

July

1997

# **SHARED RESPONSIBILITY**

A COLLABORATIVE APPROACH TO  
REDUCING HIV/AIDS TRANSMISSION  
AMONGST THE FEMALE  
INMATE POPULATION

## **FINAL EVALUATION REPORT**

Submitted by:

**Hanson Community Resources Ltd.**

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## **1.0 Evaluation Process**

This formative and summative evaluation was performed by Hanson Community Resources Ltd. (HCR) and designed in conjunction with the Edmonton Social Planning Council (ESPC). The participatory evaluation activities are as follows:

### **Formative responsibilities:**

- a) Provide an outline and description of the implementation of the project in the two correctional sites and one community site<sup>1</sup>.
- b) Review the operational and organizational structures put in place and determine their contribution to project successes and challenges.

### **Summative responsibilities:**

- a) Identify and explain the major project successes and failures specifically as they relate to the project goal and objectives as well as their broader linkages to effective HIV/AIDS prevention practices.
- b) Preparation of a concise final evaluation report which outlines the evaluation method, the major findings and considers the potential of the program model for replication or use in other correctional environments.

## **1.1 Methodology**

Hanson Community Resources Ltd. (HCR) facilitated a multi-level evaluation of the *Shared Responsibility Project*. Participants in this evaluation were the ESPC, the project Steering Committee, Staff and female inmates at both the Fort Saskatchewan Correctional Center (FSCC) and the Edmonton Institute for Women (EIFW), and Hanson Community Resources Ltd. (HCR).

Evaluation activities performed by HCR included development of data gathering strategies, development of a data base for statistical collection, on-site participation in instructional sessions at both sites, individual interviews with stakeholders, attendance at Steering Committee meetings, planning sessions, weekly support / mentoring to the HIV Educator and report preparation.<sup>2</sup>

## **1.2 Limitations**

To develop a rapport with the women participants, it was decided to have an "open door policy" whereby the women were invited to access any or all portions of any instructional sessions, and to not take attendance by use of names. This made keeping accurate records and statistical information difficult. To accommodate this practice, numbers were kept on the range of attendance at each session<sup>3</sup>.

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<sup>1</sup> The two correctional sites were: Fort Saskatchewan Correctional Institute and the Edmonton Institute for Women. The assessment of a community site is not part of this report as this objective was not achieved.

<sup>2</sup> See Appendix A

<sup>3</sup> See Appendix B

## **2.0 Description of the program**

### **2.1 Project Goal**

As detailed in the February 25, 1994 *Shared Responsibility Proposal for Funding* submitted to the Health Protections and Programs Branch of Health Canada AIDS Community Action Program, the Project Goal was:

To reduce the transmission of HIV among current and released prison female inmates and encourage support for positive individuals through a comprehensive and collaborative education and skill building program.

The *Shared Responsibility Project*, on-site project activities consisted of a combination of informational discussion sessions and one-on-one support by the HIV Educator. The *Shared Responsibility Project* HIV Educator's role was comprised of three fundamental responsibilities: Coordination/Facilitation, Education and Support. Through the efforts of the HIV Educator, a series of speakers/presenters attended the informational discussion sessions to provide up to date, pertinent information concerning blood borne pathogens, and the prevention of HIV/AIDS. As an integral part of the discussion sessions and the one on one counseling, the women were offered support and information concerning post-release issues.

"A strength and a challenge of this program has been to create an environment to allow the women to come together to process their history, issues and promote healthy decision making in the future. Therefore self-development is a key process – it must be in groups."

Steering Committee member

### **3.0 Implementation of the Program**

#### **3.1 Project Objectives:**

During the initial planning and implementation phase of the *Shared Responsibility Project* a decision was made by the Steering Committee to change the intent of Objective 1.

Proposed Objective 1:

To *develop* a comprehensive educational program, including written and audiovisual materials, peer educators and speakers.

Adapted Objective 1:

To *ensure the delivery of* a comprehensive educational program which includes written and audiovisual materials, peer educators and speakers.

