AAWEAR

ANNUAL EVALUATION

APRIL 2021

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Acknowledgement

On behalf of AAWEAR, the Board of Directors and staff would like to thank our funders, who are partners in supporting the services of our organization in meeting the needs of our membership and clients, which include Alberta Health Services, Alberta Community Council on HIV, Public Health Agency of Canada and Health Canada – Substance Use and Addictions Program. Thank you as well to all the AAWEAR Peer Outreach Workers that supported with the data collection.

PREPARED BY

01 Introduction

The purpose of this report is to summarize the key learnings and recommendations of the 2020 AAWEAR Program Evaluation. This evaluation was conducted throughout the year and was designed to capture data at key time points, such as trainings, outreach shifts, and organizational meetings.

As always, evaluation has been conducted to inform strategic decision making by the leadership in the organization and Chapter members. As a peer led organization, evaluation has been developed and implemented to inform all critical stakeholders, including peers, members, organization leadership, and the community. Knowledge mobilization and participant input has been critical to ensure the voice of peers was included at each stage of the evaluation.

This report has the benefit of comparative analysis, as survey questions were piloted in previous evaluations, and now provide a baseline for subsequent evaluation. The data presented in this report provides a comparative analysis of previous years, demonstrating changes in population needs and impact of programming.

The primary evaluation objectives were to 1) measure the impact of peer outreach, peer navigations, and peer support, 2) identify pathways for organizational development of leadership, mentorship, and professional development, and 3) identify challenges and opportunities for program strengthening and growth.

Outcome areas

The measurement tools developed for evaluation allow for analysis along four outcomes areas; peer outreach, peer navigation, harm reduction, and connection and belonging. Within each outcomes areas we would expect to demonstrate AAWEAR's impact within the timeline of their funded program. This year of the annual evaluation, evaluation measurement has focused mainly on peer outreach, navigation, and harm reduction. Connection and belonging was addressed briefly, but will be explored in greater depth in subsequent years as peer support, navigation, and mentorship have time to bear stronger impacts.

1. **Peer Outreach, including:**
    - Overall health
    - Substance use and harm reduction
    - Housing
    - Impact of COVID
    - Outreach support
2. **Peer Navigation, including:**
    - Systems and organizational impact
3. **Harm Reduction, including:**
    - Access to supplies
4. **Connection and Belonging, including:**
    - Member connections
    - In-risk population connections

02 Methods and Approach

A mixed method approach was used to capture various perspectives on the impact and efficacy of AAWEAR within Calgary, Edmonton, and Lethbridge. The evaluation focused on the three Chapters - Calgary (Grateful or Dead, GOD) Edmonton (As it is), and Lethbridge (Courage) - their members, and the people they interact with during outreach. Data was collected between September 2020 - February 2021. As per previous evaluations, the tools were reviewed by AAWEAR's membership. Only minor revisions were suggested.

1. Peer Member Survey and Focus Group
    - While COVID has made connecting with membership difficult, membership numbers have remained steady. AAWEAR has 72 active members provincially (see membership numbers below).
    - Meetings were regularly convened with outreach staff, who had the capacity to connect online.
    - Habitus divided the member survey into a shortened questionnaire administered via SurveyMonkey, and a one-hour focus group to gather qualitative input from AAWEAR's outreach team. Outreach staff completed both the survey and focus group discussion.

Survey questions focused on:

- Awareness and knowledge of harm reduction and knowledge-sharing
- Capacity building and social connections
- Participation in AAWEAR

N=12

Focus group discussion focused on:

- Outreach shift activities
- AAWEAR's impact

N=12

2. 2020 Annual Peer Outreach Survey
    - Peer outreach workers participated in an orientation and training session in August to learn how to distribute AAWEAR's Annual Peer Outreach Survey and collect data on behalf of the evaluation team.
    - Many of the peers have been previously involved in data collection for the annual evaluation.
    - Upon completion, the Peer Liaison or Chapter Team Lead remitted by email the completed surveys for data entry by the evaluation team.
    - Utilizing a snowball sample, participants were selected from people that peer outreach workers met during outreach shifts.
    - The questions were a combination of closed quantitative questions and a few open-ended qualitative questions.

Survey questions focused on:

- Harm reduction practices
- Health
- Housing
- Experience with AAWEAR
- Impact of COVID-19

182 participants responded to the 2020 Annual Peer Outreach Survey, which was an increase from 147 participants in 2019.

Data was collected from September 2020 – February 2021 and respondents were from all three of AAWEAR's main sites: Calgary (29%), Edmonton (42%), and Lethbridge (29%).

3. Peer Member Training Survey

- Questions focused on the impact of the training, skills building, and suggestions of further training or skills building opportunities.
- The survey also explored social connection and belonging through participation.

The survey was conducted with all members attending trainings (N=46) from March 2020 – March 2021.

- There were 19 different trainings.
- Demographics:
  - **60%** of participants were from Calgary, **24%** from Edmonton, and **16%** in Lethbridge.
  - **80%** of participants were female, **20%** male.
  - **70%** of participants were 30-39 years old, **24%** were **50-59**, and the rest were evenly split across the **19-29**, **40-49**, and **60-69** age ranges.
  - **87%** of the participants were involved with AAWEAR for **2 years** or less.
  - All were Peer Outreach workers.

4. The Impact of COVID-19 on Vulnerable Populations Survey

- Questions explored the extent to which the COVID-19 pandemic restrictions impacted in-risk and vulnerable populations in Calgary.
- The survey took a harm reduction lens to ask questions about disruptions to housing/shelter, drug/substances supply, and income generation
- Findings from the Peer Outreach Survey related to the impact of COVID-19 were also included in the analysis.

22 participants responded to the Impact of COVID-19 on Vulnerable Populations Survey. Respondents were all from Calgary, and a majority of them were Male (**59%**), between **30-49** years old (**64%**), Canadian citizens (**84%**), Aboriginal/Indigenous/ Inuit/Métis (**60%**), and living on the streets (**45%**).

5. Additional tools:

- Interviews with AAWEAR executive leadership (N=2)
- Analysis of AAWEAR statistics, including Chapter statistics and outreach data
- One peer outreach observation in September 2020

Impact of COVID

The social and physical distancing restrictions from the COVID-19 pandemic significantly impacted how the evaluation conducted data collection. Peer outreach members, while trained in research methods, encountered barriers administering the survey to the general population. Outreach clients were experiencing significant stress and challenges. As they were especially resource-poor during COVID pandemic, they were reluctant to take the time to complete surveys and have more in-depth discussions, beyond securing supplies and moving along. Also, due to emerging restrictions, the evaluation was able to complete one outreach observation, compared to 4 outreach observations the previous year. Throughout this report, implications of COVID have been outlined further.

Efficiencies and Limitations

While the evaluation team was still able to collect adequate data for the evaluation despite the pandemic restrictions, the limited peer outreach observations could be seen as a limitation. It prevented the evaluation team from seeing nuances of peer outreach that can only be observed by in person interactions.

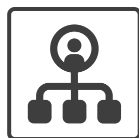
With that being said, few changes were necessary in the Outreach Survey, and AAWEAR staff and members were familiar with the measurement tool and expectations for data collection. This streamlined the data collection process and enhanced the reliability of the data.

Ethics

Ethical guidelines were followed during all stages of data collection. Written or verbal consent was sought from all participants who completed the outreach, member, and training surveys. No names are used in this report and any identifying information has been removed.

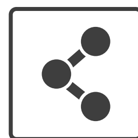
03 AAWEAR at a Glance

STAFFING

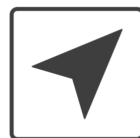


Program Managers (1)

Team Leads (3)



Liaisons (3)



Peer Navigators (6)

MEETINGS AND ATTENDANCE

	CALGARY GRATEFUL OR DEAD			EDMONTON AS IT IS			LETHBRIDGE COURAGE		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Community Members	11-17-	-	42	-	-	18	22-30	-	12
Chapter Meetings	-	24	26	-	24	30	-	24	10
Chapter Meeting Atendance	-	-	12	-	-	10	-	-	3
Outreach Members	-	11	14	-	15	10	-	3	2
Outreach Meetings/Month		-	2	-	-	2	-	-	2

OUTREACH DATA

Sites		Outreach Shifts	Client interactions (total for the period)[1]	Average contacts per month (dependent on environmental factors e.g. weather)[1]	Percent Change (calculated from median of 2019 range)[1]
CALGARY GRATEFUL OR DEAD	2018	Walks/month: 10	---	250/month	---
	2019	Walks/month: 20	1673	250-460/month	---
	2020	Walks/month: 18.3 % change: -8.5%	4161	461/month	29.9%
EDMONTON AS IT IS	2018	Walks/month: 4	---	60/month	---
	2019	Walks/month: 30	3387	100-150/month	---
	2020	Walks/month: 19.58 % change: -34.73%	5829	308/month	+146.4%
LETHBRIDGE COURAGE	2018	Walks/month: 4	---	50/month	---
	2019	Walks/month: 6	1054	75-150/month	---
	2020	Walks/month: 3.33 % change: -44.5%	1572	123/month	+9.3%

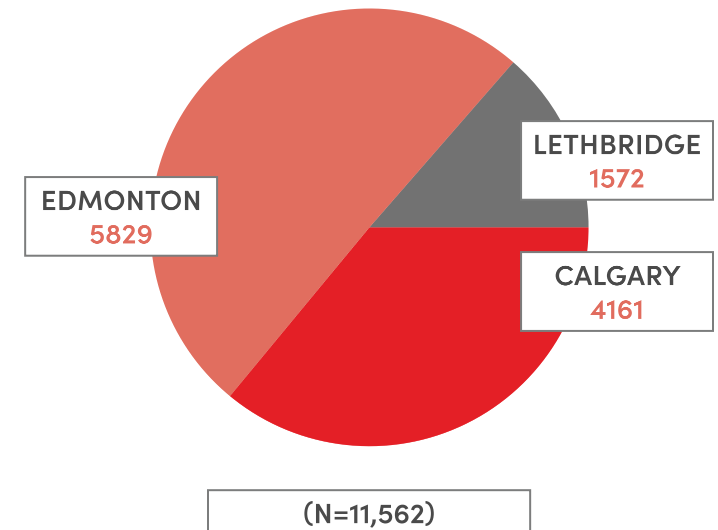
[1] The COVID-19 pandemic displaced a large number of in-risk populations due to public health restrictions across Alberta. Restrictions on indoor gatherings and social distancing created challenges of limited space, limited access, some programs being shut down, and shelters reducing capacity. In addition, many people chose to avoid accessing services and had considerable concerns about contracting the virus. As a result, outreach teams saw a large increase of people on the streets, in LRT's, and encampments since April and on-going. The impact for outreach was more connections during reduced outreach walks.

