

BUILDING. SHARING. LEARNING. WORKING.

Together.

ANNUAL REPORT 2013/14



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.

Inside

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.

Message from the Chair and Executive Director	2
CATIE Board of Directors, 2013/2014	4
CATIE Staff	5
BUILDING Together	6
SHARING Together	14
LEARNING Together	30
WORKING Together	36
Public Funders, Corporate Donors	40
Financial Information	40
CATIE Partners	41
CATIE by the Numbers	44

Together: Partnering for a robust, national response

Reflecting on how CATIE and many agencies across Canada work to effect a collaborative and effective national response to HIV and hepatitis C, the concept of bringing parts of a whole together readily comes to mind. And the familiar Aristotelian idea that 'the whole is greater than the sum of its parts' seems particularly apt.

The national partners, myriad frontline service providers, community-based organizations and healthcare practitioners, as well as researchers and government officials, all contribute to the national response. Through CATIE's long-standing and continued commitment to offer the front line opportunities for growth in scientific knowledge and service capabilities, we are actively responding to the need for health information. Knowledge exchange is, of course, very much a two-way street. At CATIE, we help facilitate a dialogue — and we all learn from, and are richer for, that communication. CATIE, for example, learns greatly from the field and incorporates those insights into the development of our own information resources and educational programs.

Much that happened during fiscal year 2013/14 emphasized the truly robust and changing nature of HIV and hepatitis C treatment and prevention issues. To name just a few significant markers:

- Research studies have demonstrated that effective antiretroviral therapy can greatly reduce viral load in a person living with HIV, and greatly reduce the risk of passing on the virus. Investigators of the breakthrough PARTNER study concluded that the overall risk of HIV transmission through condomless sex for couples in stable serodiscordant relationships (when the HIV-positive partner is on ART, receives regular HIV care, and has an undetectable viral load) is extremely low, but also cautioned that uncertainty over the risk of transmission remains, particularly over receptive anal sex, and that further follow-up research in MSM populations is essential to provide more precise estimates for transmission risk;
- With two new drugs approved for use as part of combination therapy for hepatitis C, other treatments are also waiting in the wings. These are exciting developments but there are uncertain issues surrounding cost and accessibility;

- Pre-exposure prophylaxis (PrEP) had already shown promising results in reducing the risk of infection from sexual exposure, but new research in 2013 also demonstrated that it is also effective at reducing the risk of HIV among people who inject drugs; and
- From national guidelines for HIV testing to best-practice recommendations for harm-reduction programs, 2013 was a good year for evidence-based approaches to HIV and hepatitis C.

Among CATIE's activities in the last fiscal year, highlights include: *The CATIE Forum*, which brought more than 300 professionals from across Canada together to investigate options for integrated treatment and prevention programming in HIV and hepatitis C; growth of our popular Learning Institutes that facilitate knowledge exchange from national and regional conferences to frontline communities; an expansion of our educational outreach to various ethnocultural communities to increase awareness of Hep C; and continued partnering with regional events across the country.



In the context of delivering information to specific audiences, we continue to partner with various organizations in the development of resources using the most appropriate language and images that resonate most clearly with their communities.

As the testimonials in this Annual Report attest, CATIE's communications and partnering have been well-received by the front line. Favourable results from the surveys and outreach evaluations we conducted last year also speak highly of our efforts (*See page 35*).

We thank all our partners for the generosity they continue to show us as we, together, build the resources and programs that position us for current and future challenges.

Laurie Edmiston

Patrick Cupido

CATIE Board of Directors, 2013/2014

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): Terry Pigeon, Susanne Nasewich, René Lavoie, John McCullagh, Darren Lauscher, Ken Bristow, Patrick Cupido, Hermione Jefferis, Lyle Watling. **Front row:** Trevor Stratton, Gerard Yetman, Haoua Inoua, Dr. Lynne Leonard. **Not pictured:** Stephen Alexander, Marcie Summers.

FIND US

555 Richmond St. W.,
Suite 505, Box 1104
Toronto, ON Canada
M5V 3B1

CONTACT

Tel: 1-800-263-1638
Fax: 416-203-8284
info@catie.ca

Charitable Registration
132258740 RR0001

www.catie.ca

CATIE 2013/14 Annual Report

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CATIE Staff, 2013/2014

Laurie Edmiston, Executive Director
Jacqueline Holder, Executive Assistant/Office
Manager

Communications and Social Marketing

Jim Pollock, Director, Communications and
Social Marketing
Andrew Brett, Specialist, Advertising and Digital
Marketing
Véronique Destrubé, Specialist,
Communications and Social Marketing
Joseph van Veen, Coordinator, Events and Event
Marketing

Information Technology

Michael Stringer, Manager, Information
Technology
Dapeng Qi, System Administrator and Developer
Matthew Watson, Online and Digital Media Editor

Knowledge Exchange

Tim Rogers, Director, Knowledge Exchange
Scott Anderson, Researcher/Writer,
Hepatitis C Program
Laurel Challacombe, Manager, Research/
Evaluation and Knowledge Management
Sean Hosein, Science & Medicine Editor
Zak Knowles, Web Content Manager
Debbie Koenig, Writer/Editor
Erica Lee, Information Specialist
Alexandra Martin-Roche, French Editor
David McLay, Manager, Publication Development



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

James Wilton, Coordinator, Biomedical Science of
HIV Prevention Project

Sophie Wertheimer, Regional Health Education
Coordinator (*Quebec*)

Operations and Resources

Barry Plant, Director, Operations and Resources
Maria Escudero, Bookkeeper
Flora Lee, Manager, Finance
Shamim ShambeMiradam, Program Assistant

Program Delivery

Michael Bailey, Director, Program Delivery
Melissa Egan, Regional Health Education Coordinator
(*Alberta, Manitoba, Saskatchewan*)
Thomas Egdorf, Regional Health Education
Coordinator (*New Brunswick, Newfoundland and
Labrador, Nova Scotia, Prince Edward Island*)
Barb Panter, Regional Health Education Coordinator
(*Ontario*)
Tsitsi Watt, Manager, Program Delivery

Program Development

Ed Jackson, Director, Program Development
Lara Barker, Interim Manager, Program Development
Logan Broecker, Researcher/Writer,
Treatment and Prevention Programming
Melisa Dickie, Manager, Program Development
Brittany Howlett, Resources Coordinator
Christine Johnston, Manager,
Community Prevention Programs
Jeff Rice, Coordinator, Hepatitis C Program
Fozia Tanveer, Coordinator, Hepatitis C Ethnocultural
Education and Outreach
Len Tooley, Coordinator, Community Health
Promotion Programming
Hywel Tuscano, Coordinator, Hepatitis C
Ethnocultural Education and Outreach Program

BUILDING. Together.

Integrating new research and approaches into frontline programs

There's a science and an art to bringing together disparate but related parts to form a fuller, more unified whole. That is clearly the case when it comes to developing and implementing programs when so many client needs must be juggled and accommodated — and those needs have become more numerous and complicated as the landscape of social circumstance and frontline service has evolved.

CATIE helps facilitate the knowledge exchange that brings the pieces of program design together and enhances the frontline response to the needs of those living with, or at risk of, HIV and hepatitis C.

We apply an evidence-based approach that can advance integration of interventions and program services across the full continuum of prevention, testing, treatment, care and support.

This past year, *The CATIE Forum* brought together frontline professionals from across Canada to share their experiences and discuss issues that inform policy and practice on the front lines. We integrated HIV and

hepatitis C information into various communications programs, reflecting a rise in demand for providing support for service providers whose clients are co-infected with HIV and Hep C. CATIE's ongoing connections with national, regional and local agencies have deepened our outreach and partnerships, spreading up-to-date information in new and innovative ways.

CATIE advances Program Science to strengthen HIV and hepatitis C programs

The discipline of Program Science uses research methods to help program planners and frontline workers improve the design, implementation and evaluation of their programs. It is ideally suited to developing holistic, client-centred programs through which multiple health factors are addressed in an integrated way.

Successful strategies for HIV and hepatitis C programming involve selecting and implementing an effective combination of interventions to meet the needs of specific communities. Program Science can provide important information about the effectiveness of individual interventions. Additionally, it can provide crucial information about the holistic aspects of a program, such as the mix of interventions, how they are combined or linked together, and how they are embedded within the broader healthcare system.



During the past year, CATIE has significantly expanded knowledge exchange in Program Science, as it is an approach that is becoming increasingly important for advancing the response to HIV and hepatitis C both in Canada and internationally:

- In the *Strengthening Programming* section of our website we added a new collection of links to key national and international resources for program planners and frontline workers;
- Our online *Programming Connection* now includes case studies of programs that were developed using Program Science;
- Through webinars and articles in *Prevention in Focus*, we discussed the implications of significant research findings for frontline programs in Canada; and

- The 2013 *CATIE Forum* provided a national forum on programming in Canada which incorporated a Program Science framework.

Advancing Program Science in Canada through knowledge exchange will continue to be a priority for CATIE for the next few years.

“CATIE is a crucial component to the work that we do. It would be a disservice to everyone if CATIE wasn’t available.”

- Anonymous survey respondent

Great strides integrating HIV and hepatitis C information

CATIE has been taking steps to fully integrate hepatitis C into its programs and information services since 2008 when we were first commissioned by the Ontario Hepatitis C Secretariat to develop a suite of varied Hep C resources. This past year, CATIE made great strides in this ongoing process.

The stepped-up integration of HIV and hepatitis C information reflects the information needs of the front line. CATIE's Program Delivery department has seen a great rise in demand for hepatitis C workshops from across the country as organizations increase their capacity to provide support for those who are co-infected with HIV and Hep C or living with Hep C. A foundational Hep C workshop is now a standard CATIE offering and has been presented at a number of CATIE regional conferences as well as at harm reduction conferences this past year. CATIE also organized a Learning Institute at both the Hepatitis C Symposium in Montreal and at the 3rd Canadian Symposium on HCV in Toronto.



There are many instances where CATIE has enhanced, and made more accessible, Hep C information:

- Content of the once-separate www.hepCinfo.ca site has been integrated into www.catie.ca, creating a one-stop access point for information on either HIV or Hep C;
- Resources for both Hep C and HIV are jointly available through one simple ordering process in the Ordering Centre;
- CATIE information tables at workshops and conferences always showcase both HIV and Hep C resources;
- Sage, the new digital repository for resources useful to community groups developed during the past fiscal (see page 29), will be open for posting of both HIV and Hep C documents and will be promoted to both HIV and HCV-focused organizations;
- *TreatmentUpdate* and *CATIE News* now also cover the latest developments in Hep C treatment and our communication vehicle *The CATIE Exchange* covers both hepatitis C and HIV resources and events;

“Thank you for all the resources that you and your team provided us with. I was touched by one of our members who attended our workshop, who told us how these resources played such an important role in the lives of her community and family. On behalf of our team and our community members, we really thank you.”

