



Turning Knowledge Into Action

Annual Report
2015/2016

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CATIE is Canada's source for up-to-date, unbiased information about HIV and hepatitis C. We connect people living with HIV or hepatitis C, at-risk communities, healthcare providers and community organizations with the knowledge, resources and expertise to reduce transmission and improve quality of life.

www.catie.ca



CATIE Annual Report 2015/2016

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CATIE's evolving role in turning knowledge into action



In the last decade CATIE has been fortunate to continue its original core purpose – to provide HIV treatment information to people living with HIV and the individuals and organizations that care for them – while also growing and developing into Canada's Knowledge Exchange Broker for HIV and hepatitis C prevention and treatment information.

We are proud of our accomplishments over the 26 years since our incorporation. For the most part, the past couple of decades have offered up good news and encouragement, as the science provided the improved treatments we so desperately wanted to see, and as the frontline service community strengthened and inspired us.

The decades have also delivered numerous challenges, especially in recent times when we had to defend our work at the federal level – specifically, on the importance of harm reduction and the adoption of direct, explicit language in our resources so that our messages about safer sex would resonate.

Thankfully, for now at least, the days of needing to justify these approaches are behind us. We welcome the new government and their espoused support of evidence-based policy. Within weeks of being appointed, Health Minister Jane Philpott declared her support for harm reduction and her concern for prisoner health, among other values complementary to our work. The new government has also indicated its support for treatment as prevention and has signed on to UNAIDS 90-90-90 and the WHO's hepatitis C strategies – key commitments to facilitate action to getting to zero infections, zero deaths, zero stigma.

These are huge steps forward in the Canadian response. The next ones include developing a Canadian strategy that effects the changes needed to reach these important goals.

Focusing on recent achievements, our last year has been marked by the launch of our first Blended Learning course – a combination of online learning and face-to-face interaction, employing an interactive discussion board for sharing practical tips, citing sources and sharing insights. The inaugural course, on hepatitis C basics, will be followed by other courses focused on HIV treatment and new prevention technologies.

During fiscal year 2015/16, we were also involved in a partnership with a roster of groups working in gay men's health across Canada. Eleven of these have joined together to submit an Alliance proposal to the Community Action Fund of the Public Health Agency of Canada.

CATIE has also been involved in a partnership with the Canadian Treatment Action Council and PositiveLite.com to develop a Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing. This Statement, which incorporates input from affected individuals, communities and organizations across the country, calls for a comprehensive, community-driven response to the HIV epidemic that combines issues of treatment and prevention from both health and human-rights perspectives. It is a call for collaboration and collective action, and has engaged hundreds of stakeholders across Canada. If you or your organization hasn't signed on yet, do it today!

We are steps closer to our vision of a future free of HIV and hepatitis C. Together with our many partners, we are closer to 'walking the talk,' to turning knowledge into action that will bring these epidemics closer to zero.

Laurie Edmiston
Executive Director

John McCullagh
Chair



Sharing Information



From CATIE's beginnings, translating science into plain language and spreading the word about new developments that inform the frontline response have always been our prime focus.

During 2015/16, findings from the landmark START trial were released, confirming the health benefits of early antiretroviral treatment. The implication of the START trial results is one in a series of significant news events that CATIE has shared. In addition to the seminal *TreatmentUpdate* and *CATIE News*, the range of print and online resources has grown to include information about HIV prevention and hepatitis C in many forms, including numerous brochures developed in concert with frontline agencies, easy-to-read infographics, profiles of people living with HIV and having lived experience with hepatitis C, and practice guidelines based on a systematic review of the best available research evidence.

CATIE's news research publications keep the front line informed

CATIE's series of news publications highlighting the latest developments in HIV and hepatitis C prevention, treatment and care are regularly delivered to subscribers' inboxes to help keep service providers up-to-date.

CATIE News

Through *CATIE News*, we distil the latest HIV and hepatitis C news and research from scientific journals and conferences into bite-sized news bulletins. Over the past year, 35 *CATIE News* stories were published and there were more than 280,000 views of *CATIE News* stories on the CATIE website. There were 3,749 subscribers to *CATIE News* in the last year.

TreatmentUpdate

TreatmentUpdate is CATIE's flagship digest on cutting-edge developments in HIV and hepatitis C research and treatment. Over the past year, topics covered included new HIV and hepatitis C drugs; bone health and complications related to aging in people living with HIV; and a detailed discussion of the findings and implications of the START trial, which provides robust evidence for starting HIV treatment soon after HIV diagnosis. *TreatmentUpdate* articles were viewed almost 200,000 times on the CATIE website over the past year, and there were 3,880 *TreatmentUpdate* subscribers.

HepCInfoUpdate

HepCInfoUpdate is published every two weeks and gives a concise update on what's new and newsworthy in hepatitis C science, programs and policy. It makes hepatitis C scientific findings more accessible by highlighting links to key prevention, harm reduction, treatment, support and epidemiology information in a regular easy-to-read e-mail. There were 2,544 subscribers to *HepCInfoUpdate* in the last year.

What they say

"Just wanted to say that the latest *Hep C Info Update* that arrived this morning provides exactly the information I need right now. Thanks for the great work (as ever)!"

— Deb Schmitz, Pacific Hepatitis C Network, hepctip.ca

Letting people know about START + ART

In March 2015, findings from the landmark START trial were announced, confirming the growing evidence that starting antiretroviral therapy (ART) sooner rather than later significantly lowers the chance of many serious illnesses and of death in people living with HIV. It confirmed that ART should be started as soon as possible after diagnosis. The researchers also found that less than one per cent of participants experienced serious side effects.

To let service providers and clients, especially people living with HIV, know about the implications of the ground-breaking results of the START trial and the importance of starting HIV treatment early, CATIE reviewed and updated its key HIV treatment resources. In addition to extensive coverage in *TreatmentUpdate* 210, we developed and disseminated treatment updates for two key client publications: *A Practical Guide to HIV Drug Treatment for People Living with HIV* and *Managing Your Health*. We also launched new versions of popular resources such as the *HIV Basic Facts*, *Just Diagnosed with HIV, You can have a healthy pregnancy if you are HIV positive* and *Living with HIV and Hepatitis C Co-infection*. Last but not least, we shone a spotlight on what this means for people who live with the virus in CATIE's holistic health magazine *The Positive Side*. And this is just one example of CATIE's goal of translating knowledge of significant advances in HIV and hepatitis C treatment so everyone can benefit.



CATIE supports the development and dissemination of practice guidelines

Practice guidelines are important tools for service and program design and delivery. They are based on a systematic review of the best available research evidence; and while practice guidelines are rooted in research evidence, they are also enhanced and validated by the practice-based expertise of program planners, frontline service providers and community members.

Practice guidelines are useful resources to inform how to strengthen existing or develop new service and program delivery. The guidelines act as a map: they offer a way to understand the research landscape, recommendations on which route to take, and even empirical support for the direction in which programs and services may already be moving. Practice guidelines are especially important when programs, services and approaches are new and/or have the potential to significantly improve the health and well-being of people at risk for and living with HIV and hepatitis C.

Over the past several years, CATIE has provided knowledge translation and exchange expertise to The Working Group on Best Practice for Harm Reduction Programs in Canada. This cross-Canada, multi-stakeholder team with representation from researchers, service providers, policy makers, and people with lived experience/who use drugs developed the *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People who Use Drugs and are at Risk of HIV, HCV and Other Harms: Parts 1 and 2*. CATIE worked with the Working Group to disseminate the best practices through hosting them on www.catie.ca, providing the platform for webinars to announce the launches and providing space within CATIE's online

resource *Prevention in Focus* to provide the evidence base to support the development of the best-practice guidelines. Over the course of this project, Part 1 has been downloaded almost 53,000 times and Part 2 more than 8,000 times.





PROFILE

Practice guidelines in peer health navigation for people living with HIV

Evidence shows that health navigators – HIV-positive people who have been trained to guide, connect, refer, educate and accompany their peers through systems of care— can have a significant, positive impact on the health of people living with HIV. Navigators improve rates of linkage to care, retention in care, and treatment outcomes, including increased CD4 counts and decreased viral loads. Although Canadian programs exist, there are no guidelines on how to deliver peer health navigation.

CATIE convened a 15-member national working group of researchers, clinicians, public health practitioners, program planners, frontline service providers, and people living with HIV. They inform and develop research-based and practice-based guidelines on peer health navigation. The guidelines are intended to improve the quality and consistency of peer health navigation programs; improve the effectiveness of peer health navigation programs to positively impact the health and well-being of people living with HIV; and build on existing local/regional models and materials, many of which were developed and informed by people living with HIV.

Since our first working group meeting in May 2015, we have:

- Defined peer and health navigation
- Identified our core values: GIPA/MEPA, harm reduction, anti-oppression, self-determination and resiliency
- Established a participatory, iterative, consensus-based guideline development and review process
- Identified the guidelines' core areas of practice:
 - navigator and agency readiness
 - navigator competencies, roles and responsibilities
 - agency responsibilities (e.g., recruitment, training, supervision, policies and evaluation)
 - integrating navigators in community and clinical settings
 - ethical issues related to hiring people living with HIV
 - self-care for navigators

We believe the guidelines will be adaptable to other chronic diseases, including hepatitis C. The guidelines will be published in English and French in 2017.



Partnership continues to build Ordering Centre resource collection

In organizations across the country, service providers and their clients hold a wealth of expertise and knowledge about how to prevent infections and live well with HIV or hepatitis C. In its role as national knowledge-exchange (KE) broker, CATIE has the privilege of sharing that expertise with organizations in other regions. In conjunction with our website, CATIE's Ordering Centre provides access to a collection of print client resources that is the product of this collective knowledge. Last year, more than 700,000 resources were distributed to a diverse range of users including community health centres, public health units, AIDS service organizations and individual clients.

