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Community Health Centres: Improving Health Inequities by providing low barrier integrated health and social care

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Alberta's Community Health Centres



- Joy Bowen-Eyre & Mona Delisle
- Calgary (SE)



- Tricia Smith
- Edmonton (downtown)



- Elaine Wilson
- Calgary (downtown)



- West Edmonton



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Disclosure of Financial Support

• These programs have not received any financial or in-kind support

• **Potential for conflict(s) of interest:**

- None of the presenting organizations or presenters have potential conflict(s) of interest to report

Mitigating Potential Bias

- The scientific planning committee has contributed to the consideration of learning needs, the determination of learning objectives, the development of program content, and the choice of speakers or presenters
- No sponsorship funds have been received
- The scientific planning committee has reviewed the content of the presentations and ensured that content presented is evidence-based and free of undue influence



Objectives

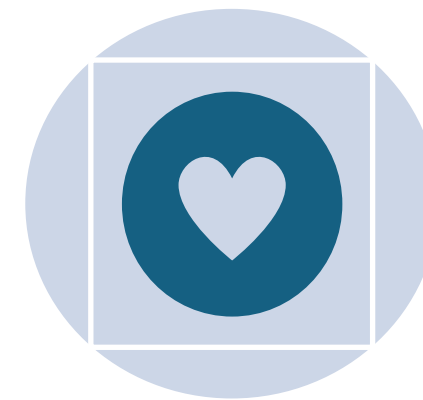
- Understand the Community Health Centre (CHC) model and its role in addressing social determinants of health and providing low barrier primary health care
- Explore interdisciplinary team-based care approaches for providing holistic care to vulnerable populations including taking care to the clients through the outreach and mobile health programs



How familiar are you with the CHC Model of Care?



Show of hands –
How many people are familiar with the work of the CHCs?



Imagine your most
barriered/complex client

- What supports can you offer them?
- How do their social and physical barriers impact their outcomes?
- What needs do they have that you don't have the ability to address?



32 Year Old Female

- ❁ Complex PTSD
 - developmental trauma (ACE score 10/10)
 - adult trauma (physical, emotional, sexual abuse/exploitation)
- ❁ Social anxiety disorder (can't reside in shelters/ride buses)
- ❁ Bipolar disorder & Borderline personality disorder
- ❁ Fetal Alcohol Spectrum Disorder
- ❁ Substance use disorder (opioids, benzodiazepines, stimulants)
- ❁ HIV & Hep C positive (needs daily observed medication)
- ❁ Needs contraception
- ❁ Syphilis positive
- ❁ Complex dental challenges (acute and chronic)
- ❁ Acute skin infection and abscess from injection drug use
- ❁ Acute/chronic constipation from chronic opioid use
- ❁ Severe hemorrhoids due to chronic constipation (very painful, makes walking challenging)



32 Year Old Female *(continued)*

Social Barriers:

