CHABAC Steering Committee Annual Planning Session Report
Drafted by Beth Jordan, Adobe Consulting Services
November 10, 2013

Background

On September 28th & 29th, 2013 the Canadian HIV AIDS Black, African, Caribbean Network (CHABAC) Steering Committee convened an annual planning meeting of its members in Montreal, Quebec. Adobe Consulting Services, Beth Jordan – Managing Director was hired to facilitate the 2-day session. John Norquay, Staff Lawyer, HIV & AIDS Legal Clinic Ontario (HALCO) and Dr. Liviana Calzavara, Dalla Lana School of Public Health were guest presenters on day one of the session. Marsha Clarke, CEO of justbecuz Inc. www.justbecuz.ca was a guest presenter on day two of the session.

The meeting objectives were as follows:

1. To convene the Steering Committee to introduce and orient new members to the work of CHABAC and to provide the Steering Committee with regional updates of work happening across the country;
2. To discuss the and confirm HUB goal, objectives, and reporting;
3. To review and revise the current work plan identifying opportunities to carry forward over the next three years
4. To provide skill building and discussion of emerging issues opportunities through a presentations on:
   a. Evaluating the Impact of Recent Changes to Canadian Immigration Laws on Non-Status and Newcomer PHAs;
   b. HIV Stigma and Attitudes in Canada.
5. To identify communication goals and develop messaging that will support the identified goals;
6. Election of the new Co-Chair.

In consultation with the Executive of the Steering Committee a two-day agenda was developed (see Appendix A).
Annual Planning Meeting Session Objectives

1. To convene the Steering Committee to introduce and orient new members to the work of CHABAC and to provide the Steering Committee with regional updates of work happening across the country.

The Annual Planning Meeting Session was well attended by CHABAC Steering Committee members with eight members in attendance representing the Eastern, Central, Central East, the Maritimes and the Western regions of Canada. Three members sent regrets and were unable to attend. A new member to the Steering Committee Deidre Smith from New Brunswick was welcomed, and her attendance and participation in CHABAC represents the need for CHABAC’s work nationwide. The Regional HUB updates provided a wealth of information regarding the HIV AIDS response to the epidemic across the country as it relates to African, Caribbean and Black (ACB) communities. Notably, members discussed various collaboration opportunities that had been leveraged since the last annual meeting. For example, the Nova Scotia AIDS Coalition’s adoption of the ACCHO Keep it Alive Campaign posters and their work with the Health Association of African Canadians in adopting an outreach campaign modeled after Operation Hairspray (Ottawa model). In Winnipeg the HUB continues to strengthen its relationship with the Liver Foundation. In Edmonton, the work is moving along and community partners are extremely engaged. Through delivery of the National Capacity Building Workshop 33 people representing 11 organizations became involved. The Northern Alberta Program heard about the workshop in Edmonton and requested a one-day session. In Ontario, ACCHO unveiled its renewed provincial strategy The Strategy to Address HIV/AIDS in ACB Communities www.accho.ca/en/AboutUs/TheStrategy.aspx. The new strategy is behavior focused and centres on the root causes of vulnerability to HIV in order to reduce incidence of HIV within ACB communities and improve the quality of life for ACB people living with HIV/AIDS. The Ontario strategy serves as a link to stakeholders provincially and seeks to translate research and information into action. In addition to specific HUB updates information was shared by Steering Committee members about new and existing resources related to HIV primary and secondary prevention initiatives, tools and research.

2. To discuss and confirm HUB goal, objectives, and reporting.

There was a need at this annual meeting of steering committee members to solidify the concept of regional HUBs and to identify a common goal and objectives, values and activities for the HUBs. In addition, a way to monitor activities and report on progress was seen as essential. To this end Steering Committee members made the following decisions:

Goal:

Strengthen the response to HIV/AIDS in ACB communities regionally and in Canada.
Values:

That the values of all HUBs would include the CHABAC values, paying particular attention to the Meaningful Involvement of People Living with HIV/AIDS (MIPA) and Greater Involvement of People Living with HIV/AIDS (GIPA).

Reporting:

Consistent and timely reporting will serve to diffuse best practices through the network to inform and inspire other HUBs.

