Compassion, Inclusion and Engagement

Semi-annual Report

A collaborative partnership to support peer engagement in the planning, development, implementation and evaluation of harm reduction services across BC

August 14, 2017

Compassion, Inclusion and Engagement

This report pertains to activities undertaken from January – July, 2017 in collaboration with:

Abbotsford Warm Zone
Aboriginal Peer Support Network
ASK Wellness Society
British Columbia Centre for Disease Control
British Columbia Mental Health and Substance Use Services
City West
First Nations Health Authority
Fort St John Women's Resource Centre
Fraser Health Authority
Inn From the Cold Kelowna
Interior Health Authority
Kamloops Aboriginal Friendship Society
Kermode Friendship Society
Ki-Low-Na Friendship Society
Lookout Society
Living Positive Resource Centre
Northern Health Authority
OWL (Our Whole Lives)
Positive Haven (South Fraser Community Services Society)
Positive Living North
Positive Living Kelowna
Positive Women's Advisory Board
RCMP

First Nations Health Authority
Health through wellness

Provincial Health Services Authority
Province-wide solutions. Better health.

Interior Health

northern health
the northern way of caring

fraserhealth
Better health. Best in health care.

Contents

Introduction

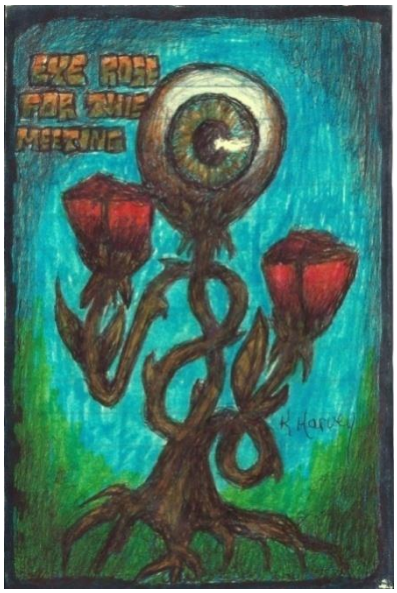
The Compassion, Inclusion and Engagement (CIE) initiative emerged as a response to reports of stigma and discrimination experienced by people who use drugs (PWUD) or peers (current or former PWUD) at harm reduction sites in BC. The First Nations Health Authority (FNHA), BC Centre for Disease Control (BCCDC) and BC Mental Health and Substance Use Services (BCMHSUS) began working together in 2015 to find innovative ways to address the issue provincially and develop goals and objectives of CIE.

Amid the current public health emergency in BC and the urgent and immediate response that it requires, CIE is contributing to long-term, sustainable service improvement by building capacity within the system for peer inclusion and engagement, Indigenous cultural safety and cultural humility. Through collaborative planning opportunities, and support for intersectional networks across health authorities, agencies and community sectors, CIE is cultivating open dialogue, reflective practice and inclusive service planning and improvement.

Health services, including harm reduction, exist within a system that is in a process of profound and necessary change in the way in which it engages and provide services to Indigenous people and communities across BC (Allan & Smylie, 2015). Policies, programs and practices that support and strengthen Indigenous cultural safety and cultural humility provide a means of addressing structural and institutional elements that have perpetuated health inequities (Browne, Varcoe, Ford-Gilboe, & Wathen, 2015). In July, 2015 the CEO's of the five regional health authorities, two provincial health authorities and the BC Ministry of Health signed a declaration of commitment to support, enable and sustain Indigenous cultural safety and cultural humility in health services across the province (FNHA, 2015). Through collaboration, the CIE initiative provides a mechanism for dialogue, action, evaluation and reflection that supports this declaration.

CIE is connecting communities and agencies across the province to engage peers, share what is working well and build on what we are learning together.

