

October 21, 2005 Environmental Scan Day: Summary of Results

Overall Goals of the Day:

- To provide current information and set the context for HIV work in the province
- To engage participants in a critical analysis of the information provided and its potential influence on HIV work in the province
- Provincial Consortium to make decisions on critical pieces of work

Group Activity # 1

Alignment with the Federal Initiative to Address HIV/AIDS

This activity involved placing dots on a sheet in proximity to 3 Federal Initiative policy areas: accountability, integration, and partnership & engagement. The questions that were considered included:

- From your perspective, how closely aligned is the HIV work currently being done in Alberta with what you just heard about the Federal Initiative?
- Does this resonate with the HIV work that is already done in the province?
- Does the work in Alberta need to shift in anyway to incorporate elements of the New FI? What are your ideas for how this could be done?

Results Summary:

All small groups ranked themselves as being closely aligned with the Federal Initiative policy area of **accountability**, with the prevailing sentiment that AIDS Service Organizations (ASOs) are very accountable to their funders. Groups also mentioned that they felt that the accountability requirements were growing to the point where organizations had to be more accountable to their funders than to the communities they serve.

In terms of alignment with the policy area of **integration**, no small group felt that they were closely aligned. There was a split between those who felt that they were somewhat aligned and not aligned at all. There was, however, consensus around there being concern that the federal government will expect ASOs to undertake the integration of HIV, STI and Hep C services with no extra resources to do so. There is also considerable concern around the notion of HIV work being lost in an integrated mandate.

Most of the small groups ranked themselves as being somewhat aligned with the policy area of **partnership and engagement**, with one group stating that they were already aligned with this policy area. A common theme that emerged from the discussions was that the expectation that organizations form partnerships can create unnatural and token partnerships that take up more time and resources than the benefit they produce.

See pages 2 & 3 for more detail.

Activity #1: Alignment with the Federal Initiative to Address HIV/AIDS

N=29	closely aligned	somewhat aligned	not aligned
Accountability	<ul style="list-style-type: none"> • n=27 • feels they are very accountable to the funders and less to the communities they serve • communication of results, annual reporting of challenges and successes – group felt Alberta ASOs were doing well with some room for improvement • requirements have been increasing are actually too high now so the idea of increasing it does not sit well • focus on accountability different than evaluation – perhaps focus should be more on that than ‘accountability’ • we’re getting good info and rolling it together • we can identify where \$ goes • we are accountable to each other • not sure if those above me are getting the info they need 	<ul style="list-style-type: none"> • n=2 	<ul style="list-style-type: none"> • n=0
	<ul style="list-style-type: none"> • n = 0 	<ul style="list-style-type: none"> • n = 12 • feels that they are a little further away in this regard • at the provincial level there is more integration • there is less integration at a national level • despite population health/determinants approach we are funded to address the determinants – there is a tension here: primary mandate of orgs vs. ability to lead in that direction • how can we affect change at high levels? – cross ministry work is hard to do but there have been successes • what does integration mean? <ul style="list-style-type: none"> ○ There is a perception that it’s a top-down approach ○ There’s integration with HIV and integration across diseases <ul style="list-style-type: none"> ▪ They look different ▪ Its scary to think that we’re dealing 	<ul style="list-style-type: none"> • n = 17 • generally not well aligned in this area – will work with someone who has HIV no matter if they have other BBP such as Hep C or TB, if people come in with other BBP but not HIV will not serve them at this time • obviously happening with BBP Strategy – but not much yet at community level • if this were to happen, need to change the requirement of funding that org has HIV as primary mandate • accountability should come

Activity #1: Alignment with the Federal Initiative to Address HIV/AIDS			
N=29	closely aligned	somewhat aligned	not aligned
		<p>with all the groups</p> <ul style="list-style-type: none"> ○ Community vs. government have different definitions of what integration means – we need to address that <p>Shifting work in Alberta</p> <ul style="list-style-type: none"> ● Integration: would need increased training and professional development 	<p>before integration</p> <ul style="list-style-type: none"> ● integration is being done with no funding ● not comfortable with integration – we are <u>ASOs</u> ● need appropriate resources and time to integrate
Partnerships & Engagement	<ul style="list-style-type: none"> ● n = 7 ● structure and capability exist ● need to develop new partnerships 	<ul style="list-style-type: none"> ● n = 20 ● questioning how many real partnerships they have – are they just partners in name – or only partners at a surface level ● expectations to form partnerships creates unnatural relationships ● it's hard to dedicate resources to partnership development, lots of other kinds of community organizations aren't that interested in HIV work or partnering with ASOs ● projects tend bring 'partners' out of the woodwork, they want us to provide letters but are not interested in a real partnership – support letters are often 'fluff' (both the ones that we need for our proposals and the ones that we are asked to provide) ● do well locally in partnerships (ASOs, ACCH, other community orgs), not well partnered locally with other partners listed in FI (e.g. Correctional Services Canada and Canadian Institute for Health Research) ● difficulty of RHAs in that they have role of getting everyone to work together and yet they can't receive \$\$ ● need to clarify where Harm Reduction Fits – which partners involved and who is taking the lead ● there needs to be increased work to involve PHA (people living with HIV) ● there is increased need to address determinants through ownership of the issue by other sectors 	<ul style="list-style-type: none"> ● n = 1

Group Activity #2

Small group discussions on the presentation of the current epidemiology in Alberta

Participants were split up according to geographical regions (i.e., North Rural, Edmonton, Calgary and South Rural) and asked to discuss what the presentation on current Alberta epidemiology meant for HIV work in Alberta, groups were given stop light colours to represent their ideas:

Green = the work should “carry on as is”

Yellow = the need to revisit the work being done with a view to making moderate changes

Red = a major rethink is required, i.e. there are implications for making a major shift in what we are doing.

