

*Annual  
Report*  
*2014-  
2015*

# MAKING IT WORK

 **CATIE**

*Planning for  
Tomorrow's  
Frontline Response*



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.

**WWW.CATIE.CA**



**/CATIEinfo**

### **CATIE 2014/15 Annual Report**

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### **Find Us**

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

### **Contact Us**

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

### **Charitable Registration #**

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# Integrating today's knowledge for tomorrow's response

Our theme, *Making it work: Planning for tomorrow's frontline response*, is particularly fitting this year. During 2014/15 CATIE began the process of renewing our strategic plan—planning for our work in the next few years, work explicitly tailored to strengthen the frontline response.

In the last year, there have been many exciting and promising developments in HIV and hepatitis C. We now know that:

- early HIV treatment and engagement in care can increase health and longevity to levels approaching those enjoyed by people not living with HIV;
- adherence to treatment (and achieving an undetectable viral load) dramatically reduces new infections, for vaginal sex, anal sex and among those who inject drugs;
- pre-exposure prophylaxis (PrEP) works (when adherence is high); and
- hepatitis C treatment is now more tolerable, of shorter duration and achieves high cure rates.

To reap the benefit of this new science, one must know about it. Unfortunately, one out of four Canadians living with HIV, and one out of two Canadians living with hepatitis C, don't know they are living with HIV/hepatitis C, let alone know what benefit this new science holds for them.

How can the knowledge of today be integrated into the planning for an effective response tomorrow?

In CATIE's strategic planning consultations, made immeasurably richer by our members and partners (*see page 16*), respondents emphasized the impact of CATIE's role in taking new science and translating it into usable formats, and in bringing together people with lived experience and those working on the front lines to share their best practices and assist each other in developing and improving programs.

CATIE was started by a group of people living with HIV and their allies, who advocated for HIV treatment. As our mandate has expanded through the years, we now also share HIV prevention information as well as hepatitis C treatment and prevention information. Since our beginning, the constant challenge has been identifying both who needs the knowledge and how the knowledge needs to be conveyed, so that individuals and communities can make use of it for maximum impact.

And we can never make assumptions about the knowledge levels of our frontline providers. Recently, one of



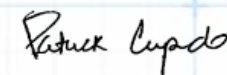
CATIE's educators was training a group of nurses working in long-term care, some of whom still believed that HIV can be transmitted through saliva.

Planning for tomorrow's frontline response means educating long-term care providers about HIV and hepatitis C treatment and transmission. It means educating people living with HIV and those working in the HIV field about the importance of early treatment and adherence for individual health benefits and for the prevention of transmission.

And planning for tomorrow's response means providing information that advocates can use to make the case for the availability of PrEP and post-exposure prophylaxis (PEP), for access to new hepatitis C drugs, and for ongoing harm-reduction tools to minimize future infections and preserve health.

CATIE is planning for tomorrow's frontline response to help you, our members and subscribers, plan and carry out your work on the front lines.

  
**Laurie Edmiston**  
Executive Director

  
**Patrick Cupido**  
Chair

**Delivering accurate,  
unbiased treatment  
and prevention  
information to  
frontline workers**

# NEWS

Since the early days of the HIV/AIDS epidemic, CATIE's core function has been to learn the latest research findings and get the word out, in plain language, to as many people as possible. That hasn't changed.

In reporting on research news, we have witnessed incredible growth in our understanding, sometimes accelerated at certain moments. Reflecting on the past year, we are truly in one of those noteworthy times for both HIV and hepatitis C treatment and prevention. Impressive research results on pre-exposure prophylaxis (PrEP) and undetectable viral load have informed our approaches to HIV prevention. We have learned more about the risk of sexual transmission of hepatitis C, and new treatments have dramatically changed the lives of people living with the virus.

We continue to share this new information through an increasing number of communications channels. In addition to our website [www.catie.ca](http://www.catie.ca) and an array of printed and online publications, CATIE reaches out to the front lines through presentations in the field, webinars and new online curricula.

As CATIE consulted its stakeholders to develop its strategy for the next three years, one consideration remained constant: quickly getting out accurate news.



## SPOTLIGHT

# The HIV prevention revolution

We are in the midst of a revolution in HIV prevention which is arguably just as dramatic for our frontline response as the revolution in HIV treatment that occurred in the late 1990s. Research is showing impressive results using new approaches to prevention—pre-exposure prophylaxis (PrEP) and undetectable viral load—as well as new testing technologies—rapid testing, nucleic acid amplification testing (NAAT) and home-based testing. CATIE is at the forefront of communicating this new knowledge to frontline organizations and supporting them to strengthen the prevention response in their communities.

During the last year, we reported on groundbreaking prevention clinical trials: PARTNER, iPrEX, IPERGAY and PROUD. Our resources on PrEP and undetectable viral load as prevention strategies were updated. We provided webinars and in-person workshops across the country

to help frontline workers digest this new research and apply it in their practice.

Through *Prevention in Focus* we created a number of resources to support program development, including a much-needed evidence review on rapid point-of-care testing; an analysis of the HIV treatment cascade in Canada and its implications for prevention; and feature articles on the changing paradigm of HIV prevention for couples.

Looking forward, we are working in partnership with *PositiveLite.com* and the Canadian Treatment Action Council (CTAC) to develop a consensus statement on the health and prevention benefits of HIV treatment. We are also developing practical tools for frontline workers, including blended learning modules on the biomedical science of HIV prevention and plain-language prevention statements on PrEP, undetectable viral load and condoms.



## WHAT THEY SAY

I am often so dramatically taken aback when I get daily news feeds from CATIE (via Facebook or other means) on what your organization is doing to keep the topic of HIV and Hep C infection front and centre... On a personal note, please know that your website and all of the resources you provide to the community at large have been a massive means of support and strength for me.

— *unattributed recipient of CATIE information*



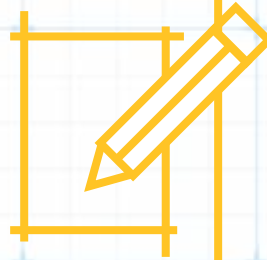
# What was the top HIV or Hep C research news story of 2014?

From prevention methods to treatment options, new HIV and hepatitis C research made headlines in 2014. We selected some highlights from the year and asked our website readers to have their say through an online poll.

## 2

### Landmark analysis first to show that treatment dramatically reduces HIV risk for anal sex

The groundbreaking (and ongoing) PARTNER study is the first to explore the risk of HIV transmission when the viral load is undetectable in the blood and no condom is used. Previous studies had already demonstrated that this risk is reduced for vaginal sex, but PARTNER is the first to explore the risk of transmission through anal sex. In this study, no HIV transmissions occurred in over 44,000 condomless anal and vaginal sex acts when the HIV-positive partner had an undetectable viral load. While this doesn't mean that the risk is zero (which is statistically impossible to prove), the study is continuing so that investigators can be more confident that the risk is "extremely low."



## 1

### Hepatitis C can now be cured in 12 weeks

2014 was a game-changer year for people living with hepatitis C. Researchers presented results from clinical trials on multiple new treatments, demonstrating cure rates from 85 to 99 per cent and regimens as short as 12 weeks. Some of the new treatments are also free of interferon, a cause of significant side effects that was part of all previous hepatitis C treatments.



## 3

### PrEP reduces HIV infections, does not increase risk-taking

Pre-exposure prophylaxis (PrEP), the use of anti-HIV medication by HIV-negative people to prevent infection, has already been proven safe and efficacious in clinical trials. In a study published in 2014, researchers looked at whether PrEP would work in a "real world" setting. Overall, results confirmed that people would take the medication if offered the opportunity, risk-taking did not increase, and the number of new HIV infections was significantly reduced. However, adherence was an issue—a key factor in PrEP effectiveness.





4

## Life expectancy of Canadians with HIV has increased dramatically

The life expectancy of HIV-positive people in Canada has increased over the past decade and is approaching that of HIV-negative people in similar circumstances, according to new research published in the past year. A young Canadian diagnosed with HIV today is expected to live on average to their early 70s. Early detection and continued engagement in care are crucial for maximum life expectancy.



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## Risk of HIV infection up to 71 times higher among some Canadians

For the first time, the Public Health Agency of Canada has estimated the rates of HIV incidence among Aboriginal peoples, people who inject drugs, men who have sex with men, and people born in countries where HIV is endemic. Men who have sex with men are 71 times more likely to get HIV than other men. People who inject drugs are 46 times more likely to get HIV than people who do not. Aboriginal people are four times more likely to get HIV than non-Aboriginal Canadians, and Canadians born in countries where HIV is endemic are nine times more likely to get HIV than other Canadians. Although we have known for a long time that Canada's HIV epidemic is concentrated in these key populations, new estimates of the size of each population have allowed us to understand how much harder HIV is hitting some communities.

“

The article [on point-of-care testing] from CATIE, written by Logan Broeckaert and Laurel Challacombe, is very well written and a useful and easy read. To increase dissemination, I'd encourage those authors to submit it as a systematic review to something like the *Canadian Journal of Public Health*.

– **Dr. John Kim**, Chief, National Laboratory for HIV Reference Services, Public Health Agency of Canada, JC Wilt Infectious Diseases Research Centre, Winnipeg, Manitoba

### WHAT THEY SAY

This is all really helpful Sean... thank you much... you are a walking reference library! So grateful... be well.

