A Survey Assessment of the Vancouver Native Youth Initiative by Youth and Volunteers

Nathan Wong, BSc[a], Jessica Macleod[a], Trenton Kellock[a], Kali Romano[a], Ryan Truant[a]

[a]Vancouver Fraser Medical Program 2013, UBC Faculty of Medicine, Vancouver, BC

ABSTRACT

The Vancouver Native Health Youth Initiative (VNHYI) is a youth drop-in that is run by medical student volunteers and focuses on providing resources, nutritious meals, and access to medical care to at risk youth. Participants in this survey study were recruited using research posters distributed throughout the Downtown Eastside (DTES). Demographic information of youth who access VNHYI services was collected. In addition, participants were provided statements about the VNHYI and asked to "agree" or "disagree". Participants were also given space for any written feedback that was not addressed by the survey. Seventeen youth participated in this study. The average age was 22.4 years; 58 % were female and 65 % were of First Nations origin. Youth were more likely to access services such as food bags to take home, hot meals, and hygiene products. Overall, youth felt the VNHYI helped them overcome barriers to health care and improve self care, possibly because the VNHYI facilitated a safe and non–judgemental atmosphere. Analyzed data could be used to provide advertisements to unreached youth to increase access to VNHYI services. This formal assessment of the VNHYI can hopefully lead to improvements to create a more positive experience for at–risk youth.

KEYWORDS: *youth health, aboriginal health, health access, urban, health centre*

INTRODUCTION

Youth living in the impoverished Downtown Eastside (DTES) neighbourhood of Vancouver, Canada, face challenges common to inner cities environments around the world. Substance use, violence, unemployment, homelessness, the sex trade, and infectious disease are facets of life in this community, and lead to poor health outcomes in this population.[1,2,3] In 2007, 21.6 % of DTES residents were between 13 and 29 years old.[4] A chart review conducted at the Vancouver Native Health (VNH) Society Clinic, a major health care facility in the DTES, found that this age group accounted for only 7.3 % of clinic visits.[5] Evidently there is an increased need for health care in this population.

Health issues affecting youth in the DTES have been characterized by the At–Risk Youth Study conducted by the Urban Health Research Initiative, a program of the BC Centre for Excellence in HIV/AIDS.[6] These issues include, but are not limited to, methamphetamine use, intravenous drug use, malnutrition, blood–borne illnesses, mental illness, and sexual risk–taking behaviour.[7,8] Almost half the youth surveyed reported multiple sexual partners, yet only a quarter used condoms consistently.[9] HIV rates in Vancouver are also six times the national average; this has a large impact on health of at–risk youth.[10]

Many of the youth in the DTES face insecure housing situations, often living in shelters, in single room occupancies (SROs), or on the streets.[11] Although homelessness increases levels of disease and risk of death[12], street youth significantly under–utilize preventative health services.[13] On the other hand, street youth over–utilize other health care services: they have high rates of Emergency Room visits.[14]

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The Aboriginal population of Vancouver is particularly overrepresented in the DTES[15], while subsequently experiencing disproportionately ill health and poor health outcomes.[16] Aboriginals in Canada have increased levels of chronic and infectious disease, and a reduced life expectancy compared to the average Canadian[17], in addition to experiencing higher levels of unmet health care needs compared to their non–Aboriginal counterparts.[18]

Barriers to accessing health care services have been well–documented for the urban Aboriginal population. Past experiences with discrimination and social exclusion may lead to distrust of authority figures and a sensitivity to power imbalance,[17, 19] which can negatively affect patient–provider interactions and engagement with the health care system.[20]

Correspondence
Nathan Wong, natewong@interchange.ubc.ca

Patients may have negative assumptions about how they will be treated, and worry that their health concerns will be dismissed. Youth have unique needs and barriers; they report interpersonal factors as being a very important aspect of care. Lack of respect and communication can prevent youth from accessing health care services. In particular, street youth have reservations about accessing services where there are adults present.[19]

In order to help to address this disparity between demographics and utilization of health services, a group of UBC medical students from the graduating class of 2011 formed the Vancouver Native Health Youth Initiative (VNHYI) in 2008. The goal was to increase youth access to primary health care in the DTES.[5] These youth drop–in sessions were available to all individuals between ages 13 and 25, and were focused on providing resources, information, and nutritious meals to the youth on the DTES.[5] A later collaboration was formed with the VNH clinic and the Community Health Initiative by University Students (CHIUS), giving those youth attending the drop–in sessions priority access to medical care on Wednesday nights. In order to increase youth attendance, a further collaboration was made with Watari, a non–profit DTES organization whose outreach social workers meet with the youth on the DTES regularly. Watari played a key role in increasing youth attendance by advertising the drop–in center and providing the youth connections with other DTES services throughout the week. As a result, there was a significant increase in youth attendance of the drop–in from approximately five to 40 youth, as well as increased access to health care services of the adjacent clinic as reported by VNH physicians (unpublished VNH clinic data).

