

**2009 Alberta Positive Voices
Conference:
Environmental Scan of Supports and
Services for People Living with
HIV/AIDS in Alberta**

Summary Report
April 8, 2010

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1 Background

Alberta's Positive Voice Conference is a bi-annual conference. The conference is planned by an advisory committee of people living with HIV, features local and national presenters living with HIV and is attended by people living with HIV. The conference lives the principle of the Greater Involvement of People Living with HIV (GIPA) and demonstrates what a group of talented and motivated people living with HIV can do to make a difference in their community.

The conference was held from March 13th to 15th 2009 and involved over 50 participants living with HIV. Workshops discussed a variety of topics including treatment and drug plans, talking to your doctor, disclosure, healthy sexuality, complementary therapies, and human rights awareness. Wellness-based activities offered participants the option to take part in talking circles, a 12 step meeting, a spirituality evening, massage therapy, and arts and crafts. The conference provided an opportunity for participants to meet new people, connect with old friends, and build understanding of how to live well with HIV.

AIDS Calgary acted as the host organization for the 2009 conference, providing support to the Advisory Committee to carry out conference planning, execution and evaluation.

2 Methodology

As one of the only events in Alberta to bring together people living with HIV/AIDS from across the province, this conference provided an excellent opportunity to conduct a survey of conference participants. AIDS Calgary re-issued a survey that was previously used in the study *ACCH Environmental Scan: Supports and Services 2006*.

This survey included demographic questions and questions related to access of services. Additionally, an informed consent form was issued to participants to ensure informed consent to participate in the research. A total of 28 people living with HIV completed some or all of the written survey.

For a complete description of all survey responses see section 7 of this report.

3 Survey Results: Overview of Demographics

- 82% of respondents were from large urban areas (Edmonton and Calgary)
- The majority of respondents self-identified as White (57%) and First Nation, Aboriginal, and/or Métis (19%)
- The largest age group represented was 40 to 54 (50%)
- 68% of respondents identify as male; 21% of respondents identify as female
- More than half of all respondents reported low income (less than \$21,000/annum)
- 58% of respondents identified sexual contact as the primary risk for contracting HIV (63% of this group identified as MSM)
- 18% of respondents identified intravenous drug use as the primary risk for contracting HIV
- The majority (61%) of respondents have been living with HIV for 5 years or more

4 Survey Results: Service Access

In general, responses show high awareness and access of available services and supports. Community-based AIDS service organizations (ASOs); outreach programs, peer support groups, and regional HIV Clinics were frequently mentioned. Some people reported being aware of but not accessing services. At least one respondent does not find the available “basic needs” services personally relevant. Those who identify barriers to accessing services described challenges such as inconvenient office hours and a lack of money for bus fare.

Outside of major urban areas, awareness and access to local services significantly decreases. Among respondents from “Other” residences (i.e. outside of Calgary and Edmonton), 33% were unaware of any services or supports available in their communities. Half of all respondents from “Other” residences did not use any services in their communities.

A lack of services in rural areas was a primary theme. Additionally, the time, distance, and resources involved in traveling to the nearest support or service created considerable barriers. At least one respondent suggested stigma as a barrier to accessing HIV services in a small community. In total, 67% of respondents in the “Other” residence group reported barriers to accessing services.

5 Survey Results: Current Needs

100% of respondents from outside the major urban areas report needs that are currently not being met. These needs include local services, current information, peer support, and opportunities for involvement. The majority of unmet needs in these areas can be directly linked to a lack of available services in smaller communities. For respondents from Edmonton and Calgary, those reporting unmet need were 38% and 36% respectively. In all areas, the majority of unmet needs were reported as related to HIV status.

When asked to describe what is missing from available services, some common themes emerged across all regions.

