

# **EDUCATION DEPARTMENT ANNUAL REPORT**



## **1997-1998**



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## ***EXECUTIVE SUMMARY***

Over the last fifteen years, AIDS Vancouver has developed and sustained considerable capacity in the field of HIV/AIDS education and prevention. The Education Department has provided consistent HIV/AIDS technical support for community-based organizations through its **training services (The Training Institute)**, reliable information through its **Information services (The Library and Helpline)**, and innovative approaches to targeted prevention with specific vulnerable populations through its **outreach services (Women's Outreach, Man to Man Program, and Community Outreach)**

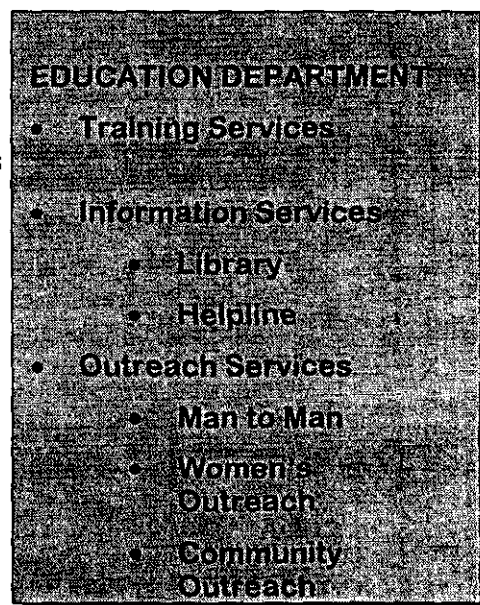
The Education Department of AIDS Vancouver is committed to raising awareness about the prevention of HIV transmission and the prevention of the progression of HIV illness, through supporting individuals to make informed choices with regard to their health.

Through its six programs it strives to honour the principles of health promotion, population health, harm reduction, participatory action research and community development in all aspects of program planning including design, implementation, evaluation and ongoing program refinement. Our programs work together in collaborating with other departments in the agency as well as other community organizations and community members in all aspects of programming.

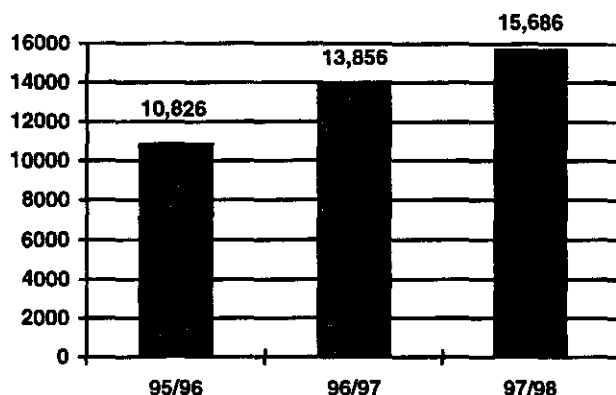
### **DEPARTMENT OUTPUTS**

In 1997/98 AIDS Vancouver's Education Services continued to be responsive to the changing epidemiological trends by providing services to the populations in most need including **women, young gay men, injecting drug users and aboriginal people**. Our services were delivered to a total of 15,686 individuals in 1997/98 representing a **13 per cent** increase overall since 1995/96.

With the exception of our outreach programs, services are provided on a per request basis. Our outreach services are provided through a proactive approach which targets vulnerable populations. The number of requests for our training and information services continued to increase over the last three years with a **41 per cent** and **19.5 per cent** increase for our training and information services respectively. The number of outreach contacts increased by **1.8 per cent** during the same period of reporting indicating that we have provided a consistent level of targeted outreach activity over the years.



Clients Served by Year



Because of its commitment to diversity and to developing community partnerships the Education Department has been in a strong position to respond to the changing demographics of HIV/AIDS over the past few years. Epidemiological studies from Health Canada, BC Ministry of Health, the BC Centre for Excellence in HIV/AIDS, and AIDS Vancouver's Support Services have shown the need to address the unique challenges of marginalized people including injection drug users, young gay men, women, and aboriginals. Our Women's Outreach Program targets women, particularly women living in poverty and those using injection drugs, while our Man to Man Program targets young gay men. Our training services provide technical

support to individuals and professionals serving marginalized people as well as providing technical support to other organizations such as Healing Our Spirit, transition houses and recovery houses.

Our Library and Helpline have addressed increasing requests for information about injection drug use and associated health issues pertaining to Hepatitis C. The Training Institute continues to respond to requests from health professionals who provide

Over the last 3 years there has been a 41 per cent increase for our training services and a 19.5 per cent increase for our information services. The number of outreach contacts has increased by 1.8 per cent over the same period. There has been no increase in our funding level over this period.

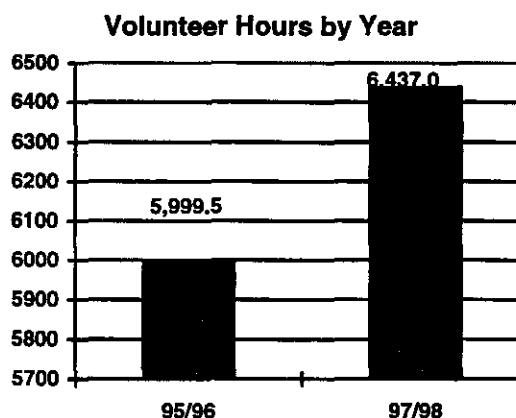
services to women, injecting drug users, aboriginal people and young gay men. During the past two years a major theme of the Women's Outreach Program has been to develop continuity of contact with women. Women living on the street, with alcohol and drug addiction, involved in sex trade work, are in frequent contact with women's centres in the Downtown Eastside (DTES), alcohol and drug treatment centres, and the prison system. By establishing outreach links in all three areas, there is opportunity for repeated contact with women who would often have little other access to infection and illness prevention information. Over the last year we have also begun transferring this model to other outreach programs in the department. The Man to Man program has continued to provide outreach to

young gay men as well as helping to establish and maintain a drop-in centre for male sex trade workers and a health clinic for lesbians, gay men, bisexuals and transgendered people. Our Community Outreach Program provided outreach services to men who have sex with women as well as families living on the east side of Vancouver.



## VOLUNTEER CONTRIBUTIONS

Education services has continued to meeting increasing demands for services with the same level of resources we had three years ago. One of the main reasons we have been able to do this is through the strong dedication and commitment of our volunteers. Our education services have always recognized the value of peer involvement in developing relevant programming as well as a means of building community capacity. The volunteers, in turn, have stood by us over the years and made it possible for us to continue addressing the increasing demand for services. This is evident in the following bar chart which demonstrates an increase in the number of volunteer hours since 1995/96.

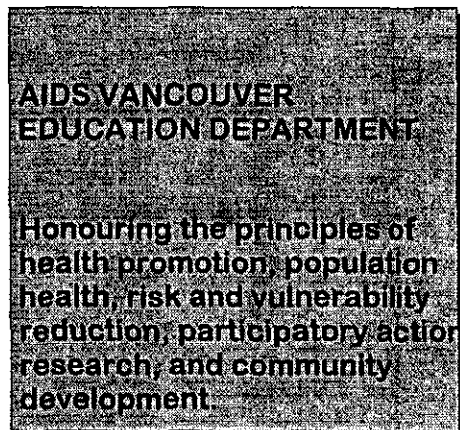


## DEPARTMENT OUTCOMES AND EVALUATION

AIDS Vancouver's Education Department aims to provide targeted and accessible education services and information which prevent HIV infection and the progression of HIV disease, as well as evaluate our services for ongoing program refinement and to provide comprehensive and accessible documentation of these services. Our approach focuses not only on individual risk reduction but also on addressing the immediate environmental and societal conditions that contribute to an individual or a population being more vulnerable to risk.

Evaluation outcomes over the last year were based on an internal analysis by agency staff of information gained from monthly activity reports, event activity reports, client surveys conducted at community events, client focus groups, volunteer feedback and evaluations, and a review of program documentation and activities. Based on our analysis, we conclude that our programs did in fact meet our goal of providing targeted and accessible educational services and information in the following ways.

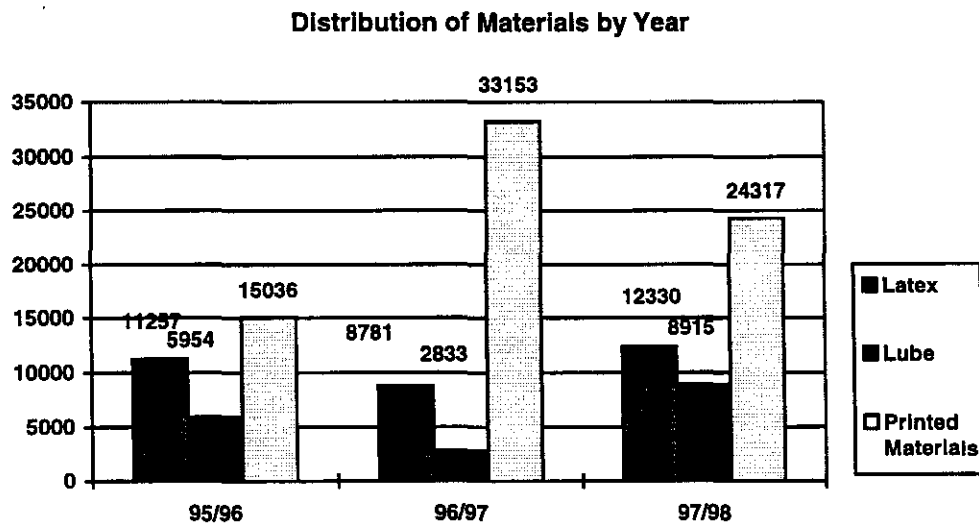
- ***provided accessible print resources, condoms and lube***
- ***provided information in plain language that was culturally appropriate***



- ***provided training and technical support to service providers who work with people living with HIV***
- ***provided targeted information to specific populations including young gay men, women, injecting drug users, and aboriginal people as well as to service providers supporting these populations***
- ***provided information at venues that these targeted populations frequent in their own community***
- ***developed new community partnerships and sustained existing ones in building community capacity to address HIV related issues***
- ***created safe and supportive environments in which information was shared***
- ***provided referrals for individuals to address HIV related health issues***