The [Ordering Centre collection](#) contains hundreds of titles, with more than 80 new resources added in 2015/16. The majority of the collection is pieces developed by or with partner organizations from coast to coast to coast. This year saw the collection grow in significant ways. First, some key gaps were filled. CATIE partnered with Quebec-based Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD) to make available the harm reduction-focused *My Crack Kit* pamphlet on safer crack smoking. A collaboration with B.C.-based Chee Mamuk added *Honouring Our Voices* to the collection. It is our first resource that shares the stories of Indigenous/Aboriginal people who have lived with hepatitis C. Story-telling is one of the most effective ways to transmit knowledge and as new hepatitis C treatments become increasingly available, personal experiences are needed to ensure everyone understands the benefits (and challenges) of treatment.

Second, CATIE expanded the collection in several significant ways. We partnered with the Canadian

Association of Hepatology Nurses to co-author the introductory guide *Understanding Cirrhosis of the Liver* for people newly diagnosed with the condition – the first of what we hope will be many successful collaborations. We continued a partnership with Positive Women's Network of B.C. to make available four resources on HIV disclosure in different kinds of relationships. Disclosure remains an important topic for people living with HIV, and these booklets provide practical advice for navigating conversations. We also made a significant step toward integrating information on sexually transmitted infections into our sexual health framework. In partnership with the Sex Information and Education Council of Canada (SIECCAN), we published factsheets on seven common STIs. These factsheets provide comprehensive information on STIs in the context of HIV. A follow-up publication from CATIE, the *Safer Sex Guide*, brings this broadened focus on HIV and other STIs into a fun, vibrant package.

[CATIE's expertise in the biomedical knowledge](#) of HIV and hepatitis C was used as we created or updated several new resources specifically for people living with HIV or hepatitis C. A printable HIV drug chart was produced, and we updated several key HIV publications to reflect the changes that have occurred in HIV science over the past few years, such as the results of the START trial (See "Letting People Know about START + ART", page 4). We also created two innovative pieces for people living with hepatitis C. Issue 4 of *HepCInfo* in newsprint presents the latest information on new hepatitis C treatments in a fun and engaging newspaper format. And the *Hep C Passport*,



created in partnership with Pender Hepatitis C Support Society, combines essential information about living with hepatitis C with a practical tracking tool that people can use to record test results and treatment outcomes.

CATIE remains committed to ensuring that the collection of client resources can meet the needs of the many different communities affected by HIV and hepatitis C. As we look to the future, we will strive to have content that is accurate, up-to-date and unbiased for many of the more marginalized groups in the epidemic. We're also excited by the possibilities of interactive tools.

What they say

"We have placed an order [from CATIE's resource collection]. The shipment has been received at the Jail already. The information is being well received by the clients!"

— Kathryn Burchill, Psychiatric Nurse,
Saskatchewan



PROFILE

Measuring information needs in Hep C and HIV

CATIE takes seriously its responsibility to always be listening to our stakeholders. In 2015/16, we undertook significant needs assessments among two key groups: people living with hepatitis C and people living with HIV. Through surveys, we asked people living with one of the viruses about the kinds of information they needed to better manage their health. We also asked how they preferred receiving this information.

The results were clear: people need more information about their health condition in order to better manage their health. When we surveyed people with hepatitis C, 77 per cent of respondents stated that they did not know "a lot" about hepatitis C, and 85 per cent of participants reported needing hepatitis C information. This need for information was greater for Indigenous/Aboriginal people than non-Indigenous/Aboriginal people. When we asked people with HIV, 57 per cent of respondents stated they did not know a lot about HIV and HIV-related health conditions, and 90 per cent of participants reported needing HIV information. The reports, *Room for Improvement: Knowledge exchange needs of people living with hepatitis C* and *Valued and Needed Information for People Living with HIV: 2015 survey results*, contain full details. They can be found on www.catie.ca.

The Positive Side says “Happy Birthday ART!”

To mark the 20th anniversary of the advent of combination HIV therapy, in 2015/16 *The Positive Side* took an in-depth look at the lifesaving impacts of antiretroviral therapy (ART) and how dramatically the HIV landscape has changed over the past two decades.

Doctors, counsellors, activists and people living with HIV shared their personal stories and insights. We sat and reflected with both people who have lived with the virus for decades and people more recently diagnosed. We explored HIV—past, present and future.

And our loyal readers keep coming back for more. When responding to the information needs assessment CATIE conducted in 2015, people living with HIV repeatedly mentioned *The Positive Side*. They told us that they find the personal stories informative and inspiring, that the magazine makes them feel better about living with HIV and helps them connect with real people. Some even commented that reading other people’s stories gave them hope and helped save their life.



PROFILE

Six new clinics joined the Waiting Room Information Program (WRIP) in 2015/2016

The Waiting Room Information Program’s purpose is to ensure that HIV and hepatitis C treatment clinics have access to the most recent and unbiased information about treatment and healthy living through display stands. These stands offer a wide range of free resources that their staff can benefit from and above all, share with their clients. The program kept on growing in 2015/2016 with six new participating organizations: three new sites were added in Quebec, two in the Prairies and one in B.C. As of June 30, 2016, the total number of WRIP clinics across the country stood at 82. All participating clinics receive regular communications from CATIE via the *WRIP e-Bulletin*, a quarterly online publication that highlights new publications available through the CATIE Ordering Centre.

The publication also provides the latest information on HIV- and hepatitis C-related issues, and on CATIE programs, services and events. Each year, CATIE employees try to visit as many WRIP sites as possible and these visits help us to evaluate the program. The feedback we receive is generally positive and allows us to determine the clinics’ needs in terms of the printed materials they need and where there may be information gaps that need to be filled. This information can inform CATIE on new resources that may need to be developed. We thank all clinics for their participation and for their input and encouragement. For information on the Ordering Centre and the WRIP, please contact Dieynaba Deme at ddeme@catie.ca.

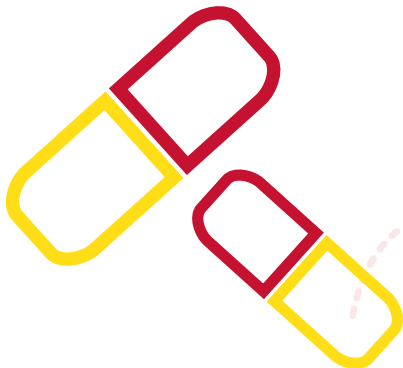
What were the top CATIE News stories of 2015?

We selected some highlights of the HIV and hepatitis C stories that made headlines during the past year.

1 Truvada approved for HIV prevention in Canada

In February 2016, Health Canada approved the use of daily oral Truvada for pre-exposure prophylaxis (PrEP) in combination with safer sex practices to reduce the risk of the sexual transmission of HIV. The approval was based on data from clinical trials in men who have sex with men as well as in heterosexual couples where one partner was HIV-positive. In these studies, Truvada was taken once daily by HIV-negative people, who were also regularly tested for HIV and other sexually transmitted infections.

They were also provided free condoms and safer-sex counselling. In this context, Truvada was highly effective in reducing the risk of HIV infection. However, Truvada is expensive and unless the provinces and territories provide subsidies, it is unlikely that Truvada will reach its full potential to significantly stem the spread of HIV in Canada.



2 Canadian hepatitis C guidelines updated for 2015

The updated Canadian guidelines from the Canadian Association for the Study of the Liver are timely because although new cases of hepatitis C are declining, complications due to this infection are increasing because of an aging population whose liver injury is growing worse. The update to the Canadian guidelines contains many recommendations that, if implemented, should result in improved care and treatment of hepatitis C infection in Canada. One such recommendation is that the offer of a hepatitis C test be expanded across Canada. This is important because most people who have this virus are not aware that they are infected.

3

Study confirms starting HIV treatment early prevents illness and death

A large, well-designed clinical trial called START confirmed that by initiating anti-HIV therapy early—when their CD4+ cell counts are still relatively high—HIV-positive people can significantly reduce their risk of developing AIDS, developing other serious illnesses or dying.

One of the leading researchers on START commented: “We now have strong evidence that early treatment is beneficial to the HIV-positive person. These results support treating everyone irrespective of CD4+ cell count.”



4

Starting to think about the end of the hepatitis C epidemic

The arrival of effective treatments for hepatitis C has stimulated policy planners, public health officials and researchers who study epidemics to envision the large-scale use of these treatments so that the health of many people living with hepatitis C can be improved and the spread of the virus can be reduced. It has also inspired researchers, doctors, nurses and public health officials to go even further than thinking about reducing the spread of hepatitis C.

Researchers in B.C. and the United States have assessed the impact of large-scale programs that offer hepatitis C testing and treatment and how these might change the trajectory of the hepatitis C epidemic in North America. Both groups found that increasing opportunities for the offer of hepatitis C testing followed by swift linkage to care and treatment, would significantly diminish the pool of infected people over time.




Building Knowledge



With a rich roster of partners across the country, CATIE has led discussions and learning opportunities that inform effective programming and take us closer to our envisioned future free of HIV and hepatitis C.

CATIE's regional health education coordinators continue the long-held practice of working with communities across Canada, leading workshops and conferences, and facilitating knowledge exchange through Learning Institutes. That educational outreach, designed to build skills and enhance the capacity of the front line to develop and execute programs, now extends further through a Blended Learning program that uses a combination of online teaching modules, and face-to-face and online interaction to enhance the learning experience.

Beyond educational outreach, CATIE's desire to engage communities in knowledge exchange is also evident in *The CATIE Blog* - an online community whose lively presentation of views has garnered significant growth in postings and online visits.



CATIE and partners deliver educational opportunities across Canada

THE CATIE Regional Health Education Coordinators (RHECs) work collaboratively with organizations and networks in HIV and hepatitis C to deliver partnered educational events, learning institutes, workshops and trainings and our Blended Learning program. These partnerships are key to developing core knowledge in HIV and hepatitis C for a wide range of healthcare and frontline workers. Here are some highlights from the country in 2015/2016.

Pacific

In B.C., CATIE's Hep C Basics Blended Learning course was launched with much enthusiasm and support from our partners. The course was delivered in Courtenay and Victoria in partnership with AIDS Vancouver Island (AVI). The face-to-face training day provided an opportunity for networking and discussion about Hep C treatment access and community supports on Vancouver Island.

