

Connection.
Collaboration.
Community.



Annual Report 2012-2013



Inside

Message from the Chair and Executive Director.....	1
CATIE Board of Directors, 2012-2013	2
CATIE Staff	3
Delivering evidence-based information.....	4
Creating resources with our partners	6
Working with agencies to enhance educational outreach	10
Connecting with various audiences	14
Delivering an increasing array of online communication	18
Engaging dialogue.....	24
Public funders, corporate donors	26
Financial information.....	26
CATIE Partners	27
CATIE by the Numbers	32



Canada's source for
HIV and hepatitis C
information

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.

CATIE 2012-2013 Annual Report

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CATIE's Vision

CATIE will be a catalyst for a renewed and integrated national response to reduce the transmission of HIV and hepatitis C (HCV), and to improve the quality of life of people with HIV and HCV.

Connection. Collaboration. Community.

This country is at a pivotal point in its response to the HIV epidemic. It is a time of optimism. An acceleration of research findings in HIV fuels that spirit. There are also the coming advancements in HCV treatment – cause, as well, to foresee a brighter tomorrow.

These sudden changes also present daunting challenges, but CATIE and our many partners on the front line acknowledge those challenges and are doing something about it! That is clearly evident as we reflect on what has been accomplished and what continues to happen today: organizations adjusting to meet new client needs, and collaborating through knowledge exchange and joint undertakings to enhance service delivery.

Knowledge exchange is the foundation of CATIE's work and in the past fiscal year we have taken significant steps to enhance our capacity to deliver information to the right people through the appropriate means. New online communications are one key element in those changes. Take our new catie.ca website – easier to navigate, with quick access to information on HIV and HCV as well as, increasingly, other sexually-transmitted and blood-borne infections. Response to the website is positive; no surprise, as we have many partner organizations to thank for the direction they provided to us during its development.

We recognize the importance of pursuing other electronic avenues of communication. In 2012-2013, we laid the groundwork for a full program of webinars addressing various HIV and HCV treatment and prevention issues.

Social media platforms – Facebook, Twitter and YouTube – have experienced tremendous growth both in audience size and in the formation of a true online community, facilitating ongoing knowledge exchange and capacity building among followers. This is an important element in our communication strategy.

In 2012, CATIE developed a partnership with the Vancouver STOP HIV/AIDS Project to help share knowledge about the successes and lessons of that ground-breaking endeavour. *Programming Connection*, our online resource that shares insights in frontline practice, presented key case studies and a report on the project's implementation.

That is just one of many collaborations which CATIE entered into last year. The Manitoba, Atlantic and Pacific Regional Educational Conferences are excellent examples of the co-productions CATIE facilitates, as are the workshops held in conjunction with frontline organizations across the country.

Both our educational outreach and the development of numerous resources available through the [CATIE Ordering Centre](http://catie.ca) offer many instances of collaboration. These joint projects enable us to speak directly to distinct audiences: workshops that reach nurses and frontline workers serving Aboriginal communities; the work



CATIE engages in with organizations addressing gay men's sexual health; and the creation of a [multilingual website section](#) as well as a series of workshops about HCV, reaching Chinese, Filipino, Pakistani and Punjabi communities, to name a few.

Our publications brought to the forefront news pertinent to HIV and HCV frontline work. We covered the launch of several Canadian and international guidelines and presented greater coverage of issues related to the treatment of tuberculosis and sexually transmitted infections.

One of last year's major successes that spoke to both the changing scientific landscape and to CATIE's effective partnering, was the national Deliberative Dialogue. The event brought together representatives from clinical, public health, research, community and policy areas from across Canada in a high-level dialogue on integrated approaches to HIV treatment and prevention. Many issues were raised that greatly influenced the direction of this year's CATIE Forum, including the notion of realizing a broader, more integrated approach to our national response to HIV and HCV – one that incorporates the full continuum of testing, diagnosis, linkage to care, treatment and support.

The ultimate end to all of our endeavours, of course, is seeing reductions in the incidence and prevalence of HIV, HCV and other communicable diseases. Through open dialogue, national and regional forums and sharing information and experiences, we can – collectively – realize a fuller, richer, more effective service delivery in Canada. Together, we are at a threshold where science and society can work to create a healthcare response that is truly transformative.

Laurie Edmiston
Executive Director

Patrick Cupido
Chair

CATIE Board of Directors, 2012-2013

CATIE wishes to thank Patrick Cupido, Chair, and the Board of Directors for their diligence in providing governance and support of our work. Your insights and commitment to your respective regions, and to CATIE as a whole, ensure that CATIE evolves to meet our communities' needs.



Back row (from left): Yves Brunet, At-Large; Patrick Cupido, Chair and Director, Ontario and Nunavut Region; Trevor Stratton, Vice-Chair and Aboriginal At-Large; Darren Lauscher, Pacific Region; Ken Bristow, Western Region; Terry Pigeon, Treasurer and Director, Quebec Region; Martino Larue (deceased March 22, 2013), Quebec Region; John McCullagh, At-Large; Gerard Yetman, Atlantic Region. Front row: Marcie Summers, Chair, Strategic Planning and Policy Committee and Director, Pacific Region; Marvelous Muchenje, Ontario and Nunavut Region; Lydia Thompson, Secretary and Director, Western Region. Not pictured: Stephen Alexander, Atlantic Region; Dr. Lynne Leonard, At-Large; Lyle Watling, At-Large

Martino Larue

(September 4, 1965 – March 22, 2013)

CATIE acknowledges the passing of Martino Larue at the age of 47 years and six months.

In the mid-2000s, Martino left Montreal after many years working as a barman in the Gay Village and returned to his home town of Price, near Rimouski. He had already been living with HIV for 10 years and felt that he could better take care of his health leading a slower life, closer to his family.

Once back home, however, he contacted the local HIV organization, MAINS Bas-Saint-Laurent, where he quickly became an advocate for people living with HIV in the area, confronting stigma and believing that if people had the facts, they would make the best decisions for their health. In his region, he educated dentists on HIV transmission and pharmacists on the importance of maintaining confidentiality. He lived life openly with HIV beyond the anonymity of the big city and he did so with great dignity.

Martino was a CATIE Board member from 2009; he also served on the Board of Directors of COCQ-Sida and was Board Chair of MAINS Bas-Saint-Laurent. He gave a lot of himself. And those of us who knew and worked with him will miss his generous nature.





Back (left to right): Matthew Watson, Melissa Egan, David McLay, Tim Rogers, Len Tooley, Alexandra Martin-Roche, Jim Pollock, Flora Lee, James Wilton, Sean Hosein, Laurel Challacombe, Thomas Egdorf, Michael Bailey, Logan Broeckaert, Tsitsi Watt, Erica Lee, Barry Plant, Brittany Howlett, Dapeng Qi, Debbie Koenig, Michael Stringer; **Middle Row**: Ed Jackson, Scott Anderson, Jacqueline Holder, Laurie Edmiston, Shamim ShambeMiradam, Melisa Dickie; **Front Row**: Joseph van Veen, Zak Knowles, Andrew Brett, Jeff Rice; **Not pictured**: Lara Barker, Véronique Destrubé, Maria Escudero, Christine Johnston, Barb Panter, Hywel Tuscano, Sophie Wertheimer

CATIE Staff, 2012-2013

Laurie Edmiston, Executive Director

Jacqueline Holder, Executive Assistant/Office Manager

Tim Rogers, Director, Knowledge Exchange

Scott Anderson, Researcher/Writer, Hepatitis C Program (as of December 2012)

Laurel Challacombe, Manager, Research & Evaluation

Sean Hosein, Science & Medicine Editor

Zak Knowles, Web Content Manager

Debbie Koenig, Writer/Editor

Rachel Landauer, Researcher/Writer, Hepatitis C Program (until July 2012)

Erica Lee, Information Specialist

Alexandra Martin-Roche, French Editor

David McLay, Manager, Publication Development

Louise Slocombe, French Editor (until July 2013)

James Wilton, Coordinator, Biomedical Science of HIV Prevention Project

Ed Jackson, Director, Program Development

Logan Broeckaert, Researcher/Writer, Treatment and Prevention Programming

Melisa Dickie, Manager, Program Development

Brittany Howlett, Resources Coordinator

Christine Johnston, Manager, Community Prevention Programs

Stéphanie Lemyre, Resources Coordinator (until September 2012)

Jeff Rice, Coordinator, Hepatitis C Program

Len Tooley, Coordinator, Gay Men's Sexual Health Program

Michael Bailey, Director, Program Delivery

Lara Barker, Regional Health Education Coordinator

Melissa Egan, Regional Health Education Coordinator

Thomas Egdorf, Regional Health Education Coordinator

Barb Panter, Regional Health Education Coordinator

Tsitsi Watt, Manager, Program Delivery

Sophie Wertheimer, Regional Health Education Coordinator (as of January 2013)

Jim Pollock, Director, Communications and Social Marketing

Andrew Brett, Specialist, Social Media and Advertising (as of July 2013)

Véronique Destrubé, Specialist, Communications and Social Marketing

Fozia Tanveer-Arshed, Administrator, Hepatitis C Ethnocultural Outreach & Social Marketing

Anamaria Tivadar, Specialist, Communications and Social Marketing (until May 2013)

Hywel Tuscano, Coordinator, Hepatitis C Ethnocultural Outreach & Social Marketing

Joseph van Veen, Coordinator, Events and Event Marketing

Barry Plant, Director, Operations and Resources

Maria Escudero, Bookkeeper

Flora Lee, Manager, Finance

Shamim ShambeMiradam, Program Assistant

Dave McKay, Director, Information Technology (until March 2013)

Michael Stringer, Manager, Information Technology

Dapeng Qi, System Administrator and Developer

Matthew Watson, Online and Digital Media Editor

Delivering evidence-based information

Fundamental to CATIE's work from the very beginning is the synthesis and distillation of reliable, evidence-based information that enables people to make informed choices about their health. We break down the essential information that helps frontline agencies and the populations they serve understand the science they face and the options they have.

The scope of that information has increased over the years, and CATIE now offers many print and online publications that deliver the latest news pertinent to healthcare management and frontline program development and implementation.

