

**Connections amidst Complications:
An Evaluation of the Outreach Support Program at Positive
Women's Network**

by

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Ethics Statement



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or

- b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

- c. as a co-investigator, collaborator or research assistant in a research project approved in advance,

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Abstract

Outreach support programs are part of the continuum of care for people living with HIV. The outcomes of these programs can be classified into two types: healthcare and non-healthcare services. Outreach support programs can help to overcome barriers to both types of services for people living with HIV. An evaluation of the outreach support program at Positive Women's Network was done to capture the components and outcomes of the program. Interviews were conducted with the outreach support worker and five program participants. Results found that despite complications, the outreach support program was able to create meaningful connections with members of Positive Women's Network. Program activities included providing aid with food, transportation, and housing, helping participants to access healthcare, providing support at appointments, and undertaking outreach to women in the federal prison. The evaluation findings are consistent with and build upon existing literature. More studies examining outreach support programs in different contexts are needed to further the body of literature and support for outreach programs.

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1 INTRODUCTION

Community based HIV outreach programs began in response to the burgeoning HIV/AIDS epidemic. These programs are generally considered to be part of ancillary care services in the HIV cascade that ranges from prevention, to treatment and care. Outreach programs fill important gaps in the HIV cascade and produce important outcomes for people living with HIV/AIDS. Often, outreach programs go beyond issues of quality of care and work to improve the broader quality of life for people living with HIV. Thus, these programs may include, but are not limited to, working on issues such as access to healthcare and treatment.

From their inception, outreach programs have been innovative, using bottom-up approaches guided by the community, rather than follow models used by the agencies at the time (Cannon Poindexter, 2007). The first outreach support programs developed from models that focused on flexible, individualized, culturally appropriate care and provided services unfilled by other organizations or healthcare services (Cameron, Lloyd, Turner, & MacDonald, 2009; Cannon Poindexter, 2007). Outreach programs are often financially insecure and run on limited budgets from informal or varied funding mechanisms (Cannon Poindexter, 2007). The current literature on outreach support programs can be classified into two types of outcomes- those related to the use of healthcare services and non-healthcare services.

Several obstacles exist for people who have been infected with HIV which affect their ability to access treatment and care. A variety of factors have been shown to relate to poor use of medical care including: stigma, incarceration, mental illness, a lack of trust in the healthcare system and healthcare providers, negative healthcare provider attitudes, previous illnesses, transportation, mental health support, and housing (Rajabiun et al., 2007; Schlueter, Thompson, Mason, Rayton, & Arriola, 2010). Studies have shown that outreach support programs help to reduce these barriers and help to stop the

cyclical nature of patient engagement in medical services (Cannon Poindexter, 2007; Rajabiun et al., 2007; Schlueter et al., 2010; Sherer et al., 2002). Overall, studies found that outreach support was positively associated with receiving subsequent or continued healthcare (Crook, Browne, Roberts, & Gafni, 2005; Cunningham, Sanchez, Li, Heller, & Sohler, 2008; Rajabiun et al., 2007; Sherer et al., 2002). The methods through which outreach support programs improved access to healthcare were found to vary across each study. Common themes included building relationships and trust to engage clients, assisting with transportation, accompanying clients to appointments and advocating for clients (Cameron et al., 2009; Rajabiun et al., 2007; Schlueter et al., 2010; Sherer et al., 2002). The episodic nature of HIV and associated illnesses mean that people living with HIV experience fluctuations in their need for healthcare and outreach support services (CATIE, 2010). Thus, through creating connections and providing services outreach support programs work to help alleviate some of the barriers to accessing care for people living with HIV.

Outreach support programs also fill the gaps left by the healthcare system and support people through the episodic nature of HIV and associated illnesses. They are one mechanism to produce social support and decrease the economic and psychosocial impacts of HIV (Cannon Poindexter, 2007). They have been found to alleviate the psychosocial impacts of HIV, such as isolation, stigma, and mental illness through providing emotional and social support; filling gaps where family and friends cannot (Cameron et al., 2009; Krause, May, & Butler, 2013; Schlueter et al., 2010). Connections with outreach workers can help people living with HIV/AIDS overcome such barriers. Outreach support programs also connect clients with other agencies, helping them to engage in services that improve their quality of life. Several studies found that outreach support programs helped people living with HIV/AIDS to connect with food and housing support services (Cameron et al., 2009). Outreach programs have also been shown to help provide transportation or subsidies to decrease barriers to accessing services (Cameron et al., 2009; Rajabiun et al., 2007; Schlueter et al., 2010; Sherer et al., 2002). Due to the episodic nature

of HIV, these non-healthcare services help to support people living with the disease as the support they need varies through periods of relative wellness and illness.

