

# Contributors and Collaborators

## 2013-2014 Program Funders:



**"We gratefully acknowledge  
the support from all our  
contributors!"**  
  
Bobbi Turner,  
*Executive Director*

## Our Pharmaceutical & Clinical Suppliers:

Amerisource Bergin (Pfizer & Wyeth products) • Ansell (lifestyles Condoms) • BC Stevens • Bayer • BTNX • Interior Business Forms • Janssen • McKesson • Maple Pharmacy • Merck • Pacific Health Care • Paladin • PCS Natural Foods • Rolex Plastics • Victoria Compounding Pharmacy

## Collaborative Community Partners:

Boys and Girls Club • Pathways • Springboard to Success • Spectrum youth employment program • SD #61 • SD #62 • SD #63 • St. Michael's University School • Glenlyon Norfolk School • Christ Church Cathedral School • Maria Montessori Academy • Ecole Victor Brodeur • VIHA Public Health Nurses • BC Stevens • VIHA Best Babies, Best Families, and Baby Talk programs • Esquimalt Neighbourhood House • Saanich Neighbourhood House • Pinksheep Media • CDI College • Camosun College • UVIC Health Services • UVic School of Social Work • UVic School of Child and Youth Care • UVic School of Nursing • Burnside Gorge Community Centre • Margaret Laurence House • Victoria Women's Transition House Society • Victoria Women's Sexual Assault Centre • Young Parent's Support Network • Single Family Resource Centre • Tsawout First Nation • Tsartlip First Nation • Esquimalt First Nation • Songhees First Nation • NILE/TU,O Child and Family Services • Jawl Properties • AMG Consulting Group • UBC School of Medicine • CRNBC • OPT BC • Choices Adoption • Camosun College Students' Society • Island Parent Group • Camosun College Community, Family, and Child Studies • Vancouver Island Women's Clinic • The Times Colonist • The Saanich News • The Goldstream Gazette • BC Cancer Agency • Lifelabs • BC Centre for Disease Control • Victoria Gynecologists & Urologists • The Many Midwives of Victoria • Cool Aid • Youth Service Providers Network • Victoria Youth Clinic • Westshore Youth Collective • Belmont High School • Sooke Parent Education Advisory Committee • Men's Trauma Centre • Canadian Federation for Sexual Health • Society of Obstetricians & Gynecologists of Canada • AIDS Vancouver Island • Cridge Centre • VIHA STD Clinic • CML Medical Imaging • RJH Colposcopy • VIHA medical imaging • Walk-in & Treatment Centres of Victoria

ISHS recognizes the value of collaboration and feels so privileged to work with so many amazing organizations in Victoria and elsewhere. You all inspire and support us to do great work every day!

If by any chance, we have missed anyone, please accept our apologies.

# island sexual health Annual Report 2013/14

## Vision Statement

Island Sexual Health Society envisions a diverse community that celebrates healthy sexuality throughout life.

## Mission Statement

Island Sexual Health leads in delivering exemplary sexual health services to South Vancouver Island. Through the provision of clinical care and education we:

- \* empower individuals to make choices that enhance their sexual well-being
- \* provide all-inclusive services and resources that support sexual health
- \* Celebrate diversity of sexual expression

Island Sexual Health Society defines sexual health as a state of physical, emotional, mental and societal well-being related to sexuality.



## Our Locations:

Main Clinic	Camosun Clinic	Belmont Clinic	Tsawout Clinic
#101 3960 Quadra St. Victoria BC. V8X 4A3 250-592-3479	Richmond House, (Lansdowne Campus) Sept-April Only 250-592-3449	Belmont Senior Secondary 3067 Jacklin Rd. Sept-June Only 250-592-3479	Tsawout Health Department 7728 Tetayut Rd. Sept-June Only 250-592-3479

Contents:	
President's Report	2
Executive Director's Report	3
Medical Director's Report	4
Financial Breakdown	5
What we do	6
Product Sales	9
Volunteer Program	10
Current Volunteers	11
Community Education	12
Outreach Clinical Services	14
Event Program	15
Contributors & Suppliers	16

## A message from the President, Art Celuszak



Dear ISHS members:

The 2013-2014 fiscal year left us with a financial challenge that we are still overcoming.

