

# **STRIVING FOR EXCELLENCE ACHIEVING IMPACT**

STRATEGIC PLAN TO 2015



THE ONTARIO HIV TREATMENT NETWORK

# TOGETHER

**THROUGH A NETWORK** THAT PROMOTES RESEARCH AND EVIDENCE  
TO DRIVE CHANGE, WE WILL IMPROVE THE HEALTH AND WELL-BEING OF  
PEOPLE LIVING WITH AND AT RISK OF HIV IN ONTARIO.

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# THE CHALLENGE

**EACH YEAR, OVER 1,000 ONTARIANS ARE DIAGNOSED WITH HIV – AND MORE ARE INFECTED BUT NOT YET DIAGNOSED. THE ESTIMATED 27,000 ONTARIANS WITH HIV ARE NOW LIVING LONGER, BUT THEIR LIVES ARE NOT ALWAYS EASY.**

HIV itself and the side effects of HIV treatments make some vulnerable to other serious, life-threatening illnesses, such as cancer, kidney disease and heart disease. Some struggle with low incomes, unemployment, depression, substance use, cognitive impairments, and stigma. Unlike other Ontarians, many people with HIV are not thriving into their 60s and 70s. They are dying in their 40s and 50s.



### **Why?**

Why - when we know how to prevent the spread of HIV - are people still becoming infected?  
Why - when we have effective treatments for HIV - are we seeing more deaths?  
Why - when we know the needs of people with HIV - do many have such poor quality of life?  
Why are treatments and services available for some people but not others?  
Why do people with HIV still experience stigma and discrimination?

### **What If?**

What if we did things differently? What if we dig deeper? Are there other ways to look at, understand and solve the problems? What if we continue to look beyond behaviour to the social and structural factors that put people at risk? What if we create a network of partners and services that can meet the complex health and social needs of people with HIV? What if evidence-based research was used to inform prevention programs and models of care?

### **What Will Make a Difference?**

What are the most effective ways to prevent the spread of HIV? Are there better treatments with fewer side effects? Are there better ways to treat or manage HIV and the other diseases associated with HIV so people can live longer and age well? What are the best ways to deliver services? Can structural interventions make a difference? Do some solutions work better for some people than others?

# OUR ROLE

## AT THE ONTARIO HIV TREATMENT NETWORK (OHTN), OUR ROLE IS TO HELP ANSWER THESE KEY QUESTIONS: WHY, WHAT IF, AND WHAT WILL MAKE A DIFFERENCE?

### **Who We Are and What We Do**

The OHTN is a collaborative network of people with HIV, community-based agencies, health care providers, government policy makers, educators and researchers in Ontario. Our network supports and conducts high quality research to help end the HIV epidemic, and shares the best available evidence with all those who can put that knowledge into action. We are an active, committed partner in Ontario's HIV/AIDS strategy.

### **Our Mission**

Through a network that promotes research and evidence to drive change, we will improve the health and well-being of people living with and at risk of HIV in Ontario.

### **Our Goals**

To achieve our mission and fulfill our role in the provincial strategy, we will pursue four key goals:

1. Strengthen Our Network
2. Promote Rigorous, Relevant Research
3. Move Research Evidence into Action to Influence Policy, Practice and Programs
4. Ensure Organizational Integrity and Accountability within the OHTN

## **OUR PRINCIPLES:** OUR WORK IS GUIDED BY THE FOLLOWING PRINCIPLES

### **Partnerships, Collaboration, Respect**

To fulfill our mission and goals, we must develop and maintain strong, respectful partnerships among all our stakeholders/communities.

### **Greater Involvement of People with HIV**

People with HIV must be engaged in a meaningful way in our work.

### **Social Justice/Equity**

We strive to ensure social justice and equity in health and care for all people with or at risk of HIV in Ontario. Our focus is to strengthen research in Ontario and to play a part, when appropriate, in national and international activities that can improve health for people with or at risk of HIV in Ontario and in other jurisdictions.

### **Excellence and Innovation**

We must attract highly skilled researchers, health care providers, community-based workers, policy makers and educators for all our initiatives, and encourage innovative, multidisciplinary solutions.

### **Relevance and Timeliness**

We must understand the problems and priorities in all parts of Ontario so we can invest in research that is timely and relevant.

### **Diversity**

We value the diversity of people affected by HIV, and recognize the diverse needs in different parts of the province. We must reach out to all communities affected by HIV and ensure their diversity is reflected in our structures, programs and services, and in the people who work and volunteer with the OHTN.

### **Integrity and Accountability**

We hold ourselves to the highest possible standards in the way we conduct our work, relate to our partners and manage our resources.

