 identified as staff members at CBOs or key stakeholders. In Figure 6, you see that the vast majority of PLHIV who completed the survey had also participated in at least one PLDI training (92%).



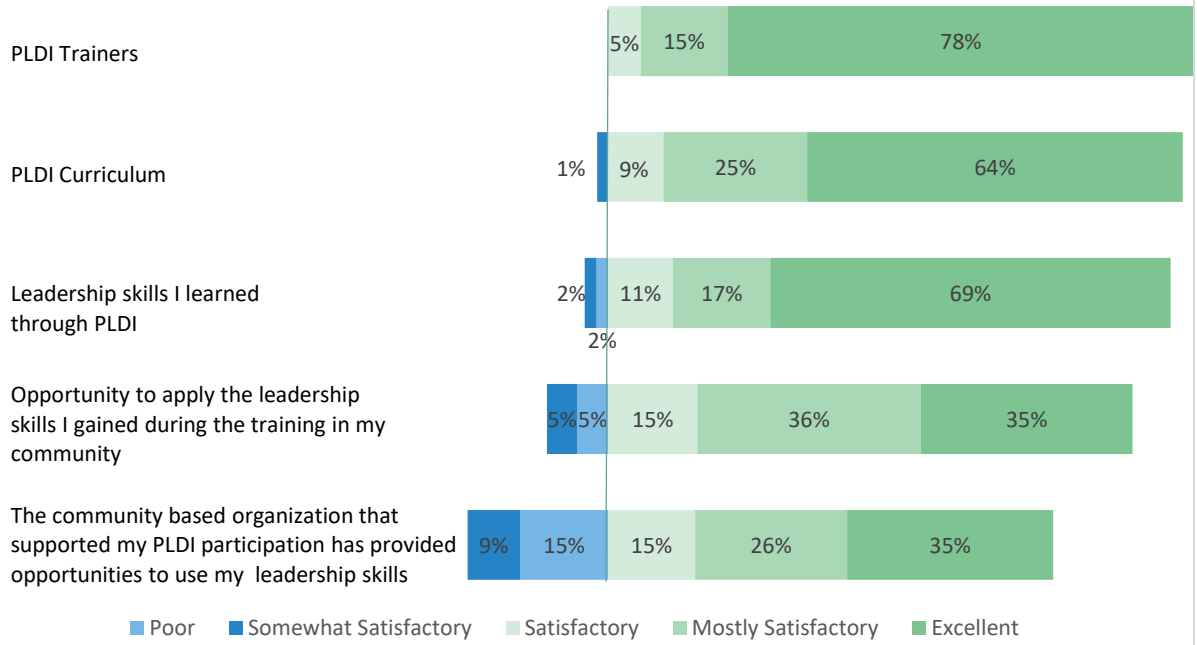


Finally, we had good representation in survey respondents from across the health regions in BC, as you see in Figure 7.



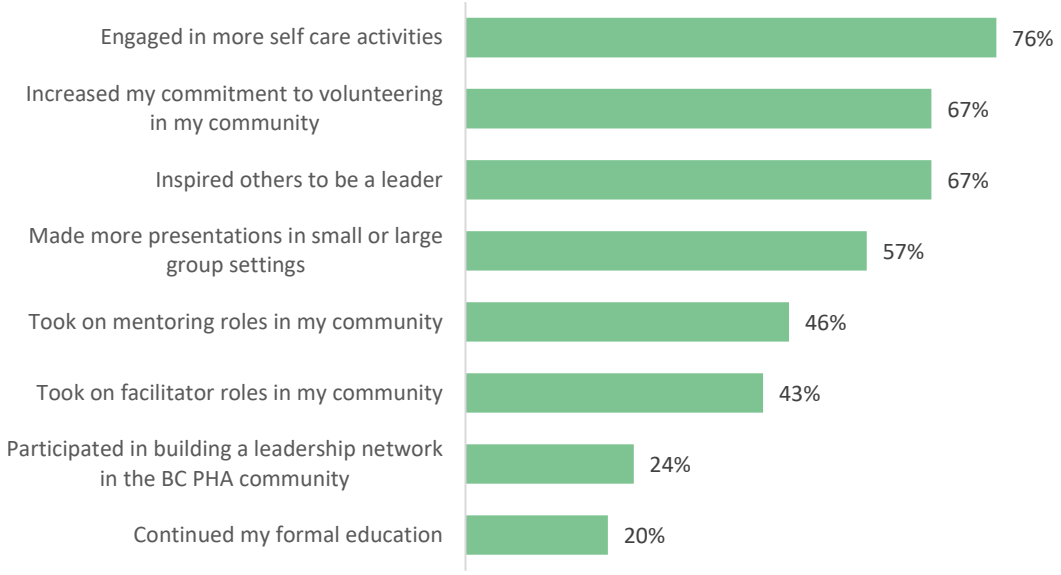
PLHIV survey respondents who had participated in PLDI were asked to rate their satisfaction with various aspects or components of BC's PLDI program (Figure 8). There was very high satisfaction with the PLDI Trainers (99%) and Curriculum (98%) whereas linkages back to sponsoring community-based organizations could be improved (76% satisfaction rate).

Figure 8: Survey respondents' satisfaction with various components of PLDI program (n=53-55)



The online survey asked PLHIV who had participated in PLDI a parallel question as was asked in the historical evaluation surveys about activities they intended to participate in after training (Figure 9). You see that in the online survey, 79% of participants reported that they had engaged in more self-care, while this intention was identified by 69% of participants in the historical evaluations (see Figure 3). 67% of participants in the online survey stated that they had increased their commitment to volunteering in their community, and 66% described this as an intention in the historical evaluations. These statistics may show a linkage between intentions at the end of the PLDI training and people's ability to follow-through on those intentions in the months and years following a training. With regard to continuing their formal education, 20% of PLDI participants had said they did this on the online survey, while 33% had listed this as an intention in the historical evaluations, which is a slight downward shift. Online survey respondents also stated that they have inspired others to be a leader (67%) and have made more presentations in small or large group settings (57%).

