

COMPASSIONATE CARE FOR HIV TREATMENT AND PREVENTION

# Annual Report 2016/2017

Dr. Peter AIDIS  
FOUNDATION



## Message from the Chair of the Board



It has been my honour to serve on the board of directors of the Dr. Peter AIDS Foundation for seven years, five of them as Chair. I thank you so very much for your support.

This year will be remembered by the Dr. Peter Centre for the impact of the overdose crisis. Between mid-November and the end of March, fourteen Dr. Peter clients died – the deaths continue. Clients leave the Centre at the end of the day and don't return; later we learn they have died. It's been difficult for all – their families and Dr. Peter day health participants and residents, staff, and volunteers.

Such loss of lives is all too familiar to those who survived the AIDS epidemic of the '80s and '90s. The Dr. Peter Centre wants to do more to save lives. We hope our government proposal, to integrate injectable opioids into care at the Dr. Peter Centre and add more clients who need this service, is approved so such deaths can be avoided.

We are also helping health care providers across the country save lives. The Public Health Agency of Canada has confirmed a 5-year contract, so we can train the organizations to integrate supervised injection service into their health care.

Thanks to funding from ViiV, we've been able to engage older men living with HIV in a study of their health care needs. It's a once-a-week evening program, which includes meals, art therapy, and other support. It's been a profoundly positive experience; the results will guide our future steps.

After twenty years of dedicated service, Executive Director, Maxine Davis will retire in September 2017. The board of directors expresses its heartfelt gratitude to Maxine for her integrity, courage and insightful leadership, building upon the legacy of Dr. Peter Jepson-Young. She has positioned the organization to make a significant impact locally, nationally, and beyond. With your continued support, the Foundation will continue to do so.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Green', with a stylized flourish at the end.

**PETER GREEN**

*Chair of the Board of Directors  
Dr. Peter AIDS Foundation*

## Message from the Executive Director



It has been the great honour of my life to have served as the Executive Director of the Dr. Peter AIDS Foundation for the past twenty years. As I retire this fall, I am grateful for the support of so many – Peter’s family – especially his parents, Shirley and Bob; Andy Hiscox, his partner; directors of the board and staff and volunteers who have served over the years; all levels of government, no matter the political party; funding partners, AIDS service organization colleagues, and you – incredibly generous individuals, small businesses, corporate donors, and Foundations who support the life-changing work of the Dr. Peter Centre.

The Dr. Peter Centre has come a long way from April 1997, when it opened as a modest day health program open five-days a week in an old wing of St. Paul’s Hospital. In spring 1998, a 10-bed residence opened on the floor above. The current Centre opened in September 2003, more than doubling the day health program and residential care capacity. The day health program expanded to seven-days a week in 2010, which made it possible to have an enhanced supportive housing program in the neighbourhood for transitioning out of the Dr. Peter Residence and stabilization care provided in the Residence.

The Centre has grown its impact far beyond the corner of Comox and Thurlow; it’s recognized

nationally and beyond for its progressive care for persons living with HIV and additional significant health and social vulnerabilities. The Dr. Peter Centre integrated supervised injection service into health care in 2002 – the first in North America.

We’ve established a Knowledge Translation and Evaluation Program to have the capacity to respond to requests for consultation, and to evaluate the impact of our care. There have been 13 published journal articles on the Centre. We now have a five-year contract with the Public Health Agency of Canada to support other health care organizations across the country with integrating this service.

My heart is full of gratitude for the opportunity to have been part of this collective effort to be a force for good and to help alleviate suffering in our midst each day. The Foundation is about to embark on its next chapter of growth and impact. My heart and my support will be with you always.

Warmest regards,

A handwritten signature in cursive script that reads "Maxine Davis".

**MAXINE DAVIS**

*Executive Director*

*Dr. Peter AIDS Foundation*

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# Responding to the Overdose Crisis

It's been more than a year since BC's provincial health officer declared a public health emergency in response to a surge in drug-related overdoses and deaths. Just as the Dr. Peter Centre was a leader in delivering care to drive down HIV transmission in the late '90s, we are now leveraging our experience as a harm reduction pioneer to deliver the care address the overdose crisis facing us today.

Prompted by two overdoses at the Dr. Peter Centre in 2001, the Dr. Peter Centre took a bold step and became the first health care setting in North America to integrate supervised injection service. The health care service is integrated into both our day health program and 24-hr licensed residential care.

Now, the Dr. Peter Centre has been contracted by the Ministry of Health to engage with regional health authorities outside of Vancouver to support the implementation of supervised consumption service in their

communities. We have also signed a five-year contract with the Public Health Agency of Canada to support health care organizations in cities across Canada to operationalize this clinical service.