- *to deliver the program in two local institutions on a regular basis, so that all female inmates have access to the program;*
- *to tailor the program to the needs of female inmate populations.*

This change reflects the partnership approach to the delivery of the *Shared Responsibility Project*. Intrinsic to the overall philosophy of the project, was the recognition that what was needed was not necessarily new program/information, but, a cooperative and comprehensive program which would facilitate the introduction of available information about blood borne pathogens, to the women and staff at both institutes. Included in this program was information about where to access condoms, syringes, bleach kits, supportive counseling, housing, prostitution support and understanding medical treatment upon release.

This objective was delivered very successfully on a regular basis to inmates of both institutions. A major factor contributing to this success is the excellent quality of work produced by the HIV Educator. All Steering Committee members were unanimous in their praise of the HIV Educator's professionalism, flexibility, accountability, and credibility with institutional staff and inmates.

Objectives 2 and 3 remained as stated in the proposal. They are as follows:

**Objective #2**

To develop, in conjunction with Health and Corrections authorities, protocols for the provision of preventive and support services in the prison system to address:

- the availability of condoms during prison stay and / or upon release;
- access to bleach as a sterilisant;
- the availability of anonymous testing for HIV seropositivity;
- risk of transmission during conjugal visits;
- needs of women serving sentences with their children; including HIV-positive children;
- healthy needle use.

**Objective #3**

To facilitate improved preventive and supportive education programming and service delivery through the education of correctional service staff.

A fourth objective was added after the proposal was submitted in 1994.

**Objective #4**

Sustainability of this program beyond the mandated time period of this project is a goal of this program.

"The inmates are taking more responsibility for their health" (i.e.: a rise in requests for Hep B vaccinations was reported at EIFW.)

"The fact that this program is not "owned" by AIDS agencies is a plus."

Steering Committee Members

## **4.0 Operational and Organizational Structures**

The Shared Responsibility Project was sponsored by the Edmonton Social Planning Council and directed by a Steering Committee made up of staff from both sites (Ft. Sask. and EIFW) as well as representatives from various local community agencies.

### **Steering Committee:**

The Steering Committee was assembled in 1994 and 1995. Regular meetings occurred early 1995. The ESPC chaired the committee throughout the project.

### **HIV Educator Position:**

The Steering Committee faced challenges with the hiring and retainment of a person in this position in 1995 and 1996. The recruitment and hiring of the final HIV Educator, January of 1997 represented a key "turning point" in the program. Her combination of unique life experiences, social work and communication skills, professional attitude and ability to work well with both institutions were major factors in the ultimate success of this program.

"The use of outside resources resulted in increased trust between the inmates and the resource people."

"The HIV Educator has won over everyone at the Fort, the psychologist, the nurses and the blueshirts."

"She is very strong, caring and supportive. Don't change anything."

Steering Committee members

## **5.0 Evaluation Findings**

### **5.1 Successful elements of the program**

The most significant strength and challenge of this program has been the development of safe environments in both institutions. At both sites, the administration recognized the need for an open exchange between the HIV Educator, the presenters and the inmates. This recognition led the administration to allow the instructional sessions to be held in the absence of prison staff. The open environment and sense of "freedom" that this created



allowed the female inmates to come together and process their personal and collective histories. For the majority (if not all) of the women, these were histories which included abuse of all types, drug addiction, violence, poverty, alcohol or solvent abuse, child welfare issues, and living in inadequate housing as well as a litany of other issues. To discuss HIV/AIDS with this target group means to discuss health promotion that affects every aspect of the women's lives. Through the Shared Responsibility Project the women were given a safe place to openly discuss issues that impact on the health of themselves, their family members and community contacts, as well the opportunities created to foster self development.

"I know all about condoms. I know where to get them for free. I'd like to say that I use them all the time ... but, there have been times when I have been sick (from lack of drugs) and the guy offers me more money for a b.j.<sup>4</sup> without a condom. I've done it ... we all have."

