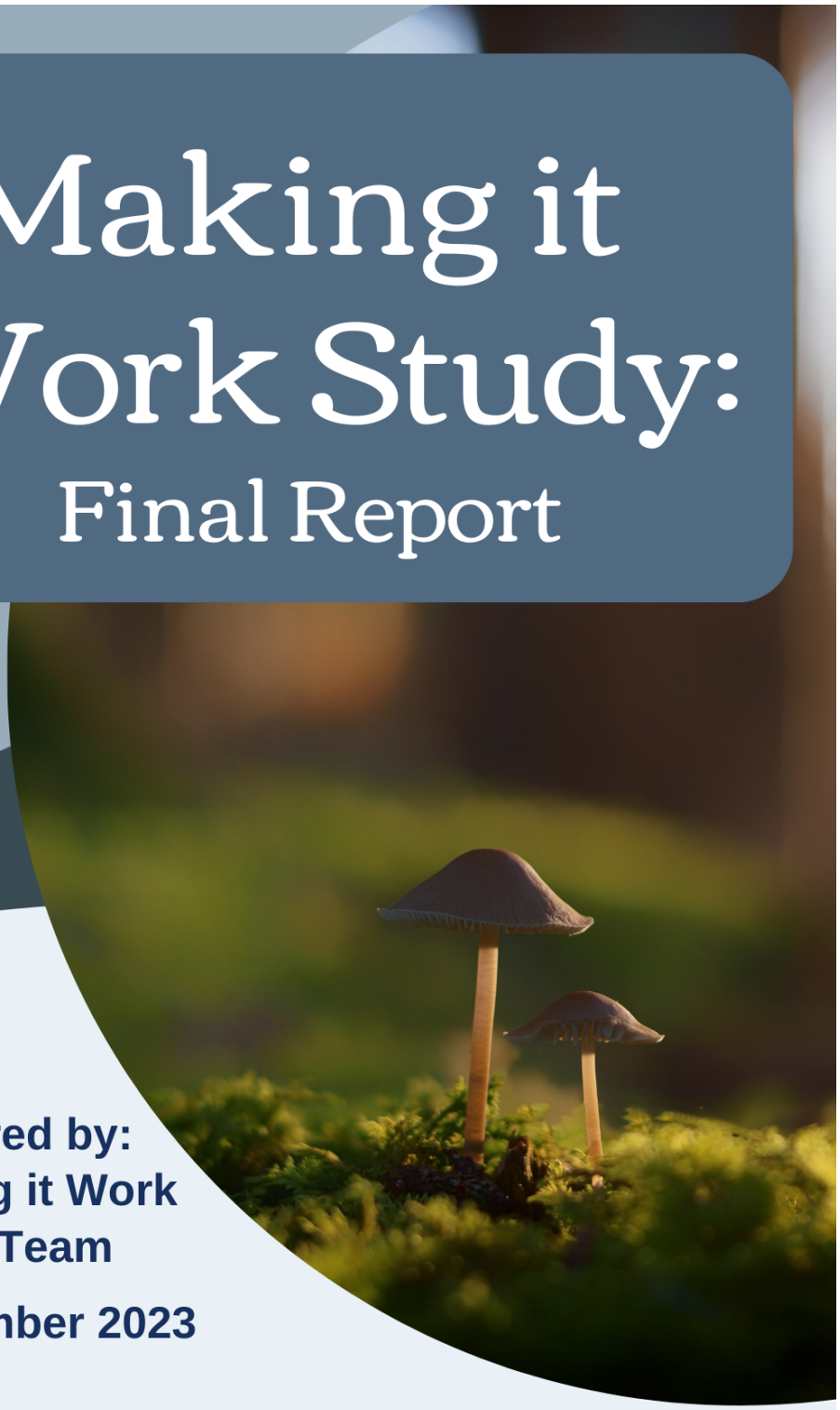
Making it Work Study: Final Report



Prepared by: Making it Work Study Team

September 2023

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About Making it Work

Making It Work is an Indigenous-focused, community-based research project that utilizes an Indigenized 'realist evaluation' approach. The study aims to understand why, when, how, and for whom, community-based services work well for people living with HIV, hepatitis C, and/or challenges with mental health and/or substance use, with a particular focus on case management and community development programs and services using Indigenous service delivery models.

The project started when a committee of front-line service providers and people with lived experience(s) started meeting in 2008 to talk about the gaps in services for people with multiple diagnoses and the challenges of helping people navigate complex and often fragmented systems of care. This group decided to initiate a research project to expand knowledge about models of care that are working for people living with HIV or hepatitis C, that may also be experiencing challenges with mental health or substance use. Within these conversations emerged the question of how organizations ensure their services are culturally safe and support outcomes for Indigenous clients. Recognizing the high proportion of Indigenous peoples accessing these services, these questions become a high priority for the research team. *Making it Work* emerged from these conversations.

Study Team

This work was supported by a diverse community-based research team made of up people with lived and living experience, representatives from community-based organizations, academic allies and research staff. Peer Research Associates (people who share experiences or identities with the research participants) were essential to every part of this research including research design, planning, tool development, data collection an analysis and knowledge sharing.

Study Leads:

- Janice Duddy, formerly of PAN
- Sherri Pooyak, CAAN/ AHA Centre
- Dr. Catherine Worthington, University of Victoria

Study Team:

- Joanna Mendell, PAN
- Jennifer Demchuk, PAN
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- Courtney Tizya, PAN
- Hermione Jefferis, PAN
- Leanne Zubowski, PAN
- Darren Lauscher, Community member
- Alicia Koback, Community member

The Making it Work Project was supported by many additional study team members over the years and we thank each one for their valuable contributions to this work. To read more about our study team over the years check out our publication on allyship in the Journal of Indigenous Health Research.

What did we do?

Approach to Research

The Making it Work Team took three main approaches when conducting this research:

1. Two-eyed seeing

   Two-eyed-seeing foregrounds Indigenous Ways of Knowing and assists in the incorporation of decolonizing research strategies into Western CBR strategies.[1]

2. Community-Based Research (CBR):

   CBR is a type of research that places community partnerships at the forefront. CBR is collaborative and inclusive with communities in which research is taking place, values the unique strengths and perspectives of all members and prioritizes experiential knowledge, and is change oriented.

3. Realist Evaluation:

   Realist Evaluation is an approach that lends itself well to incorporating diverse sources of evidence and experiential knowledge. Realist Evaluation is particularly good at helping understand complex programs and is designed to not only ask 'if' a program works, but how, why, when, and for whom. This approach begins with developing a program theory in the form of Context + Mechanism = Outcome statements (CMOs).

   - Contexts: Features that affect how a program works. The contexts influence which 'mechanisms happen.'
   - Mechanisms: Describes peoples' reactions, interpretations, and actions to the program. "How" and "why" a program works.
   - Outcomes: The impacts of a program.

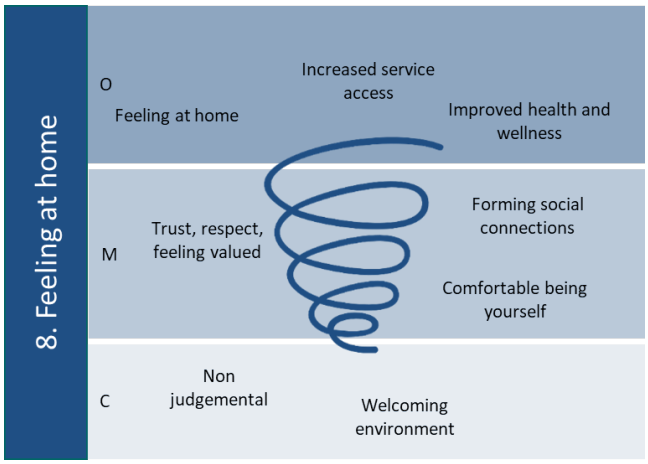
Each of these approaches has added strengths and challenges to the research process. Our team has spent time thinking through how to best adapt approaches and has led to some important learnings. To read more about our research approach and combining two-eyed-seeing, community-based research and realist evaluation please see our poster from Canadian Association for HIV Research (CAHR) 2023 conference and additional resources on the PAN website.

Indigenizing Realist Evaluation

One of our early community partners identified the Medicine Wheel as a visual representation of the important aspects of their programming and shared that would make sense to build our program theory into the four quadrants.

Our team wanted to adjust the standard linear Context + Mechanism = Outcome configurations from Realist Evaluation into a form that acknowledges the ongoing relational and evolving nature of these services. The team decided to represent our CMO statements as spirals. We believe the spiral helps illustrate how something like developing relationships is an ongoing and iterative process, moving multiple times through the C, M, and Os in the spiral.

Different CMO spirals exist within the framework of the Medicine Wheel, to emphasize how organizations provide services that support emotional, mental, physical, and spiritual wellbeing for their clients. The following is an example of a CMO statement represented as a spiral:



Research Questions

One of the primary goals for Making it Work was to explore the relationship between improved outcomes and cultural safety, case management and community development by developing an understanding of how service providers adapt case management and programming to "make them work" in ways that are culturally safe for the people they serve. We took a strengths-based approach to look at what is working for people.

1. Does the process of building a set of common evaluation measures for case management and community development programs support improved outcomes at the program and sectoral levels?
2. Does linking case management and community development programs and services improve health and social outcomes for people living with HIV, HCV, ill mental health, and/or problematic substance use, with a focus on exploring outcomes for Indigenous populations?
3. Do Indigenous service delivery models, based on an Indigenous worldview of health and wellbeing with explicit focus on cultural safety, produce improved health and social outcomes for people living with HIV, HCV, ill mental health, and/or problematic substance use (regardless of Indigenous ancestry)?

For this study we used the following definitions:

Case Management describes a client-centered support program that helps clients navigate complex systems of care, and links them with health care, psychosocial, and other services required to meet their health and psychosocial needs.

Community Development (community capacity building) includes strategies designed to build strong social networks, creating social capital and cohesion, and mobilizing resources within the community to support individuals, groups and organizations in self-help and advocacy.

Case Study Site Locations

The Making it Work Study worked with community-based organizations as our case study sites. The three organizations were:

Central Interior Native Health Society
(Prince George, traditional territory of the Lheidli T'enneh)

Positive Living North, No Kheyoht'sih'en t'sehena Society (Prince George traditional territory of the Lheidli T'enneh and Smithers, traditional territory of the Wet'suwet'en people)

PHS Community Services Society
(Vancouver, traditional territory of the Squamish, Tsleil-Waututh and Musqueam people and Victoria, traditional territory of the Lekwungen people, including the Songhees and Esquimalt peoples and the Lekwungen speaking peoples and W̱SÁNEĆ people)

Data collection

Multiple methods were used to collect data from service users, service providers, people who fit both roles, and other members of our community-based research team. These data sources were all used to develop and refine our program theory over the course of this research. More details about these research methods are included in Appendix A.

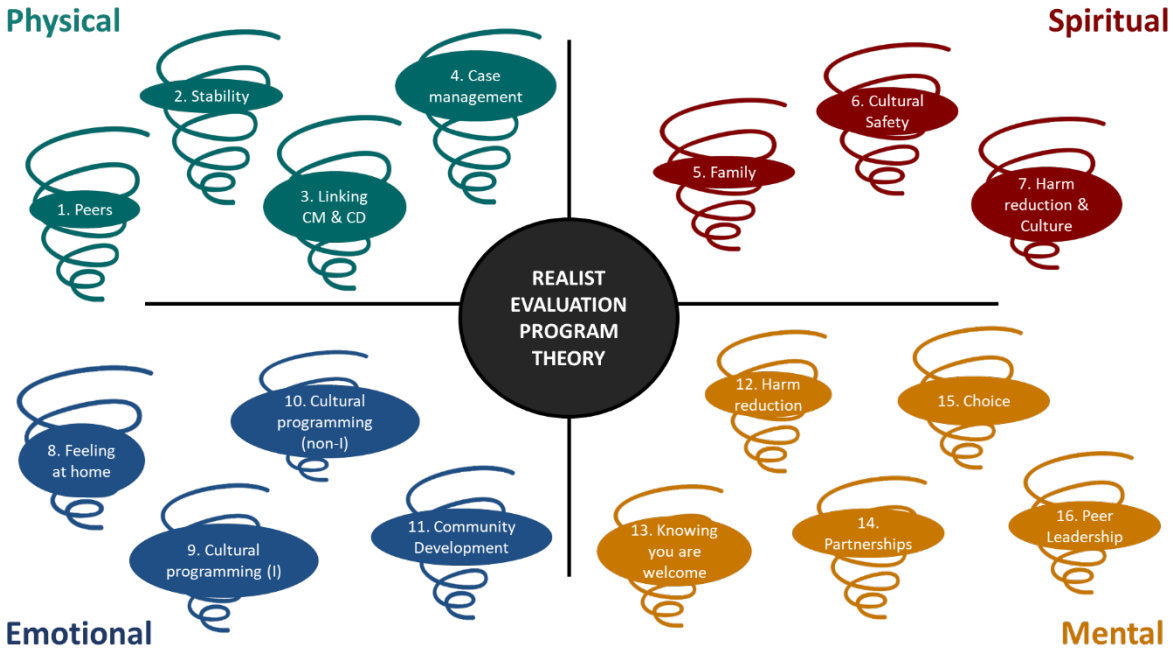
1. **Pilot interviews:**
   - Semi structured interviews conducted at Positive Living North
2. **Brainstorming Survey**
   - In early 2020 we conducted a 5 question survey with members of our CBR Research Team (service providers, people with lived and living experience, and researchers)
3. **Drop-In Sessions:**
   - In the Spring of 2021, we held four focused meetings with members of the CBR study team.
4. **Community Conversations:**
   - In October 2021, we held four virtual focus groups (referred to as 'Community Conversations'). Participants included service providers and service users from our case study site communities – Prince George, Smithers, Victoria and Vancouver.
   - There were 30 participants in total across the four focus groups.
5. **Survey:**
   - We completed 104 surveys with service users and service providers at our case study sites throughout what is colonially called British Columbia - Vancouver, Victoria, Prince George and Smithers from January to March 2023.
   - 26 of these were completed online and 78 were completed in-person.
6. **Finalizing program theory:**
   Conversation and analysis with Peer Research Associates and members of our research team along with all five stages of data collection contributed to the development of the program theory CMO statements.

What did we find?

Key Messages and Themes

The following image is an overview of our final program theory. Each of the 16 CMO statements outlines in detail how, why, when, and for whom, they work for an organization. While these are all separate statements, they overlap in many cases and work together in organizations.

There are also larger, overarching, themes that are woven throughout the CMO statements that show up as contexts, mechanisms, and outcomes. In organizations, there cannot be good health until these key messages are considered.



Culture:

Culture was noted as being important in many different aspects throughout our program theory, Participants noted that it makes an organization feel safe and it allows for healing and connection to improve overall health and wellness.

An example of providing access to culture was mentioned by a participant:

> "So important in outreach I go out on the street, I talk to people at their level, and I try to bring some culture to it. You know, I do little smudges with people, I do brushings, I bring my medicine stuff downtown. I started up a few group programs and ask if anybody would like to smudge and I was absolutely kind of shocked because it was like, yeah, everybody wanted that cultural stuff. I think a lot of people want something that simple."