### **Impact**

To fulfill our mission, we must have an impact on the health and well-being of people living with and at risk of HIV. We must develop effective ways to share knowledge and information, and to use research evidence to influence policies, programs and services.

# THE LAST FIVE YEARS



OVER THE PAST FIVE YEARS, THE OHTN HAS WORKED HARD TO PUT INTO PLACE MANY OF THE SKILLS AND CAPACITIES WE NEED TO HAVE A REAL, MEASURABLE IMPACT ON HIV IN ONTARIO. WE HAVE MOVED FROM TALKING ABOUT A NETWORK TO BEING A NETWORK. PEOPLE WITH HIV, COMMUNITY-BASED AGENCIES, HEALTH CARE PROVIDERS, POLICY MAKERS AND RESEARCHERS NO LONGER WORK IN ISOLATION. THEY ARE EQUAL PARTNERS IN OHTN RESEARCH PROJECTS.



## **Investing in Research**

Through the Investigator Driven Research Program, the OHTN has invested over \$37 million in salary awards and operating grants over the past 10 years, involving over 100 investigators. We have supported innovative research exploring key questions that range from understanding how the virus interacts with the immune system to developing harm reduction programs in front-line agencies.

Researchers supported by OHTN salary awards have been successful in peer-reviewed competition for funding from other organizations, such as the Canadian Institutes of Health Research (CIHR). For every public \$1 we invest in our career scientists, they bring another \$6 in research funding into this province. In some cases, the return on the OHTN's investment in career scientists is as high as \$10 to \$1.

Over the past five years, we have invested – for the first time – in prevention research. We have also attracted scientists to work for the OHTN and built in-house programs of research in HIV prevention, population health and health services funded by CIHR. Our in-house work focuses on identifying ways to influence the broader social determinants of health.

We are a national leader in community-based research. We have championed an approach that researchers in other fields now use to ensure their research is relevant: involving people with lived experience (in our case, HIV) and community-based organizations in all aspects of research: developing research questions, recruiting participants, administering questionnaires, using the experience and perspective of the community to help interpret findings, and including community members

in presentations and knowledge exchange. We have learned that there are benefits to having the community involved even in basic science and pharmacological research, although the learning curve can be a challenge. We have helped build bridges between academic partners and the community. As a result of our efforts, trainees, post-doctoral students and new investigators now see collaboration and building meaningful partnerships with the community as the way to do effective research. We have also encouraged the community to identify and pursue research questions, and helped ensure their work has rigor. With the University of Toronto, we have established an ethics review board so that community-based AIDS organizations from across Ontario have access to ethics review for community-based research.

## **Enhancing the Cohort Study**

We have significantly enhanced the OHTN Cohort Study (OCS). The data are now more accurate, more useful and more available to researchers. In addition to maintaining clinical information on over 5,000 people with HIV in Ontario, we now have extensive information on the social determinants of health – such as income, employment, housing, mental health, substance use and access to services – for over 2,500 participants. The OCS has helped us understand HIV better. For example, we now know more about the factors that contribute to cardiovascular health in HIV, the potential interactions between HIV, hepatitis C and antiretroviral levels, the factors that affect adherence to medications, and the gender differences in lipodystrophy. However, there is much more to do to realize Ontario's investment in the OCS. We must make more effective use of the data to develop interventions that will improve the health and well-being of people living with HIV.

### **Developing Partnerships**

We have developed national and international partnerships to strengthen our research. Our OHTN Cohort Study is now part of CANOC – a Canadian collaboration of cohorts funded by Canadian Institutes for Health Research – and part of the NA-ACCORD – a North American collaboration funded by the National Institutes of Health. Collaborating with these larger groups allows us to explore larger questions and have more impact. These partnerships have already led to key findings published in high impact journals and significant changes in clinical practice.

We are taking the lead in developing a larger Canada-wide network of researchers, community champions and policy makers through the CIHR Centre for REACH (Research Evidence into Action for Community Health) in HIV/AIDS and the Universities Without Walls CIHR Strategic Training Grant in HIV/AIDS Health Research, a national training program for HIV researchers. These initiatives will lead to highly innovative interdisciplinary research and help develop the next generation of HIV researchers in Ontario and Canada.

### **Investing in Care**

We have funded eight family physicians to complete residencies in HIV care. All are now practising in Ontario, helping to fill gaps in care. We have also supported more than 40 physicians in the community caring for over 5,000 people with HIV to use electronic medical records and clinical management systems to improve treatment and care. However, we have not been as effective as we can be in supporting the health professionals who care for people with HIV.

### **Providing Information and Technical Support**

We are a highly credible source of information. People with HIV, community-based agencies, service providers, policy makers and researchers now look to the OHTN for information and to help solve problems. They see us as a skilled, responsive organization. One of our more popular programs is our rapid review service, which is designed to promote evidence-based practice. Community-based HIV/AIDS organizations can request a rapid review of the literature on any topic related to their work.

