

# Contributors and Collaborators

2014/2015 Program Funders:



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

## Our Pharmaceutical & Clinical Suppli-

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 2014/15

## 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 Team



## Our Locations:

Main Clinic	Camosun Clinic	District 62 Clinics	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 Royal Bay Senior 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



*"..... raising our public profile will also be an important focus in the coming year".*

### 2014/201 ISH Board of Directors;

- Art Celuszak
- Julian Young
- Sandra Herbison
- Laura Taylor

### Non Voting:

- Dr. Lynn Shaw
- Bobbi Turner

Dear ISHS volunteers, staff, physicians and lifetime members:

This year has been a year of measured growth and financial prudence. Under the exemplary leadership of our Executive Director, our operations have stabilized and we continue to make moves to improve our financial health so as to be less dependant on third party elective funding and also be in a position to have discretionary income. To this end, raising our public profile will also be an important focus in the coming year.

The BC Gaming Branch continues to be our major third-party funder. Our new contract with Island Health saw an increase in our annual funding. We continue to see increasing demand for our clinical and education/outreach services. We will have a presence in the two new Westshore schools, Belmont and Royal Bay.

Regrettably our signature fund-raising event Expressions: An Avant-Garde Fashion Soiree failed to materialize due to venue issues. We did not have the resources nor risk appetite to attempt a new event on short notice. Electronic medical records are almost completely rolled out. More concise and confidence-inspiring financial reports have been implemented for management and the board, supported by stronger bookkeeping services. We were able to provide well-merited staff salary increases. We hope to be revisiting the physician split later this year.

This year we are sad to see two valuable Board members leaving, Julian Young and Rick Hollingworth. Julian kept us focused on good governance, and Rick, as Treasurer, provided us with concise and accurate financial analysis and forecasting. On the other hand, we are very pleased to have new people come forward to bring their insight and experience to ISHS. The Board and I thank you for your continued support and faith in Island Sexual Health. We receive constant feedback that we provide a critical and supportive service in our community and this would not be possible without your outstanding commitment and professionalism.

Yours truly,

Art Celuszak, President

## 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 has been updated this year with a new look and broader focus. This is sent out through a mailing list that has grown to 466 people. We also have a growing Facebook page, of

### Events We Have Attended:

- **Diversability Resource Fair** • UW Kick Off • **UVic Sexual Health Information Fair** • Fernfest • **NI/TU'O Baby Celebration** • Pride parade and festival • **Rock of the Woods** • UVic Greens Pubcrawl Fundraiser • **UVIC Welcome Week** • UVic Psychology Fair • **Camfest** • T'Sou-Ke Nation Health Fair • **Pauquachin Health Fair** • Beecher Bay Health Fair • **Volunteer Recruitment fair @ UVIC** • Songhees Health Fair • **Tsawout Health Fair** • Sexual and Reproductive Health Awareness Week at Camosun Interurban and Lansdowne • **United Way Youth Council Development Day** • TeenFest • **Pride 2014** • Healthy Sexuality Belmont •

## 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 over this last year by Dr. Tracy Tresoor, Devlin McDermitt RN and Alix Wong, the average client age was about 16 years and the majority of youth were interested in obtaining birth control. To date 1,948 visits have been made to the clinic and it is clear it is hugely successful. There have been many cases where we have seen the direct impact this clinic has made on the youth in this district, especially as there are challenges accessing services in town. This year we have been asked to run in both new high schools Royal Bay and the new Belmont. Exciting times for District #62.

