Fifth Annual Update on the Implementation of

DECEMBER 2009

Prepared by the
Nova Scotia Advisory Commission on AIDS
IMPLEMENTATION HIGHLIGHTS

This report is the fifth annual update on the implementation of Nova Scotia’s Strategy on HIV/AIDS (the Strategy). Released December 1, 2003, the Strategy is a provincial plan to enhance and strengthen Nova Scotia’s response to HIV/AIDS. In 2009, implementation of the Strategy focused mainly on four key policy and programming related initiatives:

1. **Integration of a Gender and Social Inclusion Approach:** Development of an accountability framework was initiated as a practical policy and program tool to update and better integrate the existing gender analyses of the Strategy with its other aspects of social inclusion. The purpose of the framework is to identify for analysis key underlying factors (e.g., socioeconomic status, race) that interact with gender that create differential vulnerability to HIV/AIDS for a particular population group(s) when planning how to address a given recommended action, thus, enhancing the effectiveness of the actions taken. This will also enable greater adherence to the Strategy’s guiding principles. More information about this initiative is on page 3 of this report.

2. **Corrections Transitions Project:** The report, HIV/AIDS and Hepatitis C in Correctional Facilities: Reducing the Risks, was finalized. Based on the findings of the report, there were initial discussions with appropriate stakeholders respectively with the Department of Health Promotion and Protection and Department of Justice on how to improve access to Methadone Maintenance Treatment (MMT) in provincial correctional facilities on both a maintenance and continuation basis, and to enhance discharge planning to support successful reintegration to the community. Short and long-term actions to address these issues were suggested to address these priority issues. The NS Advisory Commission on AIDS will follow-up with these stakeholders and move forward on these suggested actions in 2010. More information about this initiative is on page 5.

3. **Spiritual Care for Persons Living with HIV/AIDS (PHAs):** In early 2009, the Commission completed a report that identified some of the spiritual care needs of PHAs. A small stakeholder workshop was held in March to discuss the findings of the report and plan next steps. A key outcome of the workshop was the creation of a Spiritual Care Working Group to learn more about the broader meaning of spirituality, the spiritual care needs of PHAs and how spiritual care providers could be identified and connected together for this effort. More information about this initiative is on page 6.

4. **HIV Testing and Counselling in Nova Scotia: Implications for Policy and Practice Research Project:** A partnership of Dalhousie University, Department of Health Promotion and Protection, the Commission, and a number of other community groups, the purpose of this research study is to better understand HIV testing rates, and the behaviours and experiences among individuals (between 15 to 65 years of age) in Nova Scotia who have either been tested for HIV or are considering being tested. Presently, interviews are on-going and arrangements being made for analysis of laboratory data. The outcomes will help to inform provincial HIV testing and counselling policies and programs based on the gaps identified in this research in the current provision of services in this province. The 2010 update will report on findings and recommendations coming forward from this research. See page 8 for more information.

The next section of the report provides more detail on these and other Strategy-related work in 2009.
1.0 INTRODUCTION

This report is the fifth annual update to Nova Scotians, particularly government and community stakeholders and those most impacted by HIV/AIDS, on the implementation of Nova Scotia’s Strategy on HIV/AIDS (the Strategy). Released December 1, 2003, the Strategy is a provincial plan to enhance and strengthen Nova Scotia’s response to HIV/AIDS. The Nova Scotia Advisory Commission on AIDS (the Commission) is the coordinating agency for implementation, monitoring, and evaluation of the Strategy. The Strategy stakeholders include the Commission, AIDS Service Organizations (ASOs) and other community-based organizations (CBOs), researchers, policy and decision-makers in a variety of sectors, and those infected and/or most affected by HIV/AIDS.

Between 1985 and 2008, 714 HIV-positive tests have been reported in Nova Scotia. It is difficult to know the actual number of people living with HIV/AIDS in Nova Scotia and across Canada because of reporting delays, in- and out-provincial migration, or those who are HIV positive but have never been tested. Many people have also died of causes related to HIV and/or AIDS.