We have provided innovative and practical information technology and expertise to government, community-based agencies, and academics to support learning and networking opportunities, conferences, and access to health services. The OHTN also worked with the Canadian AIDS Treatment Information Exchange and the AIDS Committee of Toronto to develop ASO 411 – an on-line directory of all HIV-related services in Ontario that is now going national.

We work closely with the AIDS Bureau of the Ministry of Health and Long-Term Care and community-based AIDS organizations to develop data systems and tools such as the Ontario Community-based HIV/AIDS Reporting Tool (OCHART) and the Ontario Community-based AIDS Services and Evaluation (OCASE) project. These initiatives are helping community-based organizations monitor their own activities, clients' needs, the services that clients use and their impact on clients' quality of life.

# THE NEXT FIVE YEARS



WE NOW HAVE MOST OF THE CRITICAL PIECES IN PLACE: EXCELLENT PEOPLE, A STRONG NETWORK, BETTER WORKING RELATIONSHIPS, STRONG PROGRAMS, BETTER PROCESSES, AND MORE AND BETTER DATA AND INFORMATION. NOW WE MUST BUILD ON OUR SUCCESSES WHILE, AT THE SAME TIME, ADDRESSING OUR WEAKNESSES - SUCH AS ENHANCING THE RESPONSIVENESS AND PRODUCTIVITY OF THE OHTN COHORT STUDY AND STRENGTHENING PROGRAMS FOR HEALTH CARE PROVIDERS.

## **WE MUST ACHIEVE THE DESIRED IMPACT FROM ONTARIO'S INVESTMENT IN THE OHTN, OUR INFRASTRUCTURE, AND THE HIV RESEARCH WE SUPPORT AND CONDUCT. DOES OUR WORK ADD VALUE? IS IT HELPING ONTARIO DEVELOP MORE EFFECTIVE POLICIES, PROGRAMS AND SERVICES? IS IT MAKING A DIFFERENCE FOR PEOPLE WITH AND AT RISK OF HIV?**

Over the next five years, we will continue to invest in activities that will strengthen our network, built partnerships and encourage excellent, innovative research. We will engage the community more in helping us to interpret and use research findings. We will identify effective ways to influence the social determinants of health. We will ensure the OHTN Cohort Study is more productive and that study results are published in influential journals to help improve care, treatment and support. We will work with health care providers to identify better ways to support them in their work. We will also put more emphasis on putting evidence from research into action to improve health and well-being. It is not enough to create knowledge; we have a responsibility to help knowledge reach the right people, to support learning, and to put evidence into a form that is easy to use on the front lines.

### **OVER THE NEXT FIVE YEARS, WE WILL ACTIVELY PURSUE OUR FOUR GOALS:**

- 1.** Strengthen Our Network
- 2.** Support Rigorous, Relevant Research
- 3.** Move Research Evidence into Action to Drive Change
- 4.** Ensure Organizational Integrity and Accountability

# 1

## **STRENGTHEN OUR NETWORK**

THE OHTN IS A VIBRANT NETWORK OF PEOPLE LIVING WITH AND AT RISK OF HIV, COMMUNITY-BASED AIDS ORGANIZATIONS, HEALTH CARE PROVIDERS, EDUCATORS, RESEARCHERS AND POLICY MAKERS. OUR ROLE IS TO SUPPORT ALL THESE “COMMUNITIES” IN ALL REGIONS OF THE PROVINCE, ENHANCING THEIR CAPACITY TO DEVELOP KNOWLEDGE AND USE EVIDENCE TO DRIVE HIV PREVENTION, SUPPORT SERVICES, CARE, POLICIES AND PROGRAMS OF RESEARCH.

Each of the communities in our network share a common commitment to stop the spread of the virus, to reduce new infections, to provide the best possible programs and services, and to ensure the greater involvement of people with HIV/AIDS (GIPA) in all our work. Each has different strengths and skills, and each has different and changing needs. We will use a variety of initiatives to strengthen our network, including research grants and other funding, education, information, research expertise and infrastructure, access to data and data systems, and help accessing, adapting and applying evidence. To ensure our programs, services and supports stay relevant and effective, we will consult with our communities about their knowledge and capacity needs.