Breaking news: from HIV and HCV to heart, liver and mental health

Through our research bulletins – [CATIE News](#), [Treatment Update](#), [HepCInfo Update](#) and [Prevention in Focus](#) – we covered the latest developments in research and their implications for frontline work.

Hot topics this past year included HIV cure research, new treatments for hepatitis C and the use of HIV treatment for prevention. We also covered important developments in heart health, mental health, organ transplantation, smoking cessation, syphilis and tuberculosis.

We took a detailed look at the HIV “treatment cascade” which was the talk of the International AIDS Conference in 2012. We developed a series of resources to help frontline workers understand and discuss HIV risk with their clients. We covered the launch of several new Canadian and international guidelines, including [guidelines on HIV testing and counselling](#), [pregnancy planning](#), and HIV pre-exposure prophylaxis ([PrEP](#)). Another HIV regimen in one pill, Stribild, was approved in Canada. Stribild joins other regimens in a pill that can be taken just once daily such as Atripla and Complera.

The latest stats from the Public Health Agency of Canada show that about [25%](#) of HIV-positive people are not aware of their infection status. In order to help reduce future infections, more doctors are calling for expanded opportunities for HIV testing. This would help people know their status and provide a point for discussion about the many benefits of initiating early HIV treatment. New pregnancy planning guidelines for doctors and nurses caring for HIV-positive women in Canada were released.

Leading liver researchers in Canada and the US are calling for offering the option of more widespread HCV testing. This could help uncover more cases of HCV and help usher people into care and treatment. New [guidelines](#) for the management of HCV infection in Canada were released.

Greater coverage of issues related to the treatment of tuberculosis and sexually transmitted infections appeared in our key publications.

CATIE News/ Science into plain language

“Many thanks, Sean [Hosein, CATIE Science and Medicine Editor] for your article on this complex subject [HIV cure research]: clear, well documented, as usual... a real gem!” — e-mail

“I like the care and attention with which the pieces are written. There’s a clear awareness that people who are personally affected will read the articles, so context and implications are explained, and the coverage does not seek out attention-grabbing headlines at the expense of people’s well-being.” — e-mail



Hepatitis C work expanding nationally on many fronts

In 2012 CATIE succeeded in incorporating hepatitis C work more fully into its organizational structure and content development process, with Hep C staff deployed to key roles in four internal departments.

The online subscription publications *CATIE News* and *TreatmentUpdate* now include regular entries on HCV topics. Exciting news from ongoing HCV drug trials and drug combinations in the works were regularly featured in *HepCInfo Update*, CATIE's biweekly publication of what's new and newsworthy in hepatitis C policy, science and programs. The [new edition](#) of the popular *Prefix, the guide to living with HIV for people who use drugs*, has integrated HCV fully into its content.

The HCV-focused publications available through the CATIE Ordering Centre have become among the most popular resources ordered by organizations across the country. The CATIE Atlantic and Pacific regional conferences, organized in partnership with local organizations, both incorporated Hep C workshops into their programs.

CATIE's newest workshop is on hepatitis C treatment. The goal of this workshop, initially developed and piloted in partnership with Prisoners' HIV/AIDS Support Action Network (PASAN), is to increase awareness of new treatment options and will be adapted to incorporate other new treatments as they become available.

CATIE continues to break new ground in hepatitis C knowledge exchange. We launched an Ontario-based ethnocultural social marketing campaign (See Building immigrant-community networks for Hep C awareness, page 16), developing dedicated in-language webpages and publications in four Asian languages in partnership with key ethnocultural organizations. We produced a practical and accessible HCV fact sheet based on the latest Canadian epidemiology statistics from the Public Health Agency of Canada. In total, we partnered with a cross-section of community organizations to produce nine HCV-focused publications, including working with a public health unit to develop a safer injection guide for people who use anabolic steroids.

CATIE is the secretariat for [Action Hepatitis Canada](#) (formerly the Canadian Coalition of Organizations Responding to Hepatitis B and C). In March of 2013, CATIE brought together coalition representatives to act as rapporteurs at the 2nd Canadian Symposium on the Hepatitis C Virus in Victoria, BC. They synthesized key messages from the conference and delivered a national CATIE webinar for people unable to attend the Symposium. CATIE also supported two days of organizational development for Action Hepatitis Canada to help the network sharpen its focus on becoming an active national voice working towards achieving equitable policy and program implementation in hepatitis B and C.

Prevention in Focus

"The *Prevention in Focus* [articles] you have written about risk are excellent learning tools. They have helped further my understanding for sure." — e-mail

"It is an excellent summary of key issues in prevention for frontline workers to know about. It also saves us time and allows us to focus on the provision of services." — e-mail

"I rely on information from CATIE in my work to share with people living with HIV, other professionals in the field and to the general public in educating them about HIV/Hep C/ STI. CATIE is a credible, reliable, up-to-date source of information... I also refer many people to CATIE's website." — e-mail





Creating resources with our partners

In order to deliver information that is current and resonates with the communities Canada's frontline service and health care professionals serve, CATIE places considerable importance in an ongoing, rigorous assessment of its print and online resources and in investigating publication-development opportunities with other organizations.

Working with organizational partners is the best way to keep our information materials fresh and relevant. Partnering also facilitates resource distribution (the Waiting Room Information Program, WRIP), quick dissemination of developments that have an impact on frontline service delivery (for example, updating information post-Supreme Court decision) and sharing of resources that inform programming (*Programming Connection* and *Prevention in Focus*). Also, *The Positive Side*, CATIE's health and wellness magazine written for and by PHAs, has its ongoing partnerships with people and organizations to thank for its success.

Waiting Room Information Program

CATIE's Waiting Room Information Program (WRIP) aims to ensure that all HIV treatment clinics – and increasingly hepatitis C clinics – have access to the most-up-to-date HIV and hepatitis C treatment and healthy living print publications for their clinical teams and clients. In 2012-2013, there were six new WRIP sites established, for a total of 81 sites nation-wide. In the coming year, CATIE will formally expand the scope of WRIP to hepatitis C treatment clinics across Canada.

Roberta Halpenny, Clinical Research Manager, Maple Leaf Research (left) with Brittany Howlett, CATIE's Resources Coordinator, at one of Maple Leaf's WRIP resources stands, showing off the recently published *MaterniKit* from Maple Leaf, Women's College Research Institute and CATIE



Publications and Ordering Centre

“Looking forward to getting my package from [you]. Should be here in time for [our] Youth Forum”
— tweet

“CATIE – just another amazing resource that will help to save the world, no big deal :) THANK YOU for making my job as a social worker easier and more informative ... in solidarity!” — Facebook post



More than a million resources to the front line

In 2012-2013, CATIE's [Ordering Centre](#) continued to provide frontline organizations with print resources to support their educational and outreach programs. CATIE works with more than 60 leading HIV and hepatitis C organizations from across Canada to help fill identified content gaps.

The collection: CATIE strives to ensure a collection of resources that address the various knowledge needs of affected communities as well as providing frontline organizations with a selection of resource choices that are community-relevant and available in a variety of literacy levels and interactive formats. This year, there were 51 new titles added to the collection: 32 originated from organizations across the country; seven were nationalized in partnership with CATIE; and 12 were developed in-house by CATIE. In total, the CATIE Ordering Centre now offers more than 400 resources, most of which are developed by community organizations.

As part of our continuous efforts in inventory management to meet the growing demand from organizations across Canada, this fiscal CATIE implemented a new policy for distribution to educational institutions, including universities, colleges and high schools. CATIE now has a select number of resources available that are specifically developed for these groups and relevant to

students. This ensures that a package of relevant materials is made available to this audience, and that the potential further drain on other resources not as relevant is less likely to take place.

The Service: CATIE's bilingual Resources Coordinator, [Brittany Howlett](#), is available to consult on organizational resource needs. All orders can be placed through our new and improved website or by phone. CATIE guarantees delivery of resources across Canada within 10 business days. To ensure communication with frontline organizations, CATIE's *Ordering Centre Quarterly Update* is sent electronically to more than 2,000 organizations to keep them informed of new print resources available for order.

Reach: This past fiscal, we continued to see consistent use of the Ordering Centre from across Canada; there were 4,409 orders placed by organizations and individuals and more than one million items were distributed. Frontline organizations that use the Ordering Centre include community health centres, clinics, public health units, AIDS service organizations, corrections, schools and universities.

"We greatly value the opportunity that CATIE affords us to continue to engage in relevant and effective education and prevention work. We appreciate the depth and breadth of resources that CATIE makes available to us... we really can't thank you enough for the support you offer." — MF, London, Regional HIV/AIDS Connection





The Positive Side: showcasing people and their stories

The Positive Side, CATIE's holistic health magazine for and by people with HIV, continues to be one of our key venues for keeping in touch with people living with HIV across the country. This year saw us tackle the wide breadth of issues that make up the reality of life with the virus. For the first time, the magazine looked at growing up with HIV, recounting the stories of young people infected since birth. We also looked at how spirituality has helped people with HIV tackle life's challenges, and also how it has helped them help others.

On the medical front, the magazine looked at the latest information on how viral load impacts the risk of sexual transmission of the virus. That particular story also shared the insights of how people are using that information to keep their sex lives satisfying and safer. Other

topics included managing lipid levels and getting a good night's sleep.

The Positive Side is ultimately about people and their stories. The people profiled in this year's issues present the face of HIV in its true multi-faceted beauty. For example, Claudia Medina, originally from Colombia, recounted how she has gone from dreams of a house and a white picket fence to a satisfying life working with women in prisons. Ottawa-based Yves Brunet is a renaissance man. After becoming HIV-positive early in the epidemic and facing many health battles along the way, he has developed his *mesure d'amour*—a simple and powerful rule for deciding how to live. If an act contains love or adds to the love in the world, he'll do it. Otherwise, he moves on. Words to live by.

The Positive Side

“I’ve just received copies of *The Positive Side*. Thank you for portraying all of us in such compassionate and respectful light. The magazine is simply great.” — e-mail, Tiko Kerr, artist interviewed for *The Positive Side* article

Updated material, post-Supreme Court ruling

In light of the October 5, 2012 Supreme Court rulings on [HIV non-disclosure and the law](#), CATIE, in partnership with the Canadian HIV/AIDS Legal Network, reviewed and updated a number of key documents that include HIV and the law content. CATIE's [HIV & AIDS: Basic Facts](#) brochure and Chapter 21 "Legal Issues" of [Managing Your Health](#) were updated. Additionally, in partnership with HIV & AIDS Legal Clinic Ontario (HALCO),

[HIV disclosure: a legal guide for gay men in Canada](#) has been updated.