Some outreach support programs have focused on specific, vulnerable populations, such as women. Women face different biological, social, economic and cultural risk factors that affect their risk of contracting HIV and their life course with HIV. Women are more biologically susceptible to HIV than men during sexual encounters (Quinn & Overbaugh, 2005 as cited in Whetten, Reif, Whetten, & Murphy-McMillan, 2008). Seventy-five percent of new infections in women are caused by heterosexual sexual contact and the rate of infection through heterosexual sexual contact is higher for non-Caucasian women (CCIDC, 2012). Scholars have suggested that power relations play a role in sexual transmission of HIV for women (Whetten et al., 2008). The World Health Organization has determined gender inequities to be a key driver of the HIV epidemic (PHAC, 2012). Women who are infected are less represented in the labour force as they stay at home during the young child-bearing years, leaving them more vulnerable to be in financially dependent relationships (PHAC, 2012). Women also face unique obstacles such as accessing childcare, lack of partner support, negative attitudes from peers and family (CATIE, 2010). To overcome these obstacles, women are more likely to need case management support, transportation, mental healthcare, and substance abuse services (Sherer et al., 2002). Furthermore, HIV disproportionately affects certain groups of women including those who identify as Aboriginal, are from countries where HIV is endemic, are incarcerated, and those who use injection drugs (CCIDC, 2012). The rate of infection through heterosexual sexual contact is also higher for non-Caucasian women (CCIDC, 2013). This information suggests that women-specific outreach programs, focussing on the social, economic, and cultural risk factors, and which target specific groups of disproportionately affected women could be beneficial.

Although there is some evidence detailing the benefits of outreach support programs, additional literature is required to help understand the effects of outreach support programs on people living with

HIV/AIDS. Although much of the literature focuses on the impacts outreach programs have on accessing healthcare, there is little data on the impact of outreach support programs on health and quality of life for people living with HIV (Sherer et al., 2002). Furthermore, there is a lack of performance monitoring and evaluation of successful model of care (Woods et al., 1998). Due to better treatment options, people are now living longer with HIV and models of care need to shift to accommodate the changing demographics. Outreach support programs have been shown to fill gaps left by healthcare services, gaps which will only continue to grow with the changing need associated with living with HIV. In the face of changing demographics, HIV outreach support programs must continue to remain flexible and responsive to the changing needs of this population. Despite the need for and the focus on women, a lack of literature pertaining to the evaluation of outreach support programs for women affected by HIV exists. In 2012, CCDIC suggested that HIV programs need to consider the impact of underlying inequities in women's lives, address these causes and focus on empowering women (CCDIC, 2012).

It is in this context that Positive Women's Network serves women living with HIV in British Columbia. Positive Women's Network started in 1991 and has evolved to be a national voice on support services and health promotion for women living with HIV. They are a community-based organization for women who are living with or affected by HIV. The organization provides support, advocacy, HIV education, health promotion resources and community connections to its members. Positive Women's Network runs an outreach program as part of its support program. A part-time outreach support worker works one-to-one with Positive Women's Network members and at-risk women. This support varies from meeting with peer educators in the women's federal prison to delivering groceries, or supporting women at appointments. Due to the impending retirement of the outreach support worker in April 2015, Positive Women's Network commissioned an evaluation of the outreach support program. The goals of the evaluation with Positive Women's Network were two-fold. First, the retirement of the outreach support worker in April 2015 meant that Positive Women's Network wished to capture

knowledge about the routine components of the outreach support worker's work, including the types of support she provided and the ways that she provided support. Second, Positive Women's Network also wanted to understand how the outreach support program affected the lives of Positive Women's Network members.

2 METHODOLOGY

A process and outcome evaluation was conducted to fully capture these topics. Process evaluations capture information to understand how and why a program was implemented while outcome evaluations focus on how effective the program is and the extent to which it made a difference or provide the services needed (Harris, 2010, p.94).

To achieve the process and outcome evaluation, a utilization-focused evaluation approach was used. Utilization focused evaluations are guided by two overarching principles. First, that the end-users of the evaluation are clearly identified and engaged from the beginning of the evaluation process. In this case, PWN was engaged throughout the evaluation process. Second, that the use of the evaluation by the end-users guides all the decisions made about the evaluation process (Utilization-Focused Evaluation, 2013). Utilization focused evaluation can utilize an array of tools to determine priorities, gather data, and analyze findings; tools include: focus groups, interviews, logic models, questionnaires, budget tracking, and workshops (Evaluation Toolbox, 2010). Positive Women's Network preferred using methods such as interviews and stakeholder meetings rather than focus groups or logic models. Evaluation activities included interviewing the outreach support worker and outreach support program participants (here within called 'participants'), and descriptive analysis of outreach support statistics. Positive Women's Network staff were included in the development of the evaluation framework and questions and data analysis and provided input into the final evaluation report.

An in person interview was conducted with the outreach support worker to understand how the current outreach support worker completed her daily activities. Topics included routine activities, types of support provided and how the outreach support worker sees the outreach support program effecting Positive Women's Network members. The interview also asked about the work that the outreach support worker did at the Fraser Valley Institute the federal women's prison in Abbotsford, B.C. The interview guide is attached in the appendices.