– **Seth Kalichman**, Professor of Psychology, University of Connecticut and Editor, AIDS and Behavior

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## HIV-negative gay and bisexual men are also at risk for hepatitis C

Most cases of sexually transmitted hepatitis C have taken place among HIV-positive men who have sex with men. In a review of health-related information from patients in London, England, researchers found that sexually transmitted hepatitis C infections are also occurring among HIV-negative men who have sex with men—suggesting that current screening practices might not be sufficient for identifying those at risk.





## SPOTLIGHT

# CATIE responds to new Hep C treatments

The options for hepatitis C treatment have changed rapidly in the past two years. Several new treatments have been approved in Canada and many are available through provincial and territorial formularies. These treatments are a big improvement on previous medications, realizing higher cure rates, fewer side effects, fewer pills to take and shorter treatment lengths.

In order to communicate these new developments in hepatitis C treatment, CATIE has taken a multi-faceted knowledge-exchange approach. We have responded with:

- A re-design and update of the Treatment section of “Hep C: An In-Depth Guide,” our core online resource for frontline workers; the update includes four new articles on treatment options and preparing for treatment
- New drug factsheets for each treatment as it is approved by Health Canada
- Biweekly e-newsletter updates in *HepCinfo Updates*, which summarize and disseminate key developments in the field, such as experimental clinical trial data, new Health Canada drug approvals and the addition of a drug to a provincial or territorial formulary
- An update of our core client brochure *Hepatitis C: Treatment Options*
- Updated hepatitis C treatment presentations for frontline workers
- Hosting Canadian hepatitis C treatment guidelines on the CATIE website
- Up-to-date information on hepatitis C treatment coverage across Canada



## WHAT THEY SAY

I have definitely felt some of the effects of HAND [HIV-associated neurological disorder]. This article helped me understand why. Thanks!

– Facebook posting about TreatmentUpdate article on “HIV and the brain—then and now”



## Media outreach raising awareness

Thanks to concerted media outreach efforts, CATIE staff have appeared in numerous print and online publications over the past year, offering their expertise on a range of issues. In 2014/15, CATIE information was republished 72 times in frontline service communications vehicles. In addition, we appeared almost 100 times in HIV news websites such as *PositiveLite.com* and *TheBody.com*.

Reaching beyond service providers, CATIE has also increased its presence in the mainstream media, where CATIE experts are viewed as a reliable source for HIV and hepatitis C information. Last year CATIE staff appeared in the *Toronto Star* and on CBC Radio, and wrote guest articles in 26 publications, including *The Province*, the *Winnipeg Free Press* and the *Huffington Post*.



## The CATIE Blog

From PrEP to hepatitis C treatment access, many of the debates around emerging issues in HIV and hepatitis C are increasingly taking place online. To take part in these discussions and facilitate greater dialogue on these issues, CATIE launched its blog (<http://blog.catie.ca>) in October 2014.

The CATIE Blog features posts from CATIE staff and board members, along with submissions from individuals across the country, sharing their stories and opinions on a wide range of topics.

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Members of the judiciary may not always fully appreciate what the science tells us about HIV risks of transmission.

– **Dr. Mona Loutfy,**  
*“A clinician’s perspective on the criminalization of women living with HIV”*

“



”

We need, I think, to become better at actually *implementing* some of the game-changing options in the prevention landscape that are now out there.

– **Bob Leahy,**  
*“There is a drug to prevent HIV. Why isn’t it approved in Canada?”*

“



”

In 1993, while in the hospital having my daughter, I was diagnosed with hepatitis C. Three years ago, I did the ribavirin and pegylated interferon treatment and cleared the virus.

– **Hermione Jefferis,**  
*“Cured of Hep C, but still living with it”*

“



”

A closer look at the Aussie HIV response has been eye-opening and provides many useful learnings for Canada.

– **Laurie Edmiston,**  
*“What Canada can learn from Australia’s HIV response”*

Sharing strategies  
and approaches  
useful to program  
developers

# PROGRAMMING

Just as collaborations with organizations are key to CATIE developing and distributing resources, so too are they for exchanging views and innovative ideas that can inform programming in the field.

One major initiative for CATIE in 2014/15 was our National Deliberative Dialogue on Integrated Hepatitis C Programming and Services, held February 2015 in Toronto. Recognizing that we are at a pivotal point in our frontline response to hepatitis C, the Dialogue brought representatives from clinical, public health, research, community and policy areas from across Canada to engage in discussions focused on continuum-of-care models (prevention, testing, treatment and support). Those discussions were aimed at facilitating the implementation of integrated hepatitis C programming for Indigenous communities, people who use drugs, newcomers and older adults.

Other collaborations and discussions last year helped CATIE to facilitate the adaptation of an innovative HIV disclosure program for a national audience, an online compendium of innovative HIV prevention programs in rural and remote regions, and guidelines containing evidence-based recommendations for improving programs about the risk of HIV, hepatitis C and other harms for people who use drugs in Canada.

CATIE also continued to play a strong role in gay men's sexual health programming. The Resonance Project entered its second year with the aim of understanding what gay men in many regions of the country think about new HIV treatment and prevention realities and how they affect their lives. Insights from this project will inform programming approaches in the coming years.

# *Programming Connection:* Shared Experience. Stronger Programs.

*Programming Connection* is an online toolkit that highlights frontline programs providing HIV and hepatitis C prevention, testing, care, treatment and support. These case studies and resources aim to inspire community-based, public health, and clinical service providers with interesting and innovative programming strategies that have worked in the real world.

This year, *Programming Connection* published case studies on themes that span the continuum of care:

- Totally Outright, a sexual health leadership program for young gay men;
- Public Health Follow-up, which spotlights an approach to enhanced support for people newly diagnosed with HIV and their contacts; and

- Ontario's Hepatitis C Teams, which offer comprehensive services to people living with and at risk for hepatitis C.

To provide additional context for existing case studies, CATIE developed new evidence reviews for some of the programming approaches highlighted in *Programming Connection*. The first two reviewed the research evidence on rapid point-of-care testing and health navigation programs.

In an effort to make *Programming Connection* case studies more interactive, CATIE hosted a live webinar featuring four Canadian service providers with innovative approaches to HIV point-of-care testing.



## WHAT THEY SAY

I've been sharing [the *Programming Connection* case study on Sanguen Health Centre] to everyone who has ever questioned what I do (in a general sense) or wondered how our team functions together with some very different appearing roles. It's fantastic! So many good comments from people and some great conversations starting. You did a GREAT job of capturing our team! Thanks again!!

– **Violet Umanetz**,  
Manager of Outreach (Education and Prevention), Sanguen Health Centre, Waterloo and Guelph, Ontario







### Partnerships on programming resources

CATIE understands that partnerships and collaborations are fundamental to enhance HIV and hepatitis C programming in Canada. Our year was marked by the achievement of three major collaborative programming projects.

- Together with the Université du Québec à Montréal (UQAM), we developed a package of resources on Sharing Together for Life (*Pouvoir Partager/Pouvoirs Partagés*). Sharing Together for Life is an HIV disclosure program that was designed and assessed through a community research project undertaken by UQAM. The program was designed to help women better understand the impact of disclosure or non-disclosure of their HIV-positive status in different situations and to help them set up a permanent support system.
- In collaboration with the Canadian Aboriginal AIDS Network, the Canadian AIDS Society, the Canadian HIV Trials Network and with funding from the Social Research Centre, CATIE launched Rural HIV Prevention in Canada. This is an online compendium of innovative HIV prevention programs in rural and remote regions. For the first time in Canada, this project brings together the expertise of prevention programs developed by and for rural and remote communities whose challenges are often very different than in other settings.
- In collaboration with a multi-stakeholder team (the Working Group on Best Practice for Harm Reduction Programs in Canada), CATIE helped to develop and promote the *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People who Use Drugs and are at Risk of HIV, HCV and Other Harms: Part 1 and 2*. These guidelines contain evidence-based recommendations to improve programs for people who use drugs in Canada. Since its launch in November 2013, there have been 19,544 downloads of these best practices documents from our website.



# Prevention in Focus

*Prevention in Focus: Spotlight on programming and research* is CATIE's online biannual knowledge-exchange resource 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.

Topics from this past year included rapid point-of-care HIV testing, health navigation programs, HIV prevention within serodiscordant couples, prison-based needle and syringe programs, the new 90-90-90 targets set out by UNAIDS to enhance treatment-as-prevention targets, couples-based HIV testing and counselling, anal sex and HIV transmission, contact tracing, and best practices for safer crack cocaine smoking equipment distribution. The most popular *Prevention in Focus* article in 2014/15 was "Getting to the bottom of it: Anal sex, rectal fluid, and HIV transmission," with almost 9,000 website visits.

Over the past year, *Prevention in Focus* has continued to expand its readership and reach. The number of web visits to the site increased by over 140 per cent from 185,250 visits in 2013/14 to 448,996 in 2014/15. There are almost 2,500 current subscribers to *Prevention in Focus* and in the past year subscriptions increased by 20 per cent. The majority of the readership comes from frontline organizations including AIDS service organizations, community health centres or other community-based organizations, and public health units.