The impact that culture has on people's overall health was that more than just physical needs are met. For example:

> "And I feel like my other needs besides just maybe if I'm coming in for like something that's just a physical exam or whatever, but also like there's an awareness of the spiritual, the emotional and like the other areas that I would hope that they would have more sensitivity to, and I've seen that in the staff that are working here, there's just an awareness of that."

The importance of access to culture was emphasized through discussion about the impact of COVID-19. We heard from participants that organizations limited their hours and access due to COVID-19 restrictions and that not having access to cultural activities made them feel cut off from their own culture.

Participants mentioned that providing access to culture requires additional resources and focus and cannot be something staff are required to do off the side of their desk. It must be done purposefully with staff educated on colonial history, be Indigenous led, be embedded within organizational structures and may require restructuring of Western organizational systems and hierarchies.

It is also important to know that participants defined culture in their own ways. For example, "it is alive" and "it is fluid".

See CMO 6, CMO 7, CMO 9, CMO 10, for more detail.

Communication:

Participants discussed the importance of communication by service providers about available services. We heard how people need to know what is available to them, which is often more difficult for people less engaged in the community. Finding ways to communicate between service providers and to service users can help ensure equitable access so that people can choose what services they want to access.

Participants also noted how language matters when communicating with service users. For example, one service user found that sometimes asking "how are you?" can be triggering to clients so instead they greet them by saying "how can I help you?".

See CMO 12, CMO 13, CMO 14 for more detail.

Trust:

The theme of trust appeared in most of the CMO statements.

First, this was an important context with regards to peers. The CMO statement notes 'trusted peer workers' should be part of organizations. However, it takes time to be build the relationships that establish that trust. For example, one participant mentioned:

> "We've been working now for about a year and a half. So it's taken, I would say, a solid year to really build relationships and trust with a lot of the folks that we're supporting. And then I see our peer based workers have long standing relationships over 20+ years with a lot of the folks in the community that we are supporting. So I think the strength of relationship is huge, as well, alongside the knowledge."

We also heard that in some circumstances trust can be difficult with peer workers if there is an existing relationship, lateral discrimination, or perceived challenges with confidentiality. This is something that

we heard from participants in smaller communities. However, having a shared identity or an experience can help begin that trust development process.

Another place where trust occurs is through case management. Participants described how trust can be built through offering wraparound, co-residing of services. For example:

> "The co-residing of the services has been so helpful for our program in working so closely with – being able to work so closely with [program]. We kind of share their rapport and their safe space. So [program] and Central Interior have made such a safe and warm and inviting space that people have, you know, when they begin to trust and attend for their care not only can – is that helpful to know where they are so that I can – you know that's helpful for me to find people. But also I find that space I become part of the trusted system just by being there."

Participants also mentioned how creating a non-judgmental, comfortable environment that makes people feel at home can help facilitate trusting relationships. With these trusting relationships can come improved health and wellness as one participant describes:

> "So having that is really important for them to be able to have one place to just go and feel like that space, feel comfortable in that space. And then once they access our [role] team they might bring up other – like once they feel and build trust with the [role] team they might have more conversations like, "Now this is hurting" and then that allows us the opportunity to say, "You know what, actually, we have a physiotherapist" and introduce like them to the physio."

See CMO 1, CMO 2, CMO 4, CMO 7, CMO 8, CMO 13, CMO 14, CMO 15 for more detail.

Relationship Building:

Going along the theme of trust, relationship building was mentioned in a variety of ways throughout the CMO statements.

The first was through building relationships with people who access organizations. This was also an example of how to build trust which develops a sense of trust and safety. A participant gave the following example:

> "I had a client come in just for a normal like appointment just to follow up and one part of like from a [role] point of view is to build trust with your client and to build a therapeutic relationship with them, and what basically comes from those interactions or that work that we do to build trust and to build that relationship with them is that they feel safe to talk about something maybe that they didn't necessarily come into the appointment with a new face, a new provider that they wouldn't necessarily say. I feel like that opens, like it creates safety within that space for them to do that, to bring up issues that they might be having that they normally might not disclose if they don't feel safe in that space."

We heard from participants that building these relationships with people who access organizations has to happen over time. As one participant mentioned:

> "I think it's the relational piece and I think that's so important. And I think the consistent long term ongoing is important. And I think that that's how you get success, for sure."

The second way relationships were mentioned was through colocation and wraparound of services. By providing these services together, relationships can be developed and lead to improved health and wellness. For example, participants noted:

> "And so what I have seen in doing work that way where I myself am the co-location and kind of having my hands in all of these pots is that I'm able to develop a deep connection and trusting relationship with my clients and therefore be able to get way further along on the path, whichever path that is that we're walking that particular day, than may have otherwise been."

The third way was through cultural relationships which was referred to by participants as chosen family. For example:

> "We built our own family network with each other. Like even in buildings like [organization], we all take turns babysitting each other's kids and stuff like that. So, we've built our own family, because we know the importance of family in our cultural relationships."

This was also referred to as larger relationships in the community.

See CMO 5, CMO 11, CMO 16 for more detail.

Self-empowerment:

Self-empowerment was also a commonly mentioned theme. It was described to appear throughout many ways in the CMO statements.

One example of this was through wraparound support services. For example:

> "We all come together and really complement each other for those wraparound supports. And all of the different teams bring different strengths and abilities for the client and clients start to really learn a lot of self-empowerment, self-advocacy and yeah I think it's a great way to be able to work together as a larger community as a whole."

Similarly, participants described self-empowerment in making choices around healthcare and services as a mechanism leading to improved health and wellness. As one participant mentioned:

> "When an individual gets the power to make decisions and has the autonomy to make those decisions I believe that like that gives him like control and like makes him feel in control of their overall health and that makes them feel more confident in the care that they're receiving.".

Another was self-empowerment through culture. As previously mentioned, culture is healing. Participants noted that providing access to culture is a way to give the space back which leads to healing and self-empowerment. Another example was through having Elders on site:

> "I think that elders create a space where the client is able to see from a cultural perspective and become empowered with the interaction to deal and address the huge, like the things that they need to address I guess."

Self-empowerment was also referred to as reducing shame surrounding drug use and harm reduction. Participants noted that reducing the shame was a large part of harm reduction work. For example:

> “One of the things around harm reduction is to really let people know that they need not walk in shame. I think that's the biggest piece around harm reduction. And they need to know that they’re certainly – they’re loved, even though maybe people don't understand who they are. I remember walking down the street one day, and one of the members I worked with started running away from me, and I said, “What are you doing?” She said, “Well, I'm drunk.” And I said, “Now, you just stop. I love you whether you're drunk, you’re - or anything. I just love you.” And just to get to that place.”

Meeting people ‘where they’re at’ was also noted to help reduce shame. This was referred to as having no expectations and supporting them whether they are just thinking about it, just starting or and support that is needed along the way.

See CMO 1, CMO 4, CMO 16 for more detail.

Meeting people where they’re at:

Meeting people where they’re at was a common theme mentioned throughout the CMO statements. It was referred to meeting people where they’re at in their journey in a couple different ways.

First was meeting people where they’re at in a physical sense. For example, participants mentioned that a traditional meeting in a room one-on-one didn’t work for all of their clients as it made people uncomfortable and didn’t feel authentic. They took the approach to meet people where they’re at in their community. For example, going for a walk in the forest or wherever the safe space was for the client.

Meeting people where they’re at in their journey was also described beyond the physical sense. The first way this was described was meeting people where they’re at by not having any expectations for their clients:

> “I think [Organization] has a number of different programs and services for folks to access. But I think one of the biggest things that makes [Organization] very successful is that we really focus on meeting people where they're at and not carrying expectations in how we're supporting people or what outcomes that we think could be what we think are healthy for somebody or could be for them.”

Other participants said that in practice this could be by offering these options in small ways, for example, if they want to start with doing laundry then that is where they meet them and allow it to build from there.

Second, meeting people where they’re at was done by building relationships and making connections in the community. The following are example from participants on how they do this:

> “So I think that I'm still kind of learning [harm reduction] really means. It's just important to have a client centred view and to be meeting people where they're at again and building those community relationships. I think that is such an important piece. And that's kind of what I'm trying to work on now is like going out and getting to know people in the community, build up that trust so that they feel as though they can ask me for the things that they need and that I can meet them where they're at and help them to access certain services or do any of those kinds of things”

> “And like it is that relationship building and community building, those things go a long way. So yeah, I think meeting people where they're at really does look like a lot of different things”

> “But the thing is not us turning around and walking away, but just check back in a one week or in a few days, maybe in a couple of hours even, that somebody will want to finish some paperwork or connect with - maybe they wanted to finish connecting with an elder or some something. So, I think that that's the biggest thing for [Organization] here, just meeting people where they're at, and just always showing up for them and just maintaining that relationship with folks.”

> “We don't expect them to come to us, we go to the people and generally people don't ever say no when you ask to hire them for cultural work, but it’s carrying those teachings forward and really going to build those relationships and to call on people and just check in with them and see where they're at. So I think that in a sense too is just meeting people where they're at and engaging with harm reduction by going to connect with them, recognizing that maybe not all the time that they can follow up. And showing them too that we care and that we are - we're going to keep looking for you. We're going to keep checking in and just saying hi. We’re going to bring you one of these snack packs full of really unhealthy food with pop and chips and candy and just say, “Hey, do you need a smoke, do you need a bus ticket.””

The third way participants met people where they’re at was through improving clients self-determination and self-empowerment. One was this was done was through respecting people’s agency:

> “I think about a lot of the folks that work at [Organization] are really just about respecting people's agency and the things that they know and that they need to be like on a path that they need to be on. And I think at times it's hard. Like as outreach workers like we can be like, “Oh, like you're going to lose your housing or you're going to lose your baby or you're going to something”. So we can have these ideas of what we hope but it's just about really recognizing that it’s their choice. So I think that's the biggest thing, I think, for [Organization], that’s just - that's made our programs successful is just meeting people where they're at, not having expectations for them. And I can share lots of stories, but I think the biggest one is just having people just say no to us and us saying OK.”

Another way was described as working to reduce shame:

> “I think how we try and incorporate it as far as our programming goes, is it's not requiring, like it's one of the things that I've really appreciated listening to … talking about the shame culture because it is such a huge part of all of this work. And part of our work with meeting people where they're at is helping to kind of reduce that shame. It's it doesn't matter where you're at in your journey, whether you're just thinking about it, whether you're in action, whether you're preparing whether you're in maintenance, it doesn't matter. It’s an accepted space for all of those things and it's figuring out OK, where are you? What are you kind of wanting to do? What are your goals in this if you happen to have any? And how can we help you and support you in that space?”

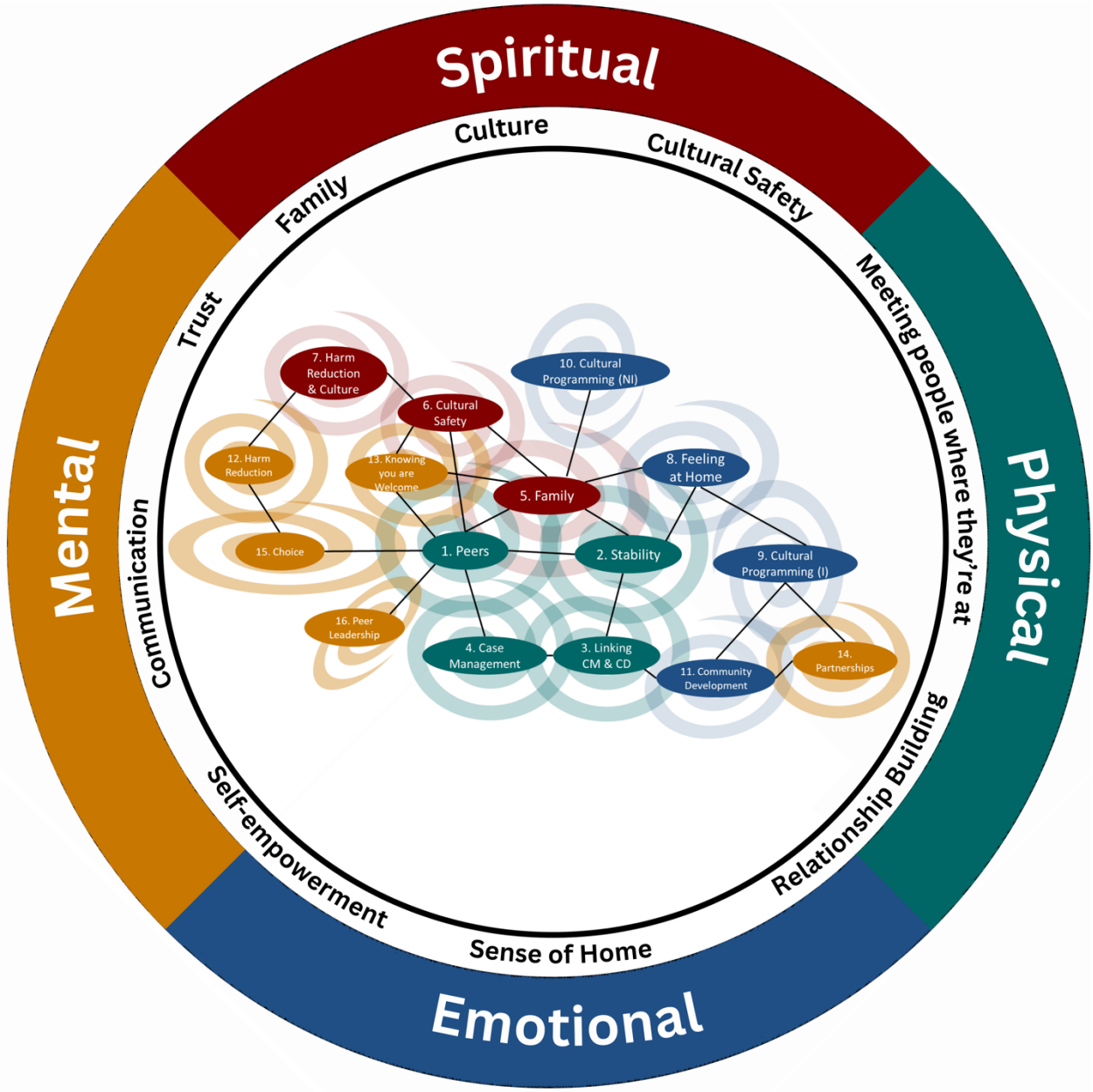
Participants described the impact that the self-empowerment and self-determination that comes from meeting people where they’re at has on clients’ overall health. A participant described it as “a ladder

that they're climbing that they're able to control every step that they're taking up that ladder kind of thing, and like then it ultimately just helps like just being amazing for their overall health outcomes …"

See CMO 4, CMO 12, CMO 15 for more detail.