- Ordering Centre customer, Toronto

- The national web listing portal ASO411.ca, a joint partnership with the OHTN and the Toronto HIV/AIDS Network’s Information Access Working Group, has been expanded to include organizations across Canada that provide hepatitis C services and resources. It has been renamed HIV411.ca and HCV411.ca (see page 29).

Increasingly, when CATIE develops client and service provider resources, hepatitis C information will be included with HIV information (and vice versa) when it makes sense for the target audience. This year, for example, *Pre-fix*, a plain-language client resource for people who use drugs and are HIV-positive, was expanded to include people who use drugs and are HCV-positive.

↓ CATIE’s range of resources includes numerous items related to both HIV and hepatitis C.



“CATIE is a fantastic partner. It also helps to ensure that we are providing consistent information across the country.”

- Anonymous survey respondent

300-plus gather at The CATIE Forum to discuss integration

Following the success of CATIE's first knowledge exchange forum in 2011, *The CATIE Forum: New Science, New Directions in HIV & HCV*, held September 18-19, 2013 in Toronto, focused on the integration of HIV and hepatitis C programs and services. It provided the more than 300 attendees from across the country with the opportunity to learn about programs related to prevention as well as programs targeting people living with, and at risk of, HIV and hepatitis C.

The CATIE Forum's agenda took a Program Science approach which applies an integrated strategy to health system programming. Research has demonstrated that more efforts made to ensure engagement and linkages across the full continuum of integrated services, including prevention, testing, treatment, care and support, will result in more effective client-centred programming.



Building on the previous year's successful *Deliberative Dialogue on Integrated Approaches to HIV Treatment and Prevention*, the Forum — CATIE's largest conference to date — brought together 320 people from across Canada representing a broad range of frontline service providers, researchers, public health workers, policy makers and people living with HIV and/or hepatitis C.

Discussions centred around four aspects of program integration: biomedical information into programming; prevention, testing, treatment and care & support efforts and approaches; HIV and hepatitis C in health services and systems; and HIV and hepatitis C services into a broader 'sexually transmitted and blood-borne infection' (STBBI) approach.

The purpose of the Forum was to:

- Enhance understanding of the programming implications of new biomedical research, including new approaches to the integration of prevention, testing and diagnosis, treatment, and care and support services;

- Encourage more effective responses to HIV and hepatitis C through the sharing of promising models of treatment and prevention service integration and program collaboration;

- Increase understanding of HIV and hepatitis C service delivery within a broader sexually transmitted infections/blood-borne infections (STBBI) framework.

↓ One of the key themes at *The CATIE Forum: Partnerships and collaborations will play a major role in moving forward with integrated programming approaches.*



↑ Forum plenaries were telecast and recorded for later viewing on the CATIE website.

CATIE helped Forum participants prepare for the conference by presenting eight pre-Forum webinars, four in English and four in French, which highlighted aspects of program integration.

Throughout the Forum's nine plenary sessions and 10 concurrent sessions, more than 70 presenters from different parts of the country talked about their particular programs through the lens of integration. Topics ranged from integration for community services; integration for health systems; challenges of integrating new knowledge of sexual risk into communication of prevention strategies; challenges of integrating Hep C into HIV organizations; testing strategies for reaching people who don't know their status; peer mentoring and health navigation programs; nurse and other healthcare provider education; and what integrated services would look like for

different communities, including people living with HIV or HCV, gay, bisexual and other men who have sex with men, women and Aboriginal peoples.

Several themes emerged from the Forum overall. These included:

- While diverse, all regions of Canada face similar challenges;

- Accurate, up-to-date information to guide our work is very important;

- Meaningful engagement of people living with and affected by HIV and hepatitis C is extremely valuable; and

- Partnerships and collaborations will play a major role in moving forward with integrated programming approaches.

In the coming years, CATIE will continue to take a leadership role in helping the HIV and hepatitis C sectors in Canada learn more about the implications of Program Science and health-system integration.

A full meeting report from the Forum, the eight pre-Forum webinars, and the video recordings and slides from the plenary sessions, are all posted for ongoing viewing on the website at www.catie.ca/en/forum.

“Hi Joseph [van Veen]. Thanks again for organizing a wonderful forum, and for providing the opportunity for me to attend. It was wonderful to participate in the forum, and to catch up with CATIE staff, and colleagues from across the country! Kudos to ALL the CATIE staff for facilitating another amazing educational experience for those of us in ‘the community’.”

- Bronwyn Barrett, Support Program Coordinator, Positive Women’s Network

**Thank you, CATIE
Forum partners!**



The Forum was organized with the collaboration of a number of national organizations, including (in alphabetical order) Action Hepatitis Canada (AHC), Canadian Aboriginal AIDS Network (CAAN), Canadian Association of Nurses in AIDS Care (CANAC), Canadian Association of Hepatology Nurses (CAHN), Canadian Association for HIV Research (CAHR), Canadian Institutes of Health Research, Canadian Public Health Association (CPHA), Canadian Working

Group on HIV and Rehabilitation (CWGHR), Interagency Coalition on AIDS and Development (ICAD), along with a number of pharmaceutical sponsors. We also partnered with the Ontario HIV Treatment Network (OHTN) to provide live telecasting of the *CATIE Forum* plenary sessions.

Community connections spread news on enhanced Hep C treatments

2013/14 saw the appearance of more effective treatments for hepatitis C, with shortened treatment times as well as fewer and less severe side-effects, and CATIE continued to enhance its efforts to provide timely Hep C information to frontline service providers.

CATIE's Program Delivery department pilot-tested and added a Hep C treatment workshop as one of its core educational offerings. In addition, we conducted a

hepatitis C treatment scoping exercise to determine how Hep C treatment clinical services are being carried out across each of the provinces and territories. As a result, we identified and added a number of Hep C treatment clinics to the Waiting Room Information Program (WRIP) to ensure that the latest Hep C resources are made available to their clients. Also, we provided new treatment information to the community via CATIE's bi-weekly, electronic *Hep C Info Updates*, updated the Treatment section of the website to reflect the new information, and added several new client print resources to the Ordering Centre.

CATIE maintained contact with the National CIHR Research Training Program in Hepatitis C (NCRTP-HepC) by working closely with the organizers of the

3rd Canadian Symposium on HCV, which is the annual, national event on HCV research in Canada. CATIE offered opportunities for community members from across the country to attend through involvement in a CATIE Learning Institute, as well as a CATIE-organized "Hep C Patient Journey Across the Regions" event. CATIE also participated in the related Canadian Association of Hepatology Nurses (CAHN) Education Day and the Canadian Association for the Study of the Liver (CASL) Annual Conference, strengthening our connections with both organizations. In July 2013, CATIE partnered with local Toronto groups to support a community health fair to mark World Hepatitis Day.

CATIE continued to provide Secretariat support for teleconferences and meetings of Action Hepatitis Canada (AHC), the re-named Canadian Coalition of Organizations Responding to Hepatitis B and C. Towards year end we agreed to take on an expanded commitment to manage coordinated fundraising efforts with the pharmaceutical industry on AHC's behalf. This new energy and organization couldn't come at a better time, with major changes in treatment options for Hep C now becoming available.

↓ Cheryl Reitz, a volunteer at Hep C BC and a Member-at-Large of the AHC Executive, and Barb Panter, CATIE's Regional Health Education Coordinator for Ontario, at the Hep C Patient Journey evening during the 3rd Canadian Symposium on Hep C.



SHARING. Together.

Collaborating to produce information resources

In the year that our flagship publication *TreatmentUpdate* reached its milestone 200th issue, we are given pause to remind ourselves that CATIE's foundational role is collecting, analyzing and sharing information. That hasn't (and won't) change. What constantly evolves, however, are the ways in which we share that information.

The very act of sharing information helps to build and sustain a community. And today, we build community as much with bytes, tweets and digital imagery than with printed pages and face-to-face meetings.

Regardless of the medium used, the key is that we communicate clearly. Effectively. In 2013/14, our box of communications tools broadened considerably. In the more traditional print medium, we partnered with 45 leading HIV and hepatitis C organizations across the country to develop and disseminate publications that support frontline organizations in educating Canadians on HIV, hepatitis C and sexual health. CATIE also made significant movement toward producing graphic-based, plain-language resources for clients, as well as partnering with other organizations

to create fun, interactive resources on HIV and hepatitis C prevention — important approaches, especially when reaching out to communities where there may be language or communications barriers.

Our digital tools take on many different forms: e-mail news bulletins to a growing subscriber base; a totally revamped website; suites of webinars people can access at their leisure; a vibrant social media platform that is building an impressive digital community; and partnerships to develop two online resources that share program information among frontline service organizations and provide information about the location of frontline services.

The Positive Side: Giving voice to people with HIV

CATIE's beloved publication *The Positive Side* continues to connect people living with HIV with information they're looking for and stories they can relate to. One loyal reader recently told us that he reads every issue cover to cover. Another wrote: "Your magazine makes living with the consequences of HIV easier."

This past year, *The Positive Side* delivered practical information on health supplements, superfoods, screening tests, and how serodiscordant couples are navigating safer sex. We covered cure research and peer navigation programs. We offered readers expert advice on how to cope with anxiety, cut stress and nurture their emotional health. And we continued to tell the stories of remarkable individuals living with HIV.

"Your magazine makes living with the consequences of HIV easier."

- *The Positive Side* reader

For example, long-term survivor Robert Bardston shared how his love and talent for music took him from the projects of Louisville, Kentucky to being a virtuoso cellist in Medicine Hat, Alberta, where he now advocates for others living with HIV. For Bardston, "music made the difference." We also showcased the inspiring stories of three entrepreneurs who launched their own startups—projects by PHAs, for PHAs.



200th milestone plus HIV drug side effects guide head up notable publications

This past fiscal, CATIE strove to balance a focus on its core strength of providing unbiased, accurate and up-to-date information on HIV and hepatitis C with new work that expands our offerings geared toward clients who prefer graphic-based information and to frontline service providers.

“I think CATIE covers a lot and is very connected to the needs of People living positive.”

- Anonymous survey respondent

“CATIE has always been GREAT at providing services. Customer care is always at a high standard and materials arrive quickly.”

- Anonymous survey respondent

The organization marked the publication of the 200th issue of *TreatmentUpdate*, CATIE’s flagship digest on cutting-edge developments in HIV and hepatitis C research and treatment. The issue focused on what is perhaps the most fundamental change in HIV since the first issue of the digest was published in 1989 – the long life expectancy people with HIV can now often look forward to. The issue says studies suggest that a young adult in their 20s who is recently infected and diagnosed and who enters care and treatment, and who does not have addiction issues, is expected to live into their 70s. (For more, see *TreatmentUpdate reaches 200*, pg. 18.)