*Prevention in Focus* articles are also repurposed on other HIV websites such as the U.S. website *TheBody.com*, and the Canada-based website *PositiveLite.com*.

**The top three most popular articles in *Prevention in Focus* in 2014/15:** .....

1

## GETTING TO THE BOTTOM OF IT:

Anal sex, rectal fluid, and HIV transmission

2

## HIV PREVENTION WITHIN SERODISCORDANT COUPLES:

A changing paradigm

3

## RAPID POINT-OF-CARE HIV TESTING:

A review of the evidence



## SPOTLIGHT

# CATIE's continued support for gay men's sexual health programming

CATIE has continued to play a strong role in gay men's sexual health promotion programming across the country, by engaging in research and fostering professional networks and knowledge-sharing.

- In this past fiscal year, The Resonance Project, a national community-based research project coordinated by CATIE, entered its second year. The project seeks to understand what gay men think about the new HIV treatment and prevention information and how it affects their lives.

We conducted 15 focus groups in Vancouver, Toronto and Montreal with a total of 86 men and 22 service providers, and key one-on-one interviews with 16 service providers serving gay men.

The data have been analyzed and the Project is entering its knowledge-exchange (KE) phase in 2015/16. KE initiatives will be rolled out with regional community partners to the project: RÉZO, the Gay Men's Sexual Health Alliance (GMSH) and Health Initiative for Men (HIM). This research has helped to inform the development of a comprehensive implementation plan for the Gay Men's Risk Communication Project, conducted by CATIE and intended to spark dialogue among gay men about new approaches to HIV/STI testing, treatment and prevention.

- In 2014/15 CATIE continued to help build the capacity of public health units to integrate a gay men's sexual health approach into their programming. We partnered with the National Collaborating Centre for Infectious Diseases (NCCID) in Winnipeg on a national knowledge translation and promising practices meeting focused on syphilis among gay men. Len Tooley, Coordinator of Community Health Promotion Programming at CATIE, worked with local organizations to present at two public health educational events with the



Winnipeg Regional Health Authority and Capital Health in Halifax, on concepts of gay men's health as they intersect with public health.

- CATIE also continued with a 'rapporteur' project that brought eight frontline francophone workers from Quebec to participate in the Vancouver-based Community-Based Research Centre's Gay Men's Health Summit, a valuable cross-provincial exchange of ideas on gay men's sexual health programming.
- As the 2015/16 fiscal year gets underway, CATIE welcomes Michael Kwag who has recently joined our team as Knowledge Broker, Gay Men's Sexual Health Programming, to lead

CATIE's future work in this area. We also acknowledge the great foundational work in gay men's sexual health done by Ed Jackson, recently retired Director of Program Development, and Len Tooley, Coordinator, Community Health Promotion Programming, who has moved onto the role of National Team Coordinator of the CIHR Team Grant in Boys and Men's Health Research, a mixed-methods cross-sectional study of gay, bisexual and other men who have sex with men's health.



## WHAT THEY SAY

We appreciate all the great resources CATIE puts out, and we'll definitely refer clients to HIV411.ca in the future.

– **Jack Mohr,**  
*Men's Health Promotion  
Coordinator, AIDS  
Committee of York Region,  
Richmond Hill, Ontario*



# CATIE envisions a future free of HIV and hepatitis C

## CATIE's 2016–2019 Strategic Plan

CATIE is indebted to hundreds of members and subscribers who helped us formulate our strategic plan for the next three years. In the course of over a month, CATIE received feedback from 244 respondents to an online survey, 98 of whom were people living with HIV (40 per cent of the respondents) and 38 (16 per cent) with lived experience of hepatitis C. Concurrently, two consultants conducted 26 in-depth interviews with key stakeholders from various disciplines all engaged in the HIV and hepatitis C response. The insightful input generously provided by these almost 300 participants informed many hours of staff and board discussions, ultimately leading to the development of our new vision, mission, values and strategic directions.

Exciting new scientific developments have inspired CATIE to embrace a new, bold vision—that of a future free of HIV and hepatitis C. Evidence from studies clearly indicates that early HIV

treatment holds significant benefits for individuals' health and dramatically reduces transmissions, that PrEP is an effective prevention tool, and that the new hepatitis C treatments are much easier to tolerate and are largely successful in achieving a cure. This gives us confidence that a future free of HIV and hepatitis C is achievable.

We have the knowledge. We just need to get the word out in ways that facilitate its use by individuals and communities.

CATIE's role in achieving this vision of a future free of HIV and hepatitis C is threefold. CATIE will:

- disseminate emerging research and best-practice tools in plain language while continuing to partner with community experts to develop and disseminate prevention and health treatment information tailored to specific populations;

- bring stakeholders together to determine and share optimal approaches to promote health and wellness among those living with or at risk for HIV and/or hepatitis C; and
- build the capacity of frontline service providers by delivering core education in HIV and hepatitis C and facilitating dialogue that can lead to strengthened health programming.

We are truly fortunate to have so many engaged members and subscribers who contribute their time and insights to help direct our strategic efforts, and with whom we are committed to work together to build that future free of HIV and hepatitis C.

# New directions in hepatitis C programming

*The National Deliberative Dialogue on Integrated Hepatitis C Programming and Services, February 11–12, 2015*

We are at a pivotal point in our frontline response to hepatitis C. 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 hepatitis C programming and services.

The dialogue focused on hepatitis C continuum of care models (prevention, testing, treatment and support) and the patient journey through a health equity lens. In particular, our focus was on integrated hepatitis C programming models for populations disproportionately affected by hepatitis C: Indigenous communities; people who use drugs; new immigrants and refugees; and older adults. This included the lessons learned from frontline efforts and the identification of priority areas that would need to be addressed at the programming, organizational and structural levels in order to facilitate the implementation of population-specific integrated hepatitis C programming for these populations.

Through facilitated discussion, participants were able to reflect on and identify a number of key themes related to integrated hepatitis C programming and services, including the need for tailored, population-specific 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 components of success identified, as well as population-specific integrated programming frameworks for each of the key populations. The meeting

provided an opportunity for learning and sharing across regions, as well as identifying common national priority directions. The results of this dialogue will inform CATIE's community hepatitis C programming over the next few years.

CATIE will continue to be a national leader in engaging stakeholders in supporting efforts to strengthen integrated hepatitis C programming and to convene discussions that are focused on regional level responses to priority populations affected by hepatitis C.

Participants at CATIE's Deliberative Dialogue on Integrated Hepatitis C Programming and Services





Helping service providers support their clients with information

# RESOURCES

A Dawson Creek HIV outreach educator wrote to tell us that, in ordering resources from the CATIE Ordering Centre on behalf of a family resource coordinator stationed a distance away, “it saves me a drive on what could be dangerous snowy roads in the North.”

Such a story reminds us of the many ways CATIE resources do more than just provide information. Through partnerships with organizations across the country, CATIE helps service providers develop resources and shares them with other service providers across the country, benefiting all frontline workers.

Our Ordering Centre distributed more than 850,000 items to health professionals, public health practitioners, educators and other frontline workers during 2014/15. And we worked with 63 leading Canadian HIV and hepatitis C organizations to develop and disseminate publications.

Collaboration takes many other forms. In February 2014, CATIE worked with the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) to produce a poster, available through the Ordering Centre, for the first African, Caribbean and Black Canadian HIV/AIDS Awareness Day. Through partnerships with newcomer and settlement organizations, CATIE has produced and disseminated culturally appropriate information about hepatitis C for immigrants and refugees to Canada. With the Sex Information and Education Council of Canada (SIECCAN), we began to develop new resources on sexually transmitted infections.

# CATIE partners for resource development

Since 2008, the CATIE Ordering Centre has provided free resources to community-based organizations, healthcare providers and other frontline service providers across Canada. Each year the collection evolves, both in overall volume and diversity of topic areas covered. The past year was no exception. In 2014/15, CATIE worked with 63 leading Canadian HIV and hepatitis C organizations to develop and disseminate publications that support frontline organizations in educating people in Canada on HIV, hepatitis C, sexual health and harm reduction.

Holistic health information on HIV and hepatitis C continued to be a focus of CATIE's content development work. A new practical guide on long-term health was added to the suite of information for people with HIV (*see the spotlight, page 21*). Our primer *Starting Points: Living with HIV* was updated in partnership with Toronto PWA Foundation to reflect the realities of people being diagnosed

with HIV today. And, as always, *The Positive Side*, CATIE's flagship publication for and by people living with HIV, continued to deliver the stories and health information that readers rely on.

For service providers, CATIE provided up-to-date information on hepatitis C treatment, and updated the exhaustive *HIV in Canada: A primer for service providers*, an overview of the trends and issues that affect HIV prevention, care, treatment and support in Canada. The online format of these resources allows for continuous updating, to ensure that our clients have the most current information on HIV and hepatitis C.

Finally, CATIE partnered with the Sex Information and Education Council of Canada (SIECCAN) to begin content development in the area of sexually transmitted infections. This work is providing a foundation for the organization's continued exploration of more integrated sexual health information.



