



Fall 2010

### Notes: Executive Director's Summit

**Date & Time:** Tuesday, October 5<sup>th</sup>, 2010, from 9:00 am to 12:45 pm

**Location:** Vancouver Airport Marriott Hotel, Richmond, BC

*NOTE: Kat Biondi, note-taker was only present in the room from 11:00 am to 12:45 pm, so these are partial notes only.*

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### **Technology, needs assessment discussion, w/Aaron Cruikshank – Ignitia Consulting)**

**High-level findings:** 37% of member's hardware is in needs of a refresh. What that means is that typically a laptop is out of date in three years; desktop is four years. 65% of member organizations need to upgrade to a modern OS, Operating System – most organizations are still running Windows XP. This makes it challenging to have new technology that is supported by their OS. The great thing about new technologies is the ability to video conference. But 76% of organizations do not have a web cam. This is not necessarily the only option, but it is a very popular one. The good news is that most folks are very tech savvy – it would be easy to get everyone up to speed very quickly if there was a desire to move forward with getting going with video conferencing. New web technologies could save organizations money – help you do more with less. One thing that we did was to help PAN is introduce Google Apps – which saves money, works remotely, plus there is a lot that can be done with contractors with these platforms. Plus you can get into joint programs with other organizations more effectively using some of these services. (Skype, DropBox, 37 Signals, etc) Most of these are MAC and PC compatible. Most of you are more technologically sophisticated than you give yourselves credit for. Needs assessment: think about what your organization today and what you would like to do in the future with technology.

#### **Floor opened up to discussion:**

**Marcie:** Our board has been trying to get Skype up and running for two years, but we don't know how to do it. I don't even know the first steps.

**Aaron:** You should be aware that Skype has a lot going in terms of hardware.

**Alex:** Is it delayed if you're talking on Skype?

**Aaron:** Depends on your Internet connection.

**Michelle:** Can you have multiple people on the conversation?

**Aaron:** Yes. The only time that gets complex is when you get into video. MAC has different platforms that allow you get into video. However, Skype will let you have up to 50 people at the same time on voice.

**Katrina:** We have trouble figuring out what program to use for what – for example, setting up meetings, or doing online surveys. It seems like there are so many options.

**Aaron:** Is that a common theme? How many of you have challenges with multiple documents and drafts you're working on? Not too many. If you're not having that problem, is it because the people you're working with are all in one building? Okay, good to know.

**Daryl:** We are having challenges with database and information management. Currently, we use a spreadsheet.

**Aaron:** What you're talking about is a relational database. You should be aware that there are cheap programs you can go with. CRMs are good alternatives to a full on database. You should be aware that a lot of these are hosted in the US. Technically the FBI could access that information at any time due to the *Patriot Act*. If you're looking at sensitive information about clients you're dealing with, then you might want something you install in your office.

**Ross:** Carrying on with the security point: especially in instances when you're using Internet technology to share files among two or more locations: be careful! Ideally, have a dedicated server within your office that allows only YOU to access it.

**Aaron:** In practical terms regarding privacy concerns, you have to balance the risks against if someone would actually do that. I'm not saying it's not a valid concern. For example, the federal government is required to have these policies. You guys don't have the same obligations, but there are moral obligations. I would be happy to talk to you all about these issues at any time.

**Mary:** It would be great to have a database for educators who do prevention education to allow sharing, so we don't have to reinvent the wheel.

**Aaron:** Anything else?

**Suggestions from group included:** contact information for all PAN membership orgs (it was then noted that this information is already up on the PAN website with hyperlinks to the website of PAN member agencies for those with websites); database of who has what specialized knowledge; a listserv between all the PAN membership orgs.

**Jane:** I seem to be in an endless state of the equipment turnover. I sometimes wonder if all this technology is necessary, when all it seems to lead to is us trying to find funding for new computers. How much do we really need?

**Aaron:** A lot of the technology we're talking about is very simple. To be frank, the advancement of computers in the past five years has been minimal. It's more important to upgrade your operating system, which isn't a large technology expenditure. You don't need to spend a lot of money.

**Daryl:** Techsoup Canada provides software to non-profits in Canada at minimal charge. You need to register your charitable registration number. That's how we've gotten all our software because it's basically free. You get one order every two years for Microsoft products, and you can get five products. This includes Windows 7.