While this update acknowledges the ongoing work of the ASOs, government agencies, other community-based groups, and individuals that continue in their everyday activities to prevent the spread of HIV and to support persons already affected by HIV/AIDS, it primarily focuses on those specific actions that are moving the policy and program agenda for the Strategy forward.

2.0 NOVA SCOTIA’S STRATEGY ON HIV/AIDS

The provincial HIV/AIDS strategy is composed of four strategic directions that focus on (1) mobilizing integrated action on HIV, (2) developing a research and information sharing strategy, (3) building a coordinated approach to prevention and harm reduction, and (4) building a coordinated approach to care, treatment and support for People living with HIV/AIDS (PHAs). There are 19 recommended actions under the four strategic directions to guide the implementation of the Strategy. While these recommended actions focus on HIV/AIDS, most can apply to other health issues and, thus, there are many areas for collaboration. With a population health approach and social inclusion as its foundation, the Strategy is consistent with and a component of the many ongoing initiatives taking place in Nova Scotia’s health and social service system such as the poverty reduction strategy and the renewal of the public health system.

---

1 As of 2008, an estimated 65,000 Canadians were living with HIV/AIDS, with an average of 2,500 new infections occurring each year. This represents an increase of 14% since estimates given in 2005. Approximately 26% of those living with HIV are unaware they are infected. Further, while the number of deaths related to HIV and AIDS have fallen across Canada because treatment advances have improved survival, the number of reported deaths is an underestimate of the actual number.
3.0 IMPLEMENTATION ACTIVITIES IN 2009

This section expands on the implementation of the Strategy during the past year, highlighting areas of advancement and where more attention is needed in 2010. It is organized around the four components of the Strategy defined in the logic models (which are aligned with the four strategic directions) on which the evaluation framework for the Strategy was based:

- **Coordination, Planning, and Reporting:** Relates to such things as stakeholder awareness of the Strategy; coordination with broader initiatives; upholding a population health and social inclusion approach, gender equity, and cultural competence in implementation; PHA participation in Strategy-related activities; and evaluation of the Strategy.

- **Health Promotion, Prevention and Harm Reduction:** Relates to such initiatives as public awareness, stigma reduction, prevention and harm reduction services such as HIV testing, Methadone Maintenance Therapy, and needle exchange.

- **Care, Treatment and Support:** Relates to initiatives such as coordinated care and case management, treatment, income security, workplace policies, and disability insurance for Persons living with HIV/AIDS.

- **Knowledge Development and Exchange:** Relates to initiatives that would increase capacity for collaborative research among academic, government, and community-based stakeholders; and facilitate the sharing of findings that would increase the evidence-base for making policies and programming decisions related to HIV/AIDS prevention, care, treatment and support.

3.1 COORDINATION, PLANNING, AND REPORTING

**Integration of Gender and Social Inclusion:** Development of an accountability framework was initiated this past year as a practical policy and program tool to update and better integrate the existing gender analyses of the Strategy with its other aspects of social inclusion. The purpose of this tool is to identify for analysis key factors (e.g., socioeconomic status, race) that interact with gender that create differential vulnerability to HIV/AIDS for a particular population group(s) when planning to address a given recommended action, and thus, enhance the effectiveness of the actions taken. This will also enable greater adherence to the Strategy’s guiding principles.

In May, the Commission hired an intern to assist in development of this tool over the summer months. The Gender and Social Inclusion Reference Group was re-engaged to act as an advisory committee to the project. Based on direction from the Reference Group and key informant interviews (with government and community stakeholders), work is on-going to develop the accountability framework to guide the work of the Strategy. The Strategy’s six guiding principles will be the foundation on which to base the key questions. The framework will also be aligned with and provide the HIV/AIDS

---

2 Gender is a social determinant of health that significantly impacts risk of contracting HIV, as well as the lives of people living with HIV/AIDS. Gender also interacts with other social and economic factors and inequities (e.g., racism, stigma and discrimination) that affect access to prevention, care, and treatment and support services and create health disparities among individuals and population groups. This includes differential vulnerability to HIV/AIDS.
context for the overall provincial government social and economic growth strategies. A plan for monitoring and evaluating its effectiveness in influencing policy and service delivery will be a critical aspect of the framework. The framework is expected to be finalized over the next year.

