



2017 MEMBERS' & STAKEHOLDERS' SURVEY REPORT

Prepared by Mona Lee, Madeline Gallard and Janice Duddy

PAN would like to express a special thank you to Cam Routledge, our volunteer, for supporting the planning and data collection phases of the 2017 Members' and Stakeholders' Survey.

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BACKGROUND

The Members' and Stakeholders' Survey was developed by the Pacific AIDS Network (PAN) in Fall 2015 as a tool to support continuous learning within the organization. This Survey gathers data from PAN member organization representatives, PAN staff and contractors, and other key stakeholders with the intention to improve PAN's services and programs, evaluate PAN as a network, support PAN's strategic planning, and ultimately strengthen the collective community-based response to HIV, Hepatitis C and related conditions in BC. Continuing from the [2015 Members' and Stakeholders' Survey](#) and the [2016 Members' and Stakeholders' Survey](#), PAN conducted the third round of annual Members' and Stakeholders' Survey in Fall 2017.

In line with 2015 and 2016 surveys, the 2017 Survey evaluated: 1) PAN's programs and services; 2) PAN's communication tools; 3) PAN's network health; 4) progress toward PAN's strategic plan objectives; and 5) areas of needs and future directions for the community-based HIV and hepatitis C (HCV) sectors in BC. In addition, the 2017 Survey also gathered data and consulted members and stakeholders on: engagement in community-based research and evaluation and use of their findings; potential governance structure changes and funding sustainability of PAN; member organization needs around overdose crisis; and peer-based work within our sector. This report presents the findings from the 2017 PAN Members' and Stakeholders' Survey.

METHODS

An online survey containing both quantitative and qualitative questions was distributed to a list of 192 people to obtain input from: (a) PAN's member organizations, (b) people with lived experience who have engaged with PAN's programs and services, (c) other key stakeholders, including health authorities and other regional and national partners, and (d) PAN staff and contractors. The survey included closed- and open-ended questions. A draw for a \$50 gift card and a pair of handmade moccasins was provided as an incentive to complete the survey.



WHO WERE THE SURVEY RESPONDENTS?

A total of 88 people completed the survey, resulting in 46% response rate. As seen in Figure 1, the Vancouver Coastal Health Authority region had the highest regional representation (25%), closely followed by respondents who work provincially (22%). Most survey respondents reported that they have been involved with PAN for 1-5 years (44%); however, it is worth noting that about a quarter of respondents reported 10+ years of involvement with PAN (24%) (Figure 2). Most survey respondents were either executive directors or key representatives of PAN member organizations (40% combined); followed by persons with lived experiences who have been actively engaged with PAN (16%) and PAN staff and contractors (16%); then government health partners (13%) and non-government partners and funders (13%). Other respondents (3%) included registered psychiatric nurse, client, and PAN board member (Figure 3).

Figure 1. Regions where respondents primarily work (n=88)

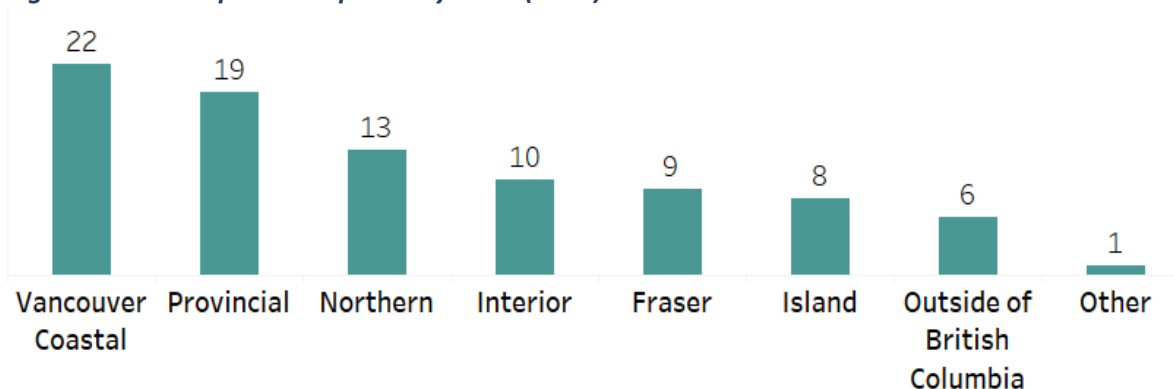


Figure 2. Years of involvement with PAN (n=87)

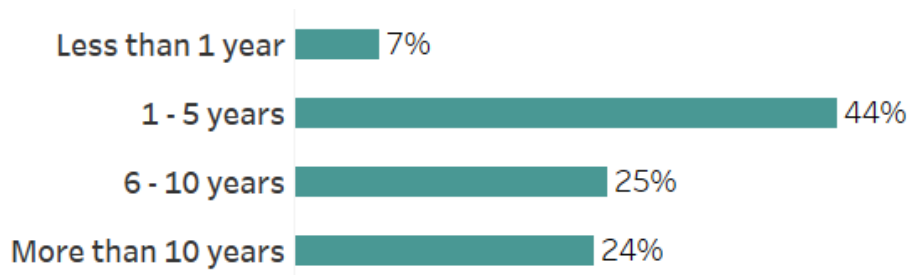
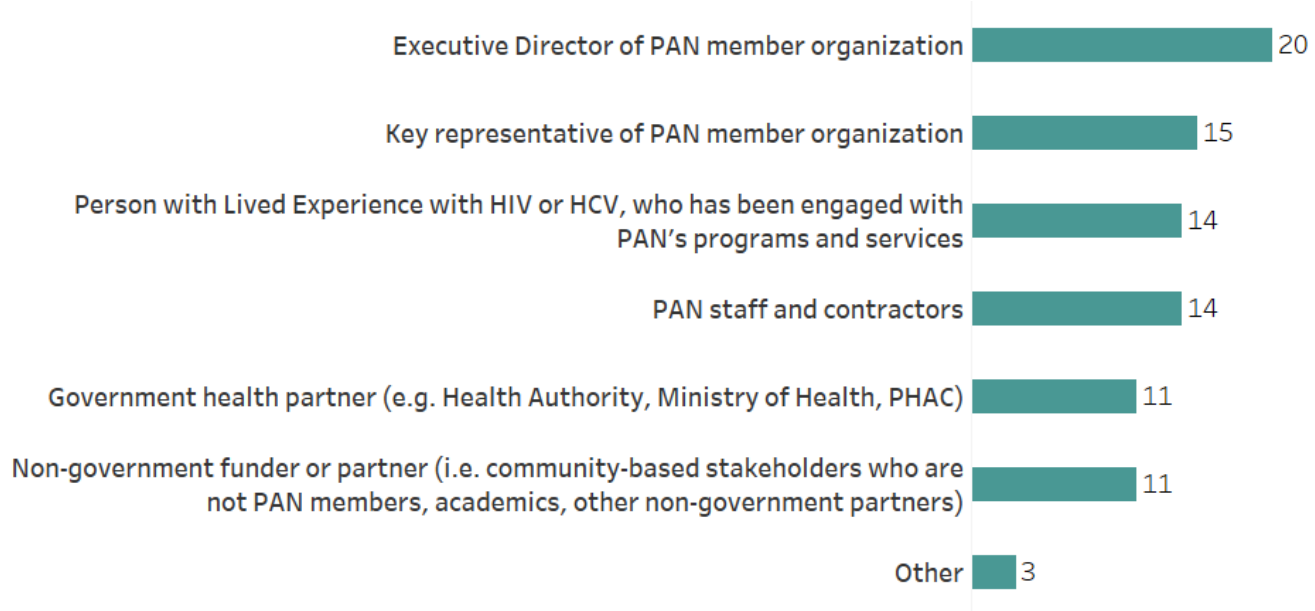


Figure 3. Respondents' relationship to PAN (n=88)

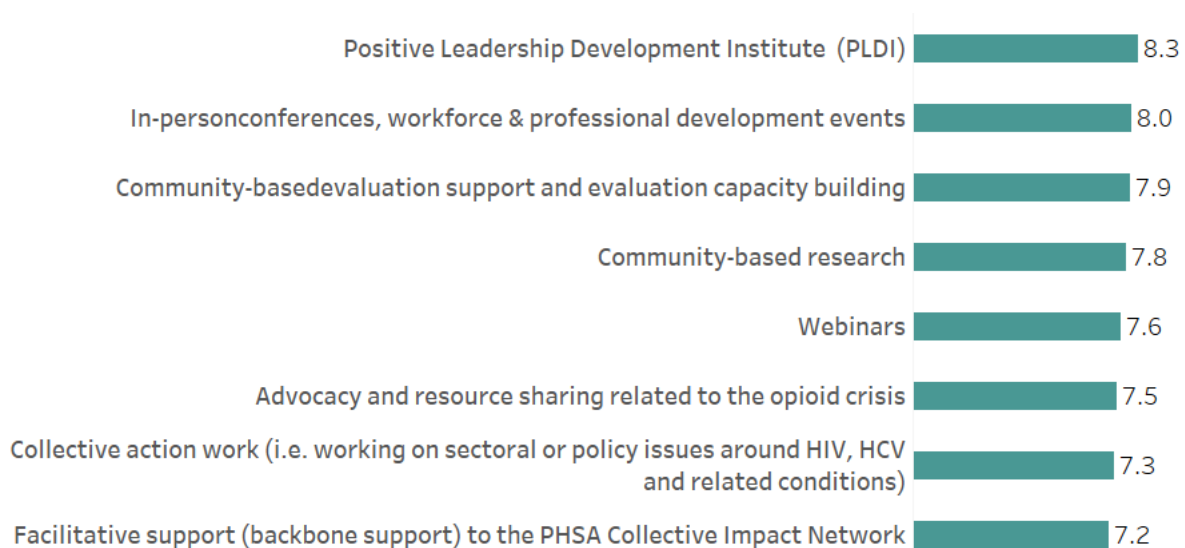


FINDINGS

Evaluation of PAN's Programs and Services

Respondents were asked to rate PAN's major programs and services from poor (1) to excellent (9). An average was calculated for each program and service. The Positive Leadership Development Institute (PLDI) program (8.3) and in-person conferences, workforce and professional development events (8.0), received the highest ratings. Collective action work (7.3) and facilitative support to the PHSA Collective Impact Network (7.2) received the lowest ratings (Figure 4).

Figure 4. Average ratings of PAN's programs and services (1 = Poor, 5 = Neutral, 9 = Excellent) (n varies from 36 to 63)¹



¹ Average ratings do not take into account blank, "Don't Know" or "Not Applicable" responses

Table 1. Major strengths of PAN's programs and services (n=62)

Survey respondents were asked to identify strengths and areas of improvements in PAN's programs and services in open-ended questions. Many respondents spoke highly of PAN's work in capacity building and providing resources (n=26), as well as PAN's overarching commitment to a collaborative, community-based network approach (n=25). PAN was perceived as being a leader in the sector, and responsive to needs and issues as they arose (n=18), which was illuminated in that respondents positively noted PAN's work in supporting the *Greater Involvement of People Living with HIV/AIDS* (GIPA), *Meaningful Involvement of People Living with HIV/AIDS* (MIPA), and *Nothing About Us, Without Us* principles (n=8). In particular, respondents felt PAN staff were a strength in supporting programs and services (n=9), and that PAN's PLDI program was extremely beneficial to peers (n=6).

| Theme | Frequency (n=) | Quotes |
|--|----------------|---|
| Capacity building and resources | 26 | <ul style="list-style-type: none"> Knowledge dissemination, capacity building for people and community orgs and community based research. Professional Development events, leadership, resources, supports, advocacy policy development. |
| Collaborative, community-based network approach | 25 | <ul style="list-style-type: none"> A major strength of PAN's programs is the capacity to collectively respond to policy and other contentions. Building networks to facilitate collaborative work and being a resource for community-based research. I think PAN's dedication to community-based research and partnerships makes it a unique asset in the community. |
| Leadership and responsiveness | 18 | <ul style="list-style-type: none"> I think that over the last few years PAN has grown and deepened in its ability to respond to emerging issues such as HCV and the opioid crisis. PAN's leadership and desire to partner and support other organizations is exemplary. Openness and desire to extend their support beyond the lower mainland is noted and in the past few years I have seen a great improvement in their presence in the Interior (virtually and in-person). |
| Staff | 9 | <ul style="list-style-type: none"> Excellent staff with vast knowledge base collectively. Passionate, highly-skilled people who are accommodating and patient, and are willing to meet and work with partners where they are at. |
| Commitment to GIPA, MIPA, and <i>Nothing About Us, Without Us</i> principles | 8 | <ul style="list-style-type: none"> Enacting GIPA/MIPA and NAUWU principles. The commitment to GIPA and MIPA. |
| Positive Leadership Development Institute (PLDI) | 6 | <ul style="list-style-type: none"> We have sent PEERS to the PLDI and it has been incredibly beneficial to them and their work as PEERS in our community. The PLDI is a very strong program. |
| Evidence-based approach (including research and evaluation) | 5 | <ul style="list-style-type: none"> PAN's research and evaluation programs and services, definitely. That looks like the foundation from all else arises and it's a solid, well-built one. |
| Communication | 4 | <ul style="list-style-type: none"> Excellent communication with member organizations. Accurate information in a timely manner. |
| Engagement of funders | 4 | <ul style="list-style-type: none"> PAN appears to be highly respected and trusted by government, funders. |

Table 2. Areas of improvements for PAN's programs and services (n=52)