In partnership with the Canadian Association of Nurses in AIDS Care (CANAC), CATIE developed a new resource, [Legal and Clinical Implications of HIV Non/Disclosure: A Practical Guide for HIV Nurses in Canada](#), designed to offer practical advice to HIV nurses and clarify professional obligations regarding HIV non-disclosure and the law.



A selection of resources produced with various partners through CATIE's publications-development program

“My congratulations to you for your commitment to educating and encouraging those affected by HIV in such a meaningful way. We're very fortunate to be part of such a wonderful and dedicated national community.” — e-mail





Working with agencies to enhance educational outreach

A major component of CATIE's work is planning and conducting workshops and conferences across the country, and much of that work is grounded in the welcome cooperation and collaboration we enjoy with local and regional organizations. Their insights, and the time and expertise they dedicate to the events, ensure that CATIE delivers a product that is accessible and relevant to the needs of the communities they serve.

CATIE has refined its educational programs and has recently developed a new component of outreach that works on a 'train the trainer' model. A huge success for us has been the Learning Institutes and the Rapporteur program where local frontline service people are actively involved in gleaning insights from major conferences and then reporting back to their communities.



Kevin Saya-Moore, (then) Men's Health Project Coordinator, Living Positive Resource Centre, Kelowna, BC, and Lara Barker, Regional Health Education Coordinator, CATIE, at a Kelowna workshop

Workshops/ Educational Outreach

“This workshop was very beneficial for my community. I intend to organize workshops to educate my community about HIV and will continue to need CATIE.” — workshop evaluation



BC Community Facilitator training, January 2013

Regional partnerships providing community outreach and professional development

CATIE's educational outreach continues to expand, incorporating more HCV content, reaching more and varied audiences, and working more closely than ever with local and regional organizations, most markedly in enriching local content in knowledge exchange through our rapporteur program and our new community facilitator training initiative.

CATIE has increased the scope of our educational program delivery to reach more nurses and more frontline workers working with Aboriginal populations in diverse urban and rural areas of different provinces. This was done through contacts with health organizations such

as the First Nations and Inuit Health Branches, local public health nurses and Friendship centres. The nurses who attended our workshops work both on- and off-reserve.

In 2012–2013, CATIE worked with regional partners to present three Educational Conferences (See Educational Conferences sidebar, page 12). Wherever possible, we have organized our conferences to coincide with planned regional events. This increases the scope of participants and leverages resources.

continued on page 12

“@CATIEInfo thank you for a great wrkshp and I can't wait for tomorrows!!!!” — tweet

“The workshop format was fantastic and the learning resource was the most useful I have seen come from CATIE. Great work! Great facilitation!” — workshop evaluation



Educational Conferences, 2012-2013

The Manitoba HIV Conference

(November 5-6, 2012), a joint initiative with the Manitoba HIV Program

There were good plenary presentations from both Manitoba and Saskatchewan which afforded a lot of knowledge exchange and learning opportunities between participants from the two provinces. More than 100 delegates from the two provinces provided a dynamic exchange of ideas and discussion of the similarities and differences in responses to HIV in their provinces.

Atlantic Education Conference

(May 31-June 2, 2012), in partnership with the AIDS Coalition of Nova Scotia (ACNS)

Highlights of the Atlantic Educational Conference, presented to coincide with the Nova Scotia HIV/AIDS Knowledge Exchange and Health Promotion Forum, included a panel presentation by CATIE on Social Media and staying connected with clients in rural or remote areas. This was well received as social media is widely being adopted by many frontline agencies as a means of communicating and reaching out to their clients. The CATIE program delivery team also launched the new HIV and Complementary and Alternative Medicine (CAM) workshop at the conference.

The Pacific Educational Conference

(September 26-27, 2012), in partnership with the Pacific AIDS Network (PAN) and presented to coincide with the PAN AGM

Conference highlights included a presentation in partnership with the Canadian HIV Trials Network (CTN) on Understanding Clinical Trials. The conference also provided an opportunity to look at the STOP HIV/AIDS project from various community, policy and public-health perspectives. Findings from a community-led, community-level evaluation of the STOP Project, an initiative of the STOP Community Engagement Working Group, was presented.

Working with regional planning committees, CATIE has presented HIV and hepatitis C capacity-building workshops adapted to community contexts as well as innovative programs from each region.

Community Facilitator Training

CATIE launched the Community Facilitator Training program this past year, aimed to help provide community workers with facilitation and presentation skills, in order to better deliver HIV and HCV educational content. Some of the program participants co-present workshops with CATIE, adapting them to specific community realities. Thus far, 80 participants have undergone the training across the country. Participants were mostly frontline staff from HIV and/or Hep C Service Organizations and volunteers who mostly work in prevention.

Participants from this training will work in partnership with CATIE Regional Health Education Coordinators (RHECs) in the different regions across the country. The trainees will provide expertise in local HIV and Hep

C realities and challenges to their work while CATIE RHECs will provide workshop content. The three-day workshop aims to:

- Increase knowledge of basic facilitation skills;
- Give participants an opportunity to practise facilitation skills;
- Increase public-speaking effectiveness;
- Develop the training capacity of community facilitators to co-present during CATIE workshops.

These trainings have been very well received with old relationships reinforced and new ones formed across the regions. Participants at the Community Facilitator Trainings included educators from AIDS Service Organizations, youth working to promote sexual health and peer educators, and Aboriginal nurses, providing opportunities for future collaborative work.

Rapporteur program

“Well done! Always appreciate your ability to articulate, focus and create meaningful spaces for critical thought and reflection. [The Learning Institute Rapporteur Project] is a truly important project!” — workshop evaluation

“In meeting you all and having the privilege to work with you [at the Learning Institute at CAHR], it reminded me of how important community participation is in all stages of society. So, thank you.” — *Ciro Bisignano, Program Associate, CAAT, and Youth Support Worker, ACT*



Rapporteurs gather for a group photo at the Canadian Association for HIV Research (CAHR) Conference



CATIE rapporteurs shared learning from the Ontario HIV Treatment Network (OHTN) Research Conference

Rapporteurs bring useful knowledge to their communities

CATIE Learning Institutes offer frontline workers from across Canada the opportunity to meet and discuss how new research may impact their communities in the evolving HIV landscape. In the past year, CATIE has organized Learning Institutes at two national conferences and one Quebec event.

Participants in Learning Institutes are community rapporteurs and are involved in the complete cycle of knowledge exchange: gathering, contextualizing, synthesizing and disseminating the information presented at research conferences. Throughout this process, CATIE Regional Health Education Coordinators support and mentor, and expert researchers are on-hand to clarify key research findings.

The days are long for Community Rapporteurs. After attending a day of presentations, there is a working supper, followed by discussion late into the evening. Bringing a community lens to research is enriched by the diversity of participants and the communities they work with. The goal is to develop a presentation to disseminate research findings of community relevance at regional, community and organizational meetings. In the past year, conference report-backs have been made at regional educational conferences and community organization meetings, in newsletters and by webinar.

At the Canadian Association for HIV Research (CAHR) conference in Montreal in May 2012, teams of Community Rapporteurs attended the four research tracks to prepare for presenting the Community Rapporteur session on the final Sunday morning of the conference. In the two weeks following the Ontario HIV Treatment Network (OHTN) Research Conference in November 2012, [English and French webinars](#) were broadcast by CATIE and used as dissemination tools within organizations.

In Quebec, CATIE organized its seventh Learning Institute in partnership with COCQ-SIDA. This Learning Institute was organized to coincide with the *Symposium des aspects cliniques de l'infection par le VIH*. The Symposium presents Quebec guidelines, and how new knowledge and research influence clinical practice in Quebec. For Learning Institute participants, it gives an insider's view of the practice of prevention, testing, treatment and care in Quebec.

One measure of success of these events is the number of people who ask to come back or refer their co-workers, and the enduring professional relationships established across the country that started at CATIE Learning Institutes.

“Once again, thanks for the opportunity to be on the CATIE Learning Institute at CAHR 2013. It was a pleasure to be part of and learn from sessions and discussion with all of the service providers in the various organizations represented.” — Tsion Demeke Abate, Community Education Facilitator, HIV Edmonton

“The CATIE team never disappoints! You folks rock – and so did all the wonderful rapporteurs!!! It was truly a pleasure to get to know you, and to share this great work together!!! As the old expression goes, y’all are welcome at my table anytime.” — Heidi Exner, Manager, Health Promotion and Community Development, AIDS Vancouver Island



Connecting with various audiences

In all that we do, CATIE is invariably connecting with different communities (and the agencies that serve them), each having their own realities and challenges. It is our ongoing communication and collaboration with local and audience-specific organizations that help create appropriate messaging and develop relevant educational tools and workshops.

We also facilitate opportunities for organizations to come together and discuss the issues that matter to their frontline service delivery.



Community leaders helping CATIE get the word out about hepatitis C: (From left) Amelita Navarro, Board Member, and Camilo Santos, President, of the Filipino Community Centre Inc. of Windsor, Ontario with Dyan De Guzman, CATIE Filipino Community Facilitator, at the Mother's Day Almusalan event after a workshop on Immigrant Health and Hepatitis C

On addressing specific audiences

“@CATIEInfo Check out their new multilingual website for information about #HepatitisC.” — tweet



Some recent publications focused on gay men's health and available through the CATIE Ordering Centre: *Stepping Up to the Future of Young Gay Men's Health: Proceedings of British Columbia's first young gay men's health summit* held in Vancouver, November 3, 2012 (produced by the Community-Based Research Centre, CBRC); *The epidemiology of HIV in gay men and other men who have sex with men*, one of a series of fact sheets on the epidemiology of HIV and hepatitis C; and *Population-Specific HIV/AIDS Status Report: Gay, Bisexual, Two-Spirit and Other Men Who Have Sex With Men*, a status report intended for individuals involved in the development of HIV/AIDS policy, programs and research activities targeting this population (Public Health Agency of Canada)

Gay Men's Initiatives a collaboration of key organizations

Building on the successes of our one-year PHAC funding for CATIE's Gay Men's Sexual Health Project, a number of gay men's focused initiatives have been integrated into CATIE's ongoing work. The 2012-2013 year also saw a number of large, multi-year projects getting underway.

