aids vancouver

Results of the Provincial Outreach Survey

August, 1993

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MAN TO MAN

INDEX

CHARTS & GRAPHS

FOREWARD

Over the past three months, I have had the pleasure of working with **AIDS Vancouver's, MAN-TO-MAN** program in developing a Provincial Needs Assessment.

The genesis of the project was born out of **"The Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey"** conducted by Ted Myers et al, and released in June, 1993. The survey report indicates that very little is known, in a quantifiable manner, about the prevention and education efforts targeting men who have sex with men, and in fact targeting people whose sexual and other behaviours may put them at risk for HIV and other STDs.

The survey states " *While there is much work to be continued in the general gay and bisexual populations across the country, there are specific issues for some communities. These include:*

1. *Special initiatives for men who are not easily accessible through gay-identified venues...*

5. *Creative ways of funding and fostering educational initiatives for men in smaller towns and cities.*"[1]

The Provincial Needs Assessment was completed on an extremely limited budget, and did not rely on any outside "experts" in terms of questionnaire development, data coding, or analysis of results. The objective was to gain a basic understanding of the state of the province, at this time - a snapshot of current educational and service initiatives. As such, some readers may find the information to be basic and predictable.

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[1] Men's Survey, page 74

Never-the-less, we believe that by quantifying the information available, in a statistically relevant manner, with an adequate sample size, we are able to extrapolate a reasonable assessment of the educational / service environment for the province (outside of the Lower Mainland).

I am deeply indebted to a number of people and organizations without whose input and encouragement this report would not have been started, and surely would not have been completed. Firstly, to Employment and Immigration Canada, Challenge '93, Linda Longeuay, without whose funding this project would not have been undertaken. Also to David Richardson, who had the foresight to anticipate the need to examine the breadth and depth of activity in the province; Garnet McPhee, who encouraged me from the start, and bolstered my confidence when I hit snags; Stephen Martindale, whose dry wit and humour has made some very dull periods far more than bearable; and especially the many people throughout the province working in the field, who took the time and effort to provide very meaningful information.

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Summer, 1993

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METHODOLOGY

In May, 1993, a preliminary questionnaire was sent to approximately 150 organizations throughout the province, including Gay & Lesbian Community Organizations, Medical / Health Practitioners who work with PLWHIV, Health Units, Crisis Lines, AIDS Organizations, and Native Tribal Councils. This first questionnaire was designed to both obtain the names of specific contact persons in each organization, and to determine if they would participate in the survey itself.

Thirty five percent of those initially contacted responded to the preliminary questionnaire. Of the respondents, only 3 indicated that they did not want to participate. Based on these responses, a new mailing list was prepared, and personalized covering letters were developed. (See appendices) Essentially there were two letters - one to respondents that had indicated that they wished to participate (the "YES" letter), and another to those respondents who did not reply to the first mailout (the "OTHER" letter). All 150 organizations received identical questionnaires.

The questionnaire was developed in consultation with other staff at AIDS Vancouver. All questions were pre-tested as to their understandability and relevance to the issues at hand. The format was amended several times to either make the questionnaire easier to complete, or to more finely segregate questions (and answers) so that more definitive information could be culled from the responses.

The questionnaire was mailed at the beginning of June, with a requested response return date of June 30th, 1993. As of the middle of July, 45 responses were received (30% response rate). It was predetermined that the information would be statistically significant if there was a response rate of 32 questionnaires. This response rate provides a confidence level of approximately 95% (the responses are indicative of the population of service providers outside of the lower mainland 95% of the time).

The responses were first tabulated using SYSTAT, a statistical program, and then converted to Lotus 1-2-3, to facilitate the production of the accompanying graphics.

Readers should be cautioned that the survey may have certain biases - notably the fact that not all organizations in the province received questionnaires, and of those who did, only 30% responded.

Many organizations were unable to answer some of the questions - specific difficulty was encountered with those questions which asked for clients' sexual identities and ages. Many of the questions had multiple answers, so again, certain overlaps may be evident.

None the less, the information contained herein does present, we believe, a relatively accurate and actionable picture of the state of the province's efforts to provide education and service to a variety of people who are either PLWHIV or are at risk of contracting the virus.

ANALYSIS

Respondents Profile

Responses were received from 15 non lower mainland regions (and 2 in Vancouver - special cases). The regions are based on those used by the Provincial Ministry of Health. Responses received by region were as follows:

Region	Responses
Central Kootenay	5
North Okanagan	3
South Okanagan	2
South Central	1
Upper Fraser Valley	3
Central Fraser Valley	3
Boundary	1
Simon Fraser	1
Coast Garibaldi	4
Central Vancouver Island	2
Upper Island	3
Cariboo	4
Skeena	2
Peace River	2
Northern Interior	4
Vancouver (special)	2
Victoria	3
	45

(A more detailed description of the regions will be found in the appendices.)

Respondents were also classified as to the type of organization they represented, or type of population they served. There were six classifications:

Gay and Lesbian Community Organizations	8
Health Practitioners	3
Health Units	12
Crisis Lines	7
AIDS Organizations	10
Tribal Councils	5
	45

Regional Analysis

Overall, the data on a regional basis tends to mirror provincial data. Where anomalies do exist, they are either because of the small number of reporting organizations in that region, a homogeneity of type of organizations responding from that region, or incomplete responses.

Initially, it had been hoped that a regional breakdown of the responses would provide meaningful comparisons between various parts of the province. Similarly, an analysis of responses by type of service provider would have been most desirable. Statistically, however, given the low frequency of response both regionally and organizationally, few useful conclusions can be drawn from such small sub sets of the overall organizational sample.

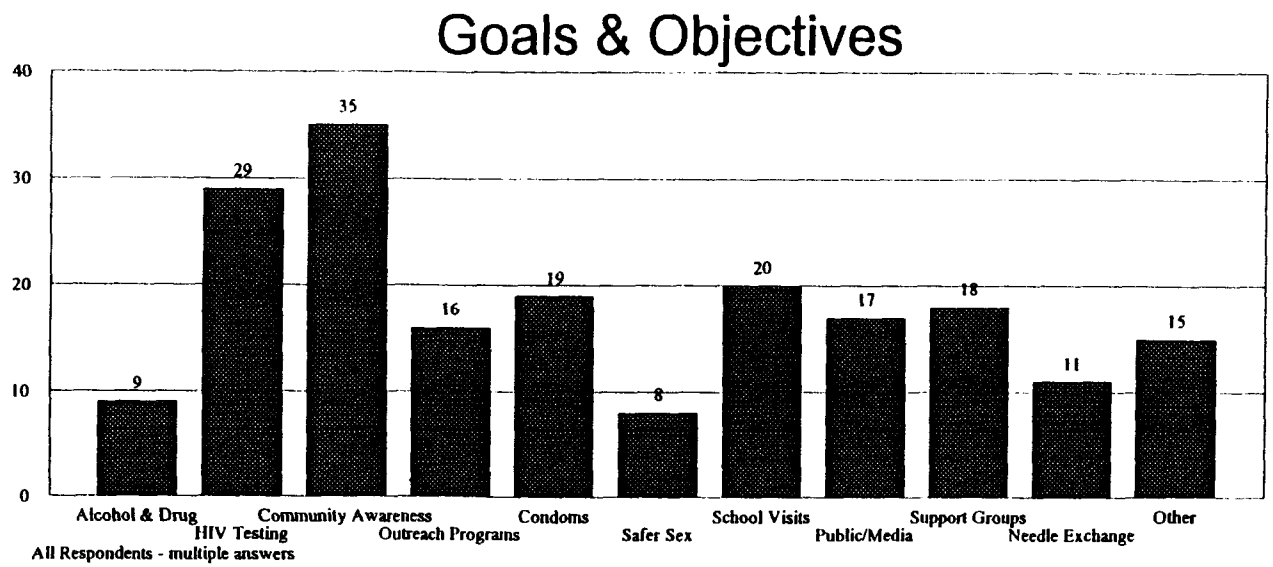
Therefore, regional comparisons have been eliminated from the report, but the data obtained from each region, and each type of service provider does become meaningful when viewed overall. There appeared to be few anomalies from region to region, in any event.