AAWEAR ACTIVITIES

OUTREACH SUPPLIES GIVEN	TOTAL	CALGARY	EDMONTON	LETHBRIDGE
Safe Consumption				
# Inhalation Kits	1421	1116	305	0
# Safe Injection Supplies	29,295	4450	24,845	0
# Individual First Aid	99	29	70	0
# Needle Debris Picked Up & Disposed	8963	1150	7757	56
# Sharps Bins Given	733	271	457	5
Health and Hygiene				
# Condoms Given	22665	2415	20040	210
# Hygiene Packs Given	685	438	155	92
# Menstrual Kits Given	347	175	112	60
Clothing				
# Other Clothing Given	392	331	44	17
# Socks Given	893	296	106	491
# Underwear Given	154	86	15	53
Food and Drink				
# Donated Food	272	168	4	100
# Juice Given	1554	819	386	349
# Snack Packs Given	5807	2197	2538	1072
# Water Given	2475	1863	88	524
Educational Resources				
# AAWEAR Business Cards Given	3000	1000	1000	1000
# Resource Pamphlets Given	21000	7000	7000	7000
Other				
# Bus Tickets Used for Outreach/ Meetings	700	200	300	200

OUTREACH DEMOGRAPHICS

HCV 158	RECENTLY RELEASED FROM CORRECTIONS 54
HIV+ 134	YOUTH 352
INDIGENOUS 5740	WOMEN 4103



(N=11,562)

LIST OF TRAININGS ATTENDED BY AAWEAR MEMBERS
(MARCH 2020-MARCH 2021)

1. Alpha House
2. Brain Story
3. Building Better Boundaries (CMHA Calgary)
4. CATIE: Adapting to COVID-19: Delivering Community Programs Remotely
5. CATIE: Coping with COVID-19
6. HIV: Preventing Sexual Transmission
7. HIV Treatment
8. CATIE: Sex During COVID-19
9. COVID-19 Conference
10. CPR/First Aid Standard Level C
11. FOIP
12. Mental Health 101
13. Naloxone
14. Naloxone Refresher
15. National HIV Conference
16. Nonviolent Crisis Prevention and Trauma Awareness
17. Reducing Stigma in the Homeless Sector through Trauma and Violence Informed Care
18. STBBI/Hep C/HIV
19. Team Training

AAWEAR TRAININGS
(MARCH 2020-MARCH 2021)

Number of trainings	19
Number of survey respondents	46

OUTREACH SUPPORTS (MARCH 2020-APRIL 2021)

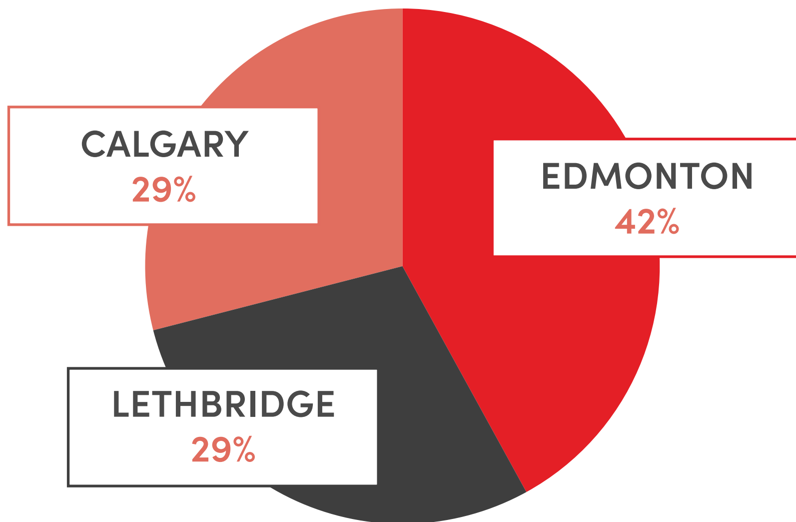
OUTREACH SUPPORTS	TOTAL	CALGARY	EDMONTON	LETHBRIDGE
Agency drop-in	11	9	2	0
Agency referrals	188	110	73	5
CPI	5	3	2	0
Educate about HIV/HCV/STBBI	35	18	15	2
Educate client about harm reduction practices	92	63	28	1
Have to use a naloxone kit on client	7	5	2	0
Needle debris pickup	71	21	50	0
Promote your local chapter	208	111	73	24
Provide CPR/First Aid	7	4	3	0
Provide Mental Health First Aid	46	44	2	0
Provide Naloxone Training	10	6	4	0
Write an incident report	3	2	1	0

Client Snapshot[2]

AAWEAR clients were surveyed throughout the summer and fall of 2020. The sample aimed to represent all clients, though showed variability across all sites. This client snapshot is broadly divided into demographics and client challenges (i.e. housing insecurity, mental and physical health, substance use and harm reduction, impact of COVID-19). This data is gathered from the Peer Outreach Survey from September 2020 – February 2021.

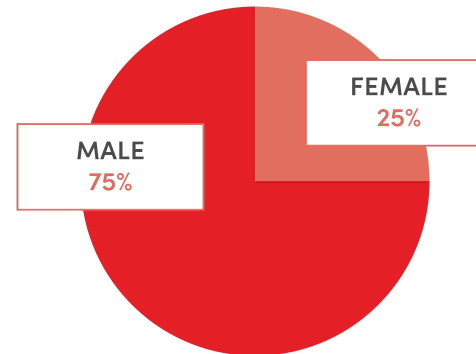
Client Demographics

182 participants completed the Peer Outreach Survey. **77** of the participants were from Edmonton, **53** from Calgary, and **52** from Lethbridge.

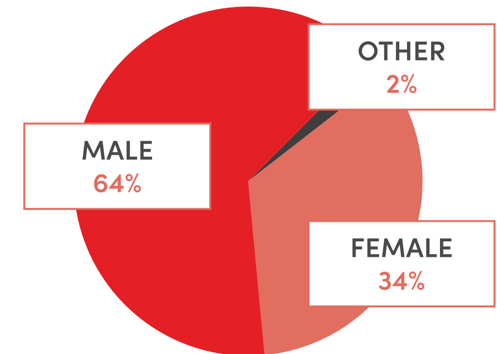


The majority of respondents across all sites identified as male **(64%)**. The ethnic identity of participants was White (European ancestry) **(51%)** and Aboriginal/Indigenous/Métis **(45%)**. Most participants were between the ages of **30-39 (45%)**.

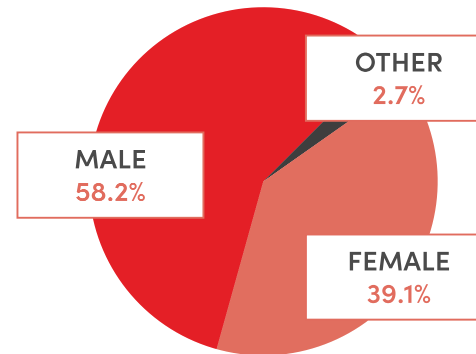
ALL (N=179)



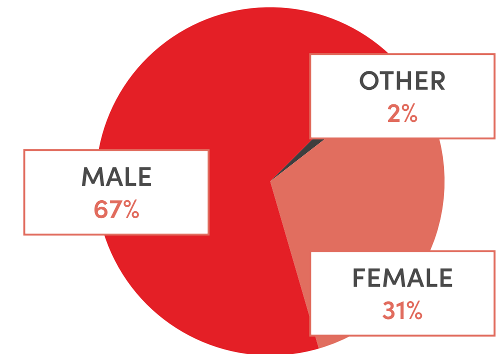
CALGARY (N=52)



EDMONTON (N=75)

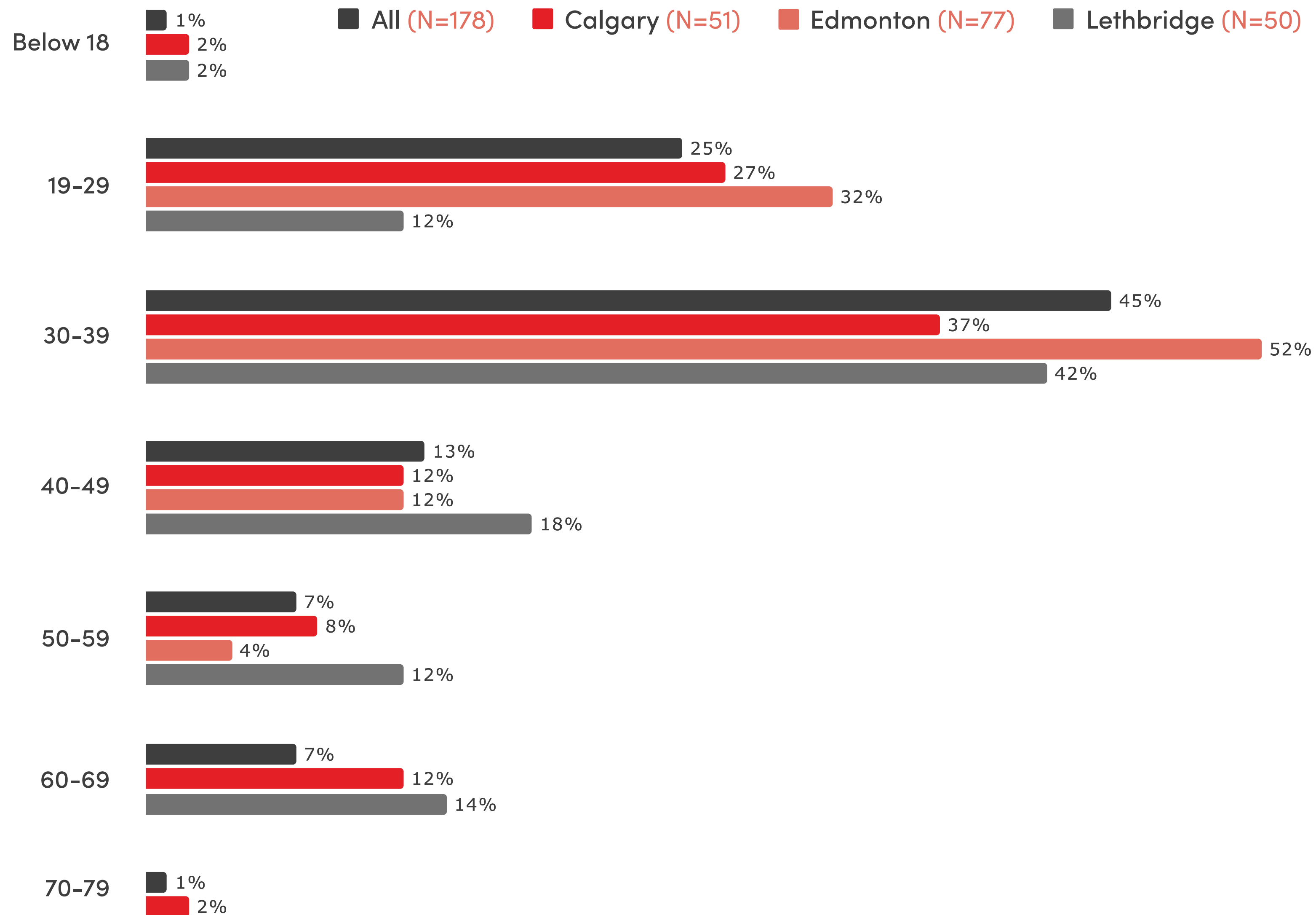


LETHBRIDGE (N=52)

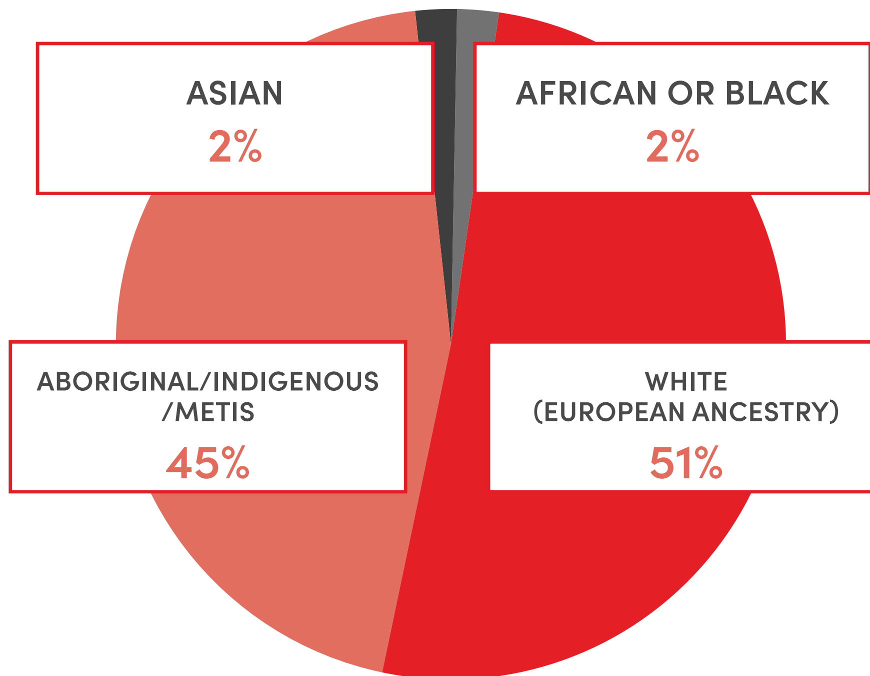


[2] Data gathered through Outreach Survey

AGE



ETHNIC IDENTITY, ALL CENTRES (N=176)