**Decision:** Quarterly reporting using a standardized template that will ensure accurate and up to date information on HUB activities.

Steering committee members engaged in a brainstorming session to identify realistic, shared activities that will further the HUB goal, will involve PHAs and build capacity in the response to HIV/AIDS in their respective regions.

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<th>Brainstorm of Potential HUB Activities</th>
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<td>Engage youth</td>
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<td>Volunteer engagement</td>
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<td>Host workshops</td>
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<tr>
<td>• National Capacity Building</td>
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<td>• Train the Trainer</td>
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<td>Target Audience:</td>
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<td>• Community and PHAs</td>
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<td>• Service providers</td>
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<td>Outreach</td>
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<td>Cut the Crap – Haircuts for AIDS awareness</td>
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### Common HUB Activities 2013/2014

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<td>1</td>
<td>A minimum of one (NCP) workshop annually</td>
<td>Re-purposing the NCP curriculum for regional use</td>
<td>Resource mobilization</td>
<td>Community engagement</td>
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<td>5</td>
<td>Create local web presence</td>
<td>Identity non-ASO champions regionally</td>
<td>Maintain and establish clear links between CHABAC and the HUBs</td>
<td>Participate regionally in national CHABAC campaigns</td>
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<td>9</td>
<td>Promote available regional resources</td>
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HUBs will prioritize the common activities using a standardized work plan and will update the work plan quarterly.

3. To review and revise the current work plan identifying opportunities to carry forward over the next three years.

This component of the Annual Planning Meeting consisted of a review of the current strategic work plan against the decisions/activities generated during the meeting. The focus was on identifying opportunities to carry forward over the next three years. The CHABAC Work plan includes three high-level strategic directions with broad approaches and activities associated with each broad approach.

Members identified successes, which include but are not limited to:

- **Membership**
  - Have refined the membership criteria, ready to start recruiting members

- **Communication**
  - We have a logo and a letterhead designed by a youth
  - Have identified possible members across Canada

- **Capacity Building**
  - Developed a training plan for the steering committee
  - Received 3 presentations on different organizational models

**Activities identified that will be carried forward include:**

- **CHABAC generic presentation**
  - Needs to be updated
  - Brand it and document who has been doing these presentations.

- **Continue to implement the training plan for the Steering Committee (capacity building)**
  - Skills inventory needs to continue
  - Training manual

- **Membership development**
  - Introductory Package for new members
Feedback indicates that it is a dry document until you hear people delve into it. Conversation on the phone was more beneficial than the document itself.
- Telephone contact is essential.

- Moving the model of operation forward
  - Work of the HUBs is continuing, and CHABAC plans to continue building the capacity of the HUBs
  - Mentorship – should be further developed and might be capacity building or anything that regionally your HUB needs it to be.

- Focus on sustainability
  - Reaching out to more groups and individuals

- Determining resource needs
  - Human and financial

It was determined that the CHABAC Strategic Plan is still relevant, updating of this plan and integration of some of the specific actions discussed in this meeting and the ideas emerging from these issues is in order.

4. **To provide skill building and discussion of emerging issues opportunities through a presentations on:**
   a. *Evaluating the Impact of Recent Changes to Canadian Immigration Laws on Non-Status and Newcomer PHAs;*
   b. *HIV Stigma and Attitudes in Canada.*

The skill building areas of focus were determined by the Steering Committee members in advance are in line with the CHABAC training plan and relevant to the CHABAC Communication Strategy. CHABAC Steering committee members received relevant and timely information from John Norquay’s presentation (see APPENDIX C) regarding the recent changes to the immigration laws and immigration issues facing the ACB community across Canada. Liviana Calzavara’s presentation provided steering committee members an opportunity to reflect on the *HIV Stigma and Attitudes in Canada* report as it relates to ACB communities. These presentations have been recorded and are available from ICAD.

