



December 2005

Alberta Community Environmental Scan Final Report

A project of the
Alberta Community Council on HIV
(ACCH)

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Dedication

This report is dedicated to those who are *living* with HIV/AIDS in Alberta.

ACCH member organizations are committed to working harder, faster, and better to stop the ravages of this preventable disease.

Acknowledgments

The Alberta HIV/AIDS Environmental Scan was developed collaboratively by a spectrum of stakeholders involved in the Alberta response to HIV/AIDS.

It was made possible thanks to the participation of Alberta AIDS Service Organizations and Harm Reduction Programs, individuals and representatives of organizations as well as in-kind contributions of the Alberta Community Council on HIV. Thanks are extended to members of the Steering Committee who oversaw the development of the Environmental Scan.

Steering Committee Members:

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Jody Lewis, HIV/AIDS Network of South Eastern

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Acronyms

ACCH	Alberta Community Council on HIV
ACHF	Alberta Community HIV Fund
AIDS	Acquired Immunodeficiency Syndrome
ASO	AIDS Service Organization
BBP	Blood Borne Pathogen
CBR	Community-Based Research
GIPA	Greater Involvement of People Living with HIV/AIDS
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
PHAC	Public Health Agency of Canada
PLWHA	Person Living with HIV/AIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis

Introduction

The Alberta Community Council on HIV (ACCH) is the provincial coalition of all fourteen HIV/AIDS and Harm Reduction organizations in Alberta. ACCH members provide a blend of services that include health promotion, harm reduction programming, prevention education, care and support, and housing assistance in all regions. ACCH members work together on advocacy and skills building efforts and provide a unified voice on HIV/AIDS and related issues in the province of Alberta.

To best identify current and emerging issues in the HIV/AIDS environment in the province of Alberta, the Alberta Community HIV Fund Provincial Population Health Consortium (Provincial Consortium) requested ACCH take the lead on an environmental scan in our province. The purpose of the environmental scan was to provide the Provincial Consortium and Alberta Community HIV Fund (ACHF) Community Planning Committees an overview of the current and future environment of HIV/AIDS in Alberta. The data collected from the Scan aimed to contribute to the knowledge of the ACHF Provincial Population Health Consortium members.

At the February 2005 ACCH general meeting the Environmental Scan Ad Hoc Committee was struck as a result of the Consortium's recommendation. Committee membership was open to all ACCH members.¹

The Committee's work was supported by ACCH staff members, Laurence Bayzand and Courtney Rippin.

Methodology

Following the creation of the Environmental Scan committee, a workplan was developed to guide the members. This workplan was subsequently approved by the ACCH membership at the June 2005 ACCH membership meeting. The workplan outlined objectives, activities, timeframes, responsibility, and indicators of success. This document then guided the committee members through the data collection and analysis phases of the project.

In order to ensure trustworthiness of the data collected, the committee determined to employ various methods. Most significantly, each of the ACCH member organizations was issued a survey (see Appendix A) which was designed to identify the current influences and issues impacting the HIV/AIDS landscape in Alberta. The surveys were

¹ The Environmental Scan Ad-Hoc Committee was comprised of both those living with HIV/AIDS and those not living with HIV/AIDS.

electronically delivered to the Executive Director, or designate, of each organization with the following instructions:

The Environmental Scan committee suggests that the survey might be completed using a variety of methods. For instance, you might consider forwarding the survey as an attachment to all of your staff for feedback, or you might consider completing the survey in the context of a staff meeting. Further, you may wish to consult members of your community in addition to your staff.

Data were received from all member organizations, including ACCH itself, which responded to the “Participant Information” portion of the survey. These data were then analyzed either quantitatively or qualitatively depending upon the measure employed. The quantitative analysis painted a picture of staffing and funding issues, while the common themes derived from the qualitative thematic analysis provided insight into programming and governance concerns.

To address potential future issues in the field of HIV/AIDS in Alberta, community consultations were held in Calgary, Edmonton, and Red Deer. The purpose of these consultations was to encourage community partners and members of affected or related organizations to present their view of the next five to ten years. These responses were grouped into six broad categories (see Results section).

A comparative analysis of the Federal Initiative to Address HIV/AIDS in Canada; Leading Together: Canada Takes Action on HIV/AIDS (Draft); and the Alberta Blood Borne Pathogens and Sexually Transmitted Infections Strategy (Draft) was conducted by the committee. The purpose of this activity was to determine where these documents in fact addressed the same issues and if and where they may diverge. Additional documents that were reviewed for pertinent information include: The Alberta Health and Wellness HIV/AIDS Quarterly Report to June 30 2005; Daunting Tasks; Dedicated People: Stories in the Management of Change in HIV/AIDS Organizations; as well as an ACHF narrative report review and thematic analysis. Germane data from these documents were included in the ACHF Provincial Consortium presentation and this report.

Prior to delivering the completed presentation to the Provincial Consortium, the results of the Environmental Scan were submitted to the ACCH membership at the October 2005 ACCH meeting to verify the data accuracy. At that time, each member organization was requested to endorse the presentation. A vote was held and the presentation was unanimously endorsed.

Results

Environmental Scan Survey

Broadly, the Environmental Scan determined that ACCH members had been incorporated as non-profits for an average of 15 years, and that 50% of these organizations had undergone a change in leadership within the previous 2 year period. The primary mandate for the members was overwhelmingly HIV/AIDS, with secondary mandates including HCV, other blood borne pathogens, and harm reduction.

Most member organizations indicated that their activities were supported by multiple revenue streams, with an average of just over 6 sources per agency. Alberta Community HIV Fund (ACHF) represented an average of approximately 58% of funding per agency, but varied from a low of 20% to a high of 90% of organization's funding.