Staff and volunteers observed positive changes with some contacts in the following areas:

- ***new knowledge about HIV transmission and HIV related issues***
- ***greater self-awareness about health choices***
- ***greater motivation to reduce harm for themselves and others***
- ***greater willingness and ability to engage positive resources for their own health***
- ***enhanced self-esteem and skills***
- ***reduced isolation, enhanced peer supports, supportive environment***
- ***greater community capacity to address HIV and HIV related health issues***



Participants were asked whenever appropriate how satisfied they were with our services. Some of them described the positive impact of our services as follows:

- *new information and greater awareness of the effects of HIV transmission and HIV health related issues*
- *greater self-awareness about HIV transmission*
- *greater self-awareness about HIV services and health related services*
- *greater self-awareness about self-esteem issues*
- *greater opportunity to talk with others in their situation and to receive support from their peers*

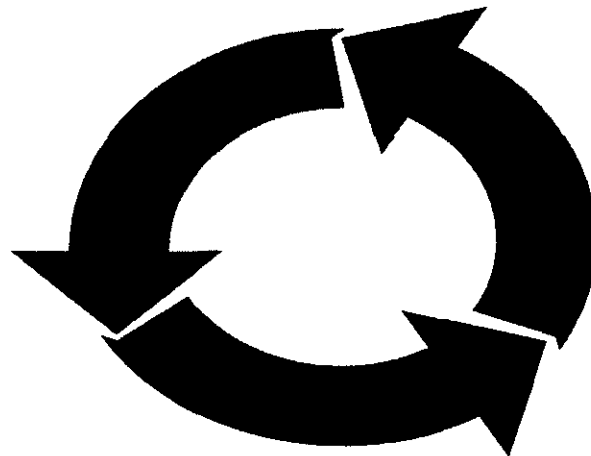
## EMERGING THEMES, TRENDS, AND PLANNING

## New Directions?

This last year has seen a number of developments locally, provincially and nationally which will have an ongoing impact on the kinds of education services we deliver over the next 2-3 years as well as the way we deliver them.

The Downtown Eastside HIV/AIDS Plan has directly reduced the need for

The announcement of Phase III of the National AIDS Strategy and a commitment to community based research holds much promise for our ongoing initiatives with participatory action research in our Man to Man Program, Women's Outreach Program and Community Outreach Program. It is encouraging to know that the federal government has made a financial commitment to support community groups to undertake this kind of research.



services in this neighbourhood of the as 42 new outreach workers have been hired as part of this plan. Subsequently, we are currently attempting to develop services for injection drug users that does not duplicate what is currently being provided by others. This has had the greatest impact on our Women's Outreach Program which will be taking a new direction over the next fiscal year as we develop some new initiatives in other areas of the city.

The emergence of Hepatitis C as a major health concern in Vancouver last year resulted in a direct increase in demand on all our education services for Hepatitis C information. Our Helpline and Library in particular are receiving an increasing number of requests for Hepatitis C information on a daily basis. This raises concerns about who is and who should be providing the public with this information. It also begs the question of whether AIDS Vancouver should be responsible for providing non-HIV specific information vs HIV specific information.

Shifting of fiscal responsibility for HIV/AIDS funding to the Vancouver/Richmond Health Board raised issues with respect to our geographical mandate as well as universal vs targeted education services. Over the next year as we evaluate our services and refine our work plans we will be looking for new and innovative ways of integrating our services in order to prevent duplication in areas already being addressed by other groups/organizations. This might entail working with other groups and organizations to develop a coordinated education plan that sets long term goals and objectives.

The announcement of Phase III of the National AIDS Strategy and a commitment to community based research holds much promise for our ongoing initiatives with participatory action research in our Man to Man Program, Women's Outreach Program, and Community Outreach Program while at the same time challenging us to develop a better understanding of the psychosocial dynamics of vulnerable populations. We have begun a process of listening to the people we are serving in order to develop more relevant and responsive services. As we continue this process it is reassuring to know that the federal government has made a financial commitment to support community groups to undertake this kind of research.

While 1997/98 was a challenging year for the Education Department it was not without its breakthroughs and accomplishments. Once again thanks to our dedicated volunteers we were able to make it through another year of increasing demand and shrinking resources, a major accomplishment in itself. An HIV health promotion workshop called Study-Plan-Do presented by our trainers at the National Skills Building Symposium was one of the highest rated workshops at the Symposium. One of our trainers was also asked to sit on the HIV Surveillance, Epidemiology and Research Review Committee which advises the Vancouver/Richmond Health Board on controversial issues related to HIV/AIDS. Our outreach team continued to demonstrate an innovative approach in the field by incorporating participatory research into their outreach activities. Our Helpline coordinator maintained the same high standard of service this program is known for while addressing new requests for information related to Hepatitis C and injecting drug use. Our librarian was the recipient of the Award for Achievement in Library Services from the British Columbia Library Association. Finally two important new print resources were developed and well received. The first was an HIV information pamphlet for men who have sex with women. The second was a brochure pertaining to confidentiality and HIV/AIDS which is the only one of its kind in Canada.

## ***INFORMATION SERVICES***

### **PARC LIBRARY JANICE LINTON**

#### **Program Goals, Objectives and Operating Theories**

The Pacific AIDS Resource Centre Library is a community based, publicly accessible specialized collection of information on HIV and AIDS. The Library provides access to a variety of resources in a supportive environment to people living with HIV and AIDS, the community at large and the partners of PARC. It is readily accessible to volunteers and staff providing services through the AIDS Vancouver Helpline and the BC Persons With AIDS Society Treatment Information Program, as well as other programs offered at the Pacific AIDS Resource Centre. The Library is open to everyone and is used by people living with HIV and their families, staff, educators, students, healthcare professionals and the general public.

#### **Description of Program Outputs**

##### ***The Collection***

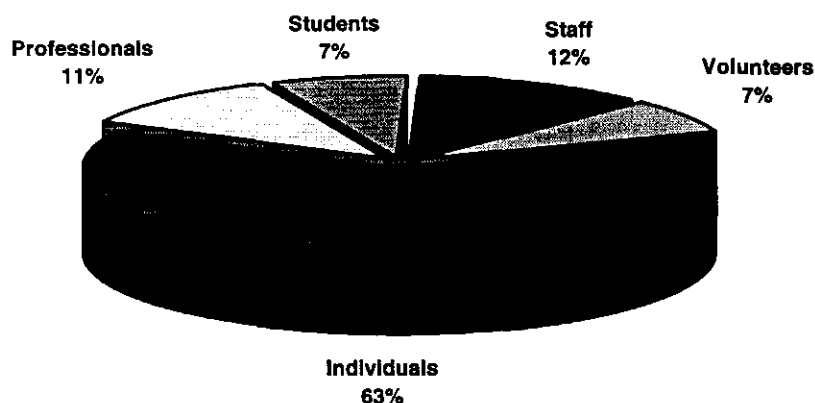
The Library has an extensive collection of books, videos and audiocassettes. In addition The Healthy Living Centre in the Library is a collection of articles and newsletters on living with HIV, which allows people to select the information they require in order to build individual plans for self-care. The Library provides current information on all aspects of education for prevention and support for those living with HIV by collecting a wide range of materials, accessible to a diverse audience. Popular topics include those on Nutrition, Disclosure & Family Relations, Women's Issues and Planning Treatment Strategies. The Library collection now consists of almost 3,000 books, 100 journal titles, 600 videos, an index to 9,000 journal articles and over 100 self-serve information packages available at the Healthy Living Centre.

Other areas of the collection which were targeted for development in 1997/98 included updating the children's book collection, resources for volunteer management, reference books on issues in the primary prevention of AIDS in women and the medical management of HIV+ women and more treatment reference books and journals. In addition, a weeding program was undertaken to eliminate out-of-date resources on clinical management and to make the medical reference section easier to use. A new edition of the PARC Video Catalogue was developed with the support of the STD/AIDS Video Library at the BC Centre for Disease Control.

<b>Growth of Collection</b>	<b>April 1997 to March 1998</b>
New Books	298
New Videos	42
New Articles Indexed	1,770

### ***Library Services***

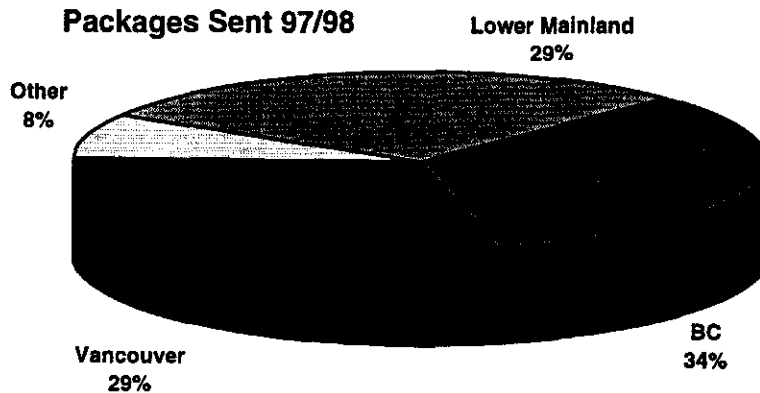
Throughout the year, 6,556 patrons contacted the Library for information. The majority of the patrons using the Library over the year were individuals living with HIV/AIDS, family members and others affected by HIV/AIDS. In addition, the Library is an excellent resource for professionals, educators, health care workers, students and people providing services through the PARC programs. The majority of the patrons (64 per cent) were male.



Library patrons accessed information in a number of different ways. Some chose to obtain a Library Card to borrow books, videos and audiocassettes. Others dropped by to use the resources on site. This included people coming to the Library to use the medical reference books; our excellent selection of AIDS journals and magazines for people living with HIV; or to watch a video. People also picked up resources on living with HIV at the Healthy Living Centre or contacted us to mail out information packages.

Most patrons (85 per cent) dropped by the Library while others (14 per cent) telephoned us for reference information or to renew materials. In addition to the many people who dropped by or called us for service, we filled 221 requests for information from patrons who could not come into the Library. The Library continues to receive many requests for information from people living throughout British Columbia. Over **70 per cent** of requests for materials to be sent by fax or mail come from people living outside

Vancouver. These requests come from Health Units, Band Councils, students, people living with HIV and AIDS organizations in rural areas.