**Evaluation of the Strategy:** An *Evaluation Framework for Nova Scotia’s Strategy on HIV/AIDS* (the Framework) was competed in the fall of 2007. The Commission was not able to begin formal evaluation activities in 2009. Recording of previous and current activities, however, is on-going to ensure the availability of data for future evaluation of the Strategy. The Evaluation Subcommittee will be re-engaged in 2010 to explore means to conduct a meaningful, phased-in evaluation of the Strategy using existing resources based on the evaluation framework.

**PHA Learning Club:** The PHA Learning Club was established in 2006 to fulfill the need for speakers in the academic and professional development settings in the Halifax area, and to complement the HIV/AIDS fundamentals and sensitive practice curriculum. Learning Club members have participated in several speaking engagements at Dalhousie University, and taken part in skill building opportunities. This included a capacity-building initiative for members of the Learning Club and other PHAs in Nova Scotia this past March with financial support from the Commission. Future work includes seeing how the implementation of the Strategy can be strengthened by the experience of the Learning Club, as well as other speakers from the community-based AIDS Service Organizations (ASOs), and how to expand this service to the health care and social service professions.

**Strategic Planning:** Coordination of the Strategy was added to the Commission’s original role of HIV/AIDS policy advisor to the Government when the Strategy was released. As the workload and the nature of these dual but complementary roles has changed over time, the Commission is examining how best to support both. During this past year, attention focused on the development of a strategic framework for the Commission (to be completed in 2010), which also examined its role in the implementation of the Strategy.

It is also timely for discussions with the various other stakeholders identified in the Strategy to examine if the current implementation methods are working well (including the Commission’s role); any realignment of priorities; the available resources for capacity building, collaboration, and communication; and the various linkages to broader government and community initiatives around health and social issues for the determinants of health. For these consultations, the Commission is planning to meet with representatives of key stakeholder groups throughout Nova Scotia to examine and update the direction of the Strategy; identify priorities and opportunities for collaboration; and identify effective communication and coordinating mechanisms. The Commission will be in contact with these stakeholders in early 2010 to discuss plans for the consultation.

**Website Development:** A website for the Commission is under construction and will be launched in the very near future. A major portion will be dedicated to the Strategy to facilitate and enhance communication and information sharing with stakeholders and partners.
3.2 **HEALTH PROMOTION, PREVENTION, AND HARM REDUCTION**

**Corrections Transitions Project:** Finalized in 2009, the Commission produced the report *HIV/AIDS and Hepatitis C in Correctional Facilities: Reducing the Risks*. This report “mapped the journey” of incarcerated individuals identifying their needs and challenges as they transition to and from prison (both provincial and federal), and the potential points of intervention and opportunities to reduce vulnerability to HIV and/or Hepatitis C. Based on the lived experiences, the findings and 11 recommendations identifies opportunities for integrated and coordinated responses to reducing vulnerability to HIV and Hepatitis C within a correctional environment. This perspective will enhance a discussion among relevant stakeholders within the broader context of corrections policy and operations.

In the short-term, recommendations of highest priority for the Commission are improving access to Methadone Maintenance Treatment (MMT) in provincial correctional facilities on both an initiation and continuation basis, and enhancing discharge planning to support successful reintegration to the community. In September, there were initial discussions related to these priorities respectively with appropriate stakeholders in the Department of Health Promotion and Protection (HPP) (included representatives of Capital Health and community-level Addiction and/or Offender Health services) and the Department of Justice to explore potential short and long-term actions to address these priorities. The Commission will follow-up with these stakeholders and move forward on these suggested actions in 2010. The Commission also used the report to provide feedback on the pending provincial drug strategy, which is being co-led by the Departments of Justice and HPP.

