



2018 PAN Fall Conference
October 30-31
Evaluation Survey Report

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1.0 Background

This year, the Pacific AIDS Network (PAN) held its annual Fall Conference on October 30-31, 2018 in Kelowna. The Fall Conference brought together executive directors and program leads from PAN's member organizations, people with lived experience with HIV and/or hepatitis C, and other key stakeholders including health authority and other government partners. The conference was highlighted by a strong presence of women with lived experience who led and shared during women-specific programming.

The purpose of this event was to provide space for and facilitate discussions and collaborations on new and emerging issues facing the HIV, hepatitis C and related sectors, share with and learn from each other effective community-based responses, and provide opportunities for networking and relationship building. In addition, this year's conference marked by the membership approval of [PAN Constitution and Bylaws 2018](#).

Programs of the 2018 PAN Fall Conference included the Update on Criminalization/Sex2 Guideline; Women with Lived Experience Panel and Q&A; Provincial Reports, Updates & Q&A (by BCCDC, BCCfE, OERC, MOH and PHAC); Annual General Meeting (AGM); People Living with HIV Forum; Executive Directors Meeting; Charging up for Change – Fighting HIV Stigma in BC (by BC People Living with HIV Stigma Index); Regional Health Authority Panel and Q&A; and Keynote Presentation.

2.0 Methods

A total of 91 people attended the 2018 Fall Conference, including PAN staff and contractors. All conference participants were asked to participate in an online survey. The online survey link was provided via email after the conference and participants were encouraged to complete the survey once they had attended all programs/sessions they were going to at the conference. A draw for a \$50 prepaid Visa card was provided as an incentive to participate in the survey.

The survey questions explored participant satisfaction; usefulness of conference components; potential benefits of attending; what worked well; and suggestions for changes to conference structure or programs to help support PAN re-envision its future annual conferences. The survey included both closed- and open-ended questions.

3.0 Summary of Findings

3.1 Who participated in the conference evaluation survey?

A total of 60 people completed the conference evaluation survey, yielding a response rate of 65%. As Figure 1 illustrates, survey respondents represent various health regions of BC, with a higher rate of participation by those working provincially (27%; n=16) and a lower rate of participation noted for those working in the Island region (10%; n= 6). Approximately a quarter of the respondents identified themselves as an executive director or an alternate (23%; n=14), and about a fifth identified themselves as a person with lived experience with HIV or hepatitis C (18%; n=11). Two people (or 3% of the respondents) identified themselves as “other” and specified that they are board members of PAN member organizations. Please refer to Figure 2.

Figure 1. BC health regions where respondents primarily work (n=59)

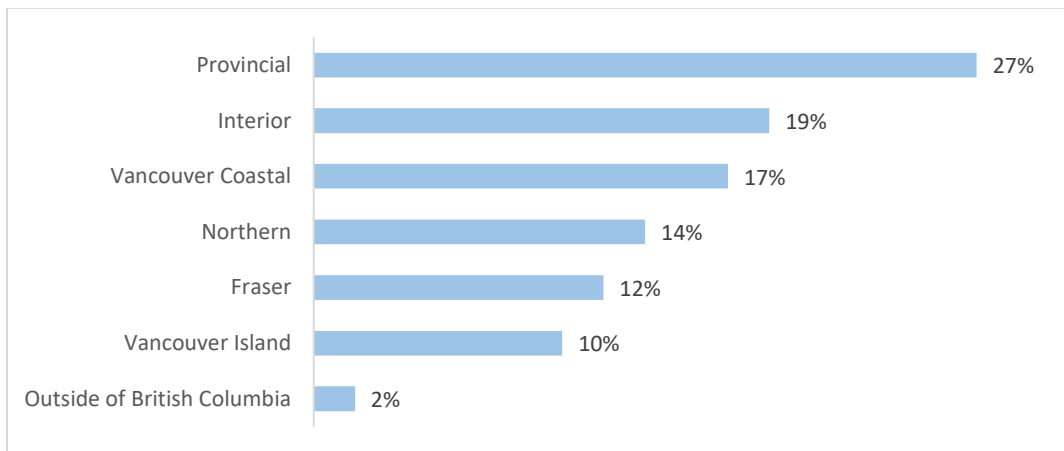
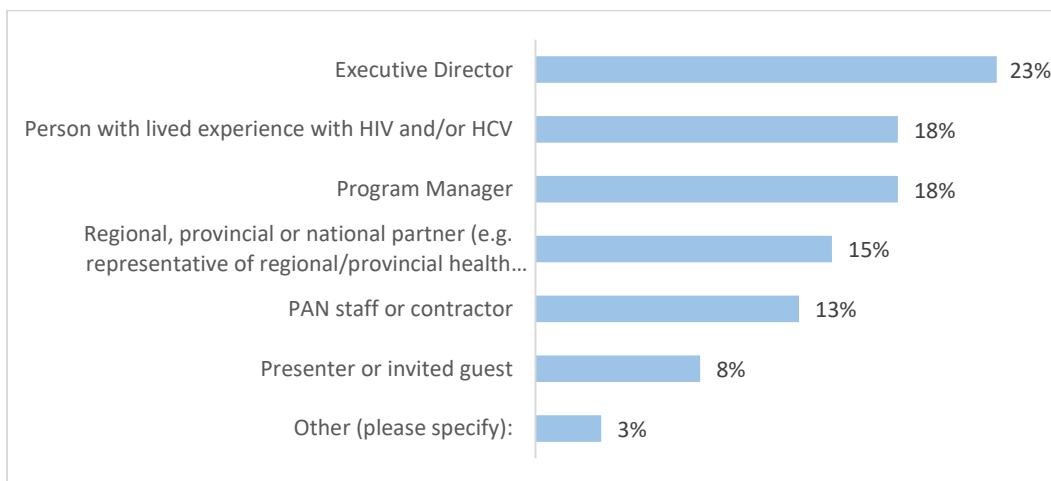