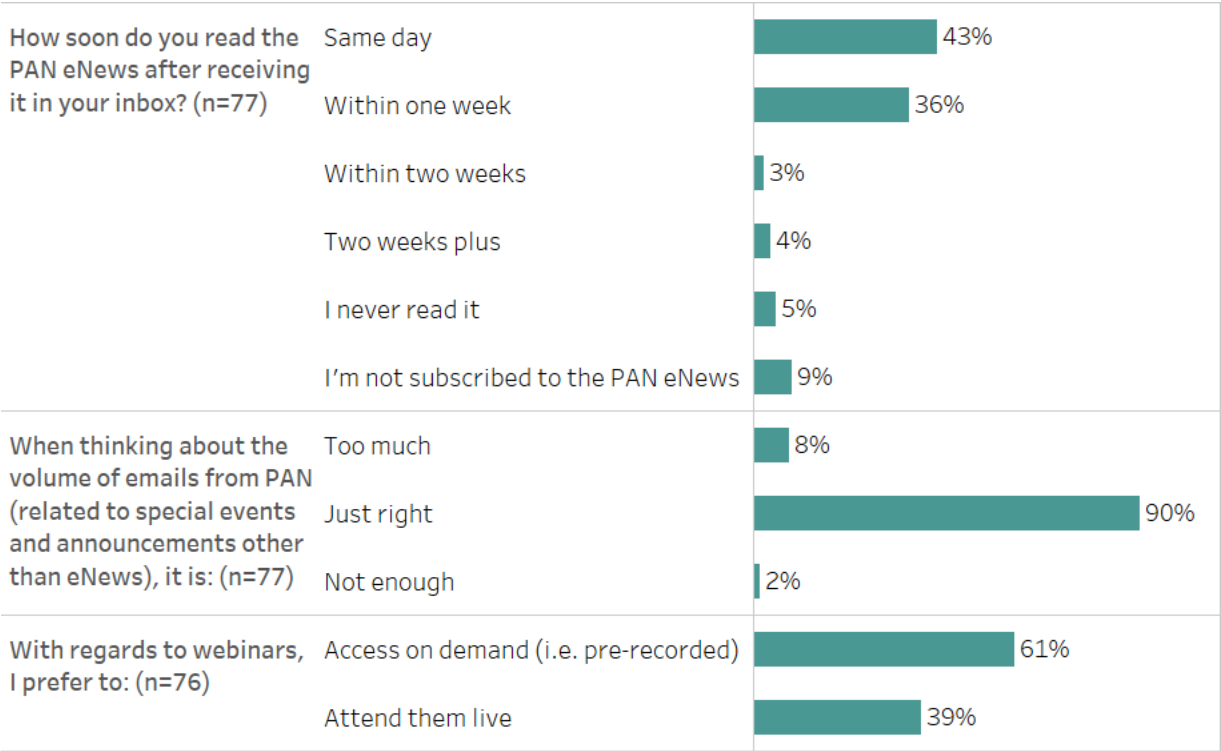
Many respondents felt they had no suggestions on how PAN could improve its programs and services or were very happy with PAN's current programs and services (n=15). Other respondents felt that PAN needed to expand its suite of programs and services, and had specific suggestions on new programs and services PAN could offer (n=11). Some respondents felt that PAN could focus on making its programs and services more reflective of continued and emergent needs throughout the network (n=8). A number of respondents had suggestions on how to shift the focus and direction of PAN's programs and services (n=6) – interestingly, some of these opinions were polarizing. Further suggestions included increasing collaboration amongst member organizations (n=6) and focusing on specific target populations and research areas (n=5).

| Theme | Frequency (n=) | Quotes |
|---|----------------|---|
| No suggestion for improvement or satisfied with current programs/services | 15 | <ul style="list-style-type: none"> No suggestions for improvements – keep up the great work. Well, nothing comes into mind, as you guys are doing a bag up job!! :):) |
| Suggestions on specific programs or expansion of services | 11 | <ul style="list-style-type: none"> More face to face programs. I would like to see more programs directed to address the 'root' causes of HIV/HCV/STI contraction, drug addiction, overdoses, suicide and mental illness. A couple of areas of improvement can be increasing its webinar profile/presence and making its resources more accessible. "Larger vision" for some of the capacity building offerings - can they build off of each other rather than [being] "isolated" or one-off's? E.g. PLDI - how to engage graduates beyond the training events themselves in "the collective response." |
| Reflective of continued and emergent needs | 8 | <ul style="list-style-type: none"> Although PAN does a great job in this much of the time, just continuing to ensure that its programs and services are reflective of the unique needs of the rural and remote communities that provide HIV services. Overall I think PAN is doing a great job of integrating HCV and co-infection into its mandate. Since PAN is now involved as a Provincial organization responsive to the opioid crisis I would love to see the PLDI expand its mandate to include PWUD peer leaders who may not be HIV+. |
| Direction and focus of organization | 6 | <ul style="list-style-type: none"> Redirecting its efforts to HIV only. You should do more around HCV and don't only do HCV as it relates to coinfection. |
| Increasing member organizations' collaboration | 6 | <ul style="list-style-type: none"> I would like to see more leadership in organizing opportunities for community organizations to dialogue and collaborate. Consider whether member organizations would agree to take more action-oriented approach to advocating on emerging health issues. |
| Target populations and research areas | 5 | <ul style="list-style-type: none"> Support for women only living with HIV. HIV and aging. Transgender awareness and resources. |
| Funding | 4 | <ul style="list-style-type: none"> Focus on funding issues. Increased advocacy for adequate HIV and HCV funding for CBO's. |
| In-person meetings | 3 | <ul style="list-style-type: none"> PAN can do more work to engage with Members personally. |
| Communication | 2 | <ul style="list-style-type: none"> I'm really unaware of the collective impact work – perhaps communication about that. It would be nice to see more frequent communication between PAN and member agencies. |

Evaluation of PAN’s Communication Tools

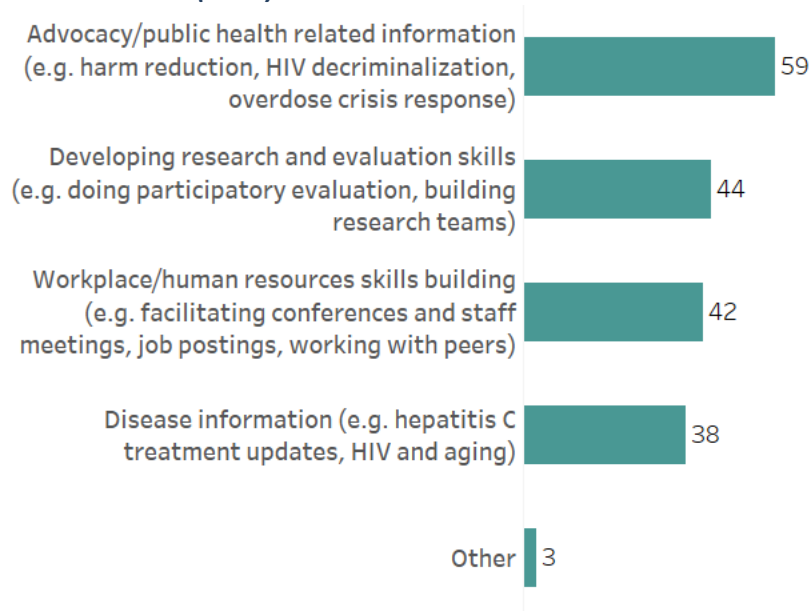
Most survey respondents read PAN eNews within the same day (43%) or within one week after receiving in their email inbox (36%). A high majority of respondents reported that the volume of emails coming from PAN (other than eNews) related to special events and announcements was just right (90%). More respondents (60%) preferred having PAN webinars be available on demand (i.e. pre-recorded) than attending them live (39%).

Figure 5. Evaluation of PAN’s communication tools (n varies from 76 to 77)



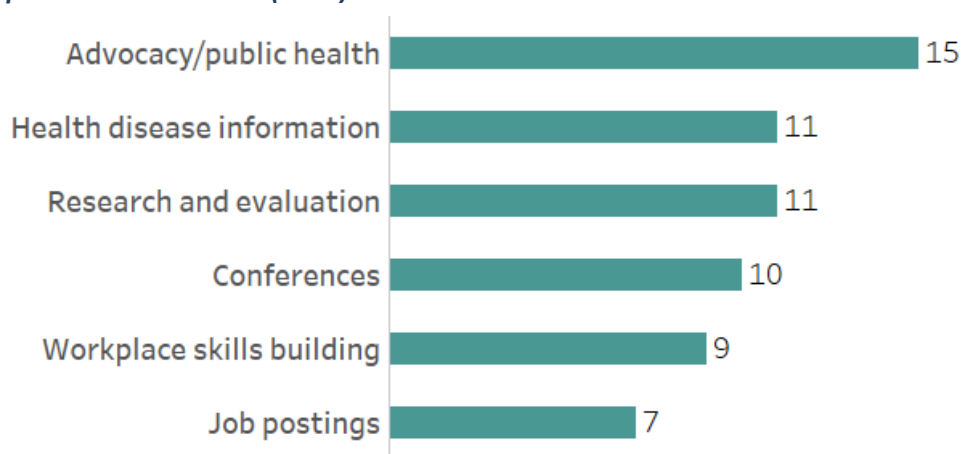
When asked to identify topics most useful in relation to PAN’s communication, “advocacy/public health related information” received the highest number of votes (n=59), followed by “developing research and evaluation skills” (n=44), “workplace/human resources skills building” (n=42), and disease information (n=38). Other topics suggested by respondents included: funding; connecting with other stakeholders; and mental health & addictions, harm reduction philosophy from social justice perspective.

Figure 6. Useful topics of communication (n=73)²



Survey respondents were asked whether they used Twitter. Twenty respondents (out of 77 who answered this question) said “Yes” (26%). Of these 20 respondents, 19 answered whether they followed PAN on Twitter. Thirteen of nineteen (68%) said “Yes.” When asked about what topics they found useful on PAN’s Twitter, “advocacy/public health” received the highest number of votes (n=15), followed by “health disease information” (n=11) and “research and evaluation” (n=11).

Figure 7. Useful topics on PAN’s Twitter (n=20)³



² Respondents were able to choose more than one answer

³ Respondents were able to choose more than one answer

Table 3. Responses to PAN's new redesigned website (n=58)

Many respondents spoke positively of the aesthetic appeal of PAN's new redesigned website (n=27). Respondents also felt it was accessible to them as users (n=14), and that navigation was easy and/or improved from the previous website (n=13). Some respondents noted that they had not visited the new website or were not aware of the website update (n=13). On the other hand, some respondents had suggestions for improvement, including reducing the amount of information (n=3); adding or varying in the images (n=2), and ensuring information was up to date and that links were functional (n=2).

| Theme | Frequency (n=) | Quotes |
|--------------------------------|----------------|--|
| Positive Responses | | |
| Aesthetics | 27 | <ul style="list-style-type: none"> Nice, clean presentation. Looks good – love the mobile version! |
| Accessible by users | 14 | <ul style="list-style-type: none"> Much more accessible and user friendly. Much more accessible and organized than the previous one. |
| Easier/improved navigation | 13 | <ul style="list-style-type: none"> Great website. Easily navigated. Navigation wise easier to use. |
| General positive comments | 6 | <ul style="list-style-type: none"> Very good. Love it! |
| Quality of information | 4 | <ul style="list-style-type: none"> Up to date and current information. |
| Neutral Responses | | |
| No comments or not applicable | 13 | <ul style="list-style-type: none"> Have not visited the website. I was not aware of the update. |
| Negative comments | | |
| Too much information | 3 | <ul style="list-style-type: none"> It could be more visualize, it is fairly text heavy. |
| Add or change images | 2 | <ul style="list-style-type: none"> I've love to see some banner images of our community. |
| Outdated information and links | 2 | <ul style="list-style-type: none"> There are still some dead links and uninformative hyperlinks that take you into a loop. |

Table 4. Comments on how to make PAN's communication tools more useful (n=34)

Most respondents had no suggestions or felt broadly positive about PAN's current communication tool (n=18), and some respondents spoke specifically to the helpful and interesting nature of PAN's eNews (n=4). Specific topics or areas to address were suggested to be covered in PAN's communications, including the opioid crisis and education information on testing and treatment (n=3). Other suggestions included keeping PAN's website updated (n=2), increasing communications (n=2), streamlining communication (n=1), and creating a Facebook page (n=1).

| Theme | Frequency (n=) | Quotes |
|---|----------------|--|
| Appreciate as is/Don't have any suggestions | 18 | <ul style="list-style-type: none"> It's already being done so well - you can tell that the e-news and website contents including blogs are thoughtfully written. I appreciate PAN connecting different pieces together (e.g. blog mentioning a webinar coming up or a resource available on that topic). The quality of communication contents is high. No suggestions at this time. I really like the e-news blasts and I always find something useful and of interest in them even if I just scan for relevant topics. Conference |