Calgary

53% Aboriginal/Indigenous/Metis
39% White (European ancestry)
2 participants reported as "African or Black"

Edmonton

57% White (European ancestry)
39% Aboriginal/Indigenous/Metis
3 participants reported as "Asian"
1 participants reported as "African or Black"

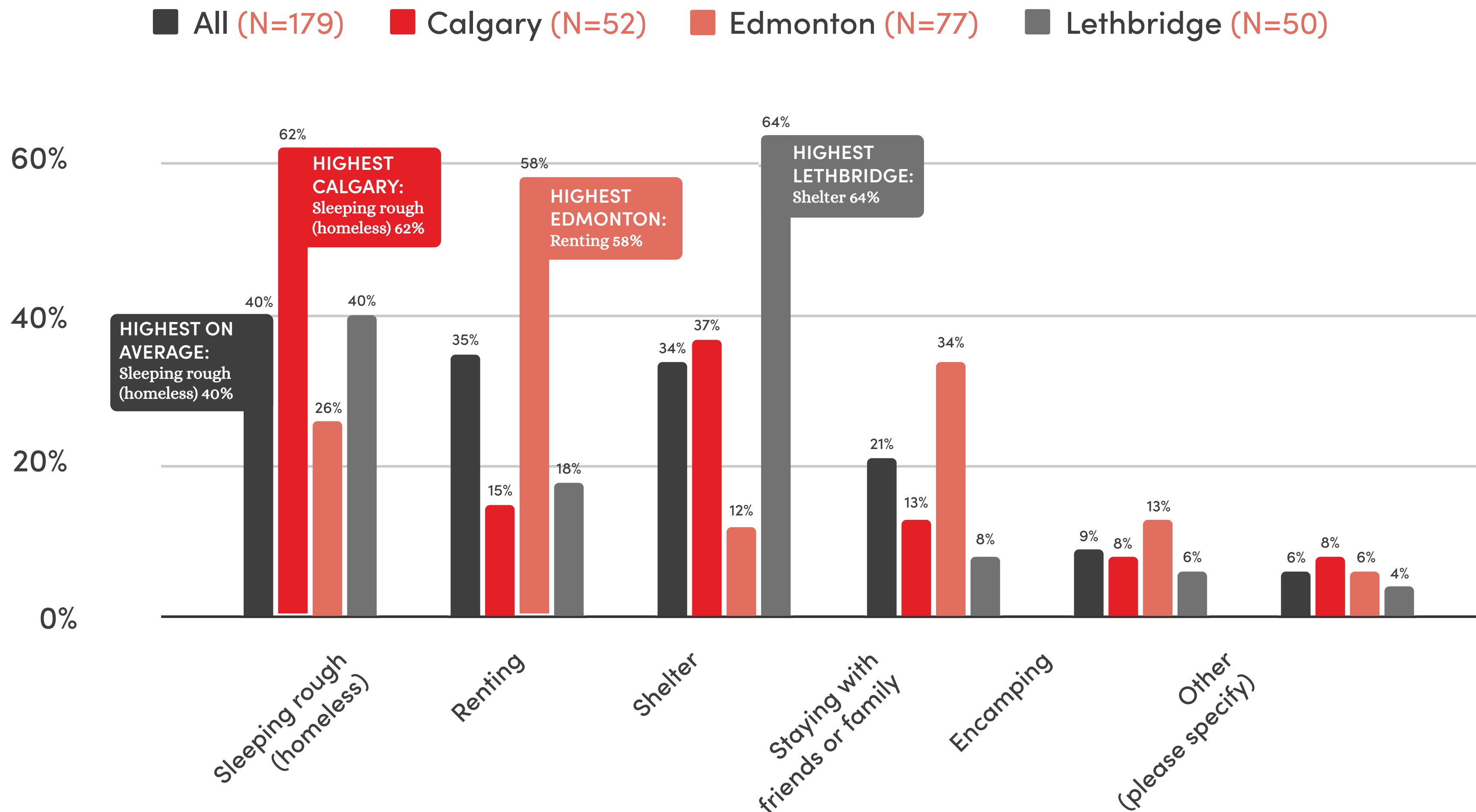
Lethbridge

53% White (European ancestry)
47% Aboriginal/Indigenous/Metis

Client challenges:

1. Housing insecurity

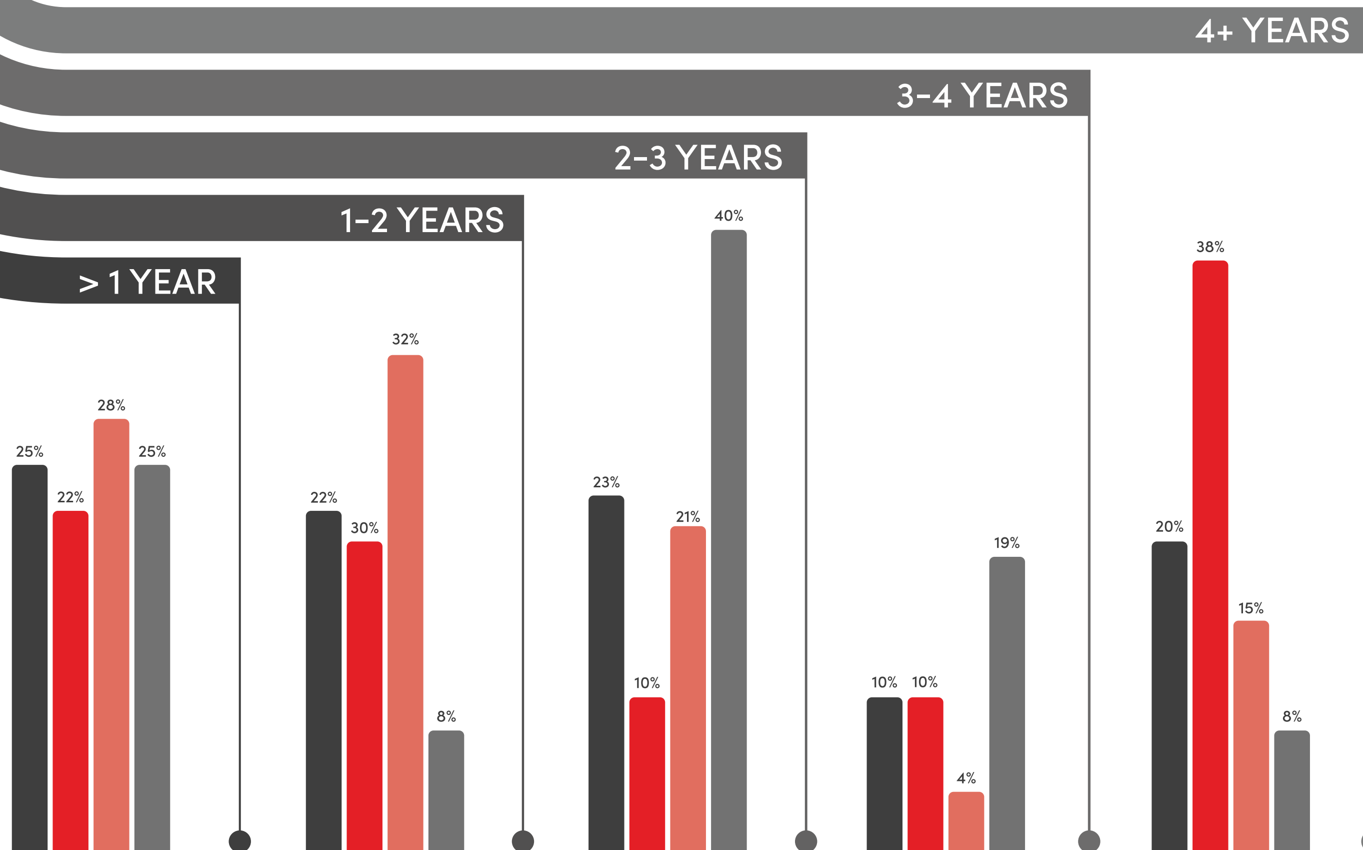
The knowledge that Peer Outreach workers have about where peers spend their time and/or live is critical, especially as so many respondents were sleeping rough. Overall, most respondents indicated that their current housing was sleeping rough (homeless) at **40%**, followed by renting at **35%** and living in a shelter at **34%**. Within this, each center had a different distribution, with the majority of respondents in Calgary **(62%)** sleeping rough (homeless), the majority of respondents in Edmonton **(58%)** renting and the majority of respondents in Lethbridge **(64%)** living in a shelter.



Duration of Housing Situation

How long have you been using the shelter, homeless, or encamping? (by site)

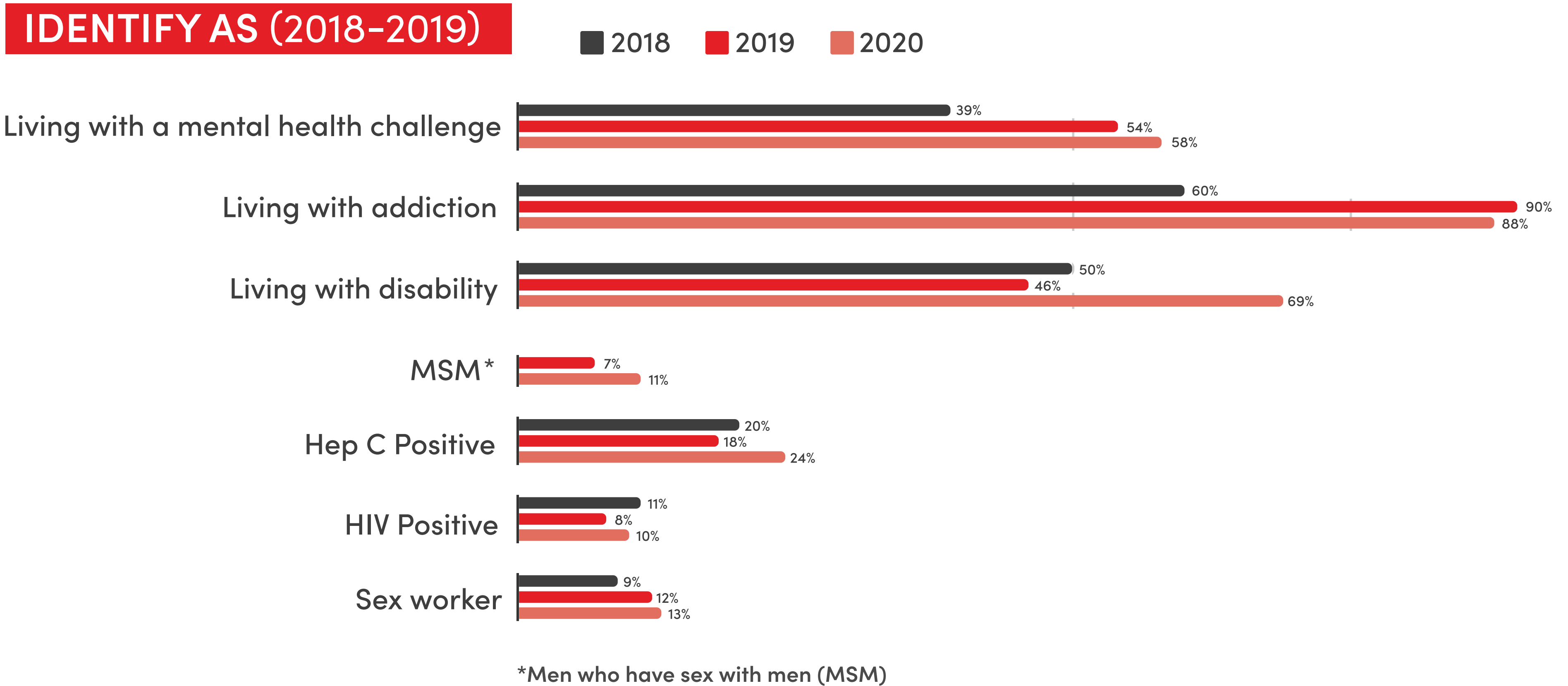
Regarding the number of years of housing instability (including living in a shelter, homeless, or encamping), there was a somewhat even split among respondents overall, ranging from under one year to more than four years. However, Calgary had the most respondents living with housing instability for more than four years (38%), Edmonton had the most between one to two year (32%), and Lethbridge had the most between two to three years (40%).