### A message from our Camosun Team

Our Camosun College Clinic on the Lansdowne Campus had another great year! We were very excited to be back on campus every Thursdays providing sexual health services on the top floor of the Richmond House. This was the first year the clinic ran from September to June; in previous years the clinic was open September to April. Island Sexual Health and the Camosun College Student Society were very happy to partner to provide services into June and noticed an increase in international students accessing services this year. All nursing services provided to Camosun College students are accessible without charge. During the 2014/2015 fiscal year the average attendance was between 9-15 patients per clinic with an increase in male attendance from previous years. The patients attending the Camosun Clinic were able to see a registered nurse with certified practice in contraceptive management and sexual transmitted infection by either pre-booking appointment or by dropping by. Our clinic staff provide information on contraceptives for first time and experienced users, STI testing/Pap testing, teaching, and counseling to Camosun students/faculty, Oak Bay high school students, St. Micheal's University School students, University of Victoria students, as well as the public. Our Events Coordinator and Camosun's clinic secretary, Michele Martin, 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. Once again, 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 all of our clinics. Island Sexual Health Society would like to thank the Camosun Student's Society for their monetary donations and their continual ongoing and unwavering 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!!

### A message from our Tsawout Team

The clinic at Tsawout has now run for a full year. The nurse led clinic at Tsawout opened in October 2013, and 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. We have been invited to many community events this year at Beecher Bay, Esquimalt, Songhees, Pauquachin, and Tsartlip Nations. It has been an honor to attend these community events and to further promote wise practices around sexual health. We are excited to say we will be re-launching the clinic early September with a new look. We reached out to the community for guidance on how to make the clinic more culturally relevant. This has provided amazing feedback and deepened our understanding of cultural norms around sexual health. We have commissioned a gifted artist from the Girls Youth group who is designing our new logo. After consulting with an Elder, the new name of the clinic will be Strong Women, with an understanding in the community and other nations that all are welcome. The date for our re-launch and community open house will be October 4, 2015.

## A message from the Executive Director, Bobbi Turner

We have been pleased to see the progress towards increased funding over this last year and have been busy playing catch up to past years of struggling. While it was very difficult losing several long time employee's when ISH was forced to tighten up on our administrative costs, we have come a long way over the months since and now have an incredibly strong, dedicated group of staff. All of them deserve a huge thanks for all they have contributed in their total commitment to getting ISH back on its feet. Many sacrifices were made and those sacrifices were very much appreciated. The direction for ISH now is to look to the future and the big question is.... How can we continue to prosper without solely relying on outside funding sources which we know are often competitive, non-sustainable and require endless energy for very few dollars.

What we have learned is that the non-profit sector has to look at more diverse ways to generate revenue, and we see Social Enterprise as a potential way our organization can look to long term funding solutions.

*"Social enterprises are businesses owned by nonprofit organizations, that are directly involved in the production and/or selling of goods and services for the blended purpose of generating income and achieving social, cultural, and/or environmental aims. Social enterprises are one more tool for non-profits to use to meet their mission to contribute to healthy communities."* -Social Enterprise Council of Canada - See more at: <http://www.socialenterprisecanada.ca/learn/nav/whatisasocialenterprise.html#sthash.x1U8YhHq.dpuf>

ISH has had a long time social enterprise in the selling of pill and contraceptive products. However over time profits have decreased due to changing contracts with drug companies and the shift in birth control products to long term affordable options such as IUD's, great for our clients but not so much so for our revenue generation. Our foray into the sale of sex toys was a start in this direction but was curtailed when we went through our financial crunch. Now we are ready to move forward. Past sales have shown that clients like to buy these products from us. They feel comfortable in this space and value our knowledge around quality and safety. So enter our new retail space, an exciting vision of what is to come, that will continue to put ISH forward as the go to place for all your sexual health needs. Stay tuned for more on this exciting new venture. To all our staff, volunteers and Doctors a huge thank you for your ongoing commitment to ISH. Our future is looking bright indeed.



*"What we have learned is that the non-profit sector has to look at more diverse ways to generate revenue."*



*"In the last year I have come to appreciate the hard work that all the staff consistently display and the supportive and empathetic way they deal with the clients/patients and each other."*

## A message from the Medical Director, Dr. Lynn Shaw

Having worked at ISHS for only the last 3.5 years I have seen remarkable changes. I only worked a few shifts at Fort Street and then we moved to our present location. Thank goodness for that. We have come through some serious financial difficulties and staff overhauls but appear to be moving in the right direction.