RESULTS OF QUESTIONNAIRE

Section 1. What are the primary goals and objectives of your organization?

Community awareness and HIV testing and counselling were the two most frequent responses (35 and 29 respectively) Safer Sex messages were the lowest (8 responses). Some health units reported that their primary goal was disease prevention and health promotion, including infant immunization and support for "at risk" children. A few also reported that peer support of the infected community was their main goal.

School visits and support programs also were considered priorities by many organizations, scoring higher than the median, but overall the frequency of these visits and support groups was low. Ultimately, cross referencing frequency of contact with goals and objectives, it appears that those programs or contacts which are not ongoing (as in Health Unit functions) appear to be occurring fewer than 6 times per year.



Section 2. Population

Sixty six percent of the communities reported populations of greater than 10,000 people. This statistic may be a bit misleading in that many organizations indicated that they covered a wide geographic area, and thusly encompassed small communities as well as larger centres.

The fact that there are organized groups that have broad geographic mandates is significant when we consider the ramifications of outreach in smaller communities. Since there appears to be reasonably sized population bases per centre (whether urban, rural or a combination of both) the implications for the implementation of action plans and educational campaigns is a positive one. As well, despite the fact that there appear to be few (if any) social venues for men who have sex with men outside of the major urban centres of Vancouver and Victoria, there appears to be sufficient population in most areas that could be targeted for information nights, special social events and the like.

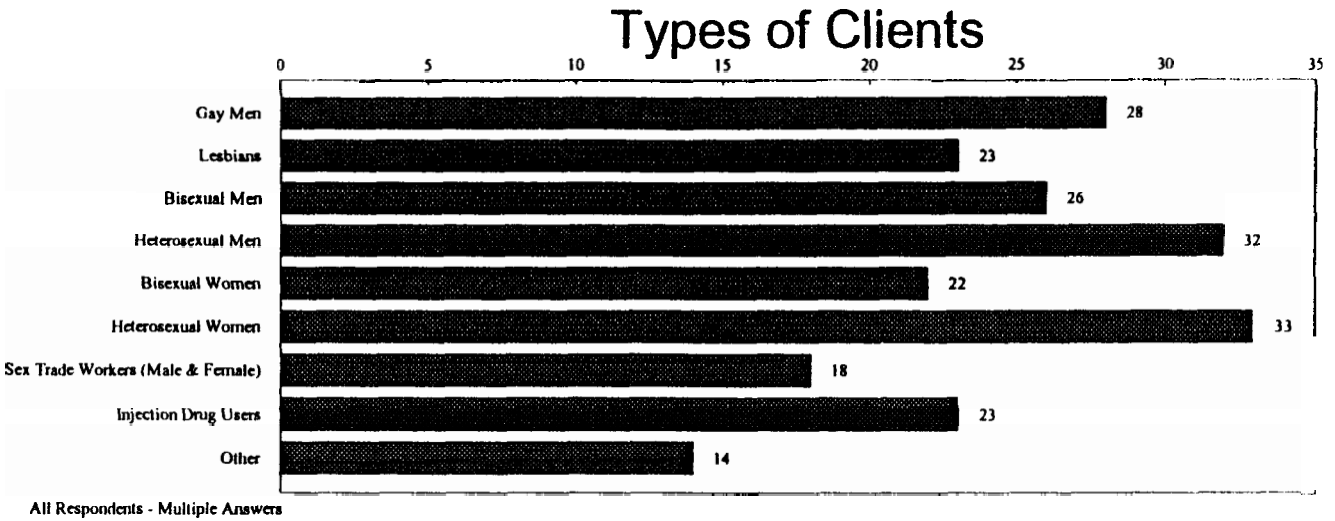
Sexuality

Many respondents had difficulty identifying the stated sexuality of their clients. Some deal with people on an anonymous telephone basis (eg: Crisis Lines), others were simply not in a position to either ask or track such information. A few indicated that their response was just a guess. And more than one respondent indicated that : "there are no homosexuals or lesbians in our community". The most frequent "other" category was "youth".

In the comments section, (questions 8,9,10) many respondents mentioned the need for targeting general populations. While there is no doubt that the risks of contracting HIV stem from blood to blood and semen to blood transmission, and therefore the highest primary risk populations are men who have unprotected anal sex with men and IDUs, in smaller communities, defining and accessing target populations may be problematic. Additionally, as more and more women seroconvert, the usefulness of narrowly defining target populations becomes moot.

Not surprisingly, those respondents who could identify clients or service users by sexual preference generally stated that they see "all types of people" and thusly checked all or almost all of the boxes.

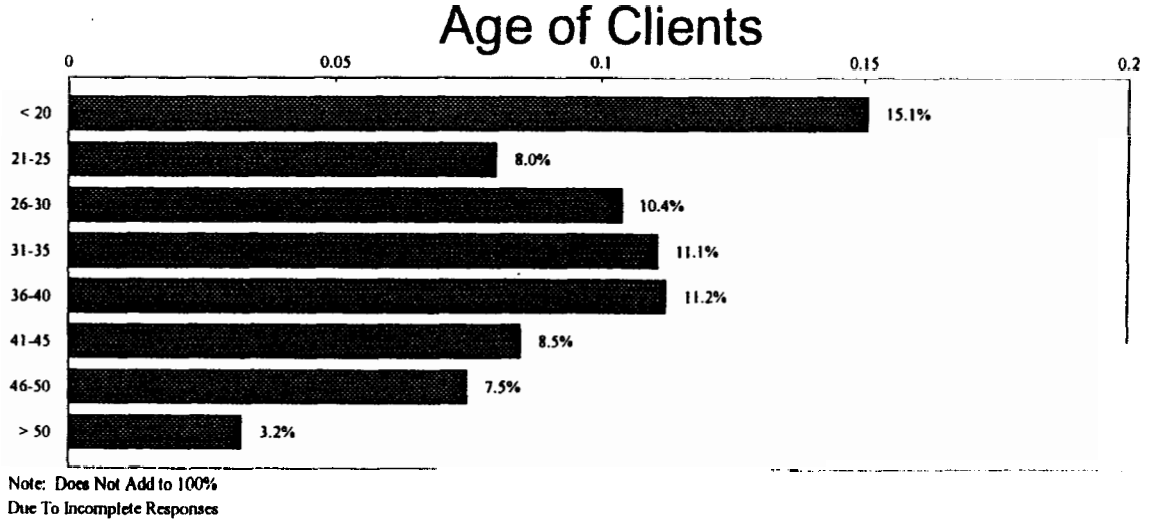
For what it is worth, the statistics are on the following page:



Age

Close to three quarters of the populations served are under 40 years old. In fact, 44.6% of the populations served are 30 or younger. This too has a significant impact on both existing behaviour patterns (as can be seen from *the Men's Survey*), and the types of programs that could (and in some instances are) being proposed and delivered.