The First Nations Health Authority's (FHNA) Provincial STBBI/HIV/Hep C and Harm Reduction Educators' Forum, entitled "Expanding our Reach: STBBI HIV/Hep C Protection and Prevention for Indigenous People in B.C.," took place in Richmond, B.C. on February 2-3, 2016. This was the first year for the forum and was organized in partnership with FHNA and the Pacific AIDS Network (PAN). The aim of the forum was the promotion of effective STBBI, HIV and Hep C education for Indigenous Peoples of B.C. CATIE and Positive Women's Network also launched a three-year partnership to provide educational workshops to both frontline service providers and HIV/HCV-positive women across the province.

Prairies

2015/16 was a very good year for partnership work in the Prairies. CATIE continued our Community Facilitation Trainings with the Sexuality Education

Resource Centre and The 595, taking the three-day event to Dauphin, Manitoba. We had 25 participants from 16 surrounding First Nations communities and worked closely with the Interlakes Reserve Tribal Council to make the event relevant and successful.

In Saskatchewan we worked alongside the Sunrise Health Region to host workshops. We presented at three First Nations communities, the nursing staff of both Yorkton and Kamsack and also spoke to the graduating nursing class from Parkland College about HIV and hepatitis C.

The year also brought us to Alberta where we hosted a two-day conference with the Alberta Community Council on HIV (ACCH). This event brought our Hepatitis C Basics Blended Learning course to a close with a day-long event that included speakers from Alberta Health, the Calgary Urban Project Society (CUPS), and individuals with lived experience. Participants included all of their member organizations as well as other interested local healthcare providers.

Ontario

The 2015/16 Ontario educational conference, NEON Lights, was organized in partnership with the Ontario Aboriginal HIV/AIDS Strategy (OAHAS). Held in Timmins, over 55 people from across North Eastern Ontario attended, and this two-day event was a rousing success! Presenters from CATIE and many of our Ontario partners joined local speakers with lived experience to address topics such as HIV and hepatitis C basics, harm reduction, disclosure, stigma, and point-of-care testing. The conference also featured an evening event where a panel of speakers discussed the challenges of supporting incarcerated and newly released clients, bringing to light the amazing work done by CATIE partners in this difficult field.



THIS "BRICK WALL AND LADDER" EXERCISE HELPED PARTICIPANTS AT THE WOMEN AND HARM REDUCTION WORKSHOP IN MATTAWA, ONTARIO EXPLORE THE BARRIERS THAT WOMEN WHO USE DRUGS FACE, AND THE INDIVIDUAL AND COMMUNITY STRENGTHS THAT CAN BE BROUGHT TO BEAR WHEN WORKING WITH THIS VULNERABLE POPULATION. THIS WORKSHOP WAS A PARTNERSHIP BETWEEN CATIE, THE ONTARIO HIV AND SUBSTANCE USE TRAINING PROGRAM AND THE AIDS COMMITTEE OF NORTH BAY AND AREA.

This year also saw the continuation of our partnership with the Ontario HIV Substance Use Training Program (OHSUTP). We visited 11 communities, facilitating training on Women and Harm Reduction, with a strong focus on Hep C prevention.

Québec

CATIE's primary event in Québec for the 2015/16 year was a Learning Institute held in conjunction with the 3rd annual Le Centre d'aide aux personnes atteintes de l'hépatite C (CAPAHC) symposium and 6th annual Programme national de mentorat sur le VIH/sida (PNMVS) symposium. The event focused on hepatitis C work with specific communities and addressed barriers in access to services along the continuum of care. The event brought together

20 representatives from community organizations across Québec, and was rich in discussion about barriers to care among Indigenous/Aboriginal communities and people who use drugs. It also presented some promising strategies for future work. On the second evening of the event, the team from the Coopérative de solidarité SABSA (service à bas seuil d'accessibilité) presented on their low-barrier hepatitis C and outreach nursing clinic.

CATIE is excited to be working with a wide range of existing and new partners across the Québec region, including the Native Women's Shelter of Montréal, Stella, the First Nations of Quebec and Labrador Health and Social Services Commission, and L'Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD), among others.

Atlantic

In Atlantic Canada, much of CATIE's educational work in 2015/16 was focused on building on the momentum of our Hep C Basics Blended Learning course that was piloted in Halifax in the previous fiscal year. We held courses across the region — in PEI, Newfoundland and Labrador, Nova Scotia and New Brunswick. Enthusiastic local partners who attended the pilot and championed the course in their respective regions made the successful launch of Hep C Basics in Atlantic Canada possible.

The Hep C Basics Blended Learning course allowed us to engage new audiences and strengthen partnerships, particularly within the public health sector in the Atlantic Provinces. As we move forward with Blended Learning in 2016/17, we will have the opportunity to provide education in new areas of the region, including Labrador.



PROFILE

Blended Learning offers new, dynamic teaching



Blended Learning is a hybrid approach to education where two or more different types of learning approaches and contexts are used to deliver training. Using a combination of online and face-to-face instruction, it offers participants an engaging, dynamic and multifaceted learning experience.

CATIE began its venture into blended learning as a new approach to delivering educational programming in 2014/2015, with the development and pilot of our first course, titled Hep C Basics Blended Learning Curriculum. The pilot, held in Halifax with key stakeholders from Atlantic Canada, was a resounding success, with requests for additional courses rolling

in from across the region. In 2015/2016, Hep C Basics was officially launched across Canada and received with much enthusiasm from our partners. We ran 15 courses and engaged 307 participants in British Columbia, Alberta, Saskatchewan, New Brunswick, Nova Scotia, PEI and Newfoundland and Labrador.

CATIE's 'blend' of online instructional methods includes interactive e-Learning units, videos, webinars, self-directed readings, and discussion boards where participants interact to exchange ideas and resources on a weekly basis. All of this takes place on éduCATIE, CATIE's Learning Management System (LMS). Each course is capped off with a face-to-face training day that brings participants together to build on the knowledge gained online and discuss the regional contexts and nuances of Hep C and/or HIV.

Blended Learning allows CATIE to increase both the frequency and geographical reach of learning opportunities, and provides a more flexible and convenient schedule for participants. Through our Blended Learning courses, we've been able to reach out to new audiences, build new partnerships, and work in new areas of the country! Our next course, Preventing the Sexual Transmission of HIV, is currently in development and will be piloted in the 2016/17 fiscal year.

Stay tuned!

What they say

"CATIE is a national organization providing top quality education. Service providers working with Indigenous communities in the Williams Lake area have gone through the Hep C Basics course to raise their level of Hep C knowledge. The course is really quite innovative."

— **Dr. Alexandra King, Vancouver Infectious Diseases Centre**

Building community knowledge

CATIE supports regional and national efforts to enhance community knowledge, building on past experience and venturing into new partnerships.

Long-standing community support

For the fifth consecutive year, CATIE hosted the Community Rapporteur Project at the 11th B.C. Gay Men's Health Summit organized by the Vancouver-based Community Based Research Centre. CATIE engaged 11 community stakeholders from across Canada, particularly from the Atlantic and Prairie regions, in an important cross-regional exchange of ideas on gay men's sexual health programming and new research.

For the fourth consecutive year, CATIE hosted the CATIE Learning Institute at the 5th Canadian Symposium on HCV organized by the CanHep C Network. During 2015/16 CATIE formally partnered with the CanHep C Network to co-host the Learning Institute. CATIE engaged community stakeholders working with priority populations from across Canada. The theme of this year's conference was "We're not done yet: Remaining challenges in hepatitis C" and included presentations on what we have learned from the initial roll-out of direct-acting antiviral agents, whether HCV antiviral resistance will matter, and how Indigenous methodologies can inform the response to the HCV epidemic in Canada. Participants brought community perspectives to the 5th Canadian Symposium on HCV and worked with CATIE staff and graduate trainees from the CanHep C Network to distill the important information coming out of the conference into a national webinar which was co-produced with the CanHep C Network.

Ethnocultural initiatives for communities and frontline service providers

CATIE's work with ethnocultural communities in Ontario on hepatitis C education continued to

grow in 2015/16. Since 2010, CATIE has worked on hepatitis C community education with the four largest immigrant communities in Ontario (Chinese, Punjabi, Pakistani and Filipino). This past year, we expanded our reach beyond community with two events focused on service providers working with the South Asian and Chinese communities.

In total, 16 Immigrant Health and Hepatitis C workshops were delivered to community in partnership with seven community and settlement organizations across Ontario. These workshops are delivered by CATIE staff with one of the program's 15 trained in-language facilitators working across four communities. CATIE hosts an annual training that welcomes new facilitators into the program and keeps our current trainers up-to-date with the newest information on immigrant health and hepatitis C.

CATIE also developed in-language videos on HCV testing and treatment in English, Mandarin, Urdu, Punjabi, Tagalog, Spanish, Tamil, Bengali and Hindi. These videos provide important information on HCV testing and treatment in major languages spoken by immigrants and newcomers to Ontario. They are available at CATIE's multilingual hepatitis C website, and have been promoted through CATIE's partners.

The Hepatitis C Ethnocultural Outreach and Education Program ran two waves of media campaigns in 2015/16. Two key messages on testing and treatment were translated into the program's four core languages (Simplified Chinese, Punjabi, Tagalog and Urdu) and ran advertisements in print, online and on the radio. In partnership with the Committee of Progressive Pakistani Canadians (CPPC), CATIE organized the 2nd annual Hepatitis C Dialogue with the South Asian Media Editors. The dialogue was held on World Hepatitis Day with more than 30 South Asian media editors from across Ontario.



PROFILE

The Resonance Project: a major community-based undertaking

In this past year, The Resonance Project, a national community-based research project coordinated by CATIE, entered its third year and knowledge-exchange phase. The project identified emerging biomedical discourses and decisions within gay men's knowledge networks and identified important understandings and interpretations of new biomedical knowledge, what gay men think about the new HIV treatment and prevention information and how it affects their lives.

Knowledge Exchange initiatives were rolled out with regional community partners to the project: RÉZO, Gay Men's Sexual Health Alliance (GMSH) and Health Initiatives for Men (HIM). Knowledge-exchange (KE) activities included focusing on disseminating key findings through various KE vehicles, including regional-level community meetings, national bilingual webinars, academic and community articles, and a final community report.