"The Dr. Peter Centre is wanting to do more to save and stabilize lives," says Maxine Davis, Executive Director of the Dr. Peter Centre. "While Dr. Peter Centre clients are doing well with their HIV treatment, their health – and their longevity – continues to be affected by other serious health issues – for some its injection drug use. The Dr. Peter Centre has been providing supervised injection service for over 15 years. There's never been an overdose death at the Dr. Peter Centre."

Since mid-November 2016, the Dr. Peter Centre has experienced the impact of the overdose deaths including the deaths of 14 clients while not at the Centre;

increases in non-fatal overdoses at the Dr. Peter Centre; and increase in drug-use-related serious illness.

The Dr. Peter Centre is now preparing to take another bold step to further increase our capacity to save and stabilize lives. We have submitted a proposal to take more persons out of harm's way by providing injectable opiate service, in addition to the clinical services we already provide – methadone, suboxone, clinical counselling, art, music, and recreation therapy. Our goal is to increase daily participation in the seven-day health program by 40% so we can accommodate persons who need daily injectable opioid service.

The Dr. Peter Centre will continue to grow its impact in harm reduction, both through direct care and through our outreach in BC, across Canada, and internationally.

*"This place is a lifeline. It gives you a place to come and be safe; whether you use drugs or not, you're safe here. The peer support is wonderful and you can tell the staff really care. You come for the meals, but you stay for the company."*

**April**  
day health program participant



# Expanding Access to the Dr. Peter Centre

The Dr. Peter Centre's day health program operates seven days a week from 9am to 3pm and makes a significant impact in the lives of people living with HIV. This year, the Dr. Peter Centre looks to expand its reach by commencing a feasibility study for an evening program at the Centre.

Generously supported by ViiV Healthcare, the study looks at the feasibility of an evening program for people living with HIV who are over the age of 50, identify as gay men or as men who have sex with men, and experience food insecurity and social isolation.

Based on research, Peer Research Associate (PRA) consultation, and clinical experience, we know that there are many within this group who are adversely affected by factors associated with HIV and aging, including health complications arising from co-existing health conditions, cognitive impairment, depression, and limited financial resources.

"Another chapter of HIV care is unfolding," says Randy, a Dr. Peter Centre counsellor. "Individuals aging with HIV, who may have managed over the years, are beginning to feel the longterm impact of significant loss of friends and social network, and trauma combined with increasing health challenges."

This group of men over the age of 50 is at-risk for treatment interruption, but programs targeting them are less-prioritized because they have demonstrated more stable treatment adherence rates in the past. As many individuals in this group are now contending with food insecurity, living on a fixed income through disability, and as prices are steadily rising in Vancouver, this is an emerging at-risk group.

Many of these men have experienced extensive loss and have unresolved grief due to their peers dying from AIDS in the 1980s and 1990s. Their physical and emotional trauma, compounded with the effects of

multiple medications, have led to increased rates of depression and other mood disorders.

"Facing isolation and loss of connection, the aging HIV population now faces new risks that requires attention," Randy says. "The Dr. Peter Centre has an opportunity to demonstrate that compassionate HIV care is a lifelong commitment with ever increasing challenges."

During the study, the Dr. Peter Centre is running an evening program once a week for two hours. PRAs will conduct regular evaluations and lead community dialogues, which will include other members of the working group, members of the evening program, and representatives from other community-based organizations.

It's our hope that this feasibility study will allow the Dr. Peter Centre to extend our already proven program and services to individuals who do not have the opportunity to currently access the Centre.

*"It took a while for me to develop my relationships here because it kills me to ask for help, but they're so welcoming here and you don't need to explain yourself. I feel so much better now – my T cells have gone from 180 to 1,200; I'm eating restaurant quality meals; I feel like myself again; I'm thinking about my future."*

**Donald**  
day health program participant



# The Food as Harm Reduction Study

What role does food play in reducing the harms from drug use? A study being conducted at the Dr. Peter Centre (DPC) aims to find out.

Funded by the Vancouver Foundation and the Social Sciences and Humanities Research Council of Canada, the Food as Harm Reduction study aims to determine how and when access to food (or lack thereof) impacts the health and well-being of people living with HIV who use drugs; document how they navigate their environment in order to access food and harm reduction resources; and highlight the importance of safe and supportive food sites as a means of reducing the nutritional harms of drug use.

The study recruited 60 people living with HIV who also use illicit drugs (30 DPC participants and 30 non-DPC participants) and used mapping combined with qualitative interviews.

The survey found that 88% of respondents experienced some level of food insecurity. 70% said that in the past 12 months, they did not eat enough because of drug use. Additionally, 77% of all respondents said drug use did affect their diet, including what they ate (64%), how well they ate (62%), when they ate (60%), and where they ate (40%).