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**Circulation**

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Books	1,254
Videos	1,231
Audiocassettes	23
# of articles selected by patrons 1997/98	6,760

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**Collection Size (as of June 1998)**

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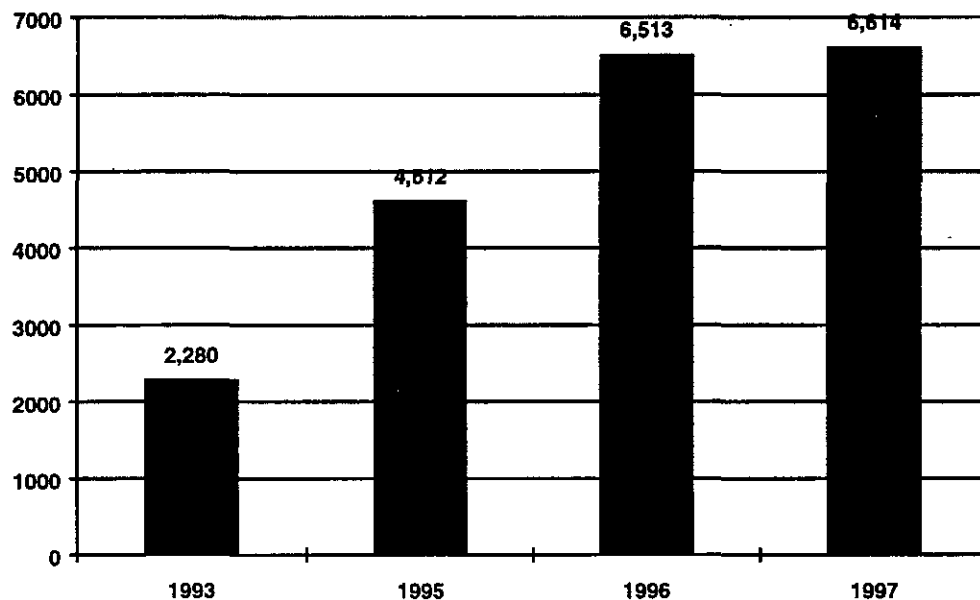
Book Titles	2,907
Video Titles	619
Subject Files	300
Journal Subscriptions (approx.)	100
Journal Articles Indexed	8,679

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**Analysis of Program Outputs**

As the following chart illustrates, Library usage has almost tripled during the period 1993 to 1997. October 1997 was the Library's busiest month ever with 676 patrons requesting information.

### Requests for Services



### Volunteer Contributions

Many volunteers assist the Library staff to provide quality service to people seeking information on HIV/AIDS and local services for PWAs. Under the guidance of the Librarian, volunteers provide information and referrals to patrons, process new materials, develop bibliographies, provide cataloguing and indexing services, and do data entry. Overall, the volunteers help to organize the collection and make the Library a warm and inviting place where people can feel comfortable in accessing information to meet their needs. The Library appreciates the dedication and support provided by the many volunteers who devote their time on a regular basis to helping people access information.

#### April 1997 to March 1998

Total Volunteer Hours	1,509
Average Number of Volunteer Hrs/Month	125.75

The volunteer team providing Library services consists of 12-15 dedicated, trained staff who make a minimum one year commitment to the program. Core Training is provided by AIDS Vancouver's Volunteer Resources, and specialized training in providing Library services is given to new volunteers. Ongoing support and continuing education activities are provided by the Library staff. Volunteers in 1997/98 were given the opportunity to attend workshops at the BC AIDS Conference.

Volunteers bring a wide range of experiences to the Library program. Some work in other libraries; some are living with HIV; many are professionals; all are interested in helping others affected by HIV/AIDS. The assistance the volunteers provide to the



Library program is essential in helping us to fulfill our commitment to providing quality services in a warm and friendly environment.

### **Volunteer Feedback**

*"I met a lot of interesting and wonderful people and I must say that the energy at PARC was fantastic."*

### **Program Partners**

Many of the Library's community partnerships are the same as for the entire Department. In addition to assisting the staff and members of many groups around the province, including AIDS Service Organizations in urban and rural areas, other community-based groups, and health units, the Library is a significant partner in CANNET, the Canadian national network of HIV resource centres.

In February 1998, the PARC Library hosted a workshop for CANNET members interested in learning more skills to provide HIV information services to their communities. Service providers in attendance came from many BC communities as well as organizations in the Yukon and Alberta. Many small HIV resource centres in rural areas are now using the specialized classification scheme and subject headings developed for the PARC Library in 1992.

The PARC Library also benefits significantly from membership in CANNET, since we are now able to provide better referral services to specialized AIDS collections, when appropriate. This helps us to keep our costs down, while provide quality information services.

We have received many positive comments from our patrons. A few of them are included here.

*Hello. This is Katrina from the University of Prince Edward Island.*

*I just wanted to thank you for sending the articles on support. All of the articles came to good use while I was writing my paper. Thank you very much.*

*Katrina*

*It's [CBC reporter] calling back to thank you very much for sending off these statistics. They are going to be most helpful.*

*[from Vancouver Women's Health Collective].....thank you very much for all of the material that you sent us, particularly the two books, Managing Your Health.....I think they are going to be very helpful, and all the other pamphlets, etc.*

*Thank you very much for all your help on my AIDS research project.*

*[Secondary School student]*

*Thank you for this fact sheet. As a member of an AIDS risk group, I am seeking this information to inform myself about the state of the AIDS epidemic.....As I am*

*not able to personally visit the PARC Library, anything you can send will be gratefully accepted.*

*[patron, rural area of BC]*

*Thanks for getting back to me...and thanks a lot for the references!*

*[HIV epidemiology researcher]*

*Jam-packed with good info. Thanks for passing it along.*

*[AV staff member]*

*Thank you for putting together the information package on AIDS in Indonesia for me. It was most helpful in preparing educational sessions and afterwards it was widely circulated to groups and interested people.*

*[BCPWA staff member]*

*Your packet arrived today, and it's tremendously helpful! Thanks so very much.*

*[US educator]*

*Thank you so much for your information about HIV children's literature; I am researching these books and resources promptly.*

*[American educator developing a children's bibliography]*

*Even if it's a crazy day, you always greet people who come into the Library in a warm and welcoming way and are incredibly accommodating even when faced with the most absurd requests. Thanks for making the PARC library something to be proud of.*

*[PARC staff member]*

*The 'how medicine works on the virus' is EXCELLENT for explaining to people in a very simple format the various drug regimens and viral replication. THANK YOU!*

*[AIDS Vancouver staff member]*

*Thank you very much for the recent information that you forwarded along, particularly the subject headings and classification scheme. I had been using LC for both so far...but I was struck by how much more appropriate your schemes would be in organizing our materials. I am most grateful for these and I appreciate your very generous support in helping me with the organization of our Resource Centre and allowing us to benefit from your experience.*

*[coordinator of STD/HIV resource centre/CANNET member]*

*Thank you for your help. My abstract is on its way to Geneva!*

*[member/volunteer from Vancouver HIV group]*

## **HELPLINE - STEPHEN SMITH**

### **Program Goals, Objectives and Operating Philosophy**

The Helpline is a confidential and anonymous telephone service providing accurate and timely information about HIV and AIDS, and appropriate referrals. The program strives to be accessible, and seeks to enable callers to make informed decisions regarding their health.

In the 1997/98 fiscal year, the Helpline's mission statement was augmented by a set of three goals:

- ensure the accuracy and integrity of Helpline information services
- improve accessibility to Helpline services
- increase awareness of Helpline services

The goals were designed to re-enforce existing principles of service delivery and enhance the program. Each goal was further defined by a set of measurable objectives, which also drove the planned activities of the program. These objectives included:

- provide on-going educational, training, and evaluation opportunities for Helpline volunteers
- maintain up-to-date and accurate information resources
- promote the Spanish and Cantonese Helpline services and continue systematic promotion of the English Helpline service

The objective set then tied directly into the planned activities of the 97/98 fiscal.

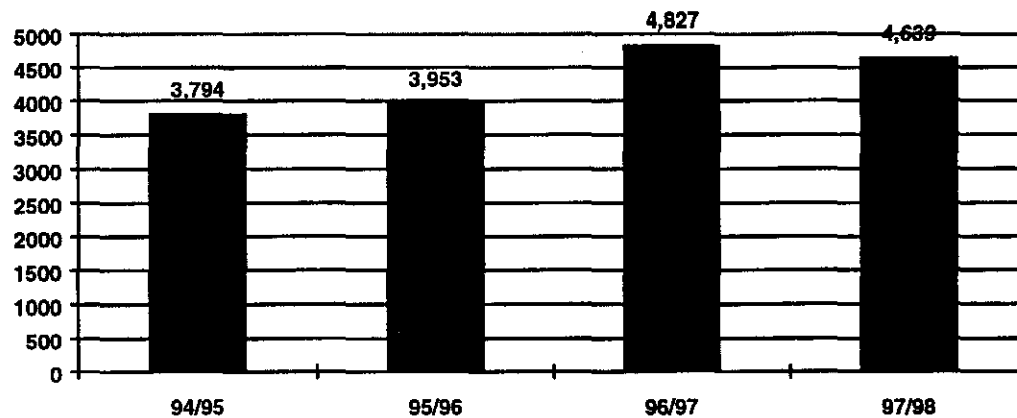
### **Description of Program Outputs**

1997/98 was another busy year for the Helpline program. Although the total number of calls made to the Helpline was slightly less than in the previous fiscal year when the International Conference was held in Vancouver – it was still significantly higher than either the 94/95 or 95/96 fiscal years. This level of activity can be attributed in part to a continued volunteer commitment to the program in terms of consistent staffing, and also in part to the media attention focused on the HIV infection rate in Vancouver's Downtown Eastside and the search for compensation for people infected with Hepatitis C through blood transfusions. Approximately 20 per cent of the Helpline calls handled this year dealt with Hepatitis in some way. Indeed, the Helpline has become a popular resource for people seeking this kind of information. Staff and volunteers in the program have endeavored to meet this demand in light of the absence of agencies providing comprehensive Hepatitis-related information and support.