Figure 9: Survey respondents who participated in PLDI and answered "Since completing the PLDI training I have..." (n=54)

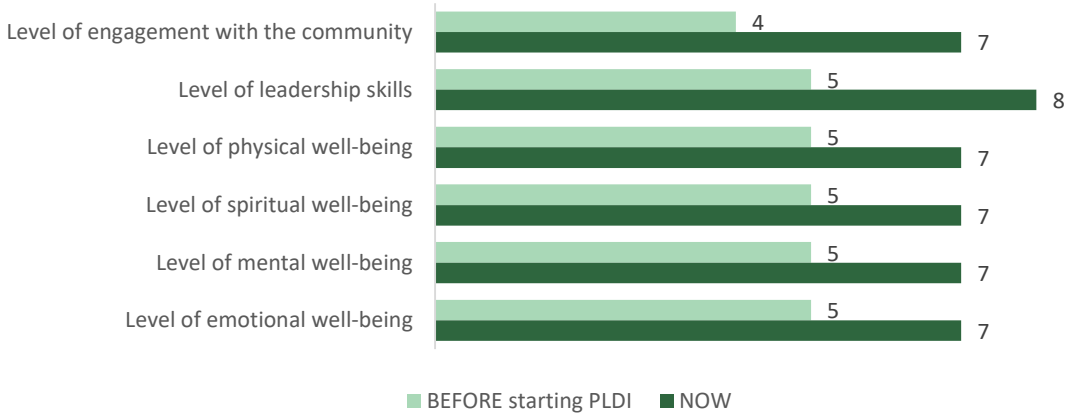


One of the strengths of PLDI reported by online survey respondents was the number of connections, linkages and partnership built between PLDI participants and across the HIV sector (Figure 10). Sixty-four percent of respondents (n=47) felt that the PLDI training had connected them with a larger community of support for their leadership endeavours. Online survey respondents who had completed the PLDI training reported an average of 12 new personal contacts, seven new mentors, and six new professional contacts as a result of participating in PLDI.

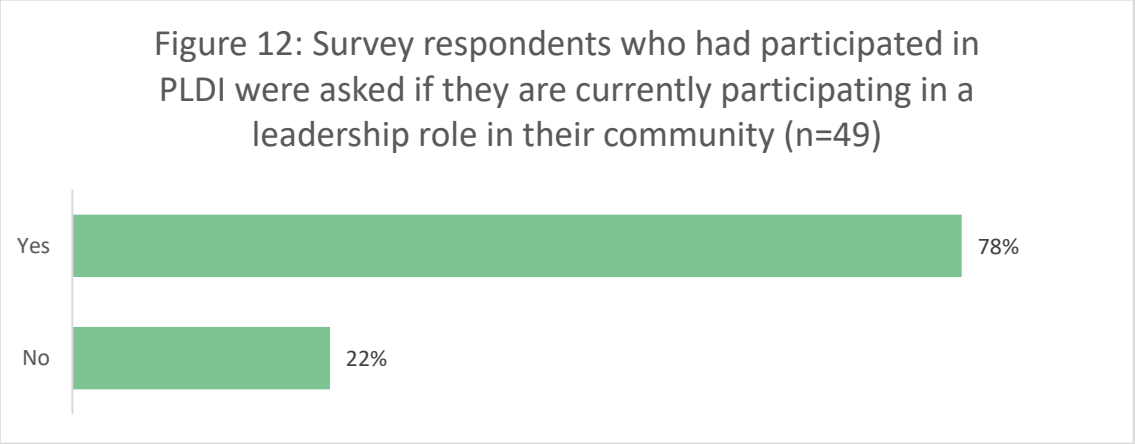
Figure 10: PLDI participants who completed the survey reported the following averages for the number of new connections made as a result of PLDI (n=46-47)

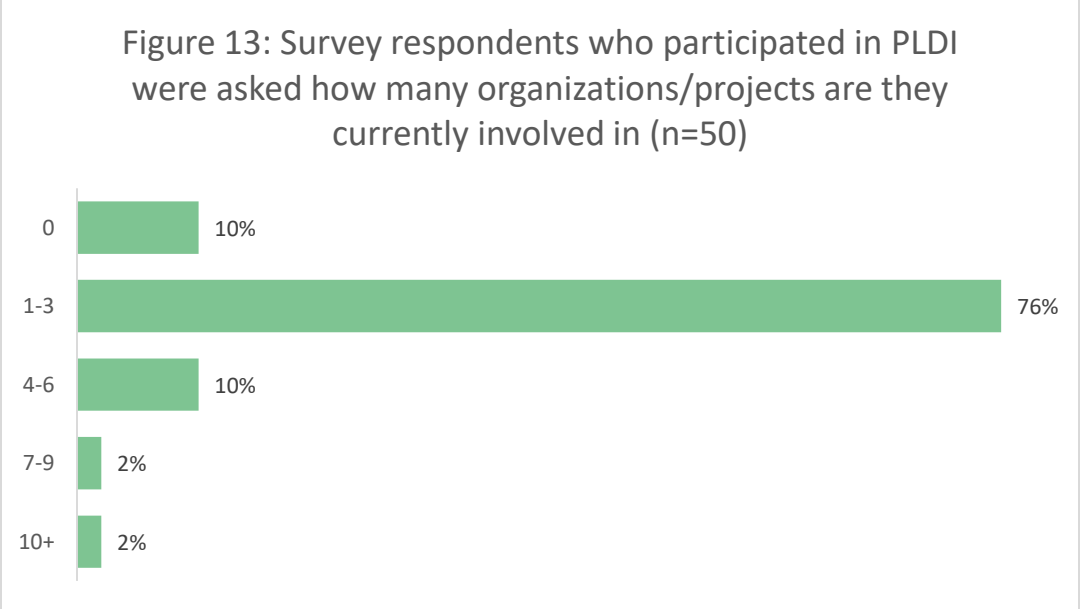
We also asked survey participants who had completed a PLDI training to compare themselves retrospectively and currently on a number of key elements. You can see in Figure 11 that PLDI participants on average reported improved levels of community engagement, leadership skills, and well-being after they completed PLDI.

