



Toronto HIV/AIDS Community Planning Initiative (TCPI)  
Final Report  
March 2007

## Message from the Toronto HIV/AIDS Community Planning Initiative Co-Champions

As Co-Champions of the Toronto HIV/AIDS Community Planning Initiative (TCPI), we are pleased to introduce this report outlining a strategic plan to improve the delivery of HIV/AIDS services in Toronto.

The TCPI process provided organizations in Toronto an opportunity to come together to plan for the future. Participating organizations and individuals brought their knowledge, commitment and expertise to the process. Together, we have created more opportunities to work collaboratively to address the needs of people living with and at risk of HIV/AIDS. New partnerships and initiatives, developed throughout the process, have already led to service delivery improvements.

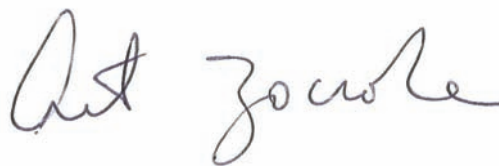
The report outlines a 10-point plan for improving the system of service delivery in Toronto. We are confident that this plan will make a positive difference for people who are living with, affected by and at risk of HIV/AIDS. We hope that both HIV/AIDS organizations and those in broader health and human services will take up this plan as they do their own strategic and operational planning, building on the last two years of planning work that we have done together.

We wish to thank the AIDS Bureau, Ontario Ministry of Health and Long-Term Care, for the opportunity to do this work; the TCPI Steering Committee members whose commitment was reflected in the significant time and energy they contributed over the past two years; and all of the participating TCPI organizations who contributed ideas, time and effort in encouraging participation by people living with and at risk of HIV infection. Thanks also to Dr. Robert Remis of the Ontario HIV Epidemiologic Monitoring Unit at the University of Toronto and to our planning team of Deborah Leach, Dino Paoletti and Bonnie Simpson. Most of all, we want to thank those people living with HIV and those at risk of HIV infection who contributed ideas based on their own experiences of having navigated the system.

Sincerely,



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Executive Director, Fife House  
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Page 2 photograph of Art Zoccole: Jake Peters



Executive Summary

## EXECUTIVE SUMMARY

This report outlines a strategic plan for HIV/AIDS services in Toronto over the next three—five years. The plan was developed by the Toronto HIV/AIDS Community Planning Initiative (TCPI), a group of service provider organizations that included those specializing in HIV/AIDS, as well as a range of broader health and social service organizations that offer HIV-specific programs or other programs relevant to people living with HIV/AIDS (PHAs).

### Purpose of the Planning Process

The Toronto HIV/AIDS Community Planning Initiative (TCPI) planning process was developed in response to guidelines issued by the AIDS Bureau, Ministry of Health and Long-Term Care (MOHLTC). This process required all communities in Ontario to develop a plan for HIV/AIDS and related services in their communities. The Ministry guidelines stemmed from recommendations of the Ontario Advisory Committee on HIV/AIDS (OACHA) and identified the following key objectives for local HIV/AIDS planning:

*“To develop a community HIV/AIDS strategy that responds to local needs and reflects provincial goals and directions.”*

*To improve access to and co-ordination of services for people living with HIV and populations at risk.*

*To provide more integrated, comprehensive, effective, efficient care and support services.”<sup>1</sup>*

The planning time frame in most communities was 12 months, but because of Toronto's size and complexity, the local process took just under two years, from the Spring of 2005 until March 2007.

TCPI's efforts have focused on Toronto's HIV/AIDS services overall and not on individual organizations. It concentrates on system-level issues that can best be addressed through coordinated and collaborative community responses. The plan is not intended to replace the strategic or operational plans of individual organizations or programs, but rather, to inform these plans.

This plan is an initial step in ongoing planning and coordination in Toronto. The 10-point set of priorities recognizes that, in order to address diverse HIV/AIDS-related needs and service gaps, Toronto requires a broad-based, ongoing HIV/AIDS planning and coordination function.

<sup>1</sup> “Improving Services for People with HIV and Communities at Risk: Guidelines for Community Planning”, AIDS Bureau, Community Health Unit, Ministry of Health and Long-Term Care, May 2004.

## Structure of the Planning Report

The report is structured as follows:

**Section 1** outlines the purposes and context for Toronto's planning process.

**Section 2** provides an overview of the planning structure and process.

**Section 3** presents the values developed and approved by the large TCPI group to guide the process.

**Section 4** presents highlights of relevant planning data (e.g., epidemiological data, social context).

**Section 5** presents themes from the consultations conducted as part of the planning process.

**Section 6** contains the plan for Toronto, composed of three elements: a vision of key features of a future HIV/AIDS system in Toronto; a 10-point set of priorities; and recommendations related to accountability for plan implementation.