CATIE News and *HepCInfo Updates* continued to provide rapid, succinct reports on advances in the fields of HIV and hepatitis C as they unfolded throughout the year. We updated and expanded our collection of fact sheets to reflect our current understanding of topics such as pre-exposure prophylaxis, the epidemiology of HIV among youth in Canada, HIV viral load, HIV treatment and sexual transmission of HIV.

The year also saw the print and online launch of a completely updated edition of *A Practical Guide to HIV Drug Side Effects*. The resource, which forms the core of our online information on the topic, contains practical information and tips on dealing with short-term side effects that can arise with HIV treatment. We also developed a new series of hepatitis C key messages and updated our web content on living with Hep C.



CATIE also made significant movement toward producing graphic-based, plain-language resources for clients. The new edition of *Pre-fix*, our guide to healthy living with hepatitis C or HIV for people who inject drugs, took on a bold new form. After updating the original resource to target service providers in 2012, this year we produced two accompanying client resources: *What Works*, a guide to healthy living, and *Treat Me Right*, the basics of hepatitis C or HIV treatment. Both resources are plain, simple and full of graphics, ensuring that key messages are understood by all. Development of the client resources included extensive community consultation in several regions across the country.

Our partnered publication development work (see pg. 19) added several fun and interactive resources on HIV and hepatitis C prevention—including a board game on sexual health and cartoon robots who know how to avoid Hep C.



Finally, CATIE continued to expand its offerings for service providers. Two issues of *Prevention in Focus* offered practical information on a range of topics of relevance to workers on the front lines of the HIV epidemic. The organization also initiated a partnership with Prof. Joanne Otis at the Université du Québec à Montréal (UQÀM) to produce an English translation of the facilitator’s guide for their *Pouvoir partager/ Pouvoirs partagés* project, which engages HIV-positive women in a series of workshops to help them navigate issues and concerns regarding HIV disclosure.

“I’m not sure how you could improve your organization, it already meets my needs as a healthcare professional.”

– Anonymous survey respondent

“You and CATIE have been wonderful and an honour to work with.”

– Karen Dennis, Executive Director, Victoria AIDS Resource & Community Service Society

TreatmentUpdate reaches 200

Through the pages of *TreatmentUpdate*, the internationally-recognized research newsletter, CATIE's Science and Medicine Editor Sean Hosein has chronicled the evolution of HIV/AIDS and the progress of treatments from a community devastated by the disease in the 1980s to one many years later living with the complications of a manageable, chronic ailment.

As a volunteer at the Toronto-based activist organization AIDS Action Now! in the '80s, a 23-year-old Hosein set about doing his research for the news bulletin. After humble beginnings as a leaflet printed out of his uncle's basement, the publication attracted a dedicated following, grew over the years, became a communications vehicle of CATIE's and reached, during this past fiscal, the milestone of its 200th issue.

Reflecting on those terrifying early days and the subsequent advances he was able to report on, Hosein says: "Somehow, the research and the writing kept me going. I witnessed a lot of misery and loss, but focusing on what I could find, and what we could do as a community with that

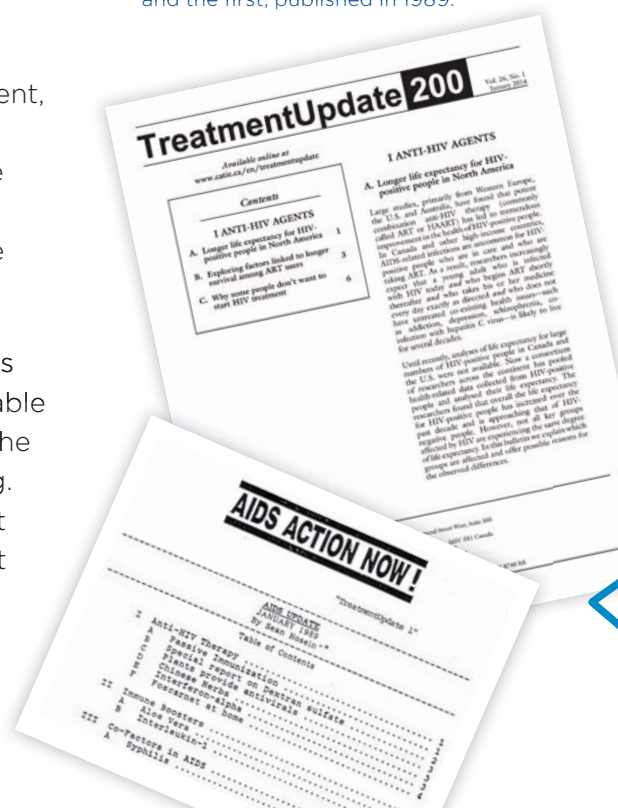
information, gave me hope." He adds: "There is still much to learn and, as drugs improve, more good news to report."

Commemorating *TreatmentUpdate*'s milestone, Hosein was interviewed by the Toronto radio station ProudFM and PositiveLite.com.



↑ Sean Hosein, CATIE's Science and Medicine Editor, in 1992; Hosein today.

↓ The 200th issue of *TreatmentUpdate* and the first, published in 1989.



“Congrats, Sean, and thank you for all your hard work over the years. I feel so lucky to still be here. Your work has been instrumental in keeping people like me alive.”

- Maggie Atkinson, BA, LLB, LSM, O.Ont, Lawyer and AIDS activist.

“Hi Sean. Congratulations on hitting this amazing milestone!!!! You continue to amaze and inspire me!”

- Alice Tseng, B.Sc.Pharm., Pharm.D., FCSHP, AAVHIP, HIV Pharmacotherapy Specialist, Immunodeficiency Clinic, Toronto General Hospital

CATIE Ordering Centre: More than a million resources to the front line

The CATIE Ordering Centre provides resources free-of-charge to AIDS service organizations, healthcare providers and other frontline service workers across Canada. In 2013/2014, CATIE worked with more than 45 leading HIV and hepatitis C organizations to develop and disseminate publications that support frontline organizations to educate Canadians on HIV, hepatitis C and sexual health. CATIE ensures that the resources available through the Ordering Centre are current and produced by organizations with expertise in the topic area. All orders received via the CATIE Ordering Centre website and phone line are processed by CATIE's bilingual Resources Coordinator and shipped for free anywhere in Canada.

The collection: CATIE's comprehensive collection of print resources is designed to meet the information needs of organizations serving diverse communities affected by HIV and hepatitis C across Canada. In addition to brochures and

reports, resources available for order also include dynamic games, postcards, posters and DVDs that cover sexual health topics relevant to specific populations.

This year, there were 50 new titles added to the collection: 23 originated from organizations across the country, two were nationalized in partnership with CATIE, and 25 were developed in-house by CATIE. In total, the CATIE Ordering Centre now offers more than 300 resources, most of which are developed by community organizations.

The service: CATIE welcomes organizations to call or e-mail our bilingual Resources Coordinator, who is available to help them determine which resources are best suited to their information needs. All orders for resources may be placed through the CATIE Ordering Centre website or by phone. CATIE guarantees delivery of resources within seven to 10 business days to any location in Canada. To ensure communication with frontline organizations, CATIE's *Ordering Centre Quarterly Update* is sent electronically to more than 2,000 Ordering Centre users to keep them informed of new print resources available for order.

Reach: Over the past year, a wide range of community stakeholders from across Canada accessed the Ordering Centre;

there were 4,313 orders placed by organizations and individuals and close to one million items were distributed.

An average of 16 orders are processed each day. Frontline organizations that use the Ordering Centre include community health centres, clinics, public health units, AIDS service organizations, corrections facilities, schools and universities.

**“Thank you so much!
We use these resources
all of the time for PD
sessions for teachers.”**

– Educator, St. Stephen, NB



↑ Brittany Howlett (left) and Melisa Dickie showing resources from the CATIE Ordering Centre.

Top 10 HIV and Hep C Research News from 2013

What were the most notable HIV and hepatitis C research stories from 2013? We compiled a list of the year's top 10 stories from *CATIE News*, then put it to a vote on catie.ca to see what ranking readers chose. Here are their choices:



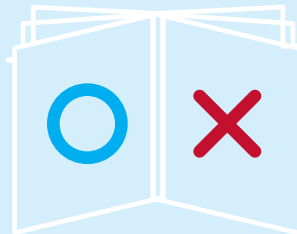
Hepatitis C treatment getting easier

In the past year, two new drugs for use as part of combination therapy for Hep C were approved – sofosbuvir (Sovaldi), and simeprevir (Galexos). Look for more approvals next year.



A cure for HIV? Fact and fiction

Media attention in 2013 focused on reports that a baby had been “functionally cured” of HIV and a claim that Danish researchers were on the brink of a cure for HIV – both stories that had been widely misreported. However, many other stories showed promise in HIV cure research this year, such as the Visconti study in France and other studies covered in *Treatment Update 196*.



Canadians' awareness of HIV lower than 10 years ago

Sixty-one per cent of Canadians said they had low or medium knowledge of HIV/AIDS according to a survey conducted for the Public Health Agency of Canada. Only 39 per cent felt they had high knowledge of HIV/AIDS, a decrease from 46 per cent in 2003. The survey found that knowledge of hepatitis C is even lower, with 86 per cent feeling that they are not knowledgeable or moderately knowledgeable about the virus.



New evidence-based approaches to HIV and hepatitis C

From national guidelines for HIV testing to best-practice recommendations for harm reduction programs, 2013 was a good year for evidence-based approaches to HIV and hepatitis C.

The Public Health Agency of Canada's new HIV testing guide included recommendations to promote HIV testing during routine medical care. Quebec's Ministry of Health and Social Services released an interim opinion on pre-exposure prophylaxis. A cross-Canada team of harm reduction experts produced a set of best-practice recommendations. And the Canadian HIV Trials Network published treatment guidelines for people co-infected with HIV and hepatitis C.

5

'Treatment as prevention' put to the test

Research studies have demonstrated that effective antiretroviral therapy can greatly reduce viral load in a person with HIV and greatly reduce their risk of passing on the virus. With this knowledge, the B.C. Centre for Excellence in HIV/AIDS has advocated a "treatment as prevention" approach: expanding access to HIV treatment to also reduce the spread of the virus.

This year, the theory was put into action in many jurisdictions around the world - with some successes and some lessons learned - and based on the results of British Columbia's own three-year pilot project in Vancouver and Prince George (Seek and Treat for the Optimal Prevention of HIV, or STOP), the program was expanded across the province.

6

Experts say baby boomers should be tested for hepatitis C

With an estimated one out of every 33 baby boomers in Canada living with hepatitis C, Canadian liver specialists recommended the development of a national strategy to screen baby boomers for hepatitis C.