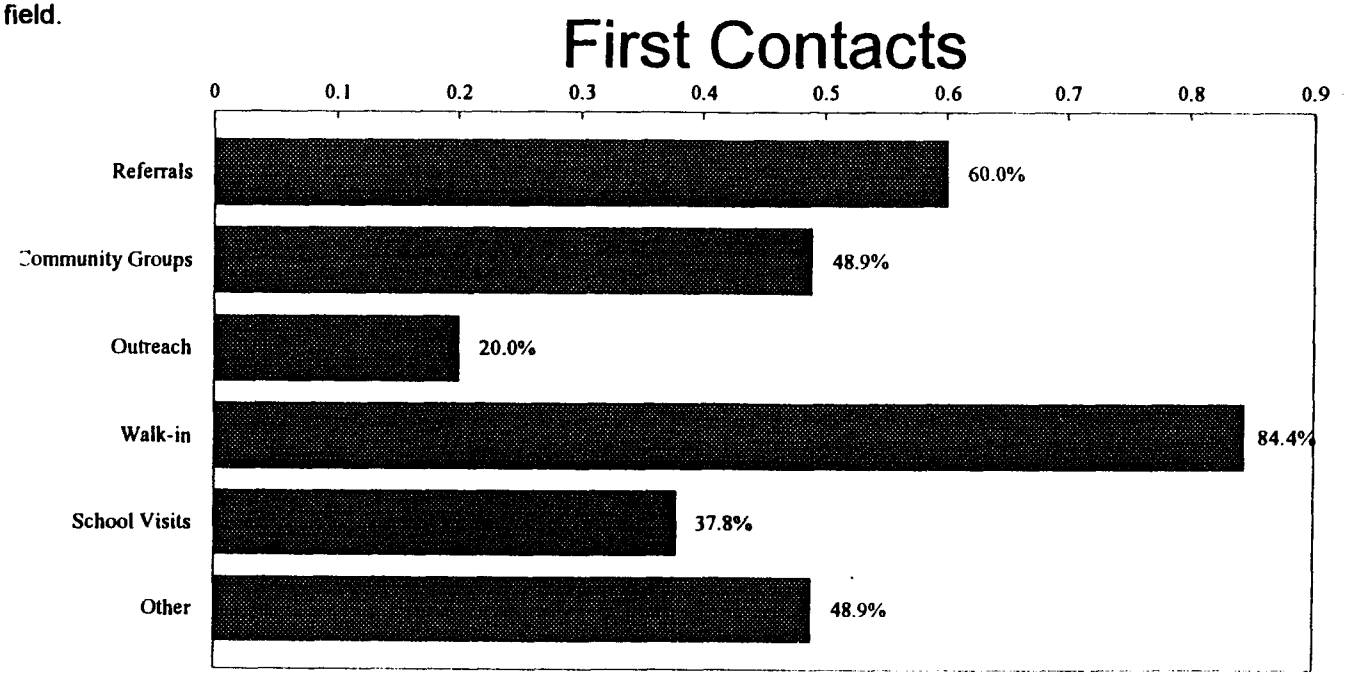
As with the issue of sexuality, age determination was difficult for many respondents. In a few instances, the instructions were not clear enough, and some people simply ticked each line. In other cases, they were left blank. So... in total, there were 26 completed responses (57.8% response rate). What is clear from the responses, is that there is a tremendous preponderance of younger people accessing what services are available, and at about age 40, the usage rate drops significantly.



Initial Contact

By far the greatest number of initial contacts are drop-ins. 84.4% of all respondents indicated that their first contact included "walk-ins". Many organizations indicated that the drop-ins were the result of local advertising. Referrals from hospitals, doctors, health clinics and information lines was the next highest reported contact method. The lowest reported contact method was "outreach at bars, dances and parties". This is consistent with other data which indicates that there are few opportunities for gay and bisexual men to socialize in smaller communities, and that many men in smaller communities are not "out". A few reported that they advertise their phone number in as many places as possible.

In terms of "other" (48.9%), the most frequent mentions were telephone contacts. Passive contact ("waiting for them to come to us") is consistent with the fact that the safer sex message was not getting across (primary goals and objectives) to the "at risk" communities. This is also supported by the verbatim comments (at the end of the report), many of which suggest that a lack of training and coordination has prohibited community organizations from getting out in the field.



Section 3. Organization & Training

In the 45 organizations responding, there was a total of 177 full time staff, 48 part time staff, and 779 volunteers. Staff training was accomplished primarily by in-service training(31) and prior professional degrees (27). Volunteers are trained on the job (18) and from training manuals (22). Ongoing training and skills updating for staff and for volunteers are accomplished primarily by in-service training (31 and 18 respectively) and from other organizations (31 and 15). Most people receive ongoing training of one form or another 2-4 times per year. 11% of staffers and 6.7% of volunteers receive no ongoing training.

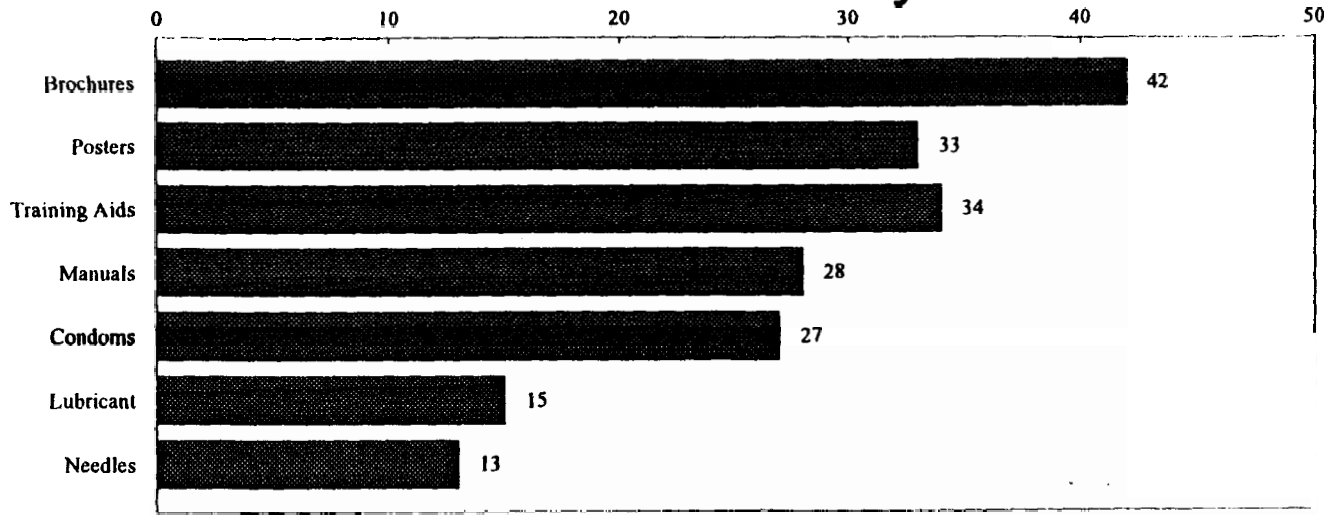
Section 4. Materials and Supplies

Most reporting organizations currently use brochures (93%), and about three quarters of the respondents also used posters and assorted training aids (videos, etc). There was a paucity of training manuals and condoms available for distribution, and very few (less than 1/3) had lubricant or syringes. By contrast, of those organizations reporting, over half wanted additional (or newer) brochures and just under half requested additional training aids and manuals. Approximately one quarter of respondents wanted condoms, lube and syringes.

Not surprisingly 71% of respondents got their supplies mainly from the local health unit. Approximately half purchased supplies from other organizations, or "begged, borrowed or scrounged up" supplies. A full 20% reported that they "did not have much in the way of materials".

