Community Partnerships Make Youth a Priority at the Vancouver Native Health Clinic

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The health outcomes experienced by residents of the Downtown Eastside (DTES) neighborhood in Vancouver, BC are amongst the worst in Canada. Issues of poverty, mental illness, infectious disease, substance use, sex trade, and homelessness dominate local and national discourse on the uncertain future of the community.[1] As the city readies itself to host the 2010 Olympic Winter Games, these issues have been thrusted into the spotlight. Hundreds of millions of dollars are being spent on Olympic facilities and related public works projects, and some feel that Vancouver's most vulnerable citizens are being left behind. Despite the concerted efforts of both government and community non-profit organizations, existing social housing projects are inadequate,[2] current detox facilities do not meet the demands,[3] and the city's single supervised injection facility operates at maximum capacity, servicing only a small fraction of the total daily neighborhood injections.[4] Life is difficult for many of the residents of Local Health Authority 162, and this is particularly true for youth.

The BC Centre for Excellence in HIV/AIDS, over the past decade, has clearly identified many of the health risks associated with substance use, sex-trade work, and street-involvement in the DTES. In 2005, theirUrban Health Research Initiative arm began the At-Risk Youth Study (ARYS) to analyze the ongoing health practices and outcomes in youth aged 14 to 26.[5] "At risk" youth were identified by a number of criteria, including, but not limited to, factors such as socio-economic situation, mental or physical health, and drug use. Blood samples and interviewer-administrated questionnaires are performed at baseline and then semi-annually to collect behavioural, demographic, and economic data. A recent ARYS report on 529 street-involved youth in Vancouver found that greater than 50% had participated in the illicit drug trade in the previous 6 months and that selling drugs was positively associated with injection cocaine use, crack cocaine use, and homelessness, among other findings. [6] Another ARYS report found that over 70% of study participants had recently used crystal methamphetamine (CM) and that CM use was linked to the initiation of injection drug use.[7] Given the unrelenting epidemic rise of HIV and hepatitis C virus amongst injection drug users, youth with substance dependencies are at a heightened risk of contracting these life-altering diseases.[8, 9] Female sex-trade workers are also a highly vulnerable demographic. Dangerous working conditions in Vancouver's DTES have led to one of the highest HIV infection rates in North America.[10] This is of direct relevance to addressing health outcomes in youth given that the average age of entry into sex-trade work is under 17 years.[11]

As one of the three major health clinics in the DTES, the Vancouver Native Health Clinic (VNHC) is dedicated to providing medical care to all residents, both of Aboriginal and non-Aboriginal descent. A chart review of patient visits between September 2007 and March 2008 found that only 7.3% of appointments were filled by those between the ages of 13 and 29. However, a demographic profile of the DTES for 2007 reported that 21.6% of the population is within this age bracket.[12] While confounding factors related to health care seeking behaviors may contribute to this discrepancy, the fact that demographics were not more closely reflected in clinic attendance statistics was alarming due to prevalent high-risk behavior and poor health outcomes in local youth.

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In an effort to address the gap between community demographics and health care utilization at VNHC, our group came together in April 2008 to create the Vancouver Native Health Youth Initiative (VNHYI). The goal of this initiative is to increase youth access to primary health care in the DTES through collaboration with VNHC staff, the Community Health Initiative by University Students (CHIUS) and local youth-targeted organizations.

To achieve this goal, we focused on increasing the number of youth accessing VNHC and its related services by opening a youth drop-in clinic. It is open on Wednesday nights from 5:30 to 8:00 PM and is available to all individuals between the ages of 13 and 29. The drop-in is located in a space next door to the main clinic and is occupied by a bustling HIV day program that is left vacant at night. The space includes a large kitchen and eating area

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with an adjoining "living room" complete with couches, tables, and six computers with Internet access.

Measures that have been taken to address the health care needs of this high-risk population include hiring a physician to ensure youth attending the drop-in are given priority access to medical care. Hot, healthy meals are provided and youth have access to free basic health amenities such as toothbrushes, toothpaste, condoms, soap, shampoo, clean socks, and outdoor jackets that were donated to VNHYI last fall.

> "The goal of [the Vancouver Native Health Youth Initiative] is to increase youth access to primary health care in the Downtown Eastside.

Since the youth drop-in opened in October 2008, our approach to addressing the health needs of youth in the DTES has undergone a marked evolution in response to challenges and successes we have encountered along the way. The first three months of operations were very slow due to low attendance. We found it difficult to connect with street-involved youth as we had not yet formed working relationships with community stakeholders, service providers, and youth groups. We then contacted a DTES-based organization, named WATARI Youth Community and Family Services, which employs outreach workers to distribute harm reduction supplies and facilitate youth access to services. After learning about our work at VNHC, it became clear to both parties that by working together we could more effectively address the health care needs of local youth. While our group had the space and funding required to provide youth with access to medical services, WATARI had the direct connection to, and credibility with, the hard-to-reach population we were hoping to target.

Through our partnership with WATARI, two youth workers now do outreach every Wednesday night during drop-in hours, informing youth of the medical care, hot food, and basic amenities they can access at VNHC. This approach led to a marked increase in youth attendance on Wednesday nights. Awareness is spreading that the drop-in is a safe place for youth to relax, eat healthy food, and feel supported in accessing medical care. We now average 12 - 14 attendees during drop-in hours, with numbers steadily increasing each week. Youth who have accessed the clinic on Wednesday nights have received treatment addressing a variety of health concerns including pre-natal check-ups, contraception, methadone-maintenance therapy, STI testing, and wound care.

The significant growth that VNHYI has experienced since partnering with WATARI and their youth-focused network of advocates highlights the importance of seeking out and fostering meaningful partnerships with established community-based organizations. This is particularly important when working with marginalized populations, as interpersonal trust and acceptance are slow to develop. Extra efforts are thus required to ensure sustainability and we have addressed this issue for the coming 2009-2010 academic year by engaging a group of dedicated first-year medical students in the administration and delivery of the VNHYI youth drop-in. As our working relationship with WATARI continues to develop, our short-term goals include collaboration with local artists and musicians to organize regular programming events during drop-in hours. In the long term, VNHYI hopes to expand drop-in hours past 8 PM and to offer this service every night of the week. In the years to come, we hope that medical students beyond the Class of 2012 will continue fostering these partnerships with the VNHC and WATARI to prioritize the health of our community's youth.

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