7

HIV raises heart attack risk by 50 per cent

In 2013, U.S. researchers concluded that HIV increases the risk of heart attack by 50 per cent, even among people who do not smoke tobacco, use substances or have other health conditions.



8

Syphilis on the rise across Canada

Over the past decade (from 2000 to 2010), syphilis rates in Canada have skyrocketed - a 910 per cent increase. The higher rates of syphilis may be furthering the spread of HIV, and the epidemic is disproportionately affecting people living with HIV. Frontline service providers across the country responded to these epidemics with awareness-raising and testing campaigns.

9

PrEP can prevent HIV in injection drug users

Pre-exposure prophylaxis (PrEP) - when an HIV-negative person takes antiretroviral drugs prior to a potential exposure - has already shown promising results in reducing the risk of infection from a sexual exposure. But new research in 2013 demonstrated that PrEP is also effective at reducing the risk of HIV among people who inject drugs.



10

Liver cancer among the fastest-growing cancers

Liver cancer is the second fastest-growing cancer among Canadians, tripling among men and doubling among women since 1970. The main risk factors for liver cancer are chronic hepatitis B and C infections.

WRIP sites expand to 89 nationwide

The goal of CATIE's Waiting Room Information Program (WRIP) is to ensure that HIV and hepatitis C clinics across the country are able to access and share the most up-to-date HIV and Hep C treatment and healthy living print publications for their clinical teams and clients. WRIP sites are outfitted with a display stand that allows easy access to Ordering Centre publications in waiting rooms. This past year, CATIE has continued to expand the scope of WRIP to hepatitis C treatment clinics across Canada, with five new sites added in hepatitis C clinics. Additionally, three sites were added in HIV clinics, bringing the total to 89 sites nationwide.

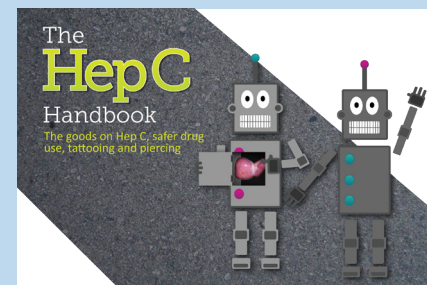
→ A selection of resources produced with various partners through CATIE's publications-development program. The publications (clockwise from lower-left) are: *Legal and Clinical Implications of HIV Non/disclosure* [partnered with the Canadian Association of Nurses in AIDS Care]; *The Hep C Handbook* [YouthCO HIV & Hep C Society]; *HIV Disclosure: a legal guide for gay men in Canada* [HIV & AIDS Legal Clinic Ontario (HALCO) and Ontario's Gay Men's Sexual Health Alliance (GMSH)]; and *Who's got the Condom?* [Chee Mamuk, YouthCO and 2-Spirited People of the 1st Nations].

“Thanks to you and your team at CATIE for making these resources available. You made my job easier.”

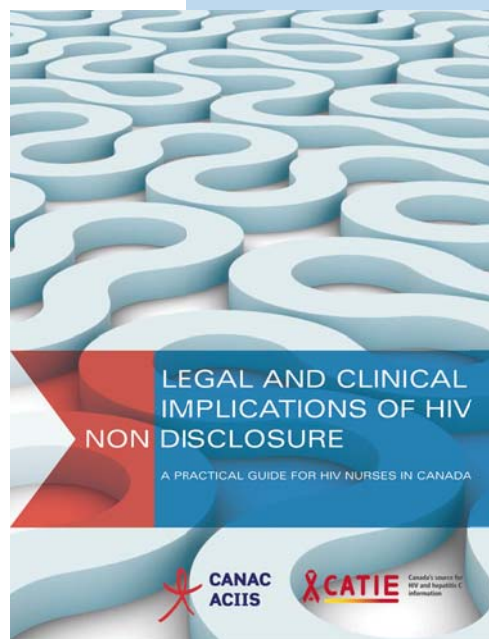
- Education and Outreach Worker, Bramalea, ON

“We greatly appreciate all the free materials. I will be making a big order soon. Thanks again.”

- Kevin Manders, Peer 2 Peer Coordinator, Vancouver Coastal Health, Robert & Lily Lee Family Community Health Centre, Sturgeon Lake Health

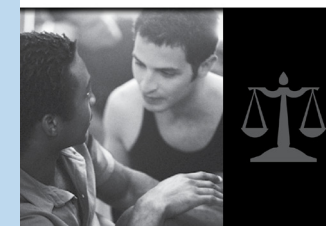


Resource Partners



HIV disclosure:
▶ a legal guide for gay men in Canada

**UPDATED LEGAL INFORMATION
MAY 2013**



Prevention in Focus: Spotlight on programming and research

In 2010 CATIE launched a new publication aimed at translating HIV and hepatitis C prevention and programming research for people who work on the front lines of our response to HIV and hepatitis C. *Prevention in Focus: Spotlight on programming and research* is an online biannual publication highlighting evidence-informed prevention programs and translating research in areas such as biomedical approaches to prevention, testing and population-specific prevention topics.

The Spring 2013 issue of *Prevention in Focus* featured the following topics:

- HIV home-based testing: Potential benefits and ongoing concerns
- HIV prevention and trans people: What the Trans PULSE Project can tell us
- New best-practice guidelines for harm reduction programs promote needle distribution

- Unknown, negative or positive? Using knowledge of HIV status as an HIV prevention strategy

- Moving PrEP into practice: an update on research and implementation

Over the past four years, *Prevention in Focus* has continued to expand its readership and reach. The number of web visits to *Prevention in Focus* increased by 670 per cent over that period, reaching 185,000 visits in 2013/14. E-mail subscribership has increased by almost 1,075 per cent since the first issue, with just over 2,000 current subscribers. In the past year alone, web visits went up 35 per cent and subscribership increased by 13 per cent.

Prevention in Focus will continue as CATIE's premier knowledge translation and exchange vehicle for HIV and hepatitis C prevention and programming research.

“Scott [Anderson], well done on the article ‘Staying Safe: what people who inject drugs know about preventing Hep C and HIV.’ I look forward to more meaningful conversations with injection drug users here in Yukon thanks to this article.”

– Lauren Passmore, Rural Partnership Coordinator, Blood Ties Four Directions Centre, Whitehorse

Prevention in Focus
Spotlight on programming and research

What *Prevention in Focus* subscribers say

90%
reported “topics [are] relevant to them”

98%
reported “an increase in knowledge of HIV and/or hepatitis C prevention”

Almost **90%**
reported they “used information to educate a variety of audiences”

Almost **80%**
used information to “change programming in their organization”

Source: CATIE online survey, 2012-13

Programming Connection: Reshaped to present themed case studies

This fiscal, *Programming Connection*, CATIE's online toolkit of case studies highlighting promising programs, rethought its approach. We sought to apply a more integrated, systemic approach to the selection of case studies to support CATIE's wider organizational goal of strengthening HIV and HCV programming across Canada.

In future, case studies will be selected that follow clients along the continuum of care — that is, prevention, testing, treatment, care and support. At each step along this client journey, we will highlight a group of innovative Canadian programs that use different client-centred approaches to reduce health system barriers. Areas of focus will include peer health navigation, HIV rapid testing and contact tracing. Between two and four programs will be spotlighted for each approach, allowing programmers to see how different communities are adapting similar strategies to their own needs.

Each program selected will aim to demonstrate one or more forms of integration — integration of biomedical knowledge into programming, integration across the four components of the continuum of care, and/or integration of HIV/HCV services with other services.

The structure of the case studies is also being reviewed to reduce length and provide clear signposts for ease of reading while still maintaining the most useful content for programmers. Instead of releasing case studies individually as we have done in the past, we will now package and promote several case studies together.

This year, we pilot-tested this thematic packaging with the release of case studies which highlight three support programs using a health navigation approach.

Positive Living B.C.'s *Peer Navigation Services* (Vancouver), ASK Wellness Centre's *Chronic Health Navigation Program* (B.C. Interior), and Regina Qu'Appelle Health Region's *Peer-to-Peer Program* (Saskatchewan) all work to improve access to healthcare for people living with HIV.

Finally, CATIE began work on a series of research reviews that describe the evidence related to the programming approaches we spotlight. While we will continue to highlight the available evaluation data from individual programs, in future we'll also compile and review the international research on similar approaches. The first evidence review, which will outline the research on health navigation programs, will be published in July 2014.

Programming Connection
Shared experience. Stronger programs.

“Continue to produce and provide access to current, creative and relevant materials. We are always looking for meaningful, accurate and new ways to get information to clients and to keep ourselves well informed!”

- Anonymous survey respondent

2013/14 survey confirms new website is a hit

Following a major renovation of our website, www.catie.ca, we sought user feedback during the past fiscal year to determine what people thought of the new site.

In an online survey conducted in the summer of 2013, visitors noted it was very user-friendly. Specifically, they told us that the website is easy to use, (reported by 92 per cent of respondents); that the search tool helps them find the information they are looking for quickly (87 per cent), and that the information on the site is organized in a way that helps them find the information they need quickly (83 per cent).

“I find this website very educational for both my clients and myself to better serve them.”

– Anonymous survey respondent

Visitors also reported that the website has good credibility (97 per cent) and that it provides relevant, up-to-date information (97 per cent).

Survey results provided insights into how the new website facilitated knowledge exchange and frontline application. Ninety-four per cent of respondents reported increased knowledge of HIV and hepatitis C due to information accessed on the website; 96 per cent had used the information to educate or inform others and 67 per cent had used the information to impact programming.

In the last year we made further improvements to enhance the *Strengthening Programming* section of the website by offering visitors easy access to more guidelines and tools needed to develop and enhance their programs.

“As a newly diagnosed, 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.”

– K, Vancouver

The evaluation also told us that almost two-thirds of website visitors work from an integrated sexually transmitted and blood-borne infections (STBBI) framework. This confirmed the importance of continuing to develop the CATIE website by adding more hepatitis C information. The site is now truly integrated, providing a one-stop-shop for HIV and hepatitis C service providers and their clients. If you have suggestions to help us make the website even better, please contact Zak Knowles, CATIE’s Web Content Manager, at zknowles@catie.ca.

Strides in social media raise CATIE's profile

As more Canadians look online to find health information, and as more use social media to share information with their networks, CATIE has adapted to this new reality by expanding and improving our online marketing.

Growing social media

CATIE's audience has grown exponentially on the most popular social media platforms in Canada, Facebook and Twitter. On Facebook alone, our audience has nearly tripled over the past year. At the 2013 *CATIE Forum*, attendees brought the event live to Twitter, tweeting and re-tweeting 681 times on the #CATIEforum hashtag.