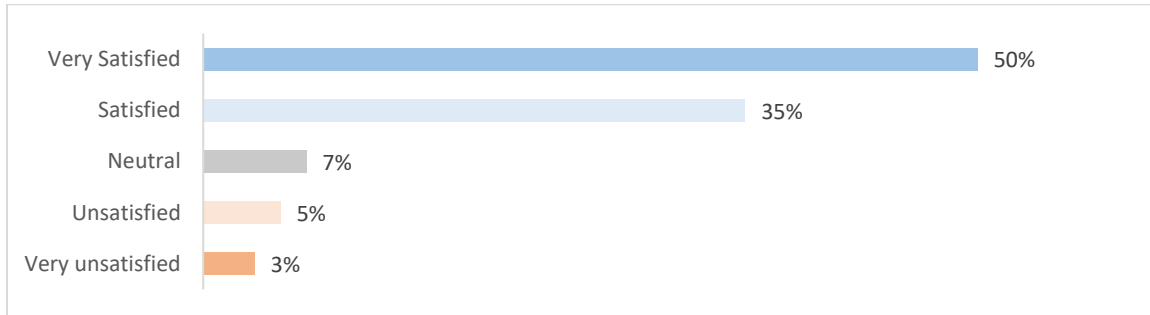
Figure 2. How respondents identified themselves in the conference survey (n=60)



3.2 How satisfied were the survey respondents with the conference overall?

Most survey respondents who answered this question were either very satisfied (50%; n=30) or satisfied (35%; n=21) with the conference overall. Very unsatisfied was chosen by the least number of respondents (3%; n=2), followed by unsatisfied (5%; n=3) and then neutral (7%; n=4).

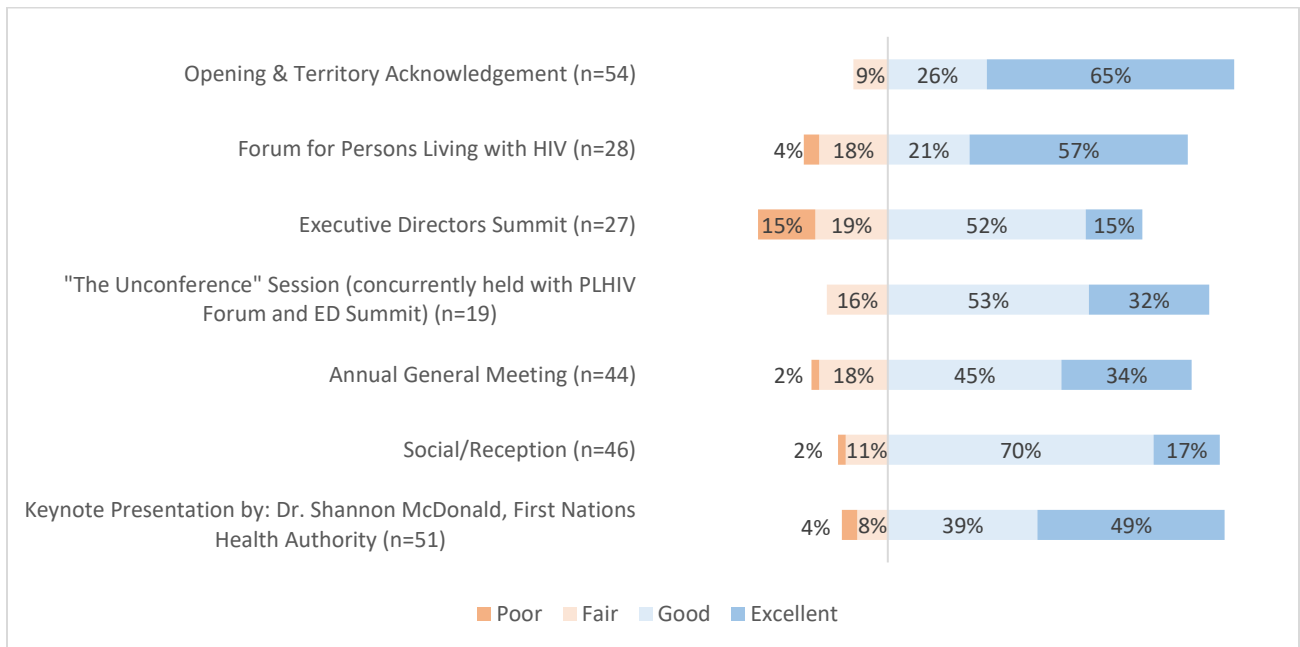
Figure 3. Respondents' overall satisfaction (n=60)



3.3 How did the survey respondents rate various conference program components?

As reflected in Figure 4, most respondents reported high ratings for all conference components they were asked to rate. The conference opening and territorial acknowledgment and the keynote address were the most highly rated conference components, given a rating of excellent or good by 91% (n=49) and 88% (n=45) of respondents respectively. The conference component that received the highest number of *poor* ratings (15%; n=4) was the Executive Directors' Summit.