2015/16 Knowledge Exchange Activities for the Resonance Project

Conference Presentations

- Canadian Association for HIV Research (CAHR) Conference, Toronto, May 2015
- Guelph Sexuality Conference, Guelph, Ontario, June 2015
- CIHR Social Research Centre in HIV Prevention - Closing conference, Toronto, September 2015

Webinars

- National Collaborating Centre for Infectious Diseases (NCCID) and CATIE. March 2016
- CATIE National Webinar Series, June 2016

Community-Focused Events

- GayZone Community Forum, Ottawa, August 2015
- Gay Men's Sexual Health Alliance Meeting, Toronto, April 2015 and September 2015
- The CATIE Forum, Toronto, October 2015

What they say

"On behalf of the Working Group on Best Practice for Harm Reduction Programs in Canada, I would like to offer our immense gratitude... CATIE was the best KTE partner we could wish for and I want to thank you all for your role and contributions to the success of our project."

— Carol Strike, PhD, Associate Professor, Dalla Lana School of Public Health, University of Toronto

- RÉZO Team Meeting, Montreal, October 2015
- RÉZO Community Forum, Montreal, October 2015
- Outillons Nous!, Montreal, November 2015
- HIM Community Forum, Vancouver, January 2016
- Workshops for primary care physicians, public health workers and community-based workers, Vancouver, January 2016
- 1er Colloque sur les nouvelles stratégies de prévention, Toronto, March 2016

Articles and Reports

- “We’re in an HIV prevention revolution. Where is the excitement?” *The CATIE Blog*, September 2015
- “The Resonance Project: What service providers are saying about biomedical information on HIV prevention,” *Prevention in Focus*, Spring 2016

Also upcoming:

- “The Resonance Project: What gay men are saying about biomedical information on HIV prevention,” *Prevention in Focus*, Summer 2016.
- “The Resonance Project Community Report: Emerging biomedical discourses on HIV among gay men and their service providers”
- “Treatment as Prevention and PrEP: Is HIV prevention producing new biosocialities?”
- “Embodying the new orthodoxy: How gay service providers incorporate emerging biomedical HIV knowledge into their professional and personal lives”



PARTICIPANTS OF THE CATIE RAPPORTEUR PROJECT AT THE COMMUNITY-BASED RESEARCH CENTRE'S GAY MEN'S HEALTH SUMMIT, 2015, IN VANCOUVER

The **CATIE** Blog

From HIV prevention technologies to adopting a national hepatitis C strategy, *The CATIE Blog* allowed frontline service providers to share their news and opinions in a more casual and conversational medium.

The blog had people talking about PrEP for women, sex ed in schools, the cost of Hep C medications, health equity, HIV and infant feeding, curing Hep C, and much more! Since its launch in October 2014, CATIE has published bi-weekly submissions from people engaged in HIV and Hep C work across Canada. Here are excerpts from some select posts.



“Unprotected” or “condomless”: Upgrading our HIV terminology

by James Wilton, Epidemiologist, Applied Epidemiology Unit, OHTN, Toronto, Ontario

Our understanding of HIV transmission and prevention has changed dramatically in the past decade, and with it have come new words and terms. Post- and pre-exposure prophylaxis (PEP and PrEP). Undetectable viral load. Treatment as prevention. At the same time, some of the terms we have been using for decades are now beginning to take on new meanings or are becoming inaccurate. As HIV prevention science evolves, so too must our language.

HIV disclosure is more than a one-time conversation

by Erin Seatter, Resource Coordinator, Positive Women’s Network

Without a doubt, disclosure is complicated, and the social, emotional, economic and physical implications are very real. Each woman living with HIV must decide for herself whether disclosure makes sense. What could be good about telling? What could be bad? And what could happen after disclosing?





Supervised injection in Toronto will improve the health of people who inject drugs

by Drs. Ahmed Bayoumi, Internal Medicine Physician, St. Michael's Hospital's Centre for Research on Inner City Health, and Carol Strike, Associate Professor, the University of Toronto's Dalla Lana School of Public Health



The main reason that we are advocating for supervised injection services is to improve the health of people who inject drugs. People who inject drugs are more likely than the general population to die prematurely and, if they don't die, they are more likely to have a high burden of disease. Harm reduction interventions, such as supervised injection services, are an effective way to address the health issues of people who inject drugs – people who need something beyond conventional healthcare.

3 things to keep in mind about trans (men's) inclusion in HIV prevention research

by Ayden Scheim, PhD Candidate, Trudeau Foundation Scholar and Vanier Scholar in epidemiology and biostatistics at Western University in London, Ontario

In response to mounting evidence of the prevention benefits of pre-exposure prophylaxis (PrEP) use by HIV-negative gay and bisexual men, a discussion recently emerged on social media about the perceived exclusion of trans men who have sex with men from PrEP research studies [...] I feel compelled to offer a reality check about the inclusion of trans men in HIV prevention research.



What's the point of barebacking?

by Gabriel Girard, post-doctorate student at Concordia University, Montreal, Québec

Barebacking emerged in the United States 20 years ago and has since been much talked about. In the beginning, the term was used by HIV-positive gay men to describe their choice to have condomless sex. Quickly, barebacking became the subject of bitter debate about responsibility and risk-taking in the gay community. But does it still make sense to talk about barebacking in the era of treatment as prevention?

Translated from original French posting / Traduit à partir d'une publication originalement en français.



Queer women are ignored in HIV research: this is a problem and here is why it matters

by Carmen Logie, Assistant Professor in the Factor-Inwentash Faculty of Social Work at the University of Toronto, Ontario

Lesbian, bisexual and queer women are rarely included in HIV research. Women who have sex with women, and their HIV infection rates, are not captured anywhere because women cannot report having a woman as a sexual partner in Canada's HIV statistics. The current record only allows women to report HIV exposure either through injection drug use or heterosexual sex. This contributes to the erasure of women's sexual and gender diversity and fluidity in HIV research.



Strengthening Programs

In our knowledge broker role, CATIE plays an important part in supporting the advancement of evidence-based programming. CATIE thanks the engagement of many organizations that have shared their experiences, evolving approaches and perspectives on best practices in program and service delivery.

CATIE's convening role with frontline service providers, healthcare professionals, researchers and policymakers has provided insight into evidence-informed approaches and identified priority information gaps in the continuum of prevention, testing, treatment and care - gaps that need to be filled in order to strengthen programming and service delivery. Highlighting innovative and effective programming models is part of that process.

The CATIE Forums have proven to be a very popular venue for such exchanges. In 2015/16, we reached an unprecedented number of participants at The CATIE Forum.

Programming resources developed to profile and enhance approaches to programming have included online publications such as *Prevention in Focus* and *Programming Connection*, the CATIE webinar series, and a document on integrated hepatitis C programming for priority populations.

Stakeholder consultations gain insights into community needs and strategic directions

In 2015/16, CATIE continued to share knowledge and forge deeper partnerships with communities across the country.

Consultation in Gay Men's Sexual Health

As a satellite event for the 2015 CATIE Forum, key community, research and public health stakeholders were invited to participate in a Pan-Canadian Collaboration & Strategic Action Consultation in Gay Men's Sexual Health. The meeting engaged 32 participants, reflecting broad and strategic representation from across Canada. The objectives for the Consultation were to take stock of key programming and research developments since the Pan-Canadian Deliberative Dialogue, *New Directions in Gay Men's Health and HIV Prevention* meeting, organized by CATIE in 2010.

The meeting was a valuable opportunity to nurture new and existing partnerships between local and regional stakeholders through knowledge exchange and networking. These discussions enabled the identification of priority areas of collaboration for strengthening gay men's health in Canada, including:

- Research and programming collaboration to facilitate greater knowledge exchange between local, regional and national community stakeholders on relevant research and effective program models;
- Training and capacity building to support priority educational, research, and program needs among frontline staff working in gay men's sexual health;
- Policy framework development to articulate the values, principles and best practices in gay men's health, including priorities for HIV prevention among gay men and the intersection of HIV prevention and gay men's health.

These discussions provided strategic insights into CATIE's future work in Gay Men's Sexual Health Programming, including a commitment to community- and health systems-strengthening efforts. Perhaps most significant, the Consultation also fostered renewed interest in the development of a Pan-Canadian Gay Men's Health Network to strengthen national leadership and coordination. Members of the Network have focused on the development of a proposed Pan-Canadian Community Alliance on Combination HIV/STBBI Prevention for Gay, Bi, Trans, and Queer Men.

CATIE Deliberative Dialogue informs approaches

Windows of Opportunity: Integrated Programming Approaches for Priority Populations outlines key factors for success and programming and organizational recommendations identified at the National Deliberative Dialogue on Integrated

What they say

"A note of congratulations... I see that the Deliberative Dialogue report is out... and it looks absolutely amazing. I am so happy that I was able to be a part of that wonderful meeting... and I am really impressed with the report. Thanks for everything. You folks rock!!"

— Jeff Potts, CATIE Member and colleague

Hepatitis Programming Approaches for Priority Populations convened by CATIE in 2015. The programming, organizational and structural recommendations within this document can begin to inform a collective response to the hepatitis C epidemic, as well as inform CATIE's HCV knowledge exchange work over the next few years. The deliberative dialogue discussions identified that CATIE can play an important role by continuing to convene community actors together, as well as other stakeholders from across the health system, with the aim of identifying barriers and exploring solutions to the hepatitis C epidemic.

South Asian Service Providers' Conference

In partnership with Human Endeavour, CATIE organized the first Ontario South Asian Service Providers' Conference with a focus on newcomer health and HCV, November 25, 2015 in Vaughan, Ontario. This conference brought together more than 55 service providers and program managers from across Ontario working with South Asian communities to showcase programs and services available, and the need for more HCV-focused programming for newcomers.

What they say

"I love your website. I work at a social service agency in Chicago, Illinois. I think your site is very well done, and very useful and helpful. I am glad I came across it."

– **Tom Hunter, Senior Care Specialist, Chicago House and Social Service Agency**

"Sean [Hosein] does great knowledge translation work, keeping up with the latest science."

