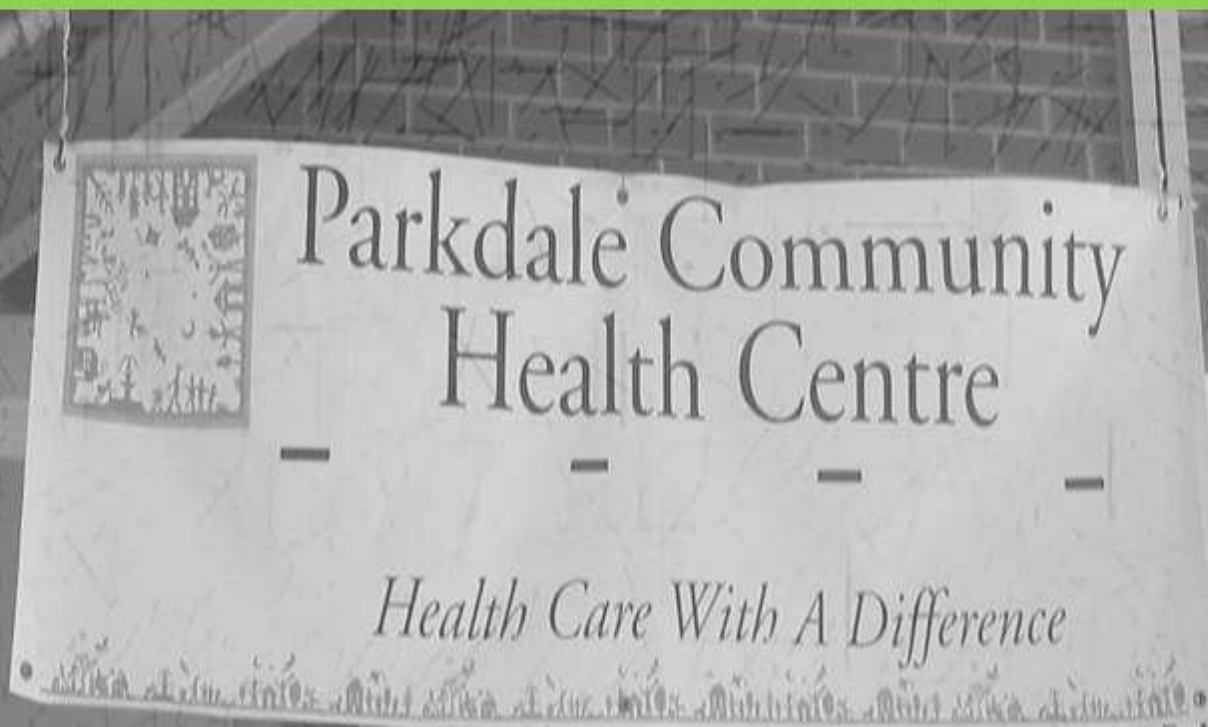




Parkdale
Community
Health Centre

Harm Reduction Program Evaluation



Produced for the Parkdale Community Health Centre

by Sera Weafer-Schiarizza

August 2011

Contents

Executive Summary..... 3

Terms and Abbreviations 4

Introduction 5

 Overview of Program 5

Harm Reduction Approach 5

Clients..... 6

Context of the Program..... 6

Key program staff 7

Activities of program..... 7

Funders..... 9

Evaluation of Harm Reduction Program 9

 Objectives of Evaluation 9

 Methodology..... 10

Survey..... 10

Observations 10

Document review 10

Client Access 11

Survey results 11

Client feedback..... 13

Observations 13

Document review 13

Peer Workers Perspectives 14

Partner Agency Awareness 14

Survey..... 14

Past assessments & evaluations 16

Feedback from community agencies..... 16

Key Findings 16

Immediate Outcomes..... 16

Intermediate Outcomes 17

<i>Final Outcomes</i>	17
Action Steps/ Recommendations	18
Limitations of Evaluation	19
Conclusion.....	19
Sources and Acknowledgements	0
Appendix A.....	1
Appendix B.....	2

Executive Summary

The Harm Reduction program at the Parkdale Community Health Centre was developed to address the spread of HIV/AIDS among the target population; members of the Parkdale community who use drugs, engage in sex work, are homeless and under-housed, off-reserve Aboriginals, newcomers to Canada and youth. Key program staff include the HIV/AIDS Harm Reduction worker, the Director of Population Health and Community Engagement and the Peer Workers. The program is currently funded by the City of Toronto's AIDS Prevention Community Investment Program.

The evaluation of the Harm Reduction program at the PCHC was conducted to address four main evaluation questions:

1. What activities does the Harm Reduction program use to engage clients? Are these activities effectively producing the desired outcomes?
2. Are available resources being effectively utilized to achieve desired outcomes?
3. What is the visibility of the Harm reduction services offered at the Parkdale Community Health Centre among partner agencies in the community?
4. How do community agencies view a current or potential partnership with the Harm reduction program at the PCHC?

In order to assess the impact of the program among the target population, three methods were employed. Surveys were distributed to clients, peer workers and community agencies to assess their perceptions and knowledge about the Harm Reduction services and activities at PCHC. A document review and observational study were also conducted to enrich the evaluation findings.

Based on the evaluation findings, recommendations for the Harm Reduction program include,

- Engage youth
- More focus on alcohol abuse
- Formalize partnerships
- Train and engage other staff in the Centre with Harm Reduction strategies
- Make outreach phone numbers and times more available to clients

In consideration of the recommendations, the Harm Reduction program is working towards meeting many of its stated outcomes and ultimately its final outcome of a healthy, knowledgeable, safe and inclusive Parkdale for all members of the community.

Terms and Abbreviations

Clients: Refers to all current, past and future clients of the Harm Reduction program at the Parkdale Community Health Centre.

DPHCE: Refers to the Director of Population Health and Community Engagement, Parkdale Community Health Centre.

F.U.N. Group: Refers to the Finally Understanding Narcotics injection drug users group at the Parkdale Community Health Centre.

HR: Refers to the Parkdale Community Health Centre's Harm Reduction Program and all related activities.

K.A.P.O.W. Group: Refers to the Knowledge and Power of Women group for street involved women at the Parkdale Community Health Centre.

PCHC: Refers to the Parkdale Community Health Centre located in Toronto, Ontario.

PARC: Refers to the Parkdale Activity and Recreation Centre located in Toronto, Ontario.

