

**Next Steps for HIV Prevention Programming: Emerging Issues from the CATIE  
Knowledge Exchange Consultations  
Breakout Group Discussions & Results**

**BREAKOUT 1**

Moderator: Ed Jackson; Notetaker: Melisa Dickie

**Q1. Has your agency developed a new prevention program? If so, how did your agency go about it? Have you ever shared this program with another agency? How did you share it? What type of information did you provide?**



**Vancouver Aboriginal HIV Prevention Program, Melanie Rivers, BCCDC**

A Tailored Prevention Program for Aboriginal Women was developed in response to the growing incidence rates among this community- 36% of new HIV infections in BC are among Aboriginal Women; and an understanding that any prevention programming had to be based on traditional culture and by creating support networks among Aboriginal Women

- The Model: “Around the Kitchen Table” a peer-based program for Aboriginal Women living in small rural communities. Women with leadership roles in their communities were identified and trained in integrating HIV prevention into traditional cultural practice—for example, sewing moccasins together around the kitchen table and opening discussion around certain issues. A manual and “table chart” have been developed.
- Inspiration/evidence for the program: The program model was inspired by “Aunties in our Kitchen” program. A critical resource used is the U.S. “Community Readiness” from the Tri-Ethnic Centre for Prevention Research. This model helps identify the 9 stages of “community readiness” and offers possible strategies for each stage.
- Where/how has it been shared: mostly through other conferences

Prevention Funding Model for Aboriginal Programming- having 3 reports consolidated into 1

- Another recent initiative has been to challenge funders to be more coordinated- 5 proposals have been developed that address gaps identified by community. This done in collaboration with other agencies working with Aboriginal communities.

**Vancouver- Prevention Case Manager through ACAP Funding**

- The Model: A new prevention program has been to create a new position of a Prevention Case Manager who is a Social Worker and provides 1:1 counseling services with high risk clients. Key to this role are partnerships created with sister agencies (i.e. youth shelters); who refer clients to this Prevention Case Manager
- Inspiration/evidence for the program: based on a U.S. model with high-risk populations

**Nova Scotia- Prevention Programming with African Nova Scotian Communities**

- The Issue: There are no ongoing HIV prevention programs available for the indigenous African Nova Scotia communities; and there is some resistance from community gate-keepers in having outside organizations discuss HIV prevention; in particular from some religious leaders very much opposed to HIV related discussions.

- The Model: HIV will be framed as a broader health issue, and integrated into health and wellness discussions and educational workshops including issues as diabetes, cardiovascular health, etc. Organization is in the very early stages of relationship building with non HIV sector to develop this educational programming.
- Inspiration/evidence for this program: none

**Q2. Has your agency implemented a prevention program that another agency had already developed? If so, how did your organization find out about the prevention program?**

**Q3. What information about existing prevention programs do you/would you need in order to consider implementing a similar prevention program at your agency?**

**Q4. How does/would your agency decide if the prevention program is worth trying?**

- Values and principles behind model (i.e. harm reduction; traditional aboriginal values)
- Mostly learn of program models and innovative approaches through networking meetings and conferences

**Q5. How do you know if a prevention program you have implemented is working? Have you ever been engaged with a researcher to help evaluate your programs? What was this like?**

- Have been useful if grant money is behind project// access to funding
- More usually research is funder-driven, not necessarily reflective of community agency needs
- General recognition of the need/importance of having external program evaluations conducted to identify programs gaps

**Q6. What are the main improvements you think are needed in prevention programming in your organization?**

- In harm reduction programming, reducing HCV rates is not working

**Q7. What do you feel CATIE can do to help your agency implement effective prevention programs?**

- Rather than static write-ups, providing forums for discussion and cross-fertilization among similar issue areas/population groups would be helpful
- Having video-recordings of conferences, workshops etc. available on-line; in particular for more rural areas
- Also important to organize profiles in a contextual context not have program models described out of social context; also helpful to understand the theories beyond existing models (for example, Stages of Change Theory behind the "Community Readiness" approach)
- Key is having in-person contact for relationship/trust building
- Promote existing provincial mechanisms- i.e. OCHART model for reporting structures
- Synthesize what is out there: Develop theme based brochures of all exiting resources (i.e. working with Aboriginal Youth, model after the recent CATIE Hep C brochure).
- Share Creative Design- Make PowerPoint presentations that can be adapted and borrowed (i.e. have crediting information available on each slide)



## BREAKOUT 2

Moderator: Jeff Reinhart; Notetaker: Tim Rogers

**Q1. Has your agency developed a new prevention program? If so, how did your agency go about it? Have you ever shared this program with another agency? How did you share it? What type of information did you provide?**