– **Darrell Tan, MD, Clinician-Scientist, Division of Infectious Diseases, St Michael's Hospital, Toronto**



ONTARIO SOUTH ASIA SERVICE PROVIDERS' CONFERENCE ORGANIZED IN PARTNERSHIP WITH HUMAN ENDEAVOUR, AN ORGANIZATION SERVING SOUTH ASIAN IMMIGRANTS AND NEWCOMERS.

The CATIE Forum: *Making it Work: From planning to practice*

On October 15-16, 2015, CATIE hosted its national CATIE Forum, *Making it Work: From planning to practice*. The event brought together more than 380 people at the front lines of the response to HIV and hepatitis C across Canada, including program planners, service providers, researchers and policy makers, as well as people living with HIV and people with lived experience of hepatitis C.

As participants attested, CATIE Forum 2015 was a huge success. That's because it addressed issues and shared information and experiences pertinent to the new and changed world of HIV and hepatitis C prevention, testing, treatment, care and support.

Specifically, the CATIE Forum:

- Encouraged dialogue on the implications of new HIV and hepatitis C knowledge for frontline work, including key programming approaches to consider moving forward;
- Examined evidence-based programming to address HIV and hepatitis C across the continuum of prevention and care; and
- Encouraged a population-based, syndemic approach to addressing HIV and hepatitis C.

At one place, participants heard how new world realities in HIV and hepatitis C are informing real-world practices. We have the knowledge to effect change in Canada, but there is an urgent need to understand how we can translate this knowledge into effective programming to reduce transmissions and improve wellness. Addressing that need was the key focus of the CATIE Forum.



What they say

“You [Laurie Edmiston] and your team are doing great work.”

– Carolyn Klassen, MSN, RN, President/
CEO, Canadian Association of
Hepatology Nurses



THE CATIE FORUM AFFORDED MANY OPPORTUNITIES TO LEARN ABOUT NEW RESOURCES AND DISCUSS ISSUES.

Foundational community consultation

To help guide and sharpen that focus for the Forum, CATIE invited 51 nationally-representative advisors to join small expert advisor sub-committees. Each sub-committee was responsible to advise on specific sessions and, in some cases, advise on the entire agenda. The two-day agenda included 63 speakers in 23 plenary and concurrent sessions. Topics were diverse in that they focused on each stage of the HIV and the hepatitis C continuum of prevention and care. The first day focused specifically on new knowledge in HIV and hepatitis C research and programming across these continuums, while the second day focused more on the population-specific implications of this knowledge.

Global context

International speakers from the USA, Scotland and Ukraine joined us to unpack newer understandings of HIV and Hep C and share policy and practice — experience relevant to Canada. From Canada, plenary sessions focused on a diversity of topics relevant to our Forum

What they say

“Your staff is doing an amazing job at bringing forth the health needs and evidence-based strategies to support the lives of people living with and at risk for HIV and HCV in Canada... I am so humble to have been asked to be part of your efforts to bring health and wellness to our joint communities in the Americas!”

— Israel Nieves-Rivera, Director, Office of Equity & Quality Improvement, Population Health Division, San Francisco Department of Public Health



theme, including: the rapidly changing landscape of hepatitis C in Canada and the frontline programming implications of these changes; indigeneity and improving our response in the new era of HIV and hepatitis C; moving forward an agenda on point-of-care HIV testing in Canada; and the role and implications of PrEP as a new HIV prevention strategy in this country. A moderated discussion among six people living with HIV from across Canada on the implications of new knowledge for HIV prevention and care was particularly engaging. Population-specific breakout sessions on the second day allowed for participants to engage in in-depth discussion on the implications of new programming approaches in HIV and hepatitis C for a diversity of communities.

Participant evaluations underscored the Forum as a huge success. One hundred per cent of respondents felt that the CATIE Forum sessions were relevant to their work and 96 per cent were satisfied with the event overall. And 100 per cent agreed that the event was well organized.

The Forum was effective in increasing knowledge and building networks: 98 per cent agreed that the Forum increased their knowledge of new directions in HIV and/or Hep C programming;

What they say

“The team at CATIE has done nothing short of a remarkable job in the development and execution of this forum. I can’t think of the last learning opportunity I have participated in where my energy and engagement level have remained so high.”

– **Tammy Reimer, Director of Allied Care and Health Promotion, Nine Circles Community Health Centre, Winnipeg**

“I really enjoyed the opportunity to attend the Forum – lots of good information to digest and hopefully use in our day-to-day work.”

– **Debby Warren, Executive Director, AIDS Moncton**

98 per cent agreed that the Forum provided an opportunity to network with others. The event was also very effective at increasing capacity to apply knowledge and to respond to HIV and/or hepatitis C: 95 per cent agreed that the Forum increased their capacity to respond within their community and 98 per cent agreed that they will use/apply the knowledge gained at the Forum in their work.

CATIE provides programming tools for service providers

CATIE provides significant programming information for service providers through many dissemination channels.

Prevention in Focus: Spotlight on programming and research (PIF) digests research evidence related to programming for frontline service providers. In this year's two issues, *PIF* reviewed the findings of the Resonance Project, a community-based research initiative that explored how gay, bi, two-spirit and other men who have sex with men are using and/or impacted by new biomedical prevention knowledge such as PrEP, ART and an undetectable viral load. *PIF* also featured articles on HIV prevention for people at highest risk, the rise in sexually transmitted infections (STIs) among men who have sex with men (MSM), updates of our HIV prevention messaging in light of new knowledge and tools, and the impact of intimate relationships on the ability of women who inject drugs to prevent HIV infection.

There were more than 800,000 views of *Prevention in Focus* articles in the past year. There were 2,444 subscribers to *Prevention in Focus* in the last year.

Programming Connection (PC) is an online toolkit that highlights frontline programs providing HIV and hepatitis C prevention, testing, care, treatment and support. The case studies and resources aim to inspire community-based, public health and clinical service providers with interesting and innovative programming strategies that have worked in the real world. This year, *PC* developed a case study and two program elements on CATIE's Hepatitis C Ethnocultural Education, Outreach and Social Marketing Program. Through these three resources, we highlighted the emergence of this program's resource development, partnership building and translation processes as innovative approaches to working with ethnocultural communities impacted by hepatitis C.

In 2015/16 we also added a case study on the Ontario Organizational Development Program's disclosure policy and practice toolkit to the collection, the first time *PC* has featured a tool rather than a program. CATIE also partnered with the Dr. Peter Centre in Vancouver, B.C. to spotlight the work of the Centre through the lens of its enhanced supportive housing program.

Finally, we added two new evidence reviews to the *PC* collection: one on the evidence to support disclosure interventions and the other on evidence related to multidisciplinary care in hepatitis C and HIV.

In the coming year, *PC* will continue to develop case studies, program elements and evidence reviews, and will explore how to include more analysis of Canadian intervention science and international program approaches in the collection.

Windows of Opportunity: Integrated Hepatitis C Programming Approaches for Priority Populations is a strategic document based on the input and insights garnered at a two-day meeting that brought together more than 40 community programmers, policy makers and researchers to identify promising directions in hepatitis C programming, policy and knowledge exchange. This report compiles the 34 recommendations that emerged from CATIE's 2015 National Deliberative Dialogue on Integrated Hepatitis C Programming and Services. The recommendations are a starting place for more detailed strategizing and action planning, and they demonstrate how all stakeholders can contribute to strengthening hepatitis C programs and services within organizations, communities and regions. CATIE is using the recommendations to inform our knowledge exchange work over the coming years.

CATIE Statements: New messaging on ART, PrEP and condoms

The HIV prevention toolbox has expanded! We now have three highly effective strategies to prevent the sexual transmission of HIV.

In recent years, multiple studies have confirmed that maintaining an undetectable viral load through the consistent and correct use of antiretroviral treatment (ART) by people living with HIV dramatically reduces the risk of the sexual transmission of HIV.

The same is true for pre-exposure prophylaxis, or PrEP. Multiple studies have confirmed that the consistent and correct use of oral daily PrEP by an HIV-negative person can dramatically reduce the risk of the sexual transmission of HIV. In February 2016, Health Canada approved the daily oral use of the antiretroviral drug Truvada, in combination with safer sex practices, for reducing the risk of the sexual transmission of HIV. The approval is an important step towards the wider use of PrEP for HIV prevention in Canada.

But let's not forget about the condom which remains the cornerstone of HIV prevention efforts in Canada. Three decades of awareness campaigns and research have instilled a very clear message: the consistent and correct use of condoms dramatically reduces the risk of HIV transmission.

While the expansion of our HIV prevention toolbox is welcome news, it has created new challenges for HIV service providers. Educators need to deliver clear and consistent messages for communities affected by HIV on all three highly effective strategies. Program planners need to ensure their

programming can support communities affected by HIV to choose the best prevention option(s) for them and to use these consistently and correctly in order to maximize effectiveness.

CATIE developed a series of Statements around ART, PrEP and condom use, available on our website, to provide clear and consistent messaging and to help maximize the impact of these prevention options on the HIV epidemic. They were developed to increase awareness, uptake and proper use of these approaches and to help service providers in Canada adapt their programs and incorporate this evidence into their messaging.

What they say

“Sean Hosein is without doubt the best HIV science writer in Canada.”

