Primary care in the community: you're not alone

- Gerald van Gurp:
  Pt. St Charles Clinic-a history

  Joan Foster
  frail elderly/palliative home care-CLSC NDG/Mtl West
- Elizabeth Fernandes
  N.P.'s and nurse clinicians-new players

The Montreal Sta

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Senator studying medicare

Kennedy lauds city clinic

By LINDA CAHILL

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"We're starting our tour in an area of working people to see how people are affected in health care delivery here," he told reporters.

"I'm very impressed with this clinic and what it is trying to do."

The senator has proposed legislation giving the United States a national health insurance system similar to provincial medicare schemes.

Meeting with Premier Robert Bourassa last night, he said he found his day's tour "very useful, very helpful and very informative," but feared his legislation will not pass in the near future.

"I think we'll have a difficult time this year because Ford (President Gerald Ford) will veto anything we pass."

The Point St. Charles community health clinic's formula of citizen participation and preventive medicine enjoys a growing reputation in North American health care circles and is the model for the Quebec government's Local Community Service Centre (LCSC) system.

But the real star of yesterday's show was the Democratic senator from Massachusetts, flashing the famous Kennedy grin as he toured clinic facilities and met government officials.

Moving from room to room in the clinic, accompanied by a crush of reporters, the senator's visit seemed more like an election tour than a fact-finding mission.

"Let's face it, he has a certain charm," said administration council president Carol Andrews. "He really put us at ease."

But clinic officials weren't bowled over by Senator Kennedy's praise for their work.

"We believe that a community clinic like ours, while offering valuable services and answering the immediate

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Kennedy lauds

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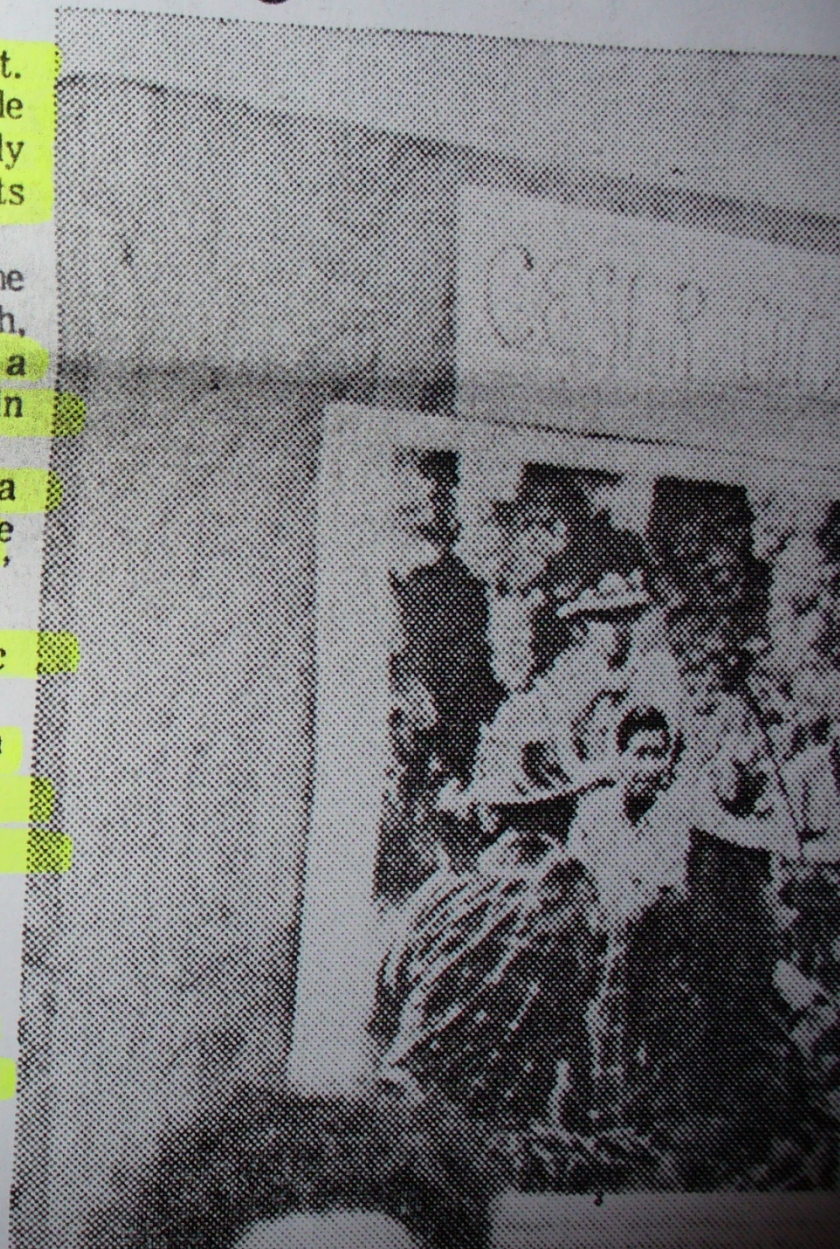


