

Workforce/Professional Development & Capacity Building

Program Feasibility Review

Pacific AIDS Network (PAN)



Acknowledgements

The preparation of a document like this is never truly the work of just one person, many people contribute in a variety of ways.

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Vision

PAN takes leadership on behalf of its members to create a future where member organizations are making demonstrable and consistent progress in ending the HIV epidemic and persons living with HIV/AIDS have improved health outcomes, and choices and freedoms to equally participate in society.

Mission

PAN is a vibrant, proactive member-based organization that provides a network to support the abilities and efforts of its members to respond to HIV. PAN does this by facilitating communication between member agencies and persons living with HIV/AIDS, including face-to-face networking opportunities, opportunities for mutual support; education and skills development; and undertaking collective action to influence public perceptions and policies affecting persons living with HIV/AIDS.

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Introduction

The Pacific AIDS Network (PAN) is committed to meeting the needs of its diverse membership and delivering programs that best meet those needs. For the last ten years PAN has consistently provided skills building training for its members using an approach that can best be described as a shotgun approach – reaching as many people as possible within a member’s agency with a conference program that was wide in scope. In those ten years PAN has delivered skills building opportunities to more than 900 people. The approach has served PAN and its members well over the years but with epidemiological shifts and funding shifts members now more than ever need to maximize their outputs, focus their efforts and make the most effective use of their resources, both financial and human.

PAN member agencies provide a range of services to people living with HIV, people at risk for HIV and people co-infected with hepatitis C. Member agencies provide support services, advocacy, education/prevention services, and outreach and harm reduction services. PAN seeks to be a leader in the area of professional development to ensure that those working in frontline positions are providing service using the best available evidence (from research, practice or experience). The concepts and terms are vast and varied and ever-evolving, but when stripped down to its essence the National Collaborating Centres for Public Health describes it best by saying that it is a process of “finding, using and sharing what works...”

PAN also recognizes that providing professional development opportunities for frontline staff of member agencies is but one piece in the puzzle and that another key aspect of strengthening the community-based response to HIV/AIDS is cultivating and nurturing human leadership capacity amongst people living with HIV.

The redesign of the PAN Skills Building program that we are proposing builds on PAN’s ten year skills building history and would provide member organizations with professional development opportunities that are focused, targeted and intensive. The concept focuses on two primary areas:

1. Leadership development for people living with HIV/AIDS (PHAs)
2. Skills enhancement for staff and key volunteers in specific disciplines within an organization

In its simplest form a feasibility review is an examination of the viability of an idea or concept and should assist in answering the question “Should we proceed with the proposed idea or concept?” This report details not only the concept, but provides some contextual background and a financial breakdown of the proposed concept and indeed answers the question posed above.

About the Pacific AIDS Network

The Pacific AIDS Network (PAN) is a provincial network of 41 community-based organizations that are HIV/AIDS mission stated or run programs devoted to addressing the care, treatment, support or prevention-education needs of persons living with HIV/AIDS (PHAs) or those “at risk”, as well as those co-infected with hepatitis C. With a large geographically dispersed province like British Columbia, with unique challenges that often vary from region to region, the network fulfills a critical role.

PAN is a pro-active member-based coalition that provides a network to support the abilities and efforts of member organizations to respond to the epidemic in British Columbia. PAN provides education and skills development integrated with face-to-face networking opportunities; inter-agency mutual support; and undertakes collective action to inform public perceptions and policies affecting people living with HIV (PHAs). PAN’s vision is to create a future where member organizations are making demonstrable and consistent progress in ending the HIV epidemic in British Columbia and PHAs have improved health outcomes, choices and freedoms to equally participate in society.

By providing skills-building and workforce development opportunities to staff and key volunteers, member organizations are provided with the opportunity to explore, learn best practices and network with their peers from around the province. Content specific to those living with HIV has also been developed to provide PHAs with similar opportunities for skills development and networking. PAN therefore works to increase the local, regional and provincial capacity of HIV/AIDS service providers to develop and implement culturally appropriate and sustainable skills/strategies that enhance programming and the quality of life of PHAs. By providing PHAs and service providers with the opportunity to explore best and promising practices, the network strives to ensure that those living with HIV, those co-infected with hepatitis C, as well as those most at risk, can receive the best care, treatment, support and prevention/educational information possible.

Concept Overview

In this feasibility review the concept for review is a modified and expanded skills building program of the Pacific AIDS Network (PAN), and the creation of a workforce development program that would best meet the unique needs of its 40 plus members.

Prior to outlining the concept in-depth a discussion about the foundation on which an enhanced program would be built will provide some necessary context.

Background

PAN has been providing skills building opportunities for its member agencies, their personnel, key volunteers and people living with HIV/AIDS (PHAs), as far back as 2000. In its infancy skills building conferences were a half day event, focused on a combination keynote address and skills building workshop. 50-70 people would be in attendance and the session would be delivered in a plenary format.

In the Spring of 2002 the PAN Working Group (PAN was incorporated as a society in July 2008, and prior to an elected board had a geographically elected Working Group) made the bold decision to partner with Healing Our Sprit (HOS) and produce a joint PAN/HOS conference in Kamloops. This would mark the start of a five year run of presenting the spring skills building conferences in a different community around B.C. - outside of the Lower Mainland. Prior to this all conferences had been held in downtown Vancouver. The rationale for the decision was to have PAN's skills building activities reflect the truly provincial nature of the Network and to facilitate the participation of increased numbers of staff, volunteers and/or PHAs from local communities.