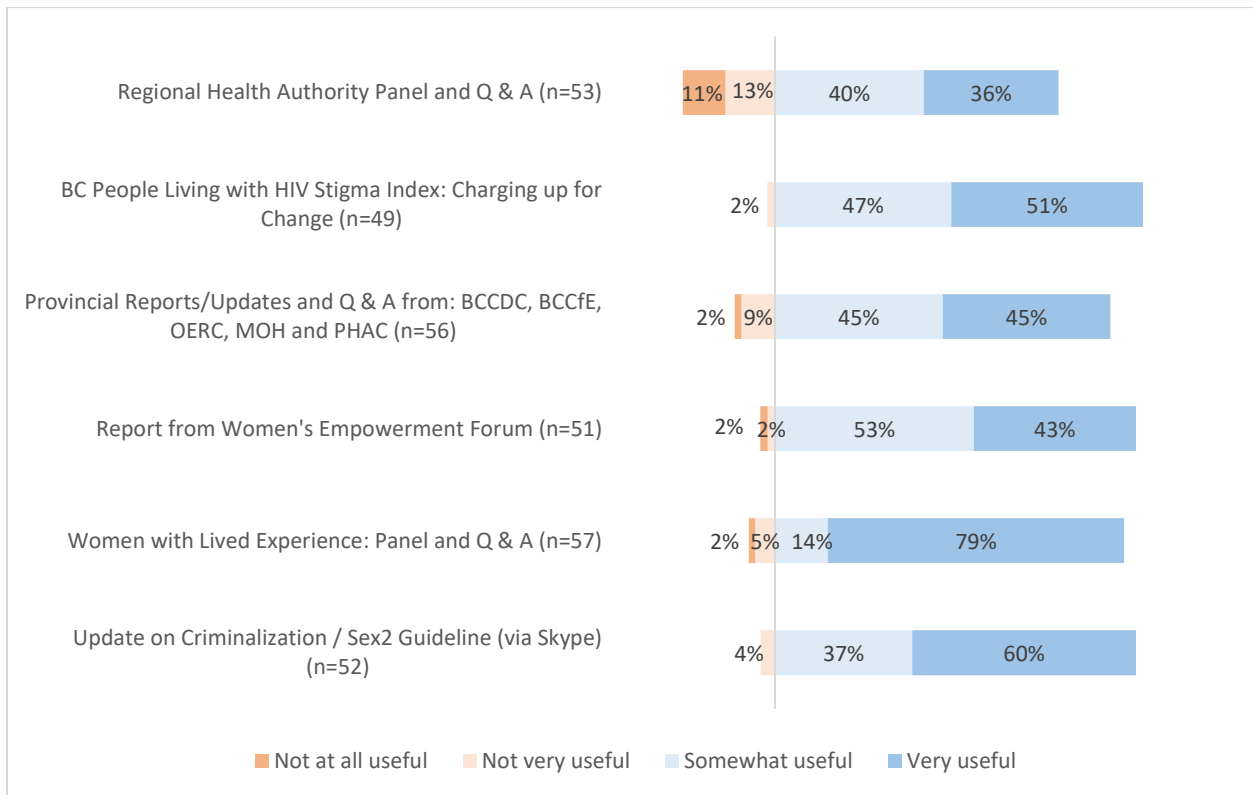
Figure 4. Respondents' ratings of conference program components (n, or the number of responses per program, are shown in the chart)



3.4 How useful were the conference presentations and discussions?

All presentations and discussions were assigned high ratings (somewhat useful or very useful) by most respondents, ranging from 76% to 98%. The BC People Living with HIV Stigma Index: Charging up for Change (a presentation and call for action); the Update on HIV Criminalization and Sex2 Guidelines; and the Women with Lived Experience: Panel and Q&A were particularly well received. The Regional Health Authority Panel and Q&A received the most number of low ratings – approximately a quarter of respondents (24%; n=13) did not find this presentation useful.