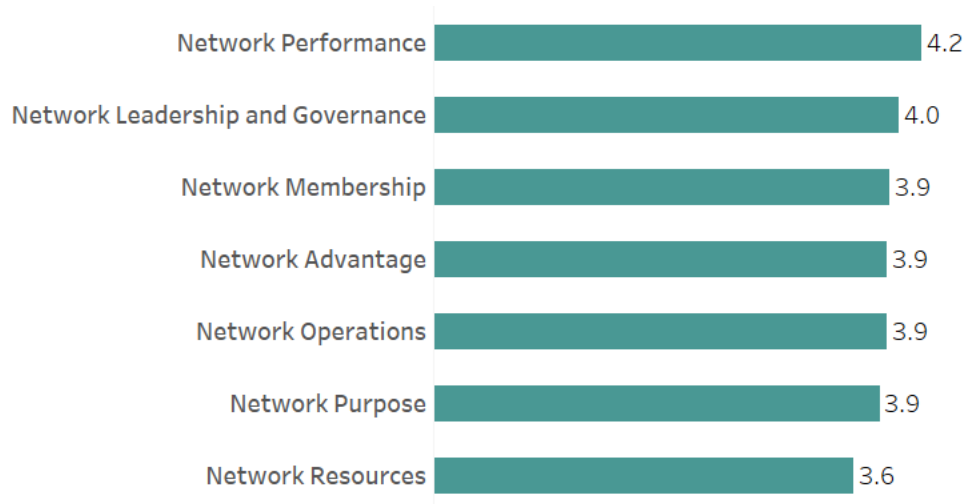
| | | |
|---|---|--|
| | | registration and information posted on the website is easy to navigate. I feel that PAN is using social media tools effectively. |
| Positive comments about eNews | 4 | <ul style="list-style-type: none"> The electronic newsletter is very useful. It is well organized and provides links to good information. e-newsletters are good for me, as everything is in a nutshell in one place and I can choose what topics that I'm interested in reading. |
| Suggestions on specific topics and areas to address | 3 | <ul style="list-style-type: none"> More communication tools on opioid crisis. Expand on education especially information on testing and importance on accessing treatment. Link to BCCDC and Toward the Heart sites. |
| Suggestions on improving PAN website | 2 | <ul style="list-style-type: none"> Keeping website updated and functional with working links is essential to the impression of PAN as an agency - it's the public's portal to all the great comprehensive & integrated work PAN does. Need a tool to change address and information easier. |
| Increase communication | 2 | <ul style="list-style-type: none"> A member service coordinator checking in by calling members might be worth a thought. Really need face-to-face communication a sense of isolation. |
| Streamline communication | 1 | <ul style="list-style-type: none"> PAN needs to streamline its communications. [Some] complain that they get too much email from [PAN], and never know what is what. [PAN] needs to think about the different project and programs, and related solicitations people are getting [to prevent] burn out with [PAN's] emails. |
| Create a PAN Facebook page | 1 | <ul style="list-style-type: none"> A Facebook account may be handy. |

Network Evaluation

As with 2015 and 2016, PAN conducted its 3rd network evaluation within the Members' and Stakeholders' Survey. In PAN's network evaluation, the respondents were asked to rate a number of specific questions from 1 (*Not so much*) to 5 (*Totally!*) related to overarching characteristics of networks, including: Network Purpose, Network Membership, Network Leadership & Governance, Network Resources, Network Operations, Network Advantage, and Network Performance. Here are the average scores for each of the characteristics (Figure 8): 3.9 for Network Purpose; 3.9 for Network Membership; 4.0 for Network Leadership & Governance; 3.6 for Network Resources; 3.9 for Network Operations; 3.9 for Network Advantage; and 4.2 for Network Performance.

PAN scored the highest in Network Performance, which indicates that PAN is meeting its goals and is creating value for its members. PAN particularly scored well in regularly evaluating and reflecting on its impacts to refine its goals and activities. On the other hand, PAN scored lowest in Network Resources. Like last year, respondents highlighted a particular area of weakness in "All members are contributing time and resources to the network" (received a score of 3.1 out of 5).

Figure 8. Average Scores of Network Characteristics (out of 5.0) (n varies from 65 to 68)



Please see Table 5 below for further details about the network evaluation. This table may be used as a tool from PAN's Board of Directors and Staff to strategically think about our network health and to active think about plans and approaches that might improve areas of weakness.

Table 5. Summary of Network Evaluation

| Characteristic | Desired Attribute | Score (/5) |
|---------------------------|--|------------|
| NETWORK PURPOSE | 1. Together, members have identified strategic goals and objectives for the network | 3.8 |
| | 2. As a network, members have the skills, experience, diversity of knowledge and capacity to advance network goals | 4.3 |
| | 3. As a network, members have the connections they need to advance network goals | 3.9 |
| | NETWORK PURPOSE AVERAGE (total score/3) | 3.9 |
| NETWORK MEMBERSHIP | 4. Membership is adjusted to meet the changing needs of the network | 4.1 |
| | 5. Members are working together to advance the network's goals | 3.8 |
| | 6. Members are adding value to each other's work | 4.1 |
| | 7. Members honour their commitments to the network | 3.6 |
| | 8. There is a high level of trust between members of the network | 3.7 |
| | 9. The network is resilient. If some highly connected participants leave, the network remains strong | 4.2 |
| | 10. New members can quickly become productive within the network | 4.1 |
| | NETWORK MEMBERSHIP AVERAGE (total score/7) | 3.9 |

| | | |
|--|--|------------|
| NETWORK RESOURCES | 11. The network is able to attract additional network funding, as needed | 3.8 |
| | 12. Members know where resources are within the network – knowledge, skills and capacity | 3.9 |
| | 13. All members are contributing time and resources to the network | 3.1 |
| | NETWORK RESOURCES AVERAGE (total score/3) | 3.6 |
| NETWORK OPERATIONS | 14. The network's internal communications systems with its membership are serving it well | 4.2 |
| | 15. There is ample shared space, both online and in-person, allowing participants to easily connect | 3.8 |
| | 16. The way the network communicates with stakeholders builds support for the network | 4.1 |
| | 17. The network anticipates, surfaces, and addresses conflict when it arises | 3.7 |
| | 18. Network spaces invite self-organized action | 3.6 |
| | 19. There is a balance of top-down and bottom-up strategies for doing the work of the network | 3.9 |
| | 20. The network has mechanisms in place to promote accountability among members (e.g., agreements, understandings) | 3.8 |
| | NETWORK OPERATIONS AVERAGE (total score/7) | 3.9 |
| NETWORK LEADERSHIP & GOVERNANCE | 21. Decision-making processes encourage members to contribute and collaborate | 4.2 |
| | 22. Leadership is shared. Responsibility and control is spread throughout the network | 3.7 |
| | 23. Leadership is refreshed and renewed to reflect the network as it evolves | 3.9 |
| | 24. Governance is formalized in a group, committee or board (not a single person) | 4.3 |
| | 25. Governance is reflective of diverse constituencies in the network and transparent | 4.0 |
| | NETWORK LEADERSHIP & GOVERNANCE AVERAGE (total score/5) | 4.0 |
| NETWORK ADVANTAGE | 26. All members share a common purpose for the network | 3.8 |
| | 27. Members are actively contributing to network efforts | 3.6 |
| | 28. Members are achieving more together than they could alone | 4.3 |
| | NETWORK ADVANTAGE AVERAGE (total score/3) | 3.9 |
| NETWORK PERFORMANCE | 29. Network work plans and activities reflect network goals | 4.1 |
| | 30. The network is meeting its strategic goals and objectives | 4.3 |

| | | |
|--|---|------------|
| | 31. The network is making progress on its stated short term goals and objectives | 4.2 |
| | 32. The network regularly measures, evaluates and reflects on its impact to refine its goals and activities | 4.4 |
| | 33. The network is creating value for the constituents it serves | 4.3 |
| | NETWORK PERFORMANCE AVERAGE (total score/5) | 4.2 |



Evaluation of PAN's Progress on the 5 Year Strategic Plan 2013-2018

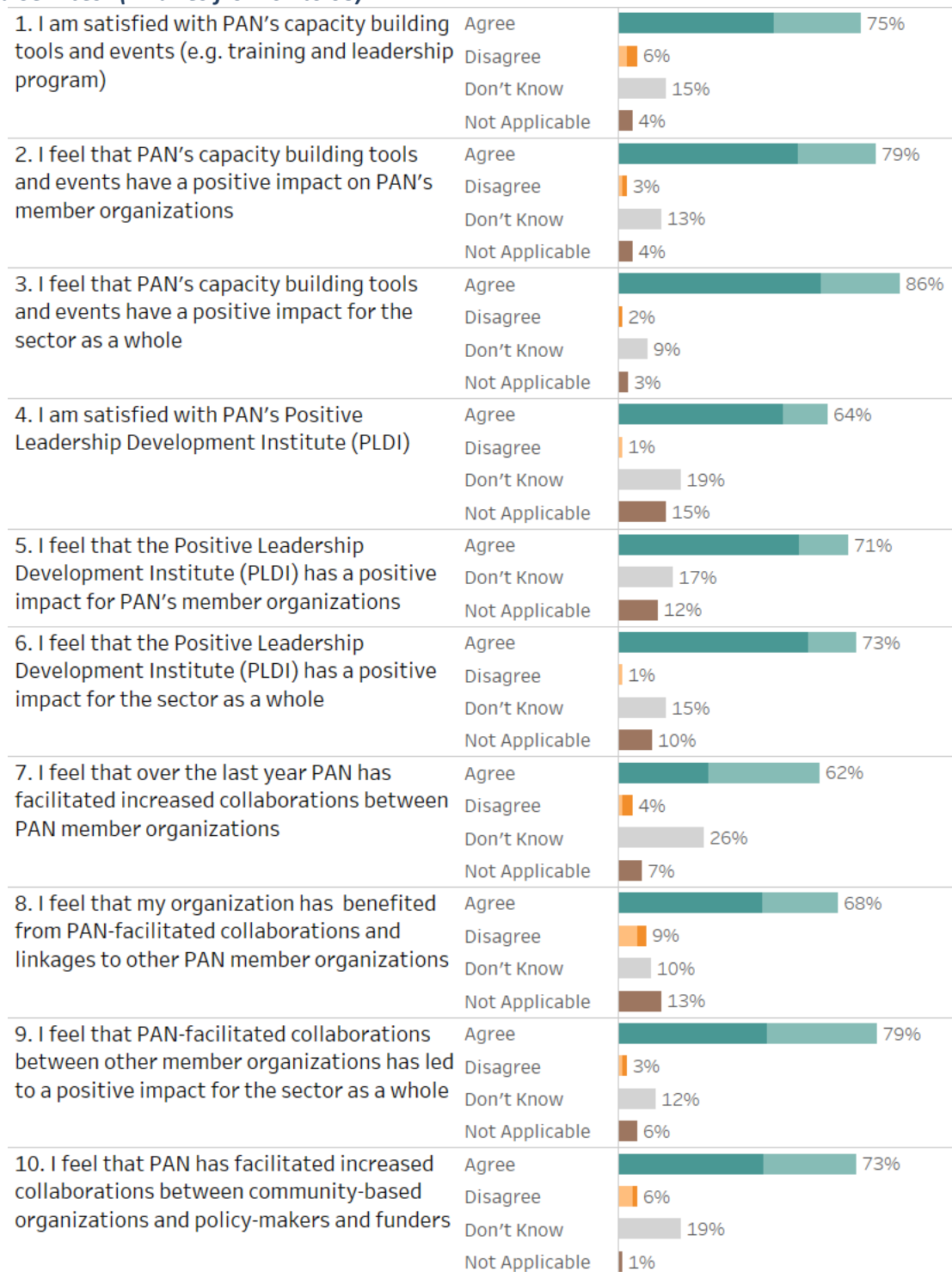
PAN's evaluation of how well it is doing relative to the directions outlined in its *5 Year Strategic Plan 2013-2018* and how well this strategic plan is meeting PAN's membership needs is a key component to the annual Members' and Stakeholders' Survey. The four strategic directions are: 1) Maximize the effectiveness of PAN member organizations, 2) Strengthen our governance to serve our expanded mission, 3) Build capacity in innovative and relevant community-based research, and 4) Strengthen PAN's organizational capacity to ensure our effectiveness. Directions 2 and 4 were integrated into one inquiry in this Survey.

Strategic Direction 1: Maximize Effectiveness of PAN's Member Organizations

Majority of respondents reported that PAN's capacity building tools and events have a positive impact for the sector as a whole (86% either strongly agreed or agreed). Respondents also rated highly of PAN's efforts to build program evaluation capacity within its membership (81% strongly agreed or agreed) as well as PAN's supports for its membership to engage with evidence-based program planning and implementation (81% strongly agreed or agreed). Respondents' satisfaction with the Positive Leadership Development Institute (PLDI) dropped compared to last year (went from 75% to 64%); however, this is not due to increased level of dissatisfaction. Rather, the rates of "Don't Know" and "Not Applicable" responses increased. Further, respondents continue to find PLDI having a positive impact for PAN's member organizations and for the sector as a whole (71% and 73%, respectively).

As seen in previous two years, respondents reported a low level of agreement with regards to "feeling that my organization has benefited from PAN-facilitated collaborations between community-based organizations and academics (only 55% either strongly agreed or agreed) and also to "feeling that PAN-facilitated collaborations between community-based organizations and academics have led to a positive impact for the sector as a whole (54% strongly agreed or agreed). Note that 34% and 35% of respondents reported either "Don't Know" or "Not Applicable" for these fields, respectively.