Kamloops – Spring 2002

Prince George – Spring 2003

Kelowna – Spring 2004

Victoria – Spring 2005

Cranbrook – Spring 2006

During the five years on the road attendance for skills building conferences continued to grow. Each community where the skills building conference was held served as a community host for the event and the local organization(s) relished the opportunity to play host. Each host was eager to showcase their community and the services that they provided in that community. Agency tours were organized, entertainment was provided and community dances were held.

It was decided at the spring 2006 meeting in Cranbrook, after five very successful years on the road, to return the skills building conference to the Lower Mainland for spring 2007. The spring 2007 Skills Building conference was held in Richmond. In 2008 the Network decided to host five regional meetings – Surrey (FHA), Kelowna, (IHA), Victoria (VIHA), Prince George (NHA) and Vancouver (VCH/PHSA), instead of one large skills building conference. Skills building for spring 2009, in its traditional two-day format, was held in Richmond.

From its humble half-day beginnings the skills building conferences grew to a standard two day conference, complete with keynote speakers in a plenary format, roundtable discussion groups, and concurrent workshop sessions (with as many as five concurrent workshops running at one time). Overall attendance grew to a high of 140 people. On average 120 people participated in each of the two day skills building conferences over the years.

Evaluations conducted of the skills building conferences have been consistently positive in tone over the years. The skills building portions of the conference were often mentioned as the highlight of the meetings overall. Comments over the years have included:

Enjoyed the entire conference - Good work AIDS PG and PAN.

The topics were relevant.

The whole workshop was excellent, I gained knowledge.

Insightful and relevant.

This is hard to improve on - excellent!

When participants were asked what skills had been built during the conferences participants repeatedly responded that they had gained knowledge about a particular issue, that they were better able to analyze a particular or emerging issue and ultimately that they were better able to plan action on a particular issue.

Programming for the conferences was developed by a volunteer committee of the Working Group or board, as well as some external stakeholders from time to time, and facilitated by one of the Network's administrative contractors. The planning committee also always included participation by PHAs.

Monthly teleconference meetings would be used to guide the team through the process of development (including the selection of a theme or focus, the determination of a format/schedule, brainstorming for presenters and facilitators). Over the years a wide range of topics have been discussed and presenters have included:

Dr. Perry Kendall – Provincial Health Officer

Judy Capes – Counsellor, Living Through Loss Society

Glen Bradford – Past Board chair, BC Persons With AIDS Society

Dr. Julio Montaner, Director, BC Centre for Excellence in HIV/AIDS, President, International AIDS Society

Gwen Phillips - Ktunaxa First Nation

Dr. Evan Adams - Aboriginal Health Physician Advisor – Office of the Provincial Health Officer

Scott Elliott - Vice President, External Relations, Vancouver Aquarium (formerly Director of Development for BC Persons With AIDS Society)

Olive Godwin – Central Interior Native Health, Prince George

David Coop – Health Consultant

Dr. Diane Rothon - Director, Health Services Ministry of Public Safety and Solicitor General, BC Corrections

Giselle Dias – formerly with Prisoners' HIV/AIDS Support Action Network (PASAN), Toronto

Moffatt Clarke - Program Consultant, Public Health Agency of Canada

Sheena Campbell – Vancouver Coastal Health

John Cameron – Consumers Board, Vancouver

Francisco Ibáñez-Carrasco – Ontario HIV Treatment Network (OHTN)

Melanie Rivers, Chee Mamuk – BC Centre for Disease Control

Daniel Lelièvre - Comité Lipo-Action

Dr. Patricia Wilensky - Psychologist

Darien Taylor – Director, Program Delivery, Canadian AIDS Treatment Information Exchange (CATIE)

Paul Adamako – Formerly the Director of Prevention, BC Persons With AIDS Society

Barby Skaling – Formerly with Healing our Spirit
Chris Buchner – Vancouver Coastal Health
The Honourable Larry Campbell – Canadian Senator
Carlene Dingwall – Consultant, former ED of Positive Living North
Stephen MacDonald – Director of Human Resources, BC Persons With AIDS Society
Kylie Hutchinson – Principal, Community Solutions Planning and Evaluation
Michael Connidis – BC Persons With AIDS Society
Roy Parish – BC Persons With AIDS Society
Bronwyn Barrett – Support Programs Coordinator, Positive Women’s Network
Cara Moody – Oak Tree Clinic
Gillian Maxwell – Keeping the Door Open
Catherine Baylis – Former ED of Positive Living North
Brandy Svendson – Former Hepatitis C Project Co-ordinator - YouthCO AIDS Society
Glen Betteridge – Consultant, HIV/AIDS Legal Network
Rick Kennedy – Executive Director, Ontario AIDS Network

While the skills building conferences often had a focus or theme (i.e. First Nations/Aboriginal, Gay Men’s Health, HIV+ Rehabilitation, Youth, Rural), a shotgun approach was used to develop the overall agenda, to attempt to meet the needs of as many people as possible. This approach has served the Network well in the past but increasingly it has been a challenge to produce conferences with mass audience appeal. PAN has been fortunate to be able to maintain a high standard of quality with the workshops and keynotes that it has presented, but it is becoming apparent that this approach is no longer the best method to meet the needs of its member organizations.

Concept

PAN is proposing an approach that takes into consideration the diversity of its membership, a membership that includes Aboriginal organizations, organizations based in small rural communities, organizations providing services in vast geographical areas, youth focused organizations, and organizations like the BC Persons With AIDS Society who exist to enable persons living with AIDS and HIV to empower themselves through mutual support and collective action. This approach is therefore consistent with PAN’s *Strategic Plan, 2007-2012*, which articulates the network’s commitment to enhancing the capacity of member organizations to

support Aboriginal populations, smaller urban and rural communities and other populations with diverse needs as reflected in the epidemiology of the disease.