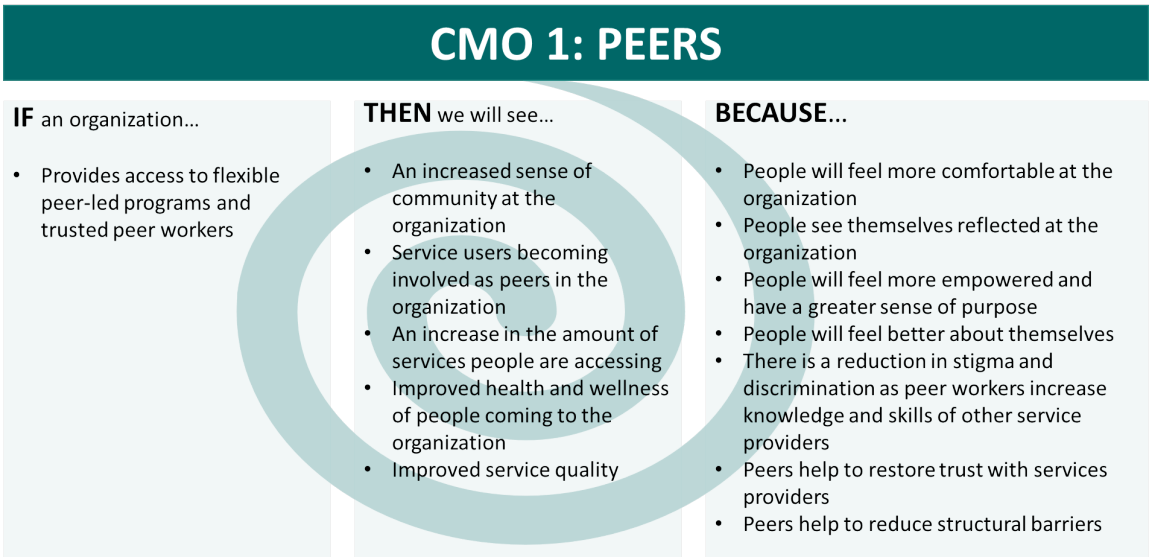
After analyzing the above themes, we noticed that they are not just woven throughout the CMO statements, these are supporting foundational pieces that support each CMO spiral. We also noticed connections between each CMO. Each CMO does not act on their own, they all work together.

Thus, we modified the realist evaluation program theory image to illustrate the connections between CMOs, the supporting foundational themes for each in the larger framework of the four quadrants of the Medicine Wheel.



Overall Program Theory

The next section outlines each of the 16 CMO statements in detail with quotes from study participants on how, why, when, and for whom, they work in their organizations.



It's imperative that peer lived experiences at the table to help create the paradigm shift that is so badly needed in our community.

(Participant)

I think that having peer support workers is completely invaluable to our organization and just in general. I mean their lived experience is more than we can ever ask or find out on our own working … with our peer support worker has given me amazing insight and helps me to do my job better every day … they're very good at telling us what we're doing wrong and what we're doing right.

(Participant)

I see our peer based workers have long standing relationships over 20+ years with a lot of the folks in the community that we are supporting. So I think the strength of relationship is huge, as well, alongside the knowledge.

(Participant)

Participants noted different foundational pieces that need to be in place for peers to have a meaningful role in an organization. These considerations should be in place for the CMO statement to be effective:

Links to CMOS:

CMO 2: Stability
CMO 6: Cultural Safety
CMO 15: Choice
CMO 16: Peer Leadership

- Peer roles need to be built into the structure of an organization. Sometimes this may look like a re-structing of the organization hierarchy or that staff may have to give up some of their power.
- Peers should also be valued in an organization. This means they are seen as equals in organizational policies and procedures and are not being used in a tokenistic way to 'tick a box'.
- Peers should be provided adequate compensation for their work. Participants mentioned that this could look like full time employment rather than honoraria.

CMO 2: STABILITY

IF an organization…

- Has stable funding
- Has long-term staff
- Has staff that get to know clients
- Staff consider trauma when providing services
- Has a sense of belonging

THEN we will see…

- Well functioning services
- Increased service access
- Improve health and wellness of people accessing the organization

BECAUSE…

- People feel valued
- People develop trust with staff
- Creates safe and welcoming spaces

Because a lot of people – I know – when a new person comes in it's like, "Well, where's the other person?" So I've been retraumatized over and over again, when a new person has come in. Because if abandonment is part of your trauma, having a new turnaround is part of – you're going to retraumatize that person.

So we look at the trauma that they come from and we try not to – we try to keep a steady – to keep a steady face.

(Participant)

I mean, I've been here for 16 years. So I've seen a lot of people come through the doors, and a lot of [Organization] babies grow up and then get jobs here. And yeah, I think it's the relational piece and I think that's so important. And I think the consistent long term ongoing is important. And I think that that's how you get success, for sure.

(Participant)

As mentioned in the quote above, having high staff turnover can lead to people being retraumatized if abandonment is part of a person's trauma, or if they are required to retell their story often. While turnover may still occur, having staff provide trauma informed care may also be a way to improve the service user's experience. This would include providing staff training to ensure that trauma informed care the is embedded within the structure of the organization.

Links to CMOS:

CMO 1: Peers
CMO 5: Family
CMO 6: Cultural safety
CMO 8: Feeling at home

Though this research does not specifically touch on the current drug poisoning crisis, it should be noted that the there is significant grief and loss being experienced, which could impact an organization's stability.

CMO 3: CASE MANAGEMENT AND COMMUNITY DEVELOPMENT

IF an organization…

- Links case management and community development programs
- Encourages partnerships between service providers at different programs and services
- Provides flexible and consistent services

THEN we will see…

- An increase in the amount of services people are accessing
- Improved health and wellness of people coming to the organization

BECAUSE…

- People will have more places to get support
- People will grow social connections within communities
- Service providers can work together in support of a person's needs
- People will be able to access wrap around services to meet individual and collective needs
- There is a safe space where people feel welcome

And a lot of our members don't really access services anywhere else. They don't want to go downtown. They don't want to go – and for some of our members, we really are the only people that support them. We're their only support network. They don't have family. They don't – so us being able to collaborate with other services, is very important.

(Participant)

… having community partners and connections is hugely beneficial. We spend a lot of here in [program] looking for our clients and trying to track them down and connect with them and having those resources is amazing. Like we can call the pharmacies or all of our partners and ask, you know, "Have you seen so and so" or go looking there for them. And the fact that they know our faces is- that's how we get in the door. Yeah I think it's an invaluable thing that we use here and it's a tool that we couldn't not have to do our jobs for sure.

(Participant)

Links to CMOS:

CMO 2: Stability
CMO 4: Case Managers
CMO 11: Community Development

One of our research questions was *Does linking case management and community development programs and services improve health and social outcomes for people accessing these services?* This question came from community organizations wanting to understand how the community-building programs, often considered 'bonus' on top of more core health services, contributed to health and wellness outcomes for people accessing case management services. In looking at important themes that resonated through this data, including culture, building trust and relationships, it is evident that the 'extras' within an organization's programming are essential to successful engagement with service users.

CMO 4: CASE MANAGEMENT

IF an organization…

- Case managers meet people where they're at

THEN we will see…

- Increased service access
- Improved health and wellness of people accessing the organization

BECAUSE…

- People have choice/self-determination
- People have personal growth/ build capacity
- Empowerment grows with choice and self-determination
- People gain trust and connection with service provides

But we do have a small number of clients who have very actively chosen not to be on treatment and so even though they wouldn't typically want to access our services everyday because we'd be trying to shove pills down their throat everyday we've given them the chance and the, obviously everybody has the decision if they want to take ARVs or not, but we've given them full power over what services they do want to access. So they've chosen that they want to come and see us every day.

(Participant)

…one of the biggest thing that makes [Organization] very successful is that we really focus on meeting people where they're at and not carrying expectations in how we're supporting people or what outcomes that we think could be what we think are healthy for somebody.

(Participant)

And then once they access our [role] team they might bring up other – like once they feel and build trust with the [role] team they might have more conversations like, "Now this is hurting" and then that allows us the opportunity to say, "You know what, actually, we have a physiotherapist" and introduce like them to the physio.

(Participant)

Participants noted different foundational pieces that need to be in place for the role of case management to be effective. These considerations should be in place for the CMO statement to be effective:

Links to CMOS:

CMO 1: Peers

- Trust between the service user and service provider needs to be established. You can read more about trust in the Key Messages and Themes section.
- When case managers meet people where they're at, participants noted that there needs to be no expectations. Sometimes a program has an agenda on where the client needs to be, and a lot of times people aren't able to access services any more because of this.

CMO 5: FAMILY

IF an organization…	**THEN** we will see…	**BECAUSE**…
• Values people • Has community development programs	• People will feel at home • People will experience cultural safety • People will have increased access to services • Improved health and wellness of people accessing the organization	• People feel like family • People ease pain together to heal • People develop trusting relationships • People feel a connection on a deeper level with people at the organization

I do believe in the power of family, and I do believe that families have to come together to ease pain together, to heal. To ease and to heal and to bring solutions because we all started in a family, we all come from a unit whether it was another and then you were moved to another family, but we all come from a place where people got together and have a relationship, right.

(Participant)

Quite often we become their family … I find we becoming a family has helped a lot of people when they're going through hard times. They just come and sit down – even though I'm not working or something – they'll come and sit down and talk with me because I've become their family member. I've become their Auntie. … We built our own family network with each other. Like even in buildings like [organization L], we all take turns babysitting each other's kids and stuff like that. So, we've built our own family, because we know the importance of family in our cultural relationships.

(Participant)

Participants noted different foundational pieces that need to be in place for people to feel like family. These considerations should be in place for the CMO statement to be effective:

Links to CMOS:
CMO 1: Peers
CMO 6: Cultural Safety

- Having peers and extended family included in community development programs and services helps create a safe and welcoming space.
- Note: in this study family does not just relate to biological family – it includes chosen family, peers, extended family etc.

CMO 6: CULTURAL SAFETY

IF an organization…

- Values people
- Provides access to culture

THEN we will see…

- Cultural safety at the organization
- An increase in the amount of services people are accessing
- Improved health and wellness of people accessing the organization

BECAUSE…

- People will feel comfortable being themselves
- People will form connections on a deeper level
- People will reconnect with culture/healing

I feel more safety in that space because I feel understood in that space. So for me to access an organization … that has that Indigenous world view and provides services that are culturally safe I would feel more understood.

(Participant)

So I feel like there's definitely value in having that Indigenous approach, like culturally safe space for services, support services and integrating that into those areas. And I've seen it firsthand in communities where we'll do gatherings and we'll integrate drumming and singing and stuff before we engage in like a counselling session or a round circle discussion like an open group; like I've seen at work where that safe space is made, or they're smudging before they engage with those services.

(Participant)

Participants noted how they provide access to culture at their organizations. This included taking the time to learn and understand the cultures of the people who access their services.

Links to CMOS:
CMO 7: Harm Reduction and Culture

Things we heard that contribute to cultural safety at an organization:

- Being Indigenous led
- Elders available for clients
- Anti-racism embedded in organization
- Trauma informed/client centered care
- Indigenous peer workers

An organization can commit to cultural safety by ensuring staff are knowledgeable about the colonial history of Canada and by creating opportunities for Indigenous service users to have access to cultural mentorship. When organizations enact cultural safety, they assert that Indigenous people, lands and cultures are valued and ensure space is available for culture to be recognized and shared.

CMO 7: CULTURE AND HARM REDUCTION

IF an organization…	**THEN** we will see…	**BECAUSE**…
• Links culture and harm reduction together	• Trust is built • Increase in the number/frequency of services people are accessing • People feel more control over the harm reduction services (and health services) they are accessing • Improved health and wellness of people accessing the organization	• Culture is a way of healing for people who use substances • A sense of community and respect between people at an organization is created • People feel better about themselves • People can feel re-connected to their culture and community • People feel safe/welcome • People feel comfortable opening up

it takes a lot of energy to provide culture -- it is spirit -- it is alive -- it takes a lot of energy because it is a being.

(Participant)

[linking culture and harm reduction services] is a great way for people to get in touch with their inner spirit, having a good relationship with your spirit makes you grow good self-esteem...

(Participant)

I would say that culture as harm reduction has been the most effective tool that I have seen yet. I think that because colonialism is so tied in with addiction and so is oppression, that culture is a very obvious answer to working in harm reduction…there's a really beautiful connection to those things.

(Participant)

Links to CMOS:

CMO 6: Cultural Safety

This CMO was about linking harm reduction and culture – and trying to unpack the nuances of engaging in culture while meeting people where they are at without requiring abstinence. Over the course of the study we did hear that people are not always welcome to engage in cultural activities if they are using substances, however as we present here, participants in our study described the healing effects of culture and how important culture can be in harm reduction. With the effects of colonization contributing to overrepresentation of trauma and substance use within Indigenous communities, this is an important consideration when discussing harm reduction services within organizations.

Participants noted different foundational pieces that need to be in place for the culture and harm reduction to be effectively linked. These considerations should be in place for the CMO statement to be effective:

- Participants noted that they agree that they should be linked but the way it was depicted seemed idealistic.
    - As noted by the above participant, culture is alive and takes a lot of energy to provide. People need to have the energy and capacity to provide it. There should be support for people to be able to provide culture effectively.
- Providing culture should be ongoing and embedded in an organization.

- Suggested examples of what this could look like in organizations were including elders, and decolonizing harm reduction services by undoing the colonial ideals.
- Participants also mentioned the complexities of meeting people where they're at as different Indigenous communities have different beliefs around harm reduction and abstinence. For example, service providers don't ask if people are using before accessing services and that abstinence should not be required to participate in culture.

CMO 8: FEELING AT HOME

IF an organization…

- Is non-judgmental
- Has a welcoming environment

THEN we will see…

- People feeling at home
- Increased access to services
- Improved health and wellness of people accessing the organization

BECAUSE…

- People feel trust, respect and valued
- People form social connections
- People feel comfortable being themselves

I think it's important that no matter how many times they do come to your program, you acknowledge them, you welcome them with open arms and that they're welcome at any time.

(Participant)

we allow our organization to be an open door to people in whatever – wherever they're at. We don't care if our members have been using, or what's going on with them. And we don't really – we don't particularly ask. We just have a mentality of, "That's not our business."

If someone wants to – unless it's very relevant to some case work that we're doing – we kind of have an, everyone is welcome at all times, policy.

(Participant)

Links to CMOS:

CMO 5: Family

Feeling at home at an organization, and what this means for service users' accessing an organization is a theme that resonated throughout the many years this research took place.

Participants noted different foundational pieces that are important to make an organization welcoming enough to 'feel like home":

- Incorporating culture and Indigenous perspectives
- Open communication between staff and clients
- Involving Elders and peers
- And being flexible

CMO 9: INDIGENOUS CLIENTS AND CULTURAL PROGRAMMING

IF an organization…	**THEN** we will see…	**BECAUSE**…
• Offers Indigenous clients cultural programming	• Culturally safe services • People feel understood • Improved health and wellness of people accessing the organization	• People develop connections to history and traditions and healing through culture to undo harms of colonization • People have pride • There is acknowledgment of where an Indigenous person comes from • People feel at home and grounded • People develop connections and trust

… coming in from the reserve and not going back to the reserve around growing my kids up off reserve, having this – the ways and the cultures integrated with the organization here has made us feel more at home, you know, more grounded. And I believe it's that also for the people that we serve out there, you know. They feel safe here and they feel at home where they might have to travel quite a ways and not have the means to travel to feel at home on their own reserve.

(Participant)

I think it's super important to have these ways of wellness weave within all organizations. As an outsider, I feel like it definitely creates a feeling of safety.