Ft. Sask female inmate

#### 5.1.1 *Steering Committee*

The involvement of the Steering Committee was an integral part of the success of this project. Through this committee, the goal and objectives were regularly reviewed, decisions were made and guidance was offered to the HIV Educator.

The involvement of institutional and community representatives provided a multi-disciplinary make-up that is seen as one of the Committee's strengths and also one of the challenges. The often-varying views expressed were seen as, in the long run, essential to the understanding of the occasionally opposing points of view. The authentic and genuine interest of the Steering Committee members was critical to the process.

The relatively small size (11 members) has been seen as favorable with the majority of members believing that the membership should not increase in a future phase.

#### 5.1.2 *Institutional Willingness*

At both sites, the administration supported the development of the Shared Responsibility Project. Key staff at both sites assisted the HIV Educator to arrange passes and security clearances for each of the presenters. The HIV Educator was able to demonstrate to the staff that she was willing to work within their framework and to instruct each presenter in the security protocols.

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<sup>4</sup> b.j. is a slang term for fellatio

Recognition of the fact that female offenders at both sites are at risk for contact with blood borne pathogens led to the willingness of the institutional staff to allow the instructional sessions to be held without a guard present. At both sites, the women indicated that this was a key component to their willingness to speak openly about their health concerns and their risk taking behaviors.

### **5.1.3 *Coordination of Resources***

The HIV Educator was assigned the responsibility for contacting and selecting community resources to attend the informational groups at both sites. This also included meeting with and preparing the presenters for visits to the sites. This coordination role was a key component to the smooth flow of the project. It became evident at the beginning of the project that not all resource people were willing or comfortable with attending sessions with female offenders. The HIV Educator's previous work/volunteer experiences with street level agencies serving marginalized women were an asset in filtering through the various agencies and health promotions personnel. The HIV Educator worked in partnership with the evaluators to assess the resources in terms of their ability and comfort level with the female inmates, and the prison settings.

### **5.1.4 *Educational presenters, materials and information*<sup>5</sup>**

The willingness of the two correctional institutes to allow speakers into the information sessions, and to allow audiovisuals, presentation materials and print literature was of prime importance. The HIV Educator spoke or met with all presenters prior to their involvement to inform them of the needs and peculiarities of the women and to emphasize the participatory approach to the presentations. All presenters were told to expect a constant coming and going of the women, interruptions and questions off topic. The HIV Educator instructed all presenters on appropriate (allowed) behavior as well as security and safety issues. A brief list of the information provided is as follows:

- Information concerning blood borne diseases (AIDS, HIV, Hepatitis)
- Information pertinent to the women as they approached release dates. (Post release housing; agencies which provide free condoms, syringes, bleach kits; medical treatment facilities; access to AF&SS funding; parenting classes.)
- Information about health and well being as it will impact the women upon release.
- Information about self protection in sexual activity (heterosexual and lesbian sexual activities as well as sex trade practices)
- Discussion groups
- Guest speakers/presenters
- Open environment (absence of guards in the room)
- Non-judgmental attitude
- Humor
- Coffee and snacks
- Sympathy and understanding

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<sup>5</sup> See Appendix C

5.1.5 *Engaging the women in the activities*

The ability to create a safe and open environment within a correctional institute has its own set of unique challenges. An essential element to the project was the hiring of an HIV Educator who had the skills necessary to walk the critical line between "street experience" and jail reality. The HIV Educator was known to many of the inmates, at both sites due to her previous work with agencies in Edmonton, which were frequented by many of the women. As a high proportion of the women had been involved with the sex trade, or illicit drug use, it was important to them that the HIV Educator, evaluators and presenters were not "shockable" and that the women could use the words and vernacular of the street. Both sites allowed the information groups to be conducted without the presence of institutional staff in the rooms, thus adding to the women's comfort in speaking openly and honestly about their lives.

