



FINAL REPORT

Community Needs Assessment for the Committee for Accessible AIDS Treatment (CAAT)

April 15, 2022



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ACKNOWLEDGMENTS

The community needs assessment was only made possible thanks to the generosity and braveness of people who willingly shared their stories, history, opinion, insights, and suggestions with the consulting team. This sort of engagement, to be useful and meaningful, requires a high level of trust and sincerity on the part of participants and a high degree of open-mindedness and receptivity on the part of the client. We can attest that all were present in abundance during this process. We hope that our role as facilitators, interpreters, analysts, and allies has helped make this a productive initiative on all sides.

EXECUTIVE SUMMARY

Founded in 1999, The Committee for Accessible AIDS Treatment (CAAT) is a coalition of affected individuals and organizations from the legal, health, settlement, and HIV/AIDS sectors. CAAT is committed to promoting the health and wellbeing of marginalized people living with HIV/AIDS (PHA) who are facing treatment and service access barriers. It plays an important role in advancing PHA capacity building programs, education, training, research, service coordination, and advocacy on issues of HIV/AIDS, immigration, and access. In 2022, CAAT is in the process of redefining its strategic plan, organizational operational model, and decision-making models.

To support this work, CAAT requested the support of an external consultancy firm to conduct a community needs assessment to inform its strategic planning and organizational and operational structure review processes. Alvenco Consulting was commissioned to gather and synthesize accurate information representative of the current and emerging needs of CAAT's target communities: racialized and newcomer people living with HIV/AIDS.

The objectives of the community needs assessment was to:

1. Identify and prioritize the needs of ethno-racial communities served by CAAT to inform programs, policies, and services aimed at addressing those needs; and
2. Provide options and recommendations that will assist in the decision-making process that will guide the governance and operational structure for CAAT's future.

Community needs assessment: consultations and survey

Alvenco Consulting conducted community consultations and an online survey geared towards key stakeholder groups. Participants were asked to identify current and emergent needs of the communities it serves, and provide suggestions on how CAAT can improve its governance and operational model. This included:

- 8 Virtual Community Consultation Sessions: Eight 90-minute community consultation sessions were held during the months of February and March of 2022. A dedicated effort was made to solicit input from a large number of program participants and community partner agencies.
 - Feedback from 55 individuals: Includes community partner agencies, program participants, program associates and facilitators, ethno-specific AIDS Service Organizations (ASOs), and current and former staff.
- Online Survey: An online survey was made available to stakeholders that were unable or uninterested in participating in community consultation sessions. The online survey was open for a period of 1 month.
 - 27 survey responses: Includes community partner agencies, program participants, program associates and facilitators, ethno-specific AIDS Service Organizations (ASOs), and current and former staff.

Findings

The community consultations and online survey with community partner agencies, program participants, program associates and facilitators, ethno-specific AIDS Service Organizations (ASOs), and current and former staff offered a sense of CAAT's current strengths and challenges, community programming needs, challenges and constraints, and suggestions for governance and operational model improvements.

Some key strengths and community program needs include:

- Strong sense of community and belonging: A strong sense of community was voiced across all stakeholder groups.
- Inclusion and engagement of diverse individuals and communities: There were many who felt a strong sense of appreciation for CAAT's expertise in implementing GIPA/MEPA principles to ensure meaningful engagement, investment, and participation of PHA in all aspects of their work.
- Successful capacity building, advocacy, and empowerment: A majority of program participants indicated that CAAT's capacity building programs and activities had a significant positive impact on their lives.
- Need for programming for linguistically diverse community members: The most frequently identified community need was programming geared towards linguistically diverse community members, with a special focus on Urdu, Swahili, French, Mandarin, Cantonese, and Spanish.
- Need for a safe space for those affected by HIV/AIDS: Some participants indicated a lack of existing safe spaces for individuals impacted by HIV/AIDS. Children of parents living with HIV/AIDS were specifically identified as a community that requires additional support.
- Need for mental health and substance use programming: Mental health and substance use support was identified as an emerging area of need for newcomer and racialized PHA communities among many participants.

Findings also indicated several internal and external challenges and constraints.

Amongst the challenges and constraints were:

- Recruitment practices are not effective: Participants across stakeholder groups identified challenges associated with the recruitment of program participants. One of the most cited issues relates to a lack of communication about upcoming programming with potential participants.
- Program content is out of date: Although CAAT's ability to increase access to knowledge and information emerged as a strength, some participants noted that the content delivered through CAAT programming was out of date and requires updating.
- System fragmentation and inequities: One challenge is the fragmented nature of the HIV/AIDS sector, which poses challenges for CAAT to effectively conduct its work. Similar concerns related to system fragmentation were noted in relation to the healthcare, social service, and immigration systems.
- COVID-19 pandemic: The COVID-19 pandemic has impacted individual's ability to maintain connections to the community that CAAT has built, as well as exacerbated existing challenges for individuals experiencing poverty.

All stakeholder groups noted the need for CAAT to modify and solidify its governance and operational model in order to appropriately support racialized and newcomer PHAs. Governance and operational model improvements suggestions included:

- Become an independent entity
- Clarify and improve governance structures and accountability measures
- Refresh steering committee membership with younger and more diverse individuals
- Seek and secure additional funding
- Improve and expand online presence

Recommendations

The community needs assessment surfaced key recommendations for CAAT's consideration. It is important to note that some of the recommendations may fall outside of CAAT's current mandate and capacity. CAAT will determine which recommendations to implement and how, with the support of the Ontario Organizational Development Program

1. Seek and secure new funding opportunities: Diversifying funding sources will equip CAAT with financial sustainability, as well as improve the organization's adaptability and ability to meet the emerging needs of the people it serves.
2. Become an independent organization: It is strongly recommended that CAAT considers becoming an independent organization to meet the current and emerging needs identified in this report.
3. Clarify and refresh governance structures and accountability measures: Develop clear governance structures and accountability measures, and engage in succession planning and leadership changes at the steering committee level.
4. Clarify and Communicate Organizational Mandate: Develop a clear organizational mandate that is informed by current and emerging community needs, and driven by the greater involvement and meaningful engagement of the community that CAAT is looking to serve.
5. Strengthen and Develop Partnerships: Strengthen current partnerships and develop new collaborations with stakeholders outside of the HIV/AIDS sector.
6. Refine Program Delivery Model: Review and refine all current programming in order to ensure they are meeting the current and emerging needs of the community.
7. Expand Programming Areas: Expand programming to serve systematically oppressed communities with high needs, including but not limited to people affected by HIV/AIDS, newcomers, racialized communities, linguistically diverse communities, people with mental health needs, people who use substances, people living with disabilities, people experiencing homelessness or precarious housing conditions, and youth.