We continued our work of facilitating capacity building by bringing gay men's outreach workers from across the country to the 2012 BC Gay Men's Health Summit in Vancouver to learn the latest in BC research and programming.

In partnership with a number of key Canadian gay men's organizations – including Health Initiative for Men (HiM), Gay Men's Sexual Health Alliance (GMSH), AIDS Committee of Toronto (ACT) and RÉZO – CATIE kick-started the Gay Men's Risk Communication Project. Its aim is to produce cutting-edge and nationally relevant resources for gay/bi/MSM that clearly communicate the latest developments in our understanding of HIV/STI transmission, testing, and new prevention technologies.

In collaboration with the national HIV partners as well as three gay men's health organizations, CATIE was successful in being awarded a research grant from CIHR for a three-year qualitative research study called the Resonance Project. Focused on Vancouver, Toronto and Montreal, this research aims to understand how gay men – and their service providers – take up new information about HIV, and how this influences individual practices and organizational service provision. This is the first time that CATIE has received direct research funding.

CATIE also continued developing strong relationships with service providers across the country by giving workshops and presentations that explored new developments in HIV prevention with gay men. These presentations mainly discussed how concepts of gay men's health, syndemics, resilience, PrEP, and social drivers of HIV are impacting the way health promotion with gay men is being done across the country.

“Great to see such thoughtful presentations and representation from @CATIEInfo folks at the 2012 BC Gay Men's Health Summit.” — tweet



Building immigrant-community networks for Hep C awareness

In 2011 CATIE began work on a four-year Ethnocultural Hepatitis C Outreach and Social Marketing project as part of the Ontario Ministry of Health's Hepatitis C Strategy to increase awareness of hepatitis C, reduce stigma, promote equal access to health services including testing, and create effective partnerships within newcomer and immigrant communities in Ontario.

2012-2013 was an important year of work for the project with the launch of a media campaign, release of online and print resources and ongoing educational work in Chinese, Filipino, Pakistani and Punjabi communities.

Our media campaign, "Hepatitis C. Learn More. Get Tested." ran in 26 print, radio and online outlets throughout November 2012 and January 2013. The campaign was well-received and we had editorial coverage in print, radio and television.

The Toronto Public Health AIDS and Sexual Health Info-line is an important partner for the campaign and project. They provide Ontario-wide free and anonymous counselling around HIV, hepatitis and sexual health. With capacity in 16 languages, they were an additional support that individuals could access and they could also refer people to testing sites across the province.

The media campaign also directed people to a multilingual hepatitis C information [hub on our website](http://hub.on.our.website), your-language.hepcinfo.ca, in Simplified Chinese, Punjabi, Tagalog and Urdu, launched in November 2012 and received more than 10,000 visits in its first eight months. Four pamphlets explaining hepatitis C transmission and the importance of being tested, written in English and each of the four languages, became available on CATIE's Ordering Centre in December 2012 and over 10,000 pamphlets have been distributed across Canada.



Hepatitis C communications outreach brochures (shown here) and a multilingual web page provide information to Chinese, Filipino, Pakistani and Punjabi communities

On addressing specific audiences

"2 all my fellow CDNs, plz support @CATIEInfo & @CAAN as we support Aboriginal AIDS Awareness Week." — tweet

"I have been fully supported by CATIE and was encouraged to build relationship with community agencies and members. As a student in the Social Service program, I got excellent learning opportunities to work closely with partner agencies and help to outreach and recruit participants." — Melissa Lai, Chinese Community Facilitator

We also created a new educational tool in six languages: 12-piece [jigsaw puzzles](#) whose put-together pieces compare the differences between hepatitis A, B and C.

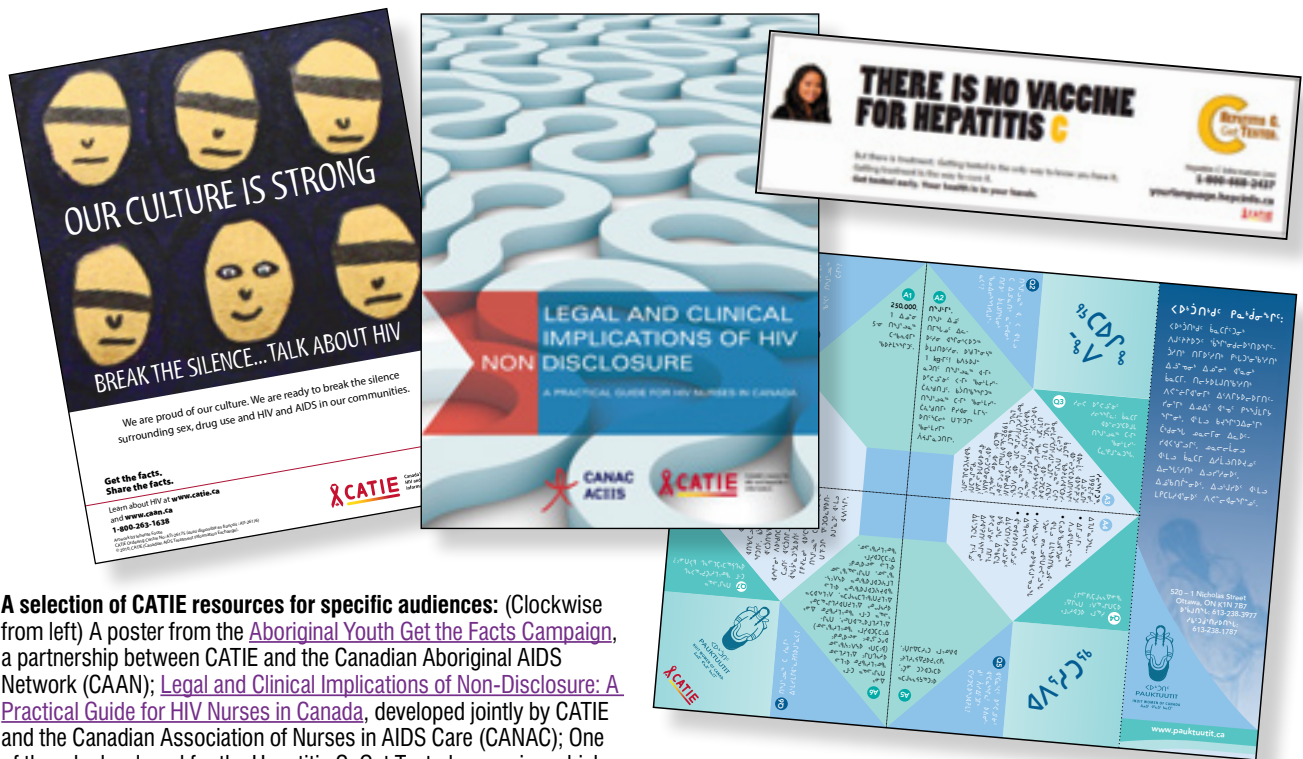
Through our work with advisory councils and community consultation workshops we produced curriculum for ongoing Immigrant Health and Hepatitis C workshops. Eleven trained facilitators delivered 13 in-language workshops with communities in Toronto, Windsor, London and Ottawa.

Immigrant-serving organizations (See Hepatitis C, Ethnocultural Outreach partners, page 27) were very receptive to health programming for both their clients and employees. It was important to position hepatitis C within the larger context of immigrant health and the barriers that immigrants face in Canada. Workshops raised awareness and addressed stigma across many communities with open discussion, direct teaching and

interactive activities. We maintain ongoing partnerships with over 20 community organizations for continuing education and outreach work.

Over the last two years the project successfully built a media and education outreach campaign through community engagement and capacity building. Project facilitators were frequently new immigrants with credentials in social work and medicine and gained important Canadian work experience while also serving their community.

Strong response to the project’s available resources online and in print highlights the need for more multilingual health work and information. Over the next year, we will be expanding our resources into at least four more languages.



A selection of CATIE resources for specific audiences: (Clockwise from left) A poster from the [Aboriginal Youth Get the Facts Campaign](#), a partnership between CATIE and the Canadian Aboriginal AIDS Network (CAAN); [Legal and Clinical Implications of Non-Disclosure: A Practical Guide for HIV Nurses in Canada](#), developed jointly by CATIE and the Canadian Association of Nurses in AIDS Care (CANAC); One of the ads developed for the Hepatitis C. Get Tested campaign which ran in English, Punjabi, Tagalog, Simplified Chinese and Urdu; CATIE partnered with Pauktuutit Women of Canada for them to translate and adapt our Hep C Chatterbox – an interactive game on paper – into the four Inuktitut dialects, of which this is one

“I work at the AIDS Coalition and my focus is with the LGBT Community. This [workshop] will be applied directly to improve my education to them and increase prevention.” — workshop evaluation

“Through this project I learned about the transmission, symptoms and the precautionary measures available for Hepatitis C. We can give this information to our friends and family members and we can also tell them about how to prevent this disease. If someone already has the disease, we can encourage them to access treatment and support them.” — Pakistani Workshop participant



Delivering an increasing array of online communication

Delivering information in a quick and accessible format has always been CATIE's objective. As the needs of our communities change, and as technology affords more varied ways of reaching these communities, CATIE is broadening its communications palette to answer those needs.

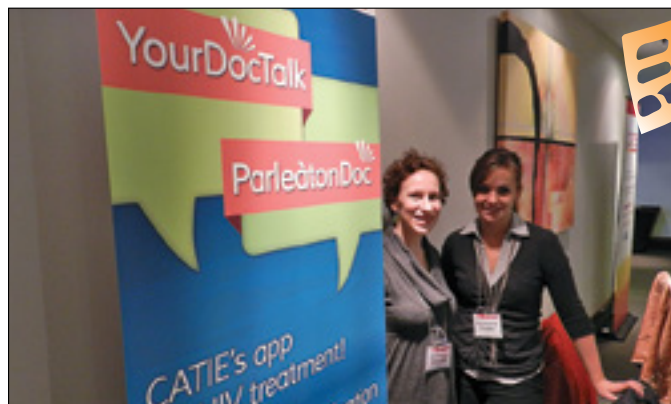
Comments we have received from people show that they welcome the changes we have implemented. Beyond a thorough revamping of our website, there has been an increased use of the social media platforms Facebook, Twitter and YouTube; the development of a major online initiative to report on the Vancouver STOP Program; an increased use of webinars; and the development of an app that assists PHAs speaking to their health professional about health issues and treatment.