5.1.6 *Recognizing the differences in the women's needs*

As each topic was discussed, different types of questions from the women were evident. For example, when discussing sexuality and birth control, the younger women asked questions about "the pill" whereas the older women wanted information about pre/post-menopausal use of hormone replacement therapy. The presenters were challenged to be comfortable with discussing HIV prevention for heterosexual as well as lesbian sexual activities. Issues about heterosexual prevention were more important to the women at Fort Saskatchewan who would be released in much shorter times than the women incarcerated at EIFW. Information about HIV/Hep C prevention in lesbian sexual activities was more important to the women at EIFW who may be involved in these activities while incarcerated.

5.1.7 *Support for the HIV, AIDS or Hep C positive women*

7 women (6 at the Fort and 1 at EIFW) disclosed to the HIV Educator that they were HIV or AIDS positive.

80 to 90 % of the women in any/all groups indicated that they were Hepatitis C positive. (These statistics are drawn from the women's disclosure to the HIV Educator or presenter and not from the institutional medical records.)

These disclosures indicated a high level of trust and comfort with the HIV Educator; they also demonstrated that the inmates were seeking information and guidance with their illnesses.

5.1.8 *Addressing the emerging needs of the inmates*

The HIV Educator continuously asked for and received input from the inmates concerning the upcoming speakers and presentations. Whenever possible the educator accommodated the needs, questions and concerns of the inmates.

5.1.9 *Acknowledgement of the women's knowledge and strengths*

At all times, the women were asked to share their own stories and experiences concerning prevention and protection from blood borne pathogens. The female inmates who participated in the instructional sessions often came from a shared experience, they had the ability to translate medical concepts into street language for those who were less capable of understanding medical symptoms, terminology or treatments. When information was presented that they felt would be useful to others in the institute, they would try to bring the other inmate to the sessions, or take the print material to them.

5.1.10 *Strengthening the AIDS educational community*

At the center of blood borne pathogens educational process, is the desire to stop the spread of disease. By providing an opportunity for the AIDS educational community to come to the correctional sites and begin a dialogue with the women prior to release, a critical juncture has been reached. As the documentation and research on the spread of blood borne diseases has proven, intravenous drug users and those working in the sex trade are at most risk. By their own admission, a high proportion of inmates fall into both of these risk categories. Through the HIV Educator's ability to coordinate the outside resources, assist with the cumbersome processes of security clearances and create an environment where the women are willing to listen to experts in the field, an opportunity was created to impact on the post release self care practices of female intravenous drug users, those who work in the sex trade and other marginalized women.

**5.2 Challenges to the project**

5.2.1 *Unattained objectives or activities:*

Objective 2 of the original proposal was not fully realized at both prison sites due to the differences between federal and provincial policies regarding the proposed protocols. Objective 2 reads:

*"To develop, in conjunction with Health and Corrections authorities, protocols for the provision of preventive and support services in the prison system to address:*

- *the availability of condoms during prison stay and / or upon release;*

- *access to bleach as a sterilisant;*
- *the availability of anonymous testing for HIV seropositivity;*
- *risk of transmission during conjugal visits;*
- *needs of women serving sentences with their children; including HIV-positive children;*
- *healthy needle use."*

Provincial policies differ from federal policies. As a result the FSCC could not comply with this objective. Condoms are available at FSCC upon request but the inmates are reluctant to request them as they believe there will be punitive consequences.

EIFW was able to comply with and meet this objective.

Objective 3 of the original proposal was not achieved. This objective reads:

*"To facilitate improved preventive and supportive education programming and service delivery through the education of correctional service staff."*

The Steering Committee members all agreed that the institutions assessed the existing staff education programming as adequate for the duration of this Demonstration project. Efforts to provide additional training and support met with limited success. Further discussion is required regarding this objective. (Please see recommendations).

#### 5.2.2 *Timing of informational sessions:*

An over-riding aspect of the project was the need for the HIV Educator, the on-site evaluator and the speakers/presenters to remain flexible to the emerging needs of the women inmates and to recognize that a constant coming and going from the meetings was part of the reality of the prison sites. As is evident from the statistics gathered concerning attendance, the range of participation could, on any given session fluctuate as the women were called to go to family visits, recreational activities, Narcotics/Alcoholics Anonymous meetings, etc. Some presenters found this constant flow of people to be distracting. This constant movement of the participants also meant that it was impossible to gauge what specific information of knowledge the individual women received.

