

**GLAXOSMITHKLINE – SHIRE BIOCHEM  
HIV/AIDS COMMUNITY INNOVATION PROGRAM 2006  
ADHERENCE COORDINATION SERVICES – PILOT  
PROJECT**

**FINAL REPORT**

**NINE CIRCLES COMMUNITY HEALTH CENTRE  
705 BROADWAY  
WINNIPEG, MANITOBA R3G 0X2**

DECEMBER 13, 2007

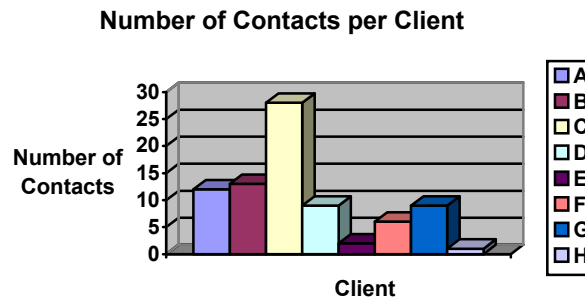
1. This project targeted people living with HIV/AIDS (PHAs) experiencing multiple barriers accessing HIV care and treatment. Specifically, this included people with: unmet financial or subsistence needs, people who are isolated and lack adequate social supports, individuals with mental health concerns, and people struggling with addictions. This population was targeted because the literature has identified an association between unmet needs for support services and medication use and adherence amongst HIV-infected individuals.

The project employed a Peer Outreach Worker (POW) to work with these PHAs through capacity building and outreach activities in order to foster improved adherence and access to care. The outreach workers role was to connect with these 'hard to reach' clients on a regular basis and support them to identify and address issues that are deterring them from accessing referral services.

2. To determine if the project was successfully able to reach the target population, a process and outcomes evaluation framework was developed. Within this framework, the number and type of contacts made by the Peer Outreach Worker were monitored. As well, a pre and post survey was conducted with clients to assess any possible changes in connection to services or treatment adherence throughout the study. However, because of the small sample and attrition rate due to deaths and clients withdrawing from the study, only four post-surveys were completed.

Despite serious challenges, the Adherence Coordination Services Pilot Project successfully reached the target population. The Peer Outreach Worker (POW) was assigned a caseload of ten clients. Since beginning peer outreach work in March 2007, the POW has made 83 individual contacts: 34 at Nine Circles Community Health Centre, 23 home visits, 5 hospital visits, and 11 in other locations (social service agencies, coffee shops, shelters). Two clients passed away during the study and new clients were not introduced after the study had already commenced. Additionally, one client withdrew from outreach and another client was transferred to a different outreach worker.

As indicated by the chart below, the POW was able to establish frequent contact with the majority of clients on her caseload. Six of the eight clients had more than five visits, indicating that the POW was able to successfully establish relationships with these hard to reach clients.



**Figure 1: Number of Contacts per Client Throughout Project**

3. The project directly affected the eleven persons living with HIV. This includes the peer outreach worker and the ten clients on her caseload.
4. Expected results as per original application:
  - Improved health among the target population
  - Strengthening relationships between hard to reach clients and health care providers
  - Empowering clients to take control of their own health
  - Supporting access to a range of required supports and services

Given the difficulty accessing these clients and the complexities of their cases, these indicators are difficult to measure. The quantitative analysis is limited in scope by the limited timeframe of the project. It should be noted that changes in CD4 levels and viral loads of the individual clients were unable to be assessed in relation to this project due to the limited timeframe. As such, indicators related to improved health are limited to the qualitative information provided by clients on their pre and post-study surveys. Four clients were successfully reached for post-study surveys. Of the three clients on HIV medication, two clients are now able to take their medication all of the time and one takes medication most of the time.

Clients indicated being empowered to take control of their own health. In the pre- and post-survey, clients were asked if it is easy for them to attend appointments at Nine Circles. One client had initially stated “not really” during the pre-survey. In the post-survey, that same client responded, *“Definitely. It is now. With support I did get a phone and do make it to most of my appointments”*. As evidenced, the POW was able to provide valuable social support, which improved this client’s ability to attend medical appointments.

This project supported access to a range of required services. The POW supported clients through a variety of issues, including: homelessness, addiction and rehabilitation, criminal charges, deaths in the family, hospitalization, housing issues, and issues with other service providers. The POW supported internal referrals to nursing, social support, advocacy and counselling professionals at Nine Circles Community Health Centre as well as external referrals to treatment centres, social service agencies, housing services, cultural groups.

The POW was interviewed at the completion of this project. She stated that her training as a peer outreach worker was helpful in providing her with the tools she needed for this position. The POW reported learning a lot about HIV, stigma, and client-centered care. The POW described enabling and empowering clients to manage their health as the most profound successes she’s experienced. The POW noted that establishing regular meetings with clients was a success. Over the course of the project, she was able to connect with clients and develop meaningful relationships. As clients began to trust the POW, they would disclose details about their personal lives and the areas in which they needed assistance or support. This allowed the POW to connect clients with different services to help support their treatment.

5. Nine Circles Community Health Centre contributed \$2,000 in the form of administrative costs by providing a phone, office, and accounting services.

6. Project disbursements are as follows:

Project Total Transactions (Income statement)		Project Budget
Transfer from Grant	13,555.99	14,958.00
In-kind Nine Circles	2000	2000
Circle of Knowledge Keepers	3,133.90	
	18,689.89	16,958.00
Expenses		
Wages	14,657.68	10458
Benefits	1,358.21	
Unused Honaria	60.00	
Staff Travel	614.00	4000
Printing	0	500
In-kind	2000	2000
Total Expenses	18,689.89	16,958.00
Surplus (Deficit)	0.00	0.00
Balance Remaining	<b>1444.01</b>	

The remaining balance will be put towards printing expenses for a report and/or poster preparation as a summation of the findings. Any remaining funds will be transferred into the Circle of Knowledge Keepers fund.

7. Nine Circles Community Health Centre contributed \$2000 in-kind in administrative services.

8. Based on the success of the Adherence Coordination Services Pilot Project, the Peer Outreach Worker has been retained as a .6EFT Outreach worker as part of Nine Circles' Health Promotion and Outreach team. Further, the lessons learned from this project are being actively integrated into the program planning for this team.

9. This lessons learned from this project will also be taken into consideration when planning a submission for the upcoming funding opportunities from principal funders such as Winnipeg Regional Health Authority, Public Health Agency of Canada, Manitoba Health and private foundations for ongoing sustained funding.

10. Key learnings that have been identified as a result of this project:

- a. Peer outreach workers are an effective means of reaching marginalized populations.
- b. Because of the complexity of the clients' cases, successful outreach work is dependent on making successful internal and external referrals to relevant agencies and organizations
- c. Outreach workers require access to counselling supports to provide them with support while working with clients who are facing severe barriers

11. These lessons could be best disseminated to other HIV/AIDS service providers in Canada by engaging a group of service providers doing outreach work and PHAs in a conversation about successful tools and strategies for outreach work. Additionally, the findings can be made available through existing networks such as the Nine Circles website, the Manitoba Harm Reduction Network website, PHA Caucus newsletter, and other publications and newsletters.