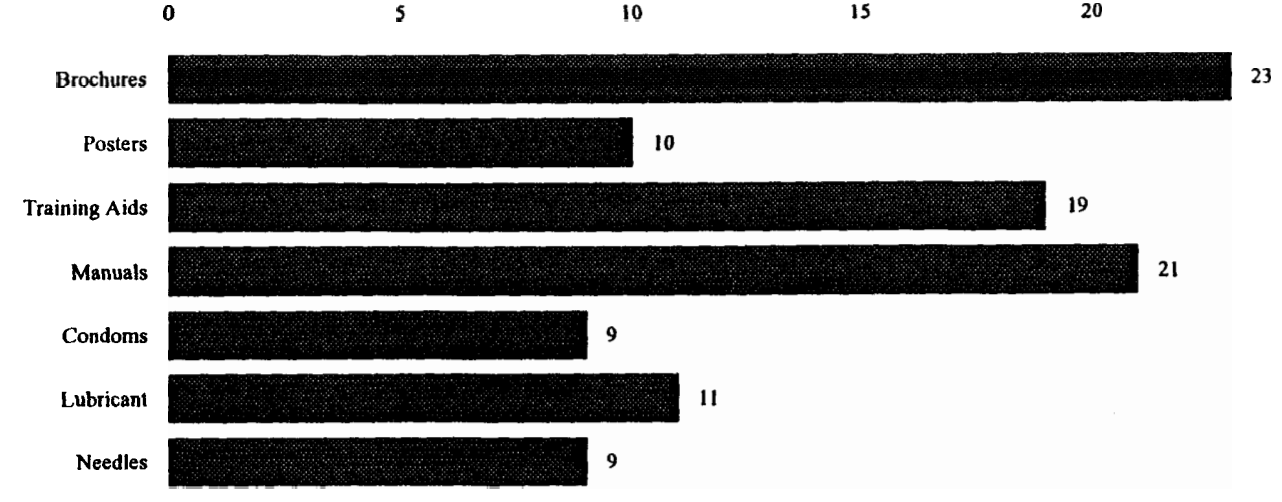
Graphic representation of the materials currently in use, and those desired are on the following page.

Materials Currently Used



All Respondents - Multiple Answers

Would Like To Have Materials



All Respondents - Multiple Answers

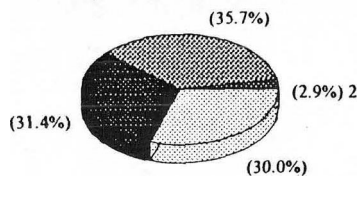
Section 5. Clients / Service Users

Practically no organizations outside of the Lower Mainland, have outreach programs to local clubs, bars and so on. In great measure, this is explained by the fact that there are few (if any) gay identified venues in smaller communities. Those few events that do take place (such as the Annual Nelson Inner Tube Weekend, or the monthly Lesbigay Dance in Roberts Creek) while known to the "in" group (or perhaps they are really the "out" group), are still closeted from the mainstream community.

Contact venues were equitably split amongst drop-ins (25), school visits (22) and a variety of other contact methods (21), with some few organizations indicating that they have a street program for youth. Most programs are ongoing (46.7%), but many organizations have only one annual campaign (13.3%).

Many smaller communities do not have paid staff (section 3), and thusly have limited opportunity to develop a continuity of approach to the populations that they serve. In addition, proximity (or lack thereof) to the service providers appears to be an additional inhibitor to developing an ongoing relationship with the client populations. As is to be expected, funding is also a stumbling block for many organizations.

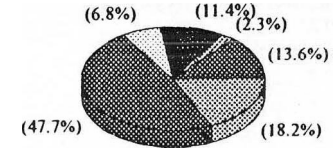
Location of Contact



Local Clubs, etc Come To Us School Visits Other

All Respondents - Multiple Answers

Frequency of Contact



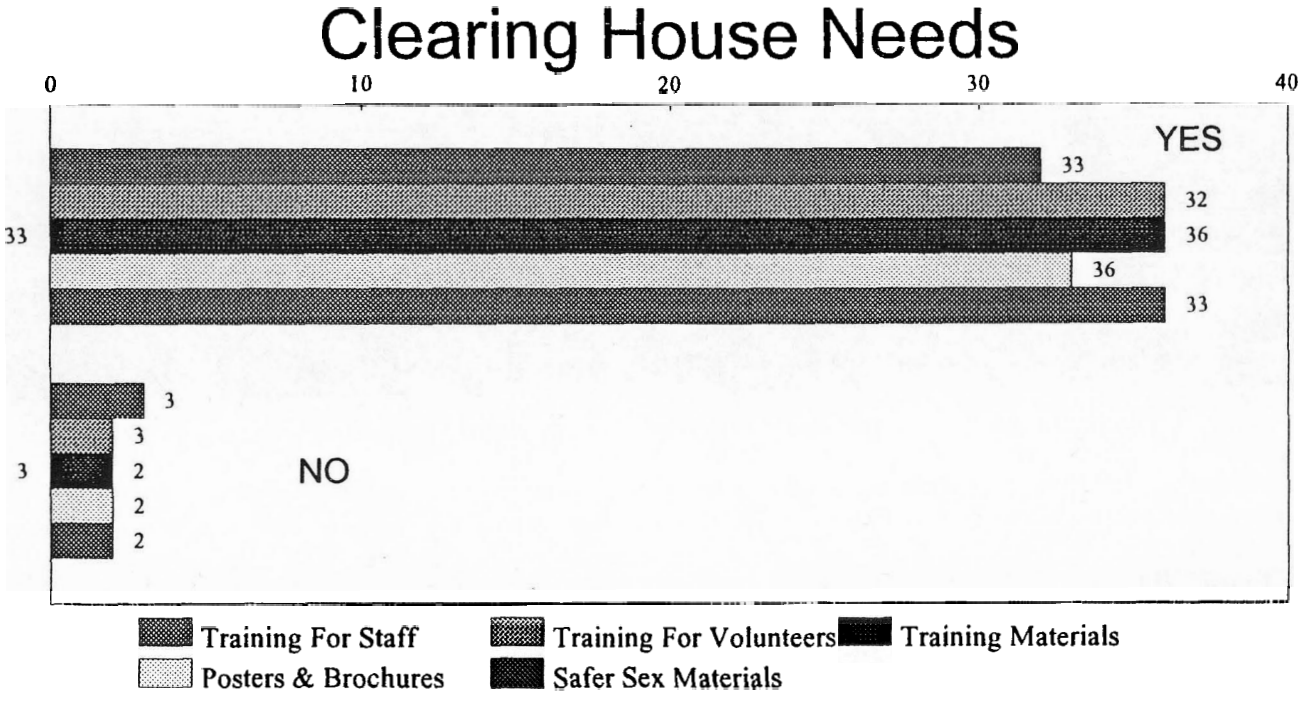
Annually 2-4 Times per Year 4-6 Times per Year

> 6 Times Per Year Ongoing Other

All Respondents - Multiple Answers

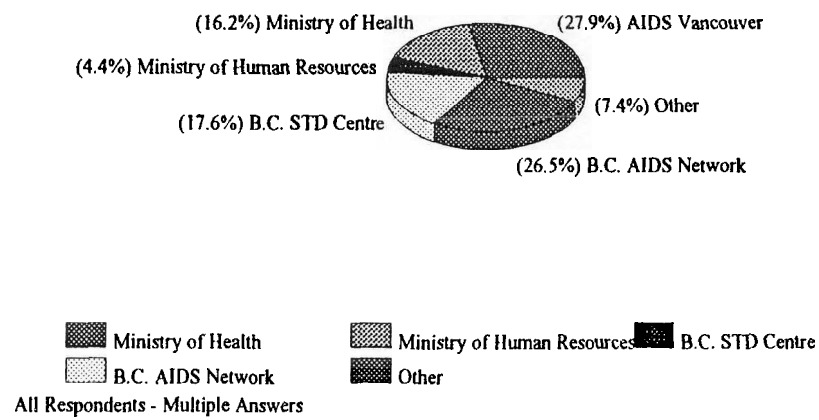
Section 6. Clearing House Concept

Given the fact that most smaller communities have both budget constraints and limited ability to access materials from the urban centres, it is not surprising that the most overwhelming response was the perceived need for a central clearing house. Over 3/4 of the respondents consistently indicated that there was a need for a central resource for training, materials and information updates. The numbers speak for themselves:



The respondents were split as to the most logical resource for the clearinghouse concept - AIDS Vancouver (19) and the B.C. AIDS Network (18). Since the B.C. AIDS Network is not (at this point) a physical entity with the ability to act as a facilitator of this type, it would appear that, by default, AIDS Vancouver would be the most desirable clearing house. The Ministries of Health and Human Resources scored the lowest.