#### 5.2.3 *Location of the informational sessions:*

At the EIFW site, the allocated room for the informational sessions, did not lend itself to confidentiality or focus. The room is used for watching TV; playing cards or other forms of social contact between the women and therefore had a disruptive impact.

5.2.4 *Staying on topic:*

The facilitation skills of the HIV Educator were challenged in assisting the presenters to keep the women on topic. Since the population of any given session was a moving group, the women would ask for clarification of what had been said previously that evening or during other sessions. Since a high percentage of the women self disclosed as being Hep C positive, information concerning this disease was requested at every session. The constant barrage of 'off topic' questions, leads to the conclusion that within the prison population it is not possible nor desirable to attempt to discuss HIV/AIDS as a topic in and of itself. Health promotion around blood borne pathogens must be addressed within the overall reality of the lives of these marginalized women.

5.2.5 *Staff Education Program*

Objective #3 was not achieved.

## **6.0 Recommendations**

- 6.1 Continuation and Expansion of Program: It is recommended that this program be funded to continue in both sites with serious consideration to expanding to male and young offenders' facilities. The Steering Committee and the female offenders agreed that this type of program would have merit in young offender's centers.
- 6.2 Mandate of Program: It is recommended that the mandate of this project be expanded from HIV to include all blood borne pathogens, including Hepatitis C. Work is needed with the administrations at both sites to educate the female inmates on the protocols for testing and treatment of Hep C. The success of this program has the potential to grow if it is maintained and supported at both sites. This will require that the HIV Educator keep abreast of new developments concerning blood borne pathogens and other pertinent information from the AIDS community. The speakers list will need to be expanded to address the emerging needs of the inmates.
- 6.3 Staffing: It is recommended that a community representative continue to fulfill the role as the Educator/Facilitator. It is recommended that the Educator/Facilitator be able to demonstrate the ability to :
- interact with women in a flexible manner

- understand the reality of the women
- be very clear regarding the chain of command in a correctional setting
- to connect with the women and the skills to understand bureaucracy

6.4 Health Promotion Activities: It is recommended that a process continues to accommodate and encourage health promotion within the context of the women's lives inside the institutions and upon release.

In future programs, sessions should be developed to provide the female inmates with more practice and/or role-plays about the "how to" of communicating with sexual partners regarding the use of condoms and the one time use of needles or syringes. These practice sessions could assist the women in developing the verbal and action skills to discuss health safety issues within the context of their street lives.

Movement toward the development of a post release kit for female inmates is recommended. Among the supplies in this kit should be a list of agencies which supply safe sex/drug paraphernalia.

Development of an outreach/referral process is recommended for female inmates so that they have a name/agency to contact for health promotion support.

6.5 Steering Committee: It is recommended that a Steering Committee with a broad based membership be maintained that includes both institutional and community representation.

Although the Steering Committee members were largely in agreement that the size of a similar future committee should not significantly increase, there was suggestion to consider adding the following people and or representatives<sup>6</sup>:

- Alberta Justice, Correctional Services Provincial Coordinator for HIV/AIDS (John Connors - Lethbridge)
- Alberta Justice, Director of Institutional Services (Dave Forbes)
- Alberta Justice, Administration, Hank O'Handley
- Alberta Justice YOA representative Paddy Mead
- Ft. Sask. Warden Kevin O'Brian
- Edmonton Community Services
- Edmonton City Police
- AADAC
- Nechi Training, Research and Health Promotions Institute
- Current inmate, recently released inmate, street representatives

6.6 Street Liaison: It is recommended that accessible community contacts for women after release be established. The Educator/Facilitator "inside" could be considered to fulfill the role of "street contact/liaison".