Figure 11: Using a scale of 0-10, survey respondents who completed PLDI were asked to rate their levels of engagement and well-being before starting PLDI and now (n=44-50)



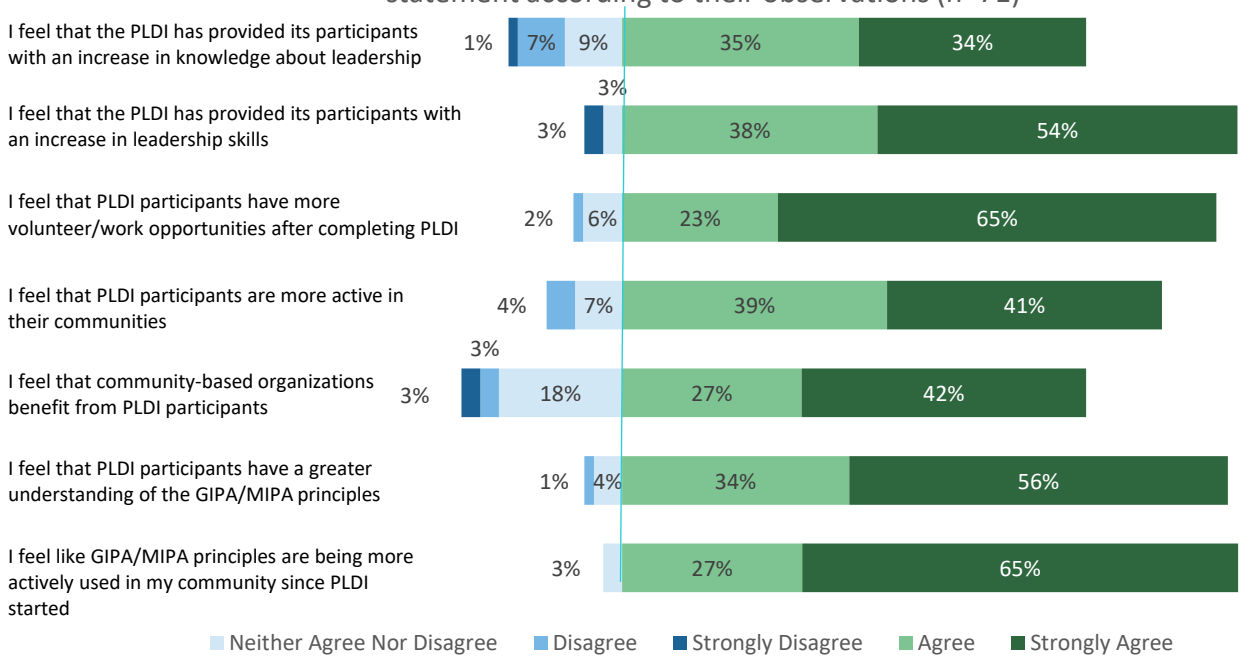
Survey respondents who had participated in PLDI were asked if they are currently involved in a leadership role in their community (Figure 12). More than ¾ of respondents reported that they were participating in a leadership role in their community. When asked how many organizations or projects they were currently involved in the majority, 76%, reported that they were involved with between one-three organizations or projects (Figure 13).





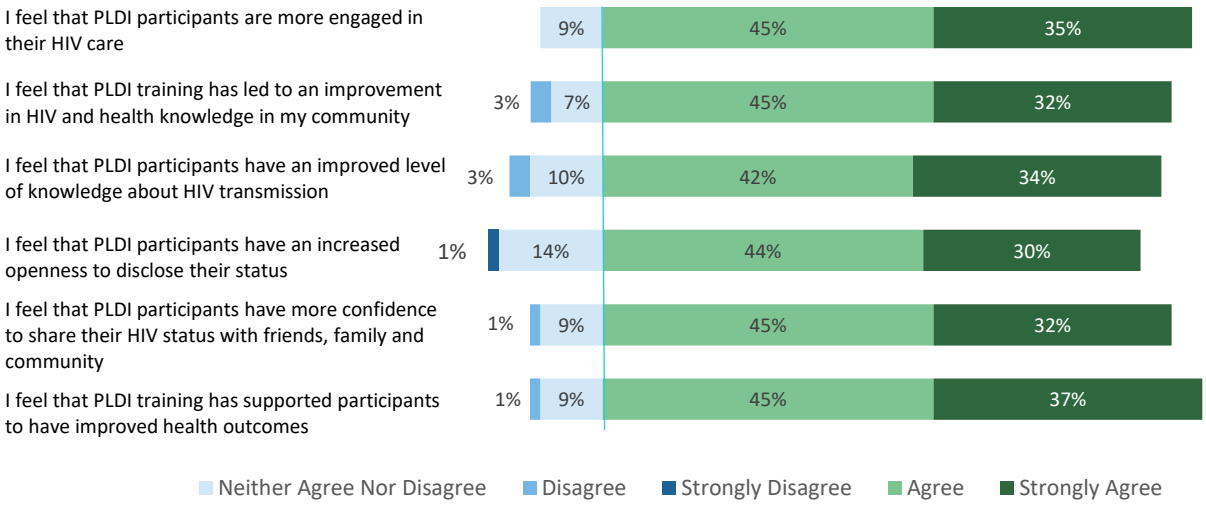
All survey participants were asked to reflect on the set of questions in Figure 14. The first question asked online survey respondents to consider their experience either participating in the PLDI program or interacting with PLDI participants and to rate each statement related to community involvement. There were strong levels of agreement on the following statements: I feel like GIPA/MIPA principles are being more actively used in my community since PLDI started (92%); I feel that the PLDI has provided its participants with an increase in leadership skills (92%); and I feel that PLDI participants have a greater understanding of the GIPA/MIPA principles (90%). There was slightly less agreement with the following statements: I feel that community-based organizations benefit from PLDI participants (69%) and I feel that the PLDI has provided its participants with an increase in knowledge about leadership (69%).