Questions that were considered during the discussion:

- How do you see communities best responding to emerging trends?
- Do think that this presentation should signal a change in response for your community?

Results Summary:

Work that was going well and should continue (green):

Many regions reported that harm reduction programs for people who use injection drugs were making an impact on hep C incident rates. Some regions noted that their RHA’s expansion of sexual health services was also making a positive impact.

Need to revisit the work with a view to making some moderate changes (yellow):

Some of the common challenges mentioned by regions included the need to do more work with endemic communities and to establish better partnerships with the primary health care sector.

Need for a major shift in the work (red):

The common area mentioned in all regions that needs more attention is HIV and STI prevention.

See pages 5 for details.

Activity # 2: Current Epidemiology in Alberta

Location	Green	Yellow	Red
Calgary	<ul style="list-style-type: none"> • HIV in relation to intravenous drug use (IDU) under moderate control • Hep C incidence rates are going down 	<ul style="list-style-type: none"> • Attention to gender issues (young women, young HIV positive women, older men and a-symptomatic STIs) • Attention to enhanced contact tracing (internet-anonymous – MSM ages 29-50) • Develop new strategies for current issues • Addressing determinants of health • Recalcitrant/U2 	<ul style="list-style-type: none"> • Need in endemic populations • Need to focus on prevention – condom use • Education programs in schools + 18-35 – what should the starting grade be?
South	<ul style="list-style-type: none"> • Integrated Hep C into mandate • RHAs hired new STI RNs 	<ul style="list-style-type: none"> • Diverse target groups (across Canada and in endemic populations) • NHSCC • Establishment of coalitions (re: drugs) • ASOs only ones promoting Harm Reduction (increased workload) 	<ul style="list-style-type: none"> • No extra funding for integrating Hep C into our mandates • Education to reduce stigma • Better information sharing • Handkerchief – girls • Cultural sensitivity training with community • ASOs role in sexual education?
Edmonton	<ul style="list-style-type: none"> • Harm reduction programs have had an impact • Aboriginal populations – rates are going down – are we doing a better job? 	<ul style="list-style-type: none"> • Boyle McCauly is under-resourced • Other community resources need more support (have connections, increased role with community members) • Better partnerships with primary health care, hospitals etc. 	<ul style="list-style-type: none"> • Prevention • Need to target all target populations • Is this about how we do the work? • Heterosexual endemic • Sustained social marketing • Testing
North	<ul style="list-style-type: none"> • CAANS is going to non-traditional venues to reach youth (since adopting a harm reduction approach – we are no longer welcome into the schools) • SHAG (sexual health action group) in Aspen region • Aspen expanding sexual health services 	<ul style="list-style-type: none"> • Relationship between ASOs and sexual health varies from region to region • Efforts to reach parents but parent councils not always representative • Lack of support (public) for Harm Reduction approach • Difficulty getting STI rates/info for each region (especially in smaller areas) 	<ul style="list-style-type: none"> • STIs are under Public Health – not well resource or connected to each other • Prevention and promotion not resourced • Not mandated currently in the curriculum • Divestment of STI services to regions – lack of consistency between regions

Group Activity #3

Group Analysis of the Final Report of the ACHF 01-04 Funding Cycle

People self-selected into groups according to the 5 ACHF funding approaches and brainstormed about promising practices and challenges. These ideas were noted on coloured cards that then generated the practice issue themes.

Results summary:

The majority of the discussions related to work around the five fund approaches focussed on challenges. **Creating supportive environments** and **health promotion for people living with HIV** spawned the most areas of challenges citing obstacles in nearly all theme groups collectively. **Partnerships** were cited as a mixed blessing in 4 out of the 5 fund approaches.

A. Creating Supportive Environments B. HP for PLWHA C. Prevention D. Strengthening Community Based Organizations E. Harm Reduction

Ranking #hits	Theme	Promising					Challenges					Mixed				
		A	B	C	D	E	A	B	C	D	E	A	B	C	D	E
7	Partnerships/Relationships	X												X	X	X
6	Specific Population Issues							X						X		X
5	Staffing, Human Resource issues						X	X			X				X	
5	Knowledge, Training issues						X	X		X		X				
4	Specific Strategies	X									X		X			
3	\$\$, Funding Issues									X						X
3	Diverse Target Group				X									X		
2	Stigma						X		X							
2	Urban issues												X			
2	Geography related issues							X			X					
2	Access, Fragmentation issues	X					X									
2	Setting Priorities						X		X							
2	Determinant related issues						X		X							
2	Legislation related					X				X						
2	Measuring effectiveness, evaluation issues													X		
2	Cultural issues							X	X							
1	Co-infection							X								
1	Rural							X								
1	Taking on Too much						X									
1	Time constraints						X									
1	Complexity of Care							X								
1	Involving Target Population					X										
1	Shifting Epi			X												
1	Volunteerism												X			
	TOTAL	3	-	1	1	2	8	8	4	3	3	1	3	2	3	3
		7					26					12				

Activities 4 and 5

Large group discussion about the presentation of the Model Evaluation and the presentation by ACCH

Presentations of the ACHF Model Evaluation and the community context from ACCH's perspective were delivered. However, due to time constraints, large group discussion was very limited.