Furthermore, PAN member organizations are providing services to not only those living with HIV, or at risk for HIV, but also to people co-infected with hepatitis C, and in some cases people mono-infected with HCV. In many communities throughout the province the only organizations that people infected with HCV can access are AIDS Service Organizations. In two of PAN's regional meetings HIV/HCV co-infection was a dominant topic of discussion as more than half of the attendees of the HIV forums were co-infected. The blood-borne pathogens approach being adopted by many of the regional health authorities in BC has also meant that issues related to co-infection and mono-infection have become increasingly front-and-centre for PAN member organizations at both governance and program-planning and service-delivery levels.

As of December 2005 there were 52,599 confirmed cases of HCV infection in BC and a further 20,000 people are estimated to be infected with HCV but remain undiagnosed. There is little doubt that ASO's will continue to see a rise in the number of people co-infected presenting at their doorsteps.

Furthermore, the approach that PAN is proposing has also been designed to address the diversity that exists on a micro-level, within any given PAN member organization. For example, the professional development needs of an Executive Director, is different than that of an Educator, a Volunteer Manager, or a front-line worker; it may also differ from the capacity-building needs of a PHA interested in taking on more of a leadership role at their member organization be it as a Board member, in some other key volunteer position or as a paid staff person.

The concept will focus on two complimentary areas: 1. Leadership development for PHAs (be they staff or key volunteers of PAN member organizations) and; 2. Skills enhancement for staff and key volunteers in specific disciplines within an organization (i.e. support services, education, executive management, volunteer management). PAN will also use the concept of "workforce development" rather than a skills building only focus. *"Workforce development embraces the broad range of strategies that are used to ensure effective practice. These strategies may focus on individuals, organizations or systems"* (Helfgot & Allsop 2002). Workforce development is about more than just training and building the skills of individuals, it

also seeks to address issues on a systemic and organizational level, and is more focused on long-term sustainability.

While preparing this report two Public Health Agency of Canada documents were reviewed:

- *Building the Public Health Workforce for the 21st Century: A Pan-Canadian Framework for Public Health Human Resources Planning*
- *Core Competencies for Public Health in Canada, Release 1.0*

The *Building the Public Health Workforce for the 21st Century* framework advocates for a competency-based approach, based on the fact that public health is highly interprofessional and that many public health providers have overlapping competencies. This approach focuses on the core competencies required by all public health workers. The methodology is an intriguing one and certainly merits more research by the Network to determine if a set of core competencies exists for those working in community-based ASOs. Such exploration would also be consistent with the recognition by some PAN member organizations of the increasing trend towards certification within other non-profit sectors in Canada.

While historically always significant, the question of how best to promote the sustainability of the community-based response to the HIV/AIDS epidemic is of ever-increasing concern in light of the current economic climate. Community-based AIDS organizations (CBAO's) presently find themselves in a context of increasingly diminishing financial and human resources while at the same time confronting an alarming increase in incidence among certain populations including MSM, gay men and Aboriginal persons, the homeless and dual-diagnosed, etc. Furthermore, many CBAO's in BC are also expected to adopt a blood-borne pathogens model approach and most certainly shoulder a great level of responsibility in addressing the needs of persons co-infected with HIV and HCV, or even mono-infected with HCV. Now more than ever, PAN's resources need to be strategically directed to maximize efficiencies, both within the Network itself and externally in order to provide the best advantage to member organizations.

The PAN/OAN Partnership - Bringing the PHA Leadership Training to BC – In Brief

Since February 2009 to the present PAN has worked closely with the OAN, and specifically with Executive Director Rick Kennedy and Director of PHA Programs Thomas Egdorf, to develop a pilot leadership training for PHAs in British Columbia. The OAN's established Leadership Program was the foundation for the training and some modifications were made to better suit British Columbia.

A committee was created to guide the process and was comprised of three PHAs, two of whom had previously participated in the level one training in Ontario. Both participants had also been identified as strong candidates to become PAN facilitators-in-training. The third PHA was a PAN Board member. PAN ED Jennifer Evin Jones and contractor Stacy Leblanc provided administrative support to the committee members.

The committee was responsible for the development of an application and selection process. An application form was developed and distributed to all PAN member organizations. Thirty six applications were received for the eighteen available positions. The committee reviewed, ranked and discussed the submitted applications to recommend eighteen candidates. A list of back-ups was also developed. The eighteen successful candidates were notified of their acceptance for the training. Of the eighteen candidates only one person was unable to accept due to health related issues.

On Friday September 25th the eighteen selected delegates, along with the two OAN facilitators and the two PAN facilitators-in-training, boarded the bus for the Loon Lake training centre. For the next three days the eighteen participants would be guided through the intensive OAN leadership training curriculum, including presentations and interactive workshops. The curriculum objectives are described as an opportunity to:

- Understand the 5 principles and 10 commitments of leadership
- Realize individual leadership potential
- Participate in building a network of leaders within the PHA community
- Realize the potential and strengths that each individual brings to the network
- Learn about and practice leadership skills in a safe environment

- Inspire others to become leaders
- Encourage participants to take on facilitator and mentoring roles within the community
- Expand participants awareness of our community

All eighteen selected participants successfully completed the requirements of the training and graduated from the program. Feedback from this pilot training was extremely positive:

I had an amazing experience and will take back what I learned and share / apply in my agency, life and community! Thank you!

It certainly was a life changing experience for me.

As someone who has been in a leadership position for some time I applaud your efforts, I now feel there are strong leaders being developed and that will make transitioning from an "in front" leadership role to one of leading from behind and mentoring in the future.

Great job!! One word-WOW!!! And yet not enough words to express my appreciation for this weekend!!!