BACKGROUND

Founded in 1999, The Committee for Accessible AIDS Treatment (CAAT) is a coalition of affected individuals and organizations from the legal, health, settlement, and HIV/AIDS sectors. CAAT is committed to promoting the health and wellbeing of marginalized people living with HIV/AIDS (PHA) who are facing treatment and service access barriers. It plays an important role in advancing PHA capacity building programs, education, training, research, service coordination, and advocacy on issues of HIV/AIDS, immigration, and access.

CAAT's vision is of a healthy urban community in which all individuals living with HIV/AIDS have the information and tools they need to access health, social and legal services that are welcoming, inclusive, and respectful regardless of an individuals' immigration status. CAAT aims to alleviate the impacts of systemic discrimination and resulting stigma, culturally incompetent services, and marginalization that negatively impact the physical and mental health of PHAs. To alleviate some of these impacts, CAAT delivers programs across the following key areas:

- Education and outreach
- Community development
- Service and volunteer coordination
- Research and evidence-based advocacy

CAAT highly values the voices and leadership of people living with HIV/AIDS in the work they conduct. They view health and well-being through a holistic and inclusive lens. Through its programming, CAAT aims to build the capacity of all its participants, enhance their social support, promote anti-stigma and anti-discrimination through public education, address service inequities, bridge gaps in healthcare coverage, and improve systemic policies.

At CAAT, community comes first. Driven by the values of GIPA (greater involvement of people living with HIV and/or AIDS) and MEPA (meaningful engagement of people living with HIV and/or AIDS), CAAT emphasizes community ownership, transparency, accountability and meaningful collaboration with its stakeholders.

CAAT is an unincorporated community network governed by a community elected steering committee. CAAT's programs are housed and under administrative trusteeship of Regent Park Community Health Center (RPCHC).

INTRODUCTION

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The objectives of the community needs assessment was to:

1. Identify and prioritize the needs of ethno-racial communities served by CAAT to inform programs, policies, and services aimed at addressing those needs; and
2. Provide options and recommendations that will assist in the decision-making process that will guide the governance and operational structure for CAAT's future.

This report highlights the findings and recommendations that emerged from the community needs assessment. CAAT will leverage these findings to inform their strategic directions and priorities for the next 5 years, ensuring priorities are informed by the voices and experiences of racialized and newcomer people living with HIV/AIDS.

METHODOLOGY

Over a 2-month period, Alvenco Consulting conducted 8 virtual community consultation sessions and an online survey to solicit input from CAAT's core stakeholders. Core stakeholders included current and former staff, program participants, program associates and facilitators, community partner agencies, and ethno-specific AIDS service organizations (ASOs).

Virtual community consultation sessions

Eight 90-minute community consultation sessions were held during the months of February and March of 2022. A dedicated effort was made to solicit input from a large number of program participants and community partner agencies. The following is a breakdown of the consultations sessions held and whom they were geared towards:

- 3 sessions: Program participants (one session consisted of Spanish-speaking participants)
- 2 sessions: Community partner agencies
- 1 session: Current and former staff
- 1 session: Program associates and facilitators
- 1 session: Ethno-specific ASOs

The sessions were designed to encourage broad participation of diverse stakeholders. A total of 68 stakeholders registered to attend, 55 of which attended a session.

Table 1: Breakdown of community consultation session attendees by stakeholder group

Stakeholder group	Number of attendees
Community partner agencies	19
Program participants	18
Program associates and facilitators	7
Ethno-specific ASOs	7
Current and former staff	4
Total number of attendees	55

Community needs assessment consultation session participants were asked to answer a variety of questions.

All participants were asked to identify:

- CAAT's strengths and challenges
- Suggestions for program and service delivery model improvements
- Current and emerging needs of the communities served by CAAT
- CAAT's role in the sector and how it builds on existing services
- Their vision for CAAT in 5 years

Community partner agencies and ethno-specific ASOs were asked to identify:

- The nature of their collaboration with CAAT
- Their experience collaborating with CAAT
- Barriers and facilitators to referring clients to CAAT

Program participants, associates, and facilitators were asked to identify:

- The nature of their engagement with CAAT
- Their experience engaging with CAAT
- Barriers and facilitators to accessing and/or facilitating CAAT service

Current and former staff were asked to identify:

- Why and how they joined CAAT
- The programs most accessed by clients
- Barriers and facilitators to delivering CAAT services

Online survey

An online survey was made available to stakeholders that were unable or uninterested in participating in community consultation sessions. The online survey was open for a period of 1 month and received 27 responses. The survey questions assessed the same topic areas as the community consultation sessions.

Table 2: Breakdown of survey respondents by stakeholder group

Stakeholder group	Number of perspectives
Community partner agencies	8
Program participants	14
Program associates and facilitators	2
Ethno-specific ASOs	1
Current and former staff	6
Total number of perspectives	31*

***Some survey respondents represented more than one perspective, therefore the total number of survey respondents (27) is lower than the total number of perspectives (31).**

Data analysis

A thematic analysis was conducted to analyze qualitative data. Two people independently reviewed each interview transcript and developed a codebook of emerging themes. Emerging themes were reviewed and validated by a third reviewer. The relationship between themes was also compared and contrasted across data sources to develop a fulsome understanding of findings.

FINDINGS

The findings section summarizes results from the community consultations and online survey. Where appropriate, anonymous quotes are included to illustrate emerging themes.

Strengths and areas of expansion

Overall, community needs assessment participants articulated a strong appreciation for CAAT. Participants expressed general satisfaction with the programs CAAT offers, as well as CAAT's commitment and passion for supporting their clients. Program participants, associates, and facilitators commented on the value that CAAT brings to their lives. Community partner agencies and ethno-specific ASOs noted that CAAT brings value to not only their lives but also to the lives of their clients.

In some cases, participants highlighted the need to leverage and expand on some of CAAT's existing strengths in order to make them available to more individuals and communities and meet wide-scale current and emerging needs.

CAAT enables community connection and belonging

'Most of the people that I know in this country are part of CAAT. I am now part of CAAT as a volunteer and facilitator. CAAT is my family and community' (program associate/facilitator).

