

CHANGING THE WORLD OF HIV/AIDS CARE

# AnnualReport 2013/2014

Dr. PeterAIDS  
FOUNDATION



ILLUSTRATION: SAM BRADD

# Message from the Executive Director & Chair of the Board



Ten years ago, the new Dr. Peter Centre opened its doors for the first time, after previously being housed in a wing of St. Paul's Hospital. The distinctive West End building was the result of a \$9.8 million capital campaign that drew support from all levels of government, corporations, high profile supporters like Tom Hanks and Rita Wilson, as well as long-time supporters like you. Today, the Centre is not only a world class health care facility; it is a leading provider of effective, compassionate and forward-thinking health care.

With continued investments in HIV treatment and support almost eliminating the onset of AIDS, there has been a decreasing need for care of individuals dying of AIDS and a growing need to support those living with HIV, in both the residence and day health program. However, many are still dying younger because their health is compromised by serious conditions made more complex with HIV.

The Dr. Peter Centre has become increasingly successful in engaging vulnerable individuals in health care – individuals who additionally live with serious mental illness, addictions, homelessness, and extreme poverty. With a welcoming therapeutic environment and excellent care seven days a week, individuals improve their overall health; they improve their adherence to HIV treatment and access harm reduction services – two key strategies to ending HIV transmission.

As in previous years, we continue to engage in evaluation and research in order to determine the success of our model of care. This year we launched a research survey which is a key component of our three-year research study. Led by Dr. Robert Hogg (Simon Fraser University), the study is a partnership between the BC Centre for Excellence in HIV/AIDS, the Dr. Peter AIDS Foundation and researchers from across Canada to investigate the impact of the Dr. Peter Centre on the health outcomes of marginalized individuals living with HIV/AIDS and on the health system outcomes. This research project is funded by a Canadian Institutes of Health Research (CIHR) Partnerships for Health Systems Improvement grant and by the Michael Smith Foundation for Health Research. As a study rooted within the community it seeks to engage, the study team developed an innovative approach to hiring Peer Research Associates that was presented at this year's Canadian Association for HIV Research (CAHR) conference.


You'll also read in this report about recently published research that shows how our model of

care positively impacts the broader health care system, as well as health care outcomes for our residents and day health program participants.


Our model of care, which has included incorporating supervised injection service into nursing care for the past 12 years, is an inspiration to health care providers locally, nationally, and internationally who hope to provide the same service in their communities. This year, we have applied to Health Canada, together with Vancouver Coastal Health, for an exemption to federal drug laws while providing this service. Our application included letters from the Government of British Columbia, the City of Vancouver, Vancouver Police Department, Providence Health Care, Positive Living BC, the local business improvement association, and neighbourhood organizations.

In the past 10 years, we have served more than 380,000 nutrient-dense meals in the day health program, cared for 214 individuals in our 24-hour specialized nursing care residence, and experienced a 128% increase in admissions to the day health program. Thanks to you, our supporters, we have met – and continue to meet – the great need for our care. We're renovating our café and day health nursing area to accommodate the growth of that program. We've also expanded our Enhanced Supportive Housing program to include six furnished suites within an easy walk of the Dr. Peter Centre for daily care and hope to expand this program further.

Your continued support allows us to provide care to more than 400 vulnerable individuals living with HIV and to have an increasingly significant contribution to national and international policy and practice about how to best provide HIV/AIDS care to individuals struggling with serious addictions, mental illness and poverty. You are changing the world of HIV/AIDS care; you are helping us end AIDS. Thank you.