Telephone interviews were conducted with women who used the outreach support program in the past year and a half. Due to ethics and time constraints, the evaluator did not interview women participating in outreach support at the federal prison. Questions focused on the type of help the outreach support worker provided as well as what the women liked and didn't like about the outreach support program, and what was most and least helpful about the program. The interview guide is attached in the Appendix A.

The sampling strategy was initially intended to be purposeful but ended up being a convenience sample. The sampling frame was initially understood to be all women who had worked with the outreach support worker; only after working through the sampling strategy was the difficulty of contacting women fully understood. In actuality, the sampling frame consisted of a limited number of women: those women who (1) had worked with the outreach worker, and (2) had previously provided Positive Women's Network with a telephone number that was still a working telephone number, and (3) were still contactable through that telephone number. Before the limited sampling frame was apparent, four months (January 2014, April 2014, October 2014, and January 2015) were purposefully chosen from the outreach support worker's tenure to control for potential temporal biases. All women who had been served in those four months and had provided a telephone number when working with the outreach worker were eligible to be recruited for interviews; this resulted in a list of 13 women, although the telephone numbers for three of these women were later found to be out of service. Women's Network

staff conducted the recruitment, calling the women one to two times a week, leaving voicemails if there was no answer. If a participant picked up, Positive Women's Network staff would go through the recruiting script and set up a telephone interview time. The phone numbers as well as health authority of residence, ethnicity and program use information (one-time vs multiple-program user) were recorded. The aim was to interview eight participants; of the 10 women that were possibly contactable, only 6 women were successfully contacted. In reviewing these sampling results with Positive Women's Network, they reflected that the lack of ability to connect with members is common for this population and has proved to cause complications in providing support. Consideration was given to revising and augmenting the sampling strategy, which would have required an ethics amendment and a timeline extension. Due to the difficulty in reaching the women that were reached and the recognition that a form of saturation had been accomplished in the limited interviews possible from the initial sampling strategy, the sampling strategy was not revised to increase the potential number of women to recruit.

On-going, iterative analysis was done on the interviews. Preliminary themes were identified from the outreach support worker interview, and additional themes were added as participant interviews were transcribed and coded. The outreach support statistics for the 2014 fiscal year also were analyzed using descriptive analysis.

3 RESULTS AND ANALYSIS

A one-hour long in-person interview was conducted with the outreach support worker at her office.

Five program participants were interviewed. Each participant completed a telephone interview that lasted about 30 minutes. From those who were interviewed, three identified as Aboriginal, three lived in Fraser Health authority and all five had used the program more than once. The sixth woman who had been successfully contacted during interview recruitment was unable to schedule an interview within the time period of this evaluation.

The analysis of the interviews found several cross-cutting complications and strengths as well as detailed descriptions of the outreach support worker's in house and out of house work. Consistent across the analysis was the development of a deep connection between outreach support participants and the outreach support worker that facilitated the women to gain more stability in their lives and work towards independence and empowerment.

3.1 CROSS-CUTTING STRENGTHS

3.1.1 Creating Connections

Overall, the support the outreach support worker provided helped to create connections with the women. This personal connection was key to building trusting relationships. One participant said:

"You can talk with her. She's really good."

The outreach support worker also confirmed this by saying:

"Just the words support worker, those two words strung together means mostly just to be quiet and listen. To be the listener. To hear the story and to validate the person who's telling it."

Frequently, women referred to the outreach support worker providing support by listening and working with the women to solve problems. This intimate level of support and connection seemed to be the core of a successful support. Knowing that someone reliable was available for support provided the women with security and stability.

3.1.2 Independence and Empowerment

The security and stability provided by the outreach support worker enabled participants to be able to make positive steps towards increasing their independence and working towards their goals.

Participants discussed how the outreach support worker helped them to become more independent:

“In the beginning I was needy of her, but then when I started being independent and all that decreased”

Other participants referred specifically to empowerment, such as described.

“I didn’t think I could [testify in court]. And, actually it felt good. And she helped me with empowering myself”

Through providing outreach support, the outreach support worker created a secure and stable environment in which the women could work towards gaining independence and feeling empowered.

3.1.3 Phone and Text Messaging

Strengths of the program included the use of phone and text messaging. Participants identified that although the outreach support worker only worked three days a week, she would take the time to let women who had tried to contact her on her day off that she was back in the office and available.

“When you leave her a message, she calls you back and says that she’s back at work and you can understand it. You know she’s off. As long as she gets back to us right away, you know she’s there.”

Women also liked that they could text the outreach support worker for support and the outreach support worker would be able to text back, even if she was currently supporting a woman. This process made the women feel heard and valued. Additionally, Positive Women’s Network identified that often women may not have cell phone plans with calling minutes, therefore texting is an important mode of communication for Positive Women’s Network members.