Figure 14: All survey participants were asked to consider their experience interacting with PLDI participants or as participants in the PLDI program, and to rate each statement according to their observations (n=71)



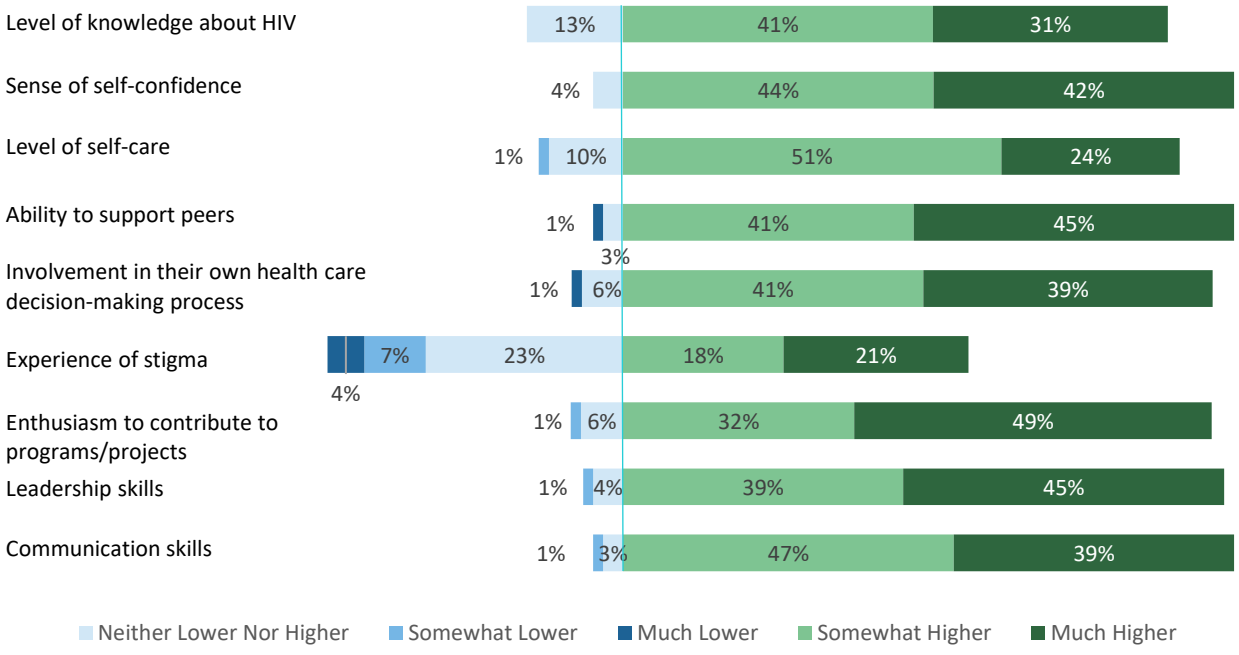
The next series of questions asked all survey participants to consider their experience participating in the PLDI program or interacting with PLDI participants and to rate each statement related to health and HIV (Figure 15). The following statements had strong levels of agreement: I feel that PLDI training has supported participants to have improved health outcomes (82%) and I feel that PLDI participants are more engaged in their HIV care (80%).

Figure 15: All survey respondents were ask to consider their experience participating in the PLDI program or interacting with PLDI participants and rate each statement related to health and HIV (n=71)



The final set of questions asked all survey participants to compare PLDI participants to positive people who haven't participated in PLDI (Figure 16) on a set of indicators related to well-being, leadership skills, and self-confidence. Online survey respondents felt that PLDI participants rated higher on the following: sense of self-confidence (86%); ability to support peers (86%); communication skills (86%); and leadership skills (84%). Online survey respondents also felt that PLDI participants rated lower on the experience of stigma (30% lower experience of stigma).

Figure 16: All survey participants were asked to compare PLDI participants to positive people who haven't participated in PLDI and to rate the PLDI participants on the following indicators (n=71)



Qualitative findings

1. Connecting to community and creating a diverse network

Connecting to a "unique" but "diverse" network

One of the most common themes that emerged from the data was an emphasis on how PLDI participation connected PLHIV to "community." While community can be a term that's difficult to anchor, a PLDI program champion provided an illuminating description of what it is that makes the community "unique" and the value of the PLDI program as "poz for poz":

> *It's a unique community, right? And I can't think of another program that's so tied to identity but that's so diverse. The community is so specific but so diverse. The PLDI is special because it is poz for poz. The community is so diverse but you have HIV in common. You might not have anything else in common but you have that common. And so HIV is a great leveler. It levels out the social stuff, the economic stuff… and that might be just for the weekend but it's still for a time. We have this one thing that we share and I think that makes the program unique.*

As agency sponsorship is a requirement for participation in the PLDI program, participants arrive at training with some connection to community but many participants described how the training

session(s) increased the number and depth of interpersonal connections. As one participant stated, “I had been positive for 10 years and I haven't had a lot of connections or discussions about it with people. So it was good to have that weekend together to talk in sessions and to have some recreation time with people. That wasn't something I was really expecting and it was good.” Other PLDI participants described enjoying “going to the sessions and connecting, interacting with poz peers” and how they “liked the feeling of being a mini-family within a family”

“A communality that makes learning easier”

These interpersonal connections deepen the training: as one PLDI participant stated, “At PLDI there is a communality that makes learning easier. The group was then able to support each other through challenging moments in the trainings.” The participant found this connection and support remarkable, as it was not something he had found in most other educational programs or trainings he completed. This participant’s comments express how the connections and support of peers enhanced and connected him to the learning offered in the training session.

For participants who took two or more PLDI trainings, a kind of provincial ‘cohort’ of PLDI participants developed. The value of this cohort was not only the personal connection that arose as a result of a shared experience, but also the value of exposure to ideas and activities from other regions in the province:

> *Every time I came back [to PLDI training] I would see and meet new people and would learn more about what people are doing in their regions. I wasn’t expecting to see that, I don’t get to travel a lot, so it was nice to see all the work being done around the province… Feels there is a strong connection and everyone was so supportive no matter what people were going through. Not many places offer that. A place with no judgment.*

For some, this connection to others from across the province increased their awareness of national-level systems:

> *I was more connected to other HIV people, it was a remarkable experience. I learned more about Canadian HIV system. Core [Leadership Training] connected me to other communities and people who are HIV [positive].*

One stakeholder even described how increased connection to community reduces stigma and discrimination, stating “once they have taken the training they don't see this as a barrier any longer because they are connected with other peers. They really reach out to their peers and encourage others to go to the PLDI.” More details related to the leadership activities that develop as a result of this increased connection to community can be found below, but it first must be acknowledged that the pathway to such activity involves what one of the Peer Evaluators described best as “accepting one’s HIVness.”