**Over the next five years, we will:**

**1.1 Build Capacity of People and Organizations**

- Collaborate with community-based HIV/AIDS organizations and researchers to inform and educate people living with and at risk of HIV about research and its potential impact on their health and well-being. We have already developed strong relationships with many populations affected by HIV and we will maintain and strengthen those partnerships. We will also make particular efforts to reach populations that have not been fully represented in our research to date. We will enhance the capacity of people living with or at risk of HIV to be involved in research and put research into action.
- Work with community-based agencies to enhance their capacity to identify research questions, develop community-academic partnerships, develop research projects, apply for funding, access research ethics boards, and conduct rigorous, relevant research. We will develop innovative, effective mechanisms to help organizations overcome barriers to accessing research expertise/supports or to apply evidence (e.g., in rural and remote settings).
- Create consistent opportunities for health professionals who provide care for people with HIV to interact and meet their educational needs. We will ask physicians, nurses, social workers, pharmacists, therapists and all other HIV providers about their knowledge and support needs, and how the OHTN can help. We will create opportunities for front-line workers and health care providers to share knowledge, build skills and mentor one another, and promote integrated, inter-professional education and care. We will learn from models of care being developed for other chronic diseases such as diabetes, and provide health professionals with information on best practices and new treatments.
- Provide infrastructure support and training for researchers directly through the OHTN and through our leadership in the new national CIHR Centre for REACH in HIV/AIDS and Universities Without Walls CIHR Strategic Training Grant in HIV/AIDS Health Research. We will continue to provide opportunities for new researchers to train with and be mentored by experienced researchers, to work across disciplines and to develop expertise in all aspects of HIV research. We will also support more experienced researchers in their efforts to build their careers and enhance their skills.
- Enhance the capacity of decision makers, policy makers and program planners to acquire, assess, adapt and apply research evidence in their work. We will continue to engage decision makers in our research projects, and provide guidance on how to interpret and use research evidence to inform their policies and programs.
- Collaborate with other organizations that provide training and capacity, such as the Ontario AIDS Network, the Canadian AIDS Treatment Information Exchange, the Canadian Treatment Action Council, health professional organizations and research organizations – national and international – to avoid duplication and help all our communities build capacity.

## 1.2 Support Evidence-Based Practice

- Develop an evidence-based practice unit that will enhance the capacity of community-based HIV/AIDS service organizations to monitor and evaluate their programs, and implement evidence-based interventions and practices. The unit will provide support for agencies to: understand and use OCHART and OCASE data and systems to improve programs and services, identify best practices, and monitor the impact of their services on the health and well-being of people with and at risk of HIV/AIDS. The unit will collaborate with other organizations that promote evidence-based practice, such as the Canadian AIDS Treatment Information Exchange, to enhance impact and avoid duplication. It will also support an evaluation working group that will engage researchers, policy makers and funders as well as community-based organizations, in timely and relevant evaluation research.
- Develop evidence-based tools and information for people living with and at risk of HIV to help them manage their health and enhance self-care. The OHTN, in collaboration with Canadian AIDS Treatment Information Exchange, will develop IT-related tools that will make treatment information more accessible to people with HIV.
- Provide expertise and support to help community organizations and clinicians develop proposals and apply for funding from CIHR to implement and evaluate their programs, services, and practices, including innovative, integrated models of HIV care.
- Continue to provide IT infrastructure and technical solutions through initiatives such as OCHART and OCASE to support front-line agencies and care providers in their efforts to gather information, improve services for clients, and understand and implement evidence-based practice.

## 1.3 Support the Next Generation of Leaders

- Provide meaningful opportunities for people with HIV to be involved in research and moving research into action. We will create a Peer Research Training Institute that will train people with HIV to be research assistants, conduct interviews, coordinate research projects and take on other research roles. The Institute will support the greater involvement of people with HIV (GIPA) in all aspects of research. It will also address the issue of ongoing opportunities for peers trained through the institute to find employment and use their skills.
- Invest in the next generation of HIV researchers, community leaders, decision-makers and care providers in the province. We will continue to mentor trainees, post-doctoral fellows and new investigators, and provide salary and other supports for researchers at key stages in their careers. We will provide training opportunities and other supports for champions in all our communities so they will have the knowledge and skills to address emerging issues in the field.
- Work with universities and hospital research centres to overcome the barriers HIV researchers and clinicians experience building careers in Ontario, such as obtaining appointments and salary support. We will work with researchers to create more effective, sustainable research teams and infrastructure that will enhance research capacity, attract competitive research funding from CIHR, National Institutes of Health and other premier sources of funding, and keep new researchers and clinicians in the province.

# 2

## **PROMOTE RIGOROUS, RELEVANT RESEARCH**

THE OHTN IS STRONGLY COMMITTED TO PROMOTING RIGOROUS, RELEVANT RESEARCH THAT WILL IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE WITH AND AT RISK OF HIV. WE PLAY A CRITICAL ROLE IN FUNDING BASIC, CLINICAL, EPIDEMIOLOGICAL AND SOCIAL HIV RESEARCH IN ONTARIO, AND OUR RESEARCH MAKE A SIGNIFICANT CONTRIBUTION TO NEW KNOWLEDGE IN THE FIELD. OUR INVESTMENTS ARE VITAL TO BUILD CAPACITY, ENCOURAGE INNOVATION, AND HELP RESEARCHERS BE COMPETITIVE FOR OTHER FUNDING.