3.1.4 Stigma and Discrimination

Women who have HIV experience higher levels of stigma and discrimination. Participants identified that the outreach support worker supported them in situations where they were facing discrimination. One participant stated that:

“[Some women in my building] have the same problem [of discrimination] with our landlord because they found out about our HIV status”

Participants also mentioned discrimination in other situations, outside of landlord disputes that negatively affected them. One participant described how the outreach support worker helped her place a complaint against another organization. She said:

“Just recently I had a complaint against of the staff at [an organization]... [the outreach support worker] came with me and we talked to the supervisor... I didn’t think I could do it... [the outreach support worker] helped me with empowering myself”

3.2 CROSS-CUTTING COMPLICATING FACTORS

During the interviews, complications such as location and lack of time and routine were reported to affect the outreach support worker’s delivery of services. Reoccurring complications included illness, which affected participant’s use Positive Women’s Networks services. These factors were consistent across all types of help and were related to the need for increased support. All of the participants experienced these factors and their cumulative effects.

3.2.1 Location

Over half of the outreach support was provided outside of the Vancouver area. This indicated a high level of need that the outreach support worker was able to partially fill. The outreach support worker said:

“A lot of services currently exist in Vancouver. The downtown eastside has upwards of 50 programs operating right now. I know because I know a lot of the workers in those programs. And if a woman in Surrey needs help, there is nobody”

The outreach support worker went on to explain that food banks in Surrey did not do deliveries. This was consistently mentioned by women living in the Fraser Health Authority region as none of the support programs in those areas delivered food from the food bank.

3.2.2 Lack of Routine

The lack of consistent, routine work was a theme from the interview with the outreach support worker. Variability occurred among day-to-day tasks, type of support provided, and the type and amount of support requests received. The outreach support worker identified that variability existed within and between women. As the outreach support worker stated:

“There is no routine. With some women there’s a routine. But it’s a varied number of tasks I perform”

This lack of routine meant that the outreach support worker needed to be flexible in order to accommodate the variation in demands for support. It also meant that Positive Women’s Network and the outreach support worker could not predict the volume or types of support would be required in the future.

3.2.3 Lack of Time

The outreach support worker only worked 3 days a week, one of which was in office. The outreach support worker identified that she could not keep up with the demand for outreach support work. Her time working was limited to 2 days out of house and one day in house a week. As she stated:

“There’s 7 days in the week. I do outreach 2 of them and things happen on all 7 days, so [I can’t help with everything]”

Time constraints meant that the outreach support worker had to turn away requests for support. This was reflected in the participants’ statements when they mentioned that the outreach support worker would be booked in advance and therefore was less available for last minute support.

3.2.4 Illness

Most participants identified that their needs for support increased when they were feeling sick, whether physically or mentally. In discussing her struggle with depression, one participant said:

“Recently I was sad, she came and delivered my food. I didn’t have any help, I didn’t know what I would do. She gave me a reason in a time I didn’t have one”

Another participant mentioned that the concurrent illnesses and infections that coexist with HIV often interfered with her ability to maintain her health and wellness. She said:

“I think if I was by myself I’d be calling and cancelling the [doctor’s] appointment. But having somebody to drive me there and bring me back helps a lot. That makes it easier for me because sometimes I don’t feel well and then I just don’t want to go”

Participants identified that being ill, depressed or injured increased the likelihood of needing support.

Women expressed that the food delivery in a time of illness helped them to get better and to continue taking their medications. Participants found that transportation to and from doctors’ appointments during periods of illness also aided them. Participants expressed that during times of illness, extra support was required in order for them to maintain stability in their lives.

3.3 IN HOUSE (AT POSITIVE WOMEN'S NETWORK) WORK

The outreach support worker worked in-house at Positive Women's Network one day a week. Tasks completed during in house work included writing letters on behalf of the women to agencies such as BC Housing, the Ministry of Health, post-secondary funding bodies, or other agencies after home visits. The outreach support worker also helped Positive Women's Network and Positive Women's Network members develop workshop materials, and connected with the rest of the Positive Women's Network staff team to discuss serious issues a member may have in order to collaborate on the issue. The outreach support worker was also available to Positive Women's Network members for drop in support during her in house day. During this day, members could connect with the outreach support worker by phone, text, or drop in to discuss ongoing issues. Whether planning strategies for future outreach appointments (such as court cases, or issues the members or their family members were having), or discussing current issues, the outreach support worker provided a safe space for members to speak without judgement.

3.4 OUT OF HOUSE- OUTREACH WORK

The outreach support worker worked out of house two days a week. Recent changes to the outreach support program included providing support at Fraser Valley Institute and expanding outreach support outside of the Vancouver area. The process of expanding into Fraser Valley Institute is captured in the appendix titled *Entry into the Federal Prison System*. The scope of outreach program was expanded outside of Vancouver because of the abundance of services within Vancouver and the lack of outreach support in the Fraser Health Authority region. Outreach support statistics show that in 2014, 54% of support where location was recorded occurred outside of Vancouver; 46% of which was in the Fraser Health Authority region.