Introduction

Overview of Program

The Parkdale Community Health Centre is at the heart of the Parkdale community in downtown Toronto, Ontario. Parkdale, designated a priority area by the United Way, has a high rate of poverty and substance abuse. In order to reach those who are marginalized in the community, the PCHC developed a Harm Reduction program to provide an accessible, inclusive space to engage drug users about safer methods and direct them towards other health services. The program is staffed by a HIV/AIDS Harm Reduction worker and Peer Outreach workers, who run groups and the Needle Exchange throughout the week. Partnerships with community organizations have been made, and as a result workshops, outreach activities and events such as World AIDS Day and National Aboriginal Day have been held in the Parkdale community. The Harm Reduction program is also supported by other staff and programs at the PCHC with the aim of providing a holistic approach to issues faced by clients.

Harm Reduction Approach

A harm reduction approach considers policies, programs, services, practices, values and strategies that aim to reduce substance related health, social and economic harms and risks to individuals, communities and society without necessarily requiring abstinence (IHRA, 2011). These harms include an increased vulnerability to HIV and hepatitis C infections, as well as negative social, health and economic impacts of substance abuse. In contrast, Friedman et al. (2007) argues that users are the primary practitioners of harm reduction, and that policy and programs are agencies by which they can achieve this goal. The United Ways' 2003 report on Harm Reduction Programs discusses two factors from which Toronto harm reduction practice has emerged: 1. barriers in accessing healthcare and social services and 2. the inadequacy of social service delivery, including the lack of affordable and accessible transitional housing. This report states that barriers to accessing services result from broad socio-ecological factors such as the criminalization of drug use, poverty, negative attitudes, and misconceptions about the purpose of harm reduction which make securing funding difficult (United Way, 2003).

Programs which take a harm reduction approach to drug use develop interventions that promote safer substance use practices and attempt to address the underlying factors which perpetuate the cycle of drug use. Interventions may include educational programs for clients, the provision of clean and sterile materials (such as needle exchanges and crack pipe kits), sexual health resources (condoms and emergency contraceptive pills) and psychiatric counselling. Educational programs address the issues of drug use and associated at-risk behaviours in situations where there is an increased likelihood of occurrence. These allow peers or healthcare providers the opportunity to connect with clients and educate them on the risks involved with certain behaviours or substances, as well as to provide them with referrals and resources.

Needle exchanges and the provision of safer crack use kits are interventions intended to reduce the transmission of HIV, Hepatitis C and other blood-borne diseases among drug users (Strike et al., 2006). Harm reduction recognizes that there is a continuum upon which an IDU can fall in regards to safe practices, with the safest being Not Injecting and the most harmful being Sharing, Lending or Borrowing Needles. A harm reduction approach would promote practices which fall towards the "safest"

end of the spectrum without necessarily advocating for abstinence. Needle exchanges involve the collection and distribution of sterile needles, and other necessary equipment, to injection drug users (IDU) through clinics, satellites, mobile or fixed sites (Strike et al, 2006). In some cases it is the only contact that homeless IDUs may have with health or social service professionals, so it is also related to providing healthcare services to this population (Strike et al., 2006). In the same way, crack pipe kits contain sterilized glass stems, mouthpieces and screens, and are distributed as a way to reduce the harms associated with crack smoking (Toronto Public Health, 2006). Best Practice Recommendations (Strike et al., 2006) suggest that the most effective way to reduce infectious disease transmission is to provide unlimited distribution and access to these kits.

Clients

The target clients of the HR program are members of the Parkdale community who use drugs, engage in sex work, are homeless and under-housed, off-reserve Aboriginals, newcomers to Canada and youth.

Context of the Program

The HR program at the PCHC is a mature program which has been operating in Parkdale for over 20 years. The catchment area of the Centre is bounded by Dovercourt Road to the east, Parkside Drive to the west, Bloor Street to the north and the Gardiner Expressway to the south. In 2006, the population of Parkdale was approximately 36 000 (Statistics Canada, 2006).

Contained within the PCHC building on Queen Street West, the Harm Reduction room has its own entrance just outside the main foyer of the Centre. Workshops, groups and events that take place through the HR program are held in the main the PCHC meeting rooms. The Harm Reduction program is a part of the larger Population Health team at the PCHC. The HIV/AIDS Harm Reduction worker also sits on the Homeless, Addictions and Mental Health cross-agency team, which is comprised of key members of both the Population Health and Clinical teams at the PCHC, and which aims to address relevant issues through a socio-ecological approach.

The Parkdale community has a long and complex history in its relationship with mental health and addictions. The area, which was once known for its large homes and wealthy families, went through major economic and structural changes in the twentieth century. The Village of Parkdale became part of the City of Toronto in 1889, and the area benefited greatly from the development of the Queen Street streetcar and its close proximity to the waterfront. However, the Depression caused many families to sell their property and the large houses were divided into apartments and rooming houses. Further disinvestment in the area occurred following the construction of the Gardiner Expressway, which cut off residents and visitors from the waterfront.

One of the most significant changes was the deinstitutionalization of patients of the Queen Street Mental Hospital during the 1980s (now known as The Centre for Addictions and Mental Health). The former patients were released with little to no support, and many found affordable housing in nearby Parkdale. Since, the relatively low property value and rents has ensured that Parkdale remain a lower-income neighbourhood. A recent move towards gentrification and the attraction of newcomers to

the affordable housing has resulted in changes which further marginalize the homeless and under-housed individuals who also reside in Parkdale. In addition, individuals who deal with mental health issues and addictions continue to face discrimination and stigma in the community. A recent example can be seen in the return of the methadone maintenance clinic Breakaway, to the Parkdale area. After expanding and moving out of Parkdale, the clinic has purchased a property close to the health centre and plans to return to the neighbourhood. The opposing protests from many residents demonstrate that there is continued stigma surrounding addictions and treatment, even in a community such as Parkdale.

Key program staff

The HR program at PCHC is led by the HIV/AIDS Harm Reduction worker, who is supervised by the Director of Population Health and Community Engagement. It is the role of the HIV/AIDS Harm Reduction worker to coordinate the activities of the program, supervise the Peer Workers and engage in community partnerships.

Other members of the Homeless, Addictions and Mental Health cross-agency team work with the HIV/AIDS Harm Reduction worker to provide services to clients; these include social workers, case-workers and members of the clinical team.

Peer outreach workers are hired from the service population to engage clients through outreach and in the Harm Reduction room. Currently there are 3 workers in this position, each working approximately 10 hours a week. The role of the peer outreach worker is to provide a link between the clients in the community and the HIV/AIDS Harm Reduction worker and Harm Reduction program.

Medical secretaries and receptionists have contact with clients seeking services at the Centre, as well as provide limited distribution of injection and crack pipe kits outside of the needle exchange hours.