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1 John works with the HIV/AIDS Legal Clinic Ontario (HALCO)
2 Dalla Lana School of Public Health
3 The CIHR Social Research Centre in HIV Prevention (SRC), in partnership with the Canadian Foundation for AIDS Research (CANFAR), conducted a Canada-wide survey in May 2011 on attitudes, behaviours, and knowledge related to HIV and AIDS.
Emerging Issues: Implications and Opportunities for CHABAC

Steering committee members discussed the content of the presentations and made decisions regarding the work that could be done by CHABAC in relation to the areas of focus. The following details actions that were identified and will be integrated into the current CHABAC work plan and where appropriate HUB work plans:

Immigration

- **Action:** Circulate John Norquay’s one pager, so people are aware of the changes to immigration law with John’s Permission (ensure to include a disclosure about legal advice)
  - Talk to John about co-authoring a fact sheet on immigration
  - Talk to John about FAQs Re: Questions to ask your lawyer
  - FAQ’s for service providers who have clients who receive deportation orders
- **Packaging the critical information:** Since the period for hearing preparation is 1-2 months it would be helpful for service providers to have a comprehensive tool kit that walks them through the process.
  - What you need and how do you get that information.
  - Ensure national relevance
- **Action:** Valerie (ACCHO) to talk to BlackCAP about checklist for service providers
- Possible Webinars
- Regional Workshops on Immigration – possibly search for local lawyers who will do pro bono work
- Look into HALCO, CHLN, Cleo etc. for other helpful resources

Stigma

- Link CHABAC members/HUBs to ongoing research
- Possible need for more research into Stigma around HIV in ACB communities
- Work on articulating how intersecting stigma affects outcomes of mental and physical wellbeing in ACB people
- Possible recreation of Quebec’s “spontaneous comments” stigma study
- Opportunity to work with Wangari (WHIWH CHC and ABDGN) by nationalizing her intervention to address stigma in ACB women

For both areas of focus CHABAC steering committee members discussed a possible Knowledge Transfer and Exchange (KTE) event for PHAs, either nationally or regionally Comments:

- Steering Committee members represent ACB people across Canada
- There are gaps
  - ACB Communities in prisons
  - Youth
  - Trans
5. To identify communication goals and develop messaging that will support the identified goals.

Marsha Clarke of justbecuz Inc. facilitated a discussion with Steering Committee members assisting them to build on their communication matrix by developing communication goals and messaging.

Members received feedback on the communication matrix and the website from Marsha. There was discussion regarding how to communicate with members so that they will feel included in the national network. The national visibility of CHABAC was also discussed at length. Marsha identified the need for CHABAC to focus on consistent, clear and concise messaging going forward.

The following resulted from the discussion:

**What is CHABAC?**
- A key resource for information on HIV/AIDS and related issues in the ACB community in Canada

**What kind of information?**
- Current, emerging and/or re-emerging issues that impact the response to HIV/AIDS in Canada’s ACB communities?
  - *Researchers*: To foster the update of research to inform the development of policies and services to respond to HIV/AIDS in ACB communities in Canada.
  - *Service Providers*: improve effectiveness of service delivery related to HIV/AIDS in ACB communities in Canada
  - *Policy Makers*: improve policies to support the response to HIV/AIDS in ACB communities in Canada

**What do we do and why?**
- ACB communities in Canada are disproportionately impacted by HIV/AIDS in Canada, and the response to is consistently under-resourced throughout the country.

**Matrix**
- The Matrix is used, internally, to understand what you are going to achieve, and who you will be speaking to, and what to say to them when you achieve it.
- Need to maximize communication capabilities within available resources
Essential Audiences

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<thead>
<tr>
<th>Essential Audiences</th>
<th>Key Audience</th>
<th>Core Message</th>
<th>What can I do for you? What do you need me to do?</th>
<th>How can I help CHABAC do that?</th>
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<tbody>
<tr>
<td>Institutions</td>
<td>ACB communities are a key priority population for PHAC</td>
<td>To focus on ACB communities as a service delivery organization to ensure you are providing effective services for those populations.</td>
<td>Through our Regional HUBs, we will build your capacity to provide services to ACB communities through workshops, resources, information and connections with other stakeholders</td>
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<tr>
<td>Community Members</td>
<td>HIV AIDS is an urgent issue that requires immediate attention and action</td>
<td>Start the Conversation: talk to your family and friends about risk/vulnerability to HIV, what it is, transmission, and what can be done to prevent it?</td>
<td>We are like a lighthouse; we can link you to local organization where you can access information and resources on HIV (HUBs, Service organizations etc.)</td>
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<tr>
<td>Funders</td>
<td>Funders need to (continue to) prioritize and resource the response to HIV in ACB communities across Canada because it is an urgent issue that requires immediate action and attention.</td>
<td>Needs to link back to what CHABAC does, cite evidence and identify deliverables, impact and Return on Investment</td>
<td>Need sto be tailored to each funder specifically</td>
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6. Election of the new Co-Chair.