Each organizational leader was asked to assess the current well-being of their organization on the following three topics: financial; staff; and governance processes. The scale was numeric, with each number representing a particular state of being. The scale was:

- 1 Very Healthy;
- 2 Healthy;
- 3 Moderately Healthy;
- 4 Unhealthy; and
- 5 Very Unhealthy.

The results indicated that organizations rated themselves as 2.61 for financial well-being; 2.61 for the well-being of staff; and 2.25 for the well-being of governance processes. Accordingly, most organizations reported their financial well-being as quite healthy, along with the state of their staff, however reported less confidence in the health of existing governance processes.

The Environmental Scan survey requested of organizations to comment on what is working well and the current challenges facing them with regards to the following topics: Care and Support; Harm Reduction; Prevention; Governance; Community Development; Application of the GIPA Principle; Other; and their Organization Overall. Themes that emerged included:

Care and Support

Working Well

- Agencies are successfully providing services to clients who enter their premises or via telephone; and

- Staff and volunteers are dedicated to providing quality services.

Challenges

- Transportation costs to access HIV specialists presents a hardship to clients and agencies alike;
- Catchment areas are too large for smaller agencies to effectively cover; and
- The needs of those living with HIV/AIDS continue to change as the disease encroaches on new communities.

Harm Reduction

Working Well

- Needle exchange programs are working well; and
- The demand for services is increasing.

Challenges

- Inadequate treatment programs exist for people who use drugs; and
- Not all communities support the harm reduction approach.

Prevention

Working Well

- Prevention education has increased, along with awareness of HIV in the communities; and
- Agencies are developing new and innovative ways to reach many different populations.

Challenges

- Limited staff impacts the ability to provide prevention programming; and
- There are so many unique populations to address.

Governance

Working Well

- Existing Board members are dedicated while engaged.

Challenges

- There is a high turnover of Board members; and
- It is difficult to recruit qualified Board members.

Community Development

Working Well

- Agencies have developed partnerships with a variety of community organizations; and
- Partnerships allow for ongoing knowledge exchange.

Challenges

- There are inadequate resources to reach out to rural communities or develop new partnerships;
- It is difficult to create effective programs for a transient population; and
- Stigma and discrimination regarding HIV/AIDS still exist.

Application of the GIPA Principle

Working Well

- PLWHAs who are on staff, the Board, or who are volunteers contribute actively to the member organizations; and
- Staff and Boards are committed to implementing GIPA

Challenges

- Some agencies have a limited number of HIV positive clients;
- Not all clients are willing to publicly reveal their serostatus; and
- There is uncertainty as to how to apply the principle.

Results

Community Consultations

Findings from the community consultations were categorized in order to manage the breadth of information collected. The categories are: Political; Economic; Technology; Health and Social Services; Social Trends; and Environmental Factors. Following is the information that was presented to the Provincial Consortium on each of these topics.

Political

- Criminalization of HIV transmission
- Change in government at the federal, provincial, and/or local levels, e.g., elections and cabinet shuffles
- Ongoing future trends of government shifting accountability to community without increased investment
- Uncertainty about the PHAC response to HIV/AIDS.

Economic

- Increased competition for limited funding and fundraising dollars
- Uncertainty about:
 - Federal HIV funding
 - The future of Alberta Health and Wellness funding.

- Possible economic crash of Alberta

Technology

- Introduction of rapid HIV testing
- Introduction of vaccines and microbicides.

Health and Social Services

- Integration of the multiple focus of blood borne pathogens, TB, and sexually transmitted infections
- Increased privatization of health care
- Increase in the number and depth of poverty
- Lack of supported and affordable housing opportunities
- Potential for an influenza pandemic
- Continued gaps and inadequate addictions treatment.

Social Trends

- Increase in peer led programs
- Focus on employing diverse methods of communication, e.g., ethnic media
- Increase in the promotion of healthy sexuality among people living with HIV
- Increased employment of holistic wellness, including medicine wheel teachings.

Environmental Factors

- The advent of rapid transit between Calgary and Edmonton
- The conflict between local, provincial, national, and international demands
- An increase in:
 - Community drug coalitions without inclusion of community;
 - Prison infection rates;
 - Death of long-term survivors; and
 - The age demographics of the broader population.

Conclusions

As indicated by the discussion above, it would appear that a great many factors are impacting the field of HIV/AIDS in Alberta, and subsequently the work of the ACCH member organizations. Nonetheless, certain characteristics of the current and perceived future environments may have greater influence than others. The prevailing economic prosperity in Alberta creates difficulties for non-profit agencies that lose skilled and trained workers to higher-paying jobs. As well, it is more difficult to initially attract these same workers when employment, and higher wages, are abundant. This human resources concern impacts all levels of the ACCH members, right up to the Executive Director level, as a significant turnover in staff is ongoing. The question as to how to attract and retain staff while maintaining effective programming becomes difficult to answer.

While universally agreed upon as important, agencies continue to struggle with implementation of the GIPA principle. Awareness of GIPA appears to be high, but the reality of what it may or may not mean within organizations has yet to be fully understood. Meaningful involvement from PLWHAs is called for, yet these same individuals must value their involvement and be willing and/or able to expend the time and effort necessary to impact organizational culture. Understandably, this may be difficult or not possible due to factors such as diminishing health, skills, and other life circumstances. Nonetheless, organizations expressed a desire to continue exploring methods by which GIPA might be implemented.

