

HIV/AIDS
COMMUNITY PLAN

FOR
HALTON, SIMCOE, PEEL,
YORK REGION

October, 2005

HIV/AIDS Community Planning Program

Background

In June 2002, the Ontario Advisory Committee on HIV/AIDS released its "Proposed HIV/AIDS Strategy for Ontario to 2008". In response to this strategy, the AIDS Bureau provided funding to communities in Ontario in order to:

- Develop a local response to the Provincial AIDS strategy and direction.
- Improve access and co-ordination of services for people living with HIV and populations at risk.
- Provide more integrated, comprehensive, effective, efficient care and support services.
- Develop innovative service delivery models, and new strategies for prevention.

Methodology

In the fall of 2004, the AIDS Bureau – Ministry of Health and Long-Term Care initiated the Community Planning Program for the regions of Halton, Peel, York and Simcoe Muskoka. A Steering Committee was established to assist with planning for the regions. The planner conducted one-to-one consultations with health agencies, community based AIDS service organizations, primary care physicians, HIV testing clinics, addiction programs, social service agencies and vulnerable populations to gain insight to deficiencies in the accessibility and delivery of care and support to those living with and affected by HIV/AIDS.

Research Forums Attended by Consultant

AIDS Committee of Toronto Research Day – February 4, 2005

Women and HIV, transgender people and HIV, party drugs and high-risk sex, youth – a focus on prevention.

Out of the Joint-Into the Street – Toronto – March 4, 2005

The John Howard Society of Toronto and Prisoners AIDS Support Network of Toronto (PASAN)

HIV/AIDS care, education and harm reduction within correctional facilities.

Parents and Families of Lesbians and Gays (PFLAG) Halton Region launch) May 16, 2005

Issues of lesbian, gay, bisexual and transgender peoples, homophobia and discrimination, advancing education to reduce stigma, community acceptance, community partnership.

Focus Groups Held

Ontario Correctional Institute (Peel) March 23, 2005

York Region Alliance to end Homelessness — May 10, 2005

Peel Healthy Sexuality Program, Health Promotion, Needle Exchange Program, Outreach Program — May 12, 2005

Simcoe Muskoka District Health Unit (Simcoe) May 19, 2005

Health and Community Support Services Network (Halton) June 2, 2005

Region Stakeholder Meetings

Peel Region – May 30, 2005, was cancelled due to low response. Peel agencies are interested in advancement to HIV/AIDS care and enhancing current support. Peel Region needs resources.

York Region – June 3, 2005, was cancelled due to low response. Nine York Region agencies expressed interest in further development of HIV care and enhanced support. York Region needs resources.

Halton Region – June 9, 2005, ten agency attendees expressed interest in advancing care, twelve other agencies expressed interest, but unable to attend. The first meeting of the Halton AIDS Action Group (H.A.A.G.) is scheduled for September 2005.

Simcoe Muskoka Region – June 23, 2005, nine agency attendees expressed interest in advancing care, four other agencies unable to attend. The Simcoe Muskoka Action Group (S.M.A.G.) partnership was formed and agencies agreed to network by phone and email.

Overview

The communities of Halton Region, Peel Region, York Region and Simcoe Muskoka Region: encompass an area of 18,339 square kilometers. Current population in these regions exceeds 2.8 million people, with growth expected to continue.

- Halton Region consists of a relatively young population with greater than 80% English speaking. Immigrant settlement in this region is low, compared to the regions of Peel and York.
- Peel Region is comprised of culturally diverse rural and urban communities. Peel continues to experience mass immigrant settlement, rapid growth, and an aging population.
- York Region population is young, educated and family-oriented. Immigrants account for approximately 40% of the region's population. Growth is expected to continue in this region.
- Simcoe Muskoka Region combines country lifestyle with urban amenities, and is the destination of choice for tourists. Nearly 11,000 people identified themselves as aboriginal people. Immigrant settlement in this region is low compared to regions in the south.

HIV Statistics

- Halton Region – with 164 HIV diagnoses and 94 AIDS cases, Halton Public Health Unit ranks 15th with respect to both the cumulative rate of HIV and AIDS incidence. (Epi-data 1981-2003 provided by the Department of Health Sciences at University of Toronto)
- Peel Region – see attached data from the Region of Peel Health Department Communicable Disease Report 2003.
- York Region – see attached York Region graph. York ranked 26th and 23rd with respect to the cumulative rate of HIV and AIDS incidence, respectively. (Epi-data 1981-2003 provided by the Department of Health Sciences at University of Toronto)
- Simcoe Muskoka Region – adjusted statistics reflect Simcoe and Muskoka Health Unit merge as at May 25, 2005. Simcoe HIV-121, Simcoe AIDS-99, Muskoka HIV-3, Muskoka AIDS-18. See attached Simcoe Muskoka Public Health Unit graph (2000-2004).