We also facilitate opportunities for organizations to come together and discuss the issues that matter to their frontline service delivery.

YourDocTalk, CATIE's tool to enhance patient-doctor communication

This past fiscal year, CATIE developed *YourDocTalk*, an interactive tool available online or as an iPhone and iPad app, that fosters a more effective communication about HIV treatment between an individual and their physician and healthcare professional.

Free and easy to use, *YourDocTalk* poses a series of questions about the user and their health. Based on the answers provided, a confidential and custom report is created that can be printed off or read from the iPhone/iPad device. The tool can identify health issues that could affect a person's HIV treatment options, and help the user remember what issues they would like to raise at their next medical appointment.



CATIE's Véronique Destrubé (left) and Anamaria Tivadar at the CAHR Conference launching *YourDocTalk*

Website

“Hi CATIE, Love your website. Simple, easy to use. Thank you so much.” — Carolyn Shim, Addiction Medicine Service Resource Room, Centre for Addiction and Mental Health, CAMH

“As a newly diagnosed person, I just want to let you know how much I appreciate the resources provided on this site. I was almost in tears when I started browsing the pages. Thank you from the bottom of my heart.”
— Vancouver (e-mail)

CATIE's new website – a better window on our vast HIV and hepatitis C resources

CATIE's main knowledge exchange tool is our website. Traffic to it is extensive, with two million visits in 2012-13.

The CATIE website has evolved over time, growing as our mandate expanded. As the knowledge requirements of the communities we serve grew, so too did the need for our website to adopt an organizational structure that could accommodate and present this added information. After much research and consideration in-house, and great input from various partner organizations willing to give their time and expertise, CATIE launched its new, revamped site on February 13, 2013.

The new website provides an easy portal to our vast array of resources and integrates all our HIV and hepatitis C information into a one-stop shop. The improved website's many features include:

- The Basics: a snapshot of key information for those who are new to HIV and hepatitis C;
- Content organized into key structured subject sections (Prevention, Treatment and Healthy Living) to direct visitors quickly to the information they need;
- Strengthening Programming: a new section providing case studies and resources to better help front-

line service providers develop and deliver programs for their clients;

- A news section on every page to provide the latest in HIV and hepatitis C news, announcements from CATIE, new resources added to the CATIE collection, and upcoming events;

continued on page 20



“Just wanted to send a quick note to say great job! I was on the new site looking for some info to do a HepC workshop for clients and was able “to go directly to some “in-depth info”. Awesome!”
— Diane McGovern, NEP Coordinator, AIDS Saint John

“I am very pleased with the legibility and structure of the new website. I am particularly touched by the attention [the CATIE team] put in to ensure that this site is accessible to me and other Canadians with sight impairments. I feel grateful that an agency such as CATIE exists, not only because of its mandate but also because of the way services are delivered and business is conducted.” — e-mail



The screenshot shows the CATIE website interface. At the top, there's a navigation bar with social media icons, language options (Home, Français, Contact Us), and a search bar. The main content area is titled 'Programming Connection' with the tagline 'Shared experience. Stronger programs.' Below this, there's a section for the 'STOP Outreach Team' in Vancouver, British Columbia, 2013. A 'CONTENTS' list is provided, including links to 'Introduction', 'What is the Program?', 'Why Was the Program Developed?', 'How Does the Program Work?', 'Required Resources', 'Barriers to Implementation', 'Evaluation', 'Learned and Confirmed', 'Quick Facts', 'Program Materials', 'Contact Information', and 'What is the STOP HIV/AIDS Project?'. A quote from Jaczey Laroche, a registered nurse, is featured: 'We take a community-wide approach to caring for people.' The sidebar on the right includes a feedback form and a list of resources under 'The Programming Connection'.

Programming Connection, CATIE's toolkit of case studies housed in the newly revamped *Strengthening Programming* section of the website, showcased the Vancouver STOP Project this year

- Improved navigation to help visitors more easily identify where they are in the site;
- A redesigned banner that follows through the site, allowing easy access to CATIE's subscription and membership services;
- A quick link to the CATIE Ordering Centre.

The website, which was over a year in the making, would not have been possible without the contributions of numerous organizations and individuals who provided us with invaluable input at key steps in its development. Frontline service organizations and healthcare agencies from across Canada contributed their insights through a Website Advisory Committee. AIDS Service Organi-

zations gave us valuable feedback as we tested the site's structure, navigability and accessibility.

"We are confident that we've built a very user-friendly site, and we have our friends in the field to thank for that," says Laurie Edmiston, CATIE Executive Director. "We're interested to hear what people think," says Zak Knowles, CATIE's Web Content Manager. "We believe the new site is organized to better represent the array and depth of information you can find, and it enables you to get to it more easily and more quickly. Come see for yourself."

You can contact Zak at zknowles@catie.ca.

Website

"@CATIEInfo is the central contact point for HepC and HIV. They share the latest info and resources." — tweet

"I really like the look and feel of CATIE's new website. Considering the sheer volume of information on the site, I think you've done a fantastic job of organizing it and creating an intuitive and effective navigation system. Very impressive." — Sue Scruton, Canadian AIDS Society

Programming Connection: facilitating knowledge exchange with the Vancouver STOP Project

In 2012-2013, CATIE focused much of its attention in *Programming Connection*, our online toolkit of case studies highlighting Canadian frontline program models, materials and planning resources, to work in British Columbia. *Programming Connection* shares knowledge nationally on Canadian frontline practice in HIV prevention, testing, treatment, care and support. In early 2012, CATIE developed a new partnership with the Vancouver STOP HIV/AIDS Project to help share knowledge about the activities, successes and lessons of this ground-breaking project.

The Vancouver STOP Project, a partnership between Vancouver Coastal Health and Providence Health Care, was designed to carry out the goals of BC's provincial Seek and Treat for Optimal Prevention (STOP) HIV/AIDS Project within the city of Vancouver. The provincial STOP HIV/AIDS Project, a three-year, multi-faceted initiative that took place in two BC health regions, sought to reduce HIV incidence and improve the experience of people living with HIV across the full continuum of testing, diagnosis, linkage to care, treatment and support. Funded by the province's Ministry of Health Services, the project presented the opportunity for public health professionals, community-based workers and clinical service providers to focus on ways in which the response to HIV might be made more effective both for people living with HIV and their providers.

The opportunity for CATIE to work collaboratively with Vancouver Coastal Health and Providence Health Care was exceptional. Through *Programming Connection*,

CATIE documented a significant part of what the Vancouver STOP Project did, how they did it, what worked, and what didn't. This knowledge was captured in *Programming Connection* through a collection of [12 case studies](#), developed in collaboration with nine organizations, as well as a report on the overall implementation of the project.

The case studies focused on innovative or successful pilot projects from community- and clinic-based settings that demonstrated strength in engagement and linkage to services for clients. Examples include Peer Navigators from Positive Living BC and the Immunodeficiency Clinic at St Paul's Hospital, as well as the implementation of the routine offer of HIV testing in four Vancouver hospitals.



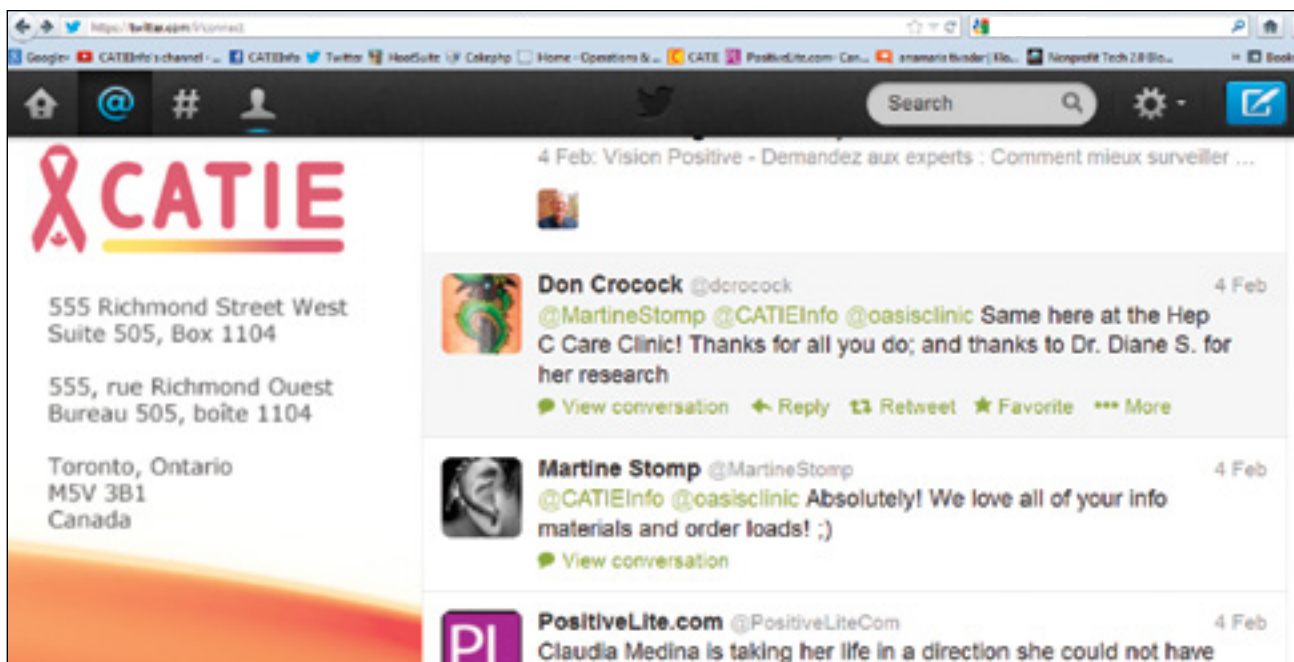
Through our collaboration with Vancouver STOP Project, CATIE made new and

enhanced connections in the province, learned key lessons about the implementation of "treatment as prevention" in the real world, and provided an opportunity to share this knowledge beyond BC's borders to offer insights for communities investigating ways to integrate aspects of their own HIV service delivery.