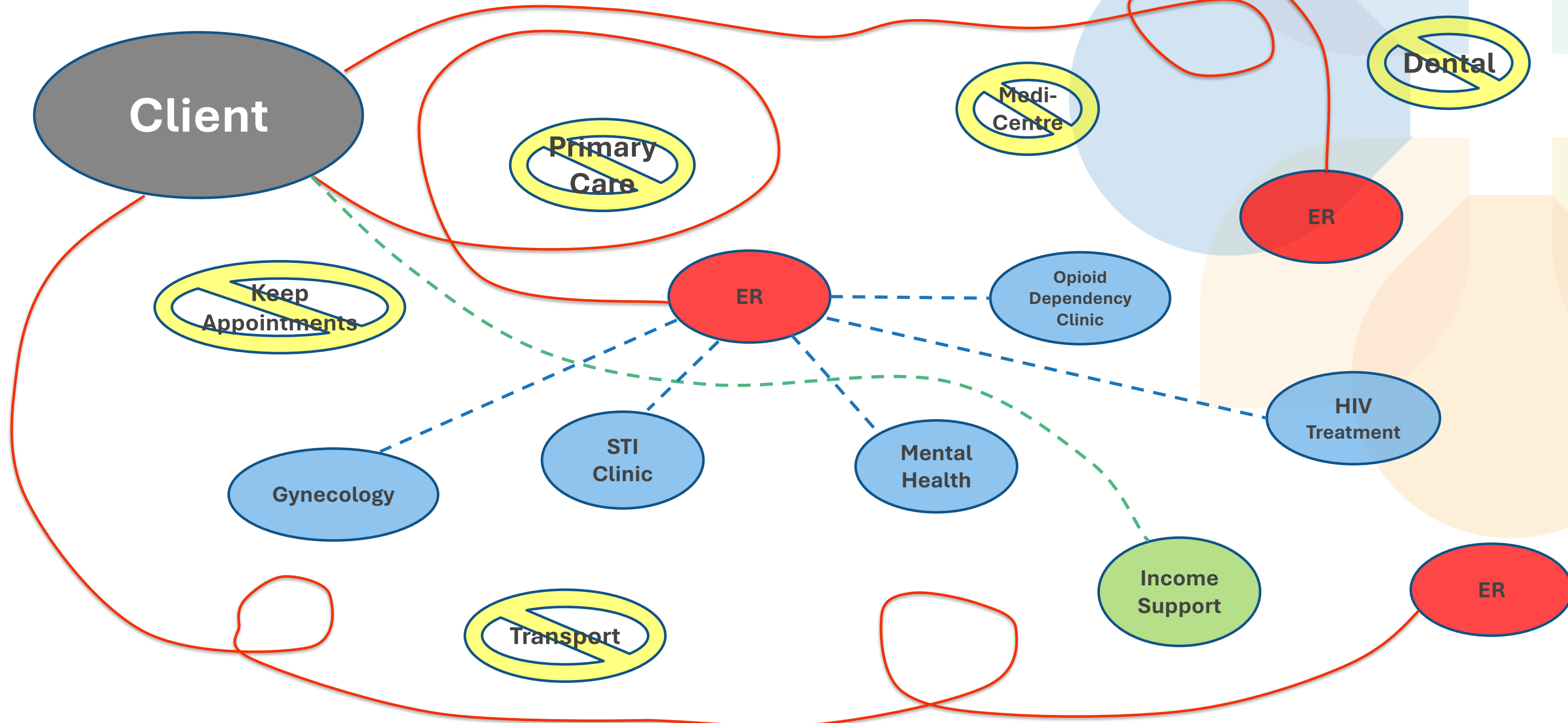
- Homeless
- Sex-trade involved
- Income Support put on hold
- Unable to use shelters/transit
- Children are in care of Children's Services
- No photo ID/AB Health card
- Food security (needs soft diet due to dental pathology)
- No phone/computer access
- Frequent incarcerations for minor charges



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Without a CHC....



ACCSC
ASSOCIATION CANADIENNE DES
CENTRES DE SANTÉ COMMUNAUTAIRE



CACHC
CANADIAN ASSOCIATION OF
COMMUNITY HEALTH CENTRES

**Five ways
CHCs put people
and community
*first***



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Community Health Centres

Community Health Centres (CHCs) are **not-for-profit community governed organizations** with a **primary focus on improving the health and well-being** of populations who have **traditionally faced barriers accessing health services**, including clients:

- ✿ struggling with **chronic homelessness**
- ✿ living on **low income**
- ✿ with **complex mental health issues**
- ✿ with **substance abuse disorders**
- ✿ who are **Indigenous**
- ✿ who are **new to Alberta**