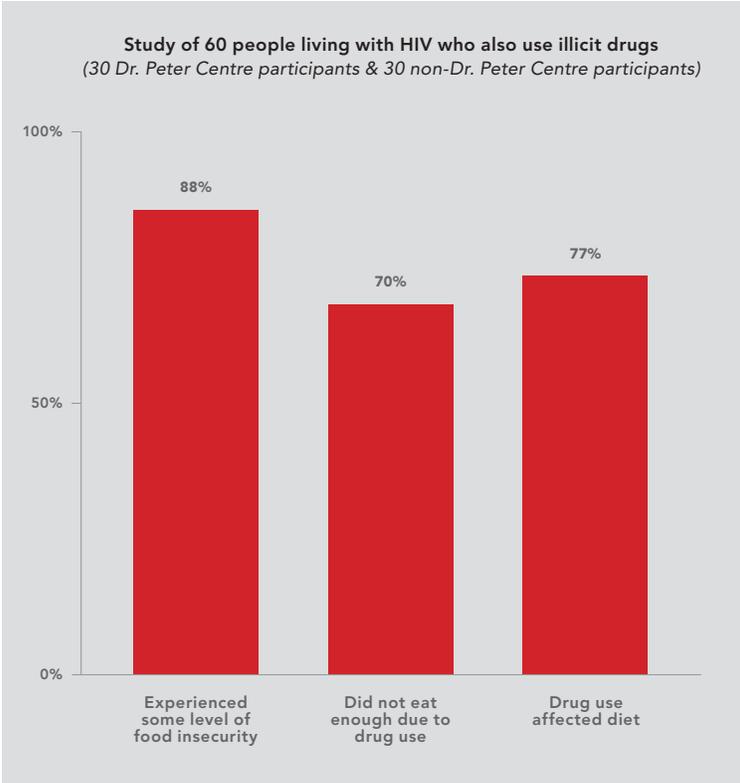
All respondents used some form of food assistance, either a food bank program (91%), and/or a free or low-cost meal program (81%), and/or a community kitchen program (30%). The most commonly used programs were the Dr. Peter Centre's meal program, the Positive Outlook Program (POP at the Vancouver Native Health Society), and the AIDS Vancouver food bank.

Qualitative mapping interviews, which included mapping participants' most common daily routes through the city indicated that participants did feel that drug use affected

their diet. However, food resources, such as the Dr. Peter Centre, POP, and the food bank at AIDS Vancouver were critical sites for accessing nutrition and other needed services.

In particular, the Dr. Peter Centre and POP were anchors in participant's daily routines, often being utilized for breakfast and lunch. The study highlights that continued support for these and other programs serving people living with HIV who use drugs are critical for maintaining their health and well-being.

The research team is made up of researchers from Simon Fraser University, the University of Manchester, as well as clinicians and peer research associates at the Dr. Peter Centre.



## Funder Profile: **M·A·C AIDS Fund**

The M·A·C AIDS Fund is a pioneer in HIV funding, providing financial support to organizations working with underserved regions and populations. As the largest corporate non-pharmaceutical giver in the arena, the M·A·C AIDS Fund is committed to addressing the link between poverty and HIV by supporting diverse organizations around the world that provide a wide range of services to people living with HIV. To date, the M·A·C AIDS Fund has raised over \$400 million exclusively through the sale of M·A·C's VIVA GLAM Lipstick and Lipglass and has donated \$1.2 million to the Dr. Peter Centre.



## M·A·C AIDS Funding at Work at the Dr. Peter Centre

### Recreation Therapy

Recreation therapy at the Dr. Peter Centre receives the generous support of the M·A·C AIDS Fund. The program encourages community re-integration and increases engagement in HIV treatment. Participant in the program, along with staff and trained volunteers, attend weekly out trips throughout the year. The destinations and activities are varied and can include go-carting, bowling, pitch-and-putt, Grouse Mountain, Lighthouse Park, art gallery tours, the Vancouver Aquarium, days at the beach, coffee shop visits and picnics in the park.

These activities offer a chance for people who are too often defined by their illness or life disadvantages to step out of these roles and participate in a positive social experience. This helps our clients to feel connected to the community around them, giving them the confidence to try new activities, thereby building self-esteem.

Participation in recreational activities with a diverse group of people helps to reinforce important life skills, such as positive conflict resolution in social situations, and enables people to rediscover themselves and their capabilities. Recreation therapy also encourages more consistent engagement in HIV treatment at the Dr. Peter Centre.