This collaboration brought the total number of case studies of Canadian models of frontline practice in *Programming Connection* up to 34. Moving into 2013-14, we will look to the rest of Canada for programming ideas that demonstrate integration across the continuum of prevention, testing, treatment, care and support to share nationally.

"I stumbled across this page late on one of my many sleepless nights. I wanted to make sure you knew how much I appreciated this page and how helpful your website has been! I am a 24-year-old mom with genotype 3 hepatitis and am waiting for funding to have treatment. I am extremely nervous and know not what to expect and I really am touched to see that people care enough to get awareness out there and free up the stigma. Just wanted to say thanks!" — S.A.S. (Facebook comment)





A growing social media presence

CATIE's social media presence, now in its second year, has experienced tremendous growth not only in audience size, but also in the formation of a true online community that facilitates ongoing knowledge exchange and capacity building among followers.

CATIE's [Twitter](#) account following has more than doubled in the past year (550 followers to 1,100 and counting). This 200-per cent growth speaks to the appeal among partner organizations and individuals of having ongoing communications in real time.

People working in community-based organizations, as well as people living with HIV and hepatitis C, are connecting across a diversity of interests and social perspectives, and across vast geographies. The Aboriginal community, LGBTTQ community, media, youth, public health and healthcare – these and more are represented in the mix of commentary.

Taking Twitter's cue, CATIE's Facebook audience is also in a growth spurt: a near doubling from 400 to 740 followers during fiscal 2012-2013. Our [Facebook](#) page has

enabled CATIE to put a face to the various publications we offer and to highlight our various events and services as well as some of the individuals working at CATIE. Most important, our audiences on Facebook continuously engage with our content, by way of sharing, liking, commenting and clicking on our posts.

CATIE's social media has become an important element of our external communication strategy. This past year, the Twitter account saw more than 900 mentions and more than 300 retweets, while the Facebook Page experienced more than 800 counts of engagement.

We also successfully launched our own [YouTube](#) channel to host CATIE-produced videos, as well as highlight videos presented by partner organizations. It promises to be a great platform for CATIE to also highlight conference speakers and presentations.

Some other organizations have taken note of CATIE's use of social media, and we were honoured to have been invited to speak on social media strategy last year. CATIE presented at the CANAC conference in Victoria BC on

Social Media

“Help for quitting. Good article from @CATIEInfo on research showing how PHA smoking cessation might work.” — tweet

Gr8 insight by @CATIEInfo: link b/w violence & increased #HIV risk for young ppl. Let's break the #stigma cycle. — tweet

the use of social media tools to advance the work and knowledge of nurses working in HIV, and at the ACHIVE conference in Peggy's Cove, NS to a group of physicians and other specialists working in HIV, on the use of social media for research and knowledge exchange, as well as for educating patients online.

At the Atlantic conference in June, 2012 and the Prairies conference in November, CATIE co-presented with AIDS

New Brunswick and Winnipeg's Nine Circles Community Health Centre on the application of social media at an organizational level to facilitate knowledge exchange and build online communities.

Looking ahead, CATIE will continue to grow its online presence through these social media channels.

The CATIE Exchange - August 1, 2012

New CATIE Resources

Different takes on access to hepatitis C treatment

Read CATIE's article highlighting three organizations providing different, innovative approaches to access to treatment and care for people living with hepatitis C.

[The CATIE Exchange](#), our bimonthly e-newsletter that showcases the key resources and initiatives of CATIE and our many partner organizations, continues to grow in popularity. It is one of a number of e-publications available to individual subscribers and to a membership that this year saw a good increase in numbers (organizational members, 8.5% growth to 327; individual members, 17.5% to 1,873)

YourDocTalk app

"Nice tool for HIV+ ppl by @CATIEInfo: how to discuss HIV w your MD. Great for trainees!" — tweet

"Just heard from your e-news letter [The CATIE Exchange] that CATIE has its own YouTube channel. You guys rock!! Amazing work! All the best." — Facebook post



Engaging dialogue

CATIE has always operated from the principle that staying connected to the frontline is the best way to facilitate knowledge exchange and to ensure that the information we provide, and the manner in which we provide it, is useful and effective.

Encouraging ongoing dialogue with agencies across the country also serves the purpose of providing forums by which we can all share issues, concerns and models of practice. That dialogue, ultimately, can inform policy and improve our regional and national response to HIV and HCV.

When it comes to the national Deliberative Dialogue we organized last year, and when we consider the response from communities to participate in the 2013 CATIE Forum, the level of engagement has been inspiring. Together, we can dramatically decrease transmission and improve the well-being of people living with HIV and HCV.



CATIE leads national dialogue on treatment and prevention

The National Deliberative Dialogue on Integrated Approaches to HIV Treatment and Prevention (T&P), October 17-18, 2012

We are at a pivotal point in our response to the HIV epidemic. In recent years there has been a rapid acceleration of research findings in HIV prevention, transmission, testing and treatment, including the prevention benefits of HIV treatment. This new research is fundamentally changing our understanding of HIV treatment and prevention. If taken up appropriately into frontline programming, these findings may have the potential to turn the tide on the epidemic.

This past year, CATIE invited 43 representatives from clinical, public health, research, community and policy areas from across Canada to engage in a high-level national deliberative dialogue on integrated approaches to HIV treatment and prevention (T&P). “Integrated treatment and prevention” recognizes prevention, test-



ing, care, support and treatment as mutually reinforcing elements of an effective response that is integrated in a comprehensive approach to the epidemic. The dialogue focused on the exploration of efforts to integrate HIV

Deliberative Dialogue

“[National Deliberative Dialogue was] one of the best meetings I’ve participated in – very meaningful and important discussion” — e-mail

“Very informative talk by Dr. Curtis Cooper: New developments in HCV research and implications for frontline practice. Thanks @CATIEInfo!”
— tweet



(Left Picture) Deliberative Dialogue delegates (from left) Richard Elliott, Executive Director, Canadian HIV/AIDS Legal Network; Murray Jose, Executive Director, Toronto People with AIDS Foundation; Dr. Eric Mykhalovskiy, York University; San Patten, HIV Policy and Evaluation Consultant, San Patten and Associates, Inc.; Nicci Stein, Executive Director, Interagency Coalition on AIDS and Development. **(Right Picture)** CATIE Executive Director Laurie Edmiston with Israel Nieves-Rivera, Director, Population Health Division, Public Health Accreditation, Equity, and Quality Improvement, San Francisco Department of Public Health, one of the presenters at the national Deliberative Dialogue

T&P and other emerging biomedical research in different regions of Canada. This included the challenges and lessons learned from these activities and the identification of priority areas that would need to be addressed in policy, programming and knowledge exchange in order to facilitate the implementation of integrated T&P models regionally.

Key themes arising from discussion

Through facilitated discussion, participants were able to reflect on and identify a number of key themes related to integration, including the need for tailored approaches that reflect regional differences and that address inter-sectoral and jurisdictional concerns as they relate to overall systems of health and social services. There were a number of specific key themes identified that relate to each of the four components of an integrated approach: prevention services, testing services, care and support services and treatment services.

The meeting provided an opportunity for learning and sharing across regions, as well as identifying common priorities and issues. The results of the dialogue will inform CATIE's work over the next few years.

Participants were very enthusiastic with the dialogue and rated it as a very successful event:

- “One of the best meetings I’ve participated in – [a] very meaningful and important discussion.”
- “...very well planned, ran perfectly and was the most productive HIV meeting I have attended...”

Participants also commented on how the dialogue will inform their own work:

- “Will provide updated information for clinicians on how it will affect current practice”
- “Will use several of the models used in other jurisdictions for further discussion and consideration within my jurisdiction”

In the coming year, CATIE will continue to be a national leader in engaging multiple stakeholders in supporting efforts to integrate emerging biomedical research in the frontline response across the country. CATIE's 2013 Forum: *New Science, New Directions in HIV & HCV* will focus on frontline examples of integrated T&P programming. Additionally, CATIE's Webinar Series throughout the year will focus on providing a forum to profile and discuss T&P programs and emerging research. We will also continue to profile new research in a number of our core knowledge-exchange publications.

The [full meeting report](#) of the Deliberative Dialogue is available at www.catie.ca.

Webinars

“Thanks to CATIE for organizing all the recent webinars. Very informative!” — tweet



Public Funders APRIL 1, 2012 TO MARCH 31, 2013

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. We extend our thanks to:

- The Public Health Agency of Canada (PHAC)**
- 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)**
- Providence Health Care**
- Vancouver Coastal Health**