**MAXINE DAVIS**  
*Executive Director, Dr. Peter AIDS Foundation*



**PETER GREEN**  
*Chair, Dr. Peter AIDS Foundation*

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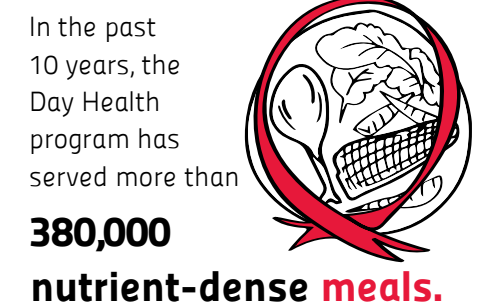
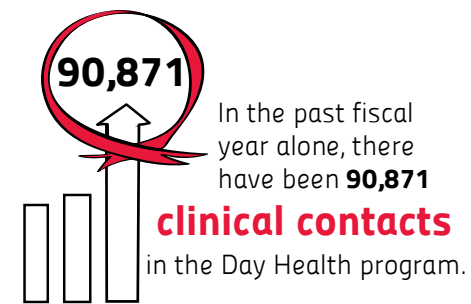
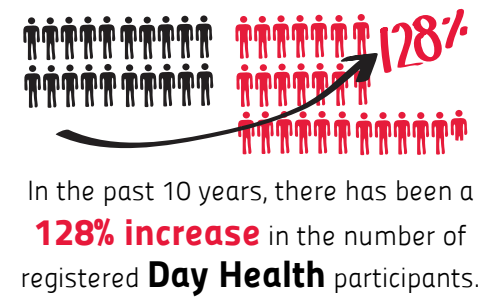
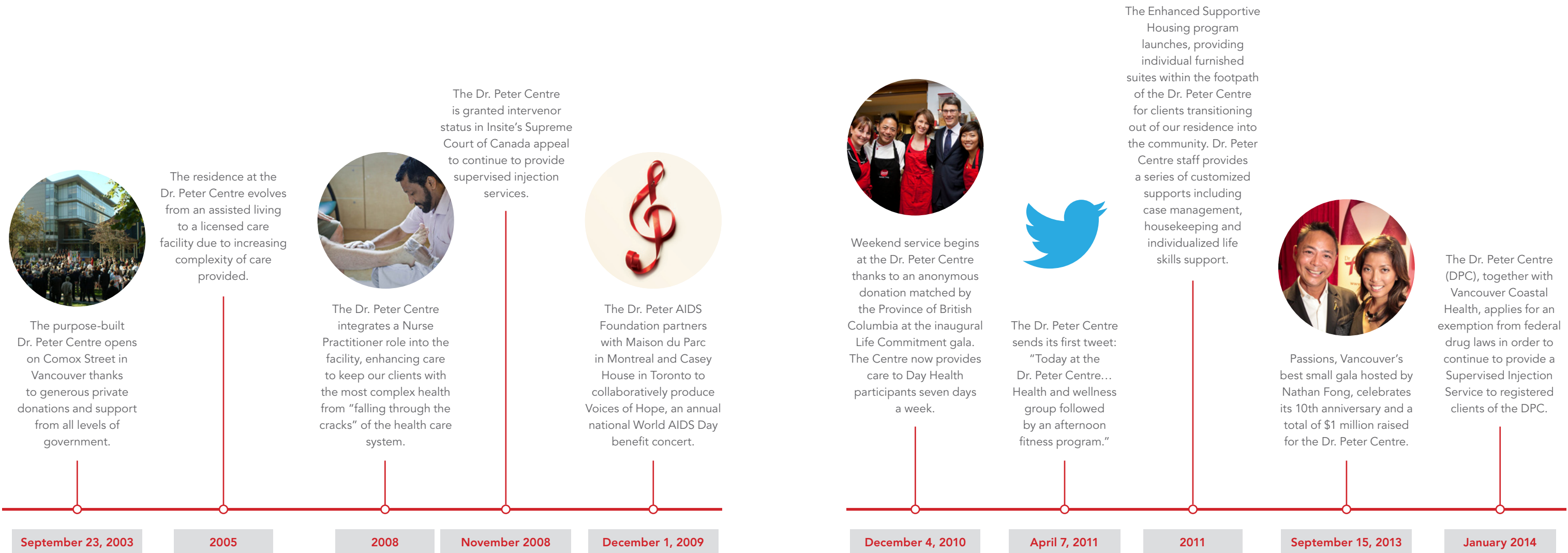
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Milestones:  
A Look at the Past 10 Years



STUDY LAUNCH:  
RESEARCHERS EVALUATE IMPACT OF THE DR. PETER CENTRE

Researchers from the BC Centre for Excellence in HIV/AIDS and Dr. Peter AIDS Foundation will work with co-investigators from across the country to investigate the impact of the Dr. Peter Centre on the health and treatment outcomes of marginalized individuals living with HIV/AIDS, in a study launched in the spring of 2014.