### **Analysis of Program Outputs**

Volunteers and staff in the Helpline program assisted 4,639 callers in 1997/98, which represents a decrease of about 4 per cent from last year's total of 4,827 but an increase of about 17 per cent from the previous year's total of 3,953.

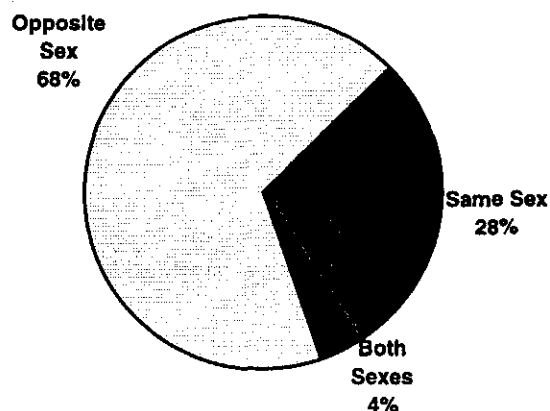
**Total Number of Calls by Year**



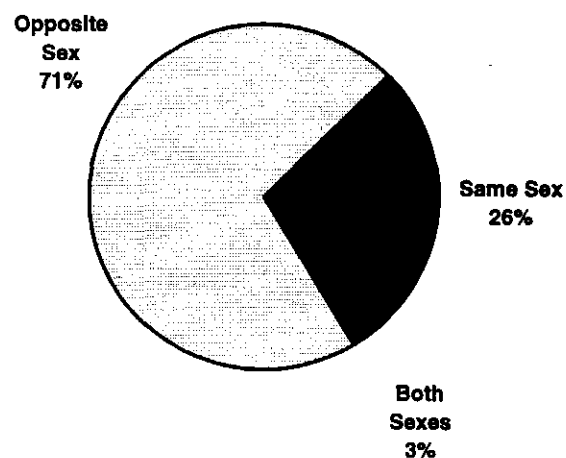
Approximately 62 per cent (2,876) of the callers were male, and 38 per cent (1,763) were female, which remains fairly consistent with the gender ratios from previous years.

Approximately 30 per cent of Helpline calls allowed the volunteer to assess the type of sexual contact about which the caller was concerned. Nearly three-quarters were concerned about contact with the opposite sex. The ratio between the three categories, opposite sex contact, same sex contact and both sexes contact, remained relatively unchanged from the previous three years, indicating that the profile of callers is fairly static from year to year.

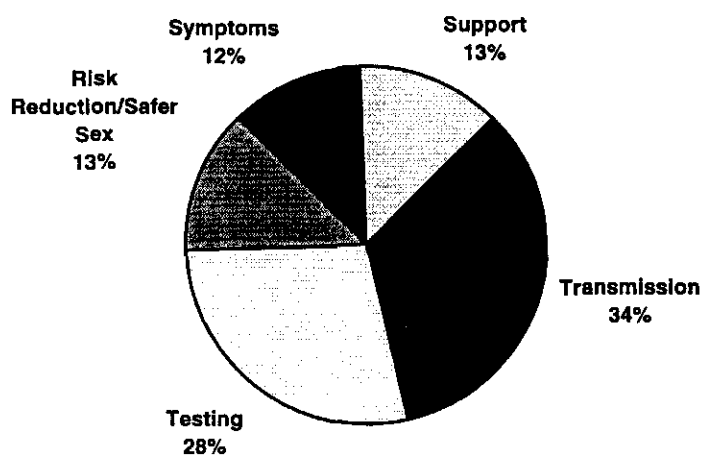
1996/97



1997/98



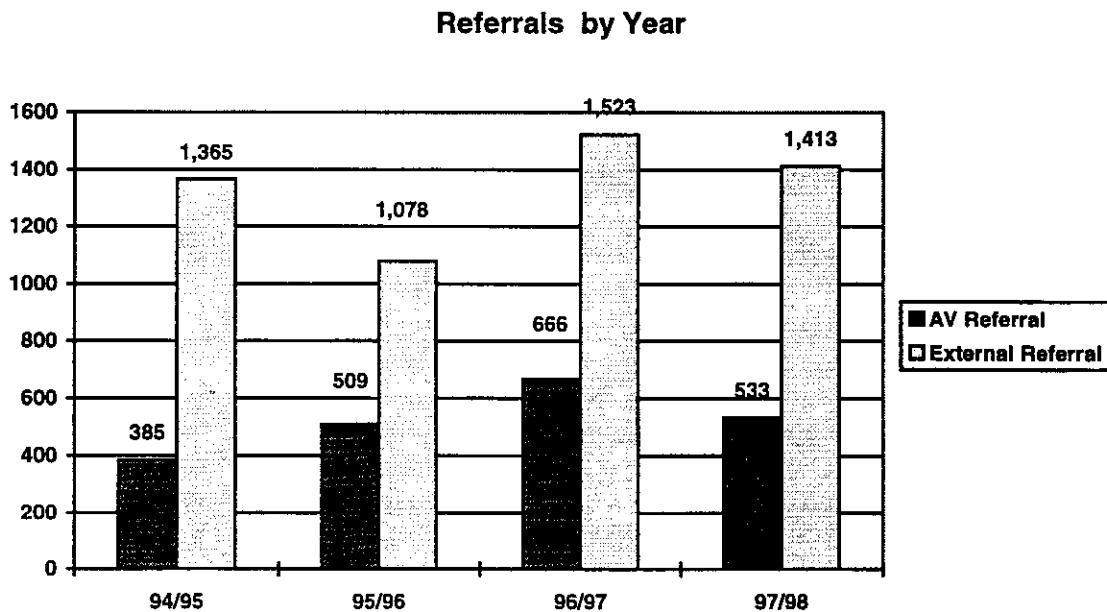
The actual content of Helpline calls tended to focus on five general subject areas: transmission, symptoms, risk reduction/safer sex, support, and testing. The breakdown of caller concerns is illustrated in the following chart.



Interestingly, the majority of Helpline callers with concerns about transmission are contacting the Helpline after potentially putting themselves at risk. Volunteers, whenever

possible, take the opportunity to offer options for risk reduction with regard to any future activities.

In about 45 per cent of the total number of calls, a referral was suggested to the caller, 70 per cent of which were made to an outside agency. The most common referrals were to a clinic or physician for HIV testing, or to the PARC Library or BCPWA Treatment Information Program for further research on a specific topic. Another common referral is to the Information Office, the intake point for new clients wishing to access services at Project Sustain or one of the other PARC partners. This pattern has remained relatively unchanged since 1993 as illustrated by the following chart.



Promotion of the Helpline services continued in 97/98 through the distribution of Helpline postcards. In addition to the usual ad hoc disbursement of cards, bulk packages were mailed out to schools and community centres in the Lower Mainland. This year, for the first time, cards were printed in both Chinese and Spanish. These cards, which were developed in consultation with our community partners, are a promotional tool that is directly accessible to the populations targeted for a specialized Helpline service.

Promotional initiatives notwithstanding, it seems that most callers connect with the Helpline by opening a telephone directory to "AIDS"; data to support this observation is sketchy, but could be collected systematically through the implementation of a brief user survey – something that will likely be initiated in the current fiscal year.

### **Volunteer Contributions**

Volunteers continued to be the backbone of the Helpline program in the 97/98 fiscal year, staffing the lines for a total of **3,330 hours** and providing one of AIDS Vancouver's most cost-effective services. The evolving informational needs of the Helpline volunteers were addressed through access to current literature and informational resources, as well as through in-service education opportunities on such topics as anti-viral medication, HIV-related testing, and sexually transmitted diseases. Volunteers also had opportunities to meet as a team quarterly, and annual evaluation/feedback meetings with the Coordinator were implemented. Additionally, the contribution that volunteers make to the program was recognized and celebrated at two Helpline volunteer luncheons.

### **Emerging Themes, Trends and Planning**

In the future, it is likely that callers will continue to rely on the Helpline as a source of information about diseases that may or may not be related to HIV. As noted above, the number of calls related to Hepatitis has increased dramatically over the past year, and many callers continue to contact the Helpline for information about sexually transmitted diseases other than HIV. It is crucial to identify these trends at an early stage, and address them adequately with up-to-date information, and frequent volunteer training opportunities.

Use of both the Spanish Helpline and the Cantonese Helpline continued to be low despite labour-intensive attempts at promotion. Volunteers for these services are challenging to recruit, and even more challenging to retain because of this low level of activity. Despite the fact that working partnerships with both Storefront Orientation Services and the Asian Society for Intervention in AIDS have significantly improved and strengthened in the past two years, ongoing provision of these services is questionable, and should be thoroughly evaluated in this coming transition year.

Toward the end of the past year it became evident that the profile of the average volunteer recruited for the Helpline was changing. The program (and perhaps the agency) is attracting fewer volunteers that have consistent daytime availability and commitment to the work, possibly as a by-product of the changing nature of the epidemic. Perhaps the drop in volunteers is partly due to the success of the new anti-viral medications and the declining AIDS-related death rate – fewer volunteers that are HIV+ and on long-term disability, and fewer people inspired to volunteer by the loss of a loved one. Regardless, it appears that new strategies will be required with regard to recruitment in order to maintain adequate staffing levels. Preliminary work on these new strategies has already begun.

## ***OUTREACH SERVICES***

### **MAN TO MAN ANDREW BARKER AND ZDENKY BURKHARDT**

#### **Program Goals, Objectives and Operating Philosophy**

The Man to Man Program is a peer based volunteer outreach program that exists to assist gay men and other men who have sex with men in reducing the rate of HIV transmission and preventing the progression of HIV illness. The program is committed to the principles of health promotion, community development and participatory action research. Man to Man develops and delivers relevant and accessible information to all men who have sex with men regardless of serostatus. Its goals are to improve the health of gay men and men who have sex with men, primarily young gay men and men who have sex with men in downtown Vancouver, by supporting them in their goals around sexual health and HIV and to support them in other health issues related to HIV including drug and alcohol use, housing, training and education, childhood sexual abuse, domestic abuse, financial aid, legal aid, etc. The primary objective of the program is to raise awareness and increase knowledge among gay men and other MSMs about HIV and STDs, and on other health issues related to HIV, through providing relevant and accessible information and peer support in a comfortable supportive environment.