Activities of program

<i>Activity</i>	<i>Components</i>	<i>Expected Outcome</i>
Workshops for organizations	-Workshops on HIV, HEP C and Harm Reduction, run in the community in partnership with other agencies, also conducted for PCHC staff by peer workers	-Increased access to healthcare -Increased use of harm reduction - strategies -Increased referrals to social services, detox and shelters
Needle exchange and used needle drop-off	- HR room is open each weekday for three hours in the afternoon for clients to drop off used needles, sharps containers and crack pipes	-Decrease in used needles and other paraphernalia in the neighbourhood as litter
Provide safer sex materials	- Provide free condoms (male and female), lube and information pamphlets to clients about safer sex (specific information for some at-risk activities such as sex-work, having sex while engaging in substance use, and LGBTQ)	-Increased access to healthcare -Increased use of harm reduction strategies

Provide clean supplies for substance use and related activities	<ul style="list-style-type: none"> -Clients can request unlimited amounts of supplies: needles, alcohol swabs, water packs, cooking spoons, cotton filters, crack pipes, push sticks, pipe screens, lube -Supplies are also available in pre-packaged kits: Injection kit and Crack pipe kit- Kits contain enough supplies to ensure that if an individual is using with others, harm reduction can still be practiced -Provide harm reduction information for common methods of substance use, as well current health information -Provide snacks and a free phone in a separate room for clients to use 	<ul style="list-style-type: none"> -Greater understanding of harm reduction strategies and HIV/AIDS, Hep C and STIs -Increased access to healthcare -Increased use of harm reduction strategies - Providing food to ensure that clients are eating while using, harm reduction strategy
Education and support for clients with HIV and Hep C	<ul style="list-style-type: none"> - Provide information and support for clients who are living with HIV and Hep C. -Provide information about community and clinical services that they may contact for further, long-term support and treatment 	<ul style="list-style-type: none"> -Greater understanding of harm reduction strategies and HIV/AIDS & Hep C -Increased access to healthcare -Increased use of harm reduction strategies -Increased referrals to social services, detox and shelters
Psychosocial support	<ul style="list-style-type: none"> -Support clients who come to the HR room to discuss issues that they face, help them find the best community supports 	<ul style="list-style-type: none"> -Increased referrals to social services, detox and shelters
Anonymous HIV-testing	<ul style="list-style-type: none"> -Increased access to HIV rapid anonymous testing and counselling services within the centre 	<ul style="list-style-type: none"> -Increased access to healthcare -Increased access to anonymous testing and counselling services
Client groups	<ul style="list-style-type: none"> -K.A.P.O.W./ Knowledge And Power Of Women- Weekly breakfast group (Fridays) for women involved in sex-work to discuss issues around safe work, harm reduction and mental health issues -F.U.N./ Finally Understanding Narcotics Monthly group for substance users to learn harm reduction strategies, as well as develop advocacy skills -Pipe-kit making group, weekly group (Tuesday) for Harm reduction clients, get paid for their work making crack pipe kits 	<ul style="list-style-type: none"> -Greater understanding of harm reduction strategies and HIV/AIDS, Hep C and STIs -Increased access to healthcare -Increased use of harm reduction strategies -Increased referrals to social services, detox and shelters
Client Advisory Group	<ul style="list-style-type: none"> - Monthly group which meets to discuss issues related to the Harm Reduction program and the Parkdale community, group participants are clients and members of the community with connections to the Harm Reduction program 	<ul style="list-style-type: none"> -Increased community-involvement and advocacy

Expected outcomes

Many of the activities and partnerships of the Harm Reduction program are intended to result in increased access to healthcare and social services for individuals who are dealing with substance abuse and mental health issues. As well, increasing knowledge and empowering clients to practice and teach harm reduction strategies is an important outcome for many of these activities. Finally, all activities are aimed at decreasing the behaviours that put people at risk of HIV, Hep C and STI infections. Refer to logic model for relationship between activities and expected outcomes (see Appendix A).

Funders

The Harm Reduction program is based out of the PCHC, but is funded separately through the City of Toronto's AIDS Prevention Community Investment Program. The funding cycle is annual and requires that the HIV/AIDS Harm Reduction worker and Director of Population Health and Community Engagement submit an application each February.

Evaluation of Harm Reduction Program

Objectives of Evaluation

As the Harm Reduction program has been operating out of the PCHC for many years, and is not expected to be ending in the near future, a process evaluation was conducted to assess the current activities of the program and whether they are achieving their short-term outcomes and working towards long-term ones. Evaluation questions were prepared to identify the scope and focus of the evaluation, in consultation with the DPHCE, HIV/AIDS Harm Reduction worker and the Harm Reduction Client Advisory committee.

1. What activities does the Harm Reduction program use to engage clients? Are these activities effectively producing the desired outcomes?
2. Are available resources being effectively utilized to achieve desired outcomes?
3. What is the visibility of the Harm reduction services offered at the Parkdale Community Health Centre among partner agencies in the community?
4. How do community agencies view a current or potential partnership with the Harm reduction program at the PCHC?

In order to best answer these questions, a two-tiered approach was taken in the evaluation. It focused on two specific groups of stakeholders and how they relate to the Harm Reduction program; how clients *access* Harm Reduction services at the PCHC and how *aware* the community partners are of the program.

Methodology

In an effort to make the evaluation process more participatory, the Harm Reduction Client Advisory group was consulted about the evaluation methods and invited to give feedback. As there was no established evaluation budget, inviting clients to participate in an evaluation committee without compensation was not deemed appropriate. Rather, it was decided by the Advisory group that a brief survey would be the most effective way to allow clients to contribute to the program evaluation. In the same manner, another survey was developed to gain input from partner agencies. Other methods, such as observation and document review, were employed to increase the rigour and depth of the evaluation.

Survey

Three surveys were developed to assess the level of knowledge about the Harm Reduction services and activities at PCHC among clients and partner agencies.

- Client surveys were developed based on evaluation questions 1 and 2, and were made available to clients in the HR room, during outreach and at groups over a one month period. The surveys were anonymous, and most clients were willing to fill it in the HR room while some felt more comfortable to take the survey with them and return it completed.
- Peer worker surveys were developed to assess the level of knowledge and comfort the outreach workers felt they have around issues related to Harm Reduction and the program.
- Partner surveys were developed based on evaluation questions 3 and 4, and were administered online through a subscription service. Community agencies, identified in consultation with the DPHCE and HIV/AIDS Harm Reduction worker, were contacted through email or phone and asked to provide feedback.

Observations

The evaluator worked with and observed the Harm Reduction program over a period of four months. One half hour observation session was recorded in field notes to provide a qualitative data set for the evaluation (see Appendix B for Field Notes).

Document review

Documents were provided outlining the organizational structure of the PCHC, which allowed the evaluator to identify the key staff, history and activities of the Harm Reduction program. As well, funding applications and past evaluative summaries were assessed.