### Knowledge Translation and Exchange

There is growing demand for the Dr. Peter Centre's Knowledge Translation and Exchange program and grant funding from the M·A·C AIDS Fund currently supports several of its key initiatives.

Three strategic areas of focus for this program are:

- Creating tailored e-training for other non-profit health care providers across Canada to provide them with the skills, knowledge and abilities they need to provide supervised consumption services to their communities.
- Creating web-based learning modules for policy makers, health professionals, researchers, law enforcement and media have details on both the evidence and clinical practice of integrating supervised consumption into health care.
- Identifying and engaging key policy makers, health professionals, researchers, law enforcement and media who are less familiar about our model as an HIV prevention strategy.

*"At a time when I really needed a lifeline, the Dr. Peter Centre really came through for me and has become a comfortable, safe space for me to be. The staff are very supportive and genuinely caring, and are always willing to help, if needed."*

**Todd**  
day health program participant



*"The Dr. Peter Centre has helped me to understand how to take care of myself. I feel really supported and have such a good rapport with the nurses. They treat everyone as an individual here. I feel human here."*

**Tim**  
day health program participant

*"I can't express what a positive place this is. They give me so much love here; I feel like a person here. I come here for meals, karaoke, and friendship, but I also come here to replenish my soul."*

**Sherri**  
day health program participant



# Consolidated Statement of Financial Position

(Prepared by Management)

These financial statements are derived from the audited financial statements of the Dr. Peter AIDS Foundation as at March 31, 2017 and the year then ended. Complete audited financial statements are available at [www.drpeter.org](http://www.drpeter.org).

As at March 31	2017 \$	2016 \$
<b>Assets</b>		
Total current assets	<b>1,879,296</b>	1,478,484
Capital assets	<b>5,579,993</b>	5,760,095
<b>TOTAL ASSETS</b>	<b>7,459,289</b>	7,238,579
<b>Liabilities</b>		
<b>CURRENT</b>		
Accounts payable and accruals	<b>281,085</b>	216,678
Deferred revenue – current portion	<b>45,857</b>	35,834
Current portion of mortgage payable	<b>50,768</b>	49,552
Current portion of capital lease payable	–	–
<b>TOTAL CURRENT LIABILITIES</b>	<b>377,710</b>	302,064
Deferred contributions	<b>1,216,414</b>	753,465
Mortgage payable	<b>1,364,504</b>	1,415,272
Deferred contributions related to capital assets	<b>3,727,822</b>	3,887,203
<b>TOTAL LIABILITIES</b>	<b>6,686,450</b>	6,358,004
<b>Net Assets (deficiency)</b>		
Invested in capital assets	<b>436,899</b>	408,066
Unrestricted	<b>(52,124)</b>	16,355
Replacement reserve	<b>164,673</b>	163,910
Internally restricted – identified future needs	<b>223,391</b>	292,244
<b>TOTAL NET ASSETS</b>	<b>772,839</b>	880,575
<b>TOTAL</b>	<b>7,459,289</b>	7,238,579

## Consolidated Statement of Operations

(Prepared by Management)

Year Ended March 31	2017 \$	2016 \$
<b>Revenue</b>		
VCH (Vancouver Coastal Health)	<b>4,402,552</b>	4,344,627
BC Housing	<b>216,575</b>	210,211
BC Community Gaming Grant	<b>66,700</b>	100,000
Donations and Fundraising	<b>799,366</b>	935,067
Bequests	<b>54,988</b>	61,558
Resident Contributions	<b>297,123</b>	291,179
Other income	<b>181,062</b>	134,621
Amortization of deferred contributions related to Operations	<b>48,428</b>	–
Amortization of deferred contributions related to Capital contributions	<b>217,902</b>	200,593
<b>TOTAL REVENUE</b>	<b>6,284,696</b>	6,277,856
<b>Expenses</b>		
Amortization of Capital Assets	<b>314,858</b>	284,154
Operations	<b>387,701</b>	425,045
Program services and other supplies	<b>576,256</b>	553,623
Property maintenance and utilities	<b>369,643</b>	375,488
Human Resources	<b>4,744,174</b>	4,697,360
<b>TOTAL EXPENSES</b>	<b>6,392,632</b>	6,335,670
<b>Excess of (expenses) revenue for the year</b>	<b>(107,936)</b>	(57,814)

# Thank You to Our Donors

During the course of fiscal 2016–2017, the Dr. Peter AIDS Foundation received generous donations from supporters like you. Your support allowed us to provide programs and services to our participants and residents and allowed us to expand our knowledge transfer and evaluation efforts. We are truly grateful for the ongoing support we receive from each and every donor and greatly value every contribution. Thank you for helping to change the world of HIV/AIDS care.

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