Current Context



With permission from the artist Kevin Harvey

On April 14, 2016, the Province of British Columbia declared a public health emergency in response to an alarmingly high rate of overdose deaths. In June, 2016, the BC Overdose Action Exchange (OAE), a coalition of over 30 organizations from across the province including peer groups and peer advocates, FNHA, BC CDC, and many others, met to discuss actions that could be taken to best meet the needs of those affected, resulting in the formation of a provincial task force to address the crisis. The recommendations of the task force included explicit support for the CIE initiative as part of an intentional strategy to shift the culture of stigma and discrimination that still exists around harm reduction. Shifting cultural norms would in turn; "strengthen the impact of many interventions targeted at reducing overdoses and [provide] more support for people who use drugs" (BC Overdose Action Exchange, 2016).

Much has been done in the past year to address the public health emergency including; the distribution of opioid agonists such as Naloxone, the expansion of overdose prevention sites, safe consumption sites and opioid treatment services, the introduction of drug testing, enhanced data gathering and sharing, and the expansion of interdiction efforts. These measures have contributed to the reversal and prevention of thousands of overdoses in the province, however, much remains to be done as the rate of overdose deaths continues to be tragically and alarmingly high (Joint Taskforce on Overdose Prevention and Response, 2017). The Taskforce update in May, 2017 also recognized that community groups involving people who use drugs, their families and their loved ones have become powerful voices for change, contributing to informed public discourse that can reduce stigma and other barriers to effective action" (Joint Taskforce on Overdose Prevention and Response, 2017). The enthusiastic reception by health authorities across the province inviting CIE to work with their health service providers provides further evidence that involving peers and those with lived experience in service planning and design is seen as important to providing safe, accessible and relevant services to communities.

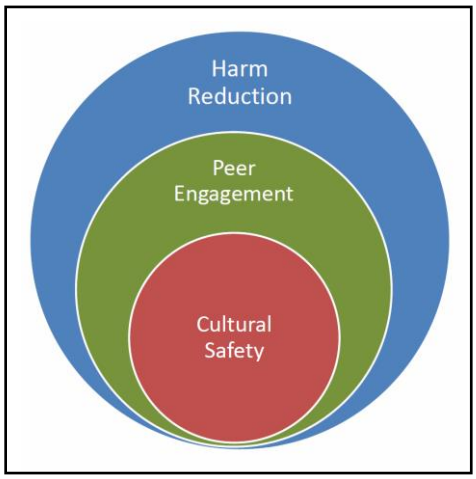
The current overdose crisis has highlighted the importance of collaboration within and between regional and provincial health authorities as well as other government agencies and community organizations. Over the past decade, a transformation in First Nations health governance has been unfolding with responsibility for health service and program delivery to First Nations communities shifting from Health Canada to the First Nations Health Authority on October 1, 2013. FNHA continues to work to establish processes, infrastructure, programs and new relationships with regional health authorities, communities and other branches and agencies of government (ONeil, et al., 2016). Their work supports autonomy and self-determination in the design and delivery of health services and programming for First Nations populations across the province. CIE provides an opportunity for FNHA and the BC CDC to work

together with regional health authorities and community agencies to support locally relevant, community based solutions and improvement in services reflective of community priorities.

The CIE initiative is working with First Nations people, harm reduction service providers, community members and community support workers to identify, develop and promote approaches that reduce harms associated with substance use. Acknowledging and understanding regional and community variation in current and historical substance use practices and programs across the province is an important consideration for the CIE initiative in planning for engagement sessions.

Core Principles

The mission, vision and engagement process developed by CIE are rooted in the core principles that define harm reduction, peer engagement, Indigenous cultural safety and cultural humility.



Harm Reduction

The practice of harm reduction is based on;

- pragmatism,
- respect for basic human rights,
- focusing on the harms associated with drug use,
- maximizing intervention options,
- prioritizing immediate goals and,
- the active participation of people who use drugs in determining the best interventions to reduce harms from drug use.

CIE's focus is primarily substance use harm reduction; however, we acknowledge and encourage dialogue about harm reduction as a philosophy of care that includes holistic and comprehensive supports and service delivery.