Client Access

Survey results

The client survey was completed by 28 clients, with 2 of the surveys administered orally. Of the respondents, 15 identified as men, 10 identified as women and 3 preferred not to answer. The age demographics of the respondents was represented by 11 respondents aged 25-44, 15 respondents aged 45-64 and 2 who preferred not to answer.

When asked about how well they felt that the Harm Reduction program addresses their needs and provides the appropriate supports, all respondents replied positively (see Fig. 1). 75% of respondents strongly agreed that the HR program was able to link them to the appropriate services at the PCHC or in the community, and 82% of respondents strongly agreed that the HR program staff were approachable and made them feel comfortable to ask questions.

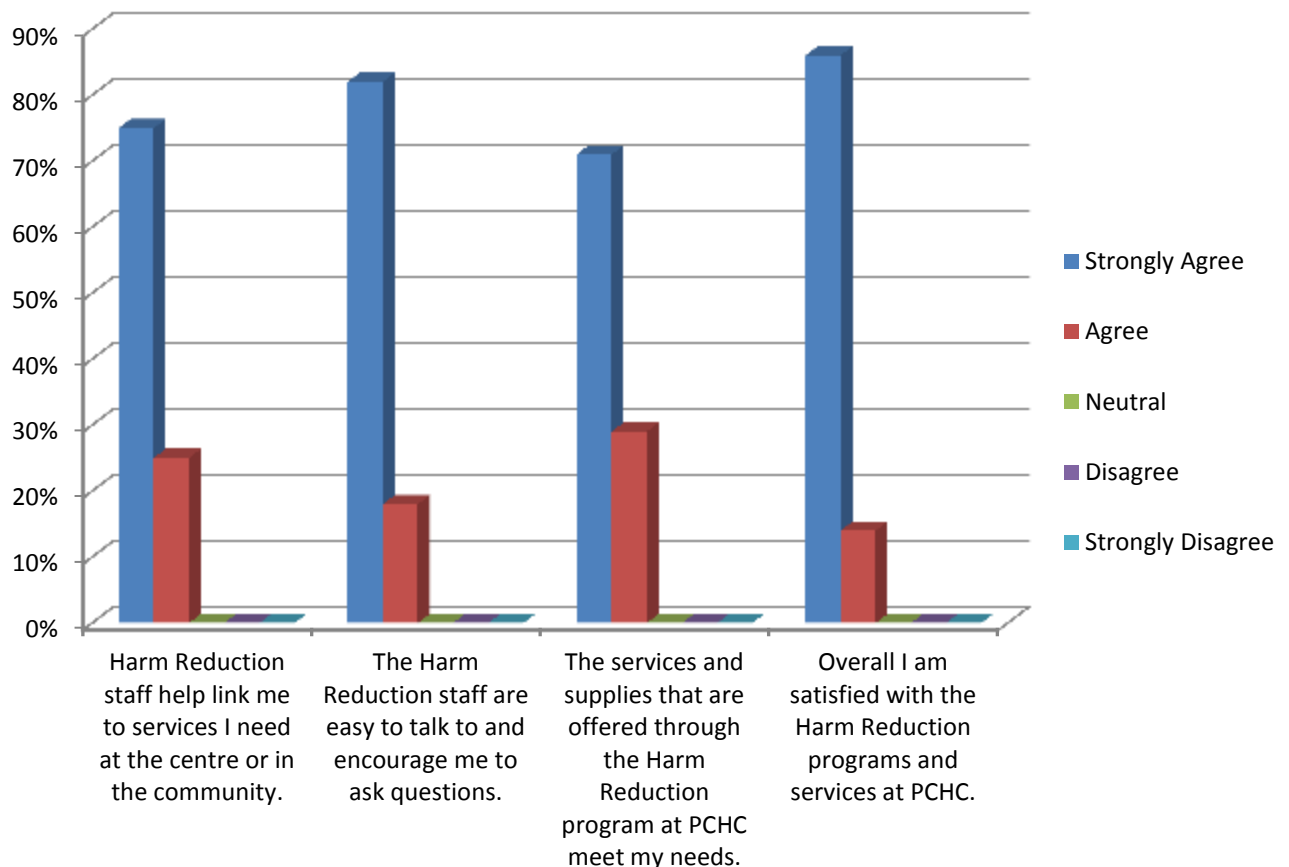


Fig. 1: Harm Reduction Client survey responses.

Of the services available to clients during the hours the HR room is open, 75% of respondents come to talk and have snacks, 71% of respondents pick up supplies, 64% come to the room for support,

39% come for information on Harm Reduction and 25% use this time to drop off used materials (see Fig. 2). Other given types of service use included getting tested for HIV and getting information about Harm Reduction groups and what is happening in the community.

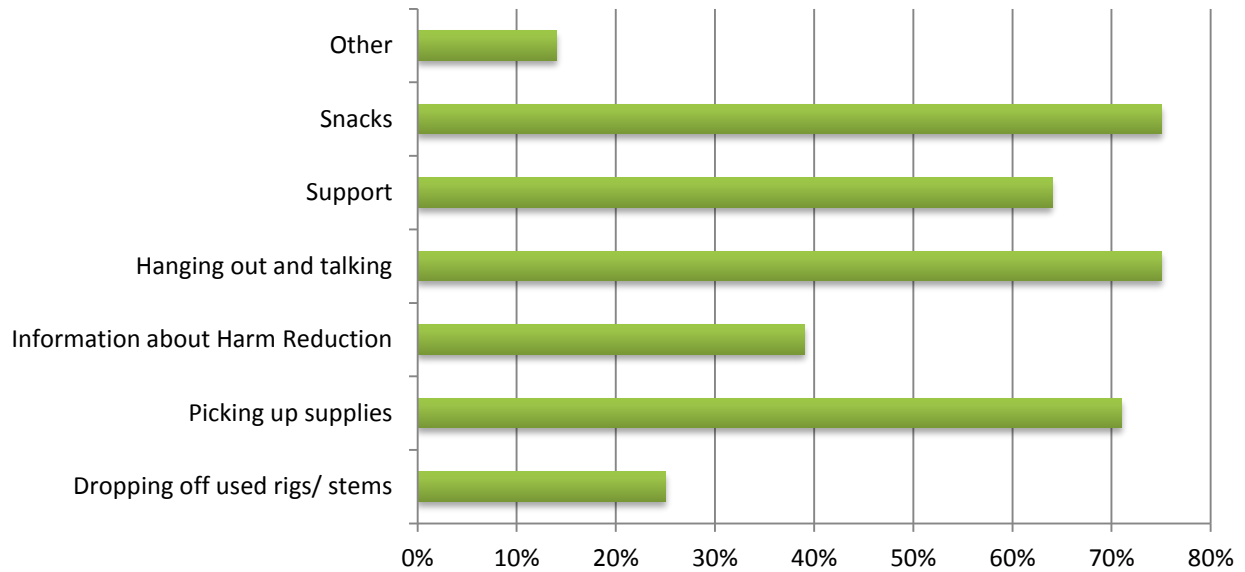


Fig. 2: Harm Reduction client survey breakdown of service use.