We hoped to overcome the previously outlined barriers to health care by providing: 1) access to health care with little or no wait time, 2) a safe, non–judgmental atmosphere to deter negative assumptions regarding future physician-patient relationships, and 3) social interaction opportunities to redefine medical students as supportive, not authoritative, health providers. In tailoring our program to youth, our goal was to decrease youth discomfort with accessing primary health care, now and in the future.

Although preliminary data and physician's observations confirmed an increased number of youth utilizing the clinic since the VNHYI began, the utility of the VNHYI had yet to be formally assessed after three years of operation. Through the application of surveys, demographic information of youth who access VNHYI services and the overall effectiveness of the VNHYI in decreasing barriers to health care of DTES youth were investigated.

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MATERIALS AND METHODS

Youth participants were recruited using advertisement posters that provided a brief explanation of the study and the co–investigators' contact information. Posters were placed at the VNHYI, the VNH clinic, and at various hotels in the DTES area. Inclusion criteria included any youth (between the ages of 13 to 25) who had accessed the VNHYI drop–in sessions at least four times in the past year. Youth interested in participating in the survey approached the investigators during VNHYI hours.

Data was collected via surveys completed by youth who accessed the VNHYI. Prior to completion of the surveys, participants were given two copies of the study objectives and design, including confidentiality forms. The study was explained to the participants by the investigator and participants were asked to sign both copies. One of the copies was collected by the investigator. This study has been approved by the UBC Behaviour Research and Ethics Board.

Surveys were collected from 17 youth participants. Demographic information (age, sex, ethnicity, education, employment status, living situation, and health care utilization) was obtained. Youth were asked which VNHYI services they access, how they heard about the drop–in, and to "agree" or "disagree" with statements pertaining to their assessment of VNHYI to address their overall impression of the VNHYI. This simple method was used to allow a basic assessment of the VNHYI where data could be compiled easily. Participants were also given space to provide any written feedback that they felt was not addressed by the rest of the survey. Participants were given research numbers to maintain confidentiality. At no point were participant names placed on the surveys.

Participants were given up to 15 minutes to complete the survey before returning it to the investigators for collection and were given the option to complete the survey orally or on a written document. There was no follow–up investigation of any of the participants. Results were compiled and analyzed, and descriptive statistics were used when applicable.

RESULTS AND DISCUSSION

Demographic information

Demographic information of youth who access the VNHYI is outlined in Table 1. The average age was 22.4 ± 1.0 years and 59 % of respondents were female. The VNHYI may have appealed to this young demographic because youth may have felt that the drop–in was a safe space to relax and access entertainment services such as computers and movies. It also may have appealed to this group because of convenient access to health care services and opportunities to participate in self care. Not only did the VNHYI provide youth with access to hygiene products such as soap, shampoo and conditioner, and safe sex products such as male and female condoms, it also gave youth priority access to health care services at the adjacent VNH Clinic. The VNHYI played host to special events throughout the year including socials, and health and harm reduction workshops. Additionally, the Watari outreach social workers provided youth with social support and direct contact to housing services, and other resources and organizations.

Table 1. Demographic information of youth who access the Vancouver Native Health Youth Initiative (VNHYI). (n = 17)

Youth Information	Values	Percent
Ages (Years)	22.4 ± 1.0	N/A
Sex		
Male	7	41
Female	10	59
Sexual orientation		
Heterosexual	13	76
Bisexual	4	24
Ethnicity		
First Nations	11	65
Caucasian	3	18
Métis	2	12
African-Canadian	1	6
Prior education		
Home school	1	6
Elementary school	1	6
Some high school	11	65
Graduated high school	3	12
Post secondary education	1	6
Current student		
Yes	1	6
No	16	94
Current employment		
Full-time	1	6
Part-time	3	18
No	13	76
Living Situation		
Single room occupancy (SRO)	8	47
Family	5	29
Homeless	3	18
Other	1	6
Current family physician		
Yes	7	41
No	10	59
Health care use in past year		
Emergency room	5	29
Hospitalized	8	47
Walk-in clinic	8	47
VNH clinic	12	71
Discovery of the VNHYI		
Friend	11	65
Local organization	4	24
Social worker	1	6
Advertisement poster	1	6

Approximately 47 % of respondents who attended the drop–in sessions lived in a single room occupancy and likely had limited access to basic kitchen utilities to prepare hot foods. These youth may have relied on the VNHYI as not only a source of hot nutritious meals, but also for food bags containing non–perishable goods that are distributed to help youth make ends meet. This further helped youth since 76 % were unemployed and had limited financial resources to spend on food. About 18 % of respondents who accessed the VNHYI considered themselves homeless.