(Participant)

So I think centring those teachings and the work that we do is super important. I think also just bringing out some cultural pieces, just helps to reconnect for folks that have been disconnected or maybe pushed out of community because of the substances that they're using or other colonial trauma maybe that they have faced in community related to culture.

(Participant)

Links to CMOS:
CMO 8: Feeling at Home
CMO 11: Community Development

Participants noted many different foundational pieces that need to be in place for the Indigenous cultural programming to be effective:

- When offering clients Indigenous cultural programming there is external work that needs to happen by service providers and organization leaders to make people feel safe.
- There has to be a balance between being specific to the community but making sure different communities are represented. As one participant noted "reach out to as many people as you can with your different programs, have knowledge keepers, have your Elders there, have from different communities, but keeping in mind of the territory that you're on and acknowledging it and showing respect to that territory."

An example of what these mechanisms can look like in practice was noted by a participant "But we have homemade dreamcatchers that clients have made us that we'll hang on the walls, or drawings that clients have made for us to thank us for services provided. … And it's all very cultural-based and it's beautiful but it also makes people feel like this is their space. It's their space to really be themselves and that their culture and history is respected because we've given it a place on honour on the walls; and everything that they've brought into it has never been discarded. They bring just as much as we do into the space and that helps create that safe environment that we want to give our clients."

CMO 10: NON-INDIGENOUS CLIENTS AND CULTURAL PROGRAMMING

IF an organization…	**THEN** we will see…	**BECAUSE**…
• Offers non-Indigenous clients cultural programming	• Improved health and wellness of people accessing the organization	• People develop connections to something bigger than themselves • People heal

I think about an opportunity I had to sit with a gentleman in our [Organization] shelter and smudge with him and talk long into the night because that's what he needed and that smudge was a grounding and it was a way that - even though I'm non-Indigenous, I've been gifted lots of teachings around the smudge and I felt comfortable to share that experience with him.

And it allowed us to connect in a way that I don't think we would have been able to if we didn't have that bowl and those medicines.

(Participant)

I think as an non-Indigenous person, I personally feel the benefit and have so much gratitude for being welcomed into those ways of being and knowing and healing because I feel that benefit also. And there's a lot of healing that needs to be done in my own white settler ancestry. And so I think being offered those opportunities allows for more understanding in non-Indigenous staff and people as well..

(Participant)

So there's drummers, there's usually people offering cedar brushing. We always bring food, which is normally fry bread, and pop and chips but it's always open to everybody. So it's bringing kind of medicine to Indigenous folks, reconnecting especially to the folks that are from this island, reconnecting to the ancestors through the drum and through songs. But it's also an event that's open for everybody, Indigenous and non-Indigenous alike.

(Participant)

Participants mentioned the positive healing benefits of offering non-Indigenous clients cultural programming. From a service provision perspective, there was no mention of any negative side effects.

It is important to note that it was not specifically asked if Indigenous people feel comfortable offering non-Indigenous clients cultural programming nor if Indigenous clients feel comfortable sharing cultural spaces with non-Indigenous clients. However, we did not hear concerns expressed within our research.

Links to CMOS:
CMO 5: Family

Participants also mentioned that Indigenous cultural programming needs to be Indigenous led, purposeful, and meaningful.

CMO 11: COMMUNITY DEVELOPMENT

IF an organization…	**THEN** we will see…	**BECAUSE**…
• Offers community development programs	• Improved health and wellness of people accessing the organization	• People shared experience, empathy, and reciprocity • People undergo personal growth and build capacity] • There is connection with community and relationship building

… they all come together, as well as other community organizations like … [Organization] and our [Organization] program. But we all come together and really complement each other for those wraparound supports. And all of the different teams bring different strengths and abilities for the client and clients start to really learn a lot of self-empowerment, self-advocacy and yeah I think it's a great way to be able to work together as a larger community as a whole.

(Participant)

All the good work that is happening with the Indigenous harm reduction teams … [Organization], at [Organization], these are the things that need to continue to be supported. And like it is that relationship building and community building, those things go a long way. So yeah, I think meeting people where they're at really does look like a lot of different things.

(Participant)

Participants noted many different foundational pieces that need to be in place for community development programs to be effective. These considerations should be in place for the CMO statement to be effective:

Links to CMOS:

CMO 9: Indigenous Cultural Programming
CMO 14: Partnerships

- Trust needs to be built and established in a community
- These programs should be continuous. For example, one participant mentioned "We had a family of people coming that were living at – a community that were living in the [park] that came and it was so lovely to see people regularly. I think that consistent long term ongoing foundation for people to know that that's always going to be there for people whenever they're ready to access it."
- Peer training and development programs should be part of community development
- People already doing this work in community should be identified and supported to continue

CMO 12: HARM REDUCTION

IF an organization …

- Is non-judgmental
- Is welcoming
- Supports harm reduction
- Has service providers that work together and provide a variety of harm reduction services
- Has service providers that communicate available services to ensure equitable access

THEN we will see…

- An increase in the amount of services people are accessing
- Improved health and wellness for people coming to an organization

BECAUSE …

- The organization is meeting people where they are at
- Service users have reduced shame
- Service users feel comfortable and connect with others

So when I think of harm reduction, I think of embedded pain. And I think that when I talk about harm reduction, I talk about trauma, I talk about colonization, I talk about all of that, because to me, that's what it actually is.

(Participant)

So I think that in a sense too is just meeting people where they're at and engaging with harm reduction by going to connect with them … We're going to keep checking in and just saying hi. We're going to bring you one of these snack packs full of really unhealthy food with pop and chips and candy and just say, "Hey, do you need a smoke, do you need a bus ticket ".

(Participant)

Links to CMOS:

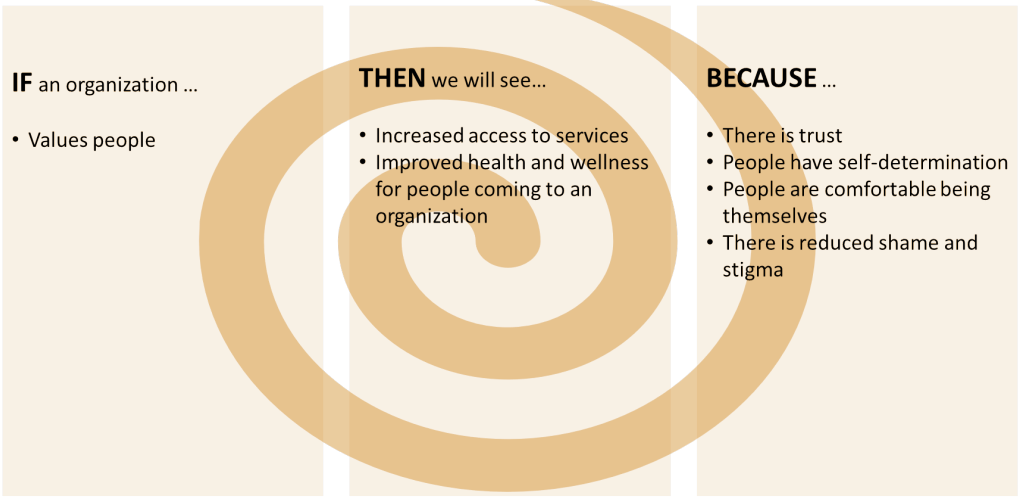
CMO 7: Harm Reduction and Culture
CMO 11: Community Development
CMO 15: Choice

Participants noted that communication of available services was important to ensure equitable access:

- They noted that there was a lot of duplication of services which speaks to organizations not communicating with each other. Service providers are working together and providing different types of services.
- They should also keep open communication to make people aware of what services exist to ensure equitable access. This related to CMO 15: Choice, as not everyone will have the same experience of what harm reduction services they want to access.

Please note that we defined harm reduction as services designed to give supplies and information people want to lower any unwanted impacts of drug use, no matter how small the step is in reducing harms. However, participants described other ways that they define harm reduction and that it works in different ways for different people. For example, the participant quoted above thinks of embedded pain when they think of harm reduction. Another participant described a community picnic that brought together members of the community and drummer from Coast Salish and the Nuu-chah-nulth Nation as harm reduction.

CMO 13: KNOWING YOU ARE WELCOME



And so I've seen since, you know, the beginning of my time of work with clients on the frontline that that's integral to the work that we do. And also in helping raise people up in a good way and seeing them for who they are and where they're at and the value in those individuals which goes far further than many people can see or acknowledge.

(Participant)

It's an accepted space for all of those things and it's figuring out OK, where are you? What are you kind of wanting to do? What are your goals in this, if you happen to have any? And how can we help you and support you in that space? So for me, that's kind of for our programming and for how I tend to work in this program. That's where I am. It's just reducing that stigma and reducing that shame

(Participant)

Links to CMOS:
CMO 1: Peers
CMO 5: Family
CMO 6: Cultural safety

Participants noted many different foundational pieces that need to be in place for people to know they are welcome. These considerations should be in place for the CMO statement to be effective:

- The mechanism of trust involves many different layers that builds on one another.
- To establish trust consists of building strong relationships which can take time to build. It also consists of giving ownership over the space as one participant noted "So having that is really important for them to be able to have one place to just go and feel like that space, feel comfortable in that space. And then once they access our [role] team they might bring up other – like once they feel and build trust with the team."
- We also heard how a welcoming/non-judgemental environment that incorporates culture and has peers working there will help people feel valued
- Again we heard about meeting people where they are at, and how this leads to people feeling valued

We discuss meeting people where they are at and developing trust more thoroughly in the key messages and themes section.

CMO 14: PARTNERSHIPS

IF an organization …	**THEN** we will see…	**BECAUSE** …
• Has connections between organizations	• Increased access to services • Improved health and wellness for people coming to an organization	• There are partnerships between organizations that complement each other • Social connections and connections in the community are formed • Trust is built between service providers • There is reduced stigma in the community

And I think that if we are able to integrate Indigenous knowing, practices, teaching, medicines into our work, that also can act as a bridge of kind of minimizing some of this divide that we have where, you know, we have the angry settlers who have a lot of misinformed beliefs around what it is to be Indigenous or what, you know, government handouts and all of the stigma.

(Participant)

the co-residing of the services has been so helpful for our program in working so closely with – being able to work so closely with [program]. We kind of share their rapport and their safe space. So [program] and Central Interior have made such a safe and warm and inviting space that people have, you know, when they begin to trust and attend for their care not only can – is that helpful to know where they are so that I can – you know that's helpful for me to find people. But also I find that space I become part of the trusted system just by being there.

(Participant)

Participants noted many different foundational pieces that need to be in place for effective partnerships. These considerations should be in place for the CMO statement to be effective:

Links to CMOS:
CMO 2: Stability
CMO 3: Linking Case Management and Community Development

- Building trust between service providers and clients requires communication beforehand. This communication can look like being asked what services they would be interested in and letting them choose for themselves.
- These partnerships also need to include relationship building to avoid extraction and ensure that partnerships are mutually beneficial.
- Building on those relationships, these partnerships can also lead to advocacy work in the community to reduce the larger community stigma as referred to by the participant above for them to advocate with people in the community. This can then lead to community development programs to create change and lead to improved wellness.

CMO 15: CHOICE

IF an organization …	**THEN** we will see…	**BECAUSE** …
• Is client centred and nimble • Has colocation of services and offers a variety of services	• People's immediate needs addressed • Improved health and wellness for people coming to an organization	• People have choice • People have agency and self-determination • People are met where they're at

But we do have a small number of clients who have very actively chosen not to be on treatment and so even though they wouldn't typically want to access our services everyday because we'd be trying to shove pills down their throat everyday we've given them the chance and the, obviously everybody has the decision if they want to take ARVs or not, but we've given them full power over what services they do want to access. So they've chosen that they want to come and see us every day.

(Participant)

And it's almost like a ladder that they're climbing that they're able to control every step that they're taking up that ladder kind of thing, and like then it ultimately just helps like just being amazing for their overall health outcomes and whatnot, what they need for support.

(Participant)

So recognizing that that's their story. And never again, just never really forcing those pieces on people. It's just always there for folks to entertain, or to take up if that's what they need. But again, just respecting, their path and their story and what they need.

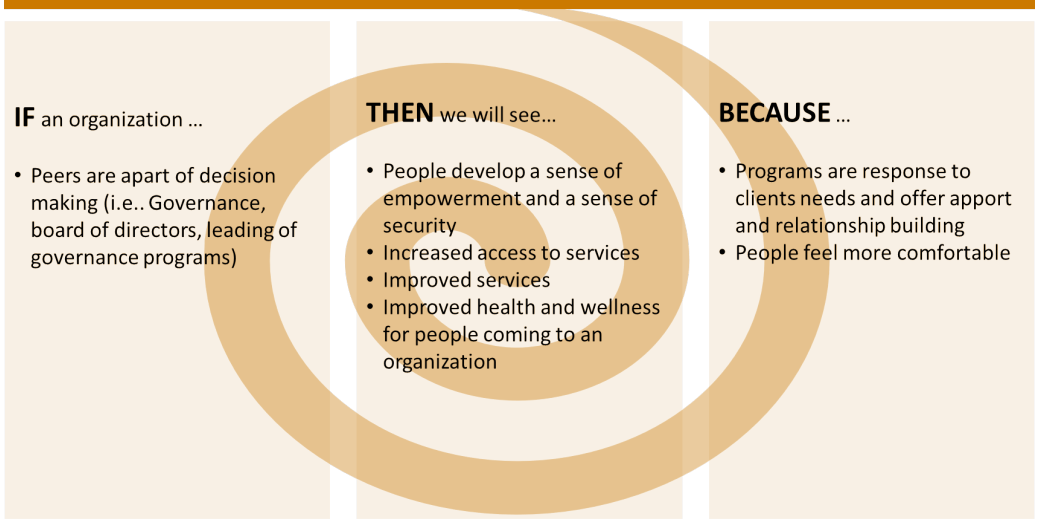
(Participant)

Referring to the colocation of services, participants also noted that communication is important. This refers to communication about what services are available so people can make choice for themselves to ensure equity of access. The transparency of available services can also be achieved by communication between service providers about available services.

You can read more about communication in the Key Messages and Themes section.

It is important to also note that there are larger, structural barriers that may limit someone's choice. For example, in smaller communities there is not as many options for different services. There is inequitable choice by location and geographic region.

CMO 16: PEER LEADERSHIP



It's imperative that peer lived experiences at the table to help create the paradigm shift that is so badly needed in our community.

(Participant)

they [peers] provide like that perspective of what are the gaps in care, how can we fill those gaps and provide better services to our clients on a day-to-day basis.

(Participant)

And that's really for me it's from the inception of an idea, whether it's research, whether it is service delivery, whatever that's going to look like if we're addressing populations of people who use substances, we need to be part of that process, part of the design, delivery, development and evaluation.

(Participant)

Peers and specifically peer leadership were important foundational pieces for many of the CMOs. We heard consistently how peers within an organization help people feel welcome, build trust, improve services, and increase access to services. We also heard how important it is for peers to be involved in the leadership and organizational structures within an organization - to be involved in decision making, and be supported properly in these important roles.