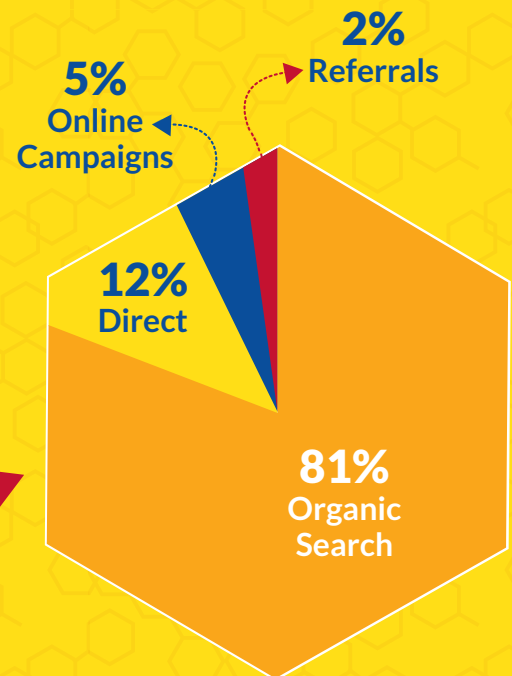
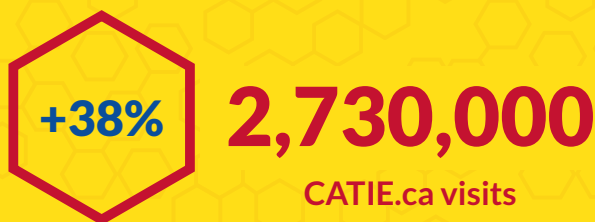
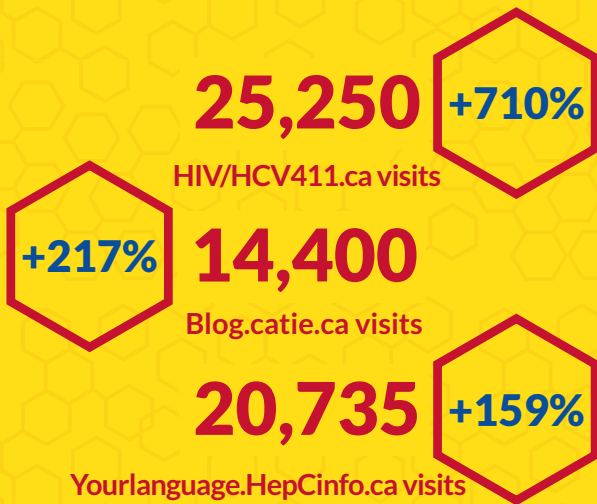
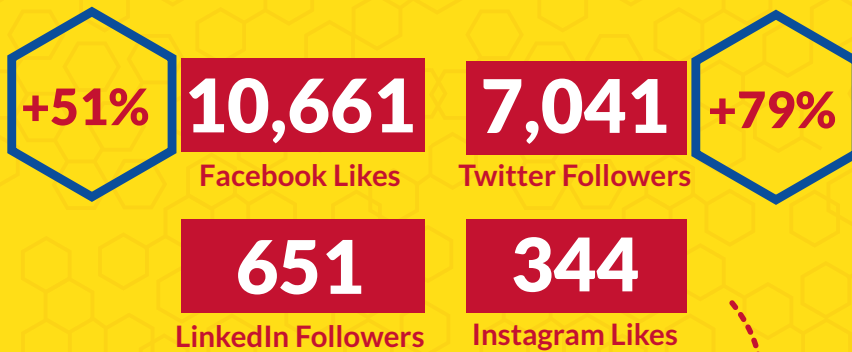
— Denis LeBlanc, Editor emeritus,
76Crimes.com, Ottawa



Social media continues to rise

Given that Canadians are increasingly spending more time online, whether on laptops, tablets or mobile phones, CATIE continued in 2015/16 with its efforts in expanding and broadening its online and social media promotion activities.

For the very first time, the budget for online campaigns overtook the budget for traditional print campaigns. This resulted in a 35-per cent increase in website traffic referred directly from digital media campaigns. As well, continuing on from the previous year, CATIE’s social media presence on Facebook, Twitter, YouTube, LinkedIn and Instagram saw significant growth in followers and user engagement.



Source of CATIE.ca traffic

What They Say on Twitter



Cara Trust @CaraTrust
Apr 19

Great #HIV treatment update from @CATIEinfo - with a focus on #ageing issues.
bit.ly/1TgrkoM



ICAD-CISD @ICADCISD
Feb 24

Nicely put! A great blog w @CATIEinfo on why queer women need to be included in #HIV research #canqueer #HIVcan



SHARE @SK_HIV_Research
Mar 28

Thank you to Michael & Suzanne from @CATIEinfo for a great meeting last week - So many ideas for #SK events/opportunities! #HIV #HCV



Sherbourne Health @shctoronto
Feb 24

#Queer women, check out this great guide to sexual health from @CATIEinfo #lgbtq #sexualhealth #toronto



mohini dattaray @tinfoil_tiara
Jan 15

Amazing @CATIEinfo resources newly up @NYWS #hiv #vaw #sexpositive #harmreduction



ACCM @ACCMTL
Oct 14, 2015

@ACCMTL is excited to be at the @CATIEinfo forum. Will you be there? #enroute



South Riverdale CHC @SRiverdaleCHC
Mar 11

Good article from @CATIEinfo about supporting women who use drugs
#HepC, #HIVcan, #Harmreduction



Mark Gilbert @mpjgilbert
Feb 9

Thanks @CATIEinfo for the chance to share thoughts on new test technologies looking forward to our webinar Mar1!



ACT @ACToronto
Mar 8

Brilliant, must read: "5 ways that PrEP highlights gender inequities in HIV" via @CATIEinfo blog.catie.ca/?p=578
#IWD2016

CATIE in the news: An unprecedented year

Due to a concerted media outreach program and the acknowledged content experts at CATIE, we appear often in print and online publications.

Our outreach to frontline service providers encourages their republishing, or linking to, articles appearing on the CATIE website, with activity being particularly strong during World AIDS Day and World Hepatitis Day. Those events also give us the opportunity to promote the resources available through the CATIE Ordering Centre.

In addition to the 50-plus references to CATIE articles appearing in frontline service communications venues during 2015/16, we appeared 35 times in *PositiveLife.com* and 24 times in *TheBody.com* – media focusing on the HIV community and response.

Outreach to the general media – major newspapers across the country – garners ever-growing interest, providing CATIE a platform through which to raise awareness of pertinent HIV and hepatitis C treatment and prevention issues amongst the general public.

The mainstream media value CATIE. In addition to publishing articles and op-ed pieces, they contact CATIE seeking interviews on important health topics related to HIV and hepatitis C. In 2015/16 there were 50 articles and interviews published or broadcast in mainstream media – close to double the number generated the previous year.

Print and online newspaper coverage included mid-market venues such as *100 Mile House Free Press*, *Burlington Post*, *Lethbridge Herald* and the *Chronicle Herald*, to major markets through the *Winnipeg Free Press*, *The Province*, the *Globe and Mail*, *Ottawa Citizen*, *The Huffington Post* and *Toronto Star*. Broadcast interviews included CBC Radio 1, CBC-TV, Global News, CTV News and the online VICE news video.

As part of CATIE's outreach into various ethnic communities, material has appeared through media such as *Philippine Reporter* (newspaper) and Radyo Migrante (radio) for the Filipino



CATIE SCIENCE & MEDICINE EDITOR SEAN HOSEIN INTERVIEWED BY VICE ABOUT PREP.

community, *Red Maple Media* (newspaper) and 51.ca (website banner) for the Chinese community, and Urdu Post (newspaper) and Rawal TV for the Pakistani community.

What they say

“Laurie [Edmiston, CATIE Executive Director], fantastic article in the *Chronicle Herald* today. I was reading our media clips and thought “Great article, wonder who wrote it?” – and then saw your byline.”

– Susan Massarella, Library Services, Public Health Ontario

“We have just heard you [Sean] here on [CBC's] *As It Happens* - you were superb!”

– Catherine Hankins MD, PhD, Deputy Director, Science, Amsterdam Institute for Global Health and Development

The CATIE Exchange has Bright Ideas!

With more than 4,200 subscribers, *The CATIE Exchange* reaches a wide variety of communities, alerting them every other week to the latest resources, news, programming and services related to HIV and hepatitis C.

The online newsletter also offers a powerful vehicle through which organizations across the country can share news about their programs.

In 2015/16, CATIE went one step further in sharing organizations' innovative programs, projects and campaigns by launching *Bright Ideas!*, a section of *The CATIE Exchange* that provides more detail about

- Doc in the Box: a portable device that gives people in Ahtakakoop, Sask., access to an HIV specialist
- **Mpowerment: an HIV leadership and skill-development initiative by and for young gay, bi, queer and trans guys, organized by YouthCO in Vancouver, B.C.**
- Feeling Better: a support group at Nine Circles Community Health Centre in Winnipeg, Man.
- Hep NS's GET TESTED: a poster campaign that debunks Hep C testing myths in Halifax, NS
- **InfoNurseX: an online sexual health program for MSMs in the Simcoe-Muskoka region, Ont.**
- Kit Mobile: a free delivery service of injection materials for people who inject drugs in Montreal, Que.
- The Kamloops Integrated Community Collaboration (KICC): connecting people to appropriate care in Kamloops, BC

programs - their goals, how they were developed, how they were received, and lessons learned.

Over the course of the year, CATIE profiled 13 diverse organizations located in various parts of the country. All of these organizations had in common the fact that they offer creative solutions to complex issues related to HIV, HCV and sexual health. Here are some of the bright ideas we covered:



- **Making heat in the back seat: a safer-sex campaign in rural Southeast Saskatchewan.**
- Are you a baller?: a basketball game/discussion group for young men in Toronto
- Community Pop-Up Clinics: HIV and Hep C point-of-care testing and treatment at various centres across Vancouver's Downtown Eastside
- **Kontak: a service that delivers sex party supplies in Montreal, Que.**
- The Winnipeg Fire Paramedic Service: Point-of-care HIV testing provided by paramedics in Winnipeg, Man.
- **The PhotoVoice Project: a photography initiative for LGBTQ youth in Truro, NS**



Public Funders

April 1, 2015 to March 31, 2016

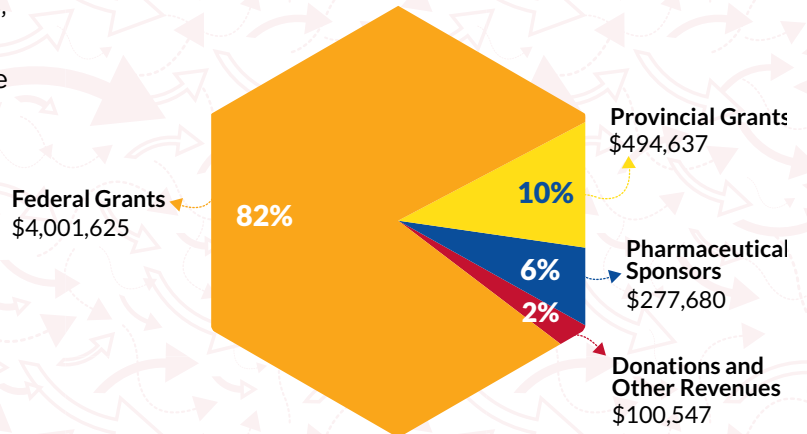
The development of CATIE's resources and programs, and the relationships and partnerships we have established and nurtured with many frontline service providers, would not have been possible without the generous support of our funders.