The full content of the evaluation report for this pilot project may be viewed at <http://pacificaidnetwork.org/news/hot-off-the-press-evaluation-report-for-bc-pha-leadership-training/>. This evaluation report was presented at the October 2009 PAN Forum and AGM, and based on the positive findings the membership has endorsed PAN BOD and management moving ahead with seeking the funding necessary to transition this program from a pilot project to an ongoing, permanent aspect of PAN's programming. PAN is also planning a six month and twelve month follow-up evaluation to further assess the effectiveness of the program.

PAN is also currently exploring ways for past leadership graduates to stay connected, to explore and discuss successes and challenges post training, including a password protected online forum. The PAN Leadership Committee will also be communicating with the Planning Committee of the Positive Gathering (www.positivegathering.com) to host a satellite session for leadership training graduates at the 2010 event.

Practice/Responsibility Focused Trainings – In Brief

PAN's proposed redesign of its skills building program would focus on specific areas of practice or responsibility within an organization. This model would allow for a more comprehensive, intensive training, one that delivers concrete tools and has as its focus the best available practice(s) for that specific practice or area of responsibility. Furthermore, any trainings delivered would be done so against a context or backdrop of how best to promote the sustainability of any given program or aspect of service-delivery.

Programs for the two-day sessions would be developed using a needs-based approach, consulting with PAN member organizations, funders and other stakeholders to best ascertain what skills need to be developed or enhanced. Sessions would likely be a combination of lecture style presentations, interactive/participatory workshops and roundtable discussions. It is anticipated that information being gathered by member organizations as well as funders "in the field" via process and outcome evaluation activities could be mined to determine what professional development opportunities should be provided by PAN; as well as the latest incidence and prevalence trends flowing from the provincial epi-data.

The primary areas of focus would be Executive Directors, Frontline Support Workers and Prevention Education/Outreach personnel; with a fourth session focused on a rotating schedule between Volunteer Management staff, Administrative staff and Fund Development staff.

PAN is also actively researching virtual based modes of training that could complement in-person gatherings. These could include web-based programming and video-conferencing. As discussed earlier in the report PAN is also investigating the development of online forums that frontline staff could use to stay connected with others around the province.

Following each training, and wherever possible, handouts, PowerPoint presentations and other ancillary material would be posted to the website for members to download. Each session will also be evaluated to ensure that the trainings are effective in both their content and delivery and used as guides to further develop future sessions.

Benefits and Value to Member Agencies and Immediate Stakeholders

After hearing, anecdotally, about the success that the Ontario AIDS Network (OAN) was having with its PHA Leadership Development program and its modified skills building program PAN began a dialogue with the OAN.

PAN is now seeking to build on its historic success of providing meaningful skills and capacity building opportunities, by researching the feasibility of creating a workforce development and capacity building program similar in style to that of the Ontario AIDS Network (OAN). The OAN provides seven two-day skills building workshops annually for member agency staff (including workshops for Executive Directors/Board Chairs, Educators, Fundraisers, Volunteer Coordinators, Administrators and AIDS Support Workers). The OAN also provides online resources and toolkits to its member groups including the Ontario Provincial Resource for ASOs in HR (OPRAH).

The OPRAH website provides human resources information in five different categories:

- ❖ Staffing
- ❖ Training and Development
- ❖ Benefits and Compensation
- ❖ People Management and Communications
- ❖ Policies and Legislation

Each category has a number of downloadable information documents as well as samples for member organizations to use as guides to tailor to their individual needs. The resources in the web-based toolkit provide easy answers to most human resource questions.

The OAN skills building program is made up of seven two-day workshops per year, in the following areas of practice/responsibility:

- ❖ ED/Board Chair
- ❖ Educators
- ❖ Volunteer Coordinators
- ❖ Fundraisers
- ❖ Executive Directors Retreat
- ❖ AIDS Support Workers
- ❖ Administrators

By moving to a practice/responsibility-focused model of training, according to Michele Cherry, Coordinator of Skills Development, the OAN realized many positive benefits, including intensive programs where participants leave with concrete tools for action, an increased level of enthusiasm and interest among participants and a substantial reduction in attrition (as low as 0%).

The community of practice model has grown steadily in popularity in recent years and the OAN has demonstrated that it yields very good results in the community based AIDS movement in the province of Ontario.

By studying the established “best practices” of the OAN, and introducing aspects of that program in BC, PAN could realize similar achievements and deliverables for member organizations here in this province. Workforce/professional development and capacity building for agency staff would focus on providing training opportunities to address specific workforce issues and to provide people with resources to promote best practices. The end result would be a more productive, focused, healthy and unified provincial network of service providers.

Furthermore, the OAN provides an intensive three level leadership development training program for PHAs, the People with HIV/AIDS (PHA) Leadership Development Program which has proven to be highly successful in Ontario. The mission of the program is: *The PHA Leadership program offers PHAs an opportunity to identify and develop leadership skills. We Believe: Strong leaders create Stronger communities.* The leadership program was created by the OAN in March 2006 and since that time there have been well over 200 graduates of the Level I Core Training.

Looking to the OAN's PHA Leadership Training Program, the OAN commissioned an Impact Evaluation of the leadership program in February/March of 2009. A total of 60 leadership graduates participated in the impact evaluation, along with 31 staff members of various AIDS service organizations in Ontario (including Executive Directors, support workers and volunteer coordinators). Some highlights of the results include:

- 75% of graduates reported feeling more meaningfully involved in the HIV movement
- Over 2/3 (69%) of ASO staff reported that PHA graduates are “more” or “a lot more” meaningfully involved in work at their respective agency/organization.