Roots of C.O.P.C:

- Blend of primary care & public health
- Started in 1950's; South Africa, Israel
- Basis for Alma Ata charter: WHO-UNICEF
- US and UK -community health and general practice movements

Even while practising with individual patients, clinicians need to to have:

Knowledge of patient population

- Health and demographic trends,
- Disease pattern and cost- benefit of interventions

What's required:

Consumer participation in local health policy

- eg. board of patient rep.'s

Training of local people as clinic staff

Teams -clinicians and non-clinician members


CLINIQUE COMMUNAUTAIRE
DE POINTE ST. CHARLES
POINTE ST. CHARLES
COMMUNITY CLINIC
937-9251
MAGASIN
STORE
CENTRE
PRE-NATAL
APPUIENT
MAGASIN

1975 – CLSC'S Castonguay/Nepveu report

- Doctors on salaries
- Continuity: from well- baby to elderly
- Home visits
- Multidisciplinary team

- Borrowed from studying model of neighbourhood clinics like Pt St Charles.

Early work in community clinics in poor neighbourhoods in N.A. and U.K. laid foundation for:

- Family medicine
- Public health
- Epidemiology
- (N. Steinmetz sent my Dean MacGregor on fact-finding clinic tour in U.S and U.K.)

Pt St Charles- 1968

- Urban poverty and pre-socialized medicine; 2 doctors: 18,000 patients
- 26% of residences - no shower or bath

  factory closures-welfare and unemployed
- 50% less than 5 years schooling; 80% dropout rate in high school.
- Mtl Diet Dispensary study $145-200 family of 5

Malnutrition seen in Point clinic

By BEVERLEY MITCHELL

Tuesday was a big day for Mrs. Daniel Tibbo and her four children, aged three to eight.

They all had the first physical examinations they'd had in several years, taking advantage of a special three-day clinic at St. Columba House, a community centre in Point St. Charles.

The Tibbos are among an estimated 200 low-income and welfare families who attended the clinic. Organized by the Point St. Charles Community Council and open to people all over the city, the clinic was established primarily to dramatize the need for increased welfare payments and increased education on nutrition.

The council is also seeking to have a permanent diagnostic centre established in the community, a practice advocated in the Castonguay report. Some 850 families have signed a petition of support.

"Preventive medicine is what is really needed here," social animator Pat Quincy said. "People can't afford to buy the they can't afford to go to a doctor to see if something might be wrong with them. They only go when they're feeling really ill."

He feels that the poor health prevalent among lower income families can be traced in large part to poor nutrition, which is caused both by ignorance of which foods are healthy to eat and lack of money to buy what is required.

Dr. Nick Steinmetz, one of a battery of doctors and dentists who volunteered their services to the clinic, agreed.

"In North America, you don't see the kind of malnutrition you see in India. That's gross malnutrition and the easiest kind to diagnose. In North America, it's not so easy to discern. People may look okay, they may even look chubby because they've been filling up on potatoes and bread, chips and pop. But they don't get the iron, the essential vitamins, and all the other things they should be getting because they can't afford to buy the eggs, cheese, fresh vegetables and decent meat."

He added that in a large proportion of the cases he had seen at the clinic, he had found indications of this latter kind of malnutrition. It was not surprising, he said, when families of five were expected to subsist on welfare payments ranging from $145-$200 per month.

