

**The little clinic that could: Bringing primary healthcare to vulnerable populations,
creating space for experiential learning, and supporting transformative community-
based research.**

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A little story.

During the summer months we became accustomed to seeing Dave come to the clinic for a cup of coffee, to chat, to hang around, or to seek healthcare. He lived in a rooming house, had little family in the city, and was doing his best to live with alcoholism. One day, he came in, this time asking for a blood pressure check. I sat him down and proceeded to review his chart and do his BP, all the while asking him how his day was going and what he had been up to. We talked for a few minutes and I was just about to ask Dave if he needed anything else when he went very quiet. He hesitated and seemed a bit uncomfortable but eventually he said: "You know that I like to read at night and that reading keeps me from reaching for the bottle", "Yes" I responded. "Well, I don't have a lamp in my room so at night after the sun sets, I can't read anymore, and I am worried that I am going to slip." I said "Dave, you just sit here a minute, I think that I can help." I went down to the basement where we stored all manner of donated household goods. There sat a lamp, that simply needed a new light bulb. I brought it up to Dave, whose face lit up with the biggest smile. "Thank you so much, you have no idea what this means to me."

This episode was one that really cemented my understanding of primary healthcare (PHC) as the holistic view of the client, the importance of listening and being present with the client, and the idea that sometimes healthcare is about something other than physiology. Dave had a number of slips over the following years, but maintained his connection with the clinic and was always welcome to come see us. Dave succumbed to a massive heart attack and was found in his room, with the light on and a book at his side. I will never forget him, and the lessons that he taught me about building relationships and providing the best PHC possible.

The Fredericton Downtown Community Health Centre (FDCHC) was always meant to be a place for the clients; it truly is, their clinic. We serve populations that are so marginalized that they are frequently not counted on the majority of census documents. A significant number of our clients are homeless, either sleeping 'rough' or living at the shelter, unemployed, living with mental health issues and/or substance use disorders. We offer a place to get out of the weather, to get a cup of coffee, and something to eat. We have a shower where clients can get cleaned up, cooled off, or warmed up, depending on the time of year. Clients know that we listen, without judgment, and that

we support them, in whatever way we can. We think, plan, consult, work with, and act from a position of harm reduction.

Prior to 2002, community clinical experiences for nursing students at the Faculty of Nursing (FON) included visiting the Fredericton Emergency Shelter for men, the Community Kitchen and other service organizations within the community. Faculty who were familiar with the populations served became concerned that the only access to care was seemingly dictated by clinical practicum schedules. They also heard stories of healthcare mired in judgement, assumptions, discrimination, and stigma. The idea for the Community Health Clinic (CHC), which later became a partner in of the Fredericton Downtown Community Health Centre (FDCHC) arose from these concerns.

Unique in New Brunswick and in Canada, the FDCHC was and remains a new and innovative model of healthcare delivery. Belief in a health clinic to address the gaps in service for vulnerable populations while providing students with experiential learning opportunities was the impetus for the development of the FDCHC. Work on establishing the clinic was a collaborative effort between members of the UNB's FON: Dr. Kathleen Cruttenden, Pat Davidson, Dr. Margaret Dykeman, Dr. Grace Getty, Dr. Cheryl Gibson, Elaine Kenyon, Dr. Judy MacIntosh, and Dr. Pat Seaman. They developed a plan, applied for funding, and with the support of community partners established a community health clinic that would serve multiple purposes. The FON, recognized the importance of including community stakeholders in the process to ensure that they had an opportunity to contribute to the generation of a service delivery model that met the needs of both the university and the community.

The FON received a grant from the National Homelessness Initiative (HRDC) in May 2002 to open a clinic for the homeless, addicted, and low-income populations living in Fredericton. The FON funded the salary for the nurse-manager and half the salary of an RN, with the understanding that clinical instruction was an expectation. The HRDC funding was designated for the first year of operation. The clinic was established in an older two storey eight-room building leased from the Fredericton Emergency Shelter. Prior to opening, the original building received a \$60,000 facelift to bring it up to code and make it accessible. The FDCHC operated on a budget of \$400,000 annually.