A strong sense of community was a common theme that emerged across all stakeholder groups. Program participants, current and former staff, and program associates or facilitators were especially enthusiastic in their articulation of this sense of community connection and belonging.

Some participants explained that they first engaged with CAAT out of a desire to be connected and integrated into a community. Through word of mouth among their peers or service providers, they were encouraged to engage with CAAT, as CAAT is well known as a safe space and community hub.

When asked about their clients' experiences with CAAT, one ethno-specific ASO representative explained *'[My] clients mostly already know about CAAT and know the great job that CAAT does. I haven't heard anything negative...CAAT is doing a good job and clients feel safe and they enjoy being part of the groups that CAAT offers.'* Another participant felt strongly that their sense of belonging to CAAT had a positive impact on their life. When sharing their experience engaging with CAAT, they said *'The sense of belonging and knowing that a person is not judging you in any shape or form...it affects everything in your life in a well-rounded manner' (program participant).*

Although community connection and belonging emerged as a strength, it also emerged as an area of need that requires additional attention. Participants most frequently identified the need for a peer network to be developed. One program participant explained, *'If there is a network, that will go a long way in connecting persons.'* Another participant agreed, noting that since CAAT already has many community members engaged, it would be valuable for them to bring these individuals together through a formal network. Many other participants identified the need for a cultural exchange program to facilitate stronger connections and knowledge exchange between individuals with different cultural backgrounds. One program participant said, *'It would be best to have a cultural exchange session since people coming from different communities can learn from each other. A community cultural exchange forum of some sort would be good - facilitated by CAAT.'* In addition to emerging as a community need, this idea was also referenced as a vision for CAAT in 5 years.

CAAT includes and engages diverse individuals and communities

Many participants expressed their appreciation of CAAT's expertise in implementing GIPA/MEPA principles to ensure meaningful engagement, investment, and participation of PHA in all aspects of their work. Some participants felt strongly that one of the characteristics that make CAAT a unique organization is its ability to serve, include, and engage diverse individuals and communities.

One participant with many years of experience working with various community agencies noted that *'All these years when CAAT did anything, it was always underpinned by the principles of GIPA and MEPA. I feel that other organizations are not doing this. It is sad to see other HIV and ethnoracial [organizations] not accountable to that'* (community partner agency representative). The sense of inclusion and the benefits of GIPA and MEPA principles were also highlighted by program participants. One program participant noted that the integration of GIPA and MEPA principles in CAAT's approach empowered them to be comfortable in who they are and to access services from other organizations. They said, *"[For me, I have been empowered. Empowered in myself. I am comfortable in who I am. I have the possibilities and tools to network with people who are similar to me, and I am able to access services from other organizations that provide me with tools]"* (translated from Spanish, program participant).

Although this theme emerged as a strength, many participants noted the need for CAAT to reach even more racialized communities. Asian, Indigenous, and ACB (African, Caribbean and Black) communities were specifically identified. The racialized trans community was also identified as one that could be better engaged and served by CAAT.

CAAT engages in a whole-of-person approach

'From my point of view, I appreciate what CAAT does - taking a social determinants of health approach' (community partner agency representative).

Many participants expressed their appreciation for CAAT's attention to the social determinants of health. Programs address various aspects of individuals' lives. For example, while some programs address access to medication, access to care, and immigration system navigation, others support individuals with financial planning and employment attainment support. This strength is one that many participants indicated a need to further expand on through the implementation of new programs that address additional aspects of individuals' lives.

CAAT effectively addresses newcomer needs

Participants from each stakeholder group identified CAAT as an organization that is effective at meeting newcomer needs. Many participants noted the strength of the HIV/AIDS and Immigration Service Access Training Program - particularly how it makes vital information available to newcomers, as well as the service providers that support newcomers. This program was described as a low-barrier program, with community partner agency representatives referring their clients to it. Current and former staff also identified this program as the most requested program at CAAT.

Although this theme emerged as a strength, many participants identified a need for CAAT to expand existing programming to further address unmet newcomer needs. More specifically, many participants identified the need for CAAT to expand on existing programming that improves the ability of newcomers and their service providers to navigate the refugee and immigration systems. When asked to describe their vision for CAAT in 5 years, many participants described the desire for CAAT to expand its capacity to support immigration system navigation. A few participants indicated the need to support specific newcomer sub-groups, including individuals with precarious immigration status. One participant identified the need to prepare for new waves of refugees, while another highlighted the need to support low- and medium-income newcomer families and migrant workers.

CAAT is aware of the community's emerging needs

Some participants identified CAAT's awareness of current and emerging community needs as a strength. These participants noted that this awareness has enabled CAAT to successfully implement programs that meet community needs - programs that experience large uptake. One participant noted, *'CAAT's programs are successful because of its people. Mostly it is well-structured and well-planned, as they know the urgent needs and unique needs of the population they serve.'*

CAAT increases access to knowledge and information

'What [I] always loved is the exchange of knowledge that they always provide for the community' (program associate/facilitator).

CAAT's role in increasing access to knowledge and information was well noted amongst all stakeholder groups. Some participants mentioned that CAAT's ability to increase access to knowledge and information has empowered program participants to better support themselves as well as other members of their community. A program participant explained that the knowledge and information they received from CAAT allowed them to *'...benefit and enrich my knowledge about HIV, mental health, and how to take care of myself and others. This really helped me when I needed it... [This] has helped my life and helped me to have a stable life.'*

Although CAAT's ability to increase access to knowledge and information emerged as a strength, some participants explained that this expertise could be further leveraged and expanded to address the gap in access to accurate knowledge in the system. One ethno-specific ASO representative explained that given CAAT's expertise with increasing access to knowledge and information, *'CAAT would be great to do outreach to mainstream ASOs since...there is not enough knowledge [on] how HIV stigma impacts community members.'*

Although CAAT was identified as a valuable source of information for racialized and newcomer PHAs, many participants also noted that CAAT has strong potential to become a bigger community knowledge hub. This emerged as a large area of improvement for CAAT, and as an aspect of the vision many participants had for CAAT over the next 5 years. One program participant described their vision by stating, *'I would like to see CAAT much more visible, to be an AIDS service organization that provides health information and engages in knowledge exchange. CAAT has a lot of depth and wealth of information that can be shared.'* Similarly, a current or former staff member described their vision for CAAT by stating, *'An independent, well-established [organization] known for being a knowledge and resource centre or hub for ethnic minority communities.'*