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<sup>6</sup> As mentioned by more than one Steering Committee member

- 6.7 On-going Evaluation: It is recommended that a longitudinal study of the participants be undertaken to follow them upon post release. The women's progress could be followed in terms of condom use, general health, etc.
  
- 6.8 Staff Education: It is recommended that a staff education component be developed. Present and released inmates could participate in the development of this curriculum. The Educator / Facilitator, with community support could deliver a series of components

## **7.0 CONCLUSION**

**The Shared Responsibility Project was successful in providing a comprehensive HIV/AIDS education program to the female inmates at both Fort Saskatchewan Correctional Institute and the Edmonton Institute for Women.**



## APPENDIX A

### RECORDING AND REPORTING FORM

**Project Goal:** To reduce the transmission of HIV among current and released female prison inmates and to encourage support for positive individuals through a comprehensive and collaborative education and skill building program.

**This form is to be used to track activities, which take place at both Ft. Sask. and EIFW:**

<b>Institute:</b>	<b>? Ft. Sask.</b>	<b>? EIFW</b>
<b>Date of contact:</b>		
Preparation for activity:		
What was your role in this activity?		
How did you assure that security was maintained?		
Describe the activity: <i>(purpose /subject; discussion group; video; presentation; bringing someone in; etc.)</i>		
Time of Activity:	Start time:	Finish time:
Average number of participants:	Inmates:	Employees:
Reasons for inmates/employees coming late or leaving early:		
Type of Activity: <i>(small group &lt;4, large group &gt;5)</i>	1:1 ?	Small Group ?      Large Group #
Describe the participation of the inmates or employees in this activity:		
This activity promoted the goals/objectives of the Shared Responsibility Project by:		
What worked well during the preparation and presentation of this activity?		
Were there any problems or concerns that you experienced?		
Anecdotal Information:		
Follow up required:		

**ACAP Steering Committee Member Questions**

(In preparation for scheduled meeting with Chris Hanson, program evaluator)

1. Name:
2. Title / Position @ agency of employment
3.
  - a. How long have you been on the St. Comm.?
  - b. What is your role on the committee?
  - c. What do you bring to the table?
  - d. What is your contribution/area of strength?
4. Please describe to me generally your thoughts on how the program has progressed to date.
5.
  - a. In your opinion are the 1994 program goals/objectives relevant today?
  - b. If not relevant, how should the goals be adapted?
6. Is the program achieving its goals?
7. What are the strengths of this program?
8. What areas need to be improved upon?
9.
  - a. Should this program continue (post July 1, 1997)?
  - b. If so, would you recommend any changes to the program?
  - c. If not, please discuss.
  - d. Would you recommend any changes to the Steering Committee?
10. Regarding the issue of sustainability - what options exist?