"The Montreal Diet Dispensary is an organization doing a good job of educating people regarding proper nutri-

Staff Photo by Paul Lagace

PREVENTIVE MEDICINE: A small girl grimaces as she is given a blood test by medical student Ellen Rosenberg, left, and community worker Josseline Hogue.

tion, but they can't reach everyone. And even when they do, there's still the problem of an income to buy what they need."

Mrs. Tibbo, the wife of an unemployed maintenance

ceived $213 welfare a month and, with that amount, felt lucky having the occasional fresh vegetable. Mrs. Pierre LeBlanc, wife of an unemployed truck driver and mother of three, said that on

satisfied with canned vegetables and meat — usually sausage and hamburger — two or three times a week.

Two of her children are chronically ill — one with epilepsy for which she re-

Jack Semiatycki: (full time researcher)

- ***Living conditions and health: with special reference to low income areas of Montreal–***
- (tool for the board and community organizers)

- Correlate illness and death with income and living conditions

  Literature review plus study of Montreal Health Dept statistics for Ahuntsic vs. Pt St Charles/St Henri/Ville Emard.

Jack Semiatycki

THE DISTRIBUTION OF DISEASE

The best form of providing health protection would be to change the economic system which produces ill-health, and liquidate ignorance, poverty and unemployment.

—Norman Bethune

It is commonly believed that workers and the poor need equal access to health care in order to achieve parity in health status. This is not true. Even if everybody got the same amount and quality of medical care, the incidence of sickness would still be much higher among workers and the poor. The reason: disease and disability are directly related to social class and living conditions.

This is a revised excerpt from a report entitled "Living Conditions and Health: With Special Reference to Low Income Areas of Montreal" written by the author when he was Research Director for the Point St. Charles Community Clinic in Montreal. In it he documents the much higher incidence of death and illness among the working and the welfare poor. It is his conclusion that if the health of the working class is to improve, the social conditions created by capitalism must be changed.

This article has been reprinted with permission from Canadian Dimensions magazine.

The two areas compared in this article are outlined below. The northern [upper] area comprises Villeray and Ahuntsic, while Point St. Charles, St. Henri, St. Jacques and Ville Emard make up the southern area.

Findings:

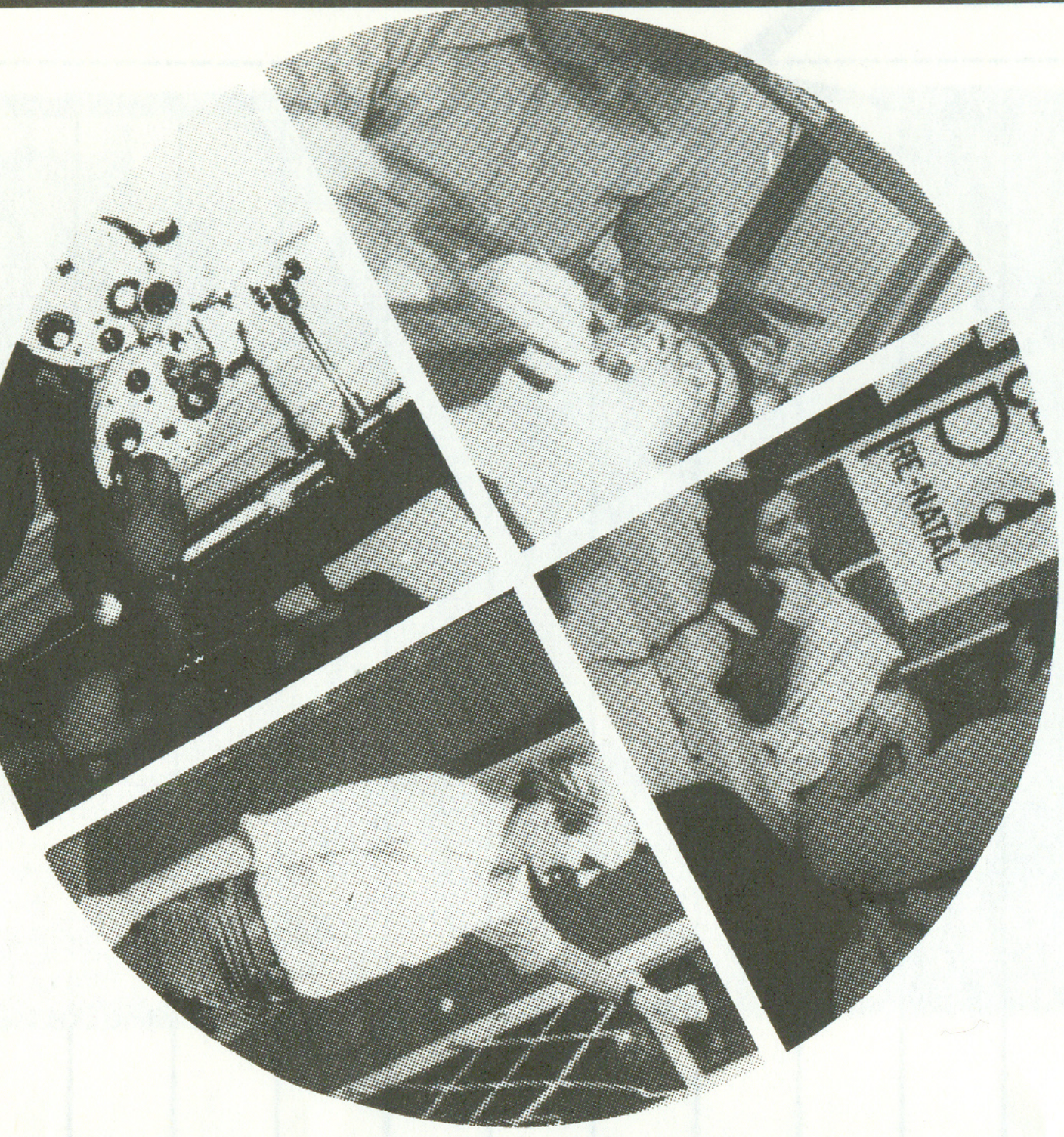
- 2X rates for overall mortality rates- CV, cancer; 3X infant mortality rate;

- 5 X pediatric hospitalization rate for
  - TB, pertussis, pneumonia, gastroenteritis.

  Psychiatric disorders, dental disease, deficiency diseases, diabetes, industrial accidents and illness: all much more prevalent.

Over time influenced programs chosen by board of patient rep's: and community organizers:

- nutrition education, collective kitchen & community garden
- Dental and optometry programs,
- Health education outreach-
- People's mobile clinic and home visit progam
- Community psychiatry-
- Occupational health_


PRE-NATAL

1960's, 70's: era of leftist ideology – optimism for changing the economic/political systems:

- *"The best form of providing health protection would be to change the economic system which produces ill-health, and liquidate ignorance, poverty and unemployment. »* **Norman Bethune**

Conclusion of article:

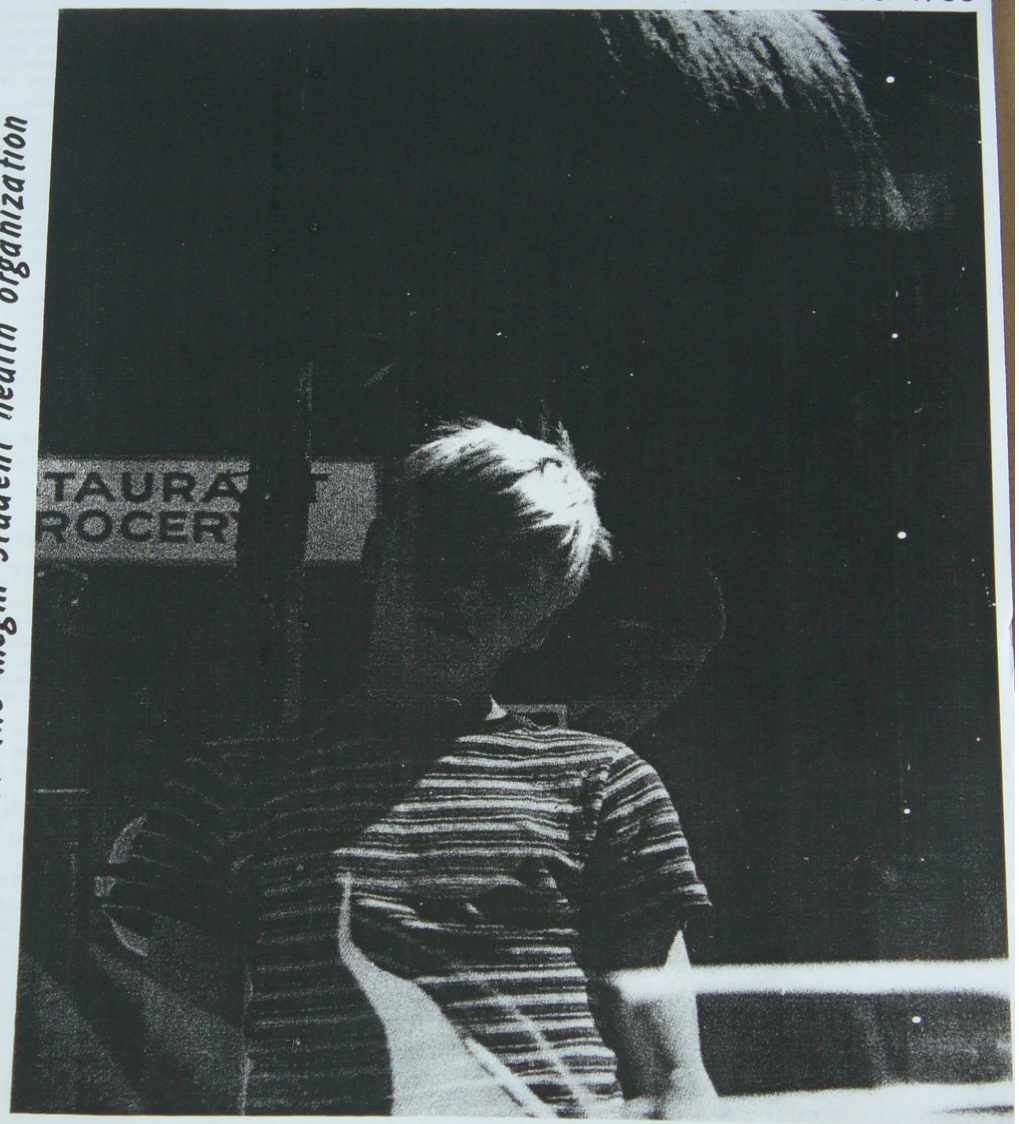
- *« The improvement of living conditions is thus a legitimate concern of health workers and health clinics. This will require a greater amount of radical political education of health personnel and of the community. A narrow view of health and medicine is obsolete; we must now be bold and imaginative «* **J. Semiatycki**

- (Professor and Canada Research Chair in Environmental Epidemiology and Population Health,
  Guzzo Chair in Environment and Cancer,
  University of Montreal

CONTACT #1

October 1968

publication of the mcgill student health organization



McGill Student Health Organisation

- 1967 -2nd and 3rd year medical students
- glaring issue of urban poverty; War on poverty in USA

Curriculum dissatisfaction :

- trend toward hospital-based specialisation
- training in amb. care via hospital OPD: “crisis health care . for the poor”
- “while people in Pt. St Chas. ignorant of the use of a toothbrush, huge expenditure on organ transplantation”
- No community medicine, psychiatry, family practice, public health

Raised money from Foundations for storefront clinic.

- supportive Dean of Medicine
- Lots of faculty support: 40 staff physicians from the MGH, RVH, MCH
- “Project in Community Medicine”- 10 week placement for 2nd, 3rd or 4th year.
- Incorporated community medicine into the behavioural science course.

Since we cannot main mastery across the whole front of medicine, we increasingly tend to abandon the attempt and aim at proficiency in a more narrowly specialized field. In this way we may recover some degree of mastery of our own chosen specialty but in doing so we lose our competence to treat the whole man. We resign our role, then as a "Patient Doctor", to become a "Heart Doctor" or a "Kidney Doctor" and, in consequence, we can only function as a unit in a health team. Because the health team at present can only function in the hospital, the profession withdraws increasingly from the community.