#### **Description of Program Outputs**

The Man to Man program made HIV related information and peer support more accessible to gay men and other men who have sex with men in the following ways:

- Provided free print resources, condoms and lube
- Provided information in plain language that was culturally appropriate
- Provided targeted information to specific sub-populations within the young gay and bisexual communities
- Provided information at venues that gay men and other men who have sex with men frequent in their own community
- Created safe and supportive environments in which information was shared
- Provided referrals for individuals to address HIV related health issues.

In addition, the Victor Vancouver campaign promoted discussion and awareness of HIV and other sexual health issues through a multi-media interactive campaign called Victor Vancouver which provided an opportunity for community members to give us their feedback about HIV related issues through a weekly voice mail community question. The Victor Vancouver compilation comic book, part of a multi-media interactive



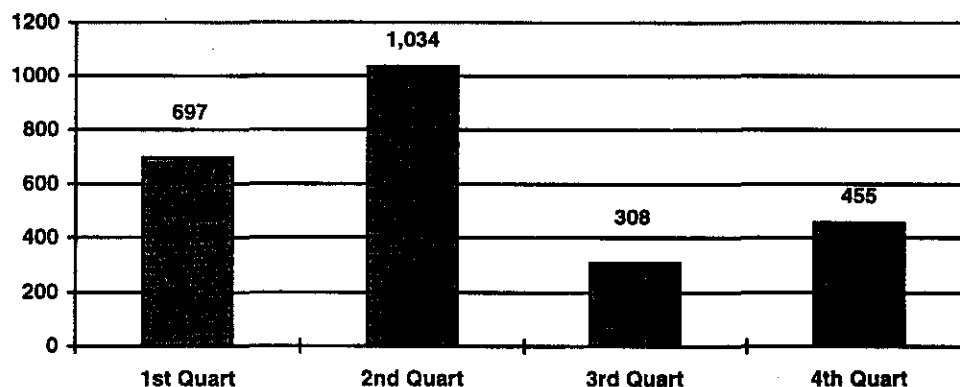
campaign designed to contribute to community dialogue about HIV related issues, was completed and community distribution has started.

Gay Men's Action Plan (GMAP) Campaign completed four focus groups with gay men which provided relevant information about gay men's health issues for ongoing program planning. The Man to Man Program also successfully collaborated with ten other community groups and organizations in the development and delivery of a drop in centre for male sex workers.

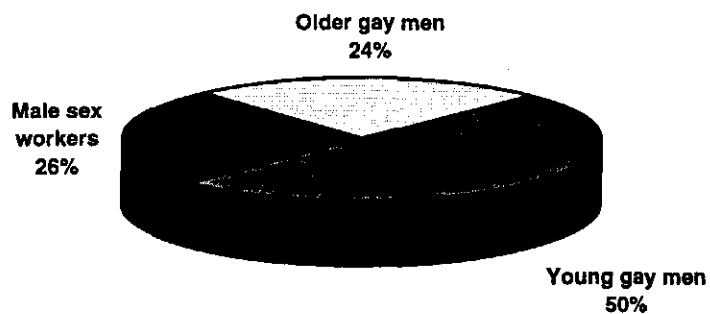
### **Analysis of Program Outputs**

In 1997/98 a dedicated team of 13 volunteers and 2 staff had direct contact with 2,504 gay men and other men who have sex with men in the Man to Man Program. In addition, the program had indirect contact 1,768 young gay and bisexual men through the Victor Vancouver Campaign. The program was successful in meeting its target as demonstrated by the profile of outreach contacts - 50 per cent were young gay men between the ages of 19-30, 26 per cent were male sex workers, and 24 per cent were older gay men who have sex with men. Man to Man also distributed 5,802 print resources, 5,394 condoms and 4,311 packages of lube throughout the year.

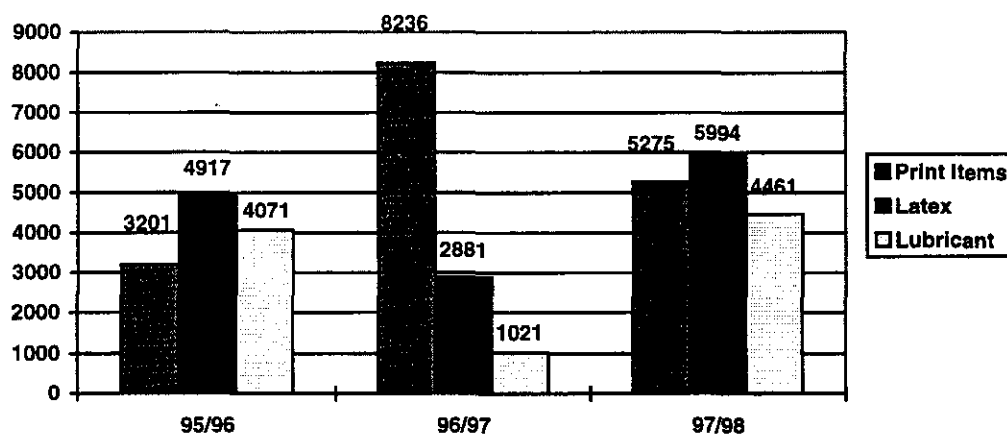
**Outreach Contacts by Quarter**



### Demographic Breakdown



### Materials Distribution by Year



### Program Evaluation

Staff and volunteers observed positive changes with some contacts in the following areas:

- New knowledge about HIV transmission and HIV related health issues
- Greater self-awareness about health choices
- Greater motivation to reduce harm for themselves and others
- Greater interest to engage in accessing positive resources for their own health

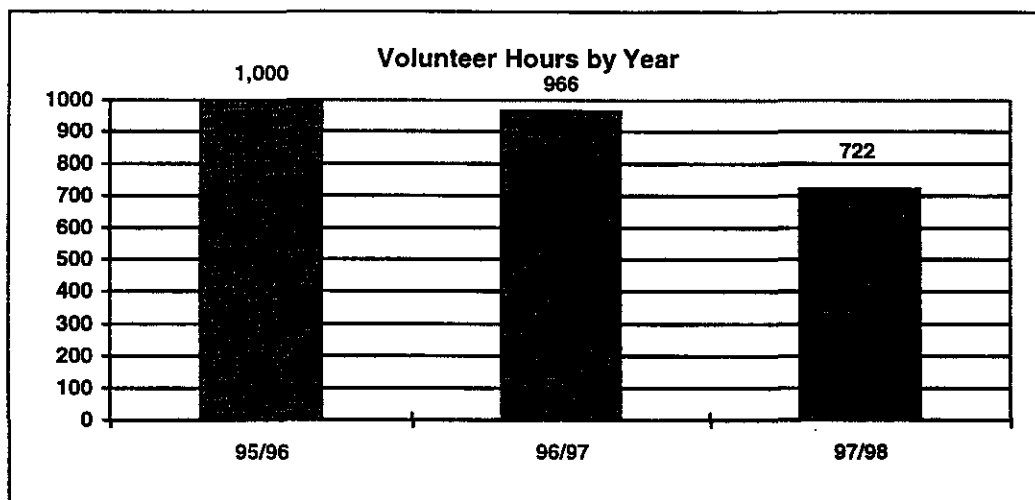
- Enhanced self-esteem and skills
- Reduced isolation, enhanced peer supports, supportive environment
- Greater community capacity to address HIV and HIV related health issues.

Participants were asked whenever appropriate how satisfied they were with Man to Man's services. Some of them described the positive impact of the program as follows:

- New information and greater awareness of the effects of HIV transmission and HIV health related issues
- Greater awareness about HIV transmission
- Greater awareness about HIV services and health related services
- Greater awareness about self-esteem issues
- Peer support and talking with others in the same situation.

### **Volunteer Contributions**

Volunteers have and continue to be an essential part of the Man 2 Man program. In 1997/98, approximately 12 volunteers provided 722 hours of service to the program. The following chart presents the number of volunteer hours contributed over the past three years.



### **Program Partners**

The Man to Man Program successfully mobilized community support for various activities and solidified existing community partnerships with Asian Society for Intervention in AIDS, British Columbia Persons With AIDS Society, YouthCO AIDS, the Vanguard Project and The Centre. It developed new partnerships with the Downtown South Community Health Centre, and Vancouver Area Network of Drug Users.

### **Emerging Trends, Themes and Planning**

The Man to Man Program, while successfully achieving its objectives learned many valuable lessons this past year about delivering HIV related information and peer support to gay men and other men who have sex with men. These lessons include the following:

- Targeted prevention activities are much more effective than general prevention activities
- New initiatives will be more effective if the individuals being targeted can be involved in both the development and implementation of these initiatives
- Effective peer support requires not only support with respect to HIV but also support related to a range of HIV related health issues including alcohol and drug use, new drug treatments, housing, training and education, childhood sexual abuse, domestic abuse, financial aid, legal aid.
- Sustaining effective HIV education programs will require considerable community capacity building in the gay community and other communities
- Effective education programs will require the coordinated efforts of a range of health related services through a strategic health plan for gay men
- Volunteers will continue to take ownership in the program as long as they perceive they have a vital role to play and that the program is remaining responsive to the changing needs in the community
- Effective HIV education programs for gay men need to create and sustain opportunities for gay men to have a dialogue with each other about their health issues
- Effective HIV education programs for gay men need to find opportunities for HIV- and HIV+ gay men to share their experiences.

## **COMMUNITY OUTREACH PROGRAM MARIA STANBOROUGH**

### **Program Goals, Objectives and Operating Philosophy**

The Community Outreach Program promotes HIV/AIDS education and advocates for the adoption of health promotion principles to a broad range of people whose lives are affected by HIV/AIDS, including those people who may not yet have a sense of AIDS in their communities. The program has one part-time outreach educator and a pool of dedicated volunteers who assist in providing the outreach services.