## ***The Positive Side* delivers the personal side**

Murray Jose-Boerbridge's account of how being diagnosed, starting treatment and becoming a dad transformed him and made him the man he is today; and Gloria Tremblay's story of being diagnosed with HIV later in life and how she dealt with serious stigma in rural Saskatchewan were two personal stories covered this past year in *The Positive Side*. The magazine, which came under the caring leadership this year of CATIE staff member Debbie Koenig as its new editor-in-chief, continued to offer health information that speaks directly to the needs of people with HIV—young and old, urban and rural, newly diagnosed and long-term survivors. One loyal reader commented that for her and others, the magazine has been a lifeline.

## Ordering Centre Collection answers frontline needs

The importance of the collection for organizations and individuals from coast to coast can be gauged by the degree to which it is accessed. Over the past year, a wide range of community stakeholders accessed the collection. There were close to 4,000 orders placed by organizations and individuals and more than 850,000 items distributed to health professionals, public health practitioners, educators and other frontline workers. Organizations that use the Ordering Centre receive the *Ordering Centre Quarterly Update* to keep them informed of new print and online resources available through CATIE.

Additionally this year, CATIE initiated an analysis of the collection. The goal is to better understand the information needs of individuals and organizations across the country and to understand emerging information consumption patterns. The results of the analysis will guide future resource development and planning.



## WHAT THEY SAY

WRIP is fantastic. VIDC patients can get lots of valuable information about HIV and HCV through these brochures and pamphlets.

– **Harout Tossonian,**  
MD, PhD, Research Manager,  
Vancouver Infectious  
Diseases Centre (VIDC)



## Ten new WRIP sites in 2014/15

In 2014/15, CATIE continued to expand its Waiting Room Information Program (WRIP), which provides waiting rooms and clinics with resources from the Ordering Centre, complete with display stands. The program has been very successful, with 10 new sites added during the year: five new hepatitis C clinics; four HIV/hepatitis C clinics; and one HIV clinic. The total number of WRIP sites participating nationwide is 77, and all of these organizations receive the quarterly *WRIP e-bulletin* highlighting new publications available through the CATIE Ordering Centre and providing information on CATIE news and services. The goal of WRIP is to ensure that clinics across the country are able to access and share the most-up-to-date HIV and hepatitis C treatment and healthy-living print publications for their clinical teams and clients. With each year, our reach grows.



# CATIE shatters website traffic record on World AIDS Day

With over 6,800 resources on prevention, treatment, healthy living and programming related to HIV and hepatitis C, our website [www.catie.ca](http://www.catie.ca) has become our primary method of disseminating news and resources to the front lines.

CATIE welcomed almost 2 million visits to our website in 2014/15, with visitors logging 3.8 million page views. Forty per cent of those visits were to our French content, a testament to the need for bilingual information related to HIV and hepatitis C. On World AIDS Day 2014 we shattered our own website traffic record with over 13,000 visits in a single day, an increase of more than 400 per cent over the previous World AIDS Day.

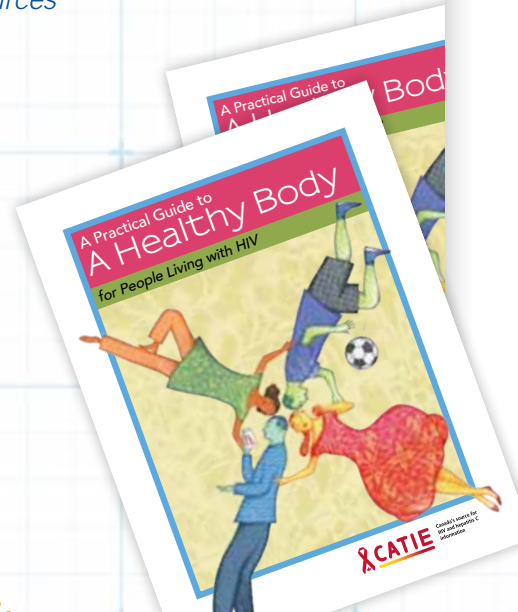
In May 2014, Google implemented an important change to its search algorithm, prioritizing the ranking of websites it deemed to be of high quality. As a result, CATIE experienced a 350-per-cent increase in traffic from search engines, which now make up 81 per cent of referrals to the CATIE website.



## WHAT THEY SAY

Beginning in the fall, I will be running a sexuality group for youth with autism spectrum disorder. The local Opt Clinic directed me to this resource. With so many of my youth being visual learners, I thought the booklets and cards would be a great way to grab their attention and get talking about sex!

— *Comment from person ordering resources*



## SPOTLIGHT

### *A Practical Guide to a Healthy Body for People Living with HIV*

With HIV treatment allowing people with HIV to live much longer than ever imagined possible, people with HIV can now think about their health from a long-term perspective. What impacts can HIV and HIV treatment have on the body? And what can be done to prevent and resolve those impacts? This new illustrated guide offers people living with HIV and their care providers practical information on everything from bone, cognitive and cardiovascular health to diabetes, hormone changes, kidney health, liver health and how to manage multiple conditions.

The guide was written by Lark Lands, who brings more than 30 years of experience educating people about holistic, long-term health. Each chapter went through a rigorous review process: a total of 29 physicians, pharmacists, naturopathic doctors, educators and medical editors from across the country provided feedback to ensure the accuracy and accessibility of the guide.

# Canada's first African, Caribbean and Black Canadian HIV/AIDS Awareness Day

Canada's first-ever African, Caribbean and Black Canadian HIV/AIDS Awareness Day took place on February 7, 2015. CATIE worked closely with the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) to plan for the event, which raised awareness across the country that the risk of HIV infection among African, Caribbean and Black Canadians is higher than among other Canadians.

In collaboration with CHABAC, CATIE produced a poster for the Day, distributing 592 copies to organizations across the country through the CATIE Ordering Centre. CATIE also assisted in securing official proclamations for the Day in the City of Edmonton and the City of Halifax.



## WHAT THEY SAY

I think the first Awareness Day [for the African, Caribbean and Black Canadian HIV/AIDS Awareness Day, February 7] went especially well. There was a fair amount of interest from local media across the country, the day was proclaimed or recognized in a number of jurisdictions and we did pretty well on social media too. All in all I think it exceeded our expectations. We owe you, Andrew [Brett] and the CATIE team a huge thanks for supporting the Day from beginning to end.

– **Shannon Ryan**, Executive Director, Black Coalition for AIDS Prevention (BlackCAP), Toronto



# Hepatitis C information in 11 languages... and counting!

Out of the more than 300,000 people in Canada who have been infected with hepatitis C in their lifetime, an estimated 35 per cent were born outside of Canada. To meet the unique needs of immigrants affected by hepatitis C, CATIE has developed a collection of multilingual hepatitis C resources over the past four years. Each year, the collection evolves with more information to reach priority newcomer populations in Canada.

With the highest prevalence of hepatitis C in the world reported in Egypt, it is appropriate that Arabic is the most recent addition to our collection of pamphlets for newcomers called *What you should know about hepatitis C*, now available in seven languages.



# HIV411.ca/HCV411.ca features improved

Our interactive, educational puzzle *Hepatitis: Know the ABCs* entered its third reprint in 2014/15, and is now also available in seven languages.

Our multilingual hepatitis C website, [yourlanguage.hepcinfo.ca](http://yourlanguage.hepcinfo.ca), has grown to host information in 11 languages beyond English: French, Arabic, Bengali, Hindi, Punjabi, Simplified Chinese, Spanish, Tamil, Tagalog, Urdu and Vietnamese. As the treatment landscape is rapidly changing in hepatitis C, we continue to update and translate new information for the site.

Arabic version of the CATIE brochure *What you should know about hepatitis C*



HIV411.ca/HCV411.ca (formerly ASO411) is a bilingual web portal that uses Google maps functionality to list healthcare and community-based agencies across Canada that serve people living with and at risk for HIV or hepatitis C. This past year, CATIE committed to taking on the responsibility of being the national manager of the online service that had been managed initially on a provincial basis by the Ontario HIV Treatment Network (OHTN).

A number of visual and technical refinements were made to enhance functionality, including improved and redesigned search performance and the ability to display multiple listings of organizations at the same street address. To help keep all information on the websites current, e-mails were sent out to the nearly 1,000 listed organizations to encourage them to review and update their listings. Ongoing online promotion has helped to increase visitor traffic, with the majority of traffic coming from advertising through Google.



CATIE placed outdoor advertisements for HIV411.ca at WorldPride in Toronto to help visitors find local services.

The Information and Access Working Group of the Toronto HIV/AIDS Network, consisting of The AIDS Committee of Toronto (ACT), Casey House, Hemophilia Ontario, LOFT Community Services, the Toronto People With AIDS Foundation (PWA) and the OHTN, continues to participate in an advisory capacity for HIV411.ca/HCV411.ca.



## Going viral: Outreach in the digital world

As Canadians increasingly look to the Internet for their health-related questions, CATIE has continued to grow its digital outreach initiatives to connect them with the right answers.

Social media helped CATIE expand its reach across the country over the past year, with an over 560-per-cent increase in website traffic from Facebook alone. Social media audiences can now see more multimedia content, such as a new 60-second animated video outlining CATIE information programs for service providers.

Through online advertising on websites, search engines, mobile apps and social media, CATIE targeted its promotions to specific audiences, ensuring that up-to-date information reached the service providers and communities most affected by the latest developments in HIV and hepatitis C.

CATIE also expanded its e-mail outreach to service providers, notifying relevant frontline workers across the country of new resources that could help them in their line of work.

