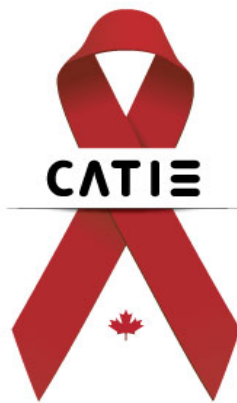


**Educational Conferences 2009
Evaluation Report
CATIE**



**Final Report
Prepared by: Laurel Challacombe**

1 Background

In collaboration with regional partners CATIE developed and delivered three Educational Conferences. In the Pacific the conference was co-hosted by the Pacific AIDS Network, in the Atlantic the conference was co-hosted by the Northern AIDS Connection Society of Nova Scotia and in the Western region the conference was co-hosted by AIDS Calgary.

Working with regional conference planning committees, CATIE drew on local knowledge and expertise to tailor the conference programs to specific regional information needs and networking needs.

2 Location and Attendance

The 2009 Atlantic Regional Educational Conference was held in Truro, Nova Scotia on October 7th and 8th, 2009. There were 60 attendees plus 6 CATIE staff.

The 2009 Western Regional Educational Conference was held in Calgary, Alberta on October 15th and 16th, 2009. There were 92 attendees plus 7 CATIE staff.

The 2009 Pacific Regional Educational Conference was held in Richmond, British Columbia on October 27th and 28th, 2009. There were 117 attendees plus 8 CATIE staff.

3 Methodology

For each session attended, a sessional evaluation form was distributed to attendees. A final overall evaluation form was also distributed to attendees to fill out upon completion of the event. CATIE staff collected the evaluation forms at the end of each session and at the end of the conference.

Frequency descriptives were produced to summarize the outcomes of the Educational Conferences.

4 Evaluation Results – Session Evaluations

Session Key Evaluation Statistics:

- ◆ Overall, 88% were satisfied or very satisfied with the session/plenary session they attended.
- ◆ 98% agreed or strongly agreed that the sessions and/or plenary sessions were well presented.
- ◆ 99% agreed or strongly agreed that the session/plenary presenters were knowledgeable about the topic being presented.
- ◆ 82% agreed or strongly agreed that the session/plenary increased their knowledge of HIV/AIDS and/or HCV.
- ◆ 90% agreed or strongly agreed that they will use/apply the knowledge gained at this session/plenary in their paid or volunteer work.
- ◆ 94% agreed or strongly agreed that the session/plenary session was relevant to them and/or the work they do.
- ◆ 95% agreed or strongly agreed that the session/plenary session was of high quality.

See summary tables in Appendix C for the location specific evaluation measures.

5 Evaluation Results – Overall Evaluations

Overall Key Evaluation Statistics:

- ◆ 96% were satisfied or extremely satisfied with CATIE's Educational Conferences.
- ◆ 100% agreed or strongly agreed that the Educational Conferences were well organized.

- ◆ 100% agreed or strongly agreed that the staff and other volunteers were helpful, knowledgeable and considerate.
- ◆ 94% agreed or strongly agreed that the registration process was quick and easy.
- ◆ 100% agreed or strongly agreed that they will use/apply the knowledge gained at the Educational Conferences in their paid or volunteer work.
- ◆ 100% agreed or strongly agreed that the Educational Conferences provided an opportunity to network with others doing similar work.
- ◆ 87% agreed or strongly agreed that they are more likely to attend a regional conference compared to a national conference.
- ◆ 98% agreed or strongly agreed that the Educational Conferences were of high quality.
- ◆ 100% agreed or strongly agreed that the conference sessions were relevant to their work.
- ◆ 98% agreed or strongly agreed that overall the Educational Conference sessions and/or plenary increased their knowledge of HIV.
- ◆ 100% agreed or strongly agreed that the Educational Conference sessions and/or plenary increased their knowledge of HCV (only asked in Pacific Educational Conference).
- ◆ 93% agreed or strongly agreed that they will apply to attend CATIE's Educational Conference again next year.
- ◆ 50% of participants were first time attendees; 44% had attended 2 to 3 CATIE Educational Conferences; and 6% had attended 4 or more.
- ◆ 11% of attendees had worked in HIV for less than 1 year; 20% for 1 to 2 years; 13% for 3 to 5 years; 13% for 4 to 7 years; and 44% for more than 7 years.

