

Evaluation of a community outreach pilot project in Cote-des-Neiges



McGill

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Context

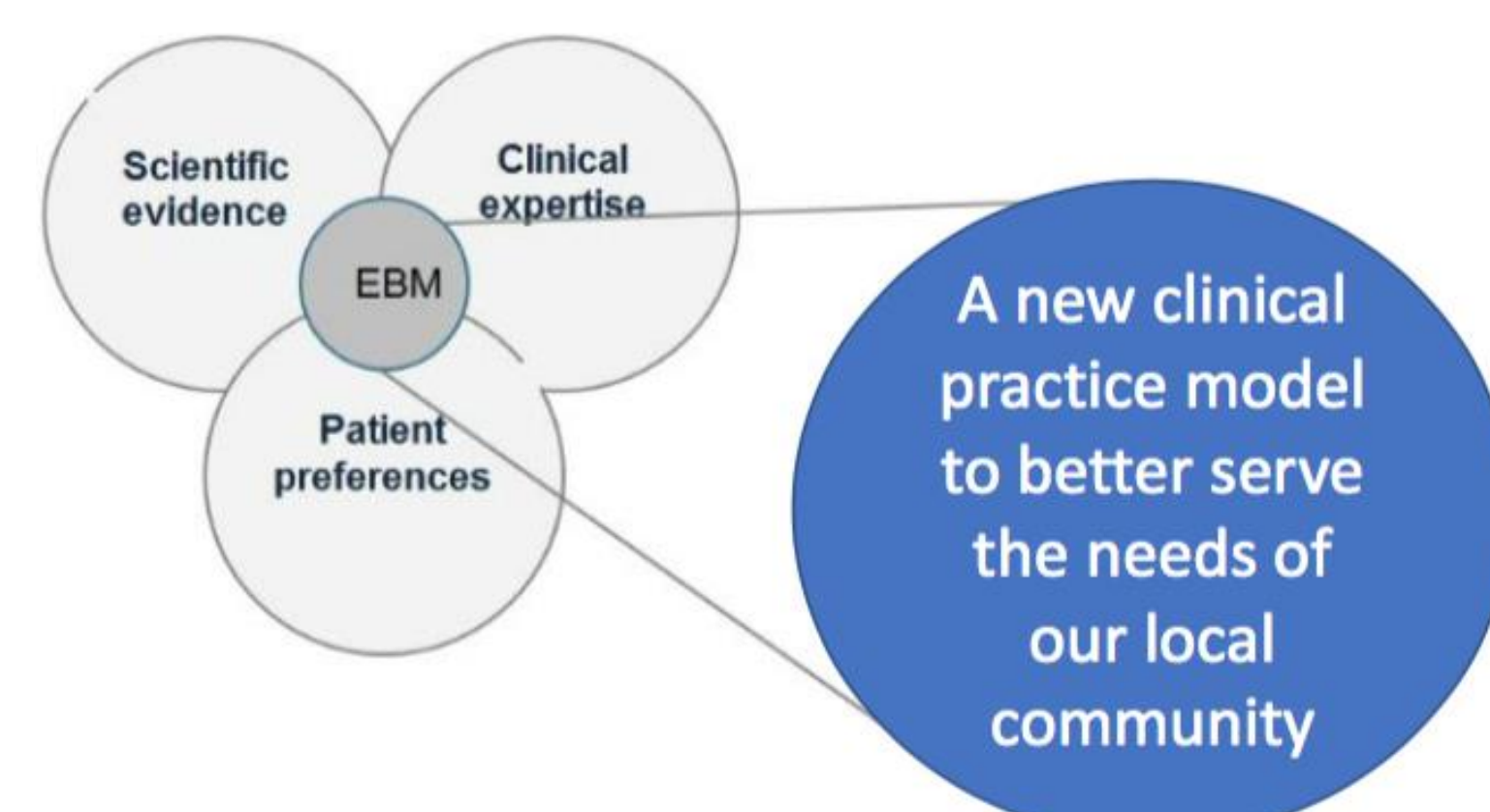
The Cote-des-Neiges area in Montreal figures in the top ten of the CLSC neighborhoods in Quebec with the most people living below the poverty line, with almost 20% of its population is considered “very poor”.(1) Socially vulnerable populations have been shown to be markedly sicker and to die earlier than their counterparts. (2)

Recent resident research has shown:

- **Lack adequate and ongoing medical care** close to where persons living in vulnerability live
- Three possible avenues for improving their access to health care :
 - Improving the understanding of healthcare workers of the challenges faced by local persons living in vulnerability
 - Connecting health care services and community services to create pathways for helping people get the care they need
 - Increasing community-based outreach to where people live and spend their time to provide more timely / accessible care

Pilot Project Objective

To improve health outcomes and increase access to care for local community members facing various health and social challenges, but without a family doctor, and want to access comprehensive primary health care services on an ongoing basis



Patient selection and approach by partnering community group personnel

Patients assigned a navigator
Roles: Answering questions about program, help obtaining hospital card, attending the first medical appointments, obtaining medication lists at the pharmacy, and getting blood tests done as necessary.

Resident teaching
Visit to local community groups
Session by supervisors aimed at highlighting challenges of the medical care of socially vulnerable populations

Initial visit (at community group)
• Patients paired with first-year resident for first medical visit

Second and subsequent visits:
• Integration of patients at St-Mary's Family Medicine Clinic for mainstream clinical care

Ongoing Evaluation

Aims & Methods

AXE 1 : Impacts on patient experiences

Is the community outreach initiative is addressing some of the patient's health care barriers?

- Semi-structured in-depth interviews

AXE 2: Areas of possible improvements for the program

Identify areas of possible improvement for the program.

Method:

- Homogeneous focus Groups will all actors of the program
- Cross-sectionnal survey

AXE 3: Impact on resident's education and practice

Measure change in resident knowledge and attitudes with regards to addressing social determinants and managing complex care patients

- Natural experiment comparing the teaching sites having implemented the program vs teachings sites that haven't.

References

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- (2) Closing the gap in a generation: health equity through action on the social determinants of health Geneva: World Health Organization; 2008 [Available from: http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf]
- (3) Andermann A, Collaboration C. Taking action on the social determinants of health in clinical practice: a framework for health professionals. CMAJ. 2016;188(17-18):E474-E83

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