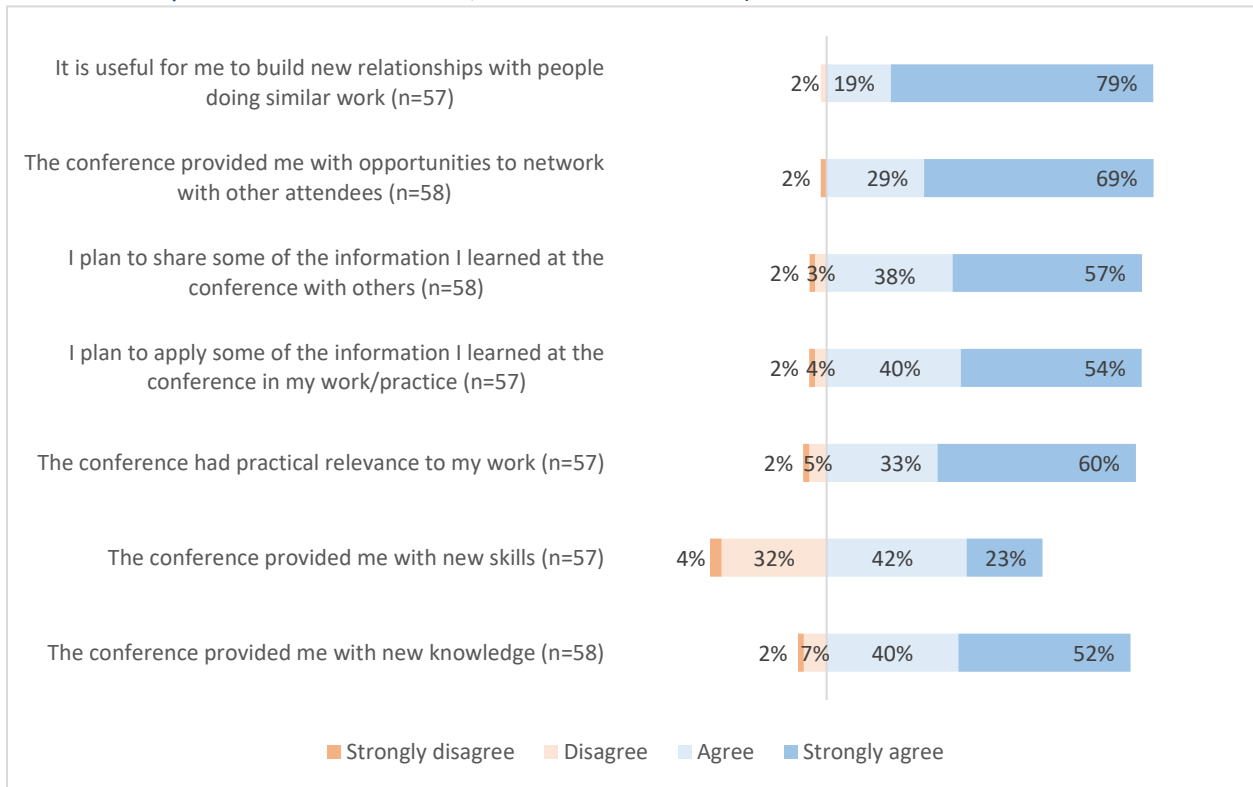
Figure 5. Respondents’ rating of usefulness of various conference presentations and discussions (n, or the number of responses per presentation, are shown in the chart)



3.5 What benefits did the conference provide?

The survey respondents indicated their level of agreement on a series of statements related to potential benefits obtained from attending the conference. A large majority of respondents agreed or strongly agreed that they benefited in various ways from the conference. A particularly high number agreed or strongly agreed with the following statements: 'It is useful for them to build new relationships with people doing similar work' (98%; n=56); and 'The conference provided them with opportunities to network with other attendees' (98%; n=57). While the majority of respondents (65%; n=37) agreed or strongly agreed that the conference provided them with new skills, this statement also received the highest level of disagreement (36%; n=21).

Figure 6. Respondents' level of agreement about potential benefits of attending the conference (n, or number of responses to each statement, are shown in the chart)



3.6 What was the most useful thing learned from the conference?

Survey respondents were asked to describe the most useful thing they learned from the conference. Most respondents mentioned various research, policy or practice updates, such as: updates on HIV criminalization and related advocacy efforts; updates from various health authorities; and updates on the BC People Living with HIV Stigma Index Study. Almost a quarter of respondents specifically mentioned the importance of learning more about the lived experience of women living with HIV in BC. Other aspects of the conference that respondents found useful were the opportunity to network in person and learn about opportunities for shared work, as well as learning about the need for more paid work and decision-making opportunities for people with lived experience. The most commonly mentioned complaint was a lack of time allotted to membership feedback and questions, specifically with Health Authority representatives.

Table 1. Summary of the most useful things survey respondents reported learning at the conference