CAAT successfully builds capacity, advocates for, and empowers clients

CAAT's value in advocating for and empowering clients was stated as a strength by numerous participants. Many program participants indicated that CAAT's capacity building programs and activities had a significant impact on their lives. For example, one individual explained how their experience as a peer researcher empowered them, *'The opportunity to collaborate on a research project helped me empower myself as a PHA. I really cherish this. It helped me to become the person I am now. Who I want to be and who I want to become. This opportunity was life changing.'* Another program participant explained how their participation in a CAAT program enabled them to obtain the skills required to achieve their goals and gain employment, stating *'It was good for me to get experience because it helped with my gainful employment at the time.'*

Similarly, when a community partner agency representative was asked to identify what distinguishes CAAT from other organizations, they highlighted the significance of CAAT's capacity building approach, noting *'There are 2 parts to the quality - building people's confidence and capacity.'* Another community partner agency representative also highlighted the significance of capacity building programs, particularly the 'HIV and Immigration Service Access Training Program' by stating, *'CAAT has helped to build the capacity of our clients - on how to navigate settlement services and how to understand ODSP.'* The mentorship and peer-based approach employed by CAAT was also highly valued by participants.

CAAT improves access to medication and care

'One of the most successful programs is the access to medication program' (community partner agency representative).

Participants from every stakeholder group identified CAAT's strength in improving clients' access to medication. Some program participants explained that they have prompted others in their network to connect with CAAT to gain access to medication. One community partner agency representative noted, *'With medication access, there is a history of lack of access and difficulty accessing it. CAAT was instrumental in advocating for our clients.'* When asked about how CAAT supports their clients, another community partner agency representative explained how clients have had positive experiences gaining access to medication through CAAT's support, *'One of the things that we hear is that clients really appreciate how to access medication at low cost.'* In addition to improving access to medication, CAAT is appreciated for its ability to successfully connect clients with the care they require. One participant noted, *'CAAT is referred to for system navigation and support with service access'.*

Although CAAT's ability to improve access to medication and care was noted as a strength, some participants highlighted that there is still a large need for improved access in the community. Participants voiced confidence in CAAT's ability to continue addressing this large need at a larger scale, should they be able to expand and scale this service.

CAAT engages in reciprocal learning and knowledge exchange with partners

Some participants, particularly community partner agency representatives described positive experiences of knowledge exchange between their staff with CAAT staff. This exchange of information and expertise was identified as a strength that supported the successful implementation of programs that meet the needs of clients. In addition to knowledge exchange occurring at the program implementation and delivery level, community partner agency representatives also identified this as a strength at the leadership level.

CAAT employs exceptional staff

'The leadership of the staff at CAAT have this incredible personal approach. The CAAT staff have always historically moved mountains for clients. Whether it's about abuse, medication, or immigration, CAAT staff will get them the services that they need. That feels unique to CAAT - personal touch and personal commitment - and they are an incredible productive team that do a lot with a little funding' (ethno-specific ASO representative).

Participants across stakeholder groups noted that CAAT employs exceptional staff who go above and beyond to support their clients. Staff are able to meaningfully engage community members and address their needs through effective program delivery. Many participants expressed their gratitude for staff's strong connections to other community organizations, as these connections have often resulted in important referrals that address client needs.

Many participants noted the staff's passion and dedication, as well as their specialized knowledge and expertise in supporting newcomers and racialized PHA communities. Participants also noted staff are highly collaborative. More specifically, ethno-specific ASO representatives expressed appreciation for staff's willingness and ability to successfully collaborate with staff from their organizations in the recruitment and delivery of programs.

Community programming needs

Participants were asked to identify current and emerging community needs. This section highlights those needs, and the suggestions proposed by participants that CAAT could implement in order to meet these needs.

Programming for linguistically diverse community members

The most frequently identified community need was programming geared towards linguistically diverse community members. Participants from every stakeholder group noted that various newcomers and racialized community members are not able to access CAAT programs because they are often only delivered in English. One program associate/facilitator explained, *'For folks who are learning English, to be more proficient, they might be intermediate or at a beginner level, but they want to do the trainings and programs offered by CAAT.'* Another program associate/facilitator described how many community members *'wait years until they feel comfortable in English'* before accessing CAAT programs, while another explained *'Many people who can benefit can't participate because of a language barrier.'*

Participants identified the need for CAAT programs to be available in the following priority languages: Urdu, Swahili, French, Mandarin, Cantonese, and Spanish. In addition to being identified as a community need, this topic also emerged as an area of improvement for CAAT. When asked to describe their vision for CAAT in 5 years,

a large number of participants also identified a desire for CAAT programming to be available in multiple languages as a means of increasing reach to linguistically diverse communities. One participant also suggested, *'CAAT could offer some kind of language transition class - that would be helpful.'*

Programming for youth

Numerous participants identified the need for programming geared towards youth - both those who are living with HIV/AIDS and those who are impacted by HIV/AIDS. Participants explained that youth need to be better reached and engaged. One participant identified the need for a safe space for youth to build connections and relationships with one another, stating *'Space needs to be created for youth to feel connected to other young people who would understand their own struggles - to share and [a] build network that you can call your friends. Someone to understand what you are dealing with and the emotional distress you are feeling.'*

Another participant identified the need to consider the ways in which HIV/AIDS may be impacting youth today, and use that information to guide youth programming, *'There is a need to focus on youth and how HIV is affecting youth. There is a generational gap. Decision makers are coming in with ideas from the 80s that are not relevant anymore. We need to look at evolving needs and respond to the younger generation and how they are addressing this.'* Some participants also suggested engaging in advocacy and sex education campaigns targeting youth. In addition to being raised as a need, youth programming also emerged as an area of improvement for CAAT and a desired area of growth as part of participants' vision for the next 5 years.

Programs accessible to people living with disabilities

Another sub-population that requires additional support are individuals living with disabilities. When asked about CAAT's potential areas for improvement, some participants noted the need to effectively engage individuals living with disabilities, and make programs more accessible to them and relevant to their needs. For example, one program associate/facilitator said, *'I would like to see CAAT in 5 years really improve involvement and participation from all communities, including communities with people living with diverse or different disabilities.'* Another individual suggested, *'CAAT could look at its past principles and align them with the disabilities act in Ontario - AODA.'*

Programming for newly diagnosed individuals

The need to reach and engage newly diagnosed individuals emerged across stakeholder groups. One participant suggested a mitigation strategy that involves recruitment through diagnosis clinics by stating, *'CAAT needs to engage with units where people are diagnosed.'* Another participant highlighted this theme when speaking to CAAT's need to expand its reach, stating *'CAAT is not well known outside of one-to-one connections. Someone who is new to the community or is newly diagnosed - how do they find out?'*

A safe space for those affected by HIV/AIDS

Some participants indicated a lack of existing safe spaces for individuals impacted by HIV/AIDS. Children of parents living with HIV/AIDS were specifically identified as a community that requires additional support. One program associate/facilitator suggested, *'Maybe CAAT can do a training on that, or create space for that.'* This topic was also identified as an area of improvement for CAAT, as well as part of some participants' visions for CAAT in 5 years.