**HIV/AIDS Awareness Week/World AIDS Day 2009.** While schools, community groups and public health conduct individual and group events to provide prevention information, the need for a more widespread public campaign to increase awareness, conduct targeted prevention activities, and reduce HIV/AIDS-related stigma and discrimination is identified as a priority within the Strategy and by all partners.

One key opportunity continues to be HIV/AIDS Awareness Week and World AIDS Day with annual events and campaigns occurring across Nova Scotia and around the world. In addition to the various vigils and other events that took place across Nova Scotia, the HIV/AIDS Awareness Week Planning Committee for Metro Halifax focused events on the impact of HIV/AIDS on women and girls locally and around the world. To launch HIV/AIDS Awareness Week (November 24), the Minister of Health/Health Promotion and Protection raised the red-ribbon flag and read a proclamation on behalf of the Premier on the grounds of Province House. On December 1 – World AIDS Day -- a gathering was held featuring local and international speakers and youth performances highlighting the impact of HIV/AIDS on women and girls locally and around the world.

**HIV/AIDS and the Media:** In 2008, the Commission published the guide, *Understanding HIV and the Media*, developed in collaboration with the Northern AIDS Connection Society (NACS). The media guide is a resource to facilitate and/or enhance positive relationships between ASOs and the media by enhancing their communication and understanding of their respective needs related to the publishing and/or broadcasting of HIV/AIDS related stories. To date, there has been limited distribution of the guide to local ASOs. The Canadian AIDS Treatment Information Exchange (CATIE) is distributing on-line and print copies through its ordering centre. An official roll-out plan
will be developed by the Commission in collaboration with NACS for media outlets, ASOs, and to media and public relations education programs within the province who may find it a useful tool for preparing their students to cover HIV/AIDS related stories and other sensitive topics. The rollout plan will include appropriate capacity-building activities for each of the targeted audiences to help ensure a meaningful orientation and use of the guide.

**HIV Testing and Counselling**: The Commission and several Strategy partners are involved in two initiatives related to increased access and development of HIV counseling and testing polices. One initiative is the implementation of a research study entitled, *HIV Testing and Counselling in Nova Scotia: Implications for Policy and Practice* through Dalhousie University. This is discussed in section 3.4 (knowledge development and exchange), page 8, of this report.

The second initiative is related the report referenced in the 2008 update on ways to improve the current HIV testing system in Nova Scotia. The report will be a starting point for renewed dialogue on how to make HIV testing services accessible to all Nova Scotians. Consultations with district and community representatives were to have taken place in 2009; however, these are expected to occur in the 2010/11 fiscal year. Testing for HIV and other blood borne pathogens (BBPs) is a specific component of Nova Scotia’s standards for BBP preventions services\(^6\). Therefore, discussion will explore means to update and enhance implementation of these standards.

**Youth Sexual Health**: The *Framework for Action: Youth Sexual Health in Nova Scotia*\(^7\) continues to be the vehicle through which to address many of the youth-related issues identified in the Strategy. These issues need to be addressed within this broader context of sexual health and relationships. With leadership and support from the Department of Health Promotion & Protection, a structure is being created to support and sustain greater youth engagement in sexual health policy and programming in Nova Scotia. The Commission and some other Strategy partners are a part of this collaborative process.

**African Nova Scotia Communities**: The Health Association of African Canadians (HAAC) and the African Diaspora Association of the Maritimes (ADAM) are working together to generate awareness and action on HIV/AIDS among African Nova Scotian communities in Nova Scotia, one of several population groups identified in the Strategy. Currently the Commission is acting as an HIV/AIDS advisor to ADAM and HAAC on a project for addressing the HIV/AIDS issues in black communities in Nova Scotia within a sexual health context. This includes both the indigenous black community as well as new immigrants. To date there have been a variety of workshops and displays within specific communities, and a youth conference is being planned for 2010.