The CHC began with a nurse practitioner (NP) as nurse-manager and nurses as the providers of healthcare. As a part of our vision for a truly inter-disciplinary approach we included social workers, nurses, and NPs working to full scope of practice, with the collaborating physician primarily off-site. We made connections for clients with other services such as social development, housing, literacy, counseling, and diabetic education to name a few. We assessed and made connections to services that best fit the needs of the client. What we quickly learned was that while

working at the CHC we began to notice trends and patterns that alerted us to gaps in services experienced by clients.

Over the next 10 years the local health authority recognized the value of the UNB CHC and the unique approach to serving vulnerable populations in Fredericton's downtown core. A Health and Wellbeing Needs Assessment, conducted by Horizon Health Network (HHN) in 2012, confirmed a growing need for access to PHC and primary care in the core of Fredericton. The final report stated that the UNB CHC's "on-going contribution to the health and well-being of the city's most vulnerable citizens is deeply appreciated by the community and the healthcare system. The nursing school's CHC is the lynchpin for students, our vulnerable populations and newcomers. The CHC's success now has it bursting at the seams." The report went on to state, "This is an opportunity for HHN, the Department of Health, and Province of New Brunswick to commit to a partnership with community organizations, the universities and business community to establish a downtown CHC."

In February 2014, the provincial government committed funding for a new CHC in downtown Fredericton. Horizon Health Network's Community Health Program and UNB formed a partnership to become integrated in a unique CHC model. The FDCHC is a dynamic organization that engages innovative methods to achieve its vision of a community in which each person has access to PHC. Although the needs of the community change with time the vision continues to drive all work being done. The mission of the FDCHC is to provide evidence and community-based and academically integrated PHC to vulnerable and at-risk populations in Fredericton through a harm reduction lens, while also providing a rich environment for learning and research based in the community. The mission is driven by continuing to develop partnerships between UNB and community agencies. Operating within a PHC framework and from a community development perspective, the focus is on social justice, the determinants of health, and caring.

The goal of the FDCHC is to be a healthcare facility that is multi-disciplinary, multi-functional, and accessible to members of the community who need it the most. While we are no longer a walk-in clinic, we have increased the capacity of the clinic to respond to the needs of the community. The partnership with the health authority allows for the UNB CHC (the little clinic) to continue to exist as a non-profit entity within the larger FDCHC. Through our relationship with Public Health we have established ourselves as a primary site for sexually transmitted and blood borne infection (STBBI) testing and treatment. Clients seeking STTBI screening do not have to be registered nor a client of the primary care team to access services. We offer non-judgmental, client-centered care, testing, counselling, contact tracing, treatment, and follow-up. All of the work is

completed by the RN seeing the client, using best practice guidelines developed in partnership with Public Health.

A key component to the success of the FDCHC has, and continues to be, the many partnerships that have been forged. Partnerships often begin due to an identified gap in care and services that cannot be addressed alone. We developed valuable partnerships with Public Health and the Multicultural Association resulting in a program to provide newcomers with up-to-date immunizations.

One of the first 'programs' established at the CHC was the first clinic-based Methadone Maintenance Treatment (MMT) Program in New Brunswick. We consulted with agencies in Ontario and British Columbia familiar with working with methadone as a treatment option for opiate addiction. They gave us a lot of support and materials needed to safely run our own MMT program. We recruited a doctor willing to get a special prescribing license for methadone and to spend one day a week seeing clients living with addiction to opiates. We identified a pharmacy and built a partnership with it. Initially, observed dispensing of methadone allowed us to see each client daily assessing their progress. The social worker on staff provided counselling as an integral part of the treatment. The methadone program continued in this manner until the pharmacy was able to take over dispensing. Clients seeking help with their addictions came from all over the province, sometimes making a four-hour drive each way just to see the doctor, get counselling, and renew their prescription.

Outreach

One of the important programs that began when the CHC first opened in 2002 is the outreach program. It began with two staff members walking the streets of downtown Fredericton to identify where people gathered, who were the familiar faces, and to inform them about the CHC and the services offered. Red backpacks filled with condoms, clean needles, business cards for the clinic, bottles of water in the summer and hot chocolate in the winter, clean socks, a BP cuff and stethoscope identified the outreach staff. Outreach included visiting low-income seniors' apartment complexes where we found seniors whose healthcare and social needs were not being met on a number of levels. Making connections and building trusting relationships with this population was very important to gaining access. We offered our business card, told them about our services, and encouraged them to come to the FDCHC as needed. Outreach is a significant component of the student experience. Students are taught about why we do outreach and how to do it safely.