Clients were asked to estimate how often they use the services offered by the HR program at PCHC (see Fig. 3). 54% of respondents reported using the services a few times a week, while 18% reported using them at least once a week. 7% of respondents use the services every few weeks, 18% use them once in a while and 3% reported never having used the services offered by the Harm Reduction program.

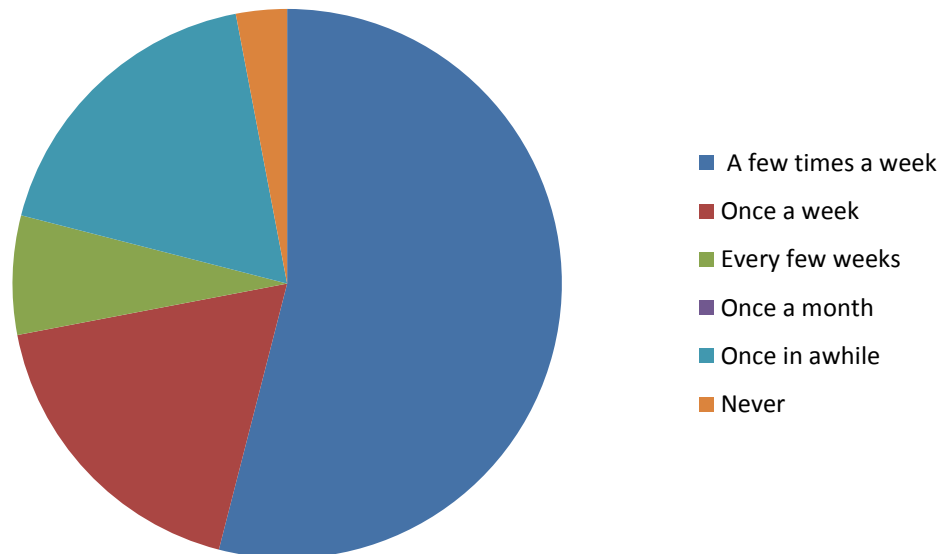


Fig. 3: Harm Reduction client survey frequency of service use.

Of the respondents who provided what ethno-cultural background they identified with, the majority of individuals self-identified as having a European ancestry and almost 25% of the respondents identified as being Aboriginal. 41% of the respondents were between the ages of 25 and 44, and 56% reported being between the ages of 45 and 64.

Client feedback

While the survey was able to provide quantitative data of the clients' view of the Harm Reduction program, there was also an opportunity for clients to express where they felt that the program was doing well, and what could be done differently. Some responded with complimentary responses for the services provided,

"They are compassionate, non-judgemental and encouraging. A little bit of that goes a long way- more than non-addictive people realize."

"Anytime I come here I'm always sure I can say or ask anything I need to know."

while others provided suggestions for service improvement,

"More [outreach] people on the streets at different times."

"I would like to see people being able to get tested for everything, other than the HIV/AIDS test."

"Make more space available, and change the layout of the office/rooms."

Observations

Observations were conducted throughout the evaluation period, through engagement with the client population during Needle Exchange hours and participating in client-based groups and the Client Advisory Committee. It was found that many of the clients who use the Harm Reduction services at the PCHC are dealing with alcohol substance abuse issues, and mental health issues. Most regular clients are very open about their challenges, and some feel comfortable to come into the HR office during times of crisis to seek food, clothing, referrals and support. However, while many clients are comfortable in the HR office and with its staff, some have strong negative opinions about using other services at PCHC, including the clinical services.

The free phone placed in the antechamber of the office is used frequently by clients to make calls to their social workers, housing supports and other clinical services, including methadone programs. It was observed that clients are generally respectful of others when they are using the space, and that educational pamphlets, The Works number and community postings are read by most clients if placed in the Harm Reduction room.

Document review

The document review consisted of reviewing funding proposals, evaluative summaries and annual reports dating back approximately 5 years. In the 2010-2011 funding year there was over 4845

contacts with members of the Parkdale community. The Harm Reduction office is open for drop in clients 3 hours a day in the afternoon, and there is approximately 6 hours of street outreach per week. The target service population, as stated within the funding application, include people living with HIV/AIDS, sex workers, newcomers, off reserve aboriginal people and youth who are at high risk of STIs and pregnancy.

The ethno-cultural make-up of the population of Parkdale is 76% Caucasian, 7.5% Aboriginal and 16.5% people of colour (African-Caribbean, Tibetan, East Asian, South Asian and Roma).

Peer Workers Perspectives

The HIV/AIDS Peer Workers provided a unique perspective for this evaluation because they represent both frontline staff and members of the community; some of the peer workers identify drug-users and sex workers which allows them to make meaningful connections with clients. All 3 of the current Harm Reduction peer workers completed the survey. From these it was found all of the peer workers agree or strongly agree that they feel confident to provide referrals to clients for services at the centre or in the community. As well, all 3 peer workers felt that they were somewhat comfortable or very comfortable talking to clients about harm reduction strategies. 2 workers strongly agreed that the services and supplies provided by the HR program met the needs of their clients, while 1 was neutral in opinion. Finally, all peer workers agreed or strongly agreed that they were satisfied with the training and supervision they received.

Some comments and suggestions made by the peer workers include,

“More training on referrals, overdose prevention and injection drug use.”

“Have an evening needle exchange shift.”

Partner Agency Awareness

Of the 8 community agencies and partners contacted to provide feedback for the evaluation, 5 surveys were completed. The agencies which have participated include,

- Parkdale Activity Recreation Centre
- Sistering
- COUNTERfit (at South Riverdale CHC)
- PARC Edmond Place Housing
- The Works

Survey

All agencies report having partnered with the Harm Reduction program at PCHC for events, actions or advocacy in the past. These partnerships include street outreach, Needle Exchange Coordinating Committee, K.A.P.O.W. outreach group for women and workshops and presentations in collaboration with other community health centres and peer workers (i.e. Bad Date Coalition presentation with South Riverdale CHC).