Youth program [BC]

- 2 people: research methods: exploring youth options; conduct surveys; interactive booths; partnerships for info
- Found agencies weren't engaging youth most at risk
- Experience showed need to go where youth are
- Shared info about program with Cranbrook and Kelowna



Programming comes from research projects [ACT]. Usually not new, build on what they are currently doing

- Example: Employment Action for PHAs
  - Involves counselling; job developers; retention coach : disclosure of status to employers optional
  - Saw high turn-over among job placements, especially for newcomers to Canada
  - ODSB funding model changed, which caused a need for change in program (job retention needed to be measured)
- Student intern was tasked with sharing the program. There will be a package built for other agencies that details: "how to", pitfalls, Sample proposals, workplans

Poz prevention working group: mocking up Poz prevention and sexual health program [ON]

- CBR-based program: Review literature; connect with research we have done locally; motivational interviewing as primary method; focus groups; pre and post testing to see if there are changes in what people think and do
- Planning to develop scale-up to test through RCT. Will then develop handouts for sharing info about program

Two main points:

- People come at prevention from different ways—multiyear research, reaction to funders, clients input
- Specifically targeted prevention is most effective

**Q2. Has your agency implemented a prevention program that another agency had already developed? If so, how did your organization find out about the prevention program?**

Social Marketing—Gay men's assumption campaign [National program]

- Started in San Francisco and adapted across Canada
- Did preliminary research in best practices; advisory committee looked at needs and based on research decided that the San Francisco program was appropriate

Centre for Spanish Speaking People—workshop for Latino newcomers [ON]

- High rate of conversion in this community compared to other newcomers
- Adapted program developed in San Francisco – found out about program through personal relation with someone working on program in San Francisco and this person spoke directly to CSSP about developing the program
- Also used CAPS web site



Main Points

- There are best practices out there—don't need to reinvent the wheel
- Need time and opportunity (eg conferences) to find these practices. Need to be connected
- The first place people go for best practices information is other people they know

**Q3. What information about existing prevention programs do you/would you need in order to consider implementing a similar prevention program at your agency?**

- CBR representatives on advisory committee that advise on evaluation [National program]
- Pride survey for assumptions campaign [ON] -- Ask questions about recognition; did it make you think
- Some organizations are large enough to have research department which isn't possible for smaller orgs
- Amount of evaluation depends on resources and this is scale dependent and often funder driven

**Q4. How does/would your agency decide if the prevention program is worth trying?**

**Q5. How do you know if a prevention program you have implemented is working? Have you ever been engaged with a researcher to help evaluate your programs? What was this like?**

**Q6. What are the main improvements you think are needed in prevention programming in your organization?**

- More resources – i.e. staff
- Pool of people prepared to tell their stories (esp PHAs)
- Capacity/skills building is good, but doesn't always stick and there is usually no time for this
- Training in working with media (eg issue of criminalization)
- Support for on-reserve and off-reserve Aboriginal people and Northern remote communities

**Q7. What do you feel CATIE can do to help your agency implement effective prevention programs?**

- Building a repository of materials, campaigns, innovative ideas for outreach
- Hep C programming support
- Human rights – more info about how human rights apply to prevention work
- Gay men's work in Ontario – beyond Poz prevention. There is a need to establish a Canadian Framework for Sexual Health and Reproductive Rights.
- Connect with prevention programming in different areas



### BREAKOUT 3

Moderator and Notetaker: San Patten

Q1. Has your agency **developed** a **new** prevention program? If so, how did your agency go about it? Have you ever shared this program with another agency? How did you share it? What type of information did you provide?

- HIV fairs, classroom workshops, participatory message development due to realization that information was not relevant.
- Group discussion technique for HIV education, interactive Q & A; structured dialogue facilitation. Aboriginal youth facilitator boot camp. Based on assessment information collected from previous workshops.
- First Nations in Yukon: participants too shy to ask Questions so participants pose questions on paper and then hand them in for facilitator to respond to.
- AIDS train-the trainer with speakers from various allied organizations mentoring programs for youth
- MIELS Quebec – condom kiosk in schools and parks
- HCV video for people to view when they visit the office
- Role playing game for understanding experience of PHAs
- Work with health departments across the Yukon – work with community health representatives to be the expert in their communities. Other professionals are just happy to let us do the work
- PAN conference – want to share program model but:
  - Challenge to collect evidence to present to others ‘package of program’
  - Communities want to create their own programming, want organic program development, need flexibility vs. cookie-cutter recipes
  - Regional coalition provides formal sharing forum



Q2. Has your agency implemented a prevention program that another agency had already developed? If so, how did your organization find out about the prevention program?