Mental health and substance use programming

Mental health and substance use support was identified as an emerging area of need for newcomer and racialized PHA communities among many participants. In relation to mental health, some participants identified the need to support communities in identifying their exposure to, and/or experience of, trauma. It was also noted that the community could use support in understanding the impacts of trauma, particularly the impacts of trauma on the holistic lives of individuals. One current or former staff member said, *'We need to look at stress and trauma and how that shows up in our lives. Finances, for example. How do generational issues get in the way of financial literacy and thriving?'* Another participant explained *'There are mental health and substance use needs, such as feelings of loneliness, trauma, and stigma.'*

When it comes to substance use, harm reduction emerged as a priority program need. Many participants also identified the delivery of mental health and substance use programming as an area of improvement for CAAT, and as part of the vision they had for CAAT in 5 years. When articulating their vision for CAAT, one ethno-specific ASO representative suggested *'There needs to be more inclusion of substance use and mental health, particularly in peer-to-peer training.'*

Improved system-level capacity for service navigation support

Although CAAT's capacity building efforts emerged as a strength, participants identified a specific type of capacity building need that requires further attention - the need to build system-level capacity for service navigation support. Many participants noted that organizations within and outside of the HIV/AIDS sector need to have their staff trained on how to best support racialized PHAs access systems and services. The following training opportunities were identified: 1) supporting newcomer PHAs with navigating the immigration and refugee systems, 2) supporting uninsured PHAs navigate and access care, 3) raising awareness of, and capacity for supporting, the mental health and substance use needs of racialized PHAs, 4) stigma reduction. One ethno-specific ASO representative explained, *'There needs to be more providers that can support practical pieces, such as filling immigration forms. Increasing capacity among service providers would be great.'* Another ethno-specific ASO representative added, *'Thinking about staff turnover within the sector, some organizations offer skills training for volunteers working at ASOs. Maybe that can be something that is strengthened by CAAT.'* Many participants also spoke to this theme when articulating their vision for CAAT in 5 years.

Housing supports

An emerging need that was identified in multiple sessions was the need to support PHAs experiencing homelessness and/or precarious housing. Some participants identified a need to support these individuals in accessing and securing safe and affordable housing options. Others identified the need to better engage and cater to the holistic needs of individuals experiencing homelessness and/or precarious housing.

Policy advocacy

Participants identified an increased need for organizations to advocate for policy changes that positively impact racialized and newcomer PHAs. Some of these participants highlighted that since CAAT is well aware of the needs of the community, they are naturally well-positioned to be a leader in advocating for appropriate policy changes. For example, one participant noted, *'CAAT should be advocating at policy tables.'* When articulating their vision for CAAT in 5 years, a community partner agency representative stated, *'There are legal advocacy strategies that CAAT is well-positioned to take on.'* Some individuals identified an increased need for advocacy specific to challenges faced by women, trans individuals, uninsured individuals, and ACB communities.

Employment and financial literacy programming

Community needs related to employment attainment and financial literacy were often simultaneously identified. One program participant indicated that although many organizations offer employment attainment support, the needs of PHAs who are seeking employment are unique. They said, *'CAAT has a niche they need to focus on. If everyone is doing employment, then how is it to be an employee seeking employment as a PHA? What do you need to know? How do you navigate yourself? How do you get a job without disclosing? Where do [you] disclose? How do [you] not disclose? When is it beneficial for [you]? When the hiring criteria is lived experience, this is your disclosing time, and giving them the tools they require to do it well.'* Another participant suggested training facilitators in supporting individuals with their applications for work permits.

An ethno-specific ASO representative indicated the need for CAAT to expand upon existing employment programming by saying, *'We can add a little bit more and take it even further to help clients. A lot of them just finished looking at upgrading their skills and moving forward, and as newcomers, they would need that knowledge... [Newcomers] need to know they have opportunities and room for growth - it's a matter of building them and supporting them. I want to build on that with CAAT.'* In relation to financial literacy, one current or former staff member indicated *'I can share that financial planning sessions always result in a rich discussion - financial literacy for a racialized community is a huge thing.'*

Challenges and constraints

Participants were asked to identify challenges and constraints as they relate to CAAT's philosophy of care and collaboration. This section highlights and divides those challenges and constraints into three categories: those that are internal to CAAT, those that are external to CAAT (system-level challenges), and those that are related to CAAT's collaborations and partnerships. Where available, participants' suggestions for mitigating these challenges were included.

Internal challenges and constraints

Lack of meaningful engagement and inclusion

Although CAAT's focus on GIPA and MIPA emerged as a strength, it also emerged as an internal challenge. Some participants indicated a lack of satisfaction with the degree of engagement and inclusion they experienced in their interactions with CAAT. For example, participants noted that CAAT staffing in particular was not diverse or inclusive. One individual mentioned issues in hiring, noting, *'The face of CAAT has changed in the sense that there was inclusiveness, but over the past few years, when it comes to who gets employed at CAAT, it's a different kind of people that CAAT is looking for. There is no inclusiveness or diversity. If you don't know someone or you are not very close, then you don't get a position you are looking for.'*

Another participant commented on the change in the level of community connectedness, attention to community needs, and functional operation that exists within CAAT, and how this change is resulting in individuals disengaging with CAAT. They said, *'CAAT is not CAAT anymore.... It's a family, but a dysfunctional family. When your family is neglecting you, there is only one thing you can do, you would have to walk away.'*

A few other participants noted that some community members have been dismissed by CAAT's leadership for providing constructive feedback, and how this culture needs to be improved. One program associate/facilitator said, *'They need to cultivate a better culture. Sometimes people feel dismissed and unheard. Reflecting now, you get the sense that the culture of dismissiveness is there.'* Another individual also identified this concern at the program level, noting, *'There are dismissive behaviours from trainers and program supervisors. They need to be mindful in the language being used when answering concerns from program participants.'*