During these days, 167 instances of support were provided to Positive Women's Network members in the 2014 fiscal year. Support was categorized as a discrete visit or transportation requiring pick up or drop off of women from a single location. Thus, if multiple women were picked up and dropped off from the same locations, it would only count as one 'visit'; however, if a visit included picking multiple women up at different locations and transporting them to a common location, it would count as multiple visits. Therefore, although only a total of 167 visits were recorded, 214 women were supported in total. Forty-five percent of the women supported during the visits were First Nations, Inuit, or Métis. Compared to having a full-time outreach support worker in 2007, the outreach support worker managed to support women at the same rate so there was no loss of economies of scale. If the outreach support worker worked longer she could deliver more service.

The 167 instances of support were only recorded during the two days each week the outreach support worker devoted to out of office work ('out of house' work). While in house the outreach support worker was available for drop in support. Drop in support was not recorded or included in the above count of the total instances of support.

Participants identified that they first found out about the outreach support program through a variety of ways. Introduction to the outreach support program occurred through food delivery, prison information sessions, introduction through other agencies, or due to information provided to Positive Women's Network members. The work done by the outreach support worker was divided into 5 main categories: agency or meeting support, hospital support, prison support, home support, or accompaniment. Each category was not mutually exclusive; that is, a visit could be categorized under two or more headings. For example, a visit could be categorized as both meeting and prison, or meeting and accompaniment. There were no consistent patterns in categorizing visits (e.g. primary reason and secondary reason) that would allow for systematic removal of duplication during analysis.

The graphs below show the total number of visits and number of women supported per visit type. Home and accompaniments were the most common types of support categories with 79 home visits supporting 80 women and 77 accompaniments supporting 105 women. 12 prison visits served 29 women, 14 agencies or meetings supported 15 women, and 9 hospital visits supported 9 women.

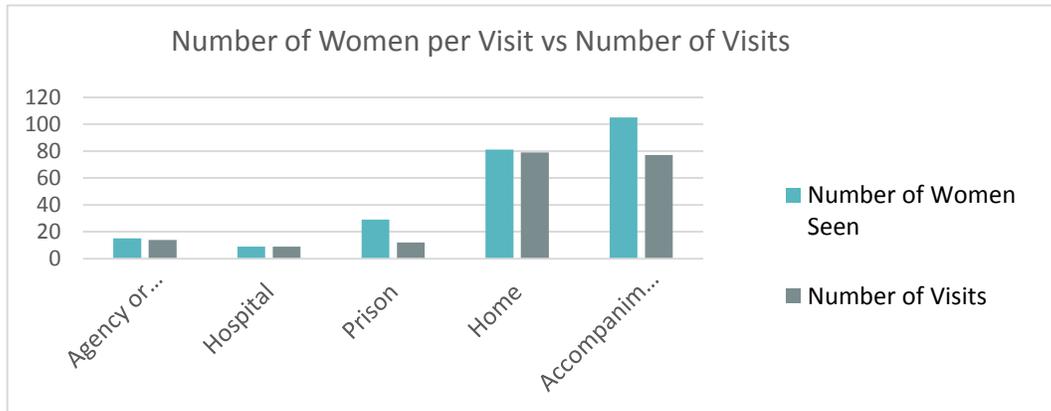


Figure 1: Total number of visits compared to total number of women seen categorized by visit type

Agency or meeting visits included meetings which outreach support worker attended as part of her duties, such as the Ministry of Justice Office to Combat Trafficking of Innocent Persons, Fraser Valley Institute Public Advisory Committee, and Outreach Workers Vancouver meetings. Some of these visits included accompanying Positive Women’s Network members to meetings or workshops for which they wished to have support. Hospital visits included visiting Positive Women’s Network members who were sick in hospital or supporting Positive Women’s Network members to medical visits at the hospital.

Prison visits included monthly visits to support the Peer Education Counsellors as well as attending Public Advisory Committee and other meetings. More details about the federal prison outreach support follow below. Home visits included dropping off groceries or providing support or consultations within the home. Accompaniments included taking Positive Women’s Network members

to appointments or accompanying them to disputes or court. Additionally, the outreach support worker also worked with women who were visiting Vancouver who needed any of the above types of support.

3.4.1 Community Activities

Participant and outreach support worker interviews described outreach support activities that Positive Women's Network provided in the community.

In the community, the type of support women needed varied from food delivery, to support at healthcare appointments or court cases and disputes, to transportation to or from events. Although the type of support varied, the connecting thread underlying the impact the support had was the connection that the outreach support worker made with each woman. Participants indicated that they relied on and trusted the outreach support worker. Often, the support provided by the outreach support worker provided stability and created a channel through which women could talk, be validated, and feel empowered.