The combination of ballooning staffing costs and the loss of a funding opportunity required drastic action including staff lay-offs. We had to reduce our expenses and increase our revenues. Simultaneously we launched a media campaign to make the public aware of our plight, which we followed up with meetings with local MLA's and government officials to make our case for increased health funding.

The BC Gaming Branch immediately stepped up and advanced funds early rather than at our annual January request. Island Health undertook a financial review of our operations and then advanced us the balance of our annual contract with them. Their review has been very helpful.

This summer we saw an increased demand for our clinical services which not only confirmed our justification to move to our new premises but also increased our revenue at a historically slow period. We believe that this will become the norm.

We have staunched the bleeding and we are continuing with initiatives to reduce costs and increase operational revenues. But we are not out of the woods yet. We continue to work with Island Health to ensure that we are not only sustainable but will flourish. Fundraising remains an important goal. We are excited to announce that Island Sexual Health's largest fundraiser to date will be on February 12, 2015 at the Atrium. We are aiming for Expressions: An Avant-Garde Fashion Soiree to become our annual signature event. Many thanks to Barbara Armstrong for taking the lead on this exciting venture.

ISH is undergoing a transformation. The move to our new premises has been part of it. Electronic medical records and more streamlined financial reporting are being implemented. Raising our profile and securing more stable funding is next.

I believe that we are on the road to a more exciting and brighter future and the Board and I thank you for your continued support as we go down this road.

Yours truly,  
Art Celuszak, President

*"ISH is undergoing a transformation. The move to our new premises has been part of it. Electronic medical records and more streamlined financial reporting are being implemented."*

### 2013-2014 ISH Board of Directors;

- Art Celuszak
- Anna Gardner
- Davona Harlow
- Julian Young

Non Voting:

- Dr. Jennifer Ross
- Bobbi Turner

## A message from the Events Coordinator

### On Community Outreach:

Every year Island Sexual Health makes a concerted effort to be present in our community through our events team which includes staff, volunteers and practicum students. We attend a range of events from fairs to music festivals to fundraisers. The wide range of events allows us to reach many different populations including all ages, genders, identities and abilities. Attending these events provides great opportunity for Island Sexual Health to spread awareness of our resources and services through the distribution of cards and pamphlets. These events also allow us to make meaningful connections with other organizations in our community, which creates potential opportunities for future projects and collaboration.

While attending events may bring many good things to the organization their main focus is to bring good things to the community in the form of free safer sex supplies and general health education. Education is provided through answering questions, playing trivia games and having various materials to distribute on sexual health, contraception, community resources, sexually transmitted infections and so on.



In addition to events we also reach out to the community through online forums such as our quarterly newsletter, which is sent out through a mailing list that has grown to 432 people. We also have a growing Facebook page and Twitter account (@isexualhealth) which allows us additional education and awareness opportunities to followers on a regular basis.

### Events We Have Attended:

• **Healthy Sexuality Week @ Belmont** • Disability Resource Fair • **Victoria Goddess Run** • Fernfest • **North Park Neighbourhood Fest** • ICA's Diversity Healthy Fair • **Tall Tree Festival** • Pride parade and festival • **Rock the Shores** • Rock of the Woods • **Rifflandia** • UVIC Welcome Week • **Camfest** • Military Family Resource fair • **Anarchist Book Fair** • Volunteer Recruitment fair @ UVIC • **Reproductive Justice Fair** • National Day of Remembrance and action on Violence against women • **Tsartlip Pap awareness day** • BC Youth Week • **Songhees Health Fair** • Tsawout Health Fair • **AIDS awareness day @ Camosun** • AIDS awareness day @ UVIC • **Walk a Mile in Her Shoes** • Queerposium • **Camosun's V-DAY** • French Fest • **South Island Pride youth dance** • St. Patrick's Day pub crawl • **Project LIV you LIFE** • Halloween pub crawl • **Aboriginal Health Retreat** • Camosun Club Days • **Songhees Health Fair** • Sexual and Reproductive Health Awareness Week • **United Way Youth Council Development Day** • Community Living Resource Fair • **TeenFest** • Harm Reduction Awareness Week •



## Outreach Clinical Services

### A message from our Belmont Team

Belmont had a hugely successful fiscal seeing over 500 patients during the school year alone. Run initially by Charlotte Brown for the first part of the year and then by Heather McAdam the latter part. Assisting Charlotte and Heather was former practicum student Justine Yee. The average client age was about 16 years and the majority of youth were interested in obtaining birth control. With the large number of clients we had a period where we could no longer get donated pills and had to raise funds to purchase product. The school came through with donations from not only staff members but parents and school board officials. It was clear at that point how much the community has invested in this important program.