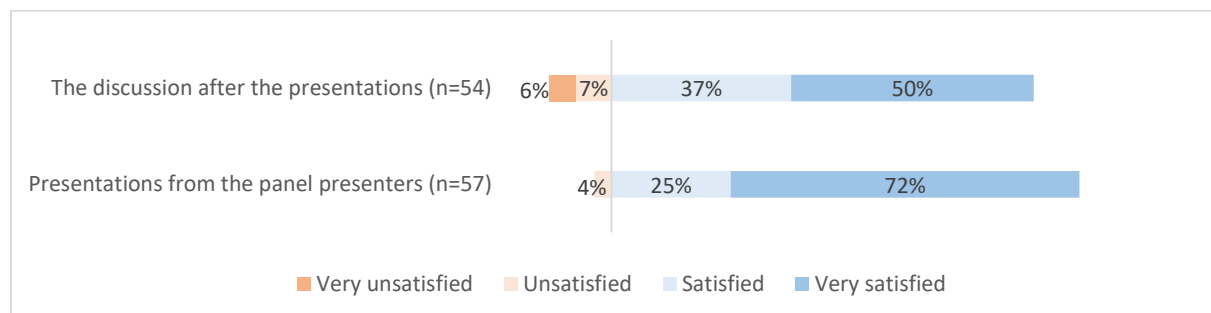
Themes	Frequency (n=)	Quotes
Research, policy and practice updates from presentations	26	<ul style="list-style-type: none"> 🗨️ Dried blood spot testing is a very good thing for smaller communities. 🗨️ The work being done related to the criminalization of HIV. 🗨️ U = U and the importance of having lived experience at the table when discussing ways to deliver services. 🗨️ About the length of time people are having to wait in Vancouver Coastal Health region to start PrEP.
Learning about the challenges and lived experience of women living with HIV	10	<ul style="list-style-type: none"> 🗨️ It was moving to hear the experiences of positive women and how much work we still have to do. 🗨️ Learning about some of the experiences and barriers that women living with HIV face.
Networking and building relationships	7	<ul style="list-style-type: none"> 🗨️ Meeting people from other organizations working to combat hepatitis C, learning more about what they are doing, and how to cooperate and coordinate our efforts. 🗨️ The entire event helped me to network and understand my role.
Not enough time for member engagement	5	<ul style="list-style-type: none"> 🗨️ It is really important to listen to the membership's needs and provide enough time and opportunity for the membership to ask questions of the Health Authority reps as we do not get that opportunity that often.

		<p>🗣️ The panel of health authorities was planned in such a way so there was basically ZERO time for questions from the floor.</p>
The need for a greater role for people with lived experience	4	<p>🗣️ The need to have a more robust and greater role for PWLE in hepatitis C, both mono and co-infected with HIV.</p> <p>🗣️ What WLHIV/PLHIV have been saying all along about the role we can play in decision making, paid work opportunities and on the ground work would make a difference in the prevalence of stigma as well as create meaningful change in the HIV/Hep C community.</p>
Other	3	<p>🗣️ Keeping communication lines open from the past attendees to the new attendees and the disconnect that happens still at agency level.</p> <p>🗣️ Engaging marginalized communities and meeting them where they are at.</p> <p>🗣️ I can't really pinpoint any one thing I learned but overall I found it a very good conference and always appreciate PAN and the opportunities you offer us.</p>
<ul style="list-style-type: none"> ▪ Importance of interagency communication (n=1) ▪ Engaging with marginalized communities (n=1) ▪ Generally a good conference 		

3.7 How did the survey respondents rate the Women with Lived Experience Panel and Q&A Session?

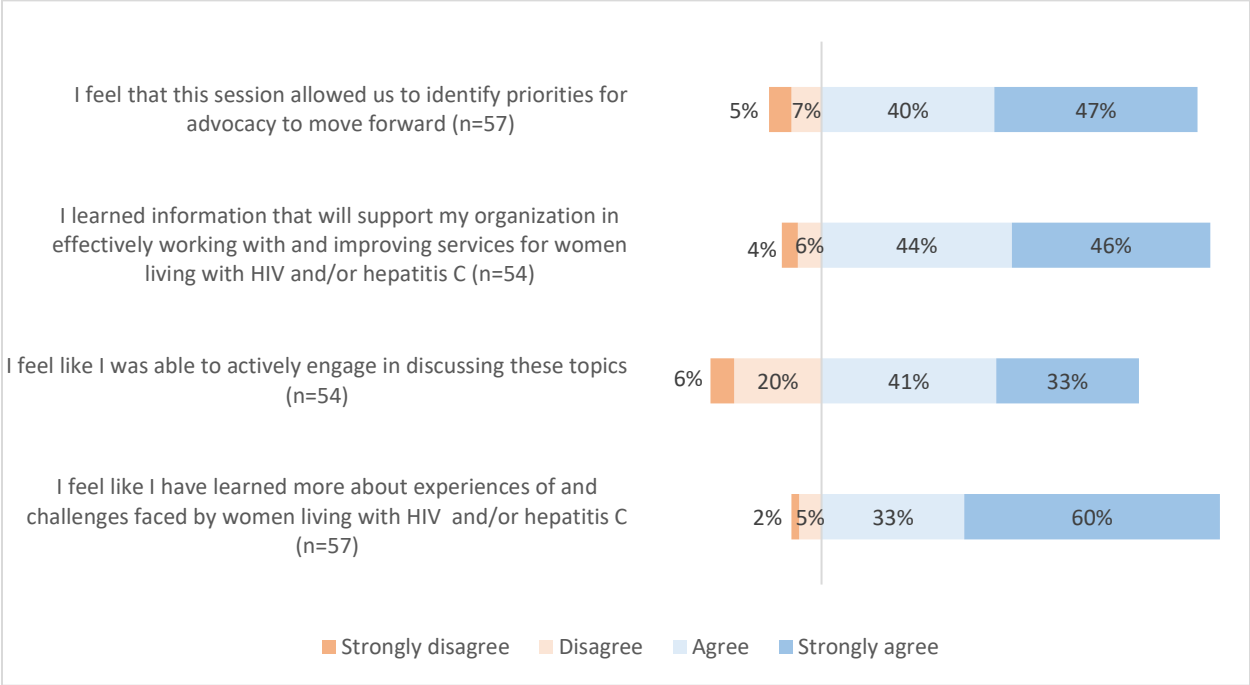
A large majority of the survey respondents were either satisfied or very satisfied with both the presentation and the discussion components of the Women with Lived Experience Panel and Q&A Session as illustrated in Figure 7.