5,967

Facebook fans at  
the end of 2014/15.

(183%  
increase)

17,276

website visits from  
CATIE e-mail subscriptions  
and outreach

(126%  
increase)

4,673

Twitter followers at the  
end of 2014/15.

(112%  
increase)

48,572

website visits from  
online advertising.

(86%  
increase)

## The CATIE Exchange readership surpasses 4,000

*The CATIE Exchange*, CATIE's biweekly forum on frontline programs, provides more than 4,000 readers with information on new HIV and hepatitis C resources, programs, news and events. Through collaboration with frontline agencies, *The CATIE Exchange* is a medium for HIV and hepatitis C knowledge exchange across the country. The e-subscription, which saw five-per-cent growth in readership this fiscal year, added a new *Bright Ideas!* section that highlights innovative programs, projects and campaigns run by diverse community-based organizations and healthcare professionals working in HIV and hepatitis C. Those 'bright ideas' included Doc in the Box, a portable telehealth unit that connects HIV-positive patients in a remote Saskatchewan reserve with their physician in Regina; a unique hepatitis C testing campaign in Halifax that targets populations with a checklist of activities; and an HIV leadership program for young gay, bi, queer and trans men in Vancouver.

# WHAT THEY SAY

AIDS Committee of Cambridge,  
Kitchener, Waterloo and Area

**@AIDSCKW:**

We're excited to welcome CATIE to our office today to provide staff and volunteers refreshers about the science of #HIV.

Casey House

**@CaseyHouseTO:**

Solid research summary from @CATIEinfo that reflects experiences of many of our age 50+ clients living w HIV.

Sexpressions

**@Sexpressions:**

Analysis of new #HIV research by @CATIEinfo gives transmission risks with an undetectable viral load

Women's Health in Women's Hands

**@WHIWHCHC:**

@CATIEinfo Thank you for this post. We'll definitely consult it as we look at next steps for our HIV testing program!

Canadian Association for HIV Research

**@CAHR\_ACRV:**

Thanks to Sean from @CATIEinfo for teaching us how to communicate research to a lay audience!



Central Alberta AIDS Network Society

**@CAANSRedDeer:**

Thanks to @CATIEinfo and their fabulous website... We had a question and their website saved our #bacon in #RedDeer

Native Youth Sexual Health Network

**@NYSHN:**

Good place to start is @CATIEinfo Best Practice Recommendations for Harm Reduction

Fondation Farha

**@FondationFarha:**

Have you recently been tested for HIV/AIDS? Find out what to do thanks to information provided by @CATIEinfo

Pacific AIDS Network

**@PAN\_CBR:**

Looking forward to digging into @CATIEinfo's newest issue of #Prevention in Focus this afternoon!

Providing training opportunities to enhance the capacity of frontline workers to serve their clients

# EDUCATION

Richmond, Quebec City, Thompson, Kelowna, Gatineau, Halifax, Trois-Rivières, St. John's and New Liskeard. This is but a fraction of the 32 towns and cities across Canada where CATIE has delivered educational outreach in 2014/15, working with regional partners to provide HIV and hepatitis C workshops and trainings tailored to local needs.

Last year, CATIE travelled coast to coast. There was the Pacific Educational Conference, where we partnered with the Pacific AIDS Network to conduct workshops on grief and resilience. In Quebec City, we partnered with the Portail VIH/sida du Québec, MIELS-Québec and the Programme national de mentorat sur le VIH/sida to host 30 participants in workshops on HIV testing, food security and stigmatization in healthcare settings. And there was Halifax, partnering with the Nova Scotia Association for Sexual Health to present skills-building workshops and discussions for health workers in school settings.

To reach beyond in-person workshops, we have been building new educational venues to serve the most remote communities and accommodate anyone who wants to benefit from CATIE's educational content at any time, in any place. Over the past year, CATIE has developed the first stage of a blended learning program, offering a combination of e-learning modules, self-directed learning, discussion boards, webinars and in-class training. The curriculum will soon be accessible more broadly through eduCATIE, our own online learning management system.



# CATIE launches blended learning through eduCATIE

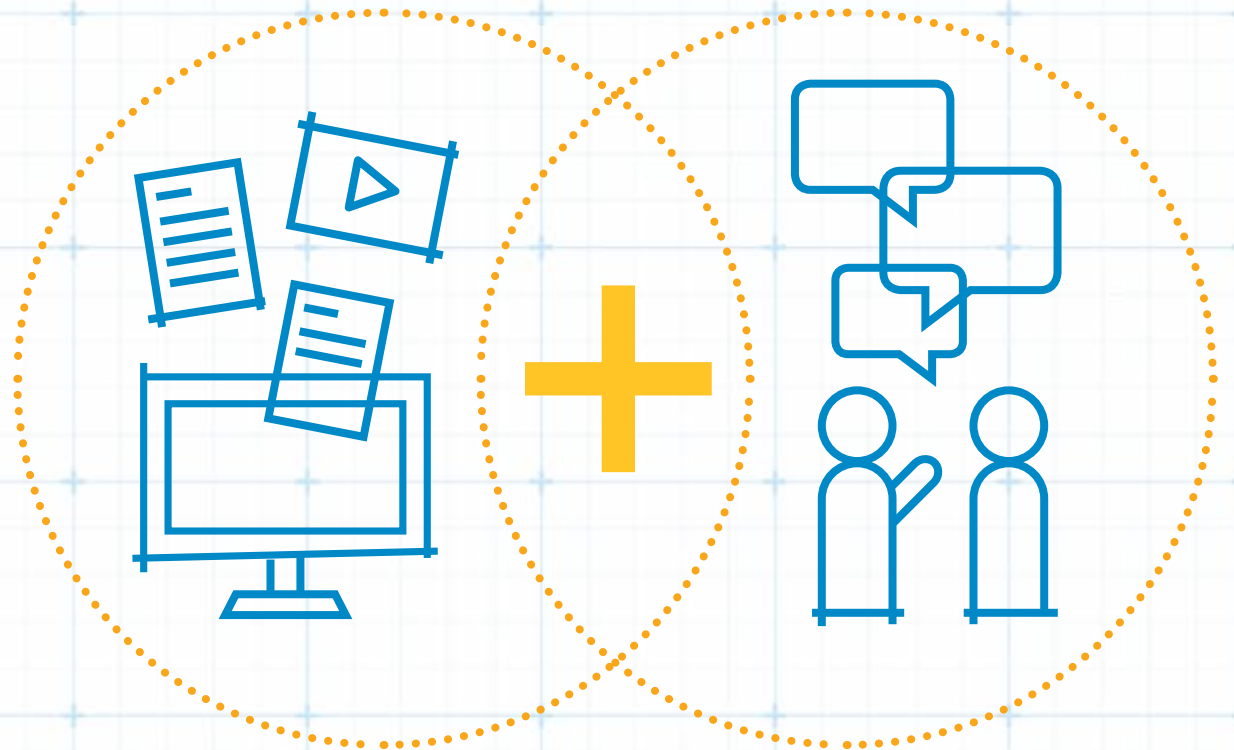
CATIE is developing a blended-learning approach to deliver educational programs.

Blended learning is when two or more different types of learning approaches and contexts are used to deliver training. Our 'blend' includes e-learning modules, self-directed learning (job aids, readings from CATIE resources), discussion boards, webinars and in-class training. Blended learning is practical, flexible and on-demand, which allows for more value-added time in the classroom.

CATIE's blended-learning curriculum will focus on HIV and hepatitis C core knowledge for those working on the front lines. In early 2015, a diverse group of 28 participants helped us pilot the Hepatitis C Basics core curriculum, including frontline workers in community organizations and nurses working in public health and corrections. Participants hailed the pilot project as a success, and we have already received requests for three more pilots in Atlantic Canada.

The CATIE blended-learning curriculum will soon be accessible more broadly through eduCATIE, our in-house learning management system. Through eduCATIE, participants are given their own profiles through which they can register for learning events, track their progress and print certificates of completion.

**éduCATIE.ca**



## Delivering workshops and trainings across Canada

From coast to coast, CATIE works in partnership with local and regional organizations to deliver workshops and trainings in response to specific community needs.

# CATIE REACHING OUT ACROSS THE COUNTRY

This year CATIE and Positive Women's Network partnered to provide educational workshops in three cities in the British Columbia Central Interior: Kelowna, Nelson and Kamloops. The workshops focused on HIV and women, as well as co-infection with HIV and hepatitis C. Women living with HIV and women living with hepatitis C attended the workshops with the support of CATIE. This partnership provided an opportunity to share knowledge and wellness strategies among women and build community support. Frontline service providers participated in workshops on co-infection and created community resource maps to highlight local HIV and hepatitis C services in their area.

The Manitoba Harm Reduction Conference 2014 in Thompson, Manitoba, focused on improving access in rural, remote and Northern Manitoba. CATIE presented workshops on the basics of HIV, hepatitis C and co-infection to a large group of primarily First Nations and Métis service providers from the communities surrounding Thompson. This conference was an excellent opportunity to learn about innovative programming and connect with those doing important work in HIV and hepatitis C around the province.