Corporate Donors APRIL 1, 2012 TO MARCH 31, 2013

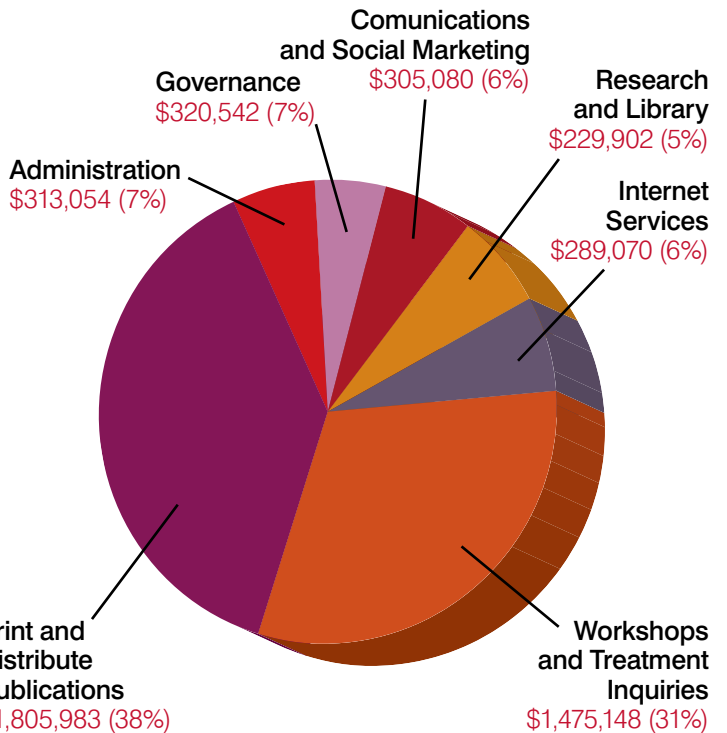
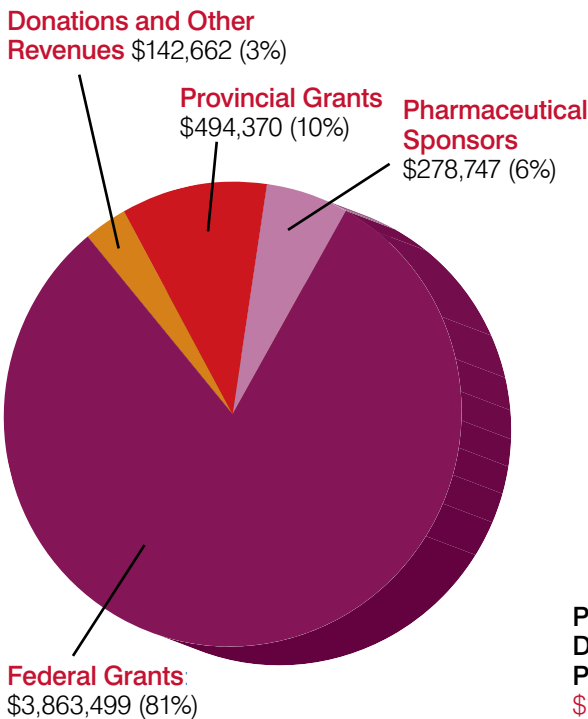
CATIE would like to acknowledge and thank the financial supporters who have helped us provide high-quality services for people living with, and vulnerable to, HIV and HCV, and the organizations that serve them.

Diamond (\$70,000 and over)	Platinum (\$50,000 to \$69,999)	Gold (\$20,000 to \$49,999)	Gifts in Kind
Janssen Inc.	Gilead Sciences Canada, Inc.	AbbVie Corporation	Shepell.fgi
	Merck Canada Inc.	Vertex Pharmaceuticals Canada	
		ViiV Healthcare ULC	

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 revenue: \$4,779,278

Total expenditures: \$4,738,779



Note: Operational costs have been allocated to individual programs to reflect the actual cost of service delivery.

CATIE Partners, 2012 - 2013

We thank all our partners for their generous spirit and commitment during 2012-2013

GAY MEN'S SEXUAL HEALTH PROGRAMS

AIDS Calgary
 AIDS Committee of Toronto (ACT)
 Asian Community AIDS Services (ACAS)
 Avenue Community Centre for Gender and Sexual Diversity, Saskatoon
 Canadian AIDS Society (CAS)
 Community-Based Research Centre (CBRC), Vancouver
 Gay Men's Sexual Health Alliance (GMSH)
 Health Initiative for Men (HiM), Vancouver
 Hepatitis Outreach Society of Nova Scotia
 HIV Edmonton
 Interagency Coalition on AIDS and Development (ICAD)
 Lethbridge HIV Connection
 Nine Circles Community Health Centre, Winnipeg
 Rainbow Resource Centre, Winnipeg
 RÉZO, Montreal
 Social Research Centre for HIV Prevention, place?
 STOP HIV Outreach Team, Vancouver Coastal Health

HEPATITIS C PROGRAM

Action Hepatitis Canada
 L'Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD)
 Blood Ties Four Directions Centre, Whitehorse
 Canadian Harm Reduction Network
 Canadian Hemophilia Society
 Canadian Liver Foundation
 Canadian Society for International Health
 Canadian Treatment Action Council (CTAC)
 Centre Associatif Polyvalent d'Aide Hépatite C (CAPAHC), Montreal
 Central Toronto Community Health Centres

Correctional Services Canada (CSC)
 Hépatites Ressources, Trois Rivières
 Hepatitis Outreach Society of Nova Scotia (HepNS)
 HepCBC, Victoria
 Pacific Hepatitis C Network
 Prisoners' HIV/AIDS Support Action Network (PASAN), Ontario
 Sherbourne Health Centre, Toronto
 Somerset West Community Health Centre, Ottawa
 South Riverdale Community Health Centre, Toronto
 Streetworks, Edmonton
 Toronto Hepatitis C Alliance
 Toronto Harm Reduction Alliance
 Vancouver Coastal Health
 VANDU, Vancouver

HEPATITIS C PROGRAM, ETHNOCULTURAL OUTREACH

Access Alliance
 Alliance for South Asian AIDS Prevention
 Asian Community AIDS Services
 Canadian-Pakistan Association of the National Capital Region
 Catholic Crosscultural Services
 Catholic Immigration Centre, Ottawa
 Filipino Canadian Medical Association
 Hong Fook Mental Health
 Human Endeavour
 Kababayan Multicultural Services
 London Sikh Society
 Magkaisa Centre
 Ontario Council of Agencies Serving Immigrants
 Philippine Immigrant Doctors reUnited
 Punjabi Community Health Services

Sikh Cultural Society of Metropolitan Windsor
 Toronto Public Health AIDS and Sexual Health Infoline
 Yee Hong Centre for Geriatric Care

NATIONAL DELIBERATIVE DIALOGUE ON INTEGRATED APPROACHES TO HIV TREATMENT AND PREVENTION (T&P)

Alberta Community Council on HIV
 AIDS Committee of Newfoundland and Labrador
 All Nations Hope, Regina
 BC Centre for Excellence in HIV/AIDS
 Canadian Aboriginal AIDS Network (CAAN)
 Canadian AIDS Society (CAS)
 Canadian HIV/AIDS Legal Network
 Canadian Public Health Association (CPHA)
 Canadian Treatment Action Council (CTAC)
 COCQ SIDA
 Clinique Médicale L'Actuel, Montreal
 Central Interior Native Health Society, British Columbia
 Hassle Free Clinic, Toronto
 Health Initiative for Men (HiM)
 Institut national de santé publique du Québec
 Interagency Coalition on AIDS and Development (ICAD)
 Manitoba HIV Program, Nine Circles Community Health Centre
 Ministry of Justice, Saskatchewan
 Ministère de la Santé et des Services sociaux
 Nova Scotia Advisory Commission on AIDS
 Ontario HIV Treatment Network (OHTN)
 Ontario Ministry of Health and Long Term Care
 Ottawa Hospital
 Positive Living BC

Positive Women's Network (PWN),
Vancouver

Providence Health Care

Public Health Agency of Canada (PHAC)

Regina Qu'Appelle Health Region

RÉZO (Santé et mieux être des hommes gais
et bisexuels), Montréal

San Francisco Department of Public Health

Saskatchewan Ministry of Health

St. Michael's Hospital, Toronto

Toronto People With AIDS Foundation

University of New Brunswick

University of Ottawa

Vancouver Coastal Health

Women's College Research Institute

York University

ORDERING CENTRE COLLECTION

Ordering Centre Suppliers

2-Spirited People of the 1st Nations, Ontario

AIDS Bereavement and Resiliency Program
of Ontario (ABRPO)

African and Caribbean Council on HIV/AIDS
in Ontario (ACCHO)

AIDS Committee of Cambridge, Kitchener,
Waterloo and Area (ACCKWA)

AIDS Committee of Durham Region, Ontario

AIDS Committee of Newfoundland and
Labrador (ACNL)

AIDS Committee of Toronto (ACT)

AIDS Thunder Bay

AIDS Vancouver

Asian Community AIDS Services (ACAS)

BC Centre for Disease Control (BCCDC)

Black Coalition for AIDS Prevention (Black
CAP), Toronto

Cactus Montréal (ASTT(e)Q : Action Santé
Travesti(e)s et Transsexuel(le) s du Québec),
Montreal

Canadian Aboriginal AIDS Network (CAAN)

Canadian AIDS Society (CAS)

Canadian Association of Nurses in AIDS
Care (CANAC)

Canadian Association of Social Workers

Canadian Hemophilia Society

Canadian HIV/AIDS Legal Network

Canadian Liver Foundation

Canadian Public Health Association (CPHA)

Canadian Working Group on HIV and
Rehabilitation (CWGHR)

Casey House

Centre Associatif Polyvalent d'Aide Hépatite
C (CAPAHC)

Centre for Spanish Speaking Peoples,
Ontario

Chee Mamuk, B.C. Centre for Disease
Control, Vancouver

CIHR Canadian HIV Trials Network (CTN)

Coalition des organismes communautaires
québécois de lutte contre le sida (COCQ-
SIDA)

Community-Based Research Centre (CBRC),
Vancouver

Gay & Lesbian Health Services of Saskatoon

Gay Men's Sexual Health Alliance (GMSH)

Griffin Centre (ReachOUT program), Ontario

Groupe d'action pour la prévention de la
transmission et l'éradication du sida (GAP-
VIES), Montreal

Healing Our Nation (HON), Nova Scotia

Health Initiative for Men (HiM), Vancouver

Hep C Support Services, BC Centre for
Disease Control

HIV & AIDS Legal Clinic, Ontario (HALCO)

Healing Our Spirit, Vancouver

John Howard Society, New Brunswick

Maison Plein Coeur, Québec

Maple Leaf Medical Clinic, Toronto

Mouvement d'information et d'entraide
dans la lutte contre le sida Québec (MIELS-
Québec)

Mouvement d'Aide et d'Information Sida
Bas-Saint-Laurent

National Collaborating Centre for Infectious
Diseases (NCCID)

Nine Circles Community Health Centre,
Winnipeg

Northern AIDS Connection Society (NACS),
Truro, Nova Scotia

Ontario HIV Treatment Network (OHTN)

Ottawa Public Health

Patrick for Life, Ontario

Planned Parenthood Toronto

Positive Women's Network (PWN),
Vancouver

Positive Youth Outreach (PYO), AIDS
Committee of Toronto (ACT)

POWER (Prostitutes of Ottawa-Gatineau
Work Educate & Resist)

Prisoner's HIV/AIDS Support Action Network
(PASAN)

Public Health Agency of Canada (PHAC)