In the last year I have come to appreciate the hard work that all the staff consistently display and the supportive and empathetic way they deal with the clients/patients and each other. With the severe staff cutbacks everyone has seemed to work harder and more efficiently.

The DAs continue to be of high quality and a real asset to the clinic.

I am unsure of numbers but from the physician perspective we are consistently very busy, with the very rare day even having time for a lunch or bathroom break. Our numbers in the summer did not seem to drop as they have in the past and we are very lucky to have Lara Eaton come up and really pick up the slack when physicians are taking holidays. We all have noted as well that the complexity of the problems we deal with have seemed to increase dramatically. I think for the most part medically we are dealing appropriately with these situations.

The IUD clinics are continuing to be popular and our pre-screen and post check more consistent in their approach. With losing Anna Mason and Jen Ross we have had to employ some new physicians in that role and we thank them for stepping in. We are lucky Jen will be returning soon to resume a weekly IUD clinic. With respect to the IUDs, to generate more income we have discussed circulating a referral form to all the FP offices, similar to the VIWC as well as a suggestion that we are happy to do their IUDs and PAPs but would appreciate a referral.

We are definitely due for a medical standards meeting as the last was in April, but with so many different physicians working at ISHS it is hard to get everyone coordinated. It would be interesting to see if we could arrange a more regular meeting to discuss difficult cases and any new information relevant to our area.

We were sad to see Jen Ross step down as medical director but thrilled it was to accommodate the birth of Hannah, a sister for Ewan. In her usual hard working and conscientious fashion Jen went through and updated the standards manual while on bed rest in the hospital.

With the pending availability of mifepristone we will have to discuss if or how this will affect us. The controversy over Plan B and BMI is still raging and Ulipristal will soon be available as emergency contraception with a wider effectiveness window.

We unfortunately have fewer nurses working with us but seem to be taking on more residents some of whom have been very good.

I feel positive we heading in the right direction and look forward to the coming year.

Lynn Shaw

## Media Based Education

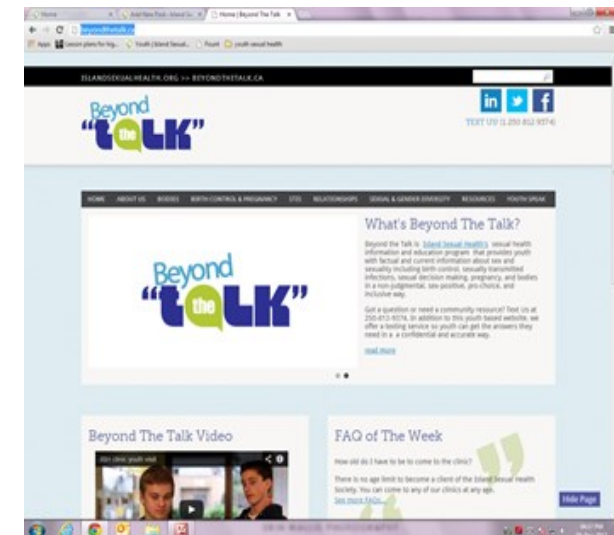
**2014-15@islandsexualhealth.org**

**288,704** unique visitors in 2014 – 2015. That's an average of **791** visitors a day which is more than **2x** the visitors we hosted 5 years ago.

### Top 5 visited pages:

- Locations and Hours
- Sexual Health FAQs
- Comparing IUDs
- Birth Control Pills
- Vaginas, Cervixes, Uteri and More

Our main website continues to be a great outreach and education tool. Many of our clients find our services online first. and use the site to help prepare them for a visit to



**beyondthetalk.ca**  
received more than  
**40,000** unique visitors in  
2014/2015

## beyond the talk texting line

The texting service has proven to be an amazing outreach tool. Texts are answered by our education team Monday-Friday from 3-5pm. Texts received outside these times receive an auto-response with the beyond the talk website (beyondthetalk.ca), the BC nurses line and a reminder of when we answer texts. Most of the texts we receive are a single question and answer exchange but others resemble more of an ongoing conversation. The conversation is always directed by the texter.