Community Consultation Results

Highlights from consultations with region agencies indicate some common community needs for services:

- Limited awareness of HIV/AIDS in the regions. Clients do not disclose their status when seeking services, making it difficult for agencies to address client's needs.
- Some community agencies were unaware of the resources available within regional Public Health Departments and their ability to assist with HIV/AIDS education
- Health and social service agencies have had limited training around sexual orientation, gender identity issues
- Extreme shortage of affordable, supportive housing in the regions (waiting lists vary from two to twelve years).
- Immigrants may experience difficulty in accessing care and support due to language barriers, cultural differences and lack of knowledge of resources.
- Access to dental care is sometimes difficult for clients – often dentists are reluctant to treat HIV clients.
- Sex trade poses increased risk for HIV and other STI infections. Sex trade is less visible in these communities than in Toronto.
- Injection drug use is also less visible in these communities and poses a high risk for HIV infection as well as other blood borne infections.
- Corrections system requires improved programs for HIV/AIDS inmates. Harm reduction programs and appropriate discharge planning to community resources is required.
- Securing government financial or disability support is often a slow, difficult process for clients and funding is inadequate.
- Transportation links to services within each region or to Toronto are not accessible in all communities with no access in rural areas. Better transportation allowances for medical appointments could be made more accessible through local AIDS service organizations and other social service agencies.
- Limited advocacy and media attention around HIV/AIDS.
- Stigma prevents individuals from disclosing their status and accessing support required.
- The three AIDS Service Organizations in the area are extremely underfunded and one area does not have an AIDS service organization.

- Lack of equity in funding to meet regional needs. Funding equities need to be addressed by the AIDS Bureau.
- Shortage of doctors and/or HIV clinics to manage the care of clients in these regions.
- Some people identified the need for an HIV/AIDS multi service care centre.
- Most health care and social services agencies in these regions are at maximum capacity in the provision of services. Human resources are stretched, financial resources are unavailable for program expansion or new development, hence the reluctance to formalized service agreements. Limited core funding applies to most agencies and forces continual fundraising initiatives to sustain their existing programs, putting greater stress on agencies to provide more with less. The stigma of HIV/AIDS in communities creates fundraising challenges.
- Ideally securing a political representative or a corporate sponsor with a genuine commitment to HIV/AIDS would give considerable momentum to community awareness campaigns and increase advocacy in these regions.
- Development of provincial media campaigns would ensure a consistent message for all communities.

Halton Region

- In the absence of an AIDS Committee in Halton Region, clients travel to Hamilton and Guelph seeking resources and support. An ASO in this region would provide a local connect for clients allowing better integration within their home region.
- Funding is required to develop a multi service care centre in Halton Region.
- Currently one doctor sees 180 patients, another doctor sees approximately 150 patients.

Peel Region

- Immigrant and refugee settlement from endemic countries continues to grow. Barriers to HIV/AIDS care include cultural, language differences and not knowing how to seek help. Divulging their health status is a risk within their cultural groups, resulting in discrimination, non-acceptance, abuse and fear of deportation. Seek to negotiate with cultural leaders regarding education on HIV/AIDS, high risk behaviors and promote referral to health and social service

agencies. Encourage the development of support groups within their cultural settings. Many new immigrants arrive in Peel Region from countries where health, harm reduction and education programs are unavailable. Education will inform and improve the health of at-risk immigrants.

- Currently one doctor sees 100 patients, another doctor sees 7 patients. These patients are often referred to Sunnybrook, St. Michaels and Toronto General Hospitals for follow up care (leading to further transportation issues).
- The sex trade in this Region can pose a definite risk to HIV infection. Peel Public Health and the Peel HIV/AIDS Network provides club operators with HIV/AIDS educational materials and condoms free of charge for patron use.