See summary tables in Appendix D for the location specific evaluation measures.

6 Conclusion

CATIE's Educational Conferences were well received by attendees. CATIE worked very hard with the planning committees from each of the three regions to ensure the content was tailored to the specific needs of each of the regions. This was successful since participants reported that the content of the Educational Conferences was relevant to the work that they do. Session content also increased participants' knowledge of HIV and participants felt that this knowledge could be applied to the work that they do.

A very high percentage of participants plan to attend the conference next year. This may be due to the regional nature of the conference and the attempt to make it relevant to regional participants. Many participants reported they are more likely to attend a conference with regional information compared to a national conference. The format of the conference (regional) also appears to have enticed many people who had never attended one of CATIE's Educational Conferences to attend.

Appendix A – Overall Evaluation Questionnaire

We would like your feedback on this Educational Conference!

Thank you for taking a few minutes of your time to fill out this evaluation form. All responses are confidential and will be used to improve our future events.

1. Please check the box that that best reflects your response.

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
a. The Educational Conference was well organized.					
b. Staff and other volunteers were helpful, knowledgeable and considerate.					
c. The registration process was quick and easy.					
d. I will use/apply the knowledge gained at this Educational Conference in my paid or volunteer work.					
e. This Educational Conference provided an opportunity to network with others doing similar work.					
f. I am more likely to attend a regional conference compared to a national conference.					
g. The conference was of high quality.					
h. The conference sessions were relevant to my work.					
i. Overall, the Educational Conference sessions and/or plenary increased my knowledge of HIV.					
j. Overall, the Educational Conference sessions and/or plenary increased my knowledge of HCV.					

2. Number of previous CATIE Educational Conferences attended, including this one:

- (a) First-time (b) 2 to 3 (c) 4 to 7 (d) more than 7

3. Please let us know the number of years you have worked in HIV.
(a) Less than one (b) 1 to 2 (c) 3 to 5 (d) 6 to 7 (e) more than 7

4. Overall, how satisfied were you with the Educational Conference?
(a) very satisfied (b) satisfied (c) somewhat satisfied (d) dissatisfied
(e) not applicable

5. I will apply to attend the Educational Conference again next year.
(a) strongly agree (b) agree (c) disagree (d) strongly disagree (e) not applicable

6. Which parts of the Educational Conference did you find useful and why?

7. Do you have any suggestions for improving the next Educational Conference?

Thank you for your time and effort.

Please return this form to one of the CATIE representatives.

Appendix B – Session Evaluation Questionnaire

We would like to hear from you about what you think of the sessions chosen for the Educational Conference and how we can improve for the next conference.

Thank you for taking a few minutes of your time to fill out this evaluation form at the end of today's session and handing it back to us as you leave the room. All responses are confidential and will be used to improve the standard of our events.

Session Name:

1. Please check the box that best reflects your response.

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The session/plenary was well presented.					
The session/plenary presenter was knowledgeable about the topic being presented.					
The session/plenary increased my knowledge of HIV/AIDS and/or HCV.					
I will use/apply the knowledge gained at this session/plenary in my paid or volunteer work.					
The session/plenary was relevant to me and/or the work I do.					
The session/plenary was of high quality.					

2. Overall, how satisfied were you with this session/plenary?

(a) very satisfied (b) satisfied (c) somewhat satisfied (d) not satisfied (e) not applicable

3. Do you have any topic ideas for the next Educational Conference?

Thank you for your time and effort.

Please return this form to one of the CATIE representatives.

Appendix C – Session Survey Results

176 session evaluation forms were received for the Atlantic conference.
 246 session evaluation forms were received for the Pacific conference.
 280 session evaluation forms were received for the Western conference.

Table 1. The session/plenary was well presented.

	Frequency	Percent
Strongly agree	338	48.4
Agree	345	49.4
Neither agree nor disagree	11	1.6
Disagree	2	0.3
Strongly Disagree	2	0.3

Table 1a. The session/plenary was well presented.