Feedback from youth, educators, parents, and community support workers has been overwhelmingly positive! The number of texts we receive vary on average from 2-10/day. There is a definite connection to the line being used as a follow up tool to education sessions and it is most well utilized during the school year. This year we have also experienced our clients using it as an outreach tool about correct contraception usage, clinic locaters and appointment booking.



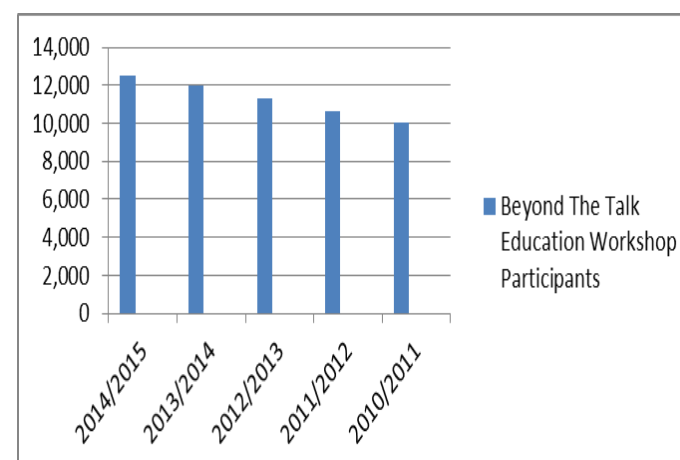
## Community Based Education

2014/2015 proved to be another awesome year for education services. Our education program facilitated workshops for **12,537** participants in **496** workshops. That's 522 more workshop participants and 14 more workshops than 2013/2014.

The school year began with a slow start due to the teacher's job action but clearly managed to get us up to speed quickly. The addition of our new assistant educator, Michele Martin (past social work practicum student and also front desk employee) was one of the major program highlights this year! The addition of Michele to our education program meant that we were able to plan, develop and begin to deliver maturation teaching (grades 4 and 5) in many of the elementary schools in SD 61 at the end of March.

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. New to us this year was an invitation to work with the Intercultural Association on a grant they received through the STOP HIV initiative. We had the opportunity to co-facilitate sessions with AVI for newcomer groups on sexual health care in Canada.

Thanks to continued funding from United Way, direct Access and Victoria Foundation for our *Breaking Down Barriers* program, ISH continued our relationships with community organizations such as Island Health Best Babies and Families Programs, Esquimalt Neighbourhood House, Saanich Neighbourhood House, Boys and Girls club, Young Parents Support Network, and Sooke Family Resource Society. Demand continued for parent education in local community agencies, pre-schools, elementary, middle schools and high schools. This year we were also lucky enough to be included in parent education sessions through the Sooke Parent Education Advisory Committee called Sex, Drugs and Social Media which we co-facilitated with Scott Rothermel – RCMP district liaison officer for SD #62 and Cindy Andrew of Centre for Addiction Research BC. The sessions were extremely well attended. We also provided several sessions at various conferences this year including the BC Council for Families and the Vancouver Island Parent Conference where we also included members of our youth committee to provide a much valued youth voice. We continued to be called upon as sexual health resources for local, provincial and national media and we contributed unique podcast and written pieces for BC Council For Families and Island Parent Magazine.



## Financial Breakdown

Island Sexual Health Comparative Revenue and Expense Fiscal 2014/15 and 2013/14

**Contraceptives** – Decreased by \$41,000 due to low inventory supplies at the beginning of the year.

**Gaming grant** - one time increase of \$50,000 received in March of 2015.

**VIHA grant** - one-time increase of \$33,000 to alleviate cash flow pressures.

**STOP HIV program funding** – contracted for \$46,500 in 2014/15; no program funding has been committed to ISH in 2015/16.