2. Mental and physical health

Over 50% of respondents self-identified as either living with addiction (88%), living with a disability (69%), or living with a mental health challenge (58%). These three areas have also been consistently high in both 2018 and 2019; however, from 2018-2020 the number of respondents living with a mental health challenge or disability went up, while those living with addiction fluctuated.

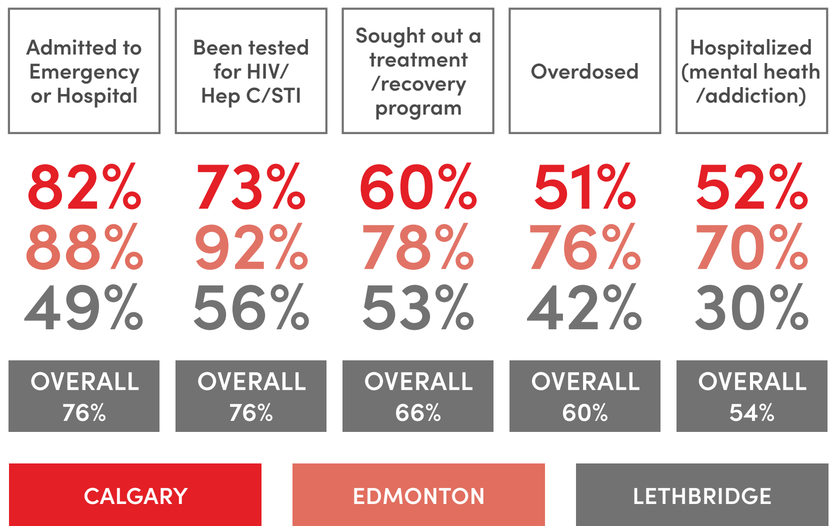
Self Identification (2018-2019)[3]



[3]The sample sizes (N) for this graph fluctuates, as not everyone answered all of the questions.
2020: Living with addiction N=143, Living with disability N=107, Living with a mental health challenge N=89, Hep C Positive – N=34, Sex Worker – N=13%, MSM – N=15, HIV Positive – N=14
2019: Living with addiction N=139, Living with disability N=122, Living with a mental health challenge N=128, Hep C Positive – N=119, Sex Worker – N=113, MSM – N=112, HIV+ - N=119
2018: Total sample size (all response categories): N=64

Survey results showed that the health of respondents was impacted by a variety of factors. There was some variation between cities, but overall the majority of respondents were admitted to an emergency room or hospital (76%), had been tested for HIV/Hep C/STI (76%), sought out a treatment/recovery program (66%), overdosed (60%), or were hospitalized for mental health or addiction (54%).

IN THE PAST YEAR HAVE YOU... (2018-2020)[4] ALL CENTRES



Comparing data from this year to past years shows an overall increase in all categories, with an especially dramatic increase in the rates of hospitalization in Edmonton.

IN THE PAST YEAR HAVE YOU... (2018-2020)[4] BY SITE

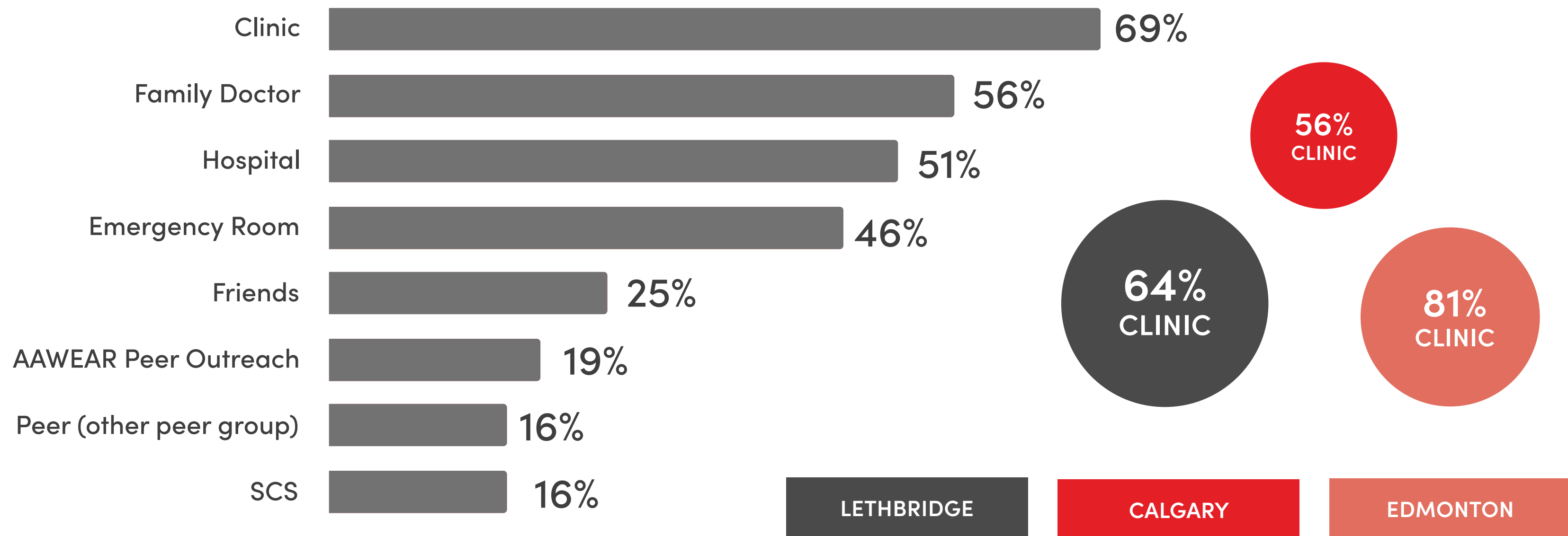
Question	CALGARY		EDMONTON		LETHBRIDGE		TOTAL*		
	2019	2020	2019	2020	2019	2020	2018	2019	2020
Admitted to Emergency or Hospital	79%	82%	60%	88%	49%	49%	---	65%	76%
Been tested for HIV/ Hep C/STI	58%	73%	69%	92%	69%	56%	32%	65%	76%
Sought out a treatment / recovery program	---	60%	---	78%	---	53%	---	---	66%
Overdosed	36%	51%	62%	70%	38%	42%	28%	44%	54%
Hospitalized (mental heath /addiction)	56%	52%	29%	70%	14%	30%	23%	37%	54%

*Disaggregated data by site not available in 2018

[5]Total sample size varies.
2020: Admitted to Emergency or Hospital – N=172, Been tested for HIV/Hep C/STI – N=168, Sought out a treatment/recovery program – N=168, Overdosed – N=164, Hospitalized – N=172
2019: Admitted to Emergency or Hospital – N=141, Been tested for HIV/Hep C/STI – N=142, Sought out a treatment/recovery program – N/A, Overdosed – N=139, Hospitalized – N=139

When looking at where respondents go for help with their health, the top three places were a clinic (69%), a family doctor (56%) and a hospital (51%).

WHERE DO YOU GO TO GET HELP WITH YOUR HEALTH? (N=177) ALL CENTRES



3. Substance and use harm reduction

Data shows there was a high level of substance use among respondents, but also a high level of harm reduction while using substances. Overall, 88% indicated they used drugs, 87% indicated they used clean or new drug supplies each time, and 65% indicated they used at a supervised consumption site (SCS). Peers having knowledge about and knowing the importance of utilizing clean equipment was also noted during the peer outreach observation. Comparing 2020 data from the past two years shows there has been an increase in the percentage of people using substances, but also an increase in those utilizing harm reduction methods. What is especially striking is the dramatic increase in the usage of clean drug supplies between 2018 to 2020.

DRUG USE PRACTICES[6] 2020

Questions	CALGARY	EDMONTON	LETHBRIDGE	TOTAL		
	2020	2020	2020	2018	2019	2020
Do you use drugs?	90%	96%	72%	55%	60%	88%
Do you get clean/new drug use supplies?	88%	97%	67%	39%*	74%	87%
Have you ever injected/ingested/inhaled at a supervised consumption site?	60%	78%	50%	40%*	47%	65%

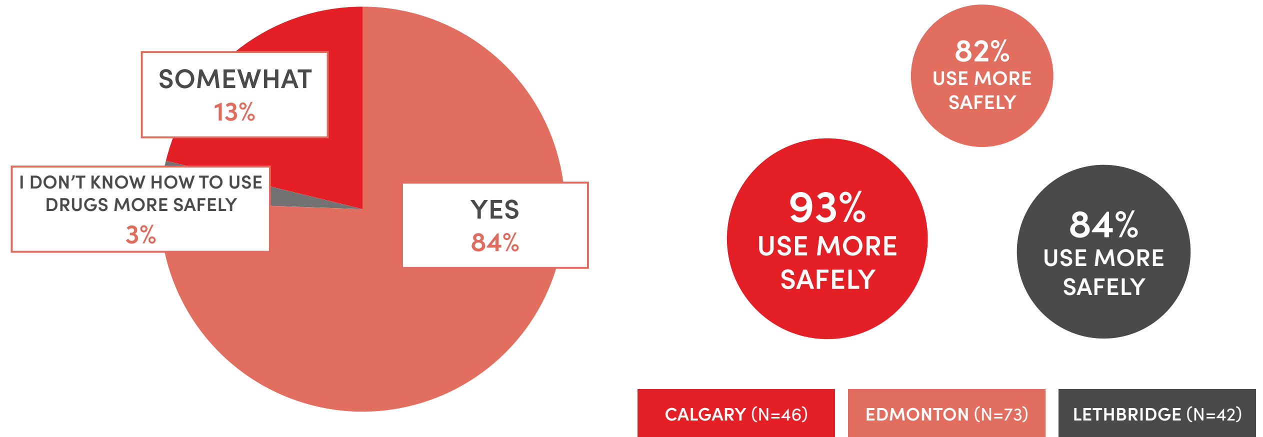
39%* Use clean injection equiptment each time (in the last 30 days)

40%* Injected at a SCS (in the last 30 days- yes, always, and sometimes)

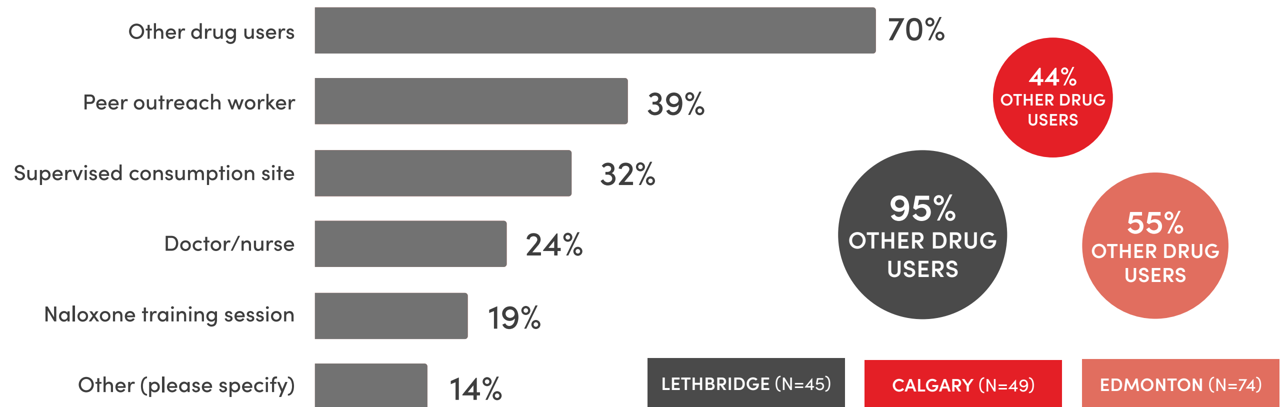
[6] Sample size varies: Do you use drugs? N=177, Do you get clean/new drug use supplies? N=165, Have you ever consumed at a SCS? N=169

The majority of respondents (84%) also knew how to use drugs more safely with the top source of information being other drug users (70%), second being peer outreach workers (39%), and third from supervised consumption sites (32%). Peers helping other peers was also noted during the peer outreach observation, as one peer explained how they had saved another peer from an overdose.