As smartphones increasingly become the norm in Canada, there is a growing demand for visual content on social media: photos, images and infographics. Working with graphic designers this past year, we transformed our online information and print resources into shareable infographics, images on Instagram, and videos on YouTube.

Directing search traffic to the CATIE site

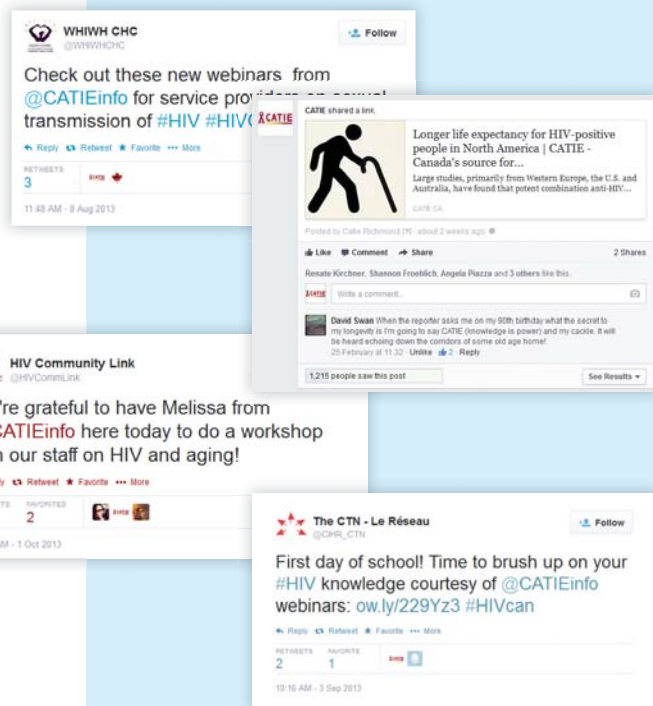
Seventy per cent of Canadian home Internet users search for their health information online. With more than 80 per cent of searches starting on the Google search engine, we want to ensure that those Internet users seeking health information about HIV and hepatitis C are directed to our site where they can find accurate and unbiased information.

To that end, we are using advertising space on the Google search-results pages to raise the profile of CATIE as an information source. These ads have brought an additional 24,000 visits to the CATIE website, with over 80 per cent of these being new visitors who had never been to our website before.

Evaluating and improving online campaigns

It's not easy to quantify the impact of an advertisement in a magazine or on a billboard. Measuring the success of marketing campaigns has traditionally relied on surveys, estimation and a certain amount of guesswork. With new analytics tools, evaluation of online campaigns has become much more precise.

We have more information than ever before on how many people are engaging with our online campaigns – liking our posts, clicking through to our website, and sharing our information with their networks. We are able to identify what kinds of resources appeal to different demographics, and we use this information to better reach our target audiences.



Social Media Stats

2013-2014 compared to 2012-2013

Grow

 **Twitter followers:**

2x

(2,202 up from 1055)

 **Facebook fans:**

4x

(2,836 up from 723)

Reach

 **YouTube views:**

4x

(2,005 up from 510)

 **Google ad views:**

4x

(2,428,315 up from 602,172)

Engage

 **Shares on Facebook:**

3x

(1,264 up from 385)

 **Likes on social media posts:**

4x

(2,341 up from 598)

Social Media Comments



When the reporter asks me on my 90th birthday what the secret to my longevity is, I'm going to say CATIE (knowledge is power) and my cackle. It will be heard echoing down the corridors of some old age home!

- David Swan, Vancouver

Harm reduction folks! New best practices from @CATIEinfo to help you in your jobs

- Canadian HIV/ AIDS Legal Network

Wish I was at the #CATIEforum on new directions in HIV and hepC prevention. Thankfully, it's being webcast!

- Chris Boodram, Ottawa

First day of school! Time to brush up on your HIV knowledge courtesy of @CATIEinfo

- The CTN - CIHR Canadian HIV Trials Network

Improved webinars broaden content scope and enhance delivery

CATIE continued to expand our use of live and recorded webinars to deliver relevant information to select audiences. Recordings of all webinars, along with PDFs of the slides and additional resource lists, have been made available on CATIE's website. Our experience with providing successful webinars provided a solid beginning to CATIE's move toward a more integrated Blended Learning framework, being developed during 2014/15, that mixes various forms of learning to better tailor educational opportunities to learners' needs and contexts.

In the *Sexual Transmission of HIV* webinar series, we provided an in-depth overview of HIV's biological journey from sexual exposure to infection, followed by a second webinar exploring challenges and approaches to communicating sexual HIV transmission risk. We also offered CATIE's *Building Blocks* webinar series, which introduced and explained some of the basic terms and concepts about HIV and hepatitis C.



↑ Key CATIE people overseeing content development for online projects (from left): **BACK ROW** - Zak Knowles, Web Content Manager; Lara Barker, Manager, Program Development; Matthew Watson, Online and Digital Media Editor; **FRONT ROW** - Erica Lee, Information Specialist; Brittany Howlett, Resources Coordinator; and Andrew Brett, Specialist, Advertising and Digital Marketing.

The series focused on how these viruses affect the body, how they are diagnosed, and how treatment works. Each webinar was a summary of the key information and content presented in CATIE's more in-depth educational workshops conducted across the country.

Other webinars held included five offered in both English and French to prepare participants for *The CATIE Forum* in September 2013, a webinar promoting the recently-released best-practice recommendations for the delivery of harm reduction programming, and national Hep C-focused webinars that featured a report-back from the 2nd Canadian Hep C Symposium on new developments in Hep C research.

“What an excellent job you guys have done in the latest edition of *Prevention in Focus* and in the webinars on HIV transmission and communicating risk. I am using [the articles] as a tool with frontline workers, public health nurses and community organizations. I have also suggested them to two teachers that give a class on STIs. The webinars are clear, well explained and cover the topics brilliantly. Well done!”

- Riyas Fadel, ministère de la Santé et des Services sociaux, Québec

A resource-sharing community for Canadian HIV and Hep C service providers

Sage is a new online tool to help frontline workers build stronger programs in HIV and hepatitis C by sharing information and resources with one another. It was developed in partnership with the Canadian AIDS Society and the Canadian HIV/AIDS Legal Network.

Sage is community-driven. Organizations that join *Sage* can upload resources to share with anyone on the Internet or just with other members. Uploaded resources might include: client resources (such as pamphlets, brochures, videos); programming tools (guides, handbooks); campaign materials (posters, ads); conference presentations and proceedings (slides, posters); research and evaluation resources (reports, survey instruments); promotional material (flyers, media releases); policies and procedures (guidelines, manuals); and organizational publications (annual reports, strategic plans).

Frontline workers across Canada can learn from the tools and models developed by

“I just want to say thank you so much for your wealth of resources. I am a communicable disease nurse working with clients with HIV and/or HCV.

- Angela Meredith, Vancouver Island Health Authority



their peers by searching the collection and connecting with resource contributors.

Organizations that are interested in joining *Sage* and adding their resources to the collection can visit www.sagecollection.ca.

Partnership expands online service information with HIV411.ca/HCV411.ca

CATIE, in partnership with the Ontario HIV Treatment Network (OHTN) and the Toronto HIV/AIDS Network's (THN) Information Access Working Group, committed to broadening the scope of



ASO411.ca, a web portal that uses Google maps-functionality to list healthcare and community-based agencies across Canada serving people living with and at risk of HIV/AIDS.

The main feature of the website expansion included the addition of hepatitis C services and organizations, for people living with and at risk of Hep C. The resultant bilingual web tool is rebranded as HIV411.ca and HCV411.ca (*VIH411* and *VHC411* in French). Other updates included restructuring the database and search functionality, streamlining the existing drop-down service categories, adding easily identifiable icons for those service categories, and introducing an overall facelift to the landing pages and the main website.

LEARNING. Together.

Training service providers to take new information back to their communities

As has been true from the very beginning, CATIE's fundamental work is connecting with people to share information and enhance understanding. Ramping up understanding applies not only to research-based information related to the prevention and treatment of HIV and hepatitis C, but also to various techniques, policy approaches, tools and shared insights that can help build and deliver service programs to clients.

In the past year, CATIE's Community Facilitation Training program continued to grow, providing more opportunities for staff members and volunteers from frontline organizations to learn more about CATIE's scope of topics in workshops and pick up some tips on facilitation techniques. These graduates are taking that knowledge back to their organizations to review and assess their own workshops.

CATIE's extensive educational outreach engages frontline workers in many ways. The very first Prairies HIV Conference, held last fiscal, is one of a number of examples of CATIE working directly with agencies to develop opportunities for learning and sharing with a regional focus. We held information and training sessions

on aging and emotional wellness which included practical strategies to improve emotional wellness and self-care that could be passed along to other staff and volunteers.

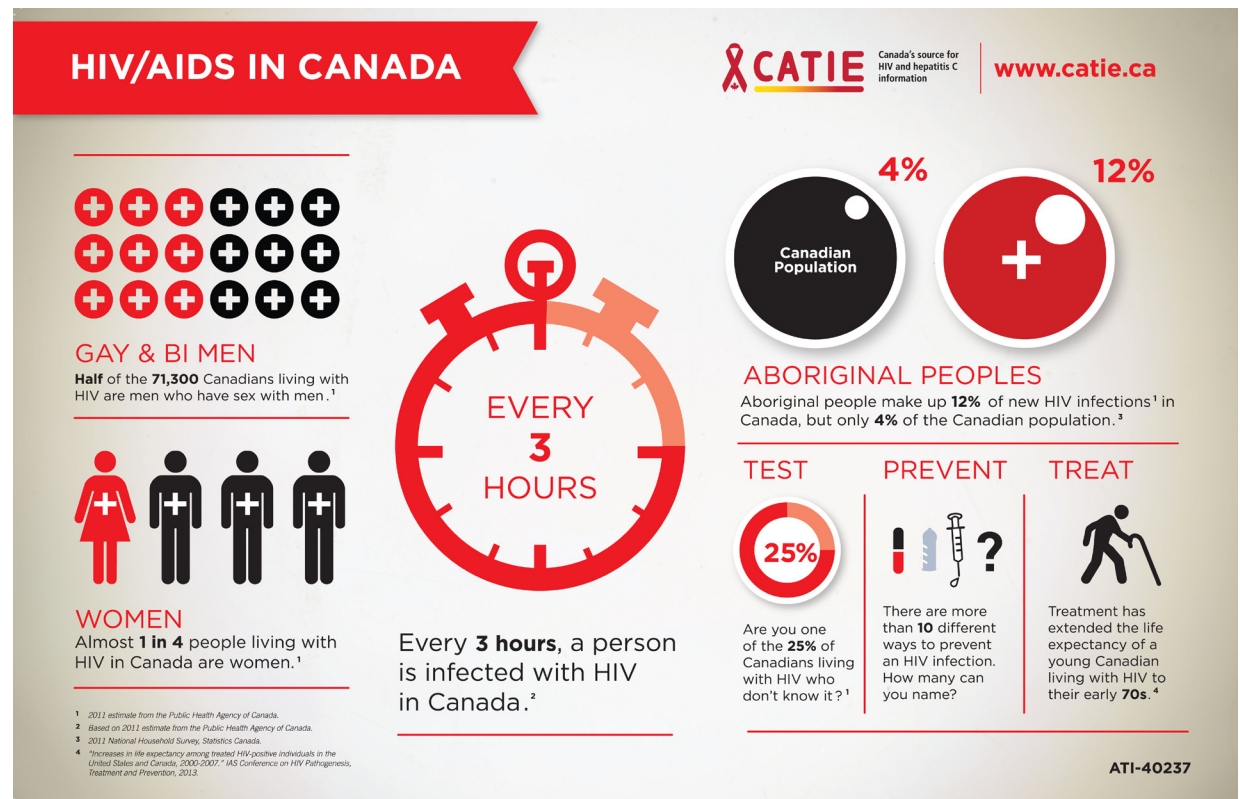
We continued with the popular CATIE Learning Institutes that bring together frontline workers from across Canada or across regions to discuss and synthesize new research that can then be reported back to their communities. Our phone and e-mail inquiry service also provided a needed avenue for both frontline agencies and their clients to ask questions of our trained educators. There is, also, a whole other digital dimension to educational outreach that is beginning to play a more prominent role.