Graduates also reported, overall: improved self-esteem and confidence; improved capacity to envision the future and set goals; and improved motivation for volunteering, ongoing learning and pursuit of paid employment.

Benefits/Value of the PHA Leadership Training Program

- ✓ Empowerment, empowered individuals, ready to serve agencies, voice
- ✓ Increased confidence, self esteem
- ✓ Increased engagement from PHAs, in meaningful ways
- ✓ Congruence with GIPA (Greater Involvement of People Living with HIV/AIDS) and MIPA (Meaningful Involvement of People Living with HIV/AIDS and Affected Communities) Principles
- ✓ Increased knowledge/understanding of how decisions are made and why
- ✓ Increased communication skills
- ✓ Team building, how to work within a team, the importance of team work
- ✓ Self discovery and evaluation, increased self awareness, accountability
- ✓ Greater connection to the movement, community
- ✓ Decrease in frustration among member agencies, better informed PHAs who are action focused, communication focused

Benefits/Value of practice/responsibility-focused skills building

- ✓ Intensive training, greater opportunity for in-depth knowledge enhancement
- ✓ More knowledgeable staff, staff with concrete tools, impacts on people who access services
- ✓ Peer networking and peer to peer knowledge exchange
- ✓ Potential for decrease in staff turnover, assists in employee retention
- ✓ Increased opportunity for skills enhancement for a wider range of people within an individual agency
- ✓ Team/community building
- ✓ Addresses skills deficits, better able to address issues specific to a discipline
- ✓ Increased performance, outcomes
- ✓ Current best practices, assists in keeping up with emerging issues, able to react to issues quickly
- ✓ Potential for mentoring, for people new to the movement
- ✓ Energized and enthusiastic staff
- ✓ Enhanced communication between agencies, cohesion

Benefits/Value to stakeholders overall

- ✓ Fiscally responsible, cost effective
- ✓ Community-based agencies better able to meet the needs of those living with HIV and co-infected
- ✓ Stronger voice for PHAs, GIPA/MIPA Principles
- ✓ Better managed organizations
- ✓ Greater agency-wide capacity
- ✓ Increased ability to respond to critical and emerging issues
- ✓ Increased knowledge exchange between researchers and community
- ✓ Improved cooperation/collaboration between agencies
- ✓ Higher quality training
- ✓ Enhanced capacity for informed policy & programming decisions within member organizations
- ✓ Increased pool of skilled workers, volunteers and PHAs
- ✓ Innovative and flexible workforce
- ✓ Increased accountability
- ✓ Addresses issues of sustainability
- ✓ Better able to address knowledge gaps

To conclude, with a large geographically dispersed province like British Columbia, and a province with unique challenges that often vary from region to region, the need to bring people together to discuss those challenges is critical and the opportunity to explore best and promising practices ensures that those living with HIV, co-infected with HIV/HCV, or “at risk”, receive the best care, treatment, support and prevention/educational information possible. By building capacity and rooting evidence within BC HIV community-based AIDS organizations PAN facilitates an organic shift from ‘cultures of risk’ into ‘cultures of change’, fostering effective, broad, collective ‘intraventions’ and communities that are self-sustaining rather than requiring constant external interventions.

Member Needs Assessment and Analysis

Since PAN began providing skills building opportunities it has paid special attention to the wants and needs of its member organizations. PAN routinely evaluates its conferences to ensure that the program content is relevant. Committees, comprised of member organizations, have been used to guide the development of the conference programs in the past and from time to time information has been solicited directly from member organizations about what specific topics they would like to see covered.

Skills Building conferences have often been mentioned as the highlight of PAN conferences. The continued growth in attendance of skills building conferences, even when delivered outside of the Lower Mainland, proved that there was an appetite for building the capacity of staff, and key volunteers, in member organizations.

In the most recent solicitation (October-December 2009) for information members were asked a range of questions about the make-up of their workforce, succession planning and ideas for skills building topics.

The questions pertaining to succession planning are particularly interesting:

When asked if their organization had a succession plan for the Executive Director more than 75% of respondents indicated that they did not. When asked if they had succession plans for other key positions in the organization only 31% of respondents said yes.

The list of topics that member organizations would like to see featured at skills building sessions is long. Some of the highlights of the survey include:

Executive Directors

Change management

Program development based on best available evidence

Cultural competencies

Human resource issues

Performance management

Sustainability planning

Business continuity planning (BCP)
Succession planning
Funding diversification
Workload management
Leadership
Communication strategies
Governance/policy development
Software training

Support Workers

Sexual health training – integration with casework with HIV/HCV positive people
Risk reduction counselling
Positive prevention initiatives
Mental health and HIV and HCV
HIV/HCV co-infection
Grief and loss
Self care
Communication skills
Addictions
Conflict resolution
Client empowerment
Advocacy training
Treatment related issues
Outreach initiatives for hard-to-reach populations (immigrant/refugee)

Education

Program development
Web-based prevention
HIV/HCV, updates, what populations are most at-risk
Positive prevention
Networking, brainstorming/sharing of best practice examples
Public speaking, techniques

Outreach

Effective educational/referral interventions while doing outreach

What does it mean to be non-judgemental?

Reporting and interviewing skills

Managing challenging situations, especially cross-cultural

Mental health issues

Risk reduction

Positive prevention

Relationship building

Coalition building

Boundary setting

Self care

Concurrent disorders, multiple barriers

Volunteer/Fundraising/Communications/Administration

Volunteer retention strategies, building volunteer loyalty

Volunteer recruitment and training

Project Management

Software training

Moving beyond government funding

Fundraising in difficult economic times

Fundraising strategies for small organisations, non urban settings

Risk Management

Web based technologies

Communications/Public relations 101

Working with the media

Marketing events/functions

Data management

Software tools

Grant/proposal writing

Time management

The list of what member organizations want and need in the way of training is endless. As the epidemic shifts so too must organizations to best meet the needs of the people walking through their doors and this means that providing relevant information is critical.