Learned about prevention programs from

- CATIE resources
- ‘researchers camp’ was the idea for the youth boot camp
- HCV and inmates, and parenting – How to Talk About HIV with your kids: 2 manuals modified for relevant cultural content
- Based on local assessment of what community wants and needs
- Learn from other organizations serving same populations (sex trade workers, IDUs, MSM, prisoners)

Q3. What information about existing prevention programs do you/would you need in order to consider implementing a similar prevention program at your agency?

- How effective has the program been
- Target group
- Time frame to deliver the program: one-off or multiple modules?
- What are the realities in delivery of the program?
- Cost
- Evaluation: feedback, outcomes, methods

BUT this package of info hasn’t really been available.

- PHAC/HC funded projects: reports from funded organizations don't get read or shared.

**Q4.** How does/would your agency decide if the prevention program is worth trying?

**Q5.** How do you know if a prevention program you have implemented is working? Have you ever been engaged with a researcher to help evaluate your programs? What was this like?

- We engage a consultant to perform evaluation work. Develop a set of Qs through survey monkey or also Infopole (Canadian)
  - We have evaluator to roll up end of year and observe programs
  - No funding to do extensive consultations
- Provincial health services provide evaluation support
- COCQ-SIDA workshops and tools



**Q6.** What are the main improvements you think are needed in prevention programming in your organization?

- Being able to reach out to isolated and marginalized populations (homeless, rural, MSM)
- Confidentiality and privacy concerns, stigma, especially in small towns
- Apathy about getting infected
- Fatigue in hearing about HIV
- Maybe need to reconstitute as sexual health
- No sexual health educations in schools, aged 10 to 12
- Misconceptions that there is a cure for AIDS
- Medical students get very little education/training about HIV/AIDS

**Q7.** What do you feel CATIE can do to help your agency implement effective prevention programs?

- CATIE could contribute resources such as films and posters
- Technical assistance in writing research proposals to CIHR
- Training new staff, orientation
- Proposal writing

**IMPORTANT Conversation**

- Target groups most at risk of becoming HIV infected are losing focus – MSM, IDU, Aboriginal, high-risk youth, CSWs, endemic country women
- We need to reach people where they are located.

## Breakout 4.

**Moderator: Eric Mykhalovskiy; Notetaker: Laurel Challacombe**

**Q1.** Has your agency **developed** a **new** prevention program? If so, how did your agency go about it? Have you ever shared this program with another agency? How did you share it? What type of information did you provide?

- No new or NOVEL prevention programs

**Q2.** Has your agency implemented a prevention program that another agency had already developed? If so, how did your organization find out about the prevention program?

- Pamphlets, condoms and materials
- NEP in 1996 includes medical clinic and shelter to address other needs

Found out about programs through networking with other people/agencies  
However, local front line organizations can't just take models and apply them – they need to be modified to fit the area.

**Q3.** What information about existing prevention programs do you/would you need in order to consider implementing a similar prevention program at your agency?

- Methodology (how it accomplished the goal; target audience; hours; etc)
- Results
- How the program was organized
- Target audience
- Effectiveness

Need this information to be communicated personally (not via internet). Need someone from the current program to be sent to help in the development of their program

**Q4.** How does/would your agency decide if the prevention program is worth trying?

- Depends on whether going for ACAP funding or just implementing a small project
  - Need higher level of evidence if external funding is being sought

**Q5.** How do you know if a prevention program you have implemented is working? Have you ever been engaged with a researcher to help evaluate your programs? What was this like?

- Evaluation of project
- Government funding (required) vs. overall organizational evaluation
- ACAP - use researchers to help evaluate for external funding
- For other projects sometimes use external evaluators

**Q6.** What are the main improvements you think are needed in prevention programming in your organization?

- HIV rates are increasing – the current programming is not enough
- Messages need to be out again like in the 1980's and 1990's
- There is a desire now not to think or talk about HIV
- Need frank and honest discussion about HIV
- Need to normalize HIV instead of stigmatized/marginalized/ignored



**Q7.** What do you feel CATIE can do to help your agency implement effective prevention programs?

- Help to get schools involved
- Media campaign – long term and ongoing
- Incrementally develop over time
- Provide case studies in terms of programs and how they were evaluated
- Prevention programming from CATIE needs to be broad based
  - Library – go to when we need it
  - Prevention materials
  - More writing and more case histories
    - OAN – Thousand stories – promote this as they aren't close to reaching their goals and then use it to education people
    - Mount Sinai – psychoanalytical workshop – book “still here”
- How to write proposals for the government