“This research will focus on the impact of health care services for marginalized populations,” said Dr. Robert Hogg, principal investigator and director of the Epidemiology and Population Health Program at the BC

Centre for Excellence in HIV/AIDS. “We hope the results from our research will provide essential information that will guide program development to improve engagement of individuals experiencing homelessness, mental illness and addictions into HIV care.”

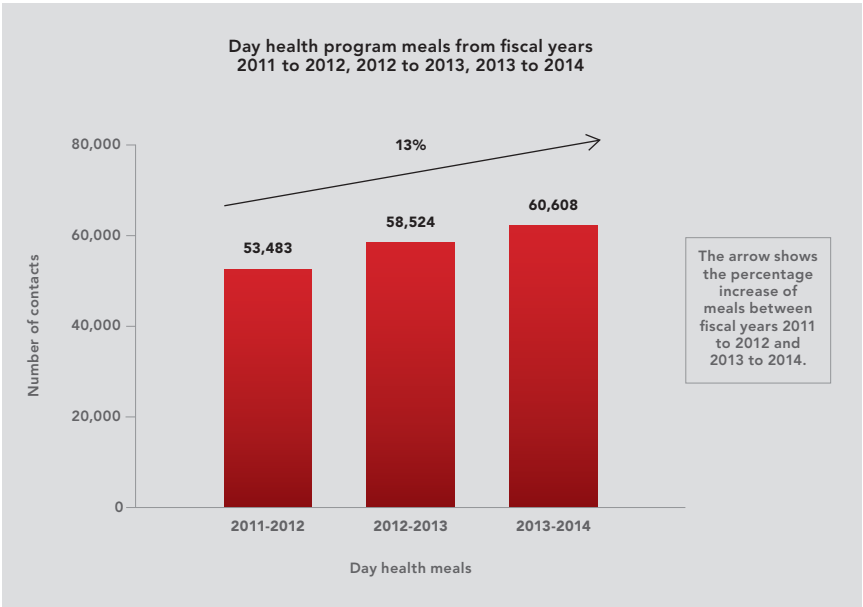
The Dr. Peter Centre is the only facility in North America that incorporates supervised injection services as a component of its primary health care programming.

“The Dr. Peter Centre’s innovative approach reduces social-structural barriers, which we believe makes it a model for

accessible health care,” said Rosalind Baltzer Turje, Director of Clinical Programs, Research and Evaluation at the Dr. Peter Centre. “This study is an opportunity to examine the potential applicability of aspects of the Dr. Peter Centre’s integrated care model within similar contexts across Canada and elsewhere.”

The three-year project is funded by a Canadian Institutes of Health Research Partnerships for Health Systems Improvement grant and by the Michael Smith Foundation for Health Research.

DAY HEALTH PROGRAM SERVING MORE MEALS



RESEARCH FINDINGS:  
THE IMPACT OF THE DR. PETER CENTRE ON LEAVING HOSPITAL AGAINST MEDICAL ADVICE

Findings from a study led by Lianping Ti showed that Dr. Peter Centre clients who use illicit drugs are approximately 60% less likely to leave hospital against medical advice than their peers in the study who do not use the services of the Dr. Peter Centre. This is a very important

result as illicit drug-using populations that are discharged from hospital against medical advice have a significantly increased likelihood of hospital readmission, longer overall hospital stays, and death.

Ti, L., Milloy, M-J., Baltzer Turje, R., Montaner, J., Wood, E., Kerr, T. *The impact of an HIV/AIDS adult integrated health program on leaving hospital against medical advice among HIV-positive people who use illicit drugs.* 4th International HIV Treatment as Prevention Workshop, Vancouver, BC. 2014.