	Atlantic	Pacific	Western
Strongly agree	40.3	48.6	53.4
Agree	57.4	49.8	44.0
Neither agree nor disagree	1.1	1.2	2.2
Disagree	0	0.4	0.4
Strongly Disagree	1.1	0	0

Table 2. The session/plenary presenter was knowledgeable about the topic being presented.

	Frequency	Percent
Strongly agree	417	59.7
Agree	274	39.3
Neither agree nor disagree	4	0.6
Disagree	0	0
Strongly Disagree	3	0.4

Table 2a. The session/plenary presenter was knowledgeable about the topic being presented.

	Atlantic	Pacific	Western
Strongly agree	56.3	59.6	62.1
Agree	42.6	39.6	36.8
Neither agree nor disagree	0	0.8	0.7
Disagree	0	0	0
Strongly Disagree	1.1	0	0.4

Table 3. The session/plenary increased my knowledge of HIV/AIDS and/or HCV.

	Frequency	Percent
Strongly agree	224	32.4
Agree	341	49.3
Neither agree nor disagree	73	10.5

Disagree	9	1.3
Strongly Disagree	45	6.5

Table 3a. The session/plenary increased my knowledge of HIV/AIDS and/or HCV.

	Atlantic	Pacific	Western
Strongly agree	32.4	32.3	32.4
Agree	54.3	50.0	45.5
Neither agree nor disagree	6.9	9.8	13.5
Disagree	1.7	1.2	1.1
Strongly Disagree	4.6	6.6	7.6

Table 4. I will use/apply the knowledge gained at this session/plenary in my paid or volunteer work.

	Frequency	Percent
Strongly agree	265	38.2
Agree	359	51.7
Neither agree nor disagree	33	4.8
Disagree	2	0.3
Strongly Disagree	35	5.0

Table 4a. I will use/apply the knowledge gained at this session/plenary in my paid or volunteer work.

	Atlantic	Pacific	Western
Strongly agree	36.4	38.6	38.9
Agree	59.0	50.0	48.7
Neither agree nor disagree	2.3	5.7	5.5
Disagree	0	0.8	0
Strongly Disagree	2.3	4.9	6.9

Table 5. The session/plenary was relevant to me and/or the work that I do.

	Frequency	Percent
Strongly agree	323	46.5
Agree	328	47.3
Neither agree nor disagree	17	2.4
Disagree	1	0.1
Strongly Disagree	25	3.6

Table 5a. The session/plenary was relevant to me and/or the work that I do.

	Atlantic	Pacific	Western
Strongly agree	38.9	50.2	48.2
Agree	56.0	45.7	43.1
Neither agree nor disagree	1.7	1.6	3.6
Disagree	0	0.4	0

Strongly Disagree	3.4	2.0	5.1
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Table 6. The session/plenary was of high quality.

	Frequency	Percent
Strongly agree	320	46.9
Agree	329	48.2
Neither agree nor disagree	30	4.4
Disagree	1	0.1
Strongly Disagree	3	0.4

Table 6a. The session/plenary was of high quality.

	Atlantic	Pacific	Western
Strongly agree	44.9	45.7	49.1
Agree	50.9	50.2	44.7
Neither agree nor disagree	3.0	3.7	5.9
Disagree	0	0.4	0
Strongly Disagree	1.2	0	0.4

Table 7. Overall satisfaction.

	Frequency	Percent
Very satisfied	297	44.1
Satisfied	296	44.0
Somewhat satisfied	69	10.3
Dissatisfied	11	1.6
Very dissatisfied	0	0

Table 7a. Overall satisfaction.

	Atlantic	Pacific	Western
Very satisfied	38.3	43.4	48.5
Satisfied	55.1	44.2	36.7
Somewhat satisfied	5.4	10.3	13.3
Dissatisfied	1.2	2.1	1.5
Very dissatisfied	0	0	0

Appendix D – Overall Survey Results

46 overall Educational Conference evaluation forms were returned to CATIE.

Table 1. The Educational Conference was well organized.

	Frequency	Percent
Strongly agree	32	69.6
Agree	14	30.4
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 1a. The Educational Conference was well organized.