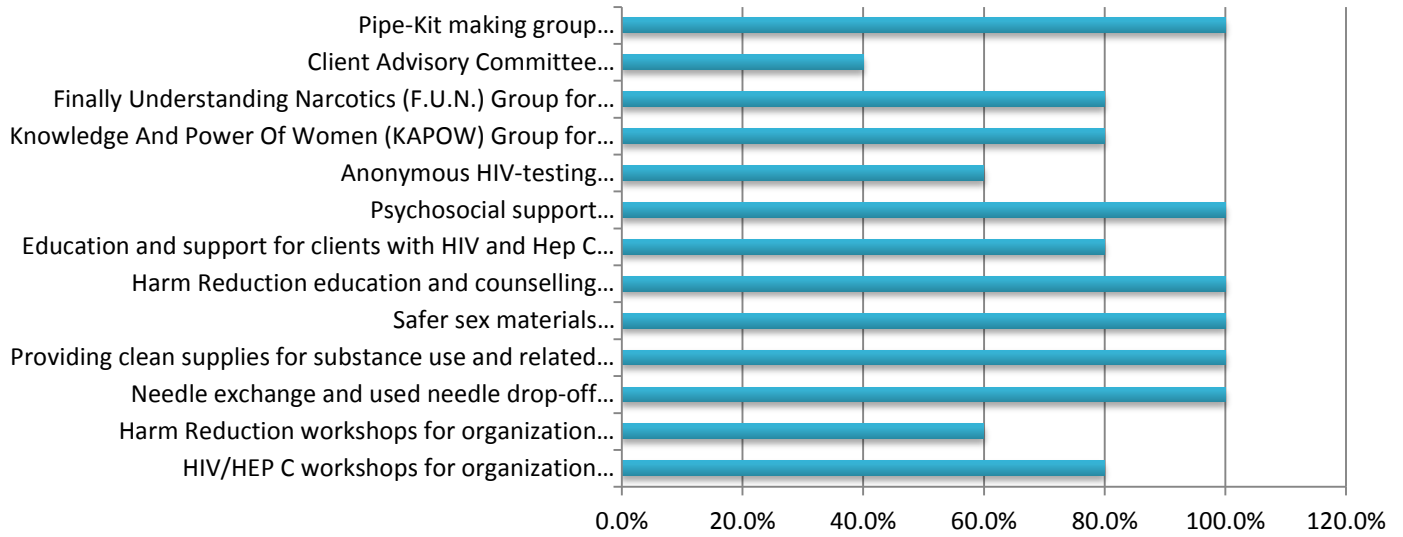


Fig. 4: Harm Reduction partner survey, knowledge of services offered by the HR program at PCHC.

The partner agencies were also asked to consider what benefits or advantages they felt that they gained from having a partnership with the Harm Reduction program at the PCHC (see Fig. 5). All respondents considered a partnership to be beneficial for acquiring useful knowledge about services and programs in the community, to demonstrate partnership engagement for funding requests, to have a greater impact in the community, to enhance their ability to meet the needs of their clients and to develop valuable relationships that would lead to future partnerships. 60% of respondents agreed that a partnership with the HR program enhances their ability to affect public policy and increased their development of new skills. Approximately 80% of the respondents felt that the partnership enhances their capacity to address important issues in the community and 40% agreed that the partnership heightened their public profile.

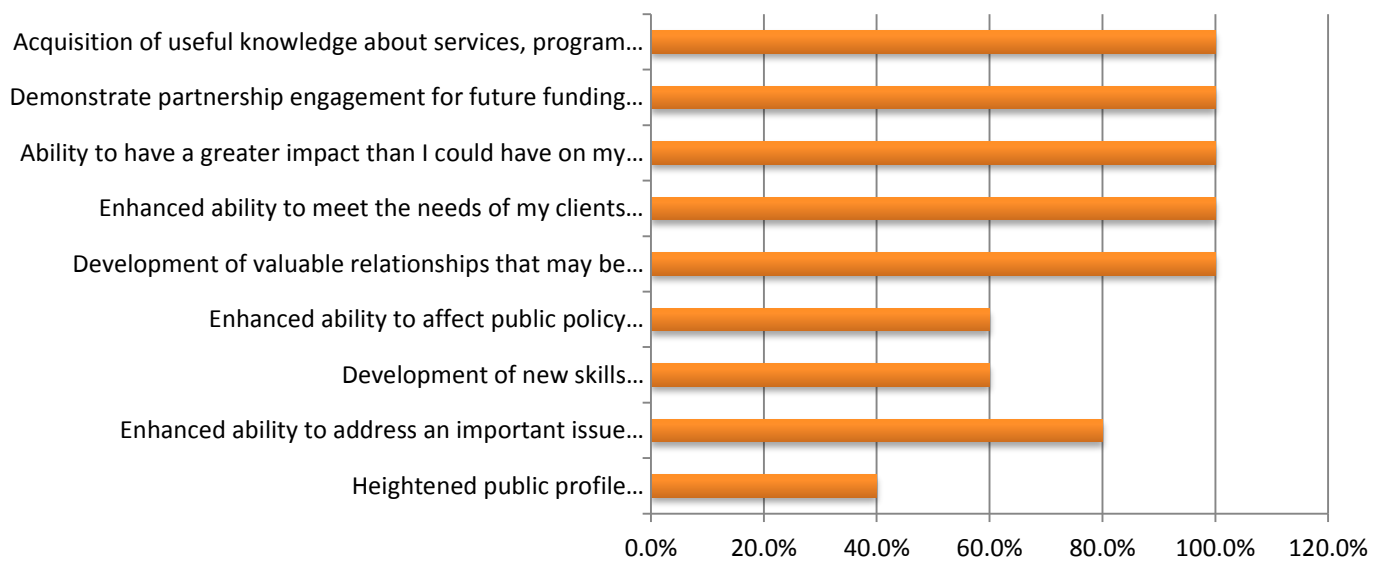


Fig. 5: Harm Reduction partner survey, benefits of partnership with HR program at the PCHC.

Past assessments & evaluations

While there have not been any past evaluations of community agencies that partner with the PCHC Harm Reduction program, assessments and evaluations of specific activities and collaborations have taken place. In the past, the HR program has partnered with community agencies around events for significant dates for promoting harm reduction activities, such as World AIDS Day, World Hepatitis Day and National Aboriginal Day. As well, agencies have partnered with the HR program to run workshops and training with peer workers on Boundaries, HIV/AIDS, Basic Counselling and Hepatitis. Post-training evaluation forms from a Harm Reduction 101 training session in partnership with Queen West CHC and Sistering show that 100% of the peers felt that their knowledge of harm reduction had increased as a result of the training, and that 100% of the peers felt comfortable discussing and educating others on harm reduction strategies.

Feedback from community agencies

Suggestions made by community partner agencies for improving Harm Reduction activities at PCHC include,

“More outreach in areas North of Bloor with Sistering peers.”, “More outreach partnerships. Community Advocacy”

“Wider range of hours for harm reduction supply distribution.”

“Continue to develop more opportunities for Peers.”