**Belmont Team**

### A message from our Camosun Team

During the 2013/2014 fiscal year our Camosun College Clinic on the Lansdowne Campus saw an increase number of patients attending the Thursday clinic! This year the average attendance was between 8-14 patients per clinic. These patients attending the Camosun Clinic were able to access our sexual health services by either pre-booking an appointment or by dropping in. This year the clinic saw an increase in international student accessing the clinic, an increase in first time contraceptive users, and an overall increase in requests for STI testing/Pap testing. Our clinic staff also noticed a few patients finding their way to the clinic from Oak Bay High and St. Michael's University School. Our Events Coordinator, Caitlyn O'Brien, attended Camosun's Camfest and the Heart Your Parts Campaign utilizing our practicum students to host tables and spread the word around the services available, both on-site and at the main clinic. Jennifer Gibson, the Coordinator of Community Education Services taught over 670 students both on the Lansdowne and Interurban campuses some of which included licensed practical nurses (LPN), health 110 classes, human sexuality classes, and the peers connecting with peers international program. It is our hope that our exposure at these public events and in the classrooms acts to promote sexual health and greater attendance at our clinics. Island Sexual Health Society would like to thank the Camosun Student's Society for their monetary donations and there continual ongoing support for our clinics and our agency as a whole. The Camosun Student's Society support has truly been invaluable.

We look forward to serving our Camosun clients again at the beginning of the Fall Semester!!

**Tamara Barnett RN and Michele Martin**

### A message from our Tsawout Team

The clinic at Tsawout has had a successful start to the year. The nurse led clinic at Tsawout opened in October 2013, after a wonderful 'Welcome Dinner' which is hosted by the community. We have been warmly welcomed, and helped by many to make the clinic a success. The clinic is open to all members of the Saanich First Nations- Tsawout, Tsartlip, Pauquachin and Tseycum. It is open Wednesday evenings 5pm-8pm in the Tsawout Health Centre, the clinic is drop-in and provides a nurse-led sexual health clinic. Brandy and I have been invited to the Girls Group on a few occasions, including an evening of jewellery making and cookie eating! The Elders have spent time with us, and allowed us time to listen and share stories. The clinic reopened for the coming year, in early September, and we hope to spend time in the neighbouring communities.

**Charlotte Brown RN and Brandy Komar**

## A message from the Executive Director, Bobbi Turner

This was the year that ISH shed its role as "Victoria's best kept secret" and came into the lime light. Undoubtedly the crisis that forced this to happen was not one we would ever wish to repeat, however it certainly put ISH front and center in the news. As others in this report will focus on the changes that happened as a result of this, I would like to comment on the many people who stepped up to the plate and put their full support behind ISH during this difficult time.

First and foremost the many changes that came as a result of this crisis included an impact to our staffing levels resulting in the loss of several positions. This led to an increased workload for those remaining and I would be remiss if I did not acknowledge the energy and strength shown by these individuals in keeping the home fires burning. They were dedicated and inspirational and I am lucky to have such a strong group behind me. Whether it was extra work, or reducing hours over the summer, each and every one made a personal contribution to the team. So a huge thanks goes to (in alphabetical order) Tamara Barnett, Tamara Chavez, Jett Cooper, Kelly Franklin, Jennifer Gibson, Kim Harding, Lynz Hastie, Heather McAdam, MB Tembo, Kate Turner, and Trista Tosh for their unwavering loyalty.



In the community itself we were extremely fortunate to gain the support of several MLA's and MP's. Rob Fleming, Carol James, Maureen Karagianis and Murray Rankin all stood behind us but the true star of this story is MLA Andrew Weaver who managed not only to bring this issue to the attention of the Minister of Health in the House, but also pursued this to a point where we were able to enter into formal discussions with Island Health to find short and long term solutions. This was accomplished by a thorough review, performed by Rick Hollingworth, an independent contractor hired by Island Health that set out to identify what ISH needed to keep operations running in full. The result being an extremely well developed document that identified not only how important we were as a health care organization in this community but what we needed in order to build a stronger future. Overall this will be an incredibly important tool for future fund negotiations. In addition, through this process Rick came to understand the organization so well, and I assume took a liking to us, the he ended up by agreeing to join the board as our new Treasurer.