### 3.3 Care, Treatment, and Support

**Spiritual Care**: Spirituality and spiritual care are important aspects of holistic health for PHAs and their circle of family and friends. In early 2009, the Commission completed a report for the NS Rainbow Action Project, delayed by the illness and untimely death of the coordinator, Rev. Darlene Young. The report, which identified some of the spiritual care needs of PHAs, was dedicated in her memory. A small stakeholder workshop was held in March to discuss the findings of the report and plan next steps. Rev. Stephen Pieters of Los Angeles, California shared his experience and learnings from linking faith communities with the local HIV movement. A key outcome of the workshop was the
creation of a Spiritual Care Working Group to learn more about the broader meaning of spirituality, the spiritual care needs of PHAs and how spiritual care providers could be identified and connected together for this effort.

**Income Support:** In 2008, the Commission produced a report on the experience of PHAs in Nova Scotia in accessing provincial and/or federal income support benefits, and met with representative of the Department of Community Services (DCS) on ways to move forward on the recommendations. With the assistance of DCS, draft fact sheets were created on the topics of food/nutrition, housing, and medications to help PHAs understand the benefits available to them through the Employment Support and Income Assistance program. There was no further work this in 2009 as other initiatives took precedence. The Commission will follow-up with the DCS in early 2010 regarding completion of the fact sheets, as well as to explore potential staff training opportunities.

**Nutrition:** Nutrition is an important part of wellbeing and quality of life. For many PHAs, nutrition is closely linked to income and social supports. Following up on previous work with the provincial Participatory Food Costing Project, the PHA Learning Club assisted a Mount Saint Vincent University graduate student in developing several food costing scenarios for PHAs as an example for a chronic illness. Additional collaboration on the broader issue of food security for PHAs will continue through either the Project or through an expanded Community Food Security network (pending research funding approval)

**HIV/AIDS College and University Curriculum:** Because other initiatives took precedence, there was no further work on this project in 2009. In 2010 the Commission will explore potential models for implementation of HIV/AIDS fundamentals and sensitive practice concepts, including working with Dalhousie University’s interprofessional learning program and using a web-based approach to workshops.

**Patient Navigator System for PHAs:** The Strategy addresses the need for a patient navigator system that would assist PHAs in navigating the health care and social service system. It was hoped that work would resume on this recommended action in 2009, however, other initiatives took precedence. Previous work had examined the feasibility and nature of such a system. In 2010, the Commission will resume discussions with the provincial ASOs (ACCB, ACNS, and NACS), Healing Our Nations (Aboriginal AIDS service organization serving Atlantic Canada) about ways to explore how to establish a navigator system for PHAs using existing resources.

**Homelessness and Housing:** Being street-involved or homeless puts one at greater risk for HIV infection and for less effective treatment once infected. The Strategy recognizes the need for a broader continuum of appropriate and integrated services. Two newer Halifax based projects are supported by a variety of Strategy and other community partners as examples of this approach:

- **Halifax Housing Help:** Managed as a joint project of Direction 180 and Metro Non-Profit Housing Association, the project team works with an individual and their closest supports to identify their key barriers to maintaining housing and works with them to address these to access and keep housing or to maintain their current tenancy. Results of an evaluation conducted earlier this year clearly demonstrate the success and continuing need in the community for this type of service. The majority of funding is provided by Human Resources and Skills Development Canada.
• **Mobile Outreach Street Health (MOSH):** MOSH – a frontline primary health care service in Halifax through the North End Community Health Centre – began operation in the summer of 2009. Using a van retrofitted to a health office on wheels, the MOSH takes prevention and basic health care services to shelters, community centres and soup kitchens for people experiencing less than adequate housing situations. Funding for this initiative is provided by the Capital Health District Health Authority, Department of Health, and AstraZeneca.