Figure 7. Respondents' satisfaction with the Women with Lived Experience Panel and Q & A Session (n, or number of responses per session component, shown in chart)



More specifically, 93% (n=53) of respondents agreed or strongly agreed that they ‘learned more about experiences of and challenges faced by women living with HIV and/or hepatitis C;’ and 90% (n=49) agreed or strongly agreed that they ‘learned information that will support my organization in effectively working with and improving services for women living with HIV and/or hepatitis C.’ While 87% (n=50) of the respondents agreed or strongly agreed that ‘this session allowed us to identify priorities for advocacy to move forward,’ 12% (n=7) disagreed with this statement. Similarly, the majority of respondents (74%; n=40) agreed or strongly agreed that they were ‘able to actively engage in discussing these topics’; however, 26% (n=14) disagreed with this statement (please refer to Figure 8).

Figure 8. Respondents’ level of agreement on various potential benefits related to the Women with Lived Experience Panel and Q & A Session (n, or number of responses per potential benefit are shown in chart)



3.8 What worked particularly well at the 2018 PAN Fall Conference?

Survey respondents were asked to describe what worked particularly well at this year’s conference. Most mentioned that it was well organized with a structure and flow that made sense and worked well. Many respondents also highlighted the focus on people with lived experience at the conference, particularly the lived experience panels. Several respondents appreciated that this year’s conference was held outside of the lower mainland. Other elements of the PAN fall conference that respondents found worked particularly well include: participant engagement, the AGM and the opportunity to network.

Table 2. Summary of what worked particularly well at the conference

Themes	Frequency (n=)	Quotes
Conference structure, flow, and programming	24	<ul style="list-style-type: none"> 🗨️ Programming was smooth and applicable. 🗨️ The organization was excellent. Everything was very well planned: schedules for presentations, and also the travel arrangements. 🗨️ I really liked the panel structure used for the three sessions. I also appreciated the breakout into EDs, PWLE, Un-conference. 🗨️ Having client focused programming on the first day when everyone is fresh and ready to engage.
Focus on lived experience, particularly lived experience panels	15	<ul style="list-style-type: none"> 🗨️ Providing a space to share and discuss women-specific challenges and lived experiences (and embodiment of greater engagement of women with lived experience). 🗨️ I thought the lived experience panel was amazing and very well done.
Location (other than Vancouver)	5	<ul style="list-style-type: none"> 🗨️ The gathering in the Interior versus in Vancouver. 🗨️ Holding the conference outside the lower mainland.
Effective engagement of conference participants	4	<ul style="list-style-type: none"> 🗨️ I feel that the attendees were well taken care of and able to participate actively. 🗨️ There was a great opportunity for feedback and I think you did a great job of engaging folks across the two days. 🗨️ I liked that this year PAN used Mentimeter as it gave everyone in the room an opportunity to add to the discussion without it taking all the time, and it allowed people to respond anonymously.
Opportunity to network and share knowledge	4	<ul style="list-style-type: none"> 🗨️ Having everyone together for both days enabling opportunities to network and discuss at a deeper level. 🗨️ Networking with other agencies i.e. Options for Sexual Health.
Well-organized AGM	4	<ul style="list-style-type: none"> 🗨️ The AGM went very smoothly and was an effective use of time. 🗨️ Amazing prep work by PAN staff and board leading up to AGM which led to efficient and effective AGM.

Keynote address	2	<ul style="list-style-type: none"> I also thought the keynote speaker was very informative and appreciated that she responded to comments from the floor in a comprehensive way.
Other	5	
<ul style="list-style-type: none"> Stigma Index Update (n=1) Changes to mandate, constitution and by-laws (n=1) Peer involvement Pre-questions for panelists (n=1) Venue too upscale (bad optics) (n=1) 		<ul style="list-style-type: none"> Getting an update on the stigma index and the opportunity to shape next steps was helpful. Changes to mandate, constitution and bylaws. Strong peer involvement. I liked the pre-questions for the panelists just wish the agencies would take into consideration their [member organization representatives] may have questions as well.

3.9 Suggestions to support PAN’s re-visioning of the annual fall conference

As PAN considers re-visioning of the annual fall conference and making potential changes to its structure and content, survey respondents were asked to list three elements of the PAN fall conference that they considered most useful or valuable. The most frequently mentioned element was the opportunity for networking and collaboration between attendees. Provincial, regional, and local updates provided by Health Authorities and member organizations were also mentioned frequently. Many respondents appreciated the panel structure as well as the panel content, with many respondents specifically highlighting the lived experience panels. Updates on emerging issues, like the overdose crisis and efforts to combat HIV criminalization were also mentioned by many respondents, as was the importance of peer leadership (within the conference and beyond).