In the past, the majority of our funding has gone to support basic and clinical research; in the future we will endeavour to achieve more of a balance of funding across the four streams – while still ensuring that all projects we fund meet our peer-review standards for excellence.

With the support of the OHTN’s Investigator Driven Research Program and community-based research programs, most basic scientists, many clinical scientists, some social scientists and some community-based researchers in Ontario have secured funding from other sources, such as the Canadian Institute of Health Research, the National Institutes of Health, the Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The OHTN plays a key role in conducting research. We are a national leader in community-based research. We have assembled strong teams that have attracted external funding and are breaking new ground in social determinants of health, population health, health services and prevention research. Because of our close links with people living with and at risk of HIV, community-based organizations, care providers and policy-makers, the OHTN is ideally positioned to conduct research that has the potential to improve quality of life for people with HIV.

The OHTN Cohort Study (OCS) provides critical research infrastructure, particularly for clinical researchers and – more recently – for social scientists. The study provides access to clinical and social data on over 5,000 participants

with HIV, which can be used to help answer a range of questions including but not limited to: the impact of aging and co-morbidities, the impact of and treatment for HIV and hepatitis C co-infection, and the effectiveness of treatments and different types of services and social supports. OCS data can be a valuable resource in understanding the nuances of HIV in Ontario, and in helping to answer national and international research questions. Research conducted using OCS data – by scientists both within and outside the OHTN – has the potential to significantly improve care and support for people with HIV. Over the next five years, we must realize that potential.

The OHTN will work with people with HIV, researchers, community-based organizations and policy makers to develop a strategic HIV research agenda for Ontario.

### **Over the next five years, we will:**

#### **2.1 Support Research**

- Consult with our network to identify research priorities. We will provide leadership, bringing our communities together to participate in a formal process to identify research priorities for the next year, two years and five years. Our version of “Listening for Directions” will help to identify emerging needs and rethink ways to close critical gaps in research evidence.
- Invest in investigator driven and community-based research that has the potential to have tangible impacts for people with and at risk of HIV and their communities. As part

**“THE OHTN PLAYS A KEY ROLE IN CONDUCTING RESEARCH. WE ARE A NATIONAL LEADER IN COMMUNITY-BASED RESEARCH. WE HAVE ASSEMBLED STRONG TEAMS THAT HAVE ATTRACTED EXTERNAL FUNDING AND ARE BREAKING NEW GROUND IN SOCIAL DETERMINANTS OF HEALTH, POPULATION HEALTH, HEALTH SERVICES AND PREVENTION RESEARCH.”**

of the application process, researchers will be required to describe the potential impact of their proposed project and how their work will help realize the OHTN's mission and goals.

- Use the Investigator Driven Research Program more strategically to develop funding partnerships and coordinate research investments with CIHR, Canadian Foundation for AIDS Research, Canadian HIV Trials Network and other provincial and national programs. The OHTN is only one part of a large research funding network. We will continue to work with other research funders to determine the best ways to support all streams of HIV research, and to define and refine our role in that network. We must identify consistent, effective ways to extend the reach and impact of our research investments in people and programs.
- Develop more targeted research calls. With more than 1,500 new infections (1,000 diagnoses) each year, Ontario needs prevention intervention research that will lead to new programs and strategies. With the growing number of people with HIV over age 40, Ontario needs research that will help deal with co-morbidities and aging with HIV. We will work collaboratively with CIHR-Institute of Infection and Immunity and other CIHR Institutes (e.g., Population and Public Health) to develop targeted research calls to meet these needs.
- Maintain a rigorous, independent peer review process for our research program. We are committed to supporting only high quality, competitive research both by recruiting excellent peer reviewers and training members of our communities in the peer review process, and to ensuring our scientific reviews are rated as equivalent to those done at CIHR.

## **2.2 Conduct Research**

- Ensure our research agenda is focused, innovative and reflects the priorities of people with HIV, people at risk, and the people and organizations that serve them. We will be responsive to prevention, care, treatment and support service needs. Our community-based research will focus on structural interventions to address the social determinants of health. To ensure our programs of research represent the full spectrum of people and populations with and at risk of HIV and address their needs, we will continue to consult regularly with our communities and actively engage them in our research.
- Develop mechanisms to integrate/link data and findings from both in-house and external research initiatives, including the OHTN Cohort Study, Positive Spaces Healthy Places, Food Security and Health Outcomes, Employment Change and Health Outcomes, OCHART, OCASE, Institute for Clinical Evaluative Sciences and other studies to provide a more complete picture of the HIV epidemic in Ontario.