### **Description of Program Outputs**

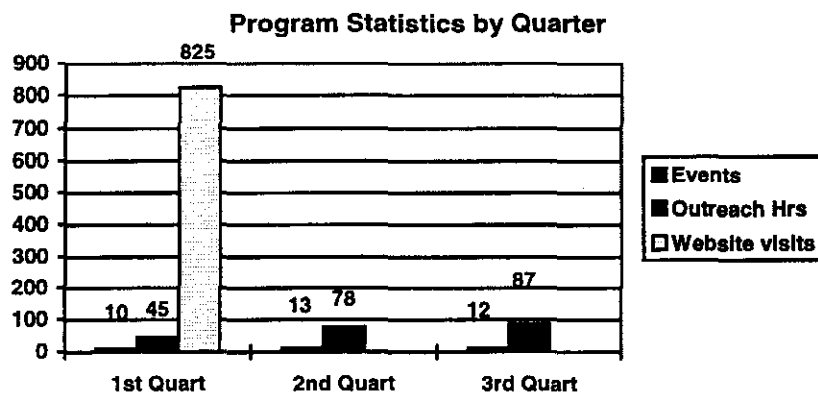
The Community Outreach Educator and program volunteers disseminate information regarding HIV transmission and risk reduction, provide educational pamphlets, distribute safer sex materials such as condoms, and refer individuals to community support. The Community Outreach Program attends various public events such as the Richmond Hospital AIDS Awareness Fair, The Folk Music Festival, World AIDS Day at the Carnegie Centre, community wellness fairs, and other AIDS-related events and conferences. There is also regular bar outreach at locations such as the Blue Lizard Cabaret and Purple Onion.

Through its diverse activities, Community Outreach has represented AIDS Vancouver at a wide array of community events. We have been able to provide safer sex information to people who may not have access to this knowledge. We are also able to provide individuals in diverse locations with an awareness of HIV & AIDS in their communities. This allows people to gain an understanding of how they can be supportive and work to change the spread of the disease and their own fear of AIDS. Community Outreach also facilitates individuals and organizations contacting and networking with AIDS Vancouver and other AIDS service organizations.

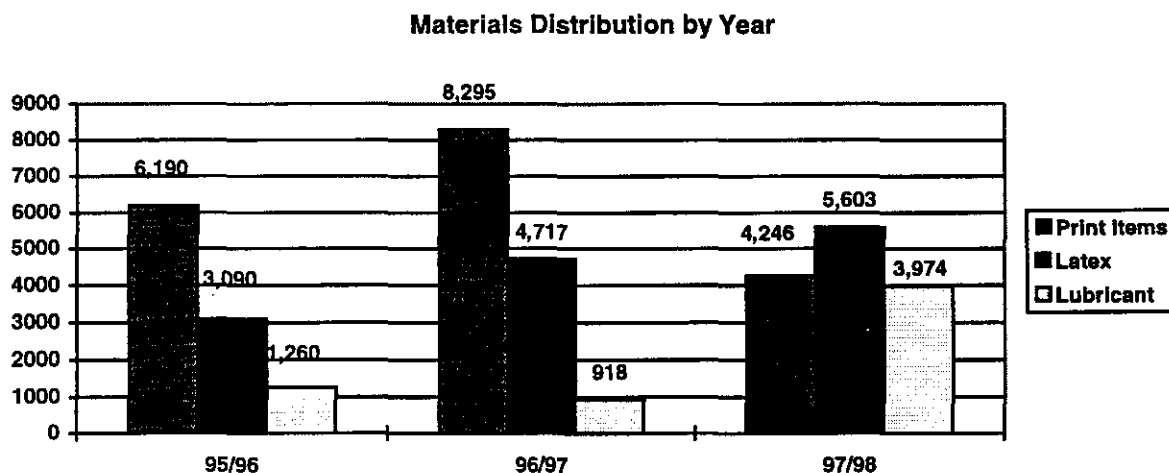
Finally, the Community Outreach Program Educator oversaw the production of a safer sex pamphlet for men who have sex for women. It was created in a collaborate effort with a variety of individuals and organizations, including the men's residence at Simon Fraser University, Inner Visions Recovery Home, and the B.C. Centre for Disease Control.

### **Analysis of Program Outputs**

The Community Outreach Educator has been on leave since March of 1998 so statistics are available from April 1997 - January 1998. The following chart presents the number of events, website visits and outreach hours over this time period. Statistical information is available for the first three quarters of the year.

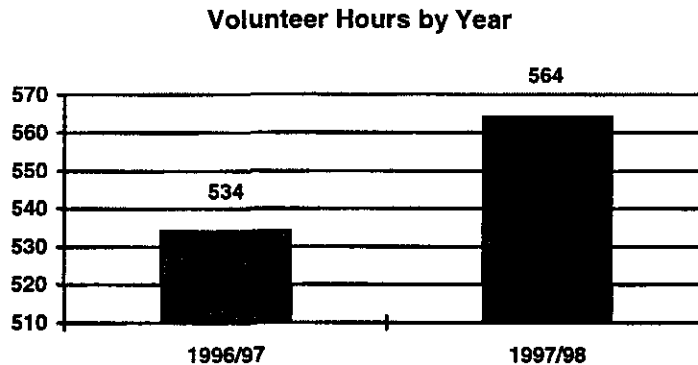


NOTE: After the first quarter responsibility for the Website was turned over to the Communications Department.



### Volunteer Contributions

Volunteers remain an important resource for the program. Over the year approximately 10 volunteers contributed a total of 564 hours to the program, the equivalent of 22 weeks of the Community Outreach Educators paid time. The most active month was April when 154 hours were contributed by volunteers. The following chart compares this year with last year in terms of volunteer hours.



### **Emerging Themes, Trends and Planning**

The statistics for the program suggest a great need and desire for information, free condoms and lubricant, and safer sex education within the general populations of Greater Vancouver. In short, there is seemingly no end to the need for HIV/AIDS information, education, and support within the geographical boundaries of the lower mainland.

Given the limit of having a part-time HIV/AIDS Educator, Community Outreach must look at how to best use its resources. The volunteer pool has been an incredibly useful resource as it has allowed the program to provide much more outreach time than would be possible for one part-time staff to provide. However, coordination of Community Outreach volunteers has, up until now, been the responsibility of the part-time educator. This has demanded much of the time and energy of the Outreach Educator. Coordination of the Community Outreach volunteer pool is one crucial area that will need to be re-examined over the next year.

Also, when considering the limitations of a part-time educator, Community Outreach needs to determine the most effective use of its resources given the shifting demographics of the AIDS epidemic. This assessment of the direction and targeting of populations will be explored within a health promotion model.

Finally, over the next year Community Outreach will be able to provide men who have sex with women a pamphlet of safer sex information. This is the first time the program will be able to do this. The addition of this print resource to the outreach materials will allow Community Outreach to assess the needs, interests, and future involvement of straight men within the Community Outreach services.

## **WOMEN'S OUTREACH MARGRETH TOLSON**

### **Program Goals, Objectives and Operating Philosophy**

Women's Outreach works to raise awareness and understanding of HIV/AIDS in women's lives, using the principles of harm reduction within a feminist framework. As HIV is one of many inter-related problems that affect women's lives, this program incorporates analysis and confrontation of the personal, social and political barriers to women's health and seeks to promote healthy safer living for all women.

### **Description of Program Outputs**

Program goals such as raising awareness of, providing health information to, and improving services for women are broad enough to complicate the task of measuring change. In Women's Outreach, the themes of connection and collaboration are the measure of program success. As a result of contributions from Women's Outreach, capacity has increased in individuals & communities to respond to the HIV epidemic.

The 97/98 strategic plan for Women's Outreach comprised four components:

#### ***1) Outreach and Advocacy with Women's Centres in the Downtown Eastside (DTES)***

Working with Women's Centres, I provide one-to-one support to women, giving them information about HIV as well as many health-related issues (e.g. housing, alcohol and drug treatment, sexually transmitted diseases, injection drug use, etc.) and in a variety of ways (street outreach, hospital visits, medical accompaniment).

The connection between Women's Outreach and other agencies has significantly strengthened resulting in better service to clients. This connection has resulted in a unified voice. Together we have advocated for women's health issues in the downtown eastside. We have also raised awareness regarding the importance of HIV in women's lives, and that has resulted in the hiring of outreach workers dedicated to women's health. As we collaborate more, we are seeing increased capacity in individuals to seek medical care, increased capacity in the community to respond to women's health needs.

*Please note: the Program Statistics noted below show a decrease in outreach hours between 96/97 and 97/98; services were withdrawn from three outreach locations in the 97/98 year due to redundancy of services when new outreach workers were hired.*

#### ***2) Support & Training of peer educators at the Burnaby Correctional Centre for Women (BCCW)***

Working with peer educators at the Burnaby Correctional Centre for Women, I train new facilitators for peer education, help to coordinate peer support training for inmates and staff, and coordinate inmate attendance and presentations at conferences. Inmates, staff and I also coordinated a women's health day, and presented workshops on HIV and Pregnancy, and HIV information for the Vietnamese community.

Because residents at BCCW develop facilitation skills for peer education, women develop both personal and professional life skills to take with them upon release from the institution; some women also volunteer in the HIV field upon release.



### **3) Workshops and trainings of residents and staff at alcohol and drug facilities**

Workshops improved considerably this year in terms of audience responsiveness due to several factors, including:

- increased number of spermicide products on the market; therefore women have access to more women-controlled barrier methods
- the female condom is in drug stores, and considerably less expensive than in the past; free samples are distributed at workshops
- a new, more clear (and more hopeful) explanation of how HIV works in the body

These new elements have improved participants' feelings of being informed and supported. Because this year's participants see a way to control their health and reproductive choices, they are more engaged and dynamic.