We use a terminal server, so no one has a desktop that has any information on it, so we only have to back up one computer.

**Aaron:** I would recommend Windows 7 over XP, because XP is no longer officially supported. The software is almost 15 years old.

**Evin:** Show of hand of agencies who have an IT person at their organization? Who doesn't? Most people do.

**Aaron:** We could cobble some of the information I've given Evin and Stacy together and share it with you folks. I've heard that people are interested in learning more about Skype, scheduling, surveys, etc. Scheduling tip: have any of you tried Meeting Wizard? This is a good online meeting booking tool.

**Stacy:** We've/PAN have been using Schedule Once, which works with Google Calendar.

**Aaron:** It's great if you can get tight integration between systems, eg. Your office systems and your Blackberry.

**Stacy:** Thank you Aaron, you have been great. We are looking for different sources of funding to try to keep Aaron working for PAN member organizations for a longer period of time, so hopefully you'll see him at future meetings.

**Evin:** Aaron has been great and has essentially done the needs assessment as a volunteer. We'd like to keep engaging with him and taking advantage of the opportunity to provide information.

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### **Priority-setting for PAN for the next year**

**Evin:** Now we're going to go back to our conversation about our priority issues. When we left off, we were talking about STOP, harm reduction and the concerns regarding a lack of services for Aboriginal youth. Regarding the Aboriginal youth issue, I wanted to clarify: was the idea around that doing a needs assessment? Or perhaps at least just starting with that?

**Kelly:** Yes.

**Evin:** Maybe this is something we can do in a similar way with the Hep C piece. Now we're back at the STOP piece and the harm reduction piece. Maybe we can talk about the harm reduction piece more.

**Katrina:** One of the things that PAN could do is ensure the province is doing their job in making sure harm reduction policies are implemented without community concerns getting in the way. The province (MOHS, MOHLS) has a role to play in intervening in municipalities where barriers or by-laws are being put up. This should include putting pressure on the health authorities to get around barriers.

**Evin:** Can Alex speak to the Hep C council's work in this area?

**Alex:** HCCBC is partnering with BC / Yukon Association of Drug War Survivors who are holding their AGM on November 7. We're holding the conference in Abbotsford because there is no harm reduction policy there, and we're working together to make sure that this changes.

**Evin:** What do folks think about the priority? Do people feel comfortable talking more about the STOP piece and how to reinforce the harm reduction message within that work?

**Participant X:** It's important that we went down the road of enforcing the health authority. The accountability now falls in the lap of the health authority. We should be saying as a group that it should be a provincial responsibility so we can hold elected officials accountable. There is vulnerability of folks doing advocacy work on behalf of the clients. I think we/my colleagues made a terrible mistake supporting the regionalization of health services in BC; we thought it would increase our ability to work well together and provide client services.

**Marcie:** I think we should strike a working group around STOP and include harm reduction advocacy within that working group. We should continue meeting with the province and try to jump-start that dialogue.

**Participant X:** There's erosion happening around our ability to do the work that we need to do with regionalization. We need to advocate for HIV/AIDS and related services to not be handled regionally any more by the health authorities.

**Marcie:** It's not going to move back to the province. Regionalization is here to stay.

**Katrina:** It's definitely a challenge. I think if they get rid of the health authorities it won't be for AIDS.

**Ross:** Like everything else in politics, there's a time and a place and the time for this is when there's a change in government.

**Brian:** We need to start going to the appointed boards of the health authorities – they are what we have to work with.

**Katrina:** And to use provincial organizations like PAN to put pressure on the ministry. I think with the STOP AIDS project – if we can have a provincial voice through PAN that would be really smart.

**Participant X:** How about with that, we ask that there are external people working on this not hired by the health authority?

**Katrina:** I think it's too early to give specific direction. We've just gotten a seat at the table. We need to let Evin do her best on behalf of PAN. We should have some kind of working group that can assist Evin and be a conduit of information from the health authorities.

**Participant X:** In the presentation tomorrow we'll have a very polished political spin from the various health authorities who will be here speaking to STOP.

**Cheryl:** Harm reduction is a huge piece and we're all struggling with how PAN can be most effective. We're still at a point that STOP is being rolled out in two health authority regions: that still leaves most of the province. We don't know where this will go when the funding is exhausted. We need more dialogue.