2. "I get to witness lives changing right on the spot": Accepting one's "HIVness"

Some of the most powerful narratives shared during this evaluation focused on how the PLDI program facilitated one's self-acceptance of HIV and the transformative impacts of that self-acceptance.

As described in the opening quote for the finding presented above, people come to PLDI training from all walks of life and various stages in their journey with HIV. As one of the PLDI program champions explained, "breaking stigma" and moving toward self-acceptance is a critical step:

> *People feel isolated because of their HIV status. It breaks that stigma that people have put on themselves. The PLDI program really offers a way into better social relations. It allows people to think through and watch when they need to take some time… going through life as a positive person, you are worrying about stigma, worrying about taking your pills, worrying about connecting with people. And you have to realize that you need to take care of yourself, to take care of your overall health, and take time to take care of yourself.*

Because of their role as facilitators, the PLDI Trainers and Trainer-in-Training witness the transformative impacts of the weekend-long training sessions and, in many cases, help to nudge along these transformations:

> *I usually have my smudge and my feathers and…there was a gentleman there and he said - or somebody said - after I was done, "Could you do a smudge outside for everyone or for who wanted it?" and I went outside and lit it and he says, "I would love to do it, but I can't" and I said, "Can I ask you why?" and he goes, "Because I'm HIV positive", and I said, "Well I'm HIV positive, we're all HIV positive", just to remind him of that, but somebody a long time ago- because he's a long term survivor- had told him that he was not worthy of it anymore, of his culture. And I said, "If you feel [it] in your heart, you can do this"- and he did. And it changed his life right then and there. And I left my kit with him. Like my eagle feather, everything with him, because that's where it belonged. And that, to me, is changing lives. And it's just something that you wouldn't expect that in.*

Describing their lives before the PLDI program, participants said things like "I was invisible in life and now I've moved to being a board member. The training transformed my life, I really loved it," and "I was trying to get out of own skin... I had lost everything in life at the time I attended and was in a dark place. I hoped to get connected with self and others and it helped with feeling better about my mental health."

When PLDI participants spoke about their transformations as a result of the PLDI program, they often connected this transformation to a sense of not feeling worthless or alone any longer, finding their strength, and discovering the size of the HIV community. As one participant stated, "PLDI helped me connect with peers and I no longer feel dirty or ashamed". Another participant who went on to complete all three trainings explained her initial thoughts and experiences at her first PLDI training by stating:

> *I was nervous, scared and thought I had nothing to offer... I wondered why they were even sending me to training because I was so reserved. I still took away so much, because me and my peers lifted each other to our higher good.*

The PLDI Trainers and Trainers-in-Training provided many examples of the transformations and acceptance they witnessed, but the story below describes how a PLDI participant's shift in the language demonstrates the precise moment where her connection to community and participation in the PLDI training helped facilitate her self-acceptance:

> *One woman that really moved me a lot was someone who couldn't even say HIV, she was just constantly referring to it as 'her situation', and she'd say "my situation, my situation" and by the end of it she was saying HIV. Not always, she was still saying, "my situation" as well, but she… hadn't disclosed at that time. I don't know, now [if she has disclosed], but she hadn't disclosed, I think, to anybody but her doctor…and just witnessing her transformation to feeling like she's part of the group and feeling- laughing and having a good time and just hopefully feeling like…you know, decreasing the stigma that she had obviously come to believe about herself.*

Increased self-acceptance is a first step toward increased confidence and self-worth, which were other notable impacts of the PLDI training. These impacts, and their influence of self-care, are described in the section that follows.

3. Increasing confidence and self-worth, recognizing the value of self-care

Confidence, self-worth and increased self-care were common impacts described by PLDI participants. These three impacts tended to be described as a triad, for the reason described in the quote from the PLDI program champion in the previous section: self-care is necessary to avoid the burnout that may arise if increased confidence and self-worth lead to greater involvement in volunteer or employment activities. Self-care is also related to self-worth, in that self-worth leads to health-promoting behaviours like self-care that in turn affect confidence. Accordingly, PLDI Trainers and PLDI program champions described self-care as an important component of the training, especially in the first module:

> *When participants come to the training, the whole self-care thing can register as a surprise for participants. It isn't about being selfish or conceited, it's about ensuring you have wellness for yourself. So what I mean about that is that the self-care piece is really fluid and the trainers provide examples so that everyone can have access to that self-care piece - mental, spiritual, physical, emotional. So they have access to taking care of themselves.*

The quantitative findings presented in the previous section indicate that PLDI Trainers successfully facilitate this learning. One PLDI participant PLDI participant explained how "the PLDI has helped to build my confidence and helped me on the inside... PLDI has always been a place to empower me both personally, with my self-care, and professionally, with volunteering and working."

The sub-sections that follow describe 1) the impacts of the PLDI program on health-promoting behaviours, and 2) the relationship between increased confidence and employment.

Self-care, self-worth and health-promotion

Part of accepting one's "HIVness" is accepting that one can live a healthy life with HIV, as PLDI participants explained in their interviews. One participant described how "learning from other people's stories of balance and self-care was helpful," stating:

> *Ebb and flow, there's times when our health is a lot stronger and better, other times I haven't been as healthy making it more challenging. I might have needed more rest but that was okay. Without my health I don't have anything.*

Again, the quotes above and the one that follow highlight the value of learning from peers about self-esteem, self-worth, and health-promoting behaviours:

> *I think being with certain people... you know, I wasn't accessing some of the services. So seeing the naturopath and getting my health back in shape again. Setting little goals for myself: I quit smoking last year, I am going to run the Sun Run this year. I turned 51 and realized I wanted to be healthier than I was. And I never realized the side effects of HIV medication - I am in a study now and I am in the control group but in April I can switch the treatment group for the new drug and there are some side effects like bone density loss. So being more aware of those things.*

Similar to the participant above, many PLDI participants and stakeholders described how the PLDI program had affected health-related awareness and behaviours. One PLDI participant stated that "the mental health piece was the greatest... believe that you have a purpose in life." Others acknowledged that they were not familiar with the term "self-care" before training but that they became more aware of their own "triggers" through the training. Yet another participant described how he has adopted PLDI principles as a foundation for his recovery from substance use and that he has not used substances for a full year as of March 2017.