Table 3. Summary of the Pan Fall Conference elements that survey respondents found most useful

Themes	Frequency (n=)	Quotes
Opportunity for networking and collaboration	21	<ul style="list-style-type: none"> Getting together; time to connect; discovering connections in our work we didn’t know existed and possible shared work or projects we could work together on. Opportunity to connect over common initiatives.
Provincial, regional and local updates	19	<ul style="list-style-type: none"> Discussion from each region on what they are doing. The Health Authority updates plus PHSA, FNHA, and PHAC. HA updates was useful to hear about what was happening in other regions.

Panel structure (particularly the Women with Lived Experience panel)	12	<ul style="list-style-type: none"> 🗨 Panel discussions were superb. Excellent (!!!) panel moderators kept things on topic but were also flexible when need be. 🗨 Women’s panel and report back. Continue this good work by giving some quality time to marginalized and most impacted communities.
Educational presentations and updates on emerging issue	12	<ul style="list-style-type: none"> 🗨 Educational/updates on relevant topics, legal, medical, etc. 🗨 Updates/stat reporting from BCCDC. 🗨 The breakdown on what is happening in the opioid crisis was useful.
Peer involvement and leadership (within the conference and beyond)	10	<ul style="list-style-type: none"> 🗨 Paid work/stipends for people living with HIV. 🗨 Inclusion of people with lived experience (HIV/hepatitis C) as presenters and leaders.
Keynote address	5	<ul style="list-style-type: none"> 🗨 Hearing from a keynote speaker outside my own realm of knowledge.
Unconference	4	<ul style="list-style-type: none"> 🗨 Loved the concept of the unconference session. 🗨 Unconference session was good because it allowed for smaller group discussion.
Dedicated spaces for different groups (EDs, PWLE)	4	<ul style="list-style-type: none"> 🗨 ED summit – though I feel it could use more structure; PWLE forum if restructured. 🗨 Dedicated spaces for different groups.
Area of improvement: Inadequate time for member questions/engagement	4	<ul style="list-style-type: none"> 🗨 Networking with provincial health authorities is helpful and valuable. It would be especially valuable to get to spend most of the time asking questions rather than hearing updates, most of which are already publicly available elsewhere. 🗨 More discussion time/more question time.
Other	11	<ul style="list-style-type: none"> ▪ Conference location (n=2) ▪ Overall Organization (n=2) ▪ Adding hepatitis C to constitution and purposes (n=1) ▪ Incorporating the Truth and Reconciliation Commission (TRC) (n=1) <ul style="list-style-type: none"> 🗨 Meeting in the interior. 🗨 Hospitality and travel arrangements all were great; everything went very smoothly and comfortably. 🗨 Thank you so much for adding hepatitis C to your constitution and purposes. Now we feel welcome and accepted and look forward to having more power in decision making. Nothing about hepatitis C+ people without hepatitis C+ people’s decisive participation! 🗨 Keep on incorporating/weaving in TRC.

- Community ownership, allyship, social justice (n=1)
- Listening and respect (n=1)
- Discussion around funding (n=1)

To further support PAN re-vision its annual fall conference, survey respondents were asked for suggestions on changes to fall conference structure or programming so PAN can ensure its fall meetings are most meaningful and relevant to attendees. Most suggestions related to the format of the conference. The most frequent response was that PAN should devote more time for questions and discussion – a particular area of concern was the lack of time for questions following the Health Authority presentations. Many respondents also mentioned that networking should be facilitated more intentionally in future conferences. Other suggestions for improving conference format included having time for hands-on, solution-focused work, and redesigning and expanding the forum for people with lived experience to allow for more discussion time and to include more varied voices. There were also many suggestions related to the content of the conference and conference logistics. For example, some respondents felt that more work needs to be done to make the PAN conference more inclusive and some suggested that the conference agenda be sent out before requiring an RSVP. Please see Table 4 for more details.

Table 4. Summary of suggestions on changes to future PAN Fall Conferences

Themes	Subthemes	Quotes
Conference format (n=39)	▪ More time for questions and discussion (n=16)	<p>☞ The panel of experts was disturbing in that it felt like we were being told less than as participants, and this is always difficult as someone with lived experience.</p>
	▪ More time and effort put towards networking (n=11)	<p>☞ I believe the opportunity to discuss programming and achievements for organizations needs to be highlighted more and allow each organization to learn from one another.</p> <p>☞ This is one opportunity to meet and talk with people working in our field. It could be good to support us to do that more intentionally.</p> <p>☞ The ED summit needs to let us talk, network and collaborate organically with much less formal participation.</p>
	▪ Redesign the PLHIV forum (n=4)	<p>☞ The time for PLWHA needs to be re-designed. It requires more time to discuss topics presented at the conference.</p>