IF YOU WERE TO USE DRUGS, DO YOU KNOW HOW TO USE MORE SAFELY? 2020 (N=161) ALL CENTRES



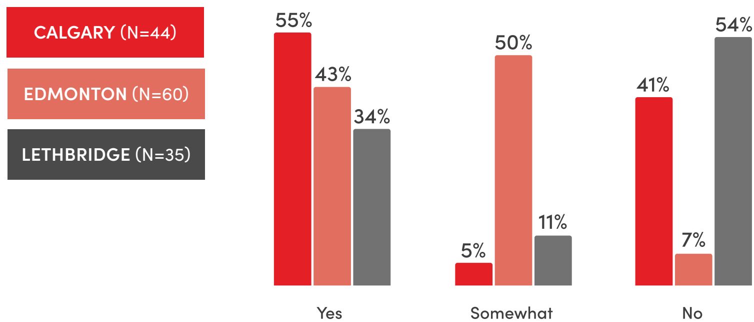
WHERE DO YOU GET INFORMATION ON HOW TO USE DRUGS SAFELY? (N=168) ALL CENTRES



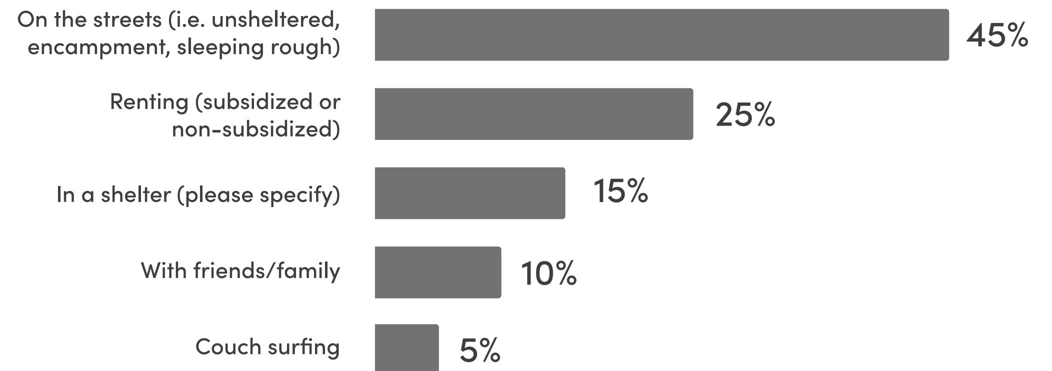
4. Impact of COVID on in-risk population

Results from the Impact of COVID-19 on Vulnerable Populations survey indicated that since the COVID-19 pandemic was declared, the housing situation of participants has overall stayed the same (86%, with an N of 21). However, within AAWEAR's Annual Peer Outreach Survey, the majority of respondents from Calgary indicated that COVID-19 has impacted their housing (55%, with an N of 139). This is in comparison to the majority from Edmonton (50%) who indicated it somewhat impacted their housing, and Lethbridge (54%) who indicated it did not impact their housing. Overall, across all centers, the majority (45%) of respondents had their housing impacted by COVID-19.

IN THE PAST YEAR, HAS COVID IMPACTED YOUR HOUSING? (N=139)



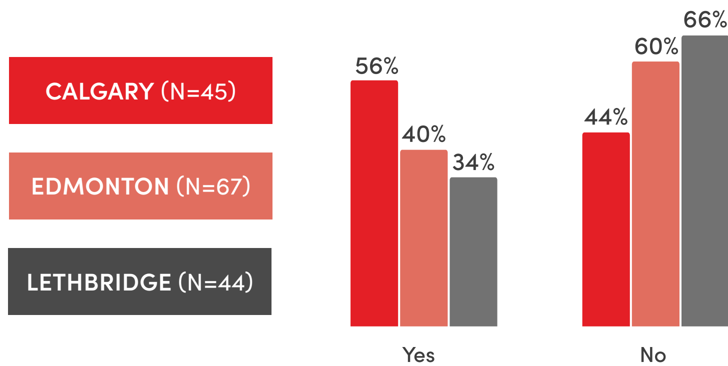
LIVING SITUATION (N=179) ALL CENTRES



AAWEAR's Annual Peer Outreach Survey also looked at COVID-19's impact on respondent's health, access to services, income generation, and substance use.

The majority of respondents from all three centers (57%), indicated that their health has not been impacted by COVID-19. However, when looking at each center individually, a pattern within the data emerged that was similar to the COVID-19 housing data. Within Calgary most respondents (56%) indicated their health has been impacted by COVID-19, in Edmonton the majority (60%) said no, and in Lethbridge the majority (66%) indicated no.

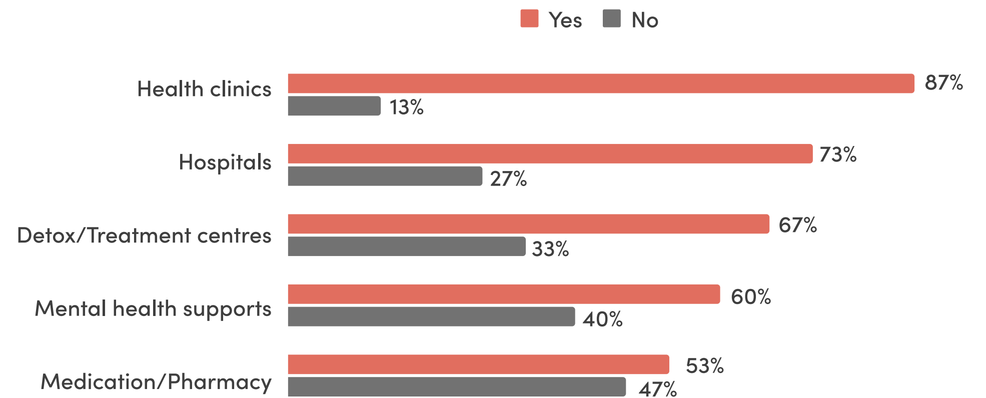
IN THE PAST YEAR, HAS YOUR HEALTH BEEN IMPACTED BY COVID? (N=156) BY SITE



COVID-19 has also impacted access to services. 87% of respondents indicated the pandemic made it harder to access health clinics, 73% indicated hospitals, 67% indicated detox/treatment centers, 60% indicated mental health supports and 53% indicated medication/pharmacy. Factors impacting this access, among other things, were health clinic closures, line ups, long wait times, phone appointments only, and health regulation expectations at hospitals.

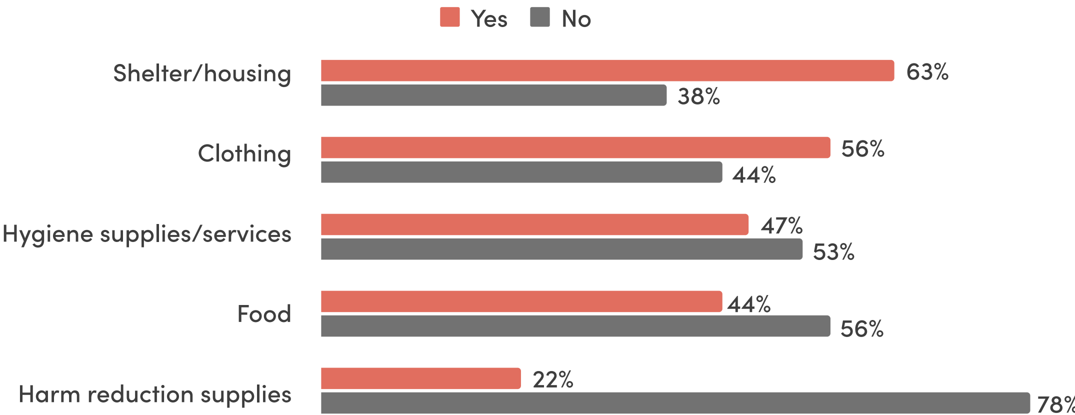
This data is concerning as it signals that a majority of respondents did not, and because of the ongoing nature of COVID-19 potentially still do not, have access to adequate medical supports. Exploring this in relation to the overall health of respondents is even more concerning. It shows that the number one place that respondents go to for assistance with their health, health clinics, has also become more difficult to access. In addition, it demonstrates this is a population with high health needs, whose ability to care for these needs has been greatly impacted by COVID-19.

HAS THE COVID-19 PANDEMIC MADE IT HARDER TO ACCESS THE FOLLOWING: (N=15) ALL CENTRES



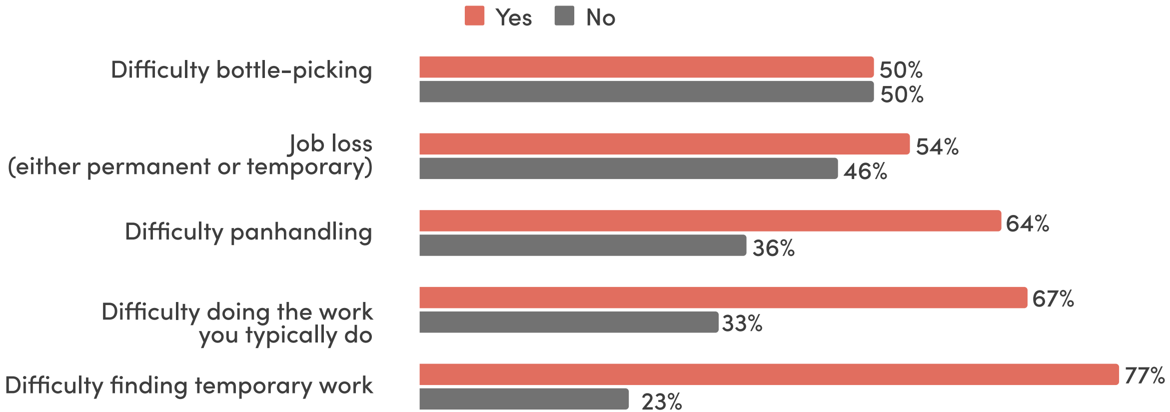
Beyond this, respondents also had challenges accessing non-medical supports. The two most challenging supports to access within this category were shelter/housing **(63%)** and clothing **(56%)**.

HAS THE COVID-19 PANDEMIC MADE IT HARDER TO ACCESS THE FOLLOWING BASIC NEEDS: (N=15) ALL SITES



Income generation was also a concern for respondents. The top three areas impacted included difficulty finding temporary work **(77%)**, difficulty doing their regular work **(67%)**, and difficulty panhandling **(64%)**.