About 65 % of respondents considered themselves First Nations. The drop–in was named the "Vancouver Native Health Youth Initiative" in tribute to the free access provided to us by

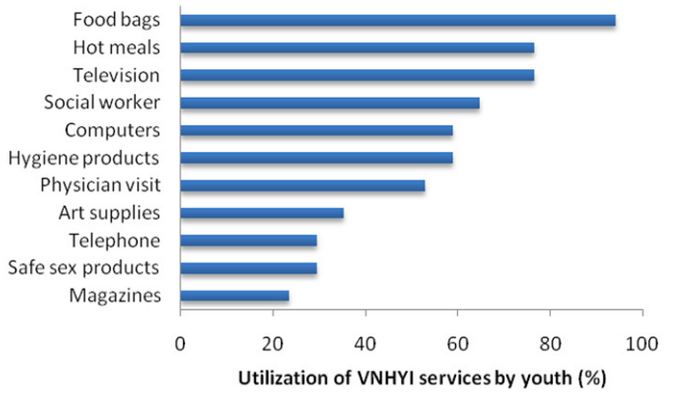

Figure 1. Utilization of Vancouver Native Health Youth Initiative (VNHYI) by youth. Plotted data represents the percent of youth who utilize each listed service. (n = 17).

the VNH Society, and because of the strong connections with the adjacent VNH clinic. The VNHYI, however, was open to all youth regardless of gender, ethnicity, living situation, or employment status. However, there was clearly a discrepancy with respect to the ethnic makeup of the DTES population as a whole and the ethnicity of the youth accessing VNHYI. Since First Nations individuals made up only a fraction of the total youth in the DTES area, the VNHYI was not as successful at providing services to other representative ethnicities in the DTES such as Indian or Asian youth. To attempt to reach a greater diversity of at–risk youth, advertisements of the VNHYI at local community centres and hotels could be utilized. Furthermore, since 65 % of respondents discovered the VNHYI from a friend, perhaps the best method for promoting the VNHYI is to encourage the current youth to tell their friends about the VNHYI. This would possibly be one of the best methods since 94 % of respondents stated that they were likely to recommend the VNHYI to their friends. We can hopefully further stimulate the maturation and accelerated development of the drop–in, in addition to increasing public awareness of the VNHYI.

Assessment of the VNHYI

The VNHYI provides youth in the DTES with various services. However, as shown in Figure 1, there was uneven utilization of VNHYI services. Youth were more likely to access services that would potentially lessen any immediate burden on their lives such as food bags to take home, hot meals, and hygiene products.

In particular, one respondent (Respondent #7) stated that "my son and I really appreciate using the drop-in. Being on income assistance, it is hard to make ends meet. The drop-in helps. Thanks a ton." It has previously been reported by the McCreary Centre Society, a non-profit that conducts research regarding the health of BC youth, that 47 % had gone hungry because they or their parents did not have money for food.[20] Youth were also more likely to access services, which they would have more difficulty accessing by themselves such as computers, access to outreach workers, and rapid access to VNH physicians. Less frequently used services include art supplies, telephones, safe sex products and magazines. This information will enable us to explore the provision of alternate services or enhance promotion of existing services, both of which are goals for project improvement.

Approximately 65 % of respondents agreed with the statement that the VNHYI helped them overcome barriers to health care. In addition, 88 % of respondents felt that VNHYI created a safe space, 82 % felt that the VNHYI created a non–judgemental atmosphere, and 76 % felt that the VNHYI improved their access to health care. Many of the participants had a positive experience at the VNHYI. One participant (Respondent #2) stated that "All you guys are doing an excellent job. Thanks!", and another (Respondent #9) stated "You're great!". Respondent #13 stated "It's all good in the hood". A sense of safety was an important goal at the VNHYI as it has been previously reported that 63 % of Aboriginal street–involved youth in BC reported having witnessed family violence, and almost 60 % reported having been physically abused.[21] A non–judgemental atmosphere was equally important as one in four Aboriginal street–involved youth in BC reported racial discrimination in the past year.[21]