- I. Services and supports that address the basic needs of low income individuals and families**
 - i.e.) financial assistance for expenses such as transportation and housing
- II. Population-specific services and outreach to diverse communities such as Aboriginal and immigrant populations**
- III. Current, HIV related information and education provided on an ongoing basis**
 - topics include managing treatment, complementary therapies, transmission, and ageing
- IV. Effective communication processes for PLWH as well as the general community**
 - communication provided in ways that meet the needs and schedules of those involved
 - i.e.) mail-outs, email, community education in rural areas, information networks that are independent of AIDS service organizations
- V. Increased programming and peer support that can recognize and address the spiritual and emotional needs of PLWH**
- VI. Increased representation of diverse groups within AIDS service organizations**
 - PLWH as service providers
 - PLWH involved in program development and evaluation
 - service providers representing different cultural groups and providing services in other languages
 - more male service providers

6 Survey Results: Emerging Needs

Respondents were asked to describe the “emerging issues (in the next 5 years) for people living with HIV in Alberta”. Responses were varied and covered a number of topics which can be summarized into common themes.

- I. Diverse education and outreach to address increasing rates of HIV**
- II. HIV-related health issues: treatment, side effects, formularies, late stage diagnosis**
- III. Addressing the needs of an ageing population of PLWH**
- IV. Short and long-term financial needs: housing, recession, financial security**
- V. Unique needs of PLWH in rural areas**
- VI. Legal Issues around disclosure and criminalization**
- VII. A need for communication infrastructures that facilitate peer support and knowledge sharing**

Respondents were asked to reflect on “what should be done” about the emerging issues identified above. Responses were primarily focused in 2 areas: enhance and diversify education and increase involvement of PLWH in service and support.

Responses were varied but can be summarized into common themes.

- I. Increase policy and financial support from all levels of government**
- II. Diversify service provision: identify and focus on certain groups**
 - i.e.) MSM, Aboriginal people, immigrants, youth, and sero-discordant couples
- III. Increase access to educational tools**
 - i.e.) education in schools and all 18+ venues
- IV. Provide education and health services in rural communities**
- V. More PLWH involved in leadership and peer support**

7 Looking Forward

The 2009 Positive Voices Conference provided an opportunity to gather information about the needs of people living with HIV in Alberta. Looking forward, the information gathered can be used as a resource to guide program development. In addition, opportunities are identified to position the Positive Voices Conference as an important tool in building capacity and better meeting the needs of PLWH in Alberta.

Demographic data suggests that conference participants were somewhat diverse. However, it should be noted that the sample population is not representative of all Albertans living with HIV. Furthermore, the majority of participants had some degree of current connection to supports or services across the province. Looking forward, encouraging wider participation from diverse communities of PLWH in Alberta will build on past success. The conference's ability to attract an increasing variety of PLWH (e.g. women, people from African communities and individuals not connected to AIDS Service Organizations) will enhance opportunities for knowledge sharing and peer support. A strategy to build diversity among conference participants will also respond to the changing epidemiology of HIV in Alberta.

Considering service access and unmet needs, a distinct dichotomy develops between participants in large urban centers and those from rural areas. 100% of respondents living outside of Edmonton and Calgary reported unmet needs directly related to a lack of services and supports in rural areas. Looking forward, geographic gaps in service provision highlight a need for ongoing communication and peer networks. As mentioned by one respondent, these networks may be best facilitated independent of existing ASOs. The Positive Voices Conference is an excellent opportunity to discuss, plan, and begin building networks of PLWH which can span geographic barriers.

Discussing current and emerging needs, a number of participants identified the need for increased participation of PLWH across the board. Examples include more PLWH involved in peer support, service provision, and program development. This dominant theme is a clear endorsement of GIPA principles. Looking forward, the Positive Voices Conference is an excellent opportunity to build leadership among PLWH in Alberta. For example, workshop sessions or activities that promote community involvement and advocacy can encourage on-going participation. By providing a safe environment for PLWH to share knowledge, articulate common needs, and build action, the Positive Voices Conference can encourage PLWH to become community leaders.

8 Survey Results: Details by Region

This section provides a detailed review of survey results. As the focus of the survey was primarily on access to services, and as services are provided locally and regionally, this section focuses on a regional breakdown of the feedback collected.

As much as possible, narrative responses by survey respondents have been recorded in the respondents own words, as they were written.