A light blue map of Canada is shown on the left side of the page. Several location pins are placed across the country: a yellow pin in the Atlantic region, a blue pin in the central region, and a cluster of red, blue, and purple pins along the western coast. A dotted orange line starts from the yellow pin, goes up and to the right, then down and to the right, ending near the bottom right of the page. Another dotted orange line starts from the bottom left of the map and goes up and to the right, ending near the top right of the page.

In January, CATIE was invited by the Centre des R.O.S.É.S. to deliver workshops to its members and partners. The Centre delivers services to people living with HIV throughout the region of Abitibi-Témiscamingue, a vast territory in northwestern Quebec. The Centre works in close collaboration with a specialized HIV clinic at the hospital in Rouyn-Noranda. CATIE delivered a full day of training to local stakeholders, including staff from the Centre and the clinic, and was able to learn more about this exceptional interdisciplinary model operating in a small-town setting.

For more than a year, CATIE has been working with the Ontario HIV and Substance Use Training Program to present a one-day training on women and harm reduction for frontline workers in Ontario. We have been to nine communities, including New Liskeard, Mattawa and Parry Sound. Many of these trainings have been organized by the Women and HIV/AIDS Initiative workers in those communities. The trainings give frontline workers a better understanding of how to use harm reduction as an HIV and hepatitis C prevention tool in their work.

## WHAT THEY SAY

The Kamloops Street Outreach Nurses invited CATIE and the Positive Women's Network to present to local agencies and frontline workers on HIV and Hep C co-infection to kick off Hepatitis Awareness Month. It was an incredible day of learning for all!

– **Lisa Deol-Rollo,**  
*RN, Interior Health  
Authority, British Columbia*



## Breaking the ice in Northern Manitoba

*This is an excerpt from a post written by CATIE educator Melissa Egan for the CATIE Blog. Read the full version at <http://blog.catie.ca>*

It's cold in Thompson, Manitoba. The snow squeaks and the roads are nearly pure ice; everyone drives a truck up here. I've arrived to do a three-day training alongside staff from the Sexuality Education Resource Centre, Play it Safer Network and Keewatin Tribal Council. We'll be spending time with 25 people from 16 First Nations communities in the area.

In many of their communities these individuals are nurses and community health educators and it is still taboo for them to discuss sex and sexuality. So we keep asking them to share their experiences and to help us understand what it's like.

We ask about what people in their communities need to know and how they plan to use what they've learned with us when they get home. The discussion is creating sparks of excitement; suggestions are plentiful and laughter is constant. We have a tough time getting the group back together for our closing round!

But each person speaks about their journey here, the things they've learned and what they'll be taking away. Change isn't easy to measure when it happens in the heart, but I'll never forget one participant—resistant and silent when she arrived—showing us how much she'd learned by changing her mind about the HIV-positive woman living in her community.



### WHAT THEY SAY

I attended a teleconference meeting this morning with members of AIRN [Atlantic Interdisciplinary Research Network for Social and Behavioral Issues in Hepatitis C and HIV/AIDS] and the feedback on CATIE's Hep C meeting from individuals who attended was fantastic. Several said it was the best organized meeting they had attended in many years. All of the staff worked hard on this initiative and I had to share this feedback. Congratulations on a great job!

– **Gerard Yetman,**  
*Executive Director, AIDS Committee of Newfoundland and Labrador and CATIE board member*



## CATIE webinars bring experts to the front lines

To give frontline workers across Canada access to leading HIV and hepatitis C experts, CATIE expanded its webinar programming over the past year. Some highlights included:

- CATIE partnered with the Interdisciplinary HIV Pregnancy Research Group (IHPREG) to deliver a series of webinars on HIV-positive parenting in English and French. Experts with both professional and lived experience shared their thoughts on pregnancy planning, safer infant feeding and strategies for parents of young children.
- To bring frontline workers up to speed on new HIV prevention science, CATIE offered webinars on pre-exposure prophylaxis and the effect of viral load on HIV transmission.

## Supporting education needs on the front lines

Each year, CATIE works with regional partners across the country to provide a program of HIV and hepatitis C workshops and trainings tailored to regional needs.

- The Pacific Educational Conference brought together support workers from across British Columbia on February 24–26, 2015 in Richmond, B.C. A partnership between CATIE and the Pacific AIDS Network, the conference included workshops on grief, resilience, and a variety of other topics related to HIV and hepatitis C.
- The Alberta Educational Conference is part of an ongoing partnership between CATIE and the Alberta Community Council on HIV. Over 75 service providers, people living with HIV and government representatives came together to explore the issues facing those living with, and working in, HIV and hepatitis C in Alberta.
- Together with the Toronto Harm Reduction Alliance, CATIE co-hosted the first-ever Ontario-wide harm reduction peer worker forum entitled Peer Pressure. Over 40 participants from 21 agencies across Ontario came to the forum, held in Toronto. The forum was a unique educational opportunity for workers who often do not receive any training or networking opportunities to learn from each other and from experts in their field.
- In Quebec, CATIE partnered with the Portail VIH/sida du Québec, MIELS-Québec and the Programme national de mentorat sur le VIH/sida (PNMVS) to offer an educational event prior to the annual Quebec City symposium organized by PNMVS. The event hosted 30 participants from across eastern Quebec for workshops on HIV testing, food security and stigmatization in healthcare settings.
- CATIE and the Nova Scotia Association for Sexual Health organized two days of skills-building workshops and discussions for sexual and public health and healthcare workers in school settings in May 2014. For many participants, this was their first contact with CATIE.

## CATIE expands Hep C education in immigrant communities

CATIE's work with ethnocultural communities on hepatitis C education continued to grow in 2014/15. Since 2010, CATIE has worked on hepatitis C education with the four largest immigrant communities in Ontario (Chinese, Punjabi, Pakistani and Filipino). This past year, we added the Spanish-speaking community to our education and community development program.

In total, 21 Immigrant Health and Hepatitis C workshops were delivered in partnership with 12 community and settlement organizations across Ontario.

The success of CATIE's hepatitis C education work with these ethnocultural communities squarely depends on a core team of highly skilled community facilitators. They are usually newcomers to Canada with background in medicine or social work and are native speakers of the languages in which they do the education work.

CATIE also works with ethnic media and frontline workers to reach out to wider communities. In partnership with the Committee of Progressive Pakistani-Canadians, we organized a dialogue with the editors of South Asian ethnic media to highlight the high prevalence of hepatitis C in South Asian communities.

On World Hepatitis Day 2014, CATIE also launched its Chinese and South Asian resources in two separate events for Chinese and South Asian frontline workers.

A Filipino community training, Pagtitipon-Coming Together, was organized in partnership with three organizations: Migrante Canada, Anakbayan Toronto and GABRIELA Ontario. This provided an opportunity to build momentum by connecting people engaged in research, community organizing, health and social service work.

## CAAN honours CATIE with 2014 Award

At a gala ceremony held in Toronto July 3, 2014, the Canadian Aboriginal AIDS Network (CAAN) awarded CATIE its 2014 Social, Political and Community Award.

The award recognizes CATIE's "dedication, passion, leadership and commitment to the Aboriginal AIDS movement in Canada." CATIE greatly appreciates the long-standing partnership with CAAN and thanks the organization for this honour.



**Pictured** (from left): CAAN Chief Executive Officer Ken Clement; CATIE Executive Director Laurie Edmiston; Trevor Stratton, APHA Liaison for CAAN and CATIE Board member; and Peetanacoot Nenakawekapo, member on both organizations' boards of directors



## Public Funders

April 1, 2014 to March 31, 2015

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

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

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

## Corporate Donors

April 1, 2014 to March 31, 2015

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.

### Platinum Donors (\$50,000 to \$69,999)

Merck Canada Inc.

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

AbbVie Corporation  
Gilead Sciences Canada, Inc.

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

Bristol-Myers Squibb Canada  
Hoffman-La Roche Limited  
ViiV Healthcare ULC

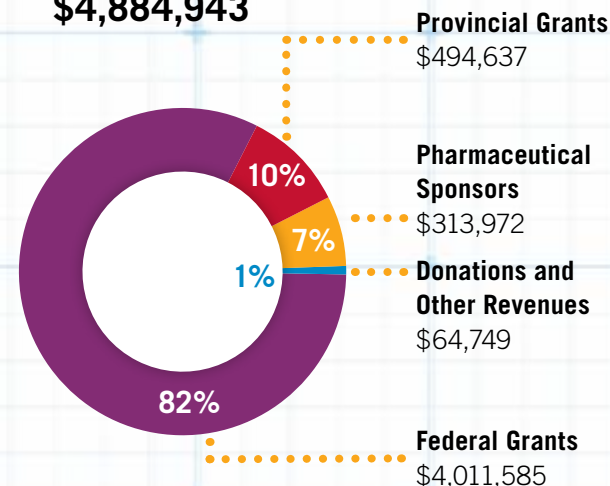
### Gifts in Kind

iMD Health  
Morneau Shepell

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.