	Atlantic	Pacific	Western
Strongly agree	30.8	77.8	93.3
Agree	69.2	22.2	6.7
Neither agree nor disagree	0	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 2. Staff and other volunteers were helpful, knowledgeable and considerate.

	Frequency	Percent
Strongly agree	37	80.4
Agree	9	19.6
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 2a. Staff and other volunteers were helpful, knowledgeable and considerate.

	Atlantic	Pacific	Western
Strongly agree	46.2	88.9	100.0
Agree	53.8	11.1	0
Neither agree nor disagree	0	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 3. The registration process was quick and easy.

	Frequency	Percent
Strongly agree	32	69.6
Agree	11	23.9
Neither agree nor disagree	2	4.3
Disagree	0	0

Strongly Disagree	1	2.2
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Table3a. The registration process was quick and easy

	Atlantic	Pacific	Western
Strongly agree	53.8	72.2	80.0
Agree	38.5	16.7	20.0
Neither agree nor disagree	7.7	5.6	0
Disagree	0	0	0
Strongly Disagree	0	5.6	0

Table 4. I will use/apply the knowledge gained at this Educational Conference in my paid or volunteer work.

	Frequency	Percent
Strongly agree	27	58.7
Agree	19	41.3
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 4a. I will use/apply the knowledge gained at this Educational Conference in my paid or volunteer work.

	Atlantic	Pacific	Western
Strongly agree	46.2	72.2	53.3
Agree	53.8	27.8	46.7
Neither agree nor disagree	0	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 5. This Educational Conference provided an opportunity to network with others doing similar work.

	Frequency	Percent
Strongly agree	36	78.3
Agree	10	21.7
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 5a. This Educational Conference provided an opportunity to network with others doing similar work.

	Atlantic	Pacific	Western
Strongly agree	53.8	83.3	93.3
Agree	46.2	16.7	6.7
Neither agree nor disagree	0	0	0
Disagree	0	0	0

Strongly Disagree	0	0	0
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Table 6. I am more likely to attend a regional conference compared to a national conference.

	Frequency	Percent
Strongly agree	25	55.6
Agree	14	31.1
Neither agree nor disagree	3	6.7
Disagree	0	0
Strongly Disagree	3	6.7

Table 6a. I am more likely to attend a regional conference compared to a national conference.

	Atlantic	Pacific	Western
Strongly agree	38.5	55.6	66.7
Agree	46.2	27.8	20.0
Neither agree nor disagree	0	5.6	13.3
Disagree	0	0	0
Strongly Disagree	7.7	11.1	0

Table 7. The conference was of high quality.

	Frequency	Percent
Strongly agree	30	65.2
Agree	15	32.6
Neither agree nor disagree	1	2.2
Disagree	0	0
Strongly Disagree	0	0

Table 7a. The conference was of high quality.

	Atlantic	Pacific	Western
Strongly agree	46.2	72.2	73.3
Agree	46.2	27.8	26.7
Neither agree nor disagree	7.7	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 8. The conference sessions were relevant to my work.

	Frequency	Percent
Strongly agree	26	56.5
Agree	20	43.5
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 8a. The conference sessions were relevant to my work.

	Atlantic	Pacific	Western
Strongly agree	38.5	55.6	73.3
Agree	61.5	44.4	26.7
Neither agree nor disagree	0	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 9. Overall the Educational Conference sessions and/or plenary increased my knowledge of HIV.

	Frequency	Percent
Strongly agree	26	56.5
Agree	19	41.3
Neither agree nor disagree	1	2.2
Disagree	0	0
Strongly Disagree	0	0

Table 9a. Overall the Educational Conference sessions and/or plenary increased my knowledge of HIV.

	Atlantic	Pacific	Western
Strongly agree	46.2	50.0	73.3
Agree	46.2	50.0	26.7
Neither agree nor disagree	7.7	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 10. Overall the Educational Conference sessions and/or plenary increased my knowledge of HCV.

	Frequency	Percent
Strongly agree	6	46.2
Agree	7	53.8
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	0	0

Table 10a. Overall the Educational Conference sessions and/or plenary increased my knowledge of HCV.