Logical Service Provider

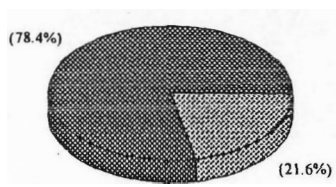


Section 7. **Telephone Help Line**

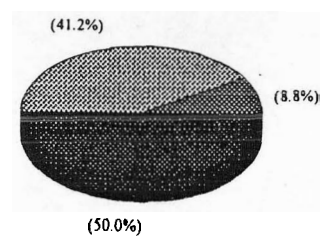
Two thirds of respondents answering the question (37 out of 45) indicated that they felt that the existing 1-800 HIV/AIDS telephone lines were to some extent serving their community needs, but most indicated that their level of satisfaction with the existing lines was low. A full 78.4% of respondents felt that there was a need for an other Province Wide 1-800 telephone help line that included lay and peer counselling, local referrals (very important) and so on. Of those detractors of existing lines, some indicated that they are "too impersonal and difficult to navigate".

Not surprisingly, there was a strong feeling that the lines should be in operation 24 hours a day, seven days a week. Almost all organizations felt that if the lines were to be put into operation, they would be in a position to compile referrals, and to keep us updated as to the use of the lines.

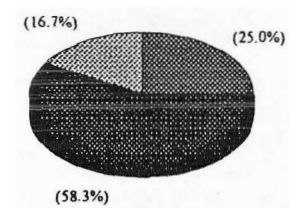
Need For New Help Line



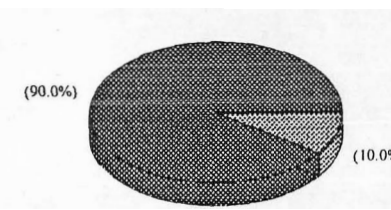
Hours of Operation



Days of Operation



Willing To Compile Information



VERBATIM COMMENTS

The comments which follow are compiled from the 45 responses received. Where there have been specific references to people or places, the references have been deleted, in order to preserve anonymity and confidentiality.

Section 8 **Do you have any comments or suggestions that might assist us in better understanding your needs, and those of your clients / service users?**

- It is difficult in a small community to get people to "come out".
- We are involved in community development in our area and rely on AVI for input and resources.
- I don't understand the lack of consultation with our local ASO - AVI in determining BC's needs.
- Many people in our community still believe that HIV/AIDS is an issue for gay men in large cities. It is our challenge to encourage people in our community that indeed it is their issue.
- We are a new crisis line and our info. and resource base needs expanding. Our library needs books so a book list would be helpful. Our volunteers for the most part are quite straight people and AIDS is not a high profile in our community. We could use a good video on the subject.
- We presently do not have problems with AIDS in our community.
- Transportation for the facilitator to come here is very costly.
- More contact.
- I was at the BC AIDS Network meeting in April in Vancouver. I thought it was excellent, but I was struck

by the lack of understanding of urban organizations to the special concerns of people doing HIV/AIDS work in rural or urban rural smaller communities. Pamphlets, posters have to be used with great care. We don't have gay/lesbian recreational areas / bars / areas of congregation. Even though it is 1993 many people here still possess great ignorance regarding alternative lifestyles / sexuality.

- Our organization deals mainly with First Nations People. It is hard to find information, etc. dealing with HIV/AIDS & First Nations People.

- Visitations by experienced people from AIDS Vancouver, PWA and DEYAS.

- As a small community, the amount of current information regarding HIV/AIDS is minimal. I personally get it from resources outside this community. A good information network province wide is my primary need as well as workshops etc. which are not just given in the lower mainland.

- Short term project grants, such as the one my project is on, limit the realistic potential for community development project success. I would like to see stronger lobbying for funder commitment to agencies for at least a two year term.

- We feel that out lying areas are not well served, because Vancouver is such a major centre.

- ***** as other rural communities continue to see HIV and AIDS as a large centre problem. We need info that is appropriate to the needs of rural centres.

- The native population/communities need to be prepared (prevention) to deal with the AIDS issue. Culturally relevant materials and resources are needed.

- We need a paid coordinator to be able to keep this on going problem with public awareness. Our council cannot keep up to it with monthly meetings.

- The health unit is in need of updated referral lists for physicians, dentists etc. willing to accept referrals.

We have a current list right now, but of course it is always changing.

- We are a small community. People are very concerned over confidentiality. Because of this, I believe people use the toll free line for information.
- We're still trying to figure that out ourselves - but whenever I need help and call AV have found that staff will go out of their way to help - maybe that's what we need most.
- Keep me on your mailing list.
- Our clients prefer services administered by native people, or by their own health professionals such as the nurse who regularly takes care of them.
- Prevention programs must be an integral part of stopping the crisis.

Section 9. **In general, do you see a role for AIDS Vancouver in assisting you to assist your client population? What role(s), if any, do you see?**

- Advice and ideas regarding "coming out"
- Teaching manuals, ideas that have been effective.
- Yes. You have a wealth of information. Clients may frequently wish to access your services as your numbers justify a broader range of services. Clients sometimes wish to talk with someone who is in a different place. We have found your agency to be very helpful.
- Referral for information and support services listing.
- The central hot line sounds like an important service. I support this.
- In the future, awareness workshop.
- Information in the area of personal care and respite care would be of interest. Right now we borrow materials from the AIDS Clearinghouse.
- Yes, but not sure exactly how. Speaker?
- AIDS Vancouver is a major source of information and referral. A large number of our clients will migrate to Vancouver, at some point, for some length of time.
- Yes for further services available. I see you as a resource centre.
- Any information sharing that AIDS Vancouver could possibly give us would be helpful. Up to date information is always hard to come by in *****.

- To facilitate discussions between organizations involved with youth and street involved youth towards a shared vision on HIV/AIDS education as well as a shared vision on developing resources for youth.
- Yes, because Vancouver has the best resources and facilities for AIDS treatments, but we would rather not burden AIDS Vancouver because they have more than enough to deal with - we would rather be self sufficient.
- Support, education, referrals.
- Training the native community Health Workers.Most of us in the northern regions have too few trained people.
- Yes. Local referrals.
- We would like help with training volunteers & ideas for outreach projects, fund raising, accessing Vancouver services, advice on legal issues.
- Training a coordinator and having extensive training, out reach AIDS Vancouver to other regions.
- Updates and new information; Helpline
- As I specialize with the Crisis Line, my volunteers need to know the facts. Be aware of the disease first and secondly how to empathize and try to understand the caller suffering from AIDS or the fear of contracting such.
- I have contacted AIDS Vancouver for education resources (pamphlets, posters)
- Outreach services for aboriginals in Vancouver. Services for homosexual or bisexual males who may wish to seek assistance in an anonymous manner. Assistance for our aboriginals who get caught up in urban area activities such as prostitution and injection drug use.

- Training manuals & training. "MAN TO MAN" materials with room for local numbers. A newsletter that lets us know what projects / programs you're doing - gives us ideas and energy.
- Keeping me informed with information, ie: new drugs etc.
- Constitution role. Co-ordination role. Supportive role. Educational materials.
- We would like to see volunteers well trained to deal with the feelings & concerns of someone dealing with HIV/AIDS, living with someone or protection against HIV/AIDS.
- Information outreach services if possible. Must travel to Vancouver, comfortable contacts, counselling and services. Political advocacy re: human rights.
- Have not been of much help to outlying areas outside the Lower Mainland. Otherwise, the materials & the work they have done, especially in Vancouver looks very good.

