

Program Evaluation Brief 2011

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Introduction

The Central Alberta AIDS Network Society (CAANS) is a local charity, established in 1988, which offers prevention programming as well as support to individuals who are infected or affected by HIV and AIDS. CAANS' Vision is: *Communities strengthened by their responses to HIV*. Mission: *Fostering healthy responses to HIV and related issues through support, education, and research*. CAANS currently operates five primary programs: Prevention, Health Promotion, Harm Reduction, Community Action and Operations.

The purpose of this evaluation is threefold: to examine whether the programs are on track and working the way they were intended to work (process evaluation); to determine whether CAANS' programs are achieving the desired outcomes, and; to provide recommendations to improve each program. The evaluation examines ACHF-funded programs for the 2010-2011 period.

"We appreciate the valuable partnership we have with CAANS and look forward to continuing. We would have greater difficulty reaching the targeted population without the trusting relationship built by CAANS in advance."

The overall impression of the Central Alberta AIDS Network Society is that it is a well established, strongly connected, community-focused agency that is passionate about meeting the needs of its community members. There has been an impressive amount of growth in the past two years in terms of funding, programming, evaluation practices and evidence-based practice. There is evidence that they have achieved 28 of the 30 outcomes. They are prepared to listen to clients and other stakeholders with the goal of improving their services and improving the lives of their clients. They engage in a wide variety of activities to improve stigma and discrimination in the community related to HIV & AIDS, drug use and marginalized populations.

Prevention

The goal of the Prevention program is to prevent HIV in high risk populations in Red Deer. High risk populations were provided with safer sex resources, prevention messaging and social support, including over 28,000 condoms, 3,924 information resources, 4,106 contacts during which over 9,400 topics were discussed, 16 workshops, 584 referrals, the circulation of 24 bad date reports, and 89 HIV pre-test counseling sessions. They implemented Table Talk, which is an informal, small group discussion or question and answer session offered at outreach locations in which participants discuss any prevention-related topics of interest to the group; 31 Table Talks were provided. Most contacts in prevention are taking place in the office (77%), with a high proportion of these contacts (39%) being with street-involved individuals. The three primary populations only represented 41% of the prevention contacts. There is survey evidence that prevention populations had increased knowledge about HIV

& AIDS and that they made healthy and informed choices around sexual health and risk behaviours. CAANS has ten partnerships directed at prevention initiatives, and eight partners who are working to prevent HIV with their clients. CAANS has achieved all five Prevention program outcomes:

- High risk populations are more knowledgeable about HIV and AIDS;
- High risk populations have access to safer sex resources, prevention messaging and social support;
- Reached populations make informed and healthy choices around sexual health and risk behaviours;
- CAANS has partnerships for HIV prevention directed at high risk populations; and
- Partner organizations are working to prevent HIV with their clients.



Health Promotion

The goal of the Health Promotion program is to enhance the health and well-being of People living with HIV/AIDS (PLWHA). CAANS reported 24 active clients during this evaluation period. There were 566 contacts with PLWHA, of which 76% were in the office (mostly via phone), 15% were via outreach, 6% were at Keeping Connected (Peer social support group) and 3% were at social events. There were over 1,300 support conversations with a range of topics discussed during the individual contacts. PLWHA were provided 127 copies of 10 different resource materials, and were provided 48 referrals to health and community supports. They were supported to attend doctor's appointments, meetings, committees and conferences, helped with AISH applications and personal development, and supported to adhere to HIV treatment through a variety of means. People living with HIV and AIDS reported that the services

"I thank the organization for all the help I have been given."

were appropriate to their needs (91%), that staff members treat them with dignity and respect (100%), that they are more knowledgeable about HIV related issues because of CAANS (82%), that they are satisfied with services received (82%) and that they are able to get the health services they need because of CAANS (82%). CAANS achieved all five of the Health Promotion program outcomes:

- PLWHA are more knowledgeable about HIV related issues;
- PLWHA have access to appropriate and non-judgmental supports at CAANS;
- PLWHA access services outside of CAANS;
- PLWHA are satisfied with the services provided by CAANS; and
- PLWHA are actively involved in activities that enhance and maintain their health.