*"I liked learning about the different birth control methods to prevent AIDS and pregnancy. I feel better knowing about the spermicides, that there are other ways to protect myself better."*

*"After the workshop, I feel very educated and a sense of release . . . not being so scared of the unknown."*

*"I feel much better and more comfortable with the topic now and I understand how exactly HIV is passed on and items to use to help reduce risk."*

### **4) Networking**

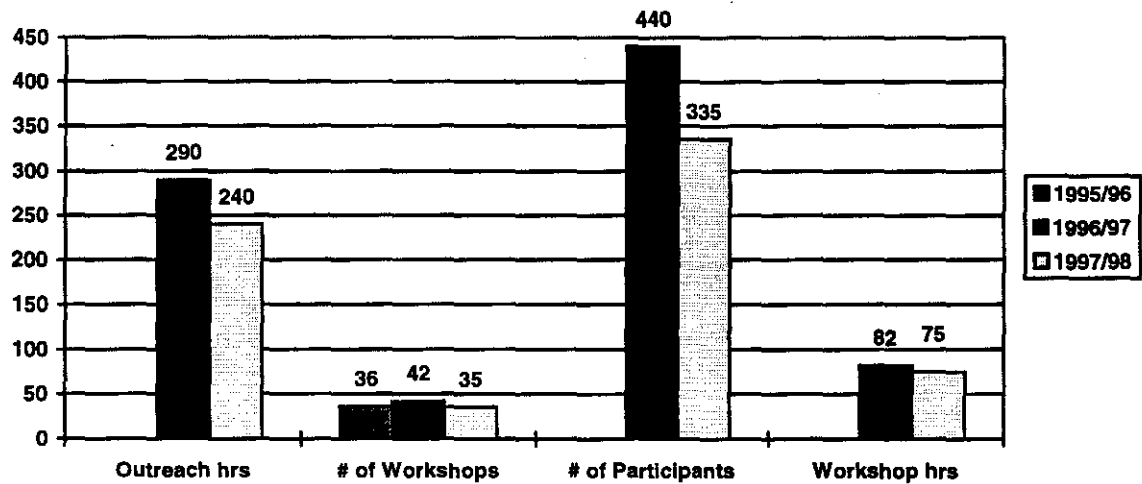
My work in this area includes:

- participation on community working groups
- presentations for groups and at conferences (BC AIDS Conference, BC Women and HIV Conference, National Skills Building Conference)
- consultation with other AIDS Service Organizations (ASO's) and related health organizations, on local and national levels (collaboration on the Prisoner's AIDS Support Network report on HIV issues for incarcerated women; national advisory committee for development of the Health Canada manual on HIV & sexual assault)
- pamphlets developed by Women's Outreach over the last three years continue to be a popular resource for women's health agencies, and an important source of networking. Requests for program consultation have come from other parts of Canada, the US and South America.
- stronger links with agencies serving the First Nations and immigrant women's communities, e.g. Healing Our Spirit, the National Immigrant Women's Caucus, and the Bridge Immigrant Women's Peer Education Project. As with the downtown eastside, by forming a web of outreach workers, individuals and agencies are offered a choice of referrals, ensuring safe transfer of clients from one agency to the next.

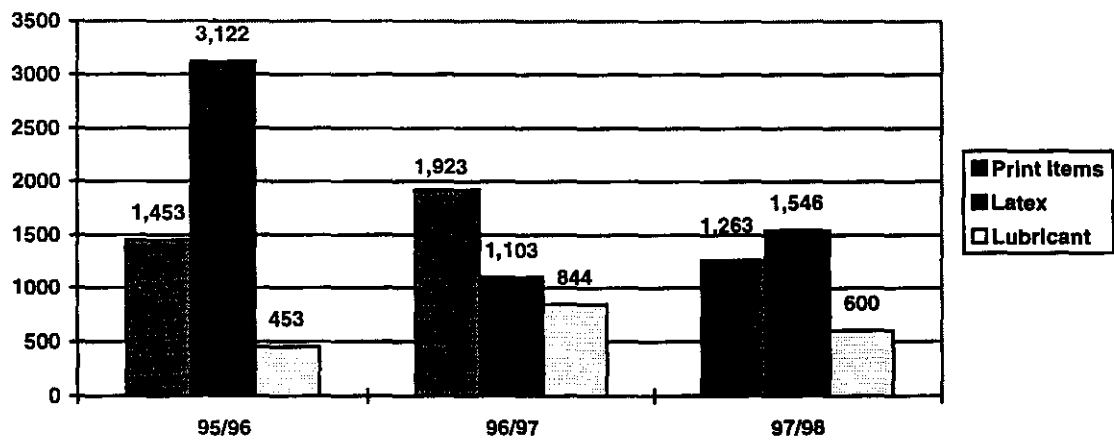
### **Analysis of Program Outputs**

The following chart shows program activity over a three year period. Unfortunately, data was incomplete for 1995/96.

### Program Statistics 1995-97



### Materials Distribution by Year



### **Program Partners**

The Women's Outreach has worked in close partnership with other agencies providing health promotion services to women including the VIDUS Project, WISH, Downtown Eastside Women's Centre, Powell Place Emergency Shelter, Greater Vancouver Mental Health, Positive Women's Network, Oaktree Clinic, BCPWA Treatment Information Project, Burnaby Correctional Centre for Women and numerous alcohol and drug treatment centres. Some of our collaborative projects this year include:

- developing an HIV and confidentiality workshop in collaboration with the AIDS Vancouver Training Institute, Greater Vancouver Mental Health and the AIDS and Disability Project
- joining the Prostitution Alternative Counseling and Education Project (PACE) to develop research and educational workshops for women working in escort agencies.
- joining the revised Oaktree Community Advisory Board, to look at Oaktree policy and advocate for improved community services for women living with HIV.

### **Emerging Themes, Trends and Planning - Program Evaluation**

Women in DTES seem to be picking up on (and feeling safer with) the stronger connection between outreach workers; perhaps the unity amongst workers is being reflected in the client population? Perhaps there is potential for stronger advocacy on women's health issues in the DTES?

The greater variety of women-controlled barrier methods and introduction of female condoms into local drugstores, and distribution of free samples in the workshop has evoked a more engaged, dynamic response from participants this year; in seeing a way to control their health and reproductive choices, as well as gaining confidence in discussion of sexual health information.

*"I liked learning about the different birth control methods to prevent AIDS and pregnancy. I feel better knowing about the spermicides, that there are other ways to protect myself better."*

Over the last three years, the three areas my program focused on were BCCW, the DTES, and alcohol and drug facilities, forming a net of services for women. I worked with other similar agencies in strengthening that net of services, relevant to the needs of the community, based on connection and collaboration. Paradoxically, the process of connection and collaboration with other agencies has resulted in familiar program components falling away:

I am no longer doing outreach at Powell Place, VIDUS and DEWC because there are now full-time women's HIV outreach workers.

PACE may close its doors next year, and the education work we were starting has been delayed

The BCCW project has seen some serious challenges to its stability and attendance at HIV workshops has gone down (although attendance at other health workshops has gone up). Have we reached a HIV-saturation point? Do we continue the project and if so, how do we move forward?

Indeed, this is a question for the Women's Outreach Program: in light of familiar pieces of the program falling away, what is the direction for the 98/99 year? In the DTES, BCCW and recovery facilities, women want accurate information about many different health issues. For example:

- concerns about medical abuse (e.g. methadone, doctors ignoring side effects of HIV medications)
- much request for Hepatitis C information
- strong interest from women regarding sexual and reproductive health

In keeping with AIDS Vancouver's transition year theme, this is a year of consultation and exploration for Women's Outreach to evaluate where it has been and what new direction we follow.

For 1998/99 the following plans have been made:

- The work at BCCW will be maintained at its current level of activity; we hope to do a project evaluation with residents this Fall).
- Work in the DTES will continue but in a different way: collaborating on an advocacy project regarding medical abuse and women's health needs
- A research project on gender inequality and its impact on HIV risk for women
- Exploring with community partners the potential for an education project for WSW/M.

## TRAINING SERVICES

**TRAINING INSTITUTE: GREGG BROWN AND MICHEAL VONN**

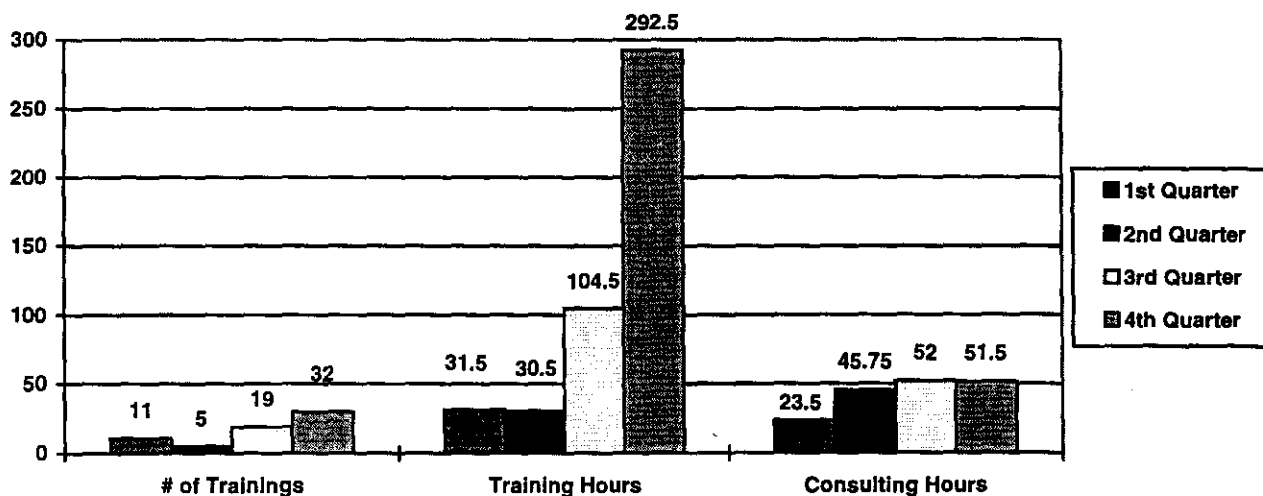
### Program Goals, Objectives and Operating Philosophy

The Training Institute delivers HIV/AIDS training and consultation, primarily for service providers, professional groups and community agencies. Currently, the program is the only one of its kind in BC, providing technical support to many groups and organizations in the Lower Mainland and other regions of the province. The work of the Training Institute is informed by adult education theory and the philosophy of Health Promotion.