RESEARCH FINDINGS:  
ON-SITE SUPERVISED INJECTION SERVICES IMPROVE ACCESS TO HIV TREATMENT AND HEALTH CARE

Supervised injection services integrated into the Dr. Peter Centre (DPC) Residence improve health care access and outcomes among people living with HIV, according to a study from the BC Centre for Excellence in HIV/AIDS (BC-CfE) published this spring.

Results published in the Journal of the International AIDS Society found that the integration of harm reduction approaches, including supervised injection services, into

the DPC Residence led to improved access to palliative and supportive care services and increased adherence to HIV treatment, leading to improvements in individual health and life expectancy. In addition, residents reported that these harm reduction approaches reduced drug-related harms, such as injection-related infections and overdose.

“Drug users encounter significant barriers to accessing in-patient health care services,”

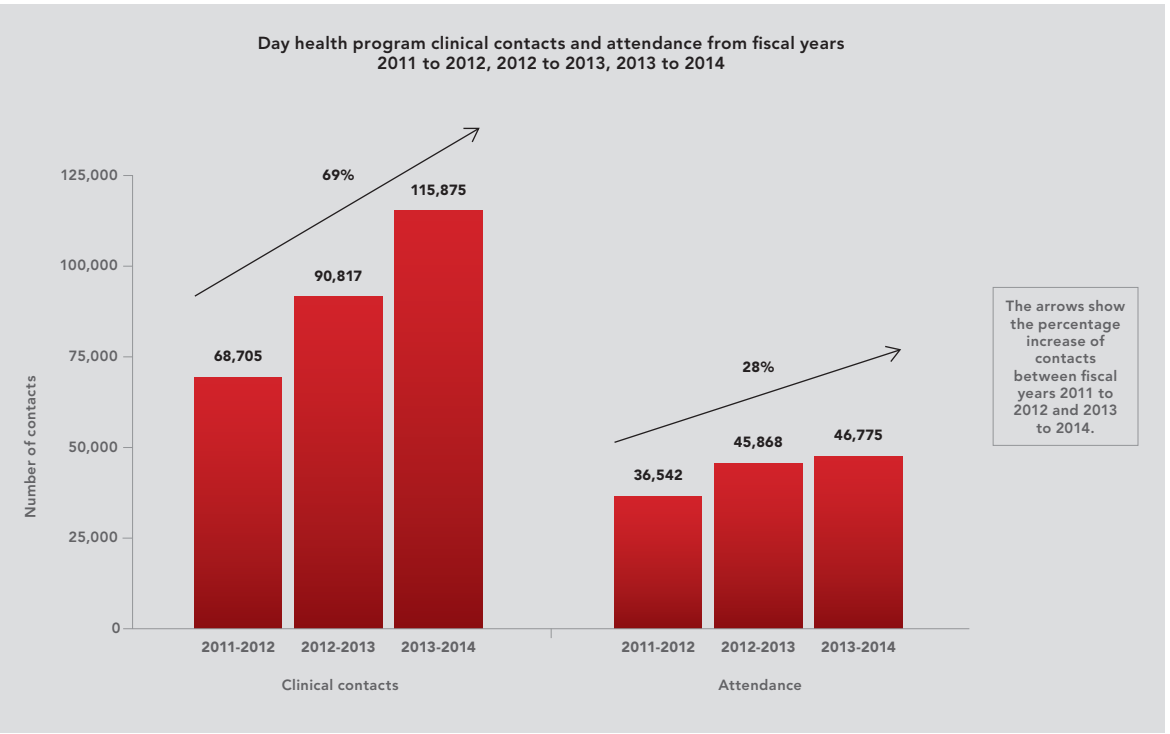
said Dr. Will Small, senior author of the study and researcher at the BC-CfE. “These findings demonstrate harm reduction approaches can not only reduce drug-related harms, but also improve access and adherence to life-saving treatment and care. We should explore introducing harm reduction approaches within other similar settings.”