The future of HIV/AIDS response in Alberta appears to be shrouded in uncertainty on two specific fronts: 1) integration of the Alberta Health and Wellness Blood Borne Pathogen and Sexually Transmitted Infection Strategy; and 2) the political environment and its impact upon funding. Questions loom regarding how or if member organizations will address the blood borne pathogen strategy. Will they expand their services to include diseases such tuberculosis and malaria? Or, will the decision be made to maintain the status quo, focusing on the “exceptional” nature of HIV/AIDS? What impact would a change in federal leadership have on the government’s focus on HIV/AIDS and its willingness to fund existing programs? These and many other questions impact the future landscape of HIV/AIDS and the ACCH member organizations’ ability to provide effective, sustainable programming.



Environmental Scan 2005

This Environmental Scan is being undertaken by ACCH to identify the influences and issues impacting the HIV/AIDS landscape in Alberta. The data collected will provide background information to the ACHF Provincial Population Health Consortium on the current and future realities of HIV/AIDS work in Alberta.

Participation in this study is entirely voluntary. Your organization may decide to participate or not to participate, or may withdraw from the study at any time. Your identity will be kept strictly confidential. The data from the study will be made available on the ACCH website and will be presented in an aggregate format only; no individuals or agencies will be identified.

If you have any questions or concerns with respect to this study, please contact Jennifer Vanderschaeghe at (403) 346-8858, or Laurence Bayzand, CBR Coordinator, at (780) 477-3799.

Please return the completed survey to Laurence Bayzand at lbayzand@acch.ca by **Friday, June 24**.

Participant Information

- 1) What is the position of the person completing this survey?
- 2) What year was your organization incorporated as a non-profit?
- 3) How long has the current Executive Director or primary leader been in his/her position? years
- 4) What is the primary mandate of your organization? Please check one.

- HIV/AIDS
- HCV
- Blood Borne Pathogens
- Harm Reduction
- Residential
- Other, please specify

5) What is the secondary mandate(s) of your organization? Please check all that apply.

- HIV/AIDS
- HCV
- Blood Borne Pathogens
- Harm Reduction
- Residential
- Other, please specify

6)

- a) How many hours does your permanent staff work in a week? _____ hours
- b) How many of these hours are funded by ACHF? _____ hours
- c) On average, how many hours per week are worked by volunteers? _____ hours

7)

- a) How many different revenue sources does your organization have?
_____ sources
- b) What percentage of your revenues is provided by ACHF versus other funders?
_____ %
- c) Do you provide services for a fee? Yes No
Please explain:

Current Issues and Influences

8) What are your current challenges in these areas of your work (if applicable)? Please take as much space as needed to respond to the question.

- a) Care and Support:
- b) Harm Reduction:
- c) Prevention:
- d) Governance:
- e) Community Development:
- f) Application of the GIPA principle:
- g) Other:
- h) Your organization overall:

9) What is working well at your agency, or in the context of these programs? Please take as much space as needed to respond to the question.

- a) Care and Support:
- b) Harm Reduction:
- c) Prevention:
- d) Governance:
- e) Community Development:
- f) Application of the GIPA principle:
- g) Other:
- h) Your organization overall:

10) What is your estimate of your organization's current financial well-being? Please use the scale below to determine the rating and enter it in the box.

1	2	3	4	5
Very Healthy	Healthy	Moderately Healthy	Unhealthy	Very Unhealthy

11) What is your estimate of the current well-being of your organization's staff? Please use the scale below to determine the rating and enter it in the box.

1	2	3	4	5
Very Healthy	Healthy	Moderately Healthy	Unhealthy	Very Unhealthy

12) What is your estimate of the well-being of your organization's current governance process(es)? Please use the scale below to determine the rating and enter it in the box.

1	2	3	4	5
Very Healthy	Healthy	Moderately Healthy	Unhealthy	Very Unhealthy

13) Is there anything else that we should know?

Thank you for taking the time to participate in this survey. Your feedback is greatly appreciated and will be utilized to generate a report on the HIV/AIDS landscape in Alberta.

Do you have any comments about the survey or the project?

Political & Economic

2006-2008

Opportunities

- 2006-08 – Federal HIV funding increasing
- Forward steps around social steps such as gay marriage
- Better education-adapt curriculum to reflect reality, include school systems, scheduled elections 2007
- Federal government requires community consultation more and more
- Increased genuine collaboration across sectors, e.g. w/in government are among communities

Threats

- Aging population--loss of experience and wisdom
- Increased privatization of health care from here on
- Lack of consistency: turnover of staff at deputy minister level
- Further downloading from top to bottom (both money and services) – current and short-term (government downloading to communities)
- Competition for funding among all seekers
- BBP strategy could water down HIV funding
- Hurdles for clients to access funding (i.e., AISH and the whole income support system)--including minimum wage, etc.--current and short-term
- “Conservatism” in government (Alberta province)
- Lack of concentration in pharmaceutical field for discovery threatens the health care system; i.e., a cure is not desirable for drug companies
- Funding cycles for projects (e.g., 3 years), funding application process--takes away from day to day operations, uncertainty within cycle and from cycle to cycle
- Lack of core consistent funding for non-profit agencies
- Change of federal government (to a conservative party)

2008-2010

Opportunities

Threats

2010-2015

Opportunities

- Social Marketing 2015
- 2010--HIV Vaccine Developed?