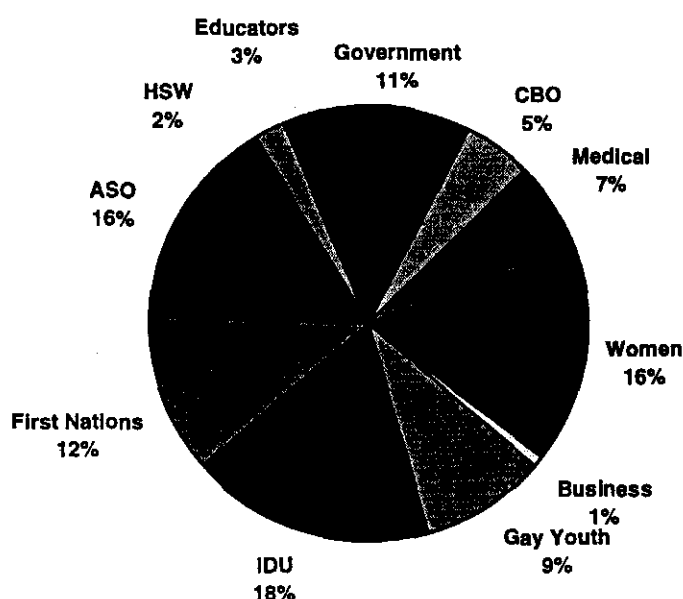
### Description of Program Outputs

The Training Institute provided 67 trainings during the year representing 459 training hours. 1,652 people participated in these trainings. In addition, the Training Institute provided consultation and meeting facilitation.

**Program Activities by Quarter**



### # of Trainings by Affected Populations



1

### Analysis of Program Outputs

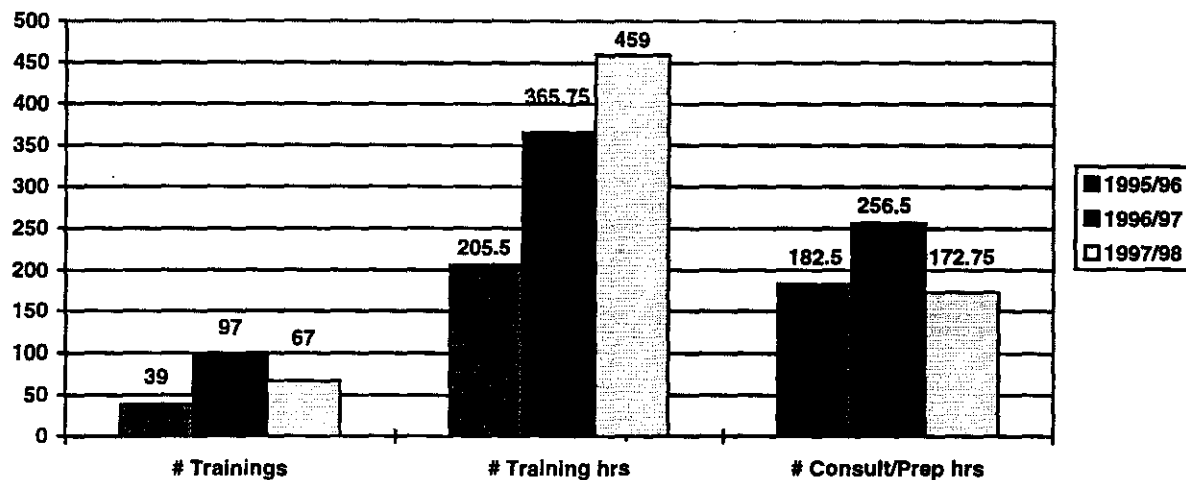
There were more training hours logged (459 hours) this year, than in any previous year. This was largely due to an extensive training contract with the Ministry of Human Resources which made our fourth quarter the busiest quarter of any year in operation (272.5 training hours and 30 trainings recorded for that period). March of '98 was the busiest month in the history of the program with 177 hours of trainings.

While there were more training sessions last year, the average number of training hours per session this year nearly doubled from last year's average of 3.75 hours of training per session to 7 hours of training per session this year. This reflects very concretely the fact that training in this field is continuing to become more complex. It is arguable that there's no longer any way to present a basic overview of HIV issues in a short amount of time. Changing demographics and new treatment options are just two areas that have added to the scope of even basic education information.

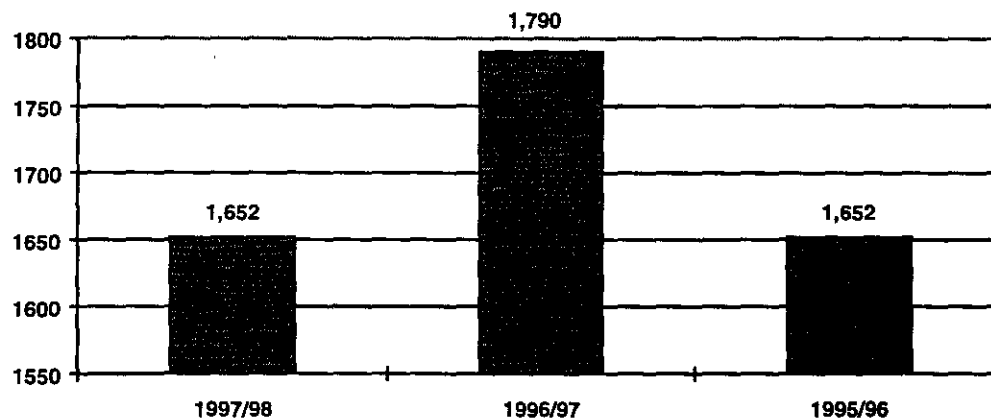
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<sup>1</sup> Please note that , in this table, "trainings by affected populations" does not necessarily reflect the demographic composition of the participants but rather refers to the populations served by the participants. For example, the 18 per cent intravenous drug use statistics refers to participants who are working with intravenous drug users, not the users themselves.

### Program Activities by Year



### # Participants by Year



### Program Evaluation

Thematic analyses of evaluations for this period show that participants value highly the opportunity provided by the trainings to take on the difficult subject matter of HIV/AIDS in a well-facilitated, safe environment. A newly undertaken analysis of learning outcomes show that practical tools, like the transmission equation, are very effective in correcting myths and misconceptions about HIV transmission. Participants feel they will be more confident and empathetic working with people living with HIV as a result of training, and anticipate that the skills and information conveyed in the training will impact both their personal and professional lives.

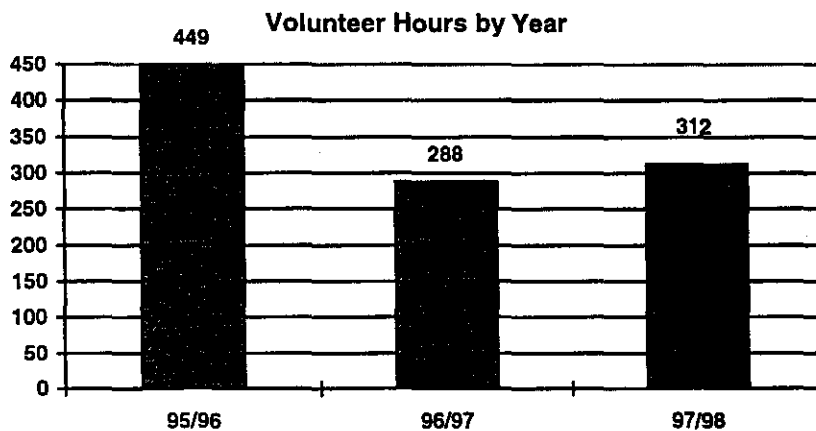
Participants were also given the opportunity to rate the trainings in terms of the following components. (The rating used a 1 to 5 scale in which 1 meant "strongly disagree" and 5 meant "strongly agree").

	Total Score	Average Score
The content was useful and practical	2,335	4.71
There was enough time to cover all the material	1,976	4
I received satisfactory answers to my questions	2,302	4.58
The facilitator had adequate knowledge and skill to conduct the training	2,399	4.82

### Volunteer Contributions

Volunteers help with the delivery of Core Trainings. There is one volunteer greeter and six small group facilitators at each Core Training. Volunteers facilitate small groups of approximately seven people; delivering and disseminating information, answering questions and facilitating skills-building exercises.

The total number of hours that volunteers contributed from April 97- March 98 was 312 hours.





### **Program Partners**

In the process of providing these education and information services, the Training Institute worked collaboratively with numerous community partners, including Vancouver Community College, Corrections Services Canada, BC Persons With AIDS Society, Langara College, the BC Centre for Excellence in HIV, Kwantlen College, the Positive Women's Network and Legal Services Society. Issues identified in the course of these trainings led to the development of a brochure on issues of confidentiality and HIV, a resource for which there has been great demand from across the country.

### **Emerging Themes, Trends and Planning**

The Training Institute continues to respond to the changing demographics of HIV/AIDS by meeting the steady flow of requests for training services. While it was originally intended that the Training Institute would reach a point of self-sustainability through cost recovery, it has become increasingly clear that this will be impossible as the greatest demand for the program's services has come mainly from community groups/organizations with little or no money. In response to this situation, the processes of evaluation are being expanded and intensified and consultation sought on developing a feasibility plan for the program beyond its current federal funding.



# **EDUCATION DEPARTMENT STAFF**

## **ADMINISTRATION AND SUPPORT**

<b>Paul Perchal</b>	<b>Director of Education</b>	<b>893-2227</b>
<b>Jennifer Fisher</b>	<b>Education Assistant</b>	<b>893-2237</b>

## **INFORMATION SERVICES**

<b>Janice Lindon</b>	<b>PARC Librarian</b>	<b>893-2248</b>
<b>Stephen Smith</b>	<b>Information Services/ Helpline Coordinator</b>	<b>893-2235</b>

## **OUTREACH SERVICES**

<b>Andrew Barker</b>	<b>Man to Man Coordinator</b>	<b>893-2238</b>
<b>Phillip Banks</b>	<b>Man to Man Outreach Educator</b>	<b>893-2233</b>
<b>Maria Stanborough</b>	<b>Community Outreach Educator</b>	<b>893-2266</b>

**(On Leave)**

<b><i>Zdenky Burkhardt</i></b>	<b><i>Man to Man Outreach Educator</i></b>
<b><i>Margreth Tolson</i></b>	<b><i>Coordinator, Women's Programs</i></b>

## **TRAINING SERVICES**

<b>Gregg Brown</b>	<b>Trainer</b>	<b>893-2228</b>
<b>Micheal Vonn</b>	<b>Trainer</b>	<b>893-2230</b>

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