Links to CMOS:
CMO 1: Peers
CMO 11: Community Development

Conclusions

The Making it Work project has created a new way of thinking about how programs and services work. The study provided a more in-depth look at community-based programs and services showing not just how programs can be successful, but exploring how and why these programs and services work well beyond the inputs and outputs of programs.

The project was unique in its design. First, the Realist Evaluation framework was modified to adjust the standard linear thinking to a spiral to represent the ongoing relational and evolving nature of these services within the framework of the medicine wheel, to emphasize how organizations provide services that support emotional, mental, physical, and spiritual wellbeing for service users. Second, relationships were built into the processes throughout the study. For example, spending time responding to case study request/needs and focusing on leadership from people with lived and living experience. Third, the study was designed from a strengths-based approach, looking at what are services users and services providers are doing to meet needs and improve services and experiences for people.

By using and engaging with the findings from the study, readers can gain a more expanse understanding of how programs work. There are many ways that this model can be adapted and used in practice and could lead to better services and health outcomes for people living with HIV, hepatitis C, mental health challenges and/or who use substances.

To keep up to date with the Making it Work Study, please visit the website: paninbc.ca/research-and-evaluation/cbr-pan/making-work-project

Glossary

Harm Reduction	Services designed to give supplies and information people want to lower any unwanted impacts of drug use.
Stigma	Negative treatment and/or bias against a person because of certain characteristics or identities.
Equity	Recognizing and addressing barriers, making adjustments for imbalances to provide fair opportunity for all individuals and communities to thrive.
Cultural Safety	Cultural safety is about creating an environment where all individuals feel respected and safe, free from racism or discrimination.[2,3] This requires acknowledging and respecting the unique history of Indigenous peoples in order to provide appropriate care and services in an equitable and safe way.[2]
Culturally safe research	A culturally safe approach acknowledges that researchers need to not only be aware and respectful of cultural beliefs and values but also actively challenge their assumptions about the superiority of a Western scientific approach.[4] For research to be culturally safe, researchers must act in ways that do not "diminish, demean or disempower the cultural identity and well-being of an individual".[5] Culturally safe research can build richer, more robust data and analysis because it incorporates more than one way of seeing the world and knowledge.[3] Since it is hard for someone of one culture to know for sure what makes someone of a different culture feel unsafe, the best way to ensure cultural safety is to provide control to members of that culture, community or participant group that have historically felt unsafe.[6,7]
Indigenous ways of knowing and doing	While there is wide variation between Indigenous cultures, there are also commonalities in worldviews and ways of knowing between cultures.[4,7] Indigenous worldviews are wholistic in nature and highlight the importance of physical, emotional, spiritual, and intellectual parts of a person, connection to land, and relationships.[8] *Making it Work* reflects Indigenous ways of knowing and doing through inclusion of traditional cultural practices that are common among Indigenous people[8] and where relevant, informed by the specific territory and/or population where research activities are proposed or an event is hosted.[4] In addition, we will ensure that research activities when appropriate, include: the participation of Elders; the inclusion of ceremony; promotion and training for including local, culturally-informed, Indigenous interpretations of data; the engagement of Aboriginal People living with HIV or AIDS (APHAs) in designing and delivering research; and the full inclusion of all team members in knowledge exchange and implementing the research findings.
Two-Eyed Seeing	Two-eyed seeing simultaneously honours Indigenous approaches to health and wellbeing and mainstream medicine, while acknowledging that conflicts exist between Indigenous ways of knowing and the positivist scientific inquiry that serves as the basis for mainstream medical evidence. "Two-eyed seeing means learning to see from one eye with the strengths of Aboriginal peoples' knowledge systems and ways of knowing and from the other eye with the strengths of the mainstream's knowledge systems and ways of knowing – and using these together, for the benefit of all" (Albert Marshall, Mi'kmaq Elder, Eskasoni, Nova Scotia, Government of Canada, 2011). Two-eyed seeing is guided by collaborative, cross-cultural co-learning, and avoids domination or assimilation by one worldview.[10]
Case Management	A client-centered support model that helps clients navigate complex systems of care, and links them with health care, psychosocial, and other services required to meet their health and

	psychosocial needs.[11] Could include linkages to housing, food, income, medical treatment, harm reduction, employment services or others.
Community Development (or Community Capacity Building)	Strategies designed to build strong social networks and support, creating social capital and cohesion, and mobilizing resources within the community to support individuals, groups and organizations in self-help and advocacy.[12] One example is Positive Living North's Firepit – a place where people can gather to relax with friends, learn, share and understand culture, health and community. It is a place where you can do crafts, artwork, have a bite to eat, join a talking circle, talk to a supportive staff and get more information about health, HIV/AIDS and HCV. Twice a year, the Fire Pit hosts a teaching Potlatch where people can learn about the Potlatch governance system and engage in ceremony.
Capacity Bridging	Capacity bridging[13] is the concept of different people with different skills and knowledge coming together to learn from and alongside one another. Emerging from the similar idea of *Capacity Building,* while recognizing the implicit hierarchy of that term, *Capacity Bridging* aims to reframe the term in a way that highlights the learning that happens in both directions between members of different communities (academics, community-based researchers, people with certain lived experiences, members of Indigenous communities etc.).
Realist Evaluation	Realist evaluation is based on the premise that people react differently to different programs under different circumstances. It doesn't ask, 'What works?'' but asks instead, 'What works for whom in what circumstances and why?'. "An intervention itself does not directly change its participants; it is the participants' reaction to the opportunities provided by the programme that triggers the change".[14] Realist evaluation assumes that a program works by enabling participants to make different choices based on a combination of *reasonings* (values, beliefs, attitudes, the logic they apply to a situation) and *resources* (information, skills, money, support).[14] The combination of *reasoning* and *resources* are known as *mechanisms a*nd programs can trigger different mechanisms for different people in different *contexts* (socio-economic and political environment, organizational context, local history and culture etc.).[15] The interaction between the context and the mechanisms is what generates impact in a program. In realist evaluation this is known as the ***Context-Mechanism-Outcome (CMO) hypothesis.***[15] The general purpose of realist evaluation is to figure out under what contexts, what mechanisms are triggered. Realist evaluation starts with researchers laying out the process through which a program is thought to work and then testing these theories. CMO statements are developed and refined through the evaluation.

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Appendix

Appendix A: Data Collection and Analysis

1. Pilot interviews:
   - Semi structured interviews conducted at Positive Living North
   - 9 interviews were conduced (3 service providers & 6 PLN members/clients)
   - The qualitative interviews were used to develop an initial program theory

2. Brainstorming Survey
   - In early 2020 we conducted a 5 question survey with members of our CBR Research Team (service providers, people with lived and living experience, and researchers) to gather their perspectives of how, when, why and for whom these programs work
   - Answers were used to develop initial program theory

3. Drop-In Sessions:
   - In the Spring of 2021, we held four focused meetings with members of the CBR study team. These sessions were intended to clarify key elements of our Program Theory and garner initial areas for exploration in community conversations.

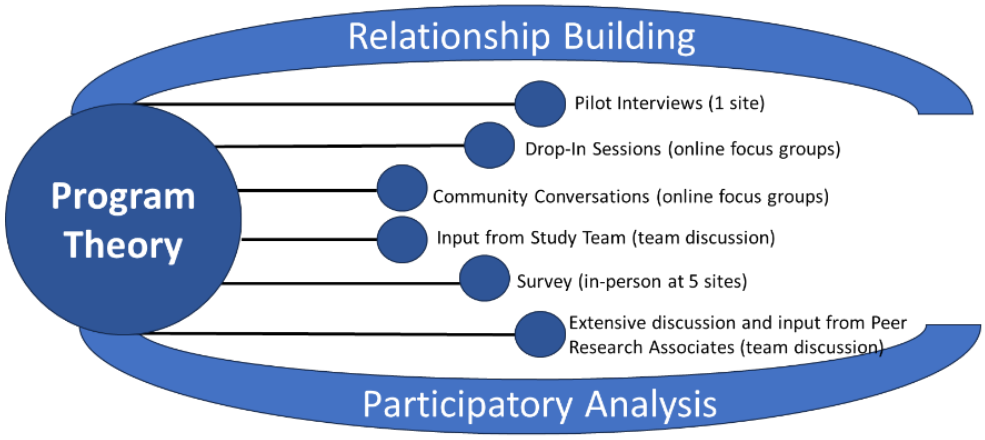
4. Community Conversations:
   - In October 2021, we held four virtual focus groups (referred to as 'Community Conversations'). Participants included service providers and service users from our case study site communities – Prince George, Smithers, Victoria and Vancouver.

5. There were 30 participants in total across the four focus groups.
   - The interview guide for the Community Conversations utilized a modified realist evaluation interviewing approach, which focused on testing elements of a realist Program Theory. Participants were read aloud a statement summarizing elements of the program theory and asked to discuss whether they agreed with the statement and why or why not.
   - Data were analyzed using a mixed approach – looking at both the existing program theory and new areas previously unaddressed by the program theory. Analysis was primarily completed by Peer Research Associates.

6. Survey:
   - The realist evaluation approach recommends using multi-method data collection. Thus, our study team decided to develop and use a survey instrument to systematically ask service users and providers about service provision, while being mindful of Indigenous research methodologies. We explored the literature to determine if there were examples of similar realist evaluation survey designs that engaged Indigenous methodologies and found there were not. Similarly, there were very limited examples demonstrating how to build realist evaluation surveys, so we worked as a team to develop the mixed methods.

- We successfully completed data collection in-person with service users and service providers at our case study sites throughout what is colonially called British Columbia - Vancouver, Victoria, Prince George and Smithers from January to March 2023.
- Please add how many surveys were conducted since we say this above in other lines
- Please add a little note about how analysis was done

7. Finalizing program theory:
    - Conversation and analysis with Peer Research Associates and members of our research team along with all four stages of data collection contributed to the development of the program theory CMO statements.
    - Maybe we should add a sentence or two about how the final analysis was pulled together



Appendix B: Survey Data

In the last step of data collection we conducted a survey at each study sites.

Who did we reach?

104 people consented to participate in the survey while 96 participants started the survey.

50% were service users

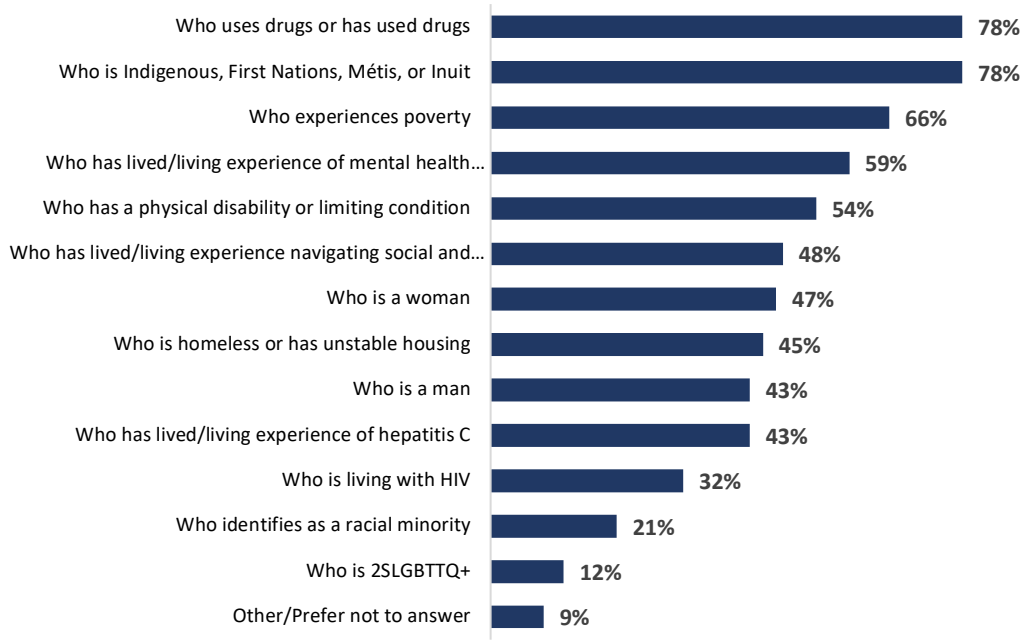
21% were service providers

26% were service users and service providers

3% other

We asked participants a bit more about their identity and circumstances to learn who was answering this survey. It was not meant to be an exhaustive list of who they are, but to include aspects of participants' life that are important for our research project. In Figure 1, each participant was able to select all that apply; therefore, this does not represent each individual as participant's could identify with more than one intersecting identity. N=578

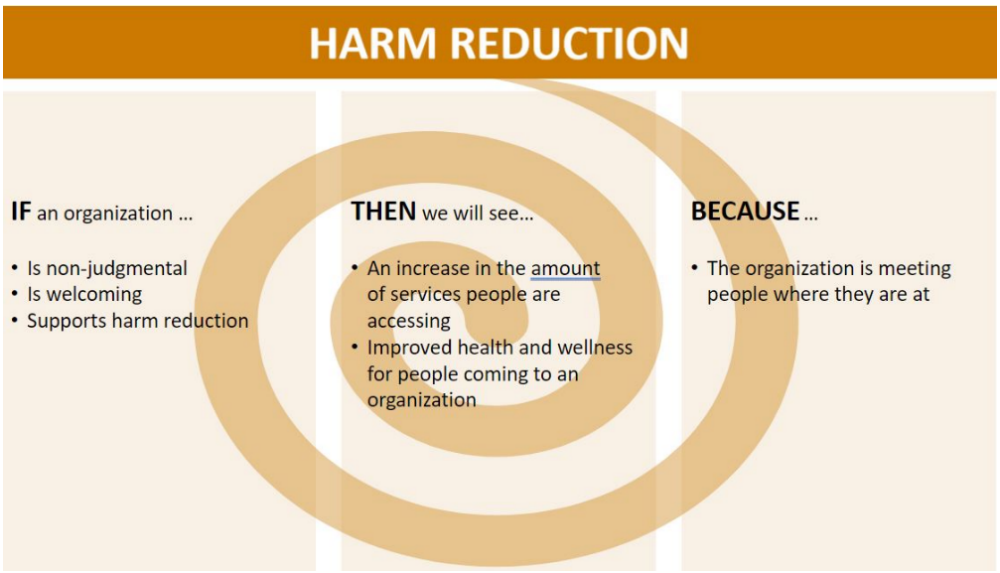
Survey Participant Demographics



Survey Key Findings

Harm Reduction

The following image and story were presented to survey participants to represent how the context, mechanism, and outcomes could work in an organizational setting. You can access the audio version of the story here.



Martha is from a small town in British Columbia. She uses drugs and needs harm reduction supplies and some information about health services in her town. She decides to go to *Helping Hand Organization* for support. When she enters the building, the receptionist greets her with a "Welcome, how are you today?" Martha looks around and notices posters about Naloxone and how to access harm reduction supplies. She feels like this organization might be able to help her.

She asks about whether she could get some new needles and whether she could talk to someone about where to see a doctor. The person at the reception desk says, "Sure, no problem," and calls for the Peer Harm Reduction Worker, Eva. Eva talks to Martha about what she needs in terms of harm reduction supplies and information about health services. She doesn't push Martha about things she hasn't asked about or doesn't want to do.

Martha feels supported and listened to. She's happy she got what she needs. She feels like she knows how to better access health services in her community. She knows that *Helping Hand Organization* will be a great place for her to come to regularly for harm reduction supplies.