CATIE acknowledges the ongoing funding provided by the **Public Health Agency of Canada (PHAC)**, as well as the generous support from:

- **Ontario Ministry of Health and Long-Term Care, AIDS and Hepatitis C Programs**
- **Canadian Institutes of Health Research (CIHR)**
- **Human Resources and Skills Development Canada (HRSDC)**

Total Revenue

\$4,874,489



Corporate Donors

April 1, 2015 to March 31, 2016

CATIE would like to pay tribute to the following corporations whose support is helping us to provide all people living with HIV and/or hepatitis C with the best possible information.

Gold Donors (\$20,000 to \$49,999)

- AbbVie
- Gilead Sciences Canada, Inc.
- Merck Canada Inc.

Silver Donors (\$5,000 to \$19,999)

- Bristol-Myers Squibb Canada
- ViiV Healthcare

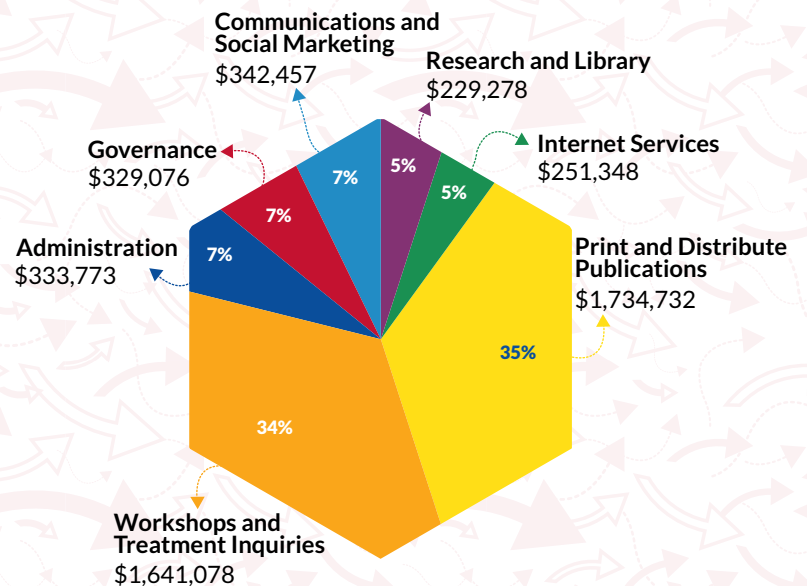
In-Kind Contributions

- iMD Health
- Shepell.fgi

We also extend our thanks to the many **friends of CATIE** who generously support our work with personal donations and gifts of time and talent.

Total Expenditures

\$4,861,742



CATIE Partners

We thank all our partners for their generous spirit and commitment.

2-Spirited People of the First Nations
The 519, Toronto

Action Canada for Sexual Health and Rights

Action Hepatitis Canada

Action positive VIH/sida

African and Caribbean Council on HIV/AIDS in Ontario

Africans in Partnership Against AIDS

Ahtahkakoop Health Centre

AIDS Bereavement and Resiliency Program of Ontario

AIDS Coalition of Nova Scotia

AIDS Committee of Cambridge, Kitchener, Waterloo and Area, Ontario

AIDS Committee of Newfoundland and Labrador

AIDS Committee of North Bay and Area, Ontario

AIDS Committee of Ottawa

AIDS Committee of Simcoe County, Ontario

AIDS Committee of Toronto

AIDS Community Care Montreal

AIDS Moncton

The AIDS Network, Ontario

AIDS New Brunswick

AIDS Niagara, Ontario

AIDS PEI

AIDS Programs South Saskatchewan

AIDS Saskatoon

AIDS Vancouver

AIDS Vancouver Island

Alberta Community Council on HIV

All Nations Hope AIDS Network, Regina

Alliance for South Asian AIDS Prevention, Toronto

Ally Centre of Cape Breton

Atlantic Interdisciplinary AIDS Research Centre

ANKORS, British Columbia

Arc-en-ciel d'Afrique, Montreal

Asian Community AIDS Services, Ontario

ASK Wellness Society, British Columbia

Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD)

BC Centre for Disease Control

BC Centre for Excellence in HIV/AIDS

Community Based Research Centre for Gay Men's Health, British Columbia

Black Coalition for AIDS Prevention, Ontario

Blood Ties Four Directions Centre, Yukon

Bloom Clinic, Wellfort Community Health Centre, Ontario

Bramalea Community Health Centre, Ontario

BRAS-Outaouais, Quebec

Burntwood Regional Health Authority, Manitoba

CACTUS Montreal

Calgary Urban Project Society

Canadian Aboriginal AIDS Network

Canadian AIDS Society

Canadian Association for HIV Research

Canadian Association of Hepatology Nurses

Canadian Association of Nurses in AIDS Care

Canadian Ethnocultural Council

Canadian Hemophilia Society

Canadian Hepatitis C Network (CanHepC)

Canadian HIV/AIDS Legal Network

Canadian Institutes of Health Research

Canadian Liver Foundation

Canadian Observational Cohort

Collaborative Research Centre

Canadian Public Health Association

Canadian Society for International Health

Canadian Treatment Action Council

Canadian Working Group on HIV and Rehabilitation

Capital District Health Authority, Nova Scotia

Carmichael Outreach, Saskatchewan

Casey House, Toronto

Central Toronto Community Health Centres

Centre associatif polyvalent d'aide hépatite C, Montreal

Centre for AIDS Services of Montreal

Centre for Spanish Speaking Peoples, Toronto

Centre intégré universitaire de santé et de services sociaux

Centre Sida-Amitié, Quebec

Chee Mamuk, Aboriginal Program, BC Centre for Disease Control

Chinese Canadian National Council, Toronto Chapter

CHU Hôtel Dieu, Montreal

CHU Sainte-Justine, Montreal

CIHR Canadian HIV Trials Network

CIHR Centre for REACH in HIV/AIDS

CIHR Social Research Centre in HIV Prevention

Clinique Caméléon

Clinique médicale Quartier latin, Montreal

Clinique Médicale l'Actuel, Montreal

Coalition des organismes communautaires québécois de lutte contre le sida

Committee of Progressive Pakistani Canadians

Concordia University College of Alberta

Correctional Service Canada

Dalhousie University

Direction 180, Halifax

Downtown Community Health Centre, Vancouver

Dr. Peter Centre, Vancouver

Edmonton General Continuing Care Centre

Elevate NWO, Thunder Bay

First Nations and Inuit Health Branch, Health Canada

First Nations Health Authority, British Columbia

First Nations of Quebec and Labrador Health and Social Services Commission

GAP-VIES, Montreal

Gay Men's Sexual Health Alliance, Ontario

Group Health Centre, Ontario
 Hamilton Health Services Immigration Services, Ontario
 Hassle Free Clinic, Toronto
 Healing Our Nations, Nova Scotia
 Health Sciences North, Ontario
 Hemophilia Ontario
 HepCBC Hepatitis C Education and Prevention Society
 Hepatitis Outreach Society of Nova Scotia
 Hepatitis Support Program, Kaye Edmonton Clinic
 HIM Health Initiative for Men, Vancouver
 HIV Community Link, Calgary
 HIV Edmonton
 HIV North Society, Alberta
 HIV & AIDS Legal Clinic Ontario
 Hôpital de Gatineau
 Hôpital Notre-Dame UHRESS, Montreal
 Human Endeavour, Ontario
 Insite, Vancouver
 Interagency Coalition on AIDS and Development
 Interdisciplinary HIV Pregnancy Research Group
 Interior Health Authority, British Columbia
 Jewish General Hospital, Hepatology Clinic, Montreal
 Jewish General Hospital, Montreal
 John Howard Society of Greater Moncton
 Kababayan Multicultural Centre, Toronto
 Ki-Low-Na Aboriginal Friendship Society, British Columbia
 Kirby Institute, Australia
 Klinic Community Health Centre, Manitoba
 Lakeridge Health Centre – Positive Care Clinic, Ontario
 Latinos Positivos, Ontario
 Lethbridge HIV Connection Society, Alberta
 Living Positive Resource Centre, British Columbia

LOFT Community Services, Ontario
 London InterCommunity Health Centre, Ontario
 LookOut Emergency Aid Society, Vancouver
 Mainline Needle Exchange, Nova Scotia
 MAINS Bas-St-Laurent, Quebec
 Maple Leaf Medical Clinic, Toronto
 MIELS-Québec
 Moncton Hospital Clinic
 Montreal Chest Institute – Immunodeficiency Clinic
 Montreal General Hospital – IDTC Clinic
 National Collaborating Centre for Infectious Diseases
 Nine Circles Community Health Centre, Winnipeg
 North End Community Health Centre, Halifax
 Northern AIDS Connection Society, Nova Scotia
 Northern Alberta HIV Program
 Nova Scotia Association for Sexual Health
 Oak Tree Clinic, British Columbia
 OASIS Health and Medical, Ontario
 Okanagan Nation Alliance, British Columbia
 Ontario Aboriginal HIV/AIDS Strategy (OAHAS)
 Ontario AIDS Network
 Ontario Council of Agencies Serving Immigrants
 Ontario HIV Treatment Network
 Ontario Ministry of Health and Long-Term Care, AIDS and Hepatitis C Programs
 Ontario Organizational Development Program (OODP)
 Oshawa Community Health Centre – Downtown Hepatitis C Clinic, Ontario
 Oshawa Community Health Centre – Main Centre, Ontario
 Ottawa Hospital
 Ottawa Hospital and Regional Hepatitis Program
 Ottawa Inner City Health Project
 Ottawa Public Health