**Ben:** What are the ways to generate more money? I've noticed STOP is being rolled out quietly and quickly. Can community organizations dialogue more publicly, or with who STOP is affecting? Should we be more demanding of the health authorities? Or be more conciliatory?

**Ross:** The health authorities already know about the need for community based support services. Their argument is that they have been constrained in their budget by being assigned ever-increasing workloads by the province without a budget increase. You try to create a heat in the larger communities hoping that the health authorities will decide the cost of unpleasantness in cutting this area will result in their deciding to cut someone else. Unfortunately, we are such bit players it's challenging to generate that kind of heat. Chances at this point are slim.

What do we mean when we say harm reduction? The BCCDC epidemiology currently states that transmission of HIV is happening through unsafe sex, not needles. If that's what we mean by harm reduction great. Safer sex messaging in this province in the last decade has shrunk. If we're talking Hep C, then we're talking needles.

**Alex:** But needle exchanges / harm reduction initiatives like that, are the reason the rates of transmission through needles have dropped.

**Ross:** I strongly suspect that unless there's a general withdrawal from the federal government in terms of harm reduction, needle exchanges will be fine.

**Participant X:** I think we're at a saturation point with needle exchanges. We're starting to see a switch to crack.

**Alex:** How do we tackle crack if we're not giving out crack pipes? Also: the Hep C Council is meeting with Fraser Health authorities about the no harm reduction policy.

**Evin:** So. It's extremely challenging to identify one priority. There's so much knowledge and wisdom in this room. Strategically: what is the thing that when we all get back together [for next year's meeting], we can talk about it? It's daunting because it's so complex and textured. I'm going to circle back to this concept around STOP and the possibility of a working group. I do want to caution: I love the thought of having a committee, but I want us to be clear about what the committee is going to do. Also recognizing that all the information might not be available at this time.

**Marcie:** One of our messages should be that this should be province-wide, and we need to start messaging that now. The committee can support Evin in sitting on the STOP committee.

**Alex:** Where is the STOP initiative presently focussed?

**Ross:** North (Prince George) and “downtown” Vancouver (DTES and the west end).

**Evin:** I know that they originally wanted this to be province-wide, but due to the economic crash this wasn't possible. I know that the premier is having conversations with Julio right now and that the premier is excited about this being a success story he can float to win political points.

**Sheena:** To go back to the inclusion of harm reduction: I'm not opposed to wrapping that in, but what I'm hearing from the room is that this is it's own issue, and I'm okay with letting go of that as a priority. There's a lot of momentum around STOP AIDS, and if anyone is going to listen to PAN, it's now. What would be valuable in the working group: organizations are talking to each other and that information is filtering up to Evin. Those experiences, learnings, cautions and successes need to be communicated to other organizations as other regions become involved with STOP AIDS.

**Vanessa:** Positive Living North wasn't there for the first year and a half of discussion. We're doing this but what happens when it gets to Kelowna [and the ASO has been closed]? Our clients need to do this in a supportive environment. How do we support with the loss of an ASO such as LPRC?

**Ross:** The provincial health authority first defends LPRC. For the first quarter of the year, defending that should be our priority. Then we can move on to STOP AIDS January 1.

**Katrina:** If we pull back from STOP AIDS, what will that do?

**Evin:** As far as the LPRC – PAN has already identified that there is work that will happen around supporting that. This is something that is happening, that the board is committing to.

**Daryl:** I think PAN can support LPRC and that it doesn't have to stop the STOP AIDS piece. There's a strategy around making changes and accepting some of this. How do we address this with the health authority? Also: the community needs to advocate for those services to stay where they're at.

**Evin:** Do people feel like we've pretty much arrived at the work? In terms of the working group around STOP: we want to have regional representation. Who would like to be involved with that? Again, I want to underscore that there must be a function to the committee. People must have time in their schedule to actually work on the committee; otherwise I can do it. So who wants to be on the committee?

**Participant X:** Why don't we get some clarity as to what we really are going to work on, and then have some time to chat as regions?

**Evin:** That's one option. The other option is saying that you're agreeing to work on this committee, and we'll trust the committee to identify strategies. Committee reps will be charged with connecting with folks in their regions. The committees will come up with terms of reference.