	2014/15	2015 % of total	2013/14	Change 2014 to 2015
<b>REVENUES</b>				
Medical Service Plan billed	\$801,676	48%	\$799,904	\$1,772
Contraceptive sales	\$282,805	17%	\$323,617	-\$40,812
Client annual fees	\$99,805	6%	\$101,239	-\$1,434
Gaming grant	\$150,000	9%	\$100,000	\$50,000
VIHA grant	\$120,685	7%	\$87,915	\$32,770
Other grants and fees (United Way, Camosun College etc.)	\$135,559	8%	\$81,188	\$54,371
Donations and fundraising	\$26,064	2%	\$54,676	-\$28,612
STOP HIV Program	\$46,500	3%	\$0	\$46,500
Other (Interest, non-medical supplies)	\$5,380	0%	\$27,856	-\$22,476
	<b>\$1,668,474</b>	<b>100%</b>	<b>\$1,576,395</b>	<b>\$92,079</b>

**Salaries and benefits** – staff reductions of \$126,000 made to manage the deficits incurred in 2012/13 and 2013/14.

**Occupancy** - increase of \$20,000 as per lease terms.

**Contraceptive supplies** - costs decreased by \$35,000 due to lower sales volume (see revenue section).

	2014/15	2015 % of total	2013/14	Change 2014 to 2015
<b>EXPENSES</b>				
Salaries and benefits	\$509,135	33%	\$634,942	-\$125,807
Physician remuneration	\$517,947	33%	\$513,502	\$4,445
Occupancy	\$193,522	12%	\$173,808	\$19,714
Office exp., medical supplies	\$185,790	12%	\$179,867	\$5,923
Contraceptive supplies	\$125,302	8%	\$160,307	-\$35,005
Professional services	\$31,957	2%	\$79,024	-\$47,067
	<b>\$1,563,653</b>	<b>100%</b>	<b>\$1,741,450</b>	<b>-\$177,797</b>
<b>NET INCOME (LOSS)</b>				
	<b>\$104,821</b>		<b>-\$165,055</b>	<b>\$269,876</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 2014/2015 the ISH clinic had the following MSP billing profile which is heavily weighted to office visits and PAP tests:

2014/2015				
MSP Fees	Fee	Number	Revenue	% of total
Office Visit/STI test (2-49) - 15300	\$30.15	14,388	\$433,800	54.2%
Counselling Visit - 0120	\$52.45	1,306	\$68,500	8.6%
Insertion IUD- 00090/14540/15120	\$79.13	948	\$75,015	9.4%
Insertion PAP - 1/2 14560/0044*	\$50.21	3,547	\$178,097	22.3%
Total	<b>\$37.42</b>	<b>20,189</b>	<b>\$755,412</b>	<b>94.4%</b>

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 2014/2015 ISH diagnosed 2,908 genital infections. In terms of BCCCD reportable diseases, ISH diagnosed approximately one in four of the cases reported in Southern Vancouver Island in 2013.

BCCDC Reportable Diseases	South Vancouver Island All Sources	ISH Diagnosed 2014/2015	Percentage of South Island Diagnosed
HIV	15	2	13%
Chlamydia (genital)	979	304	31%
Gonorrhea (genital)	62	31	50%
Syphilis (infectious)	12	5	42%
<b>Total</b>	<b>1068</b>	<b>342</b>	<b>34%</b>

\* Source: BCCDC 2013 Annual Summary of Reportable Diseases

## 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. We would like to recognize all our wonderful volunteers for their fabulous work! This year are pleased to introduce the brand new **Donna Dippie Award for Volunteer Excellence**. This honour has been created to acknowledge the unparalleled volunteer dedication of Donna Dippie who has been with us since our conception. Each year it will be awarded to one of our outstanding volunteers and their name will be engraved on the plaque, which will be hung in our education room. This year we would like to present this award to **Vickie Yang**. Vickie has been volunteering with ISH since August 2013, and in her time has shown immense dedication to her roles as both Doctor's Assistant and Birth Control educator. Thank you Vickie for all of your hard work, positive energy and invaluable contributions.