3.4 **KNOWLEDGE DEVELOPMENT AND EXCHANGE**

**HIV Counseling & Testing in NS: Implications for Policy & Practice Research Project:** A partnership of Dalhousie University, Department of Health Promotion and Protection, the Commission, and a number of other community groups, the purpose of the study is to: 1) understand HIV testing rates and behaviours among individuals (between 15 to 65 years of age) in Nova Scotia, and 2) develop a better understanding of the experiences of individuals that have been tested and had a negative result; tested and had a positive result, and are considering whether or not to be tested. Presently, interviews are on-going and arrangements being made for analysis of laboratory data. The outcomes will help to inform provincial HIV testing and counselling policies and programs based on the gaps identified in this research in the current provision of services in this province. The Commission provided the funding for this research.

The Public Health Agency of Canada is developing a new national HIV counselling and testing policy (to replace the Canadian Medical Association testing guidelines). This is happening in the midst of an ongoing international debate about voluntary HIV testing and counselling procedures. Therefore, this research is critical to understand the potential implications of various testing strategies on Nova Scotians. The 2010 update will report on findings and recommendations coming forward from this research.

**Atlantic Interdisciplinary Network for HIV and Hepatitis C (AIRN):** This network of individuals and organizations includes university-based researchers, government and community-based stakeholders in Atlantic Canada involved in HIV/AIDS and Hepatitis C; many of whom are also Strategy stakeholders. Over the past four years AIRN has identified areas for research and made linkages for key stakeholders, as well as participated in specific research initiatives related to the Strategy. While AIRN’s original funding ended in March, 2009, the network is now partnered with the Ontario HIV Treatment Network (OHTN) for a Centre grant (REACH) and a training grant (Universities Without Walls). On behalf of the Strategy, the Commission will continue to work with AIRN in its new capacity and contribute to the development of research questions and mechanisms for sharing research results. For example, in 2010 a Café Scientifique will be conducted on the implications of sexual transmission Hepatitis C for men who have sex with men, especially those who are HIV+.

**Canadian AIDS Treatment Information Exchange (CATIE) Atlantic Regional Conference:** CATIE is a national non-governmental organization providing free HIV information services and support to PHAs and their caregivers, to health care providers, to ASOs and to related front-line organizations. CATIE recently took on the role of national knowledge exchange broker for information related to HIV prevention and treatment, care and support for people living with and vulnerable to HIV. In October,
CATIE hosted three regional conferences across Canada; the Atlantic Regional Conference was held in Truro, co-hosted with the Northern AIDS Connection Society (NACS). This was an opportunity for ASOs, government, PHAs, and other stakeholders in Atlantic Canada to learn and share information about the state of the epidemic, emerging issues, and innovative approaches to prevention, care, treatment and support in the Atlantic Provinces and Canada. The Commission provided a grant to CATIE and NACS to offset costs related to scholarships that would enable the greater participation of PHAs and representatives of community-based organizations in the conference.

4.0 CONCLUSION

Progress has been made with the implementation of the Strategy in 2009, however, much more remains to be done. The following priorities will be used to start off the next decade:

- Engaging the various stakeholders in a dialogue to realign our focus and direction; and to identify mechanisms for greater coordination, collaboration, and information sharing;

- Finding more effective ways of linking the work of the Strategy with that of other provincial initiative that address the root causes of vulnerability to HIV/AIDS;

- Exploring innovative ways to conduct formal evaluation activities on the Strategy;

- Completing several projects such as the gender and social inclusion accountability framework; rollout of the media guide; patient navigator workshop; and enhancement of HIV testing, perhaps within the context of updated Standards for Blood Borne Pathogens;

- Exploring how the Strategy could be more closely linked to Public Health Renewal as its strategic planning rolls out in 2010 and beyond.

- Addressing issues not covered specifically in the strategy such as HIV and Hepatitis C co-infection and HIV and aging, which have emerged since the Strategy was released in 2003.

The year 2010 provides an opportunity to look back over the past two decades of government and community engagement; and more importantly position us to meet the ever changing challenges of HIV/AIDS in Nova Scotia.
References