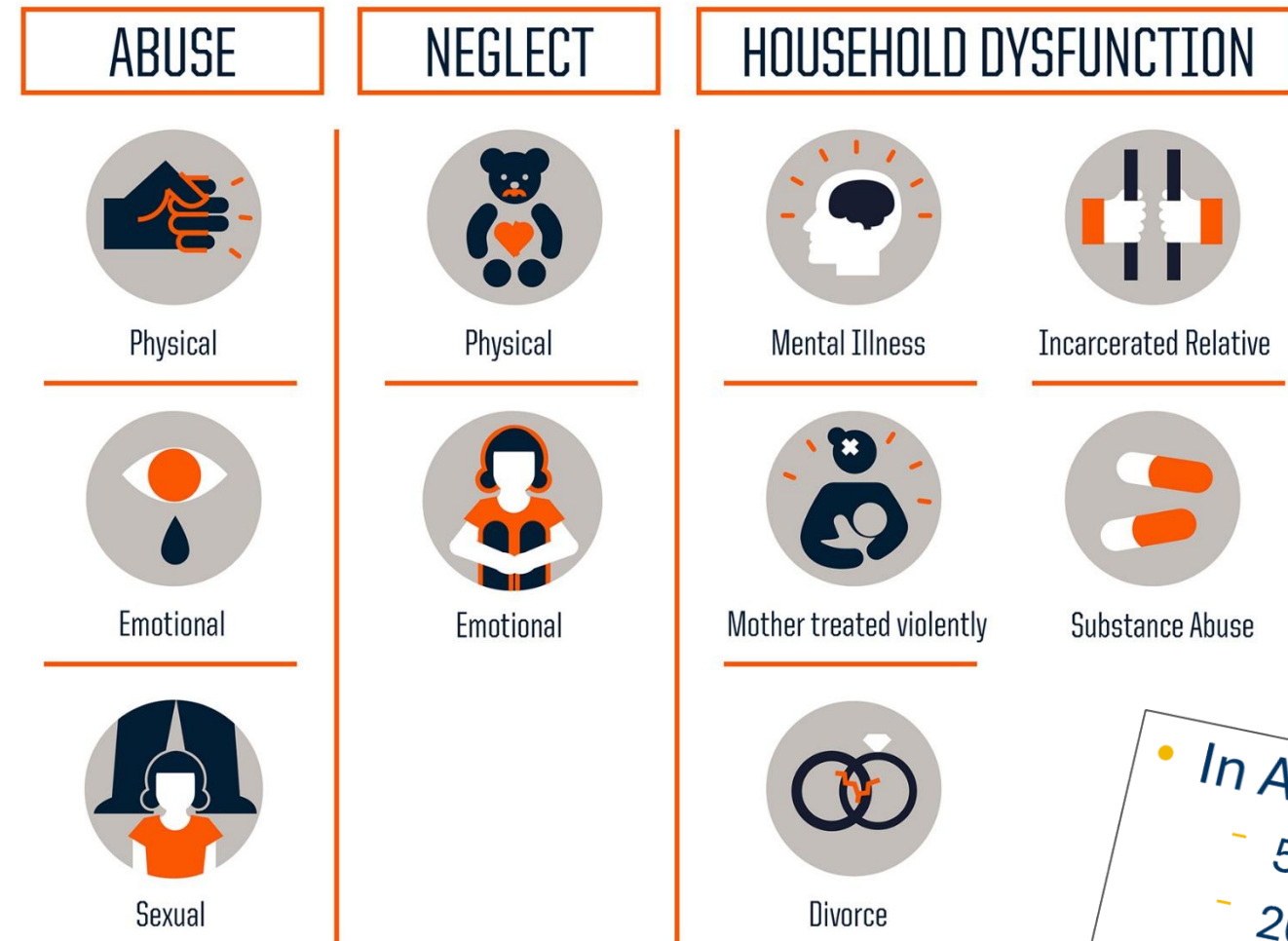
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Contributors to Risk of Homelessness

ADVERSE CHILDHOOD EXPERIENCES (ACES)



- Loss of employment or income
- Family crisis
- Housing crisis
- Mental illness
- Chronic and/or unaddressed health concerns
- Cultural disconnect
- Intergenerational Trauma
- Trauma, grief, loss of loved one

• In Alberta ACE study

- 56% reported 1+ ACE
- 20% reported 3+ ACEs

 • **65%** of adult CUPS clients report 4+ ACEs, the threshold for the most severe long-term impacts

We like to remind people that **we are all one personal crisis away from homelessness.**

What mitigates our risk is the supports we have in place, like a positive supports, financial security, and access to timely care.