**“RESEARCH CONDUCTED USING OCS DATA – BY SCIENTISTS BOTH WITHIN AND OUTSIDE THE OHTN – HAS THE POTENTIAL TO SIGNIFICANTLY IMPROVE CARE AND SUPPORT FOR PEOPLE WITH HIV. OVER THE NEXT FIVE YEARS, WE MUST REALIZE THAT POTENTIAL.”**

- Develop the capacity to conduct and support more intervention and evaluation research as well as assess the effectiveness and cost-effectiveness of HIV interventions and services.

**2.3 Enhance the OHTN Cohort Study**

- Ensure the OHTN Cohort Study (OCS) has a relevant and internationally competitive research agenda that meets the needs of all populations affected by HIV and is consistent with the OHTN’s research priorities.
- Strengthen our community-driven model by engaging community partners – especially community-based HIV/AIDS organizations – in the OCS, encouraging them to ask questions that can be answered using Ontario data. We will also explore ways to involve people with HIV more directly in the OCS research program.
- Continue to improve the efficiency of OCS data collection, processing and analysis, and the quality of OCS data. We will strengthen the OCS methodological and biostatistical core group. We will also engage other scientists – particularly social scientists and those with expertise in population health, health services and health economics – to allow OCS data to be used to help us understand the cost and effectiveness of different services and treatments, adherence to treatment, the factors that contribute to effective prevention initiatives with people living with HIV – among many other questions. We will make OCS data available to a larger group of researchers.
- Nurture national and international collaborative partnerships with researchers and communities in other jurisdictions, including the CIHR Emerging Team – CANOC and the North American AIDS Cohort Collaboration on Research and Design – NA-ACCORD. Through these partnerships, we learn how to strengthen our cohort and studies, and we are also able to contribute to larger studies that have a worldwide impact on HIV care.
- Increase significantly the productivity of the OCS. Over the next five years, we will focus on preparing manuscripts for submission to high impact, peer-reviewed journals. We will also ensure our work is published in open source journals that are accessible to the community.

# 3

## **MOVE RESEARCH EVIDENCE INTO ACTION TO INFLUENCE POLICY, PRACTICE AND PROGRAMS**

**OUR INVESTMENTS IN RESEARCH ARE THE MEANS TO A MORE IMPORTANT END: IMPROVING THE LIVES OF PEOPLE WITH HIV AND AT RISK. TO ENSURE RESEARCH FINDINGS ARE USED TO DRIVE POLICIES AND PROGRAMS, WE TAKE AN INTEGRATED APPROACH TO KNOWLEDGE EXCHANGE: ENGAGING THE PEOPLE WHO WILL USE THE KNOWLEDGE FROM RESEARCH AND SHARING FINDINGS THROUGHOUT THE COURSE OF A PROJECT OR INITIATIVE.**

Our annual research conference has become a highly effective way to showcase the research we fund and conduct, and to engage our communities in talking about ways to use research to drive change. We have been successful in sharing information among our stakeholders but – to reach other policy makers and service providers whose decisions have an impact on people with HIV – we must be more innovative. Over the next five years, we will do more to “close the circle of research” – that is, ensuring that what we learn from research reaches people who can use that information to make a difference. We will actively engage a broader range of policy makers and service providers, disseminating and exchanging research findings and promoting evidence-based practice and policy.

It is our responsibility to help promote the work of the researchers we fund as well as the impact of their work. However, we recognize that policy and practice decisions are rarely based on the findings of a single study and are best informed by a compelling body of research. We will support decision makers by putting OHTN-funded research into the context of research being done in other jurisdictions, and helping to build the evidence-based case for change.

**Over the next five years, we will:**

### **3.1 Communicate Research Evidence in Formats that Meet Users' Needs:**

\* Promote key research findings and raise the profile of OHTN-funded researchers and their work to encourage more diffusion of evidence and more impact. We will continue to support

and expand education efforts such as our Experts in HIV series (video presentations from St. Michael's Hospital HIV Rounds and Casey House education events) and basic science workshops organized with the Canadian Treatment Action Council. We will make more effective use of our web site and media to promote the research we fund and share key findings from OCS studies. We will also work with our researchers to help them package their findings for different audiences, and to present at key events, including the Canadian Association of HIV Research conference and international conferences.