While BC has been fortunate with a slight decrease in persons testing newly positive for HIV in 2008 - 350 cases, down from 389 cases in 2007 - some populations still remain disproportionately high, specifically gay men/MSM and Aboriginal persons, particularly among Aboriginal women (25% of all new infections among females). Gay men /MSM are the population most affected by HIV in BC. More than half of all new positive HIV tests are among MSM.

While the decrease in persons testing newly positive for HIV is good news some of the trends being exhibited among sexually transmitted infections (Chlamydia, gonorrhea and infectious syphilis) pose some challenges and may be a harbinger of things to come.

STI	Cases - 2007	Cases - 2008
Genital Chlamydia	9971	10629
Gonorrhea	1220	1391
Infectious Syphilis	300	328

PAN member organizations remain vigilant and know that prevention education remains one of the best tools in the fight against HIV/AIDS, and the old adage that “knowledge is power” could not be more true.

The transfer of knowledge from researchers to community-based organizations is vital and ensures that organizations are working with the best information possible. Providing the opportunity for organizations to come together to share knowledge and discuss best practices is invaluable. That being said PAN is also committed to investigating virtual opportunities for knowledge exchange.

Concept Options

In this feasibility review we discuss a concept focused on two primary areas:

1. Leadership development for PHAs
2. Skills enhancement for staff and key volunteers in specific disciplines within an organization (i.e. support services, education, executive management, volunteer management).

Within this proposed concept a multitude of variations were explored. With a view to both the size of the network and the diversity of the member organizations we chose to focus on three options:

Option One	Option Two	Option Three
2 – Level 1 PHA Leadership Trainings	2 – Level 1 PHA Leadership Trainings	2 – Level 1 PHA Leadership Trainings
1 – Level 2 PHA Leadership Training	1 – Level 2 PHA Leadership Training	1 – E.D. Summit, combined with the Forum/AGM
1 – E.D. Summit	1 – E.D. Summit, combined with the Forum/AGM	1 – Support Worker Skills Session
1 – Support Worker Skills Session	1 – Support Worker Skills Session	1 – Education Worker Skills Session
1 – Education Worker Skills Session	1 – Education Worker Skills Session	1 – Rotating Skills Session (Volunteer, Admin., Fundraising)
1 – Rotating Skills Session (Volunteer, Admin., Fundraising)	1 – Rotating Skills Session (Volunteer, Admin., Fundraising)	
1 – Forum/AGM		

Resource requirements for the three options are detailed in the **Resource Requirements and Financial Analysis** section, starting on page 24.

Resource Requirements and Financial Analysis

PAN currently receives approximately \$191,000 of revenue from all sources (PHAC, PHSA, fundraised dollars) and employs one full-time staff person and various contractors to augment programming. An enhanced professional development program as detailed in this report would require additional resources to realize success, but the increase in financial resources are modest.

By way of comparison the OAN operates with a total budget of \$988,000, employs 10 full-time staff, has 46 member agencies, hosts three Level I Core Leadership trainings per year, a level II Communications Skills training, a level III Organizational Governance training and seven two-day skills building sessions per year.

Option 1

Programming	\$206,618.70
Personnel	\$135,424.00
Administration	\$39,735.00

Total **\$381,777.70**

Current Operating Budget \$190,500.00

Option 1 Proposed Budget \$381,777.70

Difference (\$191,277.70)

Option 2

Programming	\$190,343.20
Personnel	\$135,424.00
Administration	\$39,735.00

Total **\$365,502.20**

Current Operating Budget \$190,500.00

Option 1 Proposed Budget \$365,502.20

Difference (\$175,002.20)

Option 3

Programming	\$170,555.30
Personnel	\$135,424.00
Administration	\$39,735.00

Total **\$345,714.30**

Current Operating Budget \$190,500.00

Option 1 Proposed Budget \$345,714.30

Difference (\$155,214.30)

Why an additional investment in PAN makes fiscal sense

1. Such an investment is consistent with the *Federal Initiative to Address HIV/AIDS in Canada & PHAC's Strategic Plan 2007:2012*

The *Federal Initiative to Address HIV/AIDS in Canada* articulates a clear commitment to and recognition of the importance of knowledge transfer and exchange (KTE) in combating the epidemic. As a provincial network with strong access, ties and communication with community-based AIDS service organizations and related stakeholders throughout BC, PAN is uniquely situated to continue to build upon the capacity building and technical assistance presently being offered to member organizations. The recommendations articulated within this feasibility study and the creation of a workforce and leadership development program build upon PAN's demonstrated success in facilitating KTE activities.

The activities proposed within this feasibility review are also consistent with and in many ways mirror PHAC's own *Strategic Plan: 2007-2012*, which recognizes the importance of both KTE and community involvement. The three core objectives of PHAC's Strategic Plan:

Objective #1: To anticipate and respond to the health needs of Canadians (meeting major public health challenges, including HIV/AIDS; addressing determinants and disparities; building public health capacity; fulfilling PHAC's mandate).

Objective #2: To ensure actions are supported by integrated information and knowledge functions (aligning programs and research to support priorities, including surveillance, science and research, and knowledge translation and partnerships).

Objective #3: To further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture (enhancing Agency capabilities and accountabilities).

The *Strategic Plan* provides for bringing in partners from across all sectors and working collaboratively to reach new levels of engagement with its many partners, including stakeholders, non-governmental organizations and CBOs.