Participants across stakeholder groups identified a lack of meaningful engagement of graduated mentors. One program associate/facilitator said, *'There are generations of individuals being mentored, but what are we doing with them?'* One program participant said, *'Bring the legacy program back. There is a decade of people who can turn into mentors since being mentees.'*

Other participants noted a cultural barrier that gets in the way of the meaningful engagement of individuals from diverse communities. One participant said, *'There is a need to mitigate cultural and language barriers. Sure CAAT has done it before, but there is a need to incorporate people from those communities in the design and delivery of programs. Ensure you have a member of the community doing the engagement, development, delivery, and evaluation. Identify key leaders from those communities not being reached and work with them to deliver those programs.'*

Recruitment practices are not effective

Participants across stakeholder groups identified challenges associated with the recruitment of program participants. One of the most cited issues related to recruitment is the lack of communication about upcoming programming with potential participants. Some individuals noted this issue is due to CAAT's high degree of dependency on partner agencies for recruitment. One participant noted, *'There are challenges as to how recruitment happens - it's mainly through partner agencies at this point. There are a lot of complexities with that, ones that are out of CAAT's control... and that is a barrier.'* Some participants suggested mitigating this barrier by improving communication between CAAT and its partner agencies about upcoming programming and how to recruit for these programs. One participant suggested, *'There needs to be an MOU in terms of how CAAT connects with other agencies and recruits people through them.'* Another individual stated, *'If CAAT wants to position itself as a community development and capacity building agency for PHA, then they've got to be more clear with the communication piece. I got notice of a training 3 weeks in advance. Some places have [information about] a whole year of training and events in advance and they have descriptions of trainings on their websites, so there needs to be better preparation and communication so people have a bigger heads up'* (ethno-specific ASO representative).

Additional mitigation strategies were offered by other participants. Some individuals suggested CAAT develop a direct communication model with their potential participants, through emails, social media, and the CAAT website. These individuals also noted the importance of communicating upcoming programs well in advance of their delivery date.

In addition to issues in recruiting program participants, some individuals raised concerns related to the recruitment of program facilitators. Some participants suggested mitigating this challenge by maintaining consistent communication with potential facilitators and keeping them up to date about upcoming programs well in advance of their planned delivery dates.

Programming formats and scheduling is not accessible

Program format and scheduling concerns were raised across stakeholder groups. Some participants identified an appreciation for the delivery of programming online throughout the COVID-19 pandemic, but indicated a need for the return of in-person programs. Some suggested the use of a hybrid online/in-person model. Another

common concern was the large size of some program groups. Many program participants and associates/facilitators indicated a preference for smaller groups, as they are more conducive to building strong connections between participants. To accommodate smaller groups, some participants suggested running multiple cohorts.

Many participants noted that some programs are too time-consuming. One program participant elaborated by stating, *'I was speaking to a few people who I encouraged to sign up for the program, and one of the comments I received was that they didn't know this was a college course. They elaborated and said the material was good, the structure was good, but it presumes that people have a lot of time on their hands.'* Participants also noted that the timing of programs was also not suitable for individuals working regular full-time hours. Others noted that some programs are not offered as frequently enough as required by the community.

Program content is out of date

Although CAAT's ability to increase access to knowledge and information emerged as a strength, some participants noted that the content delivered through CAAT programming was out of date and requires updating. One program associate/facilitator noted, *'Programs are not updated. The content of the program is the old content from previous years. That's a hindrance if you are running a new cohort. Program coordinators should have updated all the content before giving it to facilitators.'*

Facilitation training is lacking

Some participants, especially program participants and program associates/facilitators noted concerns related to CAAT's facilitation training. Some participants noted a lack of consistency in facilitation styles employed, which makes it difficult for program participants to adapt from one style to another. One suggested mitigation strategy was to improve facilitation training and to make it more accessible and frequent for individuals to take advantage of. Others noted that individuals who engage in facilitation training are not being met where they are at. Others noted the need to train facilitators on how to support the mental health and wellbeing of others, as part of the facilitation training program.

Evaluation efforts require improvement

Some participants indicated issues related to CAAT's evaluation efforts. For example, one program participant noted that the questionnaire used as part of the program they attended was too extensive, noting *'The questionnaire was too extensive. I had to answer the same questions in the course and in the online portal. I suggest making the sign up questionnaire very simple.'* Another participant highlighted the need for CAAT to utilize learnings from program evaluations to improve programming.

External challenges and constraints

System fragmentation and inequities

Participants highlighted many systems-level challenges. One challenge is the fragmented nature of the HIV/AIDS sector, which poses challenges for CAAT to effectively conduct its work. Similar concerns related to system fragmentation were noted in relation to the healthcare, social service, and immigration systems. More specifically, some community partner agency representatives noted a need for improved referral, follow-up, and coordination processes across organizations that serve the same clients and communities. Poor physician referral pathways also emerged as a key challenge. Key systemic inequities such as racism and homophobia were also identified, with many participants noting the negative impacts they have on racialized and LGBTQ2SI+ PHA's access and quality of care.

Internalized stigma and competing life priorities

Although recruitment emerged as a challenge due to internal factors, it was also noted as an externally-driven challenge. Some individuals noted that due to internalized stigma and concerns related to disclosure and confidentiality, some individuals choose not to engage in CAAT programming. Other challenges getting in the way of recruitment and participation include competing life priorities, including the need to dedicate time to go to work, take care of family members, and address day-to-day life challenges.

COVID-19 pandemic

Many participants noted the COVID-19 pandemic as a key external challenge. It has impacted individuals' ability to maintain connections to the community that CAAT has built, as well as exacerbated existing challenges for individuals experiencing poverty. Some participants noted the digital inequities that prevented some individuals from benefiting from CAAT's online programming. Meanwhile, others noted an emerging challenge related to the uptake of accurate COVID-19 vaccine information. Many community partner agency representatives warned of the 'after-effects' of COVID-19, particularly impacts on the mental health and substance use needs of communities that may have been triggered or exacerbated during the pandemic.