	Atlantic	Pacific	Western
Strongly agree	46.2	0	0
Agree	53.8	0	0
Neither agree nor disagree	0	0	0
Disagree	0	0	0
Strongly Disagree	0	0	0

Table 11. Number of previous CATIE Educational Conferences attended including this one:

	Frequency	Valid Percent
1	23	50.0
2 to 3	20	43.5
4 to 7	2	4.3
More than 7	1	2.2

Table 11a. Staff Number of previous CATIE Educational Conferences attended including this one:

	Atlantic	Pacific	Western
1	53.8	38.9	60.0
2 to 3	46.2	55.6	26.7
4 to 7	0	5.6	6.7
More than 7	0	0	6.7

Table 12. Number of years worked in HIV.

	Frequency	Percent
<1 year	5	10.9
1 to 2	9	19.6
3 to 5	6	13.0
6 to 7	6	13.0
More than 7	20	43.5

Table 12a. Number of years worked in HIV.

	Atlantic	Pacific	Western
<1 year	0	0	33.3
1 to 2	15.4	22.2	20.0
3 to 5	30.8	5.6	6.7
6 to 7	15.4	22.2	0
More than 7	38.5	50.0	40.0

Table 13. Overall satisfaction

	Frequency	Valid Percent
very satisfied	26	59.1
Satisfied	16	36.4
somewhat satisfied	2	4.5
Dissatisfied	0	0
very dissatisfied	0	0

Table 13a. Overall satisfaction.

	Atlantic	Pacific	Western
Strongly agree	41.7	52.9	80.0
Agree	41.7	47.1	20.0
Neither agree nor disagree	16.7	0	0

Disagree	0	0	0
Strongly Disagree	0	0	0

Table 14. I will apply to attend the Educational Conference again next year.

	Frequency	Valid Percent
Strongly agree	23	53.5
Agree	17	39.5
Neither agree nor disagree	0	0
Disagree	0	0
Strongly Disagree	3	7.5

Table 14a. I will apply to attend the Educational Conference again next year.

	Atlantic	Pacific	Western
Strongly agree	45.5	52.9	60.0
Agree	45.5	35.3	40.0
Neither agree nor disagree	0	11.8	0
Disagree	0	0	0
Strongly Disagree	9.1	0	0

Appendix D – Participant Comments

The following commentary was obtained from Educational Conference participants:

Which parts of the Educational Conference did you find useful and why?

- Regional programs & projects info sharing – New CATIE Products/E-Learning
- HIV & Mental Health – Population specific report – People from countries where HIV is endemic; CATIE'S HCV Presentation
- Dr. Adriana always seems to present an excellent workshop. She really knows her stuff
- New resources that CATIE is making available on line
- I really enjoyed the REGIONAL Conference. I found that the information shared about various programs etc was more relevant to my organization than I have learned at other CATIE Conference. As well had the opportunity to network with others from the region I found the entire conference to be useful both in the information provided as well as the networking learning from the participants. The size of the conference was helpful in getting around to chat to everyone
- The reports on local projects and ASO Activity – See what others are doing effectively. Thursday morning Epic. Overview. Wednesday status report info
- Panels. Mental Health – Can we talk
- All
- Local project sharing – being new learning about local best practices is very helpful as well as national – Scholarships are necessary – Thank You. More product info even though what was there was very useful
- MSM, regional epi data
- Networking – Very useful and applicable to front line staff – I really enjoyed the regional focus and regional information. Well Done!!!
- Statistics of HIV in Aboriginal people. Empowering to hear the voices of PLWHA
- Panels – specific to certain issues concurrent sessions – get to choose what you wanted according to needs in your community
- I thoroughly enjoyed the PHA personal stories it puts more of a face value to the issue that I really appreciated – Great Conference! The session on nurturing safe spaces. Aboriginal women & HIV/AIDS were incredibly enlightening I'm embarrassed to say that my knowledge of the Aboriginal people is minimal, and this session helped eradicate that. It was fabulously eye opening. Thank You!
- Prince Albert – Presentation – Lived Experiences – Epidemiology
- Panel presentations Day 2 – Dealing with viral issues
- Wide range of info
- Panel & Doctors
- Panel discussions – Less formal, encouraged interaction, relevant, funny, sad, enlightening
- Everything
- Sessions on Mental Health – It's so much a part of what I do but staff are not trained/equipped to cope with it
- MSM Info/The psychiatrist was fantastic. More ASO outsiders to call us on our victim/money/funding issues
- HIV/ Mental Health – Government cuts
- Networking, hearing the direction & plans PAN is working on
- Gay Men
- The bring together of the province