The number of visits to the VNH clinic was impressive since prior to the VNHYI, physicians reported that very few, if any, of their patients were between the ages of 19-25 (unpublished VNH clinic data). A survey study in 2008 indicated that young people in all communities said their communities needed more services; 29 % of youth felt like then needed increased access to youth clinics.[21]

The variables listed above were previously described as being barriers to health care for young and Aboriginal populations, and were thus goals set at the beginning of the VNHYI.[18] It was vital for us to target workshops for DTES youth to increase access to basic health care. It was hoped that through the regular care of a VNH physician, these at–risk youth could be provided with early and routine health education and care. The impact of the VNHYI amongst respondents was evident since 88 % of youth reported that they were likely to return to the VNH if they required medical attention, possibly because the VNH clinic is more familiar and comfortable for youth to access.

Although one major focus of the VNHYI was to overcome health care barriers and improve access to care, another was to improve youth self care. Through VNHYI endeavours, 94 % of youth felt that the drop–in helped them take better care of themselves. The VNHYI provided youth with free access to hygiene products such soaps, shampoo and razors, and safe sex products such as male and female condoms. In addition, the VNHYI provided youth with self care and health care workshops.

Table 2. Youth assessment of the Vancouver Native Health Youth Initiative (VNHYI). Youth were asked to agree or disagree with statements pertaining to the VNHYI. (n = 17).

Statement	Percent Agree (%)
The VNHYI helps me overcome barriers to health care.	65
The VNHYI creates a safe space.	88
The VNHYI creates a non judgemental atmosphere.	82
The VNHYI improves my access to health care.	76
The VNHYI helps me take care of myself.	94
The VNHYI helps me become more aware of other DTES services.	88
I am likely to return to the VNH Clinic if I require medical attention.	88
I am likely to recommend the VNHYI to my friends.	94

The VNHYI provided youth with a consistent presence in the community; it operated each week during the 2010-11 year in order to be a reliable resource for youth to access. Not only did the VNHYI provide space for advertisements and pamphlets for other services and organizations for youth in the DTES, but the Watari outreach social workers present each week were excellent resources and supports for the youth. They had connections to immediate housing and food services available specifically for youth. Thus through advertisements and outreach workers, 88 % of youth felt that the VNHYI increased their awareness of services provided in the DTES.

Research limitations

Limitations of this study include a participation bias due to the method of recruitment of participants, and lack of statistical power with low sample size. Although approximately 40 youth attended the VNHYI each Wednesday night, the low sample size for youth was expected since youth were recruited using only research posters and thus, only youth who had the initiative to contact the investigators and who were interested in providing feedback participated. In addition, participants were simply asked to "agree" or "disagree" with certain statements without providing justification for their answer. Thus, interpretation of collected information may only be inferred from this descriptive investigation.

Future directions

This research aims to increase the understanding of which youth are accessing the drop–in, why youth attend, and what services have been helpful to them. Future areas of research include investigating the social determinants of health, barriers to health care, morbidities in this vulnerable population, and how they affect youths' daily lives. The major barrier that we are addressing with the drop-in center is improving awareness of services. This can be further improved by developing strategies to increase advertising for both the drop–in sessions and physician visits at the adjacent VNH clinic.

In addition to improving awareness and providing convenient access to health care, another future direction for the drop–in could be to begin targeting access to other health care

services. For example, collaboration could be developed with the adjacent dental clinic to help youth better access dental care on a consistent basis. In addition, undergraduate UBC dental students and a dentist mentor could be recruited to volunteer to provide dental screening, access to dental hygiene products, and education about proper dental hygiene and its importance in maintaining a healthy lifestyle.

Perhaps the most important future direction is to increase educational services. Currently, pamphlets aimed at educating youth about pertinent topics such as sexual health, high risk behaviour cessation, and safe injection practices are made available to youth who attend the drop–in. However, youth could benefit greatly from having topics interactively presented, such as via workshops or one–on–one discussions. For example, to improve knowledge of dental care, dental students could attend the drop–in periodically and speak to the importance of dental hygiene and how to maintain dental health. While these sessions may be difficult to put in place initially, we believe they could substantially impact the overall health of DTES youth. By increasing awareness and undergoing a formal assessment, it is hoped that the VNHYI will continue in the future, continue to be funded, and that other similar services in the DTES will be established to serve this vulnerable population.

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