Threats

Technology & Health/Social Services

2006-2008

Opportunities

- Vaccines
- Rapid testing
- Affordable housing increases
- Education 1st person
- Hospice opening
- Whole-person wellness (mental and physical)
- HIV Africa people talking
- Different approaches to addiction prescriptions (harm reduction)
- Rapid transport Edmonton to Calgary--must stop in Red Deer
- Same sex marriage--reduce marginalization
- Supported housing opportunities
- Detox centre 2006

Threats

- Conservative government--not very supportive of health and social services
- Booming economy can create more social problems
- HIV – Africa the cause – the “thing” to do (discrimination issues) makes local work now more challenging
- Same-sex marriage
- Changing labour laws
- Gap between non-profit sector with the government
- Children and youth making good dollars--can create problems among youth
- 2 tier health care –no longer universal healthcare
- Crystal meth – 2+ years is major problem
- Stigma related to treatment received, e.g., at hospice centre
- Funding decreases
- Rapid testing in prisons or for insurance purposes

2008-2010

Opportunities

- Youth addictions centre

Threats

2010-2015

Opportunities

- Satellite offices in rural areas (Lacombe and Innisfail)
- Addictions vaccines – discovery of an addiction gene

Threats

Social Trends & Environmental

2006-2008

Opportunities

- Parkland Youth Homes are revamping programs
- 2005-06 downtown BINGO hall may close
- More pregnancies on methadone
- Downtown water park
- Moving public works out of downtown
- Kentwood low income housing development
- 2006 Parkland Youth Homes hiring youth addictions worker
- 2006 more needle drop boxes
- 2006 more satellite immunization clinics
- 2007 new, bigger community health centre
- 2008 Riverside Meadows affordable housing complex

Threats

- Increased transience
- 2005 lack of neighbourhood building. There are only houses, no community meeting space
- Increased police in school with no prevention
- 2005 DTHR PARTY program discontinued
- Detox centre loses MPC (on appeal)
- 2006 DTHR public health regional changes (again)
- 2006 dollar meter parking means more costs to citizens
- Brand new hotels
- Parkland Youth Homes residential treatment centre no longer--now short-term (i.e., 6 weeks)
- Moving the Greyhound bus station from downtown
- 2005-2010 cocaine, crystal meth., Ecstasy
- New casino and/or expansion of jackpot casino

2008-2010

Opportunities

- 2008-2010 mobile health care
- Creation of Alexander Way

Threats

- Creation of Alexander Way
- 2010--still no Adult sexual health centre
- 2010--Calgary/Edmonton train

2010-2015

Opportunities

Threats

Appendix C
CCHA Consultation Report

August 8, 2005

The Context of HIV/AIDS in the Calgary Region

Calgary Coalition on HIV/AIDS (CCHA)
Consultation

June 24, 2005

CONSULTATION REPORT



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Funding for this community consultation was provided by the Alberta Community HIV Fund (ACHF)

Background

The Calgary Coalition on HIV and AIDS (CCHA) is a community network of governmental and non-governmental organizations responding to HIV/AIDS in the Calgary region. The mission of the CCHA is *working together as a coalition towards a healthy community response to HIV and AIDS*. The Coalition is comprised of a steering committee and four working groups:

- Aboriginal Working Group
- Care and Treatment Working Group
- Prevention and Education Working Group
- Youth Working Group.

The Steering Committee of the CCHA also serves as one of ten Community Planning Committees (CPCs) across Alberta. Each CPC is responsible for reviewing and recommending proposals to the Alberta Community HIV Fund (ACHF) Provincial Population Health Consortium. Committee members include local agencies, community-based organizations and individuals representative of populations and sub-populations reflecting the local incidence of HIV. CCHA is unique in Alberta in that it is active in HIV/AIDS initiatives beyond reviewing proposals for ACHF.

In June 2005, CCHA initiated a regional consultation process in order to assess the context of HIV/AIDS programs and services in the Calgary region. The purpose of the consultation was to set local priorities for community-based HIV/AIDS programming, to learn more about vulnerable populations in the region, and to anticipate trends and issues that may affect the implementation of HIV/AIDS programs in the future. The overall goal of the consultation was to revitalize CCHA and ensure that as a coalition, it is prepared to address current and future HIV/AIDS and related issues in the Calgary region.

Although the CCHA Consultation was initiated independently of the provincial environmental scan being conducted amongst members of the Alberta Community Council on HIV, the results of its consultation will contribute to the provincial portrait of HIV/AIDS issues and trends.

A half-day consultation meeting was held in Calgary on June 24, 2005 at the Kahanoff Centre, facilitated by San Patten (see Appendix A for the meeting agenda). The consultation meeting is intended to be one component of a CCHA community environmental scan that may also include a survey to community partner organizations and community members (e.g., people living with HIV, members of vulnerable communities). This report summarizes the proceedings from the June 24 meeting.

Participants

A total of 17 individuals participated in the consultation meeting on June 24, 2005. All participants, with the exception of one, work in the Calgary region. The participants were:

Name	Organization/Constituency
Susan Cress	AIDS Calgary Awareness Association
Allison Holmes	AIDS Calgary Awareness Association
Terry MacKenzie	AIDS Calgary Awareness Association
Le-Ann Dolan	AIDS Calgary Awareness Association
Pam Krause	Calgary Birth Control Association
Barbara Ross	Calgary Health Region
Colleen Roy	Calgary Health Region - STD Clinic
Jennifer Vanderschaeghe	Central Alberta Blood-Borne Pathogens Committee (CPC)
Rita Tekeste	Community Member
Sean Alley	Gay and Lesbian Community Services Association
Larua Wershler	Planned Parenthood Alberta
Diane Nielsen	Safeworks Calgary
Patrick Lancaster	SHARP Foundation
Floyd Visser	SHARP Foundation
Joanne DeForest	Southern Alberta HIV Clinic
Jane Wiebe	Southern Alberta HIV Clinic
Guy Milner	Southern Alberta HIV Clinic

Introductions and Overview of the Consultation Process

At the beginning of the consultation meeting, each participant introduced him/herself and described their affiliation and personal history of involvement in HIV/AIDS work. The participants ranged in HIV/AIDS experience from less than one year, up to 20 years. An overview was provided about the rationale of the consultation, i.e., to set local priorities, to learn more about populations of interest to service providers, and to anticipate trends and issues that may affect the implementation of their programs. An explanation was provided by Le-Ann Dolan regarding the linkage of this consultation to the Alberta environmental scan.