This trend is, of course, irreversible. However much we

lum in one black bag cannot long survive the information explosion. The hiatus left by his disappearance must now be filled. The health team must move back to the community. This takes new initiatives and new thinking. The adventure described in the following pages offers a stirring example of how this challenge may be met. I am extremely proud to be a colleague of the "student activists" who not only have realized this need but have devised means for answering it in the middle of their medical training. We of the McGill medical community owe a debt to them, to the Faculty members who work with them, and to the generous donors who have supported them, for the initiative they have taken.

Maurice McGregor M.D.
Dean
Faculty of Medicine

: *Contact* : project goals

- Involve the community to affect lasting improvement
- Have a council of community rep.'s take over the running of the clinic.
- Aim for 24 hr coverage, home visits, salaried md,
- local input, local hiring, preventive family –centred services.
- Work in a multidiscsiplinary team;
- Expose students to public health, epi and community medicine.

Involving the community: not hard

- Community leaders already there: PACC, PEAK, St Columba House, M.T.C., ADDS
- History of community activism fighting slum landlords, City Hall:
- eg. autoroute, speed zones, school issues.
- patient board of directors elected at annual assembly ; decides all program and policy


GUEST


LE FOYER AU COEUR DU QUARTIER PAS À CÔTÉ
PLUS DE 450
LETTRES D'APPUI

Local hiring: all support staff & Family Health Workers:

- Women leaders from community- de facto social workers, health educators, basic nursing: 1st aid, counselling and prevention.

- (later, with funding for full time nurses, FHW became social workers)

  Training program: visits to welfare court, divorce court, police, diet dispensary, AA, statistics regarding the demography of the community: income, employment, housing

F.H.W. curriculum (cont'd)

- Course in basic anatomy, physiology,
- common chronic illnesses: CV, cancer, COPD, TB, diabetes, mental illness
- pre and post natal care, labour and delivery, post-partum checkup, basic dressing and wound care
- Smoking cessation, rat and cockroaches management

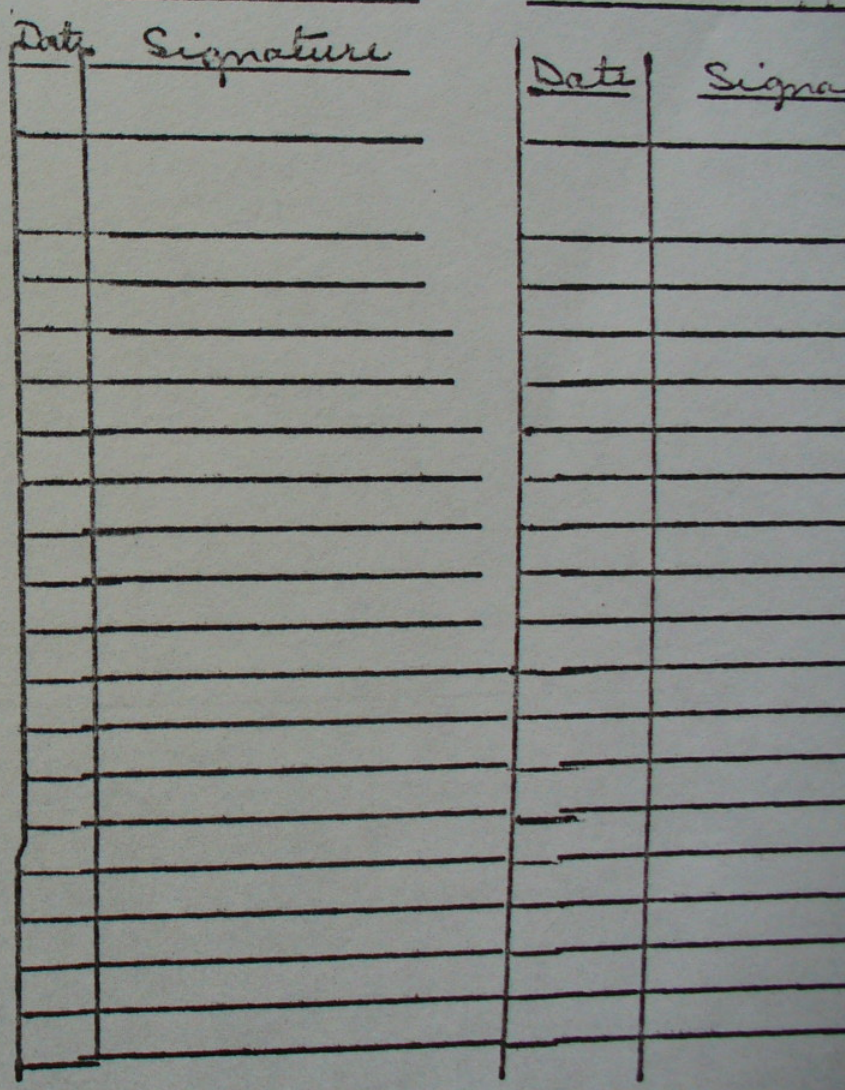
  Infant feeding, immunization, ethics, family planning, first aid, etc etc
- Visits to Douglas, Shawbridge, MGH and MCH opd's, home care programs, emergency departments