Another key stakeholder explained how the training produces "gains" just from offering participants the opportunity to "get away for a couple of days and be supported by people… even having food. Even having some of the basic essentials that are provided are of benefit. And the one on one support."

One stakeholder provided concrete examples of these gains, describing how two individuals who attended the training had been suffering from depression and spending most days in bed. Since they took the training, the stakeholder has "seen a remarkable change. I see them outside and engaged in the world outside their apartment. They are more physically healthy. They eat better and one individual is like a new person engaged with life again."

Confidence and transitioning to employment

The connection to confidence, self-worth, and employment also came up repeatedly in the interviews. As one participant explained:

> *The big thing for me was just to give me a bit of confidence. When I joined the first PLDI, I hadn't worked in a while. I had volunteered for a while with [a non-profit HIV society]. And the PLDI program helped me to realize that my volunteering had given me a lot of knowledge.*

Another participant described how she had grown by taking the PLDI training, stating:

> *I think just reminding myself of how I felt when I walked in for the first training, you know, giving me that confidence to go forth and find some work. To feel confident enough to work again. And you know, every step forward is more and more experience to further yourself along the journey.*

4. Transforming into leaders "Because of PLDI": For themselves, for peers, for community and into the public

The first three key findings presented above describe personal-level impacts that make possible the subsequent, group-level impacts discussed in the remaining two sections of findings that follow.

"Because of PLDI"

The third key finding relates to the PLDI program's influence in transforming participants into leaders not only for themselves, but for their peers, the HIV community, and broader public. As one of the trainers explained:

> *We get people going and we can start a flame, and we've had people that go back to communities after feeling that sense of support and connection that don't have it in their community and **they go about creating it**. They become determined to create that. And we've got people exchanging emails and resources, information, at the end of the training because they want to continue that support and connection following the training.*

Similarly, a key stakeholder who had supported participants through the PLDI training noted how "there is more focus [after training] around how those individuals can make a difference personally or to others. They are more focussed on how to be successfully involved."

A PLDI Trainer spoke about witnessing participants take on greater roles and responsibilities, and the frequency with which participants credited their newfound positions to the training they received through PLDI:

> *I have the honour of working in community so much that I have a lot of contact with past participants, and especially in rural areas, and especially with our research work, and so I am reconnecting with them wearing a different hat. And they'll say, "Because of PLDI I'm speaking*

at the hospital now, in front of the nurses, and because of PLDI"... They always bring it up to me, and say, "These are the changes I've made" or I'll have somebody on my Facebook going, "I really think I can do this" and I go, "Okay, challenge that process" which is one of our five practices, or "Get in there and do it" and they're making that change, and they still have that connection with us to…they're proud of it, and they check in, and they always say, "Because of PLDI."

As described in the sub-sections that follow, the transformations facilitated by the PLDI training have increased PLHIV's engagement as leaders for themselves, for peers and community, and in the broader public.

For themselves

A great source of inspiration for PLDI participants' personal transformation was the power of observing the PLDI Trainers; as one PLDI participant explained, "I really liked watching the facilitators and learning about when they did the training themselves. It was really cool to see how anyone is really capable of moving from here to there." Another PLDI participant described how he was inspired by the training and now wants to become a facilitator too, as he now sees himself as a mentor.

For peers and community

These observations were substantiated by concrete reports from PLDI participants about the actions they'd taken since returning from training. One participant described how the PLDI training enabled him to bring his leadership skills back to his community, where he started a support group, as well as a website and two Twitter feeds to support positive people. Similarly, a woman living in a rural community described how she took the training back to a support group and how she helped initiate a support group of three individuals. She described how proud she was to share new information in these circles.

Another participant described how she is recognized as a person with HIV in her community and how she now gives talks on reserves, which she explained help her "corral" her life and face "the ugliness." This participant explained how the PLDI program helped her respond by "facing it all differently." This change in perspective was similarly described by another PLDI participant, who stated:

I think the stuff that was really important to me was learning about... I can't remember what it is called, exactly... 'inspiring a shared vision that everyone could participate in,' and 'encouraging the heart'... those leadership qualities were really important for getting my job at [a non-profit HIV society].

Building on the theme of community touched on in previous sections, another PLDI participant spoke about how working with other PLDI participants has empowered her to venture out of her comfort zone; for example, she had to go to a food bank and needle exchange to put up posters for her job, and she was able to accomplish those tasks without the same hesitation she would have faced in the past. She also described how the PLDI training has led her to educate herself, and "now the community."

Another participant described her involvement in the community and beyond after PLDI, stating:

> *It helped me step up to the plate in my local community – I did a short clip for a film produced by a community based organization, I participated in portraits against stigma at the Oak Tree Clinic, I did an interview on the radio for World AIDS Day. By going through the PLDI and having a network of contacts, it gave me confidence and empowered me to be able to step up more within and outside the HIV community.*

Reflecting on the leadership he had observed by PLDI participants, a PLDI program champion explained:

> *PLDI isn't about being passive and just taking information, but also about what information do you have and are you bringing to the PLDI program, and that I think that's what makes the PLDI program great. I think people bring great skills and take skills away. I have been at meetings [in the HIV community] and seen PLDI grads process information in different ways and think in different ways because they are drawing from the training.*

The quote above highlights the strengths-based approach of the training. Using a metaphor to describe the program and its timing in history, one PLDI trainer stated, "for the longest time you were waiting for a table to be set for people who are walking around who could then take a seat and show up and be part of something bigger." The PLDI program offers that opportunity for PLHIV to engage in leadership in communities and be part of something bigger.

Into the public

In addition to engaging as leaders for themselves, peers and the HIV community, PLDI participants reported on the ways they were engaging in the broader public. One woman explained how she is signing up for additional trainings and attending events for issues beyond the HIV community, including a rally for murdered and missing women. Another participant explained that helping teach nurses in training about HIV and to challenge HIV-related stigma was an unexpected outcome she experienced as a result of the PLDI training.

A key stakeholder expressed how "PLDI has profoundly impacted the voice I am hearing from the community with lived experience. Their comments are useful in policy work and their work with other community based organizations and government ministries."