There are many others to recognize as well, including our clients and community members who not only donated but wrote to our local MLA's, the Minister and Island Health CEO to tell them how much they valued this program and the support that we provide. Our volunteers who, as always, kept dedicating their time and energy to our program delivery. Our amazing Doctors who also made sacrifices but stayed loyal to the organization. And finally our Board of Directors who had some of the hardest jobs of all from a decision making perspective.

There are many not for profits that would have been unable to weather a crisis of this nature. Through the dedication of all involved, ISH will move forward to carry on being the best there is in the delivery of sexual health services.

Respectfully submitted

Bobbi Turner, Executive Director

A handwritten signature in black ink, appearing to be 'BT' or similar initials.

*"Through the dedication of all involved, ISH will move forward to carry on being the best there is in the delivery of sexual health services."*



A message from the Medical Director, Dr. Jennifer Ross



"We have seen how our front staff continue to provide only the best and most pleasant service to our clients."

This has been a challenging year for the Society on many levels. While we have always had financial struggles, earlier in 2014 it became clear that things were really at their most dire ever. As an organization, we went through a very difficult and painful process of having to cut our operating expenses to an absolute minimum, in the form of cutting support staff. We were sad to see a number of great people leave. As physicians we recognize the effect this has had on the morale of everyone left behind. We would also like to recognize the amazing spirit the ongoing staff have brought to their jobs every day. We have seen how our front staff continue to provide only the best and most pleasant service to our clients. They have also risen to the challenge of efficiently running the clinic through times of real uncertainty. We have been trying different models this year to see how we can improve patient flow through the clinic. We attempted a purely drop in model, which was not a success. We are now working with a blended appointment and drop in model, which seems to be working better. There is an ongoing need for fine-tuning, which the administrative team are handling very effectively. As always we need to recognize the DA's for their contribution to the running of the clinic. It became more clear than ever this year that we truly could not function without them. With smiling faces they keep the doctors and nurses able to run at maximum efficiency. On the medical front, we have continued to see a rise in the popularity of the IUD as a form of contraception and recently have been able to offer a new IUD called Jaydess (made by Bayer). We have also been made aware that the Plan B emergency contraceptive is not an effective option for women over the weight of 176lbs and so we are offering the copper IUD as the most effective option for these women. On the horizon we are looking forward to having a return of our nursing team, thanks to the STOPHIV program funding. This will see a regular nursing presence in the clinic, with the skills to draw blood on site for STI testing. This will be a real benefit to our clients for true 'one stop shopping' services. I would like to formally recognize outgoing physician Dr. Anna Mason who provided well over ten years of service to the society, including many of those years as medical director. She was an incredible asset to the society through years of growth. She has moved on to focus exclusively on her full service family practice. We wish her all the best in her future endeavors.

Respectfully Submitted
Dr Jennifer Ross

In it's first 6 months online, beyondthetalk.ca received more than 20,000 unique visitors.



beyondthetalk.ca

is intended to enhance our existing website by providing sexual health info in a youth friendly format. Members of our youth committee gave great feedback on the site and much of the content has been contributed by them including the myth and fact videos and regular blog posts! Information on the site range from the basics of bodies to how to talk to an adult about sexual health! Special thanks to the number who donated their time for our site.

Our new confidential beyond the talk text line 250-812-9374 has proven to be a great outreach tool. Texts are answered by our education team Monday-Thursday from 3-5pm. Texts received outside these times receive an auto-response with the beyond the talk website, the number to the BC nurses hotline and a reminder of when they can expect a text response. Many of the texts we receive are a single question and answer exchange while others resemble more of an ongoing conversation as directed by the texter. Feedback from youth, educators, parents, and community support workers has been overwhelmingly positive! We receive between 5-10 texts per day and there is a definite connection to the line being used as a follow up tool to education sessions. Most popular topics are periods, genitalia, relationships and birth control. Special thanks to Telus for their generous program support through their community youth grants.

Advertisement for Beyond the Talk featuring the Island Sexual Health logo, website URL www.beyondthetalk.ca, a QR code, and text: 'Got Sexual Health Questions? • STI and Pregnancy • Relationships • Sexuality • Birth Control • How to talk to an Adult • And more! TEXT US Confidentially: 250-812-9374 Mon-Thurs 3-5pm'.