It was established that the goal of the consultation was to: *to revitalize CCHA to make sure we are still addressing current and future issues in HIV/AIDS in our region (i.e. do we need different working groups, etc.).*

Finally, the facilitator provided the following overview of the process of environmental scanning:

Environmental scanning assesses the internal strengths and weaknesses of an organization in relation to the external opportunities and threats it faces. A thorough environmental scan will:

- ✘ involve a committed community or group of partner organizations
- ✘ provide a clear sense of who else needs to be involved
- ✘ discuss mandates, visions and existing programs of the relevant organizations
- ✘ identify the assets and needs of your communities
- ✘ identify the economic, political and other factors which affect your communities
- ✘ identify the conditions and broader determinants of health affecting your projects or community
- ✘ identify the strengths and assets as well as the problems or issues facing your community
- ✘ identify the constraints and opportunities facing your projects, and
- ✘ identify what you already know and what you still need to know.

An environmental scan is similar to a *Needs Assessment* in that it collects data on community needs. BUT it also considers the broader social, economic, political and environmental context affecting community health needs. It also considers strengths, assets and capacities, not just problems or needs.

PEEST Timeline Analysis

The first major exercise in the consultation was a timeline analysis, looking historically back to 1980 as well as forward to 2020. The exercise involved the participants identifying the Political, Economic, Environmental, Social and Technological (PEEST) factors which have influenced, and will influence, the HIV/AIDS epidemic in Calgary. Below is a summary of the PEEST factors identified by the participants.

1980s

Public Perceptions, Stigma

- ✘ HIV/AIDS perceived as a gay man's disease (language change from "GRID" & "ARC" to HIV/AIDS), and the accompanying belief that "if you're straight, you're safe"
- ✘ lack of knowledge about HIV/AIDS, high mortality from AIDS and thus high levels of fear, resulting in people being abandoned by their families
- ✘ people living with HIV (PHAs) could not donate organs
- ✘ PHAs could not have sex reassignment surgery

Advances in Prevention and Treatment

- ✘ Sexual education (including HIV/STIs) began in the public school system (approximately around 1988)
- ✘ Discovery and introduction of AZT

1990s

City of Calgary Demographics

- ✘ In the city of Calgary, growing population and lack of affordable housing

Advances in Prevention and Treatment

- ✘ More understanding of prevention of mother to child transmission
- ✘ Antiretrovirals (ARVs) introduced: prolonged life expectancy of those living with HIV although with serious side effects

Quality of Life for PHAs

- ✘ With ARVs and prolonged survival, PHAs re-entering the workforce - implications for policies in the workplace

Internet

- ✘ Internet and email becoming mainstream - implications for provision of information, also a source of misinformation and on-line sex

2000s

Legislation Changes

- ✘ FOIPP - Alberta Freedom of Information and Protection of Privacy act - implications for protection of confidentiality with respect to HIV status
- ✘ PCHIP - Protection of Children Involved in Prostitution Act - Alberta legislation that came into effect in 1999, implications for driving sex trade underground
- ✘ Calgary advocacy success - decreased rates for bus passes for low-income individuals and those on AISH
- ✘ Increase to AISH amounts in Alberta, successful advocacy partnership
- ✘ Movement towards privatization of health care in Alberta (third way of health care) - will influence who can afford treatment, and what level of care is available to all
- ✘ Bill 202 - Protection of Children Abusing Drugs Act in Alberta - legislation that sends children & youth for mandatory drug treatment

Harm Reduction

- ✘ Calgary Fire Department - introduction of "Safe Street Boxes" (needle disposal units around city streets)
- ✘ Methadone introduced in Calgary 2002-03
- ✘ Increase in community awareness about harm reduction
- ✘ Increased availability and use of Crystal Meth & Ecstasy - leading to higher levels of risky sexual behaviour

Challenges in Preventing HIV Among Youth

- ✘ Emergence of perception among upper class youth that HIV won't affect them
- ✘ Condom fatigue - youth don't feel affected by HIV/AIDS; incorrect perception of a cure

Co-Infections

- ✘ Increasing number of co-infections with Hepatitis C
- ✘ Increase in STDs in 15-24 year olds

Internet

- ✘ Internet and email became mainstream, new way for connection, to provide information and support, especially for rural outreach
- ✘ However, internet information is unregulated, can be source of misinformation, creating more bias, prejudice
- ✘ Sex through internet contacts, contact tracing complicated with increased amount of anonymous sex

Non-Profit Work Environment

- ✘ Increase in resources available for care and treatment, medication, professional staff
- ✘ Increasing cost of human resources
- ✘ Since 9/11 (2001), difficult or very expensive to get insurance for non-profits

Global Issues

- ✘ Higher numbers of HIV amongst people who have immigrated from countries where HIV is endemic - need for translation of programs into other languages and cultures
- ✘ George Bush's abstinence based approach - international restrictions on sexual and reproductive health efforts
- ✘ Legislation changes with respect to refugee status since 9-11 - greater number seeking asylum, many health issues, tightening of immigration - claims take 5-7 years for processing,
- ✘ 2001 Citizenship and Immigration begins testing immigrants for HIV
- ✘ Greater international mobility and ease of travel
- ✘ G8 summit in Kananaskis Country in 2003 - HIV was on the agenda