5. Engaging as skilled expert leaders, or walking the walk of GIPA/MIPA

Because communications skills and governance training are two of the three modules offered by the PLDI in BC, it is important to highlight the impacts of these trainings in terms of engaging PLDI participants as skilled expert leaders. Or, to put it otherwise, how the PLDI training promotes the development of a skilled PLHIV network for 'walking the walk of GIPA/MIPA.'

Connection to community, as discussed in previous sections, was critical for participants to develop the confidence to transform into leaders on research studies, Health Authority committees and Boards of

Directors. Having been involved with the PLDI program since its inception, one PLDI program champion noted how there is now "this network of people across the province and they have been able to move some agenda items forward because they now have some tools to be able to do that. And I think grads have [also] pushed some of the organizations and moved those organizations forward."

The peer-driven structure of the PLDI program was noted by PLDI participants, key stakeholders, PLDI trainers and the PLDI program champions as being critical to motivating PLDI participants' engagement as skilled expert leaders. Numerous PLDI participants reported joining Boards after completing the *Bored? Get on Board!* training. One participant, in fact, explained that she now sits on a Board, but did not think that *Bored? Get on Board!* was a good fit for her before she attended the training session. This finding speaks to the unexpected impacts that individuals experience after completing trainings!

A key stakeholder provided another example of a PLDI participant whose attendance at PLDI connected her and increased her sense of belonging in the community. The stakeholder explained that this PLDI participant is living with addiction but is trying to keep busy and recently joined the Board of Directors at the stakeholder's organization. The stakeholder went on to describe how this PLDI participant "has found her voice… PLDI really helped guide her to where she can effectively use her voice to engage in a very solution-driven manner, because the training is really about quality improvement and training people to use their communication skills to effectively make change."

A number of PLDI graduates have also gone on to work as peer research associates and peer evaluators; two of the Peer Evaluators who conducted this impact evaluation were PLDI participants. Another PLDI participant went on to run a food security study and was key in communicating the findings back to the study group. Still another PLDI participant opened a business and donates proceeds from this business to support a local HIV service organization. There are numerous examples of PLDI participants' skilled expert engagement in the HIV sector and beyond.

As an example of a truly remarkable achievement, one PLDI participant established an HIV non-profit organization for a priority population affected by HIV. She credits this work to her participation in the PLDI program and, more specifically, to the confidence and self-worth she developed as a result of the support she received from her fellow participants and the PLDI Trainers.

When asked what it is that makes PLDI participants well-positioned to engage as skilled experts, key stakeholders credited the three skill sets – leadership, communications and governance – offered by the program's three modules. As one stakeholder described, "the grads are more confident, empowered to speak, are stronger and understand themselves better. They have better communication skills, a better idea of how our organization runs and they can express 'the process' better." This detailed list of the ways in which PLDI training sets participants apart from PLHIV who haven't completed the training is likely part of the rationale behind one Health Authority's decision to require PLDI training for individuals to sit on some of their committees.

PLDI participants tend to find their way to these roles even when PLDI is not a prerequisite. When asked about the impact that PLDI has had in the operation of his organization, a key stakeholder responded:

> *We do a little survey at the beginning of the year when new members join our board, and we ask "have you completed PLDI and what level?" One-third to half of our board have PLDI experience. A lot of our senior level volunteers are PLDI grads - they tend to take on more complex jobs. And most of the people that we bring on as staff also have PLDI experiences.*

With the growth of the PLDI program, the network of skilled expert leaders and diversity of voices at the decision-making tables will continue to expand, thereby fulfilling the dreams of one PLDI program champion:

> *My dream is to keep building the network of PLDI grads. As HIV/AIDS continues to evolve and shift, and as we see with the GIPA/MIPA principles, I think we draw from this base of PLDI grads to consult on policies and with government. The reality is, they are the best voice to make some of those changes or make some of those changes happen.*

Recommendations

The quantitative and qualitative findings of this Impact Evaluation inform the following set of five recommendations that can be used by PAN and the PLDI team to improve and enhance BC's PLDI program. We encourage the team to find a way to operationalize these recommendations, to put them into use, and to check-in regularly to measure progress made in relation to these recommendations.

1. Develop a strategic plan that ensures program sustainability and development

The PLDI Trainers and PLDI champions advocated for a strategic plan that ensures program sustainability, namely through the following activities:

a) Systematizing the train-the-trainer process to ensure a talent pipeline and ensure succession planning for PLDI trainers;
b) Planning the development of additional HIV-focused and relevant training modules;
c) Continuing to strengthen data-driven, decision-making through program evaluation and implementation science.

2. Support and collaborate with frontline agencies and health authorities serving PLHIV, with special attention to how things are different in rural and remote communities

PLDI participants and key stakeholders spoke of the challenges that PLHIV in rural and remote communities face in accessing the PLDI training sessions, which are often held at a retreat space just outside of Vancouver, BC. There are also challenges for PLHIV who may be interested in attending PLDI but who are not connected to an organization for a variety of reasons; one solution might be

considering alternatives for sponsorship, such as PAN-facilitated connections to other sponsoring organizations

As one stakeholder summarized:

> *I just want to stress it's very difficult for folks to travel. If there was a training happening within the region it would be better. There needs to be awareness of what folks are dealing with on a daily basis. My perception was it was great to get away, but when they get back and faced with everyday realities there just wasn't the opportunity they thought there would be. There is very little opportunity in our ASO. It would be good to be aware of what opportunities they [PLDI participants] were expecting.*

Family obligations such as childcare and parental care, active substance use, fear of travelling by plane, and not having the government-issued identification necessary for air travel were also identified as barriers to attending multi-day training away from one's hometown. Family obligations affected women more than men. Key stakeholders, the PLDI trainers, and PLDI participants spoke of the success hosting a training closer to home for participants living in the Interior Health region.

These findings support the recommendation that PAN continue to deepen the necessary partnerships to offer trainings in new locations 'closer to home' for individuals living in rural and remote communities, and that PAN continue to find creative ways of engaging PLHIV in the PLDI program while upholding the sponsorship component of participation.