3.4.1.1 Food

All of the participants identified that the outreach support worker helped them to obtain food through food bank deliveries. Many participants described their experiences like so:

"She came and delivered my food. I didn't have any help, I didn't know what I would do. She gave me what I needed in a time I didn't have help"

One participant described how the outreach support worker supported her to obtain food on a consistent basis:

"[The outreach support worker] takes us out to the food bank if we need food banks, she is always there to help. To drop off your groceries or pick up your groceries"

Participants also identified that it was helpful just to know that if they were not feeling well enough or were unable to get food, they could rely on the outreach support worker to help them. Thus, providing food provided food security as well a way to open the door to providing support.

3.4.1.2 Healthcare

Nearly all of the participants mentioned the importance of having support with healthcare appointments. Support involved driving women to and from appointments as well as attending appointments with the women to guide them through the process or be a source of support as described by one participant:

“She went to a couple of doctors’ appointments with me...I didn’t know how the procedure is going to be or anything and she came with me”

As with food, transporting women was also an important part of healthcare support. One participant said:

“Driving me to appointments was the most important thing”

This transportation support was important to the participant because she lived outside of the Vancouver area, meaning that travelling to healthcare appointments by public transit was a lengthy process. Several participants identified that without the help provided by the outreach support worker, they would not have been able to attend or would have cancelled appointments. Another participant also addressed the importance of transportation support to healthcare appointment during times of illness.

“Having somebody to drive me there and bring me back that helps a lot. That makes it easier for me because sometimes I didn’t feel well then and I just don’t want to [go to the doctor], I just want to call and cancel, but if I know she’s coming for me and she’s gonna bring me back, I do it.”

3.4.1.3 Court and Other Disputes

The outreach support worker provided a variety of support to members who are engaged in disputes or legal battles. Support ranged from letter writing on behalf of women, to helping the women navigate the judicial system. In some cases, the outreach support worker spoke in favour of the women at meetings or hearings. Others mentioned that just having her presence in court was reassuring. One participant said:

“She helped me out through all the processes, like the lawyers, the victim impact statement, victim services. She came with me through all the court that I had to go to.”

The outreach support worker identified that she is limited in the amount of help that she can provide with legal issues. The outreach support worker identified that this is a gap in the community, where few services exist to help women with legal assistance.

3.4.1.4 Housing

Housing and household items were mentioned by all participants. Some participants mentioned that the outreach support worker helped them with their housing situations. The outreach support worker liaised with BC Housing on behalf of some women, or helped to facilitate moving for other women. Many women identified that housing was problematic but that they worked with the outreach support worker to find better housing, move, or resolve housing disputes. The outreach support worker also helped the women to obtain furniture and other household items. An example of the help the outreach support worker provided was:

“Because of her effort I got better housing, I got furniture.”

Often this was done in connection with the other agencies that the outreach support worker had connections with such as Baby Go Round and Homestart. Participants mentioned that housing took a while to help facilitate and the slowness of this process often made the women frustrated. Although the

delay was not something the outreach support worker could control, it sometimes affected the relationship between outreach support worker and participant.

3.4.1.5 Transportation

Providing transportation was also a key theme identified by almost all of the women. Beyond transportation for food, healthcare and housing needs, the outreach support worker also transported participants to meetings and Positive Women's Network activities such as described by one participant.

"She came and got me and took me to [Positive Women's Network's] Tuesday lunch program."

This transportation provided stability to women's lives, allowing them to go to and from activities and appointments that were crucial to their health and wellbeing.

3.4.2 Prison Activities

Providing support at the Fraser Valley Institute, the federal women's prison in Abbotsford, was one of the consistent, monthly tasks the outreach support worker performed. The outreach support worker visited the Fraser Valley Institute up to three times a month in the 2014 fiscal year. The prison visits reach a total of 29 women, ranging from Peer Education Counsellor support, to HIV and Hepatitis C workshops and information fairs. In addition to supporting the peer education counsellors, the outreach support worker also sat on the Public Advisory Committee for the Fraser Valley Institute which met three times in the 2014 fiscal year.

The support provided at the Fraser Valley Institute was two-fold. First, the outreach support worker supports the peer education counsellors to provide information and support to women living with HIV. Second, through spreading awareness about the peer education counsellors within the Fraser Valley Institute, the outreach support worker also raises awareness of Positive Women's Network and the

services they provide for when the women are released from the Fraser Valley Institute. This was shown when the outreach support worker said:

“[The prison] is a really big piece of what I do. It’s a big piece, not in a physical way, but because so many women that we work with here have done time at the Fraser Valley Institute. We work with a lot of ex-prisoners.”

A participant corroborated this statement by saying that she learned about Positive Women’s Network through their presence at the prison and this has translated into present support within the community. The support provided by the outreach support worker at the Fraser Valley Institute fills a service gap that previously existed in the women’s federal prison system in the Lower Mainland.