**Marcie:** Why don't we put out a blank sheet of paper at lunch? People can sign up, and we can organize a teleconference.

**Ross:** The committee should have two goals: 1) to ensure that target populations are not railroaded into testing; 2) to ensure that if someone receives positive test results, there is immediate referral to adequate community resource and care resources.

**Participant X:** That begs the question as to who will define adequate community resources?

**Ross:** It's our committee; we can define.

**Sheena:** Yes, let's sign up with the assumption that if no one from Vancouver or Prince George signs up there will be active recruitment.

**Marcie:** A reminder that there is a lot of information about STOP on the PAN website.

**Evin:** Folks should think about what questions we want to ask at the panel tomorrow. There's an opportunity with some of the stakeholders for us to ask questions.

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## **How do people want to use the time remaining to us? -- Round table update**

**AIDS Vancouver Island:** We're having issues with our needle exchange. We have a large pop of people who use injection drugs and it's not feasible to serve that population through a mobile exchange. We've cobbled together a range of different services. Our numbers [of people served] fell by about 40%. We're trying to be creative; we worked with the province to implement a pharmacy pilot that has been really successful. We're trying to pressure the province to implement this in other regions of Vancouver Island. One of the pharmacies is also a methadone pharmacy, which is great. Because the health authority has pandered to the loudest voices in the community, there's an expectation that any needle exchange sites have to be approved by the community. We've had a lot of success with the media. We try to use whatever opportunity we can to get the word out that harm reduction is vital. I'm trying to make sure our services are starting to orient towards Seek and Treat with the crucial support component. We got a grant from Gilead to do rapid testing across the Island and that went really well. We're trying to set up a physician who can prescribe meds in the central Island outside of a hospital setting.

**Positive Women's Network:** We're having a retreat on Thanksgiving weekend. 35 women are coming. We're developing a pocket guide for women who are aging with HIV. We've been really busy with social networking initiatives. We've been involved in a number of national initiatives including the fertility guidelines which have just come out. The Blueprint Coalition released its third Canadian report card around the Canadian government's response to issues with women and girls around HIV. Voices of Positive women closed in the summer; this leaves PWN with a big responsibility.

**Purpose Society in New Westminster:** We support people who are positive or who have Hep C. We have an adult clinic and a food bank. Our Hep C support group started in the summer.

**BC Persons With AIDS Society:** We're spending a lot of time on e-Health initiatives. We're devoting attention to the shortage of psychiatrists in the province. We're working with the Coalition to Build a Better BC – bringing together leadership elements from arts, social services, labour, faith, etc – to come up with ideas for rolling back the conservative wave in this province. We have been putting a lot of effort into wellness clinics, partially in partnership with Friends for Life. The Prison Outreach Program is focussing on pre-release planning and post-release assistance, in partnership with McLaren Housing. Our advocacy team is currently trying to get up and running a Skype based remote advocacy service in Prince George, in partnership with Positive Living North. Dentistry UBC is bringing in supervised fourth year dental students – we're now able to provide basic dental consultations services onsite. Planning for next Positive Gathering is underway – please get in touch with Stephen MacDonald with presentation suggestions. Finally – the mail in ballots for the AGM worked. Close to 150 ballots were returned.

**Northern HIV and Health Education Society:** We're working to generate social venture capital. Just received funding from New Horizons for seniors to do HIV education. Educating between three and four thousand people in our workshops each year.

**Hepatitis C Council of BC (HCCBC) & ANKORS:** I'm working on a project called Rise Up Community Engagements – goal is to remove barriers for people who use injection drugs who are positive now. Working to do needs assessments and focus groups. I'm also working with the Drug War Survivor

folks— big themes coming out include lack of services with physicians, etc. Hep C Council of BC is having conference in November.

**AIDS Society of Kamloops:** We also have a sister organization in Merritt. Our mandate is that housing is healthcare. We have a huge housing team that helps individuals that are considered hard to house or who are low income. We have secured many facilities – over 200 beds have been made available. We're helping folks to make better choices. Clients are also navigated to appropriate support services. Have just begun the Safer Sex Travel Lady who educates youth.

**Camp Moomba:** This past year marked our thirteenth annual summer program, fourteenth annual winter program. Our leadership program had 8 folks in it this year for two weeks. We had three previous leaders return to the camp to be peer leaders. Camp is moving to a new facility. Funding needs to be increased. We want to increase our capacity and decrease our waitlist.