INCREASING ENGAGEMENT IN DAY HEALTH PROGRAM

Registered participants in the Dr. Peter Centre’s day health program are showing an increased engagement in care. The graph below shows that participants who are coming

to the Centre are engaging more often with our team of nurses, counsellors, and music, art and recreational therapists. The increase in attendance reflects both the frequency

with which participants are attending and the increasing number of people enrolled in the day health program.





# Bill McGuire’s Story

Bill’s buoyant demeanor conceals the unimaginable struggles he has faced in his lifetime. He’s a charming, articulate man who is quick to crack a joke and even quicker to invite you to play a game of backgammon.

Raised in Toronto in a large family with “no rules, no structure and too much booze,” Bill turned to petty crime as a teenager. He moved to B.C. at 19 to get away from his unstable family life, and quickly fell into using drugs and drinking excessively.

It wasn’t long until Bill was arrested for the property crime he was committing to fund his drug habit. From the day he was first

sentenced, he never spent more than 30 days out of prison for the next 17 years. Bill began using IV drugs in prison at the age of 23 where he says sharing needles was common.

“I had no idea how to live any differently,” Bill says. “I’d serve a two year sentence, be out of jail for three days, and then get arrested and sent back to jail again. I was totally institutionalized – I didn’t even know how to rent an apartment.”

A darkly comic twist of fate finally ended Bill’s cycle of re-incarceration. Out of jail for the final time and desperate for money to feed his drug addiction, Bill decided to rob a bank.

He had a target, a plan, and was on his way to act when he realized it was Sunday. The bank was closed.

*“I had no idea how to live any differently. [...] I didn’t even know how to rent an apartment.”*

“It was a rock bottom moment,” he says. “I just realized how desperate I was. I thought ‘Enough is enough – it’s time I go to detox.’”

When he arrived at the detox facility, all of the beds were full. An employee, sensing

Bill’s desperation, invited him in for a cup of coffee. While he was drinking his second cup, someone unexpectedly checked out of the centre. Bill was given the spot. It was the detox doctor who diagnosed Bill with HIV.

*“I just realized how desperate I was. I thought ‘Enough is enough – it’s time I go to detox.’”*

“I’d gone into detox hoping to change my life and now it seemed my life was over,” Bill says. “It was very hard to accept.”

But his life wasn’t over and he learned to move forward. He began working for Spare Change newspaper (now Megaphone) and volunteering for local AIDS organizations. He still struggled, but he didn’t feel hopeless or alone anymore.

“I started to have some direction and more faith in myself,” he says. “I learned that I’m not as bad as I’d made myself out to be.”

Several years ago, Bill began attending the Day Health program at the Dr. Peter Centre

at the suggestion of a friend. He hadn’t been taking care of his health or eating as well as he should, and the Centre gave him the support he needed to prioritize his health. Last year, due to increasingly challenging health problems, Bill moved in to the Dr. Peter Centre Residence.

“It was hard to be here at first,” he says.

“I was so scared of being in ‘an institution’ again, but this place is like home. I don’t want for anything. I couldn’t ask for anything more out of life.”

*“I started to have some direction and more faith in myself. I learned that I’m not as bad as I’d made myself out to be.”*

Bill says he spent a lot of time being angry at himself about his past, but

those days are long behind him. These days he just feels grateful for his life and the compassion, friendship and care at the Dr. Peter Centre.

“I know it takes a whole lot of caring people to keep this place going,” he says. “It’s not easy to care about people like us, so I’m very grateful for everyone who does.”



Bill in 2008 when he was a participant in the Day Health program.



Bill, a Dr. Peter Centre resident, enjoys a game of backgammon (photo by Jon Chiang)

Since it opened, the Dr. Peter Centre has provided **residential care for 214 people** in its Specialized Nursing Care Residence.



# The Nurse Is In: Nurse Practitioners Reframe Primary Health Care

Nurse practitioners (NPs) were first regulated in British Columbia in 2005. Nine years later, they can be found offering primary care throughout the province, including at the Dr. Peter Centre.

NPs are masters and doctoral prepared advanced practice nurses who diagnose and treat diseases and health conditions, and educate and support patients. They're able to cost-effectively perform as much as 80 per cent of the activities of a family physician, including ordering lab tests, prescribing medication and admitting patients to hospitals.