**Section 7** outlines key follow-up steps to begin implementing the plan.

### The Planning Structure and Process

Toronto's process was divided into two phases, each approximately one year in length.

Phase One included organizations and programs that receive ongoing funding from the AIDS Bureau (MOHLTC) and focused on developing foundational pieces (e.g., values, vision) for the process, as well as data collection and analysis. During Phase Two, representatives from HIV clinics and a broader set of organizations relevant to the needs of people living with and at risk of HIV/AIDS were invited to participate, and the focus shifted to plan development (See Appendices A and B for a Glossary of terms and a List of participating organizations and programs).

TCPI planning was carried out under the following structure:

- Two Co-Champions, appointed by the AIDS Bureau, served as overall chairs for the process. These Co-Champions were Ruthann Tucker, Executive Director of Fife House Foundation, and Art Zoccole, Executive Director of 2-Spirited People of the 1st Nations. These individuals also served as Co-Chairs of the TCPI Steering Committee.

- A Steering Committee guided the process. Over the course of the process, those who served on the Steering Committee included: Art Zoccole (2-Spirited People of the 1st Nations), Barbara Macpherson (Toronto Public Health), Cathy Szabo (Etobicoke York Community Care Access Centre), Catherine Adams (Casey House), Don Chiro (Casey House), Eduardo Garay (Centre for Spanish Speaking Peoples), Juanita Smith (Black Coalition for AIDS Prevention), Lori Lucier (AIDS Committee of Toronto), Murray Jose (Toronto People With AIDS Foundation), Ron Lirette (community member), Rosemary Erskine (African Community Health Services), Ruthann Tucker (Fife House) and Stephanie Karapita (Casey House).
- A large group of HIV/AIDS organizations and programs participated in the process through interviews, questionnaires, focus groups and/or large group meetings.

The following were key elements of the planning process:

#### **Development of foundational underpinnings**

The initial stages of the work focused on establishing key foundational pieces. These included: values that should guide the process (presented in section 3); a vision of desired features of a future HIV/AIDS system in Toronto (presented in section 6, as the first component of the TCPI plan); a project Steering Committee and its Terms of Reference; and conflict resolution guidelines for the process (See Appendix C).

#### **Meetings of the TCPI Large Group**

Four large group meetings were held over the course of the project. On each occasion, participants received information about the TCPI's progress and were asked for their feedback and contributions on topics that would become key elements of either the plan or the planning process. A significant outcome of the large group meetings was the development of Working Groups to begin to address the Recommendations.

#### **Information Collection: process**

While the project was not intended to be a comprehensive needs assessment, information about system strengths and limitations was collected. Information sources included service users, service providers and existing epidemiological and demographic data and reports. Original information collected was qualitative and anecdotal.

**Data collection took place over a 10-month period and consisted of the following:**

On-line and hard copy questionnaires were completed

by service users and potential service users. Hard copy questionnaires were available in French, English, Simplified Chinese, Traditional Chinese, Spanish and Portuguese.

Eleven focus groups were held, involving people who use services of Phase One organizations and programs. Participants were primarily HIV+ people, although some were partners or family members of a person with HIV/AIDS and others were considered at risk for HIV/AIDS. Participating agencies promoted the groups and recruited members. Participants were offered an honorarium, Toronto Transit Commission (TTC) tickets and a child care allowance.

Three focus groups were held with front-line service workers (staff and volunteers).

An on-line questionnaire was provided to front-line staff and volunteers.

A focus group was held with representatives of organizations that joined the process in Phase Two.

Interviews were conducted with Executive Management (generally a senior management representative and a Board representative) of Phase One organizations.

Agency questionnaires were completed by Phase One participants about the services they provide.

Four meetings of the large TCPI group were held.

#### **Overall participation levels were as follows:**

People living with, affected by or at risk for HIV/AIDS:

79 focus group participants

89 questionnaires

Service providers:

27 focus group participants

23 individual staff questionnaires

28 interviews with Executive Management representatives (the number of people involved in each interview ranged from one to five individuals, with the majority involving one or two)

23 agency service questionnaires

#### **Process Limitations**

It is important to acknowledge the limitations of the information collection process:

- While efforts were made to hear from a wide range of people, those who participated were connected to services. The process relied on front-line workers' views about the

needs of people at risk of HIV who were not connected.

- Not all TCPI agencies completed the survey concerning their service offerings and some questionnaires were incomplete. In the end, the real value of this survey lay in the views expressed about current HIV/AIDS services and suggestions for the future.
- Developing the scope for Phase Two was challenging, particularly balancing the need to involve relevant organizations and sectors while keeping the process manageable in size. The Steering Committee focused on inviting into the process organizations or sectors identified by Phase One organizations as those used most frequently by their clients and others seen as critical to the future delivery of services in Toronto (e.g., Community Care Access Centres (CCACs)). As the process evolved, additional organizations continued to join.