Specifically, this section provides:

- I. Detailed demographic information for all survey respondents
- II. Detailed demographic information, qualitative and quantitative survey results for respondents from **Edmonton**
- III. Detailed demographic information, qualitative and quantitative survey results for respondents from **Calgary**
- IV. Detailed demographic information, qualitative and quantitative survey responses for respondents from “**Other**” **residences** (i.e. anyone who identified that they live outside of Calgary or Edmonton)
- V. A copy of the consent form issued
- VI. A copy of the survey issued

I.) Survey Results: Total Respondents (n=28)

The following tables show demographic results from all respondents.

Residence: Type (n=28)	Number	Percentage
City	23	82%
Town	5	18%
Rural Area	0	0%
Reserve/Aboriginal Community	0	0%
No answer	0	0%

Residence: Place (n=28)	Number	Percentage
Calgary	14	50%
Edmonton	8	29%
Lethbridge	1	4%
Medicine Hat	1	4%
Swan Hills	1	4%
Spruce Grove	1	4%
Coalhurst	1	4%
Ponoka	1	4%

Ethnicity (n=28)	Number	Percentage
White (European Background)	16	57%
Aboriginal/First Nation	3	11%
Métis	1	4%
Métis & Aboriginal	1	4%
African	1	4%
Asian	0	0%
Other (Trinidadian mixed, Hispanic, Not specified)	3	11%
No answer	3	11%

Age (n=28)	Number	Percentage
24 and younger	2	7%
25 to 40	6	21%
40 to 54	14	50%
55 and older	2	7%
No answer	4	14%

Annual Income (n=28)	Number	Percentage
Under \$6,000	6	21%
\$7,000 - \$12,000	5	18%
\$13,000 - \$20,000	4	14%
\$21,000 - \$35,000	3	11%
\$36,000 - \$50,000	3	11%
\$51,000 or more	4	14%
No answer	3	11%

Risk for Contracting HIV (n=28)	Number	Percentage
Homosexual Sex	10	36%
Heterosexual Sex	5	18%
Sexual Contact	1	4%
Intravenous Drug Use	4	14%
IDU and Heterosexual Sex	1	4%
Blood Transfusion	1	4%
Other	1	4%
No Answer	5	18%

Years Living with HIV (n=28)	Number	Percentage
1 or fewer	2	7%
2 to 4	4	14%
5 to 9	5	18%
10 or greater	12	43%
No answer	5	18%

Gender(n=28)	Number	Percentage
Female	6	21%
Male	19	68%
Transgendered	0	0%
No answer	3	11%

Gender Physically Attracted to by Men (n=19)	Number	Percentage
Men	11	58%
Women	4	21%
Both	2	11%
No one	1	5%
No answer	1	5%

Gender Physically Attracted to by Women (n=6)	Number	Percentage
Men	3	50%
Women	1	17%
Both	2	33%
No answer	0	0%

II.) Survey Results by Residence: Respondents from Edmonton (n=8)

Ethnicity (n=8)	Number	Percentage
White (European Background)	4	50%
Aboriginal/First Nation	2	25%
Métis	0	0%
Métis & Aboriginal	1	13%
African	0	0%
Asian	0	0%
Other	0	0%
No Answer	1	13%

Age (n=8)	Number	Percentage
24 and younger	1	13%
25 to 40	1	13%
40 to 54	4	50%
55 and older	1	13%
No Answer	1	13%

Annual Income (n=8)	Number	Percentage
Under \$6,000	2	25%
\$7,000 - \$12,000	1	13%
\$13,000 - \$20,000	1	13%
\$21,000 - \$35,000	0	0%
\$36,000 - \$50,000	0	0%
\$51,000 or more	3	38%
No Answer	1	13%

Risk for Contracting HIV (n=8)	Number	Percentage
Homosexual Sex	1	13%
Heterosexual Sex	1	13%
Sexual Contact	1	13%
Intravenous Drug Use	2	25%
IDU and Heterosexual Sex	1	13%
Blood Transfusion	1	13%
Other	0	0%
No Answer	1	13%

Years Living with HIV (n=8)	Number	Percentage
1 or fewer	1	13%
2 to 4	0	0%
5 to 9	3	38%
10 or greater	3	38%
No answer	1	13%