Nursing and other allied health students are actively involved in the provision of PHC. The experiential nature of service-learning provides experiences that would be challenging to recreate

in a laboratory setting. The FDCHC is the most sought-after community clinical setting for students. They develop a richer understanding of the social determinants of health, community development, social justice, harm reduction, and engaging with vulnerable populations. The following story, written by a nursing student, highlights the benefits of experiential learning for both the students and our clients.

My Encounter with "F": A Student's Experience

Our first encounter with F occurred during street outreach in one of the many rooming houses in downtown Fredericton. We were a team of four; two nursing and a social work student, and the Community Access Room Coordinator. Standing at the entrance we noticed F sunburned. We introduced ourselves and that we were from the FDCHC. We gave a quick run-down of the services offered – social work and counseling, nursing, etc – and then waited for F to speak. He said hello, and without warning, began to cry uncontrollably.

F is a man in his late fifties who has been a long-time resident of the Fredericton. As he began sharing his story, he spoke of feeling hopeless. He described having been a working man always able to provide for himself through honest hard work. F had suffered a seriously debilitating stroke seven months prior. He remained hospitalized for many weeks, during which he worked with physiotherapy and occupational therapy to regain as much functionality as possible. F described frustration with the hospital system; he was given the Heart and Stroke Foundation's stroke rehabilitation handbook; however, illiteracy made it unusable. He was feeling hopeless as he was unable to work and did not know how to navigate the EI system. He didn't have a family doctor in the area and little or no access to the most basic of healthcare services.

Our hearts immediately went out to F. Happily, we told him that the FDCHC had many of the services he needed and that we could help get him connected with these services. We witnessed such relief in F that day – it was as though we were telling him that he had a second chance at life. In essence, that is exactly what the FDCHC gave him.

Currently, F lives in Fredericton and visits the FDCHC regularly. He uses a bicycle to commute (despite the deficits left from his stroke) and collects recyclables for extra money. He is one of the kindest people I have ever had the pleasure of meeting. I am sure that F's life will never be the same; I certainly know that mine won't be. I am so grateful for the FDCHC's existence and the life-changing services available to the most vulnerable populations of Fredericton. Stories like F's are evidence that healthcare services like those offered at the FDCHC need to be more widely accessible in small cities like Fredericton.

The FDCHC is a living laboratory that facilitates learning opportunities for students from multiple disciplines from UNB, and other educational institutions. At the FDCHC, students, both undergraduate and graduate, learn about PHC and community development by working with agencies and institutions in the community. Nursing and social work students continue to provide outreach services while completing their practicums. As a result of our exemplary work in providing experiential learning opportunities, the UNB CHC was awarded the J. W. McConnell Family Foundation Community Service-Learning Award in June 2013. Nursing students are hired through a UNB work/study program. These positions provide a student with 10 hours per week during the fall and winter academic terms. With the help of provincial and federal governments student employment grants and other sources of funding two or three nursing students are hired during the summer months.

Research

In the spring of 2015, Dr. Rickards, who has been a part of the CHC/FDCHC since 2005, applied for and was granted a four-year CIHR Embedded Clinician Researcher (ECR) Salary Award. The award provided Dr. Rickards with time to engage in transformative research focused on the health needs and outcomes of vulnerable populations. The ECR is encouraged to develop a culture of research in which all staff see the benefit of, and participate in, research that ultimately informs practice.

Conclusion

The FDCHC continues to innovate the way it provides PHC to vulnerable populations in Fredericton. The spirit and patient-centered-harm-reduction approach to care delivery evolves with need. The FDCHC has decreased the use of existing urgent and acute healthcare services by many of the current clients by addressing or preventing health concerns as they arise (e.g., abscesses from needle use, etc.). Clients who engage in substance use receive care within the clinic eliminating admission to the regional detoxification center and reducing the number of in-patient beds. For a long time, the clinic was one of the best kept secrets in town however, referrals are now being made to us by street-involved people, physicians, and community services. For the last 18 years the 'little clinic that could' continues to deliver innovative PHC to vulnerable populations, meeting them where they are, and addressing the most pressing needs while looking towards the future. We have created a space unique in its ability to offer exceptional healthcare, learning, and teaching opportunities where transformative community-based research is growing and informing the care provided.