The following are the percentage of participants who “agreed” or “strongly agreed” with each of the statements below regarding the if, then, because CMO statements on harm reduction. This was presented to participants on a 5-point scale of strongly agree, agree, neutral, disagree, strongly disagree, in addition to the options unsure, and prefer not to answer.

A good way harm reduction services can work at organizations

100% of service providers agree N= 18	**76%** of service users agree N= 47	**83%** of service users and service providers agree N= 24

How services work at this organization

100% of service providers agree N= 18	**81%** of service users agree N= 44	**83%** of service users and service providers agree N= 24

How services work for Indigenous people

50% of service providers agree N= 18	**62%** of service users agree N= 45	**75%** of service users and service providers agree N= 24

How services work for non-Indigenous people

50% of service providers agree N= 18	**53%** of service users agree N= 45	**61%** of service users and service providers agree N= 23

There was overall high agreement that the CMO statements represented how harm reduction services could work at organizations (100% of service providers, 76% service users and 83% of service providers + service users) and currently works at participants’ organizations (100% of service providers, 81% service users and 83% of service providers + service users). However, when asked if this works for Indigenous

(50% of service providers, 62% service users and 75% of service providers + service users) and non-Indigenous people (50% of service providers, 53% service users and 61% of service providers + service users) there was lower agreement, the lowest agreement being for this working for non-Indigenous people.

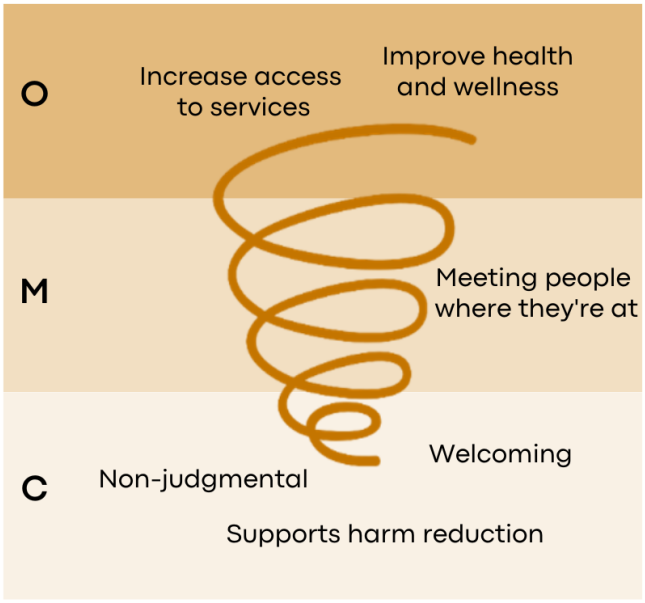
To understand a bit more why there was there overall lower agreement on if this CMO statement represented how harm reduction works for Indigenous or non-Indigenous people compared to if this is how harm reduction services work at organizations, participants were asked: We want to understand how different groups of people access services at this organization (for instance, people who are Indigenous or non-Indigenous and people of different genders, ages, living experiences). In looking at the picture and story, do you see this working the same way for different groups of people coming to this organization? How does or doesn't it?

Responses (N=9)	**Count**	**Comments***
Works for different groups of people	5	• I believe if everyone is friendly and welcoming to all races, ages, genders, etc there would be no reason for it to not work the same way. • I believe in our particular organization we are very careful and conscious of all of the people we serve. We are an indigenous organization who also serve other clients and those who are close to or living on the streets. My experience has been of equity among the services and treatment of all of our clients.
Challenging for certain groups of people	4	• Some people feel less safe and accepted accessing services. People needing the most support are often not able to connect and engage in the same super positive manner sometimes due to mental health or stigma • I can see this approach working for the majority of people who come into the organization, but my biggest concerns would be for those with disabilities that may impeded their ability to communicate. For example, if someone cannot speak or read well in English, they may not be able to understand the posters on the wall or the receptionist, they may have a harder time communicating what they're looking for or advocating for their needs.

** Not direct participants quotes - comments paraphrased by the survey provider*

There were no comments on why this may not work for Indigenous or non-Indigenous people. Participants (service providers, service users and service providers + service users) may have had less agreement when specifically asked about these groups. We heard from participants that since they don't work with Indigenous people or non-Indigenous people, or they did not feel comfortable commenting on the experience for identities other than their own, they did not feel comfortable commenting on how it might work.

Participants were also asked to rate their agreement on if these CMO statements accurately reflect how harm reduction services work at their organizations.



89% of service providers agree	**64%** of service users agree	**63%** of service users and service providers agree
N= 18	N= 45	N= 24
89% of service providers agree	**64%** of service users agree	**71%** of service users and service providers agree
N= 18	N= 45	N= 24
83% of service providers agree	**70%** of service users agree	**88%** of service users and service providers agree
N= 18	N= 45	N= 24

Overall, there was high agreement that these statements accurately reflect how services work at each organization. There was the highest agreement among service providers on the mechanisms and outcome statements (89% of service providers) while service users had the least agreement on the mechanism and outcome statements (64%).

Participants were asked: What are your reflections on the different steps in the story and the picture above? Do they represent how harm reduction services work at organizations? What is missing? What is different from how you see harm reduction services working in real life?

Responses (N=37)	Count	Comments*
The story represents how harm reduction services work	24	• This is how our organization works. It meets people where they are in a non-judgemental environment • This story represented some harm reduction services that work They need to make people feel comfortable
The story is missing some elements	11	• I believe that a stronger form of communication is needed so that this people that access these services will have a better understanding on what they need and how to access these services • Yes they represent how most if not all businesses should run. I believe that what may be missing is if the harm reduction business has other services can or should let people know that way people don't feel like they are missing out on things that they may not know is even available • True to a degree, sometimes it's an 'issue' getting to this said place for these supplies/information and sometimes because of the current settings of the places that were there before this program (I mean with how people are sometimes being treated already)it sometimes already has a bad stigma to it for some people, so sometimes if these places were advertised in a way to reach out to certain people tha they've been made to feel shut down by others organizations prior, due to ie: rascism, insults or w.e .

Unsure if the story represents how harm reduction services work	2	

** Not direct participants quotes - comments paraphrased by the survey provider*

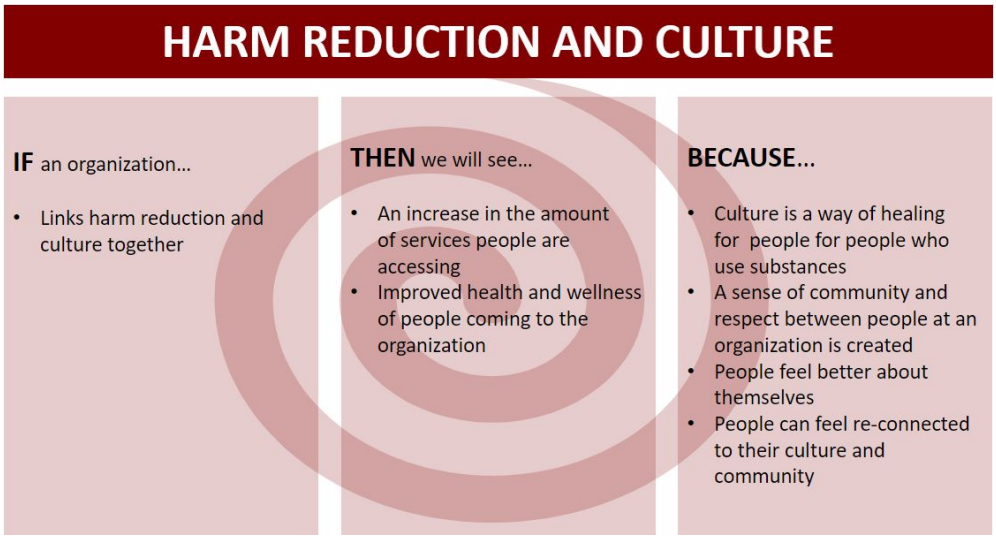
Overall, there was strong agreement with the CMO statement on harm reduction. Participants agreed that this is how it works at their organization and can apply to different groups of people.

As mentioned in the comments, communication was an important missing piece to add to the CMO. This involves communicating about what harm reduction services are available to ensure equitable access. This data was used to shape the final CMO statement.

Please see the adjusted CMO statement and discussion under the Overall Program Theory for CMO 12: Harm Reduction for the final version on page 25.

Harm Reduction and Culture

The following image and story were presented to survey participants to represent how the context, mechanism, and outcomes could work in an organizational setting. You can access the audio version of the story here.



Martha, who is an Lheidli T'enneh woman, needs to access some harm reduction supplies in Prince George. She decides to go to Helping Hand Organization for support. She enters the front door and sees an Indigenous woman at reception.

"Hadih, welcome... I am Sammy" says the woman, "what can I help you with? Just so you know, we are having our women's group in the cultural room downstairs if you want to check it out."

Martha explains that she needs some new needles and would like to talk with Eva, the Harm Reduction Worker on staff. Eva gives Martha a harm reduction bundle that includes new needles, a sandwich, and a bundle of smudge that the women's group had collected last summer. Martha tells Eva that she is interested in the women's groups and will come back when she is ready.

After awhile, Martha returns and heads downstairs for the women's group. When she enters, she is greeted by an Elder and all of the women in the room. They offer her tea and bannock. The group is sitting in a circle and building drums together. The women's hands are busy, and they are talking with each other.

Martha sits down beside a woman who gives her materials to start a drum. The group talks about many things, like where people grew up and how their Grannies and Aunties taught them to craft. They talk about a good place to get healthy food and they talk about how to stay safe while using drugs. At the end of group Martha feels proud of her work, feels connected to this community of women, and better about herself. The women let her know that the women's group will meet again next week, and she is welcome to come.

After the group, over the next few months, Martha attends the group regularly. She also accesses harm reduction materials and talks with Eva about harm reduction. She is feeling healthier and well.

The following are the percentage of participants who “agreed” or “strongly agreed” with each of the statements below regarding the if, then, because CMO statements on harm reduction. This was presented to participants on a 5-point scale of strongly agree, agree, neutral, disagree, strongly disagree, in addition to the options unsure, and prefer not to answer.

A good way harm reduction services and culture can work at organizations

100% of service providers agree N= 17	**89%** of service users agree N= 46	**90%** of service users and service providers agree N= 21

How services work at this organization

94% of service providers agree N= 17	**67%** of service users agree N= 46	**83%** of service users and service providers agree N= 24

How services work for Indigenous people

82% of service providers agree N= 17	**65%** of service users agree N= 46	**75%** of service users and service providers agree N= 24

How services work for non-Indigenous people

47% of service providers agree N= 17	**47%** of service users agree N= 45	**61%** of service users and service providers agree N= 23

There was overall high agreement that the CMO statement represented how harm reduction and culture could work at organizations (100% of service providers, 89% service users and 90% of service providers + service users) and currently works at participants’ organizations (100% of service providers, 81% service users and 83% of service providers + service users). However, when asked if this works for Indigenous

(50% of service providers, 62% service users and 75% of service providers + service users) and non-Indigenous people (50% of service providers, 53% service users and 61% of service providers + service users) there was lower agreement, the lowest agreement being for this working for non-Indigenous people.

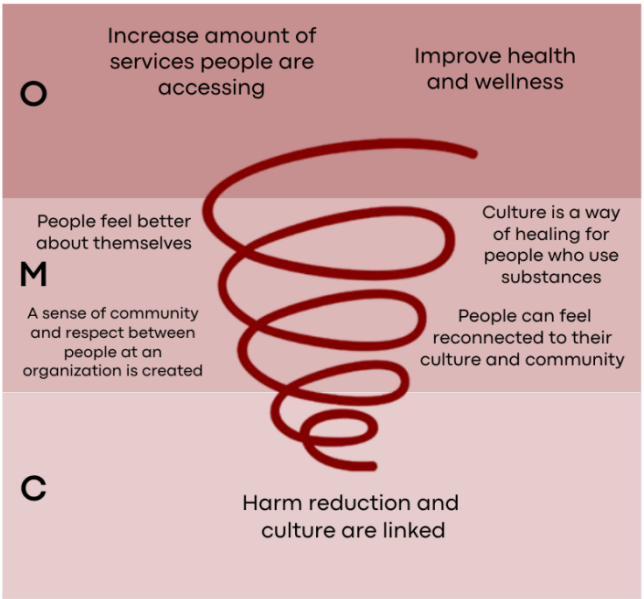
To understand a bit more why there was there overall lower agreement on if this CMO statement represented how harm reduction and culture can work for non-Indigenous people compared to if this is how harm reduction and culture services work at organizations, participants were asked: We want to understand how different groups of people access services at this organization (for instance, people who are Indigenous or non-Indigenous and people of different genders, ages, living experiences). In looking at the picture and story, do you see this working the same way for different groups of people coming to this organization? How does or doesn't it?

Responses (N=10)	Count	Comments*
Works for different groups of people	8	• It would work with majorly indigenous-based harm reduction services. But due to our embracing diversity, we prefer to ask people if they are ok if the cultural piece being added to their harm reduction supplies. However, the healing circles and other cultural engagements are helpful for both indigenous and non-indigenous people. • I see this approach working well for both Indigenous and non-Indigenous people - Indigenous cultural approaches can be beneficial for anyone as long as they are approached with respect and the intent to learn. Although the story talked about a women's group, I'm sure that groups for other demographics would also be beneficial, and having Wellbriety services would also be a great way of combining harm reduction and culture. This approach seems to be very low barrier and accommodating to anyone that would be interested. • I think mostly it would fit, just need to find different things for different cultures
Challenging for certain groups of people	2	• Someone with mobility barriers may not be able to access the workshop [if there are stairs].

** Not direct participants quotes - comments paraphrased by the survey provider*

There were no comments on why adding culture to harm reduction would not work for non-Indigenous people. As seen in the comments, participants noted that as long as this was approached with respect, purpose, and had pieces specific to certain cultures, this model could work. Participants may have had less agreement when specifically asked about these groups. As seen in the comments, some participants were not able to comment on groups they do not work with or identities they did not share.

Participants were also asked to rate their agreement on if these CMO statements accurately reflect how harm reduction and culture work at their organizations.



100% of service providers agree	**58%** of service users agree	**71%** of service users and service providers agree
N= 17	N= 45	N= 21
100% of service providers agree	**63%** of service users agree	**81%** of service users and service providers agree
N= 16	N= 43	N= 21
94% of service providers agree	**67%** of service users agree	**81%** of service users and service providers agree
N= 17	N= 43	N= 21

Overall, there was high agreement that these statements accurately reflect how services work at each organization. There was the highest agreement among service providers on the mechanism and outcome statements (100% of service providers) while service users had the least agreement on the outcome statements (58%). This may be lower compared to other CMO statements as mentioned previously that people cannot comments on services they do not access.

Participants were asked: What are your reflections on the different steps in the story and the picture above? Do they represent how harm reduction and cultural services work at organizations? What is missing? What is different from how you see harm reduction and cultural services working in real life?