**AIDS Vancouver:** It's an interesting time – still dealing with the tail end of cuts from last year. We have spent past six months developing a three-year strategic plan. We have six new board members, who are highly talented and qualified. For the next six months, we'll be doing major fundraising and awareness campaigns, including a major campaign in the month of November.

**YouthCO:** We had to move the organization to the 500 block of Seymour, and do renovations. All of our managers have transitioned, so we've gone through a massive hiring process. We've also done some re-visioning to our programs, including our drop in and our Aboriginal youth program. We are moving towards having an open house in November, as well as an AGM. We've also been invited to sit on Renewing Our Response, which is really exciting. Also having a women's retreat at the end of November. YouthCO celebrated their 16<sup>th</sup> birthday this year.

**ANKORS:** We have been developing a self-advocacy for health navigation project. It's in initial development right now. Every year we do two AIDS Walks – one in Nelson and one on Cranbrook – to support our two foundation funds. We also hosted a very successful soccer tournament in the East Kootenays this year; in Nelson we did an AIDS Walk theme song contest that really went off. We provide harm reduction services, including testing.

**Living Positive Resource Centre (Kelowna):** We have a \$10,000 grant with UBC to do an online research survey for MSM in the interior. We would like to get 200 responses; currently have 87. This is being promoted through *Squirt* and *Manhunt*, plus local papers. Some of data already collected is unbelievable.

**Needle Exchange in Prince George:** We have fixed site services from Monday – Saturday that includes the provision of supplies. We also have a van outreach service that covers five nights a week, including Sundays. The newest thing is related to the STOP project, which includes going out to the point of care. We're trying to figure out some process there. We're working closely with Positive Living North and Native Health Society.

**BC Coalition of People with Disabilities:** We're working on a project to do tele-training for advocates across the province. We're working with Volunteer Canada on emergency plans. We did a number of

workshops and produced five videos. Our advocacy program is quite busy. We're also involved with the employment assistance initiatives through the Ministry of Social Housing and Development.

**Ben Stevenson, Peer Research Coordinator, Food Security CBR Stud & AIDS Vancouver:**

Conducting a food security study; working on a community garden with AIDS Vancouver. Partnered with HOS – they have a kitchen and AV has a grocery program. Working to design a farm that is run by HIV-positive people. The proposed sight is the Trillium site (formerly new St Paul's site). The idea to have plan on paper by November, then begin applying for grants.

**Cammy LaFleur Street Outreach Program, North Okanagan Youth and Family Services Society:**

We have a clinic that goes out to the community twice a week; then twice a week clients can come to us for testing, food, snacks, over the counter meds, etc. Vernon is a crack-based community, so equipment is mainly needle exchange and smoking paraphernalia. We do outreach to a variety of communities, and participate in World AIDS Day and the AIDS Walk.

**Positive Living North:** We will be having a community consultation centre in Smithers because we're at end of a two-year remote management agreement with funders. We have some discussions happening about co-location study. What would that look like? Perhaps a health and healing wellness centre in the downtown core. There's pushback because a lot of people don't want us downtown. Our target population has been pushed out of the downtown core. We have the STOP pilot project, but then this downtown enforcement unit is sidetracking it. They're discouraging our downtown population from accessing services and even walking through the street. We have joined with other community organizations and met with the RCMP, but it's still going on. People are going underground and not accessing services. We still have our frontline warriors program.

**South Fraser Community Services Society:** We have just been through a restructuring – Shane is new ED. The homeless service provides about 6500 meals a month, in addition to other services. We operate the Gateway Shelter. Health services were cut by about 30% across the board last year. We're concerned about the hours being cut at the needle exchange. We're in the process of making Positive Haven, which is a drop in for people with blood born pathogens, more Hep C focussed. Food bank is running very low, part of a crisis going through all Fraser food services. Street visions art group is a pilot that ran last year. We're hoping to have a showing soon.

**McLaren Housing:** We are in the process of developing a brand new building that will open in 2012, which is our 25<sup>th</sup> anniversary.

**Evin:** Thank you everyone. There are three remaining information sessions, which will be presented in the lunch hour. PAN's AGM will begin at 1:30. Thank you.