In 2008, the Dr. Peter Centre (DPC) integrated an NP role into the facility, enhancing care to keep our clients with the most complex health challenges from "falling through the cracks" of the health care system. Martin Payne has been working as the DPC's only NP since that time.

"Many of our clients are facing other chronic illnesses, in addition to HIV/AIDS, requiring them to have multiple engagements

with the health care system, so they become wary that their entire lives are spent trying to access care," Martin says. "My hope is that my role at the DPC, supporting a broad range of services and programs, can help to minimize this 'health care fatigue,' so that they can now engage in other things in their lives."

NPs work both independently and collaboratively in BC. While many work in conjunction with physicians, they don't require physician oversight in order to practice. Most NPs are salaried, rather than the fee-per-service model used by physicians. This provides a cost-effective model of care for health authorities and increased health care access for patients. At the Dr. Peter Centre, for example, participants are able to see

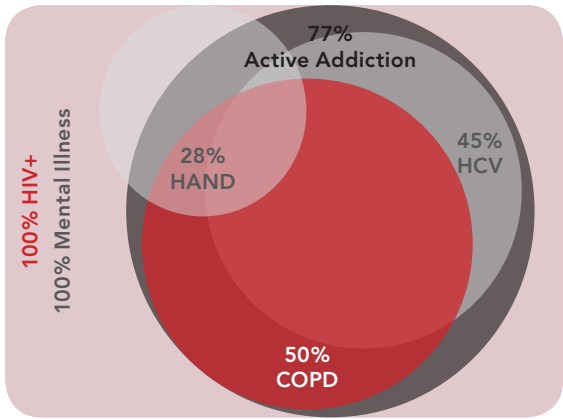
the NP as needed, without an appointment. "At the end of the day," Martin says, "It doesn't matter to a patient if they see a doctor or an NP; just that they get the help they need."

"Clients just want help," explains Martin. "They want what everybody else wants – they want to feel well. They want to be taken care of and respected."



Martin Payne, nurse practitioner

# Dr. Peter Centre 24-hour Specialized Nursing Care Residence Long Stay Resident Profile



SNAPSHOT AUGUST 2013 [n=22]

While 100% of the Dr. Peter Centre Residents are HIV-positive, co-occurring health issues are as follows:

- 100% have a mental illness
- 77% have active addiction
- 45% have hepatitis C virus (HCV)
- 50% have chronic obstructive pulmonary disease (COPD)
- 28% have HIV-associated neurocognitive disorder (HAND) symptoms

Additionally, 55% of these same Residents were homeless prior to admission to our 24-hour Specialized Nursing Care Residence.

# Community Support

## Thanking Our Lucky Stars

Since 1986, when the term "HIV" was introduced, Shooting Stars Foundation has been raising awareness and funds in support of people living with HIV/AIDS by doing what they do best – entertaining people. What began as a single benefit concert soon blossomed to include a variety of extravaganzas including gala dinners, wine-tastings, and eyebrow-raising drag queen revues.

This year, as the Shooting Stars Foundation winds down its many years of serving the community and supporting the Dr. Peter Centre, we'd like to say a very special thank you to all those who have served on the Shooting Stars boards over the years and the wonderful family of local, national and international artists who have volunteered their considerable talents to the benefit of all.

The 29<sup>th</sup> anniversary performance of "Starry Night" on November 17, 2014 will be Shooting Stars' last fundraising event in support of the Dr. Peter AIDS Foundation and other direct-service HIV/AIDS organizations. Please save the date and join us for the grand finale. Even as the beat fades, the need goes on!



Sylvia Yung of Shooting Stars Foundation with Wenda Nairn.

## What Our Volunteers Are Saying

Each week, corporate volunteers from organizations such as Habañero Consulting, RBC, Scotiabank, Starbucks, and TELUS serve meals in the Dr. Peter Centre café. Their dedication and support make a world of difference to our Day Health program participants. Here's what some of our volunteers have to say about the experience.