- Panel sessions finding out what is happening in the province
- I enjoyed the Provincial perspective in the Aboriginal track sessions – it is interesting and informative to find out what other organizations are doing and what can be implemented in my community
- Gay Men and MSM track – excellent update also – PHAC Status Reports – IDU & Harm Reduction – CATIE – Special Session
- Panel – different perspectives all ended up in the same perspective

Do you have any suggestions for improving the next Educational Conference?

- Sessions of specific issues - Criminalization & Positive Prevention
- More on HIV & Mental Health – Presentation from a sex-worker org. such a Stella
- To engage the group more by splitting up in small groups to initiate energy by brainstorming together
- More info/practical application of working with addictions/mental health and adherence to medications. Continued sharing of in house programming what works, what hasn't. More info/dialogue on engaging the PHA population ideas etc
- Warm-ups/wake-up activities (Throughout). Please consider workshops/presentations that are more interactive and visually engaging. Over reliance on power point. A better resource in position for participants to share resources/materials. 1st plenary session should be dynamic, engaging and pull the entire group together to connect to the conference (NOT PHAC STATS). First session always sets the tone of conference but can put up a wall in the participation audience.
- Great Conference. All good ice breaker at the beginning of the conference on Wednesday. The dessert intro was great later in day but would have been done earlier on overview of the agenda upfront would have also been useful
- Have copies of slides
- More sessions need more choices. Need to have the option of attending sessions based on interest. Need topics that are an interest to PHA'S and not just front-line workers. The food was better at the national conference
- PEI
- I have to say the social food didn't seem to have an option for those who have difficulty to spices foods and saucy foods for the PHA's in contact with me they suggest a need to have other options available
- Not so early start
- Only 2 sessions at a time feel like you miss out on too much if there is too many options – Wonderful Job! - Great Location and food!!!
- Day 1 Workshops should have been longer - suggest 1.5 hours
- Great Job! – Have food as in full meals for breakfast/supper if not providing per-diem
- Focus on PLWHA – identify what is missing and how can we improve – Focus on communities – how can we integrate our services into local communities – how to engage communications
- It was great
- Have some embodied practices so we can learn on many levels!
- HIV & "Aging" issues
- I understand time restrictions etc, however having the AGM during meant that a much needed mid-day "down-time" didn't happen
- Better Chairs
- HIV speakers for each Health Authority

- Have an educational workshop
- Aboriginal reality, addictions, family and community impact, pregnancy, childbirth & breastfeeding; elders.

Do you have any topic ideas for the next Educational Conference?

- Just a comment: Would like to see more research statistics and information on the @ risk populations, such as transgender & gay in terms of behaviors.
- Having both presentation screens up would be helpful and visualizing presentation slides – Thanks!
- Please open the conference with something dynamic that has energy and coordinate the group participants. Please remember that transgendered people needs to be recognized and studied!
- To add transgender they are greatly affected. More about PLW HIV/AIDS – obviously under reported.
- HIV+ Women
- Not very relevant to people living with HIV/HCV who do not work/volunteer with ASO
- Living a senior's life @ middle age
- More info on MSM
- I would suggest much more integration with the speakers. Possible small groups to come back to the table with varied resolutions.
- Organizational Fund & Resource Mobilization, Rural PHA or MSM Prevention Work
- How to encourage testing
- Session directed on providing support for all black people living with HIV!
- There is a need to look at International Students
- More/Continued opportunities to help in the Atlantic work with immigrant populations
- These types of presentations where we hear from other organizations and specific programs that they offer. Love it.
- More Atlantic programs could have been presented especially since the ACNL Tommy Sexton presentation was repetitive
- Just represent another region programming at next conference – All presentations were well presented and relevant
- Non – HIV+ partners in a relationship with HIV+ person. Also include parents, children
- It would have been helpful to have it broken down into target populations
- PEI and NB epidemiology
- Criminalization of HIV+
- One for caregivers
- Aboriginal Updates
- Innovative Hep C programming – Prison needle exchanges – Testing Guidelines Province by Province, Mobile NEP Programs & Procedures/Protocols – Info session on fundraising workshop on medication adherence
- More stats on Two-Spirit population are there programs being put in place/brought for this specific population. Are they being funded accordingly?
- Engaging peers in programming (lessons learned/effective strategies)
- “Meaningful evaluation critiques”
- Put lens on Aboriginal statistics as a stand – alone presentation given the current over-representation within that population
- Get more up to date stats
- Connecting with diverse communities. Practical tools for care programs i.e. how to set up a support group for a specific population