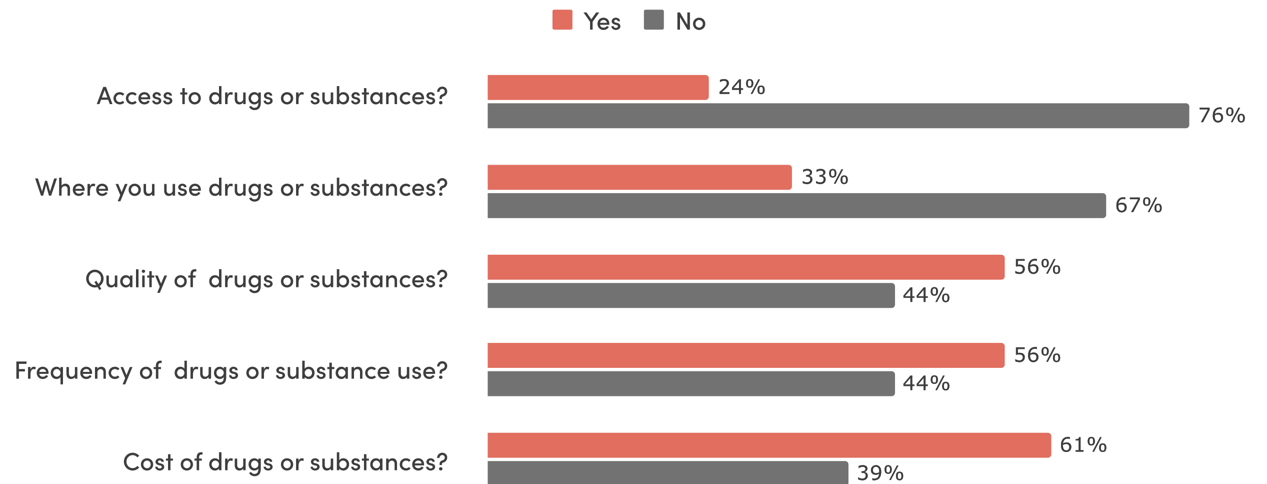
INCOME GENERATION[8] (ALL SITES)



[8] Sample size varies: Difficulty bottle-picking N=10, Job loss N=13, Difficulty panhandling N=11, Difficulty doing the work typically do N=6, Difficulty finding temporary work N=13

With regards to substance use, the majority of respondents (61%) felt that COVID-19 impacted the cost of drugs and substances, causing a price increase due to shortages in supply and demand. The majority also indicated the pandemic impacted the quality of drugs and substances (56%), causing lower quality drugs and limited access to dependable equipment, as well as the frequency of their drug or substance use (56%), either causing it to go up or down.

SINCE THE COVID-19 PANDEMIC, HAS ANY OF THE FOLLOWING CHANGED FOR YOU?[9] ALL SITES



[9] Sample size varies: Access to drugs or substances N=17, Where do you use drugs or substances? N=18, Quality of drugs or substances N=18, Frequency of drug or substance use N=18, Cost of drugs or substances N=18

Peer Snapshot

This year a modified data collection process meant peer outreach members were the only members available for sampling. The methodology was divided into a shorter survey and focus group with participants. Unlike prior years, the sample is much smaller and only suggestive of what is happening among this group of outreach peers.

2020
N=12

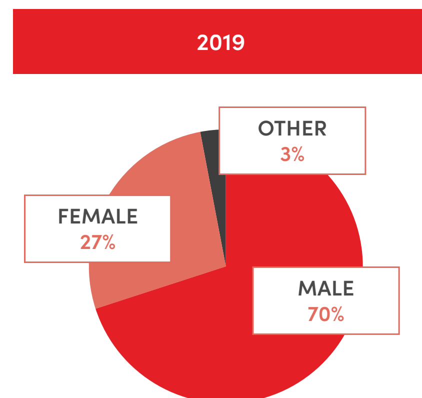
2019
N=30

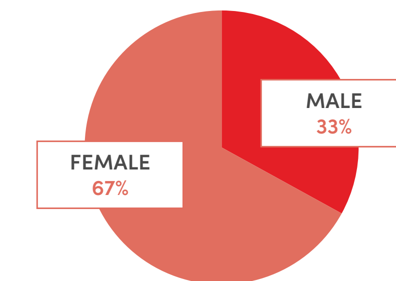
Demographics

The gender makeup of the group has flipped from 2019, where the majority of participants were male. Now the group is majority represented by women, with younger participation from the **30-39** age category. Unlike the previous sample which included general AAWEAR members, none of the participants had been with AAWEAR for less than six months. This year there has been no identified participation from other ethnic groups, and slightly more skewed to White/Caucasian peers **(58%)** than Aboriginal/ Indigenous/ and Metis **(42%)**.

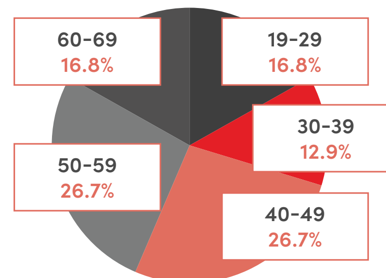
	2019	2020

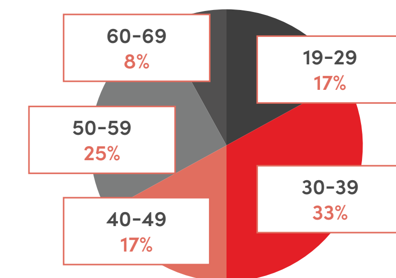
GENDER



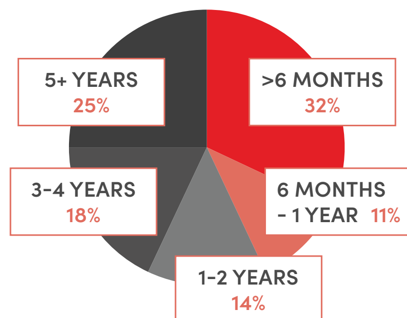


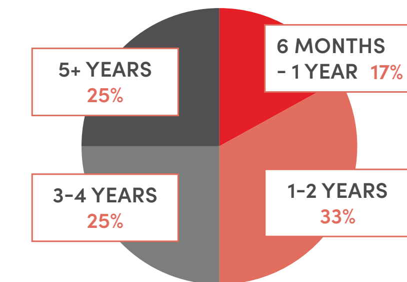
AGE



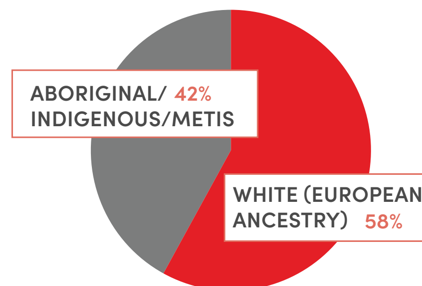


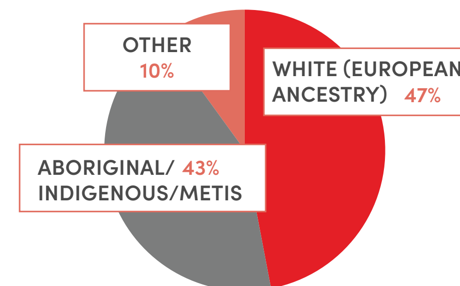
LENGTH OF PARTICIPATION





ETHNICITY





Participation

Creating connections, offering peer support, and educating on harm reduction and safer substance use were core functions of AAWEAR Peers, and more so for peer outreach. In 2020, there was a noticeable increase across all peer support categories, including supporting others through listening, facing crisis, connecting to supports, and finding supports with mental health or addictions. There was a slight decrease in the support being offered about safer drug use, and fewer peers indicated they shared their personal stories with others.

The motivation to support others, share information, and raise awareness in community seems to drive peers more so than learning about harm reduction and getting support with recovery. There was a general sense of becoming more empowered through participating at AAWEAR, helping in the community, feel better, gaining strategies, and feeling more confidence. Making friends, connections, and hanging out was the least important. This suggests that professional development has taken increased importance over socialization.

In the last year have you done any of the following, through participation in your chapter?
(i.e., attending meetings, doing outreach)

	I DO THIS REGULARLY/ ALMOST ALWAYS	
	2019	2020
Supported people by listening to their concerns	86%	100%
Supported people facing a crisis	66%	92%
Supported people by connecting them with community supports (like housing, food, clean supplies)	79%	83%
Helped someone find supports with mental health or addictions	76%	83%
Talked with people about safer drug use and safer sex	76%	67%
Shared my personal story with other people	61%	42%

Overall, has your own wellness been impacted by participating in AAWEAR? (pick one).

YES, IT HAS HELPED A LOT	
2019	2020
83%	68%

What are the main reasons that you are a part of your AAWEAR chapter?

	I DO THIS REGULARLY/ ALMOST ALWAYS	
	2019	2020
To help others	93%	92%
To help or advocate for others	90%	92%
To share my knowledge and experience	90%	83%
To raise awareness in the community	90%	83%
To learn more about harm reduction	72%	50%
To get support with my recovery	55%	42%
It's a positive place to hang out	59%	17%
To make friends	31%	8%

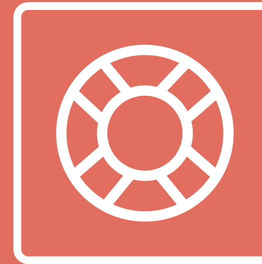
Does your participation in AAWEAR support you in the following areas?

	VERY MUCH OR YES
I feel like I am helping my community	100%
I feel better as a result of my participation in AAWEAR	100%
I gained a skill or strategy to support my professional development	92%
I feel more confident to attend other activities / services	92%
I feel empowered to try something new	92%
I learned about resources / services that can support my needs	91%
If and when I use, I make healthier choices	86%
I feel more hopeful	83%
I feel more confident to socialize with others	83%
I gained a skill or strategy to support my personal wellness or recovery	82%
I feel a sense of belonging in the group	75%
I made a connection with someone new	67%
I have a stronger support network	67%

04 Outcome Areas

Knowledge sharing and identification of needs

System navigation



Harm reduction

Connection and belonging

Knowledge Sharing

1. Peers are effective transmitters of safer substance use

Peer support is an effective way to connect with many people in the street population resulting in knowledge and support pipelines outside of typical substance use/ addiction, mental health, and physical health systems. This year in particular, AAWEAR saw a higher number of client contacts compared to previous years. Because of their lived experience, AAWEAR Peers were able to relate to and connect with their peers more so than those without lived experience. AAWEAR Peers had conversations about their lived experience with clients and built rapport and trust. Receiving information about safer drug use from AAWEAR Peers was the second most common avenue for respondents of the Peer Outreach Survey across all centres. Also, the practice of getting clean/new drug use supplies increased from 74% in 2019 to 87% in 2020, which shows success and growth for AAWEAR Peers in transmitting knowledge and providing supplies for safer substance use. For all these reasons, AAWEAR Peers are effective transmitters of safer substance use.

2. Training is effective

The focus on education and skills building is helping to create a professionalized workforce with transferable skills related to peer support, counselling, administration, systems navigation, mental and physical health supports. Trainings were very well-received by AAWEAR's peers. 91% (N=44) stated that their experiences of the trainings either "Met or Exceeded Expectations" or "Great". 93% (N=45) stated that they are either "Very Likely" or "Likely" to attend more trainings with AAWEAR. 89% (N=44) stated that they are "Very Likely" or "Likely" to use what they've learned in their peer practice.

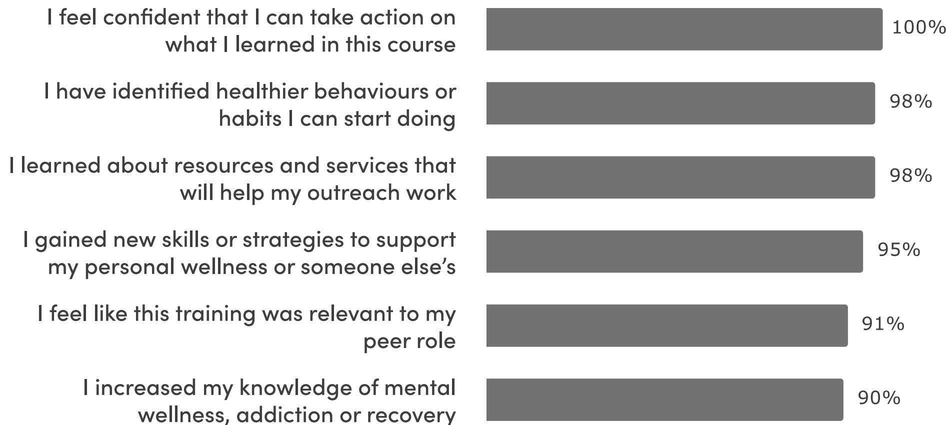
Due to their participation in AAWEAR's trainings, peers were supported in several ways, the top 3 being:

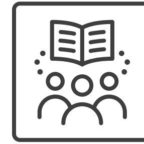
- More confidence to attend other activities/services (95%, N=44)
- Learning about resources/services that can support their needs (94%, N=32)
- Empowered to try something new (93%, N=45)

SUPPORT FROM PARTICIPATION IN TRAININGS[10]

[10] Sample size varies. Confident to attend other activities N=44, Learned about resources N=32, Empowered to try something new N=45, Confident to train another to administer Naloxone N=10, Training was valuable N=10, Confident to save a life N=10, A new skill or strategy N=45, More confident to socialize with others N=29, Sense of belonging N=28, More hopeful N=32, Connection with someone new N=38, Continue to connect N=22

Peers also gained several skills and increased their knowledge across several domains. A few of the topics of training included: Mental Health, STBBI/Hep C/HIV, Naloxone, Nonviolent Crisis Prevention and Trauma Awareness, CPR/First Aid, Adapting to COVID-19, etc. 100% (N=39) of respondents stated that they feel confident that they can take action on what they learned in the course. 98% (N=37) have identified healthier behaviours or habits they can start doing. 98% (N=39) learned about resources or services that will help them in their outreach work.