York Region

- Due to close proximity to Toronto, immigrant and refugee settlement in York Region continues to grow.
- One hospital, with a new infectious disease specialist, is currently in development (dependant on funding) of a full service HIV/AIDS clinic. One doctor manages 30 patients, and another 50 patients receive care in Toronto (leading to further transportation issues).
- VIVA – York Region's new transit system came into effect September 2005. This service will offer improved access initially within the south area of the region only.

AIDS Committee of York Region Focus Study Results

Five half day focus group meetings were conducted with active service users of the AIDS Committee of York Region (ACYR). Over 30% of the service users participated in the focus groups. Over fifteen one-on-one discussions were conducted with the service users. The service users identified the following gaps:

- Lack of human resources.
- Lack of financial resources for transportation, Compassion Fund.
- Lack of accessibility to ACYR because of geographical distance.
- Shortage of family doctors and dentists who will care for patients with HIV/AIDS.

- Increased need for food hampers for clients.
- Absence of day programs.
- Lack of training program and support for agency volunteers.
- Lack of community services for clients.

Community Agencies and Partner Organizations

Multiple meetings were conducted with the partner organizations and community agencies that posed as potential partners for ACYR, resulting in the following outcome:

- Service agencies offered to accept ACYR service users in order to offer their services (Vaughan Hospice and Doane House Hospice).
- Service contracts to this effect were verbally reached.
- All agencies were aware of ACYR and the services it provides and were willing to show their support through Letters if required.
- Addiction Services of York Region, Krassman Centre and Doane House Hospice showed willingness to partner with ACYR.

Focus Group with ACYR Board

Limitations and gaps as identified by the board members:

- The board was enthusiastic about developing future partnerships with community-based agencies. This discussion led to a meeting with potential partners: Krassman Centre, Addiction Services of York Region and Doane House Hospice. The board members expressed enthusiasm about the partnerships with community agencies while expressing concern around expectations from ACYR by partner organizations due to limited human and financial resources.
- The board identified the need for improved community awareness about HIV/AIDS as well as the services provided by ACYR.

Meeting with Staff of AIDS Committee of York Region

The following were recognized as areas of concern by the staff:

- Staff recognized the importance of client involvement through participation on the board of directors, committees and as volunteers.
- Enhancement of existing services was recognized as strategic because of the increase in the numbers of service users.

- Additional client support staff are thought of as essential.
- Additional staff for community awareness and education, volunteer management, fundraising and administration was outlined as imperative to maintenance and growth of ACYR programs and services.
- Programs for staff development are required.

Simcoe Muskoka Region

- The existing Community Health Center in Barrie provides HIV patient care and also refers clients to Toronto (leading to further transportation issues).
- One doctor sees 35 patients in his practice, with two to three new HEV cases each year.

Recommendations

- Development of a provincially funded HIV/AIDS campaign to raise the profile of HIV/AIDS on a wider community level (billboard, television, print, internet).
- Expand access to anonymous testing.
- Development of relevant educational materials targeting specific population groups within communities such as youth, cultural, seniors etc.
- Distribution of Public Health and AIDS Service Organization (where applicable) educational tools and information brochures to health and social service agencies and community groups, to raise awareness and profile of the need for services for people with HIV/AIDS.
- Utilize the expertise of Public Health Department staff to provide HIV/AIDS education to community, health and social service agencies. Reallocation of additional human and material resources within Health Departments may be required to implement this strategy. This was identified as being of particular benefit to the local mental health services. Additional knowledge and expertise at the wider community agency level would enhance prevention strategies and contribute to more comprehensive community care to PWAs.
- Diversity and anti-oppression training for community agencies would provide an understanding of issues faced by marginalized groups. Many clients do not divulge their status when seeking care and support. This has caused difficulty for community agencies to address client needs appropriately.
- The removal of rent controls and long waiting lists for affordable housing (currently a two to twelve year wait) due to reduced Federal funding to the municipalities, has made it increasingly difficult for clients to secure appropriate, affordable housing.
- Shelters within the regions are at full capacity and without funding to increase capacity.
- Consider negotiations with Regional Housing Authorities to designate a number of housing units for clients at risk of homelessness; although this may create inequities for other seriously disadvantaged clients who are also on the waiting lists.