2. HIV/AIDS continues to be a significant public threat in BC

More than 20 years after its emergence, HIV/AIDS continues to be a serious public health threat globally and locally and despite the advent of successful treatment regimes, there is no “cure” for HIV. The face of the epidemic in BC is complex and ever changing. With the increase and in some cases a marked resurgence of HIV incidence rates among certain segments of the population, the epidemiological evidence suggests permanent vulnerability.

Gay men, men who have sex with men and injection drug users continue to carry a large share of HIV/AIDS cases in BC, while the disease is increasingly affecting individuals outside these groups. Of particular concern, HIV rates are growing at an alarming rate among Aboriginal people, the poor, and the homeless among others.

Medications for the treatment of HIV, such as anti-retroviral therapies, are not only expensive but come with a myriad of side-effects. Many people who are living with HIV in BC are not accessing the treatments that are available.

Prevalence:

In 2005, there were 8,600 to 12,200 people in BC living with HIV/AIDS, for an estimated median prevalence of 10,420 people. This represented approximately 18 per cent of the estimated 58,000 Canadians living with HIV and AIDS in 2005. Given that BC represents approximately 13 per cent of the overall population in Canada; this province has a disproportionate share of HIV burden. (Public Health Agency of Canada Epi-Updates 2007)

It is estimated that there are 3321 people in BC who are HIV+ but unaware of their status. These undiagnosed infections represent a significant “hidden epidemic”. (BC Centre for Disease Control HIV/AIDS Annual Report 2007)

In 2007, the total number of persons living in the province who had been diagnosed with AIDS was 4,169 (cumulative from 1983 to December 2007). The total number of people known to have died from AIDS in BC was 3117. A total of 61 persons were diagnosed with AIDS in 2007. (BC Centre for Disease Control HIV/AIDS Annual Report 2007)

Incidence:

The provincial rate of new infections also speaks to the disproportionate impact of the epidemic in BC. In 2006, there were 357 new HIV+ tests in BC. In 2007, there were 395 new tests, representing a 10.6 % increase. The rate of new infections for BC was 9.1 NI/100,000 people versus 7.5 NI/100,000 people in Canada. Our province therefore continues to have one of the highest rates of new infections in the country. (Ministry of Healthy Living and Sport Priorities for Action: Managing the Epidemics HIV/AIDS in BC 2003-2007, 2007 Annual Progress Report)

Hepatitis C and co-infection with Hepatitis C (HCV) is also a grave concern. As at 2007, the BCCDC estimated that there are between 1050 and 2625 persons in BC that are co-infected with HIV and HCV. The rate of new infections for BC was 67.6 NI/100,000 people versus 36.8 NI/100,000 people in Canada. Our province therefore ranks #2 of all Canadian provinces and territories for both incidence and prevalence of HCV, with between 37 percent and 90 percent of persons with HCV co-infected with HIV. (BC Centre for Disease Control HIV/AIDS Annual Report 2007)

3. Costs of every new infection versus cost of increased resourcing to PAN

Preventing the transmission of HIV not only saves lives and alleviates suffering, but also potentially mitigates the immense economic and social costs inherent in each new infection. Hence, beyond the ethical and moral considerations, clear economic justifications exist for enhancing the investment in PAN and expanding the network's potential role in combating the epidemic, shoring up prevention efforts, and ensuring the necessary treatment and support to PHAs in BC.

Extensive research has been conducted in the United States (Holtgrave), Canada (Spigelman) and in other jurisdictions around the economic case for HIV prevention. In cost of illness (COI) studies, "direct costs" represent the value of resources used to treat the illness. "Indirect costs" represent the productivity losses (future income) of mortality and time away due to disability. The direct costs of HIV disease are a "moving target" because of the steady development of new, often expensive, HIV medications and the costs of treating the side effects of such medications.

Applying the economic evaluation technique of threshold analysis to a BC context, in 2003, it was estimated that the direct lifetime medical care and treatment costs were \$180,000 per person. Indirect social costs relating to a loss of productivity and premature death were estimated to be as high as \$1 million per person (Martin Spigelman Research Associates Organizing for Effective Action: Health Care Restructuring and HIV/AIDS in British Columbia 2003). Applying those figures to the year for which the most recent surveillance data is available for BC, the 395 new positive tests in 2007 represent:

- an estimated \$71.1 million in direct lifetime medical care and treatment costs; and
- an additional \$395 million in indirect social costs.

These are 2003 figures, and it may be safely presumed that in 2009, some increase would be attributed due to inflation – hence the combined figure of \$466 million is highly conservative.

The additional funding that PAN is seeking at this time, in option number one, is only slightly higher than the cost of averting only one new infection. In option number two and three the additional costs per year that PAN is seeking are less than the lifetime medical care and treatment costs of one new infection.

4. Such an investment will enhance PAN’s ability to build the capacity of Community Based AIDS Organizations (CBAOs) and their cost-saving and cost-effective role in addressing the epidemic in BC

Since the HIV/AIDS epidemic first began, in response to emerging and urgent needs, CBAOs have provided services and programs that have been flexible, timely, innovative and creative, often with minimal financial resources. In many BC communities and for many people infected and affected by HIV/AIDS, PAN member organizations continue to be the primary providers of HIV-related prevention and support services as well as non-medical care. CBAOs have also brought the lived experiences of persons living with HIV/AIDS (PHAs) and those most at risk “to the table”, calling attention to the prevention, care, treatment and support needs of some of the most marginalized people in our society. PAN member organizations and agencies have and will continue to play a key role, especially among the growing population of persons with HIV

who are substance abusing, homeless, or suffer from mental illness; as well as among those persons who are co-infected with Hepatitis C.