System Navigation

1. Peers have strong connections with in-risk groups due to lived experience with substance use and addiction but need further skills development to navigate systems interactions.

Peers are trusted collaborators and sources of knowledge and experience in accessing services and systems.; the result could be a potential shift in how in-risk populations access supportive services. Peers indicated they had a deep understanding of the issues impacting clients getting the help they need, the barriers and challenges they may feel or encounter reaching out for help, and translation required to help clients understand the ins and outs of accessing supports. They approach navigation through a lens of lived-experience, which is a major adjustment from a clinical approach where often problems and issues are diagnosed/identified, and solutions or a 'plan' developed. Using the lens of lived experience means peers guide clients but stop short of problem solving or 'fixing people'. The onus is on peers to develop the relationships necessary to empower clients to identify problems and solutions, while peers understand their roles to walk alongside and maintain clear professional and peer boundaries.

An area for development is refining peer support skills so that peers are able to maintain strong peer connections, while also conducting the professional client management and case load necessary to effectively navigate clients into supports.

- Specifically, peers could be mentoring each other, taking peer support courses, or other ancillary case management training.
- Dialogue, communities of practice, and checking in with each other could further support peer boundaries and ongoing professional learning.
- Another area of learning is the 'hand-off' approach, where peer navigators transition clients into the care of other organizations or peer navigators. This is a critical juncture, where the boundaries of peer support meet with the other organizational or clinical models of support. Hand-offs are complicated where there is an expectation of ongoing peer support.

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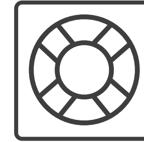
2. Peer navigation is a natural next step for peers that want to advance more professionally in peer support, but consideration of 'peer lifecycles' and professional growth is critical.

To date, peers involved in the navigation pilot tend to be outgoing, further along their recovery journey, and focused on supporting their community and building a career. Peer navigators are supporting clients, having more impactful conversations one-on-one, and connecting people to the services they need. While peer outreach helps to build initial relationships for the purposes of harm reduction, deeper relationships characterize peer navigation. Peers in a navigation role have taken higher level of training, equipping them with the skills necessary to begin a journey to peer navigation.

Following a year of piloting peer navigation, impacts of program are only starting to emerge. As the program advances, the overall effectiveness of peer navigation needs to be explored with refined evaluation tools.

> **"WATCHING MY TEAMS TURN INTO PROFESSIONALS."**
> - KATHLEEN LAROSE



Harm Reduction

1. Access to harm reduction education is important, especially for people currently using substances

- 1.1 AAWEAR has considerably increased access to harm reduction supplies and health and hygiene supplies in Edmonton, Calgary, and Lethbridge compared to previous years. Client contacts have also increased significantly from previous years. This suggests that the impact of AAWEAR's outreach and peer navigation is accumulating, with the potential for even greater client impacts in 2021-2022.
- From observations and focus group data, we know AAWEAR peers are having critical conversations with clients about harm reduction and substance use during these interactions.
- Substance use among the people AAWEAR reached out to has increased between 2018-2020 and this year there was self-reported evidence to suggest people using substances were more aware of harm reduction practices.
- Among most harm resuction supplies, there has been an increase in distribution. Between 2019 and 2020 the largest increase was seen in the number of sharp bins and condoms given.

HARM REDUCTION SUPPLIES GIVEN

OUTREACH SUPPLIES GIVEN	2019	2020	% CHANGE
Harm Reduction Supplies			
# Condoms given	6120	22665	332%
# Inhalation kits given	N/A	1421	---
# Individual first aid	N/A	99	---
# Needle debris picked up & disposed	3374	8963	142%
# Needle kits given (5 needles/pk)	2426	5859	133%
# Sharp bins given	59	733	746%

1.2 Those using substances rely on information on how to use drugs more safely primarily from other substance users. Their 'peers' on the street, or those with lived experience of substance use, such as peer outreach workers, are critical knowledge pathways and trusted sources of information.

- In the Peer Outreach Survey (N=168), 70% of participants stated that they receive this information from other drug users. Following other drug users were Peer Outreach Workers at 39%.
- As such, it is important to continue to educate and disseminate information about harm reduction practices to current substance users and peers, so that the correct knowledge continues to be passed down within the community.
- Since peer outreach workers are the second most important source of harm reduction knowledge, they are well positioned to be the ones disseminating this information.

> **"THEY HAVE BETTER CONFLICT MANAGEMENT."**
> - KATHLEEN LAROSE

1.3 Client contacts are increasingly vulnerable and access to trusted information is especially pertinent during the current context of COVID-19, due to the impact of the pandemic on access to services.

- The following highlights some of the struggles clients experienced due to COVID-19:
- The Peer Outreach Survey revealed that 45% of participants experienced an impact on their housing due to COVID-19 and the Impact of COVID-19 on Vulnerable Populations Survey indicated difficulty in income generation, with 67% of participants experiencing difficulty in doing the work they typically do.
- The Impact of COVID-19 on Vulnerable Populations Survey revealed that it has been harder for participants to access health clinics (87%), hospitals (73%), and detox/treatment centres (67%) due to COVID-19.
- Harm Reduction aims to address each of these overlapping issues and is critical support during reduced access to health services, challenges in generating income, and difficulty in securing housing. Especially with limited access to health services, Harm Reduction provides essential education for the drug user community.

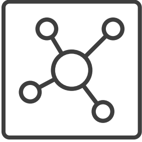
1.4 Harm Reduction Supplies Need to be Accessible, Mobile, and Timely

For harm reduction to have the greatest impact, information and supplies need to be accessible and mobile to people who experience multiple intersecting barriers. The dramatic increase in the usage of clean drug supplies between 2018 to 2020, shows that the demand for these supplies exists. The high percentage of individuals utilizing supplies at supervised consumption sites (65%) shows that there is a need for these sites within Calgary, Lethbridge and Edmonton and should continue to be spaces that are accessible to people using substances. However, we know there is a gap between the number of people accessing the supervised consumption sites (65%) and the percentage of individuals who self-identified as living with addiction (88%) a majority of whom could benefit greatly from services such as supervised consumption.

- A solution for meeting the harm reduction needs of people who aren't using supervised consumption sites would be to go where they are.
- Because of their lived experience, peer outreach workers have a clearer understanding of the spaces and places that people using substances are at.
- Peer Outreach workers can target outreach efforts away from supervised consumption sites to make sure the people who need the resources and information are getting them.
- This is especially important as access to hospitals, health clinics, and detox centres have been limited due to COVID-19, as revealed in the Impact of COVID-19 on Vulnerable Populations Survey.

> **"EVERYONE'S SKILLS HAVE DEVELOPED QUITE QUICKLY"**
> - KATHLEEN LAROSE

[11] SCS in Lethbridge are now closed and remain open in Calgary and Edmonton for the time being.



Connection & Belonging

1. The programs and activities developed by AAWEAR have given peer-members a strengths-based starting point upon which to build their connections and sense of belonging within the community.

Connection and belonging are complex social-emotional feelings that improve long-term recovery and support overall mental wellness. Overall, peers working at AAWEAR through outreach or navigation have found work that is meaningful and connects them to communities they are part of. Peers are feeling more empowered to try new things, have embraced learning new skills, and make healthier choices. As peers grow in their AAWEAR journey, we would expect that feelings of connection, such as friendships, purpose, and satisfaction should continue to develop. Belonging will be notable as peers advance in their roles, foster peer relationships with others, and practice their own peer skills through their roles.

- While early indicators are that connection and belonging is happening and peers are not only fostering those connections among themselves and with the people they meet, further research could measure peer resiliency in their roles.
- It would be interesting to learn how peers are starting to think about themselves in relation to their roles, their own recovery journey, and how they incorporate harm reduction in their lives and relationships with others.
- Belonging within community spaces could be mapped to better understand community and non-profit partnerships, professional relationships, and approaches to peer support in clinical settings.
- Leadership skills and mentoring new peers could also be critical activities that create connections and foster belonging. This will also encourage longer term participation in AAWEAR, generating longer institutional memory and translation of skills and experiences to new members.

05 Recommendations

The following recommendations should be prioritized over the next 12-24 months as they fit within AAWEAR's overall strategic plan and areas for growth.

1. Professional Development of Peers

The professional development pathway of peers within AAWEAR continues to be a priority. Already in the last few years peers have accessed training opportunities and pro-actively identified new areas for growth over the last few years.

Typically, AAWEAR seeks individuals with lived experience that embrace training, are open to learning, are capable of "showing up", and really wanting to step into the work AAWEAR and develop their skills.

However, a professional pathway could be developed that identified clear growth areas for peers, such as outreach and navigation leaders, program administration, peer mentorship, community engagement, research and learning, and so on. This would empower peers to take on ever increasing responsibilities, develop skills, and impact the community.

Some next steps:

- Develop a Professional Development Pathway Chart, which includes entry points such as volunteer roles. For those who have advanced in their peer journey and wish to develop beyond Peer Outreach, developing a peer leadership pathway into Peer Mentorship or Team Lead would be beneficial. Others interested in research, administration, or engagement could continue towards other roles such as Volunteer Coordinator, Social Media Coordinator, Peer Liaison, Peer Navigation or Peer Researcher.
- Conduct individual learning and growth plans with peers with a specific focus on peer leadership, growth, and skills/learning identification.
- Develop specific workplans or goals plan based on discussions and program direction.
- Identify any additional mentorship, training, or leadership learning opportunities necessary for peers to access
- Focus on building strong relationships between peers, Team Leads, and AAWEAR leadership to foster supportive environment for growth.

"I SEE OUR PEER NAVIGATORS AS OUR PEER MENTORS DOWN THE ROAD" - KATHLEEN LAROSE

2. Peer Navigation

Peer navigation is an area of growth for AAWEAR and remains in the piloting phase. There are clear opportunities to provide enhanced supports to client contacts based on the results of this evaluation and feedback from those impacted by the peer support that AAWEAR provides. However, the impact of peers as navigators during this pilot phase needs to be assessed.

In order to develop and refine the Peer Navigation program, some key questions should be explored:

- What training and support is necessary for peers to be mentored effectively into the navigation role?
- What are the relationships like between peer navigators and staff at organizations which provide services and how do they need to be developed?
- What can be done to identify and strengthen partnerships?
- How can we ensure strong program outcomes and impacts? What tools are needed to measure those?
- What is necessary to secure funding and ensure ongoing growth and strengthening of the pilot?

Some next steps:

- Develop an evidence informed theory of chance and achievable program logic model with clear activities and inputs.
- Identify and develop the pilot team of navigators:
- 6 Navigators in Calgary
- 4 Navigators in Edmonton
- 2 Navigators in Lethbridge
- Create clear guidelines on selection criteria and regular intakes of navigators. This will alleviate mis-understandings and frustrations over perceived favoritism and lack of opportunity. The professional development pathway chart will also assist with this.
- Align with other professional standards, such as the AHS prerequisites and protocols for years of experience with Peer Support and Navigation.