Responses (N=30)	Count	Comments
The story represents how harm reduction and culture works	18	• Letting folks know what is available to them and then always giving them the option to choose for themselves appears to be empowering and beneficial. It is important to meet folks where they are at, as everyone is coming from a different place. Baby steps! Now Martha might not feel as "alone" with her substance use if she is accessing her harm reduction supplies from a place that also focuses on self, cultural, and spiritual growth. • I like that harm reduction meets culture services a great way for people to get in touch with their inner spirit, having a good relationship with your spirit makes you grow good self esteem therefore you can grow with other relationships you have in life
The story is missing some elements	8	• - they need Native workers with Native people -- too many white people who aren't understanding Aboriginal people. Not enough Aboriginal workers. - culture is important -- feel comfortable talking with Aboriginal people, who have experienced stuff before • - that was a nice story - this is really idealistic -- service providers are so worn down providing services they are not so empathetic and don't ave the energy to

		be culturally aware -- it takes a lot of energy to provide culture -- it is spirit -- it is alive -- it takes a lot of energy because it is a being
Unsure if the story represents how harm reduction and culture works	4	• I think in the story above is how things should be run properly but since covid 19 I feel like a lot of things have changed and the one on one interaction and group interaction has slowed down a lot and it's a lot harder to receive proper services

** Not direct participants quotes - comments paraphrased by the survey provider*

Overall, there was strong agreement with the CMO statement on harm reduction and culture. Participants agreed that this is how it works at their organization and can apply to different groups of people.

As mentioned in the comments, communication was an important missing piece to add to the CMO. This involves communicating about what harm reduction services are available to ensure equitable access. Participants also identified that providing culture needs to be Indigenous-led and have Indigenous input to ensure it is done in an appropriate way. This data was used to shape the final CMO statement.

Please see the adjusted CMO statement and discussion under the Overall Program Theory for CMO 7: Harm Reduction and Culture for the final version on page 19.

Cultural Safety

The following image and story were presented to survey participants to represent how the context, mechanism, and outcomes could work in an organizational setting. You can access the audio version of the story here.

Billy is an outreach worker for Take Care Society, he is Cree and a visitor on Lekwungen-speaking territories. He received a call from a nurse at the local emergency room who says a patient asked for someone to visit. Billy heads out.

Billy meets Charles at the emergency room. After they exchange greetings, Billy asks Charles where he is from and what in his culture supports his health and wellness. Charles talks about how they use cedar brushing for medicine in his nation and he talks about what this means to him. This also leads into a conversation about why he is in the ER and what supports he needs.

Billy takes time to listen carefully. He asks Charles if he would like him to get what he needs to do a cedar brushing and Charles agrees. Billy also asks if Charles would like him to be in the room when the doctor arrives to talk about his care. Charles says he is okay for now but would appreciate taking Billy's cell number in case he needs to call him later. Billy leaves his number and heads out to get what Charles needs for a cedar brushing. Charles feels like he was able to truly be himself with Billy, that they had a connection. Because of that, he felt better about accessing the care he needed at the ER.

The following are the percentage of participants who “agreed” or “strongly agreed” with each of the statements below regarding the if, then, because CMO statements on harm reduction. This was presented to participants on a 5-point scale of strongly agree, agree, neutral, disagree, strongly disagree, in addition to the options unsure, and prefer not to answer.

A good way cultural safety can work at organizations

100% of service providers agree N= 17	**78%** of service users agree N= 41	**82%** of service users and service providers agree N= 22

How services work at this organization

88% of service providers agree N= 17	**69%** of service users agree N= 42	**86%** of service users and service providers agree N= 22

How services work for Indigenous people

94% of service providers agree N= 17	**65%** of service users agree N= 40	**86%** of service users and service providers agree N= 21

How services work for non-Indigenous people

59% of service providers agree N= 17	**47%** of service users agree N= 40	**73%** of service users and service providers agree N= 22

There was the high agreement that the CMO statement represented how cultural safety could work at organizations (100% of service providers, 89% service users and 82% of service providers + service users) and currently works at participants’ organizations (88% of service providers, 67% service users and 86% of service providers + service users). However, when asked if this works for Indigenous (94% of service

providers, 65% service users and 86% of service providers + service users) and non-Indigenous people (59% of service providers, 47% service users and 73% of service providers + service users) there was lower agreement, the lowest agreement being for this working for non-Indigenous people.

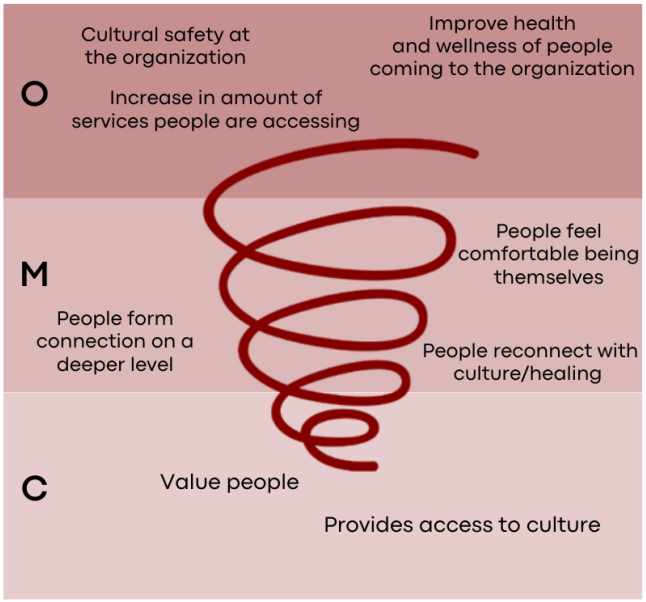
To understand a bit more why there was there overall lower agreement on if this CMO statement represented how cultural safety can work for non-Indigenous people compared to if this is how culturally safety works at organizations, participants were asked: We want to understand how different groups of people access services at this organization (for instance, people who are Indigenous or non-Indigenous and people of different genders, ages, living experiences). In looking at the picture and story, do you see this working the same way for different groups of people coming to this organization? How does or doesn't it?

Responses (N=10)	Count	Comments*
Works for different groups of people	6	• Yes, the same level of cultural competence and humility is used across the board for all accessing services • Yes, if you treat a person like a person I believe it will work for any age, gender, race, etc. • With more awareness, understanding, and education on Indigenous culture within the healthcare system, then yes, I can see this working.
Challenging for certain groups of people	2	• I can see this working very well for Indigenous people whose nations and bands are well-represented in the community, but this may be harder to achieve for those who are far from home or have very little connection to their own community and cultural practices. I think using cultural tools can be helpful for people of all groups - for example, we often use water brushing and smudging at my own organization for those who want harmful energies cleansed from their spaces or selves, and we use it as an introduction for our team meetings as well to encourage coming into the meetings with an open mind. Using cultural practices, as long as it is done in a respectful manner and led by someone with knowledge of the practice itself, is a great practice for people of any demographic. • I think access is very equal for most groups in this organization. The only gap I see is the ages between 13-19 as well as families sometimes not feeling safe coming hear if we have lots of chaos in our waiting room. We don't have the space to separate the diverse groups on any given day.
Unsure or does not work	2	• Not really. I think access to culture without surrounding everybody with it is a good thing and promotes individualism. • again, I only work with the Indigenous community, can't respond to something that I clearly have no idea about.

** Not direct participants quotes - comments paraphrased by the survey provider*

The majority of participants agree that this would work for different groups of people. Participants identified that there needs to be more work in the larger healthcare system to bring awareness to Indigenous culture. Participants also brought attention to Indigenous people whose nations are not as represented. These uncertainties may be why there was lower agreement with how this could work for Indigenous and non-Indigenous people. There also might have been more uncertainty regarding this CMO working for different groups of people as some participants were not able to comment on groups they do not work with or identities they do not share.

Participants were also asked to rate their agreement on if these CMO statements accurately reflect how cultural safety works at their organizations.



100% of service providers agree N= 17	**73%** of service users agree N= 39	**64%** of service users and service providers agree N= 22
100% of service providers agree N= 17	**63%** of service users agree N= 40	**73%** of service users and service providers agree N= 22
100% of service providers agree N= 17	**72%** of service users agree N= 40	**68%** of service users and service providers agree N= 22

Overall, there was high agreement that these statements accurately reflect how services work at each organization. There was the highest agreement among service providers on the context and mechanism, and outcome statements (100% of service providers) while service users had the least agreement on the mechanisms statements (63%). This may be lower compared to other CMO statements as mentioned previously that people cannot comments on services they do not access.

Participants were asked: What are your reflections on the different steps in the story and the picture above? Do they represent how cultural safety works at organizations? What is missing? What is different from how you see cultural safety working in real life?

Responses (N=34)	Count	Comments*
The story represents how harm reduction and culture works	25	• Believe these are the steps for cultural safety no matter where. • I see cultural safety working a lot like this in real life - there is a high degree of focus on where people are from and the traditions and values that are important to them. Many organizations that I see nowadays have cultural coordinators or Elders on staff to speak with Indigenous folks about culture, as well as connections with many different nations to ensure widespread representation. • I agree that this allows people accessing services to be their authentic self. We are able to reach people in a more holistic way • I think the steps in the story are good, and I agree, I always have someone with me in my appointments just in case I don't understand something the Doctor is saying, and just to reassure me that everything is fine and doing the cedar spaying was a good idea as well. More that should be done if it makes you feel more comfortable.
The story is missing some elements	4	• It is important to always give folks options and make yourself available. Suggesting options instead of insisting on them is respectful, and honouring one's culture is a must. Connecting with an Elder for the brushing ceremony is special and sacred if it is available.

		• - yes -- what is missing -- need more Aboriginal workers working with Aboriginal people who understand them • The difference I see in real life is the inclusiveness, unfortunately there is not enough resources set just like above.
Unsure if the story represents how harm reduction and culture works	5	• I don't think it works that easy for some people. as with some people workers don't understand their culture. so they are not able to be that open about it • They are not offered

** Not direct participants quotes - comments paraphrased by the survey provider*

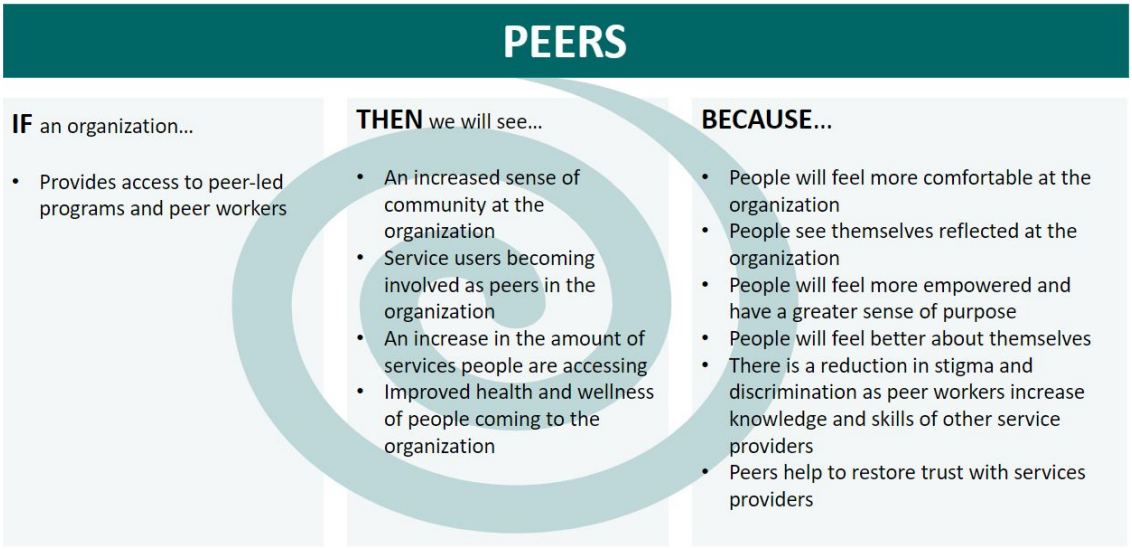
Overall, there was strong agreement with the CMO statement on cultural safety. Participants agreed that this is how it works at their organization and can apply to different groups of people.

As mentioned in the comments, culture was described as important to make service users feel comfortable and safe accessing services. The theme of communication came up again as it is important to be transparent about what services are available to ensure equitable access. Participants also identified that providing culture needs to be Indigenous-led and have Indigenous input to ensure it is done in an appropriate way. This data was used to shape the final CMO statement.

Please see the adjusted CMO statement and discussion under the Overall Program Theory for CMO 6: Cultural Safety for the final version on page 18.

Peers

The following image and story were presented to survey participants to represent how the context, mechanism, and outcomes could work in an organizational setting. You can access the audio version of the story here.



Ahmed is a queer 19-year-old who immigrated to Canada from Egypt. He was recently diagnosed with HIV. Ahmed feels very worried and alone. He is scared to talk about his diagnosis.

Ahmed goes to the clinic for his follow up appointment. The doctor notices Ahmed is feeling a lot of anxiety around his diagnosis. She sees that he does not have a support system to help him navigate this journey. The doctor asks Ahmed if he would be open to meeting one of the peer navigators at the local community-based organization, ABC Cares For You. The doctor explains that the peer navigator Mousa is also living with HIV. He could help Ahmed connect with resources in the community.

Hearing the name Mousa, Ahmed feels a little relief. He thinks Mousa might also be from the Middle East. The doctor calls ABC Cares For You and asks Mousa to come to the clinic. The doctor introduces Mousa. He welcomes Ahmed into an office and offers him juice and snacks.

Mousa shares his story with Ahmed. He is a queer man from Syria, moved to Canada 15 years ago and was diagnosed with HIV 6 years ago. Mousa notices that Ahmed's appears more comfortable. Ahmed takes a deep breath and asks Mousa if he speaks Arabic. Mousa responds to Ahmed's question in Arabic which makes Ahmed feel comfortable and safe. They both start talking in Arabic and Ahmed shares that he is scared and not sure how he will get through this. Ahmed says that he is grateful that he could speak to Mousa about his fears in his first language.

Mousa thanks Ahmed for taking the first step and reassures him that he is happy to help Ahmed navigate the next steps in this journey. He works with Ahmed to find his highest priorities and build a plan for how Mousa can support him.

Mousa invites Ahmed to come to ABC Cares For You the next day. When he arrives, Mousa asks Ahmed if he would like to be introduced to other people who are living with HIV. Ahmed agrees. He meets a number of people who are running programs and helping people. Ahmed feels heard and safe. He knows that he has a place to turn to when he needs help, a new community.

The following are the percentage of participants who “agreed” or “strongly agreed” with each of the statements below regarding the if, then, because CMO statements on harm reduction. This was presented to participants on a 5-point scale of strongly agree, agree, neutral, disagree, strongly disagree, in addition to the options unsure, and prefer not to answer.

A good way peer-led services can work at organizations

100% of service providers agree N= 17	**80%** of service users agree N= 41	**86%** of service users and service providers agree N= 22

How services work at this organization

93% of service providers agree N= 17	**67%** of service users agree N= 42	**95%** of service users and service providers agree N= 22

How services work for Indigenous people

93% of service providers agree N= 17	**59%** of service users agree N= 40	**77%** of service users and service providers agree N= 22

How services work for non-Indigenous people

87% of service providers agree N= 17	**51%** of service users agree N= 40	**73%** of service users and service providers agree N= 22

There was the high agreement that the CMO statement represented how peers could work at organizations (100% of service providers, 80% service users and 86% of service providers + service users) and currently works at participants’ organizations (93% of service providers, 67% service users and 95% of service providers + service users). However, when asked if this works for Indigenous (93% of service

providers, 59% service users and 77% of service providers + service users) and non-Indigenous people (87% of service providers, 51% service users and 73% of service providers + service users) there was lower agreement, the lowest agreement being for this working for non-Indigenous people.