Community Health Centres

- Primary Health Care with **full wrap around and social supports**
- Received **underserved grant to improve health outcomes** for underserved clients
- **Team based care** – ARP funding model
- **Trauma informed, culturally safe care, free of racism and discrimination**
- **Low barrier care** – lab, pharmacy on site, Radius has x-ray and SCS
- What are other provinces doing?
 - Ontario has **75 CHCs** (as per Ontario government website - ontario.ca/page/community-health-centres)
 - British Columbia has **30 CHC members of BC Association of CHCs (BCACHC)**



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Radius Community Health and Healing

Respite to Recovery Program

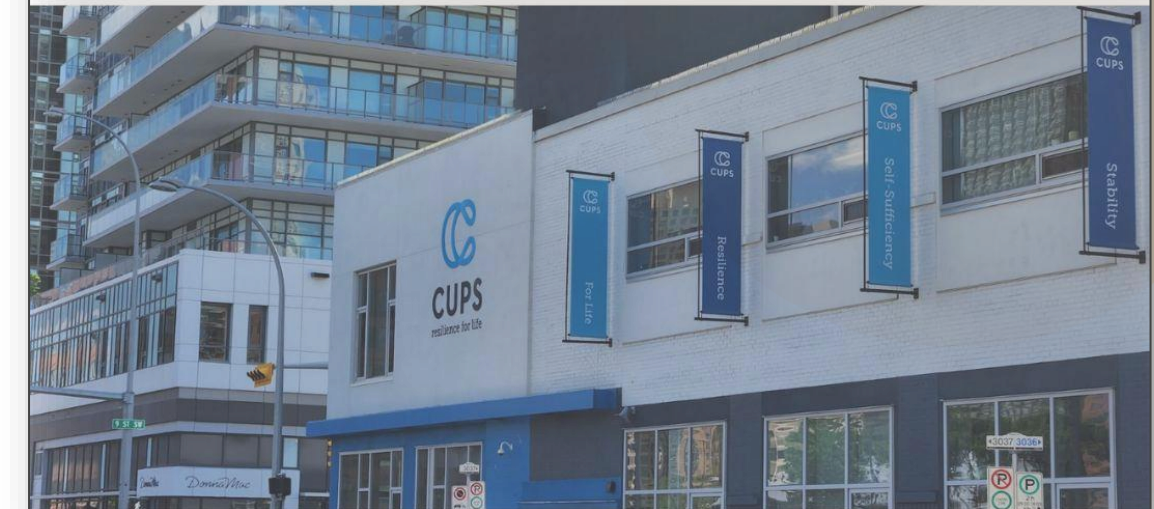
- **Nurse-led health and social supports** embedded in a shelter setting
 - Physician/NP support
- Support individual **experiencing homelessness** to:
 - **Recover** from acute illness/injury
 - **Facilitate** connections to social supports and primary care
- Strict admission criteria

CUPS Calgary Community Health Centre

- ❁ Our CHC model allows us to **address the social determinants of health** through an integrated approach
- ❁ CUPS has **three main program areas** that collaborate to meet the needs of complex clients and families
- ❁ Our programs and services aim to **meet urgent needs**, support **care planning and capacity building**, and facilitate the **development of protective factors** to prevent future challenges



C U P S I N 1 9 8 9 A N D T O D A Y



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CUPS Family and Child Development Centre



Intended Impact:

- 🌸 Deliver services with a **two-generational approach** and embedding this knowledge and approach across the organization
- 🌸 Support more families and children to feel **empowered to create and achieve their goals**
- 🌸 Support families to be **engaged, sustainable, and integrated** in their communities