3. Maintain PLDI participants' post-training momentum through meaningful engagement opportunities

Individuals who attended PLDI frequently described the life-changing and transformative experiences of completing PLDI training modules. After these three- and four-day intensive sessions, participants returned home to various engagement opportunities, or a lack thereof, as described above. Stronger connections between PAN and the community-based organizations that sponsor PLDI participants' attendance at the training could help ensure that PLDI participants return to situations where they have the opportunity to mobilize and apply the skills gained through the PLDI training.

Additionally, there's a need for facilitation at the organizational level to make these meaningful engagement opportunities possible for PLDI participants. As one stakeholder described in their interview:

> *PLDI is a more targeted environment for peers and lived experience, to value the peers and to hone their skills professionally. It's helping peers to work with professionals.* ***Professionals need to learn how to work with peers, not only peers [learning to work] with professionals****.*

Therefore, collaborating with community-based organizations to support meaningful engagement opportunities for PLDI participants is a strong recommendation moving forward.

4. Integrate the program and post-program recommendations shared by PLDI participants

PLHIV who completed at least one PLDI training offered a variety of specific suggestions related to enhancing the impacts of the program during the session and after they returned to their home communities.

Related to the finding of being connected to community and expanding their network, PLDI participants were interested in having previous PLDI participants drop by the PLDI training sessions to share information about how they had applied the skills gained at PLDI in their lives. PLDI participants also indicated a desire to remain connected to their cohort and previous PLDI participants; when this question was explored with the PLDI program champions and PLDI Trainers, however, it was revealed that strategies involving online forums and teleconferences had not received much uptake when previously attempted. Therefore, creative strategies for engaging a network of PLDI 'alumni' are required.

As described in a previous recommendation, PLDI participants living in rural and remote areas are eager to find opportunities to apply the leadership, communication and governance skills gained during training but need greater support connecting to such opportunities.

As for suggestions on how the training or skills and connections facilitated during training can be extended beyond the three-day sessions, interview and survey participants described an interest in learning how to identify their training and skills on a resume; this suggestion is noteworthy in that it indicates both a need for additional skills, but also fits with the finding that participation in the program develops confidence and inspires interest in seeking paid employment.

While integrating PLDI participant suggestions has always been a priority, there will be greater organizational capacity to review and implement these specific recommendations as a result of the newly-created full-time PLDI Program Manager staff position at PAN.

5. Champion the engagement of people with lived experience in process and outcome evaluations

Peer Evaluators' richness of insights and range of perspectives contributed immensely to the design of the evaluation plan, the data collection tools, and to the data analysis process. A key recommendation, therefore, is that Peer Evaluators be hired to assist with process and outcome evaluations where and whenever possible.

A key learning from the participatory evaluation approach was that it does take significantly more time and resources to conduct a project that is as participatory as possible, which is equally true anytime a

group collaborates for the first time. We learned that this more collaborative approach required more time for Steering Committee members, PAN Staff, and Peer Evaluators to move the work forward. As expected, this increase in time and resources is more intense when working with individuals who bring a range of evaluation experience to the project. Thus, it is important to carefully consider budgets and work plans when engaging in a highly participatory process, in order to build in the resources necessary for a successful outcome. With that said, our team felt that the quality of the data and data analysis achieved through this process more than outweighed the additional time it took to reach decisions as a group. As the saying goes, “you can go quicker alone, but farther together.”

In order to more fully understand how engaging in this kind of very engaged, participatory process shifted or impacted our evaluation we initiated a meta-evaluation, or an evaluation of our evaluation. The results of which will be shared within our network.

The team collaborating on this evaluation would recommend that others adopt a participatory evaluation process that is carefully considered and appropriately resourced.

Appendix A – BC's PLDI Logic Model

PLDI Logic Model - October 2016

			OUTCOMES		
INPUTS	**ACTIVITIES**	**OUTPUTS**	**SHORT-TERM**	**INTERMEDIATE**	**LONG-TERM**
• PLDI participants and applicants • PAN member organizations supporting PLDI participants • Funding **Human Resources:** • PLDI staff – PLDI Coordinator, PLDI Trainers, Director of Program Development • Contract evaluator • PLDI Steering Committee **Facilities and Equipment** • Retreat location (Loon Lake, etc) • Transportation	• Developing, maintaining and improving curriculum and training materials for PLDI workshops • Training and supporting Trainers-In-Training • Planning workshop logistics and program • Recruiting PLDI participants through CBOs • Selecting PLDI participants • Leading PLDI workshops • Supporting PLDI graduate alumni	• # of 'Core' Leadership Trainings per year (target: one plus 2 additional skills building workshops) • # of additional PLDI trainings held per year • # of sites trainings were held in (in Metro Vancouver, outside of Metro Vancouver) • # of Lead Trainers • # of Trainers-in-Training supported • # of PLDI grads (# of PLDI applicants, % of applicants accepted into training) • # of curricula or training materials revised or developed • # of CBOs supporting PLDI participants	↑ knowledge about leadership Skills ↑ knowledge of GIPA/MIPA Principles ↑ awareness of community ↑ ability of participants to identify stigma and its impacts ↓ social and geographical Isolation ↑ self-management Skills ↑ communication Skills ↑ networking between PLDI grads ↑ of CBOS in supporting PLDI participants ↑ understanding of Board governance ↑ individual leadership potential ↑ facilitation skills/presentation skills/public speaking	↑ use of leadership skills in work, volunteer, and personal life ↑ engaging with GIPA/MIPA Principles ↑ ability of participants to take actions to counteract stigma that impacts them individually ↑ self-esteem ↑ self-awareness ↑ self-confidence ↑ engagement in community ↑ In social networks ↑ in people living with HIV volunteering or working in the HIV sector ↑ PLDI Trainer talent and mentor pools ↑ emotional and material supports	↑ in self-advocacy of people living with HIV ↑ capacity for PLHIV to participate in the ongoing community response to HIV ↓ PLHIV's experience of HIV-related stigma in BC Improved and more responsive HIV sector in BC: ↑ in leadership of people living with HIV in the HIV sector ↑ implementation of GIPA/MIPA Principles CBOs and other stakeholders have an ↑ pool of highly-qualified volunteers/human resources to pull on ↑ health and wellbeing of people living with HIV in BC ↑ self-sustaining PLHIV community ↑ economic security