Peer Engagement

The engagement of service users is well recognized as an important part of service and program planning and evaluation across health sectors, though examples of its adoption and success involving PWUD are not well documented in the current literature (Ti, Tzemis, & Buxton, 2012).

The BCCDC's Peer Engagement and Evaluation Project (PEEP) provided evidence of the importance of and need for peer engagement to improve harm reduction services in BC. PEEP has

> [Service user] involvement at the policy development stage has shown high success and effectiveness in patient and youth populations, ... this success can also be transitioned over to other populations such as PWUD. (Ti, Tzemis, & Buxton, 2012)

developed a best practices guide for service providers and agencies to engage peers in planning and evaluation (Greer, Luchenski, Amlani, Lacroix, Burmeister, & Buxton, 2016). New tools and processes to respectfully engage peers continue to emerge, such as the Canadian Public Health Association's (CPHA) recently released tool to assess organizational capacity and current practices to address stigma and discrimination.

Indigenous Cultural Safety and Cultural Humility

The concept of cultural safety was first articulated in nursing practice in Aotearoa, New Zealand in the late 1980's and early 1990's (Ramsden & Spoonley, 1994). It is a relational practice based on respectful engagement and extends beyond cultural awareness, cultural sensitivity and cultural competency (Brascoupé & Waters, 2009). Practicing cultural safety requires "self-reflection on one's own attitudes, beliefs, assumptions and values" (Health Council of Canada, 2012) and an understanding of the balance of power and historical context within current health and social services and systems. Cultural humility is defined by the First Nations Health Authority as;

> *A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. (First Nations Health Authority, 2013).*

Increasingly, there is recognition that inequities are driven by unequal power relations which can be addressed by enhancing participatory processes in research, policy and programme development. (Belle-Isle, Benoit, & Pauly, 2014)

Both speak to the importance of relationship, respect and self-reflection. Finding ways to support these practices is central to CIE's approach and informs ongoing planning and evaluation of the initiative.

Involving prospective clients – especially those from populations who have been marginalized- offers your organization three valuable resources:

1. Insight into how clients perceive your organization, which is a good way to address potential "blind spots" around stigma within your organization;
2. The experience and expertise of clients, as well as their energy, to help your organization develop or review initiatives; and
3. Commitment because when clients believe in what your organization is doing, they can act as "ambassadors" for you within the community.

(Canadian Public Health Association, 2017)

Key Approaches

CIE is firmly rooted in the principle of health equity and seeks to develop approaches, tools and methodologies that are participatory and strengths-based. The following key approaches inform the planning, implementation and evaluation of CIE, maintaining a focus on health equity and supporting the capacity of local communities to sustain ongoing initiatives.

Appreciative Inquiry

CIE uses an appreciative inquiry approach, which is based on a collaborative, participatory, strengths-based approach that posits that every dialogue, interaction, inquiry or change process an organization embarks on contributes to a process of socially constructing its own future. An appreciative inquiry approach acknowledges an issue by defining it, then focusing on what is already working well and building on the existing capacity and strengths of a community to design new and innovative solutions.

> As the ideas and experience of collaborative dialogues spread, it becomes clearer that such face-to-face dialogue allows for greater creativity and responsiveness to crises and opportunities. (Connick & Innes, 2001)

Collaborative Dialogue

The current overdose emergency is taking place within the context of a complex system of non-governmental agencies, multiple levels of government, regional and provincial health services, and the unique historical, social, political and economic contexts of individual communities. The diversity of interests, concerns and experiences can result in conflicting ideas about how to approach it and individual efforts not having the capacity or resources to sustain themselves. Collaborative dialogue in other areas of practice have resulted in outcomes such as service innovation, institutional flexibility, organizational learning, shared understanding and the creation of social capital(Connick & Innes, 2001).By providing opportunities for collaborative dialogue and planning, CIE is contributing to building capacity among harm reduction champions and peers to continue to engage in processes with the potential to achieve some of the same outcomes.