- Develop, publish and disseminate summaries, rapid responses, systematic reviews of research, meta-analyses and other syntheses that will make research and knowledge findings more useful and accessible to our communities (e.g., people with or at risk of HIV, front-line service providers, clinicians, health planners, decision-makers and government policy makers).
- Continue to provide expert advice and information to support the AIDS Bureau in health planning and decision-making. We will respond to requests from the AIDS Bureau for research information and highlight research findings that can inform their policies and programs. We will bring to their attention any gaps in care and service revealed by research, as well as evidence to build the case to close those gaps.
- Identify and engage decision-makers in other sectors (e.g., health planners, managers and directors of Local Health Integration Networks,

municipal governments, other provincial ministries, other health and social service providers) that could benefit from our research. To build relationships with policy makers locally, provincially and federally, we will work with our communities to create strategic opportunities for knowledge exchange, such as evidence briefs, policy papers, closed door meetings between policy makers and high profile researchers and members of the community, deliberative dialogues and interactive briefings.

### **3.2 Build, Support and Enhance Community-Academic-Policy Partnerships:**

- Create opportunities – in addition to the annual research conference (e.g., think tanks, health policy forums, research summits) – for researchers, service providers and policy makers to come together to discuss evidence, its implications, and effective ways to apply it in policy and practice. We will collaborate with other organizations to support research summits on key issues. We will encourage open debate on key issues to challenge our thinking. We will make use of other proven techniques to link researchers, community-members and policy makers such as policy roundtables and communities of practice.
- Continue to refine our annual research conference as a strategic tool to inform Ontario's HIV response. We will use the conference as the basis to build relationships among researchers, community and policy makers that drive change. We have taken the first step by establishing a three-year theme that we will build on between conferences so the conference is not an isolated event. We will continue to seek out international, national and local speakers, creating opportunities to challenge our thinking, exchange ideas and learn from one another.

### **3.3 Create Effective KTE Strategies and Processes to Move Evidence into Action:**

- Provide training and mentorship in integrated knowledge translation and exchange (KTE). We will help members of our network gain KTE skills, which will help develop a new generation of leaders and change agents who will help move evidence into action in their communities.
- Identify the research needs of policy makers and create opportunities for them to engage with the right researchers. We will continue to build community-academic-policy partnerships. We will also encourage all research teams and projects to involve policy makers as well as community practitioners and other experts early in the process of creating questions and developing research projects.
- Continue to conduct investigations and reviews on drug utilization, providing evidence to make the case for access to new tests and drug treatments. Clinicians and people with HIV need access to viral resistance and other testing to determine the most effective treatments. Since its inception, the OHTN has worked closely with clinicians, the AIDS Bureau and with Drug Programs Branch to ensure Ontarians have timely access to the best possible treatments.
- Make more effective use of innovative interactive technologies to share research findings and encourage practice and policy discussions. We are already using web conferencing to engage people from across Ontario and across the country in research planning and training. We will continue to explore the world of on-line interventions for knowledge exchange, mentoring and training. We will also continue to help our partners make effective use of technology.

# 4

## **ENSURE ORGANIZATIONAL INTEGRITY AND ACCOUNTABILITY WITHIN THE OHTN**

THE OHTN ATTRACTS COMMITTED PEOPLE – STAFF AND VOLUNTEERS – WITH VALUABLE KNOWLEDGE, SKILLS AND TALENTS. TO ENSURE THE INTEGRITY AND RESILIENCE OF OUR ORGANIZATION, WE MUST CONTINUE TO ATTRACT AND RETAIN LEADING THINKERS, INVEST IN OUR PEOPLE AND MAKE EFFECTIVE USE OF THEIR STRENGTHS. WE MUST PROVIDE A HEALTHY WORKING ENVIRONMENT FOR STAFF AND VOLUNTEERS, AND OFFER THE RIGHT SUPPORTS AND OPPORTUNITIES FOR GROWTH AND PROFESSIONAL DEVELOPMENT.

As a publicly funded organization, we are stewards of valuable public resources, and accountable for using them wisely to contribute to the HIV response and to share our learning. We are committed to providing value, and ensuring our initiatives are well managed. We have a responsibility to identify the most cost effective ways to achieve our mission and goals.

**Over the next five years, we will:**

**4.1 Support Staff and Volunteers:**

- Continue to actively attract talented people to our staff, Board and committees who represent the diversity of the province and the populations most affected by HIV.
- Set clear expectations for staff and provide the resources to help them do their jobs well. We know that people perform best and are most satisfied when they know what is expected of them and have the support of the organization. We will create a more supportive work environment that encourages and rewards excellence, innovation, collaboration and communication.
- Provide opportunities for staff and volunteers to excel in their work, and to develop personally and professionally. We will manage their performance and provide feedback on their work. We will develop learning plans to help our people develop and achieve their goals.
- Survey employees and volunteers at least once a year, and use their feedback to improve organizational resilience and responsiveness.