Figure 9. PAN's progress against Strategic Direction 1: "Maximizing Effectiveness of PAN's Member Organizations' Programs and Services" (n varies from 64 to 68)



| | | |
|---|----------------|-----|
| 11. I feel that my organization has benefited from PAN-facilitated collaborations between community-based organizations and policy-makers and funders | Agree | 60% |
| | Disagree | 10% |
| | Don't Know | 12% |
| | Not Applicable | 18% |
| 12. I feel that PAN-facilitated collaborations between community-based organizations and policy-makers and funders have led to a positive impact for the sector as a whole | Agree | 74% |
| | Disagree | 6% |
| | Don't Know | 14% |
| | Not Applicable | 6% |
| 13. I feel that PAN has facilitated increased collaborations between community-based organizations and university-based academics | Agree | 61% |
| | Disagree | 8% |
| | Don't Know | 29% |
| | Not Applicable | 3% |
| 14. I feel that my organization has benefited from PAN-facilitated collaborations between community-based organizations and academics | Agree | 55% |
| | Disagree | 11% |
| | Don't Know | 23% |
| | Not Applicable | 11% |
| 15. I feel that PAN-facilitated collaborations between community-based organizations and academics have led to a positive impact for the sector as a whole | Agree | 54% |
| | Disagree | 11% |
| | Don't Know | 34% |
| | Not Applicable | 2% |
| 16. I am satisfied with PAN's collective action efforts on strategic initiatives identified by the membership (i.e. HPV vaccine, criminalization of HIV non-disclosure, etc.) | Agree | 63% |
| | Disagree | 9% |
| | Don't Know | 18% |
| | Not Applicable | 9% |
| 17. I feel that PAN's collective action efforts on strategic initiatives have had a positive impact | Agree | 67% |
| | Disagree | 6% |
| | Don't Know | 27% |
| 18. I feel that PAN is working to build program evaluation capacity within its membership | Agree | 81% |
| | Disagree | 6% |
| | Don't Know | 10% |
| | Not Applicable | 3% |
| 19. PAN has been a source of information for evaluation tools, support or information for my organization | Agree | 74% |
| | Disagree | 5% |
| | Don't Know | 14% |
| | Not Applicable | 8% |
| 20. I feel that PAN supports its membership in engaging with evidence-based program planning and implementation | Agree | 81% |
| | Disagree | 6% |
| | Don't Know | 12% |
| | Not Applicable | 1% |

Table 6. Comments on how PAN maximizes the effectiveness of its member organizations' programs and services (n=24)

Many respondents felt PAN is maximizing the effectiveness of its member organizations' programs and services through providing capacity building and resources (n=8), but some others felt they were unsure or had no comment (n=7). PAN's focus on evaluation was considered to be helpful by some respondents (n=4), both in educating on the importance of evaluation and providing capacity building resources for evaluation. A few respondents outlined that PAN has been responsive to the individual needs of their organization (n=4), and two respondents noted appreciation for PAN's work at the policy level and building relationships with policymakers and funders through its advocacy efforts.

| Theme | Frequency (n=) | Quotes |
|--|----------------|--|
| Capacity building and resources | 8 | <ul style="list-style-type: none"> Providing education and tools to evaluate programs. The work being done with PEERS and drive to see PEER inclusive work being done. |
| No comment or unsure | 7 | <ul style="list-style-type: none"> Don't know. |
| Evaluation | 4 | <ul style="list-style-type: none"> Educating on the value and importance of evaluating programs and services. |
| Responsive to need | 4 | <ul style="list-style-type: none"> I have felt that PAN has been very responsive to our organizations needs and concerns. |
| Relationship with policymakers and funders | 2 | <ul style="list-style-type: none"> I feel that PAN advocates for its member organizations with funders and at a policy level. |
| Communications | 2 | <ul style="list-style-type: none"> Keeping everyone connected and up to date is very helpful. |
| PAN is not maximizing the effectiveness of its member organizations' programs and services | 2 | <ul style="list-style-type: none"> I do not feel it is at all. |

Strategic Direction 2 & 4: Strengthen PAN's governance to serve the expanded mission and strengthen organizational capacity to ensure effectiveness

Note: PAN's expanded mission states "Working collaboratively, the Pacific AIDS Network builds the capacity and skills of its member organizations, including people with lived experience, to effectively address HIV/AIDS, HCV, and related communicable diseases and conditions."

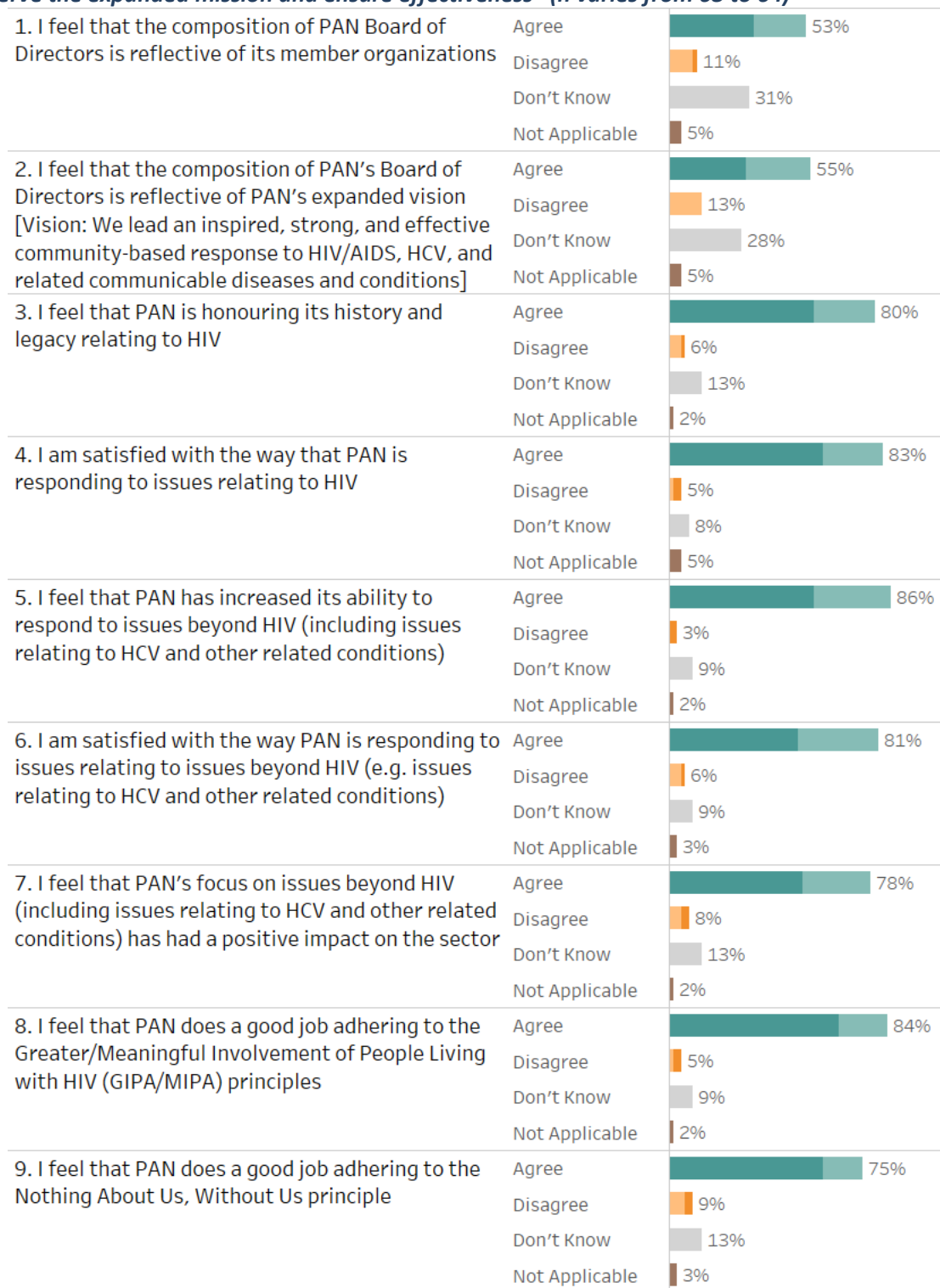
A majority of respondents reported feeling "PAN has increased its ability to respond to issues beyond HIV (including issues relating to HCV and other conditions)" (86% strongly agreed or agreed). Further, 84% of respondents strongly agreed or agreed that "PAN does a good job adhering to the *Greater/Meaningful Involvement of People Living with HIV* (GIPA/MIPA) Principles" and 83% strongly agreed or agreed that they are "satisfied with the way PAN is responding to issues relating to HIV."

On the other hand, only about half of the respondents (53%) agreed that the composition of PAN Board of Directors (BoD) is reflectively of its member organizations. Similarly, only 55% of respondents agreed that the composition of PAN BoD is reflectively of PAN's expanded vision (note, 31% and 28% answered "Don't Know" and "Not Applicable" to these questions, respectively).

Another area for improvement identified in the survey that impacts the effectiveness of HIV and HCV community-based response in BC is the incorporation of GIPA/MIPA and *Nothing About Us, Without Us* (NAUWU) principles at the regional,

provincial and federal levels, i.e. within health authorities and government agencies. Please refer to statements 13, 14 and 15 in Figure 10 below for detailed responses related to this topic.

Figure 10. PAN's progress against Strategic Directions 2 & 4: "Strengthening PAN's governance and organizational capacity to serve the expanded mission and ensure effectiveness" (n varies from 63 to 64)



| | | |
|--|----------------|-----|
| 10. I feel that PAN is working to expand the GIPA/MIPA and Nothing About US, Without Us principles to reflect its expanded vision (to include people affected by HCV and other related conditions) | Agree | 76% |
| | Disagree | 5% |
| | Don't Know | 16% |
| | Not Applicable | 3% |
| 11. I feel that GIPA/MIPA and Nothing About US, Without Us principles are being implemented within our own organization | Agree | 64% |
| | Disagree | 14% |
| | Don't Know | 9% |
| | Not Applicable | 13% |
| 12. I feel that GIPA/MIPA and Nothing About US, Without Us principles are being implemented at the regional level, i.e. within the regional health authorities, regional policies | Agree | 45% |
| | Disagree | 33% |
| | Don't Know | 20% |
| | Not Applicable | 2% |
| 13. I feel that GIPA/MIPA and Nothing About US, Without Us principles are being implemented at the provincial level – i.e. with provincial health authorities (PHSA, FNHA), Ministry of Health, other Ministries | Agree | 41% |
| | Disagree | 35% |
| | Don't Know | 19% |
| | Not Applicable | 5% |
| 14. I feel that GIPA/MIPA and Nothing About US, Without Us principles are being implemented at federal government agencies | Agree | 35% |
| | Disagree | 40% |
| | Don't Know | 19% |
| | Not Applicable | 6% |
| 15. I feel that PAN is making concerted efforts to develop regional and national partnerships | Agree | 77% |
| | Disagree | 6% |
| | Don't Know | 14% |
| | Not Applicable | 3% |
| 16. I feel that the PAN-led regional and national partnerships have a positive impact on the network | Agree | 75% |
| | Disagree | 6% |
| | Don't Know | 16% |
| | Not Applicable | 3% |
| 17. I feel that PAN has adequate infrastructure and administration resources to support the network | Agree | 63% |
| | Disagree | 13% |
| | Don't Know | 21% |
| | Not Applicable | 3% |

Figure 11. Challenges facing the HIV, HCV and related sectors that could benefit from a coordinated, provincial approach led by PAN (n=55)

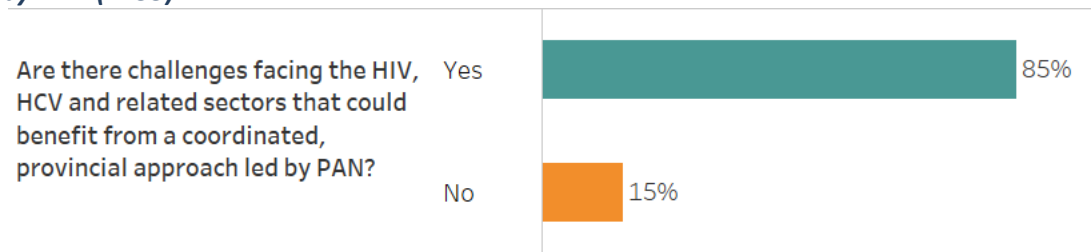


Table 7. Challenges that could benefit from a coordinated, provincial approach (n=45)

Responses to the question of challenges that could benefit from a coordinated, provincial approach by PAN were highly diverse. Many respondents specifically noted that a coordinated, provincial approach from PAN could help to overcome the challenge of receiving and maintaining funding (n=18). Some respondents also felt a coordinated, provincial approach from PAN could be useful in addressing issues of stigma and discrimination surrounding HIV and HCV (n=10). Access to treatment as an issue was noted (n=6), which overlapped in some cases with issues surrounding geography (n=5), including challenges specific to rural and remote contexts. Some respondents also felt continued advocacy around the opioid crisis (n=6) would be useful, as well as developing new programming for specific target populations and demographics (n=4), building relationships with government to ensure priority-setting (n=4), and addressing social determinants of health (n=4), such as poverty and underlying issues of mental health.

| Theme | Frequency (n=) | Quotes |
|----------------------------------|----------------|--|
| Funding | 18 | <ul style="list-style-type: none"> Funding at all levels of government. More provincial funding towards prevention. Access to funding for HIV and HCV work in the Province (and from our perspective small urban and rural BC). My hope is that PAN will continue to advocate for adequate and appropriate funding for these services throughout the Province. |
| Stigma | 10 | <ul style="list-style-type: none"> I think we need to continue to address stigma and discrimination, and within the healthcare system in particular. We need healthcare providers to be less fearful of these diagnoses, and less judgmental about what may have contributed to an individual testing positive for HIV or HCV (i.e., less "victim blaming" for lack of a better term). Addressing Stigma and discrimination. This is still very relevant, especially in more rural communities such as where we operate. |
| Access to treatment | 6 | <ul style="list-style-type: none"> Treatment is not always accessible in rural areas. Access to new treatments. |
| Opioid crisis and related issues | 6 | <ul style="list-style-type: none"> Continued advocacy is needed around OD crisis. |
| Geographic issues | 5 | <ul style="list-style-type: none"> Lack of equity in services geographically. There may be unique challenges based on regional and community needs for example, rural and remote communities may require a more coordinated approach to help strengthen communities and practices related to HIV and HCV. |
| Programming | 4 | <ul style="list-style-type: none"> Women-specific programs. Lack of programs for new comers. |

| | | |
|---|---|--|
| Relationships with government | 4 | <ul style="list-style-type: none"> There is a need for a provincial advocacy agency that networks and builds relationships with the Provincial Government. |
| Social determinants of health | 4 | <ul style="list-style-type: none"> Addressing the reasons or determinants that [are] central to these sectors – poverty/employment, housing, mental wellbeing, navigating and family supports (e.g. when [loved ones] engage in substances and have mental health struggles). Lack of further support to tackle related issues like mental health. |
| Facilitating collaboration | 4 | <ul style="list-style-type: none"> Facilitation for partnership between community-based organizations and health authorities. |
| Other: | | |
| • HIV and aging | 3 | <ul style="list-style-type: none"> HIV and aging, and related changes in needed care. |
| • Engaging public | 3 | <ul style="list-style-type: none"> No public interest in AIDS anymore. |
| • Capacity building | 3 | <ul style="list-style-type: none"> Training opportunities for health care practitioners including GPs and NPs to provide culturally competent care. |
| • Indigenous peoples and First Nations population | 3 | <ul style="list-style-type: none"> The lack of an effective Indigenous HIV/HCV network. |
| • GIPA/MIPA/NAUWU | 2 | <ul style="list-style-type: none"> GIPA/MIPA/Nothing About Us Without US. |
| • HIV criminalization | 2 | <ul style="list-style-type: none"> Continued advocacy is needed around HIV criminalization. |
| • Equity in approach to STBBIs | 2 | <ul style="list-style-type: none"> Focus of including HIV in with STBBIs. Removing HIV exceptionalism. |
| • Youth involvement | 1 | <ul style="list-style-type: none"> Integration and involvement of youth voices. |