With funding from federal and then provincial governments

- Sectorized teams with doctors, nurses, T.C. community organizors,
- Links with St Mary's, rounded on our patients.
- Links with Douglas-opd for psychiatry
- Nurse were trained as de facto NP's with considerable opposition from the OIIQ
- « Soviet style medicine »Augustin Roy, (president of the Ordre Professional des Medecins de Québec)

Protocoles

1. Anovulants
2. Céphalées
3. Dysurie
4. Pharyngite
5. Impétigo
6. Gonorrhée
7. Acné
8. Tétanos
9. Leucorrhée et prurit vaginal
10. Dépistage pour tuberculose
11. Hypertension
12. Quoi faire en cas d'urgence
13. Problèmes dentaires
14. Constipation
15. Diabète Mellitus
16. Obésité
17. Gastroentérite
18. Arthrite
19. Allergie et hyposensibilisation



Comprehensive family medicine

- Doctors, nurses, T.C.'s all worked together come up with solutions to collective problems:
- Preventive activities,
- self-help groups
- community organizing

Examples of collective problems with innovative solutions:

Action Santé-community psychiatry

- Large numbers of isolated psych patients
- Integrated into housing coops and supervised rooming houses
- Lot of and mixing with groups of non psych patients:activity days, community BBQ, outings to the country

Santé au travail (get details from Bruce)

good health through prevention?

HOW'S YOUR HEALTH ?

CONTENT

- check-up
- nutrition (Slim with a grin)
- mental health
- health at work
- maternity freely chosen
- dental
- vision

Check-up

Haemoglobin _____

Blood pressure _____

Weight _____

Height _____

la santé par la prévention?

good health through prevention?

Cet été tous les deux jeudis, la Clinique communautaire de Pointe St-Charles sortira dans les parcs de la Pointe avec un kiosque de "La Santé par la prévention".

Le kiosque comprend:
- des mini-examens (prise de sang pour ceux qui le veulent, tension, poids, hauteur)
- des examens et conseils sur votre vue et sur vos dents
- de l'information et des conseils sur la santé mentale, sur la contraception, la grossesse, la bonne alimentation
- des conseils pour prévenir la maladie chez les enfants
- des discussions sur les accidents et la sécurité au travail dans votre usine
- des discussions sur les causes de la maladie et les problèmes de santé

itoyens de Pointe St-Charles, femmes, ommes, enfants - venez visiter le kiosque e "La Santé par la prévention".

Jeudi le 31 août 6 à 9 heures
Cour de la Clinique
Entrée

Every second Thursday this summer, the Point St.Charles Community Clinic is going out in the parks of the Point with its kiosque "Good Health through prevention".

The kiosque consists of:
- mini check-ups (blood tests for those who want them, blood pressure, weight, height)
- examinations and conselling for your eyes and teeth
- information on mental health, contraception, pregnancy and good nutrition
- conselling on how to prevent illness in children
- discussions on work accidents and security in your factory
- discussions on the causes of illness and health problems

People of Point St.Charles and children

nos recettes de la Pointe

2 years in PNG lessons learnt

- No health worker does things that can be competently done by someone with less training
- My next job was with the next speaker
- A pioneer in her own right in community nursing