Robert Bardston will continue on as one of the Co-Chairs and Tsion Demek Abate was acclaimed as the incoming Co-Chair. Valerie Pierre-Pierre completed her term as Co-Chair and CHABAC Steering Committee members expressed their gratitude for Valerie’s hard work and commitment to CHABAC, as a founding member and in her role as Co-Chair.

In Closing

The Annual Planning Meeting of the CHABAC Steering Committee was adjourned and evaluations were distributed (see Appendix B for collated evaluation results). Results from evaluation of the session were extremely positive indicating that the annual planning sessions continue to enhance the ability of CHABAC to live its mission and allow for important sharing of information related to the response to HIV AIDS in ACB communities in Canada.

CHABAC would like to extend a great thank you to Viiv Healthcare and the Public Health Agency of Canada for their support, without which this meeting would not have been possible.
APPENDICES

APPENDIX A – Two-day Planning Meeting Agenda

APPENDIX B – Collated Results for Evaluation

APPENDIX C - John Norquay (HALCO) Presentation *Evaluating the Impact of Recent Changes to Canadian Immigration Laws on Non-Status and Newcomer PHAs*
Evaluating the Impact of Recent Changes to Canadian Immigration Laws on Immigrant, Newcomer, and Non-Status PHAs

John Norquay, Staff Immigration Lawyer, HIV & AIDS Legal Clinic Ontario (HALCO), norquaj@lao.on.ca, 416-340-7790, ext. 44

Selected Legislative Changes since 2010:

- Balanced Refugee Reform Act – in force since June 29, 2010


- cuts to the Interim Federal Health Program (IFHP) – in force since June 30, 2012

- visitors visa requirement on St. Lucia, St. Vincent, Botswana, Namibia and Swaziland – in force since September 12, 2012

- conditional permanent residence for sponsored spouses – in force since October 25, 2012

- Faster Removal of Foreign Criminals Act – in force since June 19, 2013

- proposal to reduce the maximum age of dependent children who can be included in an immigration application from 21 to 18 – currently set to come into force on January 1, 2014

Explanation of Major Changes

Changes to the Refugee Determination System

- reduced preparation time for refugee hearings (down from approx. 8-12 months to 1-2 months)

- accelerated hearing process and reduced appeal rights for claimants from designated ‘safe’ countries (currently does not include any African or Caribbean countries, but may be expanded at any time)

- more persons ineligible to make a refugee claim due to any past criminal record

- faster deportations for refused claimants with sharply reduced ability to apply to remain in Canada on “Humanitarian and Compassionate” grounds

  - “Humanitarian and Compassionate” grounds applications are the means we have to raise concerns about inadequate health care in the country of origin and have historically been the way that a large number of refused PHA refugee claimants have obtained status

- more frequent and more aggressive interventions in refugee claim proceedings by government authorities

- increase in hostile rhetoric against refugee claimants from some government authorities
Changes Affecting Permanent Residents

- permanent residents who are convicted of crimes in Canada have reduced options to appeal to remain in Canada on Humanitarian and Compassionate grounds
- some spouses who are sponsored for permanent residence are subject to a 2-year “conditional” status that can be revoked if the relationship breaks down or fraud is discovered during the two year period (exceptions for family violence – unclear how this is to be documented)

Refugee Health Care Cuts

- federal govt health care coverage for refugee claimants and refused refugee claimants who are still legally in the country is called Interim Federal Health Program (IFHP)
- prescription drug benefits now cover only ARVs and other drugs to treat infectious diseases – no coverage for drugs to treat opportunistic infections, side effects of treatment, or any other medical condition (e.g. hypertension, heart disease, diabetes, depression, etc.)
- refused claimants still legally in the country and all claimants from the “designated” safe countries only receive health care services for infectious diseases (HIV, TB, Hepatitis, STIs)
  - does not include services for “complications of treatment”, even for PHAs
  - does not include services for any other medical condition
- there have been administrative delays in renewing IFHP coverage
- some health care providers have stopped accepting IFHP patients because of difficulties billing IFHP