3. Other Program/Organizational Strengthening

3.1. Membership development

- While continuing to develop the professional development pathway, also give more strategic direction and support for Chapter meetings. Ensure meetings are tied to peer-principles and focused on developing peer skills, helping to meet personal goals, supporting connection and belonging, and supporting ongoing learning. Build skills and trust in strong facilitators to prevent conflict among members.

3.2 Strategic expansion

- Based on available data on substance use, addiction, and in-risk populations, identify new sites for peer outreach and navigation. Strong candidates based on existing partnerships are Red Deer and Grand Prairie.

3.3 Identify pathway towards charitable status

- Based on organizational growth, AAWEAR is on track to explore pathways towards undertaking charitable status. In order to proceed with a fuller understanding of the processes, the recommendation is to apply for an organizational development grant through FCSS, United Way, or Calgary Foundation. An organization development grant could enable AAWEAR to gain a clearer picture of the pathway forward, strengthen their structures, policies, and decision-making frameworks, necessary to undertake charitable status.

"THERE IS A SPACE FOR EVERYONE IN AAWEAR"
– KATHLEEN LAROSE

06 Appendices

Appendix A- AAWEAR Outcomes: Immediate Outcomes

Through AAWEAR's efforts, we should be able to evidence the following outcomes.

That peer outreach:

- Increased access to harm reduction supplies across the province
- Increased knowledge of recovery, addiction safe sex practices, safer drug use practices.
- Support with immediate needs, hygiene and health
- Increased access to appropriate support services
- Avoid hospitalization or other for acute care
- Increased knowledge & awareness of community programs, resources
- Increased access by emergent or under-reached populations

That through peer support and building capacity of members:

- Individuals report feeling supported in their recovery through involvement with AAWEAR
- Increased social support networks; Increased involvement in community
- Increased/improved soft skills
- Increased/improved formal skills

That through public education and community awareness, there was:

- Increased participant knowledge
- Policy or community responses to
- Increased student knowledge and awareness
- Representation of peer voice
- Peers report positive recovery through narrative telling

That knowledge dissemination has happened, policy impacted and sector coordination:

- Evidence based practice is embedded in peer services
- Learnings are captured and shared
- Shared knowledge and practice
- Increased sector awareness of AAWEAR

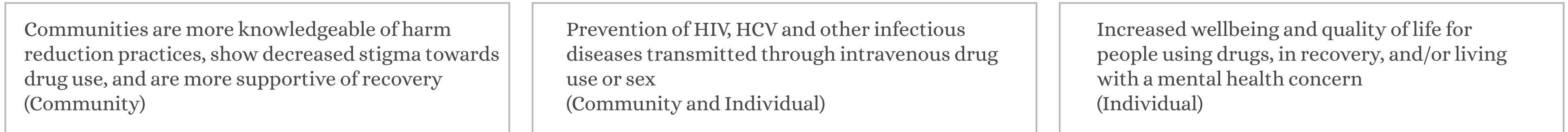
Long-term impacts

Over time, through AAWEAR's efforts, and the efforts of many other programs and people, we should see the following trends:

- Prevention of HIV, HCV and other infections that are transmitted through sex or intravenous drug use
- Reduced burden on health care system
- Coordinated system of care with a continuum of recovery options available
- Decreased community stigma
- Increased community knowledge and support
- Increased wellbeing and quality of life for users and recovering addicts, and those living with illness
- Harm reduction & peer voice imbedded in public policy and program planning

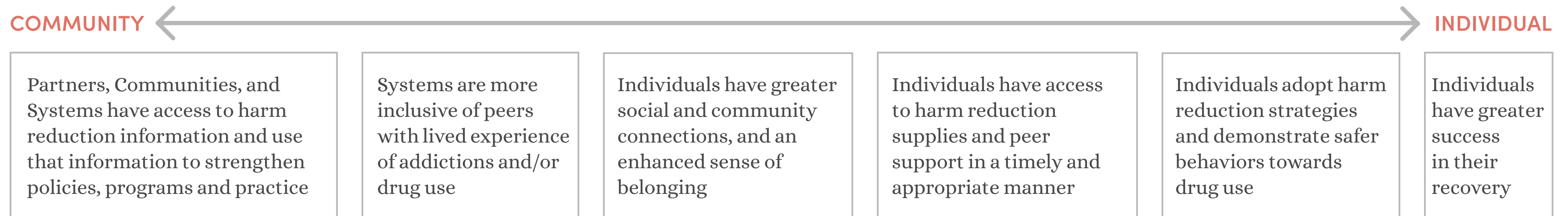
Appendix B- AAWEAR PROGRAM LOGIC MODEL (Revised 01.14.2021)

Long Term Outcomes



- Communities are more knowledgeable of harm reduction practices, show decreased stigma towards drug use, and are more supportive of recovery (Community)
- Prevention of HIV, HCV and other infectious diseases transmitted through intravenous drug use or sex (Community and Individual)
- Increased wellbeing and quality of life for people using drugs, in recovery, and/or living with a mental health concern (Individual)

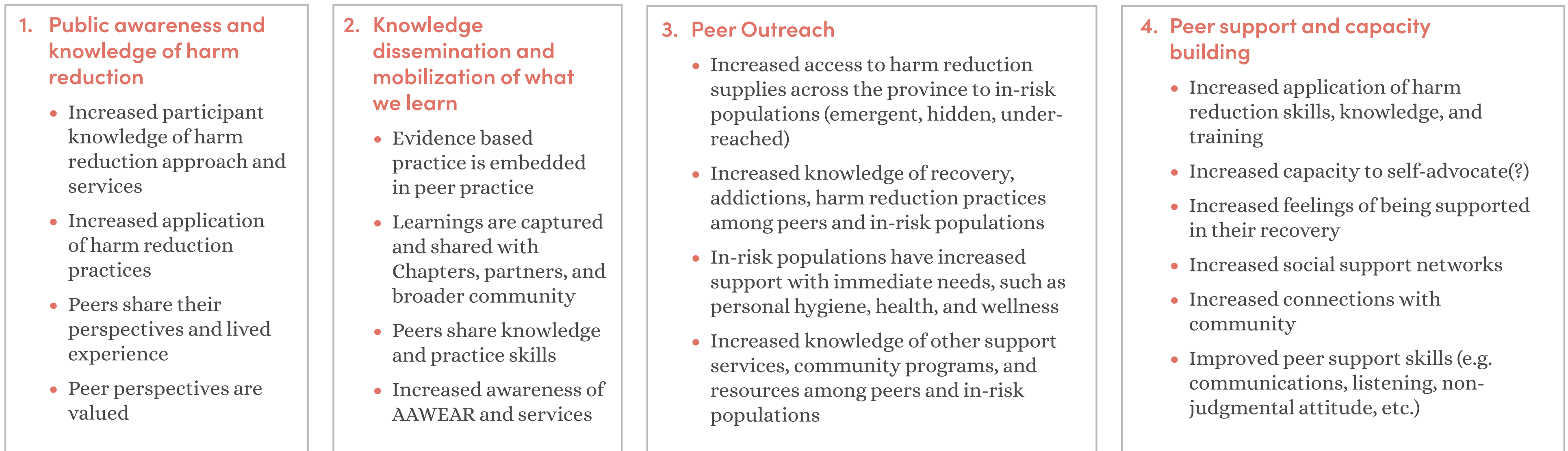
Intermediate Outcomes



COMMUNITY ⟷ INDIVIDUAL

- Partners, Communities, and Systems have access to harm reduction information and use that information to strengthen policies, programs and practice
- Systems are more inclusive of peers with lived experience of addictions and/or drug use
- Individuals have greater social and community connections, and an enhanced sense of belonging
- Individuals have access to harm reduction supplies and peer support in a timely and appropriate manner
- Individuals adopt harm reduction strategies and demonstrate safer behaviors towards drug use
- Individuals have greater success in their recovery

Immediate Outcomes



1. Public awareness and knowledge of harm reduction

- Increased participant knowledge of harm reduction approach and services
- Increased application of harm reduction practices
- Peers share their perspectives and lived experience
- Peer perspectives are valued

2. Knowledge dissemination and mobilization of what we learn

- Evidence based practice is embedded in peer practice
- Learnings are captured and shared with Chapters, partners, and broader community
- Peers share knowledge and practice skills
- Increased awareness of AAWEAR and services

3. Peer Outreach

- Increased access to harm reduction supplies across the province to in-risk populations (emergent, hidden, under-reached)
- Increased knowledge of recovery, addictions, harm reduction practices among peers and in-risk populations
- In-risk populations have increased support with immediate needs, such as personal hygiene, health, and wellness
- Increased knowledge of other support services, community programs, and resources among peers and in-risk populations

4. Peer support and capacity building

- Increased application of harm reduction skills, knowledge, and training
- Increased capacity to self-advocate(?)
- Increased feelings of being supported in their recovery
- Increased social support networks
- Increased connections with community
- Improved peer support skills (e.g. communications, listening, non-judgmental attitude, etc.)

Appendix C - AAWEAR Peer Navigator Pilot Program Logic Model

Activities	Indicators & Outputs	Short Term	Intermediate	Long Term

Peer navigation training activities:
• AAWEAR Peers hired based on selection criteria (4 peers, Calgary and Edmonton)
• Peer Navigators attend Peer Navigator Training program (3-4 sessions online)
• Peer Navigators participate in community of practice (COP)
	• # peer navigators completing training
	• # peers indicating skills have improved (self-assessed)
	• # peers demonstrating skills improvement (independently assessed)
		• Increased peer navigation skills across 3 domains:
		  • Peer support
		  • Needs assessment
		  • Systems navigation
		• Increased confidence in peer support
		• Increased confidence in systems navigation
		• Increased knowledge of local systems
			• In-risk people are connected to supportive systems in a timely, appropriate, and effective way
			• In-risk people have greater success with their strategies for recovery and exiting poverty and homelessness
			• In-risk people have greater social and community connections, and an enhanced sense of belonging
			• Systems actors (such as referral organizations, partners, and government) appreciate the value and impact of Peer Navigators
			• Systems actors (such as referral organizations, partners, and government) have access to and work collaboratively with skilled Peer Navigators
			• Referral Organizations are better attuned to the needs of in-risk people
			• Peer Navigators are effective systems navigators
			• Peer Navigators have deep knowledge of peer practice
				• Systems are more inclusive of Peer Navigators with lived experience of addictions and/or drug use, poverty, and/or homelessness
				• AAWEAR Peer Navigators are integrated in systems of care for in-risk people
				• In-risk people are better enabled to exit addiction, poverty, and homelessness

Peer navigation training activities: • AAWEAR Peer Navigators conduct needs assessment of peer 'clients' • AAWEAR Peer Navigators complete referral and navigation alongside peer 'clients' • AAWEAR Peer Navigators implement tracking system to follow up with peer 'clients' and referral organizations • AAWEAR Peer Navigators course correct (if necessary) or exit • AAWEAR Peer Navigators provide peer support to peer 'clients'	• # peer hours providing peer navigation services • # peer 'clients' assessed • # peer 'clients' referred • # referrals • # follow throughs (i.e. referrals where the peer 'client' completed the service) • # peer 'clients' indicating they received the help needed • # peer 'clients' indicating greater hope, connection, and belonging • # referral agencies indicating the referral was appropriate • # referral agencies indicating the referral was successful	• Peer Navigators are able to make appropriate and effective referrals • Peer Navigators are able to appropriately follow up with peer 'clients' and referral organizations • Peer Navigators appropriately share their perspectives and lived experience to make connections with peer 'clients' • Peer Navigators have collaborative relationships with referral organizations • Peer 'clients' are referred appropriately to supportive services • Peer 'clients' are more knowledgeable about the services available and how to access those services • Peer 'clients' follow through (or take action) on referrals • Referral organizations are connected to in-risk people need (i.e. peer 'clients') • Referral organizations are able to provide more effective support to peer 'clients'		