## 2015 Volunteers

Alex Dombroski (Youth Committee)	Gillian Staples (DA)	Nicole Gauld (DA)
Alexandra Lunny (DA)	Glynis Byrne (DA)	Nicole Vishevsky (DA)
Alyssa Neal (DA)	Hayley Parrett (DA)	Rachel Brown (DA)
Amanda Ackroyd (DA)	Heather Mussell (DA)	Radhika Bandla (DA)
Arielle Agar (DA)	Jade Birley-Guillemette (DA)	Rebecca Davies (DA)
Bethel Lulie (DA)	Jazlyn Mayhue (DA)	Rebecca Wilkinson (DA)
Brianna Crighton (DA)	Jenny Francoeur (DA)	Rhea Ellis (DA)
Charlie White (DA)	Jessica Round (DA)	Rita Wakelin (DA)
Chelsea Williams (DA)	Jodi Mann (DA)	Robin Macdonell (DA)
Cher Ghafari (DA/BCE)	Julie Munich (DA)	Robin Wigen (DA)
Chloe Christensen (DA)	Kara Giesbrecht (DA)	Rosie Hsu (BCE)
Cindy Kim (DA)	Katherine May (DA)	Rowan Hebert (DA)
Clairisse Simpson (Youth Committee)	Kiran Bhangu (DA)	Sallie Skinner (DA)
Cynthia Chao (DA)	Kennedy Lewis (BCE)	Samantha Tomilin (DA)
Dakotah Hastie (DA)	Kyra Lachance (DA)	Sarah Bhandar (Youth Committee)
Donna Dippie (BCE)	Laura Johnson (BCE)	Sarah Wojcik (DA)
Elaine Thomson (DA)	Laura Taylor (DA/BCE)	Sofia Sherrin (DA)
Eleri Staiger-Williams (DA)	Leila Farmer (DA)	Sophie Boucher (DA/BCE)
Ella Aitken (DA)	Lindsey Murdock (DA)	Spencer McEwan (DA)
Emma Bodnar (DA)	Madeline Nealis (DA)	Stephanie Liffering (DA)
Erin Robinson (DA)	Maria Weaver (DA)	Tanya MacDonell (DA)
Filipa Bosnjak (DA)	Maya Saxby-Jones (DA)	Tara Mah (DA)
Gillian Patterson (DA)	Meriah Drabkin (DA)	Vicky Yang (DA)

## Volunteer Program



Courtney Williams joined us again in January after a year away on maternity leave. Courtney started at ISH as a volunteer in 2005, then became a practicum student from the Uvic Social Work program, and stayed on as a staff member working in various positions. She has now taken on the position of 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 30 Volunteers on its clinic schedule, and we are excited to have welcomed 14 new of volunteers this September. 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, except those participating in our Youth Committee. We are very please to have changed our past rule restricting the role doctor's assistant to female identified persons only. Due to a re-evaluation of the role and tasks involved we are please to offer the opportunity to anyone who is interested.

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

**Doctor's Assistant:** The DA assists the physician with pelvic/pap/STI exams and other procedures. Their main role is to:

- Call the client into the exam room
- Provide support for the client during examinations (our male physicians always have a Doctor's Assistant present during an exam, however clients are invited to decline the attendance of a Doctors Assistant)
- Labels swabs, paps, and any other samples and requisitions during the exam and assist the physician As needed
- Clean and sanitize the room after each patient visit
- Re-stock the exam 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:** Educators work one on one with clients and their support persons. 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 3,500 pap tests in 2014/2015. 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 415 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 2014/2015 than previous years due to lower inventory levels

**2014/2015 Sales Revenue**

Evra Patch/Nuva Rings	\$38,516
Injection (Depo/Gardasil)	\$4,172
Inter-uterine devices (IUD)	\$26,087
Pills	\$184,164
Other Products and services	\$10,874