Trends Observed in the Last 12 Months

- very sharp drop in new refugee claimant intakes at most Ontario AIDS service organizations and HIV medical clinics
- refused HIV+ refugees being deported more frequently without chance to make Humanitarian application or without a decision being rendered on the Humanitarian application

Predicted Future Trends

- more non-status PHAs staying underground and not making refugee claims or other attempts to regularize status
- reduced acceptance rate of refugee claimants, including PHAs
- more deportations of refused refugee claimant PHAs
- more refused refugee claimant PHAs failing to report for deportation and remaining underground
- more PHAs without health care coverage
- sponsored spouses remaining involuntarily in relationships (abusive or otherwise) in order to satisfy the conditional permanent residence requirement
- more PHAs encountering unmet health care needs due to IFHP cuts
## CHABAC in-person Steering Committee: Evaluation report

### Number of responses under each item

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<td>Meeting Location</td>
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<td>Hotel Accommodations</td>
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<td>Meeting Room</td>
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<td>Duration of workshop</td>
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<td>Agenda Format</td>
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<td>Facilitation Services</td>
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### Value of Immigration presentation

1. Value of Immigration presentation
   - 1. Not at all
   - 2. Somewhat
   - 3. Very much
   - a. Was this presentation relevant to the work of CHABAC?
     - 1. Not at all
     - 2. Somewhat
     - 3. Very much
   - b. Value of presentation on Canadian Attitudes
     - 1. Not at all
     - 2. Somewhat
     - 3. Very much
   - c. Value of the Communication workshop
     - 1. Not at all
     - 2. Somewhat
     - 3. Very much

*** In total 7 Steering Committee members participated in the evaluation

*** One participant did not stay at the hotel therefore did not answer the questions related to hotel facilities

*** One participant did not respond to Question 1.
Comments on Immigration Presentation

CHABAC Steering Committee members found John Norquay’s presentation on Changing Immigration Policy and its impacts for people living with HIV very valuable to the work of their individual organizations and to the work of CHABAC. Immigration Health has been highlighted as a priority issue for the network. CHABAC has decided to create an immigration committee in response to the information presented, that will serve to direct CHABAC’s future work in this area.

Members further indicated in the evaluations the time allotted for this presentation was not enough, members would like more opportunities to learn about issues around new-comer health and the needs of individuals moving through the Immigration system. A small fact sheet was used in conjunction with this presentation that highlighted key changes to the immigration system caused by Bill C-31. CHABAC would like to explore the possibility of creating more resources for services providers and individuals as they attempt to move through the Canadian Immigration system and the impacts that interaction may have on access to health services.

Comments on Canadian Attitude on HIV

Members felt the presentation on Changing HIV Stigma in Canada helped to emphasize the importance of addressing stigma discrimination related to HIV/AIDS in Canada. While this presentation was seen as a useful tool to help inform the work and actions of CHABAC, members felt that this particular study was “out of touch” with the attitudes within the ACB community, experienced by those working with ACB populations across Canada and through lived experiences. Members thought it was important to strengthen the ACB voice in future research on HIV stigmatization.

Comments on Communication workshop

The Steering committee felt that this workshop helped to focus CHABAC’s communication strategy with the key target audiences outlined in the CHABAC Communications matrix. Marsha Clarke of Justbecuz helped to direct a brainstorming session that resulted in clear and targeted messaging. Members felt this workshop directly addressed the communication needs of the organization and bolstered capacity to approach, funders, community members and institutions. Furthermore the advice and direction provided on CHABAC’s website was much appreciated.
What were your anticipated outcomes of this meeting?

Members expected to achieve the goals listed below during this 2 day meeting:

- Finalization of CHABAC work plan for the next several years
- Updates on emerging issues
- Networking
- Moving forward HUBS in a structured way
- Hub structure
- Immigration
- Way forward
- 3 year plan
- To better understand the focus and priorities of CHABAC
- A date to validate our solidarity
- To further structure the way forward

Were these met? Why/not?