Gender(n=8)	Number	Percentage
Female	3	38%
Male	4	50%
Transgendered	0	0%
No Answer	1	13%

Gender Physically Attracted to by Men (n=4)	Number	Percentage
Men	1	25%
Women	2	50%
Both	1	25%
No answer	0	0%

Gender Physically Attracted to by Women (n=3)	Number	Percentage
Men	2	67%
Women	0	0%
Both	1	33%
No answer	0	0%

The following section shows comments by respondents living in Edmonton. Each bullet point denotes one individual's response. (n=8)

1. **What are the services and supports for people living with HIV/AIDS in your community or area that you know about?**
 - How do we?
 - HIV Edmonton, Living Positive, Ross Armstrong Society
 - HIV Edmonton
 - HIV Edmonton, Living Positive
 - HIV Edmonton
 - HIV Edmonton, Living Positive
 - The services are good but could improve a little more donations volunteers' stuff like that funding a lot more funding.
 - Supports: Living Positive - only by phone - make Appt. Services - none that I as an HIV+ person have a need to utilize. Group evenings.

2. **What services or supports have you used?**
 - I can't really say yet
 - all the above [HIV Edmonton, Living Positive, Ross Armstrong Society]
 - both [HIV Edmonton, Living Positive]
 - I have a personal HIV physician in Edmonton. I take Methadone, Marinol, Atripla all daily.
 - both of the above [HIV Edmonton, Living Positive]
 - none

3. **How did you find out about the places you can go to for services or supports?**
 - Boyfriend
 - word of mouth
 - Outreach Worker at HIV
 - counselors, doctor that specializes in this area
 - word of mouth, and by a supports worker at an agency in Edmonton called Streetworks
 - Through Dr. Houston's office, my HIV doctor

- other people living with HIV/AIDS
- LP - first place I went after diagnosis to talk with other HIV+ people. HIV Edmonton - Always there since I arrived in 1994

4. Does anything prevent you from accessing these services or supports?

	Number	Percentage
Yes	2	25%
No	6	75%
No Answer	0	0%

5. If yes, what is it that prevents you from accessing these services or supports?

- bus, no money
- They have nothing of value/use to me. I work 9-5 - they're closed whenever I could contact them. I don't need methadone, needle exchange, food hampers, or handouts. I need support in employment/ meds info/ legal issues (wills, real estate, etc)

6. Do you have any needs that are not being met at this time?

	Number	Percentage
Yes	3	38%
No	5	63%
No Answer	0	0%

7. If yes, what are the needs?

- money
- more about more about neuropathy or soreness in peripheral extremities
- I need help with housing - it is very hard to find a place that will take a 15 year old cat even though he is clean & quiet & fixed & I refuse to give him up
- [*respondent answered no to #6*] But not due to any resources from an ASO

8. Are these needs related to your HIV status?

	Number	Percentage
Yes	4	50%
No	2	25%
No Answer	2	25%

- yes, transportation
- not really although having HIV and Hep C make me weak at times to work and search for housing
- yes of course and also information about HIV/AIDS

9. When you think about the services and supports available for people living with HIV in Alberta, what is missing?

- nothing that I know of
- can't answer
- overcoming the loneliness
- Not too much. Housing for poor
- more spirituality never hurts

- What's missing is education about education and causes. Also education in treatment
- An established Communication/Info Network for HIV+ people within which ASO's have no veto nor control over what HIV+ people decide are their needs

10. How would you provide these services?

- provide them to anybody that truly has the need for them
- email
- it would have to come from more willing pastors and/or churches
- province wide website for Poz People in AB with Links/Resources/HIV Info/Peer Support/live web cam support groups

11. What are the emerging issues (in the next 5 years) for people living with HIV in Alberta?

- more people are becoming infected so the needs may or may not be met because of the broader range
- Educate your people, junior high schools, outreach vans, Ex: Crossroads van
- people will want to know if its (HIV) easily contracted
- recession, housing, aging population with accompanying concerns
- making long-term plans, real estate/housing, Financial security after retirement (investing)