Biomedical Advances and Challenges

- ✘ Home testing / rapid testing (can be ordered of the internet)
- ✘ Prenatal HIV testing protocol - Calgary has been able to deliver 50 uninfected babies.
- ✘ Drug resistant HIV

City of Calgary Demographics

- ✘ Stigma and discrimination, backlash against people living in poverty, erosion of the middle class, 'NIMBY' attitudes
- ✘ Shortage of low income housing

2005

Social Environment

- ⌘ Legalization of same-sex marriage 2005 - hopefully will reduce homophobia
- ⌘ Increasing media & political focus on international HIV/AIDS - focuses away from local issues
- ⌘ HIV in Africa developing a strong humanitarian perspective, a human rights issue, transfer to North America
- ⌘ Stigmatization of immigrants from countries where HIV is endemic (e.g., Brooks)
- ⌘ First HIV-positive student attending public school (in 2005 in Calgary) - stigma & discrimination (immigrant family)
- ⌘ Release of male sex trade study (Sue McIntyre), new understanding of survival sex among males

HIV Trends

- ⌘ Aging population with HIV, average age 40 years
- ⌘ Increasing empowerment of people vulnerable to HIV/AIDS, voice, energy, and advocacy (increased engagement of those at risk)
- ⌘ Number of HIV-positive pregnant women increased (12 in 2005) = follow-up care, many from endemic populations
- ⌘ Return to work opportunities for people living with HIV - need for flexible employment, health benefits, part-time work, retraining, flexible disability plans
- ⌘ HIV seen as chronic and manageable illness
- ⌘ Increasing HIV rates amongst Aboriginal communities - denial of crisis

Policy and Legislation

- ⌘ Launch of new Federal Initiative on HIV/AIDS
- ⌘ Blood Samples Act - new Alberta legislation for first responders, good Samaritans, correction officers, police officers - can make an application to request a sample from source of fluid/blood exposures
- ⌘ Decreasing focus politically on HIV/AIDS - new Minister of Health needs education about HIV/AIDS
- ⌘ ACHF operational call (pre-2007), application process for 3-year funding grant requires a lot of work
- ⌘ More government spending on panic related issues (SARS, West Nile Virus, etc.)
- ⌘ Legalization of medical use of marijuana, movement towards decriminalizing marijuana
- ⌘ HIV strategies which include other diseases - Blood Borne Pathogens (BBP) Strategy (ie. HIV, HepC, STDs)

City of Calgary Demographics

- ⌘ Increasing housing costs and increasing population in Calgary
- ⌘ Forest Lawn redevelopment - sex-trade forced out of community
- ⌘ Cost of living increase in Calgary - for organizations, and those living with HIV, vulnerable populations, etc.

Non-Profit Work Environment

- ⌘ Cost of human resources has increased
- ⌘ Difficulty breaking into corporate funding, and it will become increasingly difficult as corporations become more targeted. Nationally, corporations contribute only 2% to nonprofit funding.
- ⌘ Movement too far toward administration of NGOs, away from prevention, support and community work

2010

Biomedical Advances and Challenges

- ⌘ Microbicides - complex issues around harm reduction, misogyny, and possible impacts on women
- ⌘ Drug failure of ARVs, rising numbers of long-time survivors dying of AIDS
- ⌘ Increasing rates of drug resistance
- ⌘ New classes of ARV drugs will hopefully be available

City of Calgary Demographics

- ⌘ Meat packing plants in Brooks & coming to Calgary region (large number of refugees)

HIV Trends

- ⌘ HIV as a long-term, chronic and manageable illness - perception of HIV as a disease like diabetes
- ⌘ Solution lies in prevention (look at diseases such as diabetes). Prevention is the only cure. We have to find better ways to target young people. Healthy sexuality as a strategy, in conjunction with other STIs.

2015

- ⌘ HIV Vaccines
- ⌘ Reduce HIV/AIDS stigma & discrimination of people living with HIV/AIDS
- ⌘ Economic crash in Calgary economy
- ⌘ Reduced access to clean water
- ⌘ New super-bugs (e.g., avian flu)
- ⌘ Safe injection site / inhalation site

Local HIV/AIDS Needs and Demographic Data

Discussion Question: *What are population- or community-wide needs with respect to HIV/AIDS?*

- ⌘ Prevention and support services for pregnant women living with HIV
- ⌘ Serving people coming from endemic countries (youth at risk, HIV testing, access to treatment, culture- and language-specific services). HIV testing of immigrants to Canada began in 2001; prior to this date people would not know their HIV status.

- ⌘ Housing (including supportive environments) for low income individuals
- ⌘ Assist people living with HIV to develop advocacy and leadership roles, find new ways for their involvement in HIV/AIDS services addressing inclusion, greater diversity, workforce participation, and compensate people living with HIV for their expertise
- ⌘ Meeting the needs of gay men in terms of preventing sexual transmission of HIV and other STIs
- ⌘ Support people living with HIV once they are involved in mainstream work environments
- ⌘ According to the last census data, the Edmonton/Calgary corridor is the highest economic contributor in Canada, and accompanied by an increase in government-assisted refugees to the Calgary area.