It's important to state that in whatever way CATIE connects with individuals and communities, the education is very much a two-way street. We all learn from, and are better for, that knowledge exchange.

A round-up of key 2013/14 educational initiatives

There were many educational events across the country that CATIE either organized or took part in. Here are some of the key ones:

- We conducted six sessions under the Community Facilitation Training program, engaging 96 participants across the country. With their enhanced skills in facilitation, group dynamics and program design, these graduates will review workshops in their region and partnership possibilities.
- As a result of this training, several new projects and workshops have been developed and delivered. The training program is well-received by both participants and agency managers. Some graduates who have been running workshops and other groups for many years commented that they will incorporate new techniques and presentation frameworks into their practice.



↑ This newly-created infographic about HIV/AIDS in Canada is a popular educational addition to CATIE's resource collection, distributed at educational outreach and through the CATIE Ordering Centre.

A round-up of key 2013/14 educational initiatives



CATIE's partnership with B.C.'s Positive Women's Network continues to grow. In the last year, we were invited to speak at their bi-annual Women's Skills-Building Retreats at Loon Lake and Bowen Island. At the first retreat in the spring, we held an information session on HIV and emotional wellness, which included practical strategies to improve emotional wellness and self-care. The women participating in the fall retreat appreciated the session on tracing books which are excellent health-tracking tools. Looking ahead, we are excited to continue this partnership with provincial educational outreach in which a series of workshops aimed at service providers and affected women will be carried out in B.C.'s Interior Health Authority.



We collaborated with HIV Edmonton and Alberta Community Council to create the two-day Alberta HIV Educational Conference that brought together over 100 people for 20 workshops that included an Introduction to harm reduction, HIV and Emotional Wellness, and an issues and solutions series exploring barriers experienced by some of the groups of people most affected by HIV and hepatitis C.



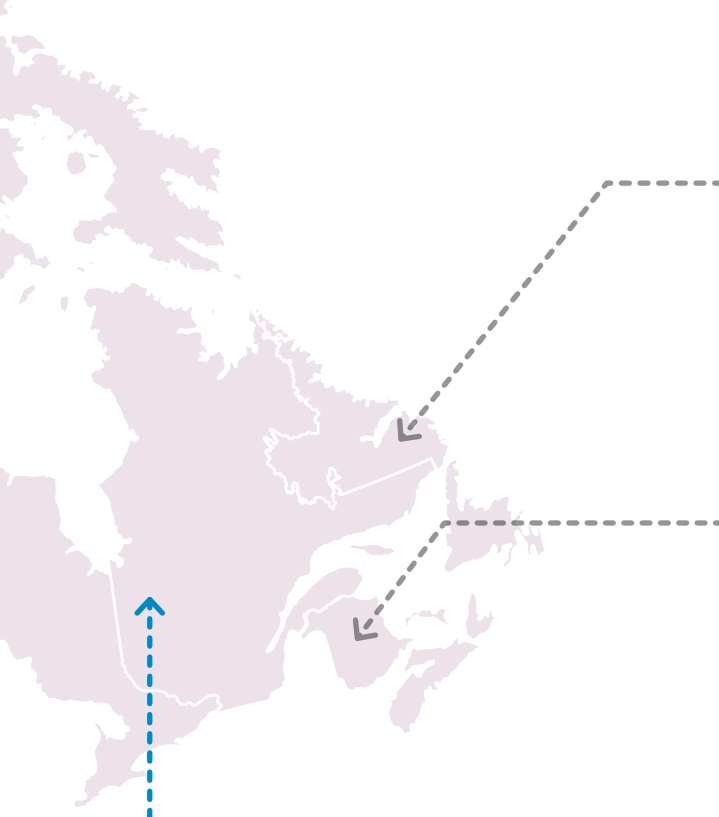
We also teamed up with the Saskatchewan Provincial Leadership Team and the Manitoba HIV Program on developing the very first Prairies HIV Conference. The event was attended by more than 200 people with CATIE bringing in many participants from rural parts of each province. Expert physicians outlined how HIV is impacting both Saskatchewan and Manitoba while community members and frontline workers demonstrated some of the exciting initiatives they're involved with.



In October our Regional Health Education Coordinator had the opportunity to work with a peer worker from AIDS Thunder Bay to create a plenary presentation on people who have been newly diagnosed for the Opening Doors Counselling Conference. Wilfred Potts is a facilitator for Turning to One Another [a provincial program that seeks to increase ASO capacity in including the principles of Greater Involvement of People Living with HIV/AIDS (GIPA) and Meaningful Engagement of People with HIV/AIDS (MEPA) in their communities] and co-chairs the facilitation team. He's been instrumental in getting the peer movement in Thunder Bay to where it is today. Working with Wil — he co-facilitated a session with a CATIE Regional Health Education Coordinator — once again demonstrated the value of incorporating these principles in the work we do.

“We're grateful to have Melissa from CATIE here today to do a workshop with our staff on HIV and aging!”

– HIV Community Link (tweet)



CATIE also partnered with the AIDS Committee of Newfoundland and Labrador for a week of training sessions focused on aging and emotional wellness. We presented to directors and managers of long-term care facilities, researchers, students of social work and pharmacy, and to the public.



For two years running, CATIE has partnered with AIDS New Brunswick, AIDS Moncton and AIDS Saint John for joint staff training. During three days of concentrated learning and discussion this past year, two CATIE educators conducted four workshops on topics including Women and HIV & Nutrition, HIV Testing and Hep C Treatment. The event provided the ASOs' staff the opportunity to network and discuss issues from a provincial perspective.



The Quebec Regional Educational Conference on HIV, Hepatitis C and Co-Infection was held at the Centre St-Pierre in Montreal on March 11 and 12. One hundred and twenty participants from across Quebec attended a series of keynote presentations and workshops on topics including mental health and addiction, supporting people who are living with co-infection, sexually transmitted and blood-borne infections (STBBIs) and prevention programs for youth, and new developments in HIV cure research. The event was organized in collaboration with the Coalition des organismes communautaires québécois

de lutte contre le sida (COCQ-SIDA) and a programming committee with representatives from COCQ-SIDA and other agencies including Mouvement d'information et d'entraide dans la lutte contre le sida Québec (MIELS-Québec), Centre Associatif Polyvalent d'Aide Hépatite C (CAPAHC), Groupe d'action pour la prévention de la transmission et l'éradication du sida (GAP-Vies), Maison Plein Cœur, Point de repères, Portail VIH/Sida du Québec and the Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL). This allowed us to continue strengthening partnerships throughout the province.

“I think you are a great go-to resource to support the programs, training and information required in my work. I appreciate the learning opportunities provided through CATIE trainings and participation in local events organized by myself and other agencies in my community and Province.”

- Anonymous survey respondent

CATIE's Learning Institutes: Bringing the front line together to report on research.

CATIE Learning Institutes bring together frontline workers from across Canada or across regions to discuss and synthesize new research that can then be reported back to their communities.

In the past year, CATIE has organized five Learning Institutes at Canadian HIV and Hep C conferences: the Canadian Association of HIV Research (CAHR) Conference, in Vancouver, May 2013; Symposium sur la prise en charge des hépatites virales, Montreal, May 2013; the Ontario Gay Men's Sexual Health Summit, Toronto, May 2013; the Ontario HIV Treatment Network (OHTN) Research Conference, Toronto, November 2013; and the 3rd Annual Hepatitis C Symposium, Toronto, February 2014.

"I would be lost without CATIE. I have used the programs and services for the last 10 years."

- Anonymous survey respondent

Each Learning Institute follows a different format reflecting the associated research conference. All, however, require commitment and energy from Learning Institute (LI) participants. A typical LI participant day includes critical note-taking during the conference, followed by an evening discussion led by a researcher elucidating some of the finer points of highlighted research findings. LI participants then discuss the presentations that they have been assigned, arguing their importance from a community perspective. Synthesizing information into a presentation often leads to lively discussions deep into the night.

LI participants tell us that they leave the conference tired but enthusiastic about a well-rounded and supportive conference experience. And they also ask to come back year after year and encourage co-workers to attend. Together, participants have produced a comprehensive presentation which each of them can adapt for their own report-backs. In the past year,

"Keep up the great work!!!! Fabulous service. Thank you."

- Anonymous survey respondent

the collaborative work of LI participants has been used as the basis for various forms of report-backs: the Community Rapporteur Presentation at CAHR 2013, including an Aboriginal perspective; report-backs to home organizations and communities; and newsletter articles and webinars.

"Thanks so much for including our events in your mailing [The CATIE Exchange]! We really appreciate the support."

- Kate Alexander, Interagency Coalition on AIDS and Development

Survey says...

The CATIE survey to frontline service providers, conducted in 2013/14, revealed:

76%

used information from CATIE to change work practices and/or implement/change their programming

96%

agreed or strongly agreed that CATIE has increased their knowledge of HIV

94%

said that they used information from CATIE to educate or inform clients, health professionals, colleagues or members of the public

97%

agreed or strongly agreed that CATIE has increased their knowledge of hepatitis C

92%

agreed or strongly agreed that CATIE's program services meet the needs of their community

97%

agreed or strongly agreed that they can use the knowledge gained from CATIE in their work

The phones keep ringing

This past fiscal, there was a steady flow of phone and e-mail enquiries from across the country in both English and French. Many HIV-related calls involved low-risk, high-anxiety callers. Among this group of callers, questions on pre-exposure prophylaxis (PrEP) have come up a few times. Other issues arising in questions posed to our educators included HIV testing technologies, and hepatitis C transmission and treatment.

