

Guidelines for evaluating harm reduction services

Target group: Agencies, government or community groups seeking to adopt a harm reduction policy and/or to evaluate and monitor the policy's implementation.

How to use these guidelines:

The table identifies 5 key principles of harm reduction policies and practices. Organizations can use the checklist to identify gaps and determine priorities areas for further development and action. The five principles of harm reduction principles are based on:

- Human dignity: provision of inclusive, respectful, equitable services.
- Common sense: programs and services are based on realistic and achievable and measurable objectives.
- Focus on harms: acknowledge that harms occur within a social context that includes determinants of health and provision of basic needs.
- Balanced: services are provided from a balanced approach and are based on sound evidence and ongoing evaluation.
- Dealing with priority issues: services are provided along a continuum of care that addresses the needs and priorities of the client.

Each section provides standards with indicators to assist organizations seeking to implement a harm reduction policy. It is advised that this list be kept attached to the agency's harm reduction policy and that they be reviewed annually.

<i>Principle: provision of inclusive, respectful, equitable services.</i>					
Standard	Indicator	Yes	No	In progress	N/A
1. Recognizes the intrinsic value and dignity of all human beings.	<ul style="list-style-type: none"> • All communication is highly sensitive, respectful and enhances engagement between people. 				
	<ul style="list-style-type: none"> • Respectful workplace policies are in place and applicable to all staff, clients and volunteers. 				
	<ul style="list-style-type: none"> • Confidential information is carefully managed through clear policies in compliance with appropriate legislation and standards (e.g. The Personal Health Information Act¹, The Freedom of Information and Protection of Privacy Act², and The Medical Act³) with consequential action for proven breach. 				
2. Accepts individual diversity that provides a safe environment and reduces isolation of people and communities.	<ul style="list-style-type: none"> • Accessible services are offered through multiple venues and times that are inclusive and welcoming. 				

¹ For detailed information on the Personal Health Information Act: <http://www.gov.mb.ca/health/phia/>

² Freedom of Information and Protection of Privacy Act: <http://www.gov.mb.ca/chc/fippa/>

³ Medical Act: <http://web2.gov.mb.ca/laws/statutes/ccsm/m090e.php>

	<ul style="list-style-type: none"> • Appropriate process in place for dealing with disrespectful behaviours. 				
	<ul style="list-style-type: none"> • Ongoing educational opportunities on the principles and practice of harm reduction approaches offered to service providers. 				
	<ul style="list-style-type: none"> • All adopted policies and procedures reviewed regularly so as to ensure they support good harm reduction practice. 				
4. Enhances social and health programs, disease prevention and education while minimizing repressive and punitive measures.	<ul style="list-style-type: none"> • Provide quality prevention and education services and/or programs that (1) prevent the risk of STI and BBI transmission, (2) increase protective factors and (3) reduce risk factors. 				
	<ul style="list-style-type: none"> • Develop partnerships that help to broaden the scope of available services and resources. 				
	<ul style="list-style-type: none"> • Staff and clients kept up to date of most current information. 				
	<ul style="list-style-type: none"> • Resources, materials and harm reduction tools are available and accessible. These may include condoms, needles, sharps containers, clothing, pamphlets, computer access, bus tickets, coffee and will depend upon individual and communities needs. 				
5. Provides accessible, flexible, culturally responsive and non-judgmental services for all	<ul style="list-style-type: none"> • Process in place to gather, assess and follow up upon client feedback. 				
	<ul style="list-style-type: none"> • Hiring policy and performance review include measures of person's ability to work from a harm reduction approach with expectation that staff provide respectful and responsive services. 				
6. Recognizes the rights and abilities of individuals in making their own choices	<ul style="list-style-type: none"> • Clients Bill of Rights. 				

Pragmatic: programs and services are based on realistic and achievable and measurable objectives.

Standard	Indicator				
		Yes	No	In progress	N/A
1. Accepts risk-taking as normal human behaviour	<ul style="list-style-type: none"> • Interventions are based <i>Stages of Change Model</i> (see attached) that address a range of behaviours without placing value judgment upon individual actions. 				

2. Encourages people to start where they are at in order to protect themselves, their partners.	<ul style="list-style-type: none"> Have in place referral mechanisms to support access to required services including harm reduction, primary care and mental health. 				
	<ul style="list-style-type: none"> Information and services provided are accessible and relevant to the needs of the community. 				
	<ul style="list-style-type: none"> Goal setting and case management is centred upon client's needs and wishes, are flexible and facilitate long term engagement where required. 				

Focus on harms: acknowledge that harms occur within a social context that includes determinants of health and provision of basic needs.

Standard	Indicator	Yes	No	In progress	N/A
1. Challenges harmful social policies.	<ul style="list-style-type: none"> Agency staff, community members and clients work in partnership to identify systemic barriers. 				
	<ul style="list-style-type: none"> Staff are encouraged and supported to undertake advocacy and lobbying initiatives to improve systems and reduce barriers. 				
2. Program and service outcomes contribute to safety and well being of community.	<ul style="list-style-type: none"> Objectives and activities contribute towards improving overall determinants of health such as education, basic needs, gender, culture and social supports. 				