12. What do you think should be done about these issues?

- unknown
- You should know!
- I should go to more meetings
- provide services that are beneficial to a maturing HIV+ demographic

III.) Survey Results by Residence: Respondents from Calgary (n=14)

Ethnicity (n=14)	Number	Percentage
White (European Background)	7	50%
Aboriginal/First Nation	0	0%
Métis	1	7%
Métis & Aboriginal	0	0%
African	1	7%
Asian	0	0%
Other (Trinidadian mixed, Hispanic, not specified)	3	21%
No Answer	2	14%

Age (n=14)	Number	Percentage
24 and younger	1	7%
25 to 40	3	21%
40 to 54	6	43%
55 and older	1	7%
No Answer	3	21%

Annual Income (n=14)	Number	Percentage
Under \$6,000	3	21%
\$7,000 - \$12,000	2	14%
\$13,000 - \$20,000	3	21%
\$21,000 - \$35,000	2	14%
\$36,000 - \$50,000	1	7%
\$51,000 or more	1	7%
No Answer	2	14%

Risk for Contracting HIV (n=14)	Number	Percentage
Homosexual Sex	7	50%
Heterosexual Sex	2	14%
Sexual Contact	0	0%
Intravenous Drug Use	1	7%
IDU and Heterosexual Sex	0	0%
Blood Transfusion	0	0%
Other	0	0%
No Answer	4	29%

Years Living with HIV (n=14)	Number	Percentage
1 or fewer	0	0%
2 to 4	2	14%
5 to 9	1	7%
10 or greater	7	50%
No answer	4	29%

Gender(n=14)	Number	Percentage
Female	1	7%
Male	11	79%
Transgendered	0	0%
No Answer	2	14%

Gender Physically Attracted to by Men (n=11)	Number	Percentage
Men	8	73%
Women	1	9%
Both	1	9%
No one	1	9%
No answer	0	0%

Gender Physically Attracted to by Women (n=1)	Number	Percentage
Men	0	0%
Women	1	100%
Both	0	0%
No answer	0	0%

The following section shows comments by respondents living in Calgary (n=14). Each bullet point denotes one individual's response.

1. What are the services and supports for people living with HIV/AIDS in your community or area that you know about?

- SAC, AIDS Calgary
- There are no supports or services in my neighborhood of Bridgeland Calgary
- I don't know
- SAC, AIDS Calgary, Family doctor-dentist
- SAC
- SAC, SHARP Foundation, AIDS Calgary
- I volunteer cook at AIDS Calgary so I know about a few and use these. Food bank, computer Program, Bed Program, Emergency Relief Fund (one time help) Disability - Support Money Coffee Connection, Lunch Program, grocery program. Lunchbox program
- home support
- Aids Calgary
- A.C.
- Greenbough fund at AIDS Calgary, and Foodbank
- AIDS Calgary, SAC, Safeworks, CUPS, SHARP Foundation, Peer Support
- AIDS Calgary = resource counseling, education, various workshops, peer support, community kitchen, resource library. HIV Peer Support = peer matching. SAC = medical care.
- AIDS Calgary, SHARP Foundation, SAC

2. What services or supports have you used?

- both [SAC, AIDS Calgary]
- the only service I used @ Calgary AIDS Awareness Vitamin Program and SAC
- any

- all of above [SAC, AIDS Calgary, Family doctor-dentist]
- SAC
- All of the above [AIDS Calgary...Food bank, computer Program, Bed Program, Emergency Relief Fund (one time help) Disability - Support Money Coffee Connection, Lunch Program, grocery program. Lunchbox program]
- handibus, AIDS Calgary
- A.C
- AIDS Calgary, SAC, Peer Support
- All [AIDS Calgary = resource counseling, education, various workshops, peer support, community kitchen, resource library. HIV Peer Support = peer matching. SAC = medical care]
- all of the above [AIDS Calgary, SHARP Foundation, SAC]