"Volunteering at Dr. Peter AIDS Foundation is a very easy way to improve my day. No matter what my mood is going into my shift, I always come out smiling and feeling good."

Jarrod McKenna,  
Habañero Volunteer

"I look at the time I spend at the Centre as a purely selfish act – the amazing employees, volunteers and, more importantly, the program participants give me so much more than what I do for them – for this I'm very grateful for the opportunity to volunteer."

John Webber,  
RBC Volunteer

"I'm proud to volunteer at the Dr. Peter Centre – they provide a great service to the community and make everyone feel like they're part of a family."

Theresa Woo,  
TELUS Volunteer

"It's been an incredibly rewarding experience to volunteer for the past two years. There is a real sense of community and it has been so inspirational for us to meet and get to know so many of the wonderful volunteers, staff and attendees of the Dr. Peter Centre."

Peter Taylor,  
Scotiabank Volunteer

"Volunteering at the Dr. Peter Centre is an incredibly fulfilling way we at Starbucks can engage with and support our local community. Strong, supportive communities are values we share with the Dr. Peter Centre."

Brandon McNeney,  
Starbucks Volunteer

THIS YEAR, VOLUNTEERS DONATED 4,683 HOURS OF SERVICE TO THE DR. PETER CENTRE.

Financials  
2013/2014

These financial statements are derived from the audited financial statements of the Dr. Peter AIDS Foundation as at March 31, 2014 and the year then ended. Complete audited financial statements are available at [www.drpeter.org](http://www.drpeter.org).

Consolidated Statement of  
Financial Position

(Prepared by Management)

As at March 31	2014 \$	2013 \$
Assets		
Total current assets	1,893,160	1,666,229
Capital assets	6,027,832	6,324,764
<b>TOTAL ASSETS</b>	<b>7,920,992</b>	<b>7,990,993</b>
Liabilities		
<b>CURRENT</b>		
Accounts payable and accruals	403,897	429,432
Deferred revenue – current portion	356,942	251,913
Current portion of mortgage payable	44,128	42,859
Current portion of capital lease payable	–	–
<b>TOTAL CURRENT LIABILITIES</b>	<b>804,967</b>	<b>724,204</b>
Deferred contributions	817,429	688,800
Mortgage payable	1,511,666	1,555,794
Deferred contributions related to capital assets	4,104,616	4,322,071
<b>TOTAL LIABILITIES</b>	<b>7,238,678</b>	<b>7,290,869</b>
Net Assets (deficiency)		
Invested in capital assets	367,421	404,039
Unrestricted	148,757	181,488
Replacement reserve	116,136	114,597
Internally restricted – identified future capital needs	50,000	
<b>TOTAL NET ASSETS</b>	<b>682,314</b>	<b>700,124</b>
<b>TOTAL</b>	<b>7,920,992</b>	<b>7,990,993</b>

Financials  
2013/2014

Consolidated Statement of  
Operations

(Prepared by Management)

Year Ended March 31	2014 \$	2013 \$
Revenue		
VCH (Vancouver Coastal Health)	3,903,493	2,568,285
PHSA (Provincial Health Services Authority)	159,516	1,382,465
BC Housing	180,365	197,398
BC Community Gaming Grant	100,000	100,000
Donations and fundraising	886,858	902,823
Resident contributions	266,878	274,357
Other income	49,567	22,961
Amortization of deferred contributions related to capital assets	527,044	237,357
Amortization of deferred contributions related to operations	242,311	339,565
<b>TOTAL REVENUE</b>	<b>6,316,032</b>	<b>6,025,211</b>
Expenses		
Amortization of capital assets	315,665	339,565
Operations	452,111	429,765
Program services and other supplies	522,597	477,235
Property maintenance and utilities	339,028	312,376
Human resources	4,704,441	4,313,050
<b>TOTAL EXPENSES</b>	<b>6,333,842</b>	<b>5,871,991</b>
<b>Excess of (expenses) revenue for the year</b>	<b>(17,810)</b>	<b>153,220</b>

# Thank You to Our Donors

During the course of fiscal 2013-2014, 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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