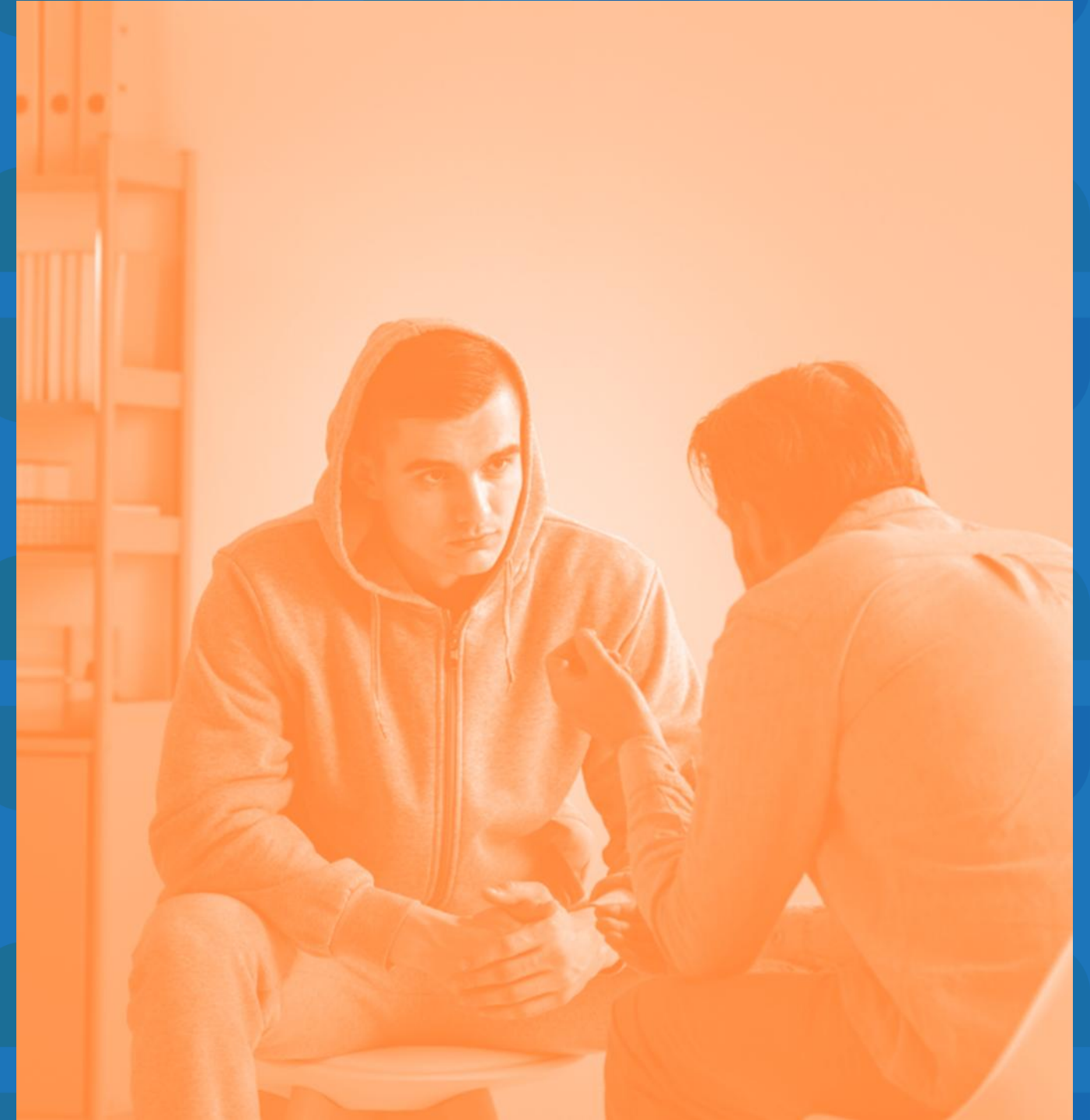
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The Rapid Access Addiction Medicine (RAAM) Clinic



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RAAM Clinic



🌸 What we do:

- Provide **comprehensive care** through **walk in treatment** for **substance use disorders**
- Leverage **peer support** to create connection and safety

🌸 What we don't do:

- Treat **behavioural addictions**
- Just offer counselling



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Workshop

At your tables:

- From the ideas presented today what resonated most with you that you could do in your own clinic?
- As the PCN model begins to include care for unattached clients, how might CHCs and PCNs work collaboratively to support those who are currently underserved?