Table 8. Ways PAN can positively support an increased uptake of GIPA/MIPA and Nothing About Us, Without Us principles in BC (n=41)

Many respondents felt the best way PAN could support increased uptake of GIPA/MIPA and Nothing About Us, Without Us principles in BC were to simply continue modeling the way (n=11) by continuing to integrate these principles into PAN's work. Some suggestions included expanding capacity building training and resources focused on these principles for member organizations (n=8), as well as focusing on peer leadership opportunities (n=7) such as the PLDI and representation at meetings and within the organization itself. A number of respondents felt that such capacity building could also be useful for government agencies, health authorities, and academics (n=6). A handful of respondents encouraged PAN to see broader engagement of the community as part and parcel with this increased uptake – getting more people involved and connecting with marginalized groups and communities (n=5). Respondents also encouraged PAN to involve more people with lived experience as part of their staff, board of directors and volunteers (n=3).

| Theme | Frequency (n=) | Quotes |
|--|----------------|--|
| Continue modeling the way | 11 | <ul style="list-style-type: none"> I think PAN can do this by continuing to deeply integrate these principles. Continue the coordinated effort as the collective voice for people living with HIV/HCV. |
| Capacity building | 8 | <ul style="list-style-type: none"> Capacity building with newer agencies within the network. More training and resources for member organizations. |
| Peer leadership and Positive Leadership Development Institute (PLDI) | 7 | <ul style="list-style-type: none"> Continue supporting the PLDI. More peer engagement from those living with HIV at all meetings. |

| | | |
|---|---|--|
| Working with partners and stakeholders such as governments, health authorities, and academics | 6 | <ul style="list-style-type: none"> PLDI-style training for member organizations and health authorities. I think that other parts of the health/social system (health authorities, provincial and federal ministries) have more work to do. |
| Broader engagement | 5 | <ul style="list-style-type: none"> By getting more people involved, relying on the past and dealing with the future. |
| Staff, board, and volunteer involvement | 3 | <ul style="list-style-type: none"> More HIV-positive and HCV-positive staff people. |

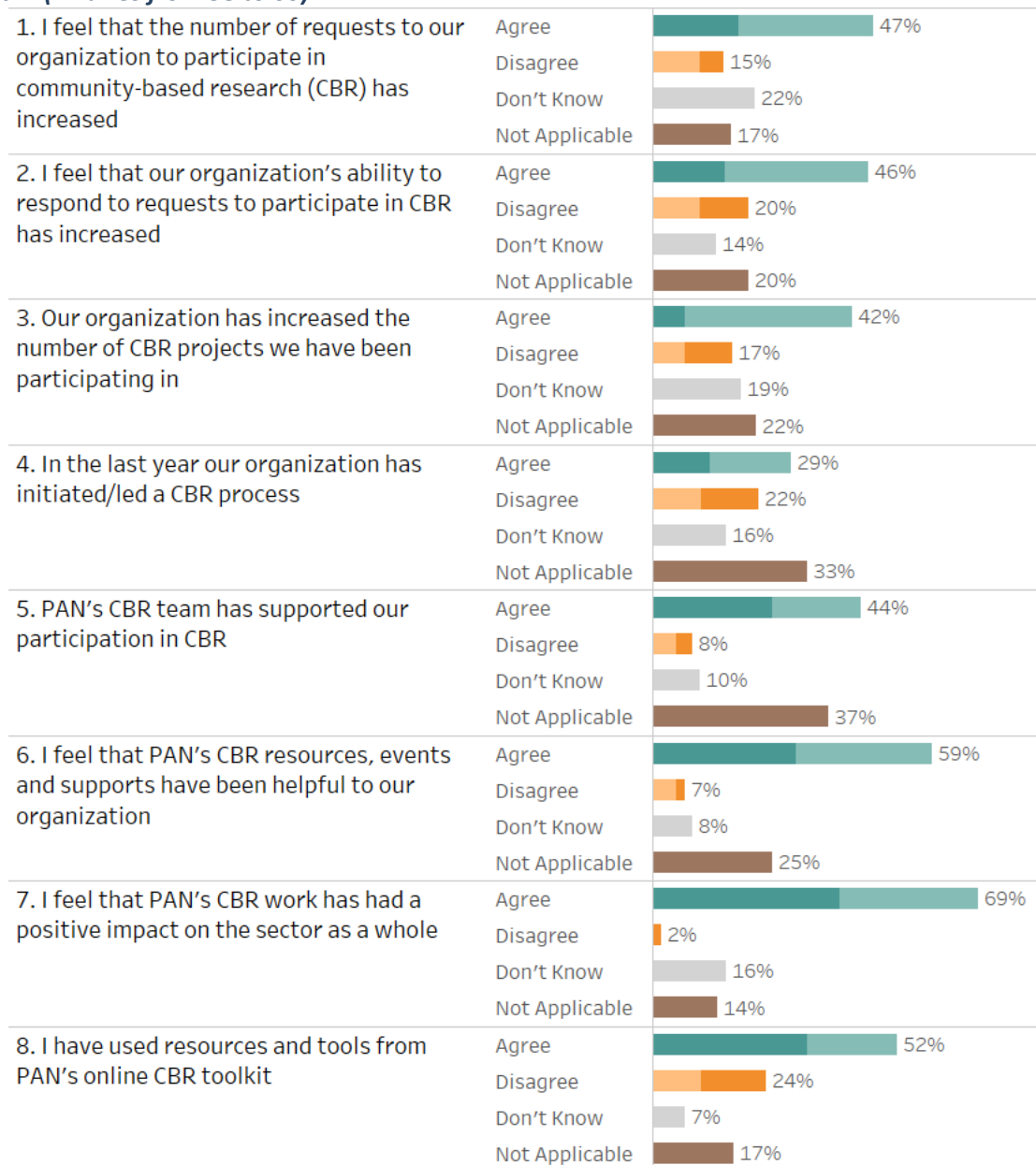
Strategic Direction 3: Build capacity in innovative and relevant community-based research (CBR)

Note: Due to a high number of “Don’t Know” and “Not Applicable” answers to these questions, the proportion of “Agree” responses seem relatively low and the proportion of “Disagree” responses seem relatively high compared to questions on other strategic directions.

A majority of respondents (78%) either *strongly agreed* or *agreed* that their organization values evaluation and engages in learning-based culture. The survey also showed that PAN’s work in CBR has had a positive impact on the sector as a whole (69% *strongly agreed* or *agreed*; while 2% *disagreed* and 30% reported “Don’t Know” or “Not Applicable”). Respondents also felt that PAN-led CBR study *BC People Living with Stigma Index* is having a positive impact (66% *strongly agreed* or *agreed*; while 3% *strongly disagreed* or *disagreed* and 30% reported “Don’t Know” or “Not Applicable”). Most respondents also felt that PAN’s capacity building work (webinars, events, online tools, one-on-one support) has led to a positive impact on the sector as a whole (64% *strongly agreed* or *agreed*; while 5% *strongly disagreed* or *disagreed* and 31% reported “Don’t Know” or “Not Applicable”).

On the other hand, the initiation/leading of or increased participation in CBR projects by respondents remained low (29% and 42% *strongly agreed* or *agreed*, respectively). The survey also highlighted areas of improvement for PAN to support its member organizations’ participation in CBR (only 44% *strongly agreed* or *agreed* that PAN’s CBR team support their participation in CBR; note that 37% reported “Not Applicable”) and also for PAN to help support increasing its member organizations’ ability to respond to requests to participate in CBR (only 46% *strongly agreed* or *agreed* that their ability to do this increased; note that 20% reported “Not Applicable”).

Figure 12. PAN's progress against Strategic Direction 3: "Building capacity in innovative and relevant community-based research" (n varies from 58 to 60)



| | | |
|---|----------------|-----|
| 9. I feel that PAN's CBR capacity building work (webinars, events, online tools, one-on-one support) has been helpful to our organization | Agree | 55% |
| | Disagree | 9% |
| | Don't Know | 10% |
| | Not Applicable | 26% |
| 10. I feel that PAN's CBR capacity building work (webinars, events, online tools, one-on-one support) has led to a positive impact on the sector as a whole | Agree | 64% |
| | Disagree | 5% |
| | Don't Know | 19% |
| | Not Applicable | 12% |
| 11. Our organization uses CBR findings or analyses to improve programs, policies, or practices | Agree | 55% |
| | Disagree | 10% |
| | Don't Know | 12% |
| | Not Applicable | 22% |
| 12. Our organization values evaluation and engages in learning-based culture | Agree | 78% |
| | Disagree | 3% |
| | Don't Know | 8% |
| | Not Applicable | 10% |
| 13. Our organization accesses CBR findings and analyses through PAN | Agree | 59% |
| | Disagree | 5% |
| | Don't Know | 16% |
| | Not Applicable | 21% |
| 14. I feel that the PAN-led CBR study Positive Living, Positive Homes is having a positive impact | Agree | 56% |
| | Disagree | 8% |
| | Don't Know | 24% |
| | Not Applicable | 12% |
| 15. I feel that the PAN-led CBR study BC People Living with HIV Stigma Index is having a positive impact | Agree | 66% |
| | Disagree | 3% |
| | Don't Know | 20% |
| | Not Applicable | 10% |

Research and Evaluation

PAN is working as a facilitator and building capacity for community-based research; program and implementation science; and participatory evaluation. We asked a number of related questions to: understand how our members and stakeholders are engaging in research and evaluation and using associated findings; and further learn more about how research and evaluation findings are impacting or shifting programs and services in our province and across our sectors.



A high majority of the respondents (83%; n=49) reported in participating in research and evaluation or actively using research and evaluation findings. About three-quarters of the respondents (76%; n=37) indicated that they use research and/or evaluation findings or other data/literature when planning and implementing programs and services, indicating evidence-based program planning and implementation. Most respondents (60%; n=29) also showed interest in increasing their involvement in research and evaluation.

Figure 13. Respondents' engagement in or interest in research and evaluation and utilization findings (n varies from 48 to 59 – see each row)

| | | |
|---|------------|-----|
| Does your organization participate in research and evaluation work? Or does your organization actively use research and evaluation findings for program planning and implementation? (n=59) | Yes | 83% |
| | No | 17% |
| Does your organization use research and/or evaluation findings, data, or literature when planning and implementing programs and services? (n=49) | Yes | 76% |
| | No | 6% |
| | Don't know | 18% |
| Is your organization interested in being more involved in research or evaluation? (n=48) | Yes | 60% |
| | No | 4% |
| | N/A | 35% |

Table 9. Examples provided by respondents on how they use community-based research (CBR) and evaluation findings (n=26)

When asked to provide specific examples of how they use community-based research (CBR) and evaluation findings, many respondents reported that their organization uses the data and findings in planning programs, including program design and delivery, as well as for course corrections and improving programs (n=14). Respondents specifically referred to the usefulness of evaluation findings for this work. A number of respondents also suggested CBR and evaluation findings help their organization to develop best practices, broaden the evidence base and support their service provision (n=9). Some respondents used these findings to help them in their reporting (n=4), strengthen their funding proposals (n=4), and inform advocacy, policy and new projects (n=3).

| Theme | Frequency (n=) | Quotes |
|---|----------------|---|
| Program planning and course correction | 14 | <ul style="list-style-type: none"> Program planning and delivery. We rely on best practices and evidence-based findings when designing programming. Evaluation findings are used heavily in planning and course corrections. |
| Developing best practices/evidence base and supporting service delivery | 9 | <ul style="list-style-type: none"> We conduct primary research and partner with peer-led organizations to develop the evidence base. My organization is committed to using evidence to guide best practices in all areas. CBR is one area that generates evidence to inform whether/how broader-level evidence (e.g., national practice standards or guidelines) should be adapted for our unique geographic and social contexts. Revamping our service model based on research findings. [Using findings of] Food Security Study in our Grocery Program. |
| Reporting | 4 | <ul style="list-style-type: none"> Report writing. |
| Funding proposals | 4 | <ul style="list-style-type: none"> I have used the population estimates data in funding proposals. Grant writing for new funding. |
| Informing advocacy, policy and new projects. | 3 | <ul style="list-style-type: none"> [Using] Positive Living Positive Homes (PLPH) and advocating for supportive housing for PLHIV. PAN led an environmental scan of front line workers across BC in the opioid crisis exploring burnout - it was a very helpful report to leadership. Development of new projects on relevant issues. |
| Communications | 1 | <ul style="list-style-type: none"> On website and media opportunities. |

Table 10. Ways PAN can support the engagement with community-based research (CBR) and evaluation data and findings (n=21)

While this qualitative question had a low response rate and seven respondents indicated they were not sure on how PAN can support the engagement with CBR and evaluation findings, respondents provided some valuable suggestions. They included focusing on capacity building (n=5), including providing one-on-one support and support with building partnerships and evaluation capacity. Respondents also wanted PAN to work on identifying opportunities (n=3), and expressed desire in wanting support to navigate the existing data (n=3) (e.g. disaggregating or extracting context-specific data). Some respondents simply wanted PAN to continue its ongoing work (n=3), while others suggested that PAN provide more support in community approach in this area (n=3), including providing space to bring research and evaluation data and findings back to the communities.