- Women at risk, specifically women in sex work
- Education to be made available to the new comers from Africa and other countries about the availability of resources on HIV
- A concentrated, focused look at HIV + IDU rise in SK – the when and detailed comparison - i.e. include Aboriginal pos, IDU prenatal drug(s) of choice – IV coke vs. crack smoking etc.
- Involvement with the reality of Aboriginal people
- Crack use – Harm Reduction Sex Work – Housing First and how HIV Organizations can work with people when they get housed (target pop)
- Effects of abuse, especially on women
- Case Management & Needle Exchange – Successes & Challenges
- Great Presentation – Concept Great!
- More details on culturally appropriate healing and support!
- More youth topics related to abuse in regards to their bleak outlooks
- Mothers who have + babies on panel
- I thought Billie's story was needed - it humanizes HIV/AIDS for those who do not live in our shoes. It would be nice to hear her whole story, and it would also be nice to hear partners' views on relationships
- Need to unpack how people provide services/what best practices means – see how programs or approaches compare/what make them work – change to participating format – roundtable style?
- Domestic Abuse
- Fertility & HIV – Criminalization of HIV disclosure info – how/when/safety issue
- More positive people coming forth to hear testimonies is worth a whole bunch
- I would like to see more Re: Personal experience and pregnancy
- HIV – Loss and Grieving
- Seniors Education
- Materialism, where it's coming from – it makes people chose either a false sense of happiness therefore, making them engage in dangerous behaviors chasing after their “high”
- Concurrent disorders (i.e. Addiction/Mental Health)
- Stories from the frontline – Self care for frontline workers in the AIDS Movement
- Intergenerational learning
- We need more Two-Spirit related topics that will make this group feel involved.
- Developing and/or viewing resources for a variety of cultural & linguistic groups
- Use of E.S.L. courses material ... welcome to HIV/AIDS in Canada – how and why HIV is seen differently here than their previous experiences
- Style prevention project addressing the issues of individuals from endemic countries
- Ways of helping people who are traumatic. I feel more should be done especially to those who experienced torture & rape in their countries
- How about something on ABUSE – ALL FORMS
- More focus on PTSD and how to work with members living with PTSD
- Get Rosalind Balzer – Tuaje do a more detailed presentation on how they are integrating services at Dr. Peter – What's working? – Challenges – Possible Solution
- Grief & Loss
- How we need to look at Mental Health referrals with HIV+ and overload along with community support
- Mental Health First Aid and FL Workers – This may be more appropriate for PAN
- More about Hepatitis C
- Tell me what is being done in rural areas Vancouver Island, Prince George (North) Interior to get services to those who are slipping through the gaps