Section 10. Do you have any other comments to add?

- This is coming from a 1 nurse unit with a 250 km district that does not do HIV testing due to the lack of time that is spread between many programs. The need may well be here for counselling, testing and support but the bodies to do that are not. The best I can do is some info to the schools and try to keep as current as possible with where the resources are and how best to access them. One doctor in this area will do HIV testing without any pre or post counselling, the other doctor doesn't do HIV testing as he can see no point in doing it as there is no cure for AIDS.

- In our community I am not aware of anyone testing positive for HIV. We have had some coming for testing at the local hospital but I am not aware of any positive results. We have community members engaged in high risk activities though.

- I wish to thank you for this and I hope your findings prove that we need more information in outlying areas of BC. We need to know AIDS is a danger everywhere and we need to get real basic facts about safety and training about how to relate to people with HIV. Best of luck in your project.

- Should be more continuity concerning the education of AIDS.

- I hope that all AIDS organizations pool resources and work together. We are all striving for the same goal and if we could all work together the possibilities are endless. Thank you for including me.

- The other concern I have is that we begin to look at ways of measuring success and evaluating programmes.

- We're very thankful for the help we've had from AIDS Vancouver, and hope to continue a useful association.

- The HIV positive clients I have seen (heterosexual) feel that AIDS Vancouver is not for them. Please promote strongly as not being primarily for homosexual men.

- AIDS Vancouver has been a tremendous support in finding ******** to lead our training conference this spring.

- We need more literature, more training provided, and also paid coordinators so the literature is posted out on an ongoing basis.

- We have not had, to our knowledge, a community member who resides in the area diagnosed with HIV/AIDS. I am sure that when this happens our needs will change. We usually have family members seeking information but the PWA resides in Vancouver. We feel that there is a need to heighten our community awareness. To date, very little has been done.

- Network with other organizations who are also addressing AIDS prevention and counselling for people with AIDS as to avoid duplication. Aboriginal specific programs.

- Keep up the great job you all are doing.

- We are just beginning to realize the potential extent of the problem and we know that we need to work hard to spear head an appropriate effective program which will meet the needs of all native people. We need direction to succeed and materials to support the efforts.

- Thanks for compiling this survey.

RECOMMENDATIONS

1. Investigate feasibility of AIDS Vancouver's MAN TO MAN program working with other ASO's and community organizations throughout the province in addressing the health promotion needs of MSM (men who have sex with men) in order to reduce the rate of HIV transmission within this population and improve the quality of life and health promotion options available for all MSM, regardless of serostatus.

    a) meet with community representatives to solicit support for the project, and a "buy-in" at the local level.
    b) undertake community based needs assessments and problem solving meetings as a first step towards the establishment of a local strategy.
    c) work with each community in developing effective lines of communication both within the community itself and at the regional and provincial level.

2. Work with these same groups and individuals in developing detailed local strategies for addressing the community development and health promotion needs of MSM.

3. Formulate a plan of action which coordinates these local initiatives into a provincial strategy.

4. Develop, in consultation with the involved ASO's and communities, an evaluation process which accurately measures the relative effectiveness of the proposed activities.

5. Develop strategies aimed at reducing existing barriers that impede and restrict delivery of information and services to MSM, particularly within the health care system.

6. Pilot test identified initiatives.

7. Prepare a multi-year strategic plan and funding request to support the recommendations of the study.

8. Implement the clearing house and 1-800 line aspects of this study by Jan. 1, 1994.

APPENDICES

1. Survey Instrument and results of survey
2. Letter to "yes" respondents
3. Letter to "other" respondents
4. Regional Coding and Breakdown

AIDS VANCOUVER
MAN TO MAN

Results of Survey - Out of 45 Respondents
(150 Questionnaires Sent Out)

1. What are the **primary goals and objectives** of your organization? (Tick as many as apply)

9	alcohol & drug abuse counselling	8	safer sex information
29	HIV testing / counselling	20	school visits
35	community awareness	17	public / media contact
16	outreach programs	18	support group(s)
19	condom distribution	11	needle exchange
15	other (please specify)		

_____

_____

_____

2. **Population**

a: What is the size of your community?

1	under 500 people	3	501 - 1000 people
6	1001 - 2000 people	2	2001 - 5000 people
3	5001 - 10,000 people	29	more than 10,000 people

b: What type of clients do you serve? (Tick as many as apply)

28	Gay Men	23	Lesbians
26	Bisexual Men	32	Heterosexual Men
22	Bisexual Women	33	Heterosexual Women
18	Sex Trade Workers (Male & Female)	23	Injection Drug Users
14	Other _____ (specify)		

Appendix 1

c: What is the approximate age groups of your clients?

15.1 % under 20 years old
8.0 % 21 - 25
10.4 % 26 - 30
11.1 % 31 - 35
11.2 % 36 - 40
8.5 % 41 - 45
7.5 % 46 - 50
3.2 % over 50 years old

d: How do you first contact the people you serve?

27 referrals from hospitals / doctors / health clinics / info lines
22 community organizations, clubs, groups
9 outreach at bars, dances, parties, etc
38 walk-in
17 school visits
22 other (please specify)

_____

_____

3. Organization & Training

a: Staff/Volunteers in your Organization

177 number of full time (paid) staff
48 number of part time (paid) staff
779 number of volunteers

b: How are your staff members trained? (Tick as many as apply)

27 professional degree
15 self taught
31 in-service training
11 other (please specify)

_____

_____

c: How are your volunteers trained? (Tick as many as apply)

18 on the job
22 use resource / training manuals
From where do you get the resources?

_____

8 send volunteers for training elsewhere
Where do you send them?

_____

d: How do your staff and volunteers receive ongoing skills updating?

Staff:
22 by correspondence
31 in-service training
31 from other professionals or organizations

Volunteers:
11 by correspondence
18 in-service training
15 from other professionals or organizations

e: How frequently do your staff receive skills updating?

17 once a year
12 2 - 4 times per year
4 more than 4 times per year
5 none

f: How frequently do your volunteers receive skills updating?

4 once a year
11 2 - 4 times per year
6 more than 4 times per year
3 none

4. Materials, Supplies

a: What kinds of materials do you currently use, and b: would like to have to assist your work?

	a: Currently Use	b: Would Like to Have
brochures	42	23
posters	33	10
training aids (videos, etc)	34	19
training manuals	28	21
condoms	27	9
lubricant	15	11
needles / syringes	13	9
other (please specify)	_____	_____
	_____	_____
	_____	_____
	_____	_____

c: From where do you get your materials? (tick as many as apply)

32 local health unit
22 purchase from other organizations
15 purchase from private companies
23 beg, borrow or steal what we can scrounge up
9 do not have much in the way of materials

5. Clients / Service Users

a: Where do you reach those people whose behaviour or activities your organization feels are most at risk for HIV/AIDS? (tick as many as apply)

2 local clubs, bars, etc.
25 they come to us
22 school visits
21 other (please specify) _____

b: How often do you reach these people?

6 annual campaign (once per year)
1 2 - 4 times per year
5 4 - 6 times per year
3 more than 6 times per year
21 most of our programs are ongoing
8 other (please specify)

6. Clearinghouse (Central Resource for Material Acquisition, Information Sharing, and Training Programs)

a: Do you feel that there is a need for a provincial clearinghouse for:

	Yes	No
training sessions for staff	33	3
training sessions for volunteers	32	3
training materials	36	2
brochures & posters	36	2
safer sex materials (condoms/lube etc)	33	2
information updates	36	2

other (please specify) _____

b: If you answered "yes" to any of the above, what organization do you feel would be the most logical one to provide for the above needs?