	<ul style="list-style-type: none"> ▪ More time between programming (n=2) ▪ More hands-on, solution- and action-focused work (n=2) ▪ More use of Mentimeter (n=2) ▪ Move the keynote address to an earlier time slot (n=1) ▪ More fun (n=1) 	<ul style="list-style-type: none"> • Expand the PLWHIV forum. The current format is, quite frankly, a bit of a joke. Perhaps PAN should partner with Positive Living BC (who lost their Positive Gathering) and CBRC to include a multiple day PLWHIV/HepC forum to include more and varied voices and a guided needs assessment. Or better yet use a new forum to develop and launch a Provincial needs assessment of people with lived experience in HIV and Hep C. • PHA forum needs a massive overhaul, it's no longer serving its purpose the way it's structured. • When you have people presenting, it is EXTREMELY difficult for an audience to listen continuously without a break. • I would love to see more engagement and hands on or small group work around actually addressing stigma and client engagement issues. We have all of these stats and info saying yes, our people are stigmatized, but we don't discuss how to change that. Large group brainstorming, discussions, learning from each other and not just office working panelists would be great. • I would like to see more of the Mentimeter being used at the conference, it was a great way to respond. • The keynote address should be earlier, not the last major event – people actually left before the keynote and may have not heard some valuable information pertinent for their client-base. • Some opportunities for 'fun' would be great.
<p>Conference content (n=9)</p>	<ul style="list-style-type: none"> ▪ More inclusive content (n=3) 	<ul style="list-style-type: none"> • We have to take the time to set up safety for participation of folks of all experiences, and we have to figure out how to center people with lived experience collectively. This is necessary if PAN is to be a place for transgender people, people living with HIV and/or Hep C, and youth. • There were many missed opportunities for people to add a hepatitis C component to their presentation. If they'd been encouraged in advance to do so, perhaps they would have made this effort

- More content directly relevant to the work of service providers or community organizations (n=2)
 - 🗨 Engage youth to empower them.
 - 🗨 Current status on BBI transmission, testing, medication and availability from a service provider perspective.
- More funding content (n=1)
 - 🗨 Discuss the possibility of overarching funding for certain key areas.
- More presentations by leaders in the field (n=1)
 - 🗨 Presentations of leaders in the field of relevant topics.
- Add skills building component (n=1)
 - 🗨 Adding a skills building or practice standards component may be helpful, although this can be hard with our organisations doing increasingly disparate work.
- Add more PAN reports back outside of AGM (n=1)
 - 🗨 Report backs, actually wish more time was given to this as a stand alone item outside of AGM and or a specific research update. Not trying to create a huge q/a discussion but more of where PAN is engaged and relevance back into the network.

Logistics (n=9)

- Release agenda before requiring RSVP (n=2)
 - 🗨 Please put out the agenda BEFORE asking people to make a decision about whether we want/can attend. If I had seen the agenda before-hand, I would not have attended this year's PAN.
- Ensure food is served outside of rooms holding programs (n=2).
 - 🗨 I would like to suggest that the food be put out in the hall and not in the room that we are meeting in. I noticed it was distraction for some and took away from those folks presenting. Also loud
- Implement rotating hosting schedule across BC (n=2)
 - 🗨 If we are going to continue hosting outside Richmond (which I believe we should) we should consider implementing a rotating hosting schedule among the health authorities and seek funding from the hosting authority for the increased cost of travel.
- Bring in outside facilitator (n=1)
 - 🗨 Perhaps bringing in an external facilitator for panels to help keep comments from the floor moving along.
- More interaction with host community (n=1)
 - 🗨 The cost of bringing everyone out of the Vancouver area might be better justified if participants get more of a taste of the area to which they are being brought, either by betting out into the community, or having the community more actively participating in the event.

- Ensure timely invitation to fall conference (n=1)

**No
improvements
necessary (n = 2)**

It was a wonderful conference and I cannot think of anything which would improve it, the online Mentimeter session was a success.

4.0 Conclusion and Key Recommendations

Overall, the 2018 PAN Fall Conference was highly successful as evidenced by the results of the conference evaluation survey. The majority of the survey respondents were satisfied with the conference overall, and a large majority rated the conference program contents highly and found all presentations useful. The conference also provided many benefits to conference participants, particularly by providing opportunities for participants to network, share information, and build new relationships. Respondents found knowledge gained through various presentations and discussions useful, with the update on PAN's CBR Project: the BC People Living with HIV Stigma Index; the update on HIV criminalization and prosecutorial guidelines; and the panel discussion with women with lived experience being particularly well received.

Key recommendations brought forth by evaluation respondents that can support PAN's re-visioning of future conferences are as follow:

- Continue the well-organized conference, and well-moderated and timely programs;
- Continue to facilitate networking opportunities for people to build relationships and share knowledge/experiences. Consider devoting more time to networking and discussion;
- Continue to focus on lived experience and peer leadership – within the conference and beyond;
- Continue to use the panel structure for presentations. The lived experience panels were particularly appreciated by survey respondents;
- Continue having the health authority and government partner presentations but allow more time for members to ask government partners questions;
- Allocate more time for discussion and questions after presentations;
- Continue to work to be more inclusive of folks with diverse identities and lived experience; and
- Continue to consider conference host locations outside of the lower mainland.