Callers ranged from the general public to frontline service providers. There were also a number of enquiries from international destinations, mostly on HIV-related topics. We also had several calls from correctional institutions, from both prisoners and corrections staff, related to both HIV and Hep C.

WORKING. Together.

Addressing the needs of specific communities

It's an understood rule that in order to effectively communicate, you've got to know your audience. CATIE has built a solid reputation on engaging with agencies and the communities they serve. We listen, encourage dialogue, so we can understand — and answer to — their information needs.

'Listen before speaking' is the principle we apply in all that we do – from choosing the language and design for an information brochure or an online resource, to developing educational sessions and agendas for conferences.

With some projects, the knowledge gained about our audience is particularly rich. In the past two years, two projects stand out: our Gay Men's Sexual Health project and our Ethnocultural Hepatitis C Outreach and Social Marketing project. We know a great deal about gay men and other men who have sex with men (MSM) because our history as an organization has served and celebrated those communities — but also because CATIE has dedicated resources and time to reaching out to gay/bi/queer

communities, facilitating dialogue and building networks. Similarly, we have devoted considerable effort to working with specific ethnocultural communities to spread awareness about hepatitis C.

The communication CATIE has had with all of these audiences has been very collaborative. Whether it be at a gay men's focus group in Vancouver, a national knowledge exchange meeting developed in concert with other gay men's health agencies, a Toronto facilitator-training session conducted in Urdu or Tagalog, or a discussion in a church hall or mosque, the learning curve has been immense for all of us and we have created close, mutually-beneficial partnerships.

Reaching out to ethnocultural communities to raise hepatitis C awareness

Over the past four years, CATIE has worked on an Ethnocultural Hepatitis C Outreach and Social Marketing project as part of the Ontario Ministry of Health's Hepatitis C Strategy. The project has been an amazing opportunity to build new partnerships in migrant health and settlement. 2013/2014 was a year of ongoing engagement, growth and expansion of our community development and outreach.

We received good news this year that based on the success of the program so far, the Ministry has now included it in CATIE's ongoing hepatitis C base funding, which has enabled Fozia Tanveer to join Hywel Tuscano, to work full-time as Coordinator of Hepatitis C Ethnocultural Education and Outreach in the province.



↑ At the March 21, 2014 Punjabi Community Health Services' Women's Day Gala in Toronto (*from left*): Hywel Tuscano, CATIE's Coordinator, Hepatitis C Ethnocultural Education and Outreach Program; Baldev Mutta, CEO, Punjabi Community Health Services.; Ed Jackson, CATIE's Director of Program Development; and Fozia Tanveer, Coordinator, Hepatitis C Ethnocultural Education and Outreach

Partnering with communities for success

Much of the project's success has been the result of ongoing engagement with the different newcomer and immigrant communities. Our project did not simply drop in to deliver workshops and distribute materials; we consulted each cultural group on the content of our workshops, built the capacity of organizations and individuals, and then supported them to do this work in their own languages.

In the past three years, we have worked with 19 facilitators and offered further capacity building to agencies, including providing annual retraining opportunities and content updates incorporating new research. Project facilitators were frequently new immigrants with credentials in social work and medicine, and through this program they gained important Canadian work experience while in the service of their communities.

A growing network of Hep C-savvy organizations

In this project we have worked with more than 25 organizations. Many of these have been able to sustain this work within their own organization and support clients around the issue of hepatitis C once they had a staff member trained and were connected to resources and referral services.

We also had great response when partnering with religious groups, including Catholic, Muslim and Sikh communities in Toronto, Windsor, London and Guelph. Mosques, *gurdwaras* and church halls were points of strong engagement where we could reach people in a comfortable setting and build trust with their faith leaders.

This year CATIE became a member of the Ontario Council of Agencies Serving Immigrants and will explore opportunities to bring dialogue about immigrant health and hepatitis C to the settlement sector across the province. With a lack of culturally-specific services around hepatitis C, we also made an important connection to the Chronic Disease Self-Management program — a provincial,

peer-led program — and had the opportunity to facilitate for a group of immigrant mothers with young children. We provided referrals and content input as part of the Advisory Committee of the Canadian Ethnocultural Council's national hepatitis C project and, with support from the Public Health Agency of Canada (PHAC), are looking at ways to extend the project's outreach model to other provinces, in particular B.C., in the future.

Building awareness on many media fronts

Our media outreach strategy and production continues to grow. For World Hepatitis Day 2013, we ran a third wave of our awareness campaign in print, radio and online vehicles across 14 media outlets. We also led production on Urdu-language and Punjabi-language talk shows that aired on community channels, Rawal TV and Sur Saagar; these remain available online.

In two years, we have distributed more than 16,000 informational pamphlets on hepatitis C in Tagalog, Simplified Chinese, Punjabi and Urdu; our multilingual site averaged over 1,000 hits a month. This past year, we also began to translate our resources into Vietnamese, Spanish, Bengali, Hindi and Tamil, and we are planning on launching new pamphlets in Spanish and Hindi.

“Working with the Hepatitis C Ethnocultural Project for CATIE has helped me realize the power of community education and importance of knowledge in order for people to self-advocate for their health. Personally I find the experience enriching as it has allowed me to combine my background as a physician and my love for presenting/facilitation and public health in order to provide a positive and fruitful experience for all the participants.”

**- Dyan De Guzman,
Community Facilitator**

Nurturing communities of practice in gay men's sexual health promotion

CATIE has continued to play a strong role in gay men's sexual health promotion programming across the country. We continued to foster cross-country professional networks and knowledge sharing, and broke new ground by spearheading a national research project, the first in-house research that CATIE has taken a lead on.

The Resonance Project is a three-year national, community-based research project that seeks to understand what gay men think about new HIV information and how it affects their lives. Fifteen focus groups were conducted in Vancouver, Toronto and Montreal during the past year, and we will be conducting key informant interviews in 2014. The data are being carefully analyzed and we anticipate that initial results will be available in 2014.

→ (From left): John McCullagh, CATIE Board member; Len Tooley, CATIE's Coordinator, Community Health Promotion Programming; and James Wilton, CATIE's Coordinator, Biomedical Science of HIV Prevention Project, have made significant contributions to providing knowledge exchange around sexual health education for, and reaching out to, Canada's gay men's communities.

This research has helped to inform the development of a comprehensive implementation plan for the Gay Men's Risk Communication Project, which is intended to spark dialogue among gay men about new approaches to HIV/STI testing, treatment and prevention. This three-year communication and community engagement plan began with the engagement of six well-known community artists to illustrate the key messages of the plan and will continue with extensive consultations with service providers in the new fiscal year.

Facilitating discussions across the country

CATIE also actively facilitated national program development through a two-day knowledge exchange meeting, bringing together program planners involved with Totally outRIGHT, a leadership program for young gay men developed by Vancouver's Community-Based Research Centre (CBRC) that is being adopted in regions across the country.



“CATIE has been this health unit's life-line for culturally competent resources for over 20 years.”

- Anonymous survey respondent

Our capacity-building work with service providers working with gay/bi/queer/2-spirit men and other men who have sex with men also continued with a 'rapporteur' project that brought 10 frontline workers from across the country to participate in the 2013 Ontario Gay Men's Sexual Health Summit.

Numerous plenary presentations and CATIE-led discussion panels at events ensured ongoing visibility and relevance for CATIE's role as a key player in gay men's sexual health in Canada. These presentations were at the BC and Ontario gay men's sexual health summits, the Pacific AIDS Network Annual Conference, and the Manitoba STBBI Conference. Key topics explored included pre- and post-exposure prophylaxis for gay/bi men, the Totally outRIGHT leadership program, and new approaches to gay men's sexual health promotion.

Public Funders

April 1, 2013 to March 31, 2014

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)

- Employment and Social Development Canada (formerly HRSDC)

Corporate Donors

April 1, 2013 to March 31, 2014

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.

Diamond Donors (\$70,000 and over)

AbbVie Corporation

Platinum Donors (\$50,000 to \$69,000)

(None)

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

Gilead Sciences Canada, Inc.

Janssen Inc.

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

Boehringer Ingelheim (Canada) Ltd.

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M·A·C AIDS Fund

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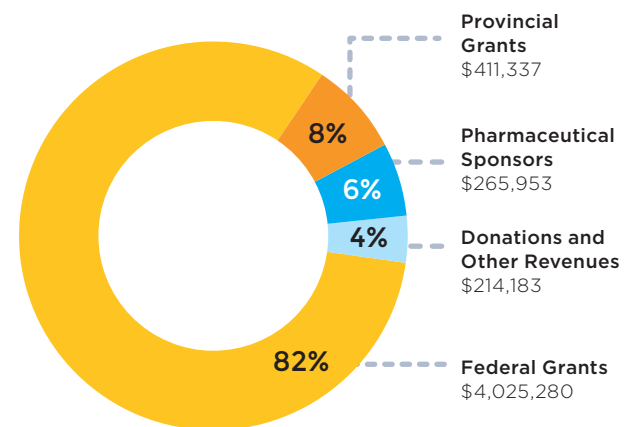
ViiV Healthcare ULC

Gifts in Kind

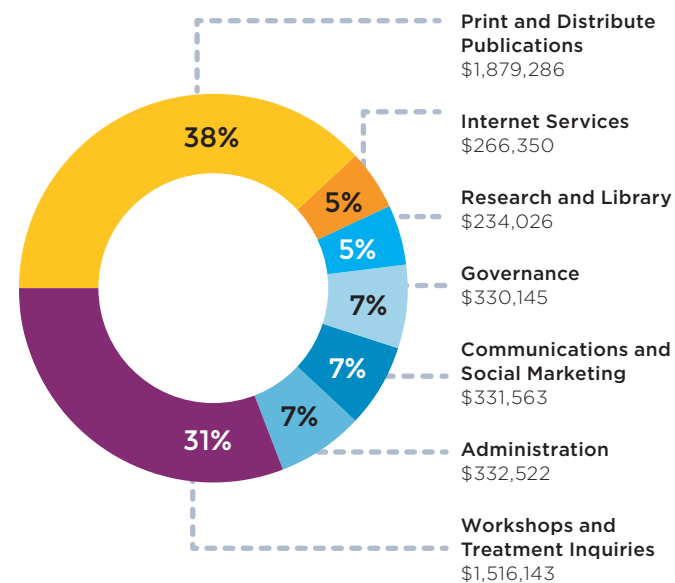
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We also extend our thanks to the many friends of CATIE who generously support our work with personal donations and gifts of time and talent.