19	AIDS Vancouver
11	Ministry of Health
3	Ministry of Human Resources
12	B.C. S.T.D. Centre
18	B.C. AIDS Network
5	other (please specify) _____

_____

7. Telephone Help Line

a: Do you feel that you and your community are adequately served by the existing Provincial 1-800 HIV/AIDS telephone information lines?

25	Yes
12	No

If "No", please explain:

_____

_____

b: Do you feel that there is a need for another Province wide 1-800 telephone Help line that would include lay counselling, local referrals, and so on?

29 Yes 8 No

c: If yes, what hours of operation?

3	9 a.m. to 5 p.m.	6	Monday - Friday
14	8 a.m. to 10 p.m.	4	Monday - Saturday
17	24 hours per day	14	Seven days a week

d: If this phone line were to be put into operation, would your organization be willing to help compile referrals and keep us updated as to your use of the line(s)?

36 Yes 4 No

8. Do you have any comments or suggestions that might assist us in better understanding your needs, and those of your clients / service users?

9. In general, do you see a role for AIDS Vancouver in assisting you to assist your client population? What role(s), if any, do you see?

10. Do you have any other comments to add?

Thank you very much for your assistance.

1~ 2~,
3~,
4~,
5~, BC
7~

Dear 1~:

Thank you for agreeing to participate in our Needs Assessment for British Columbia. As I had suggested in my first letter, the Community Report on the Results of the Men's Survey implied that they had collected a minimal amount of information from outside of the Lower Mainland on the quality and quantity of education, especially concerning HIV transmission, and safer sex practices among men who have sex with men. Further, the report goes on to make the recommendation that:

"The primary objectives of HIV/AIDS education exist within a holistic continuum which includes prevention, treatment and care, and assumes that none of these operates in isolation from the other. Elements in the framework are: to develop personal skills, attitudes and beliefs that enhance the ability to control health and wellness; to strengthen community action; to create a supportive environment; to reorient health and social services; and to develop and institute health public policies." (Canadian Survey of Gay and Bisexual Men and HIV Infection, page 73)

Our own objective is to find out, in British Columbia, specifically, what services are being provided in this area, to whom, by whom, where and how often. Following that, we will (hopefully) be in a position to make recommendations that, if enacted, will enable you to access services, information and materials relevant to your needs in the 5~ area.

In addition, together with the AIDS HELPLINE, we would like to also determine the need, if any, for an additional province wide 1-800 number dealing specifically (and confidentially) with HIV/AIDS information and service availability specific to the people in the 5~ area.

The survey instrument should take about 20 minutes to complete. Your responses will be held in strict confidence, and will be coded by region of the province. Once the information is compiled, we will provide you with a copy of the report, and recommendations. Please return the survey as soon as possible. Your help and assistance are really appreciated.

Cordially,

Michael R. Botnick
MRB/b
encl.

Appendix 2

5~ 6~,
1~,
2~,
3~,
4~

Dear 5~:

Even though we have not received a response from you regarding participating in the Needs Assesssment, I feel certain that you would like your organization's comments included in this Province - Wide analysis of community services. In my first letter, I indicated that the Community Report on the Results of the Men's Survey implied that they had collected a minimal amount of information from outside of the Lower Mainland on the quality and quantity of education, especially concerning HIV transmission, and safer sex practices among men who have sex with men. Further, the report goes on to make the recommendation that:

"The primary objectives of HIV/AIDS education exist within a holistic continuum which includes prevention, treatment and care, and assumes that none of these operates in isolation from the other. Elements in the framework are: to develop personal skills, attitudes and beliefs that enhance the ability to control health and wellness; to strengthen community action; to create a supportive environment; to reorient health and social services; and to develop and institute health public policies." (Canadian Survey of Gay and Bisexual Men and HIV Infection, page 73)

Our own objective is to find out, in British Columbia, specifically, what services are being provided in this area, to whom, by whom, where and how often. Following that, we will (hopefully) be in a position to make recommendations that, if enacted, will enable you to access services, information and materials relevant to your needs in the 3~ area.

In addition, together with the AIDS HELPLINE, we would like to also determine the need, if any, for an additional province wide 1-800 number dealing specifically (and confidentially) with HIV/AIDS information and service availability specific to the people in the 3~ area.

The survey instrument should take about 20 minutes to complete. Your responses will be held in strict confidence, and will be coded by region of the province. Once the information is compiled, we will provide you with a copy of the report, and recommendations. 5~, I urge you to complete and return the survey as soon as possible. Your help and assistance are really appreciated.

Cordially,

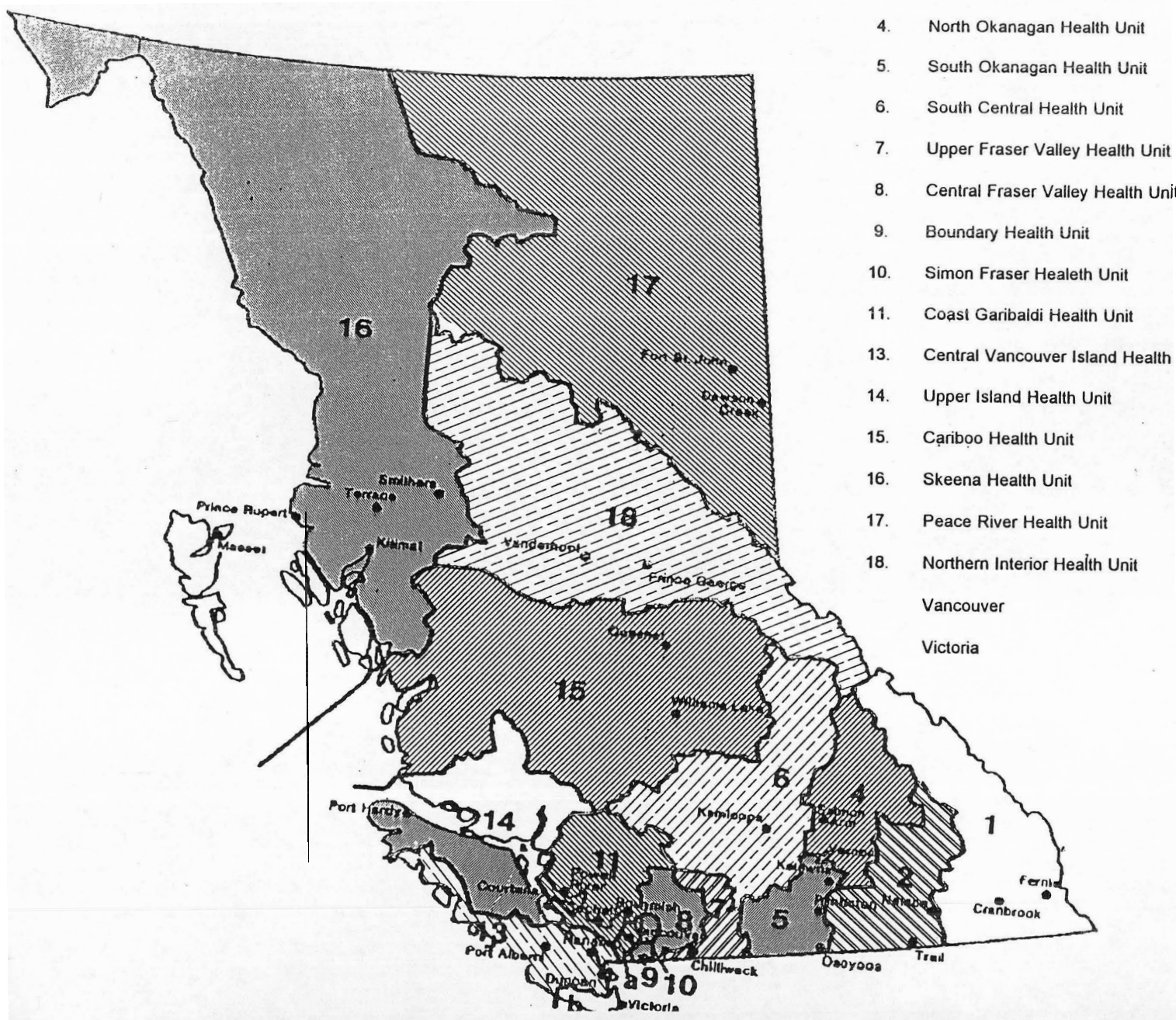
Michael R. Botnick
MRB/b
encl.