Discussion Question: *What are specific populations or segments of the community that have special HIV/AIDS needs? What are those needs?*

- ⌘ Rates of STIs are gradually going up in the older population (24+), as well as in government-assisted refugees
- ⌘ Anonymous sex is popular amongst MSM in the over 40 age group
- ⌘ Family physicians are talking people out of having HIV tests; need to train them to normalize sexual behaviours and sexuality discussions. Family physicians as an entry point for HIV and sexual health services are being missed. In general, there is a shortage of family physicians; it is especially difficult for patients with HIV to access a family physician.
- ⌘ Rural people have more difficulty accessing HIV and sexual health services (e.g., Banff).
- ⌘ People living with HIV are not able to access AADAC services (e.g., 1886 House)

Discussion Question: *How will the demographics of the Calgary region change over time and affect HIV/AIDS issues in our community?*

- ⌘ Immigrants need HIV/AIDS information in their own native languages, and newcomers need specific information about where to go for testing, HIV treatment, HIV services. Need to find new creative ways of reaching these immigrants, e.g., through transit housing, immigrant-serving organizations, community associations, community newspapers or radio shows
- ⌘ Banff has a high transient youth population and high numbers of tourists, associated with high amounts of risk behaviours (e.g., Banff Springs Hotel employs up to 1100 young people) - targeted HIV prevention needs to be enhanced

Overall, the participants emphasized that diverse populations (MSM, IDUs, heterosexuals, people from countries where HIV is endemic, Aboriginal, etc.) require diverse approaches with respect to HIV/AIDS service provision.

SWOT Analysis

SWOT analysis identifies factors that may affect desired future outcomes of the organization. The SWOT model is based on identifying the organization's internal strengths and weaknesses, and threats and opportunities of the external environment, and consequentially identifying the organization's distinctive competencies and key success factors. These, along with considerations of societal and organizational values, lead to creation, evaluation, and choice of strategy. SWOT's objective is to recommend strategies that ensure the best alignment between the external environment and internal situation.

The participants analyzed the strengths and weaknesses, and threats and opportunities for CCHA with respect to 1) people vulnerable to HIV infection; and 2) people living with HIV/AIDS. The following figures summarize the SWOT analyses conducted by the consultation participants.

**CCHA’s Strengths, Weaknesses, Opportunities and Threats
with Respect to Meeting the Needs of
People Vulnerable to HIV Infection**

<p><i>Composition of CCHA</i></p> <ul style="list-style-type: none"> ○ CCHA a leader in the province for CPCs ○ Well connected to one another through our work ○ Diverse communities involved in and represented on CCHA 	<p><i>Lack of clarity re: CCHA Working Groups</i></p> <ul style="list-style-type: none"> ○ Does CCHA have a mission & clear focus for Working Groups? ○ Unclear on number of task groups ○ Lack of momentum in working groups ○ Limited resources to spend time on committees, all the same people for another committee ○ Lack of participation of positive or vulnerable persons <p><i>Difficulty Meeting Needs</i></p> <ul style="list-style-type: none"> ○ Hesitancy for businesses to see that youth are living with HIV, no investment ○ Too busy to be on-line doing prevention ○ Banff - lack of adequate HIV/AIDS information and supports for newcomers
<p><i>Expanding CCHA’s Capacity</i></p> <ul style="list-style-type: none"> ○ Goes beyond the present to the next step in partnership and programming ○ Repackaging our work (to sell it to funders) to do better work ○ Investigate how working groups can be more effective - e.g., take on discrete and achievable pieces of work ○ Strength of our lobbying effort to work together towards a common goal <p><i>New Populations and Program Approaches</i></p> <ul style="list-style-type: none"> ○ Improved use of the internet ○ Learn from diabetes expertise ○ “sexuality without borders” ○ Greater involvement of immigrant-serving agencies and community associations in HIV/AIDS education/ support ○ Using social marketing to create behavioural change 	<p><i>Stigma and Discrimination</i></p> <ul style="list-style-type: none"> ○ Homophobia ○ Classism ○ Are we perpetuating stereotypes? <p><i>Public Perceptions</i></p> <ul style="list-style-type: none"> ○ Lower sense of urgency (prisons, youth services) ○ Growing wealth in Calgary, increased sense of privilege <p><i>Legislation</i></p> <ul style="list-style-type: none"> ○ Blood Samples Act <p><i>BBP Strategy</i></p> <ul style="list-style-type: none"> ○ Watering down of HIV-specific work (combining with other diseases) <p><i>Lack of Strategic Focus</i></p> <ul style="list-style-type: none"> ○ Responding to funding opportunities rather than planning, and then finding funding

**CCHA's Strengths, Weaknesses, Opportunities and Threats
with Respect to Meeting the Needs of
People Living with HIV/AIDS**

<p><i>Range and Quality of Services</i></p> <ul style="list-style-type: none"> ○ Prevention strategies ○ Excellent treatment, advocacy for funding ○ Good referrals and networking ○ Range of services involved ○ U2 document 	<p><i>Need More Targeted Interventions</i></p> <ul style="list-style-type: none"> ○ Prevention strategies - need to be more culturally appropriate and reflect lived realities of PHAs ○ Need to recognize that PHAs are not one cohesive group (e.g., women, MSM, Aboriginals, immigrants, etc.) <p><i>Internal Dynamics</i></p> <ul style="list-style-type: none"> ○ Need better communication and sharing of information & training opportunities ○ Current committee model not working ○ Personality differences ○ Need more inclusion of PHAs
<p><i>New Approaches</i></p> <ul style="list-style-type: none"> ○ How do we make safer sex, hotter sex? Embrace message that PHAs are also sexual beings also, promote sexual health ○ Mainstreaming HIV/AIDS - incorporating in all health information ○ Use different communications/media - such as ethnic radio programs, language clubs, newspapers ○ Establish a peer leader program <p><i>New Partnerships</i></p> <ul style="list-style-type: none"> ○ Catalyst model - reach out (e.g., immigrant aid), set up a drop-in centre, establish immigrant working groups and facilitate other groups to carry message/work ○ Working with other agencies (e.g., AADAC) to develop a seamless process ○ Meeting opportunities for specific groups with similar values, beliefs, backgrounds 	<p><i>Funding</i></p> <ul style="list-style-type: none"> ○ scrambling for funding ○ lack of resources <p><i>Social Barriers</i></p> <ul style="list-style-type: none"> ○ current mindset re: HIV/AIDS (denial, etc.) <p><i>Poor Access for Some Populations</i></p> <ul style="list-style-type: none"> ○ lack of treatment available to IDUs ○ AADAC funded agencies may not take PHAs