| Theme | Frequency (n=) | Quotes |
|---|----------------|--|
| Unsure | 7 | <ul style="list-style-type: none"> Not sure, for us it's staff capacity issue. Don't know. |
| Capacity building | 5 | <ul style="list-style-type: none"> Possible partnership to help guide agencies who want to take on CBR. The best support is to be able to sit down with a PAN staff person to do exactly that - learn how to engage with CBR data and evaluation findings and then how to act on that within the given context. Evaluation – as our organization begins to engage more with community to provide services, we need to understand how effective the engagements are and how we can improve. |
| Identify opportunities | 3 | <ul style="list-style-type: none"> To identify pilot opportunities (we love these) to try some new unique strategy out in a more rural setting. |
| Support the navigation of existing data | 3 | <ul style="list-style-type: none"> Disaggregated data are important to my organization because, in some cases, we operate within a different geographic and cultural contexts, with different challenges related to access, cost, etc. By understanding how things (outcomes or indicators) are different in the South vs. the North, we can "see ourselves" in the findings, versus if data are presented at the provincial level only. Perhaps some kind of a search capability that leads us to appropriate well vetted research on whatever we search for. |
| Continue what PAN's already doing | 3 | <ul style="list-style-type: none"> Continue to reach out and provide opportunities to participate in research and evaluation. This is extremely valuable work that PAN does. |
| Support community approach | 3 | <ul style="list-style-type: none"> Provide a space to bring our data findings back to the community. |



Table 11. Ways PAN can support the increase in involvement in research and evaluation (n=24)

A number of respondents reported that they need capacity building and consultation support from PAN staff to increase their involvement in research and evaluation (n=8). Respondents also demonstrated a desire to continue and increase building community and collaboration across BC (n=6). Some respondents were not sure about how can lend this support (n=5), while a couple of others voiced their limited capacity to undertake increased involvement at this time (n=2). One respondent called for increased focus on Indigenous-led research and evaluation.

| Theme | Frequency (n=) | Quotes |
|---|----------------|---|
| Capacity building and consultation support from PAN staff | 8 | <ul style="list-style-type: none">☞ Trainings and tools☞ PAN could play a consultant role for our organization in evaluation.☞ I think having PAN staff available in consultative roles would be amazing. |
| Build community and collaboration | 6 | <ul style="list-style-type: none">☞ Continuing to include areas outside of Lower Mainland and/or facilitate options for virtual participation.☞ Increase research collaborations with shared interests and goals. |
| Unsure | 5 | <ul style="list-style-type: none">☞ Don't know. |
| Limited capacity/unable to do more | 2 | <ul style="list-style-type: none">☞ We are such a small organization that time to give (other than to our members) is very little. |
| Increase Indigenous focus | 1 | <ul style="list-style-type: none">☞ Our interest is for Indigenous led CBR and evaluation. |

New Governance Model

In 2017 Members' and Stakeholders' Survey, we consulted our members and stakeholders on a new governance model – one with potential to better align with PAN's mandate and strengthens PAN's community response. To be eligible to complete this section of the survey, one had to be an executive director; staff; volunteer; and/or person with lived experience who have utilized PAN's or PAN member organizations' programs and services. In total, 45 to 46 respondents (depending on the question) completed this section of the survey. Questions were asked around the membership, board composition and election process, and people living with HIV (PLHIV) Forum.

PAN Membership

PAN membership applications are voted on by existing membership at the Annual General Meeting (AGM). The Board provides recommendations only. In 2017, the Board updated its membership policy, regarding the criteria it uses to provide recommendations to now include HCV-focused organizations into full, voting membership. At the 2017 AGM, the members voted to accept several HCV-focused organizations into full membership. This decision was also supported through the responses from the 2017 Members' and Stakeholders' Survey. Seventy-percent of respondents (n=32) supported the expansion of full membership criteria from agencies working with HIV or HIV/HCV co-infection to agencies working with HIV and/or HCV. Further, 62% of respondents (n=28) expressed their support for moving to a single class of full voting member and removing the class of non-voting, associate member; and 76% of respondents (n=34) supported giving the PAN Board of Directors authority to establish and set the membership criteria (current bylaws state that members set criteria but members have never set one). Lastly, about half of respondents (51%; n=23) indicated that PAN membership should be renewed annually, while 44% (n=20) said it should be renewed every 3 years. A very small number of respondents (4%; n=2) said memberships do not need to be renewed.

Findings on potential changes related to PAN membership criteria, voting class and renewal are summarized in Figure 14 and 15.

Figure 14. Potential changes related to PAN membership criteria and voting class (n varies from 45 to 46)

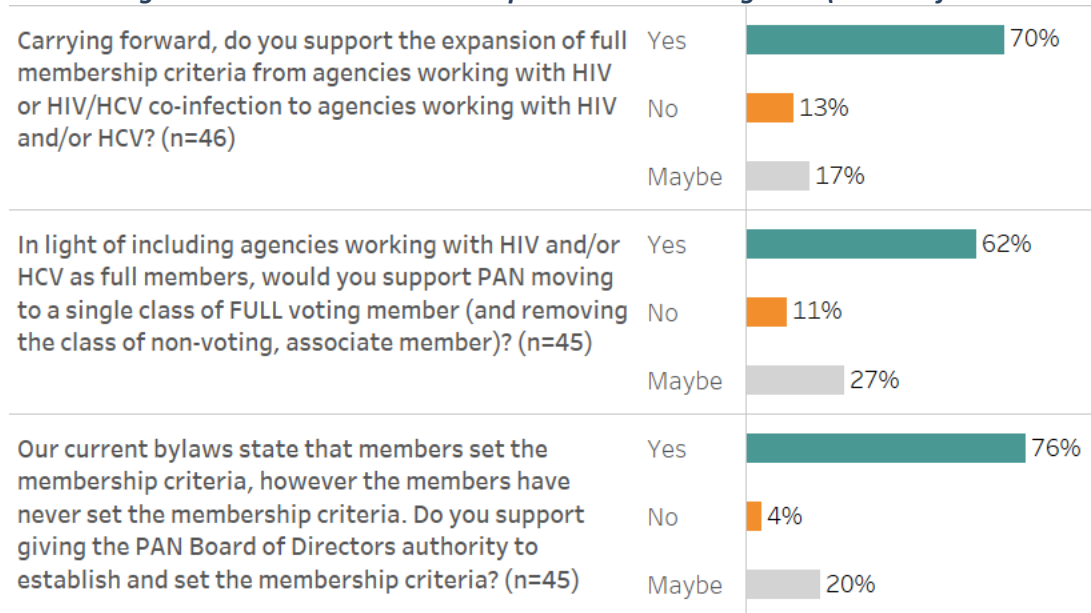
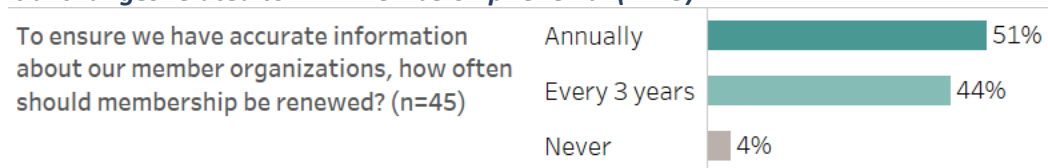


Figure 15. Potential changes related to PAN membership renewal (n=45)



Whether respondents answered “Yes,” “No” or “Maybe,” they were encouraged to provide comments for each potential change. Tables 12 to 14 outline quotes that highlight the key trends within each answer category.



Table 12. Respondent comments on expansion of full membership criteria from agencies working with HIV or HIV/HCV co-infection to agencies working with HIV and/or HCV (n=18)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 10 | <p>☞ We are seeing an increase in HCV, so we need to adjust our membership to support that population as well. Change is good and we need to evolve with the needs we see and are experiencing.</p> <p>☞ There are enough commonalities between the HIV and HCV that PAN should admit agencies that deal only in HCV. I don't think there's a risk that the organization's agenda will be significantly altered.</p> <p>☞ I say yes out of necessity imposed by funders. My organization works with mono HCV infection as well as HIV and other STBBIs. The two infections are not the same, the biggest difference being a cure. Even though my vote is one of necessity, I think and I know that PAN will put its best effort into the smooth joining. I think the Pos forum may work best with a shared session on common ground, such as prevention or the OD crisis and then break into separate session for more focused conversations. Imagine having a discussion on treatment with both groups, one who will take meds for the rest of their lives and other who will take pill for 6 weeks and be cured.</p> |
| No | 1 | <p>☞ In view of the significant [changes in] AIDS Service Organizations across BC, we need a concerted effort focusing on HIV again.</p> |
| Maybe | 7 | <p>☞ I think this will be a sensitive subject for many. The reasons for the inclusion of HCV need to be communicate very well to the stakeholder in the HIV sector so they do not feel they are being marginalized and that their voice is less important. The message may need to be tailored to different group within community and the commonalities of the two reiterated, the synergies that exist in a common voice, and continued recognition to the HIV community for leading the way, and creating a path.</p> <p>☞ I do see it as somewhat problematic for both HIV and HCV sectors. While I get the strength in numbers theory it does change the dynamic quite a bit.</p> |

Table 13. Respondent comments on PAN moving to a single class of FULL voting member (and removing the class of non-voting, associate member) (n=14)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 8 | <p>☞ We need a voice and honour the rights of people living with both HIV and HCV.</p> <p>☞ I am not sure how it could be done, but have a mechanism in place for agencies whose majority of service delivery is working with HIV and/or HCV. Organizations that have their HIV and/or HCV programming as a minority may not have as much invested in ensuring that HIV and HCV issues are at the for front.</p> |
| No | 1 | <p>☞ Concerned about the different issues related to HCV mono-infection vs. HIV.</p> |
| Maybe | 5 | <p>☞ There could maybe be a non-voting "trial" period and then members can vote once they have been in the network for a period of time.</p> <p>☞ Other agencies that work on a single [HCV] issue may not have common goals with us.</p> |

Table 14. Respondent comments on giving PAN Board of Directors authority to establish and set membership criteria (our current bylaws state that members set the membership criteria, however the members have never set them) (n=14) – no comments from those who answered “No”

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 9 | <ul style="list-style-type: none"> The board represent communities and they know more of what is happening in their regions. Streamlining this process with a smaller group such as the BODs will be more productive compared to trying to complete this with the full membership. I think we should have clear membership criteria. There are member agencies on the book that either ceased to exist, is irrelevant and/or is not involved at all or is an agency of one person. |
| Maybe | 5 | <ul style="list-style-type: none"> Given that PAN BoD individuals are from PAN member agencies, the members would set the criteria in either scenario. I think it's fine for BoDs to have this authority with caveats such as members have been consulted, the rationale is fully articulated and rationalized but I do think it can be a bit of a slippery slope. Why do we have that as a bylaw if it's not being followed? I would want to know who is setting the criteria and perhaps it can be that group and the members combined to set the membership criteria for a more holistic perspective. |

PAN Board Composition and Election Process

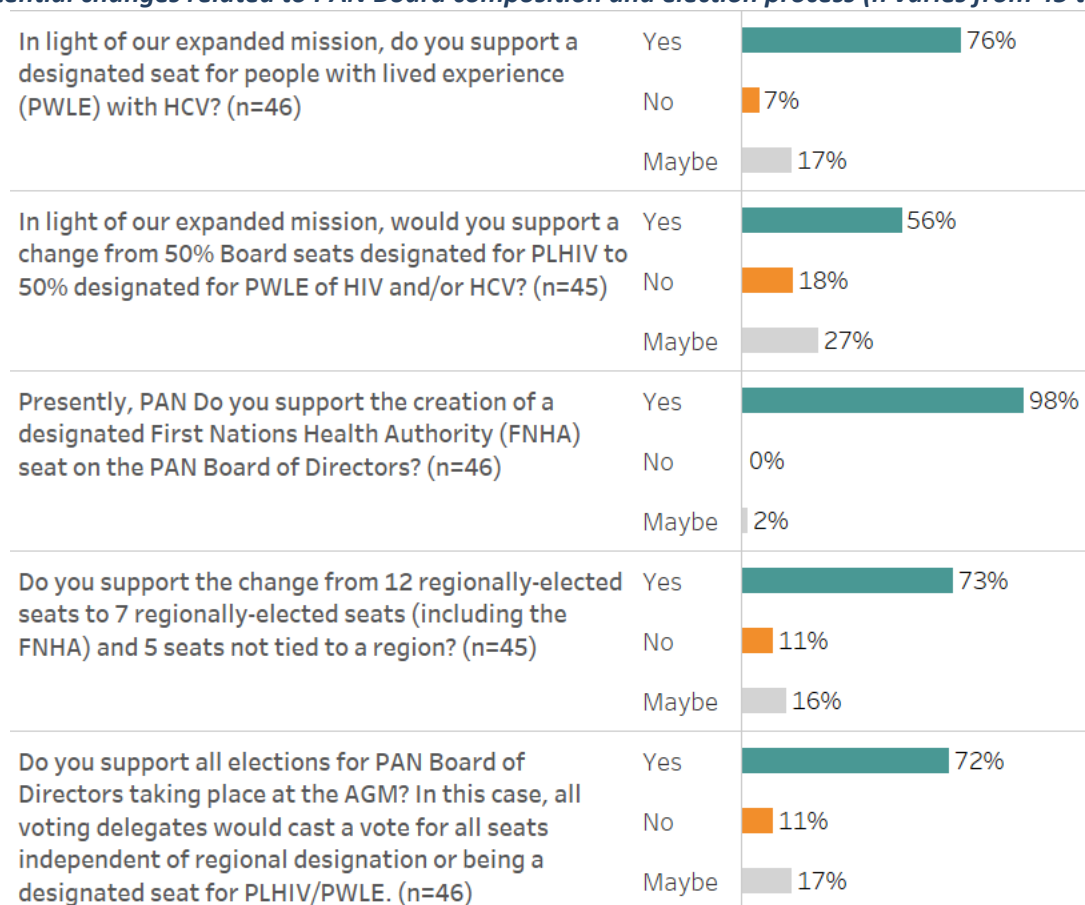
Presently, 50% of the seats are designated for PLHIV on the PAN Board. There is no designated representation for people with lived experience with HCV. When asked about creating a designated seat for people with lived experience with HCV on the PAN Board in light of PAN's expanded mission, 76% of respondents (n=35) answered “Yes” to support this change. Just over half of respondents (56%; n=25) supported the potential change from 50% of PAN Board seats being designated for PLHIV to 50% of seats being designated for people with lived experience of HIV and/or HCV.