# Beyond the TALK Community Education Services

## Jennifer Gibson, MA aka The Sex Lady

**WOW!!** What a year! Yet another remarkable year for education services as our community education participant numbers increased again!! Our education program facilitated workshops for **12,015** participants in **482** workshops. That's 719 more workshop participants and 51 more workshops than 2012/2013. Thankfully, the funding for our education program remained stable among the financial instability and we were able to continue our work without interruption.



The majority of workshops happened within middle and high school classrooms in public and independent schools with community agency based workshops making up the balance. I know the annual report is supposed to be a highlight reel but it's really hard to pull out only a few when you work with such amazing participants that make every single day a highlight! So, here's a few good examples:

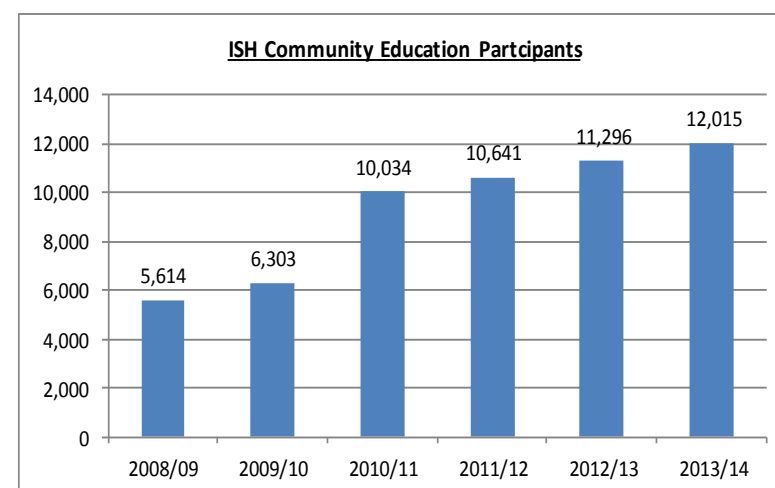
We were humbled and honoured to be included in an Aboriginal Health Retreat for 25 youth at Strathcona Park Lodge with the Intertribal Health Authority. Youth, adults, and elders attended from different Nations from all over Vancouver Island. We ended the amazing weekend with a youth learning showcase that featured drama, storyboarding and storytelling.

Thanks to continued funding from United Way for our *Breaking Down Barriers* program, ISH continued to create lasting community impact with participants in community organizations such as Island Health Best Babies and Families Programs, Esquimalt Neighbourhood House, Saanich Neighbourhood House, NILE/TU,O Child and Family Services Society, and Boys and Girls club. Demand continued for parent education in local community agencies, pre-schools, elementary and middle schools and we were thrilled to facilitate a Canada wide webinar for Canadian International Homestay Parents.

Hands down, the most progressive additions to education services this year were the launch of our new youth based beyond the talk website, **beyondthetalk.ca** and our texting service! More information follows on the next page.

As with all education programs and non-profits, we're a work in progress! Here's to an exciting and learning filled 2014/2015.

Submitted with respect and gratitude.



## Financial Breakdown

### Island Sexual Health Comparative Revenue and Expenses Fiscal 2013/14 and 2012/13

**MSP billed** - increased by \$ 94,000 as a result of higher patient throughput due to increased office space.

**Contraceptives** - decreased by \$35,000 due to low inventory levels.

**Client annual fees** - increased by \$39,000 due to more clients.

**VIHA grant** – decreased by \$37,000 due to elimination of one-time top-up funds.

Revenue	2013/14	2014 % of total	2012/13	2013 % of total
Medical Service Plan billed	\$799,904	51%	\$705,594	48%
Contraceptives	\$323,617	21%	\$358,409	24%
Client annual fees	\$101,239	6%	\$62,283	4%
Gaming grant	\$100,000	6%	\$96,000	7%
VIHA grant	\$87,915	6%	\$124,668	8%
Other grants	\$81,188	5%	\$72,880	5%
Donations and fundraising	\$54,676	3%	\$30,204	2%
Other	\$27,856	2%	\$18,085	1%
<b>Total Revenue</b>	<b>\$1,576,395</b>	<b>100%</b>	<b>\$1,468,123</b>	<b>100%</b>

**Salaries and benefits and physician remuneration** – increased by \$59,000 in total due to the increased volume of clients / patients.