- Negotiate with regional shelters to accommodate urgent HIV/AIDS clients, or offer referrals to other shelters. It should be noted however, that the nearest alternative shelters are often in Toronto and it is the experience of the local shelters that clients either do not wish, or are unable to travel to facilities that are seen as remote from the home community.
- There is a shortage of doctors in the regions to manage the complex needs of HIV/AIDS patients. Provision of training to regional doctors would enhance their ability to provide patient care, in consultation with HIV specialists.
- Include the availability of anonymous testing along with a continuum of services within multi service care center.
- Provide HIV/AIDS educational training for dentists and negotiate with them to provide care to HIV/AIDS clients.
- Corrections aftercare for HIV/AIDS clients is recommended to maintain continuity of care for clients upon release back into the community. Provide correctional institutions with a list of community resources and contact numbers to assist in the provision of effective discharge planning.
- Ontario Works, Ontario Disability Support Program and Trillium Drug Plan Program. The AIDS Bureau and the Ministry of Health could negotiate to fast-track approval and increase benefit allowance to HIV/AIDS clients to meet medication and treatment requirements.

Desired Outcome

- With resources regional action groups will develop support and direction for community agencies in the delivery of HIV/AIDS care.
- Health care and social service agencies will have the necessary diversity and oppression training to provide optimum care to clients.
- A network of trained local doctors and dentists will provide care and support to HIV/AIDS clients.
- AIDS service organizations in Peel, York and Simcoe Regions will have increased funding to sustain existing programs and for new program expansion. Halton Region will receive core funding to establish an AIDS service organization to provide resources and support to clients.
- Regional housing and shelter agencies are able to assist with referral for urgent client housing needs.
- Funding will enable the development of multi-service care centers in each of the regions offering care close to home, including care to clients without health cards.
- Access to anonymous testing will increase.
- Ontario Works, Ontario Disability Support Program and Trillium Drug Plan Program will expedite approval for HIV/AIDS clients, and increase benefit allowances to meet medication and treatment requirements.
- Ministry of Correctional Services will assure continuity of access to medications and support for inmates with HIV/AIDS and policies are in place for appropriate discharge planning to community resources.
- Continuity of region media campaigns will heighten awareness of the illness, reduce stigma, and raise community support.

Five Year Plan

Initial Development (One to Two Years)

- Development of Regional AIDS Action Groups to assess and coordinate services.
- Seek agency partnerships to assist in the enhancement of client care.
- Develop agency service agreements to define the role, responsibility and accountability of each supporting agency.
- Seek to establish stable, equitable core funding for AIDS service organizations in Peel, York and Simcoe Regions and establish core funding for development of an AIDS service organization in Halton Region.
- Formulate plans for the development of Regional multi-service HIV/AIDS care centers.
- Facilitate training and education programs for doctors, dentists, and health and social service agencies in each region according to assessed needs.
- Implement regional media HIV/AIDS campaigns.
- Maintain existing harm reduction programs.

Mid-Term Development (Years Three and Four)

- Assess levels of enhanced resources in each region.
- Determine any outstanding deficiencies or unmet needs on an ongoing basis.
- Seek expanded agency partnerships to address unmet needs.
- Sustain equitable core funding to AIDS service organizations in each region.
- Seek financial support for the development of multi-service care centers in each region.
- Continued maintenance and/or expansion of training, education and harm reduction programs.
- Continued maintenance of regional HIV/AIDS media campaigns.

Long-Term Development (Fifth Year and Beyond)

- Continue seeking opportunities for inter-agency collaboration where possible.
- Sustain increased equitable core funding to support further development of AIDS service organizations in each region.
- Sustain funding to support further development of multi-service care centers in each region.
- Continued maintenance and/or expansion of training, education and highly effective harm reduction programs.
- Maintain regional HIV/AIDS media campaigns.

Impact

- Reduction of new HIV/AIDS diagnosis and the spread of infection.
- Each region has well developed community partnerships established to collaborate with AIDS service organizations and Public Health in the delivery of enhanced client care.
- A system of comprehensive care and support for clients.
- Increased community awareness of HIV/AIDS as a health concern and community commitment to address the issues.
- Simplified application process and increased benefit allowance for WS clients of Ontario Works, Ontario Disability Support Program and Trillium Drug Plan Program.
- Regional multi-service care centers can provide comprehensive client care, close to home reducing transportation issues.
- AIDS service organizations in each region are a highly developed resource and referral connection for clients, continuing to provide outstanding support.
- Improved resources and referral for urgent housing needs.
- Improved HIV/AIDS health management for clients in correctional facilities including appropriate discharge planning.