- Deeper grassroots, first line focus
- Continue with Mental Health & Addictions Topic plus others such as expanding our reach, how to create change in ASO's so we're not repeating same old approach
- More representations from rural regional areas on plenary
- I believe that everyone is frustrated over the lack of services for mental health. I would like to see CATIE/PAN look at ways for agencies to advocate for change instead of talking about a problem we know exists and we all get frustrated!
- IDU Issues always relevant for PAN/CATIE
- Models of community support & "buying" for NEPs + other harm reduction services. Supportive housing models for those with active addictions.
- More dialogue on Harm Reduction & Supporting adherence. Pilot a MAT project in rural areas
- Safer Inhalation & Public Health Policy in BC
- Positive PANEL with stories of the ups and downs of living everyday with HIV/AIDS. It brings "real" life experiences of persons struggling with living right (adherence to meds, abstinence, harm reduction, side effects to showcase the people behind the disease!!!)
- More rural BC representation – it is often city specific and simply does not apply to rural challenges
- Thanks
- A/V material too small to see in large room
- Great Projects – would be good to have access to PHAC Status Report
- More on prisoners and HIV, HEP C – Supporting after their experiences
- Good idea of sharing ASO successes
- Love hearing about other ACAP Programs and their successes
- More info on prison outreach
- Criminalization – "Aging" including isolation results of being on meds. Etc – Prisoners – both Federal and Provincial
- Something around how schools can impact HIV/AIDS or HCV in an effective way
- MSM and/or gay man & Co-infection (Hep C Sexual Transmission?)
- Gay Men, MSM and Youth – HV+ gay man is prevalent and we're having a hard time reaching this population. If we could bring some education about this a lot of us especially youth-based ASO's would be benefited.
- Thanks for lots of ideas as well as information (e.g. secret discussion)
- Dr. Adams & Melanie Rivers both were brilliant!
- How we can respectfully apply about approach in our A.S.O. with being involved & not leading the info.
- Sex, disclosure (A rural focused PAN) event really excited about the new face & feeling. Self care lunches of PAN

REMARKS!

- Should have had some intro/warm up start – Should have had handouts – Some slides were too dense.
- Find greater understanding/measurements or target population education
- Use shorter workshop names!!!
- Can you (CATIE) provide the presenters contact info? I would like to ask her a more detailed question.
- The session/plenary increased my knowledge on patient issues – Yes
- Great to have had the other 2 provincial ep./stats. Presented
- Excellent, relevant presentation
- Stats Year

- However, there was an emphasis on individual responsibility – One ability to adopt “10 tips” for coping is significantly impacted by the context of one’s life (e.g. poverty, social support, violence etc).
- A bit long but very thorough and practical
- Leigh was a good presenter but a bit inexperienced in her topic area – used ON. Info to give NB presentation
- Leigh – Last speaker – she correctly defined Aboriginal people. Huge pts no pin intended
- Fascinating info even though it may not apply directly to the work I do
- Enjoyable One
- N/A
- Slides 38 – Evaluation - not clear what projects? When? Data
- Well Done!
- Great job! Thank you so much for sharing your journey ... we are/were worried that you did share your experiences!!! Love the Jasper – Enjoy Responsibly workshop! Excellent info/very innovative!
- Somewhat
- Validated element knowledge practice
- There should be a survey answer stating “Neither agree nor disagree” and it would be more accurate for my answers
- Loved Jeff’s rendition of the stages he has experienced and learned from!
- This will serve as motivation – we hope – to connect more with Gay Man/MSM in our community
- Good job Carlene Dingwall
- The slides were often illegible
- Dr. Peter as a model for other mental health/addiction services
- Good subject and content
- Very Lower mainland – focused!

- Great Session!
- Great dialogue – Not when everyone agreed and it was great
- I noticed that some language of panel members (in particular Dr. Bill M.) was very judgmental, very condescending; and I thought his acting of a client was TOTALLY UNACCEPTABLE, it is not okay to use names – I think some sensitivity training in this area would be helpful, as well as understanding of CONFIDENTIALLY
- I was very with Dr. Mac Ewan
- It was good hear about some people working on solutions but what about lack of services in rest of province (not greater Vancouver)
- Throughout provocative. Would have like more time for Q and A
- Excellent moderator (Sheena Campbell)!
- Need a Mic
- Thank you – Very helpful
- Another Option: This session increased my knowledge of how to implement HIV/AIDS & or HCV Services in a new (to me) way – Strongly Agree. Also, gave me opportunity to build knowledge of political, social & cultural context for about health strategies.
- Thanks! Ever – Wow
- Great work Evan, Stacy, BOD – Thanks for getting rid of the deadwood & Complainers. Hotel good, food good – Great energy