**Occupancy** – increased by \$75,000 due to the move to improved office space on Quadra Street.

Expenses	2013/14	2014 % of total	2012/13	2013 % of total
Salaries and benefits	\$634,942	36%	\$604,285	38%
Physician remuneration	\$513,502	29%	\$485,081	30%
Occupancy	\$173,808	10%	\$99,054	6%
Office exp., medical supplies etc.	\$179,867	10%	\$171,585	11%
Contraceptive supplies	\$160,307	9%	\$175,820	11%
Professional services	\$79,024	5%	\$59,905	4%
<b>Total Expenses</b>	<b>\$1,741,450</b>	<b>100%</b>	<b>\$1,595,730</b>	<b>100%</b>

# What we do

## 1. The Medical Clinic

ISH contracts with General Practice (GP) physicians to provide office space and support services for their practice. The GP's services are billed to the Provincial Medical Services Plan (MSP). The fee schedule for a GP is based on a practice that sees a wide range of patients. Some patients will require more resources allocated to their care, some will require less; the fee is effectively an average cost of care for an average GP patient. The fee schedule does not contemplate a streaming of patients who self-identify with a particular medical problem to a particular GP or group of GP's.

In 2013/14 the ISH clinic had the following MSP billing profile which is heavily weighted to office visits and PAP tests:

MSP Fees	Fee	Number	Revenue	% of total
Office Visit/STI test (2-49) - 15300	\$30.15	14,978	\$451,589	56.4%
Counselling Visit - 0120	\$52.45	1,324	\$69,444	8.7%
Insertion IUD- 00090/14540/15120	\$79.13	880	\$69,634	8.7%
Insertion PAP - 1/2 14560/0044*	\$50.21	4,169	\$209,327	26.2%
Total	\$43.59	18,351	\$799,994	100.0%

\* - If done with an office visit/if not then the fee is \$35.13

ISH patients fall under the category of patients who require more resources.

As it is not possible to fund the education and prevention services required for ISH's cohort of clients within the current MSP fee for service model, ISH provides funding for the additional resources required for its clients through a combination of product sales income and fund raising activities, supplemented by the utilization of volunteer services.

## Sexual Transmitted Infections

The ISH clinic diagnoses and treats more sexually transmitted infections (STI) than any other doctors' office or medical clinic site in greater Victoria.

In 2013/14 ISH diagnosed 3,769 genital infections. In terms of BCCDC reportable diseases, ISH diagnosed approximately one in four of the cases reported in Southern Vancouver Island in 2012.

BCCDC Reportable Diseases	South Vancouver Island All Sources	ISH Diagnosed 2012/13	Percentage of South Island Diagnosed
HIV	14	2	14%
Chlamydia (genital)	1,058	231	22%
Gonorrhea (genital)	73	22	30%
Syphilis (infectious)	8	7	88%
<b>Total</b>	<b>1,153</b>	<b>262</b>	<b>23%</b>

\* Source: BCCDC 2012 Annual Summary of Reportable Diseases  
<http://www.bccdc.ca/NR/rdonlyres/F30377E3-D33E-4755-B3F4-6844E01BD678/0/FinalAR2012.pdf>

## Current Volunteers

Every year we see volunteers come and go and we are very grateful to every single one of them that donates their time to Island Sexual Health Society. This year we would like to recognize all our wonderful volunteers for their fabulous work! We would also like to give special recognition to **Kathryn McCannell** who has been giving her time to the clinic for the last 16 years and is retiring as a volunteer later this month.



We would like to thank her from the bottom of our hearts for all the roles she has filled at ISHS and wish her all the best in the future!