3. How did you find out about the places you can go to for services or supports?

- Was informed about these places at the STD Clinic where I was first diagnosed of HIV+
- I knew they were there before my HIV diagnosis
- 8th & 8th
- they told me to where there were moving
- Gay Calgary Peer Support, Bars, Friends
- from AIDS Calgary - Capri Head of Client Services
- from friends
- DOC
- from SAC
- AIDS Calgary - peers/ friends. SAC - after diagnosis from hospital. Peer Support - friend
- Through my resource team at SAC, involving & not excluding to MD, nurses, social worker, pharmacist
- my shrink sent me there (ACAA) to meet other people HIV+

4. Does anything prevent you from accessing these services or supports?

	Number	Percentage
Yes	2	14%
No	11	79%
No Answer	1	7%

5. If yes, what is it that prevents you from accessing these services or supports?

- Only in bad weather [responded “no” to #4]
- I haven't try [responded “no answer” to #4]
- AIDS Calgary closed during business hours when I can access the services e.g. lunch time, after work. The times the office is open.
- Closed over lunch A.C. Closed too early after my work shift.

6. Do you have any needs that are not being met at this time?

	Number	Percentage
Yes	5	36%
No	8	57%
No Answer	1	7%

7. If yes, what are the needs?

- Peer Support
- Whenever I need advice I consult Capri & other staff and they help me find the right services. Thanks to them so much. [responded "no" to #6]
- massage, orientation/information
- friend
- Lack of Poz people working with AIDS Calgary, whom could be more empathetic
- I think you should be open for the lunch hour so that people whom cannot use your services at any other time can get them

8. Are these needs related to your HIV status?

	Number	Percentage
Yes	4	29%
No	1	7%
No Answer	9	64%

9. When you think about the services and supports available for people living with HIV in Alberta, what is missing?

- social workers that you can speak freely to without having to be in trouble with the law
- There seems to be an under representation of Aboriginals in these ASOs
- Nothing.
- common missions or statements
- More involvement from others living with HIV, more people use the medications than Aids Calgary & Community Services. They'll take the free meals, but don't want to volunteer or be a part of the HIV community
- have support from friends, missing communication - can't talk about how I feel inside sometimes
- nothing
- to reach out to immigrant population
- Cash for new and improvement expansion services. More male social workers. Consumer involvement - knowledge of chances to be involved in a way that meets their needs and schedules
- Open discussions/info. Meeting for the general population and support of HIV Negative partners.
- MONEY

10. How would you provide these services?

- Through AIDS Calgary or Southern Alberta Clinic
- Being of Aboriginal descent, I feel that there has to be an Aboriginal component to the main service organization
- Someone who is really willing to listen and help you out. Nice if they spoke English & Spanish
- More cash advocacy. Promote greater involvement frontline male S.W. Work and involve HIV Peers/pop in work in project develop and eval
- Initializing open forums, support groups
- That's your job (ACAA)

11. What are the emerging issues (in the next 5 years) for people living with HIV in Alberta?

- Learning to be comfortable wearing protection
- probably an increase in infections, especially in the youth population
- lack of educational materials
- healthcare/health services - need more support
- Ser-Discord couples. Continued treatment (formulary) access. Rise in Poverty, Addiction, marginalized population. Rise in Gay/MSM HIV infections - education tools.
- Lack of a voice within/outside the city, parliament, financial support for meds
- Immigrants and still Aboriginals and gay men

12. What do you think should be done about these issues?

- Educate, Educate, Educate.
- more education in schools and communities
- Put them [educational materials] in all 18+ venues. E.g.: bars, dances
- people need more support
- Advocacy on treatment access "affected marg. populations". Retool and refocus on MSM sex pop.
- More community based discussions & more poz people being involved in leadership.
- Throwing money at these problems doesn't work

IV.) Survey Results by Residence: Respondents from Other (n=6) (Medicine Hat, Lethbridge, Swan Hills, Spruce Grove, Ponoka, Coalhurst)

Ethnicity (n=6)	Number	Percentage
White (European Background)	5	83%
Aboriginal/First Nation	1	17%
Métis	0	0%
Métis & Aboriginal	0	0%
African	0	0%
Asian	0	0%
Other	0	0%
No Answer	0	0%

Age (n=6)	Number	Percentage
24 or younger	0	0%
25 to 40	2	33%
40 to 54	4	67%
55 and older	0	0%
No Answer	0	0%