Appendix 3

Appendix 4

Responses by Region

1.	East Kootenay Health Unit	0
2.	Central Kootenay Health Unit	5
4.	North Okanagan Health Unit	3
5.	South Okanagan Health Unit	2
6.	South Central Health Unit	1
7.	Upper Fraser Valley Health Unit	3
8.	Central Fraser Valley Health Unit	3
9.	Boundary Health Unit	1
10.	Simon Fraser Healeth Unit	1
11.	Coast Garibaldi Health Unit	4
13.	Central Vancouver Island Health Unit	2
14.	Upper Island Health Unit	3
15.	Cariboo Health Unit	4
16.	Skeena Health Unit	2
17.	Peace River Health Unit	2
18.	Northern Interior Health Unit	4
	Vancouver	2
	Victoria	3



REGION CODE

20 Vancouver

21 Victoria

		Page #
15	100 Mile House - Cariboo Health Unit	6
7	Abbotsford - Upper Fraser Valley Health Unit	21
7	Agassiz - Upper Fraser Valley Health Unit	21
14	Alert Bay - Upper Island Health Unit	22-23
4	Armstrong - North Okanagan Health Unit	12
6	Ashcroft - South Central Health Unit	18
6	Barriere - South Central Health Unit	18
15	Bella Coola - Cariboo Health Unit	6
18	Burns Lake - Northern Interior Health Unit	13
14	Campbell River - Upper Island Health Unit	22-23
16	CASSIAR - Skeena Health Unit	16-17
2	CASTLEGAR - Central Kootenay Health Unit	8
6	Chase - South Central Health Unit	18
17	Chetwynd - Peace River Health Unit	14
7	CHILLIWACK - Upper Fraser Valley Health Unit	21
6	Clearwater - South Central Health Unit	18
14	Comox - Upper Island Health Unit	22-23
10	COQUITLAM - Simon Fraser Health Unit	15
14	COURTENAY - Upper Island Health Unit	22-23
1	CRANBROOK - East Kootenay Health Unit	11
1	Creston - East Kootenay Health Unit	11
17	DAWSON CREEK - Peace River Health Unit	14
9	Delta - Boundary Health Unit	5
9	Delta Centre (North) - Boundary Health Unit	5
13	Duncan - Central Vancouver Island Health Unit	9
1	Elkford - East Kootenay Health Unit	11
4	Enderby - North Okanagan Health Unit	12
1	Fernie - East Kootenay Health Unit	11
17	Fort Nelson - Peace River Health Unit	14
18	Fort St. James - Northern Interior Health Unit	13
17	Fort St. John - Peace River Health Unit	14
18	Fraser Lake - Northern Interior Health Unit	13
2	Fruitvale - Central Kootenay Health Unit	8
11	GIBSONS - Coast Garibaldi Health Unit	10
1	Golden - East Kootenay Health Unit	11
14	Gold River - Upper Island Health Unit	22-23
2	Grand Forks - Central Kootenay Health Unit	8
18	Granisle - Northern Interior Health Unit	13
2	Greenwood - Central Kootenay Health Unit	8
16	Hazelton - Skeena Health Unit	16-17
7	Hope - Upper Fraser Valley Health Unit	21
14	Hornby Island - Upper Island Health Unit	22-23
16	Houston - Skeena Health Unit	16-17
17	Hudson Hope - Peace River Health Unit	14
1	Invermere - East Kootenay Health Unit	11
6	KAMLOOPS - South Central Health Unit	18
6	Kamloops (North) - South Central Health Unit	18
2	Kaslo - Central Kootenay Health Unit	8
5	KELOWNA - South Okanagan Health Unit	19-20
5	Keremeos - South Okanagan Health Unit	19-20
1	Kimberley - East Kootenay Health Unit	11
16	Kitimat - Skeena Health Unit	16-17

Region Code		Page #
13	Ladysmith - Central Vancouver Island Health Unit	9
13	Lake Cowichan - Central Vancouver Island Health Unit	9
8	Langley - Central Fraser Valley Health Unit	7
6	Lillooet - South Central Health Unit	18
6	Logan Lake - South Central Health Unit	18
4	Lumby - North Okanagan Health Unit	12
18	Mackenzie - Northern Interior Health Unit	13
11	Madiera Park - Coast Garibaldi Health Unit	10
8	MAPLE RIDGE - Central Fraser Valley Health Unit	7
16	Masset - Skeena Health Unit	16-17
18	McBride - Northern Interior Health Unit	13
6	Merrit - South Central Health Unit	18
8	Mission - Central Fraser Valley Health Unit	7
2	Nakusp - Central Kootenay Health Unit	8
13	NANAIMO - Central Vancouver Island Health Unit	9
2	Nelson - Central Kootenay Health Unit	8
10	New Westminster - Simon Fraser Health Unit	15
5	Oliver - South Okanagan Health Unit	19-20
5	Osoyoos - South Okanagan Health Unit	19-20
13	Parksville - Central Vancouver Island Health Unit	9
11	Pemberton - Coast Garibaldi Health Unit	10
5	Penticton - South Okanagan Health Unit	19-20
13	Port Alberni - Central Vancouver Island Health Unit	9
14	Port Alice - Upper Island Health Unit	22-23
10	Port Coquitlam - Simon Fraser Health Unit	15
14	Port Hardy - Upper Island Health Unit	22-23
14	Port McNeill - Upper Island Health Unit	22-23
10	Port Moody - Simon Fraser Health Unit	15
11	Powell River - Coast Garibaldi Health Unit	10
18	PRINCE GEORGE - Northern Interior Health Unit	13
16	Prince Rupert - Skeena Health Unit	16-17
5	Princeton - South Okanagan Health Unit	19-20
15	Quesnel - Cariboo Health Unit	6
4	Revelstoke - North Okanagan Health Unit	12
2	Rossland - Central Kootenay Health Unit	8
5	Rutland - South Okanagan Health Unit	19-20
2	Salmo - Central Kootenay Health Unit	8
4	Salmon Arm - North Okanagan Health Unit	12
11	Sechelt - Coast Garibaldi Health Unit	10
4	Sicamous - North Okanagan Health Unit	12
16	Smithers (Alfred Ave.) - Skeena Health Unit	16-17
16	Smithers (Court St.) - Skeena Health Unit	16-17
1	Sparwood - East Kootenay Health Unit	11
11	Squamish - Coast Garibaldi Health Unit	10
16	Stewart - Skeena Health Unit	16-17
5	Summerland - South Okanagan Health Unit	19-20
9	SURREY - Boundary Health Unit	5
	Surrey (Cloverdale) - Boundary Health Unit	5
	Surrey (North) - Boundary Health Unit	5
14	Tahsis - Upper Island Health Unit	22-23
16	Terrace - Skeena Health Unit	16-17
2	Trail - Central Kootenay Health Unit	8
17	Tumbler Ridge - Peace River Health Unit	14

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