4 DISCUSSION

Overall, the participants were happy with the outreach support program and the support provided by the outreach support worker. The outreach support program at Positive Women’s Network reported many successes amidst complicating factors. Cross-cutting complications included a high demand for support outside of the Vancouver area, the lack of routine, the need for outreach support worker flexibility, and the limited amount of time the outreach support worker was able to devote to outreach support. The flexible nature of the support programs is consistent with literature regarding community based aids service organizations (Cannon Poindexter, 2007). Furthermore, the literature also suggested that people with HIV go through episodes of wellness and illness (CATIE, 2010). The episodic nature of HIV and related illnesses as well as stigma and discrimination were also complicating factors that affected participants’ access to and level of support needed. Most women expressed that more outreach support worker availability would be beneficial to their health and wellbeing.

Cross-cutting strengths included the ability of the outreach support program to engage and support HIV positive women. Consistent with the literature, the outreach support program was found to help women access health care services. Through providing transportation to and support at appointments, the outreach support program enabled women to attend appointments. These findings are similar to those that found that providing transportation helped to eliminate barriers to reaching services such as healthcare appointments (Rajabiun et al., 2007; Schlueter et al., 2010; Sherer et al., 2002). Participants highlighted that this support was more important during periods of illness. The literature also emphasized the importance of creating relationships between patients and healthcare providers (Rajabiun et al., 2007; Sohler, Li, & Cunningham, 2009). However, results from this evaluation suggest that stable, trusting relationships with outreach support workers are important. By listening to the women and providing a stable and secure relationship, the outreach support worker was able to engage program participants. This relationship also helped participants to feel empowered and work towards gaining independence in their lives. The relationships with outreach support workers help participants to overcome barriers and access food, housing, clothing, transportation, and other support services. Beyond overcoming barriers, these relationships provided a foundation for consistent and repeated engagement with women living with HIV. The outcomes of providing support are not limited to providing specific services. Rather, by providing services, the outreach support program creates environments in which Positive Women's Network members can experience transformative connections which create stability and security. These environment enable women to become empowered and more independent.

Furthermore, the support provided at the federal prison, the Fraser Valley Institute, was found to be a beneficial addition to Positive Women's Network's outreach support program. By engaging peer educators at the prison, the outreach support worker was able to provide inmates with knowledge about HIV and the programs provided at Positive Women's Network. The evaluation showed that the

prison program provided a bridge to Positive Women's Network for one woman, suggesting that prison outreach is affective both within and beyond the prison. Thus, outreach at the prison was another way for the outreach support worker to begin engaging women living with HIV and provided a bridge for when women were released back into the community.

Positive Women's Network works to fulfil the mandate put forward by the Centre for Communicable Diseases and Infection Control (CCDIC) which highlighted the need for more women specific HIV programming. This evaluation also aims to add to the body of evaluation literature regarding successful models of HIV care, helping to fill the call for more evaluation by Woods et al (1998). The results of the evaluation strengthen the evidence base and support for outreach models of care and have the potential to help organizations gain funding and to assist them in continuing to run and grow their outreach support programs.

Although the outreach support program had many successes and was found to meet the needs of Positive Women's Network members, there were some limitations to this evaluation. One of the limitations of this evaluation was the sampling method and sample size. Due to the difficulties of reaching women, only women for which Positive Women's Network had valid phone numbers which included talking minutes could be included in the sampling frame. Participants with texting only plans would be excluded. The evaluation produced rich data despite the small sample size, reaching five participants. Themes found in the evaluation were consistent and expand on those found in the literature. More studies examining outreach support programs in different contexts and for different diseases are needed.

5 CRITICAL REFLECTION

I have found my capstone experience to be a rewarding and frustrating process. I have found my learning to be a study in reflexion as I move iteratively from theory to practice and back again. This capstone has helped me to situate myself within the fields of health promotion, program planning and evaluation. It built on both the skills and theoretical concepts that I have accrued throughout my Master's experience. I was able to further my skills and knowledge base in ways that are applicable to my chosen areas of interest. From the practical experience I gained from reviewing literature, to planning an evaluation, completing an ethics application, designing and leading interviews, analyzing quantitative and qualitative data, and preparing an evaluation report, I moved iteratively through theory to practice and back again. Designing this evaluation allowed me to apply research methodologies and concepts related to ethics. Completing and analyzing interviews provided to be challenging. I often turned to the literature on qualitative and quantitative analysis methodologies, and then applied my understandings to the analysis of my results. This process furthered my skillset and my confidence in my abilities to continue to bridge the divide between theory and practice.

Working with an organization with a small budget and short timeline also proved difficult. Evaluation methodologies promote participatory evaluation methods; however, these methods are often the most time consuming and expensive. Finding a balance between methodological rigour and the practicalities of working with a hard-to-reach population on a limited budget and timeframe proved difficult. I chose a utilization-focused evaluation, which is less time consuming than a participatory evaluation, but still involved Positive Women's Network staff in meaningful ways. The goal of a utilization-focused approach was to increase the likelihood that the evaluation results would be used. Relying on Positive Women's Network staff to recruit women using the chosen sampling protocol was difficult. The staff had prior knowledge about Positive Women's Network members' situations which

could interfere with the use of the sampling protocol. Time and care was spent creating protocols that encouraged staff to follow the sampling method to try to remove bias. At times, these extra measures may have seemed unnecessary and time consuming to staff, but were necessary from my point of view to create rigour within the evaluation. There was an underlying tension between getting the work done and getting it done in the most rigorous way; both for myself and the staff and Positive Women's Network. I found that approaching this evaluation with a mindset of an industry professional assisted in my ability to assert my knowledge and skills.