Share Back

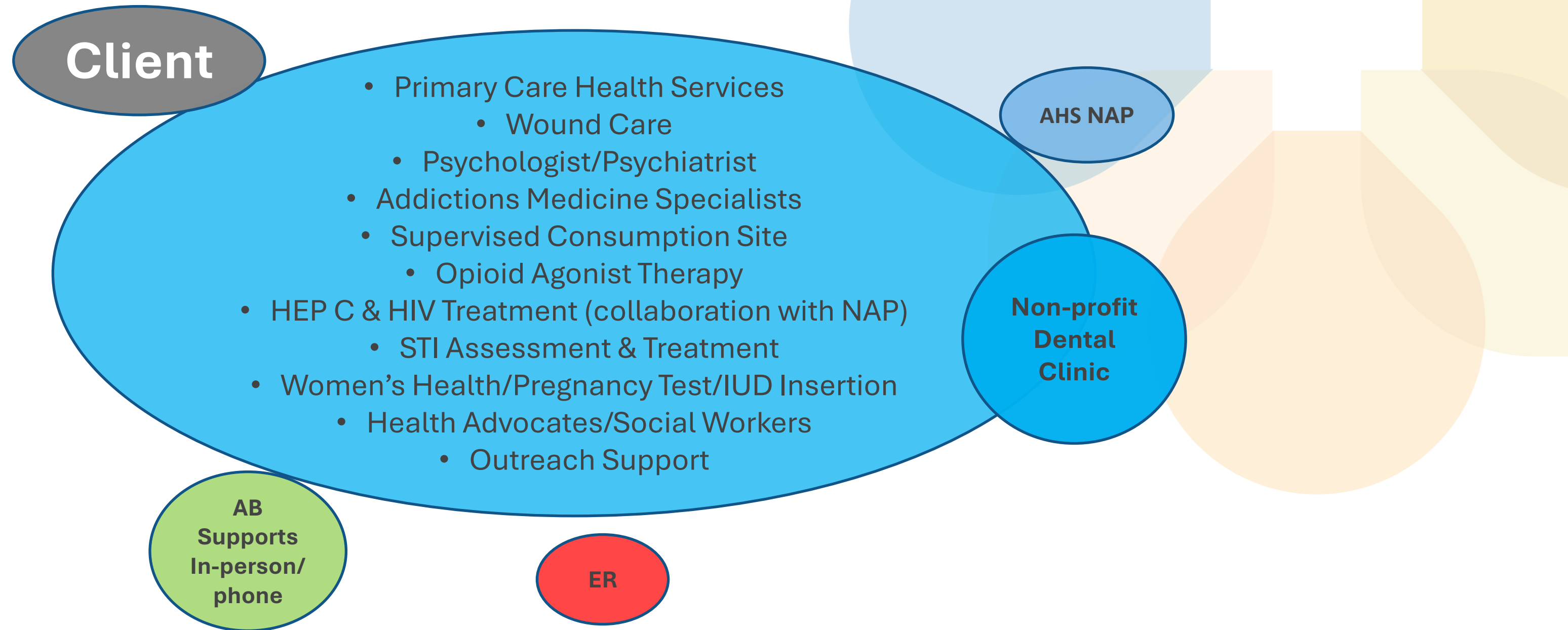
What are some ideas from the room to be shared?



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With a CHC....



**Thank you
for attending**



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