

Primary Care for Urban Marginalized and Complex Populations: A Program Evaluation and Look at Health Literacy

ଢ଼ି uOttawa

Département de médecine familiale Department of Family Medicine

Soha Khorsand¹; Corina Lacombe², Andrew McLellan³; Hounaida Abi Haidar³; Carol Geller³; and Alison Eyre³

¹Faculty of Medicine, uOttawa, ² Faculty of Social Science, uOttawa, ³Department of Family Medicine, uOttawa

OBJECTIVES

Phase 1:

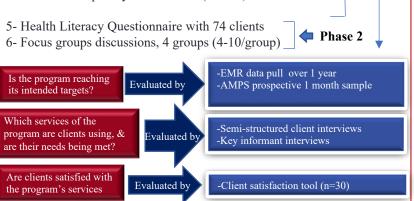
Evaluation question: Is the Urban Outreach (UO) program at Centretown Community Health Centre (CCHC) achieving their stated mandate of providing the best possible health care to the most marginalized & complex individuals & families?

Phase 2:

Research question: How does a tailored & comprehensive primary care model, designed for urban marginalized & complex populations', effect individual healthcare literacy three to five years post initial contact?

METHODS

- 1- EMR (snapshot of 1 year, 570 clients with 1856 visits)
- 2- Semi-structured interviews with 31 clients & 10 partners
- 3- Satisfaction Questionnaire with 31 clients
- 4- Clinical Complexity Assessment (AMPS) on 74 clients



RESULTS

Client demographics (EMR) & client interview findings	%
Living in rooming house, shelter or street	55
Substance use disorder	30
Psychiatric disorder	29
Refugees &Immigrants	54
Problems with refugee claims	26
Language barrier	17
Problems with HC system access	20
Without OHIP	34
Household income < \$14,999 (of 219)	81

CLINICAL COMPLEXITY ASSESSMENT TOOL (AMPS)

Attachment- No GP/NP, WI/ER for all primary care

🗭 Phase 1

Medical- Mild, manageable, and stabilized with ongoing care

Psychiatric- Mild, manageable, stabilized with ongoing care

Social- *Housing*- safety/stability questionable; *Poverty*- difficulty making ends meet- most of the time; *Social support*-restricted support; difficulty finding help; risk for financial, emotional and/or physical abuse.

Health Literacy Questionnaire:

- People seeking services at CCHC have a significantly higher appraisal of health information ((t) = 2.293, p = .025, d = .533) compared to individuals who seek services elsewhere.
- No statistically significant differences in health literacy between groups found in other categories.

Client interviews

- Friendliness of staff & availability of multiple resources are the 2 major factors for returning to CCHC.
- Client satisfaction average score for quality of service was 3.7 (scale 1-4, 4 being the best).

DISCUSSION

- •UO program is reaching the area's marginalized & complex populations
- •Majority of clients uses more than 1 program service, indicating holistic and integrated healthcare service model
- •Clients reported a high degree of satisfaction with the program, citing the availability of multiple services & approachability of providers
- People seeking services at CCHC have a significantly higher appraisal of health information then those who seek services elsewhere
- •Suggested improvement by staff of partnering agencies: increase walk-in hours & continuity of care & add more outreach services.

NEXT STEPS

- -Focus group discussions to be held with clients of the program to complement and expand finding from the HLQ
- -Complete integrated analysis of findings and create and disseminate report

Ouotes

"Staff very friendly. Service is always helpful. I don't think there was one time that they couldn't help me."

"Centretown has been like an umbrella, protecting me from the rain until I get to my destination. Good services, give you everything you need. Takes someone who is good to give good service."

"Can come without an appointment, very helpful to be able to drop in when I need help."

REFERENCES

- -Lesvesque, J et al. (2013). Patient-centered access to healthcare conceptualizing access at the at the interface of health systems and populations. J of Eq in Health, 12:18
- 2-Dane, A., & Schneider, B. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control? Clin Psy Rev, 18, 23-45.
- 3-Peek, Baird, M. A., & Coleman, E. (2009). Primary Care for Patient Complexity, Not Only Disease. Families Systems & Health, 27(4), 287–302.
- 4- Hasnain-Wynia R, Wolf M. (2010). Promoting health care equity: is health literacy a missing link? Health Service Research. 45, 4, 897–903.

Acknowledgement PRIME grant at DFM & Haifeng Chen CCHC Approved by the OHSN Ethics Research Boards