Community Action

The goal of the Community Action program is that community and partners develop appropriate and sustainable responses to HIV and related issues. CAANS had a very active media presence, having 117 contacts with media resulting in 59 coverage occasions. They communicate with clients, partners, professionals, supporters and the media via Facebook and Twitter, in addition to their website. They provided community members and practitioners/professionals/service providers with 9,585 copies of 125 different information resources, had 897 professional contacts with people who work with CAANS' target populations, provided 19 professional workshops to 268 individuals, attended 289 meetings and 33 consultations, and engaged in 16 collaborative partnerships. Their expanded partnerships since 2008/09 involved more sectors and areas of focus. They demonstrated increased knowledge among professional workshop attendees, with 94% better prepared to talk about HIV and

"The internet is going to be a new place to connect with people. Twitter is going to be key to messaging around prevention, access to support, agency marketing, politics and social change."

AIDS, 69% agreeing they will talk about HIV testing with their clients/peers and 72% agreeing they will talk about safer sex with their clients/peers. CAANS had 90 contacts with policy makers in which they developed working relationships, held meetings, participated in policy development processes, presented briefs, distributed policy research reports and took other actions to influence policy. CAANS achieved all five Community Action program outcomes:

- Community members and practitioners/professionals/service providers have up to date information on HIV and AIDS, harm reduction and related issues;
- Practitioners/professionals/service providers have awareness and knowledge of HIV and AIDS, harm reduction and related issues;
- The commitment and capacity of other organizations and sectors to address HIV and promote harm reduction is increased;
- An increasing number and range of organizations and sectors are involved in addressing HIV and promoting harm reduction; and
- Policy and programs are adapted to meet the needs of PLWH, people who use drugs and those at risk.



Harm Reduction

The goal of the Harm Reduction program is to reduce the harms related to drug use. The Harm Reduction program reported over 8,000 contacts with clients. There were 332 referrals to health and community resources, and the distribution of 2,437 information resources, 93,839 needles, 663 sharps containers, 4,325 crack pipes/stems and 3949 pieces of hose. All of this data reflects large increases over the data reported in the 2008/09 evaluation. Harm reduction supplies were distributed at four physical locations, as well as through outreach and NightReach, with other locations accounting for over 50% of harm reduction program contacts. Because of partner locations, supplies are available 24 hours/day, seven days/week. Harm reduction clients reported that harm reduction services are always or usually available when needed (100%), that they can always or usually get harm reduction supplies when needed (80%), and that they make safer decisions when they use drugs (94%) and have sex (71%) since

“This place is wonderful and it helps me make safer decisions.”

they started using the CAANS Harm Reduction program. Finally, CAANS responded to 14 community requests for safe disposal of sharps and other drug related debris, maintained nine needle drop boxes and accepted drug-related debris from clients and community. They collected 115,333 needles and over 2,200 items of other debris. CAANS achieved five of the six Harm Reduction program outcomes:

- There is appropriate availability of harm reduction supplies;
- People who use drugs access the services and supports they need and are making safer decisions;
- Harm reduction supplies are accessed through community venues;
- Community members have access to safe disposal of sharps and other drug related debris; and
- Needle debris is reduced in Red Deer.

Operations

The goal of the Operations program is to maintain the organizational strength and stability of CAANS. CAANS reported increased staff retention since the start of 2009/10, and provided staff 53 training opportunities. Staff training surveys indicated that staff will be able to use the information in their work (88%) and that the training provided new skills and knowledge that will help them in their work (80%). High risk populations, PLWHA and P/P/SP were involved in CAANS in a variety of capacities, including being invited by CAANS to attend meetings and consultations 183 times during the evaluation period. CAANS significantly improved their routine data collection practices, which are now fully integrated into operations. They were accountable to stakeholders through the preparation and distribution of 348 copies of 24 different reports to funders, the Board, partners and other agencies. They have funding from six sources, with no source contributing more than 70% of CAANS' total budget. CAANS has achieved eight

of nine Operations program outcomes:

- Staff members are provided the training necessary to offer quality services;
- Staff retention is increased;
- Target population members are involved in program planning, evaluation, delivery and governance;
- Routine collection of data is integrated into CAANS work;
- CAANS demonstrates capacity for program planning, implementation, evaluation and reporting;
- CAANS provides evidence-based programming that is responsive to diversity, cultures, client feedback, evaluations, epidemiology and demographics of clients;
- CAANS is accountable to stakeholders; and
- Diverse funding sources are attained.