Collaboration challenges and constraints

Expand and improve collaboration and partnership efforts

As it pertains to collaboration and partnerships, participants across stakeholder groups identified a number of barriers. First, participants indicated a need for CAAT to strengthen existing relationships with ASOs in order to increase its reach to the communities that can benefit from its work. One participant states, *'CAAT can also do a little bit more work with engaging ASOs. I'm saying this because I never heard about CAAT until they are recruiting participants. So, it would be nice to keep ASOs or previous participants in the loop about what is happening.'*

One ethno-specific ASO representative added, *'CAAT would be great to do outreach to mainstream ASOs,'* while another noted, *'There should be a greater focus on building stronger partnerships with other ASOs and mainstream organizations that work with newcomers in Canada.'*

Many participants also highlighted the need for CAAT to engage and collaborate with organizations outside the HIV/AIDS sector. An ethno-specific ASO representative noted the importance of these diverse collaborations as a way to support the holistic needs of community members by stating, *'Reach outside of the ASO sector. There are other psychosocial needs that are experienced by folks with HIV that don't have to do with HIV.'* Participants suggested a number of types of non-ASO organizations that CAAT should explore engaging and partnering with, including faith-based organizations and institutions, youth organizations, settlement organizations, legal aid, community health centers within and outside of the Toronto downtown core, and diagnostic clinics.

As participants spoke to the collaboration challenges, many of them noted a lack of clarity about the parameters of CAAT's collaboration and partnership with other organizations. A current or former staff member suggested CAAT be more intentional in how it engages with other organizations, noting, *'Go to the other agencies and say, 'how can we work better together and collaborate to better deliver these programs?''*

Governance and operational model improvements

As indicated in the introduction section of this report, one of the main objectives of this community needs assessment was to solicit community input to inform the governance and operational structure of CAAT. All stakeholder groups noted the need for CAAT to modify and solidify its governance and operational model in order to appropriately support racialized and newcomer PHAs.

Become an independent entity

A large subset of participants expressed their awareness of CAAT's current relationship with its trustee. While these individuals highlighted a strong need for CAAT to grow and expand its services, they also vocalized the limitations imposed by the current trustee. For example, one ethno-specific ASO representative said *'CAAT doesn't have the full autonomy to be able to expand and do the work. The trusteeship is not working for CAAT...'* Others mentioned that for many years, CAAT has been able to achieve large success with a small number of resources and limited independence. When asked about their vision for CAAT in 5 years, many participants across stakeholder groups suggested that CAAT becomes an independent organization. A community partner agency representative highlighted this suggestion by stating, *'To stand for itself as an independent organization representing racialized communities in Canada impacted by HIV/AIDS.'* This idea was echoed by a program associate/facilitator who said, *'CAAT to have its own building and be independent and community-based.'*

Clarify and improve governance structures and accountability measures

Participants' vision for CAAT to be an independent entity was often simultaneously raised with suggestions for CAAT to develop a strong governance structure that keeps CAAT and its partners accountable for the work that best serves racialized communities. A community partner agency representative raised this point by noting, *'CAAT has struggled with governance effectiveness, especially with the ethno-racial organizations. There is room to implement effective governance.'*

Some participants discussed CAAT's steering committee and reflected on the internal conflicts that the group had been facing. Participants also recognized the toll these conflicts and struggles at the steering committee level have on CAAT staff and their ability to effectively conduct their work. One participant noted, *'I was asked to support the steering committee, I learned about the internal struggles, and witnessed some of them.'* Some participants articulated concerns around the lack of clarity of leadership roles and accountability. One participant stated, *'What is the role of the trustee? Or the executive director? Who is in the leadership role at CAAT?'*

Participants also expressed the need for clear processes that will support the effective resolution of conflict and appropriate triaging of constructive feedback. Individuals suggested that if these concerns were appropriately mitigated, then CAAT will have a better chance of making community members feel more valued and involved again.

Refresh steering committee membership with younger and more diverse individuals

Participants across numerous stakeholder groups discussed a need for succession planning and leadership changes at the steering committee level, as representation on this committee has been stagnant. Participants noted a need to make opportunities for more diverse and younger individuals who represent the populations CAAT serves to take leadership positions on the steering committee. One program participant said, *'Leadership needs to be representative of the times, and to the changing ideas that we have in society. For example, when an organization doesn't change its leadership, the ideologies of that organization also don't change. You see that come out in the type of work that the agency does in the community. Change people up.'* Similarly, another participant stated, *'When people do relay, they pass the baton. The baton needs to be passed to the next generation. Get the younger generation to take it on, and the old school people can watch and provide support as it's needed. The face of CAAT has to change.'*

Seek and secure additional funding

Participants across all stakeholder groups suggested CAAT seek and secure additional sources of funding in order to support an increase in its capacity to address the recommendations proposed by the community to expand and grow programming, widen reach, and become an independent entity. A number of participants recognized the large amount of work CAAT conducts to support the communities it serves, with limited amounts of funding and staff capacity. A community partner agency

representative illustrated this point by saying, *'CAAT has helped identify some of the needs of the most vulnerable, and CAAT needs to be ready to support them, [but] I understand the shortage of staff and funding.'* One ethno-specific ASO representative stated, *'More funds are needed. People's lives remain at stake. The needs - all listed in the previous answer - of these stigmatized and underfunded communities are critical.'*

Expand CAAT's reach

Many participants identified that CAAT's work is centralized in Toronto's downtown core, with limited visibility and reach beyond the HIV/AIDS sector. A program participant spoke to this by stating, *'Unless you know about CAAT or are linked to the HIV community, you probably don't know about CAAT. So, perhaps my suggestion is to think beyond the ASO, think beyond the HIV sector, think about organizations supporting migrant folks across the province.'* Others also suggested CAAT increase its geographic reach beyond the downtown core, and reiterated the vision of engagement beyond the health sector. A community partner agency representative stated, *'We all know that resources are limited and CAAT has done well in the HIV and ASO sector. CAAT can work better with the settlement sector across Ontario and even get some support to have a larger reach to connect with newcomers that just land.'*

Participants recognized that with current funding and staffing constraints, these suggestions may not be feasible. However, they urged CAAT to be forward-thinking and focus their efforts on seeking independence and diversifying their funding resources to be able to expand and better meet current and emergent community needs at a larger scale.