The prevention, care and support interventions provided by PAN member organizations can be both cost-saving (the medical and other costs averted by a community program outweigh the cost of service-delivery: a high standard) as well as cost-effective (where the community program does not actually save public money but the cost-per-quality-adjust-life-year saved is considered reasonable relative to other readily accepted medical and public health interventions: a lower standard). (US Centers for Disease Control, Compendium of HIV Prevention Interventions with Evidence of Effectiveness, Collins, et. al., 2007, Eke, et. al., 2006)

Cost-saving and cost-effectiveness happen in a number of ways. CBAOs in BC significantly rely on volunteers to deliver services and programs to PHAs and those most at risk, which represents millions of dollars in value to society. Furthermore, the prevention and education efforts, that help to prevent new infections; and the support and care services, that help improve the quality of life, health prognosis and wellness of PHAs - delivered by PAN member organizations - save the province significant amounts by averting acute health care costs.

For many of the CBAO's in BC, PAN represents the sole or one of only a few reliable and relevant sources of professional development, skills building and networking opportunities.

5. PAN is in and of itself, cost-effective and cost-saving

PAN's functions with low overhead and minimal administrative costs

PAN can realize economies of scale when it comes to organizing face-to-face networking and skills building opportunities

PAN has low staffing levels while at the same time it has been able to attract permanent and contract staff with a high level of expertise and capacity

PAN can make investments in new technologies that will benefit 41 member organizations

PAN has established mechanisms for meaningful consultation throughout the entire province which ensures that workforce development programming will be relevant

PAN can continue to build relationships with other networks most notably RRHAN and the Hepatitis C Council of BC

PAN has demonstrated success in building relationships with other national stakeholders which also maximizes benefit that flows to our member agencies i.e. CATIE, CWGHR, OHTN, Canadian HIV/AIDS Legal Network, OAN

Final Recommendations

Including a Framework for Development and Delivery

Moving Forward

PAN has already begun to take steps to move in the direction outlined in the report with its existing funding. A pilot Level I Leadership Core Training for PHAs was held in September, with great success. PAN was fortunate this past October to partner with CATIE, with full financing provided by CATIE, to provide a fall skills building conference, the Pacific Region Educational Conference, and this has allowed us to re-focus our efforts and provide two practice/responsibility-focused training opportunities before the end of the fiscal year. One session will be focused on executive directors and the other session will be focused on frontline support workers.

As the proposed model for program delivery is not a radical departure from what PAN currently does implementation would be more about evolving the network and its systems, rather than a fundamental revamping of its systems and structure.

The most significant change would be the hiring of a second staff person to complement the work already being done by the executive director. The new staff position would be responsible for program development, coordinating the logistics for each session and related administrative functions; as well as building PAN's online presence and the resources and tools available via www.pacificaidnetwork.org.

Once the second staff person was hired the development of project plans for each of the sessions would be initiated, including relevant timelines. A master project plan would also be developed to realize and aid in finding efficiencies. Early on an advisory committee would also be developed to provide high-level oversight to the program, with a clear terms-of-reference as to its function.

Following the steps outlined above it would be the responsibility of the newly hired staff person to execute the various logistical and administrative steps necessary to realize a session. Some of those steps include:

- ✓ Establishing dates for all sessions
- ✓ Securing a suitable venue
- ✓ Developing a program (including researching prospective workshop trainers and facilitators and securing the workshop trainers and facilitators)
- ✓ Coordinating logistics with venues (including F & B, equipment, rooming lists, etc.)
- ✓ Coordinating travel for workshop trainers and facilitators
- ✓ Liaison with the online registration company, including the development of registration material
- ✓ Onsite logistics coordination and registration duties
- ✓ Post conference administration (travel reimbursements, processing venue and other invoices, etc)
- ✓ Website updates, pre and post conference; ongoing development of related web content
- ✓ Ongoing monitoring and adherence to budgets

PAN has realized that shifting from large wide-in-scope conferences to targeted, intensive, trainings will allow the Network to better meet the needs of its member organizations. Member organizations are faced with increasing pressure from regional health authorities to do more with what they have, and in some cases to do more with less. In many cases organizations are having to reorganize and restructure to meet these demands including the shift to a blood-borne pathogens approach.

PAN has served a unique purpose in the province by providing training opportunities with its annual Skills Building conference. As detailed in the report it has grown from a half day afternoon plenary to a standard two-day conference. In some cases the only training that organizations could afford to send their staff to was the PAN skills building conferences, and as such they have served the membership admirably.

With time and changes to the community based AIDS movement PAN has had to re-examine the way it delivers its programs and services, and had to ask itself the question “Is the way PAN delivers our programs the most effective way to meet the needs of our members?” The answer was not entirely definitive. It was clear that members appreciated and found value in the annual skills building conferences, but they also expressed a desire for some changes. It was clear

that member organizations wanted to better integrate PHAs into their programs and organizations but weren't sure how to do that. They also wanted their staff to be better able to meet the ever changing, and in many cases increasing, demands being placed on them.

PAN was fortunate that its sister organization in Ontario, the Ontario AIDS Network, had experienced similar challenges and had made substantial changes to its structure and program delivery model. PAN was encouraged to meet with members of the OAN to discuss the changes that they had made, particularly the development of the PHA Leadership Training program. It was evident early on that the challenges that the OAN had faced were almost identical to the ones faced by PAN.

Acknowledgements

PAN would like to acknowledge the financial support provided by the AIDS Community Action Program, Public Health Agency of Canada, in engaging in this process of inquiry and commissioning this document. We are confident that the recommendations provided herein, if acted upon, will significantly enhance PAN's relevance and capacity to meaningfully support member organizations in their essential work of addressing the HIV/AIDS epidemic in BC.

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