Additional recommendations from this process

- Ministry of Health offer incentives to doctors and dentists to provide care to HIV/AIDS clients.
- Equitable distribution of funding to AIDS Service Organizations would enhance ability to expand existing programs, develop new programs to meet the growing need in all regions.

Benefits of this study

The community planning process has contributed to:

- Increased local awareness of HIV/AIDS issues as a community concern.
- Interest in accessing training and education programs to enhance agency response to HIV/AIDS.
- Agencies' awareness of the need and potential for partnering to enhance care, support, and opportunities to refer clients to appropriate resources.
- Potential for stakeholders to invest in a process for the provision of enhanced care and support.

Conclusion

The resurgence and changing face of HIV/AIDS that includes heterosexual infection and endemic migration to Canada has provided challenges to each region studied. Health care and social service agencies in these areas are committed to providing quality care to all clients. Increased caseloads have required agencies to do more with less and most are operating at maximum capacity. While most agree that partnering offers the potential for expanded care to clients, human and financial resources are now needed to coordinate agency alignments.

Assistance is needed in:

- The development of one multi-service care center in each region with partnerships between Public Health, AIDS Service Organizations and other community social and medical services.
- Service coordination for each region to move the five-year plan forward.
- Closing funding gaps.

Appendices

Halton Region

Stakeholder Attendees

Anneliese Mueller-Busch Community Care Access Centre of Halton
Regan Cheney – Transitions for Youth
Rachel Sawatzky – Halton Lighthouse Shelter
Dr. Neil Rau – Infectious Diseases
Caroline Campbell – Probation and Parole
Betty Anne Thomas – The AIDS Network of Hamilton
Cate Bannan – Halton Health Department (AIDS/STD/Sexual Health Program)
Jean Clipsham – Halton Health Department (AIDS/STD/Sexual Health Program)
Cecil McDougall – Exchange Works; Needle Exchange Program
Angela Popoff– HOPE Place
Domenic Padula – POSSE
Sue Emeny – Community Planner

Agencies Interested in Enhanced Partnership

Dr. Neil Rau – Infectious Diseases
North Hamilton Mental Health Services – Charlene Winger
Sexual and Violence Intervention Services -- Joanne Preston
Maplehurst Correctional Institute – Ian Clarke
Halton Women's Place Shelter – Diane Boileau
Canadian AIDS Society – Lynn Belle-Isle
Halton Recovery House – Rick Moir
The Bridge Prison – Gary Glowacki
Transition for Youth – Karen Howden
Vanier Centre for Women – Debra Eagles
Miriam Child and Family Services – Jean Round
Voices of Positive Women – Claudia Medina
Halton Family Services – Colleen Robbins
Salvation Army Lighttown – Jeff Brown
Halton Multicultural Council – Executive Director
Canadian Hearing Society (Halton, Peel) – Sally Wall
HOPE – Marcus Logan
PFLAG Halton – Joanne and Bob Stacey

Peel Region

Current Working Relationships and Community Services Interested in Enhanced Partnership

Peel HIV/AIDS Network – Janet Mellor
Peel Public Health – Cathy Wilson
Dr. James Moore – Primary Care Physician
Ontario Correctional Institute – Dwight Carroll
Caledon Community Services – Frances Young
William Osler Health – Ruth Beck
Eclipse Youth Resource Centre – Doug Lester
Positive Space Coalition – Pina Grosso
Distress Centre Peel - Counsellor
Youth Substance Abuse Program - Tracy
Interim Place – Intake worker
India Rainbow Community Services - Ashmi
Invictus Youth Centre – Karen Hurd
Children's Aid Society
Hospice of Peel – Program Manager
YMCA – no name given
Peel Community Care Access Centre – Community Relations
Canadian AIDS Society – Lynn Belle-Isle
African Community Services – Zahra Salhan
Rapport Child and Youth Services
Peel Homelessness Initiative – Sue Ritchie, Beth Storti, Andrea Kutney
Canadian Hearing Society (Peel, Halton) – Sally Wall
Food Path Mississauga Distribution Centre – Anne Hunter
Voices of Positive Women – Claudia Medina
Prisoners AIDS Support Network – Mooky Cherian

York Region

Agencies Interested in Advancing Efforts

- Canadian Mental Health York – open to obtaining staff training, and knowledge of the HIV/AIDS illness.
- Hospice Richmond Hill – would consider a respite program for HIV support group – will need HIV issues training and ongoing education support to offer an effective client program.
- Rural Aftercare Program – requires HIV/AIDS related training to provide more effective follow up care.
- PRIDE York and York L.B.G.T. Youth Group – would like alignment with York Region agencies, but are without resources to participate.
- Loft Community Services / Crosslinks Housing – need expansion of Outreach Van Services to more time on the road, insufficient funding to expand.
- Hepatitis C Society of York Region – agree to partner, in what capacity are they needed?