Annual Income (n=6)	Number	Percentage
Under \$6,000	1	17%
\$7,000 - \$12,000	2	33%
\$13,000 - \$20,000	0	0%
\$21,000 - \$35,000	1	17%
\$36,000 - \$50,000	2	33%
\$51,000 or more	0	0%
No Answer	0	0%

Risk for Contracting HIV (n=6)	Number	Percentage
Homosexual Sex	2	33%
Heterosexual Sex	2	33%
Sexual Contact	0	0%
Intravenous Drug Use	1	17%
IDU and Heterosexual Sex	0	0%
Blood Transfusion	0	0%
Other	1	17%
No Answer	0	0%

Years Living with HIV (n=6)	Number	Percentage
1 or fewer	1	17%
2 to 4	2	33%
5 to 9	1	17%
10 or greater	2	33%
No answer	0	0%

Gender(n=6)	Number	Percentage
Female	2	33%
Male	4	67%
Transgendered	0	0%
No Answer	0	0%

Gender Physically Attracted to by Men (n=4)	Number	Percentage
Men	2	50%
Women	1	25%
Both	0	0%
No answer	1	25%

Gender Physically Attracted to by Women (n=2)	Number	Percentage
Men	1	50%
Women	0	0%
Both	1	50%
No answer	0	0%

The following section shows comments by respondents living in other areas (Medicine Hat, Lethbridge, Swan Hills, Spruce Grove, Ponoka, Coalhurst). (n=6)

Each bullet point denotes one individual's response.

- 1. What are the services and supports for people living with HIV/AIDS in your community or area that you know about?**
 - None
 - None
 - Central Alberta AIDS Network
 - Transportation to SAC, Peer Support
 - Lethbridge HIV Connection
 - financial help to conferences, rides to SAC for blood work

- 2. What services or supports have you used?**
 - in town, none
 - None
 - still use SAC, still in contact with Medicine Hat Peer Support Group
 - none
 - travel money, counseling, monthly activity
 - went to a couple conferences

- 3. How did you find out about the places you can go to for services or supports?**
 - HIV Edmonton / AIDS Calgary
 - None

- Have not looked in Ponoka
- I helped start the ASO
- Phone book
- I lived in Medicine Hat before so had an idea of some supports available

4. Does anything prevent you from accessing these services or supports?

	Number	Percentage
Yes	4	67%
No	2	33%
No Answer	0	0%

5. If yes, what is it that prevents you from accessing these services or supports?

- location of my home, 3 hour drive, ASO is too far and non present in my community and surrounding communities
- not aware
- This town is very small and I am a business person
- sees me as a resource person rather than a person with needs

6. Do you have any needs that are not being met at this time?

	Number	Percentage
Yes	6	100%
No	0	0%
No Answer	0	0%

7. If yes, what are the needs?

- current information on HIV/AIDS issues and PLWA opportunities are unavailable
- support
- peer support
- support, Complimentary treatment
- peer support at the local level
- A support group like AAWEAR for addicted persons e.g. Edmonton Hep C support group too.

8. Are these needs related to your HIV status?

	Number	Percentage
Yes	6	100%
No	0	0%
No Answer	0	0%

- Related indirectly

9. When you think about the services and supports available for people living with HIV in Alberta, what is missing?

- lack of equality of services for rural residents compared to those living in major centre's
- Education

- Isolated area's health zones
- Involvement of people living with HIV. Services for people ageing with HIV. Housing
- employed workers at ASO's who are also living with HIV
- Bus tickets (transit). Above noted support groups. At least we do meet once a month (HIV support)

10. How would you provide these services?

- Bran (*sic*) outlets in smaller communities, mail, email, outreach
- in schools, community health centre's
- communication to rural areas
- Hire more HIV Pos People
- Insist that all ASO's have at least one PHA on staff and in the office even if they need to pay for training of said PHA
- ?