Recommendations

Are any major or minor modifications needed for each program in relation to activities, priorities, processes, resource allocation, timelines, etc? What alterations have been/could be made to help each program run more smoothly and better achieve its intended outcomes?

Prevention

Conduct an evaluation of CAANS' services to street-involved populations.

Health Promotion

Research the peer support provided by other organizations and consider hosting a more formal support group where confidentiality and privacy are protected.

Implement Individual Service Plans, ensuring that they address all of the specific concerns noted regarding case files.

Ensure communication with clients on a regular basis on upcoming activities, events, upcoming meetings and AGM, not only by phone but via face to face, email and Facebook.

Implement a process to inquire with health promotion clients regarding what additional services, support or experiences they would appreciate; implement at least two over the coming year.

Harm Reduction

Use the evidence from this evaluation to develop and submit new requests for Harm Reduction program funding.

Ensure that supportive, ongoing and appropriate levels of communication and assistance are provided to partners in the Harm Reduction program.

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Evaluation Questions

Are the programs on track (planned activities underway, on schedule)?

It is estimated that approximately 90% of the planned activities are underway. Details are provided on areas where activities are not underway as planned, and the recommendations respond to these areas where appropriate.

Are the programs working the way they were intended to work?

There are two ways to look at this evaluation question. First, if one looks at whether they remained focused on meeting their goals and objectives, then all five programs are working as intended. Second, the fact that so many planned outcomes were achieved would also indicate that the programs are working as intended. However, it can also be said that the Prevention program, in particular, is not serving the intended populations to the degree one would expect.

Are the programs achieving their intended outcomes?

There were 30 discreet outcomes in the ACHF work plan, of which 28 have been achieved in this evaluation period, according to the indicators set by CAANS.



Recommendations

Operations

Create a specific training plan for Health Promotion staff that addresses the concerns raised about the Health Promotion program and as identified in this evaluation.

Create a regular, open and respectful process for communication with partners.

What ongoing efforts, activities, or processes can be adopted in order to make future evaluations simple, efficient, and more effective?

Add a mark on the data collection forms (prevention and health promotion) to note when a contact is with a person who is from a rural location and whether the outreach location is rural.

Ensure that data collection forms for individual contacts in all programs no longer include categories such as general support

or general information, and train staff on more judicious use of the topic category “other.”

Work with ACCH to adjust the Harm Reduction knowledge-related outcome and/or the surveys intended to measure the outcome, including the language level used in the survey questions and the use of a written survey as the method of data collection with this population.

Collect data regarding how many of the individuals CAANS invited actually attended meetings and consultations.

Examine the outcome related to the benefits of target population involvement to either remove the outcome or establish indicators and evaluation measures to properly assess its achievement.

Create a data dictionary of how the Survey Monkey data is sorted and filtered in order to obtain each data element as reported in the ACHF reports.

Summary

The data, the analysis and the recommendations suggest an overall concern about the reality of what program aspects are taking more resources than planned. The Harm Reduction program needs have grown exponentially and it is critical that this growth be managed and its impact addressed. The Prevention program is producing high volumes of contacts with an unintended population (not named in the work plan), likely at cost to work with the intended primary and secondary populations. The Community Action program consumes considerable resources in the attendance at meetings dealing more broadly with the

determinants of health and less directly with the intended service populations. Thus, it appears that the Health Promotion program is the one that absorbs the impact of what is taking place with these other three programs. These observations are made without judgment; they reflect the dynamics of client need, funding requirements, staffing changes and fiscal pressure. Sometimes an agency is aware of the trends but evaluations such as this bring it all into focus. With knowledge comes the ability to re-assess the resources needed for and allocated towards serving each target population.