AIDS Committee of York Region – Current Partnerships

- Newmarket Youth Centre
- Pathways Home Base
- Yellowbrick House
- Crosslinks Housing Supports
- Sandgate Women’s Shelter
- York Region Food Banks
- St. Vincent de Paul Society
- Starbucks
- Bristol-Myers Squibb
- Addiction Services of York Region
- The Theresa Group
- Voices of Positive Women
- HIV/AIDS Legal Clinic of Ontario
- Hospice King / Aurora
- Hospice Vaughan
- Transit Georgina
- King Food Bank

- Food Network of York Region
- Hospice Newmarket
- Stouffville Library

Partnerships in Development

- York Regional Police
- Chapters / Indigo
- Georgina Art Gallery
- Georgina Public Library
- Drop Zone
- Sutton Youth Centre
- Learning Centres of York Region

**York Region Stakeholder Packages were sent to the following agencies (general information from AIDS Committee of York Region, information in the Community Planning Program for York Region). Several agencies indicated that forming a group to establish direction for change might work best. The following agencies indicated, that although the stakeholder meeting was cancelled due to low response, they wished to be kept up to date of findings, and perhaps something could develop.

- Public Health of York Region – Catherine White
- AIDS Committee of York Region – Amrita Ahluwalia
- Addiction Services of York Region – John O'Mara
- Centre for Addiction and Mental Health – Toronto – Heather Liszon
- Wrap Around York – Alyson Driedger
- Hospice Vaughan – Lisa Conte
- Doane House Hospice – Kay Linger
- King Township Food Bank – Cheryl Fisher
- Women's Centre of York Region – Karen Setter
- York Region Food Network – Elizabeth Brims
- Trinity United Church – Newmarket – Rev. Robin Wardlaw

Simcoe Muskoka Region

Stakeholder Attendees

Aleta Armstrong – Community Mental Health Association

Cathy Ball – Fernwood Institution

Pat Jones – Beaver Creek Institution

Gerry Croteau – AIDS Committee of Simcoe County

Jennifer Elliot – Simcoe Muskoka District Health Unit

Denise Fraser – Simcoe Muskoka District Health Unit

Tiff Idems – AIDS Committee of Simcoe County

Dave Goodbrand – Barrie Police Services

Loula Kroustallis – County of Simcoe

Betty Mosher – Simcoe Muskoka District Health Unit

Suzanne Witt-Foley – Centre for Addiction and Mental Health-Muskoka

Sue Emeny – Community Planning

Meeting Results

It was agreed as a group – to strategize and network through emails, telephone contact, and when needed a meeting of the group (Simcoe Muskoka Action Group – S.M.A.G.).

Agencies Interested in HIV Enhancements

My Friends House Shelter - Sandy

Green Haven Shelter for Women – Liz Westcott

My Sister's Place Shelter - Carol

Homelessness Alliance – Simcoe – Kimberly Dawson

YMCA Newcomer Service - Administrator

Women's and Children's Shelter - Dorothy

Simcoe PRIDE Committee – Carol Galbraith

Simcoe Outreach Services - Dawn

Biin Baan Native Shelter – Frank Sutherland

Voices of Positive Women – Claudia Medina

Canadian AIDS Society – Lynn Belle-Isle

Primary Care Physician – Dr. Howard Krieger

Prisoners AIDS Support Network – Mooky Cherian

Steering Committee Representatives

Janet Mellor – Co-chair

Executive Director – Peel HIV/AIDS Network

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Catherine White – Co-chair

Manager, Sexual Health Problems

Infectious Diseases Control Division

York Region Health Services Department

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Unionville, On. L3R 9W6

Phone: 905-940-1787 Ext. 4258 Email: cathy.white@york.on.ca

Gerry Croteau – Executive Director

AIDS Committee of Simcoe County

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Cathy Wilson – Supervisor, Healthy Sexuality Program

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Jean Clipsham – Healthy Sexuality Program

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Ian Clarke – Health Care Manager

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Ministry of Health and Long-Term Care
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Community Champion:

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