> Local context is more than unique characteristics; it is about local ownership of the process. If the process is being 'done to' a community, it will not be welcomed. If it is being done by the community, or being led or actively influenced by a community, the energy is completely different. (Hardy, 2017)

Community based Solutions

Harm reduction services and supports exist within the context of communities that have unique geographic, cultural, economic and political histories. Community members are the experts in what the strengths, needs and resources of their own community are and are best situated to mobilize action. Using a strengths-based approach acknowledges the inherent capacity for wellness within communities

and supports the idea that we can all be champions for wellness, contributing to change on a systems level by using our influence within our own community.

Initiative Development

The CIE initiative emerged as a response to and in support of the work of First Nations Health Authority, the BC Centre for Disease Control, BC Mental Health and Substance Use Services and the Peer Engagement and Evaluation Project, to improve harm reduction services across the province by engaging peers in planning and evaluation, strengthening networks of peers and supporting opportunities for Intersectoral collaboration within and between agencies and their community partners.

To date CIE has facilitated 23 days of collaborative dialogue including 76 peers, 91 service providers and 6 senior leaders representing 3 regional health authorities, 2 provincial health authorities, community agencies and First Nation communities from Surrey, Langley, Chilliwack, Kamloops, Kelowna, Fort St John, Terrace, Smithers and Kitimat. CIE provides a valuable opportunity to create space for dialogue and collaboration between services and agencies from within the healthcare system and those based in the community. The criteria for participation in CIE dialogues is that service providers have an understanding of harm reduction in their community and a desire to advance and improve services. This has allowed for the inclusion of mental health and substance use clinicians, public health nurses, administrators, front desk receptionists, managers and medical health officers as well as community agencies, friendship centers and First Nation community healthcare providers. The unique and diverse local knowledge and expertise brought together in these dialogues is given a platform for community based action through dialogue, project planning and equitable participation at CIE engagement sessions. CIE dialogues have generated 20 collaborative community based project ideas ranging from developing peer to peer resources to creating peer advisory committees and establishing peer outreach. Most projects are still in the early stages of planning and will require time to develop and evolve, with a focus on continued engagement, capacity building and fostering strong networks as a foundation for future work to improve health and harm reduction services at the community level.

> "[I really liked] being heard and understood"
> Peer, Kelowna

An inherent tension has existed throughout the initiative's development between the processes of collaboration, engagement, capacity building, and network development, which are relational and require time; and the practical development of ideas for service innovation resulting from these processes. The ultimate goal of service improvement will likely be the result of both the innovative

"We were such an effective group, we wanted to keep going"
Service Provider,
Fort St John

project ideas of our partners as well as the collaborative processes they are engaged in. CIE is keenly aware of the need to provide tools, resources and guidance in project planning, which create a structure for collaboration; and to build trust and relationships with and between our partners, which is essential for the process to support equitable engagement and cultural safety. The unique context and mix of participants in each community requires that the CIE team rapidly assess which tools and processes best suit each community and adapt as much as possible to meet their needs. Each engagement is followed by a rapid evaluation cycle, which informs engagement with subsequent communities and the development of follow up curriculum and processes.

As a result of feedback from CIE participants along with observations of early collaborative project development, the CIE initiative has evolved to incorporate more project planning tools and designating more time for review of and reflection on peer engagement resources such as Peerology and PEEP's Peer Engagement Best Practices guide. Peers and service providers are provided with a binder of resource materials including lists of community specific resources, peer engagement best practices and project planning tools. While a shared understanding of the core principles and key approaches of CIE is important to lay the groundwork for collaborative planning, early participants suggested the need for more time to put their learning into action and to use the time together to begin the work of designing and planning projects.

"[I really liked] being heard by those in management who have the ability to make things happen"
Service Provider,
Kelowna

Peer engagement is a new practice in many communities and many peers and service providers have not had the opportunity to learn about current discourse and best practices. The existence of formal peer networks and organizational practices to support peer engagement is also at varying stages in different communities. The CIE team spends two days working with peers and one day with service providers to build a shared understanding and capacity to support equitable, respectful and meaningful inclusion and engagement before bringing the groups together for a final collaborative session. This process allows for as much opportunity as possible for productive dialogue and planning among participants during the collaborative engagement session.