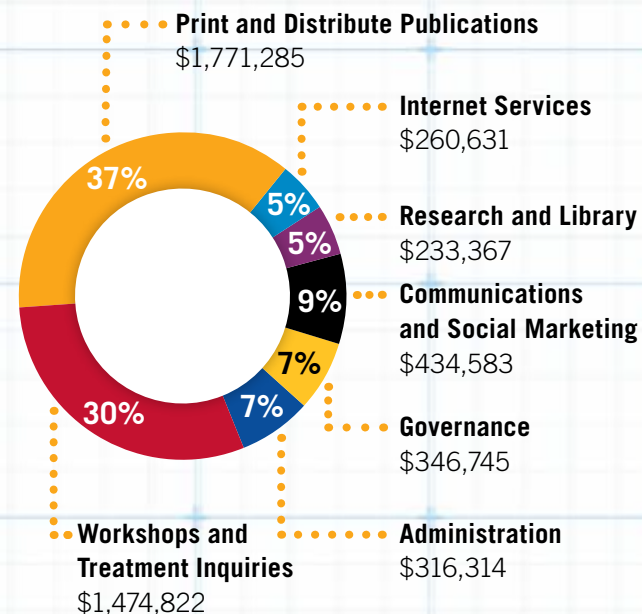
## Total Revenue

\$4,884,943



## Total Expenditures

\$4,837,747



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

# CATIE Partners, 2014/15

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

2-Spirited People of the First Nations  
The 519, Toronto  
ACON, Australia  
Action Canada for Sexual Health and Rights  
Action Hepatitis Canada  
Action positive VIH/sida  
African and Caribbean Council on HIV/AIDS in Ontario  
Africans in Partnership Against AIDS  
Ahtahkakoop Health Centre  
AIDS Bereavement and Resiliency Program of Ontario  
AIDS Calgary Awareness Association  
AIDS Coalition of Cape Breton, Nova Scotia  
AIDS Coalition of Nova Scotia  
AIDS Committee of Cambridge, Kitchener, Waterloo and Area, Ontario  
AIDS Committee of Newfoundland and Labrador  
AIDS Committee of North Bay and Area, Ontario  
AIDS Committee of Ottawa  
AIDS Committee of Simcoe County, Ontario  
AIDS Committee of Toronto  
AIDS Community Care Montreal  
AIDS Moncton  
The AIDS Network, Ontario  
AIDS New Brunswick  
AIDS Niagara, Ontario  
AIDS PEI  
AIDS Programs South Saskatchewan  
AIDS Saskatoon  
AIDS Vancouver  
Alberta Community Council on HIV  
All Nations Hope AIDS Network, Regina  
Alliance for South Asian AIDS Prevention, Toronto  
Atlantic Interdisciplinary AIDS Research Centre  
ANKORS, British Columbia  
Arc-en-ciel d'Afrique, Montreal  
Asian Community AIDS Services, Ontario  
ASK Wellness Society, British Columbia

Australian Federation of AIDS Organizations  
BC Centre for Disease Control  
BC Centre for Excellence in HIV/AIDS  
Community Based Research Centre for Gay Men's Health, British Columbia  
Black Coalition for AIDS Prevention, Ontario  
Blood Ties Four Directions Centre, Yukon  
Bloom Clinic, Wellfort Community Health Centre, Ontario  
Bramalea Community Health Centre, Ontario  
BRAS-Outaouais, Quebec  
Burntwood Regional Health Authority, Manitoba  
CACTUS Montreal  
Calgary Urban Project Society  
Canadian Aboriginal AIDS Network  
Canadian AIDS Society  
Canadian Association for HIV Research  
Canadian Association of Hepatology Nurses  
Canadian Association of Nurses in AIDS Care  
Canadian Ethnocultural Council  
Canadian Hemophilia Society  
Canadian HIV/AIDS Legal Network  
Canadian Institutes of Health Research  
Canadian Liver Foundation  
Canadian Mental Health Association  
Canadian Observational Cohort Collaborative Research Centre  
Canadian Public Health Association  
Canadian Society for International Health  
Canadian Treatment Action Council  
Canadian Working Group on HIV and Rehabilitation  
Capital District Health Authority, Nova Scotia  
Carmichael Outreach, Saskatchewan  
Casey House, Toronto  
Central Toronto Community Health Centres  
Centre associatif polyvalent d'aide hépatite C, Montreal  
Centre for AIDS Services of Montreal  
Centre for Spanish Speaking Peoples, Toronto  
Centre Sida-Amitié, Quebec  
Chee Mamuk, Aboriginal Program,  
BC Centre for Disease Control  
Chinese Canadian National Council,  
Toronto Chapter  
CHU Hôtel Dieu, Montreal  
CHU Sainte-Justine, Montreal  
CIHR Canadian HIV Trials Network

CIHR Centre for REACH in HIV/AIDS  
CIHR Social Research Centre in HIV Prevention  
Clinique médicale Quartier latin, Montreal  
Clinique Médicale l'Actuel, Montreal  
Coalition des organismes communautaires québécois de lutte contre le sida  
Committee of Progressive Pakistani Canadians  
Correctional Service Canada  
Direction 180, Halifax  
Downtown Community Health Centre, Vancouver  
Edmonton General Continuing Care Centre  
Elevate NWO, Thunder Bay  
Filipino Community Centre (Windsor/Essex County), Ontario  
First Nations and Inuit Health Branch, Health Canada  
First Nations Health Authority, British Columbia  
First Nations of Quebec and Labrador Health and Social Services Commission  
GAP-VIES, Montreal  
Gay Men's Sexual Health Alliance, Ontario  
Group Health Centre, Ontario  
Hamilton Health Services Immigration Services, Ontario  
Hassle Free Clinic, Toronto  
Healing Our Nations, Nova Scotia  
Health Sciences North, Ontario  
Hemophilia Ontario  
HepCBC Hepatitis C Education and Prevention Society  
Hepatitis Outreach Society of Nova Scotia  
Hepatitis Support Program, Kaye Edmonton Clinic  
HIM Health Initiative for Men, Vancouver  
HIV Community Link, Calgary  
HIV Edmonton  
HIV North Society, Alberta  
HIV & AIDS Legal Clinic Ontario  
Hôpital de Gatineau  
Hôpital Notre-Dame UHRESS, Montreal  
Human Endeavour, Ontario  
Insite, Vancouver  
Interagency Coalition on AIDS and Development  
Interdisciplinary HIV Pregnancy Research Group  
Interior Health Authority, British Columbia  
Jewish General Hospital, Hepatology Clinic, Montreal  
Jewish General Hospital, Montreal  
John Howard Society of Greater Moncton

Kababayan Multicultural Centre, Toronto  
 Ki-Low-Na Aboriginal Friendship Society,  
 British Columbia  
 Kirby Institute, Australia  
 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  
 LookOut Emergency Aid Society, Vancouver  
 Mainline Needle Exchange, Nova Scotia  
 MAINS Bas-St-Laurent, Quebec  
 Maple Leaf Medical Clinic, Toronto  
 MIELS-Québec  
 Moncton Hospital Clinic  
 Montreal Chest Institute – Immunodeficiency Clinic  
 Montreal General Hospital – IDTC Clinic  
 National Collaborating Centre for  
 Infectious Diseases  
 Nine Circles Community Health Centre, Winnipeg  
 North End Community Health Centre, Halifax  
 Northern AIDS Connection Society, Nova Scotia  
 Northern Alberta HIV Program  
 Nova Scotia Association for Sexual Health  
 Oak Tree Clinic, British Columbia  
 OASIS Health and Medical, Ontario  
 Okanagan Nation Alliance, British Columbia  
 Ontario AIDS Network  
 Ontario Council of Agencies Serving Immigrants  
 Ontario HIV Treatment Network  
 Ontario Ministry of Health and Long-Term Care,  
 AIDS Bureau  
 Oshawa Community Health Centre –  
 Downtown Hepatitis C Clinic, Ontario  
 Oshawa Community Health Centre –  
 Main Centre, Ontario  
 Ottawa Hospital  
 Ottawa Hospital and Regional Hepatitis Program  
 Ottawa Inner City Health Project  
 Ottawa Public Health  
 Pacific AIDS Network  
 Pacific Hepatitis C Network  
 Parkdale Community Health Centre, Toronto  
 Pauktuutit Inuit Women of Canada  
 Peel HIV/AIDS Network, Ontario

Pender Community Health Centre, British Columbia  
 Play It Safer Network, Manitoba  
 Portail VIH/sida du Québec  
 Positive Health Services, British Columbia  
 Portland Hotel Society, British Columbia  
 Positive Living Society of British Columbia  
 Positive Women's Network, British Columbia  
 PositiveLite.com  
 POWER, Ontario  
 Primary Health Care Clinic, Regina  
 Primrose Family Medicine Centre, Ontario  
 Prince Albert Sexual Health and Hepatitis C  
 Clinic, Saskatchewan  
 Prisoners with HIV/AIDS Support Action Network  
 Programme National de Mentorat sur le VIH-sida,  
 Quebec  
 Public Health Agency of Canada  
 Punjabi Community Health Services, Ontario  
 Purpose Society—Stride Program,  
 British Columbia  
 Queen Elizabeth II Hospital, Nova Scotia  
 Queen West Community Health Centre, Toronto  
 Rainbow Resource Centre, Winnipeg  
 Rawal TV, Ontario  
 Réseau ACCESS Network, Ontario  
 Regent Park Community Health Centre, Toronto  
 Regina General Hospital, Infectious Disease Clinic  
 Regina Qu'Appelle Health Region  
 Regional Atlantic AIDS Network  
 Regional HIV/AIDS Connection, Ontario  
 RÉZO, Montreal  
 Robert & Lily Lee Family Community Health  
 Centre, British Columbia  
 Safeworks, Alberta  
 Saint John Regional Hospital, New Brunswick  
 Sanguen Health Centre, Ontario  
 Saskatchewan HIV Provincial Leadership Team  
 Saskatoon Health Region  
 Sex Information and Education Council of Canada  
 Sexuality Education Resource Centre, Manitoba  
 Shelter Health Hepatitis C Team/Wayside House,  
 Ontario  
 Sherbourne Health Centre, Toronto  
 Sidaction Mauricie, Quebec  
 Simon Fraser University  
 Sioux Lookout First Nations Health Authority  
 Somerset West Community Health Centre, Ottawa

