

## **ISSUES OF ENAGEMENT IN CARE AND QUALITY OF LIFE AMONG DR. PETER CENTRE PARTICIPANTS: 2001**

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**Background:** The Dr. Peter Centre (DPC) was established as Canada's first structured day program for persons living with HIV/AIDS who also are at high risk for declining health.

**Objectives:** (1) To explore the relationship between demographic characteristics, therapeutic alliance and engagement, and HIV-related quality of life; (2) To identify the barriers among multiple challenged HIV populations that promote and inhibit engagement in the DPC.

**Methods:** A participatory approach combining quantitative and qualitative methods was employed throughout the research process. Seventy-six program clients participated in the study.

**Results:** Therapeutic alliance was associated with frequent attendance, however alliance was not associated with therapeutic engagement or quality of life. The contextual factors most strongly associated with engagement were 'opportunities for participation' ( $r=0.36$ ,  $p<0.01$ ), 'opportunities to socialize' ( $r=0.31$ ,  $p<0.01$ ), and 'programming choices' ( $r=0.24$ ,  $p<0.05$ ). While engagement was associated with quality of life for the entire cohort ( $r=0.26$ ,  $p<0.05$ ), differential effects were observed for various subgroups with gay men ( $r=0.35$ ,  $p<0.05$ ) appearing to benefit most from therapeutic engagement. Active substance drug users ( $r=0.16$ ,  $p=0.29$ ), and those with histories of violence ( $r=0.02$ ,  $p=0.92$ ) and incarceration ( $r=0.09$ ,  $p=0.62$ ) appeared to benefit least from therapeutic engagement. Results of qualitative analysis indicate that engagement is mediated by difficulties arising from the blending of populations within the facility and tensions between abstinence/recovery and harm reduction discourses.

**Conclusions:** Despite considerable innovations in service delivery, the Dr. Peter Centre, like other community organizations, has experienced challenges in attempting to simultaneously serve HIV populations with diverse needs. Furthermore, while considerable effort has been made to integrate harm reduction principles, tensions between harm reduction and recovery/abstinence models of care remain.