Furthermore, presently, PAN member organization delegates from each Health Authority region, including the PHSA, elect two regional representatives to the PAN Board. PAN member organizations associated with the First Nations Health Authority (FNHA) do not have designated representation. In light of this and given the disproportionate impacts of HIV, HCV, mental health, substance use and other conditions on Indigenous individuals and communities, an overwhelming 98% of respondents (n=45) supported the creation of FNHA-designated seat on the PAN Board.

All seats on the PAN Board are presently elected by Health Authority region (not including the FNHA). Sometimes this has led to some PAN Board seats remaining vacant, which impacts the capacity of the Board, the organization and ultimately the membership. As a provincial network it is essential that PAN continue to be guided by distinct regional voices. Also, the current regional structure of the PAN Board of Directors, in combination with 50% of the elections taking place at the PLHIV Forum, often results in persons being elected to the Board with a very few delegates casting a vote. This raises concerns about transparency and accountability. Given this, when asked about supporting the change from 12 regionally-elected seats to 7 regionally-elected seats (including the FNHA) and 5 seats not tied to a region, 73% of respondents (n=33) said “Yes.” Also when asked about supporting all elections for PAN Board of Directors taking place at the AGM (i.e. all voting delegates would cast a vote for all seats independent of regional designation or being a designated seat for PLHIV/people with lived experience), 72% of respondents (n=33) said “Yes.”

Findings on potential changes related to PAN Board composition and election process are summarized in Figure 16.

Figure 16. Potential changes related to PAN Board composition and election process (n varies from 45 to 46)



Similar to the potential changes related to PAN membership criteria, voting class and renewal; respondents were encouraged to provide comments for each potential change related to PAN Board composition and election process whether they answered “Yes,” “No” or “Maybe.” Tables 15 to 19 outline quotes that highlight the key trends within each answer category.

Table 15. Respondent comments on supporting a designated seat for people with lived experience with HCV on the PAN Board (n=18)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 12 | <ul style="list-style-type: none"> I just don't think PAN can hold their collective head up in terms of progressive adherence to GIPA/MIPA and Nothing About Us, Without Us principles and not have a designated hep C seat. If you're including it in your mandate then it only makes sense to include it at the board level. |
| No | 1 | <ul style="list-style-type: none"> HIV/HCV co-infected I feel are more in line with the issues that affect both HIV/HCV. I worry that people who have lived experience with HCV only will not understand the complexity of living with HIV. |
| Maybe | 5 | <ul style="list-style-type: none"> So if you have been cured of HCV will you still be eligible? I agree that there should be some representation on the BOD but I would not place it in equal status to PLHIV... |

Table 16. Respondent comments on supporting a change from 50% Board seats designated for PLHIV to 50% designated for people with lived experience of HIV and/or HCV (n=15)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 4 | <ul style="list-style-type: none"> To better serve our community we need fairness. This will also encourage us to be more inclusive of Nothing About Us, Without Us and the participation of folks from PWUD member groups. |
| No | 2 | <ul style="list-style-type: none"> HIV and HCV face different challenges – there are currently no cure for HIV. |
| Maybe | 9 | <ul style="list-style-type: none"> I think with this change, it would be important to keep the 50% somehow balanced between PLHIV and PLHCV. Theoretically nothing could change with this. It puts the onus on the membership to ensure hep C voice on the board and from a strictly hep C lens, HIV/HCV coinfection isn't the same thing as HCV mono-infection. |

Table 17. Respondent comments on supporting the creation of a designated First Nations Health Authority (FNHA) seat on the PAN Board (n=15) – nobody answered “No” and no comments from those who answered “Maybe”

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|---|
| Yes | 15 | <ul style="list-style-type: none"> I think having a designated FNHA -or- other Indigenous designated seat is very important. I add in other because perhaps restricting it to FNHA-only may limit potential representatives who could provide a lot of value to the board but may not be from a member organization affiliated with FNHA. Very important to create this seat. |

Table 18. Respondent comments on supporting the change from 12 regionally-elected seats to 7 regionally-elected seats (including the FNHA) and 5 seats not tied to a region (in light of impacts vacant Board seats have on the network and ultimately the membership) (n=11)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|---|
| Yes | 7 | <ul style="list-style-type: none"> Provided efforts have been made to ensure regional reps are all exhausted. Yes, it's good to remove barriers to having a full and effective board. |
| No | 2 | <ul style="list-style-type: none"> Would it make more sense to put greater effort into recruiting board members in those hard to get regions? |
| Maybe | 2 | <ul style="list-style-type: none"> As long as the remaining five seats are filled with other representatives that support the diversity of the province. |

Table 19. Respondent comments on supporting all elections for PAN Board take place at the AGM (i.e. all voting delegates would cast a vote for all seats independent of regional designation or being a designated seat for PLHIV/people with lived experience) (n=10)

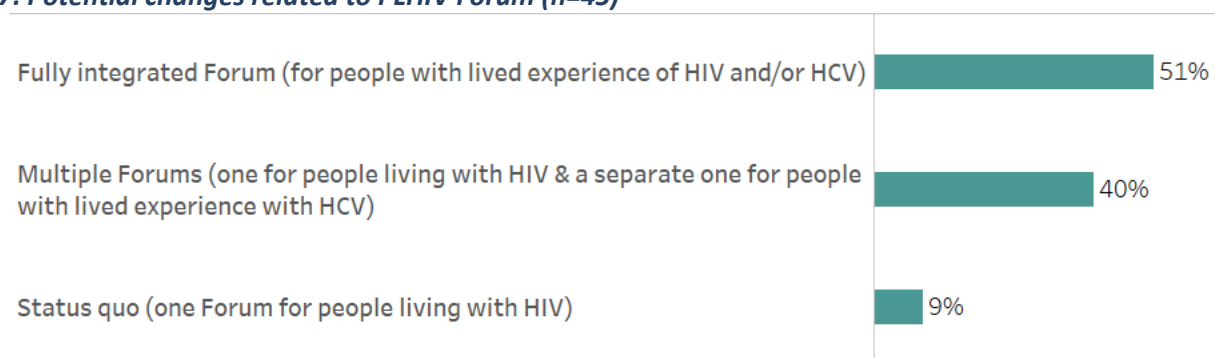
| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 4 | <ul style="list-style-type: none"> Yes, I think this would provide the best spectrum of knowledge and representation from the entire province ensuring the most appropriate board members. Yes, I think this should be an inclusive process. |

| | | |
|-------|---|---|
| No | 4 | As long as you stick to the Health Regions, I don't care how or when you appoint people to the board. |
| Maybe | 2 | Administratively this could be a lot of work. |

People Living with HIV (PLHIV) Forum

Historically, the PLHIV Forum (that precedes every AGM) has been an important mechanism to provide priority directions for advocacy. This is also the meeting at which the PLHIV designated seats on the PAN Board are elected. Presently, the Forum is only for people living with HIV. In light of PAN's expanded mission, respondents were asked to select a preferred structure of the Forum moving forward. As seen in Figure 17, 51% of respondents (n=23) supported a fully integrated Forum (for people with lived experience of HIV and/or HCV); 40% (n=18) preferred multiple Forums (one for PLHIV and a separate one for people with lived experience with HCV); and 9% (n=4) wanted to continue the status quo (one Forum for PLHIV).

Figure 17. Potential changes related to PLHIV Forum (n=45)



Funding Sustainability

PAN has not been a member-funded organization, but all members benefit from PAN programming, resources and services. As PAN sees shifts in the funding landscape and is thinking about new ways to ensure our programs and services are sustainable, 2017 Members' and Stakeholders' Survey asked membership's feedback on willingness to pay membership fees and types of services or events they would be willing to pay for.

About quarter of respondents (24%; n=9) were willing to pay membership fees; while 19% (n=7) were not and 57% (n=21) were unsure (Figure 18). Respondents were encouraged to comment regardless of their answer choice (Table 20). Only 1 of 9 respondent who answered "Yes" provided a comment that fees are being paid to other networks already. Those who answered "No" and "Maybe" were commonly concerned about financial challenges, particularly for smaller organizations. Most of those who answered "Maybe" said their support depended on the amount of membership fee; but many supported a nominal fee to ensure commitment and active participation.

Figure 18. Willingness to pay membership fees (n=37)

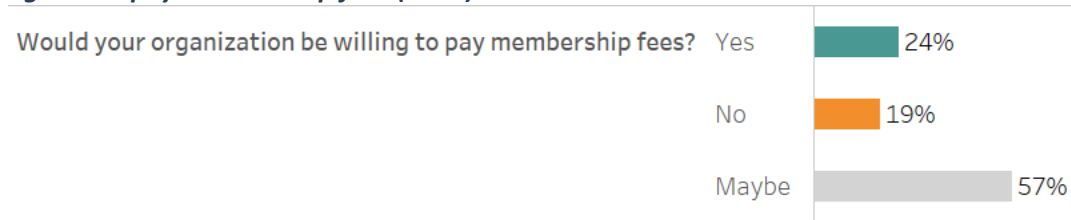
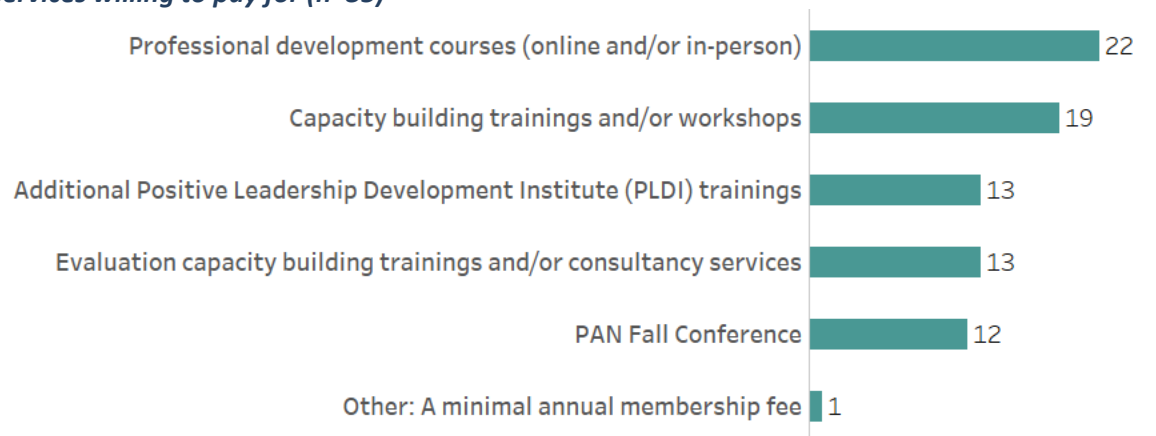


Table 20. Respondent comments on willingness to pay membership fees (n=15)

| In support of change? | Frequency (n=) | Quotes |
|-----------------------|----------------|--|
| Yes | 1 | <ul style="list-style-type: none"> We currently pay fees to the national partners. |
| No | 2 | <ul style="list-style-type: none"> It's a challenge to small organization that are struggling financially. |
| Maybe | 12 | <ul style="list-style-type: none"> It depends on the cost... I also would not want this to be a barrier to participation for smaller or underfunded organizations. It would depend as we are funding based as well - other networks we belong to also require funds for membership. Our team would look at the cost and how involved we are with the network and the impact on the folks we are in service to. Resources and funding are decreasing. I would support a nominal fee to show commitment and active participation. |

Respondents were also asked about the types of services they would be willing to pay for, and “professional development courses” and “capacity building trainings and/or workshops” received the most amount of votes (Figure 19).

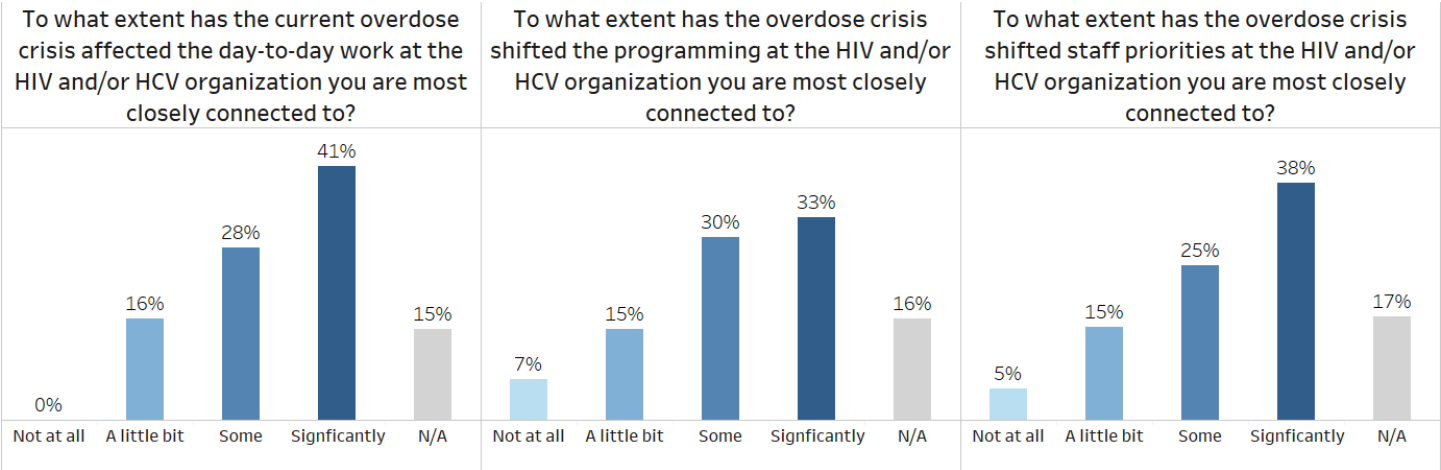
Figure 19. Services willing to pay for (n=35)



Overdose Crisis

To better understand the shifts organizations faced in light of the overdose crisis public health emergency, PAN dedicated a section of its Members’ and Stakeholders’ Survey to overdose crisis. Over 60% of respondents reported that the Overdose Crisis had some or significant effects on their organizations’ day-to-day work (69%; n=42), programming (63%; n=38) and staff priorities (63%; n=38) (Figure 20).