Overall, I feel that this experience has built upon the foundations provided by my experiences in the Master of Public Health program. I have gained a deeper appreciation of research methodologies, evaluation practice, and working as an external evaluator to a community organization.

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7 RECOMMENDATIONS

Recommendations for the Outreach Support Program

Recommendation 1: Maintain outreach support worker contact to Positive Women's Network members through cell phone via phone and text. The ability to phone or text is an important method of communicating with Positive Women's Network members.

Recommendation 2: Continue the outreach support program with a consistent support person in order to continue to develop personal, trusting connections with Positive Women's Network members.

Recommendation 3: Maintain Fraser Valley Institute outreach in order to fill an important service gap and provide a bridge between prison and community services.

Recommendation 4: Maintain or increase outreach support worker support. Demand is not being met at two days a week. Comparison between the 2007 and 2014 evaluations show that there is a one-to-one ratio of the amount of work done per day, but the total amount of support is doubled when the days of work is doubled.

Recommendation 5: Create a standardized information collection system that will suit the needs of current and future outreach support program models. Consistently record information regarding each visit, from a drop in chat to a prison visit. Visits that occur during 'in house' days are also important to record.

Recommendation 6: Monitor and record instances in which outreach support could not be provided.

Figure 3: Evaluation Recommendations

8 INTERVIEW GUIDES

8.1 OUTREACH SUPPORT WORKER INTERVIEW GUIDE

1. How would you characterize the types of women who use this program?
2. What sort of activities do you do on a routine basis?
 - a. What about your work in the Federal prison?
3. I know that your requests are so varied, but can you try to give me an idea of the different types of outreach requests that you get?
4. Are you able to fulfil these requests?
5. Have the requests for support changed over time? How so?
6. What are some of the barriers that you face?
7. How do you think your work impacts the women that you are in contact with?
8. What do you enjoy most about your job?
9. What do you enjoy least about your job?
10. Is there anything else you think would be important for me to know?

8.2 PARTICIPANT INTERVIEW GUIDE

1. To begin, can you tell me about how you found out about the outreach program at Positive Women's Network?
2. What did the outreach support worker do for you?
3. Was this helpful? How?
4. Out of the things you have mentioned, what was the most important things the outreach support worker did for you? Why?
5. Was there any part of working with the outreach support workers that was not helpful?
6. What was the least helpful of these things? Why?
7. Is there anything we haven't talked about that you liked about the program?
8. Is there anything we haven't talked about that you didn't like about the program?
9. Is there anything else you think would be important for me to know?

9 ENTRY INTO THE FEDERAL PRISON SYSTEM

The outreach support workers' involvement at the Fraser Valley Institute is a new component of the outreach support program. Noting the abundance of support provided by various groups in the provincial prisons in the lower mainland, Positive Women's Network expanded their support into the federal prison. Support was approached in a different way than in the community. In the community, Positive Women's Network members needed to approach the outreach support worker in order to receive support.

The process of becoming established in the Fraser Valley Institute took the outreach support worker approximately 3.5 years. The regulations to providing support were different and more stringent than those in the provincial prisons, where Positive Women's Network previously provided support. In order to pique the interest of program coordinators at the Fraser Valley Institute, the outreach support worker began attending the Public Advisory Committee meetings. The outreach support worker first attended these meetings with a representative of Positive Living BC who was familiar with the committee. The outreach support worker spent time relationship building with the members of the Public Advisory Committee in order to gain their interest in outreach support services. Prior to working with the population, the outreach support worker was required to go through specialized volunteer training. Eventually, the outreach support worker was allowed to sit in the health unit one day a month so that inmates could approach the outreach support worker for information about HIV. No inmates approached the outreach support worker in the health unit and the outreach support worker noted that stigma was one of the main reasons inmates avoided seeking information from the health unit. The program coordinator at the Fraser Valley Institute then asked if Positive Women's Network would be willing to support the Peer Education Counsellors at the Fraser Valley Institute instead of providing support in the health unit. Although this required a broader mandate, Positive Women's Network approved the support position as it would enable the outreach support worker to support Peer

Education Counsellors who educate women in the prison on health issues such as HIV. The outreach support worker stated:

“When I first started working with the peer education counsellors, they were having no luck with women inside at all. The women that wanted to help inside, no one was really approaching them. People didn’t know who they were.”

Currently the outreach support worker visits the Fraser Valley Institute once a month to provide support and training to the Peer Education Counsellors. Support activities include providing support with personal issues, guiding educational training, creating a prison newsletter, and spreading awareness of the peer education counsellor services within the prison.