**4.2 Enhance Accountability:**

- Review the composition of our board and all committees to ensure they reflect the diversity and issues of all communities affected by HIV.
- Continue to provide opportunities for people living with HIV to work and volunteer with the OHTN.
- Develop clear, transparent mechanisms to evaluate the impact of our external, in-house and OHTN Cohort Study research investments. In the past, we have relied on traditional measures of research productivity, such as number of publications and citations and ability to attract other funding. We will continue to use these measures and, over the next five years, work to develop other ways to assess the impact of our research on policy, practice, and the health and well-being of people with or at risk of HIV, such as community forums and articles in the grey literature. In this way, we hope to provide a more complete picture of the return on investment of Ontario's investment in HIV research.
- Develop transparent mechanisms to account internally and externally for our networking and KTE activities, our progress in implementing our strategic plan, our use of resources, and the results of our activities. We plan to demonstrate and communicate the impact, relevance and effectiveness of our work.



# MEASURING SUCCESS

**IF WE ARE SUCCESSFUL IN IMPLEMENTING OUR STRATEGIC PLAN, WHAT WILL CHANGE? WILL HIV PREVENTION, CARE, TREATMENT, SUPPORT AND POLICY BE DIFFERENT? WILL THE EXPERIENCE OF PEOPLE WITH OR AT RISK OF HIV BE BETTER?**

- Our community-academic-policy research teams will be involved in innovative, interdisciplinary projects that will contribute to new knowledge in the field.
- Prevention and support programs will be evidence-based, and community-based HIV/AIDS organizations will have the capacity to adapt and apply research finding and to evaluate their programs and services.
- There will be an increase in the number of publications, articles and activities from OHTN-funded research.
- Ontario will have a better understanding of the link between HIV and other diseases.
- There will be more effective treatments for people with HIV who are dealing with co-morbidities and complications related to HIV or HIV treatments.
- There will be more skilled HIV care providers, working together to provide integrated, evidence-based care for people with HIV.
- Changes in health and social policies will lead to better quality of life for people with or at risk of HIV.
- We will have contributed in a measurable way to provincial efforts to reduce new infections, and help people with HIV live longer in good health.

# MONITORING PROGRESS AND IMPACT

To confirm that this strategic plan achieves the desired impact, we must set measurable targets – for each year and for the life of the plan – that will tell us whether Ontario’s investment in HIV research actually leads to changes in policy and practice, and improvements in health and well-being for people with and at risk of HIV.

We must take concrete steps to put our plan into action, and to monitor its impact. To help the OHTN do that, we plan to hold a series of four consultations across the province and seek the advice of all communities in our network. We will also develop Board committees, made up of Board members, staff and other members of our network – including people living with HIV – to support the implementation of our plan, help set targets and identify indicators, and monitor and evaluate our progress.

# REMAINING RESPONSIVE

The OHTN is a unique organization. There is nothing similar in any other province. Much of our success is because we are responsive to our network and communities. Our strategic plan sets a direction for the next five years. We are committed to the directions set out in our new strategic plan, and we are also committed to remaining responsive. Our plan is a living document. We will continually consult with our network and our communities to ensure our services reflect their priorities. Our strategy will change and adjust to meet emerging needs.

We will also keep sight of our responsibility as a publicly funded agency to use resources wisely. We will strive for excellence and rigour in all our work, and we will focus on having a strong, measurable impact on the HIV epidemic. At the end of five years, we will be able to demonstrate how Ontario’s investment in the OHTN has strengthened the communities in our network, and improved the health and well-being of people with and at risk of HIV across the province.

# ONTARIO HIV TREATMENT NETWORK BOARD OF DIRECTORS

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The Board of Directors of the OHTN gratefully acknowledges the many people who contributed to the strategic plan, including members of board committees, OHTN staff and stakeholders. Special thanks to Jean Bacon, Director Health Policy and KTE, who assisted in preparing the plan.

## The OHTN Logo

OHTN's four interconnected red ribbons symbolize our four key stakeholders – consumers, providers, researchers and government policy makers – working collaboratively to improve life for people with HIV. The way the ribbons intertwine symbolizes our effort to bring together different people, different perspectives, and different skills to achieve common goals. Together we are stronger, and we can make a difference.

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**THE ONTARIO HIV TREATMENT NETWORK**

1300 YONGE STREET, SUITE 600, TORONTO, ONTARIO M4T 1X3

**T** 416 642 6486 **TOLL FREE** 1 877 743 6486 **F** 416 640 4245

**E** [info@ohtn.on.ca](mailto:info@ohtn.on.ca) [www.ohtn.on.ca](http://www.ohtn.on.ca)