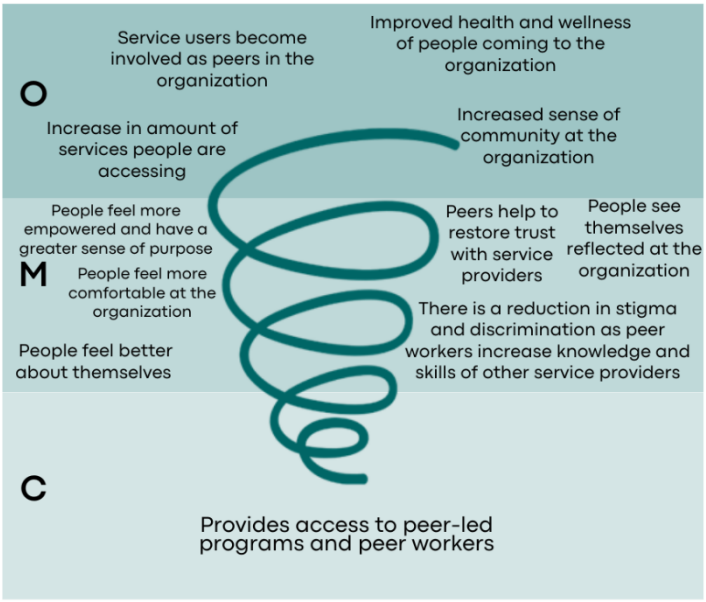
To understand a bit more why there was there overall lower agreement on if this CMO statement represented how peers can work for non-Indigenous people compared to if peer services work at organizations, participants were asked: We want to understand how different groups of people access services at this organization (for instance, people who are Indigenous or non-Indigenous and people of different genders, ages, living experiences). In looking at the picture and story, do you see this working the same way for different groups of people coming to this organization? How does or doesn't it?

Responses (N=7)	**Count**	**Comments***
Works for different groups of people	7	• We are a non-judgmental program, all are welcome to access our services. • I think access is the same for all groups with respect to our particular organization. We strive to make this space culturally safe for all groups of people. • Absolutely this works for all service users. We see increasing openness across the board in particular around youth

** Not direct participants quotes - comments paraphrased by the survey provider*

There were no comments that indicated this is not how peer services could work for different groups. In particular, there was no mention of these services not working for non-Indigenous people. As seen in the comments, participants noted that their programs are open to all and there is increasing openness to access these services. Participants may have had less agreement when specifically asked about these groups. As seen in the comments, some participants were not able to comment on groups they do not work with or do not share identities with.

Participants were also asked to rate their agreement on if these CMO statements accurately reflect how access to peers works at their organizations.



100% of service providers agree

N= 17

63% of service users agree

N= 39

86% of service users and service providers agree

N= 22

93% of service providers agree

N= 17

59% of service users agree

N= 40

77% of service users and service providers agree

N= 22

100% of service providers agree

N= 17

57% of service users agree

N= 40

82% of service users and service providers agree

N= 22

Overall, there was high agreement that these statements accurately reflect how services work at each organization. There was the highest agreement among service providers on the context and outcome statements (100% of service providers) while service users had the least agreement on the context statements (57%). This may be lower compared to other CMO statements as mentioned previously that people cannot comments on services they do not access.

Participants were asked: What are your reflections on the different steps in the story and the picture above? Do they represent how peer-led services work at organizations? What is missing? What is different from how you see peer-led services working in real life?

Responses (N=36)	Count	Comments
The story represents how peers work	24	• i think that it represents how peer led services work really good at organizations as just finding out your newly diagnosed can be very very scary and talking with someone else that has the same thing as you do can really help you not feel so alone especially having someone of your own culture i feel what is missing in real life right now is not having enough peer led organizations around either due too not enough funding and having a lot of services closed down do to covid 19 • Having the ability to connect with folks who are going through/have been through similar challenges helps build community and trust. Connecting with folks who speak the same first language can help someone feel included and less isolated. It's a great benefit when there are peer-led services available with folks who can connect with someone on a deeper level.
The story is missing some elements	7	• - need more Aboriginal workers to work with Aboriginal people -- not enough Aboriginal workers, makes me feel uncomfortable talking with someone who is non-Aboriginal, very difficult. they will understand us more. • We have some struggles with the auctioning of peer work due to resistance from some medical staff. Programs that use these services, and work in them are excelling • It depends who is on the other end, some people still discriminate. Trust has a lot to do with it. Some people don't want to talk about things with me here, but will down at the train station. it also depends if people like each other in small communities, there are a lot of people I wouldn't share my personal experiences with. • I feel like in real life peer run services do not have very much authority to really help with what they might want
Unsure if the story represents how peers work	5	• I cannot say much about this as the area I live in mostly is native ppl • I don’t know if there are peer led services but peer led services would be good to have

** Not direct participants quotes - comments paraphrased by the survey provider*

Overall, there was strong agreement with the CMO statement on peers. Participants agreed that this is how peer led services works at their organization and can apply to different groups of people.

As mentioned in the comments, participants described having peers allows for deeper connection with service users and makes them feel safe and comfortable. The theme of trust was mentioned that peers have to be trusted and this allows for people to connect on a deeper level. This data was used to shape the final CMO statement.

Please see the adjusted CMO statement and discussion under the Overall Program Theory for CMO 1: Peers for the final version on page 13.

Linking Case Management and Community Development

The following image and story were presented to survey participants to represent how the context, mechanism, and outcomes could work in an organizational setting. You can access the audio version of the story here.

River is a nonbinary person who is looking for hepatitis C treatment. They use they/them pronouns. They have been working with a case manager, Ayesha, for about a year. Ayesha uses she/her pronouns. She works at Northern Lights Society.

Ayesha helped River get hepatitis C treatment, find a new place to live, and sign up for income assistance. At their last meeting, Ayesha tells them there is a trans support group on Wednesday nights at the local Friendship Society. She says that Bruno (he/him), the leader, could show River around.

River decides to check it out. They arrive at the Friendship Society on Wednesday. Bruno introduces River to the group, and they are welcomed. In between desserts and card games, one of the group members talks about a new hepatitis wellness fund that they signed up for. River is very interested in learning more.

At the end of the group, River asks Bruno about where they could learn more about the wellness fund. Bruno is not sure, but he asks if he could set up a call with himself, River and Ayesha to talk about it more and plan any next steps. River is happy that they are all working together. They are looking forward to getting a new service that will support their health. They are also happy they connected with a great group of new friends.

The following are the percentage of participants who “agreed” or “strongly agreed” with each of the statements below regarding the if, then, because CMO statements on harm reduction. This was presented to participants on a 5-point scale of strongly agree, agree, neutral, disagree, strongly disagree, in addition to the options unsure, and prefer not to answer.

A good way "case management" and "community development" services can work together

93% of service providers agree N= 15	**83%** of service users agree N= 35	**91%** of service users and service providers agree N= 22

How services work at this organization

93% of service providers agree N= 15	**71%** of service users agree N= 35	**86%** of service users and service providers agree N= 22

How services work for Indigenous people

93% of service providers agree N= 15	**61%** of service users agree N= 33	**77%** of service users and service providers agree N= 22

How services work for non-Indigenous people

80% of service providers agree N= 15	**54%** of service users agree N= 35	**71%** of service users and service providers agree N= 21

There was the high agreement that the CMO statement represented how linking case management and community development could work at organizations (93% of service providers, 83% service users and 91% of service providers + service users) and currently works at participants’ organizations (93% of service providers, 71% service users and 86% of service providers + service users). However, when asked

if this works for Indigenous (93% of service providers, 61% service users and 77% of service providers + service users) and non-Indigenous people (80% of service providers, 54% service users and 71% of service providers + service users) there was lower agreement, the lowest agreement being for this working for non-Indigenous people.

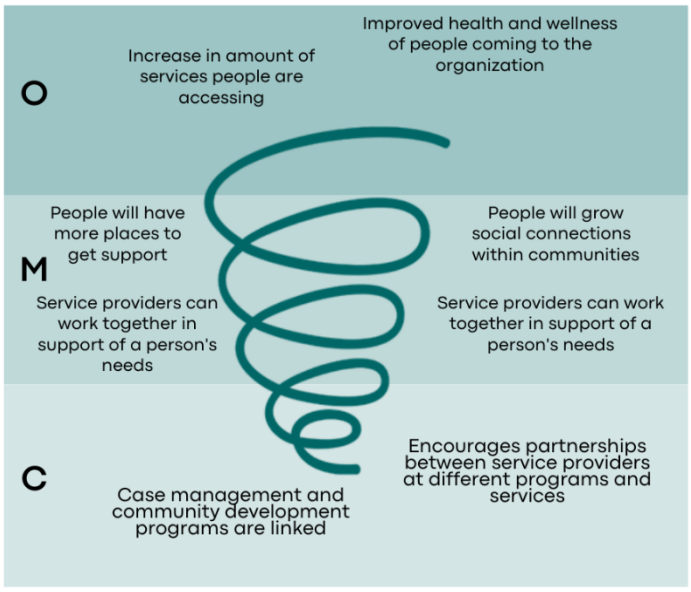
To understand a bit more why there was there overall lower agreement on if this CMO statement represented how peers can work for non-Indigenous people compared to if this linking case management and community development work at organizations, participants were asked: We want to understand how different groups of people access services at this organization (for instance, people who are Indigenous or non-Indigenous and people of different genders, ages, living experiences). In looking at the picture and story, do you see this working the same way for different groups of people coming to this organization? How does or doesn't it?

Responses (N=7)	Count	Comments*
Works for different groups of people	4	• Yes, the importance of community development is always so important to supporting people on the path to address peoples' needs safely • I do think this works in the same way for all groups in our organization. In the program I work in, we are very good at cultural safety and equal treatment for all of the clients we serve.
Challenging for certain groups of people	3	• Most vulnerable people access a lot more with much more chaotic needs • Yes, some people may not want to work with certain partners we have • Folks who have social anxiety may have a hard time attending group sessions.

** Not direct participants quotes - comments paraphrased by the survey provider*

There were no comments that indicated this cannot work for non-Indigenous people. As seen in the comments, participants noted that their programs give equal treatment to all. Participants may have had less agreement when specifically asked about these groups because everyone has unique needs. For example, participants mentioned, people with social anxiety, more chaotic needs, or different needs from the partners organizations work with.

Participants were also asked to rate their agreement on if these CMO statements accurately reflect how linking case management and community development works at their organizations.



87% of service providers agree

N= 15

74% of service users agree

N= 36

71% of service users and service providers agree

N= 21

93% of service providers agree

N= 15

67% of service users agree

N= 34

71% of service users and service providers agree

N= 21

87% of service providers agree

N= 15

72% of service users agree

N= 33

76% of service users and service providers agree

N= 21

Overall, there was high agreement that these statements accurately reflect how services work at each organization. There was the highest agreement among service providers on the mechanism statements (93% of service providers) while service users had the least agreement on the mechanism statements (67%). This may be lower compared to other CMO statements as mentioned previously that people cannot comments on services they do not access.

Participants were asked: What are your reflections on the different steps in the story and the picture above? Do they represent how linking community-development and case management services work at organizations? What is missing? What is different from how you see linking community-development and case management services working in real life?

Responses (N=22)	Count	Comments
The story represents how linking case management and community development works	14	• yes...I think it only benefits people more if all agencies work together and share information and strategize for better and more supports for the individual • Yes, this is how it should work. This is how services are provided at this organization-working together.
The story is missing some elements	8	• I see community building when case management is linked with community development services. Informing folks or ensuring folks are making it to community development services can be difficult, so it is helpful when there is a schedule or consistency with the community development services. • I believe these steps would work. However, some organizations do not want to partner, or work together. As if fighting for the same funding. • I think that in the story that they work really well together and in real live in a smaller town it can be a bit harder to have some organizations work together as a lot of people don't want to many people knowing your status or business • stigmatic discrimination is not part of the description, yet, on-going.

** Not direct participants quotes - comments paraphrased by the survey provider*

Overall, there was strong agreement with the CMO statement on linking case management and community development. Participants agreed that this is how linking community-development and case management services works at their organization and can apply to different groups of people.

As mentioned in the comments, participants noted that linking case management and community development allows is beneficial for people who access their organizations' services. Participants mentioned some challenges with partnerships between organizations to link these services. For example, there is limited funding and certain funding requirements that participants have to compete for. In addition, when linking these services in a smaller town there is the possibility of knowing more people and have services that are not as private. There is still stigma and discrimination present in the community that needs to be addressed. This data was used to shape the final CMO statement.

Please see the adjusted CMO statement and discussion under the Overall Program Theory for CMO 3: Case Management and Community Development for the final version on page 15.

COVID Findings

Each section of the survey (i.e. Harm Reduction, Peers, Linking Community-Development and Harm Reduction) asked participants How do you think the COVID-19 pandemic has impacted these services at organizations?

There was a divide among participants, both service providers and service users, between the impact COVID-19 had. Positive and negative impacts were described at all case study sites.

Positive Impacts:

First, some participants noted that it made services more accessible. One participant mentioned that this was due to people showing more awareness on their own health. Another participant noted that it allowed them to have more peers involved and engage with our clients.

Second, participants noted that there were more opportunities to apply for funding, which created more programs and services.

Third, there was the opportunity to make safer, more accessible services. For example, there was increased awareness and put more culturally safe practices in place. Participants had to shift services to help clients feel safe and understood and heard. In addition, one participant said that this brought the opportunity to bring more people together that wouldn't normally:

> "Making safer more accessible settings for men and woman to come together and feel comfortable with sharing and having an openness to other people who normally wouldn't have been".

Negative Impacts:

While some participants found it was easier to access services, some also mentioned that COVID-19 restrictions made much harder to access services. This was because of lack of in person services, staff shortages, decreased supplies that were available for harm reduction due to the shift to supply COVID-19 protection etc.

There were also participants who found there was less connection to others. This includes connection to culture, to other partners. This participant mentioned the impact that the disconnect from culture had:

> "cultural services stopped all together -- no Pow Wows or get togethers -- don't see anything anymore -- no more get togethers - no cultural supplies -- can't get smudge or sweet grass -- I can't get it - need more programs - more people want to smudge." Another participant noted: "People felt almost cut off from their own culture because culture has a lot to do with being amongst other people creating discovering relating to others COVID 19 made this difficult to experience".

This meant that there was isolation from not seeing people or accessing services. For example:

> "not being able to see a lot of people in person and having to isolate so much it also made a lot more people too using and not being able too reach proper services ended up with more people passing away and using other peoples using supplies".

COVID-19 also impacted the ability for partners to work together to provide wraparound services to support service users. One participant noted:

“I think Covid-19 has been a negative impact on linking case management specifically because it took away our ability to connect in person with our clients. In our program we have tried very hard to stay connected.”