

Inner City Health
and Wellness Program



Opportunities for Impact

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Impact: A Clinical Perspective





CLINICAL CARE

Addiction Recovery
and Community
Health (ARCH)
Team



RESEARCH

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EDUCATION

Front Line
Education
Symposia
Electives

Purpose of the ARCH Team

Turns an emergency department visit or hospitalization into an opportunity for someone to receive treatment for their substance use disorder AND their acute medical problem

ARCH Teams provide comprehensive, evidence-based management for all substances of use, interventions to maximize social determinants of health, health promotion activities, and linkage to community and primary care

Consult service model (team members go *to* the patient where they are in the hospital site)

Guiding Principles

1. The team will take its direction from the needs of the community that it serves.
2. All activities will be driven by the philosophies of reducing harm, respect and empowering people to make healthy choices.
3. The team and its activities will be culturally competent and will focus on relationship building and trust.
4. A broad definition of health (including physical, mental, emotional and spiritual) will be used to define outcomes.
5. Research and educational initiatives will be action-oriented and widely accessible.





Addiction Recovery and Community Health (ARCH) Team

Development of a standardized intake and assessment procedure

Comprehensive, evidence-based addiction management for all substances of use

Interventions to Maximize Social Determinants of Health

- Housing, income support, ID

Health Promotion activities

- Screening for sexually transmitted and blood borne infections, PAP smears, immunizations

Linkage to community and primary care

Addiction Recovery and Community Health (ARCH) Team



Comprehensive, evidence-based addiction management

- Treatment of complicated intoxication and/or withdrawal
- Initiation or maintenance of opioid agonist treatment (buprenorphine, methadone, slow release oral morphine, injectable opioid agonist treatment)
- Harm reduction including distribution of overdose response kits
- Supervised consumption service
- Managed alcohol program
- Counseling, motivational interviewing, relapse prevention, treatment referrals
- Identification and referral for co-morbid mental health conditions

Transitional Care

Transitional Clinic

- Follow up of active addiction-related issues
- Ongoing withdrawal management
- Bridging to opioid agonist treatment program
- Follow up of tests performed in the hospital
- Addiction counseling
- Stabilization of social determinants of health

Key Partnerships

Community Advisory Group

Hospital staff

Community based health care

Housing

Identification

Community and Social Services

Edmonton Police Service



ID for the Healthcare Homeless Project



Syringe Exchange

I: What do you think about our hospital having a needle exchange program?

P: *I think that's great.*

I: Why do you think it's great?

P: *So, people don't get infection when they're in the hospital. You're trying to get better when you come to the hospital so having a needle exchange takes away the risk for having another, or making it worse.*



Syringe Exchange

I: What did you think when you first heard about our needle exchange program?

P: *Oh, I wanted to come here when I got sick. Told a few friends about it. Yeah.*

I: Do you think having a needle exchange program here, does it make it?

P: *Easier, way easier. Yeah.*

I: It makes it easier to come here?

P: *Oh yeah. Yeah. Mm-hm. Very easy.*



Supervised Consumption Service



P: They should have a place to do it there. Especially if they're giving the supplies, they might as well supply a safe place.

P: Yeah, it's a little bit awkward, don't want to get caught, security guards, they'll only let you stay in the bathroom for so long and then they'll come knocking on the door. Like why are you taking so long, right.

P: if you feel rushed you end up getting more and more frustrated. And then if you draw blood, these things going to gel up in you ... I sometimes go there [to McDonald's across the street] and there's a big line up ... when I'm in there ... I start hurrying, hurrying, missing.

P: A lot of them can say they don't care but I know that's a lie. Of course, we all care and of course it would be, if I was in there and got caught sticking a needle in my arm and what would happen is they would probably change my meds.

Impact: A Research Perspective

“Nothing About Us Without Us”

Action orientation is critical

- Patient-oriented outcomes!

Top down implementation of new services is unethical

Administrative data, without context, give a partial picture at best (and an inaccurate picture at worst)



“Nothing About Us Without Us”

Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative



Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

Peerology:

A guide by and for people who use drugs
on how to get involved



June 2015

How are Patients Involved?

Community Liaisons

- Information sharing
- Coordination of CAG
- Recruitment and retention
- Data collection

Community Advisory Group

- Staff hiring and training
- Program design and troubleshooting
- QI/Evaluation methods
- Data interpretation
- Knowledge translation



Evolving Context

Complex High Needs Populations



Counseling / support unmet need

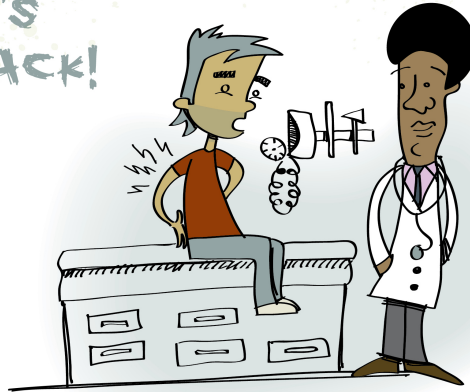


Inpatient demand for addiction expertise

Heterogeneous pattern of ED use –
Sometimes the first event is an overdose

Rethinking KT

JOE'S
BACK!



Joe is a 45 year old male partner of a longstanding patient of yours, and you have agreed to accept him into your practice. He has only been seen by walk-in clinics in the past and is happy to find a family physician. Today he comes in to talk about his low back pain.

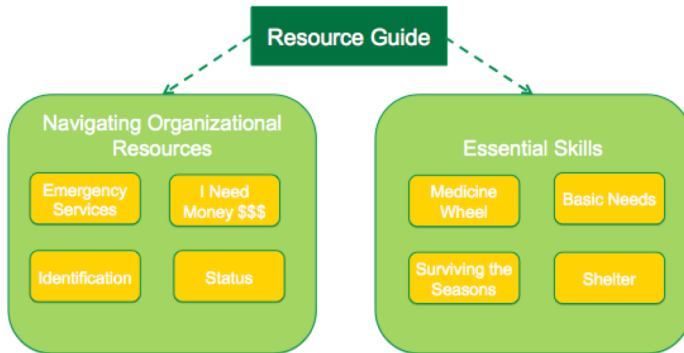


Keeping ID safe

There are ways to keep your ID safe. When sleeping at a shelter, you can ask staff to store ID in a safe place, you can also tuck your ID into your socks or undergarments while you sleep (this will not be the most comfortable but it will keep your ID safe!). You can also store your ID with your other belongings when you check them in at the shelter!

Remember, you don't always need to carry your ID and important documents (birth certificates, citizenship certificates), most times, all you need is a photocopy. Store your ID some place safe so you don't have to carry it with you. There are programs around your city that can store your ID safely and securely for you!

Check out the "ID storage services" section in the attached pamphlet for a list of resources.



Relationship Reduces Harm



Impact: A Patient Perspective

What matters most to Patients

Involve more than one of us

We need steadfast, committed champions

Invest time in our relationship

Visit us, in our space

We need to trust you – follow-through is critical

Leverage existing resources – don't reinvent the wheel

Use plain language

Recognize the importance of gathering together and celebrating

Recognize our investment and remunerate us

Thank you!

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