Balanced: services are provided from a balanced approach and are based on sound evidence and ongoing evaluation.

Standard	Indicator	Yes	No	In progress	N/A
1. Services based on achievable and measurable goals and objectives.	<ul style="list-style-type: none"> Quality standards and outcomes are identified and documented with plan for ongoing review and assessment. 				
	<ul style="list-style-type: none"> Program planning takes into consideration available research and needs assessment data. 				
	<ul style="list-style-type: none"> Evaluation framework in place and utilized to assess service delivery process and outcomes. 				
2. Recognizes diversity within community and accepts not one homogenous group	<ul style="list-style-type: none"> All policies and procedures are respectful of diverse cultural groups, community needs. 				
	<ul style="list-style-type: none"> Ongoing training in cultural competence and diversity provided. 				
3. Demands individuals and communities affected involved.	<ul style="list-style-type: none"> Agency board, staff and volunteers include representatives from affected groups. 				

	<ul style="list-style-type: none"> • Policies & procedures support inclusion of affected individuals and communities in these areas. 				
--	---	--	--	--	--

Dealing with priority issues: services are provided along a continuum of care that addresses the needs and priorities of the client.

Standard	Indicator	Yes	No	In progress	N/A
1. Recognizes the right for comprehensive, non-judgmental medical and social services and fulfillment of basic needs of all individuals and communities.	<ul style="list-style-type: none"> • Explicit continuum of care provided internally or through partnership. 				
2. Support development and provision of accessible harm reduction tools and information	<ul style="list-style-type: none"> • Communications strategies developed and implemented to disseminate accurate information appropriate to target population. 				
	<ul style="list-style-type: none"> • Ensure clients who require specific harm reduction tools (such as condoms, needles, pipes) can get them. 				

*Prochaska and DiClemente's Stages of Change Model**

<i>Stage of Change</i>	<i>Characteristics</i>	<i>Techniques</i>
Pre-contemplation	Not currently considering change: "Ignorance is bliss"	Validate lack of readiness Clarify: decision is theirs Encourage re-evaluation of current behavior Encourage self-exploration, not action Explain and personalize the risk
Contemplation	Ambivalent about change: "Sitting on the fence" Not considering change within the next month	Validate lack of readiness Clarify: decision is theirs Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations
Preparation	Some experience with change and are trying to change: "Testing the waters" Planning to act within 1 month	Identify and assist in problem solving re: obstacles Help patient identify social support Verify that patient has underlying skills for behavior change Encourage small initial steps
Action	Practicing new behavior for 3-6 months	Focus on restructuring cues and social support Bolster self-efficacy for dealing with obstacles Combat feelings of loss and reiterate long-term benefits
Maintenance	Continued commitment to sustaining new behavior Post-6 months to 5 years	Plan for follow-up support Reinforce internal rewards Discuss coping with relapse
Relapse	Resumption of old behaviors: "Fall from grace"	Evaluate trigger for relapse Reassess motivation and barriers Plan stronger coping strategies

* Prochaska JO & DiClemente CC (1984). The Transtheoretical Approach: Crossing the Traditional Boundaries of Therapy. Homewood, IL: Dow-Jones/Irwin, 1984. Homewood, IL: Dow-Jones/Irwin.

The Social Determinants of Health

From: Public Health Agency of Canada

Population Health Website: <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html>

There is a growing body of evidence about what makes people healthy. The Lalonde Report⁴ set the stage in 1974, by establishing a framework for the key factors that seemed to determine health status: lifestyle, environment, human biology and health services. Since then, much has been learned that supports, and at the same time, refines and expands this basic framework. In particular, there is mounting evidence that the contribution of medicine and health care is quite limited, and that spending more on health care will not result in significant further improvements in population health. On the other hand, there are strong and growing indications that other factors such as living and working conditions are crucially important for a healthy population.

The evidence indicates that the key factors which influence population health are: income and social status; social support networks; education; employment/ working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture. Each of these factors is important in its own right. At the same time, the factors are interrelated.

1. Income and Social Status

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

2. Social Support Networks

Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

3. Education and Literacy

Health status improves with level of education. Education is closely tied to socio-economic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.

4. Employment / Working Conditions

Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

5. Social Environments

The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. The array of values and norms of a society influence in varying ways the health and well being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

⁴ Lalonde, M., 1974. A New Perspective on the Health Canadians. Government of Canada

6. Physical Environments

The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.

7. Personal Health Practices and Coping Skills

Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health. Definitions of lifestyle include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. There is a growing recognition that personal life "choices" are greatly influenced by the socio-economic environments in which people live, learn, work and play.

8. Healthy Child Development

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.

9. Biology and Genetic Endowment

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

10. Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention

11. Gender

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

12. Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.