Queen West Community Health Centre
(TRIP! Project), Ontario

Rainbow Resource Centre, Winnipeg

Regional HIV/AIDS Connection, London,
Ontario

RÉZO, Montreal

Sexuality Education Resource Centre
(SERC), Winnipeg

SIDA/AIDS Moncton

St. Michael's Hospital, Toronto

St. Stephen's Community House, Toronto

Stella, l'amie de Maimie, Montreal

The 519 Community Centre, Toronto

The National Collaborating Centres for Public
Health (NCCPH)

The Sex Information and Education Council
of Canada (SIECCAN)

Toronto People with AIDS Foundation

Union of Ontario Indians, North Bay

University of Toronto

Wabano Centre for Aboriginal Health, Ontario

Women's College Hospital, Ontario

York University, Toronto

YouthCO HIV and Hep C Society

Partnered publications development

2-Spirited People of the 1st Nations, Toronto

The 519 Church Street Community Centre,
Toronto

AIDS Committee of Toronto (ACT)

Cactus Montréal (ASTT(e)Q : Action Santé
Travesti(e)s et Transsexuel(le) s du Québec),
Montreal

Canadian Aboriginal AIDS Network (CAAN)

Canadian Association of Nurses in AIDS
Care (CANAC)

PROGRAM DELIVERYAtlantic Region

AIDS Coalition of Cape Breton (ACCB)
 AIDS Coalition of Nova Scotia (ACNS)
 AIDS Committee of Newfoundland and Labrador (ACNL)
 AIDS Moncton
 AIDS New Brunswick
 AIDS PEI
 AIDS Saint John
 Hepatitis Outreach Society of Nova Scotia
 Northern AIDS Connection Society (NACS)
 Nova Scotia Advisory Commission on AIDS
 Regional Atlantic AIDS Network (RAAN)

British Columbia

AIDS Vancouver
 AIDS Vancouver Island (AVI)
 ANKORS, Cranbrook and Nelson
 ASK Wellness, Kamloops
 Hep C BC
 Ki-Low-Na Aboriginal Friendship Society, Kelowna
 Living Positive Resource Centre
 Okanagan Nation Alliance
 Outreach Urban Health (Interior Health)
 Pacific AIDS Network (PAN)
 Positive Living BC
 Positive Living North
 Positive Women's Network (PWN), Vancouver
 Vancouver Coastal Health
 Vancouver Native Health Society
 YouthCO HIV and Hep C Society

Ontario

AIDS Bureau (Opening Doors Conferences)
 AIDS Committee of Durham Region
 AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
 The AIDS Network, Hamilton
 AIDS Thunder Bay
 African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

Asian Community AIDS Services (ACAS)
 Bruce House, Ottawa
 Ontario AIDS Network
 Peel HIV/AIDS Network (PHAN)
 Peterborough AIDS Resource Network (PARN)
 Positive Youth Outreach (PYO), AIDS Committee of Toronto (ACT)
 Toronto People with AIDS Foundation

Prairies

AIDS Calgary Awareness Association
 AIDS Programs South Saskatchewan (APSS)
 AIDS Saskatoon
 Alberta Community Council on HIV (ACCH)
 All Nations Hope AIDS Network (ANHAN), Regina
 Burntwood Regional Health Authority, Thompson, Manitoba
 HIV Edmonton
 HIV North, Grand Prairie & Fort McMurray
 Manitoba HIV Program
 Nine Circles Community Health Centre, Winnipeg
 Play It Safer Network, Flin Flon, Manitoba
 Prince Albert Sexual Health Clinic
 Regina Qu'Appelle Health Region
 Saskatchewan HIV Provincial Leadership Team
 Sexuality Education Resource Centre (SERC)

Québec

AIDS Community Care Montréal (ACCM)
 Bureau Régional d'Action sida (BRAS), Gatineau
 Centre Associatif Polyvalent d'Aide Hépatite C (CAPAHC), Montreal
 Centre for AIDS Services of Montreal (CASM)
 Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
 First Nations of Quebec and Labrador Health and Social Services Commission
 Groupe d'action pour la prévention de la transmission et l'éradication du sida (GAP-VIES), Montréal

Mouvement d'information et d'entraide dans la lutte contre le sida Québec (MIELS-Québec)

Le Portail VIH/sida du Québec

Learning Institutes and Satellites

Canadian Association of HIV Research (CAHR)
 Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
 Ontario HIV Treatment Network (OHTN)
 Programme National de Mentorat sur le VIH-sida (PNMVS)
 Symposium sur les aspects cliniques de l'infection par le VIH

PROGRAMMING CONNECTION

Coast Mental Health, Vancouver
 Does HIV Look Like Me? International, Vancouver
 Immunodeficiency Clinic, St. Paul's Hospital, Vancouver
 PHS Community Services Society, Vancouver
 Positive Living BC
 Providence Health Care, Vancouver
 RainCity Housing, Vancouver
 Vancouver Coastal Health
 Vancouver Downtown Community Health Centre
 Vancouver Native Health Society
 Vancouver STOP HIV/AIDS Project
 YouthCO HIV and Hep C Society

RESEARCH

AIDS Committee of Toronto (ACT)
 BC Centre for Excellence in HIV/AIDS
 Canadian Aboriginal AIDS Network (CAAN)
 Canadian Association of HIV Research (CAHR)
 Canadian Foundation for AIDS Research (CANFAR)
 Canadian Institutes of Health Research (CIHR)
 Canadian Working Group on HIV and Rehabilitation (CWGHR)

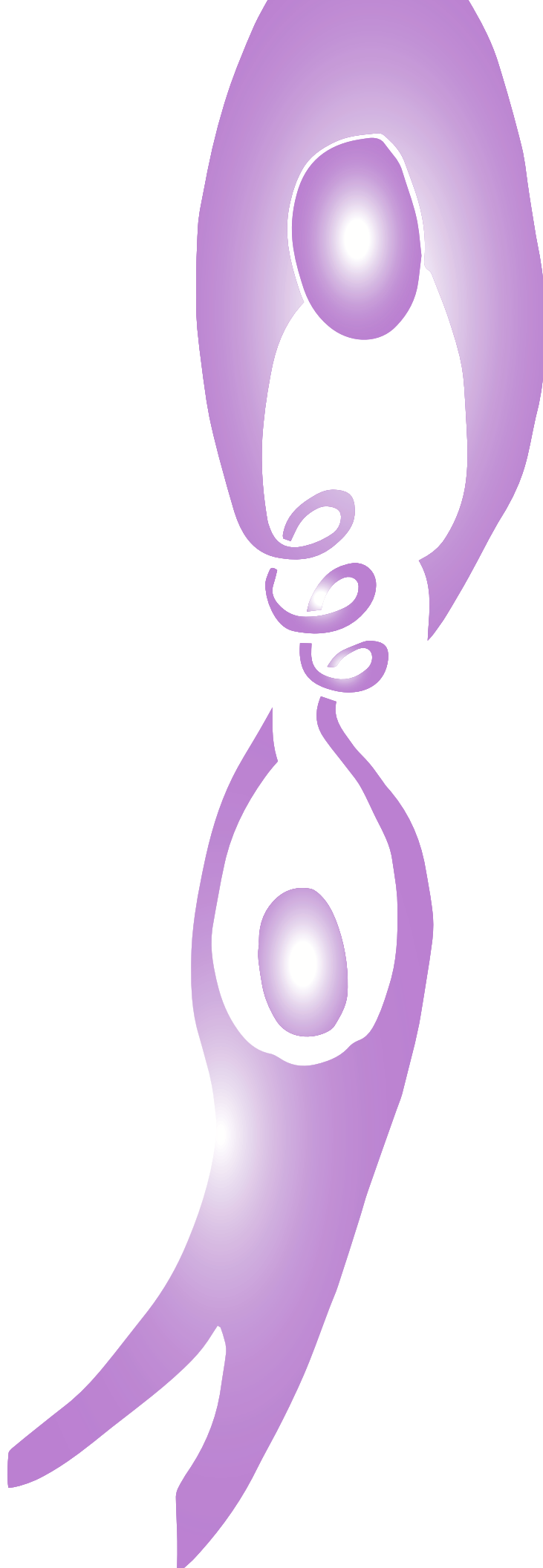
CIHR Canadian HIV Trials Network (CTN)
CIHR Centre for Research Evidence in Action
for Community (REACH)
CIHR Social Research Centre in HIV
Prevention (SRC)
Ontario HIV Treatment Network (OHTN)
St. Michael's Hospital, Toronto
South Riverdale Community Health Centre,
Toronto
University of Alberta
University of Toronto
University of Victoria
Universities Without Walls
Women's College Research Institute

WEBSITES

Canadian AIDS Society (CAS)
Canadian Association of Nurses in AIDS
Care (CANAC)
Canadian HIV/AIDS Legal Network
Ontario HIV Treatment Network (OHTN)
Le Portail VIH/sida du Québec
PositiveLite.com
TheBody.com
Toronto HIV/AIDS Network

CATIE Website Development

AIDS Committee of Toronto (ACT)
Canadian Aboriginal AIDS Network (CAAN)
Committee for Accessible AIDS Treatment,
Toronto
First Nations and Inuit Health Branch, Health
Canada, Halifax
Health Initiative for Men (HiM), Vancouver
Peel HIV/AIDS Network, Ontario
PositiveLite.com
Positive Women's Network, Vancouver
Queen West Community Health Centre,
Toronto
Regina Qu'appelle Health Unit
Saskatchewan Institute of Applied Science
and Technology
Toronto People with AIDS Foundation



CATIE by the Numbers, 2012-2013

6,821	Number of people reached through 189 educational sessions
374	Number of information resources CATIE produced/co-produced
51	Number of new titles added to the Ordering Centre
More than 1 million	Number of resources distributed through the Ordering Centre
2.1 million	Number of visits to CATIE's websites
6.9 million	Number of pages viewed on CATIE's websites
584	Number of HIV and HCV questions answered through CATIE's inquiry service
308,903	Number of e-mail contacts through which CATIE disseminated information
716	Number of likes on CATIE's Facebook page – a 70% increase from the previous year
1,000	Number of followers on CATIE's Twitter accounts – a 72% increase from the previous year
94%	Percentage of <i>CATIE News</i> readers who agreed or strongly agreed that they can use/apply the knowledge gained from the publication in their work/life.