The community partner agencies were also asked to identify any new or emerging priority areas. The responses included keeping abreast of emerging drug patterns in the community in order to provide clients with relevant, timely and effective information (for example the increased injection of fentanyl patches); focusing on women who are drug users as much of harm reduction info is developed by men and often women's drug use trends are underrepresented; and increased efforts to reach the transgendered community in Parkdale.

Key Findings

Immediate Outcomes

The evaluation of the Harm Reduction program at the Parkdale Community Health Centre identified areas where the program activities are achieving or working towards its short-term objectives. There is increased access to healthcare services through the work of the Homeless, Addictions and Mental Health cross- agency team and the many partnerships in which the Harm Reduction program engages. The availability of anonymous HIV testing in the Harm Reduction room and after-hours injection and smoking kits from the medical secretaries greatly increases access to healthcare and harm reduction services for many individuals. However there may still be barriers to increasing accessibility to

the healthcare services at PCHC in the form of discomfort and mistrust of services and staff outside of the Harm Reduction program.

The Needle Exchange office hours and outreach times are necessary to increase the use of harm reduction strategies among the target population. While there are consistent times for these activities, it was found that there may be a greater need for more outreach hours in the community. As well, while there is a vast amount of accessible information regarding harm reduction strategies for drug users, there is very little information geared to the large population of homeless and under-housed individuals dealing with alcohol addiction in Parkdale.

The inclusion of community members and clients in the Client Advisory group allows for community involvement and advocacy among the target population of the Harm Reduction program. In addition to this internal group, events organized in partnership with other community agencies can educate the community and provide a forum for further advocacy.

The varied partnerships that have been formed between the Harm Reduction program and other community agencies allows for increased referrals to social services in Parkdale. However, the number of referrals provided to clients may not be as high as it could be, in part due to the limited referral training provided to the peer workers.

Intermediate Outcomes

The intermediate outcomes identified for this program include the improvement of health equity and the distribution of health across the population of Parkdale. While the Harm Reduction program is using various ways to engage clients, many segments of the population are not being represented and therefore preventing the achievement of this outcome. People who are not being engaged through the program on a regular basis include youth, substance users from various cultural backgrounds and women who are not sex workers.

Through events and partnerships, the program is increasing the awareness of Harm Reduction in the Parkdale Community. However, there is continued stigma and a lack of knowledge about substance use and harm reduction in Parkdale. This could be addressed through open workshops for community members and other agencies.

Final Outcomes

As this was a process evaluation, it is difficult to assess the Harm Reduction program's progress towards the final outcome of a healthy, knowledgeable, safe and inclusive Parkdale for all members of the community. However, if the Immediate and Intermediate outcomes are fully realized, then the Final outcome of the program will be within reach.

Action Steps/ Recommendations

- ***Engage youth***

Partner with youth-centred community organisations or events to engage Parkdale youth about Harm Reduction strategies and other services offered at the Parkdale Community Health Centre.

- ***More focus on alcohol abuse***

As alcohol abuse is prominent among many clients of the Harm Reduction program, and the PCHC, developing workshops and programming focused on alcohol harm reduction strategies would benefit the community. Alcohol abuse is also associated with both high risk sexual behaviours and drug use, so it is important to recognize this within the programming at the centre. As well, partnering with other organisations or agencies that have alcohol-specific programming would allow for more directed and relevant information as well as a greater ability to provide assistance and referrals to clients.

- ***Formalize partnerships***

Evaluate existing partnerships to assess the level of commitment and participation from each party involved. If there are issues within the partnership, create a terms of reference to formalize the responsibilities of each agency. Invite partnerships from other agencies, and focus on developing relationships with multiple contacts and team members to allow for future partnerships with other PCHC programs.

- ***Train and engage other staff in the Centre with Harm Reduction strategies***

Develop directed workshops and continuous training to increase harm reduction knowledge among staff. Having staff more knowledgeable about harm reduction methods and services may lead to clients feeling more comfortable using other clinical and social services at the PCHC.

- ***Make outreach phone numbers and times more available to clients***

Increase the visibility of the outreach phone number and hours for clients who are coming to access harm reduction services outside of office hours. Post this information on the front doors, provide it to the medical secretaries and clinical staff and ensure that the peer workers are distributing their cards (and The Works phone number) when on outreach.

Limitations of Evaluation

Although this evaluation was able to identify many strengths and some areas for improvement in the Harm Reduction programming at the Parkdale Community Health Centre, it was limited by a few factors that were not considered initially in the planning or were out of the scope of the evaluation.

- Although the client survey was designed to be brief, many clients who frequent the HR room during exchange hours were in a rush and felt that they would not have time to complete the survey which reduced the sample size.
- Low literacy rates in community could have led to some clients opting not to complete the survey, or not completing all sections fully.
- Due to funding guidelines, no evaluation budget available to facilitate client compensation. This may have affected the number and types of clients willing to participate in the evaluation activities.
- A very low response rate from agencies contacted to complete survey. This could be improved if the timeline for the evaluation was longer and there was more time for follow-up with agencies.
- Small sample size (28 clients out of over 4500 encounters), and the clients who participated were self-selected.

Conclusion

The evaluation of the Harm Reduction program at the Parkdale Community Health Centre explored the many activities and services of this long standing community-based program. Through the perspectives of its clients, peer workers and partners the current impact of this program was assessed. In many ways the Harm Reduction program is meeting or moving towards its objectives, and if it continues to grow and change to meet the needs of its clients, should achieve the final outcome of a healthy, knowledgeable, safe and inclusive Parkdale for all members of the community. Following this evaluation, it is hoped that the program will continue to assess the success of its activities and partnerships, and value input from clients and the community.

Sources and Acknowledgements

City of Toronto. (2006). Distribution of Safer Crack Use Kits Fact Sheet.

International Harm Reduction Association (2011)., www.ihra.net

Parkdale Community Health Centre
www.pchc.on.ca

Parkdale Community Legal Services
www.parkdalelegal.org

Richer, C., Htoo, S. Kamizaki, K., Mallin, M., Goodmurphy, B., Akande, A., and A. Molale (2010). Beyond Bread and Butter: Towards food security in a changing Parkdale.