South Riverdale Community Health Centre, Toronto  
 Southern Alberta HIV Clinic  
 Spectrum Health, British Columbia  
 St. Clare's Mercy Hospital,  
 Newfoundland and Labrador  
 St. Joseph's Health Care, Ontario  
 St. Leonard's House, Ontario  
 St. Michael's Hospital, Toronto  
 St. Paul's Hospital, Vancouver  
 St. Stephen's Community House, Toronto  
 Stella, Montreal  
 Street Health, Toronto  
 Streetworks, Edmonton  
 Sudbury Action Centre for Youth, Ontario  
 Sunnybrook Health Sciences Centre, HIV  
 Ambulatory Clinic, Toronto  
 The Teresa Group, Toronto  
 TheBody.com  
 Thorncliffe Neighbourhood Office, Toronto  
 Timmins Family Health Team/Hepatitis C, Ontario  
 Toronto Central Self-Management Program  
 Toronto East General Hospital Medical Triage –  
 HIV Clinic  
 Toronto Harm Reduction Alliance  
 Toronto Hepatitis C Alliance  
 Toronto HIV/AIDS Network  
 Toronto Centre for Liver Disease  
 Toronto People with AIDS Foundation  
 UHRESS CHUQ-CHUL, Quebec  
 Union of Ontario Indians  
 Université du Québec à Montréal  
 University of Ottawa  
 University of Toronto  
 University of Victoria  
 Valley Regional Hospital, Nova Scotia  
 Vancouver Coastal Health  
 Vancouver Infectious Diseases Centre  
 Vancouver Native Health Society  
 Victoria Cool Aid Society  
 Viral Hepatitis Clinic, Health Sciences Centre,  
 Manitoba  
 Windsor Essex Community Health Centre, Ontario  
 Windsor Regional Hospital—HIV Care Program,  
 Ontario  
 Winnipeg Health Sciences Centre  
 Women's College Research Institute, Toronto  
 YouthCO HIV & Hep C Society  
 Yukon Communicable Disease Control



# CATIE Board of Directors, 2014/15



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

CATIE wishes to thank Patrick Cupido, Chair, and the Board of Directors for their diligence in providing governance and support for our work. The board's insights, especially at this crucial time of strategic planning as we look ahead to the next three years, are greatly appreciated. Thanks, also, for the board members' commitment to their respective regions and to CATIE as a whole as we evolve to meet our communities' needs.



**Bob Gardner**

1948–2014

CATIE acknowledges the sad news of the passing of Bob Gardner, a founding member and former co-chair of CATIE, on August 28, 2014.

Bob was dedicated to social justice and health equity

issues. He and his partner Linda were members of AIDS ACTION NOW!, the Toronto-based activist group whose Treatment Information Exchange (TIE) was the precursor to what became the CATIE of today.

He served on the CATIE board from 1994 to 2000, assuming the responsibility of co-chair in the latter three years, and was designated a lifetime honorary member of our board of directors.



## CATIE Staff, 2014/15

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

### Communications and Social Marketing

**Jim Pollock**, Director,  
 Communications and Social Marketing  
**Andrew Brett**, Specialist,  
 Advertising and Digital Marketing  
**Alexandra Murphy**, Coordinator, CATIE  
 Ordering Centre (joined August 2014)

**Brittany Howlett**,  
 Coordinator, Community  
 Relations and Social Marketing  
**Joseph van Veen**, Coordinator,  
 Events and Event Marketing

### Information Technology

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

✚ **Back row:** (left to right) Jim Pollock, Mike Stringer, Thomas Egendorf, Sané Dube, Barb Panter, Andrew Brett, Tim Rogers, Barry Plant.  
**Middle row:** Scott Anderson, Lara Barker, Jennifer Grochocinski, Melissa Egan, Logan Broecker, David McLay, Krysha Littlewood, Erica Lee, Maria Escudero, Michael Bailey, Debbie Koenig.  
**Front row:** Alexandra Martin-Roche, Shamim Shambemiradam, Laurie Edmiston, Alexandra Murphy, Jacqueline Holder, Sophie Wertheimer.

**Not pictured:** Laurel Challacombe, Melisa Dickie, Sean Hosein, Brittany Howlett, Ed Jackson, Christine Johnston, Zak Knowles, Flora Lee, Dapeng Qi, Jeff Rice, Fozia Tanveer, Len Tooley, Hywel Tuscano, Joseph van Veen, Matthew Watson, James Wilton



# CATIE Staff, 2014/15 *(Continued)*

## Knowledge Exchange

**Tim Rogers**, Director,  
Knowledge Exchange

**Laurel Challacombe**, Associate  
Director, Research/Evaluation  
and Prevention Science

**Melisa Dickie**, Associate Director,  
Community Health Programming

**David McLay**, Associate Director,  
Health Information Services

**Scott Anderson**, Researcher/  
Writer, Hepatitis C Program

**Logan Broeckeaert**, Researcher/Writer,  
Treatment and Prevention Programming

**Sané Dube**, Senior Editor, Partnered  
Health Information Publications  
(joined November 2014)

**Sean Hosein**, Science & Medicine Editor

**Zak Knowles**, Web Content Manager

**Debbie Koenig**, Writer/Editor

**Erica Lee**, Information Specialist

**Alexandra Martin-Roche**, French Editor

**Fozia Tanveer**, Coordinator,  
Hepatitis C Ethnocultural Education  
and Outreach Program

**Hywel Tuscano**, Coordinator,  
Hepatitis C Ethnocultural Education  
and Outreach Program

**James Wilton**, Coordinator, Biomedical  
Science of HIV Prevention Programming

## 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

**Jennifer Grochocinski**, Manager,  
Program Delivery (joined April 2015)

**Lara Barker**, Regional Health Education  
Coordinator (British Columbia)

**Melissa Egan**, Regional Health  
Education Coordinator

(Alberta, Saskatchewan, Manitoba)

**Thomas Egdorf**, Regional Health  
Education Coordinator (New Brunswick,  
Newfoundland and Labrador, Nova  
Scotia, Prince Edward Island)

**Krysha Littlewood**, Specialist, Blended  
Learning (joined July 2014)

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

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

## Thanks to ...

**Ed Jackson**, Director, Program  
Development (until April 2015)

**Jeff Rice**, Coordinator,  
Hepatitis C Program (until May 2015)

**Len Tooley**, Coordinator,  
Community Health Promotion  
Programming (until March 2015)





## CATIE thanks Ed Jackson for more than seven years of service

On March 27, CATIE bid a fond farewell to Ed Jackson upon his retirement.

Since October 2007 Ed had been CATIE's Director of Program Development, responsible for managing the CATIE Ordering Centre, and developing and implementing CATIE's hepatitis C initiatives, including taking the lead on resource development, capacity building and our innovative hepatitis C awareness and testing promotion efforts in newcomer and immigrant communities. Ed also spearheaded CATIE's work in gay men's health and *Programming Connection*, CATIE's online toolkit of case studies highlighting Canadian frontline program models, materials and planning resources.

Ed Jackson has been involved in queer and HIV organizing since 1971 when he became a core member of the editorial collective that produced the gay liberation journal *The Body Politic*. He became involved in HIV/AIDS organizing in its earliest years while documenting government inaction and gay community response in the news pages of *The Body Politic*. In 1983, he set up the first planning meetings for the organization that became the AIDS Committee of Toronto (ACT) and was its Director of Community Education for seven years.

"Ed has been an absolute delight to work with," says Laurie Edmiston, CATIE's Executive Director. "His professionalism, excellent writing skills, keen sense of social justice, critical perspective and wise counsel—as well as his tremendous wit—will be greatly missed."

“

His professionalism, excellent writing skills, keen sense of social justice, critical perspective and wise counsel—as well as his tremendous wit—will be greatly missed.

”

2,615

Number of individual and organizational members



5,698

Number of people reached through 181 educational sessions

154%

Increase in visits to [www.catie.ca](http://www.catie.ca)

6,850



Number of video views of CATIE content

# CATIE BY THE NUMBERS

858,679

Number of resources distributed through the CATIE Ordering Centre

392

Number of information resources CATIE produced/co-produced

34

Number of new titles added to the CATIE Ordering Centre

92%

Percentage of educational session attendees who reported attaining increased HIV knowledge

96%

Percentage of educational session attendees who reported attaining increased hepatitis C knowledge

5,967



Number of fans of CATIE's Facebook page (a 183% increase from the previous year)

4,673



Number of followers on CATIE's Twitter accounts (a 112% increase from the previous year)

904

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

