



Health Outreach Worker (HOW) Study



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Research Team

- Co-PIs: Jason Altenberg, Urban Health Manager, South Riverdale Community Health Centre & Peggy Millson, Dalla Lana School of Public Health, U of T



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Research Team

Co-investigators:

- Raffi Balian, Co-ordinator, COUNTERfit Harm Reduction Program, South Riverdale CHC
- Walter Cavalieri, Canadian Harm Reduction Network
- Laurel Challacombe, CATIE
- Tim Guimond, CAMH
- Mary Kay MacVicar, Street Health (previously Lori Steer)
- Carol Strike, CAMH
- Study Co-ordinator: Giselle Dias
- +Rotating representation from HOW members



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Rationale for Study

- High reported rate of concurrent mental illness among persons using illegal drugs
- Previous research in Toronto identified high levels of “mental pain” and difficulty accessing mental health care among persons using harm reduction services
- Drug users may be in a “Catch-22” – asked to stop using drugs prior to receiving mental health services, using drugs as self-medication and unwilling or unable to reduce drug use until receive mental health care



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Rationale for Study

- Dilemma is how to link drug users in need of mental health (and other) services with needed services – establishing trust is key; peers can do this
- Components include:
 - Making effective contact with users
 - Working with them to identify their needs
 - Identifying appropriate referrals
 - Ensuring they get to appointments/services
 - Helping them remain in contact with services, encouraging adherence to needed treatment



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Our Approach

- Recruitment and training of peers – current and former drug users who have achieved some stability and experience in providing harm reduction services at COUNTERfit harm reduction (needle exchange) service (8 peers recruited) or Street Health harm reduction services (4 peers recruited)
- Provision of 12 interactive training sessions about HIV, HCV, mental health, active listening skills and support skills (modelled on distress line training, but modified for this project)





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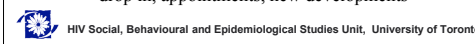

The Training Experience

- HOWs' experience with the training:
 - What they did
 - What they learned
 - What skills they gained
 - Any changes experienced since the training
 - How HOWs feel about the training



Post-training

- Intensive supervision and support during and after training by study co-ordinator with assistance from other trainers
- Evaluation of HOW skills
- On-going training
- HOW scheduling and responsibilities
 - South Riverdale CHC: women's drop-in, COUNTERfit office, Outreach, appointments
 - Street Health/Regent Park CHC: CUP drop in, women's drop in, appointments, new developments



HOW Responsibilities

- HOWs will establish a helping relationship with clients who are open to this, and over time determine client needs and offer clients assistance including referrals within South Riverdale CHC (e.g., primary care clinic, social workers) or Street Health/Regent Park CHC (e.g., Nursing Clinics, CUP drop-ins, Harm Reduction Support Workers, Identification Replacement and Storage, HCV Support Worker) or elsewhere, including mental health services
- HOWs will meet regularly with the study co-ordinator to debrief and receive support & supervision



The Research

- This is a pilot study
- Demonstrate feasibility, then consider a larger study with more agencies participating
- Research components:
 - Process – documentation of what is done, what works, what we would change if repeated
 - Outcomes – for HOWs – need to determine impact of being in the program on their own mental health, risk behaviours, and quality of life – at a minimum, to demonstrate that they are not adversely affected


The Research


- We have developed questionnaires and interviews at beginning and again at the end of training - conducted by Bela MacPherson, an MSW student working with Dr. Carol Strike
- We plan to interview one more time - 6 months after starting work as a HOW
- Also developed a qualitative interview component to obtain HOW feedback on training; will also collect qualitative data from HOWs about their work after 6 months
- HOWs are receiving ongoing training & supervision & this is also being documented as part of the process

The Research

- Outcomes for clients
 - What are they looking for/what are their needs?
 - Did they get these needs met?
 - Impacts on their mental health, behaviours, and quality of life
 - Process so far: We have developed brief forms for HOWs to document what types of needs clients identify and what the HOWs do







The Research

What HOWs do:

- Provide harm reduction materials
- Provide harm reduction education
- Refer clients to South Riverdale CHC's Outreach Clinic re primary health care needs
- Talk to clients about other needs & seek referrals with help from SRCHC staff as needed
- Street Health/Regent Park CHC – referrals within agency & outside
- Accompany clients to clinics/appointments when needed
- Hospital visits




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The Research

Client Needs being recorded:

- Physical health needs/referrals (e.g., doctor, nurse, HIV or HCV test or care)
- Mental Health needs/referrals (e.g., psychiatrist, social worker, counsellor, women's program)
- Drug use related needs: detox, methadone treatment, other



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The Research

Client Needs being recorded:

- Housing/housing assistance
- Income/financial issues
- Welfare/ODSB
- Identification needs
- Work/volunteering
- Legal aid/legal clinic/legal info
- Probation/parole help
- Other




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The Research

Preliminary findings include:

- Changes in HOWs own drug use – decline in use of crack, reduction in sharing of smoking equipment (no HOWs shared needles either before or after training)
- 83% of HOWs had themselves been diagnosed with a mental health problem in the past – most common were depression (67%), attention deficit/hyperactivity disorder (42%) & anxiety (42%)




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The Research

Preliminary findings include:

- One third of HOWs reported an untreated medical problem for which they were not receiving care at baseline – this dropped to 0 by the end of training; along with this, HOWs reported an increase in the physical function component of their quality of life




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The Research

Preliminary findings include:

- All HOWs reported benefits from training even if they did not continue to work in the program
- Staff at South Riverdale report the HOWs have been able to connect vulnerable drug users to their services (e.g., Outreach clinic) who would not have been seen otherwise; HOWs have successfully accompanied clients who would not have been able to attend on their own to appointments with outside medical specialists; staff are highly supportive of the benefits of the program and definitely wish it to continue



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Challenges

Training challenges: attendance & completion of training, logistics of training

How do we track service users experiences of Health Outreach Workers?

Identifying appropriate referrals – HOW work will uncover gaps in what is available

Longterm programming & opportunities, funding



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