Our Own Health Centre, Winnipeg
 Pacific AIDS Network
 Pacific Hepatitis C Network
 Pan Canadian Gay Men’s Health Network
 Parkdale Community Health Centre, Toronto
 Pauktuutit Inuit Women of Canada
 Peel HIV/AIDS Network, Ontario
 Pender Community Health Centre, British Columbia
 PerCuro Clinic
 Planned Parenthood Toronto
 Play It Safer Network, Manitoba
 Portail VIH/sida du Québec
 Portland Hotel Society, British Columbia
 Positive Health Services, British Columbia
 Positive Living Society of British Columbia
 Positive Women’s Network, British Columbia
 PositiveLite.com
 POWER, Ontario
 Primary Health Care Clinic, Regina
 Primrose Family Medicine Centre, Ontario
 Prince Albert Sexual Health and Hepatitis C Clinic, Saskatchewan
 Prisoners with HIV/AIDS Support Action Network
 Programme National de Mentorat sur le VIH-sida, Quebec
 Providence Health Care, British Columbia
 Public Health Agency of Canada
 Punjabi Community Health Services, Ontario
 Purpose Society—Stride Program, British Columbia
 Queen Elizabeth II Hospital, Nova Scotia
 Queen West Community Health Centre, Toronto
 Rainbow Resource Centre, Winnipeg
 Rawal TV, Ontario
 Regent Park Community Health Centre, Toronto
 Regina General Hospital, Infectious Disease Clinic



Regina Qu'Appelle Health Region
Regional Atlantic AIDS Network
Regional HIV/AIDS Connection, Ontario
Réseau ACCESS Network, Ontario
RÉZO, Montreal
Robert & Lily Lee Family Community Health Centre, British Columbia
SABSA, Québec
Safeworks, Alberta
Saint John Regional Hospital, New Brunswick
Sanguen Health Centre, Ontario
Saskatchewan HIV Provincial Leadership Team
Saskatoon Health Region
Sex Information and Education Council of Canada
Sexuality Education Resource Centre, Manitoba
Shelter Health Hepatitis C Team/Wayside House, Ontario
Sherbourne Health Centre, Toronto
Sidaction Mauricie, Quebec
Simon Fraser University
Sioux Lookout First Nations Health Authority
Somerset West Community Health Centre, Ottawa
South Riverdale Community Health Centre, Toronto
South Toronto Local Immigration Partnership
Southern Alberta HIV Clinic

Spectrum Health, British Columbia
St. Clare's Mercy Hospital, Newfoundland and Labrador
St. Joseph's Health Care, Ontario
St. Leonard's House, Ontario
St. Michael's Hospital, Toronto
St. Paul's Hospital, Vancouver
St. Stephen's Community House, Toronto
Stella, Montreal
Street Health, Toronto
Streetworks, Edmonton
Sudbury Action Centre for Youth, Ontario
Sunnybrook Health Sciences Centre, HIV Ambulatory Clinic, Toronto
TheBody.com
The HAVEN/Hemophilia Program
The Teresa Group, Toronto
Thorncliffe Neighbourhood Office, Toronto
Timmins Family Health Team/Hepatitis C, Ontario
Toronto Central Self-Management Program
Toronto Centre for Liver Disease
Toronto East General Hospital Medical Triage - HIV Clinic
Toronto Harm Reduction Alliance
Toronto Hepatitis C Alliance
Toronto HIV/AIDS Network
Toronto People with AIDS Foundation
Toronto Public Health AIDS/Sexual Health Info Line

UHRESS CHUQ-CHUL, Quebec
Union of Ontario Indians
Université du Québec à Montréal
University of Ottawa
University of Toronto
University of Victoria
Valley Regional Hospital, Nova Scotia
Vancouver Coastal Health
Vancouver Infectious Diseases Centre
Vancouver Native Health Society
Victoria Cool Aid Society
Viral Hepatitis Clinic, Health Sciences Centre, Manitoba
Windsor Essex Community Health Centre, Ontario
Windsor Regional Hospital—HIV Care Program, Ontario
Winnipeg Health Sciences Centre
Women's College Research Institute, Toronto
Women's Health in Women's Hands
YouthCO HIV & Hep C Society
Yukon Communicable Disease Control

CATIE Board of Directors, 2015/16



CATIE wishes to thank John McCullagh, Chair, and the Board of Directors for their diligence in providing governance and support for our work. The board's insights are greatly appreciated. Thanks, also, for the board members' commitment to their respective regions and to CATIE as a whole as we evolve to meet our communities' needs.

Back row (from left): Gerard Yetman, Arthur "Dave" Miller, Terry Pigeon, Trevor Stratton, Patrick Cupido, Hermione Jefferis, Hugo Bissonnet, Darren Lauscher.

Front Row: Susanne Nasewich, Marcie Summers, Haoua Inoua, Dr. Lynne Leonard, John McCullagh, Denise Thomas.

Not Pictured: Peetanacoot Nenekawekapo

CATIE Staff, 2015/16

Laurie Edmiston, Executive Director
Christine Johnston, Manager of Special Projects
Jacqueline Holder, Executive Assistant

Communications & Social Marketing

Jim Pollock, Director, Communications and Social Marketing
Andrew Brett, Specialist, Advertising and Digital Marketing (until March 2016)
Dieynaba Deme, Coordinator, CATIE Ordering Centre (joined March 2016)
Brittany Howlett, Coordinator, Community Relations and Social Marketing (until January 2016)
Alexandra Murphy, Coordinator, Community Relations and Social Marketing
Joseph van Veen, Coordinator, Events and Event Marketing

Knowledge Exchange

Tim Rogers, Director, Knowledge Exchange
Laurel Challacombe, Associate Director, Research/Evaluation and Prevention Science
Melisa Dickie, Associate Director, Community Health Programming
David McLay, Associate Director, Health Information Resources
Scott Anderson, Researcher/Writer, Hepatitis C Program
Camille Arkell, Knowledge Specialist, Biomedical Science of Prevention (joined December 2015)
Logan Broeckert, Researcher/Writer, Treatment and Prevention Programming
Sané Dube, Senior Editor, Partnered Health Information Resources
Suzanne Fish, Knowledge Broker, Hepatitis C Community Health Programming (joined July 2015)
Sean Hosein, Science & Medicine Editor
Zak Knowles, Web Content Manager
Debbie Koenig, Senior Editor, Health Information Resources

Michael Kwag, Knowledge Broker, Gay Men's Sexual Health Programming (joined August 2015)
Erica Lee, Information and Evaluation Specialist
Alexandra Martin-Roche, Senior French Editor
Fozia Tanveer, Knowledge Broker, Immigrant and Newcomer Hepatitis C Community Health Programming
Hywel Tuscano, Coordinator, Hepatitis C Education and Resource Development
James Wilton, Coordinator, Biomedical Science of HIV Prevention Programming (until September 2015)

Operations and Resources

Barry Plant, Director, Operations and Resources (retired March 2016)
Sean Neeb, Director, Operations and Resources (joined March 2016)
Michael Stringer, Associate Director, Information Technology
Maria Escudero, Bookkeeper
Flora Lee, Manager, Finance and Administration
Dapeng Qi, System Administrator and Developer
Shamim ShambeMiradam, Program Assistant
Matthew Watson, Online and Digital Media Editor

Program Delivery

Michael Bailey, Director, Program Delivery
Lara Barker, Regional Health Education Coordinator (*Pacific*)
Melissa Egan, Regional Health Education Coordinator (*Prairies*)
Thomas Egdorf, Regional Health Education Coordinator (*Atlantic*)
Jennifer Grochocinski, Manager, Program Delivery
Krysha Littlewood, Specialist, Blended Learning



Back row (from left): Michael Stringer, Michael Kwag, Suzanne Fish, Camille Arkell, Joseph van Veen, Zak Knowles, Hywel Tuscano, Liam Michaud.

Second last row: Erica Lee, Melisa Dickie, Sané Dube, Scott Anderson, Debbie Koenig, Alexandra Murphy, David McLay, Dapeng Qi, Alice Yu, Alyce Soulodre (summer intern), Michael Bailey.

Third last row: Logan Broecker, Jacqueline Holder, Fozia Tanveer, Laurie Edmiston, Barb Panter, Maria Escudero.

Front row: Matthew Watson, Christine Johnston, Alexandra Martin-Roche, Sean Neeb, Tim Rogers, Jim Pollock.

Not pictured: Lara Barker, Andrew Brett, Laurel Challacombe, Dieynaba Deme, Melissa Egan, Thomas Egdorf, Jennifer Grochocinski, Sean Hosein, Brittany Howlett, Flora Lee, Krysha Littlewood, Barry Plant, Shamim ShambeMiradam, Sophie Wertheimer, James Wilton.

Liam Michaud, Regional Health Education Coordinator (*Quebec*) (joined January 2016)

Barb Panter, Regional Health Education Coordinator (*Ontario*)

Sophie Wertheimer, Regional Health Education Coordinator (*Quebec*) (until December 2015)

CATIE by the numbers

8,381

Number of people reached through **197** educational sessions.

? 1,100

Number of **HIV and hepatitis C questions answered** through CATIE's inquiry service

i 323

Number of **information resources** CATIE produced/co-produced

377,734

Number of **e-mail and mail contacts** through which CATIE disseminated information

743,059

Number of **resources distributed** through the CATIE Ordering Centre

37%

Increase in visits to www.catie.ca compared with the previous year

5.2 million

Number of pages viewed or downloaded from www.catie.ca during 2.7 million visits

+ 7,029

Number of **followers** on CATIE's Twitter accounts

50%

Increase in the number of Twitter followers

+ 42

Number of **new titles added** to the CATIE Ordering Centre

★ 10,038

Number of fans of CATIE's Facebook page

68%

Increase in the number of fans of CATIE's Facebook page

8,265

Number of **video views** of CATIE content

2.7 million visits

CATIE.ca visits

2,785

Number of **individual and organizational members**.