11. What are the emerging issues (in the next 5 years) for people living with HIV in Alberta?

- Economics, more people will be acquiring services in rural setting, they won't be able to afford travel, hotels, meals for Dr., many missed appointments
- disclosure, meds, life expectancy, judgment
- PHA's living longer and getting older. Unknown side effects of meds. Ever changing laws - not necessarily in our favor
- Ageing. More people being diagnosed in final stages
- criminalization of HIV
- Legal - Ontario has more changes happening for non-disclosure, etc. Education of people.

12. What do you think should be done about these issues?

- Advertise services; educate rural service providers of services.
- PHA's staying current, being involved
- Rapid testing. Education
- More funding for outreach workers (public speaking?), education in general

V.) Consent Form

Environmental Scan of Services and Supports for PLWH in Alberta

Welcome and thank you for your interest in the *Environmental Scan of Services and Supports for People Living with HIV/AIDS (PLWHA) in Alberta for AIDS Calgary Awareness Association*.

Purpose of the Scan

The purpose of this provincial scan of existing services and supports, and gaps in service will be to guide the development of future programs and services for people living with HIV in Alberta.

What are you being asked to do?

This survey will take approximately 15 to 30 minutes to complete. Being part of this survey is voluntary. You do NOT have to answer any questions that make you feel uncomfortable and you do not have to complete the survey if you do not want to. If you decide not to complete the survey your access to services will NOT be impacted in any way.

What happens to the information I provide?

No personal identifying information will be collected for the Scan and all participants will remain anonymous. All information provided will be kept strictly confidential. The surveys and consent forms will be kept under lock and key at AIDS Calgary. All surveys and consent forms will be destroyed once the Scan has been completed.

Please feel free to ask any questions you may have about the *Environmental Scan for Services and Supports for people living with HIV in Alberta*.

Should you have further inquiries please feel free to contact:

Jessica Leech, Team Leader Community Strategies

AIDS Calgary

Phone: (403) 508-2500

E-mail: jleech@aidsalgary.org

If you would like a copy of the survey result summary, please contact Jessica at AIDS Calgary to request a copy.

A copy of this consent form has been given to you to keep for your records.

I have reviewed all of the information on this consent form and understand the information provided.

Signature: _____

Date: _____

VI.) Survey Questions for PLWHA

The information gathered in this provincial scan will be used to guide the development of future programs and services for PLWHA in Alberta. A report summarizing the findings will be available by request. We need your input. Please answer the following questions. Your responses will remain strictly anonymous.

Thank you for your time!

Where is your primary residence? Please check one.

- City
- Town
- Rural Area
- Reserve/ Aboriginal community

Name of city: _____

Name of town: _____

Name of rural area: _____

Name of community: _____

A. What are the services and supports for people living with HIV/AIDS in your community or area that you know about?

B. What services or supports have you used?

How did you find out about the places you can go to for services or support?

A. Does anything prevent you from accessing these services or supports?

- Yes
- No

B. If yes, what is it that prevents you from accessing these services or supports?

A. Do you have any needs that are *not* being met at this time?

- Yes
- No

B. If yes, what are the needs?

C. Are these needs related to your HIV status?

6. A. When you think about the services and supports available for people living with HIV in Alberta, what is missing?

B. How would you provide the services?

7. A. What are the emerging issues (in the next 5 years) for people living with HIV in Alberta?

B. What do you think should be done about these issues?

8. How long have you been living with HIV? Please check one.

- 1 year or less
- 2 to 4 years
- 5 to 9 years
- 10 years or more

9. How do you think you contracted HIV? Please check one.

- Blood Transfusion
- Intravenous Drug Use
- Sexual Contact
 - Heterosexual Contact
- Homosexual Contact
- Other

10. What is your age? Please check one.

- 24 and younger
- 25-40
- 40-54
- 55 and older

11. Are you...? Please check one.

- Female
- Male
- Transgendered

12. Who are you physically attracted to? Please check one.

- Men
- Women
- Both

13. How do you identify yourself? Please check one.

- Aboriginal/First Nations
- Métis
- White (European background)
- African
- Asian
- Other

14. What is your annual income? Please check one.

- Under \$6,000
- \$7,000 \$12,000
- \$13- \$20,000
- \$21,000-\$35,000
- \$36,000-50,000
- \$51,000 or more

Thank you for taking the time to complete this survey!