Alixandra Wong	Emma Friesen (DA)	Madison Allen (DA )
Amanda Ackroyd (DA)	Filipa Bosnjak (DA)	Mandeep Jaswal (DA)
Annie Lucas (IUD Assist)	Gillian Paterson (DA)	Meghan Keene (DA)
Arielle Agar (DA)	Ginger Green (BCE)	Nicole Siemens (BCE)
Bethel Lulie (DA)	Glynis Byrne(DA)	Nikita Paddock (DA )
Brandi Heeren (BCE)	Hannah Van Mook (DA)	OrilliaGail (DA)
Carmen Rogers (BCE)	Heather Mussell (DA )	Rachel Brunino (DA)
Celia McBride (DA)	Hope Strang (DA)	Rae Linklater(DA)
Chelsea Williams (DA)	Jackie Butler (IUD Assist)	Rita Wakelin (DA)
Cher Ghafari(DA)	Jade Birley-Guillemette (DA)	Robin Macdonell (DA)
Chloe Christensen (DA)	Jenny Francoeur (DA)	Robin Wigen (DA)
Christina Mclean	Jessica Molinaro (DA)	Rosie Hsu (BCE)
Cynthia Chao(DA)	Jessica Van't-Haaff	Sam Bowen (DA & BCE)
Crystal Bostrom (DA)	Kathryn McCannell (BCE)	Sarah Ross (DA)
Danielle Bion (BCE)	Kristina Schnarr (DA)	Sofia Sherrin (DA )
Devlin McDermitt (DA)	Laura Johnson (BCE)	Sophie Boucher (DA and BCE)
Donna Dippie (BCE)	Laura Taylor(DA)	Spencer McEwan
Elaine Thomson (DA)	Leila Farmer (DA )	Talia Budlovsky (DA)
Eleri Staiger-Williams (DA)	Madeline Nealis (DA )	Tamara Chavez (BCE)
Emma Pole (IUD Assist)	Maegan Kelleway (DA)	Tanya Macdonell (DA)

## Volunteer Program



Michele Martin joins us again after two years away teaching English in China. Michele started at ISHS as a practicum student from the UVIC Social Work program and stayed on as a staff member working in Product Sales and then as an MOA. She has now taken on the position of Assistant Educator, Events Coordinator and Volunteer Coordinator and is excited to be involved with such an important cause and wonderful group of people again.

*The amount of time each volunteer contributes varies from once a month to several times a week, but the collaboration and team spirit is evident in everyone. Many of our clients remark that because of a positive first impression from a volunteer, they want to become involved with the society. The doctor's assistants and birth control educators are one of the first point of contact for clients, and our volunteers take on this role of representing the society with enthusiasm and professionalism.*

### Volunteers

Currently Island Sexual Health has 60 Volunteers on its schedule. Volunteers work anywhere from several hours per week to several hours per month. All potential volunteers must go through an application process that includes the completion of an application, provision of two references, a copy of a criminal record check, an interview with the volunteer coordinator and attendance at a volunteer orientation session. Volunteers must be 18 years and older.

The following provides a description of the two major volunteer roles that can be found at ISH.

Doctor's Assistant (DA – female identified persons only). The DA assists the physician with pelvic/pap/STI exams and other procedures. Their main role is to:

- Call the patient into the exam room.
- Supply support for the client during examinations (a male physician always has a female Doctor Assistant present during the exam)
- Labels swabs, paps, and any other requisitions during the exam and assist the physician as need.
- Clean and sanitize the room after each patient visit
- Re-stock the room with supplies as needed.

Doctors Assistants are scheduled during all clinical hours and the general practice is to have two DA's on for 2-3 physicians.

Birth Control Educator (BCE – female identified persons only), educators work one on one with clients and couples. Educators perform the following functions during a 30 to 45 minute session

Take a social history from clients; providing information on birth control methods of interest to the client, do a condom demonstrations and discuss STI protection.  
They also acquaint clients with ISH services, policies and philosophy.  
A volunteer must have been with us a minimum of 30 DA shifts in order to apply for this position and acceptance is not guaranteed. Training for this position requires two 3 hour sessions, and one 6 hour session with the current Community Educator and three shadow shifts with an existing educator.

Some of the factors contributing to the relatively high cost of treating STI's include:

- Follow-up - Medical care (nursing/doctor time) and the administrative time involved in follow up for reportable infections is far greater than what is found in an average doctor's office where they might see 4-6 cases of chlamydia/year compared to ISH's approximately 250 cases of chlamydia/year. ISH requires a full time nurse solely for interpreting results, reporting, and following up.
- Education - Education is provided to every person with a positive STI.
- Assessment – ISH provides a pelvic exam for most female identified clients coming in for STI issues, but can only bill a consult fee to MSP for this visit, however the exam is much more time consuming than a simple consult visit.
- ISH clinic physicians can only bill a speculum fee when doing a pap test according to the current MSP fee structure, yet a speculum is used for every pelvic exam done at the clinic. This is most often related to STI testing or vaginal symptoms, and not only when the client is due for the annual or biannual pap test.
- ISH does physical testing for throat, urethra or urine, and rectal swabs for all MSM clients. This involves an extensive physical exam and risk assessment; more than a simple consult visit.