Diversify staff representation

Some participants highlighted a need for CAAT to diversify its staff representation to match the demographics of the communities it aims to serve. It was suggested that by doing so, this would not only allow CAAT to reach and engage more diverse clients, but it would also have a positive impact on governance and accountability mechanisms. A community partner agency representative clarified this point by stating, *'To see a good governance system and accountability system and be able to offer services that people can identify with, have a diverse team.'*

Clarify and communicate the mandate

Community partner agency representatives and ethno-specific ASO representatives both indicated the need for CAAT to clarify its mandate and improve its ability to communicate that mandate. One participant said, *'Is CAAT going to provide or support the development of capacity of individuals or organizations? That's a big question that has to be answered. Is it a provincial mandate? I'm confused about the jurisdiction.'*

Another participant stated, *'If CAAT is positioned as capacity building, then you need to improve communication as to what it is you do'* (ethno-specific ASO representative). A community agency partner representative added by stating, *'I went to the CAAT website and there is no catchment [information]. Is it all of Ontario? Canada? GTA? Do they have capacity to take placement students?'*

Improve and expand online presence

Across all stakeholder groups, the need for CAAT to improve and expand its online presence was clear. Participants indicated CAAT needs to update its website, clarify CAAT's mandate, and make programming information and scheduling available for potential program participants to explore. One participant addressed the lack of information about upcoming programming on the CAAT website by stating, *'The CAAT website - the calendar is there, but there is nothing on it' (ethno-specific ASO representative)*. A program participant highlighted the website's limitation in communicating who CAAT is and what they do by noting, *'When I was introduced to CAAT, I didn't know what it was, and even after reading the website, I still didn't understand what they do.'*

Others suggested CAAT become more active on social media platforms. One program participant suggested, *'Find a way to be more present - on Instagram or other social media platforms. I'm always looking out for these things. Get the word out through social media. Get awareness out there... Make CAAT visible and let it be known what is happening.'*

RECOMMENDATIONS

This section amalgamates and synthesizes findings from the community needs assessment into recommendations. These recommendations address the intended objectives of this project, as stated in the background section of the report:

1. Identify and prioritize the needs of ethno-racial communities served by CAAT to inform programs, policies, and services aimed at addressing those needs; and
2. Provide options and recommendations that will assist in the decision-making process that will guide the governance and operational structure of CAAT's future.

It is important to note that some of the recommendations may fall outside of CAAT's current mandate and capacity. Nevertheless, they have been included to inform CAAT's strategic direction and priorities over the next 5 years. CAAT will determine which recommendations to implement, and how, in the next phase of this project, which will be supported by the Ontario Organizational Development Program.

1. Seek and secure new funding opportunities

The growth of the organization is necessary in order to meet the myriad of community needs. Diversifying funding sources will equip CAAT with financial sustainability, as well as improve the organization's adaptability and ability to meet the emerging needs of the people it serves.

2. Become an independent organization

It is strongly recommended that CAAT considers becoming an independent organization in order to meet the current and emerging needs identified in this report.

3. Clarify and refresh governance structures and accountability measures

It is strongly recommended that CAAT develop clear governance structures and accountability measures. This recommendation will provide CAAT with the tools needed to foster an environment of trust, inclusivity, transparency, and accountability necessary to cultivate long-term resilience, stability, and integrity. It is also recommended that CAAT engage in succession planning to refresh steering committee membership with younger and more diverse individuals who represent the populations CAAT serves.

4. Clarify and communicate organizational mandate

Develop a clear organizational mandate that is informed by current and emerging community needs, and driven by the greater involvement and meaningful engagement of the community that CAAT is looking to serve. It is recommended that CAAT re-evaluate its mandate to:

- Expand reach to new communities: Expand the organization's reach and engagement of systematically oppressed communities with high needs, including but not limited to, people affected by HIV/AIDS, newcomers, racialized communities, linguistically diverse communities, people with mental health needs, people who use substances, people living with disabilities, people experiencing homelessness or precarious housing conditions, and youth;
- Expand services beyond the Toronto downtown core and the Greater Toronto Area (GTA);
- Become a knowledge exchange hub: Further support the informational needs of community members, as well as inform and build the capacity of other organizations that interact and serve racialized and newcomer communities;
- Become a cultural exchange hub: Further support program participants in forging strong connections with other diverse community members, as well as inform and build the capacity of other organizations to deliver culturally safe services;
- Engage in evidence-based policy advocacy: Continue to play a key role in advocating for the rights of systematically oppressed communities.

The new organizational mandate should be communicated effectively to community members and other organizations. It is recommended that CAAT use the following strategies to achieve this goal:

- Update the CAAT website;
- Engage in recurring check-ins with partner organizations ;
- Develop and disseminate a quarterly newsletter;
- Engage in activities and events that promote the community's awareness of CAAT;
- Engage the community with CAAT's work through social media and a robust marketing strategy.

5. Strengthen and develop partnerships

Strengthen current partnerships and develop new collaborations with stakeholders outside of the HIV/AIDS sector. Develop clear parameters and documentation to establish buy-in, trust, and accountability. Successful partnerships with other stakeholders must be mutually beneficial, ultimately addressing the needs of systematically oppressed communities.

6. Refine program delivery model

Review and refine all current programming in order to ensure they are meeting the current and emerging needs of the community. It is recommended that CAAT:

- Update program content: Review content and materials of current programs to ensure it is reflective of the current needs of the community. The content and materials should also be engaging and culturally sensitive;
- Engage in a hybrid program delivery model: Continue to offer virtual programming for people who may not be able to attend in-person service, while also making in-person programming more readily available;
- Improve recruitment strategies: Implement new recruitment strategies that allow CAAT to take lead in reaching out to potential participants;
- Expand hours of operation: Offer flexible programming dates and times to accommodate different schedules;
- Improve facilitator training: Provide more training to program associates and facilitators to support them with effective program implementation and delivery;
- Improve communication strategies: Improve current communication strategies to ensure former and potential participants are aware of upcoming programming in a timely and engaging manner;
- Expand program availability in other languages: Make programming content accessible in other languages, with a special focus on Urdu, Swahili, French, Mandarin, Cantonese, and Spanish;
- Engage new mentors: Continue engaging and creating opportunities for new mentors to be involved in the development, implementation, and/or delivery of programming.

7. Expand programming areas

Expand programming to serve other communities in addition to immigrants, refugees, and non-status people living with HIV/AIDS (IRN-PHAs). It is recommended that CAAT expand its programming to serve systematically oppressed communities with high needs, including but not limited to:

- People affected by HIV/AIDS;
- Newcomers;
- Racialized communities;
- Linguistically diverse communities;
- People with mental health needs;
- People who use substances;
- People living with disabilities;
- People experiencing homelessness or precarious housing conditions;
- Youth.

Given CAAT's wealth of knowledge, as well as its expertise in capacity building and engagement, another area of programming that CAAT is well-positioned to expand on is building the capacity of service providers within, and outside of, the HIV/AIDS sector.



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