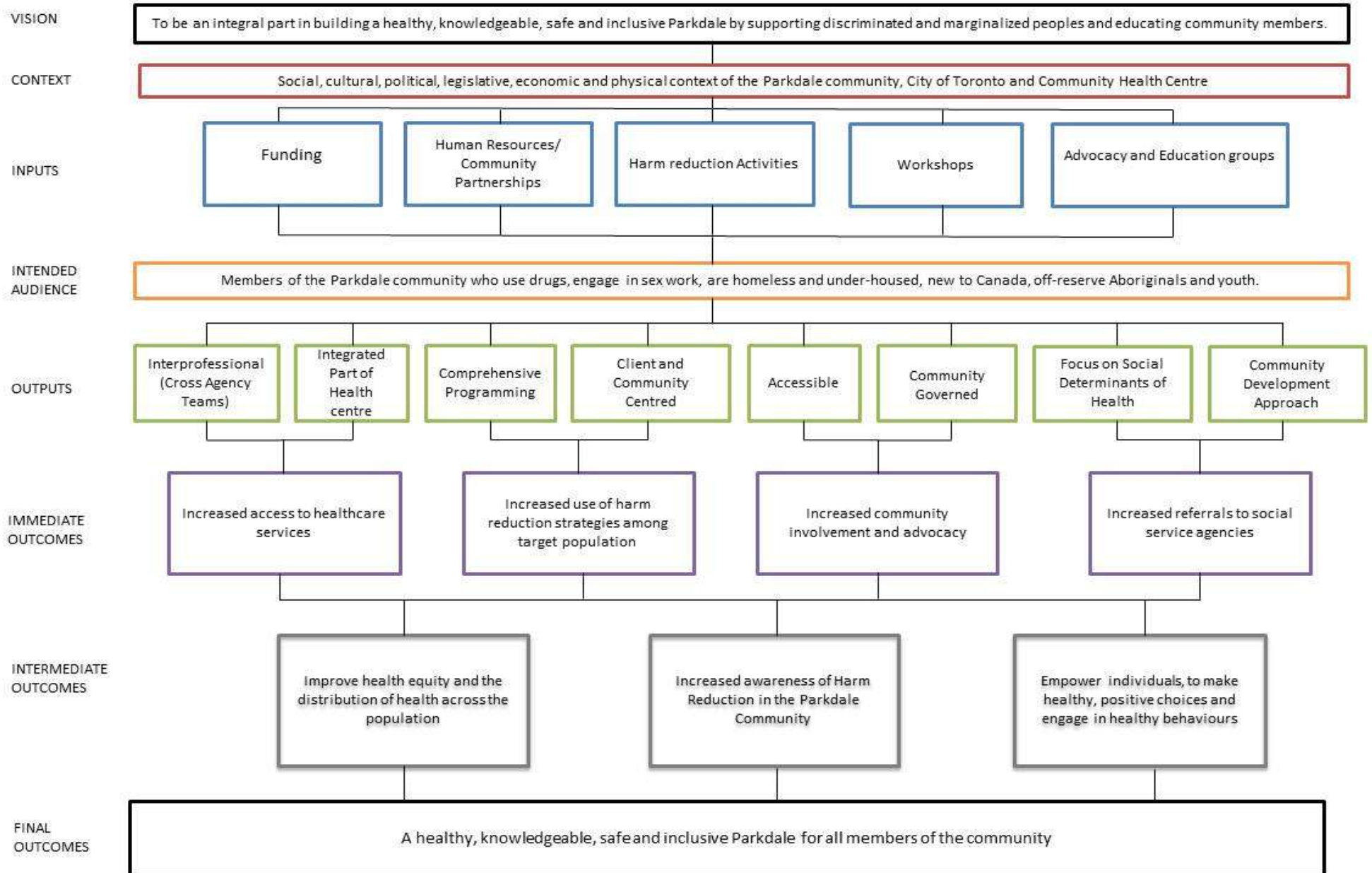
Street Health Report. (2007). Homelessness and Crack Use.

Strike, C., Leonard, L., Millson, M., Anstice, S., Berkeley, N., & Medd, E. (2006). Ontario Needle Exchange Programs: Best Practice Recommendations.

United Way. (2003). Engaging Users, Reducing Harm. From www.unitedwaytoronto.com

Appendix A

PCHC HARM REDUCTION PROGRAM LOGIC MODEL



Appendix B

Observation Field Notes

Tuesday June 14, Harm Reduction office at Parkdale Community Health Centre

This observation was conducted during the PCHC Needle Exchange opening hours, between 2:30 and 3 pm. The Harm Reduction office is located at the front entrance of the Parkdale Community Health Centre, before the main foyer. The Harm Reduction office had been open for half an hour but no clients had yet come in.

The HIV/AIDS Harm Reduction worker was sitting at the computer desk closest to the window, and the observer was sitting at the work desk in the middle of the office. In front of the desk was a chair; behind the work desk was a storage unit of Harm Reduction supplies and two mini-fridges which hold cold water bottles and snacks. On the desk were pamphlets about Harm Reduction strategies and community events and notices. There were posters on the wall depicting clean injection practices and supplies that are useful to have for people who use crack on a regular basis. In the far corner beside the closet there was a food cart with some snacks on it (crackers, cookies, juice). There were consistent sounds of people walking past the office door into the rest of the PCHC.

A client (C1) walked into the room approximately 5 minutes after the start of the observation. C1 was a male in his late 40s with long red hair and a beard. He was wearing a dark t-shirt, flannel long sleeve over-shirt and dark jeans. When C1 walked into the office he greeted the staff and stood close to the doorway to the antechamber. He seemed comfortable in the space, and used his hands as he talked. C1 talked about how his day was going, then sat down in the chair in front of the desk and leaned on the top of it. He continued to talk about his day, and referred to himself as a “drunk”, while still maintaining a positive demeanour. He referred to being an injection drug user in the past, but was adamant that he no longer engaged in this activity. He also browsed the pamphlets on the desktop and asked about upcoming groups or events at the health centre. When offered a water bottle by the HIV/AIDS Harm Reduction worker, he accepts and puts it to the side.

At around 2:45pm, there a sound from the antechamber to the office and a person can be seen in the bubble mirror sitting down at the phone. It is hard to tell who this person is and they do not come into the office to acknowledge the staff. They can be heard talking low into the phone, hanging up and dialling again. The HIV/AIDS Harm Reduction worker restocks the water in the mini-fridge behind the desk.

At approximately 2:50pm another client walks into the office. This client (C2) is a short male who is unshaven and wearing a baseball hat, light jacket, t-shirt and jean shorts. He greets the staff and claps C1 on the shoulder with his hand. It was obvious that they knew each other and were comfortable sharing the same space. C1 gets stands up out of the chair and asks for another water bottle. He says goodbye to the staff (“bye girls”) and C2 and then leaves the office. C2 was eager to talk to the HIV/AIDS Harm Reduction worker and sits in the chair. He asks for water and grabs a snack from the cart beside him, then requests some paper and pen to joint down some notes. He was intoxicated, but was able to communicate and maintain a conversation.

Another client walked into the office quietly, but seems anxious and in a hurry, This client (C3) was a younger male wearing a black t-shirt and baggy jeans, and he pointed to the pre-packaged harm reduction supply kits, asking for 1 inhalation kit and 1injection kit. He wanted them in a brown bag and left before the staff could ask for his information. C2 continued to chat to the HIV/AIDS Harm Reduction worker.