Next Steps

Additional Information and Input Needed

The participants acknowledged that the consultation was a good start to the full process of revitalizing CCHA, and ensuring that it is still addressing current and future issues in HIV/AIDS in the Calgary region. Further discussion is needed amongst CCHA members with respect to the composition and purpose of the coalition's working groups. Also, more in-depth review of Calgary's demographic trends may also help contribute to the understanding of future HIV/AIDS issues. Finally, the participants of the consultation meeting on June 24 noted that some key stakeholders need to be included in further culturally-appropriate consultation, such as PHAs, IDUs, sex trade workers, MSM and individuals from countries where HIV is endemic.

Dissemination

The results of the environmental scan will be disseminated to and used by the following groups:

- ✂ CCHA Environmental Scan Working Group
- ✂ CCHA Steering Committee
- ✂ Alberta Provincial Environmental Scan Working Group
- ✂ Alberta Community HIV Fund
- ✂ CCHA member organizations

Appendix A - Consultation Meeting Agenda

AGENDA

1. Introduction [9:00-9:20]

- ⌘ Introductions - name, affiliation, involvement in HIV/AIDS work
- ⌘ Review agenda

2. Background to this Consultation [9:20-9:30]

- ⌘ Rationale - To set priorities, to learn
- ⌘ more about populations of interest, and to anticipate trends and issues that may affect the implementation of your programs.
- ⌘ Larger context - how this consultation is linked to AB environmental scan
- ⌘ Goal: *to revitalize CCHA to make sure we are still addressing current and future issues in HIV/AIDS in our region (i.e. do we need different working groups, etc.)*

3. Overview of Environmental Scanning [9:30-9:45]

Environmental scanning assesses the internal strengths and weaknesses of an organization in relation to the external opportunities and threats it faces.

A thorough environmental scan will:

- ⌘ involve a committed community or group of partner organizations
- ⌘ provide a clear sense of who else needs to be involved
- ⌘ discuss mandates, visions and existing programs of the relevant organizations
- ⌘ identify the assets and needs of your communities
- ⌘ identify the economic, political and other factors which affect your communities
- ⌘ identify the conditions and broader determinants of health affecting your projects or community
- ⌘ identify the strengths and assets as well as the problems or issues facing your community
- ⌘ identify the constraints and opportunities facing your projects, and
- ⌘ identify what you already know and what you still need to know.

An environmental scan is similar to a *Needs Assessment* in that it collects data on community needs. BUT it also considers the broader social, economic, political and environmental context affecting community health needs. It also considers strengths, assets and capacities, not just problems or needs.

5. PEEST Timeline Analysis [9:45-10:15]

From 1980 to 2020, identify the:

- ⌘ Political
- ⌘ Economic
- ⌘ Environmental - e.g., geographic scope, neighbourhood dynamics
- ⌘ Social
- ⌘ Technological - e.g., medical advancements

factors affecting both vulnerability for HIV/AIDS and responses for those living with HIV/AIDS.

6. BREAK [10:15-10:30]

7. HIV/AIDS "Needs" and Demographic Data [10:30-11:00]

- ⌘ What are population- or community-wide needs with respect to HIV/AIDS?
- ⌘ What are specific populations or segments of the community that have special HIV/AIDS needs? What are those needs?
- ⌘ How will the demographics of the Calgary region change over time and affect HIV/AIDS issues in our community?

8. SWOT Analysis [11:00-11:45]

SWOT analysis identifies factors that may affect desired future outcomes of the organization. The SWOT model is based on identifying the organization's internal strengths and weaknesses, and threats and opportunities of the external environment, and consequentially identifying the company's distinctive competencies and key success factors. These, along with considerations of societal and organizational values, lead to creation, evaluation, and choice of strategy. SWOT's objective is to recommend strategies that ensure the best alignment between the external environment and internal situation.

First, we should decide on our unit of analysis: CCHA? Broader community?

**Services for those most
at risk of HIV infection**

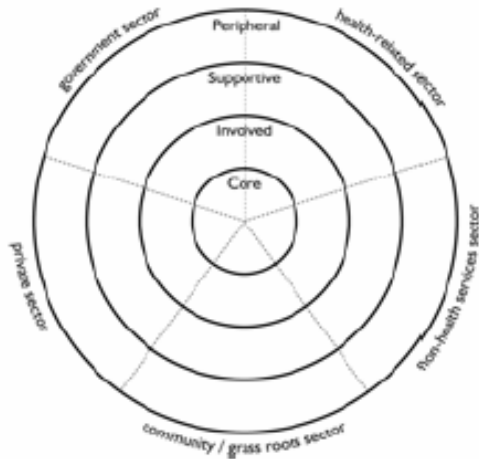
Strengths	Weaknesses
Opportunities	Threats

Services for PLWHA

Strengths	Weaknesses
Opportunities	Threats

9. Next Steps and Participant Feedback [11:45-12:15]

- ⌘ Are there any remaining information gaps (what further info do you need for the environmental scan)?
- ⌘ What other Stakeholders, at various levels, should be engaged in this environmental scan?



Core - on the planning team
Involved - frequently consulted or part of planning process
Supportive - providing some form of support
Peripheral - needs to be kept informed

- ⌘ How will the results of the environmental scan be disseminated and used?