## APPENDIX B

### Inmate Population and Participation

Month	Ft. Sask.		EIFW	
	Range of Participants Per session	Average Female Inmate Population	Range of Participants per Session	Average Female Inmate Population
<b>January</b>	<ul style="list-style-type: none"> <li>• 22<sup>nd</sup> – 10</li> <li>• 27<sup>th</sup> – 1 p.m. – 7 to 10 - 3 p.m. - 59<sup>7</sup></li> </ul>	57		
<b>February</b>	<ul style="list-style-type: none"> <li>• 5<sup>th</sup> – 12 in group; 7 to 10 informally in 1:1's</li> <li>• 12<sup>th</sup> – 10 to 15</li> <li>• 19<sup>th</sup> – 9 to 12</li> <li>• 26<sup>th</sup> – 8 to 15</li> </ul>	51	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> – 5</li> <li>• 10<sup>th</sup> – 10</li> <li>• 17<sup>th</sup> – 7 to 10</li> <li>• 21<sup>st</sup> – 3<sup>8</sup></li> <li>• 24<sup>th</sup> – 6</li> </ul>	36
<b>March</b>	<ul style="list-style-type: none"> <li>• 5<sup>th</sup> – 10</li> <li>• 12<sup>th</sup> – 5</li> <li>• 19<sup>th</sup> – 7 to 15</li> <li>• 21<sup>st</sup> – N/A</li> <li>• 26<sup>th</sup> – 5 to 12</li> </ul>	48	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> – 2 to 4</li> <li>• 10<sup>th</sup> – 10</li> <li>• 17<sup>th</sup> – 5 to 9</li> <li>• 20<sup>th</sup> – 6 to 10</li> <li>• 31<sup>st</sup> – 2 to 5</li> </ul>	41
<b>April</b>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> – 11 to 18</li> <li>• 9<sup>th</sup> – 1 to 13</li> <li>• 16<sup>th</sup> – 7 to 11</li> <li>• 30<sup>th</sup> – N/A</li> </ul>	54	<ul style="list-style-type: none"> <li>• 7<sup>th</sup> – 2 to 3</li> <li>• 14<sup>th</sup> – 3 to 6</li> <li>• 28<sup>th</sup> – 5</li> <li>•</li> </ul>	43
<b>May</b>	<ul style="list-style-type: none"> <li>• 7<sup>th</sup> – 7 to 13</li> <li>• 14<sup>th</sup> – 4 to 8</li> <li>• 21<sup>st</sup> – 8 to 16</li> <li>• 28<sup>th</sup> – 6 to 12</li> </ul>	51	<ul style="list-style-type: none"> <li>• 5<sup>th</sup> – 3</li> <li>• 12<sup>th</sup> – 2 to 6</li> <li>• 19<sup>th</sup> – 8</li> <li>• 26<sup>th</sup> – 5 to 8</li> </ul>	45
<b>June</b>	<ul style="list-style-type: none"> <li>• 4<sup>th</sup> – 8 to 23</li> <li>• 11<sup>th</sup> – 8 to 24</li> <li>• 18<sup>th</sup> – 14 to 16</li> <li>• 25<sup>th</sup> – 10 to 30</li> </ul>	41	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> – 8</li> <li>• 9<sup>th</sup> – 2 to 13</li> <li>• 16<sup>th</sup> – 4 to 8</li> <li>• 23<sup>rd</sup> – 3 to 6</li> <li>• 30<sup>th</sup> – 5 to 30</li> </ul>	49
<b>July</b>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> – 9 to 12</li> </ul>			49

**Notes:**

- Ft Sask. Population decreased from 57 to 41 over the 6 months of the project. (28% decrease)
- The maximum participation percentage per evening at the Fort, increased from 29% in February to 73% in June.
- The EIFW population increased from 36 in February to 49 in June. (36% increase)
- The maximum participation percentage per evening at EIFW increased from 28% in February to 61% in June.

<sup>7</sup> 59 participants were present due to mandatory attendance for January 27<sup>th</sup>

<sup>8</sup> Peer Support meeting attended by 3 inmates, 2 staff and HIV Educator

## APPENDIX C

### Presenters/topics/information

1. Living Positive: Maggie McGinn
2. Street Drugs and Your Body: Alison Barnfather
3. Birth Control Centre, Sexuality: Dawn Bucharski
4. Kairos Safe House: Bev Oldham
5. Feather of Hope Society : Carol Jenkins
6. AIDS Network : Debra Foster
7. Canadian Liver Foundation – Hepatitis A,B,C: Delia Popawich
8. Movies: AIDS in Prison (Correctional Service of Canada), Philadelphia, Kecia: Words to Live by; Jeffery
9. Living with AIDS: Kecia Larkin
10. Streetworks Program: Nancy McPherson, Marliss Taylor, Theresa Jaspersen
11. Crossroads: Maureen Reid, Sara McKinney-Brown, Amanda Johb
12. Kindred House: Georgina Norquay
13. Planned Parenthood: Shirley Goodbrand
14. Medical Services Branch: Doris Greyeyes; Relationships in the Family and Community
15. Denise Lambert (Consultant): AIDS 101
16. Margaret Cardinal: Elder
17. Sexually Transmitted Diseases: Lisa Blum, Blood Borne Pathogens Coordinator (Capital Health Authority)