



Poster Board 4:

Urban HOPE-improving Access to Low Barrier Care

Presenters:

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Description:

Urban HOPE- comprehensive and multi-disciplinary wraparound health and social services that address the intensifying epidemic of overdose deaths within Ottawa, as well as the disconnect from health services experienced by marginalized populations within the Centretown neighbourhood of Ottawa. Urban HOPE is a cost-effective means of easing the burden of overdose on the healthcare system by involving people with lived and living experience in service delivery.

Session objectives and learning outcomes:

- Participants will observe creative ways to integrate those with lived experience into an overdose prevention program
- Participants will learn about the client benefits of receiving medical care from a multi-disciplinary team
- Participants will learn about creative strategies for client engagement with those who are unhoused or vulnerably housed

Full description:

Challenge:

Ottawa saw a tragic and staggering 116% increase in overdose deaths in 2020, with a further 66% increase in overdose deaths during Q1 of 2021 versus Q1 of 2020. The city was also projecting a staggering 23% increase in overdose-related Emergency Department visits over last year based on preliminary data collection from our first seven months of operations in 2021. COVID-19 has caused disruptions to the drug supply chain and subsequently higher rates of toxicity, with more people also using alone due to isolation and the closure of some harm reduction services (Canadian Centre on Substance Use and Addiction, 2020). Disenfranchisement from traditional health care services creates barriers for people who use substances and/or live with substance use disorders to access the services they need. When they encounter practices and policies where they feel judged or disrespected, they may avoid accessing those or similar services in the future. This can contribute to the worsening of health - and even preventable death.

Action:

Urban HOPE will increase community access to comprehensive and multidisciplinary wraparound health and social services that meet multiple needs, reducing barriers to opioid agonist therapy and making it easier for people who use substances to navigate the health system and treatment options. This project aims to address the intensifying epidemic of overdose deaths within Ottawa, as well as the disconnect from health services experienced by marginalized populations within Centretown. Urban HOPE is a cost-effective means of easing the burden of overdose on the healthcare system by involving people with lived and living experiences in service delivery. Plan1. To reduce overdose deaths in Ottawa, namely the downtown area: -Provide mobile crisis response for overdoses in the CHC catchment areas 12 hours per day, 7 days per week with a peer-led approach. - Conduct outreach to rooming house residents and other community members who use substances to grow and strengthen capacity around the prevention of overdose and what to do when overdoses occur - Distribute Naloxone kits and other harm reduction supplies to rooming house residents, those who live on the street and to other people who use substances.

2. To increase access to opioid agonist therapy amongst Centretown residents: - Expand service hours of the Urban Health Clinic to provide wraparound health Within those primary audiences we will expect to serve higher numbers of Indigenous Peoples, racialized people and communities,

Impact:

Urban HOPE has just begun over the last year but performance metrics are based on hopeful outcomes of the program. These measurements include a number of overdoses attended/reversed; outreach encounters by peers, nurses/SW outreach staff; increase in unique walk-in clinic patient encounters; and numbers referrals to harm reduction and addictions related services. Additionally, patient surveys will be undertaken to measure qualitative impact of services.

Trajectory:

The ultimate expansion goal would be to additionally provide walk in medical clinic access to patients 8 hours per day, 5 days per week in addition to peer support by those with lived experience and expanded outreach capacity.