### Guiding Values

The process was guided by the following values, developed by the TCPI large group:

- Greater Involvement of People Living With and Affected by HIV/AIDS (GIPA principle)
- Driven by documented and expressed needs
- Inclusion
- Respect and integrity
- A social justice and anti-oppression approach
- Accountability

These values are described in section 3 of the report.

### Strengths of Current HIV/AIDS and Related Services

An important assumption underlying the TCPI process was that it should build on strengths of the current HIV/AIDS and related service systems. The strengths, identified in discussions with people living with HIV and service providers, include:

- diversity of HIV/AIDS Service Organizations, programs and settings;
- strong community-based response;
- services that make a difference;
- harm reduction programs based in communities settings where other services are available;
- many informal inter-organizational partnerships and

working relationships;

- human resource strengths; and
- support to the sector through networks, funding, policy and research.

These are described in section 5.1 of the report.

### Limitations and Challenges

Limitations and challenges relate to both HIV/AIDS-specific services and to broader health and social services. Themes concerning limitations and challenges consisted of:

- lack of access to up-to-date information about HIV/AIDS services;
- need for a system of services where access can be gained at any entry point;
- need for appropriate, safe and affordable housing and shelter;
- lack of responsiveness by broader (non-HIV-specific) health and social services;
- barriers to HIV/AIDS services;
- access to affordable, effective medications;
- the need to enhance income and employment-related supports;
- ambivalence about harm reduction;
- need for coordinated, targeted and innovative prevention education strategies;
- substantial service gaps remain.

These are described in section 5.2 of the report.

### Growing and Emerging Needs

The following themes emerged in discussions about growing and emerging needs:

- population demographics: diversity and aging;
- need for supports to living well longer — whole person wellness approach;
- increasing poverty;
- children growing up with HIV/AIDS;
- impacts of long-term use of medication;
- HIV and drug use;
- co-infections.

These are described in section 5.3 of the report.

## Plan for the Future

The plan consists of three main elements:

- Vision: key features of a future HIV/AIDS system;
  - Recommended Priorities;
  - Accountability: Implementation Monitoring and Reporting.
- The Plan is presented in section 6.

### Vision: key features of a future HIV/AIDS system

The following were identified as desired features of a future system, set out as goals toward which we will strive:

- Client-directed services
- Needs driven
- Comprehensive and responsive
- Accessible
- Culturally competent and grounded in an anti-racist, anti-oppression framework
- Coordinated and collaborative
- A focus on ongoing system quality improvement
- Efficient and effective

### Recommended Priorities

Ten recommended priorities were established for realizing positive changes in Toronto over the next three to five years. As noted above, the plan does not attempt to address all service gaps identified. It provides a framework through which issues and gaps that would benefit from coordination and collaboration can be addressed.

- 1 Establish an ongoing HIV/AIDS planning and coordination committee.
- 2 Develop an accessible, coordinated HIV/AIDS service information system.
- 3 Promote integrated, innovative and targeted prevention education strategies.
- 4 Improve the responsiveness of health and social services to people living with HIV/AIDS.
- 5 Enhance the capacity of HIV/AIDS-specific programs and services to serve more diverse communities across Toronto.

- 6 Improve access to a range of affordable and appropriate housing for people living with HIV/AIDS.
- 7 Advocate to address income and employment-related needs.
- 8 Develop a coordinated training strategy targeted at HIV/AIDS organizations and programs.
- 9 Promote infrastructure partnerships and address human resource retention issues.
- 10 Coordinate implementation of Toronto's HIV/AIDS Plan with Local Health Integration Networks (LHINs), provincial HIV/AIDS strategies and other emerging initiatives.

### Accountability: Implementation Monitoring and Reporting

The report recommends the development of a simple accountability framework to monitor the implementation and outcomes of this plan. This framework, with a focus on the service system overall rather than on individual organizations, would collect minimal information needed to help track:

- Progress on the implementation of the plan (i.e., what has happened in relation to the recommendations and Working Group activities); and
- Improvements that have been made for people living with HIV/AIDS (i.e., system outcomes). This aspect of the monitoring could be based on the TCPI "Vision: features of a future HIV/AIDS system", as well as on gaps and issues identified above.

## The Next Steps

The next steps in this process include:

- presentation of the plan by the TCPI Co-Champions to the AIDS Bureau, MOHLTC;
- development of a dissemination plan and tools for communicating the results of the TCPI planning process;
- development of an implementation plan that outlines the staging of each recommended priority over the next three to five years; and
- development of a work plan (focusing on major milestones) to guide the implementation process.