The current situation of the public health emergency in BC has brought urgency and increased relevance to the need for improved delivery and collaboration between harm reduction, mental health and substance use services. The remarkable, resilient, creative and passionate CIE participants are living and working in emergent environments, challenged by multiple competing demands and priorities. With significant organizational changes, evolving social and economic landscapes and the collective, immediate and vicarious trauma of losing friends, family members and colleagues. While the complexities and enormity of the current situation may seem overwhelming, the aim of the CIE initiative is to focus on locally relevant, actionable solutions that are based on that community's unique needs, priorities and strengths and support the champions who have the vision, commitment and ability to mobilize their communities to make a difference.

CIE can contribute to organizational learning and capacity building by providing opportunities for dialogue, collaboration and planning and peer engagement at the service delivery level. As with most complex and dynamic systems, however, innovation at the level of service delivery, informed by peers and service users, requires the ongoing support of leadership in order to be sustainable.

Evaluation

Outcome Mapping

CIE's primary evaluation methodology is Outcome Mapping. Outcome Mapping is a developmental evaluation methodology that focuses on the contribution of a project or initiative to an outcome rather than the attribution of an outcome or impact to the project or initiative. It is a relational practice that acknowledges that ultimately "boundary partners control change and that, as external agents, development programs only facilitate the process by providing access to new resources, ideas, or opportunities for a certain period of time (Earl, Carden, & Smutylo, 2001)."

Some important concepts in Outcome Mapping include;

Boundary partners - groups, individuals and organizations that the project is working with directly. Boundary partners are the central focus of developmental evaluation as they are the ones who are effecting change in their communities and who inform the progress and development of the project through regular, structured feedback cycles.

Outcome challenge statements - describe the ideal state that our boundary partners will achieve if the project is successful. Outcome challenge statements are drafted in collaboration with each boundary partner to reflect their experiences, expectations, understanding of the project and unique context.

Progress markers - are a series of observable changes that would ultimately lead to achieving the outcome challenge. As with outcome challenge statements, progress markers are defined in collaboration with each boundary partner. They are not intended to be a linear process that the success of the project will be measured against, but rather points of reflection that allow for stories and learning to emerge.

CIE is engaging regional peers and service providers to collaboratively define a set of provincial progress markers that are relevant to them on a community level. Iterative cycles of revision and engagement will result in the creation of a set of progress markers for each of CIE's boundary partners with which it can monitor and evaluate the initiative.

The evolution and development of project ideas generated at CIE engagements will be followed by regular, ongoing semi-structured interviews with peers and service providers from each community, regional harm reduction coordinators, local and regional managers. Progress markers will be used as focal points to identify changes in relationships, behaviors, activities and actions and the development of capacity, networks and processes that have been supported by CIE.

Next Steps

The CIE team continues to work closely with peers, regional and provincial leadership, community based service providers, managers and agencies to provide as many opportunities for collaboration and dialogue as possible. Support and enthusiasm for CIE across the province has generated many simple, yet innovative community based ideas and facilitated new conversations and connections.

In the coming months CIE will return to communities that have hosted collaborative dialogues for further engagement, and to support community based work that has been initiated. Follow up sessions provide the opportunity for service providers and peers to renew connections, learn from each other, build stronger relationships and access tools and resources through the CIE team. They are an important step in supporting the continuity of the work and relationships forged in the initial engagement. CIE also continues to gather evaluation data through participatory processes that build evaluative capacity within the team and with its partners.

Though work within some communities is still in the early stages, CIE engagements over the past year have identified and given opportunities to peers and service providers across the province who are excited to move forward and have begun to build the capacity to take on this important work. New dialogues and engagement sessions will be initiated where our partners identify a need.

"the level of respect on both sides was beautiful!"
Service Provider, Kelowna

The CIE team
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