Total Revenue:
\$4,916,753



Total Expenditures:
\$4,890,035



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

CATIE Partners

2013/2014

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

519 Church Street Community Centre,
Toronto
Access AIDS Network of Sudbury
Access Alliance, Ontario
Action Hepatitis Canada
African and Caribbean Council on HIV/AIDS
in Ontario
AIDS Bereavement and Resiliency Program
of Ontario
AIDS Bureau, Ontario Ministry of Health and
Long-Term Care
AIDS Calgary Awareness Association
AIDS Coalition of Cape Breton
AIDS Coalition of Nova Scotia
AIDS Committee of Cambridge, Kitchener
and Waterloo Area
AIDS Committee of Durham Region, Ontario
AIDS Committee of Newfoundland and
Labrador
AIDS Committee of North Bay and Area,
Ontario
AIDS Committee of Ottawa
AIDS Committee of Toronto (ACT)
AIDS Community Care Montreal
AIDS Moncton
AIDS New Brunswick

AIDS Niagara, Ontario
AIDS PEI
AIDS Programs South Saskatchewan
AIDS Saskatoon
AIDS Thunder Bay, Ontario
AIDS Vancouver
AIDS Vancouver Island
ANKORS, British Columbia
Alberta Community Council on HIV (ACCH)
All Nations Hope AIDS Network
Alliance for South Asian AIDS Prevention,
Ontario
Alliance of Healthcare Professionals of
Ontario
Asian Community AIDS Services, Ontario
ASK Wellness Centre, British Columbia
Aurat Health Services, Ontario
BC Centre for Disease Control (BCCDC)
BC Centre for Excellence in HIV/AIDS
Black Coalition for AIDS Prevention
(BlackCAP), Ontario
Blood Ties Four Directions Centre, Yukon
Bramalea Community Health Centre,
Ontario
BRAS-Outaouais, Quebec
Burntwood Regional Health Authority,
Manitoba
Cactus, Montreal
Canadian Aboriginal AIDS Network (CAAN)
Canadian AIDS Society (CAS)
Canadian Association for AIDS Research
(CAHR)
Canadian Association of Hepatology Nurses
Canadian Association of Nurses in AIDS
Care (CANAC)
Canadian Ethnocultural Council
Canadian Federation for Sexual Health
Canadian Harm Reduction Network

Canadian Hemophilia Society
Canadian HIV/AIDS Legal Network
Canadian Institutes of Health Research
(CIHR)
Canadian Liver Foundation
Canadian Mental Health Association
(CMHA)
Canadian Observational Cohort (CANOC)
Canadian Society for International Health
(CSIH)
Canadian Public Health Association (CPHA)
Canadian Treatment Action Council (CTAC)
Canadian Working Group on HIV and
Rehabilitation (CWGHR)
Carmichael Outreach, Saskatchewan
Casey House, Toronto
Central Toronto Community Health Centres
Centre Associatif Polyvalent d'Aide Hépatite C
(CAPAHC)
Centre for AIDS Services of Montreal
(CASM)
Centre for Spanish Speaking Peoples,
Toronto
Centre Hôpital de Gatineau
Chee Mamuk, Aboriginal Program,
BCCDC
CHU Sainte-Justine, Quebec
CHU Hôtel Dieu, Quebec
CIHR Centre for REACH in HIV/AIDS
CIHR Canadian HIV Trials Network
CIHR Social Research Centre in HIV
Prevention
Clinique Médicale Quartier Latin, Quebec
Clinique Médicale l'Actuel, Quebec
Coalition des organismes communautaires
Québécois de lutte contre le sida
(COCQ-SIDA)

Committee of Progressive
 Pakistani Canadians
 Community-Based Research Centre, B.C.
 Correctional Service Canada
 Direction 180, Halifax
 Downtown Community Health Centre,
 Vancouver
 Downtown Infectious Diseases Clinic,
 Vancouver
 Edmonton General Continuing Care Centre
 Filipino Community Centre Inc.,
 Windsor, Ontario
 First Nations and Inuit Health Branch,
 Health Canada
 First Nations of Quebec and Labrador
 Health and Social Services Commission
 Gay Men's Sexual Health Alliance (GMSH),
 Ontario
 Group Health Centre, Sault Ste. Marie,
 Ontario
 Guelph Sikh Society, Ontario
 Hamilton Health Services Immigration
 Services, Ontario
 Hassle Free Clinic, Toronto
 Healing Our Nations, Nova Scotia
 Heart and Stroke Foundation of Ontario
 Hemophilia Ontario
 Hep C BC Hepatitis C Education and
 Prevention Society
 Hepatitis Outreach Society of Nova Scotia
 HIM Health Initiative for Men, Vancouver
 HIV & AIDS Legal Clinic Ontario (HALCO)
 HIV Edmonton
 HIV North Society, Alberta
 Hong Fook Mental Health Association,
 Ontario
 Hôpital Notre-Dame UHRESS, Quebec
 Human Endeavour, Ontario
 Interagency Coalition on AIDS and
 Development (ICAD)
 Jewish General Hospital, Montreal
 John Howard Society of Greater Moncton
 Inc, New Brunswick
 Ki-Low-Na Aboriginal Friendship Society,
 Kelowna
 Klinik 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
 MAINS Bas-St-Laurent, Quebec
 Manitoba HIV Program
 Maple Leaf Medical Clinic, Toronto
 MIELS-Québec
 Moncton Hospital HIV Clinic
 Montreal Chest Institute -
 Immunodeficiency Clinic
 Montreal General Hospital - IDTC Clinic
 National Collaborating Centre for
 Infectious Diseases
 Nine Circles Community Health Centre,
 Manitoba
 North End Community Health Centre,
 Halifax
 Northern AIDS Connection Society,
 Nova Scotia
 Northern Alberta HIV Program
 Northumberland County,
 Immigration Portal, Ontario
 Nova Scotia Association for Sexual Health
 Oak Tree Clinic, British Columbia
 OASIS Health and Medical, Ontario
 Okanagan Nation Alliance, BC
 Ontario AIDS Network
 Ontario Council of Agencies Serving
 Immigrants
 Ontario HIV Treatment Network (OHTN)
 Oshawa Community Health Centre -
 Downtown Hepatitis Clinic, Ontario
 Oshawa Community Health Centre -
 Main Centre, Ontario
 Ottawa Hospital
 Ottawa Inner City Health
 Ottawa Public Health
 Pacific AIDS Network (PAN)
 Parkdale Community Health Centre, Toronto
 Parkdale Intercultural Association, Toronto
 Peel HIV/AIDS Network, Ontario
 Pender Community Health Centre, British
 Columbia
 Philippine Independence Day Council,
 Ontario
 Play It Safer Network, Manitoba
 Positive Living BC
 Positive Women's Network, British Columbia
 Positive Youth Outreach, AIDS Committee
 of Toronto
 PositiveLite.com
 Portail VIH/sida du Québec
 POWER, Ontario
 Primrose Family Medicine Centre, Ontario
 Prince Albert Sexual Health and Hepatitis C
 Clinic, Saskatchewan
 Prisoners with HIV/AIDS Support Action
 Network (PASAN)
 Programme National de Mentorat
 sur le VIH-sida (PNMVS), Quebec

Public Health Agency of Canada (PHAC)
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
Regent Park Community Health Centre, Toronto
Regina General, Infectious Disease Clinic
Regina Qu'Appelle Health Region
Regional Atlantic AIDS Network (RAAN)
Regional HIV/AIDS Connection, Ontario
RÉZO, Quebec
Robert & Lily Lee Family Community Health Centre, British Columbia
Saint John Regional Hospital
Sanguen Health Centre, Ontario
Saskatchewan HIV Provincial Leadership Team
Saskatoon Health Region
Scarborough Hospital Organizational Development and Diversity Office, Ontario
Sex Information and Education Council of Canada (SIECCAN)
Sexuality Education Resource Centre, Manitoba
Shelter Health Hepatitis C Team/ Wayside House
Sherbourne Health Centre, Toronto
SIDA-Amitié Laurentides
Simon Fraser University
Somerset West Community Health Centre, Ontario

South Riverdale Community Health Centre, Toronto
Southern Alberta HIV Clinic
Spectrum Health, British Columbia
St. Clare's Mercy Hospital, Newfoundland and Labrador
St. Joseph's Health Care London, Ontario
St. Leonard's House, Ontario
St. Michael's Hospital, Toronto
St. Paul's Hospital, British Columbia
St. Stephen's Community House, Ontario
Stella, Quebec
Street Health, Ontario
Streetworks, Edmonton
Sudbury Action Centre for Youth, Ontario
Sudbury Regional Hospital, Ontario
Sunnybrook and Women's College Hospital, Ontario
Sur Sagar TV
The Salvation Army Agincourt Community Church, Ontario
The Valley Regional Hospital
TheBody.com
Timmins Family Health Team/Hepatitis C, Ontario
Thornccliffe Neighbourhood Office, Ontario
Toronto Chronic Disease Self-Management Program
Toronto East General Hospital Medical Triage – HIV Clinic
Toronto HIV/AIDS Network
Toronto Harm Reduction Alliance
Toronto People With AIDS Foundation
UHRESS CHUQ-CHUL, Quebec
Union of Ontario Indians
Université du Québec à Montréal
University of Alberta

University of Toronto
University of Victoria
Vancouver Coastal Health
Vancouver Native Health Society
Victoria Cool Aid Society, British Columbia
Windsor Essex Community Health Centre, Ontario
Windsor Regional Hospital – HIV Care Program, Ontario
Winnipeg Health Sciences Centre
Women's College Research Institute, Toronto
Working Women's Community Health Centre, Toronto
Yellow Warriors Society of the Philippines, Ontario
York University
YouthCO HIV & Hep C Society



2,481

Number of personal and organizational members

7,578

Number of people reached through 167 educational sessions

80%

Percentage of frontline workers surveyed who reported using CATIE services at least monthly

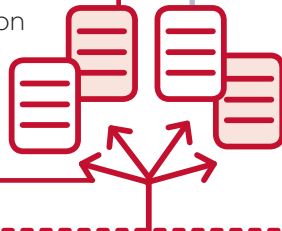


94%

Percentage of frontline workers surveyed who said they use the information they gain from CATIE to educate others

329

Number of information resources CATIE produced/co-produced



CATIE by the Numbers 2013 - 2014

50

Number of new titles added to the CATIE Ordering Centre

976,350

Number of resources distributed through the Ordering Centre



300,602

Number of e-mail contacts through which CATIE disseminated information

2.6M

Number of visits to CATIE's websites

5.8M

Number of pages viewed on CATIE's websites



708

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

2,106

Number of fans of CATIE's Facebook page (a 194% increase from the previous year)



2,202

Number of followers on CATIE's Twitter accounts (a 120% increase from the previous year)