Members felt that their goals were met due to strong commitment of the steering committee and the flexibility of the membership in addressing diverse issues as they were raised. Members felt this meeting was very impactful and that a lot was achieved through the efficacy of the facilitation, quality of discussions and capacity to draw strong conclusions and messaging from the workshops.

In your opinion, what were the 2-3 key successes coming out of this meeting

Members identified the below list as the key successes emerging from this session.

- Finalization of work plan
- Presentations on issues – immigration changes and continues issues of stigma and discrimination
- Network with SC members from out of province
- Concrete work plan items for HUBS
Communications planning
HUB Structure created
Communications strategy refined
Identifying and recognizing CHABAC as a key resource
HUB restructuring
Financial return on investment when planning the work plan
Launching day initiative
Membership shoring up
Decision to launch
Activity suggestions for HUBS
Clear Plans and timeline
Priorities defined

How could we improve?

Members were dissatisfied with the meeting location and facilities feeling that the lack of windows and air circulation was problematic.

Are there issues/questions you would like addressed at the next meeting?

Moving forward members would like to continue to address further emerging issues such as HIV and Co-infection, Aging with HIV and further explore the new direction of PHAC.
AGENDA CHABAC Planning Session – September 28th & 29th, 2013
Novotel Montreal Centre, 1180 rue de la Montagne
Algarve Meeting Room

AGENDA

CHABAC Steering Committee Annual Planning Session
September 28th & 29th, 2013

Day One

9:00am Welcome and Introductions
   • Housekeeping
   • Review of Day One Agenda

9:30am Regional HUB Update and Planning
   • Information, updates and resource sharing
   • Visioning (Structure, Activities, Resourcing)
   • Confirm: Hub Goal and Objectives, Reporting, Next Steps

10:30am HEALTH BREAK

10:45am Regional HUB Update and Planning Cont...

12:00pm – 1:00pm Lunch

1:00pm Review of CHABAC Workplan
   • Taking stock of achievements (Co-Chairs)
   • Discussion re: challenges
     o External/internal
     o Human and financial resources
   • Identifying opportunities to carry forward over the next three years

1:20pm Emerging Issues Presentations – Opportunities for Action:
   • **Evaluating the Impact of Recent Changes to Canadian Immigration Laws on Non-Status and Newcomer PHAs** – John Norquay, Staff Lawyer, HIV & AIDS Legal Clinic Ontario (HALCO) (45 mins)
     o Q & A (20 mins)

2:25pm HEALTH BREAK

2:45pm Emerging Issues Presentations – Opportunities for Action Cont...:
   • **HIV Stigma and Attitudes in Canada** – Liviana Calzavara, Dalla Lana School of Public Health, University of Toronto (45 mins)
     o Q & A (20 mins)

3:50pm Wrap Up Day One

4:00pm Session Adjourned
AGENDA CHABAC Planning Session – September 28th & 29th, 2013
Novotel Montreal Centre, 1180 rue de la Montagne
Algarve Meeting Room

6:00pm  Steering Committee Dinner (Meet in hotel lobby)

Day Two

9:00am  Welcome and Review of Day Two Agenda

9:15am  Emerging Issues Presentations
   - Discussion: Implications for CHABAC
   - Opportunities for action

10:30am  HEALTH BREAK

10:45am  CHABAC Communication Strategy Update

11:00am  Communicating your Action - Marsha Clarke, Justbecuz Inc.
   - Identifying goals
   - Developing your message
   - Initial planning of short-term activities and identifying resources needed

12:00pm – 1:00pm  Lunch

1:00pm  Communicating your Action - Marsha Clarke, Justbecuz Inc. Cont...

1:30pm  The Next Three Years for CHABAC
   - High level review of the CHABAC Strategic Plan and Training Plan
   - Identifying measurable goals and objectives

2:30pm  HEALTH BREAK

2:45pm  Election of Co-Chair

3:00pm  Closing Remarks and Meeting Wrap Up
   - Evaluation Survey
   - Housekeeping
   - Next Steps

4:00pm  Session Adjourned