Diagnosing an STI, earlier rather than later, helps prevent far greater health care costs downstream. It is difficult to quantify the cost savings of education or early intervention with regard to many others potentially being exposed to the infection; it comes down to the most basic principles of communicable disease prevention

There are a number of reasons why ISH clients with STI's will be diagnosed earlier:

- The majority of STI's are asymptomatic so clients often do not know they have an infection; at ISH everyone at risk is tested, regardless of symptoms.
- ISH operates on a booked schedule (although drop-in clients will be accommodated if schedules permit). ISH books two or three days in advance versus a GP in a standard practice, which may book two or three weeks in advance.
- Due to the volume of STI's ISH physicians see and the fact that they collaborate, (both informally and through monthly meetings) their competency in diagnosing and subsequently treating STI's is greater than the average GP.
- ISH does a full follow up and makes all efforts to track down clients. ISH diagnoses more STI's and has a client base that is really transient; extra effort is made to try to reach clients to let them know about any follow up required.
- ISH provides anonymity for those with a GP, which may be important to some clients.
- ISH has female physicians, which may be a factor in seeking medical intervention for some clients; this is particularly important to clients



As an example of costs to the health care system, asymptomatic chlamydia, untreated, can progress to pelvic inflammatory disease, which is far more costly to treat (often requiring hospitalization and IV antibiotics) and can result in infertility issues, another financial burden to the health care system. Every undiagnosed /unknown chlamydia case has the potential of being transmitted to many more people.

**Cervical Cancer Screening and HPV**

The BC Cancer Agency reported that in 36,334 pap test were done in the Greater Victoria area; ISH performed over 4,169 pap tests in 2013/14 (or one out of every nine completed). This number is far greater than an average GP would perform; in fact the majority of walk in clinics and treatment centres in Victoria do not provide pap testing because of the extensive follow up required.

A Pap test is a procedure that removes a small sample of cells from the cervix so that they can be examined under the microscope. A Pap test is mainly used to:

- Screen for and help diagnose precancerous conditions of the cervix and cervical cancer
- Help diagnose precancerous conditions of the vagina and vaginal cancer, and,
- Diagnose infection and inflammation in the lower female reproductive tract

Although BC Cancer Agency recommends regular pap screening as a vital tool in preventing cervical cancer, there is a severe shortage of primary care available in Victoria to provide this recommended service. The majority of ISH clients do not and cannot get a family physician. ISH fills this gap in cervical cancer prevention services by providing this preventative health procedure. Clients also have the option of choosing a female physician, which reduces the barrier for testing amongst a considerable portion of clients.

The follow-up required with pap testing is extensive. ISH had 853 abnormal pap test results to follow up with and/or refer to colposcopy in 2013/14. The gynecologists, who work at the colposcopy clinic claim that the majority of their clients come from and are followed up by ISH and they value the service available at ISH in cervical cancer prevention and follow up.

Again, it is difficult to place a value on this important health prevention service. However, it is known that untreated cervical HPV infection can result in cervical cancer which follows with much higher medical costs and results in 450 deaths / year in Canada.

ISH provides prevention education to every single client about HPV infection and the HPV vaccine is encouraged and provided.

The burden of treating HPV lesions (genital warts, GW) is enormous. It is not a reportable infection so statistics are not available to support the magnitude of this infection. It is the most common STI and although genital warts are not life threatening, the emotional burden of having them costs the medical system significantly in treating these lesions. Clients want them removed and usually opt for repeated liquid nitrogen treatments weekly for a few weeks.

Again, it is difficult to place a value on the health costs savings of prevention with this infection, which ISH educators, nurses, and doctors provide to every client.

## Product Sales

**2. Product Sales**

ISH sells birth control pills and other products at a price competitive with major pharmacy chains.

100% of the profit (historically in the range of \$150,000 per year) is reinvested in primary health care. Sales were lower in 2013/14 than previous years due to low inventory levels

**2013/2014 Sales Revenue**

Evra Patch/Nuva Rings	\$41,286
Injection (Depo/Gardasil)	\$12,811
Inter-uterine devices (IUD)	\$19,712
Pills	\$221,963
Other Products and services	\$27,846