Figure 20. Impact of the Overdose Crisis on organizations (n varies from 60 to 61)



The survey results told us that the respondents have shifted their work to address the overdose crisis with or without funding and that it is clear that majority of respondents (72%; n=40) need resources such as additional funding, access to training, or shifts in priorities and deliverables for current funding to better respond to the overdose crisis (Figure 21).

Figure 21. Funding and resources to respond to the overdose crisis (n varies from 56 to 57)

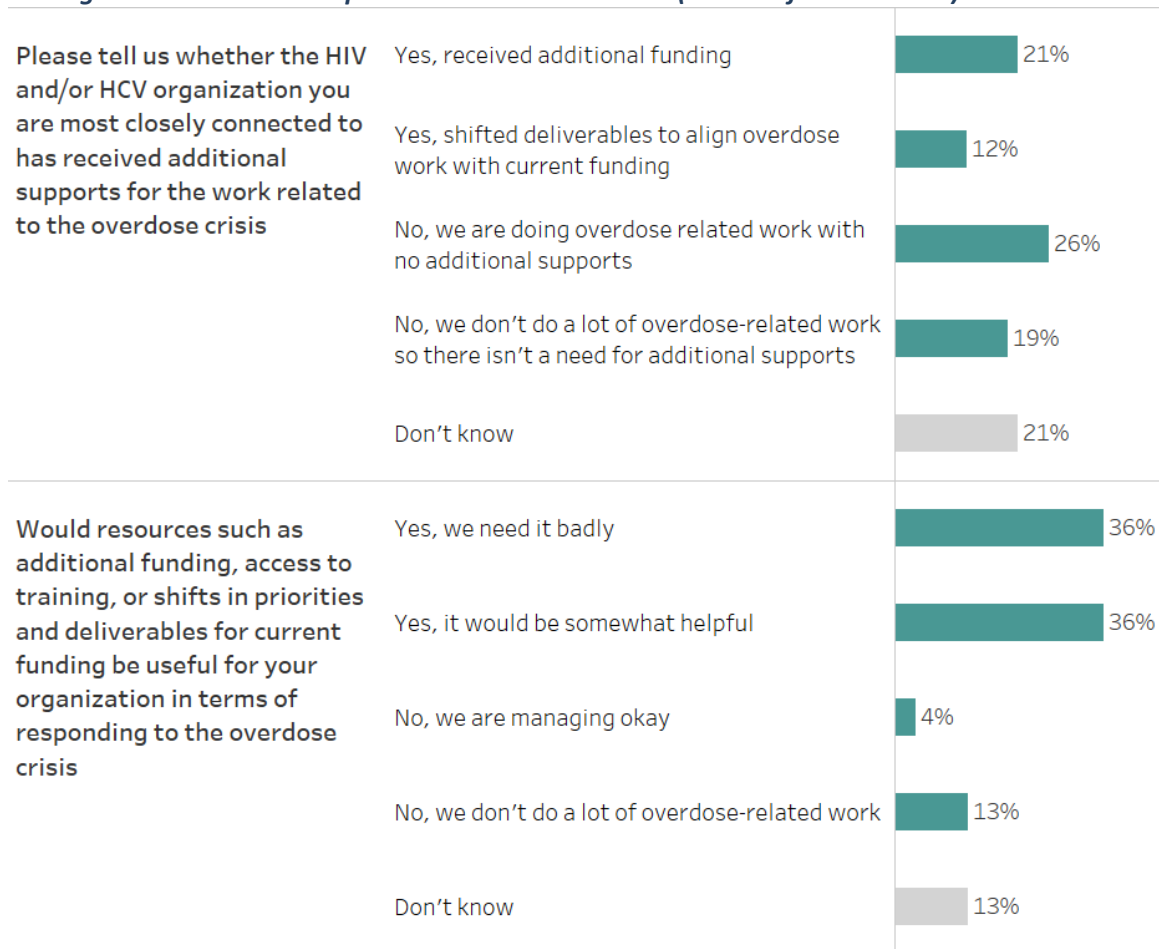


Table 21. Most pressing challenges respondent organization is facing with regards to the overdose crisis (n=37)

When asked about the most pressing challenges the respondent organization is facing with regards to the overdose crisis, burnout, mental health and trauma was most commonly identified (n=17). Respondents outlined that organizations were facing difficulties in providing adequate support for both their staff and clients as they worked through burn out, grief, and vicarious trauma. Many responses also outlined challenges related to limited capacity, resources, infrastructure and funding (including staff and overdose prevention sites) (n=16), which ties into the challenges of having resources being directed towards the opioid crisis at the cost of other areas of focus (n=3). Challenges of reaching into and connecting with communities (n=5) to provide resources, support, and get involved in conversations surrounding the crisis were also highlighted. Other challenges include stigma (n=3) and policies and practices (including access to opioid agonist therapy) (n=3).

| Theme | Frequency (n=) | Quotes |
|--|----------------|--|
| Burnout, mental health and trauma | 17 | <ul style="list-style-type: none"> Stress and coping skills with clients/peers burn out with staff compassion fatigue. Lack of support for staff and vicarious trauma support. Mental health and trauma issues. |
| Limited capacity, resources, infrastructure and funding | 16 | <ul style="list-style-type: none"> Our shelter is grossly overcapacity and we have no OPS site in our community. Our clients are regularly OD in our bathroom, rooms and in back alleyways. We lack an OPS. People are lacking a safe place to use and as a result they are overdosing and some are dying. We are applying for FNHA funding, but at this point we haven't received any additional funding to support this crisis. Resources, personnel. |
| Connecting with communities | 5 | <ul style="list-style-type: none"> Communities remote and rural - looking for information, education, connections, support on how to assist community family and loved ones. Questions about mental health, substances, brain health. We know that this work will take time and we are currently consulting with communities to give us direction and guidance in what services supports, easy top use resources and hands on training and experiences that will be imbedded in communities. Capacity to have robust outreach teams to engage with persons and especially hard to reach populations. Our community and council are not supportive of our harm reduction work and we regularly are criticized. |
| Focus on overdose crisis at the cost of other areas and issues | 3 | <ul style="list-style-type: none"> Resources being lost from other areas of the community which are desperately needed to deal with the opioid crisis. Our concerns are more secondary: that resources that could be used to assist people to attend to health issues that are not overdose related are being diverted and that concern about those health issues - including prevention - is subsumed. |
| Stigma | 3 | <ul style="list-style-type: none"> Stigma and discrimination. |
| Policies and practices (including access) | 3 | <ul style="list-style-type: none"> Access to OAT [opioid agonist therapy] Although I am currently working in an academic context so the university is not facing an overdose crisis however this should be at the forefront of any health policy and practice initiatives. Waiting for legislative or decision making processes. It is frustrating responding only after the fact. Visionary, upstream, forward direction, needed yesterday not tomorrow. |

Mapping Approaches to Peer Work Project

PAN asked a number of questions around whether and how respondents' organizations are supporting and engaging people with lived experience (PWLE) in their work. A high majority (93%; n=53) said that their organization supports PWLE to volunteer, work or hold leadership positions (Figure 22). Over three-quarters of respondents (79%; n=45) said "Yes, for sure" when asked whether their organization values the lived experience of people who access its programs and services. Eighty-two percent of respondents (n=47) reported that PWLE either *for sure* or *somewhat* play a key role in service delivery at the organization respondents are most closely connected to; while 80% of respondents (n=44) reported that PWLE either *for sure* or *somewhat* play a key role in decision-making (Figure 23). Most common ways PWLE are involved in respondent organizations are through being *members of board of directors or other governance structures* (n=36); program volunteers (n=35); *members of advisory boards or steering committees* (n=33). Other roles

included *peer researchers* (n=31); *research participants* (n=31); *part-time organizational staff* (n=29); and *front desk/administrative volunteers* (n=28) (Figure 24).

Figure 22. Respondent organization’s support for PWLE to volunteer work or hold leadership positions (n=57)

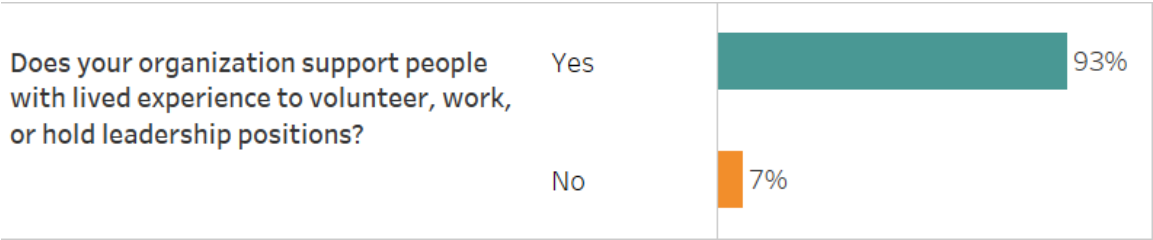


Figure 23. Value of lived experience, and engagement of PWLE in service delivery and decision-making roles in respondent organizations (n varies from 55 to 57)

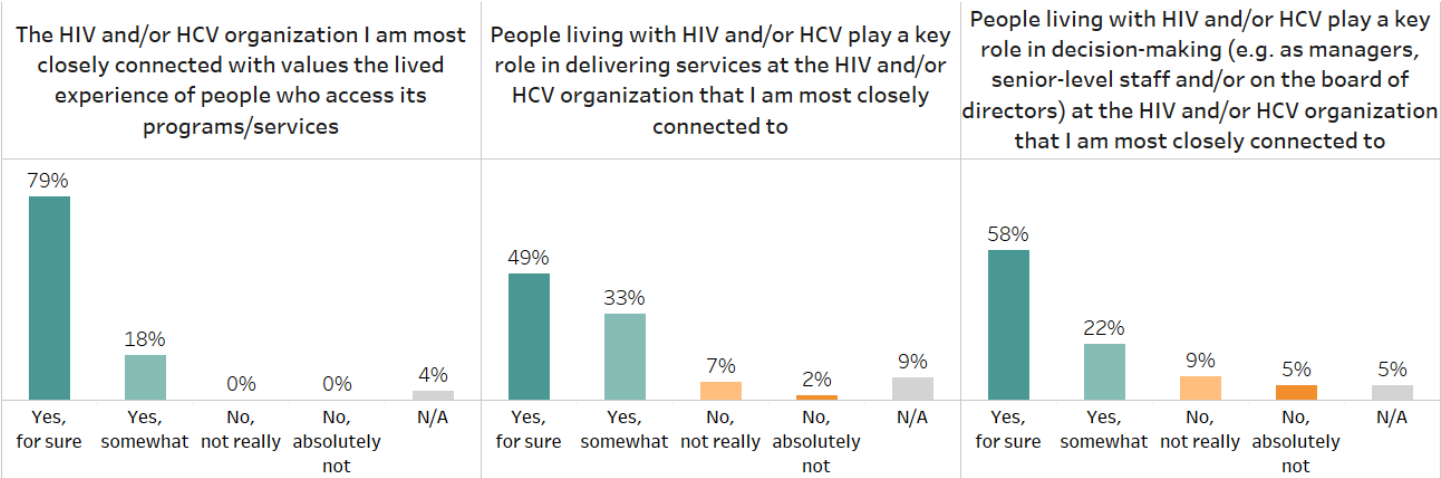


Figure 24. Ways in which respondents' organizations involve PWLE (n=55)



Table 22. Areas of learning or discussions identified by respondents to actively support PWLE in all aspects of their work (n=17)

Respondents were asked to describe any areas they would like to learn more about or have more community discussions on actively supporting people with lived experience in their work. A number of respondents identified development and implementation of peer programs (n=4) as an area (e.g. integrating peer programs in their organizations and developing peer-specific programming). Other respondents wanted to learn more about how to better support peers in their work (n=2); how to involve peers in clinical settings (n=1); peers in research (n=1); and expansion of women-specific peer programs (n=1).

| Theme | Frequency (n=) | Quotes |
|---|----------------|--|
| Development and implementation of peer programs | 4 | <ul style="list-style-type: none"> How to successfully implement peer programs. PRA support groups. It would be nice to know how to do that in a clinical setting. |
| Supporting peers in their work | 2 | <ul style="list-style-type: none"> In the area of Peer Navigation, how to support Peers in taking on positions in the community, while trying to ensure their safety when facing triggering interactions. Mental health and trauma |
| Other: | | |
| • Involving peers in clinical settings | 1 | <ul style="list-style-type: none"> It would be nice to know how to do that in a clinical setting. |
| • Peers in research | 1 | <ul style="list-style-type: none"> On Research |
| • Expanding women-specific peer programs | 1 | <ul style="list-style-type: none"> The expansion of Women specific programs. |

